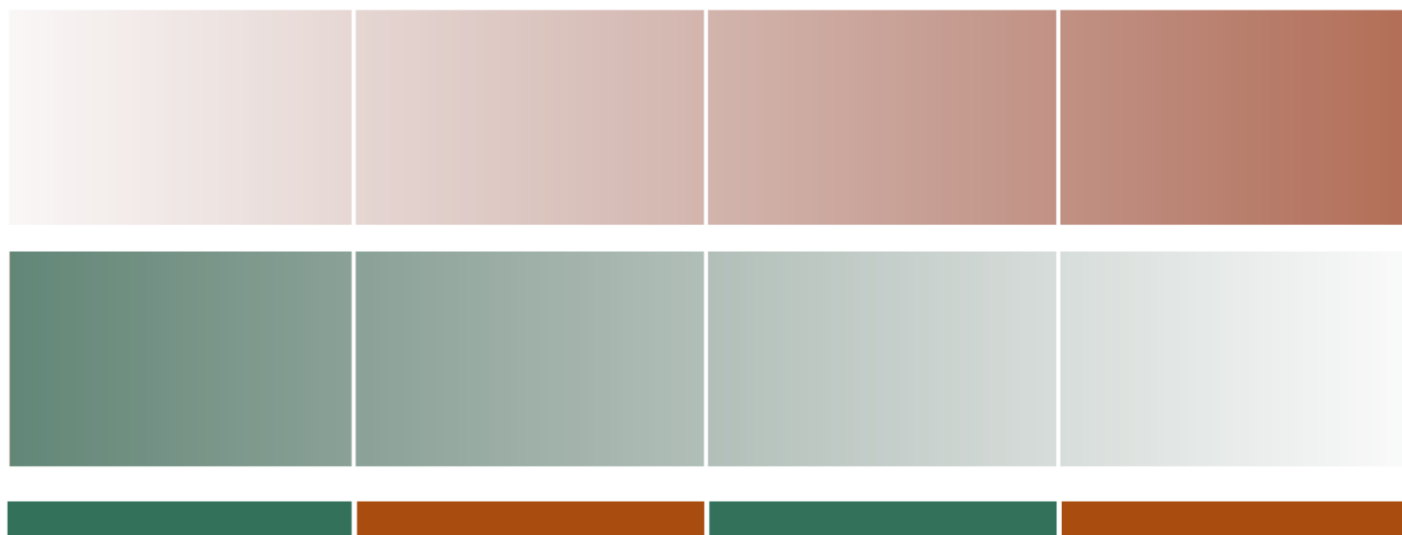




***LASHAWN A. v. BOWSER PROGRESS REPORT
FOR THE PERIOD JANUARY 1 – JUNE 30, 2017***



November 21, 2017

LaShawn A. v. Bowser
Progress Report for the Period January 1 – June 30, 2017

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LaShawn A. v. Bowser
Progress Report for the Period January 1 – June 30, 2017

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, 2017 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 establishes the Court's expectations regarding the outcomes and performance levels to be achieved and sustained in order to fulfill the requirements of the *LaShawn* MFO. The IEP includes: Section I: Outcomes to be Achieved; Section II: Outcomes to be Maintained; Section III: Sustainability and Exit; and Section IV: Strategy Plan, which is updated annually.³ For each of the outcomes, an Exit Standard(s) has been identified and is the target against which outcome achievement and sustained performance are measured.

The Monitor's last report on *LaShawn* implementation was released on May 18, 2017. 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, 2017 to determine progress in meeting the IEP Exit Standards and the objectives of the *LaShawn* 2017 Strategy Plan.

A. Methodology

The primary sources of information about performance are data provided by the District's CFSA. The Monitor reviews extensive aggregate and back-up data for select measures and has access to staff and electronic case records on FACES.NET⁴ to verify performance.

The Monitor conducted the following supplementary verification and data collection 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* 2017 Strategy Plan was filed on April 3, 2017 after consultation with the Monitor and Plaintiff's counsel (see Appendix B).

⁴ FACES.NET is CFSA's State Automated Child Welfare Information System (SACWIS).

➤ **Validation of Caseload Data**

The Monitor validated caseload size and assignment of cases between January and June 2017 for investigators, Family Assessment workers, permanency workers, in-home workers and supervisors. The Monitor also validated supervisory responsibilities for instances in which individual supervisors were assigned to supervise more than five case carrying social workers and one case aide.

➤ **Assess the Quality of Investigations**

During this monitoring period, CFSA provided the Monitor with data on its findings from a review of the quality of 132 investigations completed between January and June 2017. Each investigation was reviewed by at least two CFSA staff or one CFSA and one Monitor staff. Monitor staff reviewed 48 (36%) of these investigations.

➤ **Case Record Review of 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 a review of a statistically significant sample of children and youth who were involved with CFSA either through an in-home services case or were in out-of-home care during the month of May 2017 to determine 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 foster parent regarding their needs in caring for the child or youth placed in their care.

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

The Monitor and CFSA staff reviewed records of all children under the age of 12 who were placed in a congregate care setting for more than 30 days, including those children under the age of six who were placed 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 or youth's adoption was finalized between January and June 2017 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.

➤ **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 to determine if the delay was due to circumstances outside the District's control.

➤ **Quality Service Reviews**

Qualitative data are manually collected through Quality Service Reviews (QSRs) to assess performance for three select Exit Standards. The QSR is a case-based qualitative review process that requires interviews with all of the key persons who are working with and 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 month⁵ and participates in oral case presentations⁶.

Between January and June 2017, a total of 85 QSRs were completed to assess case planning, service delivery and health outcomes. Of these 85 cases, 39 involved a child receiving in-home services and 46 cases involved a child placed in out-of-home care. All of the children reviewed who were placed in out-of-home care were case managed by one of the seven private agencies with whom CFSA contracts with for case management and placement services and all of the cases involving a child who remained in their home were case managed by CFSA.

⁵ CSSP provided reviewers for 12 QSRs between January and June 2017 and CSSP staff participated in all oral case presentations during the period.

⁶ Each case is presented to a panel consisting of CFSA representatives from the QSR unit and Monitor staff to ensure inter-rater reliability on ratings across reviews.

➤ **Other Monitoring Activities**

The Monitor attends numerous CFSA meetings including partnership meetings with CFSA and private provider agencies, Temporary Safe Haven Redesign and Transition Meetings, Safe and Stable Families Redesign Meetings, the CFSA Internal Child Fatality Review Committee and the City-wide Child Fatality Review Committee. The Monitor also meets frequently with senior leadership and managers throughout the agency. Additionally, the Monitor 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 2017 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 2017 on the IEP outcomes remaining to be achieved and the outcomes previously achieved that need to be maintained.⁷ 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* 2017 Strategy Plan.

II. SUMMARY OF PERFORMANCE

The Child and Family Services Agency (CFSA) has initiated major redesign of two core functions of its system – in-home and community services (*Safe and Stable Families*) and foster care (*Temporary Safe Haven*). In each instance, CFSA is undertaking significant practice, structural and accountability changes, both internally and with external partners, to improve outcomes. These efforts result from a recognition that the outcomes generated by practice and current structures are not what CFSA seeks to achieve for all children and families who come into contact with the child welfare system. Most of the activity during the current monitoring period involved detailed planning and contract negotiations, with redesign implementation set to begin in mid-to-late 2017.

Also during this monitoring period, Brenda Donald was confirmed as Director of CFSA by the Council of the District of Columbia. Director Donald has brought on four new deputies to CFSA's leadership team, including a Deputy Director for Entry Services, Deputy Director for Program

⁷ In some instances where June 2017 performance data are not available, the most recent performance data are cited with applicable timeframes.

Operations, Deputy Director of Community Partnerships and Deputy Director for the Office of Well-Being.

As presented in the performance data below and throughout this report, although most of the planned changes or redesigns anticipate new gains toward *LaShawn* Exit Standards not yet met – specifically service delivery, placement availability, matching and stability and timely permanency – improved outcomes did not occur in the current monitoring period, and in some areas, there were declines in performance during this transition period. This section begins with a discussion of performance on those *LaShawn* Exit Standards not yet achieved, followed by a description of the Safe and Stable Families Redesign and the Temporary Safe and Stable Families Redesign.

Performance on Exit Standards Not Yet Achieved

Of the 85 IEP Exit Standards⁸, 70 Exit Standards are currently designated as Outcomes to be Maintained; CFSA maintained required performance for 67 Exit Standards, partially maintained performance for two Exit Standards and fell below the required level for one Exit Standard⁹. CFSA improved performance for five Exit Standards that have been designated as Outcomes to be Maintained – sibling placements, comprehensive dental evaluations for children in care, training for new social workers, training for new supervisors and training for newly licensed foster parents – that fell below required levels during the prior monitoring period.

Fifteen Exit Standards are designated as Outcomes to be Achieved and only one of these was partially achieved this monitoring period. The lack of progress in meeting the remaining IEP Exit Standards this monitoring period is disappointing but not unexpected given the scope of the structural changes and redesigns underway. Over the past several years, CFSA has introduced several new strategies, initiatives or services – for example, R.E.D. Teams, chronic neglect unit, Trauma Systems Therapy – to address longstanding practice issues; however, CFSA has had difficulty in the past fully implementing, integrating and institutionalizing these across the agency. At this point, CFSA leaders recognize that the agency needs sustained and consistent implementation of its strategies to achieve gains.

Entry Services

Entry Services investigative and Family Assessment (FA) worker caseloads continued to be well above the required limits through June 2017 and this Exit Standard, which also includes requirements for caseloads of permanency and in-home workers which remain within the standards, is therefore considered to be partially maintained. Based on actions taken to hire new

⁸ Previous reports include 88 IEP Exit Standards. 3 of these standards are historical, time limited adoption measures that are no longer applicable and have been removed from this total count.

⁹ The Exit Standard that was not maintained was IEP citation I.B.16.a.i. – placement of children in approved adoptive placement within 9 months of their goal becoming adoption.

staff, the Monitor expects that caseload performance will improve in the next monitoring period. Timely initiation of investigations and measured performance on the acceptable quality of investigative practice remained below required levels. Performance data also show a decline in timely closure of investigations from the prior period.

The less than acceptable performance has been a driver of structural and practice changes within CFSA's Entry Services. Through data analyses and assessments of practice, CFSA decided that a significant contributor to the problems in Entry Services, including timeliness and quality of practice, was an organizational structure which separated responsibility for Child Protective Services investigations and Family Assessments (FAs) – the two components of CFSA's Differential Response (DR) practice – into two separate administrations. As a result of this analysis, in September 2017, CFSA reorganized management and case carrying staff under a single program administrator who is now responsible for building the quality and consistency of practice for all investigations and FAs. A separate administration within Entry Services was created to manage the Hotline, Diligent Search and the Educational Neglect Triage Units. Performance data in the current monitoring period were not impacted by the improvements anticipated to result from these organizational changes, as most of it occurred after the monitoring period ended.

CFSA has also recognized that structural changes alone will not be sufficient. Work began several years ago with the incorporation of the R.E.D. Team framework¹⁰ to pay deliberate attention to casework practice and foster collaborative decision-making about child protection in Hotline screening and DR pathway decisions. The work has proceeded in fits and starts with leadership changes and as other priorities have taken precedence. However, it now appears to have come into focus again as a priority with emphasis on the need to retrain and support workers, improve supervision and use continuous quality improvement efforts to consistently check on improvements and results.

Permanency

CFSA maintained its prior achievement of several process requirements intended to promote permanency outcomes for children and youth including timely filing of a motion to terminate parental rights when needed and making reasonable efforts to finalize adoptions within 12 months of placement in an adoptive home. However, data on permanency outcomes for children and youth continue to be below required levels. Timely permanency for children and youth in foster care through reunification, adoption or legal guardianship improved marginally for children who entered care for the first time in FY2016 – 40 percent of these children exited care within 12 months of entry. Performance data for children who were in care between 12 and 25 months and

¹⁰ The R.E.D. Team (review, evaluate, direct) process and decision making framework requires workers and supervisors to work collaboratively to more systematically review family and case history, family strengths and needs. Members consist of a multi-disciplinary team of CFSA staff.

those who were in care for longer than 25 months are disappointing and reflect that considerable work remains to be done to help children secure permanent homes and futures.

The Exit Standard that requires children be placed in an approved adoptive placement by the ninth month from when their permanency goal changed to adoption, which had previously been achieved, was not maintained this period. Performance for this measure has steadily declined over the past 12 months, and reveals that barriers to adoption remain and that adoptions processes and practices need additional focus. CFSA reports currently assessing how placement in a pre-adoptive home is defined and measured to ensure consistency in measurement and tracking.

Placement

CFSA has struggled over many years to develop an adequate placement continuum that reflects the needs of children and youth and provides necessary supports to caregivers to ensure children's stability and well-being needs are met. CFSA's placement challenges are exemplified by the number of children moving among placements and the continued stay of some children overnight at the CFSA office building, a practice that for many years was not occurring and that the Monitor, as well as CFSA and community partners, thought would not reoccur. However, during most monitoring periods since April 2014, CFSA has reported instances of children staying overnight in the office building. Additionally, data for placement disruptions show an increase in disruptions this period, primarily occurring with older youth who CFSA has difficulty appropriately placing. As discussed later in this section, these factors were drivers for the Temporary Safe Haven Redesign which has explicit goals and expectations to reduce placement instability and provide a greater continuum of placement options and supports geared to child and youth needs.

In addition to the strategies within the Temporary Safe Haven Redesign, CFSA has initiated other efforts to enhance the placement array, including:

- Comprehensive review of group home services to establish expectations based on national best practices and incorporating the expectations in contract language.
- CFSA is working closely with the Department of Disability Services (DDS) to strengthen the support and services to youth with developmental and intellectual disabilities to effective transitions upon exit from foster care.
- Plans to establish professional foster parents to serve pregnant and parenting teens.

One of the most basic functions of a social worker's visit with children while they are served through an in-home case or in a foster care placement is assessing and documenting that child's safety. Performance data collected this period found that in May 2017, less than half of children either served through an in-home case (47%) or children who were newly placed in the month (47%) had their safety fully assessed and documented by a social worker during monthly visits.

Services to Children and Families and Case Planning

The IEP standards on case planning and services to families and children are measured through Quality Services Reviews (QSRs) based on an annual sample of 125 cases of children, youth and families. Although QSR data are only currently available for the first six months of 2017, performance for services to children and families and case planning are both lower than performance for the same time period in 2016 and are well below the required final target. Data analysis of cases reviewed in the past six months reflects improvements in in-home practice, which has consistently lagged below performance data for cases where children are in out-of-home placement. Further, although outside this monitoring period, cases of older youth managed by the Office of Youth Empowerment also showed improvement. Data analysis continues to reflect poorer performance for foster care cases managed by one of the seven private agencies as compared to cases managed by CFSA. CFSA is optimistic that with the Temporary Safe Haven Redesign and the transition to one accountable private agency, the quality of case practice will become more consistent and improve across the child welfare system.

Healthcare

The IEP Exit Standard which requires timely delivery of Medicaid numbers and Medicaid cards to foster parents when children enter their home was partially achieved. This is a positive achievement, the result of many years of collaboration with other District agencies.

CFSA only partially maintained the Exit Standard which requires that children and youth receive health screenings prior to placements and replacements. Performance data for replacement screenings met the required performance level for two of six months during the period.

Safe and Stable Families Redesign

CFSA initiated the Safe and Stable Family Redesign to improve case planning and services to children and families who come to its attention due to allegations of child abuse or neglect but where children are assessed to be able to remain safely in their homes. For almost two decades, CFSA has contracted with geographically-based Healthy Families/Thriving Communities Collaboratives to offer preventive family support services and in-home and community-based services to families at risk of or involved with the child welfare system. In addition, CFSA has stationed in-home services workers in the community Collaboratives to improve engagement with families, case coordination and service delivery. While the Collaboratives have become an important component of the District's community-based services system, CFSA recognized a need for the partnership between CFSA and the Collaboratives to become more focused and effective in improving results for children and families with child welfare involvement and has set about recalibrating its funding expectations, accountability and relationships with the Collaboratives to reflect current priorities and needs.

As a first step in the redesign process, CFSA renegotiated contracts with the five Healthy Families/Thriving Communities Collaboratives to increase their capacity to provide case management or service delivery to three categories of families: those who are at-risk of making contact with the child welfare system; families who have had an open foster care or in-home child protective services case who are ending their involvement with CFSA and are transitioning to community-based supports; and families with active involvement with CFSA where teaming with Collaborative staff is identified as a service to support the family in stabilizing, ensuring child safety and meeting their case plan goals. Through the renegotiated contracts, CFSA also increased funding for direct service staff in each of the five Collaboratives and allocated additional staff to Wards 7 and 8 where the majority of families being served reside. CFSA also redesigned its referral process and beginning in May 2017, CFSA has increased referrals to the five Collaboratives and is working closely with Collaborative partners both in transferring cases with a “warm handoff” and in consistently reviewing data to ensure families are successfully linked.

There has been rapid change to develop and implement improved referral and feedback processes, and the capacity to collect data and more closely track results. One of the outcomes that will be tracked is whether families are stabilized so that they are not re-reported to CFSA or that their children are not repeat victims of abuse or neglect. Another component of this work is continued efforts to improve clinical decision-making, clinical supervision and quality of direct social work practice with families. Assessing the results and the success of the redesign will take some time.

CFSA also reassessed the continuum of community-based services available, many of which are provided and contracted through the Collaboratives. Through this assessment, CFSA made the decision to discontinue the use of HOMEBUILDERS, an intensive family-preservation support program that was being underutilized and thus not producing expected return on investment. CFSA decided to emphasize instead an expanded use of at-risk Family Team Meetings and Mobile Stabilization Services for in-home families as a way to provide families access to supports and services in the community to keep children safely in their homes.

Another key component of the Safe and Stable Families Redesign is an effort to improve CFSA’s in-home case practice by developing and implementing “levels of care” for families receiving in-home services. Based on assessed family needs, cases are designated at levels ranging from intensive, to intermediate and then to graduation. The intensity of expected worker interaction with families varies by the assigned level of care, with workers minimally expected to visit with families weekly if the family is assessed as “intensive.” CFSA reports the analysis and outcome data from the two chronic neglect units were used to develop the levels of care case management model.¹¹ CFSA posits that the newly implemented level of care model will help to promote engagement

¹¹ CFSA designed and implemented chronic neglect units in May 2016 in which workers with lower caseloads would provide more intensive services to families who also experience multiple recurring issues. In January 2017, new leadership in CFSA decided to disband these units and to move to a level of care approach.

with families in crisis who have multiple needs through more frequent visitation and hands-on support; establish clear expectations for social workers; and promote a greater emphasis on assessing for and ensuring child safety in in-home cases.

Temporary Safe Haven Redesign

Concurrent with its work to improve services and outcomes for children remaining at home, CFSA launched its Temporary Safe Haven Redesign to increase the consistency of high quality practice when children are in foster care. Given the size and location of the District of Columbia, children in foster care may reside in the District of Columbia or in neighboring Maryland or Virginia, with about half of the foster care population placed in Maryland and served by Maryland child placing agencies and the other half by social workers employed by CFSA working with children placed in the District of Columbia and their families. In the past several years, CFSA incrementally reduced the number of private providers it was contracting with to provide placement and case management services in Maryland from 14 to seven but still had considerable variability in the contract expectations, costs and outcomes. A core strategy of the Temporary Safe Haven Redesign was to contract with a single provider in Maryland that had the capacity to serve up to 400 children placed there and to use the new contract as a means to clarify expectations and strengthen and implement a consistent practice model and improve results. CFSA issued a Request for Proposals to contract with a single private provider¹² for family-based foster care in March 2017. After a comprehensive and well-managed review process, on August 22, 2017, CFSA announced that the contract had been awarded to National Center for Children and Families (NCCF). On September 19, 2017, the Council of the District of Columbia approved the new contract.

NCCF currently provides foster care placement and case management services to a portion of the children in foster care. Under the new contract, beginning January 1, 2018, NCCF will be the sole foster care placement and case management agency operating in Maryland and serving District children and their families.

There were numerous logistical challenges posed by this redesign process – encouraging foster parents to continue to care for the children in their homes and transitioning them from existing private agencies to NCCF; working with Maryland to relicense those foster parents who transition to a new child placing agency; providing opportunities for qualified staff from agencies that will be closing to be hired by NCCF; and, most importantly, minimizing disruptions for children from their current placements. Focusing on the details and challenges within each of these areas, CFSA has been methodical in planning, communicating about and strategizing for this change – with

¹² CFSA will continue to contract with the Latin American Youth Center to provide foster care placement and case management services based on their skillset working with Hispanic and Spanish-speaking children and families. CFSA will also continue to partner with Lutheran Social Services, who are responsible for placement and case management of children involved in the Unaccompanied Refugee Minor (URM) foster care program, which is funded by the federal Office of Refugee Resettlement.

positive results as of the writing of this report. Current data anticipate less than 15 children and youth will need to change placements before the end of 2017 as a result of the redesign.

There continues to be important work ahead. The transition to a single contract provider was only one part of the redesign process – CFSA has committed to improving the quality of children’s placements and services across the board, whether the placement is in the District or a neighboring jurisdiction, with foster parents who are better equipped and supported to care for any child or youth placed in their home and with social workers who practice consistently to meet outcomes of safety, stability and permanency. The competencies and expectations of social workers, including their ability to engage with children and families, assess for strengths and barriers and make clinical decisions, also need to be defined and supported. CFSA is basing its model of practice on the Program Standards for Treatment Foster Care¹³ and the expectation is for NCCF to do the same. The work necessary to define the District’s model is underway though not yet complete. A quality and consistent model of practice is fundamental to achieve improved outcomes for placement, case planning, service delivery, safety assessments and permanency.

A notable and positive aspect of the redesign process has been the communication with and engagement of external stakeholders throughout the planning and early implementation. The hope is that the significant changes that are expected to occur with the redesign will help to solidify a more productive and accountable public-private partnership leading to sustained improved results for children and families.

In summary, CFSA is aggressively moving forward with a wide range of activities to improve performance and outcomes for children and families. During the monitoring period, the agency took deliberate steps to plan for and begin to implement a series of major structural changes within the agency and with external providers and partners. The agency used its data to assess and identify long standing barriers to achieving desired outcomes for the children and families served and took significant steps toward changing structure, policy and practice expectations that are needed to get there. The planning work has been inclusive and transparent and has proceeded within timeframes projected for completion and reflecting the leaderships’ urgency for positive change. As with initiatives, strategies and plans introduced in the past, consistency in implementation, follow through on planned actions and using data to continue to track implementation progress and outcome achievement will determine CFSA’s success. Unfortunately, inconsistency and initiating and then quickly ceasing strategies without fully assessing outcomes and barriers has been a pattern in the past over several years as leadership at multiple levels has changed. By focusing its efforts, consistently tracking progress and implementing new strategies with fidelity, CFSA hopes to begin to see sustainable change in areas that have been resistant to improved results.

¹³ The Program Standards for Treatment Foster Care are promulgated by the Family-Based Treatment Association. CFSA will use these standards as guidelines, however, they will not be prescriptive of program practice.

III. SUMMARY TABLES OF *LASHAWN A. v. BOWSER* IMPLEMENTATION AND EXIT PLAN PERFORMANCE

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
1. <i>Investigations</i> : Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment. (IEP citation I.A.1.a.)	95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located.	December 2016 performance, 87%	March 2017 performance, 87%; June 2017 performance, 85% ¹⁸	No	↔

¹⁴ The IEP includes three 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.

¹⁵ In some instances where June 2017 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.

¹⁶ "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.

¹⁷ 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 judgment, 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.

¹⁸ Reported performance reflects CFSA's secondary analysis of FACES.NET data during March and June 2017 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. June 2017 performance data for timely initiation of investigations **without** taking into consideration efforts made when the alleged victim child(ren) cannot be located are as follows: January, 72%; February, 70%; April, 72%; May, 73%. Valid "good faith efforts" made would likely increase performance levels.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
2. <i>Investigations</i> : Investigations of alleged child abuse and neglect shall be completed within 30 days after receipt of a report to the hotline of child maltreatment and the final report of findings for each investigation shall be completed within five days of the completion of the investigation. (IEP citation I.A.1.b.)	90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.	Monthly range of 50 – 80%	Monthly range of 56 – 69% ^{19,20}	No	↓
4. <i>Acceptable Investigations</i> : CFSA shall routinely conduct investigations of alleged child abuse and neglect. ²¹ (IEP citation I.A.2.)	80% of investigations will be of acceptable quality.	72% of investigations of acceptable quality.	75% of investigations of acceptable quality. ²²	No	↑

¹⁹ Monthly performance data for timely completion of investigations are as follows: January, 58%; February, 69%; March, 66%; April, 56%; May, 59%; June, 60%.

²⁰ During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: January, 59; February, 45; March, 90; April, 86; May, 68; June, 52.

²¹ 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. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren); (f) Use of risk assessment protocol in making decisions resulting from an investigation; and (g) Initiation of services during the investigation to prevent unnecessary removal of children from their homes.

²² Performance data were collected through a review of 132 investigations completed between January and June 2017.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p><u>5. Services to Families and Children to Promote Safety, Permanency and Well-Being:</u> 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:</p> <ul style="list-style-type: none"> 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. <p>(IEP citation I.A.3.)</p>	<p>In 80% of cases, appropriate services, including all services identified in a child’s or family’s safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementation and Pathway to Safe Closure indicators.</p>	<p>50% of cases were acceptable based on CY2016 QSR data.²³</p>	<p>39% of cases were acceptable based on January – June 2017 QSR data.²⁴</p>	<p>No</p>	<p>N/A²⁵</p>

²³ Performance data for January through June 2016 for this measure was 45% (29 of 64).

²⁴ Data collected during QSRs conducted between January and June 2017 determined that 58% of cases (49 of 85) were rated acceptable on the *Implementing Supports and Services* indicator, 52% of cases (44 of 85) were rated acceptable on the *Pathway to Case Closure* indicator and 39% of cases (33 of 85) were rated acceptable on *both* indicators.

²⁵ Direction of change is not assessed due to the difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p><u>7. Assessing Safety during Worker Visits with to Families with In-Home Services:</u> Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.4.c.)</p>	90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.	Measure not reassessed this period	May 2017 performance, 47%	No	N/A
<p><u>9. Assessing Safety during Worker Visits with Children in Out-of-Home Care:</u> 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.</p> <p>(IEP citation I.A.5.d.)</p>	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.	Measure not reassessed this period	May 2017 performance, 51%	No	N/A

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>10. <u>Visitation for Children Experiencing a New Placement or a Placement Change:</u></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change.</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change.</p> <p>c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child's home.</p> <p>d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.</p> <p>(IEP citation I.A.6.a-d.)</p>	90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described.	<p>a-c. Monthly range of 83 – 92% of applicable children had four visits in first four weeks of new placement or placement change.</p> <p>d. Measure not reassessed this period</p>	<p>a.-c. Monthly range of 85 – 89% of applicable children had four visits in first four weeks of new placement or placement change.²⁶</p> <p>d. May 2017 performance, 75%</p>	No	↔

²⁶ Monthly performance data for worker visits during first 4 weeks of a new placement or placement change are as follows: January, 85%; February, 86%; March, 86%; April, 87%; May, 88%; June, 89%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>11. <u>Assessing Safety during Worker Visits with Children Experiencing a New Placement or a Placement Change</u>: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.6.e.)</p>	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.	Measure not reassessed this period	May 2017 performance, 47%	No	N/A
<p>18. <u>Visits between Parents and Workers</u>:</p> <p>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.</p> <p>b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement.</p> <p>(IEP citation I.B.10.)</p>	80% of parents will have twice monthly visitation with workers in the first three months post-placement. ²⁷	Monthly range of 67 – 82%	Monthly range of 60 – 81% ²⁸	No	↔

²⁷ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the agency.

²⁸ Reported performance includes instances where there was documentation in the record that the parent was unavailable or refuses to cooperate with the agency despite efforts by the agency. Monthly performance data are as follows: January, 60%; February, 62%; March, 70%; April, 81%; May, 81%; June, 75%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>19. <i>Visits between Parents and Children</i>: There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child’s best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.</p> <p>(IEP citation I.B.11.)</p>	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought. ²⁹	December 2016 performance, 83%	Monthly range of 77 – 87% ³⁰	No	↑

²⁹ 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.

³⁰ 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. Monthly performance data are as follows: January, 83%; February, 78%; March, 84%; April, 77%; May, 87%; June, 84%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
32. <i>Timely Permanency</i> : Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)	i. Of all children who entered foster care for the first time in FY2016 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, 2017.	FY2016 performance: As of September 30, 2016, 37% of children in this cohort achieved permanency.	FY2017 performance: As of September 30, 2017, 40% of children in this cohort achieved permanency.	No ³¹	↔
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2016, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2017.	As of September 30, 2016, 28% of children in this cohort achieved permanency.	As of September 30, 2017, 26% of children in this cohort achieved permanency.		
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2016, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2017, whichever is earlier.	As of September 30, 2016, 31% of children in this cohort achieved permanency.	As of September 30, 2017, 27% of children in this cohort achieved permanency.		

³¹ This measure assesses 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.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>33. <u>Case Planning Process:</u></p> <p>a. CFSA, with the family, shall develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan.</p> <p>b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks and other formal resources working with or needed by the youth and/or family.</p> <p>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</p> <p>(IEP citation I.B.17.)</p>	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.	54% of cases were acceptable based on CY2016 QSR data. ³²	45% of cases were acceptable based on January – June 2017 QSR data. ³³	No	N/A ³⁴

³² Performance data for January through June 2016 for this measure was 48% (31 of 64).

³³ Data collected during QSRs conducted in January through June 2017 determined that 56% (48 of 85) of cases were rated acceptable overall on the Planning Interventions indicator, 52% (44 of 85) of cases were rated acceptable on the Pathway to Case Closure indicator and 45% (38 of 85) of cases were acceptable on both indicators.

³⁴ Direction of change is not assessed due to the difference in the sample size between monitoring periods.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>38. <u>Assessments for Children Experiencing a Placement Disruption</u>: 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.</p> <p>(IEP citation I.C.21.)</p>	90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.	Monthly range of 78 – 100% of children had a CNA or placement disruption staffing held within 30 days of notification of the need for placement change.	Monthly range of 67 – 89% of children experiencing a placement disruption had a comprehensive assessment and a plan developed to promote stability. ³⁵	No	↓

³⁵ Monthly performance data are as follows: January, 82%; February, 81%; March, 69%; April, 67%; May, 71%; June, 89%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>43. <i>Health and Dental Care</i>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement.</p> <p>(IEP citation I.C.22.d.)</p>	<p>90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement.</p>	<p>Monthly range of 87 – 95% of foster parents received the Medicaid number within five days of the child’s placement.</p> <p>Monthly range of 86 – 100% of foster parents received the Medicaid card within 45 days of the child’s placement.</p>	<p>Monthly range of 83 – 99% of foster parents received the Medicaid number within five days of the child’s placement.³⁶</p> <p>Monthly range of 85 – 100% of foster parents received the Medicaid card within 45 days of the child’s placement.^{37,38}</p>	Partially ³⁹	↔

³⁶ Monthly performance data for receipt of Medicaid number within 5 days of placement are as follows: January, 83%; February, 86%; March, 96%; April, 91%; May, 91%; June, 99%.

³⁷ Monthly performance data for receipt of Medicaid card within 45 days of placement are as follows: January, 100%; February, 92%; March, 85%; April, 85%; May, 100%; June, 100%.

³⁸ These data report performance on Medicaid card distribution to foster parents when the child initially enters foster care. When a child initially enters foster care, CFSA ensures that the child receives a Medicaid number and card. The card is then given to the foster parent by the social worker. CFSA reports that Medicaid cards for children who experience a placement change are transferred through the placement passport packet and are available through the foster parent mobile application. CFSA does not currently track or confirm receipt of the Medicaid card by new foster parents.

³⁹ CFSA met the required level of performance for each sub-part of the Exit Standard for 4 of 6 months. The Monitor considers this Exit Standard partially achieved.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement ¹⁴	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>68. <i>Placement of Children in Most Family-Like Setting</i>: No child shall stay overnight in the CFSA Intake Center or office building.</p> <p>(IEP citation II.B.8.)</p>	Ongoing Compliance	Between July – December 2016, 9 children stayed overnight at CFSA; 1 child had 2 overnight episodes.	Between Jan – June 2017, 5 children stayed overnight at CFSA. ⁴⁰	No	↔

⁴⁰ 2 of the children were 20 years old, and the remaining 3 were 17, 13 and 7 years old. Several of the youth had a history of running away, and the youngest child had developmental delays and challenging behaviors. In one case, the youth arrived at the CFSA building at 2AM after a runaway episode and was offered placement at 4AM which the youth declined. The youth left CFSA at 7AM and did not accept placement.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>3. <i>Investigations</i>: 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.</p> <p>(IEP citation I.A.1.c.)</p>	<p>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.</p>	<p>Monthly range of 92 – 99%</p>	<p>Monthly range of 92 – 97%⁴²</p>	<p>Yes</p>

⁴¹ In some instances where June 2017 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.

⁴² Monthly performance data for comprehensive review of families with 4 or more reports are as follows: January, 93%; February, 93%; March, 97%; April, 94%; May, 92%; June, 92%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>6. <u>Worker Visitation to Families with In-Home Services:</u></p> <p>a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services.</p> <p>b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere.</p> <p>(IEP citation I.A.4.a-b.)</p>	<p>95% of families will be visited monthly by a CFSA social worker or private agency social worker and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.</p>	<p>a. Monthly range of 88 – 92% of families were visited monthly</p> <p>b. Monthly range of 81 – 87% of families were visited twice during the month</p>	<p>a. Monthly range of 90 – 95% of families were visited monthly⁴³</p> <p>b. Monthly range of 86 – 93% of families were visited twice during the month⁴⁴</p>	<p>Yes⁴⁵</p>

⁴³ Monthly performance data for monthly in-home worker visits are as follows: January, 90%; February, 95%; March, 94%; April, 93%; May, 94%; June, 94%.

⁴⁴ Monthly performance data for twice monthly in-home worker visits are as follows: January, 86%; February, 92%; March, 90%; April, 90%; May, 93%; June, 91%.

⁴⁵ Performance for the sub-part which requires 95% of families receive monthly visits was below the required level during 5 of the 6 months in this period; performance for 3 of these months was only 1% below, at 94%. The Monitor considers this an insubstantial deviation and this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>8. <u>Worker Visitation to Children in Out-of-Home Care:</u></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child's home.</p> <p>(IEP citation I.A.5.a-c.)</p>	<p>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</p>	<p>a. Monthly range of 97 – 98% had monthly visits</p> <p>b. Monthly range of 94 – 97% had twice monthly visits</p>	<p>a. Monthly range of 96 – 98% had monthly visits</p> <p>b. Monthly range of 95 – 97% had twice monthly visits</p>	Yes
<p>12. <u>Relative Resources:</u> CFSA shall identify and investigate relative resources by taking necessary steps to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children from their homes.</p> <p>(IEP citation I.B.7.a.)</p>	<p>CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.</p>	<p>Between July – December 2016, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 90% of applicable cases.</p>	<p>Between January – June 2017, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 94% of applicable cases.</p>	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
13. <i>Relative Resources</i> : In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)	In 90% of cases where a child(ren) has been removed from his/her home, CFSA will make reasonable efforts to identify, locate and invite known relatives to the FTM.	Of the 112 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 97% of cases.	Of the 98 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.	Yes
14. <i>Placement of Children in Most Family-Like Setting</i> : Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)	90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.	Measure not reassessed this period	Measure not reassessed this period ⁴⁶	Yes
15. <i>Placement of Children in Most Family-like Setting</i> : No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. (IEP citation I.B.8.b.)	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between July – December 2016, no children were placed in emergency, short-term foster home or shelter for more than 30 days.	Between January – June 2017, no children were placed in emergency, short-term foster home or shelter for more than 30 days.	Yes

⁴⁶ 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 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

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
16. <u>Placement of Young Children</u> : Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child's specific needs. (IEP citation I.B.9.a.)	No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs.	Between July – December 2016, a total of 4 children under 12 were applicable to this standard and all children met an agreed upon exception.	Between January – June 2017, a total of 2 children under 12 were applicable to this standard and both children met an agreed upon exception.	Yes
17. <u>Placement of Young Children</u> : CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care. (IEP citation I.B.9.b.)	No child under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care.	Between July – December 2016, 1 child under 6 years of age was placed in a group care non-foster home setting and met an agreed upon exception.	Between January – June 2017, 1 child under 6 years of age was placed in a group care non-foster home setting and met an agreed upon exception.	Yes
20. <u>Appropriate Permanency Goals</u> : Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.a.)	95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.	Monthly range of 89 – 96%	Monthly range of 95 – 98%	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance⁴¹	Exit Standard Maintained
21. <u>Appropriate Permanency Goals</u> : Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.b.)	Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director, or a court order directing the permanency goal of APPLA.	There were 6 youth whose goal changed to APPLA between July – December 2016. All were changed by the court, 1 was noted to have a LYFE/FTM conference.	There were 13 youth whose goal changed to APPLA between January – June 2017. All but one youth had their goal change initiated by the Court or GAL, 6 youth had a LYFE/FTM conference.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>22. <i>Appropriate Permanency Goals</i>: 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.</p> <p>(IEP citation I.B.12.c.)</p>	<p>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.</p>	<p>Between July – December 2016, 94% of youth ages 18 and older had a timely YTP.</p>	<p>Between January – June 2017, 96% of youth ages 18 and older had a timely YTP.⁴⁷</p>	Yes
<p>23. <i>Reduction of Multiple Placements for Children in Care</i>:</p> <p>(IEP citation I.B.13.)</p>	<p>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.</p> <p>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.</p>	<p>Monthly range of 81 – 83%</p> <p>Monthly range of 66 – 73%</p>	<p>Monthly range of 81 – 85%⁴⁸</p> <p>Monthly range of 65 – 69%</p>	Yes

⁴⁷ Of the 229 youth ages 18 and older under CFSA care between January and June 2017, 9 youth were in long-term run away status, developmentally disabled, incarcerated or declined participation in the development of a YTP and were excluded from analysis. Thus, out of 220 youth, 211(96%) had a YTP.

⁴⁸ Monthly performance for children in care at least 8 days and less than 12 months with 2 or fewer placements are as follows: January, 81%; February, 81%; March, 82%; April, 84%; May, 84%; June, 85%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
	c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.	Monthly range of 75 – 80%	Monthly range of 75 – 78%	
24. <i>Timely Approval of Foster/Adoptive Parents</i> : CFSA shall have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training. (IEP citation I.B.14.)	70% of homes licensed beginning November 1, 2010, will have been approved, and interested Parties will have been notified within 150 days.	85% of foster homes licensed between July – December 2016 received their license within 150 days.	76% of foster homes licensed between January – June 2017 received their license within 150 days. ⁴⁹	Yes
25. <i>Legal Action to Free Children for Adoption</i> : Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.a.)	For 90% of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child more timely to permanency, OAG, on behalf of CFSA shall file a motion to terminate parental rights or confirm that appropriate legal action has been taken within 45 days of their permanency goal becoming adoption.	100%	93% ⁵⁰	Yes

⁴⁹ Of the 65 homes that are considered compliant in the current monitoring period, 6 homes whose licensure took longer than 150 days are considered compliant due to circumstances that were beyond the District's control.

⁵⁰ There were a total of 29 applicable children who required legal action to free them for adoption and 27 (93%) had legal action to free them within 45 days.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
26. <u>Legal Action to Free Children for Adoption</u> : Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.b.)	For 90% of children for whom a petition to terminate parental rights has been filed in order to achieve permanency, CFSA shall take and document appropriate actions by the assigned social worker and the assistant attorney general to facilitate the court's timely hearing and resolution of legal action to terminate parental rights.	100%	100% ⁵¹	Yes
27. <u>Timely Adoption</u> : Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)	For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.	68%	65% ⁵²	No

⁵¹ While court action was scheduled for all cases, some court actions were delayed. Not surprisingly, many cases were delayed as Family Court reviews all cases that had a goal change from reunification to adoption in order to ensure that the government has met its burden 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.

⁵² During the monitoring period, 52 of 80 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

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>31. <i>Timely Adoption</i>: CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home.</p> <p>(IEP citation I.B.16.b.iii.)</p>	<p>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.</p>	<p>From July – December 2016, 87% 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.</p>	<p>From January-June 2017, 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.⁵³</p>	<p>Yes</p>
<p>34. <i>Placement Licensing</i>: Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license.</p> <p>(IEP citation I.B.18.)</p>	<p>95% of foster homes and group homes with children placed will have a current and valid license.</p>	<p>Monthly range of 95 – 96% with current and valid license</p>	<p>Monthly range of 94 – 95%⁵⁴ with current and valid license</p>	<p>Yes⁵⁵</p>

⁵³ CFSA reports that 22 adoptions were finalized during this monitoring period. Of those 22, 14 adoptions were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for the remaining 8 children. 5 of the 8 cases that took longer than 12 months were the result of court delays in scheduling and holding trials.

⁵⁴ Monthly performance data for placement licensing are as follows: January, 94%; February, 94%; March, 94%; April, 95%; May, 95%; June, 95%.

⁵⁵ Monthly performance fell 1 percent below the required level during 3 months of the monitoring period. The Monitor considers this an insubstantial deviation.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>35. <u>Community-Based Service Referrals for Low & Moderate Risk Families:</u></p> <p>(IEP citation I.C.19.)</p>	<p>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.</p>	<p>Monthly range of 83 – 100% of applicable closed investigations were referred to a Collaborative or community agency.</p>	<p>In June 2017, CFSA reports 27 families with an open or recently closed investigation were referred to a Collaborative.⁵⁶</p>	<p>Yes</p>
<p>36. <u>Sibling Placement and Visits:</u> 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.</p> <p>(IEP citation I.C.20.a.)</p>	<p>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.</p>	<p>67% of children placed between July – December 2016 with their siblings or within 30 days of their siblings were placed with some of their siblings.</p>	<p>91% of children placed between January – June 2017 with their siblings or within 30 days of their siblings were placed with some of their siblings.⁵⁷</p>	<p>Yes</p>

⁵⁶ In prior periods, CFSA had a limited ability to track referrals to Collaboratives. CFSA has now instituted a tracking systems which shows a significant increase in referrals for both investigations and FA, however, new data collection does not fit with how this Exit Standard has traditionally been measured. The Monitor will be working with CFSA in the next monitoring period to align the Exit Standard and methodology with CFSA practice.

⁵⁷ 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 2017) for this Exit Standard. As of June 30, 2017, 74% 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.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>37. <u>Sibling Placement and Visits</u>: 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).</p> <p>(IEP citation I.C.20.b.)</p>	<p>80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.</p>	<p>Monthly range of 89 – 93% with at least monthly visits</p> <p>Monthly range of 78 – 88% with at least twice monthly visits</p>	<p>Monthly range of 87 – 91% with at least monthly visits</p> <p>Monthly range of 76 – 82% with at least twice monthly visits</p>	Yes
<p>39. <u>Health and Dental Care</u>: Children in foster care shall have a health screening prior to placement.</p> <p>(IEP citation I.C.22.a.)</p>	<p>95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care.</p> <p>90% of children in foster care who experience a placement change shall have a replacement health screening.</p>	<p>Initial and re-entries: monthly range of 98 – 100% with health screening</p> <p>Replacements: monthly range of 85 – 92% with health screening</p>	<p>Initial and re-entries: monthly range of 89 – 100%⁵⁸ with health screening</p> <p>Replacements: monthly range of 83 – 90%⁵⁹ with health screening</p>	Partially ⁶⁰

⁵⁸ Monthly performance data for initial and re-entry health screenings are as follows: January, 100%; February, 89%; March, 100%; April, 96%; May, 100%; June, 100%.

⁵⁹ Monthly performance data for replacement health screenings are as follows: January, 83%; February, 86%; March, 90%; April, 86%; May, 89%; June, 90%.

⁶⁰ CFSA met the required level of performance for initial and re-entry screenings in 5 out of 6 months and replacement screenings in 2 out of 6 months. The Monitor considers this Exit Standard to be partially maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁶¹	Exit Standard Maintained
<p>40. <i>Health and Dental Care</i>: Children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>(IEP citation I.C.22.b.i.)</p>	<p>85% of children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</p>	<p>Within 30 days: monthly range of 89 – 96% with full medical evaluation</p> <p>Within 60 days: monthly range of 95 – 99% with full medical evaluation</p>	<p>Within 30 days: monthly range of 91 – 98% with full medical evaluation</p> <p>Within 60 days: monthly range of 93 – 100% with full medical evaluation⁶¹</p>	Yes

⁶¹ Monthly performance data for evaluations completed within 60 days of placement are as follows: January, 93%; February, 98%; March, 100%; April, 95%; May, 98%; June, 100%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>41. <i>Health and Dental Care</i>: Children in foster care shall receive a full dental evaluation within 30 days of placement.</p> <p>(IEP citation I.C.22.b.ii.)</p>	<p>25% of children shall receive a full dental evaluation within 30 days of placement.</p> <p>50% of children shall receive a full dental evaluation within 60 days of placement.</p> <p>85% of children shall receive a full dental evaluation within 90 days of placement.</p>	<p>Within 30 days: monthly range of 57 – 70% with full dental evaluation</p> <p>Within 60 days: monthly range of 71 – 96% with full dental evaluation</p> <p>Within 90 days: monthly range of 73 – 96% with full dental evaluation</p>	<p>Within 30 days: monthly range of 39 – 76% with full dental evaluation</p> <p>Within 60 days: monthly range of 71 – 88% with full dental evaluation</p> <p>Within 90 days: monthly range of 71 – 93%⁶² with full dental evaluation</p>	Yes
<p>42. <i>Health and Dental Care</i>: Children in foster care shall have timely access to health care services to meet identified needs.</p> <p>(IEP citation I.C.22.c.)</p>	<p>80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.</p>	<p>92% of cases were acceptable based on CY2016 QSR data.⁶³</p>	<p>83% of cases were acceptable based on January – June 2017 QSR data.⁶⁴</p>	Yes

⁶² Monthly performance data for children having dental evaluations completed within 90 days of placement are as follows: January, 85%; February, 80%; March, 86%; April, 71%; May, 84%; June, 93%.

⁶³ Performance data for January through June 2016 for this measure was 92% (44 of 48).

⁶⁴ Of the 85 cases reviewed through QSR between January and June 2017 where the child or youth was placed in foster care at the time of the review, 38 (83%) were rated as acceptable on both of the Health Status indicators.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance⁴¹	Exit Standard Maintained
44. <i>Resource Development Plan</i> : The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in item 21b of the Outcomes to be Maintained section of the IEP. (IEP citation I.D.23.)	The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 21b of “Outcomes to be Maintained” Needs Assessment and Resource Development Plan.	Some but not all of the proposals in the Plan have been implemented. Strategies of the new CFSA Director have superseded some of the directions of the Plan.	Some but not all of the proposals in the Plan have been implemented. Strategies for Temporary Safe Haven and Safe and Stable Families Redesign were prioritized.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>45. <u>Financial Support for Community-Based Services</u>: The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families.</p> <p>(IEP citation I.D.24.)</p>	<p>The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.</p>	<p>In FY2017, CFSA allocated \$20.96 million for community-based services.</p> <p>In FY2018, CFSA has allocated \$19.41 million for community-based services in the proposed budget.</p>	<p>In FY2017, CFSA allocated \$20.96 million for community-based services.</p> <p>In FY2018, CFSA has allocated \$19.41 million for community-based services in the approved budget. The approved FY2018 budget also includes \$4.1 million for Community Partnership Services, which includes funding for Rapid Rehousing.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>46. <u>Caseloads:</u></p> <p>a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.</p> <p>b. The caseload of each worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 1:15 families.</p> <p>c. The caseload of each worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care.</p> <p>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</p> <p>e. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days.</p>	<p>90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases.</p>	<p>a. Monthly range of 53 – 92% of CPS workers met the caseload requirements. Monthly range of 8 – 45 CPS workers had a caseload of more than 15.</p> <p>b. & c. Monthly range of 99 – 100% of ongoing workers met the caseload requirements. No social worker had a caseload of more than 18.</p> <p>d. 100% of workers conducting home</p>	<p>a. Monthly range of 38 – 58% of CPS workers met the caseload requirements.⁶⁵ Monthly range of 22 – 38 CPS workers had a caseload of more than 15.⁶⁶</p> <p>b. & c. Monthly range of 99 – 100% of ongoing workers met the caseload requirements. No social worker had a caseload of more than 18.</p> <p>d. 100% of workers conducting home</p>	<p>Partially⁶⁸</p>

⁶⁵ Monthly performance data for CPS (investigation and FA) workers are as follows: January, 58%; February, 44%; March, 40%; April, 38%; May, 43%; June, 46%. Monthly performance data for investigative workers are as follows: January, 86%; February, 65%; March, 58%; April, 62%; May, 71%; June, 67%. Monthly performance data for FA workers are as follows: January, 20%; February, 17%; March, 19%; April, 8%; May, 10%; June, 23%.

⁶⁶ Monthly performance data for CPS (investigation and FA) workers with caseloads of more than 15 are as follows: January, 29 workers; February, 38 workers; March, 29 workers; April, 32 workers; May, 37 workers; June, 22 workers. Monthly performance data for investigative workers are as follows: January, 2 workers; February, 7 workers; March, 9 workers; April, 7 workers; May, 7 workers; June, 7 workers. Monthly performance data for FA workers are as follows: January, 27 workers; February, 31 workers; March, 20 workers; April, 25 workers; May, 30 workers; June, 15 workers.

⁶⁸ CFSA maintained the required level of performance for 4 of the 5 sub-parts.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
(IEP citation I.D.25.)		studies met required performance of no greater than 30 cases. e. Monthly range of 17 – 31 (1 – 2% of total open cases) were unassigned to a social worker for more than 5 business days.	studies met required performance of no greater than 30 cases. e. Monthly range of 16 – 34 (1 – 2% of total open cases) were unassigned to a social worker for more than 5 business days. ⁶⁷	

⁶⁷ Between January and June 2017, in addition to these unassigned cases, a monthly range of 37 to 75 ongoing in-home and permanency cases were assigned to investigative social workers, supervisors, program managers and program administrators. CFSA indicates that these investigations have closed and are awaiting transfer to an ongoing unit, however, the Monitor is unable to determine the length of time these cases are in the transfer process.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>47. <u>Supervisory Responsibilities:</u></p> <p>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.</p> <p>i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</p> <p>(IEP citation I.D.26.a.i.)</p>	90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.	Monthly range of 96 – 100% of supervisors met the required standard.	Monthly range of 89 – 97% of supervisors met the required standard. ⁶⁹	Yes
<p>48. <u>Supervisory Responsibilities:</u></p> <p>b. No supervisor shall be responsible for the on-going case management of any case.</p> <p>ii. Cases shall be assigned to social workers.</p> <p>(IEP citation I.D.26.b.ii.)</p>	95% of cases are assigned to social workers.	Monthly range of 92 – 95% of cases assigned to social workers.	Monthly range of 90 – 93% of cases assigned to social workers. ⁷⁰	Yes ⁷¹
<p>49. <u>Training for New Social Workers:</u> New direct service staff⁷² shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.</p> <p>(IEP citation I.D.27.a.)</p>	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.	86%	100%	Yes

⁶⁹ Monthly performance data are as follows: January, 89%; February, 94%; March, 93%; April, 95%; May, 97%; June, 97%.

⁷⁰ Monthly performance data are as follows: January, 93%; February, 90%; March, 93%; April, 93%; May, 93%; June, 93%.

⁷¹ Monthly performance fell 5% below the required level during 1 month and 2% below the required level during 5 months of the monitoring period. The Monitor considers this deviation to be insubstantial.

⁷² Direct service staff includes social workers, nurse care managers and family support workers who provide direct services to children, youth and families.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
50. <i>Training for New Supervisors</i> : New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility. (IEP citation I.D.27.b.)	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	57%	100%	Yes
51. <i>Training for Previously Hired Social Workers</i> : Previously hired direct service staff ⁷³ shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies. (IEP citation I.D.28.a.)	80% of CFSA and private agency direct service staff shall receive the required annual in-service training.	Not yet due ⁷⁴	95%	Yes
52. <i>Training for Previously Hired Supervisors and Administrators</i> : Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.	Not yet due ⁷⁵	94%	Yes

⁷³ 12 of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

⁷⁴ Data are collected annually based on a training schedule that begins July 1st and ends June 30th each year.

