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I. INTRODUCTION

This report on the performance of the District of Columbia’s child welfare system for the period of January 1 through June 30, 2018 is prepared by the LaShawn A. v. Bowser court-appointed Monitor, the Center for the Study of Social Policy (CSSP). As Monitor, CSSP is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia and is required to independently assess the District of Columbia’s performance in meeting the outcomes and Exit Standards set by the LaShawn Implementation and Exit Plan (IEP)\(^1\) in accordance with the LaShawn Modified Final Order (MFO)\(^2\).

The IEP sets the outcomes and performance levels to be achieved and sustained in order to fulfill the requirements of the LaShawn MFO. The IEP includes: Section I: Outcomes to be Achieved; Section II: Outcomes to be Maintained; Section III: Sustainability and Exit; and Section IV: Strategy Plan, which is updated annually\(^3\). For each of the outcomes, an Exit Standard(s) has been identified and is the target against which outcome achievement and sustained performance are measured.

The Monitor’s last report on LaShawn implementation was released on May 4, 2018. With few exceptions, this current report is based on performance data from the District’s Child and Family Services Agency (CFSA) for January 1 through June 30, 2018\(^4\) to determine progress in meeting the IEP Exit Standards and the objectives of the LaShawn 2018 Strategy Plan.

A. Methodology

The primary sources of information about performance are data provided by CFSA. The Monitor reviews extensive aggregate and back-up data for select measures and has access to hard copy and electronic case records on FACES.NET\(^5\) to verify performance.

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

\(^1\) Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.
\(^2\) Modified Final Order (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO)), January 27, 1994.
\(^3\) The LaShawn 2018 Strategy Plan was filed on April 6, 2018, after consultation with the Monitor and Plaintiff’s counsel (see Appendix B).
\(^4\) Performance data for several Outcomes to be Achieved related to documentation of social workers’ assessment of children’s safety during visits were collected assessing performance in August 2018 and are included in this report.
\(^5\) FACES.NET is CFSA’s State Automated Child Welfare Information System (SACWIS).
 **Assess the Quality of Investigations**

The Monitor and CFSA jointly conducted a review of a statistically significant sample of child protective services (CPS) investigations closed in March 2018 to assess the quality of investigations conducted over the monitoring period. In March 2018, the Monitor also held focus groups with Entry Services investigative and FA supervisors.

 **Validation of Collaborative Referrals for Low or Moderate Risk Families**

The Monitor conducted a review of a statistically significant sample of all CPS investigations and Family Assessments (FA) closed in March 2018 with a risk level of either low or moderate to validate that those families who were in need of and agreed to services were connected to a Collaborative or other community-based agency to meet their needs.

 **Validation of Caseload Data**

The Monitor validated caseload size and assignment of cases between January and June 2018 for caseworkers within CPS Investigations, FAs, In-Home services and Permanency. Additionally, the Monitor validated supervisory responsibilities including supervisors carrying cases and instances in which individual supervisors were assigned to supervise more than five case-carrying social workers and one case aide.

 **Assess the Documentation Supporting Worker Assessment of Child Safety during Visits**

The IEP includes three Exit Standards which require social workers to assess and document the safety of a child during each social worker visit. The Monitor and CFSA jointly conducted three reviews of statistically significant samples of children who were receiving services from CFSA either through 1) an in-home case, 2) an out-of-home case and were initially placed or experienced a placement change in the month of July or 3) were in out-of-home case in August 2018. This review examined the extent to which child safety was assessed and documented during social worker visits. For children who were newly placed in foster care during the month, the review examined the documentation of a safety assessment during worker visits as well as whether or not a conversation occurred between the agency and the caregiver regarding their needs in caring for the child placed in their care.

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6 Although outside of the current monitoring period, August 2018 was selected as the review month because in June and July 2018, supervisors and social workers were trained on a revised assessment and documentation process and template. Thus, looking at performance in August 2018 was hoped to best reflect these practice improvements.
➢ **Review of Young Children Placed in Congregate Care Settings**

The Monitor and CFSA staff reviewed records of all children under the age of 12 who were placed in a congregate care setting for more than 30 days and those children under the age of six who were placed into a congregate care setting for any length of time during the review period, to determine if these placements were appropriate and met an agreed upon placement exception as medically necessary to meet the child’s needs.

➢ **Review of Children Who were Adopted over 12 Months from Placement in Pre-Adoptive Home**

The Monitor and CFSA staff reviewed cases in which a child’s adoption was finalized between January and June 2018 and the final adoption took longer than 12 months from the child’s placement in the pre-adoptive home to determine if reasonable efforts had been made to finalize the adoption expeditiously.

➢ **Quality Service Reviews**

Qualitative data are collected through Quality Service Reviews (QSRs) to assess performance for three select Exit Standards, two of which are Outcomes to be Achieved. The QSR is a case-based qualitative review process that requires interviews with all of the key persons who are working with and are familiar with the child and/or family whose case is under review. Using a structured protocol, trained QSR reviewers synthesize the information gathered and rate how well the child is functioning and how the system is performing to support the child and family. Reviewers provide direct feedback to social workers and supervisors as well as a written summary of findings to expand and justify QSR ratings. As part of *LaShawn* monitoring, the Monitor is a lead reviewer for approximately two QSRs each month\(^7\) and participates in oral case presentations\(^8\).

Between January and June 2018, a total of 72 QSRs were completed to assess case planning, service delivery and health outcomes. Of these 72 cases, 53 cases involved a child receiving in-home services and the remaining 19 cases involved a child placed in out-of-home care. Between July and December 2018, an additional 68 cases will be reviewed of children who are placed in out-of-home care.

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\(^7\) CSSP provided reviewers for 9 QSRs from January to June 2018 and CSSP staff participated in almost all oral case presentations during the period.

\(^8\) Each case is presented to a panel consisting of CFSA representatives from the QSR unit and Monitor staff to ensure inter-rater reliability on review ratings.
➢ Validation of Placement Disruption Data and Assessments of Children Experiencing a Placement Disruption

The Monitor reviewed daily placement reports for January through June 2018 to validate monthly placement disruption data provided by CFSA. The Monitor also reviewed a random sample of 16 disruption assessments CFSA completed for children experiencing a placement disruption during the monitoring period to determine consistency in the information collected and how it was used to assign the appropriate type or level of placement and services for the child.

➢ Validation of Training Data

The Monitor conducted validation of pre-service training data for foster parents, social workers and supervisors and in-service training data for foster parents.

➢ Validation of Timely Licensure of Foster and Adoptive Parents

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

➢ Validation of Youth Transition Plans

The Monitor conducted validation of Youth Transition Plans (YTPs) for youth who were eligible to have a transition plan during this monitoring period. The Monitor pulled a random sample and requested hard copies of those youth’s YTPs. The Monitor reviewed the YTPs for quality and documentation of youth’s participation.

➢ Other Monitoring Activities

The Monitor meets frequently with senior leadership and managers at CFSA and attends numerous CFSA meetings including the CFSA Internal Child Fatality Review Committee. Additionally, the Monitor participates as a member of the City-wide Child Fatality Review Committee and collects information from external stakeholders, including contracted service providers and advocacy organizations.

B. Report Structure

This monitoring report assesses the District of Columbia child welfare system’s performance between January and June 2018 in meeting the IEP Exit Standards, as defined in the December 17, 2010 Court Order. Section I provides an introduction to this report and outlines the methodology.
Section II provides a narrative summary of the District’s progress in improving outcomes during this six month period as well as other current updates. In Section III, the summary tables provide the Court with a consolidated update of the data on the District’s performance as of June 2018 on the IEP outcomes remaining to be achieved and the outcomes previously achieved that need to be maintained.\(^9\) Section IV provides further discussion of the data, an assessment of whether the District has met the required Exit Standard(s) for IEP Outcomes to be Achieved, maintained required performance for select IEP Outcomes to be Maintained and information on CFSA’s implementation of specific strategies included in the LaShawn 2018 Strategy Plan.

II. SUMMARY OF PERFORMANCE

The LaShawn Implementation and Exit Plan (IEP) includes 85 Exit Standards\(^10\) that the District must achieve in order to seek exit from court supervision. Of these 85 measures, CFSA has previously achieved 70 (82%) Exit Standards and maintained required performance on all but four of those previously achieved this monitoring period. Those standards that were not maintained include: caseload standards for social workers (partially maintained due to caseloads for Child Protective Service investigator and FA workers and workers conducting home studies exceeding required levels); development of child specific recruitment plans for children with a goal of adoption (partially maintained); CFSA’s timely payment to providers (partially maintained); and in-service training for foster parents (not maintained). The Monitor has already or will initiate conversations about corrective action plans with CFSA about improving performance on each of these standards.

Of the 15 Exit Standards designated as Outcomes to be Achieved, between January and June 2018, CFSA newly achieved one Exit Standard (delivery of Medicaid numbers and cards to caregivers) and partially achieved two Exit Standards (social worker visits with parents and visits between parents and children).

The 12 Exit Standards that remain to be achieved pertain to timely and quality child protective services practice; adequacy of case planning and service delivery to children and families served through in-home and foster care cases; quality of worker documentation in assessing for children’s safety during visits; ensuring workers frequently visit children who have been newly placed or experienced a placement move; timely permanency for children through reunification, guardianship or adoption; appropriately conducting meaningful assessments of children who experience placement disruptions; and eliminating the practice of children and youth staying overnight at the CFSA office building. Each of these is a significant requirement that effects the experiences and futures of children, youth and families.

\(^9\) In some instances where June 2018 performance data are not available, the most recent performance data are cited with applicable timeframes.

\(^{10}\) The IEP includes 3 historical, time limited adoption measures that are no longer applicable and are not included in this total.
While achievement of these outcomes has taken far longer than desired or expected, there has been notable improvement in performance, particularly with in-home services. Many child welfare systems struggle with some of these outcomes as they require not only changes in policy and structure but success in reorienting and sustaining changes to foundational elements of agency culture and practice. For example, meeting the case planning and service delivery standards – two of the remaining Outcomes to be Achieved – requires more than simply writing a case plan and referring a family for services. Achieving these outcomes requires consistent, high quality engagement with families, children and community partners; ensuring that the placement and service delivery systems are both adequate and, more importantly, responsive and effective in meeting child and family needs; and retaining a work force that is not only sufficient in number and has the skills for the job, but that also employs those skills with empathy and understanding on a daily basis.

Other Exit Standards that remain to be achieved require appropriate allocation of resources and additional strategic investments in services and the placement continuum for children in foster care. These include adequate staffing to ensure manageable child protective service (CPS) worker caseloads and creation of a fuller array of skilled and supported placement caregivers that can assure stability, well-being and permanency for children in care. CFSA is implementing strategies to move forward to address these challenges.

The discussion below provides further analysis of CFSA’s performance during the period under review within the foundational areas of child welfare system practice.

**Entry Services: the Hotline, Child Protective Services Investigations and Family Assessments**

During this monitoring period, CFSA continued to struggle to have acceptable caseloads for Entry Services social workers. Caseloads continued to be far above the required standard, with only 54 percent of investigative and Family Assessment (FA) social workers in May and 62 percent of those workers in June 2018 responsible for 12 or fewer referrals, the standard.

CFSA’s performance this period toward the three remaining Outcomes to be Achieved related to Entry Services practice has declined or remained unchanged and does not yet meet IEP required

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11 In April 2018, CFSA reorganized the Entry Services division of the Agency. Previously, Entry Services was only inclusive of the CPS Hotline, which receives and screens allegations of abuse and/or neglect; investigations, which assesses allegations and issues a finding of substantiated, inconclusive or unfounded; and Family Assessment (FA), which provides an assessment of family strengths and needs and facilitates connections to services. With the appointment of a new Deputy Director of Entry Services, CFSA moved the Agency’s in-home services division to Entry Services, recognizing that in-home services are a part of the continuum of child protective services practice.
12 CFSA collects and maintains data on worker caseloads through FACES.NET. The Monitor and CFSA have worked over time to fine tune the methodology and management reports used to report on caseloads for Entry Service staff. In validating Entry Service caseload data for the current monitoring period, the Monitor identified ongoing concerns which impact the accuracy and validity of data for January through April 2018. These issues appear to have been resolved in May 2018, thus performance data for May and June 2018 are reported.
levels. Specifically, in December 2017, CFSA’s performance toward timely initiation of investigations was 88 percent, and fell slightly to 86 percent in March 2018 and declined further to 79 percent in June 2018. Performance toward timely closure of investigations (monthly range of 72 to 81 percent), remains relatively unchanged from the prior period (monthly range of 67 to 79 percent). Finally, a review of a statistically significant sample of investigations closed in March 2018 determined that 66 percent of investigations were conducted with acceptable quality, below the required level of 80 percent. Taken collectively, the data are not surprising, as high caseloads adversely impacts a worker’s ability to conduct thorough and quality investigations and FAs.13

Placement

Data on CFSA’s placement practice reflect both strengths and continuing problems. As has been the case for many years, most children in foster care are placed in family-like settings (82% as of June 30, 2018) and 85 percent of children who entered care between January and June 2018 were placed with at least one of their siblings. During the period under review, no children were in an emergency or short term placement for longer than 30 days and children under the age of 12 are rarely placed in congregate care settings, and when this does occur, it is only when medically or clinically necessary to meet their needs.

At the same time, data show that too many children experience placement disruptions and there are other children for whom CFSA does not have appropriate placements to meet their needs. Between January and June 2018, a monthly range of at least 18 to 48 children14 experienced a placement disruption. In June 2018, there were 193 children who had four or more placements since entering foster care who had an additional placement change, which was not to a permanent placement, within the last 12 months. Additionally, some children continue to stay overnight at the CFSA office building (10 children between January and June 2018) while staff attempt to find and arrange appropriate out-of-home placement. During this period, the Monitor and CFSA have received multiple complaints from stakeholders about CFSA’s placement challenges including concerns about lack of effective supports for caregivers and the consequences of poor matching of placements to children’s needs. These concerns highlight the urgency of CFSA moving ahead with corrective strategies.

CFSA has been working to improve and expand its placement array and increase supportive services available to children and placement providers. There is also a realization of the need to improve the placement matching process so that children’s preferences and needs are better matched to caregiver strengths and resources. As discussed in more detail later in this report,

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13 Preliminary caseload data for July through September 2018 reflect improvements; monthly performance was 89% in July, 100% in August and 99% in September. In addition to lower caseloads, CFSA is implementing various continuous quality improvement and practice change recommendations that were developed following the qualitative review of investigative practice which CFSA believes will yield progress in coming months.

14 The Monitor has identified instances in which CFSA has not appropriately categorized changes in placements as placement disruptions. Due to these discrepancies, the number of disruptions reported may underrepresent the actual figure.
implementation of CFSA’s Temporary Safe Haven Redesign (TSHR) is ongoing and a number of the system deficiencies that prompted the need for TSHR remain as challenges. Strategies and resources to support these efforts are included in the 2018 Needs Assessment and Resource Development Plan, which were shared with the Monitor and Plaintiff’s counsel on October 1, 2018.

Provision of in-service training for licensed foster parents continued to be below the required level of 95 percent during the current monitoring period, with 89 percent of licensed foster parents meeting the required annual training requirements. Through the TSHR process, a significant number of foster parents transferred foster care agencies and were issued a new license attached to the provider agency now supervising those placements. CFSA has been unable to accurately track and ensure that newly transferred foster parents completed the required number of in-service training hours within the timeframe of their original license. For example, for a foster parent whose license was set to expire in May 2018 but transferred agencies in April 2018, CFSA was unable to ensure they received 15 hours of annual training by May 2018 – as would have been required to be re-licensed based on their original license date.

Visitation

Although not yet achieved, there was improved performance on currently unmet visitation measures designated as Outcomes to be Achieved. CFSA partially met two related Exit Standards – visits between parents and workers (a monthly range of 72 to 89% of parents received two visits a month during the first three months of their child entering care16) and visits between parents and their children in care (85% of children in April 2018 and 82% in June 2018 had weekly visits with their parents17). The Exit Standard for visits between parents and workers is 80 percent; the standard is 85 percent for visits between parents and their children. Improvements were also noted in social worker visits to children newly entering care or experiencing a placement change, with a monthly range of 80 to 91 percent receiving the required number of weekly visits. The visitation standard for newly placed children is weekly visits by a social worker to help stabilize the placement and ensure a safe transition and immediate case planning and service delivery. CFSA continued to demonstrate strong performance in ensuring siblings who are not placed together visit

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15 TSHR has four major components – 1) transitioning from multiple to a single child placing agency in Maryland and revamping the contractual relationship to set clear standards of care and quality expectations; 2) improving foster parent support including emphasizing open information sharing and communication, access to supportive services and involvement of foster parents as partners with the agency; 3) enhancing the placement array so that additional placement options are available to meet the specialized needs of the children CFSA serves; and 4) improving placement matching so that children’s needs and preferences are better matched with skills and capacities of caregivers. CFSA selected a single child placing agency in MD, National Center for Children and Families, and successfully transitioned foster parents and children in late-2017 and early-2018.

16 Reported performance includes instances where there is documentation in the record that the parent was unavailable or refused to cooperate with the agency despite efforts by the agency.

17 Reported performance includes instances where there is documentation in the record that a visit is not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the agency to facilitate it.
regularly with each other (monthly range of 87 to 92% with at least monthly visits and 78 to 87% with twice monthly). The Exit Standards are 80 and 75 percent, respectively.

Case Planning and Services to Children and Families

Services to Families and Children to Promote Safety, Permanency and Well-Being and Case Planning – both Outcomes to be Achieved – are measured through ratings collected through the Quality Service Review (QSR) and have been challenges for CFSA to achieve. During the current monitoring period, there were important improvements in the quality of case practice and both of these Exit Standards show gains for families receiving services while their children remain in the home (“in-home services”). Specifically, CFSA’s performance on cases served through in-home increased by 10 percent for each Exit Standard. The Monitor believes much of this improvement can be attributed to the implementation of Levels of Care, which has clarified improved expectations for workers and supervisors around case practice with families with in-home cases.

Permanency

Children’s timely exits to permanent homes are assessed annually at the end of every fiscal year. Although outside the current monitoring period, performance data for FY2018 were available at the time of this report and are therefore included herein.

Overall, performance in meeting IEP permanency standards that remain to be achieved improved. The Exit Standard includes three sub-parts for three separate cohorts of children based on the amount of time they have been in out-of-home care – children who entered care within the last 12 months; children who have been in care more than 12 months but less than 25 months; and children who have been in care for at least 25 months. CFSA met the required level of performance for children who entered care within the last 12 months with 46 percent of children exiting to permanency in FY2018. While performance improved for the other two sub-parts, it still remained below the required levels of performance.

Healthcare

This monitoring period, for the first time, CFSA met all of the Exit Standards related to health care. This is a significant accomplishment as CFSA has struggled for many years to ensure that

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18 The Monitor is not yet able to assess performance change between CY2017 and CY2018, however, the Monitor is able to compare performance for the sample of in-home cases reviewed each year as all in-home cases for CY2018 were reviewed between January and June 2018.
19 Over the past few years, CFSA has been working with Chapin Hall at the University of Chicago to better understand the most effective methodologies to use in understanding and measuring permanency performance and change. The current consensus is that entry cohort longitudinal analysis is the most accurate way to evaluate the experience of children moving through foster care. The IEP permanency Exit Standard discussed here utilizes an entry cohort analysis for the first sub-part (children who entered care within the last 12 months) but does not for the other two sub-parts.
foster parents of children in care receive information about a child’s health care coverage and needs timely. CFSA also continued to maintain performance on initial and replacement health care screenings; full medical evaluations; dental evaluations\textsuperscript{20}; and overall health status as measured by the QSR.

\textbf{Financing; Movement Toward Implementing Family First Prevention Services Act}

Over the past four years, CFSA has benefited from having a federal Title IV-E Waiver Demonstration Project that has allowed greater flexibility in using federal dollars to support in-home and community-based prevention services. The District’s Title IV-E Waiver Demonstration Project provisions, including financial flexibility, expire September 30, 2019. Funding for some of the prevention services provided through the Title IV-E Waiver Demonstration Project will continue through the Family First Prevention Services Act (FFPSA),\textsuperscript{21} which will allow the Agency to draw down federal Title IV-E entitlement dollars as reimbursement for certain community-based prevention services. This is an important opportunity for the District and they are moving forward aggressively to take advantage of it. In planning for implementation, CFSA has engaged community providers, including the Collaboratives, the Department of Behavioral Health and the Department of Human Services.

\textsuperscript{20} For the sub-part of the Exit Standard requiring children receive a full dental evaluation within 90 days of placement, CFSA performance was below the required standard 4 of 6 months. The Monitor considers this deviation to be insubstantial and this Exit Standard to be maintained.

\textsuperscript{21} The Family First Prevention Services Act (FFPSA) was passed February 2018 as part of the Bipartisan Budget Act. Under FFPSA, states will be able to claim Title IV-E reimbursement for mental health, substance use and in-home parent skill-based programs that are identified as well-supported, supported or promising practices. CFSA will receive reimbursement for these services when they are provided to eligible children and families, which includes pregnant and parenting youth in foster care and children who are candidates for foster care.
### III. SUMMARY TABLES OF *LaSHAWN A. v. BOWSER* IMPLEMENTATION AND EXIT PLAN PERFORMANCE

<table>
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<tr>
<th>Implementation and Exit Plan Requirement&lt;sup&gt;22&lt;/sup&gt;</th>
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<th>January – June 2018 Performance&lt;sup&gt;23&lt;/sup&gt;</th>
<th>Exit Standard Achieved&lt;sup&gt;24&lt;/sup&gt;</th>
<th>Direction of Change&lt;sup&gt;25&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Investigations</em>: Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment. (IEP citation I.A.1.a.)</td>
<td>95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located.</td>
<td>September 2017 performance, 90%</td>
<td>March 2018 performance, 86%</td>
<td>No</td>
<td>↓</td>
</tr>
</tbody>
</table>

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<sup>22</sup> The IEP includes 3 historical, time limited adoption measures that are no longer applicable and have been removed from this Table. These include IEP citation I.B.16.a.ii, I.B.16.b.i. and I.B.16.b.ii.

<sup>23</sup> In some instances where June 2018 performance data are not available, the most recent performance data are cited with applicable timeframes. For some Exit Standards, the Monitor provides a range of data over the monitoring period to better illustrate performance. More detailed information on CFSA’s performance toward specific Exit Standards is provided in subsequent sections of this report.

<sup>24</sup> “Yes” indicates that, in the Monitor’s judgment based on presently available information, CFSA’s performance satisfies the Exit Standard requirement. “Yes” may be used for Outcomes to be Maintained in Table 2 of this report if performance deviation from the Exit Standard requirement is determined by the Monitor to be insubstantial or temporary. “Partially” is used when CFSA has come very close but has not fully met an Exit Standard requirement or in instances where Exit Standards have more than 1 part and CFSA has fulfilled some but not all parts of the Exit Standard requirement. “No” indicates that, in the Monitor’s judgment, CFSA’s performance is below the designated Exit Standard requirement.

<sup>25</sup> Where applicable, “↑” indicates that, in the Monitor’s judgment based on data and an understanding of case practice, performance is trending upwards; “↓” indicates that, in the Monitor’s judgement, performance is trending downward; “↔” indicates that, in the Monitor’s judgment, there has been no change in performance; and “N/A” indicates a judgment regarding direction of change is not applicable to the Exit Standard during the monitoring period.

<sup>26</sup> Reported performance reflects CFSA’s secondary analysis of FACES.NET data in March and June 2018 to validate instances where the supervisor indicated staff had made “good faith efforts” in cases where the alleged victim child(ren) was not seen in the required timeframe. Data on “good faith efforts” for the other months during the monitoring period were not provided and are therefore not included in this Table. Monthly performance data for timely initiation of investigations *without* taking into consideration efforts made when the alleged victim child(ren) cannot be located ranged from 61 to 72 percent; inclusion of valid good faith efforts would likely increase performance.
Table 1: Outcomes to be Achieved

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<tr>
<td>2. <em>Investigations</em>: Investigations of alleged child abuse and neglect shall be completed within 30 days after receipt of a report to the hotline of child maltreatment and the final report of findings for each investigation shall be completed within five days of the completion of the investigation. (IEP citation I.A.1.b.)</td>
<td>90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.</td>
<td>Monthly range of 67 – 79%</td>
<td>Monthly range of 72 – 81%²⁷,²⁸</td>
<td>No</td>
<td>←→</td>
</tr>
<tr>
<td>4. <em>Acceptable Investigations</em>: CFSA shall routinely conduct investigations of alleged child abuse and neglect.²⁹ (IEP citation I.A.2.)</td>
<td>80% of investigations will be of acceptable quality.</td>
<td>Measure not reassessed this period</td>
<td>66% of investigations closed in March 2018 were of acceptable quality.³⁰</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

²² Monthly performance data for timely completion of investigations are as follows: January, 72%; February, 81%; March, 76%; April, 80%; May, 78%; June, 72%.

²³ During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: January, 20; February, 14; March, 28; April, 30; May, 40; June, 36.

²⁴ Evidence of acceptable investigations includes: (a) use of CFSA’s screening tool in prioritizing response times for initiating investigations; (b) interviews with and information obtained from the 5 core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources and educational resources (for school-aged children); (c) interviews with collateral contacts that are likely to provide information about the child’s safety and well-being; (d) interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; (e) medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations; (f) use of risk assessment protocol in making decisions resulting from an investigation; and (g) initiation of services during the investigation to prevent unnecessary removal of children from their homes.

²⁵ Performance data were collected by CFSA and Monitor staff during a review of a statistically significant sample of investigations closed in March 2018. A total of 194 investigations were reviewed, representing a sample with a ±5% margin of error with 95% confidence in its results.
Table 1: Outcomes to be Achieved

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<tr>
<td>5. Services to Families and Children to Promote Safety, Permanency and Well-Being: Appropriate services, including all services identified in a child or family’s safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being. CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</td>
<td>In 80% of cases, appropriate services, including all services identified in a child’s or family’s safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementation and Pathway to Safe Closure indicators.</td>
<td>CY2017 performance: 49% rated acceptable.</td>
<td>January – June 2018 performance: 63% rated acceptable based.</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes;</td>
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<td>b. Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care;</td>
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<td>c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and</td>
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<tr>
<td>d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</td>
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<tr>
<td>(IEP citation I.A.3.)</td>
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31 Performance data for January through June 2017 was 39% of cases (33 of 85) rated acceptable.
32 Data collected during QSRs conducted between January and June 2018 determined that 75% of cases (54 of 72) were rated acceptable on the Implementing Supports and Services indicator, 65% of cases (47 of 72) were rated acceptable on the Pathway to Case Closure indicator and 63% of cases (45 of 72) were rated acceptable on both indicators.
33 Direction of change is not assessed until annual CY data are available as of December 31, 2018 for comparison.
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<tr>
<td>7. Assessing Safety during Worker Visits with to Families with In-Home Services: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker. (IEP citation I.A.4.c.)</td>
<td>90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.</td>
<td>Measure not reassessed this period</td>
<td>33% of children had documentation indicating that safety was fully assessed during all visits in August 2018</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Assessing Safety during Worker Visits with Children in Out-of-Home Care: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker. (IEP citation I.A.5.d.)</td>
<td>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a worker and that safety was assessed during each visit.</td>
<td>Measure not reassessed this period</td>
<td>44% of children had documentation indicating that safety was fully assessed during all visits in August 2018</td>
<td>No</td>
<td>N/A</td>
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</table>

34 Performance data were collected by CFSA and Monitor staff during a review of a statistically significant sample of children receiving in-home services in August 2018. Although outside of the current monitoring period, this month was selected as supervisors and social workers were trained on a revised assessment and documentation process and template in June and July 2018, thus, August 2018 performance would reflect these practice improvements. A total of 164 cases were reviewed, representing a sample with a ±7% margin of error with 95% confidence in its results.

