

Assessment of the District of Columbia's Child Welfare System

**Practices to Support Children Who Enter,
Re-enter or are Re-placed While in Foster Care**

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Executive Summary

The Center for the Study of Social Policy (CSSP), as the court-appointed Monitor for *LaShawn A. v. Fenty*, is charged with assessing the provision of services and supports to children in foster care in the District of Columbia in accordance with the Modified Final Order and Amended Implementation Plan (AIP). In addition to regularly updating the Federal Court and the public on the District’s quantitative progress toward the benchmarks and outcomes set forth in *LaShawn*, CSSP conducts special studies to determine the *quality* of the services and supports the District is providing. This special study, *Assessment of the District of Columbia’s Child Welfare System: Practices to Support Children Who Enter, Re-enter or are Re-Placed While in Foster Care*, was conducted throughout the summer of 2009 to assess the experiences of children and foster families during the first 30 to 60 days of a new foster care placement or re-placement.

To better understand the experiences of children experiencing a new placement into foster care or a replacement into a new foster home, CSSP conducted a telephone survey of the foster parents of the 134 children reported by CFSA to have met specific placement criteria.¹ Foster parents were contacted between 30 and 60 days after the child was reported to have been placed in their homes and were asked a series of questions related to the placement process and the activities of the social worker during this initial placement period.

In addition to contacting foster parents, CSSP reviewed the FACES case record of each child to determine the frequency of documented social worker visits to children in initial or new placements. This review was designed to verify CFSA’s adherence to AIP and CFSA policy and the accuracy of FACES management reports on social worker visits to children and their caregivers during the first four weeks of placement in a new home.

The following summary provides both the findings and recommendations from the foster parent survey and case record review. The Monitor’s overall recommendation is that CFSA devote significant quality improvement resources to better understand the experiences of foster parents and children during the placement process and in the first 30 to 60 days of a new placement or re-placement. Efforts should be made to identify the barriers social workers experience to fulfilling the case management requirements of the first 30 to 60 days of a new placement.

¹ The criteria for inclusion in this study involved all children who experienced an initial placement to a foster home, a replacement to a foster home while in care, or a re-entry to foster care and placement in a foster home from April 21 to April 27, and from May 1 to May 31, 2009.

Findings and Recommendations

- ***FACES documentation and management reports were not consistently reliable.***

A variety of documentation issues were identified during the special study. First, accurate foster parent contact information was not in FACES for 20 percent of children. This was most often found to be a concern with foster parents affiliated with private agencies. Second, FACES management reports related to children’s placements may overstate the number of replacements for children because of the way placement activities are identified and counted. Third, FACES management reports related to the number of social worker visits to children during the first four weeks of foster care appear to overstate the number of visits that have occurred. And fourth, FACES security practices are not uniformly followed, making it difficult to assign accountability for case practice action in all cases.

Recommendations:

1. CFSA must ensure that private agencies and CFSA staff strictly adhere to FACES documentation protocols and requirements. A review of FACES documentation practices is needed and prompt action must be taken to correct identified issues.
2. CFSA should develop and implement an annual independent audit process to ensure the accuracy and validity of FACES data.

- ***CFSA’s practices undermine placement stability for too many children.***

Foster parents for 25 percent of children reported that the child was no longer in his/her home at the time of the CSSP telephone survey. CFSA strives for a “first placement – best placement” approach and for placement stability for all children in care. Some children continue to be moved while in placement even when foster parents report that they would be willing to care for children for extended periods.

Recommendation:

3. CFSA should continue its efforts to reduce the unnecessary use of “emergency placements” and placements that are designed to be temporary in an effort to improve placement stability for those children who must remain in care. CFSA should conduct an analysis of placement decisions during a defined period of time to identify specific reasons why temporary or emergency placements are made and then take action to reduce the use of these placements in all instances where they are not absolutely necessary

- ***Foster parents are not consistently receiving the information they need to care for children, including Medicaid numbers, Medicaid cards and placement packets.***

For more than one third of children, foster parents did not receive the required placement packet when a child was placed in their home that includes basic information about the child’s history and medical and behavioral needs.

The *LaShawn* AIP and CFSA policy require CFSA to provide caregivers with documentation of Medicaid coverage within 5 days of placement and to provide Medicaid cards within 30 days. The interim benchmark for this measure is that caregivers for 95 percent of children will be provided with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days. Less than half of foster parents received Medicaid cards for children in their care. This level of performance with regard to both Medicaid numbers and Medicaid cards is substantially below what is required to meet the interim AIP benchmarks.

Having a Medicaid card is a core first step to being able to access health care services for children in foster care. When this information is not available to foster parents, children may not receive necessary medical care and medications. Foster parents must be well-equipped with critical information and the tools necessary to effectively ensure the health and well-being of the children they are parenting.

Recommendation:

4. CFSA supervisors and managers should be held accountable to ensure that all available and appropriate information is shared with foster parents upon placement and that required Placement Packets, Medicaid numbers and Medicaid Cards are made available and given to foster parents within required timeframes.

- ***The health and dental needs of children newly placed into foster care are not consistently met.***

CFSA is required to ensure that children receive a full medical and dental evaluation within 30 days of their initial placement in foster care. The interim benchmark set by the Implementation Plan is that 90 percent of children will receive a full medical and dental evaluation within 30 days of placement. Foster parents reported that approximately two-thirds of children who experienced an initial placement in their home received a medical evaluation; one-third of children did not receive the medical evaluation. Half of the children newly placed into foster care received a dental evaluation; half of the children did not receive the dental evaluation. This level of performance does not meet the interim AIP benchmark.

Recommendation:

5. CFSA supervisors and managers and the Office of Clinical Practice should be held accountable to ensure children receive required medical and dental evaluations within 30 days of placement.

- ***Visits to foster children in new placements need to occur more frequently.***

The *LaShawn* Amended Implementation Plan (AIP) and CFSA policy require CFSA and contract agency social workers with case responsibility to make weekly visits to each child newly placed in out-of-home care or moved to a new placement during the first four weeks

that the child is in that placement. The interim benchmark for this measure is that 80 percent of children are to receive the required weekly visits during the first four weeks of a placement.

Visits by social workers with children in new placements are not occurring as frequently as required and almost no children received all of the necessary components of these visits. Social workers are required to visit children in new placements once a week for the first four weeks of a new placement in order to ensure a smooth transition, assess the stability of the placement and the safety of the child, identify emerging needs and to put necessary services and supports in place. These visits are an important part of case practice and improving the consistency and quality of visitation during this initial placement period would likely increase placement stability and the overall well-being of children.