⁷⁵ Ibid.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
53. <u>Training for Foster Parents</u> : CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	94%	98%	Yes
54. <u>Training for Foster Parents</u> : CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	93%	93%	Yes ⁷⁶

⁷⁶ Performance fell 2% below the required level during the monitoring period. The Monitor considers this deviation to be insubstantial.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>55. <u>Special Corrective Action:</u></p> <p>a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:</p> <ol style="list-style-type: none"> All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement; All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home; All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report; Children with a permanency goal of reunification for more than 18 months; Children placed in emergency facilities for more than 90 days; Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license; Children under 14 with a permanency goal of APPLA; and Children in facilities more than 100 miles from the District of Columbia. <p>b. CFSA shall conduct a child-specific case review by the Director or Director's designee(s) for each child identified and implement a child-specific corrective action plan, as appropriate.</p> <p>(IEP citation I.D.30.)</p>	<p>For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.</p>	<p>a. CFSA produces a monthly report that identifies cases of these children/families that have been flagged for discussion during applicable reviews.</p> <p>b. 86% of required special corrective action plans were developed.</p>	<p>a. CFSA produces a monthly report that identifies cases of these children/families that have been flagged for discussion during applicable reviews.</p> <p>b. 89% of required special corrective action plans were developed.</p>	<p>Yes⁷⁷</p>

⁷⁷ CFSA reports that there continues to be misunderstanding by staff on licensing capacity requirements. Specifically, even if a home in MD is licensed for 4 children, the *LaShawn* placement standards only allow for 3 children except for instances where there is a large sibling group. Also, placement of 2 sibling groups which consist of 2 children each does not meet the placement exception for large sibling groups – the large sibling group must be from 1 family. CFSA staff is working to resolve these issues.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>56. <i>Performance-Based Contracting</i>: CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis.</p> <p>(IEP citation I.D.31.)</p>	Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.	Family-based contracts were delayed, but eventually executed. CFSA continued to test its new contract monitoring tool and processes and used it to evaluate and provide feedback to providers on their performance.	CFSA continued to use its performance based contract monitoring tool (which includes an exit summary, missing documentation form and program monitor report). Providers receive feedback on case practice issues and get assistance on any corrective action follow-up. CFSA reports that this process will not change with the Temporary Safe Haven Redesign but that the selected provider will have the opportunity to provide additional feedback on the tool and report as the transition occurs.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>57. <u>Interstate Compact for the Placement of Children (ICPC)</u>: CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.</p> <p>(IEP citation I.D.32.)</p>	Elimination of the backlog of cases without ICPC compliance.	There are no children placed without ICPC approval.	There are no children placed without ICPC approval.	Yes
<p>58. <u>Licensing Regulations</u>: CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes and independent living facilities.</p> <p>(IEP citation I.D.33.)</p>	CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes and independent living facilities.	As of December 2016, 20.75 FTE and 1 part-time positions for Family Licensing and Facility Licensing were filled. CFSA reports no vacancies.	During this monitoring period, CFSA reports 22 FTE positions and 1 part-time contractor position for Family Licensing and Facility Licensing.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>59. <u>Budget and Staffing Adequacy</u>: The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p> <p>The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed.</p> <p>(IEP citation I.D.34.)</p>	<p>The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p>	<p>The approved FY2017 budget is \$232.6 million and CFSA believes it provides adequate funding for required staffing, services and supports.</p> <p>The proposed FY2018 budget is \$226.5 million.</p>	<p>The approved FY2017 budget is \$232.6 million.⁷⁸</p> <p>The approved FY2018 budget is \$226.6 million which includes 820 FTEs. CFSA believes this budget provides adequate funding for required staffing, services and supports.</p>	<p>Yes</p>

⁷⁸ 3 reprogramming requests were authorized in FY2017 from CFSA’s local funds budget to support activities within the Department of Behavioral Health, Department of Human Services, Office of the Deputy Mayor for Health and Human Services and Department of Youth Rehabilitative Services. These requests resulted in reprogramming \$1.9 million from CFSA’s budget to support other District agencies.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>60. <u>Federal Revenue Maximization</u>: CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.</p> <p>(IEP citation I.D.35.)</p>	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.	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.	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.	Yes
<p>61. <u>Entering Reports Into Computerized System</u>: CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.</p> <p>(IEP citation II.A.1.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
62. <u>Maintaining 24 Hour Response System</u> : CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards. (IEP citation II.A.2.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
63. <u>Checking for Prior Reports</u> : Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect. (IEP citation II.A.3.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>64. <i>Reviewing Child Fatalities</i>: The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.</p> <p>(IEP citation II.A.4.)</p>	Ongoing Compliance	<p>Internal: The 2014/2015 Annual Report was not finalized as of December 31, 2016.</p> <p>City-wide: Ongoing compliance</p>	<p>Internal: The Committee reviewed 13 child fatalities between December 2016 and June 2017. The 2016 Child Fatality Annual Report was finalized in August 2017.</p> <p>City-wide: The Committee meets regularly to comprehensively review fatalities. The Committee completed its annual report by September 30, 2017; the report is undergoing final government review prior to finalization and publication.⁷⁹</p>	Yes

⁷⁹ As of August 2017, the City-wide Committee continues to have 6 vacancies in required membership and 202 fatalities dating back to 2015 are pending review.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>65. <u>Investigations of Abuse and Neglect in Foster Homes and Institutions</u>: Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 35 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.</p> <p>(IEP citation II.A.5.)</p>	90% of reports of abuse and neglect in foster homes shall be completed within 35 days and within 60 days for investigations involving group homes, day care settings or other congregate settings.	Monthly range of 91 – 100% of investigations timely completed	Monthly range of 90 – 100% of investigations timely completed	Yes
<p>66. <u>Policies for General Assistance Payments</u>: CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.</p> <p>(IEP citation II.B.6.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
<p>67. <u>Use of General Assistance Payments</u>: CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.</p> <p>(IEP citation II.B.7.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>69. <i>Timely Approval of Foster/Adoptive Parents</i>: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.</p> <p>(IEP citation II.B.9.)</p>	Ongoing Compliance	Training opportunities were offered every month except December during the monitoring period.	Training opportunities were offered every month during the monitoring period.	Yes
<p>70. <i>Placement within 100 Miles of the District</i>: No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)</p> <p>(IEP citation II.B.10.)</p>	Ongoing Compliance for no more than 82 children.	Monthly range of 15 – 17 children placed more than 100 miles from the District	Monthly range of 12 – 13 children placed more than 100 miles from the District	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>71. <u>Licensing and Placement Standards:</u></p> <p>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</p> <p>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.</p> <p>c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child's needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child's needs.</p> <p>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.</p> <p>(IEP citation II.B.11.)</p>	Ongoing compliance for 95% of children.	<p>a. Monthly range of foster and group homes: 95 – 96%</p> <p>b. Monthly range of children over placed in foster homes: 3 – 4%</p> <p>c. Children in group care settings with capacity in excess of 8 children: 0</p> <p>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.</p>	<p>a. Monthly range of foster and group homes: 94 – 95%⁸⁰</p> <p>b. Monthly range of children over placed in foster homes: 2 – 4%</p> <p>c. Children in group care settings with capacity in excess of 8 children: 0</p> <p>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.⁸¹</p>	Yes

⁸⁰ Monthly performance for children placed in foster homes and other placements that meet licensing and other MFO standards are as follows: January, 94%; February, 94%; March, 94%; April, 95%; May, 95%; June, 95%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>72. <i>Case Planning Process</i>: Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.</p> <p>(IEP citation II.B.12.)</p>	<p>90% of case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter.</p>	<p>Monthly range of 85 – 94%</p>	<p>Monthly range of 87 – 94%⁸²</p>	<p>Yes⁸³</p>

⁸¹ CFSA has previously provided information to the Monitor that the majority of foster homes where over-placement has occurred are Maryland homes that are licensed for 4 children. While Maryland regulations may allow for placement of 4 foster children in a home, the IEP prohibits such placements unless it is placement of a large sibling group and there are no other children in the home.

⁸² Monthly performance for completion of case plans are as follows: January, 87%; February, 89%; March, 91%; April, 92%; May, 93%; June, 94%.

⁸³ This Exit Standard was only partially maintained during the previous monitoring period and current monthly performance was below the required level 2 of 6 months during this period. However, performance improved over the period and met the required level for 4 of 6 months.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>73. <u>Appropriate Permanency Goals</u>: No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p> <p>(IEP citation II.B.13.)</p>	Ongoing Compliance	Ongoing Compliance	Ongoing Compliance ⁸⁴	Yes
<p>74. <u>Timely Adoption</u>: Within 95 days of a child's permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.</p> <p>(IEP citation II.B.14.)</p>	For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.	100%	100% ⁸⁵	Yes

⁸⁴ As of June 30, 2017, CFSA reports that 1 child with under the age of 12 had the goal of APPLA. This child is an unaccompanied refugee minor.

⁸⁵ Data are reported by the fiscal year. Thus, performance represents data from October 1, 2016 to June 30, 2017. 54 children had their goal changed to adoption. Of those 54 children, 25 children had an adoption staffing and 29 children did not needed a staffing because family was identified (1), a letter of intent to adopt was signed and petition was filed (1), the goal changed to guardianship (1), a petition was filed (18), or the child was matched with an adoptive family (8).

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>75. <i>Post-Adoption Services Notification</i>: Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.</p> <p>(IEP citation II.B.15.)</p>	Ongoing compliance for 90% of cases.	CFSA continues to report all adoptive families receive notification in a variety of ways.	CFSA reports the Permanency Specialty Unit has 3 social workers dedicated to providing case management and information and referrals to contracted therapeutic services. Information about both the CFSA unit and contracted services are sent to families within 60 days of achieving permanency.	Yes
<p>76. <i>Family Court Reviews</i>: A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months.</p> <p>(IEP citation II.D.16.)</p>	Ongoing Compliance for 90% of cases.	As of December 2016, 96% of applicable children had required judicial review.	As of June 30, 2017, 94% of applicable children had required judicial review.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
77. <u>Permanency Hearings</u> : CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement. (IEP citation II.D.17.)	Ongoing compliance for 90% of cases.	Monthly range of 93 – 95% of children had timely permanency hearing	Monthly range of 91 – 95% of children had timely permanency hearing	Yes
78. <u>Use of MSWs and BSWs</u> : Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees. (IEP citation II.E.18.)	Ongoing compliance for all social work hires.	Ongoing compliance	Ongoing compliance	Yes
79. <u>Social Work Licensure</u> : All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units. (IEP citation II.E.19.)	Ongoing compliance for all social workers.	Ongoing compliance	Ongoing compliance	Yes
80. <u>Training for Adoptive Parents</u> : Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process. (IEP citation II.F.20.)	Ongoing compliance for 90% of adoptive parents.	94%	96%	Yes
81. <u>Needs Assessment and Resource Development Plan</u> : 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	Ongoing Compliance	The Needs Assessment and FY2018 Resource Development Plan are not yet due.	The Needs Assessment is due in January 2018. A draft FY2018 Resource	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff and other resources to carry out MFO resource development functions.</p> <p>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed and the specific steps that shall be taken to ensure that they are developed.</p>			Development Plan was submitted by CFSA on June 30, 2017. Feedback was provided by both the Monitor and Plaintiffs' counsel and a revised Resource Development Plan was submitted on September 19, 2017. ⁸⁶	

⁸⁶ See Appendix C.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance⁴¹	Exit Standard Maintained
CFSA shall then take necessary steps to implement this plan. (IEP citation II.G.21.)				
82. <i>Foster Parent Licensure</i> : CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements. (IEP citation II.G.22.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>83. <i>Quality Assurance</i>: CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.</p> <p>(IEP citation II.G.23.)</p>	Ongoing Compliance	<p>Ongoing compliance</p> <p>QA staff within the Office of Planning, Policy & Program Support were reorganized during the current period. Currently, there are 8 full-time QSR reviewers and a Supervisory QSR Specialist. CFSA also utilizes trained staff outside of the unit to conduct QSRs.</p> <p>Additionally, as of November 26, 2016, this unit also manages the Child Fatality Review.</p>	<p>Ongoing compliance</p> <p>The QSR unit includes 8 full-time QSR reviewers, a Supervisory QSR specialist and a dedicated administrative assistant.</p>	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>84. <u>Maintaining Computerized System:</u></p> <p>a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy.</p> <p>b. CFSA shall provide evidence of the capacity of FACES.NET Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports that shall assist the Agency in meeting goals of safety, permanence and well-being and the requirements of the MFO and Court-ordered Implementation and Exit Plan.</p> <p>(IEP citation II.H.24.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
<p>85. <u>Contracts to Require the Acceptance of Children Referred:</u> CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.</p> <p>(IEP citation II.H.25.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
<p>86. <u>Provider Payments:</u> CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.</p> <p>(IEP citation II.H.26.)</p>	90% of payments to providers shall be made in compliance with DC's Quick Payment Act for all services rendered.	Ongoing compliance	Ongoing compliance ⁸⁷	Yes

⁸⁷ Monthly performance for payment timeliness ranged between 92 and 95%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2016 Performance	January – June 2017 Performance ⁴¹	Exit Standard Maintained
<p>87. <i>Foster Parent Board Rates</i>: There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.</p> <p>(IEP citation II.H.27.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance ⁸⁸	Yes
<p>88. <i>Post-Adoption Services</i>: CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.</p> <p>(IEP citation II.H.28.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance ⁸⁹	Yes

⁸⁸ CFSA uses the Expenditures on Children by Families report issued by the USDA to adjust foster parent board rates. The most recent report was issued in January 2017 and includes data from 2015.

⁸⁹ CFSA reports for FY2017 the adoption subsidy budget amount is \$18,642,368 and the guardianship subsidy budget amount is \$11,831,094.

IV. DISCUSSION OF *LASHAWN A. v. BOWSER* IMPLEMENTATION AND EXIT PLAN OUTCOMES

E. GOAL: CHILD SAFETY

In this section of the report, the Monitor examines CFSA's performance within their Entry Services division which includes the 24 hour Hotline, Child Protective Services (CPS) investigation and Family Assessment (FA) and other administrative supports. This division contains critical functions for a child welfare system due to their role as first responders to allegations of abuse and neglect.

Performance on Exit Standards for child safety and protective services that remain to be achieved has not improved for some time. A primary contributor to this has been high caseloads for both investigative and FA workers, which makes meeting timeliness and quality practice standards difficult. CFSA has developed and begun implementing strategies that are showing some improvement and it believes will ultimately address this issue; data for the next monitoring period will reflect if they are successful. As caseloads are reduced to manageable levels, concurrent work to improve quality of and expectations for practice itself must move forward – engagement with children and caretakers, quality assessments of safety and risk and identification of and interviews with necessary collateral contacts and information – are all fundamental to this work.

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. CFSA utilizes a Differential Response (DR) system to determine the appropriate response to referrals using one of the following pathways: (1) screen out 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 custodian⁹⁰; (2) initiate a CPS investigation; (3) initiate a CPS FA⁹¹; or (4) Information and Referral (I&R)⁹². These determinations are made either by hotline staff at the time of referral using the hotline Structured Decision Making (SDM) tool or

⁹⁰ 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 definitions of neglected and abused child to include victims of sex trafficking or severe forms of sex trafficking.

⁹¹ 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. After the initial safety assessment, participation in FA is voluntary. Investigations are required for reports involving child fatality, suspected sex abuse or allegations that a child is in imminent risk of or has experienced abuse or neglect that is severe.

⁹² 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 for courtesy interview, notice of child or youth run away or return from run away, non-CPS assaults or child or youth curfew violations.

after consultation in the Hotline R.E.D. Team⁹³, which includes participation from multidisciplinary staff within the agency.

Table 3 below shows the number of calls the hotline received between January and June 2017 and specifies the differential response pathway selected for each referral. The volume of calls to the hotline this monitoring period ranged between 1,412 and 1,857 a month, with a total of 9,701 calls during this six month monitoring period. An average of 26 percent of hotline calls received each month were accepted for an investigation or linked⁹⁴ to a current investigation and an average of 23 percent of hotline calls each month were accepted for a FA or linked to a current FA; this represents a decrease in these pathways assignments since the prior monitoring period. As indicated in Table 3, an average of four percent of calls were designated as I&R and a monthly range of 39 to 55 percent of calls were screened out.

**Table 3: Calls to the Child Abuse and Neglect Hotline by Differential Response Pathway
January – June 2017**

Month	Total ⁹⁵	Information and Referral (I&R)	Investigation		Family Assessment (FA)		Screened Out by Hotline or Hotline R.E.D. Team
		Accepted	Accepted	Linked	Accepted	Linked	
Jan 2017	1,510	63 (4%)	367 (24%)	43 (3%)	425 (28%)	21 (1%)	591 (39%)
Feb 2017	1,412	32 (2%)	398 (28%)	44 (3%)	320 (23%)	21 (1%)	597 (42%)
Mar 2017	1,691	53 (3%)	410 (24%)	59 (3%)	384 (23%)	30 (2%)	755 (45%)
Apr 2017	1,559	59 (4%)	354 (23%)	56 (4%)	350 (22%)	18 (1%)	722 (46%)
May 2017	1,857	73 (4%)	362 (19%)	55 (3%)	361 (19%)	25 (1%)	981 (53%)
June 2017	1,672	66 (4%)	329 (20%)	45 (3%)	282 (17%)	24 (2%)	926 (55%)
Total	9,701	346 (4%)	2,220 (23%)	302 (3%)	2,122 (22%)	139 (1%)	4,572 (47%)

Source: CFSA Administrative Data, FACES.NET report INT003

Percentages may not equal 100% due to rounding.

⁹³ 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 family and case history, family strengths and needs. Members consist of a multi-disciplinary team of CFSA staff who meet twice each week day to review Hotline referrals and determine pathway assignment.

⁹⁴ Linked indicates that the agency already had an open investigation or FA and the new referral was linked to the previously opened referral.

⁹⁵ When data are pulled from FACES.NET, hotline calls awaiting approval are not included in the total denominator. The following number of calls were awaiting approval each month: January, 1 call; February, 2 calls; March, 1 call; April, 1 call; May, 3 calls; June, 0 calls.

In the spring of 2016, CFSA limited the number of referrals being forwarded to the Hotline R.E.D. Team for decision making. During that time, criteria used to determine whether to review the report in a R.E.D. Team included, for example, families with three or more reports within a year or families with an open in-home case. The Monitor did not support this decision and advocated that the practice of reviewing reports in R.E.D. Teams to aid decision-making should not be limited, particularly because of concerns that referrals were being inappropriately screened out by the Hotline. In June 2017, CFSA reversed its decision and decided that all referrals in which the Hotline staff were recommending a screen out would again be referred to the Hotline R.E.D. Team. Hotline staff continue to be able to screen out referrals without R.E.D. Team review if 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 custodian.⁹⁶

One additional important change was made to screening procedures this monitoring period. In June 2017, in response to a number of child fatalities whose families had a history of or current involvement with the agency, some with a prior screened out referral alleging positive toxicology at birth, CFSA changed policy and procedure so that all reports with information about positive toxicology for a newborn, including marijuana, will be automatically screened in for assignment as an investigation or FA, depending upon the other circumstances in the report.

Following the review of the Hotline conducted by CFSA and Monitor staff in the spring of 2016, recommendations were developed to improve the quality and consistency in decision making for referrals received by the agency alleging abuse and neglect; implementation of these recommendations were incorporated into the 2017 *LaShawn* Strategy Plan. Several of the recommendations were for CFSA to continue conducting reviews of Hotline processes as continuous quality improvement activities. One of the reviews completed this period by CFSA included a review of 30 recorded referrals to CFSA's Hotline between January and March 2017. The referrals reviewed included reports that were immediately accepted to initiate an investigation or FA, those that were forwarded to the Hotline R.E.D. Team for decision making and referrals that were screened out. The review identified strengths in practice, primarily around positive customer service and interviewing skills. CFSA reviewers agreed with the screening decision in 27 (90%) of the 30 referrals.⁹⁷ CFSA also completed a review of 252 referrals to the Educational Neglect Triage Unit that were received and screened out between January and June 2017. Reviewers agreed with the screen out decision in 223 (88%) referrals. For the 29 referrals where

⁹⁶ CFSA conducted an internal review of 293 referrals that were screened out at the Hotline level in September 2017 and determined that all screen out decisions were appropriately made. The presenting issues in these referrals included assaults, out of jurisdictions, notification of curfew violation reports with no allegations of abuse or neglect, duplicate reports, reports with no allegations, educational neglect triage unit reports, requests for information and insufficient identifying information.

⁹⁷ These data are not comparable to the data from the Hotline review conducted in 2016 as different universes were reviewed. The 2016 review only included referrals that were screened out at the Hotline and was a representative sample of such screened out referrals.

reviewers disagreed with the decision to screen out, most disagreements (25 referrals) were due to reviewers believing the information provided in the referral warranted a child welfare response.

2. Entry Services Caseloads

CPS social workers are the first to respond to allegations of abuse and neglect in 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 with the agency is necessary to ensure the ongoing safety of the child(ren). High worker caseloads can have a direct impact on the ability of the workforce to make accurate and comprehensive assessment of safety and well-being concerns and engage families in effective planning and services. During the current monitoring period, caseloads for investigative and FA workers were far above the required standards with only 46 percent of workers in June 2017 meeting the standard of having no more than 12 cases.

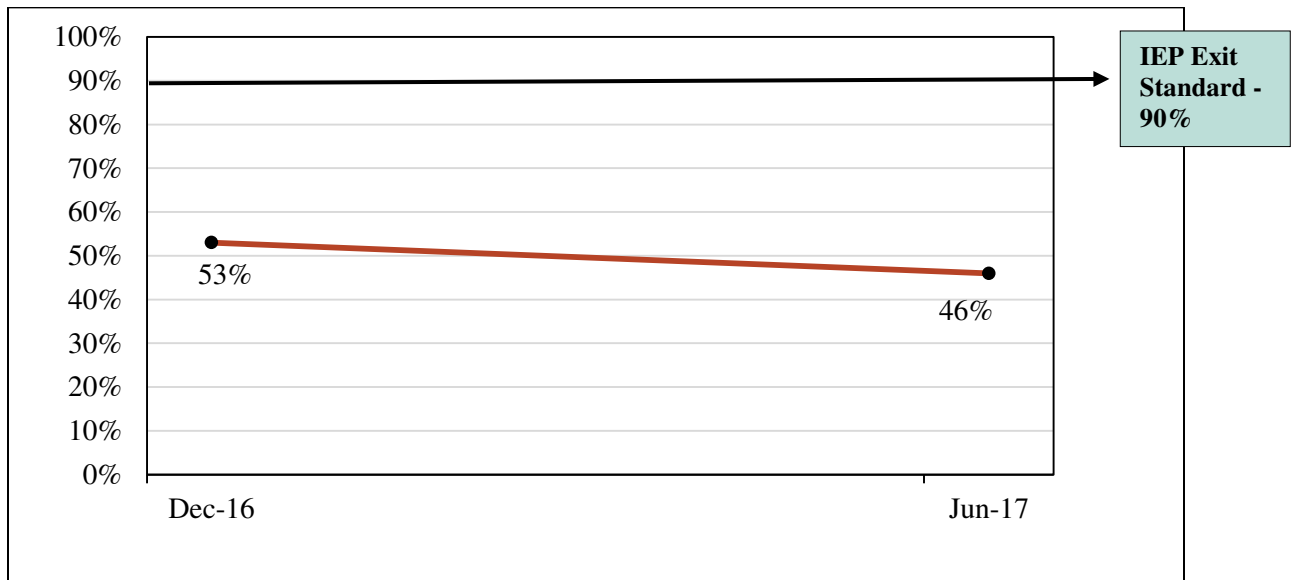
CFSA has consistently struggled to implement effective strategies to ensure CPS social workers have caseloads that are in compliance with standards set forth in the IEP. As included in the 2017 *LaShawn Strategy Plan*, CFSA completed a staffing analysis and assessment of Entry Services practices to identify barriers to quality casework and timely initiation and closure of investigations and FAs. Through this assessment and to deal with caseload pressures, CFSA recognized the need to increase frontline staff. CFSA added a new CPS unit (one supervisor and five social workers) in June 2017. CFSA reports all existing vacancies were filled by August 21, 2017.⁹⁸

Investigative Caseloads

IEP Requirement	46. <u>Caseloads</u> : a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. (IEP citation I.D.25.a.)
Exit Standard	90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases.

⁹⁸ As of the date of this report, there are currently 3 social worker vacancies in Entry Services.

**Figure 1: Percentage of CPS Workers who
Met Exit Standard Requirement for Caseloads
December 2016 – June 2017⁹⁹**



Source: CFSA Administrative Data, FACES.NET report INV145

Performance for the period January 1 through June 30, 2017:

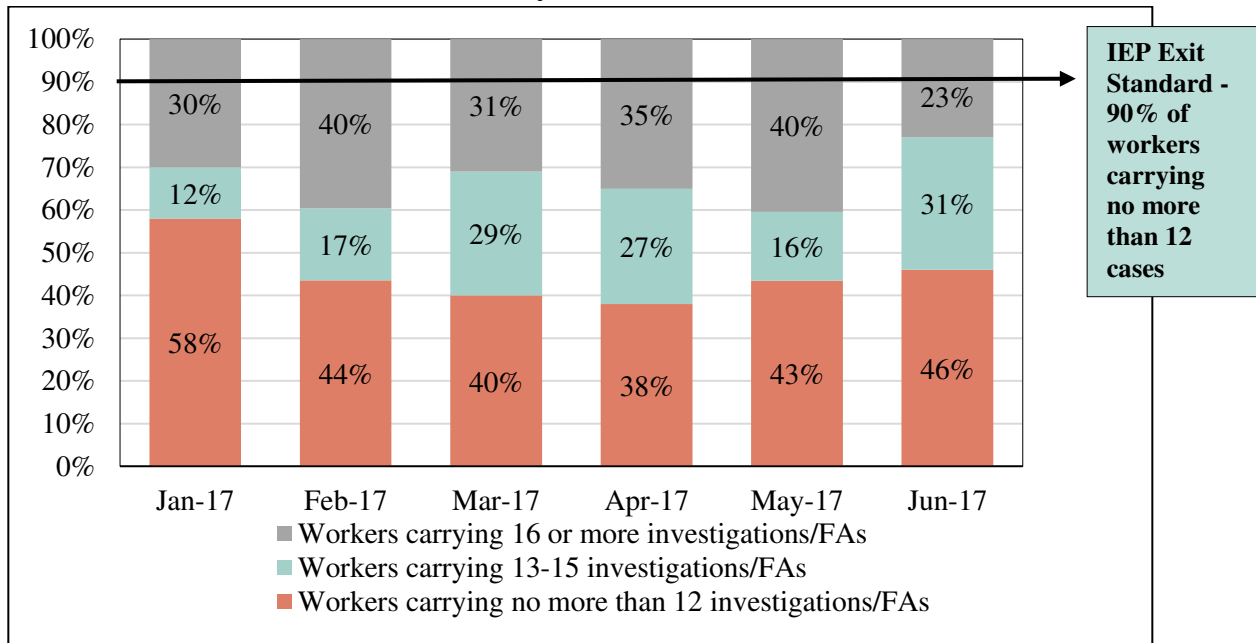
The Monitor analyzes both investigative and FA worker caseloads together, as they both fall under the umbrella of CPS.¹⁰⁰ During the current monitoring period, a monthly range of 38 to 58 percent of CPS workers were carrying no more than 12 cases, the standard required by *LaShawn*, and a monthly range of 23 to 40 percent of CPS workers were carrying more than 15 cases, which represents a decrease in performance from the previous monitoring period (see Figure 2).

Caseloads continue to be a significant concern, and as previously stated, the effect of caseloads on quality practice is an important factor to consider with regard to assessing for safety, connecting families with supports and services and ensuring children’s safety and well-being. Since June 2017, CFSA has increased staff within Entry Services to address high caseloads. Moving forward, as investigations and FAs are aligned under one program administrator, it is essential for leadership to continue with planned strategies to ensure that all vacancies are filled and that frontline workers are supported in effectively managing their workloads.

⁹⁹ Data reported prior to December 2015 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 data throughout the entire month in order to get a more accurate picture of caseloads. From December 2016 onward, the Monitor also analyzes investigative and FA worker caseloads together as they both fall under CPS.

¹⁰⁰ Ibid.

Figure 2: CPS (Investigation and FA) Worker Caseloads
January – June 2017

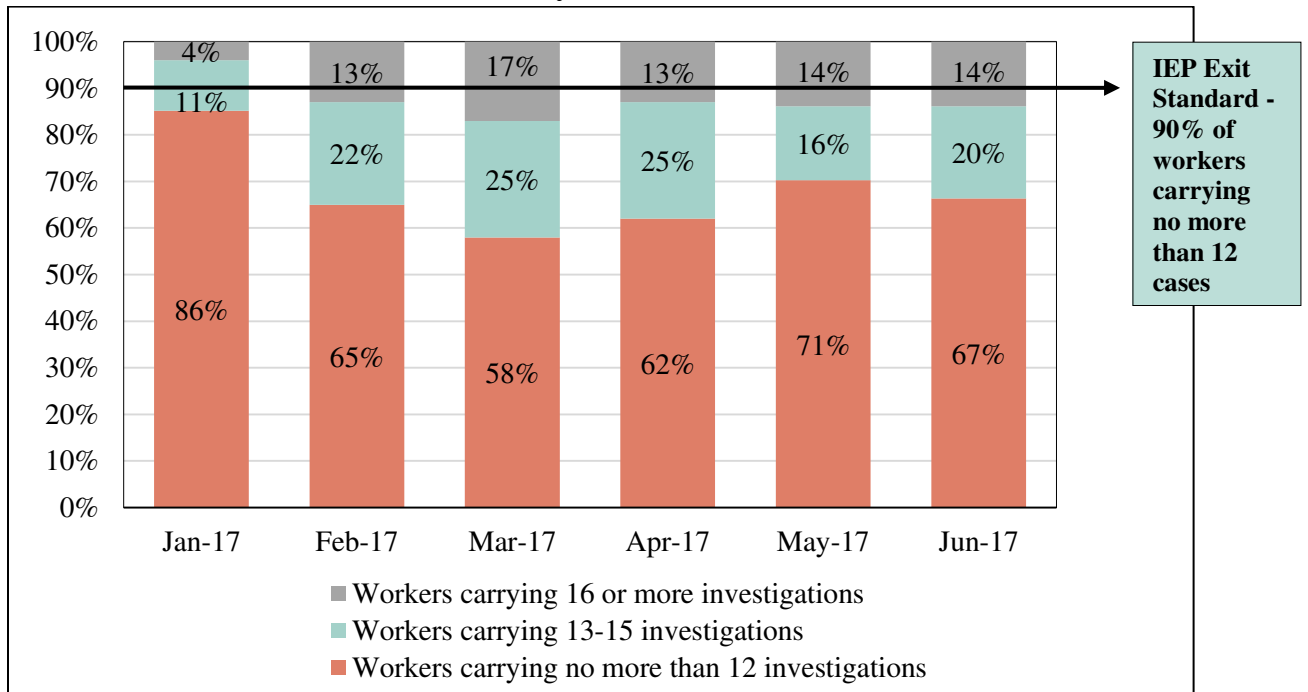


Source: CFSA Administrative Data, FACES.NET INV145

*Totals may not equal 100% due to rounding

Analysis of data by caseload type shows that caseloads for workers conducting investigations are substantially better than caseloads for FA workers. Between January and June 2017, a monthly range of 58 to 86 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Figure 3) and a monthly range of four to 17 percent of investigative workers had a caseload exceeding 15 investigations each month.

**Figure 3: CPS-Investigation Worker Caseloads
January – June 2017**



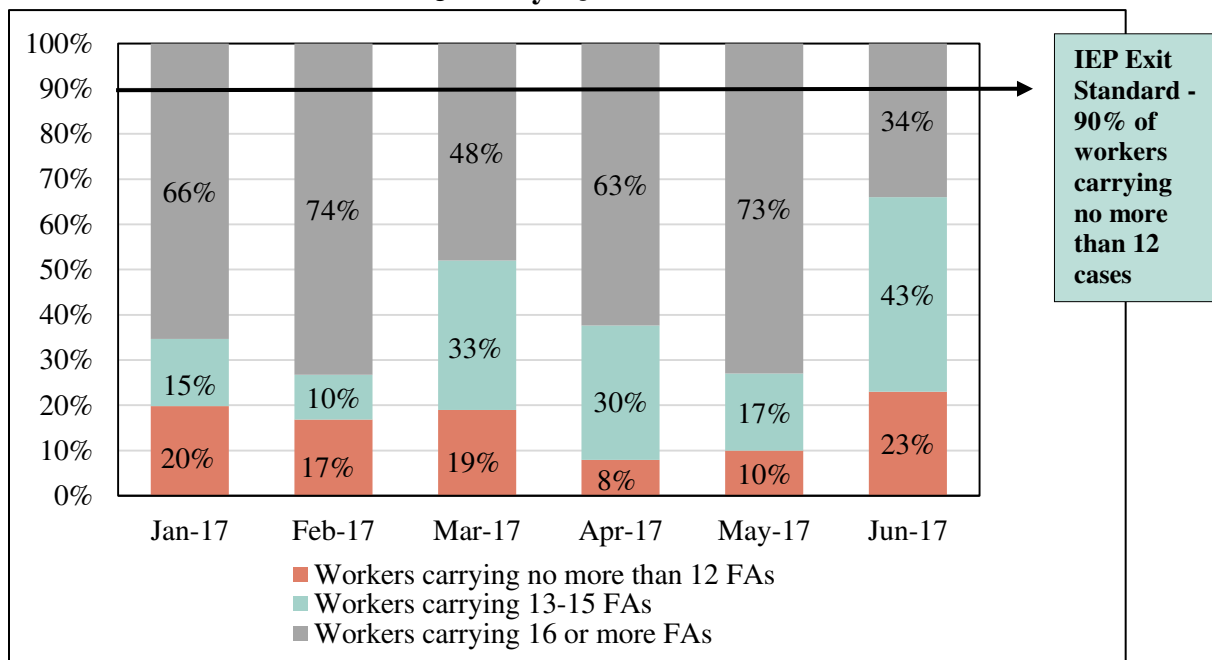
Source: CFSA Administrative Data, FACES.NET report INV145

*Totals may not equal 100% due to rounding

Family Assessment Caseloads

Caseloads for FA workers continued to be extremely high throughout the monitoring period with the percentage of FA workers carrying 12 or fewer FAs ranging from only eight to 23 percent between January and June 2017 (see Figure 4). This represents a significant increase in caseloads since the previous monitoring period (monthly performance from July to December 2016 ranged from 22 to 82%). Additionally, 34 to 74 percent of FA workers were carrying more than 15 FA cases during the current monitoring period. January through June is typically a time of increased educational neglect referrals to the agency and CFSA needs to implement strategies that anticipate this annual increase in workload during those months.

Figure 4: CPS-FA Worker Caseloads
January – June 2017



Source: CFSA Administrative Data, FACES.NET INV145

*Totals may not equal 100% due to rounding

3. Investigations

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 requires CFSA 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.).

Three of the IEP Exit Standards regarding investigations remain Outcomes to be Achieved – (1) timely initiation of investigation, (2) timely closure of investigations and (3) quality of

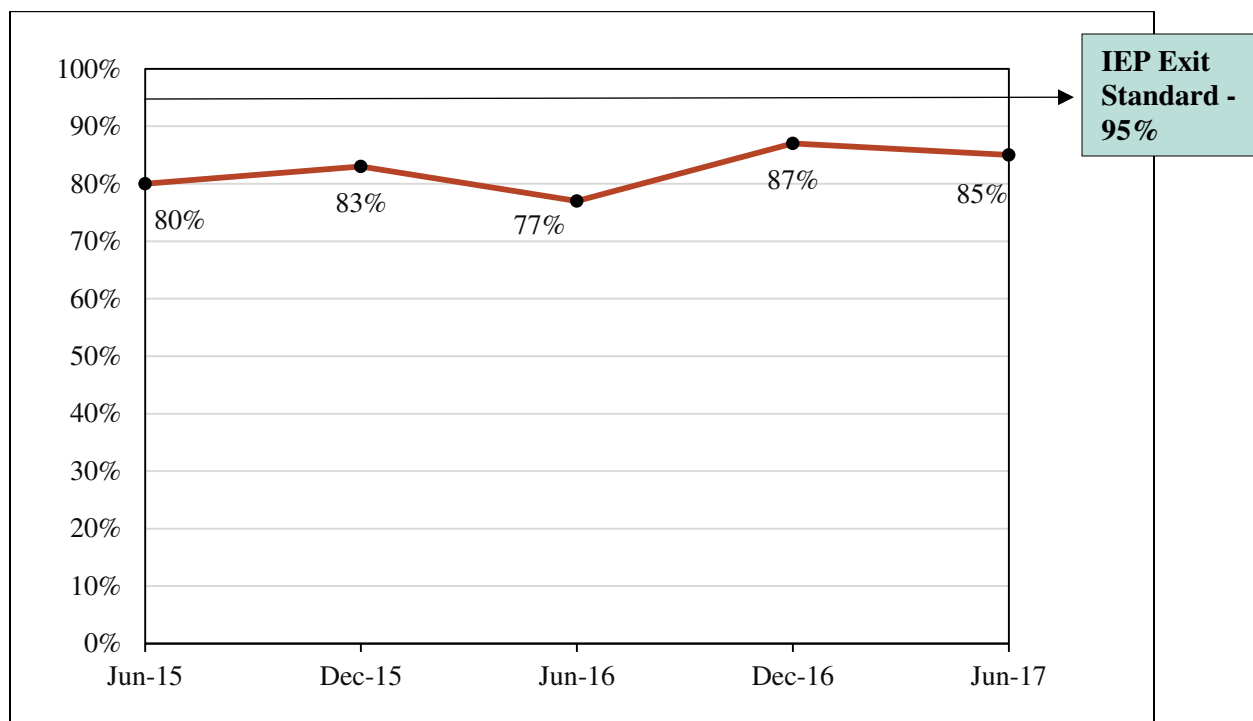
investigations. CFSA's performance over this monitoring period remained the same as last period for timely initiation of investigations; declined for timely closure of investigations; and improved slightly for quality of investigations – none of these Exit Standards were achieved.

Initiating Investigations

IEP Requirement	1. <u>Investigations</u> : Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment. (IEP citation I.A.1.a.)
Exit Standard	95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located. ¹⁰¹

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

**Figure 5: Timely Initiation of Investigations
June 2015 – June 2017**



Source: CFSA Administrative Data, FACES.NET report INT052 and secondary review of administrative data to validate completion of good faith efforts.

Performance for the period January 1 through June 30, 2017:

Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of the caretaker or making all applicable good faith efforts to locate and see them within the 48 hour timeframe.¹⁰² CFSA provided findings from a secondary review of FACES.NET data for March and June 2017 to validate instances 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 June 2017, 373 closed abuse and neglect investigations were applicable to this measure.¹⁰³ All alleged victim children were seen within 48 hours in 271 (73%) investigations and good faith efforts were made in an additional 45 (12%) investigations for a total of 85 percent of investigations initiated timely. Performance in March 2017 for this measure is 87 percent. Current performance does not meet the required level.

¹⁰² For younger and non-verbal children, observation is acceptable.

¹⁰³ 7 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. 1 additional investigation was removed as it was a FA that was initially mistakenly categorized in FACES.NET.

For the remaining months in the period, monthly performance data on timeliness of investigation initiation (without inclusion of good faith efforts) ranged from 70 to 73 percent. Documentation of good faith efforts were not validated for these months and valid efforts made would likely increase performance.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on timely initiation of investigations (IEP I.A.1.a.):

- *Starting April 1, 2017, Entry Service Supervisors and Program Managers will listen daily to incoming calls in real time and use instant messaging to prompt additional questions to be asked during reports (2017 Strategy Plan, strategy 1.1., p.1).*

CFSA reports that supervisors began listening to live calls in March 2017 and call system enhancements, which allow supervisors to utilize instant messaging during live calls, were completed in late-July 2017.

- *With the Truancy Task Force, the Deputy Director for Entry Services will review Educational Neglect policy, process and data to make and implement recommendations for changes by September 2017 (2017 Strategy Plan, strategy, 1.2., p.1).*

Data from the 2015/2016 and 2016/2017 (through May 31, 2017) school years were reviewed and analyzed by CFSA. These included the number of referrals received each month, identification of schools with highest frequency of reporting, age of children identified in referrals and screening decision outcomes. Of the 2,559 educational neglect referrals made by schools in the 2016/2017 school year, 60 percent were screened out. The majority of referrals that were accepted were assigned to the FA pathway.

CFSA reports that review of these data and other considerations determined that many referrals are not appropriate for child neglect reporting – including those in which the child is over the age of 13 or does not live in DC – and that schools are not consistently completing the actions they are required to take prior to making a referral, such as holding meetings with parents, making home visits and gathering and reporting complete and accurate information. CFSA is engaged in discussions with other District agencies – including the Office of the Attorney General, Office of the State Superintendent of Education, DC Public Schools – around possible changes to legislation.

- *By May 15, 2017, the Diligent Search Unit will organizationally move to Entry Services Administration (2017 Strategy Plan, strategy 2.1., p.1).*
- *By April 30, 2017, Entry Services will create Response Team(s) consisting of a CPS Social*

Worker and Diligent Search staff to respond together to referrals and to assist with locating children and families (2017 Strategy Plan, strategy 2.2., p.1).

The Diligent Search Unit was moved to the Entry Services Administration this monitoring period. This change was to ensure quick and direct access to staff who can assist CPS investigators or FA staff in locating families and children when a referral is accepted. CFSA reports that between April and July 2017, a range of 102 to 132 requests were made to Diligent Search by CPS staff to assist with locating families, entering locked buildings, traveling with workers in the field or engaging family members.

CFSA instituted a Joint Response Team staffing, which includes both CPS and Diligent Search staff, for cases where workers are unable to contact caretakers or children in a timely manner, when family members are purposefully avoiding CPS staff or there are other barriers to completing the investigation or FA and Diligent Search staff can assist. Between April and July, 51 cases were staffed in a Joint Response Team.

- *Entry Services will continue “huddles,” during which investigative and supportive activities are assigned to social workers to move toward timely contact. The Diligent Search supervisor will be included in the huddles to support this effort (2017 Strategy Plan, strategy 2.3., p.1).*

CFSA reports that supervisors meet daily during Huddles to review investigations and three times a week to review FAs. FACES.NET data are used to identify investigations or FAs that have not yet been assigned. For those cases that have been assigned but contact has not yet been made with the alleged victim child(ren), efforts and strategies are discussed during the meeting. The Monitor has observed at some of these meetings and found that when working well, the Huddles can provide a productive space for managing work, discussing priorities and providing clinical supervision. In another observation, the purpose of the Huddle was not consistently understood by staff and applied during the meeting. CFSA reports Program Administrators and Program Managers will oversee the quality of practice during these meetings to ensure consistency.

- *By April 15, 2017, the Deputy Director for Entry Services will complete a staffing analysis of social workers and Family Support Workers (FSWs) to include number of staff, shifts, impact of extended leave and assignment process and will provide recommendations to be implemented in the next quarter (2017 Strategy Plan, strategy 3, p.1).*

A staffing analysis completed in April 2017 concluded that changes made in March 2017 to reduce staff and staff responsibilities during the overnight shift had negatively impacted day shift worker caseloads. Overnight staff were only assigned to keep investigations on their caseload if removals occurred and all other referrals were reassigned to the day shift. Analysis concluded

that there were sufficient positions to meet caseload standards if every position was consistently filled.

Recommendations from this analysis were used to modify shift staffing to even workload expectations, with the majority of casework expected to occur during day shift hours, and to create a CPS unit where the workers can be assigned to either investigations or FAs as needed. In June 2017, CFSA also added an additional unit to Entry Services, with five new FTEs and one new supervisor.

- *By April 30, 2017, the Deputy Director for Administration will complete an analysis of car access and usage and implement recommendations regarding the reservations process and access to vehicles (2017 Strategy Plan, strategy 4, p.1).*

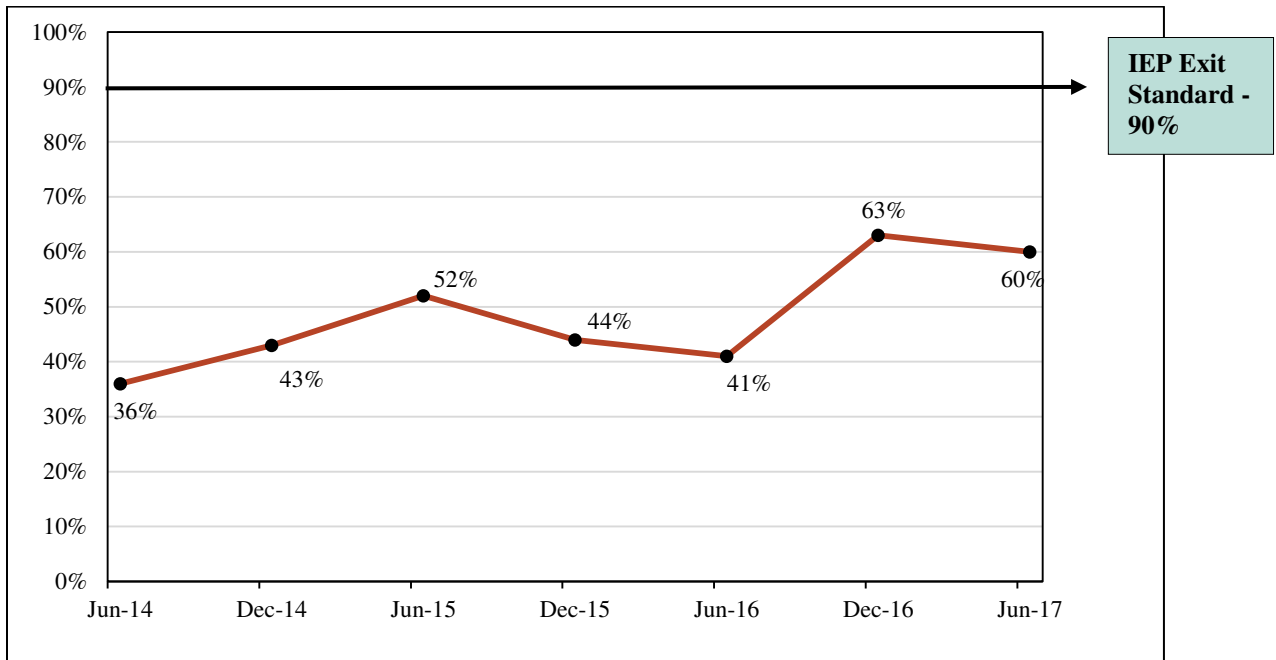
In April 2017, CFSA completed an analysis of staff access to cars to carry out the responsibilities of their job. Workers consistently have complained that limited access to cars inhibits their timely performance. The review determined the need for increased accountability for the vehicle reservation process, enhanced vehicle safety and better functionality from the Fast Fleet¹⁰⁴ system. Following the review, CFSA explored additional transportation options including increasing the number of Zipcars available, establishing a contract with a taxi/cab company and allowing for personal vehicle use. These recommendations were shared with leadership in October 2017; a final determination has not yet been made.

Timely Completion of Investigations

IEP Requirement	2. <u>Investigations</u> : 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.

¹⁰⁴ Fast Fleet is an in-vehicle technology that allows CFSA's Fleet Office to maintain a scorecard of activities including utilization and trends.

**Figure 6: Timely Completion of Investigations
June 2014 – December 2017**



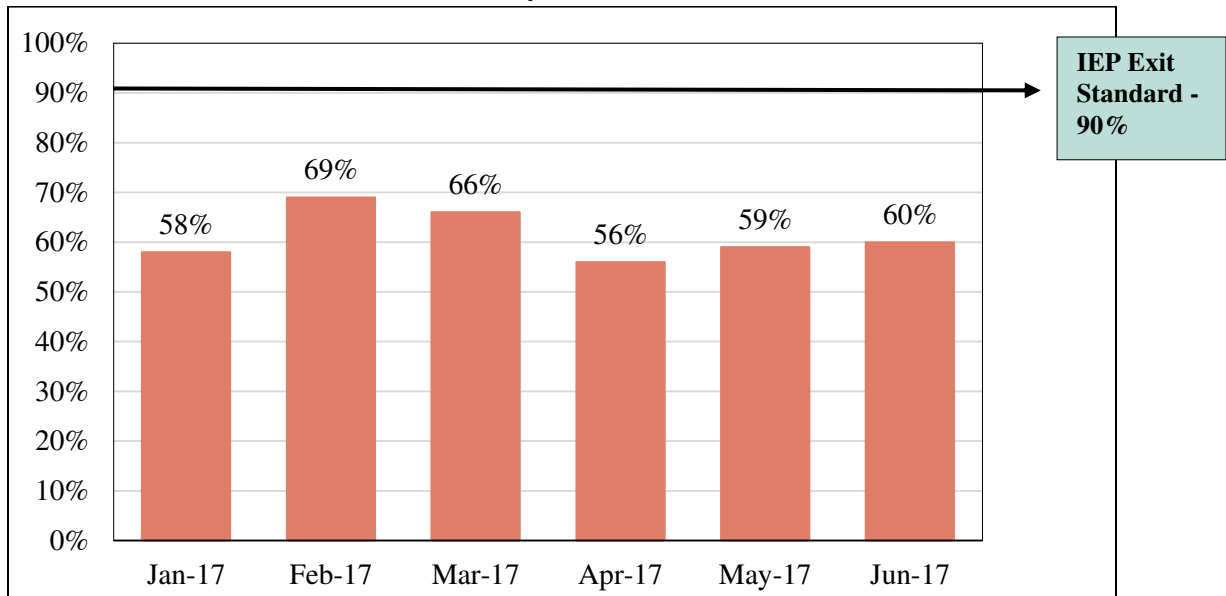
Source: CFSA Administrative Data, FACES.NET report INV004

Performance for the period January 1 through June 30, 2017:

In June 2017, there were 374 non-institutional abuse investigations completed; 225 (60%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report. As indicated in Figure 7 below, performance this monitoring period ranged between 56 and 69 percent of investigations completed timely each month.¹⁰⁵ In the late part of 2016, performance appeared to be on an upward trajectory, with CFSA reaching 80 percent in October 2016; however, performance for this period has fluctuated below those gains.

¹⁰⁵ During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: January, 59; February, 45; March, 90; April, 86; May, 68; June, 52.

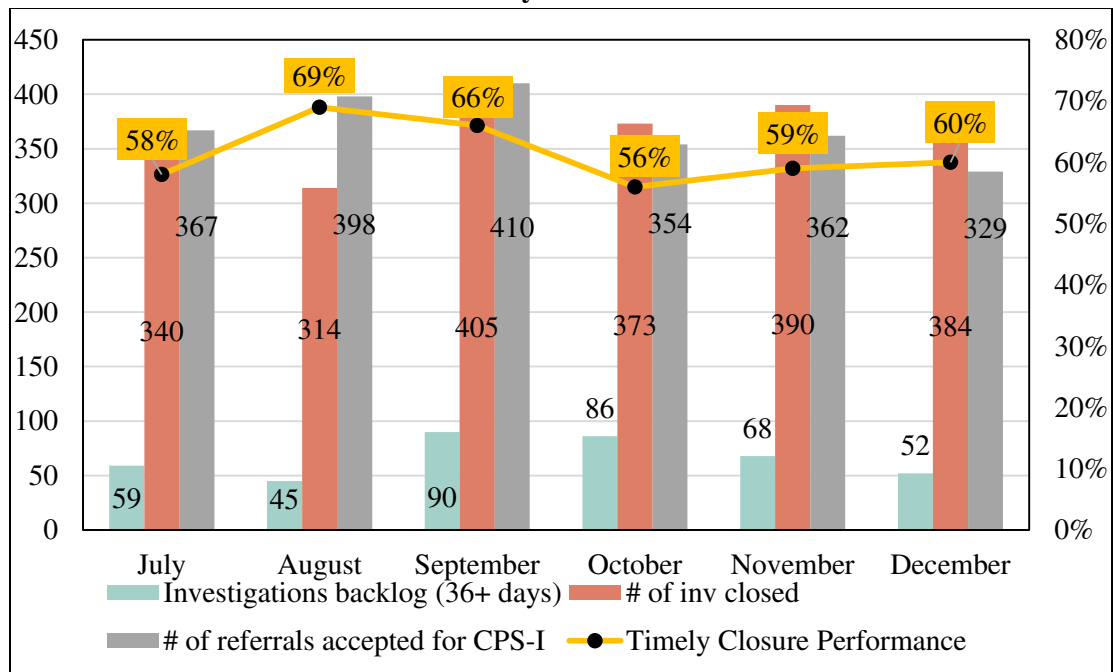
**Figure 7: Timely Completion of Investigations
January - June 2017**



Source: CFSA Administrative Data, FACES.NET report INV004

Figure 8 below 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 closed within 35 days.

**Figure 8: Investigations Accepted, Closed and in Backlog
January – June 2017**



Source: CFSA Administrative Data, FACES.NET reports INT003, INV002 and INV004

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on timely completion of investigations (IEP I.A.1.b.):

- *Entry Services will continue daily huddles, during which investigative and supportive activities are assigned to social workers and FSWs to help move the investigation toward timely closure (2017 Strategy Plan, strategy, 1.1., p.2).*

Implementation of this strategy is discussed earlier, within the timely initiation of investigation strategies.

- *By April 1, 2017, Entry Services Program Managers and Program Administrators will lead weekly 10-15 day R.E.D. Teams to ensure tasks, documentation and supervision is consistently occurring (2017 Strategy Plan, strategy 1.2, p.2).*

CFSA reports 10-15 day R.E.D. Teams meet twice a week to review FAs and once a week to review investigations. CFSA completes quality assurance reviews of randomly selected meetings each month to assess attendance; level of facilitation; discussion of family history, family strengths, complicating factors; identification of specific service interventions or tangible needs the family has; and barriers to safe and timely closure. Data from review of 34 FAs and investigations completed between May and October 2017 indicate that, in most instances, facilitators are able to guide the discussion, ask appropriate questions to cover essential topics (i.e., family history, complicating factors, etc) and ensure an equal level of participation and professional conduct by team members. Barriers to timely closure of the FA or investigation were identified in approximately half of those reviewed; most barriers were related to the worker's inability to interview a key family member or collateral or inability to locate the family.

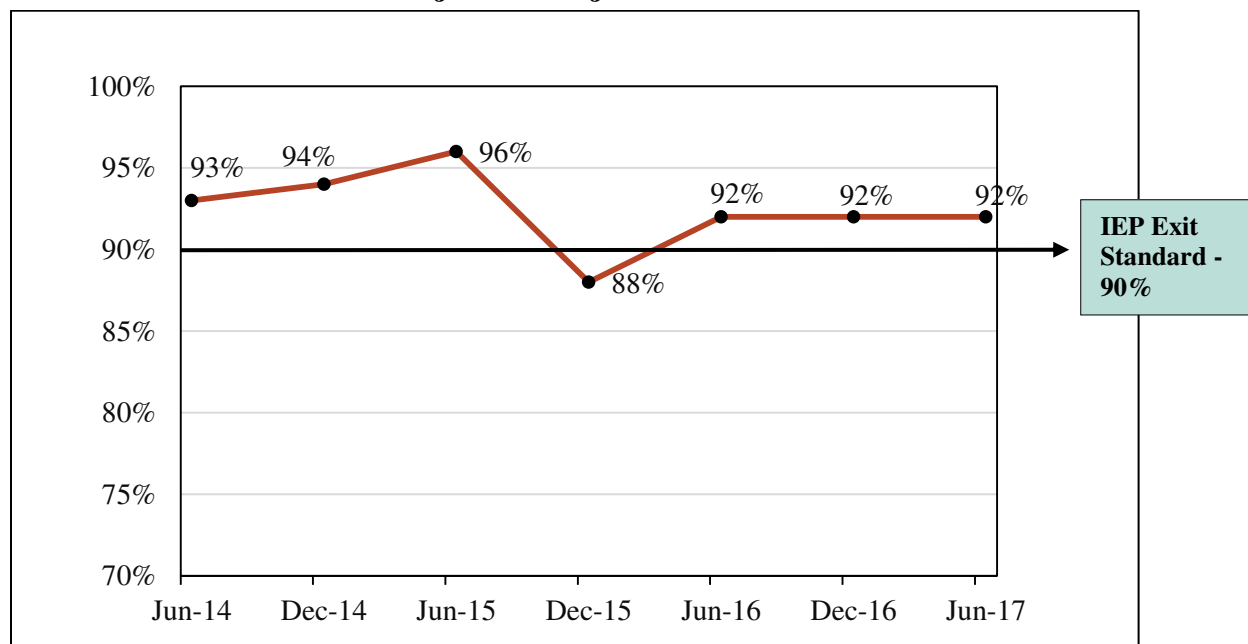
- *By April 30, 2017, Entry Services will create Response Team(s) consisting of a CPS Social Worker and Diligent Search staff to respond together to referrals and to assist with locating children and families (2017 Strategy Plan, strategy 2, p.2).*

Implementation of this strategy is discussed earlier, within the timely initiation of investigation strategies.