35 Performance data were collected by CFSA and Monitor staff during a review of a statistically significant sample of children in foster care in August 2018. Although outside of the current monitoring period, this month was selected as supervisors and social workers were trained on a revised assessment and documentation process and template in June and July 2018, thus, August 2018 performance would reflect these practice improvements. A total of 158 cases were reviewed, representing a sample with a ±7% margin of error with 95% confidence in its results.
### Table 1: Outcomes to be Achieved

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<tr>
<td>10. Visitation for Children Experiencing a New Placement or a Placement Change:</td>
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<tr>
<td>a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change.</td>
<td>90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described.</td>
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<tr>
<td>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change.</td>
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<tr>
<td>c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child’s home.</td>
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<td>d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.</td>
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<tr>
<td>(IEP citation I.A.6.a-d.)</td>
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36 Monthly performance data for worker visits during first 4 weeks of a new placement or placement change are as follows: January, 80%; February, 88%; March, 89%; April, 91%; May, 88%; June, 84%.

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November 20, 2018
<table>
<thead>
<tr>
<th>Implementation and Exit Plan Requirement\textsuperscript{22}</th>
<th>Exit Standard</th>
<th>July – December 2017 Performance</th>
<th>January – June 2018 Performance\textsuperscript{23}</th>
<th>Exit Standard Achieved\textsuperscript{24}</th>
<th>Direction of Change\textsuperscript{25}</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. <em>Assessing Safety during Worker Visits with Children Experiencing a New Placement or a Placement Change</em>: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker. (IEP citation I.A.6.e.)</td>
<td>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a social worker and that safety was assessed during each visit.</td>
<td>Measure not reassessed this period</td>
<td>42% of children had documentation indicating that safety was fully assessed during all visits in August 2018\textsuperscript{38}</td>
<td>No</td>
<td>N/A</td>
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</tbody>
</table>

\textsuperscript{22} Although outside the monitoring period, in order to allow for implementation of updated training, performance data were collected by CFSA and Monitor staff during a review of a statistically significant sample of children newly placed or experiencing a placement change in July 2018. A total of 60 cases were reviewed, representing a sample with a ±7% margin of error with 95% confidence in its results.

\textsuperscript{23} Ibid.

\textsuperscript{24} Ibid.

\textsuperscript{37} Ibid.
<table>
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<tr>
<th>Implementation and Exit Plan Requirement&lt;sup&gt;22&lt;/sup&gt;</th>
<th>Exit Standard</th>
<th>July – December 2017 Performance</th>
<th>January – June 2018 Performance&lt;sup&gt;23&lt;/sup&gt;</th>
<th>Exit Standard Achieved&lt;sup&gt;24&lt;/sup&gt;</th>
<th>Direction of Change&lt;sup&gt;25&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>18. Visits between Parents and Workers:</td>
<td>80% of parents will have twice monthly visitation with workers in the first three months post-placement.&lt;sup&gt;39&lt;/sup&gt;</td>
<td>Monthly range of 62 – 73%</td>
<td>Monthly range of 72 – 89%&lt;sup&gt;40&lt;/sup&gt;</td>
<td>Partially&lt;sup&gt;41&lt;/sup&gt;</td>
<td>↑</td>
</tr>
<tr>
<td>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.</td>
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<tr>
<td>b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement. (IEP citation I.B.10.)</td>
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<sup>39</sup> This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the agency.

<sup>40</sup> Reported performance includes instances where there is documentation in the record that the parent was unavailable or refuses to cooperate with the agency despite efforts by the agency. Monthly performance data for visits between parents and workers are as follows: January, 72%; February, 89%; March, 83%; April, 84%; May, 81%; June, 77%.

<sup>41</sup> CFSA met the required level of performance during 4 of 6 months this period; the Monitor considers this Exit Standard to be partially met.
### Table 1: Outcomes to be Achieved

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<tr>
<td>19. Visits between Parents and Children: There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it. (IEP citation I.B.11.)</td>
<td>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.</td>
<td>Monthly range of 74 – 83%</td>
<td>April 2018 performance, 85%</td>
<td>June 2018 performance, 82%</td>
<td>Partially↑</td>
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42 This Exit Standard is also satisfied when there is documentation that a visit is not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the agency to facilitate it.
43 Assessing performance for this measure requires validation of those cases in which required visits did not occur, however, the social worker made necessary efforts in an attempt to facilitate visits. This validation was only completed for performance in April and June 2018.
44 CFSA met the required level of performance during 1 of the 2 months in which data were validated for the monitoring period.
### Table 1: Outcomes to be Achieved

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<thead>
<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>July – December 2017 Performance</th>
<th>January – June 2018 Performance&lt;sup&gt;23&lt;/sup&gt;</th>
<th>Exit Standard Achieved&lt;sup&gt;24&lt;/sup&gt;</th>
<th>Direction of Change&lt;sup&gt;25&lt;/sup&gt;</th>
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<tbody>
<tr>
<td>32. <em>Timely Permanency</em>: Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)</td>
<td>i. Of all children who entered foster care for the first time in FY2017 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2018.</td>
<td>As of September 30, 2017, 40% of children in this cohort achieved permanency.</td>
<td>As of September 30, 2018, 46% of children in this cohort achieved permanency.</td>
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<td>ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2017, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2018.</td>
<td>As of September 30, 2017, 26% of children in this cohort achieved permanency.</td>
<td>As of September 30, 2018, 34% of children in this cohort achieved permanency.</td>
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<td>iii. Of all children who are in foster care for 25 months or longer on September 30, 2017, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2018, whichever is earlier.</td>
<td>As of September 30, 2017, 27% of children in this cohort achieved permanency.</td>
<td>As of September 30, 2018, 29% of children in this cohort achieved permanency.</td>
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<sup>22</sup> This measure assesses performance on September 30<sup>th</sup> of every year. Although beyond this monitoring period, relevant data were available at the time of writing this report and are therefore included in this section.
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<td><strong>Case Planning Process:</strong></td>
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<tr>
<td>a. CFSA, with the family, shall develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan.</td>
<td>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.</td>
<td>CY2017 performance: 52% rated acceptable.⁴⁶</td>
<td>January – June 2018 performance: 63% rated acceptable.⁴⁷</td>
<td>Yes</td>
<td>N/A⁴⁸</td>
</tr>
<tr>
<td>b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks and other formal resources working with or needed by the youth and/or family.</td>
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<td>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</td>
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<td>(IEP citation I.B.17.)</td>
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⁴⁶ Performance data for January through June 2017 was 45% of cases rated acceptable.
⁴⁷ Data collected during QSRs conducted between January and June 2018 determined that 79% (57 of 72) of cases were rated acceptable overall on the Planning Interventions indicator, 65% (47 of 72) of cases were rated acceptable on the Pathway to Case Closure indicator and 63% (45 of 72) of cases were acceptable on both indicators.
⁴⁸ Direction of change is not assessed until annual CY data are available as of December 31, 2018 for comparison.

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### Table 1: Outcomes to be Achieved

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<tr>
<td>38. Assessments for Children Experiencing a Placement Disruption: CFSA shall ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement. A comprehensive assessment is a review, including as applicable the child, his/her family, kin, current and former caregiver and the GAL, to assess the child’s current medical, social, behavioral, educational and dental needs to determine the additional evaluations/services/ supports that are required to prevent future placement disruptions. (IEP citation I.C.21.)</td>
<td>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</td>
<td>Unable to determine</td>
<td>Unable to determine</td>
<td>No</td>
<td>N/A</td>
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49 Due to discrepancies identified in the data during validation by the Monitor, performance for this Exit Standard could not be assessed or reported.
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<tr>
<td>43. Health and Dental Care: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement. (IEP citation I.C.22.d.)</td>
<td>90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement. Monthly range of 79 – 100% of foster parents received the Medicaid number within 5 days of the child’s placement. Unable to determine</td>
<td>Monthly range of 98 – 100% of foster parents received the Medicaid number within 5 days of the child’s placement. Monthly range of 92 – 100% of foster parents received the Medicaid card within 45 days of the child’s placement.</td>
<td>Yes</td>
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<tr>
<td>68. Placement of Children in Most Family-Like Setting: No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)</td>
<td>Ongoing Compliance</td>
<td>Between July – December 2017, 2 children stayed overnight at CFSA.</td>
<td>Between January – June 2018, 10 children stayed overnight at CFSA.</td>
<td>No</td>
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### Table 2: Outcomes to be Maintained

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<tr>
<td><strong>3. Investigations:</strong> For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA’s attention. (IEP citation I.A.1.c.)</td>
<td>90% of the case records for families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months will have documentation of a comprehensive review.</td>
<td>Monthly range of 90 – 92%</td>
<td>Monthly range of 90 – 97%</td>
<td>Yes</td>
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50 In some instances where June 2018 performance data are not available, the most recent performance data are cited with applicable timeframes. For some Exit Standards, the Monitor provides a range of data over the monitoring period to better illustrate performance. More detailed information on CFSA’s performance toward some Outcomes to be Maintained is provided in subsequent sections of this report.
### Table 2: Outcomes to be Maintained

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<tr>
<td><strong>6. Worker Visitation to Families with In-Home Services:</strong></td>
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<tr>
<td>a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services.</td>
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<td>95% of families will be visited monthly by a CFSA social worker or private agency social worker and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.</td>
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<tr>
<td>a. Monthly range of 92 – 95% of families were visited monthly</td>
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<td>b. Monthly range of 89 – 93% of families were visited twice during the month</td>
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<tr>
<td>a. Monthly range of 92 – 95% of families were visited monthly</td>
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<td>b. Monthly range of 88 – 93% of families were visited twice during the month</td>
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<td>Yes$^{53}$</td>
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$^{51}$ Monthly performance data for monthly in-home worker visits are as follows: January, 92%; February, 94%; March, 93%; April, 95%; May, 95%; June, 93%.

$^{52}$ Monthly performance data for twice monthly in-home worker visits are as follows: January, 91%; February, 92%; March, 88%; April, 91%; May, 93%; June, 89%.

$^{53}$ Performance for the sub-part which requires 95% of families receive monthly visits was below the required level during 4 of the 6 months in this period, but never by more than 3%. The Monitor considers this an insubstantial deviation and this Exit Standard maintained.
## Table 2: Outcomes to be Maintained

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<tr>
<td><strong>8. Worker Visitation to Children in Out-of-Home Care:</strong></td>
<td></td>
<td>a. Monthly range of 92 – 97% of children had monthly visits</td>
<td>a. Monthly range of 96 – 98% of children had monthly visits</td>
<td>Yes</td>
</tr>
<tr>
<td>a. A CFSA social worker or private agency social worker with case management responsibility shall</td>
<td>95% of children should be visited at least monthly and 90% of children shall</td>
<td>b. Monthly range of 89 – 95% of children had twice monthly visits</td>
<td>b. Monthly range of 94 – 97% of children had twice monthly visits</td>
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<td>make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care,</td>
<td>have twice-monthly visits.</td>
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<td>independent living programs, etc.).</td>
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<tr>
<td>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall</td>
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<td>make a second monthly visit to each child in out-of-home care (foster family homes, group homes,</td>
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<td>congregate care, independent living programs, etc.).</td>
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<td>c. At least one of the above visits each month shall be in the child’s home.</td>
<td>(IEP citation I.A.5.a-c.)</td>
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<td>12. Relative Resources: CFSA shall identify and investigate relative resources by taking necessary steps</td>
<td>CFSA will take necessary steps to offer and facilitate pre-removal FTM in</td>
<td>Between July – December 2017, CFSA took necessary steps to offer/facilitate pre-removal</td>
<td>Between January – June 2018, CFSA took necessary steps to offer/facilitate pre-removal</td>
<td>Yes</td>
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<tr>
<td>to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children</td>
<td>70% of applicable cases requiring child removal from home.</td>
<td>FTM in 96% of applicable cases.</td>
<td>FTM in 92% of applicable cases.</td>
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<td>from their homes.</td>
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<td>(IEP citation I.B.7.a.)</td>
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### Table 2: Outcomes to be Maintained

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<tr>
<td>13. <strong>Relative Resources</strong>: In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)</td>
<td>In 90% of cases where a child(ren) has been removed from his/her home, CFSA will make reasonable efforts to identify, locate and invite known relatives to the FTM.</td>
<td>Of the 91 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 99% of cases.</td>
<td>Of the 101 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 100% of cases.</td>
<td>Yes</td>
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<tr>
<td>14. <strong>Placement of Children in Most Family-Like Setting</strong>: Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)</td>
<td>90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.</td>
<td>Measure not reassessed this period</td>
<td>Measure not reassessed this period</td>
<td>N/A</td>
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54 The method of determining performance on placement of children in the least restrictive, most family-like setting appropriate to his or her needs requires a qualitative case record review; performance data for March 2012, March 2013 and December 2015 indicate that CFSA consistently exceeds the required level of performance. This Exit Standard was not reassessed this period.
### Table 2: Outcomes to be Maintained

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<td>15. <em>Placement of Children in Most Family-like Setting</em>: No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. <em>(IEP citation I.B.8.b.)</em></td>
<td>No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.</td>
<td>Between July – December 2017, there were 11 placements of children in emergency, short-term foster home or shelter for more than 30 days.</td>
<td>Between January – June 2018, no children were placed in emergency, short-term foster home or shelter for more than 30 days.</td>
<td>Yes</td>
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<tr>
<td>16. <em>Placement of Young Children</em>: Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child’s specific needs. <em>(IEP citation I.B.9.a.)</em></td>
<td>No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child’s specific needs.</td>
<td>Between July – December 2017, a total of 3 children under age 12 were applicable to this standard and all children met an agreed upon exception.</td>
<td>Between January – June 2018, a total of 3 children under age 12 were applicable to this standard and all children met an agreed upon exception.</td>
<td>Yes</td>
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55 The IEP provides that based on individual review, the Monitor’s assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term or shelter facility or foster home for more than 30 days where moving them would not be in their best interest.

56 For one of these children, CFSA staff made a clinical decision to maintain the child in the emergency setting beyond 30 days as it was not in the child’s best interest to move. The Monitor was notified when this occurred and agreed with this decision.
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<td>17. <em>Placement of Young Children</em>: CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care. (IEP citation I.B.9.b.)</td>
<td>No child under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care.</td>
<td>Between July – December 2017, 1 child under 6 years of age was placed in a group care non-foster home setting and met an agreed upon exception.</td>
<td>Between January – June 2018, one child under 6 years of age was placed in a group care non-foster home setting and met an agreed upon exception.</td>
<td>Yes</td>
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<tr>
<td>20. <em>Appropriate Permanency Goals</em>: Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.a.)</td>
<td>95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.</td>
<td>Monthly range of 94 – 97%</td>
<td>Monthly performance was 98% every month</td>
<td>Yes</td>
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<tr>
<td>21. <em>Appropriate Permanency Goals</em>: Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. <em>(IEP citation I.B.12.b.)</em></td>
<td>Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director, or a court order directing the permanency goal of APPLA.</td>
<td>There were 24 youth whose goal changed to APPLA between July – December 2017. Two youth had their goal change initiated by the Agency (with approval) and 9 youth had documentation of a LYFE/FTM conference. Private agencies failed to provide documentation for 5 youth.</td>
<td>There were 27 youth whose goal changed to APPLA between January – June 2018. Three youth had their goal change initiated by the Agency (with approval) and 10 youth had documentation of a LYFE/FTM conference.</td>
<td>Yes</td>
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### Table 2: Outcomes to be Maintained

|------------------------------------------|---------------|---------------------------------|---------------------------------|--------------------------|
| 22. *Appropriate Permanency Goals*: Youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation and includes, as appropriate, connections to housing, health insurance, education, continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services and local opportunities for mentors.  
   (IEP citation I.B.12.c.) | 90% of youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation. No later than 180 days prior to the date on which the youth will turn 21 years old (or on which the youth will emancipate), an individualized transition plan will be created that includes as appropriate connections to specific options on housing, health insurance and education and linkages to continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services and local opportunities for mentors. | Between July – December 2017, 90% of youth ages 18 and older had a timely Youth Transition Plan (YTP). | Between January – June 2018, 92% of youth ages 18 and older had a timely Youth Transition Plan (YTP). | Yes |

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57 Eight youth were excluded from analysis due to: being in abscondence from placement and hard to locate; struggling with significant mental illness and unable to participate; or declining to participate in the development of a YTP.
Table 2: Outcomes to be Maintained

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<td>23. Reduction of Multiple Placements for Children in Care:</td>
<td>a. Of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83% shall have had two or fewer placements.</td>
<td>Unable to determine</td>
<td>Unable to determine (^{58})</td>
<td>(\text{N/A})</td>
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<td></td>
<td>b. Of all children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months, 60% shall have had two or fewer placements.</td>
<td>Unable to determine</td>
<td>Unable to determine</td>
<td>(\text{N/A})</td>
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<tr>
<td></td>
<td>c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.</td>
<td>Unable to determine</td>
<td>Unable to determine</td>
<td>(\text{N/A})</td>
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<tr>
<td>24. Timely Approval of Foster/Adoptive Parents: CFSA shall have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training.</td>
<td>70% of homes licensed beginning November 1, 2010, will have been approved, and interested Parties will have been notified within 150 days.</td>
<td>75% of foster homes licensed between July – December 2017 received their license within 150 days.</td>
<td>82% of foster homes licensed between January – June 2018 received their license within 150 days. (^{59})</td>
<td>Yes</td>
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\(^{58}\) Recent data analysis and conversations with CFSA have caused the Monitor to have concerns regarding the reliability of the data and report logic used in assessing performance for this measure. The Monitor has been discussing this issue with CFSA leaders and they have agreed that reports available through FACES.NET on this measure are not accurate. The Monitor is continuing to discuss this concern with CFSA with a goal of providing accurate data on placement moves and stability. These data will be included in the next monitoring report once the problems have been identified and remedied.

\(^{59}\) For 12 of the 69 homes that are considered compliant in the current monitoring period, licensure took longer than 150 days due to circumstances that were beyond the District’s control.
### Table 2: Outcomes to be Maintained

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<td>25. <strong>Legal Action to Free Children for Adoption</strong>: Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.a.)</td>
<td>For 90% of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child more timely to permanency, OAG, on behalf of CFSA shall file a motion to terminate parental rights or confirm that appropriate legal action has been taken within 45 days of their permanency goal becoming adoption.</td>
<td>100%</td>
<td>100%&lt;sup&gt;60&lt;/sup&gt;</td>
<td>Yes</td>
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<tr>
<td>26. <strong>Legal Action to Free Children for Adoption</strong>: Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.b.)</td>
<td>For 90% of children for whom a petition to terminate parental rights has been filed in order to achieve permanency, CFSA shall take and document appropriate actions by the assigned social worker and the assistant attorney general to facilitate the Court’s timely hearing and resolution of legal action to terminate parental rights.</td>
<td>100%</td>
<td>100%&lt;sup&gt;61&lt;/sup&gt;</td>
<td>Yes</td>
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<tr>
<td>27. <strong>Timely Adoption</strong>: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)</td>
<td>For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.</td>
<td>83%</td>
<td>82%&lt;sup&gt;62&lt;/sup&gt;</td>
<td>Yes</td>
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<sup>60</sup> There were a total of 53 applicable children who required legal action to free them for adoption and all (100%) had legal action to free them within 45 days.

<sup>61</sup> Court action was scheduled for all cases as applicable. In 3 cases, the decision regarding termination of parental rights was on appeal and awaiting further court action and 5 cases involved a review under *In re Ta.L.*, 149 A.3d 1060 (D.C. 2016) (en banc). The Court of Appeals determined in this case that the current standards for changing a child’s permanency goal from reunification to adoption are not constitutionally sufficient to protect parents’ due process rights. The Family Court developed new procedures for any permanency hearing where there is a requested goal change. Procedures include providing an evidentiary hearing as a matter of right and a right to immediately appeal the goal change from reunification to adoption after the evidentiary hearing.

<sup>62</sup> During the monitoring period, 32 of 39 applicable children were placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.
Table 2: Outcomes to be Maintained

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<td>31. <em>Timely Adoption</em>: CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. (IEP citation I.B.16.b.iii.)</td>
<td>90% of children in pre-adoptive homes will have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in the approved adoptive home.</td>
<td>From July – December 2017, 93% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of the child being placed in a pre-adoptive home.</td>
<td>From January – June 2018, 100% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of the child being placed in a pre-adoptive home.</td>
<td>Yes</td>
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34. *Placement Licensing*: Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license. (IEP citation I.B.18.)

95% of foster homes and group homes with children placed will have a current and valid license.

Monthly range of 92 – 95% of foster and group homes with current and valid license

Monthly range of 93 – 97% of foster and group homes with current and valid license

Yes

63 CFSA reports that 42 adoptions were finalized during this monitoring period. Of those 42, 32 adoptions were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for the remaining 10.

64 Monthly performance data for placement licensing are as follows: January, 95%; February, 94%; March, 93%; April, 96%; May, 97%; June, 97%.

65 While performance fell below the required level of performance in 2 of 6 months during the monitoring period, it was never below by more than 2%. The Monitor considers this deviation to be insubstantial and this Exit Standard maintained.
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<td><strong>35. Community-Based Service Referrals for Low &amp; Moderate Risk Families:</strong></td>
<td>90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement.</td>
<td>Unable to determine&lt;sup&gt;66&lt;/sup&gt;</td>
<td>61% of families in June 2018 with a closed CPS investigation or FA with a low or moderate risk level who were in need of and agreed to services were referred for services.&lt;sup&gt;67&lt;/sup&gt;</td>
<td>No</td>
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<td><strong>36. Sibling Placement and Visits:</strong> Children in out-of-home placement who enter foster care with their siblings should be placed with some or all of their siblings, unless documented that the placement is not appropriate based on safety, best interest needs of child(ren) or a court order requiring separation.</td>
<td>80% of children who enter foster care with their siblings or within 30 days of their siblings will be placed with some of their siblings.</td>
<td>85% of children placed between July – December 2017 with their siblings or within 30 days of their siblings were placed with at least some of their siblings.</td>
<td>85% of children placed between January – June 2018 with their sibling or within 30 days of their siblings were placed with at least some of their siblings.&lt;sup&gt;68&lt;/sup&gt;</td>
<td>Yes</td>
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<sup>66</sup> CFSA is revising the Collaborative referral data collection process based on changes to the Collaborative contracts which were not in effect the entire monitoring period. Due to data discrepancies, the Monitor cannot validate these data until the next reporting period.

<sup>67</sup> The Monitor collected performance data for this measure through a review of a statistically significant sample of families with a closed CPS investigation or FA in June 2018, whose circumstances were assessed to place a child in their care at low or moderate risk of abuse or neglect. A total of 181 cases were reviewed, representing a sample with a ±5% margin of error with 95% confidence in its results.

<sup>68</sup> CFSA also provided data for all children in care at a point in time (not limited to those who entered care between January and June 2018) for this Exit Standard. As of June 30, 2018, 75% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with 1 or more sibling.
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<td><strong>37. Sibling Placement and Visits:</strong> Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren). (IEP citation I.C.20.b.)</td>
<td>80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.</td>
<td>Monthly range of 83 – 93% with at least monthly visits</td>
<td>Monthly range of 87 – 92% with at least monthly visits</td>
<td>Yes</td>
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<td><strong>39. Health and Dental Care:</strong> Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)</td>
<td>95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening.</td>
<td>Initial and re-entries: monthly range of 88 – 100% with health screening  Replacements: monthly range of 82 – 91% with health screening</td>
<td>Initial and re-entries: monthly range of 94 – 100% with health screening  Replacements: monthly range of 81 – 94% with health screening</td>
<td>Yes</td>
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69 Monthly performance data for initial and re-entry health screenings are as follows: January, 96%; February, 94%; March, 100%; April, 98%; May, 95%; June, 97%.
70 Monthly performance data for replacement health screenings are as follows: January, 89%; February, 94%; March, 84%; April, 81%; May, 91%; June, 92%.
71 CFSA met the required level of performance for initial and re-entry health screenings 5 of 6 months and the required level of performance for replacement health screenings 3 of 6 months. In 2 of the 4 months that performance did not meet the required level, performance was within 1% of the target. The Monitor considers this deviation in performance to be insubstantial and this Exit Standard to be maintained.
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<td><strong>40. Health and Dental Care:</strong> Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)</td>
<td>85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</td>
<td>Within 30 days: monthly range of 80 – 93% with full medical evaluation</td>
<td>Within 30 days: monthly range of 85 – 98% with full medical evaluation</td>
<td><strong>Yes</strong></td>
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<tr>
<td><strong>41. Health and Dental Care:</strong> Children in foster care shall receive a full dental evaluation within 30 days of placement. (IEP citation I.C.22.b.ii.)</td>
<td>25% of children shall receive a full dental evaluation within 30 days of placement. 50% of children shall receive a full dental evaluation within 60 days of placement. 85% of children shall receive a full dental evaluation within 90 days of placement.</td>
<td>Within 30 days: monthly range of 44 – 71% with full dental evaluation</td>
<td>Within 30 days: monthly range of 34 – 73% with full dental evaluation</td>
<td><strong>Yes</strong>73</td>
</tr>
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72 Monthly performance data for children with completed dental evaluations within 90 days of placement are as follows: January, 63%; February, 80%; March, 88%; April, 89%; May, 81%; June, 84%.
73 CFSA met the required level of performance for the sub-parts requiring dental evaluations within 30 and 60 days. For the sub-part that pertains to evaluations within 90 days, CFSA's performance was below the required standard during 4 of 6 months. The Monitor considers this deviation to be insubstantial and this Exit Standard to be maintained.

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Progress Report for the Period January – June 2018  
November 20, 2018  
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# Table 2: Outcomes to be Maintained

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<tr>
<td>42. <strong>Health and Dental Care</strong>: Children in foster care shall have timely access to health care services to meet identified needs.</td>
<td>80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.</td>
<td>90% of cases were acceptable based on CY2017 QSR data.</td>
<td>95% of cases were acceptable based on January – June 2018 QSR data.</td>
<td>Yes</td>
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<td>(IEP citation I.C.22.c.)</td>
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<td>44. <strong>Resource Development Plan</strong>: The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in item 21b of the Outcomes to be Maintained section of the IEP.</td>
<td>The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 21b of “Outcomes to be Maintained” Needs Assessment and Resource Development Plan.</td>
<td>To improve development and use of the Needs Assessment and Resource Development Plan, the timeline for this Exit Standard has been modified based on an agreement reached by Parties and the Monitor. The Monitor will assess and report on compliance in the next monitoring report.</td>
<td>CFSA submitted a draft FY2018 Needs Assessment to the Monitor on August 1, 2018. The Monitor provided feedback on August 8, 2018. A revised Needs Assessment and Resource Development Plan were provided to the Monitor on October 1, 2018.</td>
<td>Yes</td>
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<td>(IEP citation I.D.23.)</td>
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74 Of the 19 cases reviewed through QSRs between January and June 2018 where the child was placed in foster care at the time of the review, 18 (95%) cases were rated as acceptable on both of the Health Status indicators.
## Table 2: Outcomes to be Maintained

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<tr>
<td><strong>45. Financial Support for Community-Based Services:</strong> The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families. (IEP citation I.D.24.)</td>
<td>The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.</td>
<td>The approved FY2018 budget includes $21.8 million in funding for the Collaborative and programs funded through the Title IV-E waiver.</td>
<td>The approved FY2019 budget includes $16.2 million for community-based services as a result of the Title IV-E waiver which was supposed to end March 31, 2019. CFSA has received an extension and the waiver will now end September 30, 2019.</td>
<td>Yes</td>
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| **46. Caseloads:** | | | |
| a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. | 90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases. | a. The Monitor is unable to report on this standard. | a. May and June 2018 performance ranged from 54% – 62%. | Partially |
| 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. | | b. & c. Monthly range of 98 – 100% of ongoing workers met the caseload requirements. No individual social worker had a caseload greater than 18 cases. | b. & c. 99% of ongoing workers met the caseload requirements each month. No social worker had a caseload greater than 18 cases. | |
| c. The caseload of each worker providing services to children in placement, including children in | | | |

---

75 The change from the FY2018 budget includes a $2.8 million reduction as a result of the Title IV-E waiver ending.

76 CFSA collects and maintains data on worker caseloads through FACES.NET. The Monitor and CFSA have worked over time to fine tune the methodology and management reports used to report on caseloads for Entry Service staff. In validating Entry Service caseload data for the current monitoring period, the Monitor identified ongoing concerns which impact the accuracy and validity of data for January through April 2018. These issues appear to have been resolved in May 2018, thus performance data for May and June 2018 are reported.