In reviewing the case records of the children who were part of this special study, the Monitor found that only one child of the 112 applicable children (<1%) received all of the required components of the standard for social worker visits for a child in a new placement. During the foster parent survey, foster parents reported that social worker visits occur more frequently than is documented in FACES but still less frequently than required. For 38 of the 64 (60%) applicable children, the foster parent reported the social worker visited the child on a weekly basis during the first month of placement. This level of performance does not meet the interim AIP benchmark.

Recommendation:

6. A consistent model/protocol of safety assessment is necessary to ensure that each child's safety is assessed at and documented for every visit.

- ***Foster parents are not consistently engaged as part of the team planning for permanency for the children in their care.***

Foster parents for almost one third of children (28%) reported no knowledge of their foster children's permanency goal. Foster parents should be engaged as important team members and work collectively with CFSA and other partners to promote permanency for the children in their care. An important and minimal first step would be to inform foster parents of the permanency goal for the children placed in their homes.

Recommendation:

7. Foster parents must be well informed about the permanency goal and engaged from "day one" in supporting permanency for the children in their care.

- ***Family connections are not maintained for all children with a goal of reunification.***

The LaShawn AIP and CFSA policy require that there be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. Foster parents for approximately half of the children with a goal of reunification reported that a parental visitation schedule was in place, while the other half of children did not have a visitation schedule with their parents in place. When the goal is reunification, regular and consistent visitation is necessary to ensure that the bond between children and parents remains intact and to help the family system move towards reunifying.

Recommendation:

8. Increased attention should be given to ensuring that clearly understood and feasible family visitation plans are in place for every child placed in foster care and are established as soon as a child is removed from their home, unless there are safety or other appropriate reasons to limit such visits.

Many foster parents believe that services and supports are not at a level of intensity necessary to meet children's needs.

Foster parents for nearly half of the children told CSSP they did not believe the services and supports being provided for the children in their care were sufficient to meet the children's needs. Foster parents are well positioned to assess whether services and supports are making a difference for the children living in their homes. Additionally, engaging foster parents as full team members could assist social workers and the team to be good decision makers about the types of services and supports needed and the intensity at which those supports should be provided.

Recommendation:

9. Therapeutic supports need to be individualized and readily available to children in foster care. Foster parents should fully be apprised of the availability of services and involved in the planning for children's needs.

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The Center for the Study of Social Policy (CSSP), in its role as court-appointed Monitor for *LaShawn A. v. Fenty*, is charged with assessing the provision of services and supports to children in foster care in the District of Columbia in accordance with the provisions of the *LaShawn* Modified Final Order and Amended Implementation Plan (AIP).²

The AIP and the District’s Child and Family Service Agency’s (CFSA) policy include specific requirements related to the placement of children in foster care when they cannot be safely maintained in their homes due to parental abuse or neglect. There are several key activities that must occur when a child is initially placed in foster care or moves from one placement to another. These activities include:

- Weekly visitation between the child and the assigned social worker during the first four weeks of a new placement, with at least one of these visits in the child’s home. (AIP Outcomes to be Achieved #6)
- Pre-placement health screening of the child. (AIP Outcomes to be Achieved #24.a.)
- Comprehensive medical and dental evaluations of the child within 30 days of an initial placement. (AIP Outcomes to be Achieved #24.b.)
- The timely provision of placement packets to relative and foster caregivers to include information regarding the child’s needs, his or her Medicaid number, and a valid Medicaid card. (AIP Outcomes to be Achieved #24.c.)

Each of these requirements is intended to ensure high quality social work practice in facilitating a child’s transition and promoting stability when a child enters or re-enters foster care or experiences a placement change while in care.

In order to examine the District’s performance on these specific requirements, CSSP conducted telephone surveys of foster parents within 30 to 60 days after a child was placed in their home to better understand their experiences with children newly placed into their homes; to assess the quality of information sharing during this initial placement period; and to determine how often home visits occur during this crucial time. CFSA reports on some of these visitation requirements through FACES. The survey of foster parents was intended to provide additional information to determine the validity of CFSA’s data on these measures.

² The *LaShawn* Amended Implementation Plan (AIP) was approved on February 27, 2007 by U.S. District Court Judge Thomas F. Hogan.

Methodology

Survey of Foster Parents

CFSA) provided CSSP with information from the Agency's management information system, FACES, on all children who experienced an initial placement into a foster home, a replacement to a foster home while in care, or a re-entry³ to foster care and placement in a foster home from April 21 to April 27, and from May 1 to May 31, 2009.⁴ According to FACES, 134 children in placements fit these criteria.⁵

CSSP conducted a telephone survey of the foster parents of the 134 children reported by CFSA to have met the placement criteria based on FACES data. The telephone surveys were sequenced so that the foster parent was contacted between 30 and 60 days after the child was reported to have been placed in his or her home.

Telephone calls were made to the foster parents of all of the 134 children. Foster parents for 90 (67%) of the 134 children who CSSP attempted to contact were reached by telephone.⁶ The foster parents for the remaining 44 (33%) children could not be reached by telephone. Foster parents were considered unreachable after at least three attempted telephone contacts, including at least one attempt outside normal business hours.

Twenty-one of the 90 children whose foster parents were reached were subsequently determined to be not applicable for this review as the child in question was not newly placed in the foster parent's home. The foster parents of these children were omitted from the survey findings. (A more complete discussion of this trend can be found in the findings section.⁷) Sixty-nine children were in applicable placements, however 17 (25%) of these children were no longer in the foster home indicated by the FACES data at the time of the CSSP survey. The placements of five of these 17 children lasted for less than 15 days. For these five children, an abbreviated survey was used with foster parents focusing only on applicable questions.

³ CFSA defines re-entry to foster care as removal of a child/youth who was in foster care and reached some form of permanency and the later replacement of that child/youth in foster care again.

⁴ The additional days in April were used as a pre-test of the survey questions.

⁵ For the purposes of this review, children who were placed in congregate care settings during the time period were excluded as they would not have foster parents with whom to talk.

⁶ Six children were placed and then replaced during the survey timeframe, meaning they had two placement activities during the survey timeframe. Throughout the paper, these placements are counted separately.

⁷ An additional child whose foster parent was unreachable was found through FACES case record review to be in a placement that was not an applicable new placement.

In summary, CSSP conducted interviews using a structured survey instrument with foster parents of 69 children (full interviews with foster parents of 64 children and an abbreviated interview with foster parents of an additional five children).⁸ See Table 1 below. The structured survey instrument was designed to assess case management in the first 30 to 60 days of the child’s initial or new placement including the frequency of social worker visits and the provision of health care and dental services upon entry, replacement or re-entry into foster care. These 64 children ranged in age from one week to 19 years-old, and approximately half were female.