Reviews of Repeat Reports

IEP Requirement	<p>3. <u>Investigations</u>: 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.</p> <p>(IEP citation I.A.1.c.)</p>
Exit Standard	<p>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.</p>

**Figure 9: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
June 2014 – June 2017**



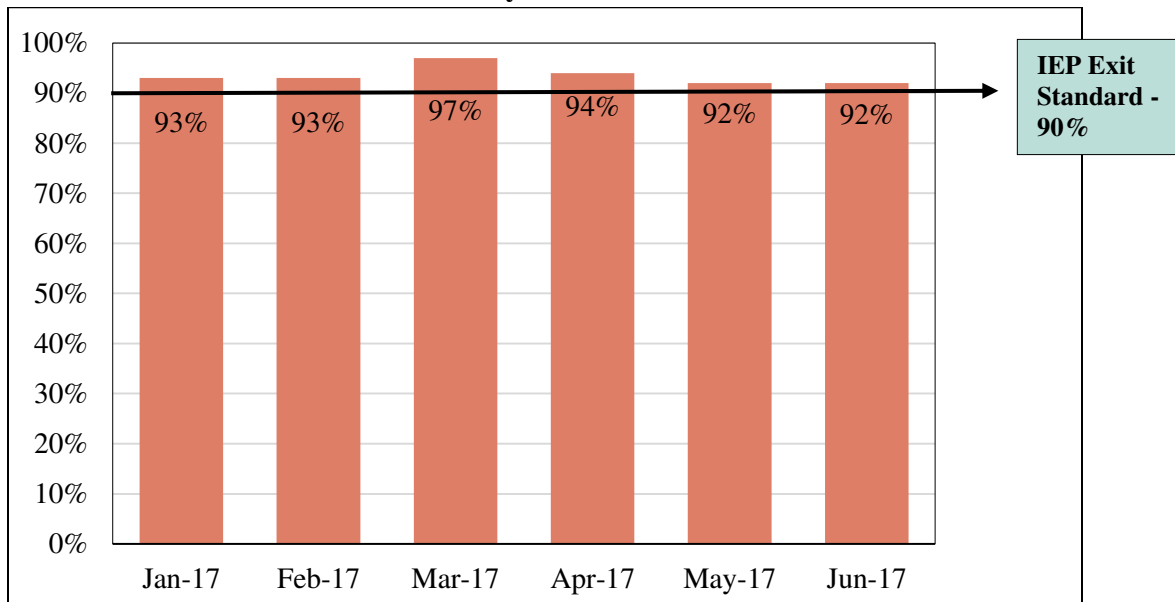
Source: CFSA Manual Data and Administrative Data, FACES.NET Report INV133

Performance for the period January 1 through June 30, 2017:

The purpose of this requirement is to ensure a more intensive upfront review of a family's history and current case circumstances when a family has had multiple reports alleging abuse or neglect. In June 2017, there were 93 families eligible for a review as the current report of child maltreatment was the fourth or greater report of child maltreatment. Eighty-six (92%) of these investigations had documentation in FACES.NET indicating that a special review of the case history and current circumstances that brought the family to CFSA's attention had occurred. Between January and

June 2017, monthly performance for this Exit Standard ranged from 92 to 97 percent, above the 90 percent standard each month (see Figure 10). Despite high completion rates, a review of documentation from sample investigations does not reflect that the quality of these meetings has improved and these reviews do not consistently meet the intended purpose of the Exit Standard requirement.

**Figure 10: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
January – June 2017**

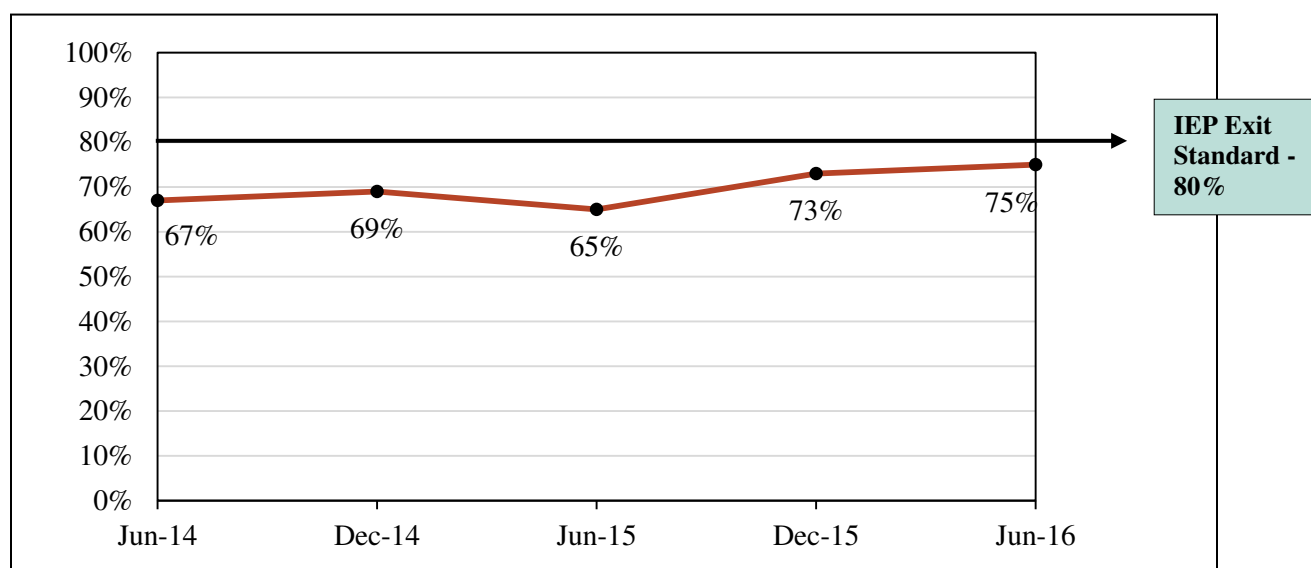


Source: CFSA Manual Data and Administrative Data, FACES.NET Report INV133

Quality of Investigations

IEP Requirement	4. <u>Acceptable Investigations</u> : CFSA shall routinely conduct investigations of alleged child abuse and neglect that are of acceptable quality. ¹⁰⁶ (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

**Figure 11: Investigations Determined to be of Acceptable Quality
June 2014 – June 2017**



Source: Data for all months except June 2015 are based upon a review of 131 or 132 investigations closed during the six month monitoring period ending in the referenced month. Data for June 2015 are based upon a review of 99 investigations closed between January and June 2015.

Performance for the period January 1 through June 30, 2017:

Data were collected for this Exit Standard using a structured review instrument developed jointly by CFSA and the Monitor. Cases are found to be of acceptable quality if there is evidence that comprehensive interviews are conducted with core and collateral contacts (including all children

¹⁰⁶ 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. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren); (f) Use of risk assessment protocol in making decisions resulting from an investigation; and (g) Initiation of services during the investigation to prevent unnecessary removal of children from their homes.

in the household); medical and mental health evaluations of parents or children are completed, as needed; the risk assessment protocol is utilized; and services are initiated to prevent unnecessary removal of children from their home. A sample of 132 investigations that closed between January and June 2017 were reviewed by at least two CFSA staff or one CFSA and one Monitor staff¹⁰⁷. Of the 132 investigations, 99 (75%) were assessed to be of acceptable quality. Performance is slightly improved over the previous period but below the required level of 80 percent.

Performance on Strategy Plan:

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

- *By May 15, 2017, Entry Services in conjunction with the Child Welfare Training Academy (CWTA) will provide social workers with investigative process refresher training (2017 Strategy Plan, strategy 1.1, p.3).*

Implementation of this strategy is discussed later in the report, within the staff training strategies (Section D.2).

- *Entry Services Supervisors will continue to focus on providing clinical supervision to staff emphasizing engagement, critical thinking and collaborative decision-making (2017 Strategy Plan, strategy 1.2, p.3).*
- *By April 15, 2017, Entry Services Program Managers will begin reviewing at least 10 investigations per month with the Supervisors and will provide additional support and coaching to complete investigations of acceptable quality. When Entry Services is fully staffed, the number of investigations to be reviewed will increase (2017 Strategy Plan, strategy 1.3, p.3).*

CFSA reports that implementation of the two strategies listed above is ongoing.

- *By June 30, 2017, the Deputy Director for Entry Services will assess the policies and practices from the Family Assessment Administration and develop recommendations for improvements with timelines for implementation (2017 Strategy Plan, strategy 1.4, p.3).*

In July 2017, CFSA completed its assessment of the functioning of the FA pathway, including process and practice. There were several specific problems identified that contributed to a lack in fidelity to the DR model, such as staffing shortages, insufficient use of diligent search, challenges at the hotline, bifurcation in Entry Services organizational structure and general confusion about FA practice itself. These, and others, have led to poor practice, with incomplete assessments that failed to incorporate a family's prior history, lack of contact with collaterals, safety concerns left unresolved at the time of FA closure and insufficiencies in timely and robust engagement with

¹⁰⁷ Monitor staff reviewed 36% of sample investigations.

families. CFSA also found that a focus on delivery of concrete services, such as food vouchers and cribs, had replaced necessary clinical assessment and engagement.

Following this review, CFSA took several actions. The largest change, which is referenced earlier in this section, is the consolidation of investigations and FA into one administration, with one administrator and five program managers. A separate administration was created to include Hotline, Diligent Search and the Educational Neglect Triage Unit. CFSA reports that additional staffing was added to Entry Services, management oversight and supervision were increased and training on engagement, documentation and work process were mandated for all staff. Several of the other changes, relocation of the Diligent Search Unit and increased supervision to reinforce clinical aspects of practice, are discussed in other 2017 *LaShawn* Strategy Plan updates throughout this report.

In the Monitor's view, improvements to FA practice remain a work in progress. CFSA plans to finalize and strategically disseminate a new FA POM (practice operational manual) which should clarify role and function of FA workers and expectations for FA practice. During the next monitoring period, CFSA will also implement a revised and transparent case assignment rotation process for FA workers.

- *By April 15, 2017, Entry Services will create monthly learning collaboratives for supervisors to develop both clinical and administrative skills (2017 Strategy Plan, strategy 2.1, p.3).*

CFSA reports learning collaboratives, which are designed to improve clinical and administrative skills of supervisors, were scheduled for April, June, July, September and October 2017. The topics include *Supervision is a Distinct Professional Activity*, *Differential Response* and *Marijuana/THC*. The monthly collaboratives are mandatory for staff. CFSA reports the average attendance is 85 percent across trainings provided so far; staff on vacation, sick leave or at court do not attend.

- *By May 30, 2017 Entry Services Supervisors will be required to attend all modules of Mastering the Art of Child Welfare Supervision (MACWIS) training (2017 Strategy Plan, strategy 2.2, p.3).*

Implementation of this strategy is discussed later in the report, within the staff training strategies (Section D.2).

- *Beginning March 24, 2017, Agency Performance will provide individualized results of reviews using the Acceptable Investigations tool to social workers and supervisors to enhance practice and improve inter-rater reliability (2017 Strategy Plan, strategy 3, p.3).*

The purpose of this strategy is to clarify expectations for quality practice and provide direct feedback to workers and supervisors on areas of strength in their practice and areas/skills that need improvement. CFSA reports that results from the quality review of investigations were shared with Entry Services leadership on February 9th, March 30th and September 13, 2017. CFSA reports current data indicate that medical, educational and collateral contacts have improved since last year.

Community-Based Service Referrals for Low & Moderate Risk Families

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

Performance for the period January 1 through June 30, 2017:

As discussed in more detail below, through protocols developed and implemented by Community Partnerships, CFSA has improved the processes used to submit and track referrals to community-based providers. The Monitor has previously used data from FACES.NET for reporting on this measure. Due to past deficiencies in data tracking with the Collaboratives, the Monitor was always unable to determine if the families identified in FACES.NET as having been referred were in fact being referred to the Collaboratives. In May 2017, CFSA began internally tracking submission of referrals to the Collaboratives and other service providers, as well as the outcomes of those referrals through a manual process. This change is a positive step in efforts to enhance the utilization of community-based services for families and has shown a significant increase in referrals for families in both investigations and FA cases. In June 2017, for example, CFSA referred 27 families to a Collaborative for services.

However, the new tracking systems, in addition to data entry errors in FACES.NET reporting, do not provide data specific to the components of this Exit Standard for reporting. CFSA is able to confidently report how many families involved with the agency through an investigation or FA were referred to a Collaborative during the month but this information is not inclusive of all families with closed Entry Services cases that month who were assessed as low or moderate risk of abuse and neglect and in need of and agreed to supports. The Monitor will be working with

CFSA over the next monitoring period to determine the most productive methodology for reporting on this Exit Standard so that it aligns with current practice.

Through the Safe and Stable Family Redesign, CFSA reassessed the continuum of community-based services available, many of which are provided and contracted through the Collaboratives including HOMEBUILDERS and Project Connect (both of which are evidence-based programs intended to help families stabilize and prepare for reunification) as well as Parenting Education and Support Services and Parent Adolescent and Support Services. HOMEBUILDERS is an intense family preservation service that works closely with families where the child or youth is at imminent risk of removal for a short period of time, generally four to six weeks or longer if needed; Project Connect works with families with substance abuse issues for up to a year; Parenting Education and Support Services includes parenting classes; and Parent Adolescent and Support Services are designed for families of youth who have committed a status offense – including running away, truancy or curfew violation – through providing family assessments, case management, linkages to community-based services and ongoing youth and parent support groups. Table 4 and Table 5 illustrate the program activity for select community-based programs contracted through CFSA.

Table 4: Community-Based Services Referral Activity
January – June 2017

Program	# of Referrals Received	# of Approved Referrals	# of Denied Referrals
Project Connect	42	34*	8
HOMEBUILDERS®	53	25	28
Parenting Education and Support Services ¹⁰⁸	19	17	2
Parenting Education and Support Services ¹⁰⁹	12	12	0
Parent Adolescent and Support Services (PASS)	43	43	0
Grand Total:	169	131 (78%)	38 (22%)

Data Source: CFSA Manual Data

*At the time data were provided, two Project Connect referrals were pending a Partnering Together Conference

¹⁰⁸ Provider for these referrals is the Collaborative Solutions for Communities.

¹⁰⁹ Provider for these referrals is the East River Family Strengthening Collaborative.

Table 5: Community-Based Services Family Referral Activity*
January – June 2017

Program	Enrolled/ Receiving Services	Pending Enrollment/ Class Commencement	Withdrew from Services	Discharged from Program (Served)	Successfully Completed
Project Connect	41	2	12	4	4 (8)
HOMEBUILDERS®	0**	0**	4	25	13 (22)
Parenting Education and Support Services ¹¹⁰	2	13	1	2	2 (5)
Parenting Education and Support Services ¹¹¹	1	4	4	4	4 (6)
Parent Adolescent and Support Services (PASS)	25	5	14	13	11
Grand Total:	69	24	35	48	23 (52)

Data Source: CFSA Manual Data

*All data above represent number of families with the exception of Parent Adolescent and Support Services, which represents the number of youth. The number of children in families that successfully completed each program are represented within parentheses

**HOMEBUILDERS was discontinued during the current monitoring period

During this monitoring period, CFSA decided to discontinue the use of HOMEBUILDERS, which was implemented as part of their federal Title IV-E waiver program. CFSA determined that this service was not producing the intended outcomes for District families and decided instead to expand the use of at-risk Family Team Meetings (FTMs) and Mobile Stabilization Services (MSS) for in-home families, with access to more intensive support for families who need it through their social workers and other community-based resources. At-risk FTMs are used to bring families and CFSA together to identify current challenges and help the family develop a plan to eliminate safety concerns and reduce risk level through the connection to ongoing supports and services. MSS is not intended to be an ongoing, intensive support for families but rather a short-term intervention to deescalate a crisis and provide some short-term ongoing support. CFSA's plan is to use these short-term crisis interventions as a means to assess needs for longer term and perhaps more intensive support. The Monitor remains concerned that CFSA does not currently have a model of intensive in-home services for families that need it, especially those families who cycle through agency involvement regularly.

¹¹⁰ Provider for these referrals is the Collaborative Solutions for Communities.

¹¹¹ Provider for these referrals is the East River Family Strengthening Collaborative.

4. Family Assessment (FA)

The FA pathway is designed for families for whom a hotline report has been made but there are no identified immediate safety concerns. As discussed earlier, CFSA has identified procedural and practice issues which have impacted fidelity of the FA model in the District. The data below reflect these observations.

Timely Initiation of FA

Similar to investigations, a FA referral requires workers to see and interview all children in the household to assess for safety. CFSA policy sets different response times for initiation of FA depending upon the information contained in the hotline referral – either within 72 or up to 120 hours (5 days) from the hotline referral. In June 2017, for 107 (29%) families whose FA closed that month, contact had been made with all alleged victim children within 72 hours of receipt of referral; for an additional 99 (27%) families all alleged victim children were contacted within 120 hours of receipt of the referral, for a total of 57 percent of FAs timely initiated. Monthly performance for FA initiation within 120 hours ranged between 55 and 65 percent this monitoring period.¹¹²

Similar to “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 actions¹¹³ to initiate a FA in a timely manner; data on reasonable actions was not validated this monitoring period and are not presented in this report. Valid “reasonable actions” would likely increase performance levels.

Timely Completion of FA

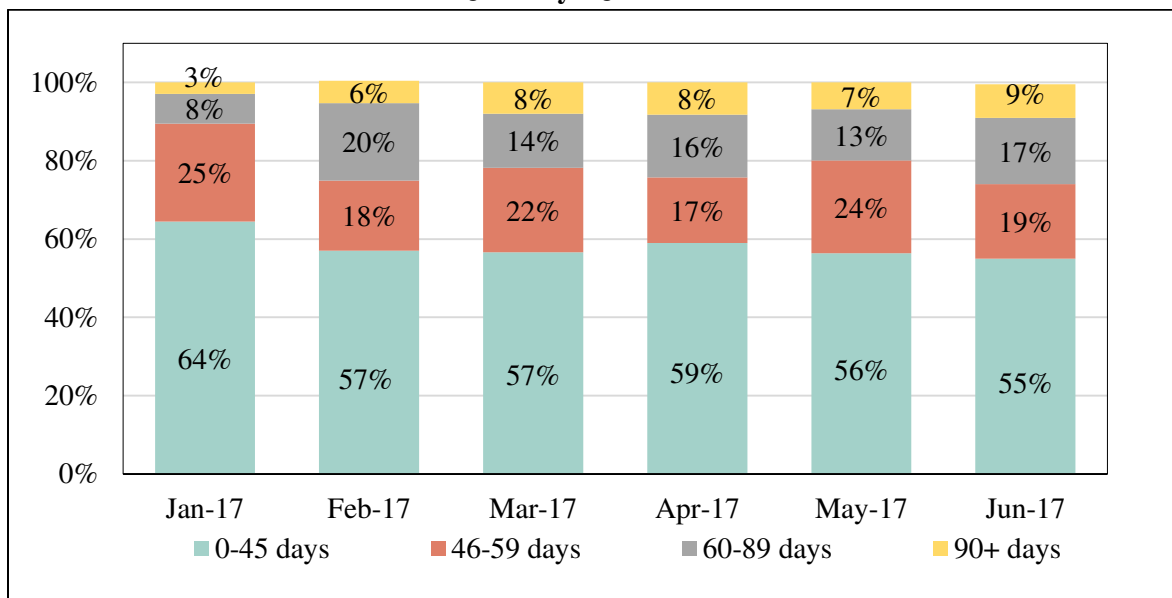
CFSA’s policy and practice guidance provides that a FA referral should be completed within 45 days. The goal during that period is to fully assess child and family strengths and needs and link families with appropriate community services. In every FA, a safety assessment is mandatory and part of the initial response. If the safety assessment identifies concerns, the FA is converted to a CPS investigation. If there is not an immediate safety concern identified, an assessment is conducted and families are engaged and encouraged to develop a family agreement for receipt of services.

¹¹² Monthly performance for initiation of FA within 120 hours are as follows: January, 63%; February, 65%; March, 59%; April, 63%; May, 55%; June, 57%.

¹¹³ Reasonable actions is the term CFSA utilizes to represent good faith efforts to initiate a FA. Documented reasonable actions to 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.

Between January and June 2017, a monthly range of 55 to 64 percent of FAs were completed within 45 days of referral to the hotline (see Figure 12). Specifically, in June 2017, 384 FAs were completed and 213 (55%) were completed within 45 days of the FA referral. Completion data for the remaining FAs in June 2017 are as follows: 73 (19%) FAs were completed within 46 to 59 days; 65 (17%) FAs were completed within 60 to 89 days; and 33 (9%) FAs were completed in 90 days or longer.

**Figure 12: Timeline for FA Completion
January – June 2017**



Source: CFSA Administrative Data, FACES.NET report INV140
Percentages may not equal 100% due to rounding

Community-Based Service Referrals

Providing families with referrals to community-based agencies and service providers that can assist them with needs identified through the assessment process is a key element of CFSA's FA response. In June 2017, CFSA reports 38 families with an open or recently closed FA were referred to a Collaborative; four of these families declined services prior to or shortly after the Partnering Together Conference with the Collaborative worker and the family.

Repeat Maltreatment

As part of its assessment of the effectiveness of the FA pathway, CFSA collects data on the number of families with closed FAs who have a subsequent investigation with a substantiation for child abuse or neglect within six months of FA completion. There were 1,535 children with a completed FA between July 1 and December 31, 2016; 46 children (3.0%) had a subsequent substantiated investigation within six months of FA completion. Repeat maltreatment within six months has

steadily increased over the past year, from 2.0 percent for FAs completed between January and June 2016 and 1.3 percent for FAs completed between July through December 2015. Additionally, there were 967 children with a closed FA between July 1 and December 31, 2015; 28 (2.9%) had a substantiated investigation within 12 months of FA closure. This rate has decreased since the previous monitoring period (maltreatment rate within 12 months in prior monitoring period was 3.8%, 50 out of 1,312).

F. GOAL: PERMANENCY

1. Placement

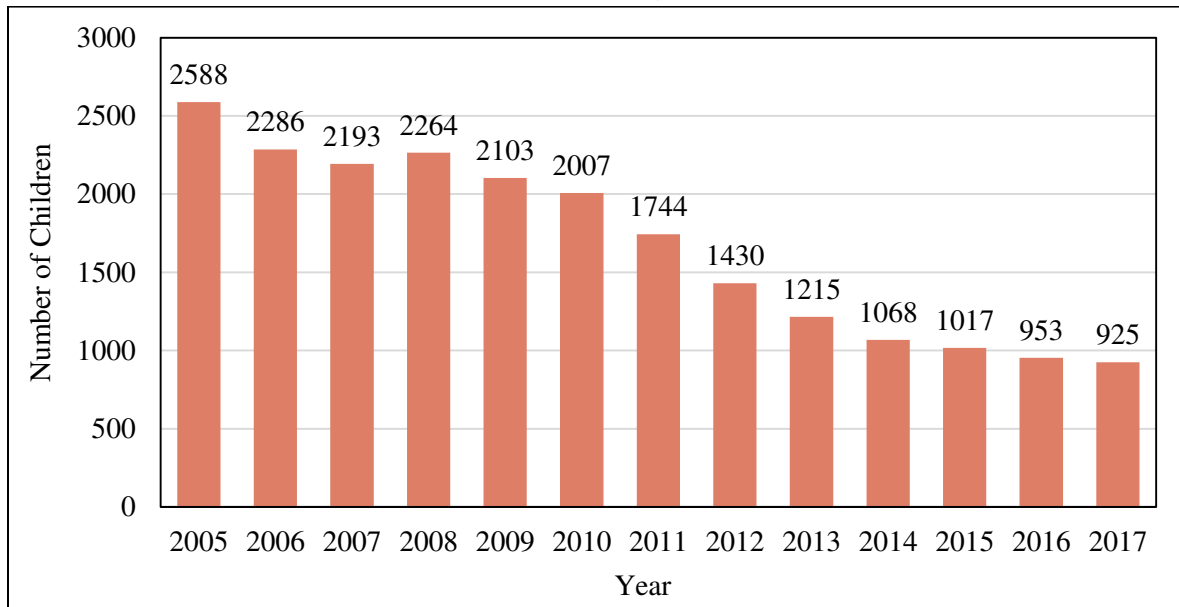
a. Placement of Children

Children enter foster care when they cannot be kept safely in their own homes and once this occurs, CFSA is responsible for locating and placing children in the most appropriate and least restrictive setting to meet their needs. The Temporary Safe Haven Redesign changes discussed earlier in this report were not in effect for the period under review. However, if design and implementation are successful in meeting the goals that CFSA has established for the Redesign, placement accessibility and matching to support placement of children in the least restrictive and stable placement should improve over the next several monitoring periods.

The discussion below provides demographic information for children in foster care, data on placement types for children, use of relative resources, placement with siblings, placement stability and assessments for children experiencing a placement disruption.

On June 30, 2017, there were 925 children in foster care, reaching the lowest census in over a decade (see Figure 13 below).

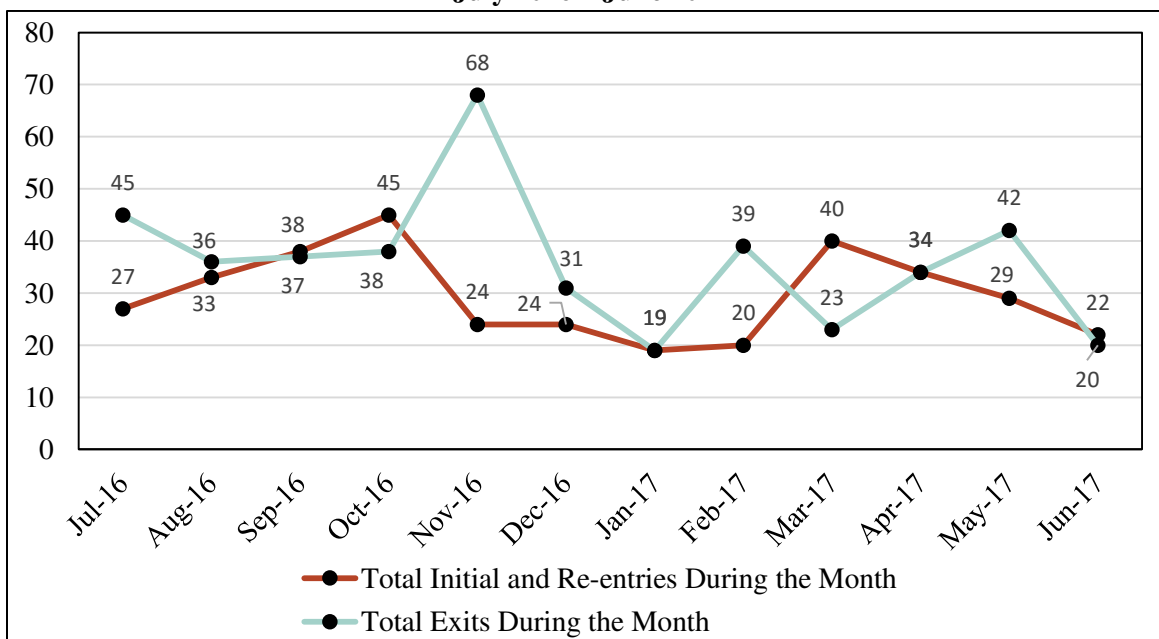
**Figure 13: Children in Out-of-Home Placements on Last Day of the Year
2005 – June 30, 2017**



Source: CFSA Administrative Data, FACES.NET report PLC156

Figure 14 shows the number of children entering (initial and re-entry) and exiting foster care each month between July 2016 and June 2017. Of those children who exited foster care between January and June 2017, over half (57%; 101 of 177) exited to reunification.

**Figure 14: Entries and Exits into Foster Care by Month
July 2016 – June 2017**



Source: CFSA Administrative Data, FACES.NET report PLC155 as of June 2017

Demographics of Children in Out-of-Home Care

Table 6 below shows basic demographic information of the children in out-of-home placement as of June 30, 2017. Of the 925 children in foster care, the majority are African American (at least 89%¹¹⁴), 37 percent are between the ages of 15 and 21 and 28 percent are ages five or younger.

Table 6: Demographics of Children in Out-of-Home Placement as of June 30, 2017
N=925

Gender	Number	Percent*
Male	483	52%
Female	442	48%
Total	925	100%
Race	Number	Percent
Black or African American	819	89%
White	28	3%
Asian	8	1%
American Indian/Alaskan Native	1	<1%
Native Hawaiian or Other Pacific Islander	1	<1%
Unable to Determine/Unknown	3	<1%
No Race Data Reported	65	7%
Total	925	100%
Ethnicity	Number	Percent
Hispanic	96	10%
Non-Hispanic	732	79%
Unable to Determine	7	1%
Unknown	90	10%
Total	925	100%
Age	Number	Percent
1 year or less	89	10%
2-5 years	168	18%
6-8 years	134	14%
9-11 years	96	10%
12-14 years	97	10%
15-17 years	150	16%
18-21 years	191	21%
Total	925	100%

Source: CFSA Administrative Data, FACES.NET report PLC156

*Percentages may not equal 100% due to rounding.

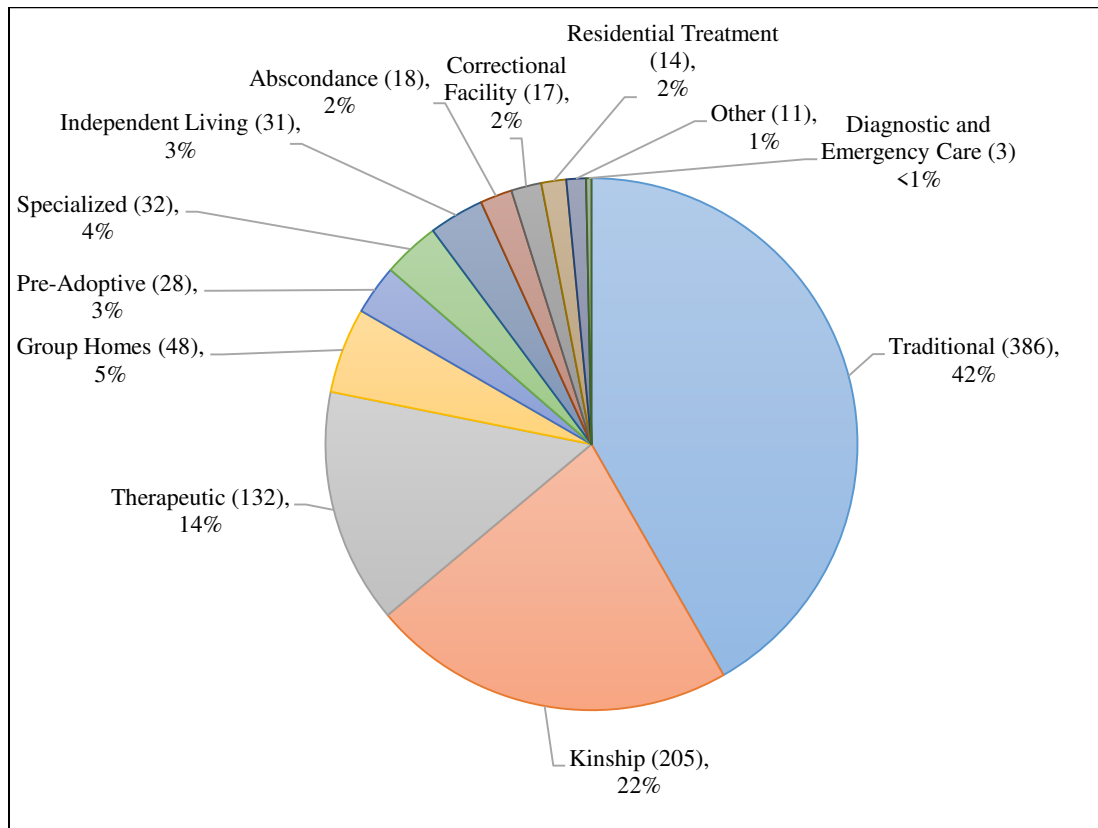
¹¹⁴ 7% of children had no race data reported in FACES.NET.

Placement of Children in Most Family-Like Setting

Of the 925 children in out-of-home care on June 30, 2017, 783 (85%) were placed in family-based settings, including 205 (22%) in kinship homes. Ten percent of children were placed in group settings, including five percent in group homes, three percent in independent living homes or facilities and two percent in residential treatment (see Figure 15).

Figure 15: Placement Type for Children in Out-of-Home Care as of June 30, 2017

N=925



Source: CFSA Administrative Data, FACES.NET report CMT232 and CMT389

*Other includes college/vocational, hospital, not in legal placement and juvenile foster care (non paid).

There are three Exit Standards pertaining to a child or youth'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.). A case record review is required to collect performance data for this measure; prior reviews conducted in March 2012, March 2013 and December 2015 all determined that CFSA's performance exceeds the required level. This standard was not reassessed this period.

The second Exit Standard, which is 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 (IEP citation I.B.8.b.). Between January and June 2017, no child remained in an emergency or short-term placement for more than 30 days. CFSA's performance continues to meet the required target.

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 2017, five children experienced overnight stays in the CFSA office building. Two of the children were 20 years old, and the remaining three were 17, 13 and seven years old. Several of the youth had a history of running away, and the youngest child had developmental delays and challenging behaviors. In one case, the youth arrived at the CFSA building at 2AM after a runaway episode and was offered placement at 4AM which the youth declined. This youth left CFSA at 7AM and did not accept placement. During most monitoring periods since April 2014, CFSA has reported occurrences of children staying overnight in the office building. This Exit Standard continues to be out of compliance.

Placement of Young Children

The IEP specifically limits the use of congregate care placements for young children unless there is appropriate justification that the child requires special treatment or has exceptional needs that cannot be met in a home-like setting.¹¹⁵ 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.

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 2017, two children under the age of 12 were placed in congregate care settings for more than 30 days. CFSA and Monitor staff reviewed these placements and determined that both 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 continued long-term placement in a hospital setting. CFSA and Monitor staff reviewed the circumstances of this placement and confirmed that the child has specialized needs that required placement in that setting.

¹¹⁵ 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 other requires placement in a congregate treatment program which can meet the child's needs; or (3) court order where the Court has ordered that the child remain in the group care setting.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on completion of assessments for children experiencing placement disruptions and decrease the use of CFSA as an overnight placement for children (IEP I.B.8.b. & I.C.21.):

- *CFSA will implement its Temporary Safe Haven Redesign Plan as described in RFP No. DCRL-2017-R-0051 (2017 Strategy Plan, p. 9).*

Although there has been substantial and successful planning by CFSA for the Temporary Safe Haven Redesign, most of the impact of its strategies and restructuring are not anticipated until after June 2017.

b. Relative Resources

CFSA works to support familial 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. As of June 30, 2017, 22 percent of children and youth in out-of-home care were living with relatives; the percentage of children and youth placed with kin has remained unchanged for the last several monitoring periods.¹¹⁶ 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.¹¹⁷

Both Exit Standards applicable to identification and use of relative resources are designated as Outcomes to be Maintained and performance was maintained during this period (IEP citations I.B.7.a. & b.). Specifically, between January and June 2017, of the 71 cases where children were at-risk of being removed from their families, CFSA took necessary steps to offer or facilitate pre-removal FTMs in 67 cases (94%). Additionally, of the 98 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 97 cases (99%). 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.

¹¹⁶ The percentage of children and youth placed with kin has ranged from 20 to 25% since June 30, 2015.

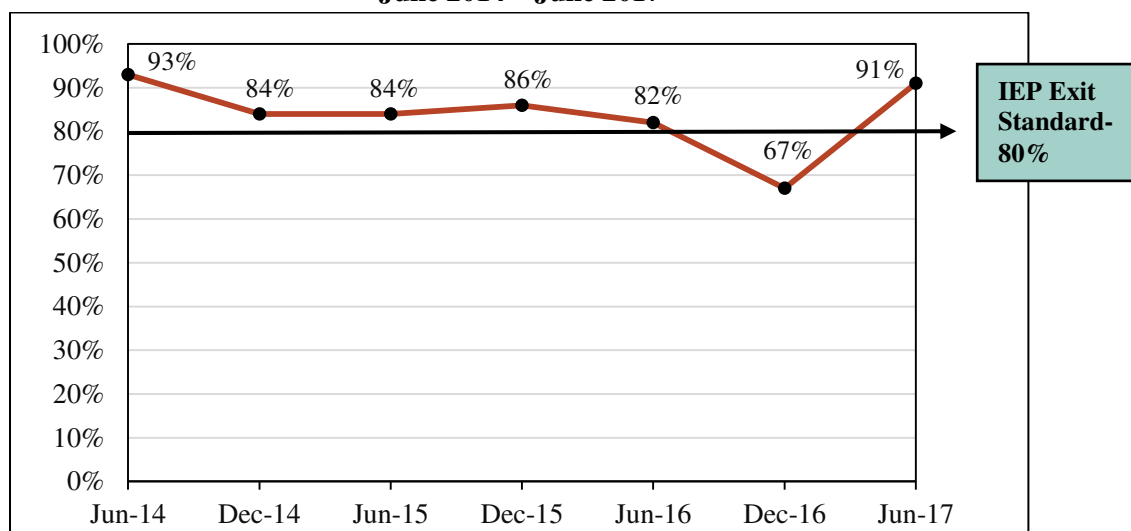
¹¹⁷ The Kinship Family Licensing Unit and Diligent Search Unit work in tandem to assess the homes of potential kinship resources and complete necessary background checks. Additionally, staff are available to conduct fingerprinting on-site at CFSA, which increases the speed and ease of licensing kinship resources.

c. Sibling Placements and Visits

By placing siblings together, CFSA is able to mitigate some of the trauma children experience when they enter out-of-home care and can help children sustain their critically important lifelong connections and supports. CFSA continued to meet the Exit Standards related to frequency of visitation between siblings if they are placed apart (IEP citation I.C.20.b.) and placement of siblings together (IEP citation I.C.20.a.).

As of June 30, 2017, of the 66 children who entered foster care between January and June 2017 with their siblings or within 30 days of their siblings, 91 percent (60 children) were placed with some or all of their siblings.¹¹⁸ Performance has increased since the previous monitoring period and exceeds the required Exit Standard (see Figure 16).

Figure 16: Children Placed with Siblings who Entered Foster Care Together or within 30 Days of Their Siblings
June 2014 – June 2017



Source: CFSA Administrative Data, FACES.NET report PLC251

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 2017 a monthly range of 87 to 91 percent of siblings had at least monthly sibling visits and a range of 76 to 82 percent of siblings each month had at least twice monthly visits with their brothers and/or sisters. Performance continues to exceed the required target levels.

¹¹⁸ 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 2017) for this Exit Standard. As of June 30, 2017, 74% 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.

d. Reduction of Multiple Placements for Children in Care

The Exit Standard that focuses 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 and performance continued to meet the required levels during this monitoring period.

The first sub-part of the Exit Standard requires that 83 percent of children placed in foster care during the previous 12 months who were in care at least eight days and less than 12 months have two or fewer placements. Between January and June 2017, CFSA's performance ranged monthly from 81 to 85 percent.¹¹⁹ Performance was one to two percent below the required level for three of the six months in the period which the Monitor considers to be an insubstantial deviation.

The second sub-part of the Exit Standard requires that 60 percent of children placed in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months have two or fewer placements. Between January and June 2017, monthly performance for this sub-part ranged from 65 to 69 percent, continuing to exceed the required level.

The third sub-part focuses on children in care 24 months or longer, and is purposely focused on the child's placement experiences in the past 12 months, since many of these children have child welfare histories with multiple past placements. The analysis examines whether these children have achieved stability in the most recent 12 month period and the Exit Standard requires that 75 percent have two or fewer placements in that 12 month period. During this monitoring period, monthly performance ranged from 75 to 78 percent.

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 whose placements are disrupted are provided with a comprehensive and appropriate assessment to determine their service and re-placement needs with a follow-up action plan developed no later than within 30 days of a child's re-placement. This assessment is a review that includes, as applicable, the child, his/her family, kin, current and former caregiver and GAL (IEP citation I.C.21.). This Exit Standard is designated as an Outcome to be Achieved.

¹¹⁹ Monthly performance for children in care at least 8 days and less than 12 months with 2 or fewer placements are as follows: January, 81%; February, 81%; March, 82%; April, 84%; May, 84%; June, 85%.

Between January and June 2017, a range of between 12 and 27 children's placements disrupted each month.¹²⁰ A monthly range of 67 to 89 percent of children experiencing a placement disruption had a placement disruption staffing or equivalent meeting completed with 30 days of notification of the need for a placement change.¹²¹ This Exit Standard continues to be below the required level of 90 percent.

2. Permanency Outcomes

The IEP has several Exit Standards that measure both the processes and outcomes related to ensuring children in out-of-home care achieve timely permanency. With one exception, CFSA has achieved and maintained performance on the IEP Exit Standards that require certain processes including, for example, timely filing and resolution of a motion to terminate parental rights and making reasonable efforts to finalize adoptions within 12 months of placement in an adoptive home. However, as discussed in more detail in this section, CFSA continues to struggle overall to achieve the outcomes of timely exit to permanency for children in out-of-home placement. While CFSA has attempted different strategies over the last several monitoring periods, none have made a significant impact. Performance has remained stagnant or declined on related IEP permanency Exit Standards.

CFSA is committed to gaining a better understanding of its data and business processes to diagnose the causes of this poor permanency performance and ultimately, the strategies necessary for improvement. During this monitoring period CFSA implemented a qualitative review process, named AdoptionSTAT, to identify and address barriers to timely permanency for children with a goal of adoption. It has also committed to conducting new data analysis work with Chapin Hall (both activities are discussed later in this section) to understand permanency trends and help in the development of strategies to improve permanency outcomes. The Monitor believe that intensive work to improve permanency planning and outcomes remains necessary.

a. Appropriate Permanency Goals

The IEP requires that children have permanency planning goals consistent with the federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines (IEP citation I.B.12.a.). CFSA is required to ensure that 95 percent of children and youth have appropriate permanency goals. This monitoring period CFSA met or exceeded the Exit Standard each month, an improvement over the last reporting period when performance was inconsistent and fell below the Exit Standard for three months.¹²² This Exit Standard is categorized as an Outcome to be

¹²⁰ The number of disruptions each month are as follows: January, 22; February, 26; March, 26; April, 12; May, 17; June, 27.

¹²¹ Monthly performance data are as follows: January, 82%; February, 81%; March, 69%; April, 67%; May, 71%; June, 89%.

¹²² Monthly performance in the current monitoring period ranged between 95 and 98%; between July and December 2016, monthly performance ranged between 89 and 96%.

Maintained and the Monitor has determined that CFSA's performance in the previous reporting period was a temporary decline.

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.)
- Achieving permanency within established timeframes through adoption, guardianship and reunification (IEP citation I.B.16.c.)

Approved Adoptive Placement

The IEP requires that children with a goal of adoption be placed in an approved adoptive placement within nine months of their permanency goal becoming adoption.¹²³ There are two Exit Standards to measure this outcome (IEP citation I.B.16.a.i.&ii.) and both are designated as Outcomes to be Maintained.¹²⁴ The discussion below focuses on the Exit Standard which requires that 80 percent of children whose goal changed to adoption on July 1, 2010 or thereafter be placed in an approved adoptive placement within nine months of the goal change.

From January through June 2017, 52 (65%) of the 80 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change. Performance on this Exit Standard has declined the last three consecutive monitoring periods and is now below the required performance level of 80 percent.¹²⁵ Given this consistent decline in performance, the Monitor considers this Exit Standard not to be maintained and will recommend that this measure be recategorized as an Outcome to be Achieved.

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

¹²³ 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.

¹²⁴ 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.

¹²⁵ Performance for the monitoring periods January through June 2016 was 76% and July through December 2016 was 68%.

I.B.16.b.iii.). This Exit Standard is designated as an Outcome to be Maintained and CFSA maintained the required performance level.

From January through June 2017, 100 percent of adoptions were completed, or reasonable efforts were made to complete adoptions, within 12 months of the child being placed in a pre-adoptive home. Specifically, CFSA reports that 22 adoptions were finalized during this monitoring period. Of those 22, 14 cases were finalized within 12 months and the Monitor, with CFSA, has confirmed that reasonable efforts were made to finalize adoptions within 12 months for the remaining eight children. Five of these eight cases were delayed as a result of delays in court hearings and trials. Notably, the number of children who had finalized adoptions this monitoring period (22) is lower than previous two monitoring periods. The universe of children achieving adoption for the monitoring periods January through June 2016 was 43 and July through December 2016 was 54. CFSA reports that this decline in number is due in part to the reduction of children in out-of-home care overall and that historically more children are adopted in the second half of the year, closer to Adoption Month in November.

Timely Permanency

IEP Requirement	32. <u>Timely Adoption</u> : Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)
Exit Standard	<ul style="list-style-type: none">i. Of all children who entered foster care for the first time in FY2016 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, 2017.ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2016, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2017.iii. Of all children who are in foster care for 25 months or longer on September 30, 2016, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2017, whichever is earlier.

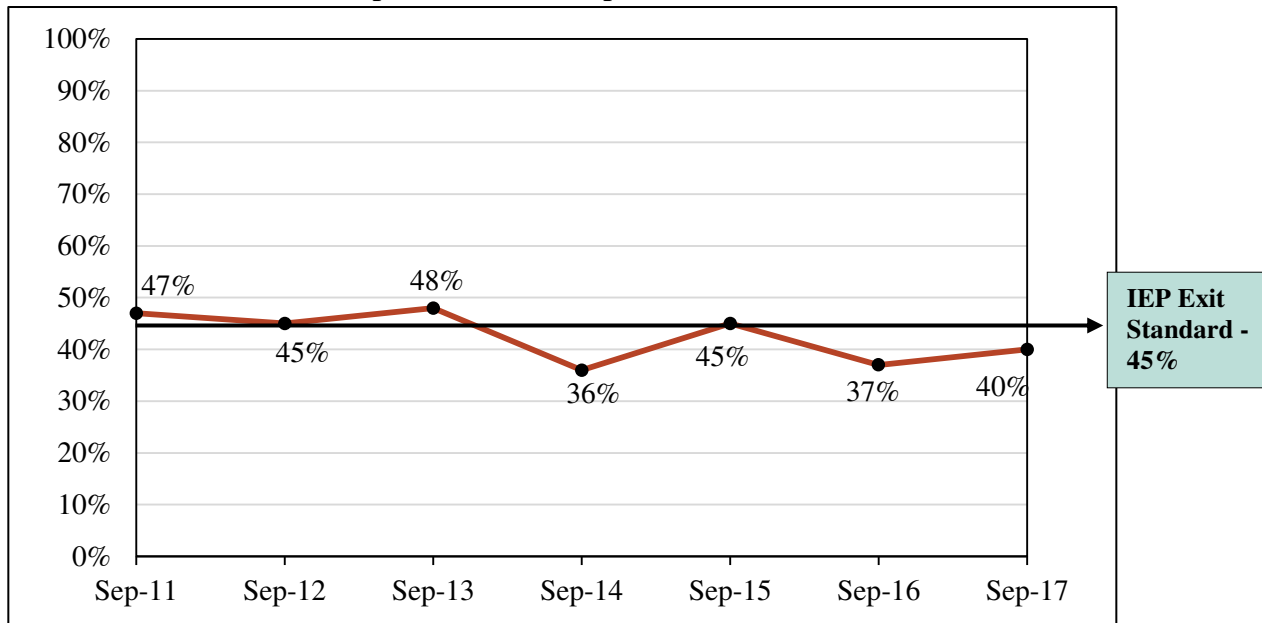
Performance for the period September 30, 2016 through September 30, 2017¹²⁶:

The IEP requires CFSA to achieve timely exits for children to a permanent family through adoption, guardianship or reunification. The Exit Standard, designated as an Outcome to be Achieved, has three performance 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

¹²⁶ This measure assesses 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.

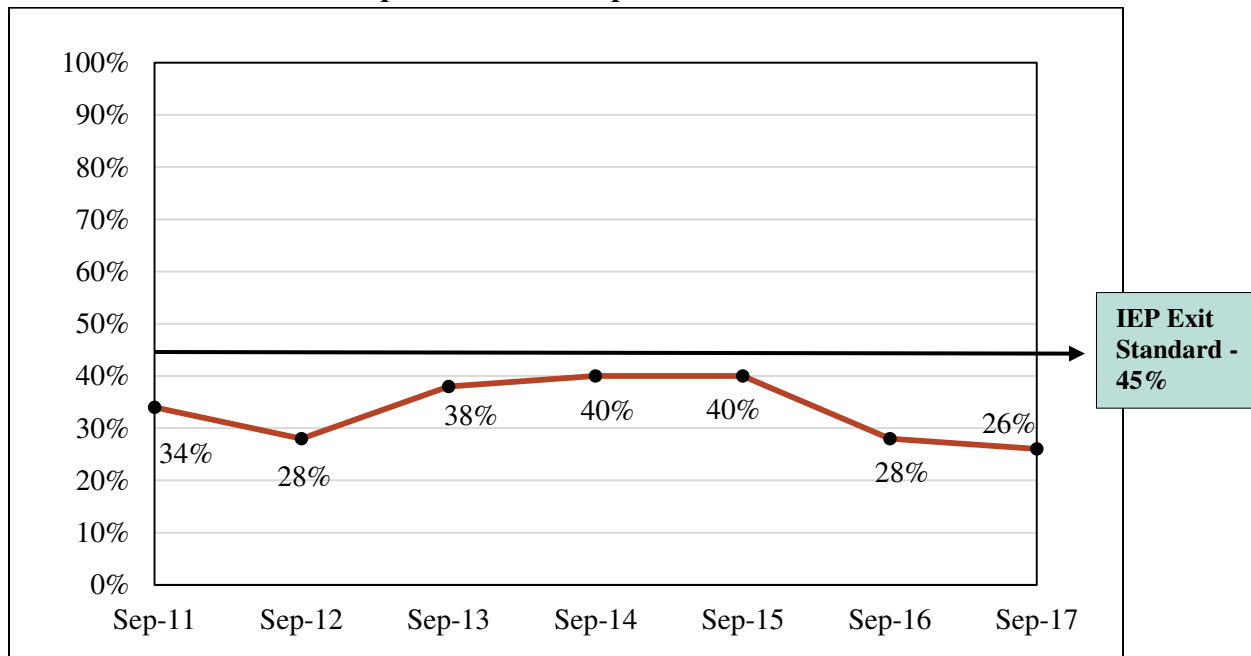
based on their length of stay in foster care. Performance on this Exit Standard is measured with annual data by fiscal year and is reported as of September 30, 2017.

**Figure 17: Timely Permanency for Children in Care between 8 days and less than 12 months
September 2011 – September 2017**



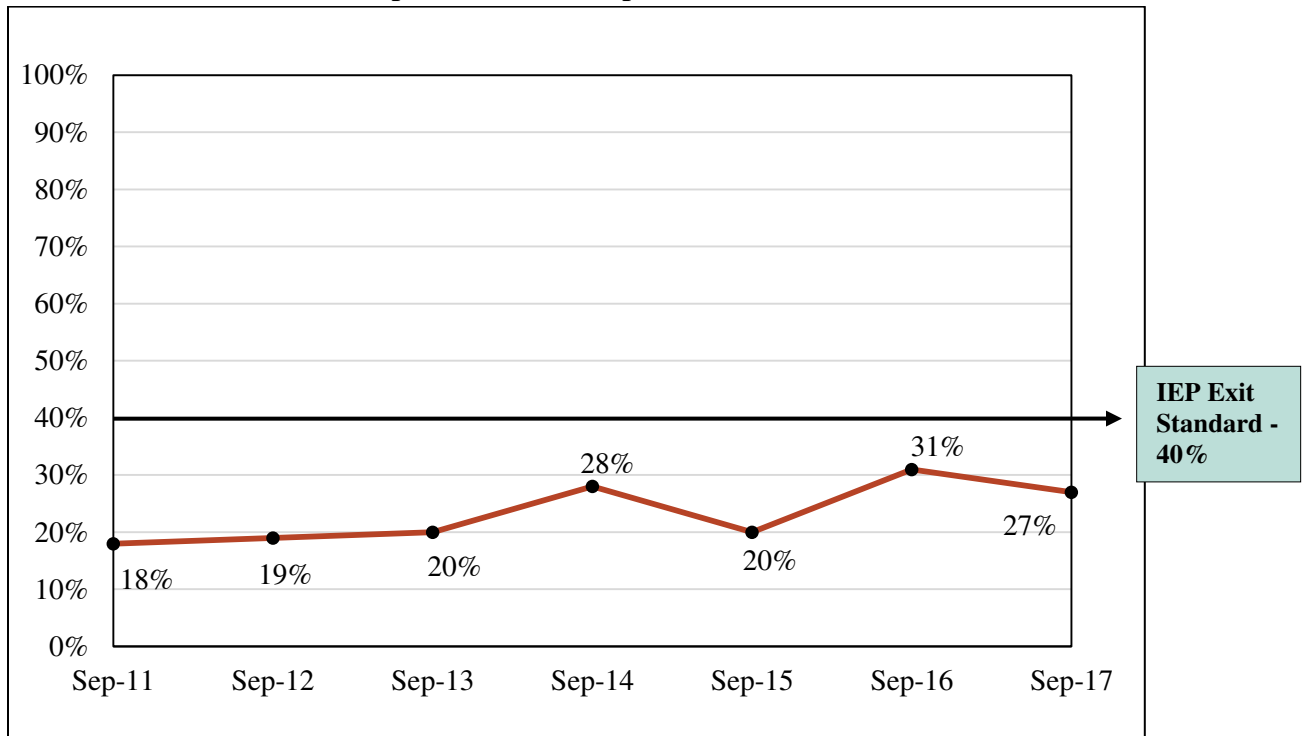
Source: CFSA Administrative Data, FACES.NET report CMT384

**Figure 18: Timely Permanency for Children in Care between 12 and less than 25 months
September 2011 – September 2017**



Source: CFSA Administrative Data, FACES.NET report CMT385

**Figure 19: Timely Permanency for Children in Care for 25 months or longer
September 2011 – September 2017**



Source: CFSA Administrative Data, FACES.NET report CMT385

The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2016 and who remain in foster care for eight days or longer, 45 percent will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2017. Of the 302 children who entered foster care in FY2016 and remained in foster care for eight days or more, 121 (40%) exited to positive permanency by September 30, 2017 (see Table 7). This performance is a slight improvement (3 percentage points) over September 2016 performance but below the requirement of the Exit Standard.