79 Caseloads for investigation and FA social workers were out of compliance during both of the months assessed.

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<tr>
<td>Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care. d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases. e. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days. (IEP citation I.D.25.)</td>
<td></td>
<td>social worker had a caseload of more than 18. d. 40 – 100% of workers conducting home studies met required performance of no greater than 30 cases. e. Monthly range of 14 – 31 cases (1 – 2% of total open cases) were unassigned to a social worker for more than 5 business days.</td>
<td>caseload of more than 18. d. 80 – 100% of workers conducting home studies met required performance of no greater than 30 cases. e. Monthly range of 9 – 26 cases (1 – 2% of total open cases) were unassigned to a social worker for more than 5 business days.</td>
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77 Monthly performance data for workers conducting home studies are as follows: January, 80%; February, 80%; March, 100%; April, 100%; May, 100%; June, 100%. This is due to 1 worker who was on extended leave at the beginning of the year.

78 Between January and June 2018, in addition to these unassigned cases, a monthly range of 12 to 26 ongoing in-home and permanency cases were assigned to investigative social workers, supervisors, program managers and program administrators. This represents an improvement from the previous monitoring period when the range was 15 to 39 cases. CFSA indicates that the investigator is responsible for working with the family and ensuring the child’s safety until the joint home visit with the ongoing worker has occurred. The Monitor is unable to determine the length of time these ongoing cases remain on an investigator’s caseload prior to transferring case management responsibilities to an ongoing worker.

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### Table 2: Outcomes to be Maintained

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<td><strong>47. Supervisory Responsibilities:</strong></td>
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<tr>
<td>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</td>
<td>90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
<td>Monthly range of 82 – 98% of supervisors met the required standard.</td>
<td>Monthly range of 92 – 100% of supervisors met the required standard.</td>
<td>Yes</td>
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<tr>
<td>i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</td>
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<td>(IEP citation I.D.26.a.i.)</td>
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<tr>
<td><strong>48. Supervisory Responsibilities:</strong></td>
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<tr>
<td>b. No supervisor shall be responsible for the on-going case management of any case.</td>
<td>95% of cases are assigned to social workers.</td>
<td>Monthly range of 93 – 97% of cases assigned to social workers.</td>
<td>Monthly range of 94 – 97% of cases assigned to social workers.</td>
<td>Yes</td>
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<td>ii. Cases shall be assigned to social workers.</td>
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<td>(IEP citation I.D.26.b.ii.)</td>
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<tr>
<td><strong>49. Training for New Social Workers:</strong> New direct service staff shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.</td>
<td>90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.</td>
<td>96%</td>
<td>100%</td>
<td>Yes</td>
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<tr>
<td>(IEP citation I.D.27.a.)</td>
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<tr>
<td><strong>50. Training for New Supervisors:</strong> New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility.</td>
<td>90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.</td>
<td>100%</td>
<td>75%</td>
<td>Yes</td>
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<tr>
<td>(IEP citation I.D.27.b.)</td>
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80 Monthly performance data for cases assigned to social workers are as follows: January, 96%; February, 97%; March, 97%; April, 94%; May, 97%; June, 97%.

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

82 Only 4 supervisors were applicable to this Exit Standard during the current monitoring period. Due to the small universe, the Monitor considers this Exit Standard to be maintained.
### Table 2: Outcomes to be Maintained

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<tr>
<td><strong>51. Training for Previously Hired Social Workers:</strong> Previously hired direct service staff³³ shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies. (IEP citation I.D.28.a.)</td>
<td>80% of CFSA and private agency direct service staff shall receive the required annual in-service training.</td>
<td>Not yet due</td>
<td>88%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>52. Training for Previously Hired Supervisors and Administrators:</strong> Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)</td>
<td>80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.</td>
<td>Not yet due</td>
<td>91%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>53. Training for Foster Parents:</strong> CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)</td>
<td>95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.</td>
<td>99%</td>
<td>97%</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>54. Training for Foster Parents:</strong> CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)</td>
<td>95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.</td>
<td>90%</td>
<td>89%</td>
<td>No³⁴</td>
</tr>
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³³ Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

³⁴ The Monitor will discuss this further with CFSA leaders and monitor implementation of corrective actions to improve performance.

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

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<tr>
<th>Implementation and Exit Plan Requirement</th>
<th>Exit Standard</th>
<th>July – December 2017 Performance</th>
<th>January - June 2018 Performance&lt;sup&gt;50&lt;/sup&gt;</th>
<th>Exit Standard Maintained</th>
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<tr>
<td>56. Performance-Based Contracting: CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis. (IEP citation I.D.31.)</td>
<td>Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.</td>
<td>CFSA continued to use its performance based contract monitoring tool this period. CFSA reports changes to the review process will begin in CY2018 after the transition of placement cases in MD to one agency.</td>
<td>CFSA monitors NCCF, congregate care providers and other contacted community-based agencies on a regular basis. CFSA has specific measures of performance for their different contracted providers. CFSA provides feedback and corrective action plans are developed as necessary based on findings from the monitoring.</td>
<td>Yes</td>
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<tr>
<td>57. Interstate Compact for the Placement of Children (ICPC): CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care. (IEP citation I.D.32.)</td>
<td>Elimination of the backlog of cases without ICPC compliance.</td>
<td>CFSA reports there are no children placed without ICPC approval.</td>
<td>CFSA reports there are no children placed without ICPC approval.</td>
<td>Yes</td>
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<tr>
<td><strong>58. Licensing Regulations:</strong> CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes and independent living facilities. (IEP citation I.D.33.)</td>
<td>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes and independent living facilities.</td>
<td>During this monitoring period, CFSA reports 23 FTE positions and 1 part-time contractor position for Family Licensing and Facility Licensing.</td>
<td>During this monitoring period, CFSA reports 22 FTE positions for Foster Family and Facility Licensing and that all positions are filled.</td>
<td>Yes</td>
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<tr>
<td><strong>59. Budget and Staffing Adequacy:</strong> The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources. The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed. (IEP citation I.D.34.)</td>
<td>The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</td>
<td>The approved FY2018 budget is $226.5 million and includes 820 FTEs.</td>
<td>The approved FY2019 budget is $224.2 million and includes 819 FTEs. CFSA continues to report the budget provides adequate funding for required staffing, services and supports.</td>
<td>Yes</td>
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<td>60. Federal Revenue Maximization: CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development. (IEP citation I.D.35.)</td>
<td>Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.</td>
<td>CFSA continues to receive Title IV-E capped payments on a quarterly basis as part of the federal waiver demonstration program and has maintained consistent levels of federal revenue. CFSA is claiming Medicaid for health care services provided through the Healthy Horizons Assessment Clinic.</td>
<td>CFSA continues to receive Title IV-E capped payments on a quarterly basis as part of the federal Title IV-E Waiver Demonstration Project and has maintained consistent levels of federal revenue. CFSA is claiming Medicaid for health care services provided through the Healthy Horizons Assessment Clinic. CFSA has formed a Family First Prevention Workgroup to plan for the new requirements under the Family First Prevention Services Act.</td>
<td>Yes</td>
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85 The Family First Prevention Services Act (FFPSA) was passed February 2018 as part of the Bipartisan Budget Act. Under FFPSA, states will be able to claim Title IV-E reimbursement for mental health, substance use and in-home parent skill-based programs that are identified as well-supported, supported or promising practices. CFSA will receive reimbursement for these services when they are provided to eligible children and families, which includes pregnant and parenting youth in foster care and children who are candidates for foster care.

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<td>61. <em>Entering Reports Into Computerized System</em>: 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. <em>(IEP citation II.A.1.)</em></td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td>62. <em>Maintaining 24 Hour Response System</em>: 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. <em>(IEP citation II.A.2.)</em></td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td>63. <em>Checking for Prior Reports</em>: Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect. <em>(IEP citation II.A.3.)</em></td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td><strong>64. Reviewing Child Fatalities:</strong> The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.</td>
<td>Ongoing Compliance</td>
<td>Internal: The Committee reviewed 13 child fatalities between July and December 2017. A draft of the 2017 Child Fatality Annual Report was provided to the Monitor in March 2018.</td>
<td>Internal: The Committee reviewed 21 child fatalities between January and June 2018. The 2017 Child Fatality Annual Report was finalized in October 2018.</td>
<td>Yes</td>
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86 In December 2017, the Mayor’s Office of Talent and Appointments swore-in five new community members to the Committee, filling vacancies that have existed for some time. The new members have background experience in medicine, child welfare and community engagement.


88 CFSA’s 2017 Child Fatality Report may be found at: [https://cfsa.dc.gov/publications-list?keys=RPTS&type=79&sort_by=title&sort_order=ASC](https://cfsa.dc.gov/publications-list?keys=RPTS&type=79&sort_by=title&sort_order=ASC)
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<td>65. Investigations of Abuse and Neglect in Foster Homes and Institutions: Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 35 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.</td>
<td>90% of reports of abuse and neglect in foster homes shall be completed within 35 days and within 60 days for investigations involving group homes, day care settings or other congregate settings.</td>
<td>Monthly range of 91 – 100% of investigations timely completed</td>
<td>Monthly performance was 100% every month</td>
<td>Yes</td>
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<td>(IEP citation II.A.5.)</td>
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<td>66. Policies for General Assistance Payments: CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td>(IEP citation II.B.6.)</td>
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<td>67. Use of General Assistance Payments: CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td>(IEP citation II.B.7.)</td>
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<tr>
<td>69. Timely Approval of Foster/Adoptive Parents: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.</td>
<td>Ongoing Compliance</td>
<td>Training opportunities were offered every month during the monitoring period except December 2017 due to the holidays.</td>
<td>Training opportunities were offered every month during the monitoring period.</td>
<td>Yes</td>
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### Table 2: Outcomes to be Maintained

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<td><strong>70. Placement within 100 Miles of the District:</strong> No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)</td>
<td>Ongoing Compliance for no more than 82 children.</td>
<td>Monthly range of 10 – 13 children placed more than 100 miles from the District</td>
<td>Monthly range of 10 – 13 children placed more than 100 miles from the District</td>
<td>Yes</td>
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  (IEP citation II.B.10.)

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<tr>
<th><strong>71. Licensing and Placement Standards:</strong></th>
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<tbody>
<tr>
<td>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</td>
<td>Ongoing compliance for 95% of children.</td>
<td>a. Monthly range of foster and group homes that met licensing and placement standards: 92 – 95%</td>
<td>a. Monthly range of foster and group homes that met licensing and placement standards: 93 – 97%</td>
<td>Yes</td>
</tr>
<tr>
<td>b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family’s natural children; (c) have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.</td>
<td></td>
<td>b. Monthly range of children over-placed in foster homes: 3 – 7%</td>
<td>b. Monthly range of children over-placed in foster homes: 3 – 7%</td>
<td></td>
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<tr>
<td>c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without</td>
<td></td>
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</tbody>
</table>

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89 Monthly performance for children placed in foster homes and other placements that meet licensing and other MFO standards are as follows: January, 95%; February, 94%; March, 93%; April, 96%; May, 97%; June, 97%.

90 Monthly performance for children over-placed in foster homes are as follows: January, 7%; February, 4%; March, 4%; April, 3%; May, 3%; June, 3%.

91 CFSA’s performance for 2 sub-parts fell below the required level during several months this period. However, performance improved in the last 3 months of the period. The Monitor considers these deviations to be temporary and this Exit Standard to be Maintained.
<table>
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<tbody>
<tr>
<td>express written approval by the Director or designee based on written documentation that the child’s needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child’s needs.</td>
<td></td>
<td>c. Children in group care settings with capacity in excess of 8 children: 0</td>
<td>c. Children in group care settings with capacity in excess of 8 children: 0</td>
<td></td>
</tr>
<tr>
<td>d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.</td>
<td></td>
<td>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period</td>
<td>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period</td>
<td></td>
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<tr>
<td></td>
<td>(IEP citation II.B.11.)</td>
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<tr>
<td>72. Case Planning Process: Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.</td>
<td>90% of case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter.</td>
<td>Monthly range of 79 – 90%</td>
<td>Monthly range of 92 – 98%</td>
<td>Yes</td>
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<tr>
<td></td>
<td>(IEP citation II.B.12.)</td>
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</table>
### Table 2: Outcomes to be Maintained

|----------------------------------------|---------------|----------------------------------|--------------------------------|--------------------------|
| 73. *Appropriate Permanency Goals*: No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child’s best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child’s foster parents assuming legal custody as permanent caretakers of the child.  

*(IEP citation II.B.13.)* | Ongoing Compliance | Ongoing Compliance | Ongoing Compliance<sup>92</sup> | Yes |
|----------------------------------------|---------------|----------------------------------|--------------------------------|--------------------------|
| 74. *Timely Adoption*: Within 95 days of a child’s permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.  

*(IEP citation II.B.14.)* | For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource. | 100% | 79%<sup>93</sup> | Partially<sup>94</sup> |

<sup>92</sup> As of June 30, 2018, CFSA reports that 1 child under the age of 12 had the goal of APPLA. This child (age 5) is medically fragile and requires 24 hour hospitalization to ensure his medical stability and best quality of life given his extraordinary complex medical needs.

<sup>93</sup> There are 47 total children this monitoring period who had their goal changed to adoption and required a child specific recruitment plan at the time of their goal change. Thirty-four of the 47 children had a Letter of Intent completed or petition to adopt filed before the 95 days and thus, were no longer in need of a recruitment plan. Of the remaining 13 children, 3 had a planning meeting to develop a child-specific recruitment plan within 95 days, 1 had no meeting and 9 had meetings after the 95 day mark.

<sup>94</sup> The Monitor considers performance partially maintained considering the cohort size and that of the 10 children who did not have a timely meeting to develop a child-specific recruitment plan, 6 children had such meetings within 100 days of their goal change.
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<tbody>
<tr>
<td><strong>75. Post-Adoption Services Notification:</strong> Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services. (IEP citation II.B.15.)</td>
<td>Ongoing compliance for 90% of cases.</td>
<td>CFSA reports the Permanency Specialty Unit has 3 social workers dedicated to providing case management and information and referrals to contracted therapeutic services for adoptive and guardianship families. CFSA reports information about both the CFSA unit and contracted services are sent to families within 60 days of achieving permanency.</td>
<td>CFSA reports the Permanency Specialty Unit continues to have 3 social workers dedicated to providing case management and information and referrals to contracted therapeutic services for adoptive and guardianship families. CFSA reports information about both the CFSA unit and contracted services are sent to families within 60 days of achieving permanency.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>76. Family Court Reviews:</strong> A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months. (IEP citation II.D.16.)</td>
<td>Ongoing Compliance for 90% of cases.</td>
<td>As of December 31, 2017, 90% of applicable children had required judicial review.</td>
<td>As of June 30, 2018, 96% of applicable children had required judicial review.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Table 2: Outcomes to be Maintained

<table>
<thead>
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<tr>
<td><strong>77. Permanency Hearings</strong>: CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.</td>
<td>Ongoing compliance for 90% of cases.</td>
<td>Monthly range of 91 – 94% of children had a timely permanency hearing.</td>
<td>Monthly range of 95 – 99% of children had a timely permanency hearing.</td>
<td>Yes</td>
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<tr>
<td>(IEP citation II.D.17.)</td>
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<tr>
<td><strong>78. Use of MSWs and BSWs</strong>: Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees.</td>
<td>Ongoing compliance for all social work hires.</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<tr>
<td>(IEP citation II.E.18.)</td>
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<tr>
<td><strong>79. Social Work Licensure</strong>: All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.</td>
<td>Ongoing compliance for all social workers.</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<tr>
<td>(IEP citation II.E.19.)</td>
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<tr>
<td><strong>80. Training for Adoptive Parents</strong>: Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.</td>
<td>Ongoing compliance for 90% of adoptive parents.</td>
<td>99%</td>
<td>97%</td>
<td>Yes</td>
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<td>(IEP citation II.F.20.)</td>
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<tr>
<td><strong>81. Needs Assessment and Resource Development Plan</strong>: a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the</td>
<td>Ongoing Compliance</td>
<td>To improve development and use of the Needs Assessment and Resource Development Plan, the timeline for this Exit Standard has been modified based on an agreement reached</td>
<td>CFSA submitted a draft FY2018 Needs Assessment to the Monitor on August 1, 2018. The Monitor provided feedback on August 8, 2018. A revised Needs Assessment and Resource</td>
<td>Yes</td>
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<td>Agency, with sufficient staff and other resources to carry out MFO resource development functions.</td>
<td>Maintain</td>
<td>by Parties and the Monitor. The Monitor will assess and report on compliance in the next monitoring report.</td>
<td>Development Plan was provided to the Monitor on October 1, 2018.</td>
<td>Yes</td>
</tr>
<tr>
<td>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</td>
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<td>(IEP citation II.G.21.)</td>
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<td>82. Foster Parent Licensure: CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td>(IEP citation II.G.22.)</td>
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<td><strong>83. Quality Assurance</strong>: 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.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
</tr>
<tr>
<td>(IEP citation II.G.23.)</td>
<td></td>
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<tr>
<td><strong>84. Maintaining Computerized System</strong>:</td>
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<tr>
<td>a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
</tr>
<tr>
<td>b. CFSA shall provide evidence of the capacity of the FACES.NET Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports that shall assist the Agency in meeting goals of safety, permanence and well-being and the requirements of the MFO and court-ordered Implementation and Exit Plan.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<td>(IEP citation II.H.24.)</td>
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<td><strong>85. Contracts to Require the Acceptance of Children Referred</strong>: CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance</td>
<td>Yes</td>
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<tr>
<td>(IEP citation II.H.25.)</td>
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<tr>
<td><strong>86. Provider Payments:</strong> CFSA shall ensure payment to providers in compliance with DC’s Quick Payment Act for all services rendered.</td>
<td>90% of payments to providers shall be made in compliance with DC’s Quick Payment Act for all services rendered.</td>
<td>Monthly range of 92 – 97%</td>
<td>Monthly range of 80 – 95%&lt;sup&gt;95&lt;/sup&gt;</td>
<td>Partially&lt;sup&gt;96&lt;/sup&gt;</td>
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<tr>
<td>(IEP citation II.H.26.)</td>
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<tr>
<td><strong>87. Foster Parent Board Rates:</strong> There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance&lt;sup&gt;97&lt;/sup&gt;</td>
<td>Yes</td>
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<tr>
<td>(IEP citation II.H.27.)</td>
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<tr>
<td><strong>88. Post-Adoption Services:</strong> CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.</td>
<td>Ongoing Compliance</td>
<td>Ongoing compliance</td>
<td>Ongoing compliance&lt;sup&gt;98&lt;/sup&gt;</td>
<td>Yes</td>
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<tr>
<td>(IEP citation II.H.28.)</td>
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</table>

<sup>95</sup> Monthly performance for timely provider payments are as follows: January, 90%; February, 92%; March, 95%; April, 89%; May, 87%; June, 80%.

<sup>96</sup> CFSA met the required level of performance during 3 of 6 months this monitoring period. CFSA reports that the decline in performance was due to changes in staffing and invoice processing and that these issues have been resolved.

<sup>97</sup> CFSA readjusted its rate in CY2018 as part of the Temporary Safe Haven Redesign; the standard daily foster home rate beginning January 1, 2018 is $38. Higher rates are provided for youth in Special Opportunities for Youth (SOY) homes; youth who are teen parents and placed with their child(ren); and children who are determined to meet a difficulty of care standard due to severe developmental and/or behavioral challenges.

<sup>98</sup> CFSA reports for FY2018, the adoption subsidy budget amount is $18,361,084 and the guardianship subsidy budget amount is $10,599,875.
IV. DISCUSSION OF LaSHAWN A. v. BOWSER IMPLEMENTATION AND EXIT PLAN OUTCOMES

A. GOAL: CHILD SAFETY

In this section of the report, the Monitor examines CFSA’s performance on front-end responses to allegations of child abuse and/or neglect through its 24-hour Hotline, Child Protective Services (CPS) investigations and Family Assessments (FA) as well as its service provision to children and families within their own homes and communities (In-Home services). CFSA has a single organizational unit (Entry Services) that manages all of these functions.

Three IEP Exit Standards that have not been achieved pertain to Entry Services’ practice, specifically: (1) timely initiation of CPS investigation and FAs, (2) timely completions and closure of investigations and (3) the quality of investigations and FAs. CFSA did not meet performance requirements for any of these standards this period.

High Entry Services’ caseloads have contributed to the challenges that social workers have had in completing investigative and FA tasks comprehensively and within the required timeframes. As discussed more fully below, CFSA leaders have acknowledged this and added resources to support social workers in their daily work, and most recently, additional social worker staffing was added to investigation and FA units.

1. Hotline

CFSA maintains a 24-hour, seven-day-a-week Hotline to screen reports of alleged child abuse and neglect in the District of Columbia made by mandated reporters, family members and others in the community. CFSA utilizes a Differential Response (DR) system to determine the appropriate response to referrals using one of the following pathways: (1) screen out or no action required because the referral does not include an allegation of abuse or neglect, the alleged victim is age 18 or older, the alleged child victim resides outside of the District of Columbia or the alleged perpetrator is not a parent, guardian or custodian99; (2) initiate a CPS investigation; (3) initiate a CPS FA;100 or (4) Information and Referral (I&R)101. These determinations are made either by Hotline staff at the time the referral is received using the Hotline Structured Decision Making

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99 In the summer of 2017, the District passed the Child Neglect and Sex Trafficking Amendment Act of 2017 (D.C. Law 22-7, 64 DCR 5302) which broadened the definition of neglected and abused child to include victims of sex trafficking. Their perpetrators are not limited to a parent, guardian or custodian.

100 Family Assessment response is utilized consistent with District law (DC Code Section 4-1301.04) and is designed for families for whom a Hotline report has been made but with no identified safety concerns. For these families, instead of a CPS investigation, CFSA uses a strength-based, family-centered assessment process to support families in identifying needs and accessing services.

101 Information and Referral is the pathway for requests from other jurisdictions and information or reports outside the parameters of CFSA involvement. Some examples include request by another jurisdiction for a courtesy interview, notice of a foster child running away or return from running away, non-CPS assaults or foster child curfew violations.
(SDM) tool or after consultation in the Hotline R.E.D. Team,\textsuperscript{102} which includes participation from multidisciplinary staff who meet every weekday. During prior periods, CFSA utilized the Hotline R.E.D. Team process and format for the majority of referral screening decisions; over the past two years, CFSA has shifted away from this practice with greater reliance on Hotline staff and supervisors to make most screening and pathway decisions, with utilization of the Hotline R.E.D. Team for more complicated referrals.\textsuperscript{103} The Monitor encourages CFSA to examine that current practice provides the appropriate balance of decision-making.

Table 3 below shows the number of calls the Hotline received between January and June 2018 and specifies the DR pathway selected for each referral. The volume of calls to the Hotline this monitoring period ranged between 1,761 and 2,064 a month, with a total of 11,095 calls during the six month monitoring period. An average of 24 percent of Hotline calls received during the period were accepted for an investigation or linked\textsuperscript{104} to a current investigation and an average of 20 percent of Hotline calls were accepted for a FA or linked to a current FA. As indicated in Table 3, an average of three percent of calls were designated as I&R and a monthly range of 49 to 62 percent of calls were screened out at the Hotline or after a Hotline R.E.D. Team review.

### Table 3: Calls to the Child Abuse and Neglect Hotline by Differential Response Pathway

<table>
<thead>
<tr>
<th>Month</th>
<th>Total</th>
<th>Information and Referral (I&amp;R)</th>
<th>Investigation</th>
<th>Family Assessment (FA)</th>
<th>Screened Out by Hotline or Hotline R.E.D. Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Accepted</td>
<td>Accepted</td>
<td>Linked</td>
<td>Accepted</td>
</tr>
<tr>
<td>Jan 2018</td>
<td>1,763</td>
<td>56 (3%)</td>
<td>373 (21%)</td>
<td>43 (2%)</td>
<td>413 (23%)</td>
</tr>
<tr>
<td>Feb 2018</td>
<td>1,810</td>
<td>48 (3%)</td>
<td>377 (21%)</td>
<td>46 (3%)</td>
<td>340 (19%)</td>
</tr>
<tr>
<td>March 2018</td>
<td>1,761</td>
<td>56 (3%)</td>
<td>413 (23%)</td>
<td>56 (3%)</td>
<td>329 (19%)</td>
</tr>
<tr>
<td>Apr 2018</td>
<td>1,834</td>
<td>50 (3%)</td>
<td>430 (23%)</td>
<td>63 (3%)</td>
<td>335 (18%)</td>
</tr>
<tr>
<td>May 2018</td>
<td>2,064</td>
<td>72 (3%)</td>
<td>389 (19%)</td>
<td>73 (4%)</td>
<td>408 (20%)</td>
</tr>
<tr>
<td>June 2018</td>
<td>1,863</td>
<td>54 (3%)</td>
<td>309 (17%)</td>
<td>41 (2%)</td>
<td>285 (15%)</td>
</tr>
<tr>
<td>Total</td>
<td>11,095</td>
<td>336 (3%)</td>
<td>2,291 (21%)</td>
<td>322 (3%)</td>
<td>2,110 (19%)</td>
</tr>
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</table>

Source: CFSA Administrative Data, FACES.NET report INT003

* Percentages may not equal 100% due to rounding.

\textsuperscript{102} The Hotline R.E.D. Team (Review, Evaluate, Direct) process and decision-making framework requires workers and supervisors to work collaboratively to more systematically review the allegations, family and case history and family strengths and needs.

\textsuperscript{103} In June 2018, excluding those referrals coded as I&R or immediate response for an investigation, the pathway decision to conduct an investigation, initiate a FA or screen out the referral was made by Hotline staff and supervisors in 80% (1,375 of 1,719) of referrals.