**Table 1: Foster Parent Survey Sample Breakdown
N=134 children**

| | | Number of Children |
|---------------------------------|---|---------------------------|
| Unable to Contact Foster Parent | | 44 |
| Foster Parent Contacted | Applicable Placement (full survey) | 52 |
| | Applicable Placement – Child No Longer In The Home, But Was In Home 15+ Days (full survey) | 12 |
| | Applicable Placement – Child No Longer In The Home And Was In Home Less Than 15 Days (abbreviated survey) | 5 |
| | Placement Determined Not Applicable After Contacting Foster Parent ⁹ | 21 |
| | <i>Subtotal</i> | 90 |
| Total | | 134 |

Source: CSSP Foster Parent Survey, May-August 2009.

**Table 2: Placement Type for Children in Applicable Placements
N=69**

| | Number of Children |
|-------------------|---------------------------|
| Initial Placement | 15 |
| Re-Entry | 0 |
| Re-Placement | 54 |
| Total | 69 |

Source: CSSP Foster Parent Survey, May-August 2009.

While CSSP determined that a foster parent survey was the best methodology to answer the questions, there are limitations to a telephone survey methodology which by definition, relies on recall by a respondent.

⁸ The key survey questions can be found in Appendix A.

⁹ See Finding #2 for a more complete discussion of the reasons why these placements were determined to be inapplicable.

FACES Case Record Review

In addition to the telephone survey of foster parents, CSSP conducted a review of the social workers' narratives in the families' FACES case record to determine the frequency of documented social worker visits to children in initial or new placements. This case record review was designed to verify the accuracy of FACES management reports on social worker visits to children and their caregivers during the first four weeks of placement in a new home.¹⁰ As previously reported, the *LaShawn* AIP and CFSA policy require weekly social worker visits to children during the first four weeks of the child's new placement; at least one of these visits must be in the child's home. CFSA social workers are also required to assess and document the safety of each child at every visit and each child is to be interviewed separately outside the presence of the caretaker at least monthly.

The Monitor reviewed the FACES contact reports for all of the children with applicable placements. Of the 134 children FACES identified as in a new placement during the study period, 112 children were actually newly placed or replaced and therefore required weekly visits during the first four weeks of these placements. The other 22 children identified by FACES as experiencing a placement activity had not in fact experienced an initial placement or placement change. This is discussed further in the Findings section of this paper.

Using a structured data collection instrument, the Monitor determined the documented instances of face-to-face visits between the assigned social worker and the 112 children.¹¹ The review also assessed who provided the visits (the assigned social worker, a social work assistant, a supervisor, or a program manager).

For those children whose visitation pattern met the standard of receiving a visit once per week for the first four weeks of the new placement, the review also assessed the related *LaShawn* AIP requirements that these children receive one of the four visits in the home, one of the four visits outside the presence of the caretaker, and whether there was documentation of a safety assessment during every visit.

¹⁰ CFSA and the Monitor have had multiple discussions and have explored various options on how FACES can accurately report weekly visitation during the first four weeks of a placement, as required by the *LaShawn* decree. The Monitor has come to the conclusion that the FACES report does not accurately capture the practice due to the logic employed. The Monitor has decided to supplement the FACES report with an independent case record review to determine the "weekly" visitation patterns.

¹¹ The case review instrument can be found in Appendix B.

Findings of the Foster Parent Survey and Visitation Case Record Review

1. **Foster parents for 20 percent of children could not be reached on the first attempt because the contact information in FACES for foster parents, particularly those licensed by private agencies, was inaccurate.**

The survey raised questions about the accuracy of placement data in CFSA's management information system, FACES. The contact information in FACES provided to the Monitor for purposes of this survey was too often inaccurate. The foster parents for 26 of the 134 children (20%) could not be reached on the first attempt because the FACES documentation contained incorrect contact information. CFSA was asked to provide revised contact information for these foster parents. Four of the new telephone numbers were disconnected when CSSP tried to contact the foster parent. By the end of the review period, CFSA was able to provide accurate contact information for all of the foster parents. However, these problems in retrieving accurate contact information raise questions about timely FACES data entry and the accuracy of the data entered, particularly in regards to private agency practice, as 25 of the 26 placements with inaccurate information were placements managed by private agencies under CFSA contract. The inability to quickly contact foster parents using the information found in FACES is a potential safety issue as CFSA needs to know how to be in contact with children in their custody at all times.

2. **FACES management reports on children's placements may overstate the number of placement moves occurring.**

Twenty-one of the 90 children whose foster parents were reached and one additional child identified while reviewing FACES contact reports were not, in fact, in a new placement that occurred during the survey time period as was indicated in the FACES management report. These children apparently appear on the FACES report as having a new placement activity due to a foster parent licensure change (10); respite placement (7); returns from respite placement (4); and a return from abscondence (1). These 22 children represent 16% of the 134 children identified as having placement activity during the timeframe of the report produced by FACES.

This finding has possible implications for CFSA's aggregate reporting on children experiencing multiple placements as not all respite placements are in fact new placements and as licensure changes should not count as new placements. Depending on how CFSA manually corrects these data in aggregate reports, the percentage of children with multiple placements may be overstated. This issue was also a finding of CSSP's July 2006 report, *An Assessment of Multiple Placements for Children in Foster Care in the District of Columbia*.

3. **FACES management reports on social worker visits to children during the first four weeks of foster care placement appear to overstate the number of social work visits that have occurred.**

CSSP staff reviewed the contact notes in the records for each of the children who experienced a new placement or a placement move during the identified timeframe. The contact notes in FACES are used by social workers to document their case management activities including the required visits to children in placement. Narrative information is provided by the social workers for each case management activity, including visits, and social workers are expected to identify the participants and the type of activity occurring.

Using the FACES contact reports, CSSP staff recorded the number and frequency of the visits during the study timeframe and who participated in each visit. This review of the FACES contact reports for the 112 children in applicable placements revealed that children are at times selected as “participants” in the contact notes for face-to-face visits when there is no evidence in the documentation that they were actually seen or spoken to during the visit. For example, in some instances while a child had been selected as a “participant” in a particular contact, the worker’s documentation reported that only a sibling living in the home or elsewhere was seen during this visit. Since the FACES management reports on the percentage of cases meeting social worker visitation standards are generated from persons identified as a designated “participant,” these errors or oversights in the social worker’s documentation result in an over-count of the number of children identified as having received a required social worker visit.