The second part of the Exit Standard requires that of all children who are in foster care for more than 12 but less than 25 months on September 30, 2016, 45 percent will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2017. Of the 264 children who were in care more than 12 months and less than 25 months on September 30, 2016, 69 (26%) achieved positive permanency by September 30, 2017 (see Table 7). Similar to previous monitoring periods, performance for this sub-part remains substantially below the performance level required by the Exit Standard.

The third part of the Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 2016, 40 percent will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2017, whichever is

earlier. For the 389 children who had been in care 25 or more months on September 30, 2016, 105 (27%) achieved permanency by September 30, 2017 (see Table 7). Similar to previous monitoring periods, performance for this sub-part remains substantially below the performance level required by the Exit Standard and represents a decline in performance from last September.

Table 7:
Children and Youth Exiting to Permanency by Cohort as of September 30, 2017

Length of time in out of home care during FY2016	Total number of children/youth in cohort	Exit to Reunification	Exit to Guardianship – Kin	Exit to Guardianship – NonKin	Adoption	Total exits to permanency by September 30, 2017
8 days – 12 months	302	114 (38%)	0 (0%)	2 (1%)	5 (2%)	121 (40%)
12 – 24 months	264	35 (13%)	8 (3%)	4 (2%)	22 (8%)	69 (26%)
25 months or more	389	20 (5%)	4 (1%)	14 (4%)	67 (17%)	105 (27%)

Source: CFSA Administrative Data, FACES.NET reports CMT384 and CMT385
Percentages may not equal total exits to permanency due to rounding.

CFSA still struggles to support children and youth in reaching timely permanency. CFSA has engaged Chapin Hall to deepen their analysis of permanency data but as of this date, the analysis work has not yet begun. The Monitor will follow these efforts closely.

On June 19, 2017, CFSA also began an AdoptionSTAT process to identify and address the barriers to timely permanency for all children with the goal of adoption. CFSA reports that the average time for children to achieve a finalized adoption is 44 months. Each Monday and Wednesday, 30 minute staffings are now held with social workers, supervisors, lawyers, program managers and other key stakeholders to review adoption cases and provide clinical consultation to determine next steps to expedite permanency. CFSA is capturing trends across cases to better identify systemic barriers and practice concerns. Cases that require additional support are presented to the multidisciplinary team again at a 30 day follow-up. In the next monitoring report, after all cases with the goal of adoption have been reviewed, the Monitor will report CFSA's findings. After an initial review of 70 cases (over 200 cases have the goal of adoption), identified barriers to permanency include court delays, negotiation of the adoption subsidy and time to explore additional kin as a permanent placement option.

Performance on Strategy Plan:

CFSA identified the following strategy to support timely permanency efforts (IEP 1.B.16.c):

- *CFSA is working with Casey Family Programs to develop targeted strategies to improve permanency outcomes. By May 31, 2017, CFSA will incorporate the targeted strategies into the Strategy Plan (2017 Strategy Plan, p. 8)*

This strategy is no longer being pursued. Instead, CFSA will identify strategies to improve permanency outcomes through the AdoptionSTAT process and anticipated work with Chapin Hall. In October 2017, CFSA had an initial meeting with Chapin Hall, CFSA analysts and some program managers. The purpose of this initial meeting was to explore designing a measurement system focused on permanency outcomes (not processes) that is meaningful to social workers and supportive of management needs.

3. 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 promote 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 appropriately, 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.)¹²⁷ and worker visits to families with in-home services (IEP citation I.A.4.a-b.)¹²⁸. 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 monthly¹²⁹ and 95 to 97 percent of children were visited twice during the month by a social worker¹³⁰. Between January and June 2017, 90 to 95

¹²⁷ 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.

¹²⁸ This Exit Standard requires 95% of families receiving in-home services should be visited at least monthly and 90% shall have at least twice monthly visits.

¹²⁹ Monthly performance data for monthly out-of-home worker visits are as follows: January, 98%; February, 97%; March, 96%; April, 96%; May, 98%; June, 97%.

¹³⁰ Monthly performance data for twice monthly out-of-home worker visits are as follows: January, 97%; February, 97%; March, 95%; April, 95%; May, 96%; June, 96%.

percent of families receiving in-home services were visited monthly by a social worker¹³¹ and 86 to 93 percent of families received at least two visits by a social worker during the month¹³².

The remaining visitation Exit Standards – which pertain to 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 – are designated as Outcomes to be Achieved. They remain Outcomes to be Achieved as performance between January and June 2017 does not meet the required levels.

To collect data for the three Exit Standards related to assessing for safety during visits, the Monitor and CFSA jointly conducted a case record review of documentation of worker visits during May 2017. Reviewers used a structured data collection instrument produced using SurveyMonkey¹³³ and FACES.NET data were reviewed to collect information and documentation related to what happens during visits. Reviewers participating in this case record review included Monitor staff, CFSA and private agency program staff and CFSA Agency Performance staff. Performance data are discussed below.

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

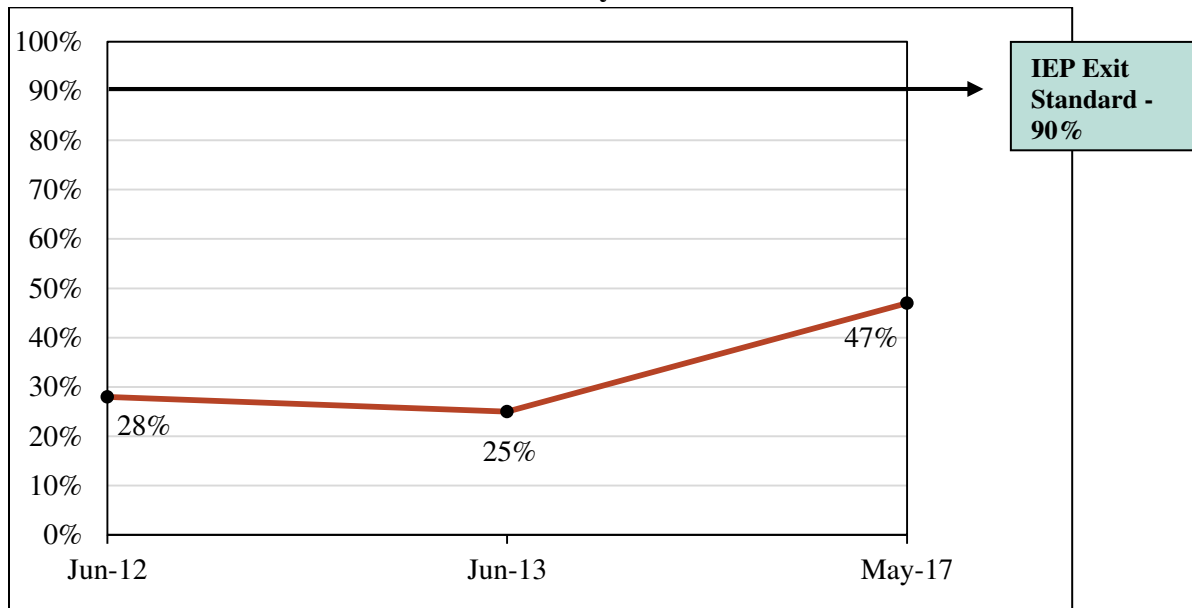
IEP Requirement	<p><u>7. Assessing Safety during Worker Visits with to Families with In-Home Services</u>: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.4.c.)</p>
Exit Standard	<p>90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.</p>

¹³¹ Monthly performance data for monthly in-home worker visits are as follows: January, 90%; February, 95%; March, 94%; April, 93%; May, 94%; June, 94%.

¹³² Monthly performance data for twice monthly in-home worker visits are as follows: January, 86%; February, 92%; March, 90%; April, 90%; May, 93%; June, 91%.

¹³³ SurveyMonkey is an online software tool used for creating surveys and questionnaires.

**Figure 20: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
June 2012 – May 2017**



Source: Case Record Review Data (June 2012, June 2013 and May 2017). 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 review in 2017 represents a ± 7 percent margin of error with 95 percent confidence in its results.

Performance for the period January 1 through June 30, 2017:

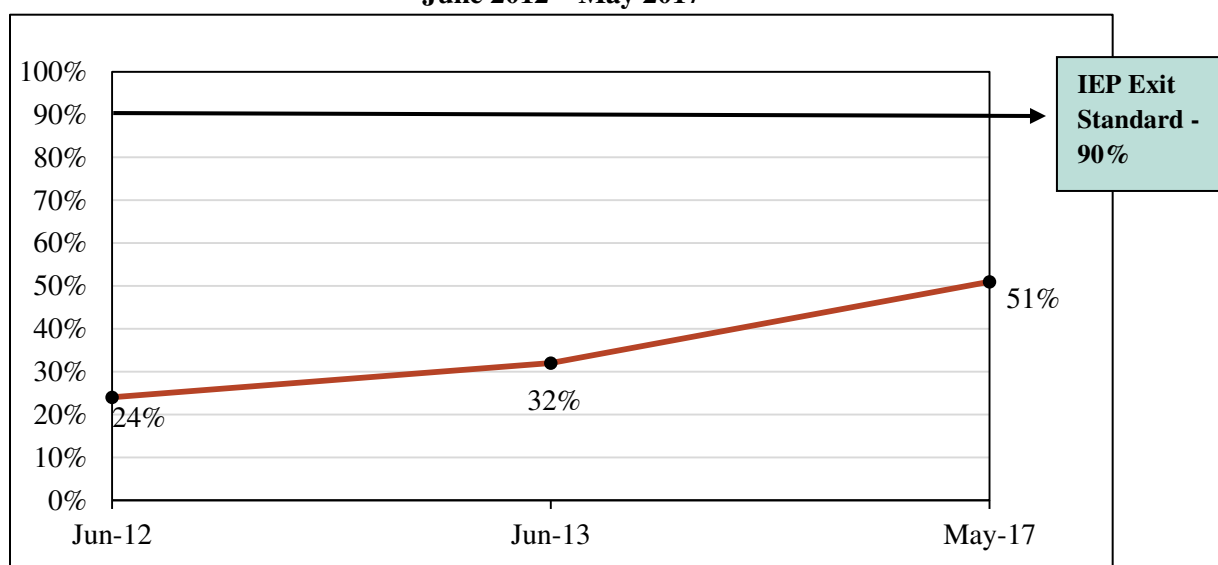
As referenced above, the Monitor and CFSA jointly conducted a review of a statistically significant sample¹³⁴ of children and youth who were served through an in-home case in May 2017 to determine the extent to which child safety was assessed and documented during social worker visits. Of the 167 children reviewed, documentation supported that safety was fully assessed during two or more monthly visits for 79 (47%) children. While performance has improved since the last review of a statistically significant sample in June 2013, CFSA continues to perform well below the required level of 90 percent for this Exit Standard.

¹³⁴ Sampling represents a $\pm 7\%$ margin of error with 95% confidence in its results.

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

IEP Requirement	<p>9. <u>Assessing Safety during Worker Visits with Children in Out-of-Home Care:</u> 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.</p> <p>(IEP citation I.A.5.d.)</p>
Exit Standard	<p>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.</p>

**Figure 21: Children in Out-Of-Home Care:
Safety Fully Assessed at Two or More Visits
June 2012 – May 2017**



Source: Case Record Review Data (June 2012, June 2013 and May 2017). 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 review in 2017 represents a ± 7 percent margin of error with 95 percent confidence in its results.

Performance for the period January 1 through June 30, 2017:

Data were collected during a review of a statistically significant sample¹³⁵ of children and youth who were in out-of-home placement in May 2017 to determine the extent to which child safety was assessed and documented during social worker visits. Of the 160 children reviewed, documentation supported that safety was fully assessed during two or more monthly visits for 82

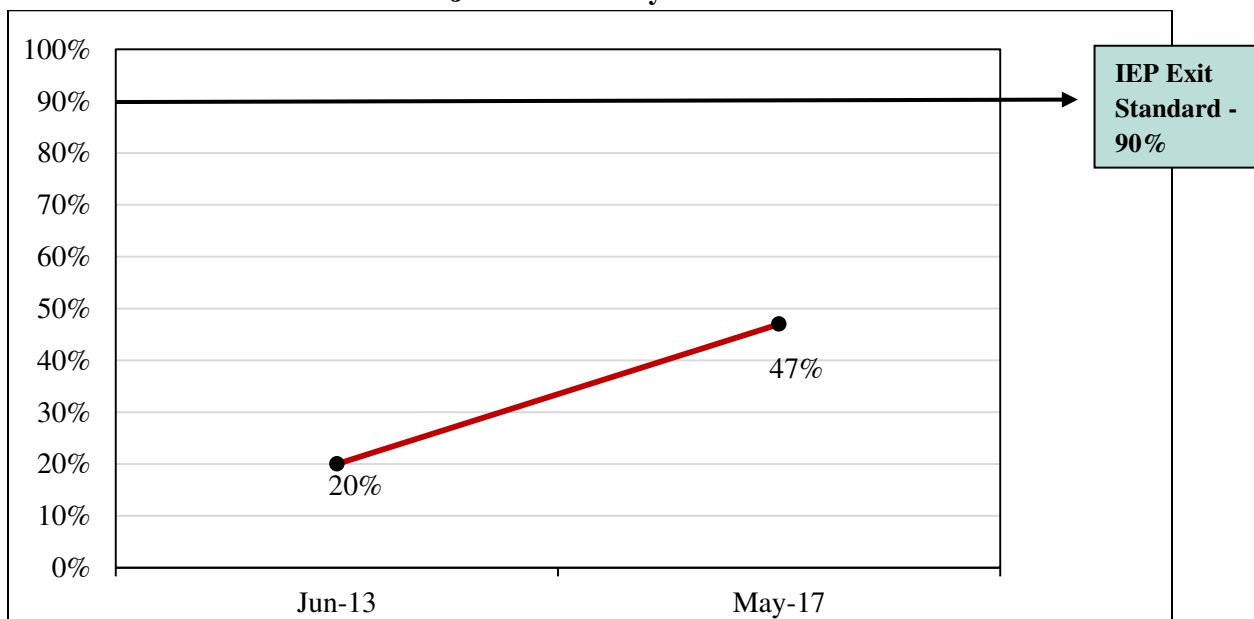
¹³⁵ Sampling represents a ± 7 percent margin of error with 95% confidence in its results.

(51%) children. Similar to performance for the standard for assessing safety during worker visits for in-home cases, performance has improved since the last review, however, remains far below the required performance level of 90 percent.

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

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

**Figure 22: Children Experiencing a Placement Change:
Safety Fully Assessed During All Required Visits in the Month
June 2013 – May 2017**



Source: Case Record Review Data (June 2013 and May 2017). Sampling for review conducted in 2013 represents a ± 9 percent margin of error with 95 percent confidence in its results and sampling for review in 2017 represents a ± 7 percent margin of error with 95 percent confidence in its results.

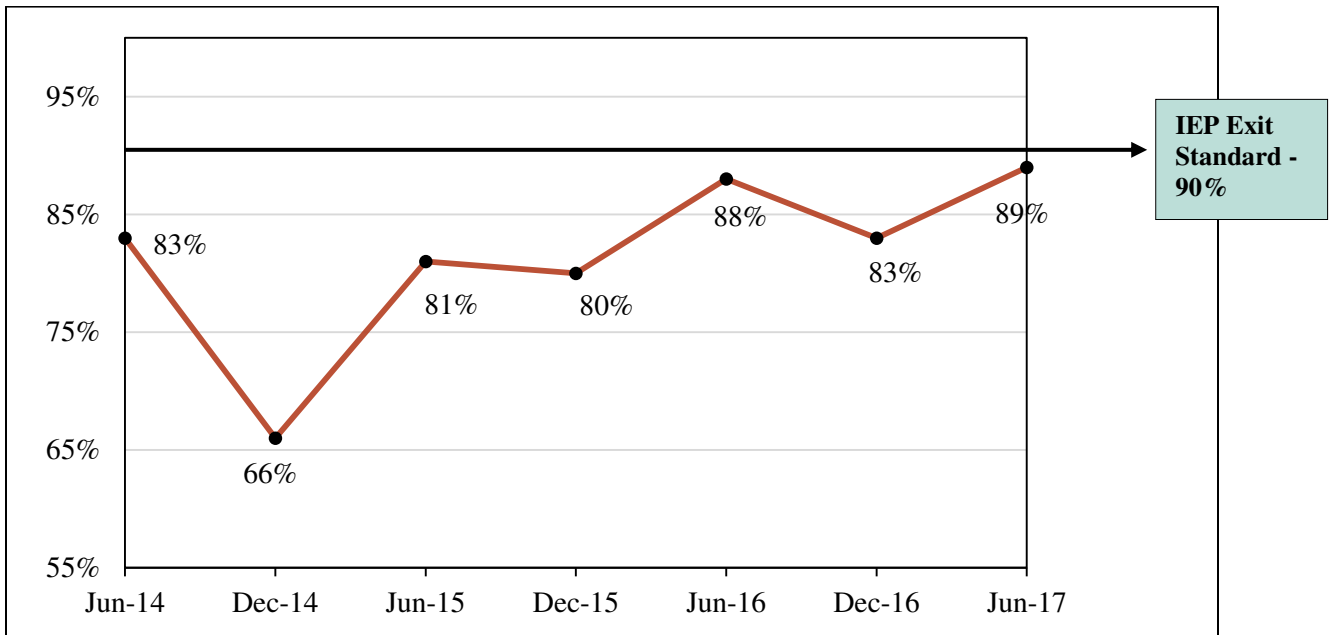
Performance for the period January 1 through June 30, 2017:

The Monitor and CFSA jointly conducted a review of a statistically significant sample¹³⁶ of children and youth who were initially placed or experienced a placement change in May 2017 to determine the extent to which child safety was assessed and documented during social worker visits. Of the 59 children reviewed, documentation supported that safety was fully assessed during four or more monthly visits for 28 (47%) children. Performance does not meet the required level of 90 percent.

IEP Requirement	<p>10. <u>Visitation for Children Experiencing a New Placement or a Placement Change:</u></p> <ul style="list-style-type: none">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. <p style="text-align: right;">(IEP citation I.A.6.a-d.)</p>
Exit Standard	<p>90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described.</p>

¹³⁶ Sampling represents a $\pm 7\%$ margin of error with 95% confidence in its results.

**Figure 23: Required Number of Worker Visits to Children in New Placements
June 2014 – June 2017**

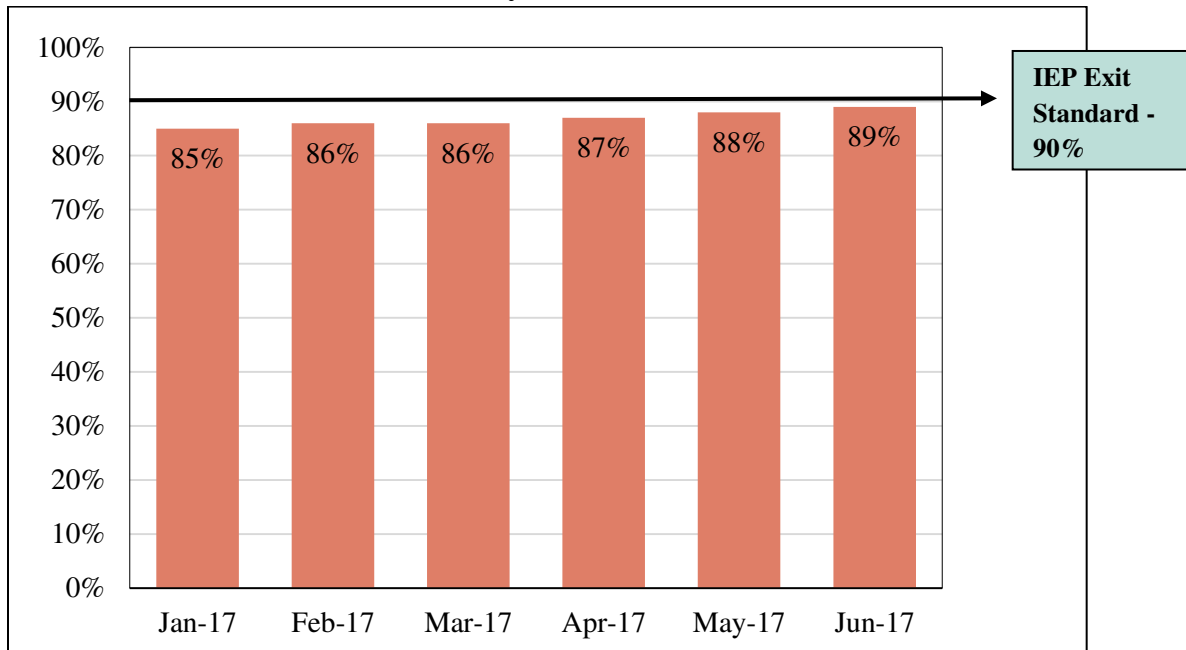


Source: CFSA Administrative Data, FACES.NET report CMT014

Performance for the period January 1 through June 30, 2017:

During the month of June 2017, there were 104 individual child placements applicable to this measure; 93 (89%) had at least two visits that month 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. Between January and June 2017, monthly performance ranged between 85 and 89 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 24). Performance improved over the period but remains just below the required level.

**Figure 24: Required Number of Worker Visits to Children in New Placements
January – June 2017**



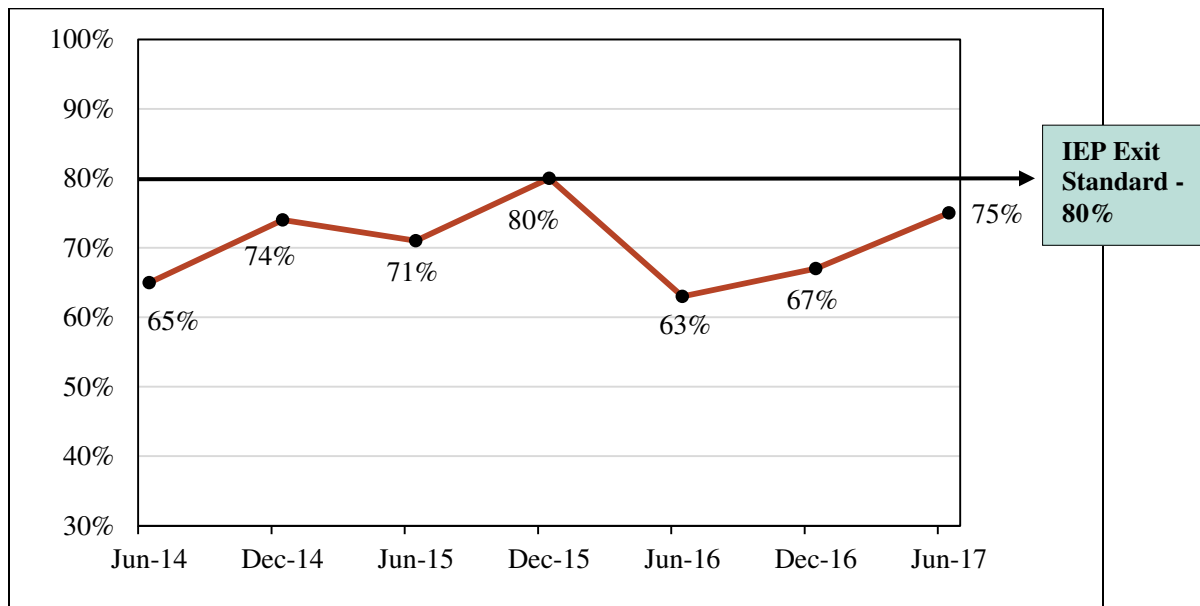
Source: CFSA Administrative Data, FACES.NET report CMT014

The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between the social worker and the resource parent to determine what, if any, assistance is needed from the agency. Data were collected during the case record review referenced above. Of the 59 children reviewed who were newly placed in May 2017, documentation supported that a conversation between CFSA or private agency staff and the resource parent to determine if assistance was needed occurred in 44 (75%) cases.

Visits between Parents and Workers

IEP Requirement	<p>18. <u>Visits between Parents and Workers:</u></p> <p>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.¹³⁷</p> <p>b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement.</p> <p style="text-align: right;">(IEP citation I.B.10.)</p>
Exit Standard	80% of parents will have twice monthly visitation with workers in the first three months post-placement.

**Figure 25: Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
June 2014 – June 2017**



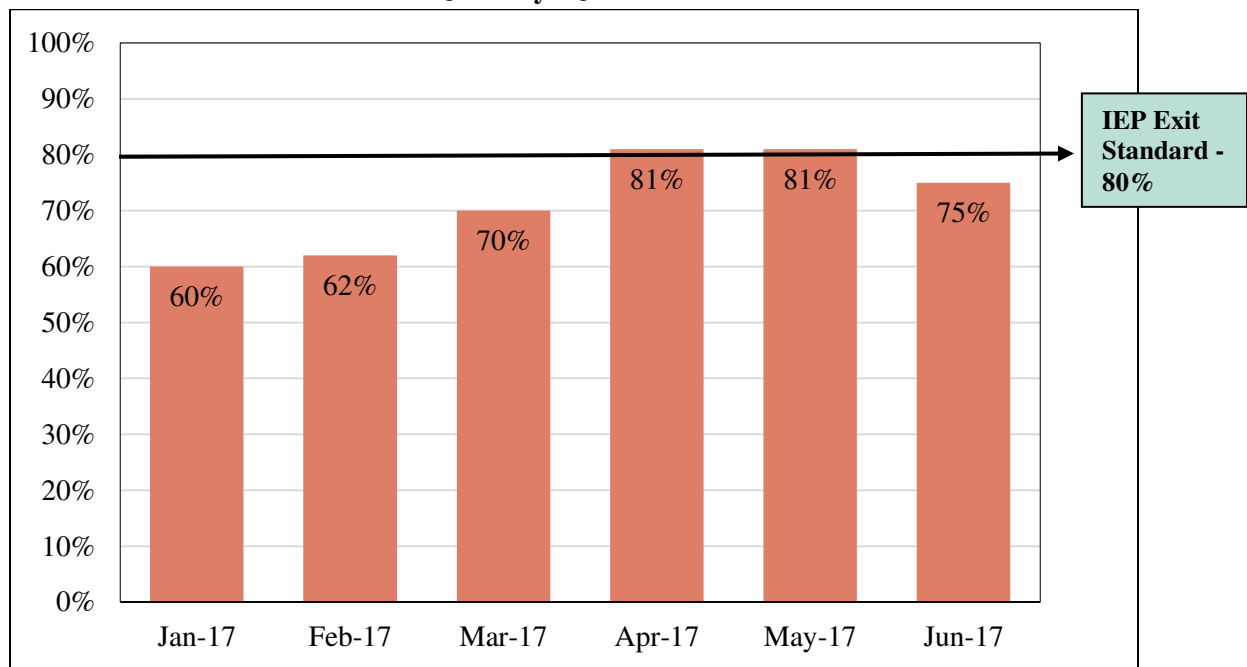
Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

¹³⁷ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

Performance for the period January 1 through June 30, 2017:

In June 2017, there were 52 households of children with a goal of reunification applicable to this measure; parents in 39 households (75%) 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. Between January and June 2017, monthly performance on this measure ranged between 62 and 81 percent (see Figure 26). As in the prior monitoring period, CFSA performance met the required level for two months this monitoring period but overall, this Exit Standard remains to be achieved.

**Figure 26: Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
January – June 2017**

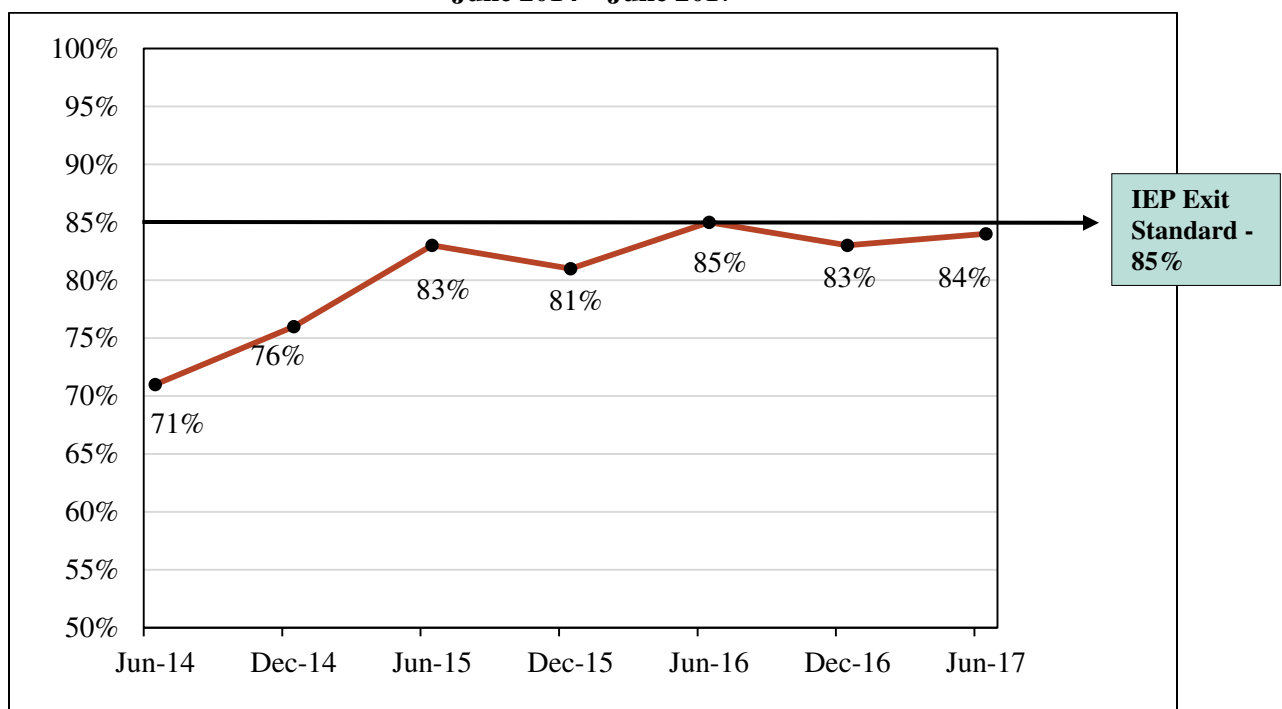


Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

Visits between Parents and Children

IEP Requirement	<p>19. <u>Visits between Parents and Children</u>: There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.</p> <p>(IEP citation I.B.11.)</p>
Exit Standard	<p>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.¹³⁸</p>

**Figure 27: Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
June 2014 – June 2017**



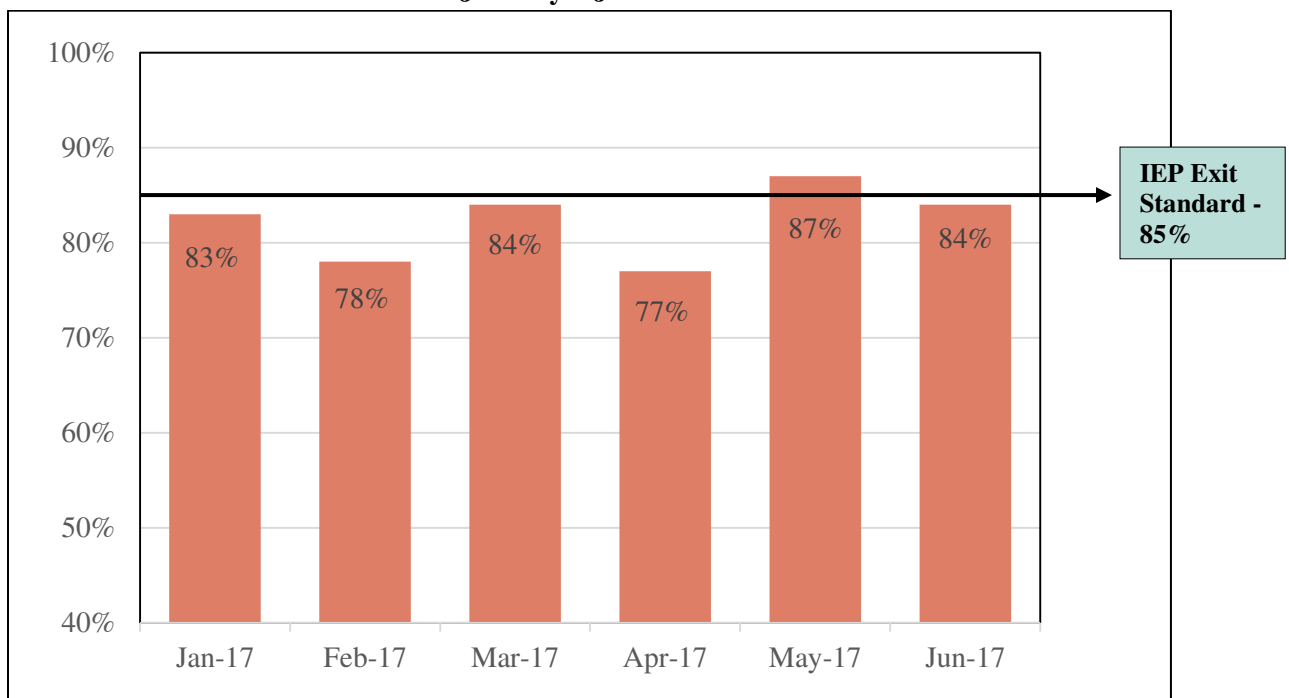
Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

¹³⁸ 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.

Performance for the period January 1 through June 30, 2017:

In June 2017, 403 children were applicable to this measure; 337 (84%) 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. Between January and June 2017, performance on this measure ranged from 77 to 87 percent (see Figure 28 below). Although CFSA's performance exceeded the required level one month during this period, performance during the other months does not meet the level required by the IEP.

**Figure 28: Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
January – June 2017**



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

Performance on Strategy Plan:

CFSA developed four strategies to increase performance on visitation measures that had not yet been achieved (IEP I.A.4.c., I.A.5.d., I.A.6.a-e., I.A.10 & 11.). These strategies include:

- *Based on its ongoing reviews, Agency Performance will continue to provide feedback and guidance to CFSA and Provider staff on appropriate and acceptable actions and documentation for assessing safety that includes health, educational and environmental factors. In addition, the template designed by Agency Performance to provide a standardized documentation format on safety assessments is being reviewed by the Deputy Directors and will be implemented by May 1, 2017 (2017 Strategy Plan, strategy 1.1, p. 7).*

The Monitor reviewed a copy of CFSA's Safety Assessment Tip Sheet which includes a template with domains that should be assessed by workers during visits including physical environment, health and education. Documentation reviewed during the June 2017 case record review reflected that the template is widely used by workers, however, information is not consistently updated to reflect that all necessary topics were discussed or assessed during the current worker visit. In some instances, documentation was copied and pasted from the prior contact note; while this may be appropriate if there is no change in status (i.e., no new health appointments occurred since the prior month), some domains require frequent monitoring and follow-up and documentation should reflect this activity.

- *Beginning May 8, 2017, Program Operations, Private Agencies and Community Partnership Program Managers will focus on coaching and mentoring supervisors to improve frontline practice of social workers by providing a structured set of core elements, including safety plans and assessments, to be implemented during individual and group supervision (2017 Strategy Plan, strategy 1.2, p. 7).*
- *By April 17, 2017, Program Operations and Community Partnerships will develop a weekly visitation accountability process to track and enhance performance and identify individual workers and/or supervisory units who need additional support. At the end of every month, a "missed visit efforts" report will be submitted to Agency Performance for audit (2017 Strategy Plan, strategy 1, p. 8).*
- *Beginning May 15, 2017, Entry Services and Community Partnerships will implement a new case transfer process that allows In-Home Social Workers to engage more rapidly with families and ensure a joint home visit occurs within the first 20 days of the Family Assessment being initiated or within 30 days of the Investigation being initiated (2017 Strategy Plan, strategy 2, p. 8)*

The three strategies above focus on increased supervision and accountability mechanisms to strengthen case practice, identify workers who need additional support and the timely transfer of families from Entry Services to in-home services, all with a goal of improving visitation frequency and quality. CFSA reports that each of these strategies are currently being implemented. Performance data for worker visits with families receiving in-home services show a slight increase over the previous period, which may be attributed to increased monitoring of performance within the Community Partnerships division. As implementation for these strategies did not begin until April and May 2017, their effectiveness will be more fully evident through data for the next monitoring period.

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

CFSA has consistently struggled with implementing strategies to improve overall case practice and to achieve acceptable performance on the Exit Standards that are measured through Quality Services Reviews (QSRs). In order to provide the most appropriate array of services to families that will lead to behavior change, reduced risk and increased parental capacity, CFSA must consistently engage families, have accurate functional assessments¹³⁹ and team 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 critical to the development of the case plan and implementation of appropriate supports to ensure safety and reach the identified permanency and well-being goals for the child and family.

Data have consistently highlighted inconsistencies in practice across CFSA administrations – Permanency and Community Partnerships – and in private agencies under CFSA contract. Through the Temporary Safe Haven Redesign and Safe and Stable Families Redesign, described in detail earlier in this report, CFSA is hopeful that practice across CFSA and the private partners will incorporate the same expectations and will achieve more consistent, high quality practice.

¹³⁹ 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.

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 29 and 30, including the parameters reviewers consider in rating performance, as well as descriptions of minimally acceptable performance and unacceptable performance as described in the QSR protocol.

IEP Requirement	<p><u>5. Services to Families and Children to Promote Safety, Permanency and Well-Being:</u> Appropriate services, including all services identified in a child or family's safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being.</p> <p>CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</p> <ul style="list-style-type: none">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; andd. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement. <p style="text-align: right;">(IEP citation I.A.3.)</p>
Exit Standard	<p>In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR <i>Implementing Supports and Services</i> and <i>Pathway to Case Closure</i> indicators.</p>

Figure 29: QSR *Implementing Supports and Services* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁴⁰

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.

¹⁴⁰ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015, p. 70-71.

Figure 30: QSR *Pathway to Case Closure* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁴¹

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?

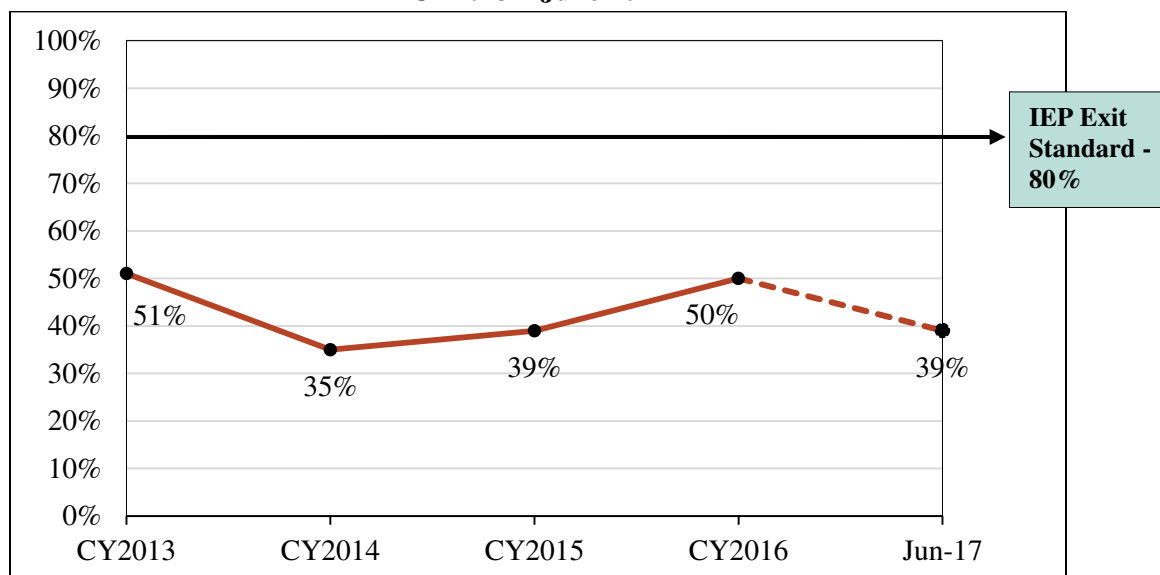
- *Description of Acceptable/Unacceptable Performance:*

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.

¹⁴¹ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015, p. 62-63.

**Figure 31: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
CY2013 – June 2017**



Source: QSR Data CY2013 – 2016, January – June 2017.

Performance for the period January 1 through June 30, 2017:

Over the course of calendar year 2017, CFSA will review a total of 125 cases using the QSR methodology. In the six month monitoring period between January and June 2017, a total of 85 cases were reviewed using the QSR methodology. Thirty-nine cases involved a child receiving in-home services and 46 cases were of a child placed in out-of-home care. All of the children reviewed who were placed in out-of-home care were case managed by one of the seven private agencies¹⁴² with whom CFSA currently contracts with for case management and placement services.

As Figure 32 shows, just over a third of the cases reviewed (39%; 33 of 85) were rated acceptable on *both* the *Implementing Supports and Services*¹⁴³ and *Pathway to Case Closure* indicators, below the required achievement level of 80 percent. Ratings for each individual indicator were acceptable practice on *Implementing Supports and Services* (58%; 49 of 85) and acceptable performance on *Pathway to Case Closure* (52%; 41 of 85). Due to differences in the sample of cases reviewed between January – June 2016 and January – June 2017, data below are not perfectly comparable.¹⁴⁴

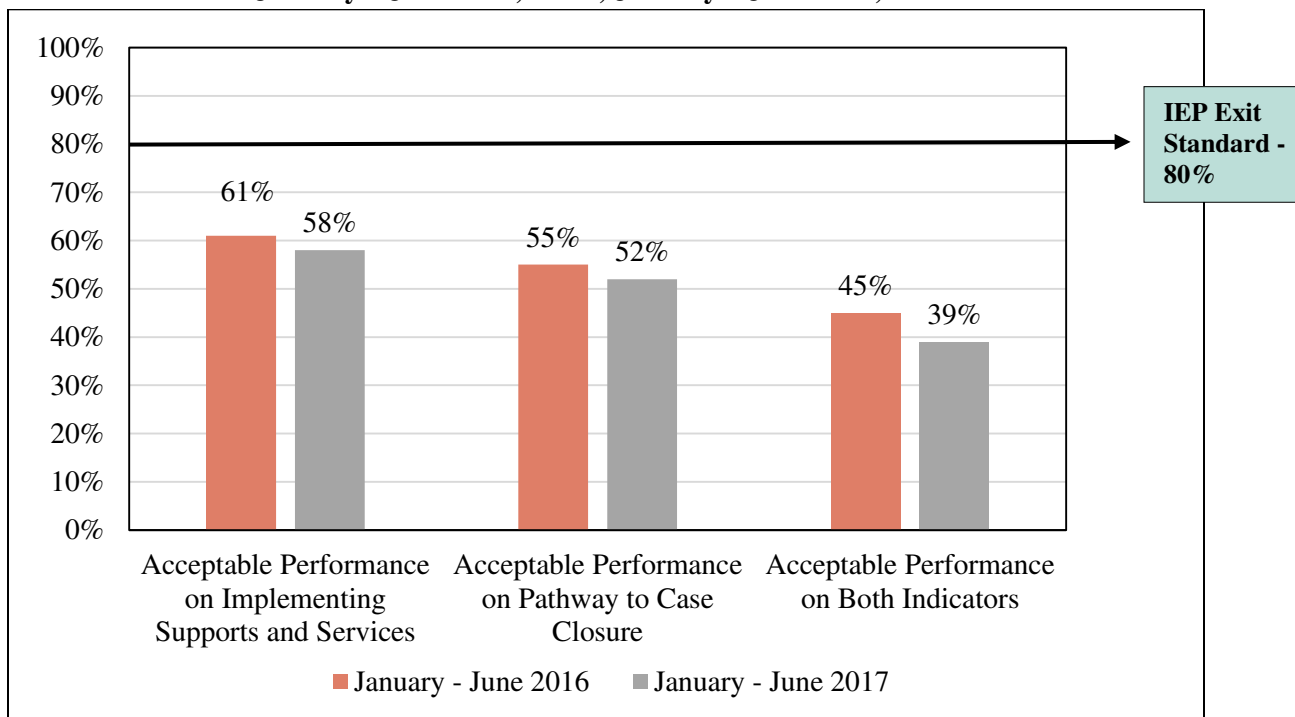
¹⁴² In addition to providing out-of-home kinship and non-kinship placements in Maryland, the private agencies are responsible for providing therapeutic placements for children in out-of-home care who require such placement. Both CFSA and the private agencies provide case management services for children who receive therapeutic supports either from the District's Department of Behavioral Health or a private provider.

¹⁴³ 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 by the reviewer, that sub-part is not considered in determining the overall rating for the indicator.

¹⁴⁴ During the first half of CY2017, only out-of-home cases managed by a private agency and in-home cases were reviewed compared to the first half of CY2016 when out-of-home cases managed by CFSA were also reviewed.

The Monitor will have a better assessment of performance on this Exit Standard after all cases in the CY2017 sample have been reviewed.

**Figure 32: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
January – June 2016, N=64; January – June 2017, N=85**



Source: QSR Data

Of the 46 out-of-home cases reviewed through the QSR process between January and June 2017, all of which were case managed by private agencies, performance was lower than performance for cases managed by private agencies in CY2016 (N=39). Table 8 highlights the difference in performance across each indicator used to assess performance for this Exit Standard. As CFSA redesigns its partnership with private agencies and in-home services, it will be critical to closely track these data to better understand and ensure consistent, high quality practice across the entire child welfare system.

Table 8: Performance on QSR Indicators for Out-of-Home Placements
Case Managed by Private Agencies
CY2016 – June 2017

CY2016 N=39	January – June 2017 N=46
<i>Implementing Supports and Services</i>	
56% (22)	52% (24)
<i>Pathway to Case Closure</i>	
54% (21)	46% (21)
<i>Both Indicators</i>	
38% (15)	35% (16)

Source: QSR Data

Of the cases reviewed between January and June 2017, 39 were in-home cases, all of which were case managed by CFSA. QSR data analyses show a positive increase in performance between in-home cases reviewed in CY2016 (N=32) and those reviewed during the current monitoring period (see Table 9).

Table 9: Performance on QSR Indicators for In-Home Cases
CY2016 – June 2017

CY2016 N=32	January – June 2017 N=39
<i>Implementing Supports and Services</i>	
56% (18)	64% (25)
<i>Pathway to Case Closure</i>	
53% (17)	59% (23)
<i>Both Indicators</i>	
38% (12)	44% (17)

Source: QSR Data

Although only partial year data are available, performance for the first half of the year continues to fall far below the required level of 80 percent and performance on services to families and children remains an Exit Standard to be Achieved. The discussion below provides updates on CFSA's implementation of strategies designed to improve performance on this Exit Standard.

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):

- *Beginning April 3, 2017, Program Operations will partner with the Office of Well Being and CWTA to provide additional training and information to Social Workers and Supervisors on the connection between accurate assessments, provision of*

clinical services and improved outcomes for children and families (2017 Strategy Plan, strategy 1.1, p. 5).

- *Beginning April 3, 2017, the Office of Well Being will provide Child and Adolescent Functional Assessment Scale (CAFAS)/Pre-school Aged Assessment Scale (PECFAS) and Caregiver Strengths and Barriers Assessment (CSBA) completion data monthly to the Deputy Directors of Program and Community Partnership. These data will also be reviewed at the monthly learning collaborative meetings to encourage sharing of specific strategies that are successful in achieving timely completion of assessments (2017 Strategy Plan, strategy 1.2, p. 5).*
- *By June 30, 2017, Supervisors will train and coach workers on the use of the Well Being Profile and will use the Well Being Profile during group supervision, R.E.D. team meetings, placement disruption meetings, permanency meetings, youth transition plan meetings and the learning collaboratives to inform case planning (2017 Strategy Plan, strategy 1.3, p. 5).*

CFSA implemented the above strategies to address gaps and practice issues in social worker and supervisor assessments of children and families. CFSA had identified a compliance mentality as a critical barrier to the completion of quality, clinical assessments – staff have been more focused on completing the assessment and frequently did not routinely utilize the findings from these tools to inform the case plan or work with families. Through additional trainings and development of the *Well Being Profile*¹⁴⁵ in FACES.NET, CFSA believes that workers and supervisors will have the tools and ongoing support to use clinical assessments to drive practice.

While it is too soon to determine whether these strategies have been successful in improving the quality of practice and service provision, the impact of these trainings have led to an eight percent increase in CAFAS/PECFAS¹⁴⁶ completion rates between February 2017 (65%) and July 2017 (73%).

- *Beginning April 3, 2017, the Office of Well Being will provide Program Operations, the private agencies and Community Partnerships with a weekly report on the status of all new referrals recently enrolled at the Department of Behavioral Health. The report will be reviewed at a weekly huddle to resolve the barriers to scheduling or starting the identified service (2017 Strategy Plan, strategy 2.1, p. 5).*
- *Beginning April 3, 2017, Office of Well Being staff will follow up on all*

¹⁴⁵ The *Well Being Profile* allows workers to track and review a child's CAFAS/PECFAS scores and findings from assessments of parent's strengths and barriers over time.

¹⁴⁶ CFSA uses the Caregiver Strength and Barriers Assessment, a functional assessment tool that focuses on parents' capacity, strengths and needs, and the CAFAS/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.

comprehensive behavioral health recommendations for status of scheduling and completion of those recommendations within seven days (2017 Strategy Plan, strategy 2.2, p. 5).

As of May 2017, CFSA modified the process for referring children and youth for services provided through the Department of Behavioral Health (DBH). When a child over five-years-old is removed, co-located DBH staff verify if the child is currently linked to a Core Service Agency and if they are, reaches out and invites them to participate in the Removal R.E.D. Team Meeting. If the child is not linked to a Core Service Agency, the Child Choice Providers¹⁴⁷ are invited to attend the meeting to begin the process of linking the child with services if appropriate. Staff within the Office of Well Being are responsible for communicating with supervisors, program manager and program administrations within CFSA and the private agencies the names of children and youth who are linked with a provider each week and then provide support to social workers to resolve any scheduling or engagement barriers.

CFSA provided data on the number of children referred for an initial or new intake at one of the Core Service Providers between April and June 2017. Of the 55 children who were in need of an intake, 13 percent were scheduled for an intake within seven days, an additional 13 percent were scheduled for an intake within eight to 14 days. The remaining 76 percent were not scheduled for an intake until more than 14 days after the referral to the mental health agency.

- *By June 1, 2017, the Safe and Stable Families Redesign will require better tracking and accountability of referrals to the Collaboratives and engagement with families (2017 Strategy Plan, strategy 2.3, p. 5).*

CFSA has developed data tracking processes to regularly monitor referrals of families to Collaboratives to receive case management or services. CFSA reports that staff meet weekly to review data on the following:

- Case type and characteristics (Front Yard, Front Porch, Front Door)¹⁴⁸
- Referral origin within CFSA (i.e. Entry Services, Community Partnerships, Office of Youth Empowerment, etc.)
- Ward where family resides

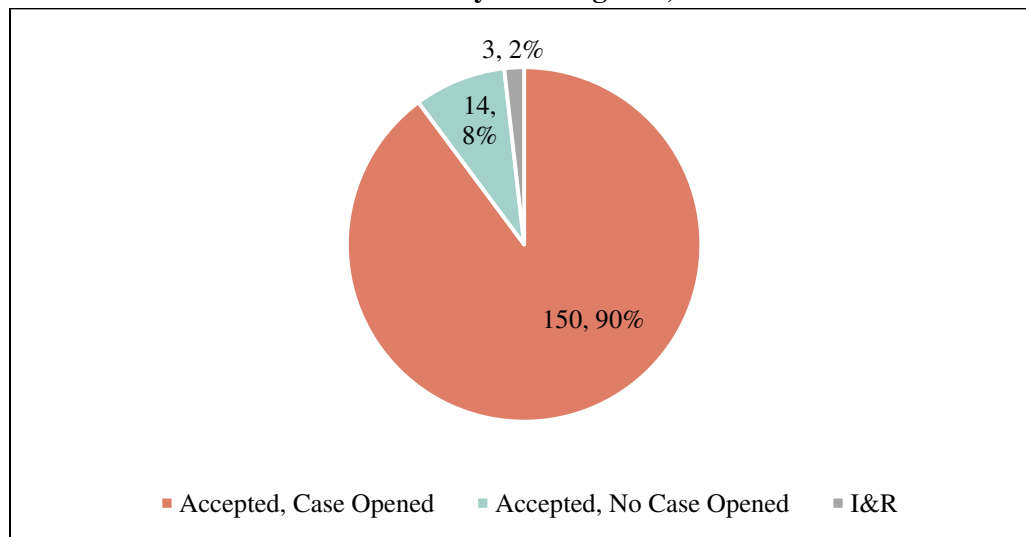
¹⁴⁷ Three Core Service Agencies are identified as a Child Choice Provider: Community Connections, First Home Care and Maryland Families Services.