\textsuperscript{104} “Linked” indicates that the agency already had an open investigation or FA and the new referral was linked to the previously opened referral.
2. Entry Services Caseloads

CPS social workers are in most instances the first to respond to allegations of abuse and neglect from the community. Workers have to first ensure the safety of the child(ren) and then engage the family and collaterals to assess the current situation and determine if the allegations should be substantiated; if referrals for services are needed; or if an open in-home or foster care case is necessary to ensure the ongoing safety of the child(ren). As previously mentioned, worker caseloads can have a direct impact on a social worker’s ability to complete accurate and comprehensive assessments of safety and well-being and engage families in effective planning and services within required timeframes.

In measuring performance with the IEP caseload standards for Entry Services, the Monitor analyzes data for both investigative and FA worker caseloads together, as all of these workers are responsible for DC’s child protective services response. During the last monitoring period and through the beginning of CY2018, despite FACES.NET management report data showing improved compliance with Entry Services caseload standards, the Monitor’s validation identified concerns about the accuracy of caseload data due to the high number of referrals that were classified as “in transfer” from the Hotline to a CPS social worker. After the Monitor notified CFSA of the concern, a new Deputy Director of Entry Services, who was appointed in April 2018, identified existing challenges in the timely assignment of referrals to CPS social workers and put appropriate corrective measures in place. As a result of these actions, beginning in May 2018, the data accuracy issues have been addressed. The Monitor was able to validate Entry Services caseload data for May and June 2018 and only data for those months are discussed within this section.

An additional challenge that has been identified is maintaining adequate and consistent staffing when there is worker turnover which may produce vacancies or when staff are out on Family and Medical Leave. One of the decisions recently made by new leadership in Entry Services was to move some staff from investigation units to FA units and hire additional staff. As of August 6, 2018, an additional CPS unit was staffed and ready to accept referrals. As of September 2018, there were 50 social workers responsible for case management of investigations and 49 responsible for case management of FAs, representing an increase of five FA workers since May. Caseload data for July through September 2018 show that the additional hiring and deployment of workers, in addition to the seasonal decline in new referrals over the summer months, have led to reductions in caseloads.

105 As of the August 15, 2018, there were 3 supervisor vacancies, 13 social worker vacancies and 22 staff out on Family and Medical Leave in Entry Services.
### IEP Requirement

<table>
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<tr>
<th>Requirement</th>
<th>Details</th>
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<tr>
<td>46. Caseloads:</td>
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<tr>
<td>a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. (IEP citation I.D.25.a.)</td>
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</table>

### Exit Standard

90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases.

### Figure 1: Percentage of CPS Workers who Met Exit Standard Requirement for Caseloads

**December 2016 – June 2018**

![Graph showing percentage of workers meeting the caseload exit standard]

**Source:** CFSA Administrative Data, FACES.NET report INV145

### Performance for the period January 1 through June 30, 2018:

Between May and June 2018, caseloads for CPS workers were higher than 12 referrals at any time as allowed by the Exit Standard; 54 percent of workers in May and 62 percent of workers in June 2018 had caseloads that met the standard. Although many workers had caseloads in excess of the

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106 Data reported as of December 2015 and prior were based on a point-in-time analysis, pulling caseload data from the last day of each month and analyzing each worker’s caseload on that day. Due to identified concerns in the way caseloads were managed and captured in FACES.NET, from December 2016 and moving forward, the Monitor utilizes a methodology to analyze each worker’s caseload throughout the entire month in order to obtain a more accurate reflection of caseloads. From December 2016 onward, the Monitor also analyzes investigative and FA worker caseloads together as they both fall under CPS. Data are not reported for December 2017 due to concerns with the accuracy of the data provided to the Monitor.
standard, no worker was responsible for case management of more than 15 referrals at any time during the months.

In addition, in June 2018, there was a daily range of 25 to 63 referrals designated as “in-transfer” from the Hotline to a CPS social worker. CFSA reports that during the months of May and June, there is an increase in educational neglect referrals from traditional public and public charter schools, which contributes to an increase in caseloads during these months. The impact of end of the year educational neglect referrals is seen in the data as caseloads began to rise during the second half of May and remained high through the end of June 2018.

**Investigative Caseloads**

Analysis of data by caseload type shows that caseloads for workers conducting investigations were substantially lower than caseloads for FA workers (see Figure 2), likely due to the increase in educational neglect referrals toward the end of the school year that are more typically coded as requiring a FA. Eighty-seven percent of investigation workers in May and 91 percent in June 2018 met the required caseload standard by not exceeding 12 investigations per month.

**Figure 2: CPS (Investigation and FA) Worker Caseloads May – June 2018**

<table>
<thead>
<tr>
<th>Caseload Type</th>
<th>May-18</th>
<th>Jun-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS overall caseloads</td>
<td>62%</td>
<td>91%</td>
</tr>
<tr>
<td>CPS investigation caseloads</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>CPS-FA caseloads</td>
<td>73%</td>
<td>73%</td>
</tr>
</tbody>
</table>

*IEP Exit Standard - 90% of workers carrying no more than 12 cases*

Source: CFSA Administrative Data, FACES.NET INV145

*Totals may not equal 100% due to rounding*
Family Assessment Caseloads

Caseloads for FA workers were extremely high in May and June 2018, with the percentage of FA workers carrying 12 or fewer FAs as 16 percent in May and 27 percent in June 2018.

3. Investigation and Family Assessment Practice

Referrals that allege serious safety concerns for children, including child fatality, suspected sex abuse or allegations that a child is at imminent risk for or has experienced abuse or neglect that is severe, always require a CPS investigation. As part of an investigation, the IEP and CFSA policy require workers to:

- initiate an investigation immediately or within 48 hours of the referral to the Hotline or document good faith efforts to initiate the investigation when the alleged victim child(ren) cannot be immediately located (IEP citation I.A.1.a.);
- complete the investigation and enter the final report of findings into FACES.NET within 35 days of the referral to the Hotline (IEP citation I.A.1.b.);
- comprehensively review family history for families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report with the most recent report occurring within the last 12 months (IEP citation I.A.1.c.);
- conduct investigations of acceptable quality (IEP citation I.A.2.); and
- refer families whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and who are in need of and agree to additional supports to an appropriate Collaborative or community agency for follow-up (IEP citation I.C.19.).

Timely Initiating Investigations and Family Assessments

<table>
<thead>
<tr>
<th>IEP Requirement</th>
<th>1. Investigations: Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the Hotline of child maltreatment. (IEP citation I.A.1.a.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit Standard</td>
<td>95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located.</td>
</tr>
</tbody>
</table>

107 DC Code Section 4-1301.04.
108 DC law requires that an investigation be initiated as soon as possible and at least within 24 hours of receipt of the report (DC Code Section 4-1301.04).
109 Performance for this Exit Standard is discussed earlier in Table 2 of this report.
110 Documented good faith efforts to see alleged victim children within the first 48 hours shall satisfy this requirement if they include: (1) visiting the child’s home at different times of the day; (2) visiting the child’s school and/or day care in an attempt to
**Performance for the period January 1 through June 30, 2018:**

**Investigations**

Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of their caretaker or making all applicable good faith efforts to locate and interview them within the 48 hour timeframe.\(^{111}\) CFSA provided the Monitor with findings from a secondary review of FACES.NET data for the months of March and June 2018 to validate data on investigations where the alleged victim child(ren) had not been seen in 48 hours to determine if good faith efforts to locate and interview the child(ren) had been made.

In March 2018, 408 closed abuse and neglect investigations were applicable to this measure.\(^{112}\) All alleged victim children were seen within 48 hours in 306 (75%) investigations and good faith efforts were made in an additional 46 (11%) investigations, for a total of 86 percent of investigations initiated timely.

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\(^{111}\) For younger and non-verbal children, observation is acceptable.

\(^{112}\) Ten investigations were removed from the universe of applicable cases as the investigation was closed before 48 hours had elapsed and the alleged child victim(s) was not seen. Two additional investigations were removed as they pertained to a child fatality and the only victim child was the decedent.
In June 2018, 355 closed abuse and neglect investigations were applicable to this measure. All alleged victim children were seen within 48 hours in 246 (69%) investigations and good faith efforts were made in an additional 36 (10%) investigations, for a total of 79 percent of investigations initiated timely, as shown in Figure 3. Current performance does not meet the required level of 95 percent; this Exit Standard continues to be an Outcome to be Achieved.

For the remaining months in the monitoring period, monthly performance data on timeliness of investigation initiation (without inclusion of good faith efforts) ranged from 61 to 72 percent. Documentation of good faith efforts were not validated for these months and credit for valid efforts made would likely increase performance.

**Family Assessments**

Similar to investigations, FA practice requires workers to see and interview all children in the household to assess for safety within a specified timeframe after receipt of the referral. CFSA policy sets different response times for the initiation of a FA depending upon the allegations reported to the Hotline – either within 72 or up to 120 hours (5 days) from the Hotline referral. Of the 338 FAs closed in June 2018, contact was made with all alleged victim children within 72 hours of receipt of referral in 106 (31%) referrals; in an additional 110 (33%) referrals, all alleged victim children were contacted within 120 hours of receipt of the referral, for a total of 64 percent of FAs timely initiated. Monthly performance for FA initiation within 120 hours ranged between 62 and 66 percent this monitoring period.

Like “good faith efforts” to initiate an investigation, FA workers who are unable to reach and interview children and families within required timeframes, may complete and document reasonable actions to initiate a FA in a timely manner; data on reasonable actions were not validated this monitoring period and are not included in these data. Inclusion of “reasonable actions” would likely increase performance levels.

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113 Seven investigations were removed from the universe of applicable cases as the investigation was closed before 48 hours had elapsed and the alleged child victim was not seen.

114 Monthly performance for initiation of FA within 120 hours are as follows: January, 64%; February, 66%; March, 65%; April, 64%; May, 62%; June, 64%.

115 Reasonable actions is the term CFSA utilizes to represent good faith efforts to initiate a FA. Documented reasonable actions to initiate or see the alleged victim child(ren) within 120 hours of the referral include: 1) visiting the child’s home at different times of the day (at least 2 attempted visits); 2) visiting the child’s school and/or day care in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child’s location; and 4) reviewing the CFSA information system and other information systems (e.g. ACEDS, ASPEN/DATA TICKETS) for additional information about the child and family.
Timely Completion of Investigations and Family Assessments

| IEP Requirement | 2. **Investigations**: Investigations of alleged child abuse and neglect shall be completed within 30 days after receipt of a report to the Hotline of child maltreatment and the final report of findings for each investigation shall be completed within five days of the completion of the investigation. (IEP citation I.A.1.b.) |
| Exit Standard | 90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days. |

Figure 4: Timely Completion of Investigations
June 2015 – June 2018

![Figure 4: Timely Completion of Investigations](image)

Source: CFSA Administrative Data, FACES.NET report INV004

Performance for the period January 1 through June 30, 2018:

**Investigations**

In June 2018, there were 357 non-institutional abuse investigations completed; 258 (72%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report. As reflected in Figure 5 below, performance this monitoring period fluctuated between 72 and 81
percent of investigations completed timely each month. Current performance does not meet the required benchmark of 90 percent completed within 35 days.\textsuperscript{116}

\textbf{Figure 5: Timely Completion of Investigations}  
\textit{January – June 2018}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{image}
\caption{Timely Completion of Investigations January – June 2018}
\end{figure}

Source: CFSA Administrative Data, FACES.NET report INV004

Figure 6 shows the number of investigations accepted each month, the number of investigations closed each month, the number of investigations in backlog and the percentage of investigations completed within 35 days. Since the prior period, CFSA has reduced the number of investigations in backlog (not complete after 35 days).\textsuperscript{117}

\textsuperscript{116} During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: January, 20; February, 14; March, 28; April, 30; May, 40; June, 36.

\textsuperscript{117} Between July and December 2017, the number of investigations in backlog ranged from 16 to 52.
Family Assessments

CFSA’s policy and practice guidance provides that a FA referral should be completed within 45 days. FA referrals can be kept open longer when circumstances indicate that doing so will be helpful to case resolution and service linkage. The goals during a FA are to fully assess child and family strengths and needs and link families with appropriate community services. In every FA, a safety assessment is mandatory and part of the initial response. If the safety assessment identifies immediate concerns, CFSA reports the FA is converted to a CPS investigation. If there are no immediate safety concerns identified, an assessment is conducted and families are engaged and encouraged to develop a family agreement for receipt of services.

Between January and June 2018, a monthly range of 62 to 78 percent of FAs were completed within 45 days of referral to the Hotline (see Figure 7). Specifically, in June 2018, a total of 365 FAs were completed; 248 (68%) of these FAs were completed within 45 days of the FA referral. Completion data for the remaining FAs in June 2018 are as follows: 82 (22%) FAs were completed within 46 to 59 days; 33 (9%) FAs were completed within 60 to 89 days; and two (1%) FAs were completed in 90 days or longer.
Quality of Investigations and Family Assessments

<table>
<thead>
<tr>
<th>IEP Requirement</th>
<th>Exit Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Acceptable Investigations: CFSA shall routinely conduct investigations of alleged child abuse and neglect that are of acceptable quality.¹¹⁹</td>
<td></td>
</tr>
<tr>
<td>80% of investigations will be of acceptable quality.</td>
<td></td>
</tr>
</tbody>
</table>

¹¹⁸ In March 2018, less than 1% of FAs were completed in over 90 days; due to the small size, this performance is not reflected in the Figure.

¹¹⁹ Evidence of acceptable investigations includes: (a) use of CFSA’s screening tool in prioritizing response times for initiating investigations; (b) interviews with and information obtained from the 5 core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources and educational resources (for school-aged children); (c) interviews with collateral contacts that are likely to provide information about the child’s safety and well-being; (d) interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; (e) medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations; (f) use of risk assessment protocol in making decisions resulting from an investigation; and (g) initiation of services during the investigation to prevent unnecessary removal of children from their homes.
Performance for the period January 1 through June 30, 2018:

To assess the quality of investigative practice, the Monitor and CFSA jointly conducted a review of a statistically significant sample of CPS investigations closed in March 2018. In assessing for the quality of investigations, the review focused on the following: interviews with core witnesses, including the alleged child(ren) victims, non-victim child(ren) who live in the home, alleged maltreater and reporter; interviews with collateral witnesses who may have information relevant to the allegations, including, for example, law enforcement, other adults in the home, relatives or neighbors; collection of information regarding the child(ren)’s health and educational status; assessment of safety and risk; and identification of and linkage to services to prevent removal of children from their home.

Overall, of the 194 investigations reviewed, 128 (66%) investigations were assessed as demonstrating acceptable quality. Current performance does not meet the IEP required level of 80 percent acceptable quality.

Of the 66 investigations deemed to not be of acceptable quality, the most common factors contributing to poor quality were:

- the investigator did not interview one or more key collateral contacts (47 investigations), and/or
- insufficient information was collected from or about core contacts, which could include medical and educational information about the alleged victim child(ren) (34 investigations).

CFSA and Monitor staff plan to conduct a review of the quality of FAs completed in the next monitoring period in November 2018. This review will examine a statistically significant sample of FAs closed during a one month that period to assess for quality practice. Detailed findings from this review will be included in the next monitoring report.

Performance on Strategy Plan:

CFSA has employed the following strategies to improve the quality of investigations (IEP I.A.2.):

- No later than 30 days after the upcoming joint CFSA-CSSP reviews of the quality of practice in Entry Services, CFSA will begin implementing, tracking and reporting on jointly agreed upon recommendations for improvement. The jointly agreed upon recommendations will be incorporated into this Strategy Plan (2018 Strategy Plan, p.1).

In June 2018, following the qualitative review of investigations discussed above, CFSA developed

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120 Of the 419 investigations closed in March 2018, 31 investigations were excluded from the universe due to being closed as incomplete for reasons, which could include, the family moving out of the District’s jurisdiction. Of the remaining universe of applicable investigations, 194 investigations were randomly selected for the review sample; sampling represents ±5% margin of error with 95% confidence in its results.
strategies to improve practice, including: sharing the findings from the review with Entry Services staff, developing continuous quality improvement (CQI) processes and implementing specific practice improvements. The strategies developed by CFSA are bulleted below:

- **Share information with Entry Services Staff**
  - Share the results with managers and supervisors and discuss the areas of strength and improvement and identify barriers and create mechanisms to address those barriers.
  - Share the results with investigators and discuss areas of strength and improvement within their individual practice and develop strategies as needed.
  - Share the results, aggregated by supervisor, with Entry Services leadership. Entry Services Administrators and Program Managers will conduct follow up meetings with supervisors individually to discuss the results and have targeted discussions on areas of strength and improvement and identify plans to address improvement, as needed.

- **Ongoing CQI Activities**
  - Review Entry Services supervisor investigation closure checklist to ensure it includes all necessary tasks.
  - Program Managers will provide targeted coaching with supervisors who need more support based upon the results of the review.
  - Entry Services supervisors will conduct ongoing reviews of three investigations per quarter. CFSA Quality Assurance staff will assist with analysis and dissemination of the results.

- **Practice Improvements**
  - As information gathering from collateral contacts was identified as an area needing improvement, Entry Services staff will have an open dialogue about why this is not occurring at the necessary frequency and develop specific strategies to improve this practice.
  - Entry Services staff will develop a mechanism and/or process to routinely request and gather medical information (e.g., immunization and physical exams) and educational information (e.g., attendance and academic) for investigators to review, analyze and determine if further follow-up is needed with educational and medical providers.
  - Reinforce in supervision the importance of the risk assessment tool being reflective of the information gathered during the investigation.

Implementation of these strategies began in late-June 2018. Updates will be provided in the next monitoring report.

- **By September 30, 2018, establish standardized protocols and research methodologies for supervisors/managers to conduct regular peer review of case practice in several program areas, including: Acceptable Investigations; Family Assessment; Safety assessments during visits; and Case plans (2018 Strategy Plan, p.3).**
As reflected in the discussion above regarding CPS investigations, CFSA has worked to develop standardized protocols and processes for supervisors and managers to conduct regular peer reviews of the quality of case practice. This specifically includes practice within CPS investigations and FAs (with a statistically significant sample review scheduled for November 2018) and documentation of worker’s assessments of children’s safety in in-home and out-of-home cases (discussed later in this report). Updates on these reviews, including findings and follow-up activities, will be included in the next monitoring report.

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

<table>
<thead>
<tr>
<th>IEP Requirement</th>
<th>35. Community-Based Service Referrals for Low &amp; Moderate Risk Families:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(IEP citation I.C.19.)</td>
</tr>
<tr>
<td>Exit Standard</td>
<td>90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement.</td>
</tr>
</tbody>
</table>

**Performance for the period January 1 through June 30, 2018:**

The Monitor collected performance data for this measure through a review of a statistically significant sample of families with a closed CPS investigation or FA in June 2018, whose circumstances were assessed to place a child in their care at low or moderate risk of abuse or neglect. A total of 181 cases were reviewed, representing a sample with a ±5% margin of error with 95% confidence in its results.

This Exit Standard requires that when a family’s circumstances are assessed to place a child in their care at low or moderate risk of abuse or neglect, and service needs are identified and the family agrees to services, the CPS investigative or FA worker should refer the family to services. Of the 181 families reviewed, 132 were determined not to apply to this requirement for one of the following reasons: no service needs identified for the family (51); service needs were identified, but the family declined services (40); the family was already receiving services (38); or the family moved out of jurisdiction and could not be linked to services (3) (see Table 4 below). Of the remaining 49 families, 30 (61%) families were linked to services (12 families to a Collaborative and 18 families to another service provider).
Table 4: Service Referrals and Linkage for Families with a Closed CPS Investigation or FA Who Were Assessed to Place a Child in Their Care at Low or Moderate Risk June 2018

<table>
<thead>
<tr>
<th>Excluded from Universe of Applicable Families</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Service Needs Identified</td>
<td>51</td>
</tr>
<tr>
<td>Service Need(s) Identified, Family Declined Services</td>
<td>40</td>
</tr>
<tr>
<td>Pre-Existing Services</td>
<td>38</td>
</tr>
<tr>
<td>Families Moved out of Jurisdiction/Could not be Linked to Services</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>132</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families Who had Service Needs and Agreed to Services</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families Linked to Collaborative or Other Community Agency</td>
<td>30</td>
<td>61%</td>
</tr>
<tr>
<td>Families not Linked to Services</td>
<td>19</td>
<td>39%</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: FACES data pull provided by CFSA with reconciliation from data report on referrals to Collaboratives and manual review by the Monitor

Substantiated Maltreatment within Six and 12 Months following Entry Services Involvement

CFSA provided data on the number of families who had subsequent substantiations of abuse or neglect within six and 12 months after ending their involvement with CFSA with a closed FA or investigation that resulted in substantiated allegations. The federal government and states use repeat maltreatment data as an indicator of the effectiveness of a child welfare system’s interaction with families and the degree to which services offered and provided were successful in preventing future abuse or neglect.

Of the 612 children with a substantiated investigation between July and December 2017, 65 (11%) children had a subsequent substantiated investigation within six months of investigation closure. Additionally, of the 708 children with a substantiated investigation between January and June
2017, 119 (17%) children had a substantiated investigation within 12 months of investigation closure.121,122

There were 1,738 children with a completed FA between July 1 and December 31, 2017; 101 (6%) children had a subsequent substantiated investigation within six months of FA completion. This is triple the rate from the prior monitoring period (2% of children with a completed FA between January and June 2017 had a substantiated investigation within six month of closure). Additionally, there were 2,038 children with a closed FA between January 1 and June 30, 2017; 94 (5%) children had a substantiated investigation within 12 months of FA closure. This rate has decreased slightly since the prior 12 month period, when the rate was six percent.

B. GOAL: PERMANENCY

1. Placement

   a. Demographics, Placement Settings and Placement of Young Children

Children enter foster care when they cannot safely remain with their caretakers, and once this occurs, CFSA is responsible for locating and placing children in the most appropriate and least restrictive setting to meet their needs. As reflected in the discussion below, the data reflect several strengths in CFSA’s placement practices, however, there are also ongoing concerns which result in poor outcomes for children, including far too many placement disruptions each month and children staying overnight at the CFSA office building. CFSA has acknowledged the need to expand its placement array and supportive services available to children and placement providers, as well as data collection and the placement matching process itself. Many of these efforts are discussed later in this section of the report.

Data Trends of Children in Out-of-Home Placement and Served through In-Home Services

On June 30, 2018, the District had 837 children in foster care (both relative and non-relative foster homes) and 1,237 children were being served by CFSA through in-home child protective services. The number of children in foster care continues to decline each period (see Figure 8) and the...
number of children served through in-home services has increased over the past six months (see Figure 9).

**Figure 8: Number of Children in Out-of-Home Placements on Last Day of the Year**

2005 – June 30, 2018

![Bar chart showing number of children in out-of-home placements from 2005 to June 30, 2018.](source)

**Figure 9: Number of Children Served through In-Home Child Protection Cases on Last Day of Year**

2010 – June 30, 2018

![Bar chart showing number of children served through in-home child protection cases from 2010 to June 30, 2018.](source)
Figure 10 shows the number of children entering (initial and re-entry) and exiting foster care each month over the last 12 months.

![Figure 10: Entries and Exits into Foster Care by Month](image)

*Source: CFSA Administrative Data, FACES.NET report PLC155 as of June 2018*

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

Table 5 below shows basic demographic information of the children in out-of-home placement as of June 30, 2018. Of the 837 children in foster care, the majority are African American (at least 89%)\(^{123}\), and consistent with national data trends, 36 percent are between the ages of 15 and 21 and 30 percent are ages five or younger.

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\(^{123}\) Six percent of children had no race data reported in FACES.NET.
Table 5: Demographics of Children in Out-of-Home Placement as of June 30, 2018
N=837

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>408</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>429</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>837</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>748</td>
<td>89%</td>
</tr>
<tr>
<td>White</td>
<td>26</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Unable to Determine/Unknown</td>
<td>1</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>No Race Data Reported</td>
<td>52</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>837</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>92</td>
<td>11%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>674</td>
<td>81%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>5</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>66</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>837</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year or less</td>
<td>86</td>
<td>10%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>158</td>
<td>19%</td>
</tr>
<tr>
<td>6-8 years</td>
<td>107</td>
<td>13%</td>
</tr>
<tr>
<td>9-11 years</td>
<td>93</td>
<td>11%</td>
</tr>
<tr>
<td>12-14 years</td>
<td>98</td>
<td>12%</td>
</tr>
<tr>
<td>15-17 years</td>
<td>148</td>
<td>18%</td>
</tr>
<tr>
<td>18-21 years</td>
<td>147</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>837</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report PLC156
*Percentages may not equal 100% due to rounding.

Placement of Children in Most Family-Like Setting

Of the 837 children in out-of-home care on June 30, 2018, 686 (82%) children were placed in family-based settings, including 189 (23%) children in kinship homes (see Figure 11). Eleven percent of children were placed in group settings, including seven percent in group homes, three percent in independent living homes or facilities and two percent in residential treatment.
Performance for the period January 1 through June 30, 2018:

There are three Exit Standards pertaining to a child’s placement in the most family-like setting. The first Exit Standard, which is designated as an Outcome to be Maintained, requires that 90 percent of children be placed in the least restrictive, most family-like setting appropriate to his or her needs (IEP citation I.B.8.a.). Aggregate data show that 82 percent of children are placed in family-based settings and a review of individual cases is necessary to assess whether children not placed in family settings are placed in the least restrictive setting appropriate to and capable of meeting their needs. Prior reviews conducted in March 2012, March 2013 and December 2015 all determined that CFSA’s performance exceeds the required level, finding more than 90 percent of children are in a family-setting or the least restrictive setting appropriate and capable of meeting their needs. This standard was not reassessed this period beyond the review of aggregate data.

The second Exit Standard, also designated as an Outcome to be Maintained, requires that no child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.
Between January and June 2018, no child was placed in an emergency or short-term placement for more than 30 days. This Exit Standard is maintained.

The third Exit Standard, which is designated as an Outcome to be Achieved, requires that no child stay overnight in the CFSA office building (IEP citation II.B.8.). Between January and June 2018, 10 children experienced overnight stays in the CFSA office building, an increase from the prior period when two children stayed overnight. This Exit Standard continues to be unmet and reflects the continued placement challenges that CFSA is experiencing.

CFSA conducted case reviews of the majority of the children involved in overnight office stays to better understand the causes and identify trends. The findings are bulleted below:

- The youth who stayed overnight at CFSA ranged in age from 12 to 20 years old.
- Most overnight stays originated when placement was sought after 9PM and on holiday weekends.
- Five youth stayed overnight in the office after experiencing a placement disruption – two youth from a group home setting and three youth from family-based homes. Prior to these five placement disruptions, the youth exhibited significant behavioral issues and/or experienced a traumatizing event. In four of these five instances, the ongoing social worker and resource parent support worker were aware that the placement was at-risk. Attempts were made in some cases to stabilize the placement, however, in most instances, the social worker’s attempts were insufficient or delayed after receiving notice of the issue.
- Of the 10 overnight stays, CFSA closely reviewed three cases to determine what placement efforts were made to prevent the youth from staying overnight in the building. The largest barrier to finding appropriate placement was no answer or return call from a potential provider. When contact was made with a potential resource provider, the most common reason for declining was the youth’s age or the fact that the home was already at capacity.

Placement of Young Children

The IEP limits the use of congregate care placements for young children unless there is appropriate justification that the child requires special treatment or has exceptional needs that cannot be met in a home-like setting. There are two Exit Standards related to placement of young children in congregate settings and both are designated as Outcomes to be Maintained. CFSA continued to meet the required performance for both during the current monitoring period.

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124 Based on individual review, the Monitor’s assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term, or shelter facility or foster home for more than 30 days where moving them would not be in their best interests.