4. **FACES security practices are not uniformly followed, making it difficult to assign accountability for case practice action. In multiple cases, activities were documented by social workers and other personnel through the FACES access of supervisors and managers and, therefore, actions were attributed in individual and aggregate reporting to persons not directly responsible for the work.**

During the review of FACES contact notes, CSSP staff identified a problematic documentation practice that is inconsistent with FACES security requirements and has an impact on how visits to children in foster care are counted in aggregate reporting. In multiple cases, the Monitor saw contact notes that were entered through a supervisor or program manager’s access to FACES, but were actually authored and signed by someone other than the supervisor or manager. In other words, a supervisor or manager’s access to FACES was used to gain entry to the electronic case record and a different person (i.e. a social worker, a case aide, a mental health therapist) had authored the contact note as indicated by the person’s attachment of their name to the narrative.

This improper documentation practice was identified primarily in the private agencies and may have developed, in part, when CFSA began requiring private agency social workers to complete necessary Pre-Service training prior to receiving access to FACES. For some time, CFSA has

required that private agency staff complete a total of twenty-one hours of FACES training before they are allowed access to the FACES system. This action is intended to ensure that private agency social workers complete Pre-Service training before being assigned to manage cases. The *LaShawn* MFO and AIP, as well as CFSA policy and contract requirements with private agencies require that no social worker can carry cases unless they have completed Pre-Service training. This requirement has been difficult to enforce with the private agencies. One hypothesis for the case review finding is that in some instances, private agency workers are in fact assigned cases without having completed Pre-Service training, and thus, not having FACES access, they use another person's authorized access to enter case documentation.

CSSP reviewers also saw instances of case aides or other private agency personnel, such as therapists entering their documentation or their respective work on a case by using a supervisor's or manager's FACES access. When this occurs, a supervisor is counted in subsequent management reports as having had a visit with a child in care even though a non-case carrying assistant documented something like the transport of a child from a foster home to a medical appointment or a therapist documented a therapy session.

There were some instances of contact notes appropriately authored by the supervisor and/or program manager through their own access to FACES. It was difficult to determine whether this is due to the supervisor and/or program manager maintaining full responsibility for a case, a practice that is only permissible by CFSA policy and the AIP for a five-day period while a case is in a transition to a new worker, or whether case records were improperly authored.

5. **Foster parents for 25 percent of children reported that the specified child was no longer in his or her home at the time of the CSSP telephone survey.**

Based on foster parent reports, 17 (25%) of the 69 applicable children were no longer in the placement identified in FACES by the time of the survey (30 to 60 days after the placement). Of the 17 children, 5 children were identified as in an initial placement and 12 children were in a re-placement.

According to the foster parents, 13 of these 17 children had been placed with them in what was intended from the outset to be a short-term placement. Foster parents for 9 of these 17 children said they would have kept the children in their homes if they had been requested to do so. The study design did not permit CSSP to explore why CFSA would move a child from a foster home to another foster home if there was an appropriate option of making the initial placement more permanent.

Foster parents for each of these 17 children were asked to identify where, to their knowledge, the children were placed after leaving their home. The majority of moves were to another foster home, raising the question of why the child was not maintained in the current placement. See Table 3 for placement moves reported by foster parents.

Table 3: Placement Moves as Identified by Foster Parents
N=17

| <i>Placement Move as Identified by Foster Parents</i> | <i>Number of Children</i> |
|---|---------------------------|
| Another Foster Home | 10 |
| Group Home | 3 |
| Emergency Diagnostic Placement | 1 |
| Independent Living | 1 |
| Unknown Placement | 1 |
| In Abscondence | 1 |

Source: CSSP Foster Parent Survey, May-August 2009.

As outlined in the Center for the Study of Social Policy’s July 2006 report, *An Assessment of Multiple Placements for Children in Foster Care in the District of Columbia*, frequent placement changes are detrimental to children’s well-being. Numerous studies have shown that multiple placements are associated with negative outcomes for children, including compromised emotional development, behavioral and mental health problems, decreased school performance, and juvenile delinquency.

6. **For more than one third of children, foster parents did not receive required placement packets.**

When a child is placed in foster care, foster parents are expected to be provided with a *placement packet* with key information about the child. A placement packet is an important part of a child’s record, designed to be an interactive set of documents to be regularly used and reviewed by social workers, foster care providers, foster home monitors, and parents when applicable. The purpose of sharing a placement packet is to enhance communication among those charged with the responsibility of providing quality, comprehensive care to a child in foster care. Among other information, the placement packet is to include accurate information about the child, including a photo of child with a written physical description; a child summary; the reason the child is in foster care; medical records, including immunization records; educational records; any assessment information; any known special needs; and a clothing voucher.

Foster parents stated they received a placement packet for 42 of 69 children (61%). More than one third of foster parents reported they did not receive a placement packet. The Foster and Adoptive Parent Advocacy Center (FAPAC), an advocacy organization for foster parents in the District of Columbia, has regularly identified the issue that foster parents do not routinely receive required placement packets, and when they do, the packets do not typically have the required information. In CSSP’s survey, foster parents indicated they are frequently provided little information about children placed in their homes. For example, one foster parent reported that the child placed in her care was on probation at the time of placement, but that she had not been informed of that fact by the placement worker.

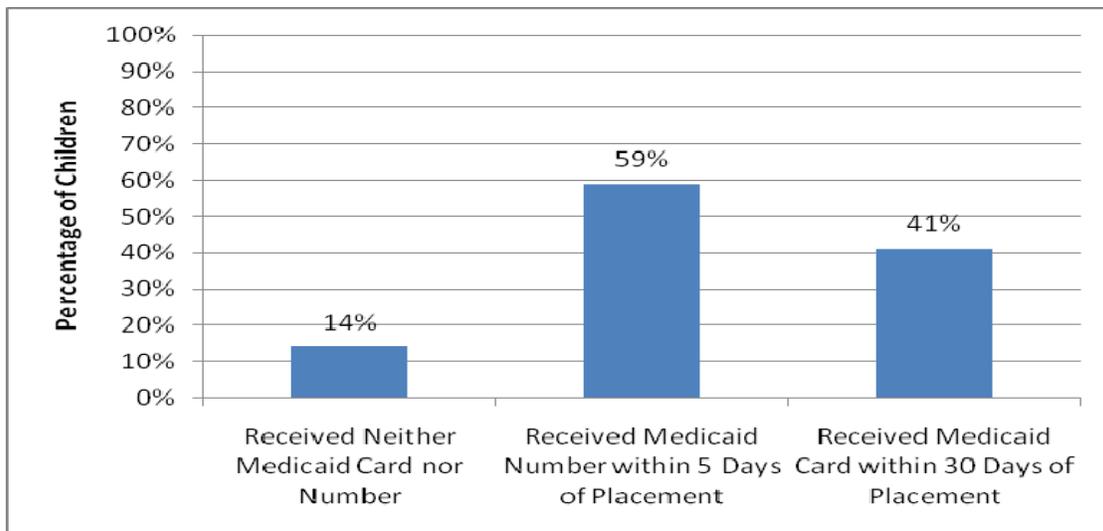
7. Less than half of foster parents received Medicaid cards for children in their care.