¹⁴⁸ Front Yard cases are those in the community in which the family does not have CFSA involvement including young, homeless families and Grandfamilies. Front Porch cases are those where CFSA is closing the case and transitioning case management to the Collaborative, including community diverted cases from CPS investigations and Family Assessment and cases stepping down from in-home and permanency. Front Door cases are those where CFSA has an open, active case and is teaming with the Collaborative to support the family.

- Referral outcome (Accepted and case opened with the Collaborative, Accepted but no case opened with the Collaboratives, Declined by the Collaborative and Information and Referral; see Figure 33)
- Time from referral to case assignment to Collaborative worker; time from case assignment to staff transfer conference; and time from staff transfer conference to partnering together conference (PTC) with the family

Between May 15th and August 7, 2017, CFSA referred 167 families¹⁴⁹ to the Collaboratives.¹⁵⁰ The Collaboratives accepted and opened 150 (90%) cases and no cases were denied. Of the remaining 17 cases, 14 cases were accepted but not opened due to the family declining to participate (13 cases); the Collaborative not being able to make contact with the family (1 case) and the Collaborative referred families in three cases to other community resources for services (see Figure 33). The majority of the cases were referred to Collaboratives from Entry Services – CPS investigations (62, 37%) and CPS-FA (76, 46%) (see Figure 34).

Figure 33: Outcome of Referrals to Collaboratives
May 15 – August 7, 2017

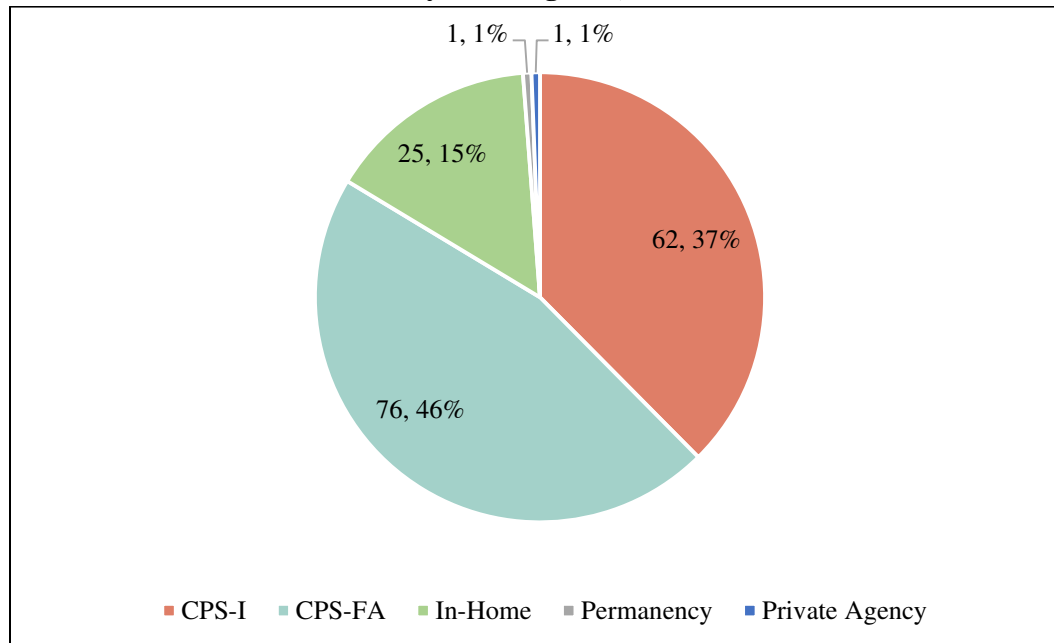


Source: CFSA Manual Data

¹⁴⁹ Due to inconsistencies in data tracking within CFSA discussed in footnote 155 below, the Monitor does not believe this represents the full universe of families referred to the Collaboratives between May 15th and August 7, 2017.

¹⁵⁰ In validating these data, the Monitor discovered inconsistencies in data tracked by Community Partnerships and FACES.NET data used to validate *Community-Based Service Referrals for Low & Moderate Risk Families* (IEP citation I.C.19.). Some families included in the FACES.NET management report as having been referred to a Collaborative were not included in the data being tracked by Community Partnerships. CFSA reports that all referrals to the Collaboratives must go through Community Partnerships and is working to understand and reconcile these data. The Monitor will work closely with CFSA to understand these inconsistencies.

Figure 34: Source of Referrals to Collaboratives
May 15 – August 7, 2017



Source: CFSA Manual Data

CFSA's weekly monitoring of the referral process has also created a mechanism for holding both itself and the Collaboratives accountable for engaging families timely. Between May 15th and August 7, 2017, for the 150 cases that were opened with the Collaboratives, it took an average of 1.7 days between referral and case assignment; three days between case assignment and staff transfer conference; and 5.7 days between staff transfer conference and the Partnering Together Conference with the families. This is a clear improvement from past practices

Moving forward, the Monitor expects that CFSA will be able to expand data collected from the Collaboratives to include outcomes from their engagement and work with families and that CFSA will be able to use these data to ensure that families do not fall through the cracks after the initial partnering together conference.

b. Case Planning Process

Timely case plans at the beginning and throughout a child and family's involvement with CFSA build on engagement with the family and set the path toward permanency. The case planning process Exit Standards 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 and (2) deliver services identified in the current case plan.

CFSA policy requires that every effort be made to locate family members and develop case plans in partnership with children and families, the families' informal support networks and other formal resources working with or needed by the child and/or family. Case plans should identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.

During the prior monitoring period, CFSA's performance toward timely development of case plans slipped. However, data for this monitoring period reflect improved performance on the IEP requirement that 90 percent of case plans be developed within 30 days of the child entering care.¹⁵¹ The Monitor considers this Exit Standard to be maintained.

IEP Requirement	<p>33. <u>Case Planning Process</u>:</p> <ul style="list-style-type: none"> 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. <p style="text-align: right;">(IEP citation I.B.17.)</p>
Exit Standard	<p>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.</p>

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard pertaining to appropriateness and quality of case planning. These indicators, *Planning Interventions* and *Pathway to Case Closure*, are described in further detail in Figures 35 and 36, which summarize the parameters reviewers consider in rating performance for *Planning Interventions* and *Pathway to Case Closure*, as well as descriptions of minimally acceptable performance and unacceptable performance as contained within the QSR protocol.

¹⁵¹ Monthly performance for completion of case plans are as follows: January, 87%; February, 89%; March, 91%; April, 92%; May, 93%; June, 94%.

Figure 35: QSR *Planning Interventions* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁵²

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.

¹⁵² *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015. p. 66-69.

Figure 36: QSR *Pathway to Case Closure* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁵³

Pathway to Case Closure

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

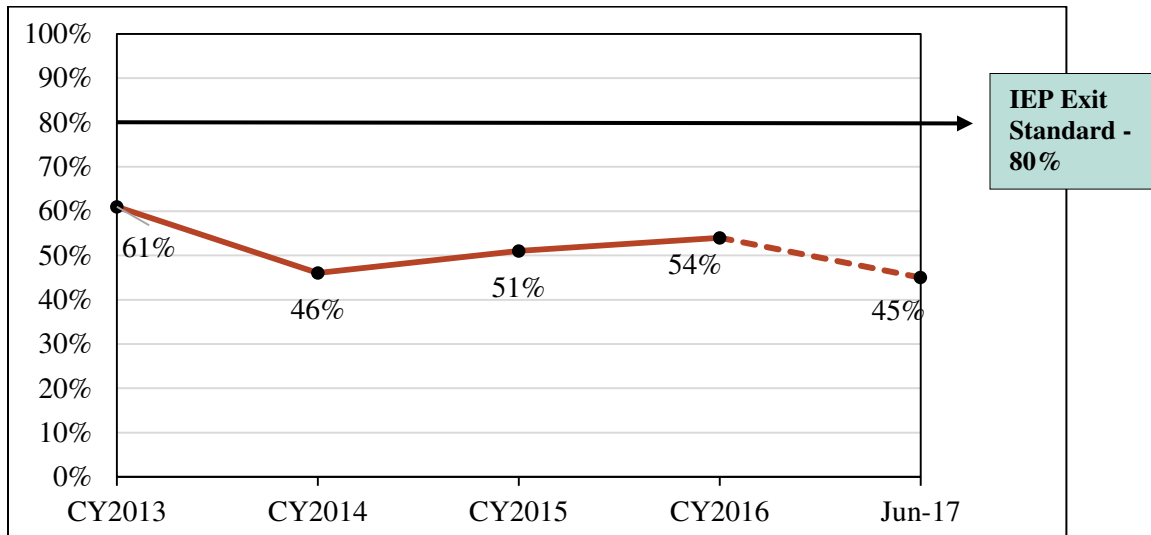
- *Description of Acceptable/Unacceptable Performance:*

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

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

¹⁵³ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015. p. 62-63.

Figure 37: QSR Findings on Case Planning Process
CY2013 – June 2017



Source: QSR Data CY2013 – 2016, January – June 2017

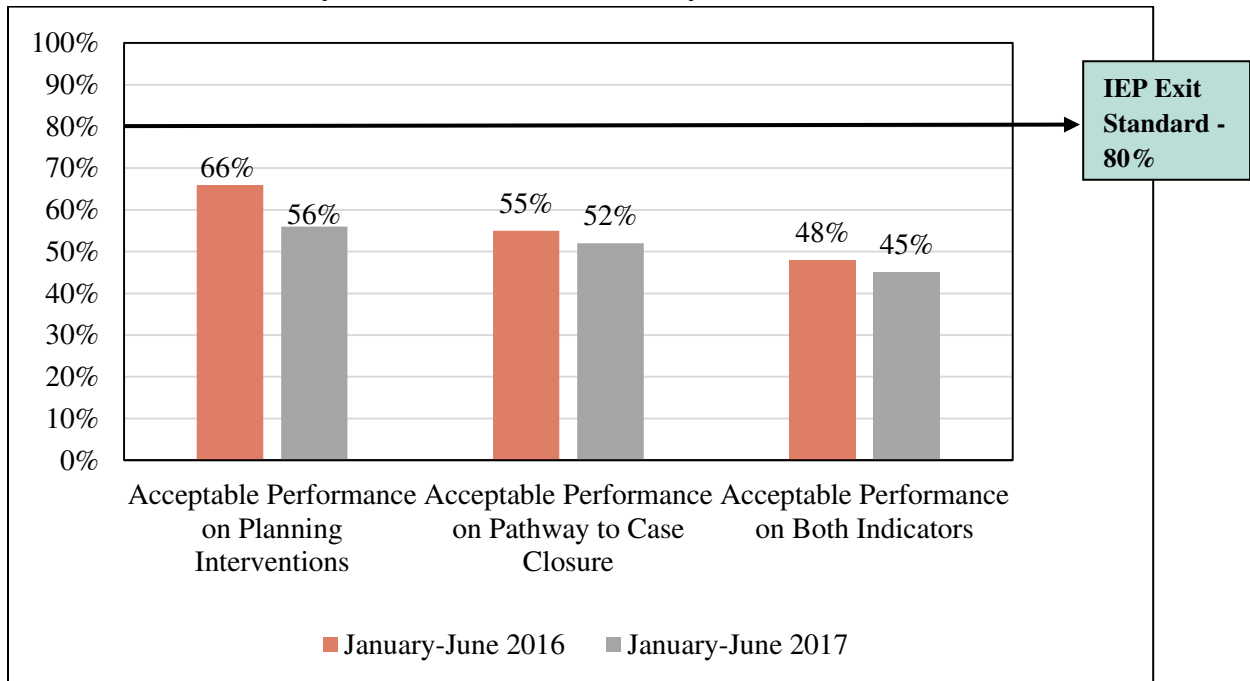
Performance for January 1 through June 30, 2017:

Between January and June 2017, of the 85 cases reviewed using the QSR methodology, 45 percent (38 of 85) of cases reviewed were rated as acceptable on *both* the overall *Planning Interventions*¹⁵⁴ and *Pathway to Case Closure* indicators (see Figure 38). Performance during the current monitoring period remained consistent with performance from January through June 2016 (48%).

In some cases, reviewers rated practice on one indicator as acceptable, while their assessment of practice on the other indicator was unacceptable. Specifically, 56 percent of cases (48 of 85) were rated acceptable on the *Planning Interventions* indicator and 52 percent of cases (44 of 85) were rated acceptable on the *Pathway to Case Closure* indicator.

¹⁵⁴ All consistently rated sub-parts of this indicator (*Safety and Protection, Permanency, Well-Being, Daily Functioning and Life Role Fulfillment, Transition and Life Adjustment and Early Learning and Education*) are used to evaluate if the overall *Planning Interventions* indicator is acceptable. Cases are rated as overall acceptable when: *Safety and Protection* is rated as acceptable and the majority of the other sub-parts are rated as acceptable.

Figure 38: QSR Findings on Case Planning Process
January – June 2016 N=125; January – June 2017 N=85



Source: QSR Data

Data for January through June 2017 reflect performance for cases managed by one of the seven private agencies and cases managed by CFSA where the child is able to remain in the home. Similar to performance measuring *Services to Families and Children to Promote Safety, Permanency and Well-being*, there was an improvement in performance on this Exit Standard for children and families receiving in-home services. The improvement can be attributed to an increase in performance on *Pathway to Case Closure*, which represents better alignment between case planning activities and the goals that have been developed with and for families to successfully exit from involvement with child welfare.

As with performance on *Services to Families and Children to Promote Safety, Permanency and Well-being*, cases managed by one of the private providers decreased on the indicators individually and overall used to assess performance for *Case Planning*. With the transition to fewer private providers, the goal is to implement a standard of practice with clearer expectations and accountability that will result in improvement on performance.

**Table 10: Performance on QSR Indicators for
Cases Managed by Private Agency
CY2016 – June 2017**

CY2016 N=39	January – June 2017 N=46
<i>Planning Interventions</i>	
64% (25)	52% (24)
<i>Pathway to Case Closure</i>	
54% (21)	46% (21)
<i>Both Indicators</i>	
49% (19)	42% (19)

Source: QSR Data

**Table 11: Performance on QSR Indicators for In-Home Cases
CY2016 – June 2017**

CY2016 N=32	January – June 2017 N=39
<i>Planning Interventions</i>	
66% (21)	62% (24)
<i>Pathway to Case Closure</i>	
53% (17)	59% (23)
<i>Both Indicators</i>	
41% (13)	49% (19)

Source: QSR Data

Performance on Strategy Plan:

In addition to the strategies discussed in Section B.4.a. of this report, *Services to Families and Children to Promote Safety, Permanency and Well-being*, and Section D.2., *Staff Straining*, CFSA has employed the following strategy to increase consistency of quality performance in its case planning process (IEP I.B.17):

- *By April 15, 2017, CFSA will review and incorporate action steps from the Child and Family Services Review Program Improvement Plan (CFSR PIP) regarding parent engagement into this plan (2017 Strategy Plan, strategy 6, p. 2).*

CFSA submitted the second draft of their CFSR PIP to the Children’s Bureau on June 30, 2017 and had an in person meeting on July 30, 2017 to discuss the draft. CFSA is currently revising their PIP and working closely with the Children’s Bureau to address their feedback. CFSA will submit a revised draft no later than November 30, 2017. Once the plan is complete, CFSA will incorporate the parent engagement strategies into the 2017 *LaShawn Strategy Plan*.

In addition to the strategies included in the PIP, CFSA is taking additional steps to support better parent engagement including: planning to increase the number of Parent Advocate positions through creating a dedicated unit focused on supporting parents whose children are in out-of-home care and developing a “tool kit” for social workers to increase parent engagement.

G. GOAL: CHILD WELL-BEING

CFSA is responsible for promoting, supporting and planning for the overall well-being of children and youth in foster care – including their physical and behavioral health. 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 and youth in foster care with the planning activities to support ongoing well-being occurring across the agency and through team meetings.

All youth receive a health screening when they enter care or change placements in addition to comprehensive medical and dental evaluations on an ongoing basis. Through the District’s Medicaid State Plan, all children and youth are eligible for Medicaid immediately upon entering care, including those who do not have legal status or had private insurance prior to entering care.

For older youth, planning for their well-being, as well as permanency and safety, occurs through regular youth transition planning (YTP) meetings and through connections to services provided through the Office of Youth Empowerment (OYE) (see Section C.2). These meetings serve as an opportunity for youth to lead their team and identify goals including those related to health, education, employment and permanency. For older youth who are likely to exit care without achieving permanency (age out of care), these meetings are critical to laying the groundwork for their success after foster care. The documentation for these meetings are going to be available to youth online as of January 2018, so that youth can readily access their plan and have contact information for their team. OYE continues to reflect on their practices with older youth and how to promote youth well-being. OYE is working to better engage older youth, support youth in identifying their goals for their future, and ensure that youth have supportive teams to help them transition out of care and take on the responsibilities of being an adult.

Some children and youth experience challenges with placement and/or permanency that result in the need for Special Corrective Action (see Section C.3.). For example, Special Corrective Action is needed for children who have an adoption goal for more than 12 months and are not placed in an adoptive home or children who are placed in facilities more than 100 miles from the District. For these children and youth, CFSA must create a child specific corrective action plan in order to address the placement and/or permanency issue of concern. The sections below provide additional details on CFSA’s activities to support and promote the well-being of children and youth in care.

1. Health and Dental Care

The IEP has multiple Exit Standards related to ensuring that children and youth in foster care receive appropriate and routine medical and dental services and timely access to appropriate health care. With the exception of the IEP requirement to provide Medicaid numbers and cards to caregivers in a timely manner, all of these Exit Standards are designated as Outcomes to be Maintained.

Health Screening Prior to Placement

The purpose of the health screening prior to placement is to identify health conditions that require prompt medical attention such as acute illnesses, chronic diseases, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems and developmental or mental health concerns. The screening also gathers information about the child's health care needs to be shared with the child's foster parent or caregiver, social worker and other service providers. The IEP requires 95 percent of children have a health screening prior to an initial placement in foster care or upon re-entry into care and 90 percent of children have a health screening before a change in placement (IEP citation I.C.22.a.).

During this monitoring period, CFSA's performance for health screenings prior to initial placement or re-entry into care ranged monthly from 89 to 100 percent¹⁵⁵ and monthly performance for health screenings prior to a placement change ranged from 83 to 90 percent¹⁵⁶. Performance in both of these areas declined from the previous monitoring period. Specifically, performance fell below the required level of 95 percent for initial placement and re-entry in February 2017 and below the required 90 percent for health screenings prior to a placement change in four out of six months. The Monitor is not aware of a specific cause for this decline.

Full Medical Evaluation and Full Dental Evaluation

The IEP requires that 85 percent of children receive a full medical evaluation within 30 days of placement and that within 60 days of placement, 95 percent of children will have received a full medical evaluation (IEP citation I.C.22.b.i.). CFSA maintained required performance on completion of full medical evaluations within 30 days of placement, ranging monthly from 91 to 98 percent. Required performance also was maintained for evaluations within 60 days of placement, ranging monthly from 93 to 100 percent.¹⁵⁷ In January 2017, performance was 93

¹⁵⁵ Monthly performance data for initial and re-entry health screenings are as follows: January, 100%; February, 89%; March, 100%; April, 96%; May, 100%; June, 100%.

¹⁵⁶ Monthly performance data for placement change health screenings are as follows: January, 83%; February, 86%; March, 90%; April, 86%; May, 89%; June, 90%.

¹⁵⁷ Monthly performance data for evaluations completed within 60 days of placement are as follows: January, 93%; February, 98%; March, 100%; April, 95%; May, 98%; June, 100%.

percent, just below the required level of 95 percent. The Monitor considers this deviation to be insubstantial and this Exit Standard to be maintained.

CFSA also maintained required performance for two of the three sub-parts of the Exit Standard pertaining to full dental evaluations (IEP citation I.C.22.b.ii.). CFSA performance for full dental evaluations met the required level of 25 percent for evaluations within 30 days of placement (monthly range of 39 to 76%) and 50 percent within 60 days of placement (monthly range of 71 to 88%). By 90 days after placement, 85 percent of children in placement are expected to have a dental evaluation. Performance for full dental evaluations within 90 days of placement did not meet the 85 percent threshold during three of the six months in the monitoring period, ranging from 71 to 93 percent.^{158, 159} This marks a slight improvement from the previous monitoring period and the Monitor continues to consider this Exit Standard to be maintained.

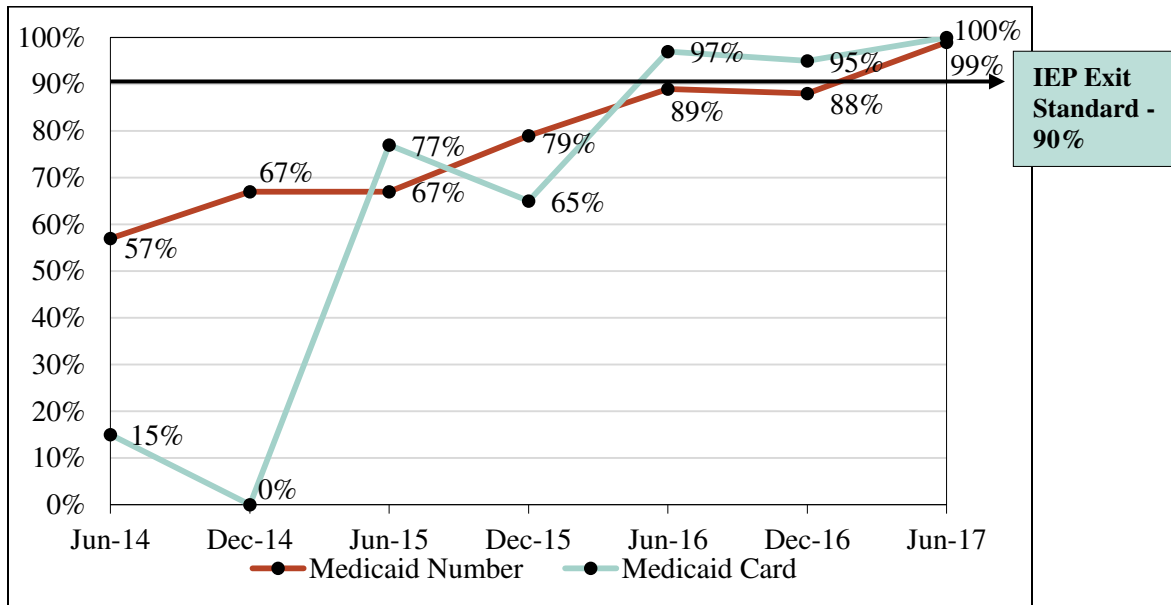
Medicaid Coverage

IEP Requirement	43. <u>Health and Dental Care</u> : 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.

¹⁵⁸ Monthly performance data for children having dental evaluations completed within 90 days of placement are as follows: January, 85%; February, 80%; March, 86%; April, 71%; May, 84%; June, 93%.

¹⁵⁹ A strategy used to support timely dental evaluations for youth in out-of-home care is through the dental van. The dental van operates through a partnership between CFSA and Children's National Medical Center (CNMC). CFSA is responsible for coordinating and scheduling appointments and CNMC is responsible for provider coverage and any technical issues. The dental van was unavailable from October – December 2016, as was reported in the previous monitoring report but is now operational again.

**Figure 39: Distribution of Medicaid Number and Medicaid Card to Foster Parents
June 2014 – June 2017**

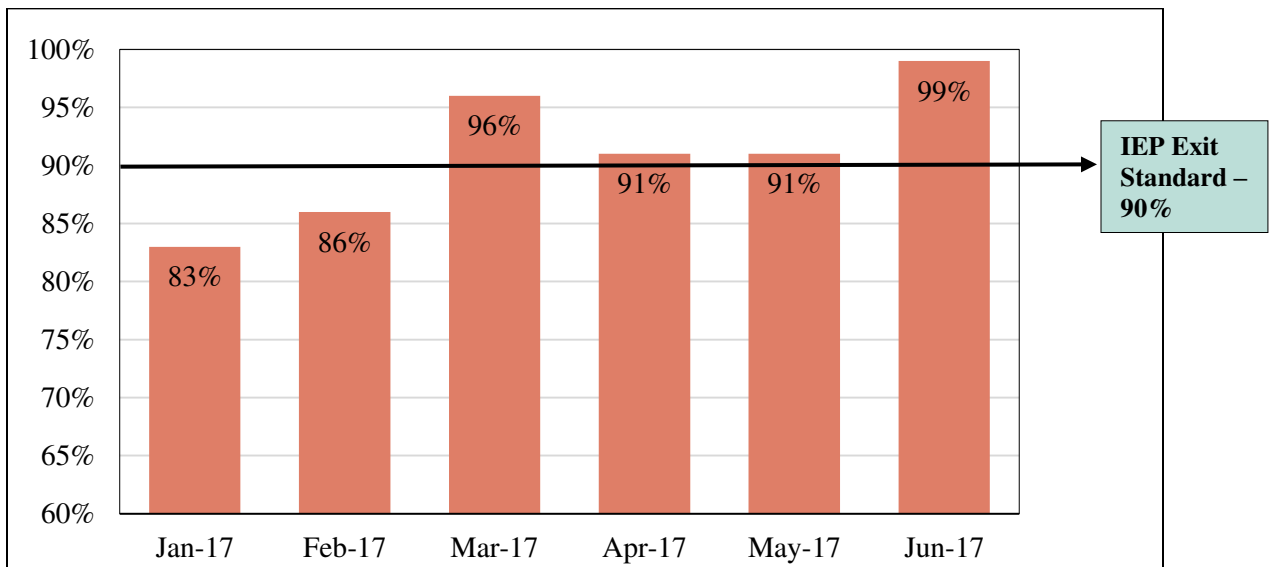


Source: CFSA Manual Data

Performance for the period January 1 through June 30, 2017:

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 while in foster care. In June 2017, 75 children experienced a placement activity and remained in that placement for at least five days. Of these 75 children, CFSA was able to verify that 74 foster parents (99%) received the child's Medicaid number within five days of their placement. Between January and June 2017, performance ranged from 83 to 99 percent each month (see Figure 40). Performance fell below the required level of 90 percent during two months, January and February 2017 at 83 and 86 percent respectively (see Figure 41). Performance on this sub-part of the Exit Standard remains consistent and met the required level of 90 percent in four of the six months during the period.

**Figure 40: Foster Parents who Received Child's
Medicaid Number within Five Days of the Child's Placement
January – June 2017**

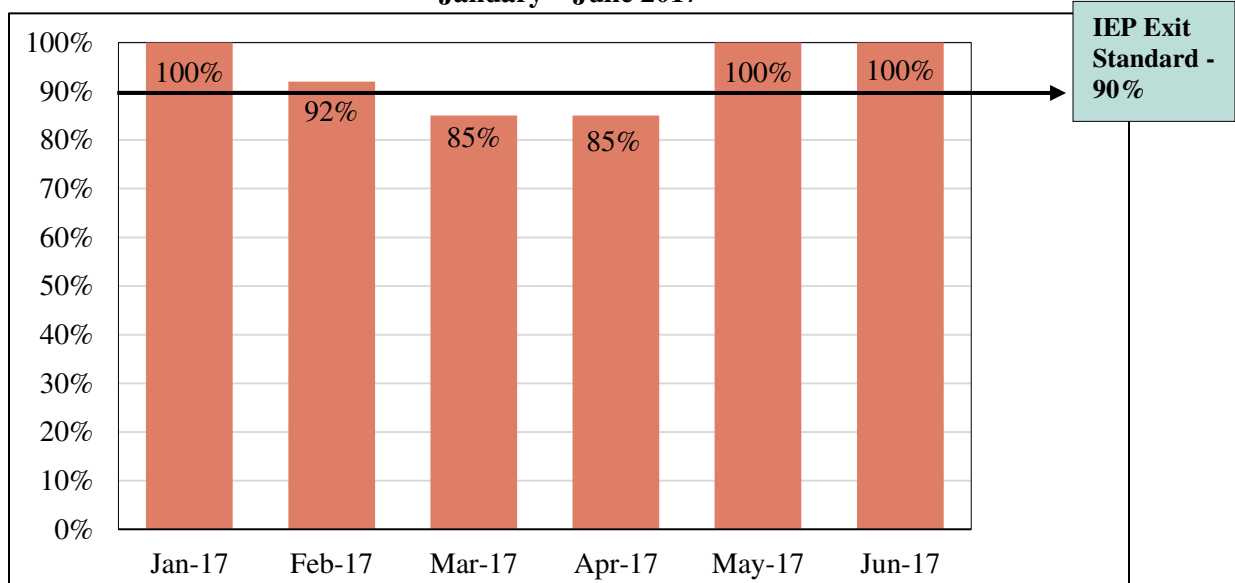


Source: CFSA Manual Data

CFSA continues to collaborate with the Department of Health Care Finance (DHCF) and tracks the distribution of Medicaid cards to foster parents when a child is initially placed or re-enters foster care.¹⁶⁰ Specifically, the two agencies have developed a process through which the Business Services Administration at CFSA works with DHCF to ensure children are enrolled in Medicaid and then mails the card to the foster parents. Between January and June 2017, CFSA was able to verify that between 85 and 100 percent of foster parents each month received the child's Medicaid card within 45 days of the child's placement in their home (see Figure 41), falling short of the required performance of 90 percent in March and April 2017. CFSA's performance on this sub-part of the Exit Standard remains consistent with performance during the previous monitoring period and has yet to achieve the required performance over a six month period. The Monitor continues to consider this Exit Standard to be partially achieved.

¹⁶⁰ CFSA reports that Medicaid cards for children who experience a placement change are transferred through the placement passport packet and are available through the foster parent mobile application. CFSA does not currently track or confirm receipt of the Medicaid card to foster parents for children who change placements.

**Figure 41: Foster Parents who Received Child's
Medicaid Card within 45 Days of the Child's Placement
January – June 2017**

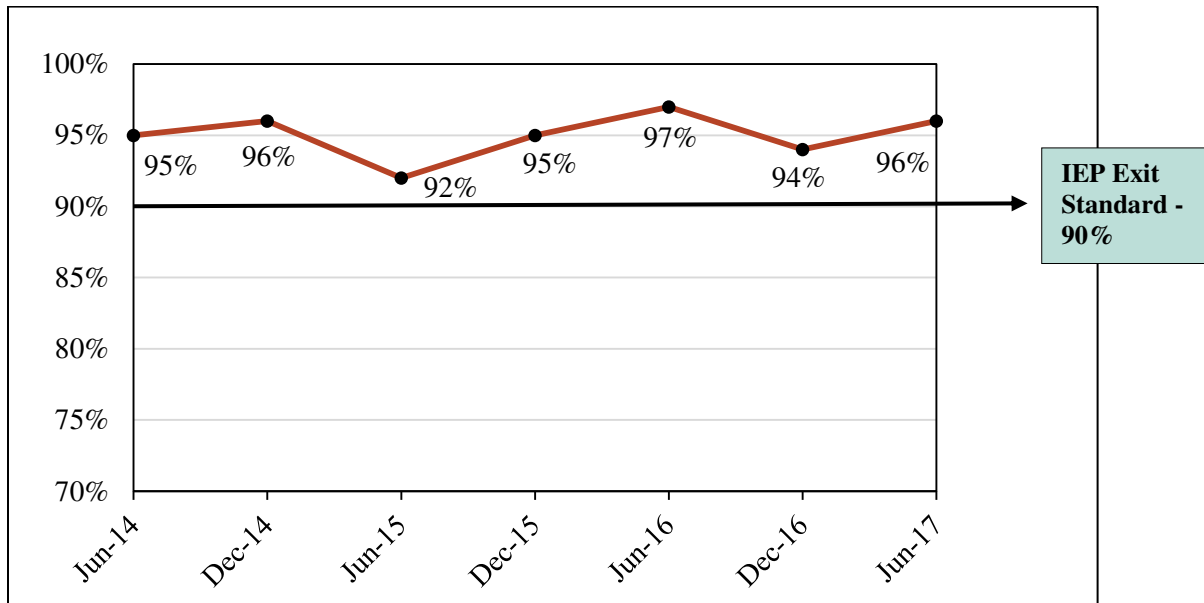


Source: CFSA Manual Data

2. Adolescent Practice

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 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 on housing, health insurance, education and linkages to continuing adult support services agencies. Since June 2013, CFSA has met this IEP Exit Standard which requires at least 90 percent of youth age 18 and older have a current YTP.

**Figure 42: Youth Ages 18 and Older with a Youth Transition Plan
June 2014 – June 2017**



Source: CFSA Manual Data and FACES.NET report CMT391

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

Performance for the period January 1 through June 30, 2017:

CFSA continues efforts to support earlier and ongoing engagement and planning with older youth around their transition from foster care. The YTP is intended to provide a roadmap to ensure the youth is sufficiently prepared and supported to transition out of CFSA care. For several years, CFSA co-designed, tested and hoped to use an online version of the Foster Club toolkit, CFSA's YTP tool. However, after extensive challenges working with the contractor, CFSA changed course and has developed an online platform to assist in completing a youth's transition plan. This online platform, to be used with a youth using a laptop, tablet or phone, was finally rolled out in the summer of 2017. The Monitor will provide more information about its use in the next monitoring report.

Of the 229 youth ages 18 and older under CFSA care between January and June 2017, nine youth were in abscondence, developmentally disabled, incarcerated or declined to participate in the development of a YTP and were excluded from analysis. Out of 220 applicable youth, 211 (96%) had a YTP. The Monitor considers performance on this Exit Standard to be maintained.

CFSA's quality assurance staff continue to conduct a limited case record review of all YTPs for youth who turn 20.5 years during the monitoring period to determine if the plans address appropriate connections to specific options on housing, health insurance, education and linkages to continuing adult support services agencies.¹⁶¹ Twenty-six youth were applicable during this

¹⁶¹ The Monitor has previously participated in this review and validated findings.

monitoring period and all of those youth's plans were reviewed; one case was excluded from the universe because the youth was in abscondence during the review period and had no contact with the social worker and the judge ordered the case closed. Of the 25 remaining cases, CFSA found that 24 (96%) had up to date YTPs that addressed appropriate connections to specific services and options.¹⁶²

As reported in the last monitoring period, CFSA contracted with the Young Women's Project to design and implement a new aftercare services model for youth transitioning out of the child welfare system and the Young Women's Project began receiving referrals in February 2017. This new model focuses on specific and persistent engagement strategies with older youth and working with youth to support their path to work and further education, stable housing and healthy relationships. The program is building staff capacity and testing and refining their service delivery model. With this new arrangement, CFSA and the Young Women's Project are currently analyzing the appropriate scope of this aftercare services model and defining what responsibilities are in the scope of work of the Office of Youth Empowerment and what responsibilities should be taken on by the Young Women's Project. The Monitor will continue to follow the progress in the delivery of aftercare services to youth leaving CFSA custody.

3. Special Corrective Action

CFSA continued to meet the Exit Standard that requires production of monthly reports identifying children in special corrective action categories and completion of child-specific case reviews to develop corrective action plans as appropriate (IEP citation I.D.30.). CFSA reports that these plans are completed during weekly Special Corrective Action R.E.D. Team meetings for children newly identified in a corrective action category.

Data on the number of children in special corrective action categories during the monitoring period are presented in Table 12 below. Of note, there was an increase since the prior monitoring period in the number of children each month with a goal of reunification for more than 18 months. Specifically, between July and December 2016, the number of children with a goal of reunification for more than 18 months ranged monthly from 29 to 43 and from January to June 2017, the number increased from 43 to 72 children. Data also demonstrate a slight decrease in the number of children placed in facilities more than 100 miles from the District – in December 2016 there were 16 children and in June 2017, 13 children were in this category. The number of children in unlicensed homes or in homes that exceed their capacity rose during some months this monitoring period. CFSA reports receiving notification from Maryland's Department of Human Resources that many counties were experiencing delays of six to eight weeks to process Child Protection Registry clearances which impacted timely licensing and re-licensing of Maryland foster homes, which likely contributed to this increase.

¹⁶² The Monitor reviewed a small sample (6) of these cases, 1 each month of the monitoring period.

Between January and June 2017, 337 children were newly identified in a special corrective action category; of these, CFSA determined that 218 corrective action plans were required.¹⁶³ CFSA completed 89 percent (195) of the required plans.

Table 12: Children in Special Corrective Action Categories by Month*
January – June 2017

Special Corrective Action Category	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
Placement Categories						
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement	231	236	233	224	227	230
Children Placed in Emergency Facilities Over 90 Days	0	0	0	0	0	0
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	58	69	72	66	43	46
Children in Facilities More than 100 Miles from DC	12	13	13	13	11	13
Permanency Categories						
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	32	31	30	30	33	40
Children in Care who Returned Home twice and Still have the Goal of Reunification	0	0	0	0	0	0
Children under 14 with a Goal of APPLA	3	3	3	3	3	3
Children with the Goal of Reunification for More than 18 Months	43	47	49	57	61	72

Source: CFSA Administrative Data, FACES.NET report COR013

*Individual children may be included and counted in more than 1 category.

¹⁶³ A plan may not be required if the issue has been resolved by the time of review or if data were entered erroneously.

D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

A strong infrastructure with accountability systems are critical to CFSA's ability to support children, youth and families and maintain and improve good practice. This includes a workforce that is able to meet the needs of children, youth 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 financial resources to support a healthy, well-functioning system.

Central to the capacity of the workforce are manageable caseloads, sufficient training and supervisory support and direction. CFSA has continued to support ongoing in-home and permanency workers by maintaining caseloads at or below the level required by the IEP and by ensuring that workers receive both pre-service and in-service training.

CFSA has implemented three mandatory trainings to increase quality case practice as well as build supervisor capacity to support frontline workers. These three trainings – *Back to Basics*, designed for all Entry Services Staff, *Mastering the Art of Child Welfare Supervision* (MACWIS), a revised training for supervisors that consists of three tiers, each with multiple modules, and a webinar series on key case practice elements – are all mandatory. However, staff attendance, with the exception of *Back to Basics*, has been extremely poor, as is discussed in greater detail below.

1. Ongoing Caseloads and Supervisory Responsibilities

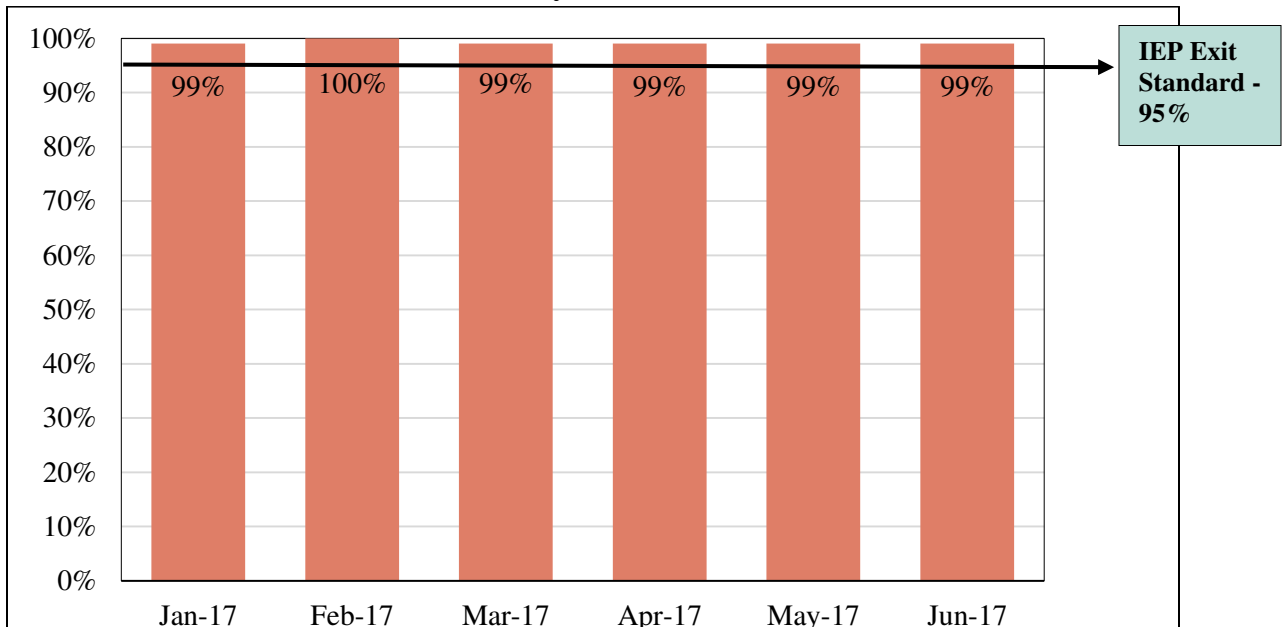
Exit Standards pertaining to ongoing, CPS and home study worker caseloads and supervisory responsibilities are designated as Outcomes to be Maintained (IEP citations I.D.25.&26.). The IEP requires that 90 percent of workers have caseloads that meet the required ratios. For ongoing in-home and permanency social workers, the standard is 15 cases per worker and no individual worker with a caseload greater than 18. For workers conducting home studies, the standard is 30 cases per worker and no individual worker with a caseload greater than 35. During this monitoring period, caseloads for permanency, in-home and home study workers¹⁶⁴ continued to meet the levels required by the IEP. However, as discussed earlier in this report, caseloads for investigation and FA workers exceed *LaShawn* IEP standards; thus the Monitor considers the caseload Exit Standard partially maintained.

Performance for the period January 1 through June 30, 2017:

CFSA maintained the required level of performance for in-home and permanency workers with monthly performance ranging from 99 to 100 percent (see Figure 43).

¹⁶⁴ 100% of home study workers met the required level of performance each month during the monitoring period. Specifically, the 5 licensing workers had caseloads that ranged on a monthly basis from 1 – 29 home studies on their individual caseloads

**Figure 43: Caseloads for Permanency and In-home Social Workers
January – June 2017**



Source: CFSA Administrative Data, FACES.NET report CMT328

The number of in-home and permanency cases unassigned for more than five days ranged each month from a low of 16 cases in January 2017 to a high of 34 in April 2017 (1 to 2% of total permanency and in-home cases), which is consistent with performance during the previous monitoring period. In addition to these unassigned cases, between January and June 2017, a monthly range of between 37 and 75 ongoing cases remained assigned¹⁶⁵ to investigative social workers, supervisors and program managers after CPS closure. CFSA indicates that these investigations have closed and are awaiting transfer to a worker in an ongoing unit. It is unclear from the data how long these cases have been in the transfer process and which administration and worker are responsible for visiting with the family, completing safety checks and providing services during this transition time.

Supervisory Responsibilities

There are two Exit Standards related to caseload and supervisory expectations for supervisors of workers carrying caseloads both of which are designated as Outcomes to be Maintained.

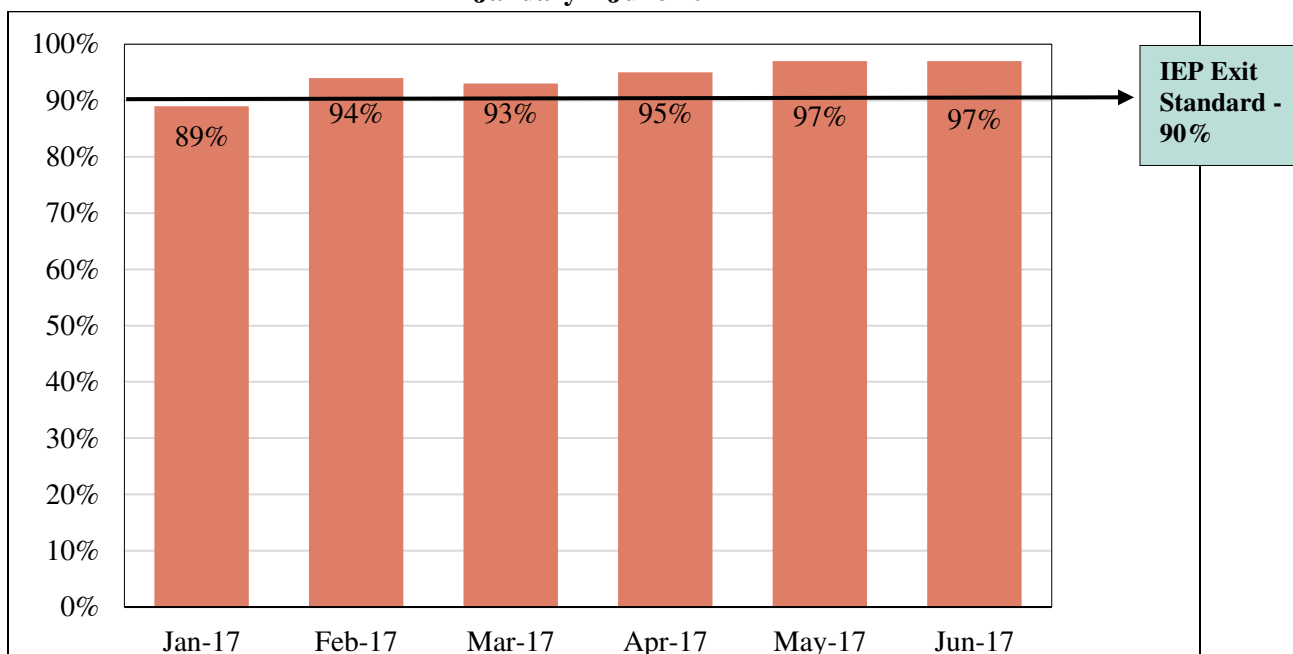
Performance for the period January 1 through June 30, 2017:

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 (IEP citation I.D.26.a.i.). During the current monitoring period, CFSA maintained performance on this Exit Standard.

¹⁶⁵ These data represent the number of ongoing cases assigned to CPS workers, supervisors and program managers on the last day of the month.

Monthly performance ranged from 89 to 97 percent of supervisors meeting the required standard, which meets the required level of 90 percent (see Figure 44).

**Figure 44: Supervisors Responsible for No More Than Five Case-Carrying Workers and a Case Aide/FSW
January – June 2017**



Source: CFSA Administrative Data, FACES.NET report CMT387

For the second Exit Standard, which requires that 95 percent of ongoing permanency and in-home cases be assigned to social workers (IEP citation I.D.26.b.ii.), the percentage of ongoing cases that were carried by social workers ranged from 90 to 93 percent monthly this period, meaning that seven to 10 percent of cases each month were carried by supervisors and program managers.¹⁶⁶ CFSA's performance was below the required level for every month this period and has only met the required level of performance for one of the last 12 months. The Monitor is unclear as to why supervisors continue to carry cases when ongoing worker caseloads are below the required standard.

Through the Temporary Safe Haven Redesign, CFSA will be absorbing case management responsibilities where the child is currently placed in the District. CFSA has stated that they have the internal staff capacity to continue to meet worker caseload standards as they absorb currently open permanency and in-home cases and prepare to take on case management of all new open cases in the District. NCCF has also begun to hire additional social workers and has filled the majority of open social worker and supervisor positions effective January 1, 2018. CFSA and

¹⁶⁶ Monthly performance data are as follows: January, 93%; February, 90%; March, 93%; April, 93%; May, 93%; June, 93%.

NCCF will need to remain vigilant in reviewing caseload data through the transition and may need to maintain the flexibility to hire additional frontline staff if warranted.

2. Staff Training

Training is a core function of any child welfare agency and is a primary mechanism to ensure that social workers, supervisors and managers have the competencies necessary to carry out their jobs effectively. The IEP requires that 90 percent of newly hired CFSA and private agency frontline staff receive 80 hours of pre-service training (IEP citation I.D.27.a.)¹⁶⁷ and 90 percent of newly hired CFSA and private agency supervisors complete 40 hours of pre-service training on supervision within eight months of assuming supervisory responsibility (IEP citation I.D.27.b.). During the current monitoring period, CFSA maintained required performance on pre-service training for frontline staff (100%)¹⁶⁸ and pre-service training for supervisors (100%). This represents a large improvement for pre-service training for supervisors from the previous monitoring period when only 57 percent of supervisors had completed the required training within eight months of assuming supervisory responsibility.

The IEP also requires that 80 percent of previously hired CFSA and private agency frontline 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.). During the current monitoring period CFSA maintained performance on these Exit Standards with 95 percent of frontline staff and 94 percent of supervisors completing the required in-service training.

Over the past year, CFSA's key strategies for improving case practice, discussed below, have included ongoing training and coaching. Despite maintaining overall performance on pre-service and in-service training hours for supervisors, supervisors had very low attendance at specific trainings that were developed to enhance their skills in promoting high quality case practice. Consequently, CFSA leadership made participation in these trainings mandatory. Despite being mandatory however, staff and supervisory participation remains low.

CFSA has employed the following training strategies to improve the quality of investigations (IEP I.A.2) and increase consistency of quality performance in its case planning process (IEP I.B.17):

- *By May 30, 2017 Entry Services Supervisors will be required to attend the relevant Mastering the Art of Child Welfare Supervision MACWIS 2.0 trainings (2017 Strategy Plan, strategy 2.2, p. 4).*

¹⁶⁷ The Monitor reports on compliance utilizing the level required by the IEP Exit Standard of 80 hours but understands that CFSA policy requires 129 hours of pre-service training for frontline service staff prior to taking on case management responsibilities.

¹⁶⁸ 3 direct service staff received waivers due to previously having completed the training.

The MACWIS training for supervisors, includes multiple eight modules including: *Revisiting Your Potential, Critical Thinking and the Paradigm Shift, The Clinical Supervision Toolbox, Consultation and Information Sharing Framework and Clinical Supervisor and Engagement, Teaming and Supporting Organizational Health*. While Entry Services supervisors are only required to complete six of the eight modules, ongoing permanency and in-home supervisors are required to complete all eight modules. Courses are offered on a monthly basis and through participation in these trainings, supervisors are expected to gain the skills and tools necessary to support strong case practice with children and families. As noted in previous reports and continuing this period, participation in these trainings remains far below a level that could be expected to produce systemic practice improvement. For over a year now, to the agency's detriment, 2 (2%) of 99 required supervisors have completed all three tiers of the training.

As of November 13, 2017, of the 71 ongoing permanency and in-home supervisors, required to complete the three tiers of the MACWIS training, six (8%) completed Tier 1, 11 (15%) completed Tier 2, four (6%) completed Tier 3 and one (1%) had completed all three tiers of the training. In addition, as of October 27, 2107, of the 28 Entry Services supervisors required to complete the training, only one (4%) has completed the required six modules.¹⁶⁹

- *By May 15, 2017, Entry Services in conjunction with the Child Welfare Training Academy (CWTa) will provide social workers with investigative process refresher training (2017 Strategy Plan, strategy 1.1, p. 4).*

To improve case practice in Entry Services, the Child Welfare Training Academy facilitated the *Back to Basics* training for all staff including hotline, investigation and family assessment social workers, family support workers, supervisors and program managers. The goals of this training are to re-orient Entry Service staff to current best practice, eliminate myths of case practice and reinforce policy changes that have been made over the past year. This training continues to be modified as leadership recognizes additional training and coaching needs to support frontline staff and supervisors in improving practice. As of August 15, 2017, 163 of 164 (99%) required Entry Services staff had completed the *Back to Basics* training.

- *Beginning May 1, 2017, the Deputy Directors of Community Partnership and Program Operations will develop and implement mandatory every other week webinars to be led by Program Managers on topics designed to improve case planning and documentation. Private agency social workers and supervisors will be invited and encouraged to participate (2017 Strategy Plan, strategy 1.1, p. 6).*

¹⁶⁹ A supervisor in Entry Services, who completed all 3 tiers of the training, was promoted to Program Manager is not included in these data.

- *Beginning May 1, 2017, Supervisors will follow up the webinars by re-enforcing during supervision and providing examples of good case planning and documentation (2017 Strategy Plan, strategy 1.2, p. 6).*

In May and June 2017, CFSA hosted five webinars on key elements of case practice including clinical supervision, family engagement, assessing and planning for safety and safe sleep. While these webinars were mandatory for CFSA supervisors in the Community Partnerships and Permanency administrations, data indicate that only 13 of 28 (46%) supervisors attended all of the webinars and three did not attend any as of the end of October 2017. Of those supervisors who have not attended any webinars, all are staff in the Office of Youth Empowerment. While not mandatory, CFSA also reports that four of seven (57%) program managers attended all of the webinars and one has not attended any. Consistent with this strategy, CFSA has hosted six additional webinars between July and October 2017. Current performance indicates that 23 of 25 (82%) supervisors have attended at least one of these webinars with the other have five not having attended any of them. Of the seven program managers, six (86%) have attended at least one webinar and the remaining program manager has not attended any.

Frontline staff attendance also has not occurred at a consistent level, ranging from 51 to 83 ongoing in-home and permanency social workers and family support workers each session.¹⁷⁰ Notably, and possibly a contribution to the improvement in performance data presented above, participation at all levels – frontline workers, supervisors and leadership – is higher for staff in the Community Partnership Administration.

The Monitor has raised concerns about the low participation in mandatory training in previous monitoring periods and is troubled by the apparent lack of accountability for those who are not attending. CFSA developed these strategies to improve the quality of clinical practice, which if staff do not attend, cannot be expected. In addition, it is unclear if any private agency supervisors or staff attended these webinars. Moving forward, CFSA and NCCF must work together to provide ongoing training and coaching to support high quality case practice.