125 For example, threats or bullying.

126 Placement exceptions were agreed upon in July 2011 and include: (1) medically fragile needs where there is evidence in the child’s record and documentation from the child’s physician that the child’s needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility; (2) developmentally delayed or specialized cognitive needs where there is evidence that the child’s condition places the child in danger to himself or others and that ensuring the child’s safety or the safety of others requires placement in a congregate treatment program which can meet the child’s needs; or (3) court order where the Court has ordered that the child remain in the group care setting.
Performance for the period January 1 through June 30, 2018:
The IEP requires that no child under the age of 12 be placed in a congregate care setting for more than 30 days without appropriate justification (IEP citation I.B.9.a.). Between January and June 2018, three children under age 12 were placed in congregate care settings for more than 30 days. CFSA and Monitor staff reviewed these placements and determined that all of these children had specialized needs that required placement within those settings.

The IEP requires that no child under the age of six be placed in group care, non-foster home settings without appropriate justification (IEP citation I.B.9.b.). During the current monitoring period, one child under the age of six was placed in a congregate care setting and CFSA and Monitor staff agreed that his specialized needs required placement within that setting.

Performance on Strategy Plan:
The 2018 Strategy Plan includes the following strategy to decrease the use of CFSA as an overnight placement for children (IEP I.B.8.b.):

- In addition to strategies identified as part of overall Temporary Save Haven Redesign to appropriately adjust the total placement array, by March 1, 2018, as part of the Needs Assessment and Resource Development Plan process, analyze placement challenges for high-needs youth. Develop and implement a resource plan to build services to meet identified gaps. (2018 Strategy Plan, p.4).

The Temporary Safe Haven Redesign (TSHR) is comprised of four major components: (1) transitioning from multiple to a single Maryland child placing agency for children placed in foster care in Maryland; (2) improving foster parent support; (3) enhancing the placement array; and (4) improving placement matching. Updates for each of these components is discussed below:

1. Transitioning to a Single MD Provider
CFSA completed most of the first TSHR component in CY2017, by selecting the National Center for Children and Families (NCCF) as the single child placing agency in Maryland that CFSA contracts with for case management and foster home placement. In late-2017 and early-2018, CFSA and NCCF transferred or relicensed foster homes that were managed by one of the five prior service providers to CFSA or NCCF and, as needed, assigned new CFSA or NCCF social workers to these cases. Many workers and supervisors from the previously contracted agencies transferred to NCCF and other new staff were hired. The majority of foster homes serving District children through the previously contracted agencies were transitioned by December 31, 2017. This was a huge undertaking requiring relicensing of homes in accordance with Maryland standards for child placing agencies. Due to challenges identified in the records maintained by a few providers, some

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127 In order to serve the unique needs of some children, CFSA continues to maintain a contract with Latin American Youth Center for a capacity of 12 family-based placements.
homes and some social work staff were not fully transitioned until March 2018. CFSA is currently working on transitioning homes licensed by Children’s Choice, the final remaining agency, and anticipates this work will be complete by December 2018.

In addition to the mechanical aspects of the transition, CFSA and NCCF staff have been identifying and resolving policy and practice issues throughout the transition, including developing protocols for case conferencing and information sharing; designing placement systems that coordinate activities of NCCF and CFSA placement staff; and onboarding and transitioning new staff, foster parents and children into NCCF and its practice model and protocols. CFSA and NCCF continue to work together to define accountability and quality assurance mechanisms to improve and utilize placement processes and address any barriers to identifying, supporting and stabilizing placements for children. Both NCCF and CFSA are collaborating as they continue to fine-tune their recruitment processes to develop a sufficient array of foster parents with capacities and skills to meet the needs of children requiring placement. In addition, NCCF and CFSA are continuing to work to identify and resolve contractual and budget questions.

2. Improving Foster Parent Support

CFSA identified integration of the Treatment Foster Care Standards128 for foster families licensed by the District of Columbia as a core strategy of TSHR. This is intended to ensure consistent practices, standards and expectations for licensed foster parents serving all District children. In June 2018, CFSA staff completed an assessment of current practices in relation to the standards as a first step toward implementation.

CFSA leaders had identified resource parent support as an area for improvement, determining that its current Resource Parent Support unit provided inconsistent and frequently inadequate support to foster parents. Further, social workers and providers report an increase in challenging behaviors exhibited by children placed in care. One aspect of responding to this is CFSA hiring mental health clinicians on staff who can immediately assess children’s mental and behavioral health needs and begin to provide services as soon as they enter foster care, both to help with children’s transitions and to stabilize the placement by supporting foster parents and placement providers in meeting the needs of children placed in their care. This mental health services redesign is discussed in more detail in the Case Planning section (IV.B.3.) of this report.

As CFSA implemented the TSHR, they solicited feedback from foster parents throughout the jurisdiction about challenges they face. One of the most frequently cited issues was the difficulty for working foster parents when children in their care with challenging behaviors are suspended from school. In response, on May 1, 2018, CFSA launched a Boot Camp at the Office of Youth Empowerment to provide structured day activities for youth who may be suspended from school.

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128 The Treatment Foster Care Standards were developed by the Foster Family-based Treatment Association (FFTA). For more information, see https://www.ffta.org/page/TheNewFFTA

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or who are experiencing a change in school enrollment as a result of a placement change. This program is open to any youth in foster care between the sixth grade and age 20. The program is intended as a bridge during transitions to regular school attendance, thus enrollment is limited to a maximum of 10 consecutive days per child. Between May and October 31, 2018, CFSA report 49 youth utilized the Boot Camp program.

Beginning in November 2017, CFSA convened an internal working group on “shared parenting”, a practice that supports communication and shared parenting practices between foster and birth parents. During this monitoring period, this group supported the following activities:

- adopted a definition of shared parenting and developed and disseminated practice information and guidance for staff;
- retooled resource parent recruitment, orientation and training procedures to reinforce the agency’s commitment to shared parenting while assessing potential resource parents comfort with the practice;
- included shared parenting messaging and expectations in the 1:1 orientation sessions for all birth parents whose children enter care after June 1, 2018;
- developed plans to begin Icebreaker meetings for children who change placements beginning in late July 2018; and
- altered policy to require inclusion of birth parents in the new Initial Case Planning Meetings, which occur 12 to 15 days after removal.

In August 2018, CFSA contracted with Be Strong Families to begin providing cross-disciplinary training on building collaborative relationships for resource parents, birth parents and staff. The work began by training trainers, which included five CFSA staff, two staff from NCCF, one PEER unit staff and one resource parent. CFSA reports that this training will be regularly offered as a session in CWTA’s annual calendar.

3. Enhancing the Placement Array
CFSA does not consistently have a sufficient number of appropriate foster home placements available for children in its care. Further, current recruitment strategies for foster homes are outdated and produce limited results. To improve foster home recruitment results, CFSA has developed the following strategies: using a new resource parent screening tool in late August; updating internal recruitment and resource materials and expanding targeted digital and

129 CFSA defines shared parenting as an ongoing, active and supportive relationship between birth and resource families that decreases loss and trauma for a child, increases placement stability and helps expedite permanency.
130 Icebreaker meetings are opportunities for foster and birth parents to meet with each other face-to-face and to connect over their mutual concern for the child’s well-being. A trained facilitator is present during the meeting to prompt a conversation about the child’s needs and the ways in which the adults can work together to ensure that the child’s needs are met.
131 CFSA reports that since this change in policy and practice, 71% of initial case planning meetings included participation by birth parents.
132 PEER is an acronym for Parent Engagement, Education and Resource. PEER workers are parent advocates who have experienced involvement themselves with the child welfare system as a parent and successfully reunified with their children.
133 This tool is discussed in more detail below in the Permanency Outcomes section (IV.B.4.) of this report.
social media recruitment in early 2019; and converting recruitment to a data-based process (date not yet established).

In an effort to improve the number of children placed with relatives, as well as ensuring the agency is adequately supporting these relatives, CFSA engaged A Second Chance\textsuperscript{134}, a non-profit agency in Pittsburg and Philadelphia with expertise in kinship care, to assess CFSA and NCCF for attitudes, policies and practices that supported and engaged the kinship “triad” – birth parents, kin caregivers and the child. The assessment utilized focus groups with CFSA and NCCF workers, community providers, birth parents, kin caregivers and children placed in kin and non-kin foster care settings. Overall, the assessment found that the workforce values kin caregivers but work is needed to ensure consistent support and engagement with birth parents, kin caregivers and children at a case and institutional level.

A number of recommendations were provided to support engagement of families and elicit feedback from families in understanding the effectiveness of child welfare services. Examples of specific recommendations from A Second Chance to CFSA include: providing a back to basics training for staff on using FTMs and engaging kin caregivers; training staff on the value of kin throughout the life of a case; creating a business process map to identify points in system intervention where kinship can be engaged; consulting with kin families about what they need to be supported living in DC; and renewing a Kinship First campaign.

Following receipt of these recommendations, CFSA reports a business process map was developed and further internal analysis of intervention opportunities was completed. CFSA has also added kin queries to the Hotline protocol and increased Kinship Program contact with relatives within the first 30 days of a case opening. Targeted training by CWTA is scheduled for early next year. In September 2018, CFSA received notice of approval for federal funds to support Kinship Navigator programs. Planning is currently underway to develop kin consultation strategies including support groups, an advisory group and informational material.

In September 2018, CFSA recruited, trained and licensed three professional foster parents\textsuperscript{135} to provide family homes to meet the needs of young mothers in foster care with their children. As of the writing of this report, all homes are being utilized. Additionally, to meet the needs of youth with intellectual disabilities, CFSA negotiated a new contract with a provider who provides quality services to clients of the Department of Disability Services for a placement with up to five children in a congregate facility with services for this population. CFSA reports the first youth moved in late August 2018.

\textsuperscript{134} For more information about A Second Chance, see http://www.asecondchance-kinship.com/

\textsuperscript{135} Professional foster parents are paid a salary and are only able to work up to 20 hours per week outside of their home to ensure they are available to fully support the youth in their home. The home receives an additional 20 hours of training and can only have one foster youth placed in the home at one time.
4. Improving Placement Matching

The fourth TSHR component – improving placement matching – continues to be a work in progress, in part because many placements continue to need to be made based on the availability of a vacancy rather than a full assessment that links a child’s needs and preferences with a provider’s skills and characteristics. CFSA does not yet consistently produce reliable, automated data on the number and causes of placements, replacements, placement disruptions and exit reasons. CFSA also lacks the ability to assess the resource parent population in real-time, including accurate vacancies, and does not have a data program capable of tracking children and provider preferences as an aid in making successful matches. CFSA continues to share with the Monitor strategies to address these challenges, which have been previously shared in years past, however, these long standing issues continue to remain unresolved.

Update on Needs Assessment and Resource Development Plan

In addition to implementation of the four TSHR components, this strategy requires that as a component of the Needs Assessment and Resource Development Plan process, CFSA analyze placement challenges for high-needs youth and develop and implement a resource plan to build services to meet identified gaps. CFSA submitted a draft FY2018 Needs Assessment to the Monitor on August 1, 2018. Based on the Monitor’s feedback, an updated Needs Assessment and Resource Development Plan were provided by CFSA to the Monitor on October 1, 2018. In the Monitor’s opinion, the data analysis within the Assessment and Plan are useful and identify important needs, however, the recommendations in some areas need to be more specific and directed to the needs identified by the data assessment.

b. Relative Resources

CFSA works to maintain family ties for children through early identification of family members, temporary emergency licensure support and striving to make a kinship home the first placement for children upon entering care. CFSA’s Kinship Support Unit is responsible for many of these efforts and coordinates Family Team Meetings (FTMs) as soon as CFSA is involved with a family where a child is at risk of out-of-home placement. As a matter of policy, CFSA requires a referral to the Diligent Search Unit to locate parents, grandparents and other relatives at the same time a FTM referral is made. It is CFSA’s practice, and a requirement of the IEP, to identify family members who may be able to join in the FTM planning process in order to provide information and support to children and parents and also be considered as placement options if needed. As discussed earlier, on June 30, 2018, 23 percent of children in out-of-home care were living with relatives. Although CFSA’s practice and policies has emphasized identification of and placement with kinship providers, the percentage of children placed with kin has remained unchanged for the

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136 The Kinship Family Licensing Unit and Diligent Search Unit work in tandem to assess the homes of potential kinship resources and complete necessary background checks. Additionally, staff are available to conduct fingerprinting on-site at CFSA, which increases the speed and ease of licensing kinship resources.
last several years, ranging from 20 to 25 percent since June 30, 2015. CFSA leaders hope to increase the proportion of children placed with kin.

Both of the IEP Exit Standards regarding identification and inclusion of relative resources in FTMs (IEP citations I.B.7.a.&b.) are designated as Outcomes to be Maintained and as discussed below, acceptable performance was maintained during this period.

**Performance for the period January 1 through June 30, 2018:**
Between January and June 2018, of the 98 cases in which children were at-risk of being removed from their families, CFSA took necessary steps to offer or facilitate pre-removal FTMs in 90 (92%) cases. Additionally, of the 101 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in all (100%) cases.

c. **Sibling Placements and Visits**

Maintaining connections to siblings when children enter foster care mitigates some of the trauma of separation children experience and can help children sustain their critically important lifelong connections and supports. CFSA promotes sibling relationships by placing siblings together and ensuring regular visitation if they are placed apart. CFSA continued to meet the Exit Standards related to placement of siblings together (IEP citation I.C.20.a.) and frequency of visitation between siblings if they are placed apart (IEP citation I.C.20.b.).

**Performance for the period January 1 through June 30, 2018:**
As of June 30, 2018, of the 82 applicable children who entered foster care between January and June 2018 with their siblings or within 30 days of their siblings, 85 percent (70 children) were placed with some or all of their siblings. Performance continues to exceed the level required by the Exit Standard (see Figure 12).

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137 CFSA reports that all FTMs not held require a review by a supervisor and program manager to determine if reasonable efforts were made to engage the family and hold the FTM.

138 There were 2 children who were either in runaway status or a specialized congregate setting who were excluded from the analysis as placement with a sibling was not possible.

139 CFSA also provided data for all children in care at a point in time (not limited to those who entered care between January and June 2018) for this Exit Standard. As of June 30, 2018, 75% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with 1 or more sibling.
The IEP requires that 80 percent of siblings who are not placed together visit at least monthly and 75 percent of siblings visit at least twice a month. Between January and June 2018, a monthly range of 87 to 92 percent of siblings had at least monthly sibling visits and a range of 78 to 87 percent of siblings each month had at least twice monthly visits with their brothers and/or sisters. Current performance exceeds the required level for both sub-parts of this Exit Standard; this Exit Standard continues to be maintained.

### d. Reduction of Multiple Placements for Children in Care

The Exit Standard on placement stability has three sub-parts with different required performance levels based on the length of time children are in care, due to the different placement trajectories and reasonable expectations for children who have been in care for shorter versus longer periods of time (IEP citation I.B.13.a.-c.). The overall goal is to minimize placement moves for all children to the greatest extent possible, recognizing the substantial evidence that demonstrates how children’s well-being is harmed by multiple foster care placements. This Exit Standard is designated as an Outcome to be Maintained.

During this period, the Monitor identified discrepancies between data that has been provided and have been reported for this measure and the daily tracking of placement data, which identifies placement activity for children who are initially placed into foster care, re-enter foster care and
experience a change in placement. Recent data analysis and conversations with CFSA have caused the Monitor to have concerns regarding the reliability of the data and report logic used in assessing performance for this measure. The Monitor has been discussing this issue with CFSA leaders and they have agreed that reports available through FACES.NET on this measure are not accurate. The Monitor is continuing to discuss this concern with CFSA with a goal of providing accurate data on placement moves and stability. These data will be included in the next monitoring report once the problems have been identified and remedied.

e. Assessments for Children Experiencing a Placement Disruption

In an effort to increase the stability of children’s placements, the IEP requires CFSA to ensure that children in its custody who experience a placement disruption are provided with a comprehensive and appropriate assessment to determine their service and re-placement needs with a follow-up action plan developed no later than within 30 days of a child’s re-placement. This assessment is a review that includes, as applicable, the child, his/her family, kin, current and former caregivers and Guardian ad Litem (GAL) (IEP citation I.C.21.). This Exit Standard is designated as an Outcome to be Achieved.

In October 2016, CFSA began the practice of convening Placement Disruption Staffings when a child was at risk of a placement disruption or required a change in placement. These staffings include the child’s social worker, Resource Development Specialist from CFSA’s Placement Unit, the placement provider and other members of the child’s team. The purpose of the staffing is to determine what supports and services can be put in place to stabilize a child’s placement and prevent disruption, or if a disruption occurred, to assess the child’s needs and determine the most appropriate placement and supports to meet the child’s needs and plan for future stability. In a review of a sample of 16 assessments completed for this monitoring period, the Monitor found that not all children at risk of placement disruptions had a staffing completed, and that in most instances, the social worker was the only participant who informed the assessment of placement and service needs.

Performance for the period January 1 through June 30, 2018:

As discussed above, during the course of validating performance data for placement stability measures, the Monitor identified instances in which CFSA had not appropriately categorized changes in placements as placement disruptions. Due to these discrepancies, the number of disruptions reported by CFSA may underrepresent the actual total number, thereby making it difficult to determine if all necessary assessments and staffings were completed. For these reasons, the Monitor is unable to provide performance data for this Exit Standard.
For reference purposes, after review of daily placement logs for the six month period, the Monitor can report that between January and June 2018, a monthly range of at least 18 to 48 children\textsuperscript{140,141} experienced a placement disruption.

2. Visitation

Social worker visits with children in out-of-home placement and with their families promote placement stability and increase the likelihood that successful reunification will occur. These visits also are opportunities for engagement with children and their caregivers and enable social workers to assess safety, progress on case plans and link children and families to needed services as appropriate. It is important for workers to visit children more frequently when they are newly placed in foster care or have experienced a placement change to ensure they are adjusting well, that their safety and well-being are attended to and to determine any additional needs of the child or the placement provider.

Two visitation Exit Standards are designated as Outcomes to be Maintained – frequency of worker visits to children in out-of-home care (IEP citation I.A.5.a-c.)\textsuperscript{142} and worker visits to families with in-home services (IEP citation I.A.4.a.&b.)\textsuperscript{143}. Both of these Exit Standards were maintained this period. Specifically, for social worker visits with children in out-of-home care, a monthly range of 96 to 98 percent of children were visited at least monthly\textsuperscript{144} and 94 to 97 percent of children were visited twice during the month by a social worker\textsuperscript{145}. Between January and June 2018, 92 to 95 percent of families receiving in-home services were visited monthly by a social worker\textsuperscript{146} and 88 to 93 percent of families received at least two visits by a social worker during the month\textsuperscript{147}.

The remaining visitation Exit Standards are designated as Outcomes to be Achieved and pertain to the following – workers assessing for safety during visits with children; frequency of visitation between workers and children during a child’s first month in a new placement; visits between workers and parents; and visits between parents and their children. For the first time, CFSA partially achieved required performance toward visits between workers and parents and visits between parents and their children.

\textsuperscript{140} The number of reported disruptions each month are as follows: January, 29; February, 31; March, 18; April, 31; May, 35; June, 48.
\textsuperscript{141} Children may experience more than one disruption a month.
\textsuperscript{142} This Exit Standard requires 95\% of children in out-of-home care should be visited at least monthly and 90\% shall have at least twice monthly visits.
\textsuperscript{143} This Exit Standard requires 95\% of families receiving in-home services should be visited at least monthly and 85\% shall have at least twice monthly visits.
\textsuperscript{144} Monthly performance data for monthly out-of-home worker visits are as follows: January, 96\%; February, 96\%; March, 96\%; April, 98\%; May, 98\%; June, 98\%.
\textsuperscript{145} Monthly performance data for twice monthly out-of-home worker visits are as follows: January, 94\%; February, 94\%; March, 94\%; April, 97\%; May, 97\%; June, 97\%.
\textsuperscript{146} Monthly performance data for monthly in-home worker visits are as follows: January, 92\%; February, 94\%; March, 93\%; April, 95\%; May, 95\%; June, 93\%.
\textsuperscript{147} Monthly performance data for twice monthly in-home worker visits are as follows: January, 91\%; February, 92\%; March, 88\%; April, 91\%; May, 93\%; June, 89\%.
To collect data for the three Exit Standards related to workers assessing for safety during visits, the Monitor and CFSA jointly conducted case record reviews of statistically significant samples\(^{148}\) of in-home and out-of-home cases open in August 2018. Although outside of the current monitoring period, this month was selected as supervisors and social workers were trained on a revised assessment and documentation process in June and July 2018, thus, August 2018 performance would reflect these practice improvements. Reviewers used case documentation in FACES.NET to review information and entered responses to a structured instrument within SurveyMonkey\(^{149}\). Reviewers participating in this review included Monitor staff, CFSA in-home and out-of-home supervisors and program managers, CFSA Performance Accountability and Quality Improvement Administration (PAQIA) staff and private agency staff. Performance data are discussed later in this section.

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

| IEP Requirement | 7. Assessing Safety during Worker Visits with to Families with In-Home Services: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.  

  (IEP citation I.A.4.c.) |
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<tbody>
<tr>
<td>Exit Standard</td>
<td>90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.</td>
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\(^{148}\) Sampling represents a ± 7% margin of error with 95% confidence in its results.

\(^{149}\) SurveyMonkey is an online software tool used for creating surveys and questionnaires.
Performance for the period January 1 through June 30, 2018:150

As referenced above, the Monitor and CFSA jointly conducted a review of a statistically significant sample of children who were served through an in-home case in August 2018 to determine the extent to which child safety was assessed and documented during social worker visits. Of the 164 children reviewed, documentation supported that the child was seen outside the presence of the caretaker and safety was fully assessed during two or more monthly visits for 54 (33%) children. Performance is far below the required standard of 90 percent.

Of the cases in which safety was not fully assessed, reviewers determined that safety was partially assessed during all visits in the month in 41 percent (68 of 164) of cases and not adequately assessed in 26 percent (42 of 164) cases.

150 Although outside of the current monitoring period, August was selected as supervisors and social workers were trained on a revised assessment and documentation process and template in June and July 2018.
9. Assessing Safety during Worker Visits with Children in Out-of-Home Care:
Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker.

(IEP citation I.A.5.d.)

<table>
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<tr>
<th>IEP Requirement</th>
<th>Exit Standard</th>
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<tr>
<td>Assessing Safety during Worker Visits with Children in Out-of-Home Care</td>
<td>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a worker and that safety was assessed during each visit.</td>
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**Figure 14: Children in Out-Of-Home Care:**
Safety Fully Assessed at Two or More Visits
June 2012 – August 2018

Source: Case Record Review Data (June 2012, June 2013, May 2017 and August 2018). Sampling for reviews conducted in 2012 and 2013 represents a ± 9 percent margin of error with 95 percent confidence in its results and sampling for reviews in 2017 and 2018 represents a ± 7 percent margin of error with 95 percent confidence in its results.
Performance for the period January 1 through June 30, 2018:\textsuperscript{151}

Data were collected during a review of a statistically significant sample of children and youth who were in out-of-home placement in August 2018 to determine the extent to which child safety was assessed and documented during social worker visits. Of the 158 children reviewed, documentation supported that the child was seen outside the presence of the caretaker and safety was fully assessed during two or more monthly visits for 69 (44\%) children.\textsuperscript{152} Performance is far below the required standard of 90 percent.

Of the cases in which safety was not fully assessed, reviewers determined that safety was partially assessed during all visits in the month in 45 percent (71 of 158) of cases and not adequately assessed in nine percent (15 of 158) cases.

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

<table>
<thead>
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<th>IEP Requirement</th>
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<tr>
<td>11. Assessing Safety during Worker Visits with Children Experiencing a New Placement or a Placement Change: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker. (IEP citation I.A.6.e.)</td>
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<th>Exit Standard</th>
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<tbody>
<tr>
<td>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a social worker and that safety was assessed during each visit.</td>
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</table>
Figure 15: Children Experiencing a Placement Change: Safety Fully Assessed During All Required Visits in the Month June 2013 – July 2018

Performance for the period January 1 through June 30, 2018:

The Monitor and CFSA jointly conducted a review of a statistically significant sample of children and youth who were initially placed or experienced a placement change in July 2018 to determine the extent to which child safety was assessed and documented during social worker visits. Of the 60 children reviewed, documentation supported that safety was fully assessed during four or more monthly visits for 25 (42%) children. Performance does not meet the required level of 90 percent.

Of the cases in which safety was not fully assessed, reviewers determined that safety was partially assessed during all visits in the month in 48 percent (29 of 60) of cases and not adequately assessed in 10 percent (6 of 60) cases.

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153 Although outside the monitoring period, in order to allow for implementation of updated training, performance data were collected for children newly placed or experiencing a placement change in July 2018.
### IEP Requirement

10. *Visitation for Children Experiencing a New Placement or a Placement Change:*

   a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change.

   b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change.

   c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child’s home.

   d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.

   (IEP citation I.A.6.a-d.)

### Exit Standard

90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described.

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#### Figure 16: Required Number of Worker Visits to Children in New Placements

*June 2015 – June 2018*

<table>
<thead>
<tr>
<th>Year</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
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<td>81%</td>
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<tr>
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<td>80%</td>
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<tr>
<td>Jun-16</td>
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<td>88%</td>
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<td></td>
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<td>89%</td>
</tr>
<tr>
<td>Jun-17</td>
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<td>77%</td>
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</tr>
<tr>
<td>Dec-17</td>
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<td></td>
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<td>84%</td>
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<td></td>
<td></td>
<td>84%</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report CMT014
**Performance for the period January 1 through June 30, 2018:**

Between January and June 2018, monthly performance ranged between 80 and 91 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 17), an improvement over the prior period when monthly performance ranged from 73 to 78 percent. Specifically, during the month of June 2018, there were 113 individual child placements applicable to this measure; 95 (84%) children had the required number of weekly visits by a CFSA social worker, private agency social worker, family support worker or nurse care manager with at least one visit occurring in the child’s home.

![Figure 17: Required Number of Worker Visits to Children in New Placements January – June 2018](image)

The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between agency staff and the resource parent to determine what, if any, assistance is needed from the agency. Performance data were collected during a review conducted by CFSA and Monitor staff of a statistically significant sample of children newly placed or experiencing a placement change in July 2018. Of the 60 cases reviewed, documentation supported a conversation between agency staff and the resource parent in 63 percent (38 of 60) of cases.
Visits between Parents and Workers

IEP Requirement

18. Visits between Parents and Workers:

a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.\(^{154}\)

b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement.

(IEP citation I.B.10.)

Exit Standard

80% of parents will have twice monthly visitation with workers in the first three months post-placement.

Figure 18: Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification

June 2015 – June 2018

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

\(^{154}\) This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

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Performance for the period January 1 through June 30, 2018:
In June 2018, there were 57 households of children with a goal of reunification applicable to this measure; parents in 44 (77%) households received two worker visits each month or there was documentation in the record that the parent was unavailable or refused to cooperate despite agency efforts (see Figure 19). Between January and June 2018, monthly performance on this measure ranged between 72 and 89 percent, exceeding the required level of performance during four of six months this period (see Figure 19). The Monitor considers this Exit Standard partially achieved.