The *LaShawn* AIP and CFSA policy require CFSA to provide caregivers with documentation of Medicaid coverage within 5 days of placement and to provide Medicaid cards within 30 days. The interim benchmark for this measure is that caregivers for 95% of children will be provided with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days. The Medicaid number and Medicaid insurance card are necessary for the caregiver to obtain access to medical and dental care for the child. Foster parents report that timely provision of medical insurance information is essential to their confidence and security to properly care for children in their homes. Foster parents report that often medical providers will not provide care for children unless foster parents are able to produce the Medicaid card. In the CSSP survey, foster parents reported that the lack of timely provision of Medicaid cards contributes to inadequate health services and lapses in medication for foster children.

Foster parents for 38 (59%) children were provided with the child's Medicaid number within five days of placement. An additional 17 (27%) children's foster parents were provided with the child's Medicaid number, but not within 5 days. The foster parents for 9 (14%) children never received a Medicaid number.

Foster parents for 26 (41%) children were provided with the child's Medicaid card within 30 days of placement. The foster parents for the remaining 38 (59%) children never received a Medicaid card. This level of performance with regard to both Medicaid numbers and Medicaid cards is substantially below the performance level necessary to meet the interim AIP benchmarks.

Figure 1: Provision of Medicaid Information to Foster Parents
N=64



Source: Foster Parent Survey, May-August 2009.

8. **Foster parents reported that approximately two-thirds of children who experienced an initial placement in their home received a medical evaluation.**

CFSA is required to ensure that children receive a full medical evaluation within 30 days of their initial placement in foster care. The interim benchmark set by the Implementation Plan is that 90% of children will receive a full medical evaluation within 30 days of placement. Many of the foster parents were unable to definitively recall when exactly the medical evaluation had occurred and whether it had been within the 30 day timeframe, but they did recall whether or not it occurred at all prior to CSSP's survey telephone call, which was placed at 30 to 60 days following placement.

There were 15 children who experienced an initial placement into foster care during the survey period. Of these 15 children, 10 (67%) children received a medical evaluation prior to the telephone survey of the foster parents. This level of performance does not meet the interim AIP benchmark.

9. **One half of children newly placed into foster care received a dental evaluation.**

CFSA is required to ensure that children who are at least one year of age and entering foster care receive a full dental evaluation within 30 days of placement. The interim benchmark set by the AIP is that 90% of children will receive a full dental evaluation within 30 days of placement. Many of the foster parents were unable to definitively recall when exactly the dental evaluation had occurred and whether it had been within the 30 day timeframe, but they did recall whether or not it occurred at all prior to the foster parent survey telephone call.

There were 15 children who had experienced an initial placement into foster care during the survey period. Twelve of the 15 children initially placed into foster care were old enough to require a dental evaluation. Of these 12 children, six (50%) children received a dental evaluation prior to the CSSP telephone call with foster parents. This level of performance does not meet the interim AIP benchmark.

10. **Visits by social workers with children in new placements did not occur as frequently as required and almost no children received all of the necessary components of these visits. Additionally, children are not assessed for safety consistently during social worker visits.**

The *LaShawn* AIP and CFSA policy require CFSA and private agency social workers under contract with CFSA with case responsibility to make weekly visits to each child newly placed in out-of-home care or moved to a new placement during the first four weeks that the child is in that placement. Social workers are also responsible for assessing the safety of each child at every visit, ensuring one visit per month occurs in the child's home and interviewing each child separately at least monthly outside the presence of the caretaker. Social worker visits for this assessment were measured in two ways: through a case record review and through foster parent

report during the telephone survey. The interim benchmark for this measure is that 80% of children are to receive the required weekly visits during the first four weeks of a placement.

CSSP Case Record Review

CSSP reviewed the FACES contact notes for each child to determine how often a social worker visit was documented during the first four weeks of a child's placement. A visit was determined to have occurred when the identified child was specifically mentioned in the documentation or contact note; the visit was completed by a social worker (MSW social worker), a social worker associate (BSW social worker), a supervisor, or a program manager; and the visit was documented as face-to-face. A visit was determined to have assessed safety if there was any narrative suggesting that the child was safe or that safety was discussed or assessed with the child.

The Monitor found that only one child of the 112 applicable children (<1%) received all of the required components of the standard for social worker visits to a child in a new placement to include: 1) child visited once a week for the first four weeks of a new placement; 2) child visited in the caregiver's home; 3) child interviewed outside the presence of the caretaker; and 4) child assessed for safety at every visit.

Twenty seven of 112 applicable children (24%) received one visit per week for the first four weeks of the new placement. An additional 20 (18%) children received four or more visits during the first four weeks of their placement, but those visits were not conducted once per week. (See Figure 1 below).¹² This level of performance does not meet the interim AIP benchmark.