3. Training for Foster and Adoptive Parents

The IEP requires that 95 percent of foster parents complete the required number of pre-service (IEP citation I.D.29.a.) and in-service (IEP citation I.D.29.b.) training hours (15 and 30 hours¹⁷¹

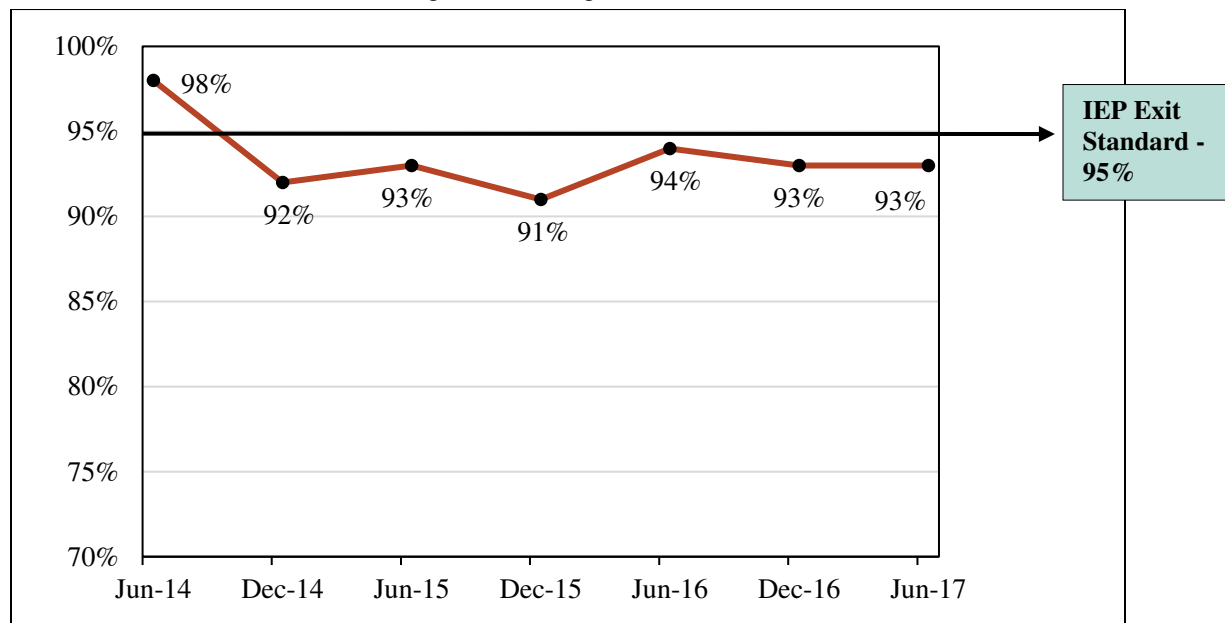
¹⁷⁰ In May 2017, there were 131 social workers and family support workers in the Community Partnership and Permanency Administrations. In June 2017, there were 128 social workers and family support workers in the Community Partnership and Permanency Administrations.

¹⁷¹ 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.

respectively) and that 90 percent of adoptive parents (IEP citation II.F.20.) complete a required 30 hours of pre-service training.¹⁷² During the current monitoring period, CFSA maintained performance on pre-service training for foster and adoptive parents¹⁷³. Eighty-eight percent (110 of 112) of foster parents completed 15 hours of pre-service training prior to licensure and 96 percent (107 of 112) foster and adoptive parents completed 30 hours of pre-service training.

The IEP requires that 95 percent of foster parents receive 15 hours of in-service training annually.¹⁷⁴ Of foster parents relicensed during this monitoring, 93 percent (228 of 245) period completing the required number of in-service training hours. The Monitor considers this deviation to be insubstantial and the Exit Standard to be Maintained

Figure 45: Foster/Adoptive Parents with 30 hours of In-Service Training
June 2014 – June 2017



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 and placement facilities in the District of Columbia and currently contracts with seven private provider agencies to license homes and facilities in Maryland. 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

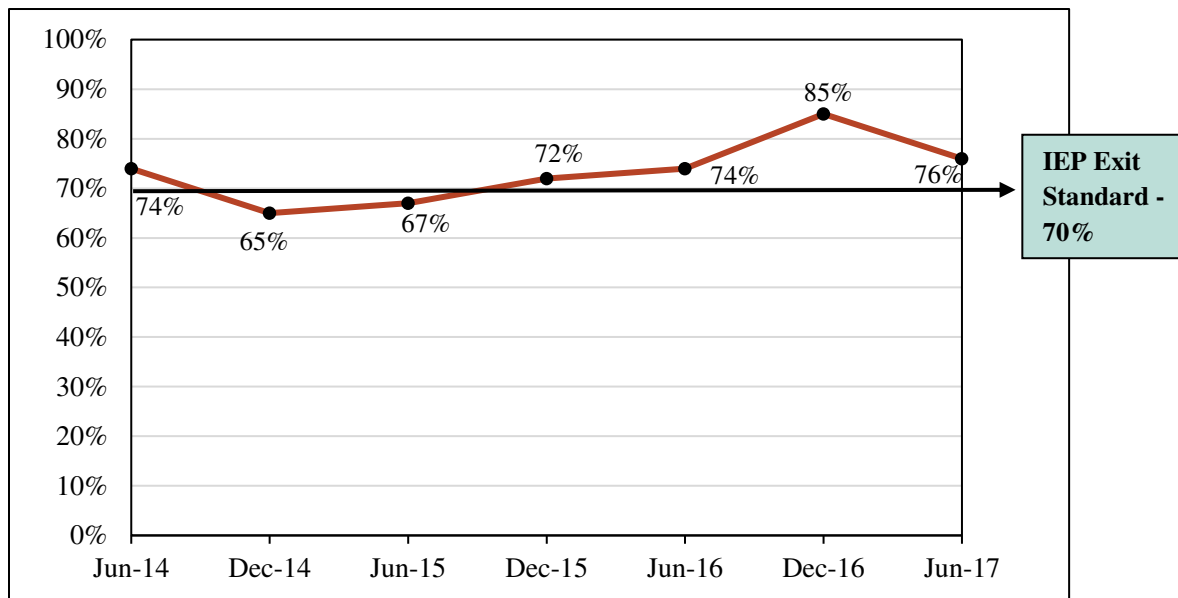
¹⁷² Kinship foster parents who receive a temporary, provisional license are not included in these calculation.

¹⁷³ CFSA does not differentiate between foster and adoptive parents during pre-service training. All new foster and adoptive parents are required to complete either the PRIDE or PS-MAPP training curriculum, both of which are 30 hours.

¹⁷⁴ 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.

Exit Standard is designated as an Outcome to be Maintained and CFSA maintained required performance during this period.

**Figure 46: Approval of Foster Parents within 150 Days of Beginning Training
June 2014 – June 2017**



Source: CFSA Administrative Data, FACES.NET report PRD202

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

Performance for the period January 1 through June 30, 2017:

Between January and June 2017, CFSA and the private agencies licensed 86 foster homes; 65 (76%) of these homes were licensed with the required number of pre-service training hours and within the 150 day timeframe.¹⁷⁵ Performance on this Exit Standard remained above the level required by the Exit Standard.

Through the Temporary Safe Haven Redesign, CFSA staff will monitor and license all foster parent homes in the District of Columbia and NCCF will monitor and license all foster homes in Maryland. The Temporary Safe Haven Redesign Transition Team meets weekly to discuss the status of foster homes that are moving from one of the private agencies that is closing to either CFSA or NCCF. Protocols and guidance have been shared with all foster parents to prepare them for this transition and provide any updates that will be needed for their license to remain active. There are no anticipated barriers at this point.

¹⁷⁵ Of the 65 homes that are considered compliant during the current monitoring period, 6 homes whose licensure took longer than 150 days are considered compliant due to circumstances that were beyond the District's control.

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 legislation¹⁷⁶. 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 from various District agencies^{177,178} and community members. As of the writing of this report, six community member positions are vacant. The Monitor and staff are members of the City-wide Child Fatality Committee. The Committee is organizationally located and staffed within the Office of the Chief Medical Examiner (OCME) and cases are reviewed when all requested documents are 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, Training, Health Services, Clinical Practice, Program Operations, General Counsel and other related departments. The Monitor participates in these reviews. The Internal Committee procedures require review of cases within 60 days¹⁷⁹ of notification of the child's death.

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

¹⁷⁶ D.C. Code §4-1371

¹⁷⁷ These agencies include Department of Human Services (DHS), Department of Health (DOH), Office of the Chief Medical Examiner (OCME), CFSA, Metropolitan Police Department (MPD), Fire and Emergency Medical Services Department (Fire and EMS), Office of the State Superintendent of Education (OSEE), District of Columbia Public Schools (DCPS), District of Columbia Housing Authority (DCHA), Office of the Attorney General (OAG), Superior Court of DC, Office of the US Attorney, Department of Behavioral Health (DBH), Department of Health Care Finance (DHCF), Department of Youth Rehabilitation Services (DYRS), 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.

¹⁷⁸ 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.

¹⁷⁹ In March 2016, CFSA changed their procedural timeline for review from 45 to 60 days. This change has not yet been made within policy.

Performance for the period January 1 through June 30, 2017:

City-wide Child Fatality Review Committee:

In 2016 and 2017, the Office of the District of Columbia Auditor conducted an audit to analyze data on child fatalities, evaluate trends and recommendations made by the Committee. A report was issued on July 21, 2017¹⁸⁰ and findings from data analysis identified several trends – the rate of infant and child mortalities in the District has dropped significantly between 2008 and 2015; infant deaths are primarily natural deaths and are strongly associated with inadequate prenatal care, prematurity and low birthweight; and homicides, primarily the result of gun violence among youth and whose victims are mostly African American, has also decreased significantly. There were also findings from the Auditor’s review of Committee functioning and effectiveness which determined that there continue to be a significant number of vacancies on the Committee and although Committee recommendations are usually agreed to by District agencies, their agreement appears “pro-forma” rather than reflecting a genuine commitment to change. The report made the following recommendations:

- The Committee should continue its effort to draft more focused and quality recommendations that are based on case findings.
- The D.C. Council should hold a public hearing on each Committee annual report, as required by law.
- The City Administrator should ensure that agencies incorporate Committee recommendations into annual performance plans and reports, as required by law.
- OCME should seek an additional staff position to conduct statistical reviews and help the Committee to fulfill its mission to review all child deaths in the District.
- The D.C. Council should exempt community members of the Committee from the confirmation process or place a limit on the confirmation review period.
- The D.C. Council should revise the law to require a minimum of four community representatives on the Committee.
- The Committee should continue its efforts to promote systematic improvements to public and private systematic improvements in public and private systems serving children and their families through public education and policy change.

Between January and June 2017, the Committee reviewed a total of 24 cases including deaths of 10 infants and 14 children and youth. Three recommendations were adopted based upon these review, which require collaboration of District government agencies to address the needs of family’s with multiple risks determined to be associated with infant, child and youth fatalities.

¹⁸⁰ The report can be found at: <http://www.dcauditor.org/reports/critical-work-child-fatality-review-committee-should-build-recent-reforms>

As of August 2017, there were 202 cases dating back to 2015 pending review by the Committee – 152 for the Infant Mortality Review Team and 50 for the Child Fatality Review Team.¹⁸¹ Committee staff have developed a plan to reduce this number and allow the Committee to review fatalities more closely in time to when they occurred. By February 2018, through the use of statistical reviews, all natural deaths of premature infants from 2015 and 2016 will be reviewed. A statistical review limits the scope of discussion to specific information, including, but not limited to, the birth and death certificates, APGAR score¹⁸² and pregnancy complications of the mother. A plan to reduce the number of outstanding fatalities for the Child Fatality Review Team is in the process of being developed.

The 2016 Annual Report was completed on September 30, 2017 and is undergoing final government review prior to finalization and publication.

Internal Child Fatality Review Committee:

Between December 2016 and June 2017, there were 13 child fatalities in families who had active or prior involvement with CFSA, primarily within Entry Services.¹⁸³ All but one of these children were under the age of 10 months and in many fatalities, co-sleeping or unsafe sleeping environment were suspected as a contributing factor to the death¹⁸⁴. CFSA reports that each of these fatalities was reviewed within an average of 60 days following notification of the death. CFSA also reports that 12 recommendations were developed by the Committee during review of these fatalities and eight are in various stages of implementation. In addition to a theme of unsafe sleeping environment, other trends have been identified which the Monitor discussed with the agency over the summer; CFSA has begun implementation of several strategies and is working with a District-wide group to determine other next steps. As fatalities have continued to occur, it would be prudent for the agency to conduct a more comprehensive review of all infant and child fatalities within the past 12 months to determine if additional recommendations and strategies can be developed.

In addition to its ongoing review of individual child fatalities, CFSA issued its 2016 Annual Report in August 2017. The report includes data and findings from 20 fatalities reviewed during the year.¹⁸⁵ In 11 of the fatalities reviewed, CFSA did not have current involvement with the family prior to the fatality; in two fatalities, there were open investigations and one family had an open FA with the agency. Data analyzed for the report determined that infant deaths continue to be

¹⁸¹ The Infant Mortality Review Committee has 66 cases pending review that occurred in 2015, 55 cases from 2016 and 31 cases from 2017. The Child Fatality Review Team has 21 cases pending review that occurred in 2015, 20 cases from 2016 and 9 cases from 2017.

¹⁸² APGAR is a method to summarize the health of a newborn child, which examines appearance, pulse, grimace, activity and respiration.

¹⁸³ Between July and October 2017, there have been at least an additional 6 fatalities. All infants were between the ages of 10 days and 9 months.

¹⁸⁴ Autopsy findings for all of the fatalities are not complete.

¹⁸⁵ 1 fatality occurred in 2013, 3 fatalities occurred in 2014, 10 occurred in 2015 and 6 occurred in 2016. CFSA reports that the delay for most of these reviews can be attributed to CFSA receiving late notification of the fatality.

impacted by unsafe sleeping arrangements, non-abuse homicides of youth over the age of 13 continue to be the leading cause of death for children known to CFSA and abuse homicides continue to be low. Numerous recommendations were developed including, but not limited to:

- expanding the role of CFSA's domestic violence specialist;
- developing better assessments of and service delivery to birth fathers;
- improving critical thinking through training, consultation and supervision;
- increasing inter-agency collaboration around a public "safe sleep" campaign.

6. Quality Assurance

Quality Assurance

Continuous quality assurance is essential to CFSA's practice improvement and system functioning. CFSA's Office of Agency Performance, which was renamed in October 2017 to the Performance Accountability and Quality Improvement Administration, continues to take the lead on the integration of agency continuous quality improvement (CQI) activities and *LaShawn* monitoring activities.

During the current monitoring period, the Community Partnership Administration put into place a number of CQI processes to monitor policy and practices changes made through the Safe and Stable Families Redesign. These processes include changes to improve the feedback loop with the Collaboratives on the status of referrals for case management for families and to track cases that are being transferred from CPS to in-home and from CFSA to one of the Collaboratives. This is a positive step. The Monitor continues to urge the agency to ensure that data collected from the Collaboratives must also include outcomes for families and children when receiving services and case management from the Collaboratives. In addition, processes need to be in place to ensure families who need supports do not fall through the cracks when they choose not to engage with the Collaboratives but there are remaining safety concerns.

CFSA also took steps during the current monitoring period to disseminate information learned through QSRs in real-time directly to supervisors, program managers and program administrators. CFSA restructured the feedback process to include:

- weekly case presentations, which include the presentation of three to six cases and a discussion of trends and themes; and
- exit conferences with each administration to report on trends and themes across the cases reviewed.

These too are positive changes and there are additional opportunities to maximize the utility of these quality improvement processes. For example, frontline workers have not been routinely

included in these processes; their systematic inclusion provides an additional opportunity to support practice change with families. Overall, dissemination of information and ongoing learning from CQI activities throughout the agency remains limited.

As CFSA and NCCF move forward in partnership, it will be essential to deliberately incorporate CQI processes across the agency to improve case practice and address systemic barriers. With a transition team in place, there is an expectation for greater integration of CQI activities and development of system-wide accountability processes moving forward.

Data and Technology

CFSA uses data for management purposes and to assess the quality of its practice. During the current monitoring period, CFSA utilized data to restructure in-home and community practice (Safe and Stable Families Redesign) and family-based foster care (Temporary Safe Haven Redesign). CFSA's ability to use and analyze data is essential to ensuring both of these redesigns result in the desired outcomes. As part of the Temporary Safe Haven Redesign, CFSA is also working to improve their placement matching database. The lack of a functioning placement matching system continues to create challenges in placing children and youth in the best family foster homes to meet their needs.

CFSA also rolled out the *Well Being Profile* in FACES.NET, which allows workers to track and review a child's CAFAS/PECFAS scores and findings from assessments of parent's strengths and barriers over time. When paired with clinical thinking, these trend charts provide an opportunity to support workers and supervisors in identifying successful interventions, possible triggers and parental strengths as well as areas that need additional attention and services.

An ongoing challenge identified by workers in the Community Partnership Administration is the functionality of the Caregiver Strength and Barriers Assessment in FACES.NET. This functional assessment tool, as discussed previously in this report, is essential for workers and supervisors to assess parents' capacities, strengths and barriers to success. The tool is designed with both "check-box" answers as well as an associated narrative to explain the response. When the tool was initially rolled out, workers were trained to use the narrative sections to determine if an item was a strength or a barrier for the parent and explain the selected "check-box". This narrative also allows supervisors to use this information in supervision with the worker to provide additional guidance and support. However, when the tool was translated into FACES.NET, the narrative sections were removed which creates a barrier for critical thinking and supervision. In order for this functional assessment tool to truly support worker and supervisor activities, it must be appropriately updated in FACES.NET to include the narrative sections.

To improve the functionality of FACES.NET moving forward, CFSA submitted their 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). This process will increase FACES.NET's functionality and CFSA's ability to effectively use data. CFSA's current timeline includes beginning the planning process in FY2018 and building-out the system in FY2019 and FY2020 with a goal of having the new system fully operational in FY2021. The process for transitioning to a CCWIS does have budget implications, however CFSA does not anticipate any barriers in securing the required local dollars to ensure this transition.¹⁸⁶

7. Financing

Federal Revenue

CFSA continues to demonstrate its ability to maximize Title IV-E revenue through quarterly claims for Title IV-E¹⁸⁷ as well as providing documentation to support claiming under the Title IV-E waiver¹⁸⁸. Through the Title IV-E waiver, CFSA has invested in community-based services, both within the Collaboratives and other local community organization, as well as mental health specialists, parent coaches and the Rapid Rehousing program.

Table 13 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 2017, CFSA reports its Title IV-E penetration rate of 61 percent for foster care cases and 74 percent for adoption cases. For April through June 2017, CFSA reports its Title IV-E penetration rate of 63 percent for foster care cases and 71 percent for adoption cases.

¹⁸⁶ CFSA is responsible for covering the cost of the transformation upfront, minus the federal matching funds. The federal government will then reimburse the cost as at a rate of approximately 50%. In order to ensure there are sufficient funds available to pay for the transformation of CFSA's SACWIS system, 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.

¹⁸⁷ The District of Columbia continues to claim federal Title IV-E dollars for adoption, guardianship and training outside of their Title IV-E waiver.

¹⁸⁸ 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. CFSA's Allocation Cap for FY2017 was \$39.5 million.

**Table 13: Actual and Budgeted Gross Title IV-E Federal Funds Operating Budget
FY2009 – FY2018**

Fiscal Year	Total Title IV-E Federal Resources (in millions)	Overall Budget (in millions)
FY2009 (actual)	\$49.7	\$289.1
FY2010 (actual)	\$58.1	\$277.3
FY2011(actual)	\$52.4	\$249.4
FY2012 (actual)	\$55.5	\$238.5
FY2013 (actual)	\$56.8	\$227.3
FY2014 (actual)	\$60.8	\$223.2
FY2015 (actual)	\$59.3	\$230.7
FY2016 (actual)	\$64.9	\$244.8
FY2017 (approved)	\$60.0	\$232.6
FY2018 (approved)	\$62.8	\$226.5

Source: CFSA FY2010 – 2016 Actual Budget, FY2017 and FY2018 Approved Budget and Financial Plan and District's Financial System (SOAR)

Budget

Approved FY2017: October 1, 2016 – September 30, 2017:

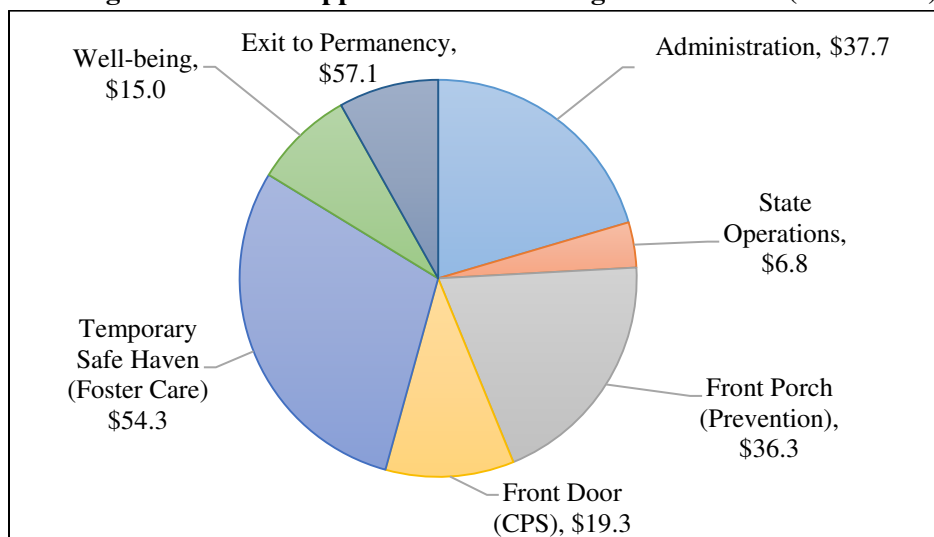
The Mayor's approved FY2017 budget is \$232,629,822 of which \$166,553,240 (72%) is local funding¹⁸⁹ and the remainder is primarily federal funding. CFSA's approved FY2017 budget includes 825 FTEs with an assumed vacancy rate of 6.5 percent. CFSA reports that the FY2017 budget continues to provide sufficient financial resources to meet the needs of children and families and support the necessary infrastructure of the child welfare system. During FY2017, \$1,883,096 was reprogrammed from CFSA's budget to support activities within other District agencies including the Department of Behavioral Health, Department of Human Services, Office of the Deputy Mayor for Health and Human services and Department of Youth Rehabilitation Services. These activities included funding for a mobile mental health accessor and mental health awareness campaign.

¹⁸⁹ Includes both local funds and Special Purpose Revenue funds.

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

CFSA's approved FY2018 overall budget is \$226,586,166 of which \$158,735,466 (70%) is local funding.¹⁹⁰ This represents a decrease of 2.6 percent from the approved FY2017 budget. CFSA's approved FY2018 budget includes 820 FTEs, a decrease of 5 FTEs from FY2017. Overall, the majority of funding is allocated to four areas: Exit to Permanency (\$57.1 million), Temporary Safe Haven (\$54.3 million), Administration (\$37.7 million) and Front Porch (\$36.3 million), which includes in-home and community-based services (see Figure 47).

Figure 47: CFSA Approved FY2018 Budget Breakdown (in millions)



Source: FY2018 Approved Budget and Financial Plan and District's Financial System (SOAR)

In the Monitor's current assessment, CFSA's approved FY2018 budget provides sufficient resources to move forward with the Temporary Safe Haven Redesign, Safe and Stable Families Redesign and other initiatives. CFSA continues to report sufficient funding is available to support the transition from multiple private providers in Maryland to NCCF as the sole provider as of January 1, 2018. CFSA has continued to have a budget surplus over the past few years¹⁹¹ and CFSA leadership believes the current budget¹⁹² provides the agency with the flexibility to react to any unexpected changes in the foster care population.

¹⁹⁰ Includes both local funds and Special Purpose Revenue funds.

¹⁹¹ CFSA attributes this surplus to fewer costs associated with children coming into foster care.

¹⁹² CFSA's FY2018 budget is based on a projection of 1,000 children in foster care at any time. CFSA continues to have fewer than 1,000 children in foster care.

APPENDIX A

Glossary of Acronyms

AAG: Assistant Attorney General	FTM: Family Team Meeting
ACEDS: Automated Client Eligibility Determination System	FY: Fiscal Year
ACYF: Administration for Children, Youth and Families	GAL: Guardian ad Litem
AI: Administrative Issuance	HMO: Health Maintenance Organization
APPLA: Another Planned Permanent Living Arrangement	ICPC: Interstate Compact for the Placement of Children
ASFA: Adoption and Safe Families Act	IEP: Implementation and Exit Plan
BIRST: CFSA's data visualization system	IMR: Infant Mortality Review
BSW: Bachelor of Social Work	I&R: Information and Referral
CAFAS: Child and Adolescent Functional Assessment Scale	LYFE: Listening to Youth and Families as Experts
CCWIS: Comprehensive Child Welfare Information System	MACWIS: Mastering the Art of Child Welfare Supervision
CFRC: Child Fatality Review Committee	MFO: Modified Final Order
CFSA: Child and Family Services Agency	MSW: Master of Social Work
CISA: Child Information Systems Administration	OAG: Office of the Attorney General
CISF: Consultation and Information Sharing Framework	OCME: Office of the Chief Medical Examiner
CNA: Child Needs Assessment	OYE: Office of Youth Empowerment
CPS: Child Protective Services	PECFAS: Preschool and Early Childhood Functional Assessment Scale
CQI: Continuous Quality Improvement	QA: Quality Assurance
CSBA: Caregiver Strengths and Barriers Assessment	QSR: Quality Service Review
CSSP: Center for the Study of Social Policy	RDP: Resource Development Plan
CWTA: Child Welfare Training Academy	RDS: Resource Development Specialist
CY: Calendar Year	R.E.D.: Review, Evaluate and Direct
DHS: Department of Human Services	Statewide Automated Child Welfare
FA: Family Assessment	SACWIS: Statewide Automated Child Welfare Information System
FACES.NET: CFSA's automated child welfare information system	SDM: Structured Decision Making
FTE: Full Time Employment	SSI: Supplemental Security Income
	STARS: Student Tracking and Reporting System
	USDA: United States Department of Agriculture
	YTP: Youth Transition Plan

APPENDIX B

LaShawn 2017 Strategy Plan

LaShawn A. v. Bowser

Implementation and Exit Plan

Section IV:

CY2017 Strategy Plan

Preamble:

Under CFSA’s Four Pillars framework, Temporary Safe Haven embodies our values about placement—the shortest stay possible in care and quickest safe exit to a permanent home. With our Temporary Safe Haven Redesign, CFSA is using our normal five-year contract cycle as an opportunity to seek competitive bids to serve our children placed in Maryland. After extensive planning and expert consultation, we have released a Request for Proposals (RFP) that will take our public-private partnership to a new level by contracting with a single provider for case management and recruitment, retention and support of foster parents for family-based homes in Maryland. As a result of this newly designed partnership, we expect to have a placement array in the District of Columbia and Maryland that has a sufficient number of foster parents trained and supported to provide services to the range of children and youth we serve. Placement stability will increase; length of stay in foster care will decrease; and exits to reunification, guardianship and adoption will increase. This overarching strategy affects all aspects of our work and is designed to improve quality and outcomes, including those addressed by *LaShawn*, for our children and families.

Additionally, CFSA is committed to serving children and families in their own homes with services and supports to help them stay together safely. The number of children served by our Health Families/Thriving Community Collaborative partners and through CFSA In-Home has increased, and the number of children coming into foster care has decreased. In addition, we are at the mid-point of our Title IV-E Waiver, which ends in 2019. As a result, we have a unique opportunity to further shift our efforts to prevention and leverage these resources to deepen how we provide prevention services. With our Safe and Stable Families Redesign, we hope to work with the Collaboratives and other community-based organizations to build an expanded and higher quality system of community-based supports and services for families.

While not specifically delineated in the CY2017 *LaShawn* Strategy Plan, our actions to successfully implement the Temporary Safe Haven Redesign (as described in RFP No. DCRL-2017-R-0051) affecting placements of children in Maryland and the simultaneous changes to improve the placement array and resources available to children placed in the District of Columbia are strategies to meet *LaShawn* outcomes. These strategies as well as the strategies related to the Safe and Stable Families Redesign are incorporated by reference into the CY2017 *LaShawn* Strategy Plan. The Court Monitor and her staff have been and will continue to be essential partners in both redesign processes, allowing for feedback on these efforts. CFSA submits this Strategy Plan after consultation with the Court Monitor and Counsel for Plaintiffs.

LaShawn A. v. Bowser CY2017 Strategy Plan

IEP Requirement	<i>LaShawn</i> Performance Metric	Barriers	Strategy to Achieve Benchmark
Timely Initiation of Investigations [IEP I.A.1.a.]	<u>95%</u> 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.	<ol style="list-style-type: none"> 1. Hotline Workers and Supervisors do not appropriately screen and triage reports—specifically as they relate to educational neglect. 2. Difficulties confirming location of caregivers, entering locked buildings and neighborhood safety. 3. Assignments and safe case closures are impacted by staff out of rotation for extended periods. 4. Access to cars throughout the month. 	<p>In addition to implementing the recommendations from the September 2016 Assessment of the District of Columbia’s Child and Family Services Agency Child Abuse and Neglect Hotline and Intake Practices, CFSA will do the following:</p> <ol style="list-style-type: none"> 1.1 Starting April 1, 2017, Entry Service Supervisors and Program Managers will listen daily to incoming calls in real time and use instant messaging to prompt additional questions to be asked during reports. 1.2 With the Truancy Task Force, the Deputy Director for Entry Services will review Educational Neglect policy, process and data to make and implement recommendations for changes by September 2017. 2.1 By May 15, 2017, the Diligent Search Unit will organizationally move to Entry Services Administration. 2.2 By April 30, 2017, Entry Services will create Response Team(s) consisting of a CPS Social Worker and Diligent Search staff to respond together to referrals and to assist with locating children and families. 2.3 Entry Services will continue “huddles,” during which investigative and supportive activities are assigned to social workers to move toward timely contact. The Diligent Search supervisor will be included in the huddles to support this effort. 3. By April 15, 2017, the Deputy Director for Entry Services will complete a staffing analysis of social workers and Family Support Workers (FSWs) to include number of staff, shifts, impact of extended leave and assignment process and will provide recommendations to be implemented in the next quarter. 4. By April 30, 2017, the Deputy Director for Administration will complete an analysis of car access and usage and implement recommendations regarding the reservations process and access to vehicles.

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
Timely Closure of Investigations [IEP I.A.1.b.]	<u>90%</u> of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.	<p>1. Ineffective time management and support of investigative activities and documentation to ensure investigations are closed within 35 days with complete documentation.</p> <p>2. Unable to locate families to complete investigation.</p>	<p>1.1 Entry Services will continue daily huddles, during which investigative and supportive activities are assigned to social workers and FSWs to help move the investigation toward timely closure.</p> <p>1.2 By April 1, 2017, Entry Services Program Managers and Program Administrators will lead weekly 10-15 day R.E.D. Teams to ensure tasks, documentation, and supervision is consistently occurring.</p> <p>2. By April 30, 2017, Entry Services will create Response Team(s) consisting of a CPS Social Worker and Diligent Search staff to respond together to referrals and to assist with locating children and families.</p> <p><i>See also</i> Strategy 3 on staffing analysis in Timely Initiation of Investigations.</p>

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
Acceptable Investigations [IEP I.A.2.]	<p>CFSA shall routinely conduct investigations of alleged child abuse and neglect.</p> <p><u>80%</u> of investigations will be of acceptable quality.</p>	<p>Social workers have inconsistent understanding of the requirements to complete an investigation of acceptable quality.</p> <p>2. Inexperienced supervisors</p> <p>Reviews using the Acceptable Investigation tool lack inter-rater reliability.</p>	<p>1.1 By May 15, 2017, Entry Services in conjunction with the Child Welfare Training Academy (CWTA) will provide social workers with investigative process refresher training.</p> <p>1.2. Entry Services Supervisors will continue to focus on providing clinical supervision to staff emphasizing engagement, critical thinking and collaborative decision-making.</p> <p>1.3 By April 15, 2017, Entry Services Program Managers will begin reviewing at least 10 investigations per month with the Supervisors and will provide additional support and coaching to complete investigations of acceptable quality. When Entry Services is fully staffed, the number of investigations to be reviewed will increase.</p> <p>1.4 By June 30, 2017, the Deputy Director for Entry Services will assess the policies and practices from the Family Assessment Administration and develop recommendations for improvements with timelines for implementation.</p> <p>2.1 By April 15, 2017, Entry Services will create monthly learning collaboratives for supervisors to develop both clinical and administrative skills.</p>

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
Services to families and children to promote safety, permanency and well-being [IEP I.A.3.]	In <u>80%</u> 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.	<p>Assessments:</p> <ol style="list-style-type: none"> 1. Social workers and Supervisors are completing assessments as a compliance exercise rather than a clinical practice which will inform case practice and improve outcomes for children and families. <p>Service Provision:</p> <ol style="list-style-type: none"> 2. Lack of follow through by Social Worker/Supervisory Social Worker on referrals for services for both children and families. 	<ol style="list-style-type: none"> 1.1 Beginning April 3, 2017, Program Operations will partner with the Office of Well Being and CWTA to provide additional training and information to Social Workers and Supervisors on the connection between accurate assessments, provision of clinical services and improved outcomes for children and families. 1.2 Beginning April 3, 2017, the Office of Well Being will provide Child and Adolescent Functional Assessment Scale (CAFAS)/Pre-school Aged Assessment Scale (PECFAS) and Caregiver Strengths and Barriers Assessment (CSBA) completion data monthly to the Deputy Directors of Program and Community Partnership. These data will also be reviewed at the monthly learning collaborative meetings to encourage sharing of specific strategies that are successful in achieving timely completion of assessments. 1.3 By June 30, 2017, Supervisors will train and coach workers on the use of the <i>Well Being Profile</i> and will use the <i>Well Being Profile</i> during group supervision, R.E.D. team meetings, placement disruption meetings, permanency meetings, youth transition plan meetings and the learning collaboratives to inform case planning. 2.1 Beginning April 3, 2017, the Office of Well Being will provide Program Operations, the private agencies and Community Partnerships with a weekly report on the status of all new referrals recently enrolled at the Department of Behavioral Health. The report will be reviewed at a weekly huddle to resolve the barriers to scheduling or starting the identified service. 2.2 Beginning April 3, 2017, Office of Well Being staff will follow up on all comprehensive behavioral health recommendations for status of scheduling and completion of those recommendations within seven days.

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
Case planning process [IEP I.B.17.]	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.	<div>1. Evidence of quality case planning activity and specific services is not reflected within the case plan in contact notes.</div> <div>2. Parents cannot articulate what are the case plan goals and what the social worker has done to assist them with safe case closure.</div>	<div>1.1 Beginning May 1, 2017, the Deputy Directors of Community Partnership and Program Operations will develop and implement mandatory every other week webinars to be led by Program Managers on topics designed to improve case planning and documentation. Private agency social workers and supervisors will be invited and encouraged to participate.</div> <div>1.2 Beginning May 1, 2017, Supervisors will follow up the webinars by re-enforcing during supervision and providing examples of good case planning and documentation.</div> <div>2. By April 15, 2017, CFSA will review and incorporate action steps from the Child and Family Services Review Program Improvement Plan (CFSR PIP) regarding parent engagement into this plan.</div>

IEP Requirement	<i>LaShawn</i> Performance Metric	Barriers	Strategy to Achieve Benchmark
Safety Assessment During Visitation [IEP I.A.4.c., I.A.5.d., I.A.6.e.]	<p>Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>90% of cases (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.</p>	<p>1. Workers have inconsistent understanding about how to effectively create a safety plan and document safety assessments.</p>	<p>1.1 Based on its ongoing reviews, Agency Performance will continue to provide feedback and guidance to CFSA and Provider staff on appropriate and acceptable actions and documentation for assessing safety that includes health, educational and environmental factors. In addition, the template designed by Agency Performance to provide a standardized documentation format on safety assessments is being reviewed by the Deputy Directors and will be implemented by May 1, 2017.</p> <p>1.2 Beginning May 8, 2017, Program Operations, Private Agencies and Community Partnership Program Managers will focus on coaching and mentoring supervisors to improve front line practice of social workers by providing a structured set of core elements, including safety plans and assessments, to be implemented during individual and group supervision.</p>

IEP Requirement	<i>LaShawn</i> Performance Metric	Barriers	Strategy to Achieve Benchmark
<p>Visitation: First 4 weeks of a new placement or placement change</p> <p>Visitation [IEP I.A.6.a.-d., 10, 11]</p>	<p>a. 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.</p> <p>b. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.</p> <p>For children with a permanency goal of reunification: 80% of parents will have twice-monthly visitation with workers in the first three months post-placement. 85% of children will have weekly visitation with the parent with whom reunification is sought.</p>	<p>1. Social Workers are not able to gain access to apartment buildings outside of normal business working hours and do not engage families to schedule visits timely or consistently document efforts and contacts in FACES.NET.</p> <p>2. Transfer of cases does not always involve a warm handoff from CPS to In-Home.</p>	<p>1. By April 17, 2017, Program Operations and Community Partnerships will develop a weekly visitation accountability process to track and enhance performance and identify individual workers and/or supervisory units who need additional support. At the end of every month, a “missed visit efforts” report will be submitted to Agency Performance for audit.</p> <p>2. Beginning May 15, 2017, Entry Services and Community Partnerships will implement a new case transfer process that allows In-Home Social Workers to engage more rapidly with families and ensure a joint home visit occurs within the first 20 days of the Family Assessment being initiated or within 30 days of the Investigation being initiated.</p>
<p>Timely Permanency [IEP I.B.16.c.]</p>	<p>Timely permanency through reunification, adoption, or legal guardianship.</p> <p>Benchmarks for cohorts based on length of time in foster care: Cohort i (8 days–12mo): 45% Cohort ii (12mo–25mo): 45% Cohort iii (over 25mo): 40%</p>		<p>CFSA is working with Casey Family Programs to develop targeted strategies to improve permanency outcomes. By May 31, 2017, CFSA will incorporate the targeted strategies into the Strategy Plan.</p>

IEP Requirement	<i>LaShawn</i> Performance Metric	Barriers	Strategy to Achieve Benchmark
Placement-related Requirements [IEP I.B.8.b.; I.C.21.; II.B.8.]	90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed. No child shall stay overnight in the CFSA Intake Center or office building.		CFSA will implement its Temporary Safe Haven Redesign Plan as described in RFP No. DCRL-2017-R-0051.

APPENDIX C:

FY 2018 Resource Development Plan (June 30, 2017)

FY 2018 Resource Development Plan Updates (September 19, 2017)

Foster and Adoptive Parent Diligent Recruitment Plan 2017-2018

District of Columbia Government Child and Family Services Agency



FY 2018 Resource Development Plan



preventing unnecessary removal



assuring appropriate placements



supporting placement stability



developing adoptive resources

June 30, 2017

Introduction

This Resource Development Plan (RDP) highlights the gaps and strategies to address the Child and Family Services Agency's (CFSA or Agency) resource needs for children and families involving safety, permanency and well being for fiscal year (FY) 2018.

Placement Projections

This chart reflects the projected number of emergency placements, foster homes, group homes, therapeutic foster homes, and institutional placements required for children in CFSA custody during the upcoming year.

Placement Type	FY16 Utilization (monthly average)	FY17 Utilization (monthly avg. as of 4/30)	FY18 Budgeted Capacity
FAMILY-BASED CARE			
Kinship	211	198	260
Traditional/Pre-Adoptive	195	169	200
Professional Foster Parent	NA	NA	TBD
CFSA Sub-Total	406	367	460
Traditional	238	215	250
Therapeutic	152	147	170
Specialized (DD/MF)	25	34	30
Teen Parents	14	12	18
Contracted Sub-Total	429	408	468
CONGREGATE CARE			
Emergency/Diagnostic 13 & Older	1	2	3
Group Home – Traditional	16	23	21
Group Home – Therapeutic	9	6	10
Group Home – DDS	3	1	10
Group Home – Teen Parent	20	19	21
ILP Residential (18-21)	12	10	15
ILP Main (16-21)	0	1	16
Teen Bridge/Transitional Living	25	20	26
Residential Treatment	18	15	4
Refugee	16	23	18
Congregate Sub-Total	120	119	144
Other ¹	59	59	62
Grand Total	1014	953	1072

The FY 2018 budgeted capacity was based on the utilization-to-capacity ratio, the demographics of the client entries and exits, projected number of youth aging out, and other significant placement issues.

¹ These youth are not counted in the FY 2018 budgeted capacity as they have a placement to return to when they leave the "Other" setting (e.g., abscondence, hospital, college, detention facility).

The Agency anticipates the foster care population to remain below 1,000 in FY 2018 and has budgeted and will contract for excess bed capacity. Historically, utilization is not 100 percent of capacity. Even with surplus capacity, finding appropriate placements for children from particular sub-populations is sometimes a challenge.²

The FY 2018 capacity projections were made prior to the Temporary Safe Haven Redesign (TSHR) initiative which is described in the following section. As part of the redesign, CFSA is re-examining placement categories to maximize well being and permanency outcomes for children. While the projection for the number of children in care will not change, CFSA expects some shifts in the utilization and needed capacity of the placement categories due to the strategies described in the following pages.

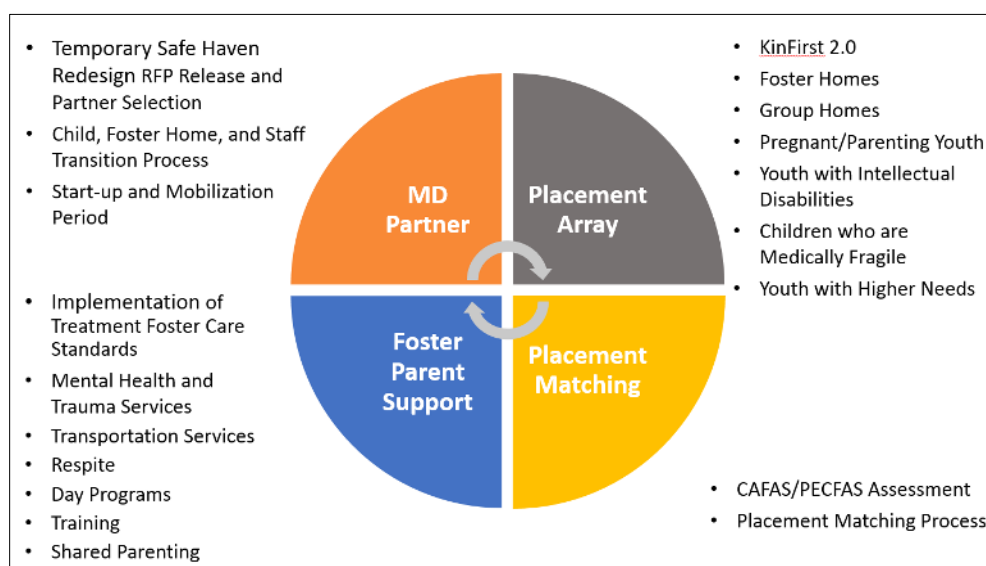
² In this document, the word “child” may refer to all children and youth in care between the ages of birth to 21. The term youth will be used when referring only to those 14 years and older.

Placement Strategies

This section describes strategies to assure that CFSA has, either directly or through contract, a sufficient number of available appropriate placements for all children in its physical or legal custody and strategies to prevent replacement, adoption, and foster home disruptions.

TEMPORARY SAFE HAVEN REDESIGN (TSHR) OVERVIEW

All children deserve the highest quality of care regardless of placement, provider, or jurisdiction. With the goal of improving how both CFSA and private providers deliver consistent outcomes on placement, well being, and permanency for children who cannot remain safely in their homes, CFSA has launched its TSHR. Key elements of the redesign include working in close partnership with one partner agency in Maryland, strengthening the placement array to serve specific sub-populations, improving placement matching, and increasing foster parent support.³ The diagram below illustrates the comprehensive approach to the Temporary Safe Haven Redesign.



MARYLAND PARTNER

Beginning in 2018, CFSA will shift from seven contracted providers to one contracted partner agency in Maryland for all children placed in Maryland, and CFSA as the only agency for all children placed in the District,⁴ with the goal of creating clear and consistent policies and practices in addition to stronger collaboration.

³ In this document, the terms “foster parent” and “resource parent” are both used to refer to caregivers of children in foster care. However, “resource parent” is a more inclusive term that refers to all caregivers whether they are not related, kin, or an adoptive parent.

⁴ CFSA is exploring continuation of its contract with the Latin American Youth Center for the Spanish-speaking population of children and families placed in the District of Columbia.

CFSA issued a Request for Proposals (RFP) in May 2017 soliciting bids for one qualified contractor to provide foster care placement and case management services for approximately 400 children in the District's foster care system who are placed in the state of Maryland and their families residing in the District. The RFP requires the Maryland partner to have current Core Service Agency (CSA) certification in the District, to obtain CSA certification, or establish a partnership with an existing CSA. Contract negotiations are expected to take place this summer with the contract award by October 2017 for a January 1, 2018 contract start date with a mobilization period between.

CHILD, FOSTER HOME, AND STAFF TRANSITION PROCESS

As of May 22, 2017, 468 children in foster care were placed with private agencies. The transition from seven provider agencies to only CFSA and the Maryland partner will require foster home license transfers. Based on case reviews, 43 of the 468 children with private agencies will age out of foster care prior to contract implementation. The remaining children will need to transfer to CFSA or the new Maryland partner. In the short term, the transition may strain the placement array as some resource families may choose not to transfer from their current agency to CFSA or the new Maryland partner. Activities are underway to maintain and increase the current placement array in anticipation of the transition.

Strategy: TSHR Transition Workgroup

Based on insights from past experience, CFSA established a workgroup eight months prior to the contract award to plan for a smooth transition of children, foster homes, and staff. The workgroup meets weekly and has been implementing activities such as initiating permanency staffings for youth in care; holding foster parent town hall events to share information and hear questions and concerns; and developing FAQs and other informational materials to keep all stakeholders abreast of the transition process. In addition, CFSA and Maryland's Department of Human Resources are partnering to streamline the licensing transfer process. CFSA has begun planning for an orderly contract closeout with two providers who self-identified as not responding to the RFP. Once the new contract is awarded, CFSA and the Maryland partner will implement transition activities such as recruiting staff, expediting license transfers, and coordinating placement protocols.

Status: *Permanency staffings have been held for 76 children. One town hall meeting has been held, one is scheduled for July 22, and additional town hall events are being planned for the fall. Per the RFP, CFSA and the Maryland partner will hold a joint recruitment and hiring fair within 15 days of contract award.*

START-UP AND MOBILIZATION PERIOD

During the first 90 days after contract award, the Maryland partner will complete start-up tasks to be fully operational.

The contract articulates specific plans and mobilization activities that must be accomplished within certain timeframes after contract award, for example: secure and outfit office space in Maryland; create and implement a successful foster parent recruitment strategy, including outreach to resource parents from existing providers to encourage transfer and subsequent licensing; train staff; and develop a risk management and continuity of operations plan.

PLACEMENT ARRAY

On April 30, 2017, there were 941 youth in an out-of-home placement.⁵ CFSA was case-managing 466 children living in the District and private agencies were case-managing 475 children, predominantly in Maryland, with some living in the District.

FOSTER HOMES IN DC

Opportunity: Maintaining a robust placement array

There are currently 255 CFSA-licensed foster and adoptive homes in the District comprised of 325 resource parents. The parents are all English-speaking and predominantly African American (79 percent). In FY 2017, the target for new licensed foster beds in the District is 80.

Strategy: Continue general recruitment activities

African American children represent a high percentage (88 percent) of youth in the District's child welfare system. 75 percent of all children in foster care come from two Wards in the District: Ward 7 (21 percent) and Ward 8 (54 percent). These Wards also make up the largest pool of resource parents (30 percent). In general, well over 75 percent of resource parents self-identify as African American. Recruitment efforts have focused on targeting this group through social media, African American associations and sororities, and historically African American faith-based organizations. CFSA has been successful in recruiting this pool to reflect the predominant population of children in need of African American resource parents.

The following general recruitment strategies have helped to build public interest and awareness:

- Utilize social media, paid and earned media, and community outreach
- Hold large-scale recruitment events with community partners, such as civic associations in each Ward in DC and counties in Maryland, sister District government agencies (e.g., Department of Motor Vehicles, DC Public Schools), professional unions and associations (e.g., Blacks in Government, American Federation of Government Employees, and National Black Nurses Association), law enforcement, and faith-based organizations
- Advertise on radio stations with a large audience in the District of Columbia and Maryland
- Partner with DC Cable and DC TV to message and provide videos on becoming a resource parent

⁵ Source: FACES report CMT 232.

- Team with existing resource parents to recruit new resource parents from the District and Maryland by speaking at meet and greets and information sessions
- Conduct focus groups with existing resource parents for brainstorming on recruitment and support strategies
- Equip new and current partners with new marketing materials, such as brochures, rack cards, and a calendar of scheduled informational sessions
- Continue to identify popular community gathering places for CFSA recruiters to target educational outreach

Additionally, CFSA began working with The National Resource Center for Diligent Recruitment (NRCDR) this spring to update and refine its diligent recruitment plan.⁶ The NRCDR is providing feedback on CFSA's recruitment plan as part of the 2018 Annual Progress and Services Review (APSR) submission to the Children's Bureau. In the remainder of FY 2017, NRCDR will provide consultation on its online tools and offsite and onsite technical assistance to further refine our recruitment strategies. Once the Maryland partner contract is awarded, recruitment planning will become a joint activity.

Status: *These activities are ongoing and will continue in FY 2018.*

Strategy: Enhance targeted recruitment

Younger Children (ages birth to 5)

Children age birth to 5 represent 27 percent of children in foster care. However, between May 2016 and April 2017, initial placements for this age group were 57 percent. Although more than 50 percent of the current pool of resource parents is willing to accept placement for this age population, more homes are needed to accommodate the high rate of initial placements. Strategies around developing resources for younger children include connecting prospective resource parents with community partners servicing this specific age range. One such partner is Rainbow Families. Their Maybe Baby program is an eight-week class designed for prospective LGBTQ parents, single or partnered, who are considering parenthood and interested in learning more about the options for building a family, as well as early intervention and child care providers to present the need and encourage them to become a resource for the population.

Additional recruitment strategies for this population include paid advertisements on social media targeting professionals and parents who might be interested in caring for this age group, as well as providing an incentive to existing resource parents to refer individuals/families who can care for this target population of young children needing homes.

Older Children (12 and above)

Adolescents from age 12 and over represent 49 percent of the population of children currently in care. Recruitment and retention of resource homes and parents for this population is a consistent need. CFSA applies both general and tailored recruitment strategies to ensure that

⁶ <http://www.nr cdr.org/diligent-recruitment>

older youth have an opportunity to be placed in a family-type setting for optimal care. These strategies include using focus groups with teens, resource parents who specialize in working with teens, and community advocates to obtain critical feedback. Their collective feedback has helped the recruitment team identify the needs of older youth and the qualities and skills needed by resource parents for this population. Teens also aid recruiters during presentations in the community, interview with recruiters on the radio, and share ways that prospective resource parents can work effectively with them during the twice-monthly information sessions. Child-specific matching parties also have been an effective strategy to bring together older youth with the goal of adoption and adoptive parents for possible permanency.

Sibling Groups

Maintaining sibling relationships is essential to a child's well being, and the Agency makes every effort to place siblings together whenever possible. As of April 30, 2017, 293 of the 451 children in care with siblings were placed with one or more of their siblings. CFSA routinely assesses and tracks the placement of siblings to determine trends and to make improvements in this area wherever needed. Although the Agency has been successful in placing sibling groups of two, the placement of larger sibling groups continues to be a challenge. While over 50 percent of the CFSA-homes licensed during FY 2016 had a capacity of two children, none exceeded a capacity of three.

Sibling Group Data as of May 31, 2017

# of Siblings	Total Children	Children Placed with 1+ Siblings	Children Not Placed with Siblings	% Children Placed with Siblings
2	172	126	46	73.20%
3	108	87	21	80.50%
4	60	43	17	71.60%
5	20	13	7	65.00%
6+	30	18	12	60.00%
Total	390⁷	287	103	73.5%

To help large sibling groups stay connected with their siblings, recruitment strategies have included partnering with faith-based organizations to develop clusters of resource parents within a community or church to support sibling group connections. For example, CFSA's Recruitment Unit has partnered with the Anacostia Coordinating Council and is now working with 40 to 45 churches to help message and encourage their parishioners to become resource parents for siblings. Recruiters have presented at 15 churches to date. Over 20 individuals expressed interest in becoming resource parents. Presentations at civic associations in all eight

⁷ As of May 31, 2017, the total count of sibling groups was 156; 421 children entered foster care who were part of a sibling group. The total number of children not included in the calculation summary is n=31 (for a remainder of 390) as one or more of their siblings are in one of the exclusion categories (i.e., abscondence, correctional facility, hospitals, ILPs, residential, etc.).

wards is another strategy to raise awareness among targeted audiences of the need for resource parents for sibling groups.

Hispanic Children

Hispanic children comprise approximately nine percent of the District's foster care population. Although this number is much lower in comparison to African American children, CFSA recognizes the importance of placing children with families who share their language and cultural identity. To meet the needs of this population, recruiting and retaining Spanish-speaking resource families is a priority. Through a contract with the Latin American Youth Center (LAYC), CFSA works to recruit Hispanic and Spanish-speaking resource parents. Ongoing recruitment efforts have been designed to increase the pool of Hispanic and Spanish-speaking resource families including paid social media advertisements and commercials on Spanish-language radio stations.

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Youth

In 2011, the CFSA LGBTQ Task Force launched the *Connecting Rainbows Initiative* to establish programs, resources, and activities to support the LGBTQ population. Since the commencement of the *Connecting Rainbows Initiative*, the number of LGBTQ foster and adoptive parents increased from 12 percent to 25 percent. CFSA also developed a survey to gather data on the number of LGBTQ youth in foster care; 40 youth self-identified as being LGBTQ. The District of Columbia Youth Risk Behavior Survey (YRBS) continues to be an integral tool to collect data on our students in middle and high schools. Data from the 2015 YRBS survey shows how the District's high school students self-identify as LGBTQ: Gay/Lesbian 3.8 percent, Bisexual 10.1 percent, and Transgender 2.6 percent. Proven strategies for developing resource parents who accept and are supportive for this population will continue, including partnering with LGBTQ community organizations, targeting LGBTQ individuals and families through paid advertisements, providing stories about LGBTQ resource parents who have fostered and adopted to print magazines such as "Gay Parent Magazine" and "Washington Blade", and conducting focus groups with existing LGBTQ resource parents to gather feedback on recruitment and engagement strategies.

Status: *These activities are ongoing and will continue in FY 2018.*

PREGNANT AND PARENTING YOUTH (PPY)

Opportunity: Appropriate placements for pregnant and parenting youth (PPY)

As of June 2, 2017, CFSA had 46 pregnant and/or parenting youth between the ages of 16 and 20 in care. Of this group, 26 were placed in a traditional foster home, and 20 were in independent living. Eight of the youth were pregnant, and 38 were parenting a combined total of 46 children. Of the teen parents, 32 had one child, two had two children, and four had three children. CFSA's Generations Unit offers extra support and guidance for PPY to complete their education, gain work experience, and master other life skills while balancing the responsibilities of parenthood. But only about 25 percent of the teen mothers are adequately utilizing the

programming. Some of the challenges to appropriate engagement relate to the placement of PPY in an Independent Living Program (ILP). The Generations Unit has found that most teens in an ILP have greater needs than can be met in the ILP setting and that teens were developing unrealistic expectations about their ability to find an affordable apartment after exiting care.