Figure 19: Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification January – June 2018

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

| IEP Requirement | 19. *Visits between Parents and Children:* There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it. (IEP citation I.B.11.) |
| Exit Standard | 85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.\(^{155}\) |

Figure 20: Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
June 2015 – June 2018

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

Performance for the period January 1 through June 30, 2018:
In April and June 2018, 85 percent and 82 percent of children, respectively, had weekly visits with their parent with whom reunification is sought or there was documentation in the record that visits did not occur because the visit was not in the child’s best interest, was clinically inappropriate or

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\(^{155}\) This Exit Standard is also satisfied in cases where it is documented that a visit is not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the agency to facilitate it.
did not occur despite efforts made by the agency.\textsuperscript{156} Specifically, in June 2018, 371 children were applicable to this measure; 306 (82\%) had weekly visits with the parent with whom reunification is sought or there was documentation in the record that visits did not occur because the visit was not in the child’s best interest, was clinically inappropriate or did not occur despite efforts made by the agency. CFSA’s performance met the required target of 85 percent during one of the two months assessed this period; the Monitor considers this Exit Standard partially achieved.

\textit{Performance on Strategy Plan:}

CFSA developed one strategy to increase performance on visitation requirements that remained to be achieved (IEP I.A.4.c., I.A.5.d., I.A.6.e.), specifically:

- \textit{No later than 30 days after the upcoming joint CFSA-CSSP reviews of the safety assessments during visitation, CFSA will implement, track and report on jointly agreed upon recommendations for improvement. The jointly agreed upon recommendations will be incorporated into this Strategy Plan (2018 Strategy Plan, p.3).}

The joint case record review discussed earlier in this section began in late September and was completed in late-October 2018. The recommendations for improvement will be developed in November 2018. Both the recommendations and CFSA’s progress toward implementation of the recommendations will be included in the next monitoring period.

### 3. Services to Families and Children to Promote Safety, Permanency and Well-Being and Case Planning Process

CFSA uses Quality Service Reviews (QSRs) to assess case planning and service delivery to children and families. Key elements of acceptable case planning include engaging families, having accurate functional assessments\textsuperscript{157} and teaming with professional and informal supports including mental health providers, schools, foster parents and family members. These core elements of practice – engagement, ongoing assessment and teaming – are essential to the development of the case plan and the implementation of appropriate supports to ensure safety and reach the identified permanency and well-being goals for the child and family.

Two Exit Standards related to the quality of case practice – provision of services (IEP citation I.A.3.) and case planning (IEP citation I.B.17.) – are Outcomes to be Achieved that are measured

\textsuperscript{156} Assessing performance for this measure requires validation of those cases in which required visits did not occur, however, the social worker made necessary efforts in an attempt to facilitate visits. This validation was completed for performance in April and June 2018.

\textsuperscript{157} CFSA uses the Caregiver Strength and Barriers Assessment, a functional assessment tool that focuses on parents’ capacity, strengths and needs, and the Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS), a functional assessment tool for understanding the behaviors of children in different domains – including home, school and the community. These functional assessments allow workers to assess behaviors and behavior changes over time in response to interventions – for example, therapy – and changing conditions.

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through QSRs. CFSA reviewed 72 cases using the QSR methodology during the current monitoring period and is planning to review an additional 68 cases between July and December 2018, for a total of 140 cases reviewed in CY2018. The performance metric for the Exit Standard is based on all of the cases reviewed in the calendar year. During the current six-month monitoring period, however, CFSA demonstrated an improvement in performance over the same time period in CY2017 on the indicators used to validate the quality of case practice.

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

Services to families and children to promote safety, permanency and well-being are central to CFSA’s work. Two indicators from the QSR protocol are used to measure CFSA’s performance on the Exit Standard pertaining to appropriate service provision to families and children to promote these goals. These indicators, Implementing Supports and Services and Pathway to Case Closure, are described in further detail in Figures 21 and 22 below, including the parameters QSR reviewers consider in rating performance, as well as descriptions of minimally acceptable performance and unacceptable performance as described in the QSR protocol.

| IEP Requirement | 5. Services to Families and Children to Promote Safety, Permanency and Well-Being: Appropriate services, including all services identified in a child or family’s safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being. CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:

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

(IEP citation I.A.3.) |

| Exit Standard | In 80% of cases, appropriate services, including all services identified in a child’s or family’s safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementing Supports and Services and Pathway to Case Closure indicators. |
Implementing Supports and Services Indicator

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

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

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

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

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Figure 22: QSR Pathway to Case Closure Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance

Pathway to Case Closure Indicator

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

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

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

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

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Performance for the period January 1 through June 30, 2018:

Between January and June 2018, CFSA reviewed a total of 72 cases using the QSR methodology. The majority of cases reviewed during the monitoring period (53 of 72; 74%) were those of children receiving in-home services.

As Figure 24 shows, almost two-thirds of cases reviewed (63%; 45 of 72) were rated acceptable on both the Implementing Supports and Services\textsuperscript{160} and Pathway to Case Closure indicators, a significant improvement from performance between January and June 2017 (39%).\textsuperscript{161} Ratings for each individual indicator varied, with performance on Implementing Supports and Services rated acceptable in 75 percent of cases (54 of 72) and Pathway to Case Closure rated acceptable in 65 percent (47 of 72) of cases (see Figure 24).

\textsuperscript{160} This indicator is considered to be acceptable when all of the sub-parts – for the child, birth mother, birth father and substitute caregiver – are rated acceptable. When a birth parent or substitute caregiver is not involved in the case and is not rated in the review, that sub-part is not considered in determining the overall rating for the indicator.

\textsuperscript{161} CFSA reviewed a similar distribution of cases between January through June 2017 as in January through June 2018. The Monitor therefore uses these time frames as a comparison rather than comparing January through June 2018 data to CY2017 data.
Over the past year there has been notable improvement in performance, particularly within in-home services. Since CY2017, CFSA’s performance has improved on both indicators assessed for this Exit Standard for children receiving in-home services (increase of 10%) (see Figure 25).
During the current monitoring period CFSA continued to use Levels of Care to inform practice expectations with families receiving in-home services. There are three Levels of Care: Intensive, Intermediate and Graduation. CFSA assigns a Level of Care to each in-home case based on the allegations, risk factors and identified needs of the family, as well as the family’s progress, and adjusts the Level of Care as necessary and appropriate. Cases assigned an Intensive Level of Care require more frequent and intense support from the social worker compared to Intermediate and Graduation level cases. Graduation level cases are those where the focus is on stabilizing the family and closing the CFSA case and transitioning case management to a Collaborative.

During the current monitoring period, there were a total of 659 in-home cases open at any time. Of these 659 cases, 32 (5%) cases moved from a lower to a higher Level of Care. As of the end of May 2018, 51 cases were designated as Intensive, 229 cases were designated as Intermediate and 95 were designated as Graduation. Moving forward, CFSA will collect these data on a monthly basis and track the average length of time families remain at each Level of Care.

Based on a review of the data and written case narratives, which are completed by reviewers following a QSR, the Monitor noted that the improvement in performance can in part be attributed to clear guidance and expectations of practice and, consequently, better alignment between supports and services identified in the case plan and the behavior change that is necessary to achieve increased safety, decreased risk and progress toward case closure.
b. Case Planning Process

Timely and effective case planning at the beginning and throughout a child and family’s child welfare system involvement depends upon engagement with the family and teaming with informal supports and service providers. CFSA policy requires that every effort be made to locate family members and develop case plans in partnership with children and families, formal resources working with a family and the families’ informal support networks as identified by the child and family. Case plans should identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals, including permanency outcomes.

There are two Exit Standards related to case plans that require CFSA to work with families to: (1) develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes which reflect the family’s and child(ren)’s needs and are updated as family circumstances or needs change (IEP citation II.B.12.) – categorized as an Outcome to be Maintained – and (2) work with families to identify and deliver specific services in the case plan that will lead to behavior change and improved outcomes (IEP citation I.B.17.) – currently an Outcome to be Achieved.

During the current monitoring period, CFSA’s performance on timely development of case plans ranged between 92 and 98 percent a month, a marked improvement from the most recent prior monitoring periods. CFSA’s performance on this Exit Standard has fluctuated over the past several monitoring periods, in part due to social workers’ challenges in completing the Child and Adolescent Functional Assessment Scale (CAFAS) or Pre-School Early Childhood Functional Assessment Tool (PECFAS) timely, a pre-requisite to developing a case plan. Beginning in March 2018, CFSA shifted from having the assigned social worker to staff within the Clinical Service Unit in CFSA’s Office of Well-Being complete the initial CAFAS or PECFAS for all children entering care. This shift in responsibility appears to have contributed to more timely completion of the CAFAS and PECFAS, and consequently, case plans.

The remainder of this section focuses on the case planning Exit Standard that remains to be achieved and utilizes the QSR methodology to measure performance.
<table>
<thead>
<tr>
<th>IEP Requirement</th>
<th>Exit Standard</th>
</tr>
</thead>
</table>
| 33. **Case Planning Process:**  
a. CFSA, with the family, shall develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan.  
b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks and other formal resources working with or needed by the youth and/or family.  
c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.  

(IEP citation I.B.17.)

| Exit Standard | 80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable on both the Pathway to Case Closure and Plan Implementation indicators. |

As required by the IEP, two indicators from the QSR protocol – Planning Interventions and Pathway to Case Closure – are used to measure CFSA’s performance on the Exit Standard pertaining to appropriateness and quality of case planning. The Pathway to Case Closure indicator is described in Figure 22, presented earlier in this section. The Planning Interventions indicator is described in further detail in Figure 26 below, which summarizes the parameters reviewers consider in rating performance as well as descriptions of minimally acceptable performance and unacceptable performance as contained within the QSR protocol.
Planning Interventions

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

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

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

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

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

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

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Performance for January 1 through June 30, 2018:

Of the 72 cases reviewed using the QSR methodology between January and June 2018, 63 percent (45 of 72) were rated as acceptable on both the overall Planning Interventions and Pathway to Case Closure indicators (see Figure 28). In some cases, reviewers rated practice on one indicator as acceptable, while their assessment of practice on the other indicator was unacceptable. Specifically, 79 percent of cases (57 of 72) were rated acceptable on the Planning Interventions indicator and 65 percent of cases (47 of 72) were rated acceptable on the Pathway to Case Closure indicator. As seen in Figure 28 below, January through June 2018 performance on Planning Interventions has improved 14 percent as compared to the same time period last year (January through June 2017).

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163 This indicator has multiple sub-parts. Cases are rated as overall acceptable when Safety and Protection is rated as acceptable and the majority of the other sub-parts (Permanency, Well-Being, Daily Functioning and Life Role Fulfillment, Transition and Life Adjustment and Early Learning and Education) are also rated as acceptable.
Similar to performance measuring *Services to Families and Children to Promote Safety, Permanency and Well-being*, overall performance improved notably since CY2017 for children and families receiving in-home services (increase of 10%) (see Figure 29). In reviewing the QSR case narratives, the Monitor noted an increase in teaming with both informal (e.g., extended family members) and formal (e.g., community service providers) supports. Additionally, there was an increase in engagement with fathers (48% for CY2017 rose to 71% for January – June 2018). Engagement with fathers and a focus on intentional teaming with informal and formal supports contributes to improved planning for permanency and well-being of a child and the family. CFSA attributes these improvements in case practice within in-home services to implementation of a continuous quality improvement process that involves regular reviews of case plans by the Deputy Director, program administrator and program managers.
Performance on Strategy Plan:
CFSA employed the following strategies to increase performance on the services provided to children and families to promote safety, permanency and well-being (IEP I.A.3) and case planning (IEP I.B.17):

- **Office of Well Being (OWB) will build internal infrastructure that moves the agency from a fully DBH-dependent model to a model with therapists on staff within OWB to provide time-limited therapeutic services to children upon entry into foster care and for children in care who are experiencing placement instability.**
  - Between April and August 2018: develop infrastructure for model including identifying positions, hiring new staff and using screenings at initial placement to connect children to appropriate services in a more timely manner. (2018 Strategy Plan, p.1).

CFSA continues to work with the Department of Behavioral Health (DBH) to identify gaps and delays in services for children and families involved with CFSA. However, due to consistent and ongoing challenges in ensuring children entering foster care are connected timely to appropriate mental and behavioral health services, CFSA is now developing internal resources to support children as soon as they enter foster care.

Specifically, all children who enter foster care and are found to be in need of therapeutic services and are not currently connected to a community-based provider will be assigned a CFSA therapist.
to work with for a maximum of six months. After the initial six months of support, the CFSA therapist will connect the child to a community-based provider if additional therapeutic services are necessary. Between April and August 2018, CFSA recruited and hired a program manager, clinical supervisor and three therapists to begin working with children entering care. CFSA is also planning to hire a psychiatric nurse practitioner to support children who are in need of psychiatric services. CFSA is working with the Department of Health Care Finance (DHCF) for Medicaid billing purposes and reports that full implementation of this strategy is on track for December 31, 2018.

- *Beginning January 2018, assess quarterly the impact of the revised Collaborative contract on identification, provision and impact of services. Make on-going course corrections, as needed (2018 Strategy Plan, p.1).*

Through the Safe and Stable Families Redesign, which was implemented in CY2017, CFSA restructured contracts with the Collaboratives to support additional case management services. CFSA currently tracks family characteristics and outcomes for the referrals sent to the Collaboratives. The specific data points include:

- Case type and characteristics (Front Yard, Front Porch, Front Door)\(^{164}\),
- Referral origin within CFSA (Entry Services, Community Partnerships, Office of Youth Empowerment and Permanency),
- Referral outcome (accepted and case opened, accepted but no case opened, declined by the Collaborative and Information and Referral) and
- Time from CFSA referral to assignment to a Collaborative worker, time from case assignment to staff transfer conference and time from staff transfer conference to Partnering Together Conference (PTC) with the family.

The Collaboratives provide a range of essential services to support the safety, health and well-being of families. These services, which vary across the Collaboratives, include case management, evidence-based parenting classes, parenting support and skill-building groups, educational workshops, access to “flex funds” to assist with financial needs and referrals to other agencies across the District.

Between January and June 2018, 597 families were referred by CFSA to a Collaborative and 398 (67%) cases were accepted by the Collaborative for service provision. Of those that were accepted, the Collaboratives opened 389 (98%) family cases. The largest source of referrals that were accepted and opened (122; 31%) came from Entry Services – CPS investigations (72; 19%) and

\(^{164}\text{Front Yard cases involve families in the community who do not have CFSA involvement including young, homeless families and Grandfamilies. Front Porch cases are those in which CFSA is closing the case and transitioning case management to a Collaborative, including community diverted cases from CPS investigations and FA and cases stepping down from in-home and foster care. Front Door cases are those where CFSA has an open, active case and is teaming with a Collaborative to support the family.}
CPS-FA (97; 25%) (see Table 6). The next largest referral source was the community – Front Yard – and were coded as “other.”

Table 6: Accepted and Opened Referrals to a Collaborative for Case Management
January – June 2018
N= 389

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<th>Case Management Type</th>
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<th>Total</th>
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<tr>
<td>Front Yard</td>
<td>Young Homeless Families</td>
<td>26 (7%)</td>
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<tr>
<td></td>
<td>Grandfamilies</td>
<td>8 (2%)</td>
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<tr>
<td></td>
<td>Other</td>
<td>122 (31%)</td>
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<tr>
<td>Front Porch</td>
<td>Community Diverted (CPS-I)</td>
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<tr>
<td></td>
<td>Family Assessment</td>
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<td>In-Home Step Down</td>
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<td>Out-of-Home Step Down</td>
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</tr>
<tr>
<td>Front Door</td>
<td>In-Home Support/Teaming</td>
<td>37 (10%)</td>
</tr>
<tr>
<td></td>
<td>Out-of-Home Support/Teaming</td>
<td>7 (2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>389 (100%)</td>
</tr>
</tbody>
</table>

Source: CFSA Manual Data
*Percentages may not total 100% due to rounding

CFSA tracks data related to timely assignment of families to a Collaborative worker, as well as timely linkage of families to services once the case is opened by a Collaborative. In March 2018, there were 212 family cases opened across the five Collaboratives and 164 (77%) of these cases were linked to services within 30 days of the referral to the Collaborative. Timely connection to services is critical for families and increases the likelihood that a family will engage in an identified service and the Monitor is concerned families are not being connected timely.

CFSA must work with the Collaboratives to identify and remedy these delays in connecting families to services timely and as the Monitor has previously stated, CFSA and the Collaboratives must implement an effective feedback loop to understand the circumstances in which families withdraw from services to understand the implications and address the reasons for non-participation. CFSA continues to work to improve the feedback loop with the Collaboratives and is planning to implement an ongoing qualitative case review process to inform ongoing risk assessment, determination of service needs and family participation in services, including a family’s decision to decline services, after they are referred to the Collaboratives. However, the current lack of data on outcomes is extremely concerning, especially given the significant percentage of children who experience repeat maltreatment after a substantiation with CFSA. Without meaningful outcome data about the effectiveness of services for children and families who are referred to the Collaboratives, there are significant questions about risk issues that are not being addressed.

165 CFSA categorizes families referred from the community as either: young, homeless family; Grandfamily; or other.
166 Of the 708 children with a substantiated investigation between January and June 2017, 119 (17%) children had a substantiated investigation within 12 months of investigation closure.
Beginning in March 2018, upon removal, assign initial case assessments (CAFAS/PECFAS) to Office of Well Being to standardize completion and increase connection of assessments to case planning and day-to-day practice (2018 Strategy Plan, p.2).

CFSA staff within the Office of Well-Being began facilitating initial case planning meetings with birth families, the worker, children and foster parents, as appropriate, and supports identified by the family in March 2018. Between March and June 2018, 44 initial case planning meetings were facilitated by Office of Well-Being staff with clinical specialists participating in all (100%) of these meetings. While the social worker maintains primary responsibility for case management, clinical specialist continue to be available to workers for consultations on an as needed basis.

By March 31, 2018, establish birth parent support unit within Program Ops to increase agency capacity for intensive work with birth parents, including the family’s successful participation in case planning (2018 Strategy Plan, p.2).

To improve engagement with parents and decrease time to permanency, CFSA has developed a PEER\(^{167}\) Support Unit. This unit, consisting of one supervisor and five PEER support workers, is dedicated to supporting and strengthening engagement with parents who have had their children removed from their homes and are working to reunify with them. The PEER support workers, who all have previous personal involvement with the child welfare system, assist workers to more effectively reach out to and engage with parents. CFSA reports the PEER support workers have been hired, completed pre-service training and began working with families in early June 2018. Between June and July 15, 2018, PEER support workers completed 43 face-to-face visits with parents, supervised 14 parent-child visits and participated in 27 FTMs, Removal R.E.D. Team meetings or initial case planning meetings.

In March 2018, initiate adjustments to the case teaming process for new entries that will intensify the focus on specific permanency barriers and action steps. Adjustments include:

- Addition of a comprehensive team planning meeting at 12-15 days; a follow-up FTM meeting at 90 days; a reunification stat at 100-140 days; and a Permanency FTM at 180 days
- Consistent facilitation by OWB clinicians

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\(^{167}\) PEER is an acronym for Parent Engagement, Education and Resource. PEER workers are parent advocates who have experienced involvement themselves with the child welfare system as a parent and successfully reunified with their children.
As has previously been discussed, CFSA implemented many strategies during the current monitoring period to improve overall practice and infuse clinical thinking by intentionally involving Office of Well-Being staff and PEER support workers in case planning meetings. In addition to changing the structure of case planning and teaming meetings, in March 2018, CFSA rolled-out a revised Permanency Teaming Timeline – adding additional meetings and making the goals and required participants of each meeting explicit (see Appendix C). In accordance with the revised timeline, CFSA began conducting permanency goal review meetings in July 2018 and expects to see an impact on permanency rates in CY2019.

- **Beginning in February 2018, provide six months of direct clinical coaching for all ES, IH and Program Ops supervisors to include a focus on improving case planning. Each supervisor will participate in 90-minute small group coaching session every other week. Additionally, the coaches are available for individual consultation with supervisors as needed. PMs and PAs are updated monthly on the progress of the supervisory coaching sessions (2018 Strategy Plan, p.2).**

CFSA implemented the above strategy to address gaps in practice and support skill development of supervisors in providing clinical support and oversight. CFSA contracted with an independent clinician to provide six months of on-site and remote clinical coaching to supervisors. Based on the contract, the provider conducted twelve, 90 minute, small coaching sessions for groups of six supervisors. As is discussed in the **Staff Training** section of this report (IV.D.2.), supervisors who attended report positive practice change as a result of participating in the trainings; however, only a third of in-home, permanency and CPS supervisors attended at least 75 percent of the sessions. There appears to be limited accountability to ensure that supervisors take advantage of required training initiatives. CFSA reports that the contractor will provide additional coaching sessions between September 2018 and February 2019, however, supervisor participation will not be mandatory.

### 4. Permanency Outcomes

#### a. Appropriate Permanency Goals

The IEP has Exit Standards that measure both the processes and outcomes related to children in out-of-home care achieving timely permanency. CFSA has met and maintained performance on the IEP Exit Standards that require certain permanency planning processes including, for example, timely filing and resolution of a motion to terminate parental rights, placement of children in an approved adoptive home within nine months of a goal change to adoption and making reasonable efforts to finalize adoptions within 12 months of a child’s placement in an adoptive home. The final remaining Outcome to be Achieved related to permanency requires achieving timely

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168 The Monitor previously noted a lack of accountability for supervisors who do not attend mandatory training, including, for example, *Mastering the Art of Child Welfare Supervision 2.0 (MACWS)* in CY2017.
permanency for children with specific targets based on the length of time a child has been in care. This measure is assessed by fiscal year, with performance measures as of September 30th. Although outside of the current monitoring period, these data were available at the time this report was written and are therefore included below.

b. Timely Adoption and Permanency

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

- Placing children in approved adoptive homes within nine months of their permanency goal becoming adoption (IEP citation I.B.16.a.i.);
- Making reasonable efforts to finalize adoptions within 12 months of placement in the approved adoptive home (IEP citation I.B.16.b.iii.); and
- Achieving permanency within established timeframes through adoption, guardianship and reunification (IEP citation I.B.16.c.).

Approved Adoptive Placement

The IEP requires that 80 percent of children with a goal of adoption are placed in an approved adoptive placement within nine months of their permanency goal becoming adoption. There is one current applicable Exit Standard to measure this outcome (IEP citation I.B.16.a.i.) which is designated as an Outcome to be Maintained.

From January through June 2018, 32 (82%) of the 39 eligible children were placed in an approved adoptive placement by the end of the ninth month from their goal change to adoption. This performance is comparable to performance during the previous monitoring period when performance was 83 percent and represents sustained improvement over previous monitoring periods. This Exit Standard is maintained.

Reasonable Efforts to Finalize Adoptions

CFSA is required to ensure that 90 percent of children are adopted, or reasonable efforts are made to have them adopted, within 12 months of being placed in a pre-adoptive home (IEP citation I.B.16.b.iii.). This Exit Standard is designated as an Outcome to be Maintained, and CFSA maintained the required performance level during the current monitoring period.

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169 Pursuant to the IEP, the Monitor considers a placement an approved adoptive placement based on documentation of an intent to adopt, filing of an adoption petition or indication in the FACES.NET service line of an approved adoptive placement.

170 CFSA sufficiently achieved performance on the Exit Standard for children whose permanency goal changed to adoption prior to July 1, 2010 and because the review period for this IEP Exit Standard has expired and CFSA ultimately achieved compliance, the Monitor is no longer tracking performance for this measure.

171 Performance for prior monitoring periods is as follows: January through June 2016, 76%; July through December 2016, 68%; and January through June 2017, 65%.
From January through June 2018, 100 percent of adoptions were completed, or reasonable efforts were made to complete the adoption, within 12 months of the child being placed in a pre-adoptive home. Specifically, CFSA reports that 42 adoptions were finalized during this monitoring period. Of those 42 cases, 32 cases were finalized within 12 months and CFSA, through a case review, confirmed that reasonable efforts were made to finalize adoptions within 12 months for the remaining 10 children whose adoptions took longer to complete.

**Timely Permanency**

<table>
<thead>
<tr>
<th>IEP Requirement</th>
<th>32. <em>Timely Adoption</em>: Timely permanency through reunification, adoption or legal guardianship.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit Standard</td>
<td>i. Of all children who entered foster care for the first time in FY2017 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2018.</td>
</tr>
<tr>
<td></td>
<td>ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2017, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2018.</td>
</tr>
<tr>
<td></td>
<td>iii. Of all children who are in foster care for 25 months or longer on September 30, 2017, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2018, whichever is earlier.</td>
</tr>
</tbody>
</table>

**Performance for the period September 30, 2017 through September 30, 2018**\(^{172}\):

The IEP requires timely exits for children to a permanent family through adoption, guardianship or reunification. This Exit Standard, designated as an Outcome to be Achieved, has three sub-parts that must each be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for cohorts of children based on their length of stay in foster care. Performance on this Exit Standard is measured with annual fiscal year data and is reported as of September 30, 2018 (see Figures 30, 31 and 32 below).

\(^{172}\) This measure assess performance on September 30th of every year. Although beyond this monitoring period, relevant data were available at the time of writing this report and are therefore included in this section.
Figure 30: Timely Permanency for Children in Care between 8 days and less than 12 months
September 2011 – September 2018

![Graph showing timely permanency rates for children in care between 8 days and less than 12 months from September 2011 to September 2018.]

Source: CFSA Administrative Data, FACES.NET report CMT384

Figure 31: Timely Permanency for Children in Care More Than 12 and less than 25 months
September 2011 – September 2018

![Graph showing timely permanency rates for children in care more than 12 and less than 25 months from September 2011 to September 2018.]

Source: CFSA Administrative Data, FACES.NET report CMT385
Figure 32: Timely Permanency for Children in Care for 25 months or longer
September 2011 – September 2018

Timely Permanency for Children in Care between 8 days and less than 12 months

Of the 245 children who entered foster care in FY2017 and remained in foster care for eight days or more, 113 (46%) children exited to positive permanency by September 30, 2018 (see Figure 30 and Table 6). Performance on this sub-part of the Exit Standard improved six percent over FY2017 performance and met the required level of performance.

Timely Permanency for Children in Care more than 12 and less than 25 months

Of the 210 children who were in care more than 12 months and less than 25 months on September 30, 2017, 72 (34%) children achieved positive permanency by September 30, 2018 (see Figure 31 and Table 6). While performance is improved from FY2017, it remains below the Exit Standard requirement of 45 percent.

Timely Permanency for Children in Care for 25 months or longer

For the 409 children who had been in care 25 or more months on September 30, 2017, 118 (29%) children achieved permanency by September 30, 2018 (see Figure 32 and Table 7). While this performance represents a slight improvement over last year, performance for this sub-part remains substantially below the performance level required by the Exit Standard (40%).
Table 7: Children and YouthExiting to Permanency by Cohort as of September 30, 2018

<table>
<thead>
<tr>
<th>Length of time in out-of-home care during FY2017</th>
<th>Total number of children/youth in cohort</th>
<th>Exit to Reunification</th>
<th>Exit to Guardianship – Kin</th>
<th>Exit to Guardianship – NonKin</th>
<th>Exit to Adoption</th>
<th>Total Exits to Permanency by September 30, 2018</th>
<th>IEP Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 days – 12 months</td>
<td>245</td>
<td>103 (42%)</td>
<td>1 (&lt;1%)</td>
<td>0 (0%)</td>
<td>9 (4%)</td>
<td>113 (46%)</td>
<td>45%</td>
</tr>
<tr>
<td>12 – 24 months</td>
<td>210</td>
<td>29 (14%)</td>
<td>9 (4%)</td>
<td>2 (1%)</td>
<td>32 (15%)</td>
<td>72 (34%)</td>
<td>45%</td>
</tr>
<tr>
<td>25 months or more</td>
<td>409</td>
<td>18 (4%)</td>
<td>13 (3%)</td>
<td>31 (8%)</td>
<td>56 (14%)</td>
<td>118 (29%)</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET reports CMT384 and CMT385

**Performance on Strategy Plan:**
CFSA identified the following strategies to support timely permanency efforts (IEP 1.B.16.c):

- By March 31, 2018, establish birth parent support unit within Program Ops to increase agency capacity for intensive work with birth parents that will help facilitate timely reunification (2018 Strategy Plan, p. 4).