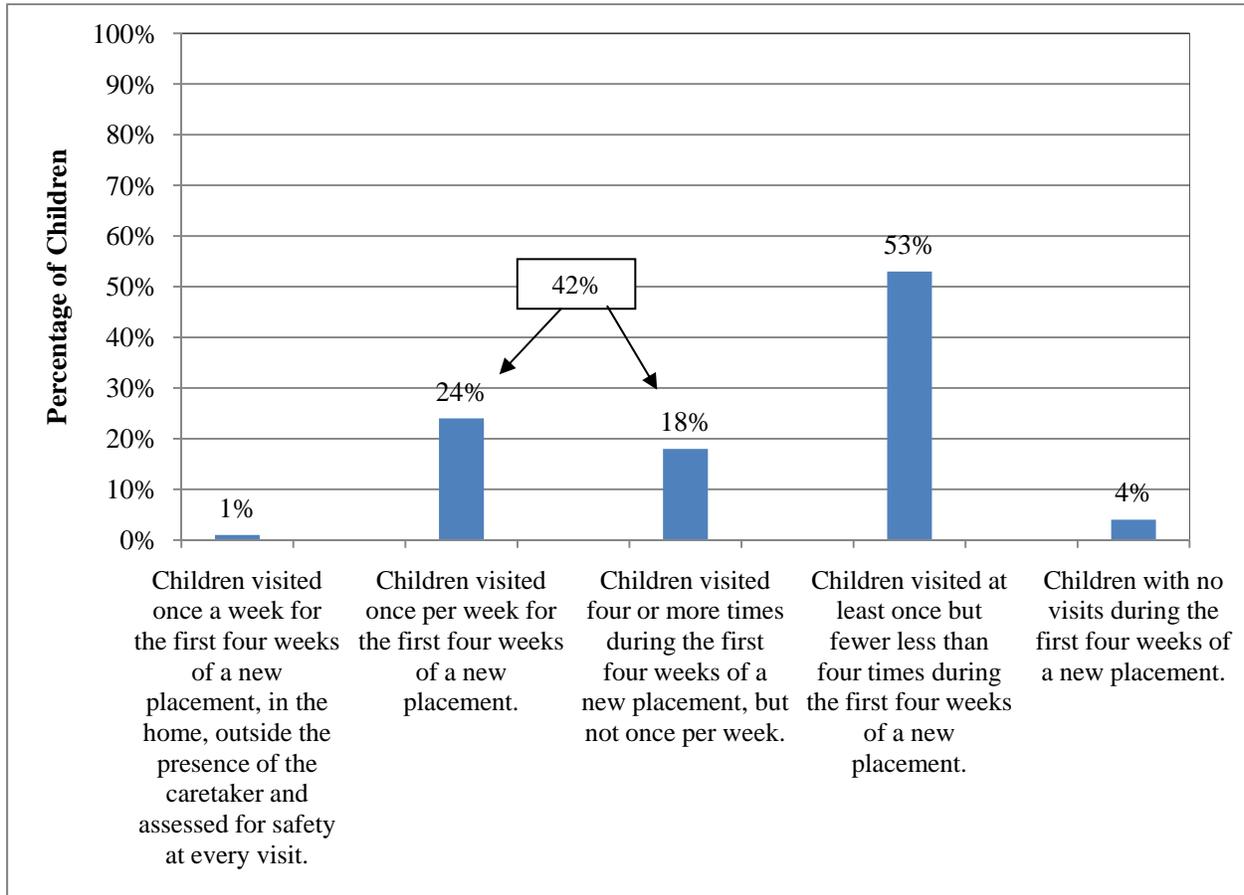
The Monitor compared the data collected through the case record review with monthly FACES reports on social worker visits in an effort to verify the FACES data.¹³ In May 2009, FACES reports say that 54% of children had four or more visits during the first four weeks of a new placement. FACES is unable to measure whether or not those visits occurred once per week for each of the four weeks. By comparison, the Monitor was only able to document four or more visits in the first four weeks of placement for 42% of children during the period of review.¹⁴

¹² For two of the 112 children, the Monitor was unable to determine whether the weekly visit standard was met because the documentation was not clear as to who conducted the visit.

¹³ CFSA and the Monitor have been unable to agree on a standardized manner to report these data. There have been multiple conversations over the past few years to try and come to agreement on how to report these data. The final agreement has been to leave the FACES report as it is and to use qualitative methods to determine the "weekly" visitation patterns. This review is one element of the qualitative methods to be employed.

¹⁴ The Monitor recognizes that the period of review for the CSSP Case Record Review is not exactly comparable to the May 2009 FACES data. Based on that recognition, the Monitor removed the children from the sample who were placed during April and found that 22 of 94 children (23%) had one visit per week for the first four weeks and 18 of 94 children (19%) had four or more visits during the first four weeks that were not necessarily weekly, for a total 42% of children with four or more visits during the first four weeks of a new placement.

Figure 2: Visitation Pattern for First Four Weeks of a New Placement
N = 112



Source: CSSP case record review, May-August 2009.

For the 27 (24%) children whose social worker visited weekly during the first four weeks, all of them had at least one visit that occurred in their placement setting. Twenty-four of the 27 children were over the age of two. Of these 24 children, 21 children had one visit that included documentation of an interview of the child outside the presence of their caretaker. For only one of the 27 children who were visited weekly during the first four weeks was there documentation that the child’s safety was assessed at all four visits.

Foster Parent Survey

Foster parents reported that social worker visits occur more frequently than is documented but still less frequently than required. For 38 of the 64 applicable children (60%), the foster parent reported the social worker visited the child on a weekly basis during the first month of placement.

Foster parents for 26 of the 33 applicable children (79%) [infants were excluded from this question because they are not able to verbally communicate with the social worker] reported that the social worker interviewed the child outside the presence of the foster parent.

Foster parents were not asked whether the social worker assessed the safety of the child at every visit.

11. Foster parents for almost one third of children (28%) reported no knowledge of their foster children's permanency goal.

It is important for foster parents to be informed about the services children in their care should be receiving, and it is equally important that they be included in the planning and implementation of service delivery for their foster children. Foster parents were asked whether the permanency goal for the children in their care was reunification with their biological parents in an effort to better understand the parental visitation patterns experienced for children in new placements. Foster parents for 18 of the 64 children (28%) were unsure of their foster children's permanency goal.

12. Foster parents for approximately half of the children reported that a parental visitation schedule was in place.

It is critical for children to see their parents and for a structured visitation schedule to be in place while children are in foster care. Reunification is more likely when children and parents are in contact with each other and the system is supporting the progress towards reunification through facilitating regular parent/child visits. The LaShawn AIP and CFSA policy require that there be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court.

As stated above, foster parents were often unable to identify the permanency goal for a child in their care. The Monitor was able to identify the permanency goals for the 64 children. Of the 64 children, 34 children had a goal of reunification. Foster parents for 18 of the 34 children (53%) with a reunification goal reported that they had knowledge of a formal visitation schedule for the children to visit with their biological parent(s). Foster parents for the remaining 16 children reported being unaware of a visitation plan. It is not possible for the Monitor to assess whether there were appropriate reasons that precluded those 16 children from having a visitation plan

without further information about the child's circumstances. For instance, a court order may exist barring visitation.

Although it is certainly possible that visitation remains part of the child's permanency plan for the 30 children with goals other than reunification, the Monitor did not assess whether or not visitation would be appropriate for children with goals other than reunification.

13. Foster parents for nearly half of children told CSSP that they did not believe the services and supports being provided for the children in their care were sufficient to meet the children's needs.