Strategy: Increase family-based placements for PPY using professional foster parents

CFSA is currently exploring the use of professional foster parents who will receive a salary to provide foster care services for PPY and their children. No other foster children will be placed in the home so foster parents can provide full parental support to PPY and their children. CFSA's Office of Youth Engagement (OYE) and Foster Parent Support unit will develop a recruitment plan for professional foster parents to provide foster care services for PPY with challenging needs. CFSA will engage the Foster and Adoptive Parent Advocacy Center (FAPAC) and the DC Metropolitan Foster and Adoptive Parent Association (known as FAPA) to brainstorm ideas for recruitment incentives to increase the number of family foster homes for PPY in the District.⁸

Status: CFSA will partner with FAPAC and FAPA to brainstorm ideas for recruitment incentives to increase the number of family foster homes for PPY by the end of July 2017 and develop a recruitment plan for professional foster parents by the end of summer 2017.

Strategy: Establish host parent model congregate care placements for PPY

In an effort to decrease over-utilization of Independent Living Programs (ILP) for the PPY population, CFSA will establish a host parent model in a congregate care setting similar to the Boys Town group home model. In this model, no more than five PPY and their children will live in a single-family home, where young mothers and their children are supported in meeting their daily needs under the supervision and guidance of a host parent who lives at the facility with the youth.

New Proposed Placement Breakdown for PPY

PPY Placement Type	Current Placements	Proposed Capacity
Traditional Foster Home	26	25
Main Facility ILP	20	10
Group Home (host parent model)	NA	10
Professional Foster Parent	NA	5
TOTAL	46	50

⁸ The Foster and Adoptive Parent Advocacy Center (FAPAC) is a nonprofit organization whose primary purpose is to advocate for systemic change and problem resolution on behalf of children and families in DC's child welfare system.

***Status:** CFSA will develop a scope of work for procurement of a host parent group care model by the end of summer 2017*

KINFIRST 2.0

Opportunity: Increase kin placements

Research shows that children placed into kinship care generally have fewer behavioral problems than children who were placed into non-kin foster care. These findings support efforts to maximize placement of children with willing and available kin when they enter out-of-home care. As of April 30, 2017, 198 of 941 children (21 percent) in foster care were living with kin. In FY 2016, there were 215 kin placements and in FY 2015, there were 216 kin placements.

Strategy: KinFirst 2.0 – Place more District children in need of care with their extended family

In 2012, CFSA established the KinFirst program to expedite the process of locating and engaging willing and able relatives to care for children who must be placed in foster care as the result of an emergency situation or imminent safety concerns. To support CFSA's goal to increase this percentage, CFSA is conducting an organizational assessment of kin licensing operations to identify barriers and opportunities to increase kin placements. Initial recommendations include the following:

- Kinship licensing Social Workers will extend the time – from the first 72 hours to the first 30 days – that they work in partnership with the assigned social worker to identify kin.
- Kinship staff will ensure kin are continuously explored and assessed as placement and permanency resources by conducting Family Team Meetings at specific junctures throughout the life of a case.
- Integrate shared parenting model to help maintain kin relationships as appropriate.

***Status:** The organizational assessment will continue this summer with a focus on Maryland kinship licensing issues to recommend modifications to our existing agreement. CFSA will initiate work with Casey Family Programs to conduct peer consultations with Philadelphia, Pittsburgh, and other jurisdictions with robust kinship programs to assess best practices for possible replication.*

YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Opportunity: Appropriate placements for youth with intellectual/developmental disabilities

CFSA currently has 58 children in care identified with intellectual and developmental disabilities; 28 are under age 16, and 30 are 16 and older. CFSA's goal is to better transition youth with intellectual and developmental disabilities to adulthood by connecting them with the Department of Disability Services (DDS) earlier and more seamlessly.

Strategy: Enhance partnership with DDS for a smooth transition

CFSA will focus on youth age 16 and older to prepare them for a smooth transition to DDS care and placement at age 18, though they will remain in CFSA legal custody until they age out. The District's Medicaid State Plan was amended to accommodate additional slots for the youth transitioning out of CFSA's care to DDS care. The goal is for youth to remain in the same foster home after age 18 with only the responsible agency changing, which will allow for a more seamless transition when they age out at age 21.

Status: CFSA will create a joint committee with DDS to review each case, develop a timeline for transition at 18 rather than 21, and develop a business process for case management and coordination with DDS and their placement providers by July 2017.

MEDICALLY FRAGILE CHILDREN

Opportunity: Appropriate placements for medically fragile children

The medically fragile population includes children who require specialized attention due to, for example, chronic health-related dependence that may require 24-hour supervision by a skilled health care provider or risk of an unpredictable life-threatening incident. Children considered medically fragile comprise a small number of the foster care population; as of April 30, 2017, 32 children in care met the criteria for medically fragile. There is adequate availability of resource parents to care for our medically fragile children, but development of foster and adoptive homes remains a steady priority as only one percent of FY 2016 licensed resource parents specified a preference to care for a child who is medically fragile.

Wrap-around services are in place to meet the needs of medically fragile children and eliminate the need for resource parents to pay out-of-pocket for healthcare services. The District of Columbia's Department of Health Care Finance provides health insurance to all low-income children, including those with special healthcare needs. The District's Medicaid program for the medically fragile population offers a comprehensive array of services designed for special needs children and youth from birth to 26 years. Health Services for Children with Special Needs (HSCSN) is the program that supports medically fragile children, providing services such as: in-patient, out-patient, and respite care; dental, developmental, and behavioral services; customized equipment; feeding and nutrition; orthotics and prosthetics; palliative care; physical and occupational therapy; speech, language, audiology, sensory, and respiratory therapy; assistive technology, education, and school support; and home enhancements (e.g., wheelchair ramps/lifts, bathroom rails, etc.).

CFSA Nurse Care Managers (NCM) provide continued medical oversight and education to support caregivers. NCMs will follow the regular face-to-face visits at a minimum of every sixty days, enter monthly contact notes, and make hospital visits as needed. NCMs provide medical continuity and engagement with the child and family, allowing NCMs to advocate and oversee the ongoing and complex needs of our medically fragile children.

Strategy: Increase appropriate placements for children who are medically fragile

Both general and child-specific recruitment efforts are incorporated into the plan for this population via CFSA's collaboration with local community partners. For example, recruitment staff partners with the DC Chapter of the National Black Nurses Associations to present at large audience events where nurses are in attendance. The association also shares information on the need for resource parents to care for medically fragile children in foster care through its newsletter, which is distributed to over 3000 nurses. CFSA's Foster Parent Support Unit will be reaching out to staff of the Department of Behavioral Health (DBH) and a network of over 20 providers to highlight the need for families for this population via a lunch and learn series.

In addition, as described in the Recruitment and Retention of Adoptive Families section, the child-specific recruitment team is collaborating with the Dave Thomas Foundation, which has a Wendy's Wonderful Kids recruiter monitoring the permanency progress of medically fragile children from adoption matching to adoption finalization.

Status: *These activities are ongoing and will continue in FY 2018. The lunch and learn series will begin in September 2017.*

YOUTH WITH HIGHER NEEDS

Opportunity: Recruitment and retention of resource homes for hard to place youth

Approximately half of the children in care are age 12 and older (450 of the 941 children in care as of April 30, 2017). A subset of these older youth have higher needs, such as frequently absconding, or have significant mental and behavioral health issues that present placement challenges. As of April 30, 2017, there were 47 CFSA youth in group home placements and 14 in a residential treatment facility (RTF). Both general and tailored recruitment strategies are being used to ensure that older youth and those who can step down from a more restrictive setting have an opportunity to be placed in a family setting. These youth may overstay placement in a group home or RTF as the placement team works to identify an appropriate family-based placement.

Strategy: Increase SOY program capacity

The Specialized Opportunities for Youth (SOY) program is a CFSA foster care support model that began in November 2015 and aims to provide stability and support to resource caregivers of youth with behavioral challenges who are in need of significant clinical interventions and services. Resource parents in the SOY program are professionals from the following areas: social workers (outside of CFSA), psychiatric nurses, psychiatrists, psychologists, police officers, parole officers, lawyers (not CFSA involved), educators, behaviorists, therapists, community service providers, coaches, and mentors. Others, including existing resource parents with verified success working with traumatized teens, also may be considered. The program seeks to equip resource caregivers with the skills and financial supports to address the particular needs of youth with severe mental and/or behavioral challenges, and to stabilize placement for these youth until they exit the foster care system through positive permanency or aging out.

CFSA began by recruiting five providers to serve as SOY parents for youth between the ages of 15-20. In October 2016, the SOY program was expanded to include youth between the ages of 12-14. SOY now has a total of nine providers with a total bed capacity of 16. Twelve of the beds are full and there are four children in the process of being placed. Prior to coming into the SOY program, eight of the 12 youth had over 20 placements each. The following are some of the outcomes of the SOY program:

- The SOY home has been the longest placement for 9 of the 12 youth, ranging from six to 18 months to date.
- Two youth have been reunified with their biological families. In both cases, the relationship between birth parent and SOY parent was essential and included weekly check-ins, planned visits, and conflict resolution assistance for parent and child.
- Four of the youth have graduated from high school and two are currently attending college.

Status: Complete recruitment and incentive plan to have four new SOY beds licensed by second quarter of FY 2018.

GROUP HOMES

Opportunity: Decrease group home length of stay and improve outcomes

Even though only five percent (as of April 30, 2017) of youth in care are placed in group homes, CFSA seeks to reduce the number even further in favor of family-based homes. However, for some youth, in particular those stepping down from a residential treatment or detention facility, a group home may be an appropriate transitional placement. In late spring 2017, CFSA staff conducted surveys of current contracted group home staff and residents (covering topics such as safety, accommodations, on-site programming, critical incidents, placement stability, and youth participation in school and work). Based on the survey results, CFSA will redesign the scope of services for congregate care contracts to improve the quality of services, supports, and outcomes for youth and refine criteria for appropriately placing youth in a group home. Additionally, CFSA will identify what supports are needed for successful placement of youth in family-based homes who otherwise would be placed in a group home.

Status: Survey results are being analyzed now and are expected to be presented to CFSA leadership in mid-July. The results will inform current practice as well as the next round of congregate care contracts.

PLACEMENT MATCHING

Opportunity: Improved placement matching capability

CFSA always has more bed capacity than children in care; however, on any given day, some homes are not available (e.g., resource parent on vacation or ill, home renovation underway),

and some placement requests are declined due to misalignment between the preferences of available resource parents and those children in care.

Strategy: Utilization of CAFAS/PECFAS results

The Child and Adolescent Functional Assessment Scale (CAFAS) and the related Pre-school and Early Childhood Functional Assessment Scale (PECFAS) are standardized instruments that are integrated into FACES.NET. Staff administer the CAFAS and PECFAS within the first 30 days of a child or youth entering foster care and every 90 days thereafter. CAFAS/PECFAS results are used to help inform decisions about the level of care, type and intensity of treatment, placement setting, and need for referral of services. It is integral both to placement stability and to the Agency's goal of improving permanency outcomes for children. Overall, the CAFAS/PECFAS provides a comprehensive and holistic approach to service delivery, and it also provides a clearer, more specific picture of child's strengths and needs. The following chart shows the results of 1,099 discrete administrations of the CAFAS/PECFAS, representing approximately 877 children in foster care, during the 90-day period from March 26 through June 26, 2017.⁹

Program Area	Low Acuity	High Acuity	Severe Acuity
Score Range	70 or less	80-130	140+
OYE	61%	33%	6%
CFSA	95%	4%	1%
Private Agencies	87%	10%	3%

Status: The Agency began implementation of the CAFAS/PECFAS in July 2015, phased out the use of the former Child Needs Assessment (CNA), and transitioned into full implementation of CAFAS/PECFAS in 2016.

Strategy: Well Being Profile

The Well Being Profile provides a mechanism for communicating how children and families are doing, including information about their strengths and needs. The profile collects information entered by workers into FACES.net and generates a visual "snapshot" that tracks the progress, or lack thereof, related to individual child outcomes. The profiles are presented in a dashboard format that allows CFSA Social Workers to aggregate CAFAS/PECFAS and CSBA data, identify patterns, and measure the effectiveness of the services children and their parents receive.¹⁰

⁹ The 1,099 includes 194 in-home cases that were assigned to the Permanency Unit and 28 in-home cases that were assigned to OYE. It also likely includes a small percentage of duplicate score entries and children who had a placement change within the 60-day window would have an additional assessment conducted.

¹⁰ The Caregiver Strengths and Barriers Assessment (CSBA) is an assessment tool used to identify caregiver behaviors across 13 domains of functioning that reflect strengths to be leveraged or barriers getting in the way of safety, permanency, and well being for the child. The CSBA assists child welfare professionals and caregivers in prioritizing domains to address in the Family Case Plan and examining progress over time.

The profile visually presents data analysis at the individual level, then at the team, program, agency, and system levels. Lastly, the profile generates baseline and comparative analyses for changes in a child's CAFAS/PECFAS assessment over time. The Well Being Profile ensures that the needs of the children and families are being thoroughly assessed; appropriate case planning occurs for our children and families; and lets us know if what we are doing is working or whether mid-course corrections are needed.

Status: *The Well Being Profile was launched in April 2017. The Well Being Profile is scheduled to undergo a few changes over the next year in order to add more caregiver and provider information, along with creating a print button so that workers can bring the screen shot to their unit meetings and easily confer with their colleagues.*

Strategy: Information Technology Supports for Improved Placement Matching

CFSA is exploring the use of an innovative technology approach that effectively matches children with resource parents. ECAP (Every Child A Priority) is a software-based intake tool developed in Kansas that supports decisions about the most appropriate match for a child and includes characteristics of foster homes and resource parents. Information in this database helps placement staff find the best resource home for a child based on his or her needs. ECAP is compatible with FACES.net and poses only eight questions to help identify the best match. Research conducted by the University of Kansas found that children placed using ECAP experience fewer moves and spend less time in care than other children.

Status: *CFSA's Placement Services Administration has participated in a demonstration of ECAP, and the Agency's senior leadership team is discussing possible transition to this matching tool by July 2017.*

FOSTER PARENT SUPPORT

Opportunity: Reduce placement disruptions

Placement instability is a risk factor for longer lengths of stay. Each additional placement significantly extends the length of stay for the child. Those children who entered in 2010 or 2011, but had not exited as of December 31, 2014, include a large proportion of children with five or more placements. Enhancing placement stability and preventing disruptions are key elements to reduce the length of stay in care. In FY 2016, there were 93 disruptions from family-based placements with the majority coming from traditional and therapeutic foster homes, 29 and 58 respectively. As part of the TSHR, CFSA will be assessing and expanding effective foster parent support resources in an effort to reduce those disruption numbers.

Strategy: Development of enhanced foster parent supports

The TSHR is about improving the foster care experience for District children, youth, and families. CFSA, in partnership with FAPAC and FAPA, is engaging the foster care community in

the development of the vision for enhanced foster parent resources and supports.¹¹ Town hall events are planned for the summer and fall 2017 for all CFSA and private-agency resource parents. The town hall events will provide information and updates on TSHR and serve as an opportunity to gather input and recommendations and field questions from our stakeholders. A facilitator has been engaged to develop an agenda that is interactive and includes audience participation polling technology to capture resource parent demographics, preferences, and priorities.

Status: *The first town hall was held on May 24, 2017 at the RISE Demonstration Center on the Saint Elizabeth's campus with over 50 attendees. The next scheduled town hall is July 22, 2017 at the RISE Center with a projected attendance of over 100. Another town hall is being scheduled at a location in Prince George's County to reach the families living in Maryland. Additional town hall events will be scheduled for the fall.*

Strategy: Implementation of the Treatment Foster Care Standards

CFSA does not license foster homes in the District as therapeutic.¹² While there are both traditional and therapeutic licensed foster care homes for youth placed in Maryland, there is no meaningful or substantive difference in the use of these placement types in practice. CFSA acknowledges that all children require trauma-informed parenting and a foster home environment that supports their healing and improves their well being. To ensure all resource parents are prepared to meet the needs of youth in care, beginning in 2018, CFSA will eliminate the "traditional" and "therapeutic" categories of foster homes. Instead, as part of TSHR, CFSA and the new Maryland partner will adopt and adapt the Foster Family-based Treatment Association (FFTA) Treatment Foster Care Program Standards as a means of establishing common program and practice expectations, increasing the capability of resource parents, and upgrading quality assurance processes.¹³

Under the Treatment Foster Care Program Standards, the foster home is viewed as the primary treatment setting, with resource parents trained and supported to implement key elements of treatment in the context of family and community life while promoting the goals of permanency planning for children in their care. Resource parents will receive additional training, technical assistance, and access to wrap-around services and ongoing supports to ensure their ability to provide a healing environment for the children placed in their care.

Status: *CFSA began a self-assessment in May 2017 to determine whether the Agency meets Section 2 of the Program Standards, which focuses on resource parents. The full self-assessment will be completed in August 2017, and CFSA then will identify the programmatic adjustments and resources that will be needed to meet the Program Standards.*

¹¹ DC Metropolitan Foster Parent Adoptive Association (FAPA) is a membership organization that advocates on behalf of foster and adoptive parents.

¹² DC Municipal Regulations do not provide for a therapeutic foster home designation.

¹³ http://www.imis100us2.com/ffta/New_FFTA_Content/Learn/Program_Standards.aspx

Strategy: Placement Stability Staffings

When it becomes apparent that a placement is at risk of disruption, the Resource Development Specialist (RDS) in the Placement Administration will schedule a placement stability staffing to include the social work team, service providers, Foster Parent Support Worker, resource parent, and child (if appropriate). This team will review the services that are in place and determine whether any additional support is needed in order to help maintain the placement. Following each staffing, the RDS worker will use the information derived from the team, in order to update the case plan with the new or additional services and supports. The chart below shows the utilization and outcomes through April 30, 2017.

Month	Staffings Held	Stable 30 Days After	Stable 60 Days After	Stable 90 Days After
October 2016	11	63%	50%	25%
November 2016	32	97%	94%	93%
December 2016	21	95%	90%	88%
January 2017	17	50%	44%	25%
February 2017	14	79%	57%	36%
March 2017	14	86%	86%	n/a
April 2017	7	86%	n/a	n/a

Status: Placement Stability Staffings have been used since September 2016. CFSA has adequate resources to continue holding these staffings.

MENTAL HEALTH AND TRAUMA SERVICES

Opportunity: Ensure access to community-based mental health services

All new CFSA child removals have linkages with a Department of Behavioral Health (DBH) Core Service Agency (CSA), Choice Provider, or other provider within the DBH network made by co-located DBH staff within 72 hours of removal.¹⁴ DBH contracts with “Choice Providers,” a group of six providers within the DBH network that specifically serve CFSA children. In some cases, DBH uses an alternative provider because the service required by the child is not offered by one of the Choice Providers or the child resides so far away that another provider closer to the child’s home is needed.

In FY 2016, the Agency referred 281 children for mental health assessments and treatment. Of the 281 referrals, 215 were referred to a Choice Provider or CSA. Enrollment with a provider

¹⁴ A Core Service Agency (CSA) is an entity certified by DBH that provides community-based or in-home Medicaid-reimbursable services in both the District and Maryland.

occurred within an average of 1.2 days. The remaining children were referred and connected to private providers. In the first quarter of FY 2017, CFSA referred 65 children for mental health assessments and treatment. Of the 65 children, 30 were referred to a Choice Provider/CSA and the remaining 35 children were enrolled with alternative DBH providers (Hillcrest, Family Matters, Contemporary Family Services, Howard Road, and LAYC). Enrollment with the provider occurred within an average of 0.6 days.

Strategy: Mobile Stabilization Support (MSS)

The Mobile Stabilization Support (MSS) program was created in response to feedback from resource parents experiencing challenges that either led to disruptions or risked placement stability. MSS services assess, treat, and stabilize situations to reduce immediate risk of placement disruption for youth placed in both District and Maryland. MSS also provides comprehensive services to help relieve acute symptoms of resource family stress and restore the family to optimal pre-crisis levels of functioning. CFSA evaluates the effectiveness of MSS services by determining if a child or youth has remained in the current placement for a minimum of 30 days after the service was provided.

Status: *MSS has been in place since January 2014. The chart below shows the utilization and outcomes through September 30, 2016. The MSS contract has enough capacity to meet the need.*

FY 2016 Mobile Stabilization Support (MSS) Utilization Data

Activity	Utilization
Referrals Sent	194
Placement Maintained	149 (82%)

Strategy: Crisis on-call support line

The Stabilization Support Line (SSL) is a crisis support phone line available 24 hours a day. A total of 62 calls were made to SSL in FY 2016, and 74 calls were made in the first quarter of FY 2017. To evaluate the effectiveness of crisis support services (both MSS and SSL), CFSA sought feedback from 60 randomly selected resource parents and social workers via a telephone questionnaire and online survey. The period of evaluation for the referrals was from August 1, 2016 to October 31, 2016. Overall, resource parents seemed satisfied with the response from the service with 93 percent of the participants indicating that the team was very responsive to their calls. Seventy-three percent of the resource parents said the MSS team was able to de-escalate the situation with the child. When asked if they would use the service again, 60 percent indicated, "Yes."

FY 2016 Stabilization Support Line (SSL) Utilization Data

Activity	Utilization
Calls Received	62
Number of Children	49
Referred to MSS	10
Referred to CHAMPS	4
Placement Maintained	43 (69.3)%

Status: The SSL has been in place since December 2015. The chart above shows the utilization and outcomes for FY 2016. While utilization is increasing with more awareness of its availability, the SSL contract has been underutilized. The service under the MSS contract has been discontinued. CFSA brought this service in-house.

FOSTER PARENT SUPPORT SERVICES

Strategy: Taxi services

In 2017, CFSA and the Department of For-Hire Vehicles entered into a partnership to develop a plan to reduce the time of transport for children who have long commuting times to and from school and to reduce the need for families to disrupt their schedules to help a child maintain their school connection even if living out of that school's boundary area. The current transportation vendor transports multiple children located at different addresses on the route and the ride for the pick-ups and drop-offs can extend a child's ride time by several hours each day. The taxi service provides transportation to a single child and includes an aide to ensure the safety of the child during the trip. Background checks and clearances are conducted for both the driver and the aide. CFSA staff have access to the taxi database to track every ride. This project began by identifying a small group of children who reside the greatest distance from the city. The transportation times shifted to a direct route to school and back home in the afternoon. All of the children were able to have their pick-up times changed, allowing them reduce early morning wake-up times and late evening arrival times back home leaving more time for after-school activities and greater connection with the family and community.

Status: Seventeen youth were served during the Beta period beginning May 22, 2017. Since the school year has ended, there are currently three youth accessing the program for summer school beginning on July 5, 2017 and 20 youth being supported for CFSA's intensive summer reading program. The goal is to launch this Beta program into a full service transportation option in the upcoming school year.

Strategy: Day programs

Youth who are suspended from school or who may be waiting for a vocational program to begin often do not have day plans, which typically puts a strain on the resource parent and provides idle time for the youth. To address this, CFSA is researching organizations that could provide short-term day plans for the impacted youth. Research and recommendations to the Director will be completed in August 2017.

Status: *Programs are being researched, and a recommendation will be made to the Director in August 2017.*

Strategy: Redesign the in-service training approach

As the Child Welfare Training Academy (CWTA) realigns to encompass both pre-service and in-service training for resource parents, it will redesign the current training approach to address the unique needs of new and experienced resource parents. The CWTA redesign will introduce a tiered approach to training along with a revised resource parent training policy. Some of the key elements of the redesign include the following:

- Staff will revise curricula to customize them to the District and Maryland reality and population of children in care.
- The trauma trainer will ensure the training includes a trauma-focused lens that flows from pre-service through in-service.
- Staff will reformat training to a leveled or tiered approach for resource parents in pre-service training and in-service training offerings for long-time foster parents.
- Staff will create “Table Top” training packets and for one-on-one training for resource parents and to address specialized requests.
- Staff will train Foster Parent Support Workers to provide the table top training while at visits or on the phone.
- Staff will revamp the Resource Parent Individual Development Plan tool and process.

Status: *Four Table Top training packets have been completed to date: The First 72 Hours, Building Blended Families (bio and foster), Parenting Teens with Trauma, and Resource Family Care: Building Wellness and Managing Stress. Both the tiered training and table top training will begin in the first quarter of FY 2018.*

Strategy: Provide Applied Trauma Training for Caregivers

Resource parents, through the Trauma Systems Therapy (TST) implementation several years ago, received training on trauma concepts; however, they needed and requested more training on how to apply the strategies and interventions presented. CWTA staff, through a partnership with KVC Health Systems Inc., were trained on the Trauma-Informed Caregiving Training Series which focuses on the application of TST for resource parents. The series provides resource parents with the opportunity to explore the impact of trauma on the children and adolescents in their homes and develop strategies to manage this impact and promote healing. The training

series is comprised of four 2-3 hour modules that build upon one another and should be taken sequentially.

Status: *The CWTA team is in the process of completing the Training of Trainers (TOT) for Trauma-Informed Caregiving with Kelly McCauley, who developed the curriculum in partnership with the Annie E. Casey Foundation. CWTA co-facilitated the training with Kelly McCauley for resource parents on May 10-11, 2017. The CWTA team is facilitating evening sessions on July 10-13, 2017 and biweekly Saturday sessions starting on July 29, 2017. The training is available for resource parents and Foster Parent Support Workers. Additionally, the training is being tailored this summer for implementation with social workers to start in FY 2018.*

Strategy: Resource Parent Individual Development Plan Redesign

Resource parents sometimes express frustration that their preferences and skill sets are not being taken into consideration and/or addressed in conversations with CFSA staff before being asked to provide a home for a child. One strategy to address this is to better prepare resource parents and increase their confidence in their ability to care for children outside of their preference categories. CWTA acknowledges that the key element to enhancing the skills, knowledge, abilities of our resource parents is by challenging resource parents to develop their knowledge base and skills. To that end, CWTA partnered with internal stakeholders to develop the Resource Parent Individual Development Plan (referred to as the IDP). The purpose of the IDP is to provide a formal and systematic means to identify development needs to improve knowledge and skills and compare each resource parent's needs/abilities in the fostering role against current training offerings and to determine future training needs.

CWTA is undertaking a full revision of the current IDP so that it is utilized to its fullest potential. The findings and recommendations from this in-depth review will also be used in the curriculum development process to ensure that the needs of external stakeholders are taken into account.

Status: *The IDP revisions will be completed and ready for implementation by October 2017.*

Strategy: Respite Services

The Mockingbird Family Model (MFM) and Family Connections Program are two resource parent support models based on the extended family concept where a "Hub" family (or "Cluster Lead" in the *Family Connections* program) provides peer support services, including scheduled and unscheduled respite care, for four to twenty other District "satellite resource homes." The MFM and Family Connections' programs also feature a combined formal support group for Hub and Cluster Lead parents. The support group is an ideal forum for exchanging information and providing peer support on issues that are unique to resource families who are in leadership roles in the two programs. This cadre of supportive adults minimizes placement disruptions and enhances the overall experience of resource parents, which increases retention rates.

Status: *As of April 30, 2017, there are eight Mockingbird hub homes with 50 satellite homes and 11 Family Connections lead homes with 135 satellite homes which combined, reach over 200*

resource parents. In FY 2016, Mockingbird provided 9,236 hours of respite and Family Connections provided 5,551 hours of respite. In general, both programs adequately meet the needs of families. Occasionally, resource parents are not able to receive respite from the lead parent (e.g., on vacation, already committed to other families for the requested respite dates). In these instances, CFSA will explore if any of the parents within the assigned cluster or constellation may be able to assist. No change in service is needed.

SHARED PARENTING

Opportunity: Support resource parents in developing relationships with birth families

When children see harmony among the adults in their lives, they relax, worry less, and spend less time trying to “fix” the adults around them. Advocates of shared parenting argue that it results in increased parental visiting, is less disruptive for the child, have fewer attachment conflicts and placement disruptions (Palmer, 1995, 1996). Despite the benefits, resource parents sometimes express hesitation about interacting with birth parents. They are not sure how to begin building a shared parenting relationship.

Strategy: Promote shared parenting resources for foster parents

CFSA implements DC Family Link as a system-wide effort to promote communication and shared parenting practices between resource and birth parents for the benefit of children in the District’s child welfare system. Resources and support provided include Family Link Icebreaker meetings at CFSA where resource and birth parents meet face-to-face and to connect over their mutual interest in the child’s well-being. Resource parents are also offered training on shared parenting and support groups. Shared parenting workshops have received positive feedback from resource and birth parents, such as assisting in overcoming the challenges of biases from both sets of parents for the sake of children. Family Link, initially developed by FAPAC, expanded its scope of work in 2015 to include the following additional components:

- Presentations for professionals about Family Link’s shared parenting initiatives
- Tip Sheets with tips on how to build successful parenting partnerships
- Tool kits to encourage parenting partnerships
- Coaching for resource parents who need additional support
- Educational video featuring resource and birth parents

Status: CFSA and FAPAC have been in the process of transitioning management and implementation of the program from FAPAC to CFSA. The icebreakers transferred to CFSA in mid-2015. The Shared Parenting training transferred to CFSA in 2017. Thirty icebreakers were held in FY 2016. Of those, three had a positive move to a kinship placement, six were reunified, and 15 had no placement changes.

Community-Based Prevention Services

This section describes the need for continued decentralized neighborhood and community-based services to prevent unnecessary placement.

INTRODUCTION

Since the initial receipt of the Title IV-E waiver demonstration funding in 2014, CFSA has been maximizing primary prevention services as part of the District's effort to develop a solid, community-based family support infrastructure prior to the waiver's end in 2019. This effort includes the Agency's strengthened relationships with public partners like DBH and its increasingly more strategic partnership with the Healthy Families Thriving Communities Collaboratives (Collaboratives) described below.¹⁵ In particular, CFSA has made a concerted effort to ensure the efficacy of the waiver-funded Safe and Stable Families (SSF) program which provides both formal and informal services to promote family strengthening and self-sufficiency, and ultimately to keep children safe in their homes and out of the foster care system.

As of April 30, 2017, the in-home population count was 1,771 children, which includes a count of all children remaining in the home who may have one or more siblings in out-of-home care. Historically, CFSA's Community Partnerships Administration has focused on case management and services to families that have had a substantiated Child Protective Services (CPS) neglect case that resulted in an open in-home case but without removal of the children.

The Office of Community Partnerships completed an assessment of the SSF program in the latter part of 2016. It became clear from this assessment that more can and must be done to prevent families from having an open case. This includes a more intentional effort to identify where the gaps exist between the microcosm of the at-risk population and the macrocosm of corresponding resources. As a result, certain community-based services are being changed to close these gaps to prevent involvement with the child welfare system.

SERVICE DELIVERY APPROACH

The key component of CFSA's prevention and family-strengthening work is through a network of community-based social services organizations known as the Healthy Families Thriving Communities Collaboratives (Collaboratives). There are five family support Collaboratives operating in the District of Columbia. Each Collaborative is an independent 501(c)(3) led by a community-based board of directors. Each Collaborative draws on the unique capabilities and services found within its network of service providers to assist at-risk children and families.

The Collaboratives are:

¹⁵ In addition to implementation of a shared CFSA-DBH protocol for the quality service case review process, DBH has staff co-located at each Collaborative to provide readily accessible, community-based behavioral health services.

- Collaborative Solutions for Communities (Wards 1 and 2)
- East River Family Strengthening Collaborative (Ward 7)
- Edgewood/Brookland Family Support Collaborative (Wards 5 and 6)
- Far Southeast Family Strengthening Collaborative (Ward 8)
- Georgia Avenue Family Support Collaborative (Ward 4)

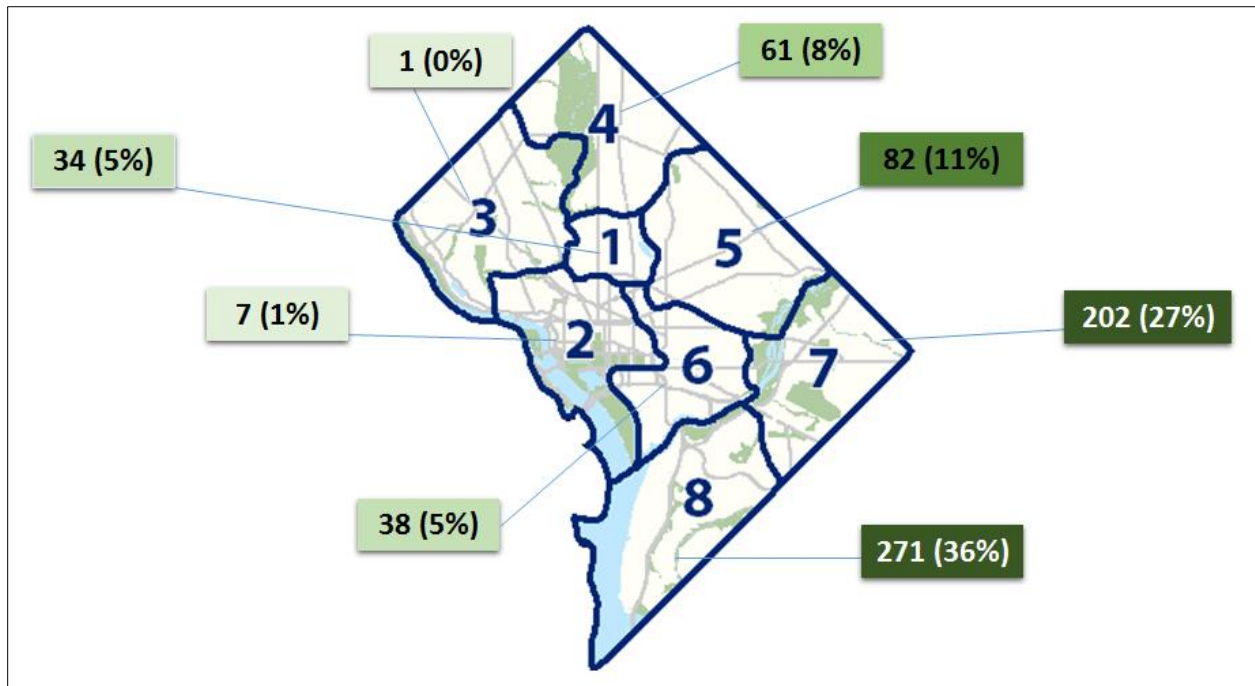
CFSA and the Collaboratives have a 20-year relationship that is a multi-faceted partnership involving various activities within the prevention and intervention continuum. As social services organizations, the Collaboratives are strategically located in five District neighborhoods that have a high representation of families in contact with the child welfare system. Accordingly, the Collaboratives serve as gateway access points to government resources and services, and also to nearby community resources. They are a key partner in the implementation of CFSA's Title IV-E waiver demonstration project. Many community-based programs under the waiver are being administered by the Collaboratives, including evaluation measures for determining the effectiveness of program implementation.

SAFE AND STABLE FAMILIES REDESIGN (SSFR)

INTERNAL ASSESSMENT

In light of the waiver's time limitations, it is essential that CFSA examine every aspect of its prevention continuum. Accordingly, the Agency elected to conduct a comprehensive internal assessment of the SSF program during the latter part of 2016. The assessment included a geographic information system (GIS) mapping of families currently receiving in-home services, as well as a mapping of service and resource utilization by Ward. The mapping revealed a clear predominance of need and usage for Wards 7 and 8. The Agency is therefore redesigning the program toward a focused distribution to those Wards where there are a greater number of families either currently involved with the District's child welfare system or at risk of entry into the system.

SSF Referrals by Ward (April 25, 2014 – November 30, 2016)



PURPOSE AND NEED FOR THE REDESIGN

The internal assessment identified several factors on which the purpose and need for the Safe and Stable Families Redesign (SSFR) is based:

- Despite the significant changes in DC's population growth and development, the model for community-based services has not changed
- Resources don't align with where the greatest number of families are concentrated

The goals of the SSFR include the following:

- Expanded ability to reach more families that may be at risk of involvement with CFSA
- Improved data tracking capability to better measure outcomes for families
- More accessible and available services to better address the needs of families
- Tailored array of both formal and informal services and interventions aimed at reducing safety risk

In addition to the mapping done as part of the internal assessment, a significant amount of work took place to identify the following action steps, including selection of the SSFR team to help with the redesign's successful implementation:

- Ongoing mapping of the wealth or gaps in resources by Ward

- Conducting surveys of stakeholders and families to identify how best to keep families together safely
- Exploring community-based resource and service models from other jurisdictions
- Renegotiating Collaborative contracts
- Developing a new in-home level of care model
- Restructuring in-home caseloads to ensure more intensive engagement of families with multiple and complex needs and difficulties that statistically lead to children suffering neglect and cumulative harm
- Discontinuing use of the HOMEBUILDERS® model which did not prove as effective as hoped, and researching its replacement
- Allocating flex funds for each Collaborative
- Increasing capacity building funding for Wards 7 and 8
- Implementing and enhancing the data collection and tracking for a new case transfer process

REDESIGN OF COLLABORATIVES' CASE MANAGEMENT SERVICES

Based on the internal assessment, the Collaboratives' case management structure was redefined to better align with the Front Door pillar of CFSA's Four Pillars Strategic Framework as well as the needs of families along the prevention continuum.

In FY 2017, case management services were categorized as follows:

- Short Term crisis support
- Kinship support
- Community diverted cases
- In-Home support/step down
- Out of Home support/step down
- Community prevention

In FY 2018, case management services will have more nuanced distinctions of the target populations to better align the service approach:

- Front Yard (No CFSA involvement but vulnerable and at-risk)
 - Young homeless families
 - Grandfamilies (children are residing with grandparent or other kin)
 - Other (walk-ins that don't fit in the above categories)
- Front Porch (Former CFSA involvement or referral)

- CPS-I Referral (Community-Diverted)
- Family Assessment Referral
- In-Home Step Down
- Out-of-Home Step Down
- Front Door (CFSA open case)
 - Open In-Home Case
 - Post-Reunification Case

Status: The revised case management services approach will be fully implemented in November 2017.

As part of the SSFR approach, Community Partnerships will assess the safety and risk level of each family receiving in-home services and assign a level of care that defines the frequency of visits and the type and length of services. All cases will include team meetings on a regular basis to ensure coordinated services, monitor progress towards goals, and ensure appropriate services are in place.

CFSA recognizes that assigning a level of care using only a safety and risk assessment may not accurately reflect service needs, particularly with families that may have repeat low-risk involvement with the child welfare system. CFSA will consider formally adding other factors, such as family characteristics and history of child welfare involvement, when making the level of care determination. The chart below describes the new levels of care.

Level	Definition	Level of Intervention
INTENSIVE (case open 8-10 months)	There is a substantial risk to the safety and well being of child. <ul style="list-style-type: none"> ▪ SDM Risk Level - Intensive¹⁶ 	Social worker will ensure that there is face to face contact with a service provider on a weekly basis at minimum. Families with an active safety plan may have more contact as needed. Social worker will ensure that a teaming meeting is held within 60 days of the completion of the initial case plan, and subsequently as needed.
INTERMEDIATE (case open 6 months)	Family has multiple risk factors that require a high level of attention and monitoring to ensure that the children's needs are being met, but for whom there is no imminent risk or danger.	Minimum twice a month visit by the social worker. Social worker will ensure that the family is working towards case plan goals on a weekly basis. This may include face to face contact, involvement in services that address

¹⁶ The Structured Decision Making (SDM) model is a suite of assessment instruments that promote safety and well-being for those most at risk—from children in the foster care system to vulnerable adults.

Level	Definition	Level of Intervention
	<ul style="list-style-type: none"> SDM Risk Level - High 	the needs, and communications via email and/or telephone.
GRADUATION (case open 2 months)	<p>Family has demonstrated a change in behavior from initial complaint, and there is no imminent risk or danger. Families' needs can be met in the community without child welfare involvement.</p> <ul style="list-style-type: none"> SDM Risk Level – Low or Moderate 	Minimum twice a month visit by the social worker with additional contacts as needed. Contacts will relate directly to the case plan goals and reflect substantive information on progress, barriers, and safety.

Status: The additional factors for level of care determinations will be completed by August 1, 2017.

REDISTRIBUTION OF RESOURCES LEADING INTO REDESIGN OF CORE SERVICES

Strategy: Reallocation of resources

Through GIS mapping and the needs assessment, the SSFR team found that services were of greatest need in Wards 7 and 8. Seventy-five percent of children in the District are removed from Wards 7 and 8 where there are a number of service gaps such as access to fresh fruits and vegetables and grocery stores, lack of affordable housing, and an inadequate number of child care centers and community recreation centers.

Service and resource allocation now mirrors the higher concentration of the at-risk population predominantly in Wards 8, 7, and 5 respectively.

Target Population	Annual Service Target Goal ¹⁷	Collaborative Solutions for Communities 5%	Georgia Avenue Collaborative 5%	Edgewood Brookland Collaborative 20%	East River Collaborative 30%	Far Southeast Collaborative 40%
Front Yard – Collaborative for 6 months or less						
Grandfamilies	100	5	5	20	30	40
Young Homeless Families	100	5	5	20	30	40
Other Families	250	12	13	50	75	100
Total – Front Yard	450	22	23	90	135	180

¹⁷This refers to the capacity of the number of families to be served.

Target Population	Annual Service Target Goal ¹⁷	Collaborative Solutions for Communities 5%	Georgia Avenue Collaborative 5%	Edgewood Brookland Collaborative 20%	East River Collaborative 30%	Far Southeast Collaborative 40%
Front Porch – Collaborative for 120 days or less						
Community Diverted Referrals	400	20	20	80	120	160
In-Home Step Down Cases	360	18	18	72	108	144
Out-of-Home Step Down Cases	180	9	9	36	54	72
Family Assessment Referrals	500	25	25	100	150	200
Total – Front Porch	1440	72	72	288	432	576
Front Door – Collaborative for 90 days or less						
In-Home Support	480	24	24	96	144	192
Out-of-Home Support	250	12	13	50	75	100
Total – Front Door	730	36	37	146	219	292
TOTAL - ALL	2620	130	132	524	786	1048

Status: The redistribution of Collaborative contract funding will be effective by the next contract period beginning October 1, 2017 if not earlier.

Strategy: Reallocation of Co-located Staff

Along with the Collaborative contract modifications, there will be a re-allocation of co-located, direct service staff as indicated in the chart below. Each unit is comprised of five social workers, one family support worker, and one supervisor.

Collaborative	FY17 Staffing	FY18 Staffing
Collaborative Solutions for Communities	1 unit	1 unit
East River Collaborative	2 units	3 units
Edgewood Brookland Collaborative	2 units	2 units
Far Southeast Collaborative	4 units	4 units
Georgia Avenue Collaborative	1 unit	1 unit

Status: *The redistribution of CFSA co-located staff at the Collaboratives will be effective with the next contract period beginning October 1, 2017 if not earlier.*

Strategy: Redesign of core services

CFSA facilitates the provision of services to families through partnerships with sister Agencies, contracts with the Collaboratives and contracts and refers to other community-based organizations. The SSF assessment helped to identify services contracted through the Collaboratives that are otherwise available to the public through other Agencies and organizations. These duplicative services – such as housing and childcare services offered by the Department of Human Services and employment assistance offered by the Department of Employment Services – will not be part of the Collaborative contracts in FY 2018. Linkages and referrals to those services will continue.

As part of the internal assessment of SSF, a survey of CFSA and Collaborative staff, as well as families, was done to determine the priority of service needs and the appropriate delivery mechanism resulting in the service array in the table below.

FY 2018 Safe and Stable Family Redesign Services

Essential Core Services – offered by all Collaboratives

- Emergency Family Flexible Funds
- Respite services
- Support groups and trainings
- Information and Referral
- Mentoring/Tutoring
- Educational Workshops
- Whole Family Enrichment

Specialized/Customized Services – offered by Collaborative or Community Organization

- Family Group Conferencing
- Parent Education Support
- Mobile Stabilization Support
- Homemaker Services

Mental/Behavioral/Physical Health Assessment and Linkage – offered by DBH at the Collaboratives

- Co-located DBH Specialists
- Co-located Infant and Maternal Health Specialists

Other Contracted Services – offered by Collaborative or Community Organization

- Parent Education Support Program (PESP) (ER/CSC)
- Wayne Place (FSFSC)
- Project Genesis
- Home visiting

Strategy: Strategic allocation of capacity-building mini-grants

In September 2016, CFSA allocated \$200,000 in funding to each of the Collaboratives to award capacity building or mini-grants to community-based providers within their service areas to expand or develop strategic services and resources. Proposals were intended to target families with children (birth to age six) or young parents (ages 17 to 25) and to address a gap in the existing service array. There were 16 grants awarded ranging from \$15,000 to \$80,000 (see chart below). Under the SSF Redesign, CFSA is modifying the allocation of these grants. Rather than an equal allocation, more resources will be provided to the Collaboratives serving more families. For FY 2018, the amounts allocated to the East River and Far Southeast Collaboratives will be increased to \$500,000 each to reflect the case capacity of each and Georgia Ave, Edgewood/Brookland, and Collaborative Solutions for Communities will receive \$200,000 each.

FY 2017 Capacity-Building Grants

Collaborative	Grantee	Program Description	Grant Award
CSC	Mary's Center for Maternal and Child Care	Parent-Child Interaction Therapy Program to address behavioral health concerns in children ages 2-7.	\$45,801
CSC	DC Doors	SAFE: Parenting education for young adults age 18-25 with children ages birth to 6.	\$30,000
CSC	Bright Beginnings	Educational and developmental services for homeless children.	\$60,000
CSC	The Family Place	Resources for parenting, literacy and skills to effectively influence child education success.	\$60,000
East River	Higher Hopes	Love More: Trauma centered, collaborative focused support activities connected to healing and transformative life coaching	\$40,000
East River	The National Center for Children and Families	Parent Resource Center to enhance parenting skills	\$60,000
Edgewood Brookland	Human Transformation Coalition	Principles of Families Program: Build capacity of parents, increase community-based staff knowledge and practice skills to enhance a family's protective factors.	\$40,670
Edgewood Brookland	African Man Development, Inc.	Quenching the Father's Thirst: Developing fatherhood by using a research-based curriculum to develop fathers and father figures to be loving, knowledgeable, and good leaders that guide their children to success.	\$36,100
Edgewood Brookland	The Vanella Group	Transformational Thinking Intervention Seminars: trainings provided for staff and families at DC General	\$55,030

Collaborative	Grantee	Program Description	Grant Award
		Family Shelter to identify and work through issues that led to homelessness.	
Far Southeast	Families on the Rise	Foster development of healthy and addiction-free individuals: addresses needs of children and parents in families that have serious problems with alcohol and other drugs.	\$40,000
Far Southeast	Healthy Families	Olive Branch: Parent Education and Support Program	\$39,794
Far Southeast	J and J Monitoring	Substance abuse counseling program for young adults.	\$60,000
Far Southeast	Brave Heart	Provides entrepreneurship and psychotherapeutic counseling for families and youth.	\$15,000
Georgia Avenue	Foster & Adoptive Parent Advocacy Center	Families Growing Strong Together: Effective Black Parenting Curriculum. Parent education for families seeking reunification.	\$80,000
Georgia Avenue	Project Create	Art as tool for positive youth development for young parents and their children.	\$50,000
Georgia Avenue	Ayuda	Strengthening Families Program: Holistic, culturally and linguistically specific program that will benefit families consisting of DC's low income, immigrant victims of domestic violence, sexual assault, and stalking.	\$70,000

Status: The new grant amounts will be allocated in the FY 2018 Collaborative contracts. The request for proposals (RFP) will be released in August 2017 with proposals due in September for FY 2018 awards.

Strategy: Provision of Behavioral Health Services

CFSa has fostered partnerships between the Collaboratives and DBH to increase the accessibility of behavioral health services. DBH clinicians are co-located at the Collaboratives in order to conduct substance abuse screenings and mental health assessments, in addition to connecting children and families with services. In FY 2015, co-located DBH clinicians provided services to 1,210 unduplicated clients. In FY 2016, 1687 unduplicated clients – 842 children and 844 parent caregivers – were served. The average time between mental health screening, referral, intake and service delivery was 39 days.

Collaborative	FY18 Staffing
Collaborative Solutions for Communities	.5 clinicians
East River Collaborative	1 clinicians

Collaborative	FY18 Staffing
Edgewood Brookland Collaborative	1 clinicians
Far Southeast Collaborative	1 clinicians
Georgia Avenue Collaborative	.5 clinicians

Status: DBH co-located clinicians at the Collaboratives will continue through the next contract period beginning October 1, 2017.

Strategy: Adjustments to Family Preservation Models

Homebuilders

In FY 2016, 214 children and 98 families were served by HOMEBUILDERS®, a model that addresses specific needs and provides intensive crisis intervention, counseling, and life-skills education in the home for families at imminent risk of having a child placed in foster care. After careful analysis, due to challenges related to implementation and impact of the program, CFSA will discontinue HOMEBUILDERS®. Instead, CFSA is interested in making deeper investments in earlier prevention to improve family functioning and avert a crisis before it occurs.

The specific results that led to the decision to discontinue HOMEBUILDERS® include the following:

- Staffing barriers
- Rigidness of the model
- Small population touched for high cost

Status: Referrals to HOMEBUILDERS® were discontinued as of May 31. The remaining cases will be closed out by July 31, 2017.

Mobile Stabilization Support (MSS) and Parent Education Support Project (PESP)

The Mobile Stabilization Support program has been used successfully with out-of-home cases since January 2014 to support resource parents experiencing challenges that either led to disruptions or risked placement stability. MSS services assess, treat, and stabilize situations to reduce immediate risk. MSS also provides comprehensive services that help to relieve acute symptoms of family stress.

The Parent Education and Support Project promotes sustained engagement of parents in specialized parent education programs (Effective Black Parenting, Nurturing Parenting Program, and Parents as Teachers) in conjunction with the development of ongoing peer-supported or post-intervention programs. Its community-based grantees work within specific neighborhoods and address specific populations with unique needs.

It has been decided that MSS and PESP better fit the needs of the target populations and therefore will be used to replace HOMEBUILDERS. These services are already in place with the capacity to take more referrals, have shorter intervention time and can touch more families than HOMEBUILDERS® did. Given their cost effectiveness, they will also be relatively easy to sustain post waiver because they are already funded outside of the waiver.

In FY 2016, MSS served 194 out-of-home families and has the capacity to serve more families. PESP served 63 children and 31 in-home families and also has the capacity to serve more. CFSA expects to serve approximately 300 families per year through MSS and PESP.

Status: *Referrals to MSS, through Catholic Charities, and PESP, through East River and Collaborative Solutions for Communities, are available now and will continue in FY 2018.*

Project Connect

Project Connect is a family preservation model that assists high-risk families that are currently involved with the child welfare system and are affected by parental substance abuse. The program supports parents who are in recovery to expedite reunification efforts and to prevent a child's re-entry into foster care. Project Connect offers home-based counseling, substance abuse monitoring, nursing, and referrals for other services, as needed. Project Connect social workers visit the home at a minimum of twice a week. While circumstances and needs vary, on average the program serves clients for 12 months. From April 25, 2014 through April 30, 2017, 160 referrals were made and 20 families completed the program and met the goals of the service plan. The target population has expanded from families who are re-unifying to also include in-home families.

Status: *This program has adequate capacity and will continue in FY 2018.*

Neighborhood Legal Services Program

The Neighborhood Legal Services Program (NLSP) is a CFSA grantee that provides free legal advice and representation to low-income families involved with CFSA or the Collaboratives. Areas of expertise include family law, housing law, and public benefits law. NLSP's services provide the kind of critical early intervention that can decrease the likelihood of formal involvement with the child welfare system. NLSP's fourth quarter began January 1, 2017, and ended March 31, 2017. During this quarter, NLSP reported that 148 children and 63 families were served.

Status: *This program has adequate capacity and will continue in FY 2018.*

Recruitment and Retention of Adoptive Families

This section describes the need and strategies for recruitment, training and retention of adoptive families.

NUMBER OF CHILDREN WAITING TO BE ADOPTED

CFSA operates a comprehensive foster and adoptive parent licensing, recruitment, and retention system to ensure that there are amply diverse and equipped foster and adoptive homes to meet the needs of the District's foster care population. As of April 30, 2017, CFSA had 202 children with the goal of adoption. Of these children, 129 are placed in a pre-adoptive home and 73 are in child-specific recruitment status.

Children with the goal of adoption but without an identified adoptive resource are assigned to one of CFSA's child-specific recruitment social workers who ensure the development and monitoring of a unique and individualized recruitment plan. Of the 73 children in child-specific recruitment status, 30 are matched with potential adoptive parents and are awaiting placement.¹⁸ The child-specific recruiters are searching for resources for the remaining 43 children.

Characteristics of the 43 children without an adoptive resource

Age	Number	Percent
Ages 0-2	1	2%
Ages 3-5	1	2%
Ages 6-10	6	14%
Ages 11-13	4	9%
Ages 14-16	16	37%
Ages 17-22	15	36%
TOTAL	43	100%

¹⁸ For the 30 children matched and awaiting placement, over 60 percent are in the transition plan process, meaning that a transition plan has been devised to outline visitation schedules and counseling sessions for the child and resource parent with the post-permanency provider to help prepare for the transition. Another 30 percent consist of children who have been matched with kin who are finishing the licensure process. The remaining 10 percent are pending ICPC.

Characteristic	Number / Percent	Characteristic	Number / Percent
Gender – male	26 / 60%	LGBTQ Youth	4 / 9%
Gender – female	17 / 40%	Medically Fragile	3 / 7%
African American	41 / 95%	Developmental Disability	19 / 44%
Hispanic	2 / 5%	Behavioral/Mental Health Needs	32 / 74%

Additionally, recruitment efforts are on hold for 11 of the 43 children while the social worker team works to stabilize or resolve the following matching challenges:

- In residential treatment
- Medically or developmental delays
- Mentally unstable
- Incarceration

Two sibling groups of two children each are waiting to be adopted. Five sibling groups with a total of 13 children are matched with pre-adoptive resources.