Implementation of this strategy is discussed above in the Services to Children and Families and Case Planning section (IV.B.3.) of this report.

- Beginning in February 2018, implement shared parenting principles and practices in relevant program functions within Program Operations, including:
  - Incorporate Shared Parenting expectations in pre-evaluation tool for prospective Foster Parents and foster parent pre-service and in-service training.
  - Include shared parenting in 1:1 orientation for all newly entering birth parents.
  - Include foster parents in case teaming at 12-15 days and in other team meetings as needed (2018 Strategy Plan, p.4).

Discussion earlier in the Placement section (IV.B.1.) of this report discussed some of the strategies underway by CFSA to promote principles of shared parenting. Additional updates, relevant to the strategy above, are included below:

- In late summer 2018, a new screening tool was developed for potential resource parents.
The tool includes 30 items, four of which pertain to shared parenting. Between August and September 2018, 24 potential resource parents completed the screening tool; 18 (75%) of these potential resource parents indicated a willingness to work with birth families and the remaining six potential resource parents were either unwilling or unsure. Among the 13 potential resource parents who later submitted an application to begin the process of becoming a resource parent, two had indicated uncertainty about shared parenting in the screening tool. Although the results are preliminary, CFSA believes that early discussion of shared parenting as a foundational value at CFSA is useful education.

- Foster parents are invited to participate in case teaming meetings held within 12 to 15 days after a child enters foster care. CFSA reports that participation since this practice began has been low, with only 10 percent of foster parents attending. CFSA plans to develop strategies to increase participation.

- CFSA distributed new shared parenting practice materials to foster parents in August and October 2018. This content is being incorporated into CWTA training.

  - Beginning in February 2018, provide six months of direct clinical coaching for all ES, IH and Program Ops supervisors to include a focus on improving permanency practice (2018 Strategy Plan, p.4).

CFSA attributes its improvement in IEP permanency standards, in part, to implementation of this strategy.


Implementation of this strategy is discussed above in the Placement section (IV.B.1.) of this report.

  - Beginning February 2018, use the Adoption/Guardianship STAT format and team to conduct regular (90 day) permanency reviews and track follow-up (2018 Strategy Plan, p.4).

CFSA uses a Permanency STAT process to review and monitor cases to ensure that children with a goal of reunification, guardianship or adoption are getting what they need to be on track for timely permanency and to address any institutional barriers.
Adoption

CFSA reports that between June 2017 and July 2018, 322 adoption cases were reviewed. The top barriers to timely permanency are court delays, recruitment of a permanent home, completion of the final adoption report and adoption subsidy. CFSA has initiated the following activities to address these barriers:

- CFSA and the OAG are working with the court system to improve timeliness. CFSA has participated in several meetings, including a national convening, with another meeting scheduled for December 5, 2018 which will include participants from the Children’s Bureau, DC Family Court Judges, CFSA, OAG and attorneys who represent parents and children.
- To improve recruitment, CFSA has realigned staffing resources and is hiring a new Program Director. CFSA ensures a subsidy or recruitment staff is involved in permanency goal review meetings to engage them in the process and problem solve potential barriers.
- Timeliness of adoption reports is being tracked by CFSA and NCCF administrators and the OAG to ensure reports are developed and submitted timely.

Guardianship

CFSA reports that between October 2017 and July 2018, 227 guardianship cases were reviewed utilizing the STAT process. The top barriers to timely permanency were similar to the barriers in adoption cases – specifically, subsidy, recruitment, court delays and final court completion. An additional barrier identified was delays in Interstate Compact for the Placement of Children (ICPC). To address this barrier, CFSA reports the ICPC office is working with its partners in other states to more closely monitor this area and intervene sooner when delays may occur.

Reunification

During this monitoring period, the CFSA STAT team reviewed 50 reunification cases. The most frequently identified barriers to permanency were the behaviors of the youth, court delays and a determination that the goal was inappropriate. To mitigate these barriers, CFSA reports both CFSA and NCCF staff monitor progress toward goal achievement, as well as appropriateness of permanency goals, during the case teaming process and permanency goal review meetings. CFSA reports that development of internal mental health resources will support addressing barriers associated with behaviors youth may demonstrate.

- **By September 30, 2018, develop implementation plan to resolve systemic barriers identified in the adoption STATs (e.g., need for 6-month review following goal change; assignment of a subsidy social worker upon adoption petition receipt; and enhanced focus on child-specific recruitment) (2018 Strategy Plan, p.4).**

In July 2018, CFSA established permanency goal review meetings, which are held six to seven
months after a child enters care, to review significant barriers to progress toward reunification and develop plans for resolution, which may include exploring a change in goal. Identified action steps will be tracked at 30, 60 and 120 days.

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

CFSA is responsible for promoting, supporting and planning for the overall well-being of children and youth in foster care. CFSA’s Office of Well-Being, which includes the Healthy Horizons Assessment Center, is largely responsible for activities to support the physical, emotional, developmental and behavioral health of children in foster care. CFSA’s Office of Youth Empowerment (OYE) provides case management for almost half of the youth in foster care over the age of 15. In additional to social workers who provide case management, OYE employs Career and Educational specialists who can assist all youth in CFSA custody with planning for independence.

Performance data discussed in this section cover provision of health and dental care to children in foster care, planning and services to support older youth and development of special corrective action plans for children who experience challenges to securing stable and appropriate placements and achieving timely permanency.

1. **Health and Dental Care**

Children receive a health screening when they enter care or change placements and comprehensive medical and dental evaluations are provided on an ongoing basis. These screenings and assessments are important to identify health conditions that require prompt medical attention, chronic medical needs and developmental or mental health concerns that are then shared with the child’s foster parent or caregiver, social worker and other service providers.

The IEP has multiple Exit Standards to ensure that children in foster care receive appropriate and routine medical and dental services and have timely access to appropriate health care. All but one of these standards are designated as Outcomes to be Maintained. However, the remaining Exit Standard was achieved during this monitoring period meaning that this is the first monitoring period since the IEP was ordered in 2010 in which all of the health and dental Exit Standards have now been met – a welcome accomplishment.

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173 NCCF, LAYC and LSS serve the other half of youth in foster care over the age of 15.
Health Screenings

Performance for the period January 1 through June 30, 2018:
CFSA’s performance on health screenings prior to an initial placement or re-entry into foster care or before a placement change improved slightly from the previous monitoring period.\(^{174}\) Specifically, CFSA’s performance for health screenings prior to initial placement or re-entry into care ranged monthly from 94 to 100 percent,\(^{175}\) meeting the required level of performance (95%) in five of six months this period. Monthly performance for health screenings prior to a placement change ranged from 81 to 94 percent\(^{176}\) this period, meeting the required level of 90 percent in three of six months. The Monitor considers any deviations below the standard to be insubstantial and this Exit Standard to be maintained.

Full Medical Evaluations

Performance for the period January 1 through June 30, 2018:
CFSA also maintained required performance on the Exit Standard requiring comprehensive medical evaluations for children in foster care.\(^{177}\) Performance on the completion of full medical evaluations for children ranged monthly from 85 to 98 percent within 30 days of placement\(^{178}\) and from 96 to 100 percent for evaluations completed within 60 days of placement\(^{179}\). This is a significant accomplishment.

Full Dental Evaluations

Performance for the period January 1 through June 30, 2018:
CFSA maintained performance on the Exit Standard requiring comprehensive dental evaluations for children in foster care.\(^{180}\) A monthly range of 34 to 73 percent of children received a full dental evaluation within 30 days of placement (exceeding the required level of 25%), and within 60 days of placement, a monthly range of 63 to 89 percent of children had a full dental evaluation (exceeding the required level of 50%). The only sub-part of this Exit Standard where CFSA continues to experience inconsistent performance is the requirement that 85 percent of children

\(^{174}\) The IEP requires 95% of children have a health screening prior to an initial placement in foster care or upon re-entry into care and 90% of children have a health screening before a change in placement (IEP citation I.C.22.a.).

\(^{175}\) Monthly performance data for initial and re-entry health screenings are as follows: January, 96%; February, 94%; March, 100%; April, 98%; May, 95%; June, 97%.

\(^{176}\) Monthly performance data for replacement health screenings are as follows: January, 89%; February, 94%; March, 84%; April, 81%; May, 91%; June, 92%.

\(^{177}\) The IEP requires 85% of children receive a full medical evaluation within 30 days of placement in foster care and 95% of children receive a full medical evaluation within 60 days of placement in foster care (IEP citation I.C.22.b.i.).

\(^{178}\) Monthly performance data for evaluations completed within 30 days of placement are as follows: January, 85%; February, 89%; March, 97%; April, 98%; May, 98%; June, 95%.

\(^{179}\) Monthly performance data for evaluations completed within 60 days of placement are as follows: January, 96%; February, 97%; March, 100%; April, 100%; May, 99%; June, 98%.

\(^{180}\) The IEP requires 25% of children receive a full dental evaluation within 30 days of placement in foster care, 50% of children receive a full dental evaluation within 60 days of placement in foster care and 85% of children receive a full dental evaluation within 90 days of placement in foster care (IEP citation I.C.22.b.ii.).
have dental evaluations within 90 days of placement. Performance ranged monthly from 63 to 89 percent on this sub-part and only met the required level of performance two out of six months during the current monitoring period. The Monitor considers the current deviations to be insubstantial and this Exit Standard to be maintained. The Monitor will continue to explore with CFSA staff the reasons for the continued fluctuation in performance on this sub-part of the Exit Standard so that CFSA can take steps to identify and resolve barriers to all children having necessary dental care.

**Medicaid Coverage**

Through the District’s Medicaid State Plan, all children are eligible for Medicaid immediately upon entering care, including those who do not have legal status or had private health insurance prior to entering care. CFSA has worked diligently over the past several years with the Departments of Health Care Finance (DHCF) and Human Services (DHS) to expeditiously enroll children entering foster care into the District’s Medicaid plan and provide information about health care coverage to caregivers. CFSA achieved this Exit Standard for the first time during the current monitoring period.

| IEP Requirement | 43. Health and Dental Care: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement. (IEP citation I.C.22.d.) |
| Exit Standard | 90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement. |

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181 Monthly performance data for children with completed dental evaluations within 90 days of placement are as follows: January, 63%; February, 80%; March, 88%; April, 89%; May, 81%; June, 84%.
Performance for the period January 1 through June 30, 2018:
CFSA manually tracks the distribution of Medicaid numbers to foster parents when a child is initially placed in foster care or experiences a placement change. CFSA achieved this Exit Standard for the first time during the current monitoring period, with a monthly range of 98 to 100 percent of foster parents receiving the child’s Medicaid number within five days of placement and 92 to 100 percent of foster parents receiving the child’s Medicaid card within 45 days of the child’s placement (see Figure 34). Specifically in June 2018, 132 children experienced a placement activity and remained in that placement for at least five days. Of these 132 children, CFSA was able to verify that 131 foster parents (98%) received the child’s Medicaid number within five days of the placement. During the same month, there were also 31 children who were initially placed in foster care and remained in their placement for 45 days; CFSA was able to verify that 29 (94%) foster parents received the child’s Medicaid card within 45 days.

This is a significant achievement as CFSA has spent many years working closely with DHCF and DHS and modifying internal business processes in order to ensure timely coverage and distribution of this information to foster parents.

182 The Monitor is unable to report data for Medicaid Card distribution for December 2017.
2. Adolescent Practice

Currently, youth over the age of 15 represent over one-third of children involved with CFSA. The Office of Youth Empowerment (OYE) provides case management for almost half of these youth and the remaining youth have social workers assigned through NCCF, Latin American Youth Center (LAYC) or Lutheran Social Services (LSS) based on their placement. Planning for the well-being of older youth occurs through regular youth transition planning (YTP) meetings and through connections to services provided through the OYE. For older youth who are likely to exit care without achieving positive permanency through reunification, guardianship or adoption, effective youth transition planning is critical to laying the groundwork for their success after foster care.183

This monitoring period, CSFA reviewed 14 cases of older youth through the Quality Services Review (QSR). This in-depth review of these cases found that 100 percent of these youth had acceptable supports and services provided to them, 85 percent had a voice in their planning and 79 percent were safe in their living environment (i.e., placement). Areas of challenge were also identified – 64 percent of youth had acceptable ratings for preparation for adulthood and 50 percent had inadequate or poor stability in their home setting. OYE staff are working to better engage older youth, support them in identifying goals for their future and ensure that they have supportive teams.

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183 As of June 30, 2018, there were 266 youth in care between the ages of 16 and 20. Of those youth, 112 had the goal of APPLA (an additional 3 youth under the age of 16 also had the goal of APPLA).
to help them transition out of foster care and take on the responsibilities of being an independent adult.

Discussion in this section includes CFSA’s current performance on the Exit Standard that requires youth transitioning out of care to have a transition plan developed with the youth that summarizes case planning work to date, the youth’s goals and provides guidance on next steps required to support the youth in transitioning from foster care (IEP citation I.B.12.c.). All youth ages 18 and older are required to have a current Youth Transition Plan (YTP) developed with their involvement, their social worker and others whom the youth identifies to participate as a member of their team. Further, plans should provide the youth with appropriate connections to specific options for housing, health insurance, education and linkages to continuing adult support services agencies. Since June 2013, CFSA has met this IEP Exit Standard, designated as an Outcome to be Maintained, which requires at least 90 percent of youth ages 18 and older have a current YTP.

![Figure 35: Youth Ages 18 and Older with a Youth Transition Plan](image)

Source: CFSA Manual Data and FACES.NET report CMT391
Data represent performance for each six month monitoring period (January – June and July – December)

**Performance for the period January 1 through June 30, 2018:**
Between January and June 2018, out of 190 applicable youth\(^\text{184}\), 175 (92%) youth had a YTP. The Monitor considers performance on this Exit Standard to be maintained.

\(^{184}\) Eight youth were excluded from analysis due to: being in abscondence from placement and hard to locate; struggling with significant mental illness and unable to participate; or declining to participate in the development of a YTP.
CFSA’s quality assurance staff continue to conduct a limited case record review of YTPs for all youth who turn 20.5 years old during the monitoring period to determine if the plans address appropriate connections to specific options for housing, health insurance, education and linkages to continuing adult support services agencies. The Monitor has previously participated in this review and validated findings. Thirty-six youth were in this age bracket during this monitoring period and all of those youth’s plans were reviewed; one case was excluded from the universe because the youth was in runaway status. Of the 35 remaining youth, CFSA found that all (100%) had up-to-date YTPs that addressed appropriate connections to specific services and options.

The Monitor also validated and examined practice for 30 other youth eligible to have a YTP. In all but two cases, the Monitor could validate that a YTP had occurred with the youth present and participating. The vast majority of YTPs reviewed supported a youth’s transition process, with several cases documenting exceptional work. However, the Monitor’s review found variation in practice. In particular, the YTP toolkit produced in partnership with Foster Club provides helpful and specific guidance supporting a youth’s transition, but not all workers are utilizing this toolkit with youth. The Monitor encourages CFSA to continue to review YTPs for quality of case practice to ensure that youth are fully supported in transitioning from foster care.

3. Special Corrective Action

The IEP identified Special Corrective Action categories to highlight markers of unacceptable practice and identify those children and families where additional efforts are needed. The conditions that require special corrective action include children who have experienced placement instability or inadequate progress toward achieving permanency goals, among others. The Special Corrective Action requirements are intended to provide special focus on efforts to alleviate the issue(s). This Exit Standard requires production of monthly reports identifying children in special corrective action categories and the completion of child-specific case reviews to develop and then implement corrective action plans as appropriate (IEP citation I.D.30.).

CFSA reports that plans are completed for children who newly enter corrective action categories during bi-monthly Special Corrective Action R.E.D. Team meetings which include participation of a program manager, supervisory social worker, the assigned social worker and performance monitor. Depending upon the special corrective action category being reviewed, other participants may include a licensing specialist, placement specialist, resource development specialist or AAG.

The notion behind special corrective action is that once identified, plans will address the issues and the children’s status would no longer fall within the category. But some children remain in categories for multiple months and CFSA has recognized the need to review and reassess plans.
developed for these children and their implementation. Depending upon the category, the reviews may occur monthly or on a quarterly basis to determine if plan modifications are necessary.

Performance for the period January 1 through June 30, 2018:
Data on the number of children in special corrective action categories during the monitoring period are presented in Table 8 below. The categories that impact the largest number of children are placement instability (specifically, 193 children in June 2018 had four or more placements since entering care with a placement change in the last 12 months) and delays in reunification and identifying adoptive resources.

Between January and June 2018, a total of 267 children were newly identified in one of the special corrective action categories; of these, CFSA determined that 190 corrective action plans were required\(^{187}\). CFSA completed all 190 (100%) of the required plans. CFSA maintained required performance for this Outcome to be Maintained.

\(^{187}\)A plan may not be required if the issue has been resolved by the time of review, if data were entered erroneously or the reason for a child’s placement change is positive, such as a move to a pre-adoptive home.
Table 8: Children in Special Corrective Action Categories by Month
January – June 2018\(^{188}\)

<table>
<thead>
<tr>
<th>Special Corrective Action Category</th>
<th>Jan 2018</th>
<th>Feb 2018</th>
<th>Mar 2018</th>
<th>Apr 2018</th>
<th>May 2018</th>
<th>June 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement</td>
<td>197</td>
<td>193</td>
<td>190</td>
<td>192</td>
<td>194</td>
<td>193</td>
</tr>
<tr>
<td>Children Placed in Emergency Facilities Over 90 Days</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children Placed in Foster Homes without Valid Permits/Licenses</td>
<td>26</td>
<td>34</td>
<td>43</td>
<td>22</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Children Placed in Foster Homes that Exceed their Licensed Capacity</td>
<td>49</td>
<td>25</td>
<td>30</td>
<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Children in Facilities More than 100 Miles from DC</td>
<td>9</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Permanency Categories</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home</td>
<td>40</td>
<td>42</td>
<td>36</td>
<td>32</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>Children in Care who Returned Home twice and Still have the Goal of Reunification</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Children under 14 with a Goal of APPLA</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Children with the Goal of Reunification for More than 18 Months</td>
<td>72</td>
<td>71</td>
<td>67</td>
<td>67</td>
<td>63</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: CFSA Administrative Data, FACES.NET report COR013

Data for the prior monitoring period reflected an increase in the number of children placed in homes without valid licenses and children placed in foster homes that exceed their license capacity. CFSA reported that the primary causes identified for children placed in homes without valid licenses were different contract timelines with Maryland kinship and pre-adoptive homes, delays with a placement provider during the licensing process or lag in data entry on foster parent training or clearances. CFSA has focused resources on tracking and correcting these issues during the current monitoring period, and as the data reflect, the number of children within these categories has declined.

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\(^{188}\) Individual children may be included and counted in more than one category.
D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

A solid infrastructure and ability to collect and analyze accurate data are essential to CFSA’s ability to support children and families and maintain and improve good practice. This includes ensuring a stable workforce that is able to meet the needs of children and families, foster parents who are ready and available to care for children and youth, continuous quality improvement processes to assess and inform practice and sufficient financial resources to support a healthy, well-functioning system.

CFSA continues to employ a sufficient number of in-home and permanency social workers to maintain caseloads at or below the level required by the IEP. They have also continued to ensure that new social workers and foster parents receive required pre-service training. CFSA performance on foster parent in-service training, however, has been declining. Since December 2014, performance has been between one and six percent below the requirement of 95 percent of foster parents having required training prior to relicensure. During the current monitoring period, performance fell to 89 percent this period. The Monitor is exploring the cause of this decline with CFSA leadership.

The IEP also requires that CFSA develop a Resource Development Plan (RDP) (IEP I.C.23.) and Needs Assessment (IEP II.F.21.) on an annual and bi-annual basis respectively. The purposes of the Needs Assessment and RDP are to assess the quantity and array of placement resources and services available to meet the needs of children and families and to create and implement a plan to develop additional resources and services where needed. Beginning this year, CFSA conducts both the Needs Assessment and RDP on an annual basis and uses information collected through the Needs Assessment to inform the RDP and budget process. In completing the Needs Assessment and RDP, CFSA collected quantitative and qualitative data, including through focus groups and stakeholder interviews, received and incorporated feedback from the Monitor and Plaintiffs, identified gaps and developed strategies that are included within the RDP. On October 1, 2018, CFSA provided the Monitor with the 2018 Needs Assessment and RDP. The Monitor considers these Exit Standards to be maintained.

1. Ongoing Caseloads and Supervisory Responsibilities

a. Ongoing Caseloads

Manageable caseloads for in-home, permanency, CPS189 and home study workers is a fundamental pre-requisite to good practice and outcomes. The caseload Exit Standard is designated as an Outcome to be Maintained (IEP citations I.D.25.&26.). This period, the Monitor has designated

189 Caseloads for CPS social workers are discussed earlier in Section IV.A.2 of this report.
the standard as only partially maintained due to ongoing challenges with CPS social worker (investigations and FA) caseloads and home study worker caseloads in meeting the standards.

| IEP Requirement | 46. Caseloads:  
a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.  
b. The caseload of each worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 1:15 families.  
c. The caseload of each worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care.  
d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.  
e. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days.  

(IEP citation I.D.25.) |
| Exit Standard | 90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases. |

**Performance for the period January 1 through June 30, 2018:**
Caseloads for permanency and in-home social workers continued to meet the level required by the IEP with performance consistently at 99 percent each month, and only one worker responsible for more than 15 cases each month and no workers responsible for more than 18 cases.

The number of in-home and permanency cases unassigned for more than five days ranged each month from a low of nine cases in March 2018 to a high of 26 cases in April 2018 (1 to 2% of total permanency and in-home cases), which is consistent with performance during the previous monitoring period.190

Monthly performance data for workers conducting homes studies improved during the current monitoring period and ranged from 80 to 100 percent, with performance below the required level.

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190 In addition to these unassigned cases, some ongoing cases remained assigned to investigative social workers, supervisors and program managers even after an ongoing case was opened. CFSA indicates that these cases are awaiting transfer from an investigative worker to a worker in an ongoing unit. During this transfer period, the investigative worker is tasked with maintaining case carrying responsibility, which includes visiting the family, ensuring the children are safe and providing services. It is unclear from the data how long these cases have been in the transfer process.
during the first two months of the period.\textsuperscript{191} CFSA reports that an increase in home studies in January and February 2018 due to re-licensures related to TSHR accounted for the temporary deviation in performance. The Agency does not anticipate challenges in meeting this sub-part of the Exit Standard moving forward.

Due to performance on CPS and home study worker caseloads, the Monitor considers the caseload Exit Standard partially maintained.

\textbf{b. Supervisory Responsibilities}

There are two Exit Standards related to supervisory caseloads and expectations for supervisors, each of which is designated as an Outcome to be Maintained. The first Exit Standard requires that supervisors are responsible for supervising no more than five case-carrying social workers and one case aide or family support worker (FSW) (IEP citation I.D.26.a.i.). The second Exit Standard requires that 95 percent of ongoing permanency and in-home cases be assigned to social workers (IEP citation I.D.26.b.ii.).

\textit{Performance for the period January 1 through June 30, 2018:}
Monthly performance during the period ranged from 92 to 100 percent of supervisors meeting the required standard for number of supervisees (see Figure 36). This represents an improvement from the previous monitoring period when performance ranged from 82 to 98 percent.

\begin{footnotesize}
\begin{enumerate}
\item Monthly performance data for workers conducting homes are as follows: January, 80%; February, 80%; March, 100%; April, 100%; May, 100%; June, 100%.
\end{enumerate}
\end{footnotesize}
2. **Staff Training**

Training is a core function in any child welfare agency and a primary mechanism to ensure that social workers, supervisors and managers have the competencies necessary to carry out their jobs effectively.

Over the past two years, CFSA has invested in improving supervisor capacity to support workers in developing and implementing effective case plans with families through *Mastering the Art of Child Welfare Supervision 2.0 (MACWS)* trainings and regularly scheduled webinars. The MACWS training for supervisors includes three tiers consisting of eight modules, including, for example, *Revisiting Your Potential, Critical Thinking and the Paradigm Shift, The Clinical Supervision Toolbox, Consultation and Information Sharing Framework* and *Clinical Supervisor and Engagement*. CFSA reports that of the 91 applicable supervisors, program managers and

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192 1 to 2% of cases each month were carried by supervisors, program managers or workers within CPS.
program administrators, only one has completed all required tiers of the MACWS training and 36 (40%) have completed two of three required tiers as of October 10, 2018.193

Between January and June 2018, CFSA held nine webinars for supervisors on the following topics: *Traditional Services for Youth, Housing and Housing Resources, Substance Abuse Resources, Assessing the Impact of Intimate Partner Violence and Domestic Violence on Children, Engaging Incarcerated Parents, Collaborative Family Engagement Process, Safe Case Closure, Commercial Sexual Exploitation of Children and Widening the Circle of Support.* During the current monitoring period, four (24%) of 17 permanency and OYE supervisors and six (60%) of 10 in-home supervisors completed at least half of the webinars. Participation in these webinars was much higher during CY2017 when participation was required as a strategy to improve case practice in the 2017 *LaShawn Strategy Plan*. Now that participation is not required through the *LaShawn* Strategy Plan, attendance for these webinars has declined significantly, particularly among permanency supervisors. In addition, data provided do not reflect NCCF staff participation in the regular webinars, which is necessary to ensuring consistency in practice with all children and families served by the District’s child welfare agency.

As has previously been discussed, due to challenges with implementing previous strategies and lack of accountability for supervisors who did not attend MACWS or the webinars, CFSA implemented a new strategy this year to include contracting with a clinical expert and coach to conduct group supervision and provide individual support as needed for supervisors. Between February and July 2018, 65 (92%) of 71 in-home, permanency and CPS supervisors participated in at least one of the 12 small-group coaching sessions, and only one-third of the supervisors attended at least 75 percent of the coaching sessions. As a result of inconsistent participation and attendance, CFSA will continue to provide these coaching sessions for an additional six months. Participation in these additional sessions, however, is not mandatory and the Monitor remains concerned, as with previous training strategies, about the lack of accountability for supervisor attendance. The lack of accountability is particularly concerning since supervisors report positive outcomes from the trainings when they attend. Through a survey conducted by CFSA in August 2018 to assess the trainings, 87 percent of supervisors indicated that they have made changes to their supervisory practice, 86 percent strongly agreed or agreed that they gained important insights into their own practice and 68 percent strongly agreed or agreed that they learned new techniques to apply with staff.

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

**Performance for the period January 1 through June 30, 2018:**
The IEP requires that 90 percent of newly hired CFSA and private agency case-carrying staff receive 80 hours of pre-service training prior to being assigned cases (IEP citation I.D.27.a.).

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193 Entry Services supervisors are only required to complete 6 of the 8 modules and ongoing permanency and in-home supervisors are required to complete all 8 modules.
During the current monitoring period, CFSA maintained required performance on pre-service training for frontline staff (100%\(^{194}\)).