Foster parents were asked to give their opinion regarding whether the services and supports that were being provided for the foster children in their care were sufficient to meet the children's needs. Foster parents for nearly half (30 of 64) of the children reported that they believed their foster children needed additional supports. Several foster parents reported problems that resulted from children running out of medication and lacking the appropriate prescription or Medicaid card to get refills. While the timing of the survey 30 to 60 days post placement means that services may still be in the process of being put into place, the early views of foster parents are important. Most of the foster parents who said that the needs of their foster children were not being met felt that additional or different types of therapeutic supports were needed in order for the children to thrive.

Recommendations

10. CFSA must ensure that private agencies and CFSA staff strictly adhere to FACES documentation protocols and requirements. A review of FACES documentation practices is needed and prompt action must be taken to correct identified issues.

CSSP's review raised many questions about the validity of the placement and visitation data reported by FACES both in individual cases and in aggregate reports.

First, placement contact information was often not accurate, especially for the private agencies. The lack of accurate placement data can present safety issues if the Agency cannot immediately determine where a child is located. A broad scale assessment is needed to ensure that every child's placement information is timely and accurately entered into FACES and mechanisms need to be developed to keep this information updated going forward.

Second, the practice of some individuals documenting case activity through the FACES access of other individuals is very problematic. CFSA must provide additional guidance on documentation protocols and perform routine audits of the accuracy of FACES data entered by both CFSA and the private agency staff. Given the multiple documentation problems identified, CFSA should undertake an independent assessment of the implementation of documentation protocols, identify problems and corrective actions, ensure fixes are sustained, and perform periodic validity checks of the data.

11. A consistent model or protocol for safety assessment is necessary to ensure that each child's safety is assessed at and documented during every social work visit.

CSSP's review found documentation that only one of 112 children in a new placement had been assessed for safety during required social work visits. Social workers are required to assess a child's safety at every visit, not just those visits that occur during the first four weeks of a placement. To the Monitor's knowledge, CFSA does not have a structured process for ensuring the safety of children is assessed and documented by workers at every visit. CFSA should develop a safety assessment protocol and train workers to use it. The Monitor suggests that CFSA prepare an analysis of its visitation practice upon initial placement and identify action steps to ensure that visits with the necessary components are being made with the requisite frequency.

12. CFSA must ensure placement stability and reduce placement moves.

Additional efforts are needed to promote placement stability and reduce placement moves for children in CFSA custody. The use of "emergency placements" for many children undermines the Agency's efforts to create a "first placement, best placement" approach as these placements automatically build in placement instability for children. Many foster parents reported a

willingness to have children remain in their home for longer periods even when the Agency's expectation and practice assumes a high use of temporary placement.

The Monitor recommends that CFSA conduct an analysis of placement decisions during a defined period of time to identify specific reasons why temporary or emergency placements are made and then identify action steps to reduce the use of these placements in all instances where they are not absolutely necessary.

13. CFSA Supervisors and Managers should be held accountable to ensure that all available and appropriate information is shared with foster parents upon placement and that required placement packets, Medicaid numbers and Medicaid Cards are made available and given to foster parents within required timeframes.

Providing placement packets to foster parents remains challenging for CFSA and the private agencies. Despite CFSA management's understanding that it is *critical* that foster parents have information about the child and his or her needs, practice has not significantly improved. Foster parents and children are placed in potentially dangerous situations when medical and behavioral information is not provided promptly to foster parents. Caregivers are also forced on occasion to unnecessarily pay out of pocket for medical care and prescriptions.

CFSA must create effective accountability mechanisms to ensure a complete placement packet, including the Medicaid number and Medicaid card, are provided to every foster parent within required time frames. Additionally, CFSA and the District's Medicaid agency must resolve the long-standing systemic barriers to immediately providing Medicaid numbers and cards to foster parents. The inability to jointly find a solution to a known and understood problem is perplexing.

14. CFSA Supervisors and Managers and the Office of Clinical Practice should be held accountable to ensure children receive required medical and dental evaluations within 30 days of placement.

The adequate provision of medical and dental care to children in foster care is among the most important work of a public child welfare system. Children are often removed from their homes because parents are unable to provide consistent care and it is not acceptable that children placed into foster care would not receive more reliable medical and dental care from the District.

The Monitor recommends that CFSA take immediate steps to ensure that every child receive the medical and dental care required by the *LaShawn* AIP and CFSA policy. Additionally, CFSA should conduct an analysis of the provision of medical and dental evaluations within 30 days of placement and identify, implement, and report to the Monitor on corrective action steps to ensure that timely medical and dental evaluations are provided.

15. Increased attention should be given to ensuring that clearly understood and feasible family visitation plans are in place for every child placed in foster care, unless there are safety or other appropriate reasons to limit such visits.

Parent-child visits are the cornerstone of any reunification plan and sibling visits are critical to the emotional well-being of children and youth in foster care. The goal of any child welfare agency is to promote reunification whenever possible and the research literature is quite clear that visitation is a core component of timely reunification.

Careful case planning should incorporate frequent regular family visitation as a part of a comprehensive plan. CFSA managers should hold workers and supervisors accountable for promoting parent-child and sibling visits and for eliminating barriers to weekly visitation. Additionally, the Agency should create additional partnerships with community-based organizations and offer contracts that assist with making visits happen in locations accessible to children and parents.

When visits do not occur despite every reasonable effort by CFSA, workers must clearly document the efforts made and the barriers to visitation. CFSA must also determine what additional engagement strategies are necessary to ensure parents are ready for visitation and able to effectively participate.

The Monitor recommends that CFSA identify, implement, and regularly update the Monitor on action steps to ensure that parent-child and sibling visitation occur with adequate frequency.

16. Therapeutic supports need to be individualized and readily available to children in foster care. Foster parents should be fully apprised of the availability of services and involved in the planning for children's needs.

Nearly half of the foster parents surveyed indicated their belief that the services being provided to the children in their care were insufficient to meet the children's needs.

Services and supports are more effective when they are individualized to meet a specific child's needs and when feedback loops are in place so that social workers and service providers know if their efforts are working. Foster parents can be invaluable in helping to determine what is needed to support an individual child as well as identifying when services and supports are effective, or not, in meeting children's needs. When foster parents are seen as partners with the social worker and are full members of the family team, information from the foster parent about what is working and what is not can be available quickly and a plan for adjusting the service array can be made together.

The views of foster parents are also useful at the system level to assist the Agency in understanding what is working well and not working well for the children in foster care. Regularly surveying foster parents, engaging foster parent advocates and ensuring foster parents are well represented on policy and programmatic decision making bodies can vastly improve the child welfare system.