*Pre-Service Training for New Supervisors*

**Performance for the period January 1 through June 30, 2018:**
Ninety percent of newly hired CFSA and private agency supervisors are required to complete 40 hours of pre-service training on supervision within eight months of assuming supervisory responsibility (IEP citation I.D.27.b.). Between January and June 2018, there were four supervisors to whom this Exit Standard was applicable; three (75%) of these supervisors completed pre-service training within eight months of assuming supervisory responsibility, slightly below the required level of 80 percent. While outside of the allotted eight month timeframe to complete pre-service training, as of June 2018, all four supervisors had completed 40 hours of pre-service training. The Monitor considers this Exit Standard to be maintained due to the small number of applicable supervisors.

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

**Performance for the period January 1 through June 30, 2018:**
The IEP also requires that 80 percent of previously hired CFSA and private agency social work staff receive 30 hours of in-service training annually (IEP citation I.D.28.a.) and 80 percent of previously hired CFSA and private agency supervisors complete 24 hours of in-service training annually (IEP citation I.D.28.b.). These data are measured on an annual basis and as of June 30, 2018, 88 percent of previously hired social work staff and 91 percent of previously hired supervisors completed the required in-service training hours over a 12 month period. The Monitor considers these Exit Standards to be maintained.

3. **Training for Foster and Adoptive Parents**

Foster parents are critical partners in any child welfare system. On a daily basis, they are responsible for meeting the needs and supporting the well-being of children in their care. While CFSA has consistently ensured foster parents receive appropriate pre-service training prior to licensure, as discussed further below, CFSA performance on in-service training has been declining.

*Pre-Service Training for Foster and Adoptive Parents*

**Performance for the period January 1 through June 30, 2018:**
The IEP requires that 95 percent of foster parents complete a required 15 hours of pre-service training hours (IEP citation I.D.29.a.) and that 90 percent of adoptive parents complete a required training.

\(^{194}\) Eight direct service staff received waivers due to previously having completed the training.
30 hours of pre-service training (IEP citation II.F.20.). During the current monitoring period, CFSA maintained performance on pre-service training for foster and adoptive parents with 97 percent (115 of 119) of foster and adoptive parents having completed the required number of pre-service training hours.

In-Service Training for Foster Parents

Performance for the period January 1 through June 30, 2018:
The IEP requires that 95 percent of foster parents receive 15 hours of in-service training annually (IEP citation I.D.29.b.). Generally, this requirement is monitored through the relicensure process. Foster parent licenses are updated annually or biannually and in order to be relicensed, the Agency is to validate that the foster parent(s) has completed the required number of training hours. Between January and June 2018, 293 foster parents had their license renewed; approximately half (46%) of these renewals were due to the transfer of licenses to CFSA or NCCF as a result of TSHR and not as a result of an annual or biannual update. Of the remaining 157 licenses renewed as required for an annual or biannual update, 141 (89%) foster parents completed the required in-service training hours. CFSA recognizes that foster parents often do not complete required training until their license is near expiration and is working to reinforce with foster parents and licensing workers the importance of engaging in training throughout the licensure period. In November 2017, CFSA began to identify opportunities for the foster parent in-service training coordinator to connect with foster parents, the foster parent support worker and the re-licensing worker to review the foster parent training prior to their license expiring. Additionally, CFSA is working to develop a new management report that tracks foster parent in-service training in real-time. However, there is additional work to be done within CFSA and NCCF to ensure foster parents are not being relicensed without having completed the required training.

As referenced above, during the monitoring period, there were 134 foster parents who transferred to CFSA or NCCF as a result of TSHR. Of these foster parents, 72 (54%) were due to be relicensed during the current monitoring period and 62 (46%) were due to be relicensed between July and December 2018. CFSA and NCCF were unable to track in-service training hours for any of these foster parents during the transfer process. The Monitor recognizes the complexities that were associated with the TSHR and transferring foster parents and their files between agencies but is concerned that CFSA and NCCF have failed to track and ensure foster parents who transferred between agencies completed necessary in-service training.

195 Kinship foster parents who receive a temporary, provisional license are not included in these calculations. Foster parents who are licensed by another jurisdiction outside of the District or Maryland for the purpose of completing an ICPC placement are also excluded from these calculations.
196 CFSA does not differentiate between foster and adoptive parents during pre-service training. According to CFSA policy, all new foster and adoptive parents are required to complete either the PRIDE or PS-MAPP training curriculum, both of which are 30 hours.
197 CFSA and private agencies license foster parents for either 1 or 2 years. Foster parents are required to complete 15 hours of in-service training for each year of their license.
As a result, CFSA and NCCF remain unable at this time to ensure that 134 foster parents have completed the necessary and required in-service training; current performance continues to be below the required performance level of 95 percent. Further, CFSA has not met the level required for this Exit Standard since December 2014. As result, the Monitor does not consider this Exit Standard to be maintained. The Monitor will continue to closely monitor and assess performance in this area and is looking to see CFSA and NCCF rapidly correct these issues.

**Figure 37: Foster/Adoptive Parents with Required In-Service Training Hours**

**June 2014 – June 2018**

Source: CFSA Administrative Data, FACES.NET report TRN009

Data represent performance for each 6 month monitoring period (January – June and July – December)

4. **Timely Approval of Foster Parents**

CFSA is responsible for licensing and monitoring foster homes in the District of Columbia. This Exit Standard requires that 70 percent of homes licensed will have been approved within 150 days of the foster parent beginning training (IEP citation I.B.14.). This Exit Standard is designated as an Outcome to be Maintained and required performance has been maintained during this period (see Figure 38).
Performance for the period January 1 through June 30, 2018:
Between January and June 2018, CFSA and NCCF newly licensed 84 foster homes; 69 (82%) of these homes were licensed with the required number of pre-service training hours and within the 150 day timeframe. Performance on this Exit Standard remains above the level required by the Exit Standard.

5. Reviewing Child Fatalities

The District of Columbia’s City-wide Child Fatality Review Committee, a requirement of the LaShawn MFO and IEP, was created by Mayoral Order in October 1992 and in subsequent legislation. The Committee is charged with reviewing the circumstances surrounding the deaths of children who are residents or wards of the District of Columbia, including those children or families who were known to the child welfare system at any point during the four years prior to their death in order to determine systemic, legal or policy and practice deficits and to make recommendations for improvement. The Committee is required to be composed of representatives

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Of the 69 homes that are considered compliant during the current monitoring period, 12 homes whose licensure took longer than 150 days are considered compliant due to circumstances that were beyond the District’s control.

D.C. Code §4-1371.
from various District agencies\textsuperscript{200, 201} and community members. The Monitor and staff are members of the Committee, which is organizationally located and staffed within the Office of the Chief Medical Examiner (OCME). The Committee reviews cases when all requested documents have been received.

CFSA also has an Internal Child Fatality Review Committee which reviews the deaths of District children who were known to the child welfare agency within four years prior to their death. The review assesses the quality of CFSA service delivery to the child and family, identifies patterns of risks and trends in cases involved with CFSA and determines any systemic issues that need further attention. The Committee is composed of a multidisciplinary team including representatives from Quality Assurance, Child Welfare Training Academy, Office of Well-Being, Program Operations, Office of the Attorney General and other related departments. The Monitor participates in these reviews as well. The Internal Committee procedures require review of cases within 60 days\textsuperscript{202} of notification of the child’s death.

This Exit Standard is designated as an Outcome to be Maintained.

\textit{Performance for the period January 1 through June 30, 2018:}

\textbf{City-wide Child Fatality Review Committee:}

Between January and June 2018, the Committee reviewed a total of 23 cases. As of August 2018, the Committee continued to have a number of fatalities from prior years pending review – specifically, 10 fatalities from CY2015, 26 fatalities (including 13 infant fatalities) from CY2016 and 87 fatalities (including 70 infant fatalities) from CY2017.

During this six month period, three recommendations were formally made by the Committee through its recommendations subcommittee addressing the need for increased collaboration between District government agencies for families who present with multiple risk factors. A final vote on these recommendations has not yet been scheduled.

\textsuperscript{200} These agencies include Department of Human Services, Department of Health, Office of the Chief Medical Examiner, CFSA, Metropolitan Police Department, Fire and Emergency Medical Services Department, Office of the State Superintendent of Education, District of Columbia Public Schools, District of Columbia Housing Authority, Office of the Attorney General, Superior Court of DC, Office of the US Attorney, Department of Behavioral Health, Department of Health Care Finance, Department of Youth Rehabilitation Services, DC hospitals where children are born or treated, college or university schools of social work, Mayor’s Committee on Child Abuse and Neglect and 8 community representatives.

\textsuperscript{201} Since the initial creation of the Fatality Review Committees, consistent with the MFO, the Monitor has served as a member of both the City-wide and Internal Child Fatality Review Committees. In June 2014, the Monitor and staff were appointed by Mayoral Order to the City-wide Committee.

\textsuperscript{202} In March 2016, CFSA changed their procedural timeline for review from 45 to 60 days. This change has not yet been made within policy.
The Committee voted to approve the 2017 Annual Report on September 27, 2018. The report is being reviewed by an editor prior to being finalized and made publically available.

**Internal Child Fatality Review Committee:**

Between January and June 2018, CFSA reviewed a total of 21 fatalities that occurred in families who had active or prior involvement with CFSA. Nine of these fatalities occurred during the monitoring period, and all but one was reviewed within 60 days of the death\(^203\). The remaining 12 fatalities were not timely reported to CFSA, and although not reviewed within 60 days of the fatality, they were reviewed within 60 days of CFSA receiving notice of the fatality. Most of these fatalities were discovered when the OCME contacted CFSA for agency records in preparing for review of the fatality by the City-wide Child Fatality Committee. CFSA reports no recommendations were made during review of the 21 fatalities this period. CFSA has acknowledged that this was due to a disruption in their internal processes and that they are currently reviewing policy and protocols to ensure that the process is clear about the generation and review of recommendations and follow-up tracking of their implementation.

CFSA’s 2017 Child Fatality Annual Report was finalized in October 2018. Of the 26 fatalities reviewed in CY2017, the majority (77%) involved infants. This represents the highest percentage of infant deaths in the last five years. Many of the infant deaths involved unsafe sleeping arrangements. Nine recommendations were developed during review of the 26 fatalities, within the categories of services, training, supervision and consultation, policy and research and systemic activities. The full list of recommendations and status updates on implementation can be found in CFSA’s final report.\(^{204}\)

### 6. Quality Assurance

**Quality Assurance**

During the current monitoring period, CFSA continued to build on and refine its continuous quality improvement (CQI) processes. As discussed earlier, this included development of case review instruments and working with the Monitor to conduct case record reviews to assess performance on a number of Exit Standards including quality of investigations and workers assessment of safety during visits with children. In addition, CFSA has established plans to review performance in these areas on an ongoing basis using supervisory staff.

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\(^{203}\) One of the 9 fatalities was reviewed in 64 days.

\(^{204}\) CFSA’s 2017 Child Fatality Report may be found at: [https://cfsa.dc.gov/publications-list?keys=RPTS&type=79&sort_by=title&sort_order=ASC](https://cfsa.dc.gov/publications-list?keys=RPTS&type=79&sort_by=title&sort_order=ASC)
CFSA’s Contract Monitoring Division (CMD) is responsible for monitoring performance-based contracts with partner agencies, including NCCF and the Collaboratives. In order to ensure that contracted providers are delivering high quality services to children and families, CMD uses quantitative and qualitative data to assess provider performance and outcomes. CMD currently reviews quantitative data from the Collaboratives and will begin conducting case reviews of specific cases in FY2019. As has previously been stated, the Monitor is extremely concerned about the lack of outcome data CFSA receives regarding families who were referred to the Collaboratives for services. While the Monitor is hopeful that through these case reviews CFSA will gain more insight into outcomes for families who are referred to the Collaboratives and practice barriers, additional efforts are needed to collect and utilize robust data.

Data and Technology

As was discussed in the previous monitoring report, CFSA submitted a response to the federal Administration for Children and Families regarding their intent to update their Statewide Automated Child Welfare Information System (SACWIS) system and transition to a Comprehensive Child Welfare Information System (CCWIS) to improve the functionality of FACES.NET moving forward. CFSA continues to report they are on track to achieve full implementation in FY2021.\(^{205}\)

The Monitor has consistently raised concerns about CFSA’s lack of a functional placement matching system. During the current monitoring period, CFSA continued to struggle with using data to effectively match children based on their characteristics and needs with foster parents who are able to best support them, thereby decreasing the possibility of future placement disruptions. CFSA reports working to update the current roster of foster parents and refine the placement matching characteristics list within FACES.NET so that the system has the capacity to work as a functioning placement matching system. CFSA anticipates this will be completed by December 31, 2018 and that beginning January 2019, the system will be functional. While this is an important step, and has been necessary for some time, identifying and matching children with appropriate placements will always require the development of additional resources and the continued application of clinical judgement in placement decision making.

\(^{205}\) CFSA is responsible for covering the cost of the transformation upfront, minus the federal matching funds. The federal government will then reimburse the cost at a rate of approximately 50%. In order to ensure there are sufficient funds available to pay for the transformation, CFSA postponed drawing down fourth quarter FY2017 Title IV-E waiver dollars until FY2018. This will help provide additional funding to cover this important investment. CFSA will also need to request additional local dollars as this was not included in CFSA’s approved FY2018 budget.
7. Financing

Federal Revenue

CFSA continues to demonstrate its ability to maximize federal Title IV-E revenue through quarterly claims for Title IV-E as well as providing documentation to support its claiming under the Title IV-E Waiver Demonstration Project. Through the Title IV-E Waiver Demonstration Project, CFSA has invested in community-based services, both within the Collaboratives and other local community organizations, as well as mental health specialists, parent coaches and the Rapid Rehousing program. CFSA has also begun planning for implementation of the Family First Prevention Services Act (FFPSA), which will allow CFSA to use Title IV-E dollars to fund mental health, substance abuse and in-home parent skill-based programs in the community.

Table 9 presents the actual, approved or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. For January through March 2018, CFSA reports its Title IV-E penetration rate of 62.4 percent for foster care cases and 75.9 percent for adoption cases. For April through June 2018, CFSA reports its Title IV-E penetration rate of 64.2 percent for foster care cases and 77.3 percent for adoption cases.

206 The District of Columbia continues to claim federal Title IV-E dollars for adoption, guardianship and training outside of their Title IV-E waiver.
207 The District of Columbia’s federal Title IV-E waiver plan was approved in September 2013 and implementation began in 2014. CFSA has been able to reinvest waiver funds to support family stabilization, preservation and reunification. The waiver is set to expire March 31, 2019, however, CFSA received an extension until September 30, 2019. CFSA’s Allocation Cap for FY2017 was $39.5 million.
208 The Family First Prevention Services Act (FFPSA) was passed in February 2018 as part of the Bipartisan Budget Act. Under FFPSA, states will be able to claim Title IV-E reimbursement for mental health, substance use and in-home parent skill-based programs that are identified as well-supported, supported or promising practices. CFSA will receive reimbursement for these services when they are provided to eligible children and families, which includes pregnant and parenting youth in foster care and children who are candidates for foster care.
Table 9: CFSA’s Actual and Budgeted Gross Title IV-E Federal Funds Operating Budget FY2009 – 2019

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Title IV-E Federal Resources (in millions)</th>
<th>Overall Budget (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2009 (actual)</td>
<td>$49.7</td>
<td>$289.1</td>
</tr>
<tr>
<td>FY2010 (actual)</td>
<td>$58.1</td>
<td>$277.3</td>
</tr>
<tr>
<td>FY2011(actual)</td>
<td>$52.4</td>
<td>$249.4</td>
</tr>
<tr>
<td>FY2012 (actual)</td>
<td>$55.5</td>
<td>$238.5</td>
</tr>
<tr>
<td>FY2013 (actual)</td>
<td>$56.8</td>
<td>$227.3</td>
</tr>
<tr>
<td>FY2014 (actual)</td>
<td>$60.8</td>
<td>$223.2</td>
</tr>
<tr>
<td>FY2015 (actual)</td>
<td>$59.3</td>
<td>$230.7</td>
</tr>
<tr>
<td>FY2016 (actual)</td>
<td>$59.7</td>
<td>$218.4</td>
</tr>
<tr>
<td>FY2017 (actual)</td>
<td>$57.5</td>
<td>$223.6</td>
</tr>
<tr>
<td>FY2018 (approved)</td>
<td>$62.8</td>
<td>$226.5</td>
</tr>
<tr>
<td>FY2019 (approved)</td>
<td>$57.6</td>
<td>$224.2</td>
</tr>
</tbody>
</table>


Budget

Approved FY2018: October 1, 2017 – September 30, 2018:

CFSA’s approved FY2018 overall budget is $226,495,842, of which $159,633,000 (70%) is local funding. This represents a decrease of 2.6 percent from the actual FY2017 budget. CFSA’s approved FY2018 budget includes 820 FTEs, a decrease of five FTEs from FY2017. Overall, the majority of funding is allocated to four areas:

- Agency Programs – $80.9 million, which includes permanency and kinship support;
- Entry Services – $23.6 million, which includes CPS and the Healthy Horizon’s Assessment Clinic;
- Office of Well-Being – $11.2 million; and

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209 Includes both local funds and Special Purpose Revenue funds.
210 CFSA’s FY2018 budget is based on a projection of 1,000 children in foster care at any time. CFSA continues to maintain fewer than 1,000 children in foster care.
• Community Partnerships – $30.8 million, which includes in-home and community-based services.

CFSA successfully transitioned from multiple to a single foster care placement and services provider in Maryland in early 2018 and had the flexibility within the budget to extend provider contracts when necessary to ensure there were no unnecessary disruptions for children and foster parents.

Approved FY2019: October 1, 2018 – September 30, 2019:

CFSA’s approved FY2019 overall budget is $224,278,974, of which $162,239,000 (72%) is local funding. This represents a decrease of one percent from the approved FY2018 budget. CFSA’s approved FY2019 budget includes 819 FTEs, a decrease of one FTE from FY2018. Overall, the majority of funding is allocated to four areas:

• Agency Programs – $75.8 million, which includes permanency and kinship support;
• Entry Services – $29.1 million, which includes CPS and the Health Horizon’s Assessment Clinic;
• Office of Well-Being – $8.3 million; and
• Community Partnerships – $28.1 million, which includes in-home and community-based services.

Community Partnerships:

CFSA’s federal Title IV-E Waiver Demonstration Project was set to expire at the end of March 2019, which accounts for a $2.8 million decrease in the FY2019 Community Partnership budget. However, CFSA has been able to negotiate an extension for the waiver to continue funding for community-based services through the end of FY2019. At this time, CFSA has begun planning for FY2020 investments in community-based prevention services that will be funded by existing local dollars as well as federal dollars that will become newly available through FFPSA. CFSA is focused on identifying how to best leverage existing dollars to continue building upon the community-based prevention services provided through the Title IV-E Waiver Demonstration Project and develop additional services in the District as a result of FFPSA. CFSA is one of few states moving forward aggressively to take full advantage of the new federal legislation. CFSA has engaged other District agencies and providers in drafting the Prevention Plan required by

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211 Includes both local funds and Special Purpose Revenue funds.
212 CFSA’s FY2019 budget is based on a projection of 947 children in foster care at any time. As of the writing of this report, CFSA continues to have fewer than 900 children in foster care.
213 The FY2019 budget shifts resources to Entry Services including an increase of $2.7 million and 17 FTEs to CPS investigations and FA units. This increase reflects a change in staffing that was made during FY2018 and will be sustained through the FY2019 approved budget.
FFPSA. The Monitor believes that CFSA is in a strong position to move forward with implementation of FFPSA in FY2020 and is supportive of the work the agency is doing with other District agencies and community partners in the development of their federally-required prevention plan.
APPENDIX A
Glossary of Acronyms

ACEDS: Automated Client Eligibility Determination System
APPLA: Another Planned Permanent Living Arrangement
ASFA: Adoption and Safe Families Act
BSW: Bachelor of Social Work
CAFAS: Child and Adolescent Functional Assessment Scale
CCWIS: Comprehensive Child Welfare Information System
CFRC: Child Fatality Review Committee
CFSA: Child and Family Services Agency
CFSR: Child and Family Services Review
CMD: Contract Monitoring Division
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CSBA: Caregiver Strengths and Barriers Assessment
CSSP: Center for the Study of Social Policy
CWTA: Child Welfare Training Academy
CY: Calendar Year
DHS: Department of Human Services
FA: Family Assessment
FACES.NET: CFSA’s automated child welfare information system
FSW: Family Support Worker
FTE: Full Time Employment
FTM: Family Team Meeting
FY: Fiscal Year
GAL: Guardian ad Litem
HMO: Health Maintenance Organization
ICPC: Interstate Compact for the Placement of Children
IEP: Implementation and Exit Plan
I&R: Information and Referral
LAYC: Latin American Youth Center
LSS: Lutheran Social Services
LYFE: Listening to Youth and Families as Experts
MACWS: Mastering the Art of Child Welfare Supervision
MFO: Modified Final Order
MSW: Master of Social Work
NCCF: National Center for Children and Families
OAG: Office of the Attorney General
OCME: Office of the Chief Medical Examiner
OYE: Office of Youth Empowerment
PAQIA: Performance Accountability and Quality Improvement Administration
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PEER: Parent Engagement, Education and Resource
PIP: Performance Improvement Plan
QA: Quality Assurance
QSR: Quality Service Review
RDP: Resource Development Plan
RDS: Resource Development Specialist
SACWIS: Statewide Automated Child Welfare Information System
SDM: Structured Decision Making
SSI: Supplemental Security Income
STARS: Student Tracking and Reporting System
TSHR: Temporary Safe Haven Redesign
USDA: United States Department of Agriculture
YTP: Youth Transition Plan
## APPENDIX B
### LaShawn 2018 Strategy Plan

<table>
<thead>
<tr>
<th>IEP Requirement</th>
<th>LaShawn Performance Metric</th>
<th>Strategy to Achieve Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable Investigations [IEP I.A.2.]</td>
<td>CFSA shall routinely conduct investigations of alleged child abuse and neglect. 80% of investigations will be of acceptable quality.</td>
<td>1. No later than 30 days after the upcoming joint CFSA-CSSP reviews of the quality of practice in Entry Services, CFSA will begin implementing, tracking and reporting on jointly agreed upon recommendations for improvement. The jointly agreed upon recommendations will be incorporated into this Strategy Plan.</td>
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| Services to families and children to promote safety, permanency and well-being [IEP I.A.3.] | In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. | 1. Office of Well Being (OWB) will build internal infrastructure that moves the agency from a fully DBH-dependent model to a model with therapists on staff within OWB to provide time-limited therapeutic services to children upon entry into foster care and for children in care who are experiencing placement instability.  
   - Between April and August 2018: develop infrastructure for model including identifying positions, hiring new staff and using screenings at initial placement to connect children to appropriate services in a more timely manner.  
   - Between September and December 2018: full staff will be in place to implement initial phase for all children entering foster care, with full implementation for new entries and re-placements by no later than the start of the new year.  
2. Beginning January 2018, assess quarterly the impact of the revised Collaborative contract on identification, provision and impact of services. Make on-going course corrections, as needed. |
<table>
<thead>
<tr>
<th>IEP Requirement</th>
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<th>Strategy to Achieve Benchmark</th>
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<tbody>
<tr>
<td>Case planning process [IEP 1.B.17.]</td>
<td>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable. The Monitor will determine performance based on the QSR case planning process and Pathway to Safe Closure indicators.</td>
<td>1. Beginning in March 2018, upon removal, assign initial case assessments (CAFAS/PECFAS) to Office of Well Being to standardize completion and increase connection of assessments to case planning and day-to-day practice.</td>
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<td>2. By March 31, 2018, establish birth parent support unit within Program Ops to increase agency capacity for intensive work with birth parents, including the family’s successful participation in case planning.</td>
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<td>3. By September 30, 2018, establish standardized protocols and research methodologies for supervisors/managers to conduct regular peer review of case practice in several program areas, including: Acceptable Investigations; Family Assessment; Safety assessments during visits; and Case plans.</td>
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<td>4. In March 2018, initiate adjustments to the case teaming process for new entries that will intensify the focus on specific permanency barriers and action steps. Adjustments include:</td>
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<td>• Addition of a comprehensive team planning meeting at 12-15 days; a follow-up FTM meeting at 90 days; a reunification stat at 100-140 days; and a Permanency FTM at 180 days</td>
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<tr>
<td></td>
<td></td>
<td>• Consistent facilitation by OWB clinicians</td>
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<td></td>
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<td>• Consistent participation of birth parents, foster parents, clinical specialists</td>
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<td>5. Beginning in February 2018, provide six months of direct clinical coaching for all ES, IH and Program Ops supervisors to include a focus on improving case planning. Each supervisor will participate in 90-minute small group coaching session every other week. Additionally, the coaches are available for individual consultation with supervisors as needed. PMs and PAs are updated monthly on the progress of the supervisory coaching sessions.</td>
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<tr>
<td>IEP Requirement</td>
<td>LaShawn Performance Metric</td>
<td>Strategy to Achieve Benchmark</td>
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<tr>
<td>Safety Assessment During Visitation [IEP I.A.4.c., I.A.5.d., I.A.6.e.]</td>
<td>Workers are responsible for assessing and documenting the safety (e.g., health, educational, and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker. 90% of cases (in-home, out-of-home, and new placement or placement change) will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.</td>
<td>1. No later than 30 days after the upcoming joint CFSA-CSSP reviews of the safety assessments during visitation, CFSA will implement, track and report on jointly agreed upon recommendations for improvement. The jointly agreed upon recommendations will be incorporated into this Strategy Plan.</td>
</tr>
<tr>
<td>IEP Requirement</td>
<td>LaShawn Performance Metric</td>
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| **Timely Permanency [IEP I.B.16.c.]**               | Timely permanency through reunification, adoption, or legal guardianship. | ➢ By March 31, 2018, establish birth parent support unit within Program Ops to increase agency capacity for intensive work with birth parents that will help facilitate timely reunification.  
➢ Beginning in February 2018, implement shared parenting principles and practices in relevant program functions within Program Operations, including:  
   • Incorporate Shared Parenting expectations in pre-evaluation tool for prospective Foster Parents and foster parent pre-service and in-service training.  
   • Include shared parenting in 1:1 orientation for all newly entering birth parents.  
   • Include foster parents in case teaming at 12-15 days and in other team meetings as needed.  
➢ Beginning in February 2018, provide six months of direct clinical coaching for all ES, IH and Program Ops supervisors to include a focus on improving permanency practice.  
➢ Beginning January 2018, in collaboration with A Second Chance, Inc., assess agency practice on engaging kin and develop and implement, track and report on recommendations for improved practice.  
➢ Beginning February 2018, use the Adoption/Guardianship STAT format and team to conduct regular (90 day) permanency reviews and track follow-up.  
➢ By September 30, 2018, develop implementation plan to resolve systemic barriers identified in the adoption STATs (e.g., need for 6-month review following goal change; assignment of a subsidy social worker upon adoption petition receipt; and enhanced focus on child-specific recruitment). |
| **Placement-related Requirements [IEP II.B.8.]**     | No child shall stay overnight in the CFSA Intake Center or office building. | 1. In addition to strategies identified as part of overall Temporary Save Haven Redesign to appropriately adjust the total placement array, by March 1, 2018, as part of the Needs Assessment and Resource Development Plan process, analyze placement challenges for high-needs youth. Develop and implement a resource plan to build services to meet identified gaps. |