The Monitor recommends that CFSA develop an action plan to ensure that foster parents are more regularly included as full members of the family team. Additionally, CFSA must ensure that immediately upon placing a child, social workers engage foster parents in the assessment of supports and services to children in their care and in the decision making about the services and supports provided.

17. Quality improvement resources should be directed to better understand the experiences of foster parents and children during the placement process and in the first 30 to 60 days of a new placement or re-placement. Efforts should be made to identify the barriers social workers experience to fulfilling the case management requirements of the first 30 to 60 days of a new placement.

CFSA should continually conduct quality improvement activities to better understand the experiences of children, foster parents, and social workers during the first 30 to 60 days of a new placement or replacement.

At a minimum, the Monitor recommends CFSA develop a checklist of all activities that need to occur during the first 30 to 60 days of a new placement and provide training and coaching to the workforce regarding the most effective and efficient ways to ensure these critical tasks are completed. This list could be used as a part of supervision and management of cases and can be the basis for further review by Quality Assurance staff.

18. CFSA should develop and implement an annual independent audit process to ensure the accuracy and validity of FACES data.

The Monitor recommends that CFSA contract for an annual independent audit of the information entered into FACES by both CFSA and private agency social workers. This audit should be used to determine the extent to which documentation irregularities are impacting first, the ability of an individual supervisor or agency to track its own activities and second, the ability of CFSA to track and monitor the performance of the overall system.

Recommendations for improvement and corrective action steps should be included as part of the audit so that CFSA and the private agencies have clearly articulated next steps for remedying documentation and data problems.

APPENDIX A

Key Questions for Foster Parent Survey

Key Survey Questions

The survey was designed to assess foster parent views about the quality of social work visits and case management services in the period immediately following a new placement – either a new entry into care or a replacement from one foster home to another. Key survey questions include:

- Was (child) placed in your home on (date)?
- Is (child) still placed in your home?

If the child was not still placed in the home, the following follow-up questions were asked:

- How long was (child) placed in your home?
- Why was (child) removed from your home?
- Where was (child) placed after leaving your home?
- Was this placement intended to be a short-term or emergency placement?
 - If yes, are you normally a short-term/ emergency foster parent, or was the nature of this placement a special request from the agency?

If the child was placed in the home for more than 15 days, or if the child was still in the home, these remaining questions were asked:

- Did you receive a placement packet¹⁵ when (child) was placed in your home?
- How many days post placement was the packet received?
- Have you received (child)'s Medicaid card?
- Have you received (child)'s Medicaid number?
 - Was the Medicaid number provided within 5 days of (child) being placed in your home?
 - Has (child) received a full medical evaluation since being placed in your home?
 - Has (child) received a dental evaluation since being placed in your home?
 - How many times has the social worker visited (child) since their placement in your home?

¹⁵ A placement packet includes critical information about the child (i.e. medical history and medications, circumstances of the removal, placement history, and needs) and is intended to help the foster parent provide appropriate support to the child.

- Would you say that the social worker has visited weekly, less than weekly, or more than weekly?
- When the social worker visits, does he/she visit with you and (child) together as well as with (child) alone?
- Do you know whether reunification with his/her biological parent(s) is the goal for (child)?
- Have you been told about a visitation schedule for (child) to visit with his/her biological parent(s)?
 - How many times has (child) visited with his/her biological parent(s) since being placed in your home?
 - Do you facilitate these visits?
- Does (child) have any siblings that are not placed in your home?
 - Have you been told about a visitation schedule for (child) to visit with his/her sibling(s)?
 - How many times has (child) visited with his/her sibling(s) since being placed in your home?
 - Do you facilitate these visits?
- If (child) is enrolled in school, was (child) able to stay in the same school he/she was in prior to placement in your home?
 - If not, did you encounter any problems with the transfer/enrollment process?
- Did the social worker talk with you at all about any special needs that (child) may have?
- Do you know what the plan is to meet (child)'s needs?
- Do you believe that the services and supports (child) is receiving will be able to meet his/her needs?
- On a scale from 1 to 10, with 10 being very stable, and 1 being very unstable; how stable would you rate the placement of (child) in your home?

APPENDIX B

CSSP Case Record Review Supplement

Summer 2009 Foster Parent Survey

CHILD'S NAME & FACES #: _____

1.1 Was contact made between the social worker and the child during the first four weeks of placement?

- 1. Yes
- 2. No, child was placed out of the DC Metropolitan area during **entire** four week period
- 3. No (Explain) _____

1.2 For each placement, use the tables below to record the face-to-face contacts between social worker and child during the first four weeks.

1.2a Date of Placement 1: ____ / ____ / ____

| Week ending | SOCIAL WORKER SAW CHILD on these dates: | Check if visit was in the home | Check if the child was interviewed outside the presence of caretaker | Check if the visit included a safety assessment or mentions safety of child | Week is Not Applicable for a visit ¹⁶ |
|--------------------------------------|---|--------------------------------|--|---|--|
| Week 1 | | | | | |
| Week 2 | | | | | |
| Week 3 | | | | | |
| Week 4 | | | | | |
| TOTALS Sum for each column | 1.2b | | | | 1.2c |

¹⁶ A visit was not applicable or feasible because the child was not in custody, AWOL or there was some other extenuating circumstance i.e. child not in foster care.

1.2d Date of Placement 2: ____ / ____ / ____ (if applicable)

| Week ending | SOCIAL WORKER SAW CHILD on these dates: | Check if visit was in the home | Check if the child was interviewed outside the presence of caretaker | Check if the visit included a safety assessment or mentions safety of child | Week is Not Applicable for a visit ¹⁷ |
|--------------------------------------|---|--------------------------------|--|---|--|
| Week 1 | | | | | |
| Week 2 | | | | | |
| Week 3 | | | | | |
| Week 4 | | | | | |
| TOTALS Sum for each column | 1.2b | | | | 1.2c |

1.3a Based on the contacts listed in the first table above, what best describes the pattern of visitation between the social worker and the child during the first placement?

1. Weekly or more
2. Two to three times
3. Seen Once
4. Not seen at all
5. Unable to determine
6. Not applicable (Explain) _____

1.3b Based on the contacts listed in the second table above, what best describes the pattern of visitation between the social worker and the child during the first placement?

1. Weekly or more
2. Two to three times
3. Seen Once
4. Not seen at all
5. Unable to determine
6. Not applicable (Explain) _____

¹⁷ A visit was not applicable or feasible because the child was not in custody, AWOL or there was some other extenuating circumstance i.e. child not in foster care.