ADOPTIVE RESOURCES

District resource parents are dually licensed for both foster care and adoption. Many serve as resource parents, providing a temporary safe home and then become the permanent resource when a child in their home has a goal change from reunification or guardianship to adoption.

As of April 30, 2017, there are 51 licensed families who are interested in adopting children. Of these, 41 are located in the District with the remaining 10 in Maryland. In general, the families' preferences are for infants and children with limited challenges. These preferences do not match the current children available for adoption. There are an additional 32 families who have completed the pre-service training and are working with a licensed social worker to complete the home study in preparation to be licensed to adopt.

CFSA has procedures in place that ensure a timely search for prospective resource parents awaiting a child, including the use of adoption exchanges.¹⁹ Although adoption exchanges are being accessed in more than half of all adoption cases, they are not the leading resource to an adoption in the District. As a result, cross-jurisdictional resources are used on a case-by-case basis.

¹⁹An adoption exchange is a service that connects families with waiting children. Adoption exchanges facilitate communication between families and caseworkers who represent children. An adoption exchange supports families with guidance and resources but prioritizes the well being of waiting children.

The following cross-jurisdictional resources are used:

Resource
www.adoptdckids.org
www.adoptuskids.org
www.adoptionstogether.org/heartgallery
www.barkeradoptionfoundation.org
www.adoption.com/photolisting
www.adoptamerica.org

Strategy: Child-specific recruitment

Each child who needs an adoptive family receives an adoption recruiter who utilizes existing resources and develops specific strategies for that unique child or children in sibling groups. Individualized recruitment plans are developed for each child.

The following efforts are specific to this process:

- The child-specific recruiter will first mine the child's case management record to ensure the exploration and exhaustion of all local and out-of-state family members and other connections with individuals and supports noted in the record.
- Staff meetings assess the progression of an adoptive placement at 30, 60, and 90 days of initial goal change, ensuring that children are placed in a pre-adoptive home within 9 months of a goal change to adoption.
- Profiles are maintained and kept up-to-date on www.adoptdckids.org, which features children available for adoption and responds to inquiries from the public.
- The Heart Gallery displays professional-quality photographic portraits of waiting children. This travelling exhibit continuously spends two weeks or more in various public venues around the city.
- Background conferences are scheduled and facilitated for potential adoptive resource parents, providing full disclosure about the child and allowing potential parents to meet and hear directly from the service providers working with the child.
- Training is provided for District and Maryland provider staff on both the Multi-Ethnic Placement Act and the Interethnic Placement Act.
- In collaboration with CFSA's ICPC administrator, clear policy and practice is being produced on engaging private, out-of-state agencies for potential adoptive placements.

- Adoption exchanges are utilized as a successful resource, e.g., approximately 20 children from an exchange resource were successfully adopted in FY 2016.

Strategy: Child-Specific Recruitment for Medically Fragile Children

CFSA collaborates with the Dave Thomas Foundation which has a *Wendy's Wonderful Kids Recruiter* monitoring the permanency progress from adoption matching to adoption finalization for children who are diagnosed as medically fragile. These children are also profiled on national websites that help promote adoption throughout all 50 states. Websites include www.adoptionphotolisting.com, www.adoptamericanetwork.com, and www.adoptuskids.org.

Status: As the result of recruitment efforts and strategies, three children diagnosed as medically fragile have been adopted thus far in FY 2017.

Strategy: Permanency Specialty Unit – Pre and Post Adoption Support

Five social workers comprise the CFSA Permanency Specialty Unit (PSU) to provide both pre- and post-adoption support for families. PSU social workers assess the family needs, refer them to appropriate services, and provide support and crisis counseling services to help the families during their transition into adoption and prevent disruptions.

CFSA's child-specific recruitment unit offers quarterly support groups to waiting families, including the provision of profiles of children waiting to be adopted.

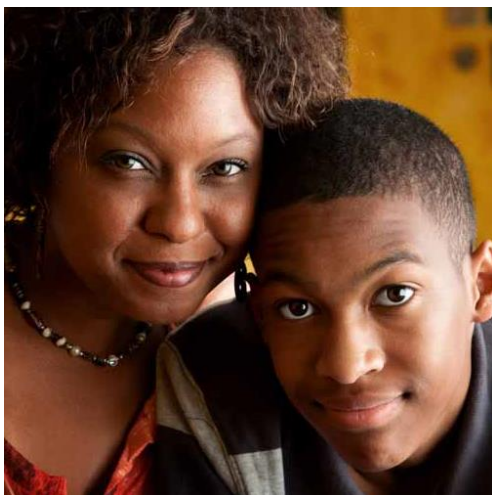
CFSA contracts with two agencies – the Adoptions Together Post Permanency Family Center and the Center for Adoption Support and Education (CASE) – to provide therapy, respite, support services, and case management to adoptive families.

Status: In FY 2016, PSU serviced 352 families. CASE served 32 families (with a capacity for serving approximately 45). Services include integrated family therapy, individual therapy, lifelong connection therapy, support when the Court of Appeals overturns an adoption, and case consultation. In FY 2016, Adoptions Together serviced 79 families and 48 child, adolescent, and adult adoptees. Services included case management, respite, support, individual therapy and therapy groups, and training. No new resources are needed.

**District of Columbia Government
Child and Family Services Agency**



FY 2018 Resource Development Plan Updates



September 19, 2017

PLACEMENT PROJECTIONS

CFSA projected annual budgeted capacity based on the utilization-to-capacity ratio, the demographics of the client entries and exits, projected number of youth aging out, and other significant placement issues. CFSA developed foster parent recruitment targets largely based on resource parent attrition. We recognize that these distinct processes have not provided the information necessary to do the level of targeted recruitment needed. Regardless, CFSA has enough budgeted capacity to shift resources from one placement type to another to support emerging and evolving needs.

Implementation of the Temporary Safe Haven Redesign (TSHR) offers an opportunity to re-engineer how the placement projections are done. CFSA is looking at assumptions, cleaning up the data, and refining the methodology for FY 2019 and beyond.

CURRENT STATE

FY 2018 Placement Projections

The chart below reflects FY 2018 projections.

Table 1

Placement Type	FY16 Utilization (monthly average)	FY17 Utilization (monthly avg. as of 4/30)	FY18 Budgeted Capacity
FAMILY-BASED CARE			
Kinship	211	198	260
Traditional/Pre-Adoptive	195	169	200
CFSA Sub-Total	406	367	460
Traditional	238	215	250
Therapeutic	152	147	170
Specialized (DD/MF)	25	34	30
Teen Parents	14	12	18
Contracted Sub-Total	429	408	468
CONGREGATE CARE			
Emergency/Diagnostic 13 & Older	1	2	3
Group Home – Traditional	16	23	21
Group Home – Therapeutic	9	6	10
Group Home – DDS	3	1	10
Group Home – Teen Parent	20	19	21
ILP Residential (18-21)	12	10	15
ILP Main (16-21)	0	1	16
Teen Bridge/Transitional Living	25	20	26
Residential Treatment	18	15	4
Refugee	16	23	18
Congregate Sub-Total	120	119	144
Other ¹	59	59	62
Grand Total	1014	953	1072

¹ These youth are not counted in the FY 2018 budgeted capacity as they have a placement to return to when they leave the "Other" setting (e.g., abscondence, hospital, college, detention facility).

FY 2018 Foster Home Recruitment Targets

CFSA developed recruitment targets largely based on resource parent attrition as indicated by the number of home closures in prior years. Entry and exit trends and child demographics inform the targets but were not formal drivers of the recruitment target numbers.

A review of the most recent foster home closures for FY17 through August 31, 2017 reveals that of a starting group of 276 licensed homes as of October 31, 2016, 16% of CFSA traditional/adoptive homes closed for positive permanency, 7% were closed by the Agency, and 77% were closed due to the foster parent opting out for other reasons. The most common reasons for foster parents opting out include: moved out of the area, unspecified personal/family reasons, employment, and health.

CFSA does not currently report on the closed homes by service line to determine the types of homes to be replaced. Nor does CFSA require closed home data from the private agencies. This will change under the new TSHR partnerships with NCCF and LAYC.

Table 2

FY 2017 Closures	Total	Guardianship	Adoption	Closed for Cause ²	Closed by Agency ³	Opted Out ⁴
Total	61	1	9	0	4	47

DESIRED STATE

CFSA will identify and track placement needs by sub-population, age and gender, sibling group membership and the level of youth functioning⁵. To make projections, we will consider the above indicators as well as resource parent preferences, resource parent attrition, and appropriate placement types and service lines for specific populations. This re-engineered approach will provide a comprehensive view of the children and youth which in turn, will inform the targeted recruitment plan and allow CFSA to better align the placement array to the unique needs of the foster care population.

² Closed for Cause = due to allegations

³ Closed by Agency = licensing non-compliance

⁴ Opted Out = foster parent discontinued for personal reasons

⁵ The Pre-School and Early Childhood Functional Assessment Scale (PECFAS) and the Child and Adolescent Functional Assessment Scale (CAFAS) are used to determine acuity level.

Levels of Functioning of Children in Care⁶

The now full implementation of the CAFAS/PECFAS tool provides a global view of acuity levels of the children in foster care. As of September 14, 2017, CFSA had 922 children and youth in foster care. The level of acuity of the majority of children (low acuity = 84%) would fall into what is currently designated as traditional foster homes. Placement with caring foster parents, the right supports, and a readily accessible service array, should support most children on their road to positive permanency.

Consistent with CFSA's experience, older youth represent a higher proportion of the youth with both high and severe acuity levels. The older youth with high acuity levels would likely do well in a SOY home placement. Of the 3% of youth with severe acuity levels, they may benefit most from placement in a professional foster parent home, and in limited circumstances, in a Psychiatric Residential Treatment Facility (PRTF).

Table 3

CAFAS/PECFAS Scores by Age	CAFAS/PECFAS Acuity Level	% of Foster Care Population
Age	Low Acuity (70 and below)	
0-5	216	(N=743, D=881)
6-13	254	
14-20	273	
Sub-Total	743	84%
Age	High Acuity (80-130)	
0-5	6	(N=115, D=881)
6-13	23	
14-20	86	
Sub-Total	115	13%
Age	Severe Acuity (140+)	
0-5	0	(N=23, D=881)
6-13	3	
14-20	20	
Sub-Total	23	3%
TOTAL	881	

Tables 4 and 5 illustrate the templates to be used for placement projections going forward for the overall population as well as key sub-populations.

⁶ As of September 15, 2017, the unique universe of total children requiring a CAFAS/PECFAS was 2,465. This includes 1,555 children receiving in-home services due to an open case with Community Partnerships (1,141) or due to having a sibling placed in foster care (414). It also includes 433 children in foster care with a goal of reunification and 477 children in foster care with a goal other than reunification, for a foster care total of 910. For RDP purposes, the foster care sample of 910 minus 29 children who have yet to receive an assessment or could not be scored, leaves a final total of 881 children in care with identified acuity levels.

Table 4

Total Population	# of Children		DC Bed Count	MD Bed Count	Out of State Bed Count ⁷	Surplus/ Deficit	Bed Development Plan ⁸
	Male	Female					
Low Acuity (70 and below)							
birth-5							
6-13							
14-20							
Sub-Total							
High Acuity (80 – 130)							
birth-5							
6-13							
14-20							
Sub-Total							
Severe Acuity (140+)							
birth-5							
6-13							
14-20							
Sub-Total							
Total							

Table 5

Sub-Population	# of Children		DC Bed Count	MD Bed Count	Out of State Bed Count	Surplus/ Deficit	Bed Development Plan
	Male	Female					
Developmentally Disabled							
birth-5							
6-13							
14-20							
Sub-Total							
Physically Disabled							
birth-5							
6-13							
14-20							
Sub-Total							
Medically Fragile							
birth-5							

⁷ Does not include Maryland placements.

⁸ Will include various family-based and congregate care placement types.

Sub-Population	# of Children		DC Bed Count	MD Bed Count	Out of State Bed Count	Surplus/ Deficit	Bed Development Plan
	Male	Female					
6-13							
14-20							
Sub-Total							
Pregnant & Parenting Teens							
Pregnant							
Parenting							
Sub-Total							

Sexual and gender identity and language spoken are currently not required AFCARS data elements nor are they required fields in FACES. This information is captured inconsistently. This information will become required when the system changes are made per AFCARS.

Table 6

Gender/Sexual Identity (As of April 30, 2017)	# of Children	Language Spoken (As of September 12, 2017)	# of Children
LGBQ	40	Spanish	22
Transgender	TBD	Other Language	15
Total	TBD	Total	37

Sibling Groups

Although the Agency has been successful in placing sibling groups of two, the placement of larger sibling groups continues to be a challenge. CFSA's Quality Assurance Unit will conduct a thorough analysis of the reasons siblings are not placed together. This information will inform the recruitment planning with the private agency partners.

Table 7

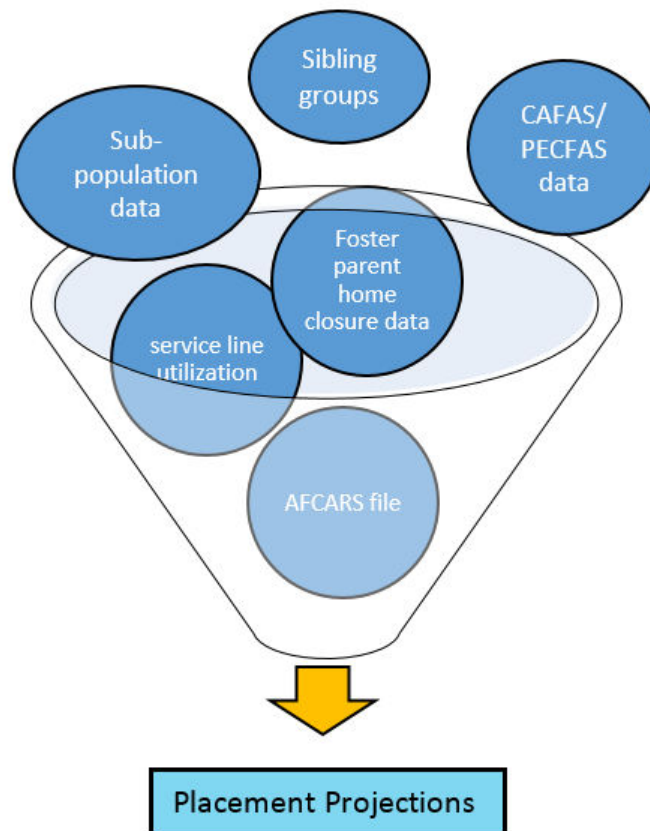
# of Siblings	Total Children	Children Placed with 1+ Siblings	Children Not Placed with Siblings	% Children Placed with Siblings
2	172	126	46	73.20%
3	108	87	21	80.50%
4	60	43	17	71.60%
5	20	13	7	65.00%
6+	30	18	12	60.00%
Total	390⁹	287	103	73.5%

⁹ As of May 31, 2017, the total count of sibling groups was 156; 421 children entered foster care who were part of a sibling group. The total number of children not included in the calculation summary is n=31 (for a remainder of 390) as one or more of their siblings are in one of the exclusion categories (i.e., abscondence, correctional facility, hospitals, ILPs, residential, etc.).

PATHWAY TO THE DESIRED STATE

In the process to identify placement needs by child characteristic, age and gender, and present them in a clear and concise table, CFSA has uncovered limitations to current data collection methods. CFSA is working to identify all data tracking and reporting needs as they relate to placement projections. Key challenges and solutions have been identified.

1. Revise data fields in FACES to more precisely track child characteristics such as pregnant teens, language spoken and youth who identify as LGBTQ.
2. Ensure parity in data collection and reporting by the partner agencies.
3. Refine and more closely align the data collection and tracking processes together to inform the placement projection methodology.



4. Use the revised placement projection methodology to refine and inform the targeted recruitment strategies.

GENERAL RECRUITMENT ACTIVITIES

In analyzing the referral sources During the period of October 1, 2016 to August 31, 2017 that yielded the best results in having individuals/families inquire about becoming a foster parent/adoptive parent, attending an informational session to learn about the process, and submitting an application, the data illustrated that the websites, CFSA recruiters, and word of mouth by existing resource parents produced the best results.

Activity	Inquiries		Attended Orientation		Submitted Application		Licensed Beds	
Events and presentations	28	6%	20	6%	12	6%	5	9%
Faith-based organizations	7	2%	0	0%	5	3%	1	2%
Resource parent referrals	29	6%	29	9%	16	9%	10	19%
Self-referred/walk-ins	5	1%	4	1%	3	2%	1	2%
Recruitment staff	114	24%	81	24%	46	25%	13	25%
Radio	11	2%	5	1%	0	0%	0	0%
Television ads	7	1%	7	2%	0	0%	0	0%
Websites	238	49%	158	47%	96	53%	22	41%
Facebook	4	1%	3	1%	3	2%	1	2%
Loveline	40	8%	30	9%	0	0%	0	0%
TOTAL	483	100%	337	100%	181	100%	53	100%

Based on these four charts, the strategies that will continue to be employed for FY 2018 will include the following:

- Recruiters to continue directing people to both websites for additional information.
- Collaboration with CISA to maintain up-to-date information and stories about resource parents on both websites.
- Continue having recruiters conduct outreach in the community.
- Enhance partnership with current resource parents who continue to generate potential applicants to serve as resource parents.
- Continue advertising and offering incentives to foster parents who recruit prospective resource parents.
- Continue paid advertising on social media.

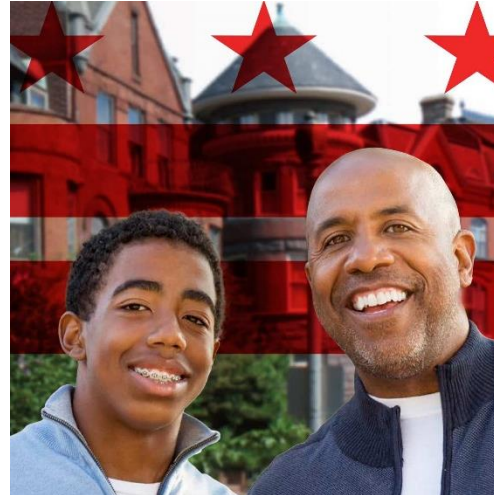
We recognized that the decision to serve as a foster/adoptive parent is a process that for many has taken years to reach. Frequent messaging is a reminder to individuals who have considered fostering but not yet acted. See attached recruitment plan for more detail on the strategies.

TARGETED RECRUITMENT ACTIVITIES

Sub-Population	Strategy	Population	Status
Developmentally Disabled	Partner with the Department of Disability Services (DDS) to review eligible youth, beginning at age 17 rather than age 21, and transfer the placement in the current foster home from CFSA to DDS	32	32 youth in process to transition to DDS
	Development of family-based foster homes for children under 17	28	ongoing
High & Severe Acuity CAFAS Scores	<p>Increase Specialized Opportunities for Youth (SOY) beds with foster parents who are professionals from the following areas: social workers (outside of CFSA), psychiatric nurses, psychiatrists, psychologists, police officers, parole officers, lawyers (not CFSA involved), educators, behaviorists, therapists, community service providers, coaches, and mentors</p> <ul style="list-style-type: none"> CFSA to increase from 15 to 35 beds in FY 2018 NCCF to add 75 additional beds in FY 2018 <p>Addition of two Boys Town group homes for youth who would benefit from more structure and 24/7 supervision (one for males and one for females)</p>	138	outreach underway to current and prospective foster parents; Boys Town contract underway
Medically Fragile	<p>Development of family-based foster homes</p> <ul style="list-style-type: none"> Partner with the DC Chapter of the National Black Nurses Association Host a lunch and learn series with the Department of Behavioral Health's (DBH) network of over 20 providers to highlight the need for families for this population Collaborate with the Dave Thomas Foundation, which has a Wendy's Wonderful Kids recruiter 	27	ongoing
Pregnant & Parenting Teens	<p>Develop five (5) professional foster parent homes where one foster parent will receive a salary to provide foster care services for PPY and their children</p> <ul style="list-style-type: none"> CFSA recruiters attended eight (8) community events Target emails sent to organizations (e.g., Anacostia Council, Teachers Union, retirees and other foster parents who expressed an interest to work with teens) 	46	Eight people registered for info session on 9/26/17
	Open two "host parent" congregate care facilities (10 beds)		SOW release mid-October
	Refine independent living program model		SOW release mid-October

Sub-Population	Strategy	Population	Status
LGBTQ and Transgender	Develop LGBTQ/Trans-friendly, family-based foster homes <ul style="list-style-type: none"> • Provide training and support to families to build capabilities to meet the needs of LGBTQ youth • Partner with LGBTQ community organizations • Target LGBTQ individuals and families through paid advertisements • Provide stories about LGBTQ resource parents who have fostered and adopted to print magazines such as “Gay Parent Magazine” and “Washington Blade” 	~40	ongoing
Spanish-Speaking	Decrease Latin American Youth Center contract from 12 to 10 beds in DC (non URM)	6	ongoing
	Continue use of social media advertisements and commercials on Spanish-language radio stations to reach the Spanish-speaking community. <ul style="list-style-type: none"> • Ads purchased on El Zol 107.9 FM radio and Facebook. 	22	Reached over 40,000 Spanish Speaking individuals; 1,125 clicked to learn more
Sibling Groups	Partner with faith-based organizations to develop family-based foster homes and clusters of resource parents within a community or congregation to support sibling group connections	TBD	15 presentations; 20 expressed interest

Foster and Adoptive Parent Diligent Recruitment Plan 2017-2018



District of Columbia Government
Child and Family Services Agency

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I. Introduction

Pursuant to [Section 422\(b\)\(7\)](#) of the Social Security Act and Section 4.1 of [the Multi-Ethnic Placement Act](#), the District of Columbia Child and Family Services Agency (CFSA) is committed to recruiting foster and adoptive parents who reflect the racial, ethnic, and cultural diversity of children and families being served by the District's child welfare system.¹ To meet this commitment, CFSA works closely with its contracted private agency partners, current resource parents, and other members of the community to recruit, retain, develop, and support a pool of families that meet the needs of children who are placed in out-of-home care.²

The District of Columbia's *Foster and Adoptive Parent Diligent Recruitment Plan* is a comprehensive plan that addresses the following areas:

- A description of the characteristics of children needing foster and adoptive homes
- Description of the current resource parents
- Recruitment targets
- Specific strategies that reach all parts of the community
- Diverse methods for disseminating both general and child-specific information
- Strategies for assuring that all prospective resource parents have access to the home study process, including location and hours of services that facilitate access by all members of the community
- Strategies for training staff to work with diverse cultural, racial, and economic communities
- Strategies for dealing with linguistic barriers
- Non-discriminatory fee structures
- Procedures that ensure a timely search for prospective resource parents awaiting a child, including the use of exchanges and other interagency efforts (provided that such procedures ensure that the appropriate placement of a child in a household is not delayed by the search for a same race or ethnic placement)
- Retention of resource parents
- Recruitment goals and strategies

CFSA's plan further includes details for inter-agency collaboration with partners in neighboring jurisdictions to recruit families for the District's children. In developing the District's Diligent Recruitment Plan, CFSA referred to guidance and tools provided by the *National Resource Center for Diligent Recruitment (NRCDR) for State Foster and Adoptive Parent Diligent Recruitment Plans*.³

¹ The term "children" as used in this document includes birth to age 20, unless otherwise specified for context (e.g., services specific to older youth).

² Collectively, foster and adoptive parents are referred to as "resource parents" throughout this document.

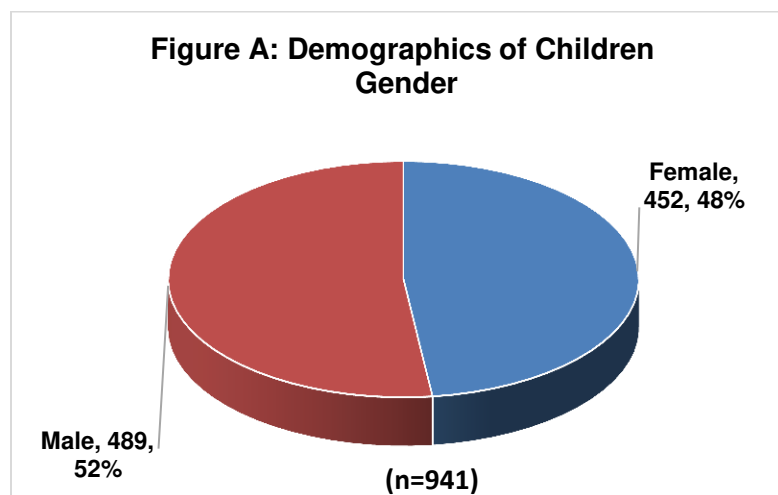
³ www.AdoptUSKids.org

II. Description of Characteristics of Children Needing Foster and Adoptive Homes

As of April 30, 2017, the District of Columbia's child welfare system is supporting 941 children in foster care. Of these children, 52 percent are male and 48 percent are female. Fifty two percent are between the ages of 0-11, and 48 percent are ages 12 and older.

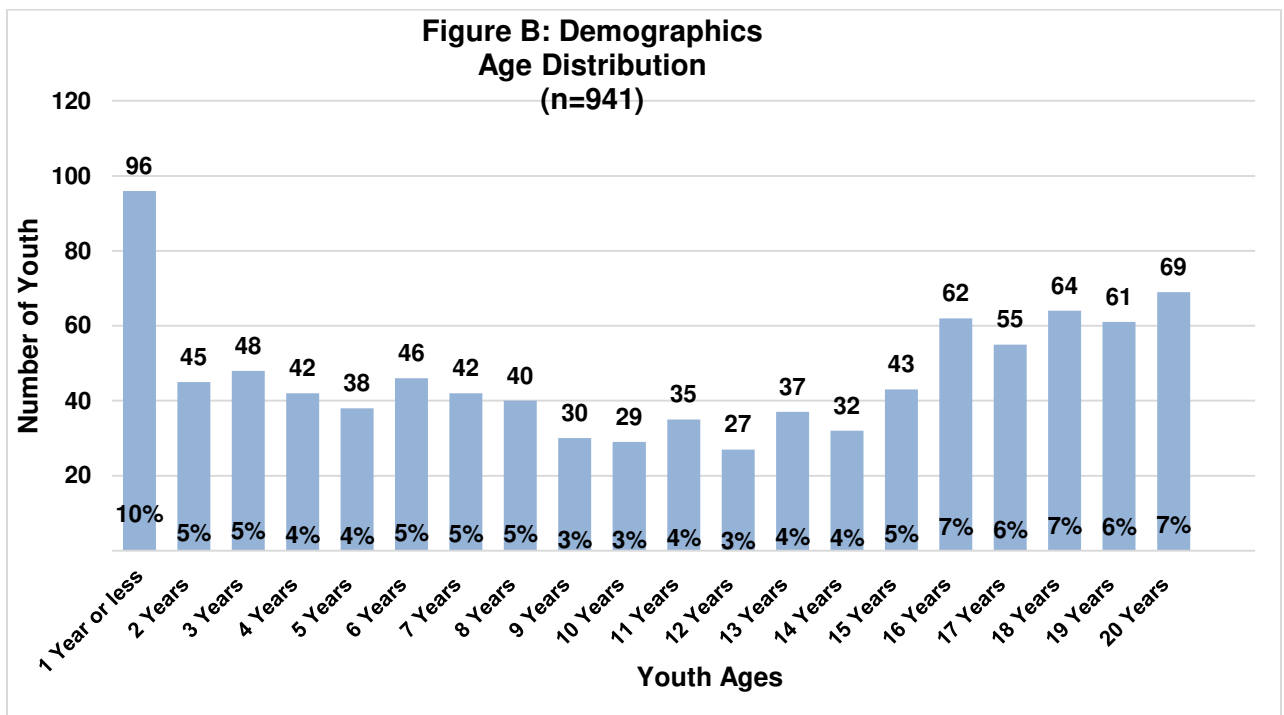
When examining placement types, 84 percent of all children are residing in a family-type setting, which is the preferred placement for children in foster care. Prior to removal from their home of origin, 74 percent of children in out-of-home placement originally lived in Wards 8 (54 percent) and 7 (20 percent). These two wards are the most economically disadvantaged locales in the District.⁴ There are a high percentage of African American children in the foster care population, accounting for 88 percent of the children served by CFSA. Caucasian children represent just 2.9 percent of the foster care population. Within these percentages, an estimated 10 percent of children in care are Hispanic.

Other characteristics not currently being formally tracked include the make-up of older children in foster care who self-identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ). CFSA makes a concerted effort to provide the LGBTQ population with family-based providers who have a solid picture of the characteristics and needs of these and all children entering foster care. CFSA is currently developing plans to consistently track and update child characteristics and demographics, including descriptive statistics on sibling group membership, special needs, primary language, educational level, involvement with special education programs, pregnant or parenting youth, behavioral and mental health conditions, and as noted above, the sexual orientation of the child.

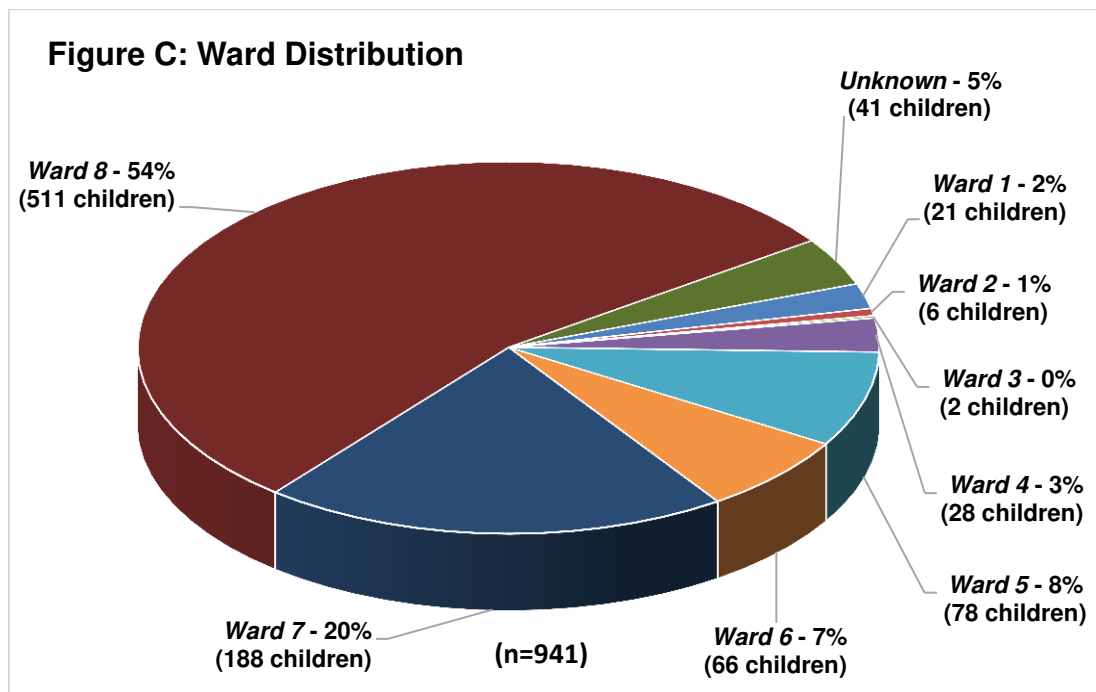


Source: Faces Management Report PLC156, run date May, 15, 2017

⁴Wards 7 and 8 contain the second and first (respectively) highest overall child populations within the District of Columbia.

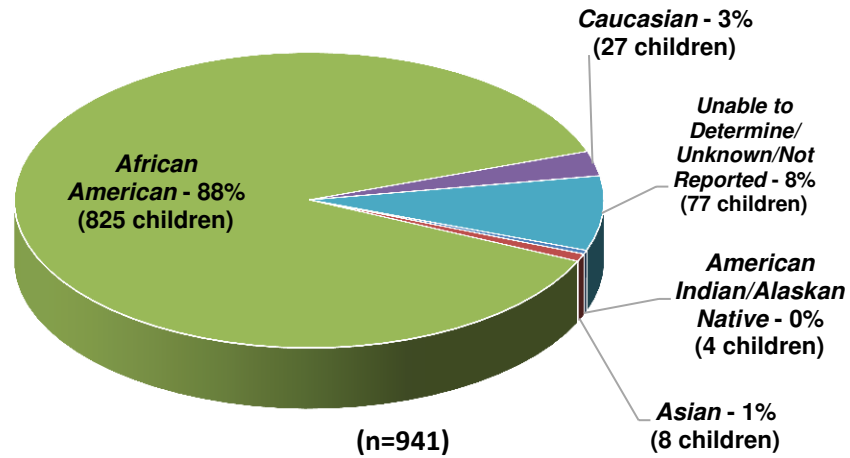


Source: Faces Management Report PLC156, run date May 15, 2017



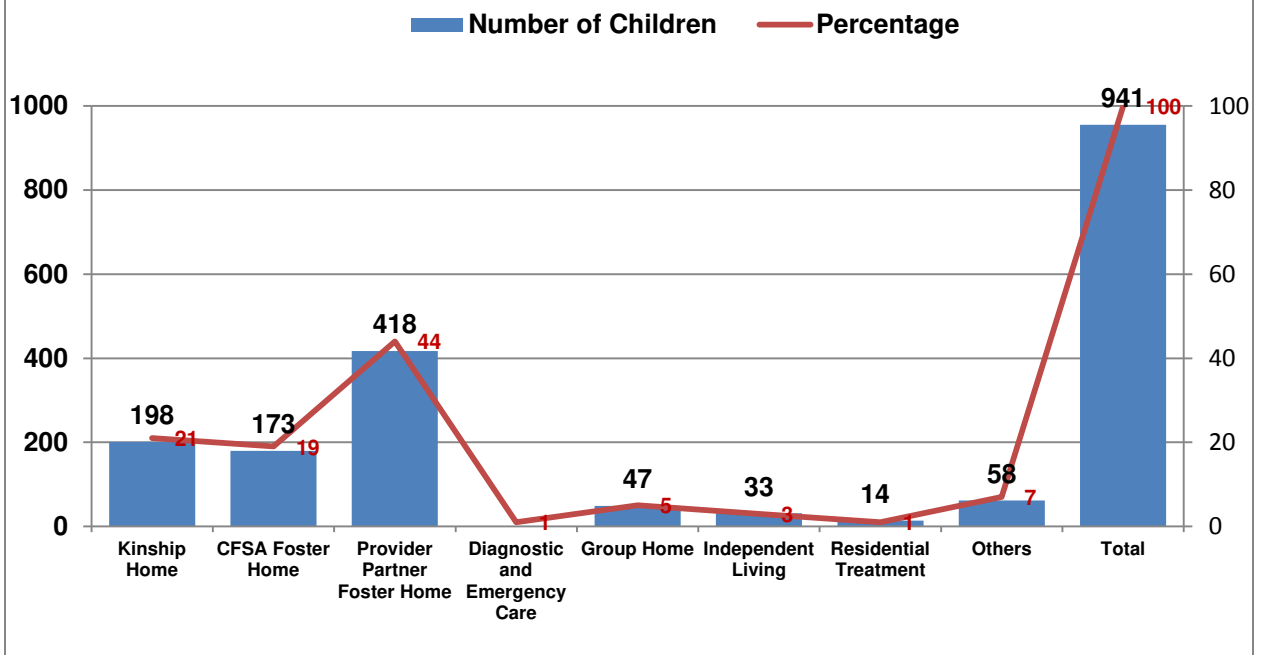
Source: Faces Management Report PLC156, run date May 15, 2017.

Figure D: Demographics - Race



Source: Faces Management Report PLC156, run date May 15, 2017

Figure E: Placement Type



Source: Faces Management Report CMT232, run date May 15, 2017

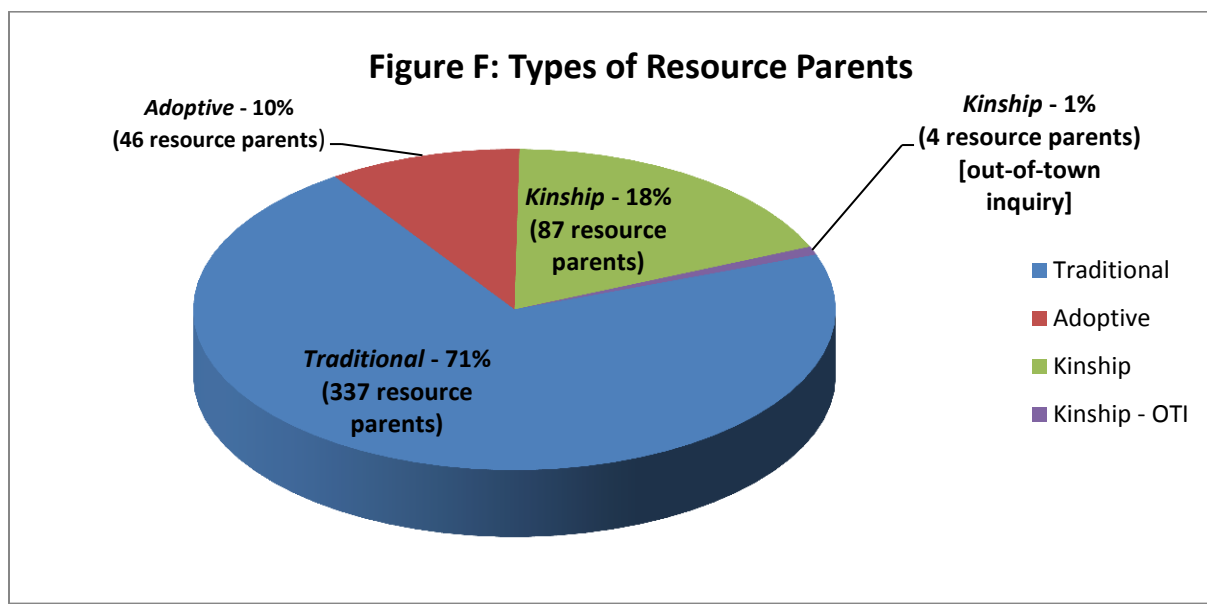
III. Description of Current Resource Parents (Kin, Foster, and Adoptive)

CFSA continues to develop a pool of potential resource parents who are willing and able to foster or adopt children in need of placement. Currently, CFSA contracts with seven private agencies to provide out-of-home services in DC and Maryland for approximately 50 percent of the children in CFSA's legal custody. After review and consideration of capacity and quality care, CFSA elected to release a Request for Proposals (RFP) in March 2017 with the goal of decreasing its provider base from seven to one individual provider for all District children placed in family-based homes in Maryland. As the Agency prepares for this shift during fiscal year (FY) 2018, it is also standardizing how it captures and reports the demographics of foster parents to internal and external stakeholders (e.g., AFCARS reporting requirements).⁵ Standardizing will provide a more accurate demographic picture of CFSA's current pool of foster and adoptive families (described in the chart below). CFSA will continue to provide case management for children placed in the District, in addition to continuing its dedicated efforts towards recruitment, retention, and support of District foster parents.

Kinship Resource Parents

When children cannot remain safely at home with their parents, placement with relatives is preferred over placement in non-relative foster care. CFSA has made finding kin a top priority, and therefore established the KinFirst program to expedite the process of locating and engaging willing and able relatives to care for children who must be placed in foster care. A part of the Kinfirst program, the process of identifying kin begins when a CPS social worker first encounters an emergency situation or imminent risk to safety of a child that requires their temporary removal from home. Family members are actively engaged in identifying other family members from the onset who may be able to care for the child or youth. This includes immediate and extended family members and maternal and paternal relatives. To aid in identifying and locating kin, CFSA's Diligent Search Unit explores a number of databases and resources, such as social service records and on-line directories to find relatives who may be able to provide care for the child. As of April 30, 2017, 197 out of 941 children (21 percent) in the District's child welfare system were living with kin.

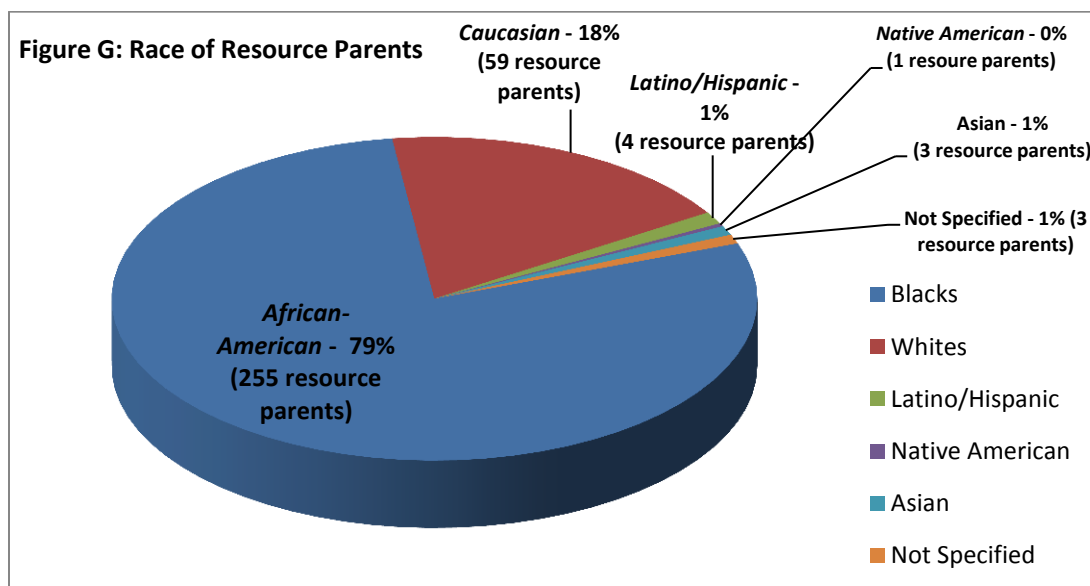
⁵ AFCARS stands for the Adoption and Foster Care Analysis and Reporting System, which collects case-level information from state and tribal title IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency involvement.



Source: Family Resources Division, Foster Parent Support Unit, Resource Parent Data

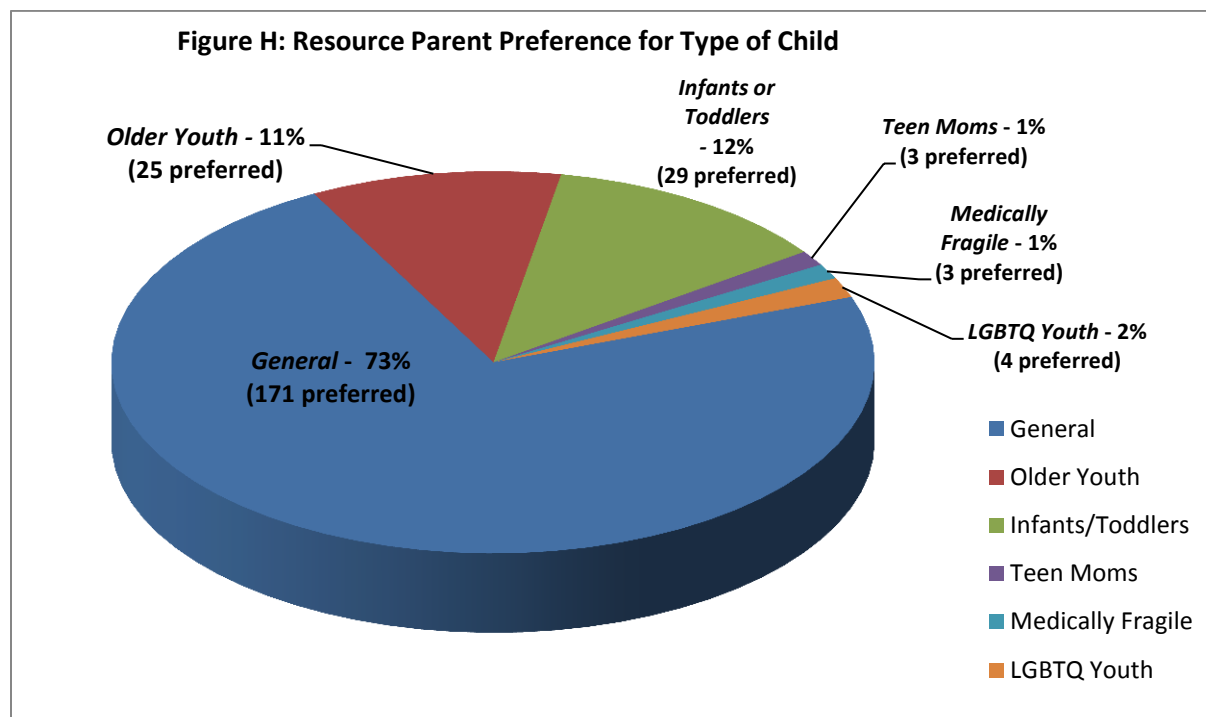
Foster and Adoptive Resource Parents

Individuals and families are dually licensed in the District for both foster care and adoption. Of this population, the ethnic diversity resembles the demographic of children in foster care. For example, there are currently 255 foster and adoptive homes in the District comprised of 325 resource parents. The parents are all English-speaking and predominantly African American (255/325 = 79 percent), similar to the 88 percent of children in care). Also, similar to the demographics of the children in care (Figure D: Race), the foster parent population has not varied much demographically. It continues to mirror the population of children being served.



Source: Family Resources Division, Foster Parent Support Unit, Resource Parent Data

Furthermore, as depicted in Figure H below, the parents overwhelmingly did not specify the characteristics of a child for whom they were willing to provide care (68 percent, 171/251) in comparison to 34 percent (80/251). The general category covers families who have not specified that they would prefer to care for a specific “type” of child (e.g., sibling group, teen mom, infants).



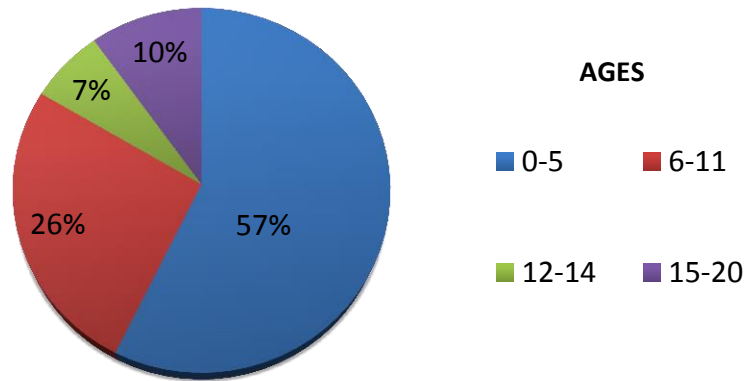
Source: Family Resources Division, Foster Parent Support Unit, Resource Parent Data

In regards to preference for type of child, most of the 68 percent of the resource parents did not specify the characteristics of a child for whom they were willing to provide care; rather they selected “general.” The “general” category covers families who have no specific preference of the type of child in which they prefer to provide care. As illustrated in Figure H, resource parents did in fact specify a preference in the type of child in which they wished to provide care.

IV. Recruitment Targets

In order to design effective, tailored recruitment strategies to address the placement needs of children in foster care, CFSA analyzed data of initial entries and re-entries placement of children. Figures I and J demonstrate the data gathered on children entering and re-entering foster care from May 2016 to April 30, 2017. The data was categorized into four age groups: 0-5, 6-11, 12-14, and 15-20. During the evaluated period, there were 302 children and youth who entered care and 60 children and youth who required re-entry placements as noted in the graph below.

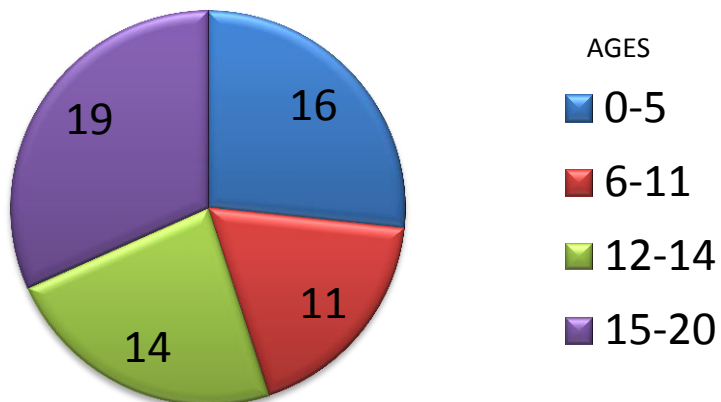
Figure I: Initial Entry Percentage



Source: Faces Management Report PLC208, run date May 15, 2017

Ages	Initial Entry	Total Children	Percentage
0-5	173	302	57%
6-11	79	302	26%
12-14	20	302	7%
15-20	30	302	10%

Figure J: Re-Entry Percentage



Source: Faces Management Report PLC208, run date May 15, 2017

Ages	Total Re-Entry	Total Children	Percentage
0-5	16	60	27%
6-11	11	60	18%
12-14	14	60	23%
15-20	19	60	32%

After the review of data, higher initial placements were identified for younger children, ages 0-5. This age group represented 57 percent of initial placements, followed by children between the ages of 6-11 at 27 percent. Based on the data on re-entry placements teens between the ages of 12 to 20 accounted for 55 percent of this type of placement. As a result, targeted recruitment strategies were developed and modified based on the data collected. In addition, quarterly quality review meetings that evaluated placement needs for children and adolescents, identified large sibling groups with four or more children, medical fragile children and LGBTQ youth, as requiring ongoing requirement efforts.

Younger Children (ages birth to 5)

Children age birth to 5 represent 27 percent of children in foster care. However, between May 2016 and April 2017, initial placements for this age group were 57 percent. Although more than 50 percent of the current pool of resource parents is willing to accept placement for this age population, more homes are needed to accommodate the high rate of initial placements. Strategies around developing resources for younger children include connecting prospective resource parents with community partners servicing this specific age range. One such partner is Rainbow Families. Their Maybe Baby program is an eight-week class designed for prospective LGBTQ parents, single or partnered, who are considering parenthood and interested in learning more about the options for building a family, as well as early intervention and child care providers to present the need and encourage them to become a resource for the population.

Additional recruitment strategies for this population include paid advertisements on social media targeting professionals and parents who might be interested in caring for this age group, as well as providing an incentive to existing resource parents to refer individuals/families who can care for this target population of young children needing homes.

Older Children (12 and above)

Adolescents from age 12 and over represent 49 percent of the population of children currently in care. Recruitment and retention of resource homes and parents for this population is a consistent need. CFSA applies both general and tailored recruitment strategies to ensure that older youth have an opportunity to be placed in a family-type setting for optimal care. These strategies include using focus groups with teens, resource parents who specialize in working with teens, and community advocates to obtain critical feedback. Their collective feedback has

helped the recruitment team identify the needs of older youth and the qualities and skills needed by resource parents for this population. Teens also aid recruiters during presentations in the community, interview with recruiters on the radio, and share ways that prospective resource parents can work effectively with them during the twice-monthly information sessions. Child-specific matching parties also have been an effective strategy to bring together older youth with the goal of adoption and adoptive parents for possible permanency.

Medically Fragile Children

Although medically fragile children compromise a small number of the foster care population, with a count of 31 as of June 2017, those who do come into care require specialized attention. Development of foster and adoptive homes for these children remains a steady priority. Both general and child-specific recruitment efforts are incorporated into the plan for this population via CFSA's collaboration with the DC and Maryland chapters of nurses unions. For example, the DC Chapter of the National Black Nurses Associations has been partnering with recruitment staff to present at large audience events where nurses are present. The association also sends a newsletter out to over 3000 nurses, and includes information on the need for able resource parents to care for medically fragile children in foster care.

In addition, the child-specific recruitment team has been collaborating with the Dave Thomas Foundation, which has a Wendy's Wonderful Kids Recruiter monitoring the permanency progress of medically fragile children from adoption matching to adoption finalization. Medically fragile children are also profiled on national websites that help promote adoption of the children throughout all 50 states. These websites include www.adoptionphotolisting.com, www.adoptamericanetwork.com, and www.adoptuskids.org. As the result of such recruitment efforts and strategies, three medically fragile children have been adopted thus far in FY 2017.

Sibling Groups

CFSA understands that maintaining sibling relationships is essential to an individual child's well-being. The Agency therefore makes every effort to place siblings together whenever possible. As of April 30, 2017, of the 451 children in care with siblings, 293 children were placed with one or more of their siblings. CFSA routinely assesses and tracks the placement of siblings to determine trends and to make improvements in this area wherever needed. Although the Agency has been successful in the placement of sibling groups of two, placing sibling groups of three or more continues to be a challenge. DC regulations limit the licensing capacity for some foster homes because of space. The regulations also limit the number of birth children and foster placements in a home. Maryland has over placement requirements for large sibling groups. While more than 50 percent of the homes created during FY 2016 had a capacity of more than one, none exceeded a capacity of three.

To help large sibling groups stay connected and interact with their siblings, recruitment strategies have included partnering with faith based organizations to develop clusters of foster parents within a community or church to support this target group. For example, recruitment has partnered with the Anacostia Coordinating Council, under the council, recruitment is currently working with 40 to 45 churches to help message and encourage their parishioners to work collectively to become resource parents for siblings. Information on the need for this group is included in their quarterly newsletter and the dates and time of the recruitment informational sessions are included on their monthly community calendar. Presentations at civic associations in each of the 8 Wards are another strategy to target audiences to raise awareness of the need for resource parents for sibling groups.

Sibling Group Data as of May 31, 2017

# of Siblings	Total Children	Children Placed with 1+ Siblings	Children Not Placed with Siblings	% Children Placed with Siblings
2	172	126	46	73.20
3	108	87	21	80.50
4	60	43	17	71.60
5	20	13	7	65.00
6+	30	18	12	60.00
Total	390⁶	287	103	73.5

African American Children

African American children represent a high percentage of youth in the District's child welfare system with a total of 88 percent. In addition, 75 percent of the children come from only two Wards in the District: Ward 7 (21 percent) and Ward 8 (54 percent). These Wards also make up the largest pool of resource parents (30 percent). In general, 79 percent of foster parents self-identify as African American. Recruitment efforts have focused on targeting this group through social media, African American associations and sororities, and historically African American faith-based organizations. CFSA has been successful in recruiting this pool to reflect the predominant population of children in need of African American resource parents.

⁶As of May 31, 2017, the total count of sibling groups was 156; 421 children entered foster care who were part of a sibling group. The total number of children not included in the calculation summary is n=31 (for a remainder of 390) as one or more of their siblings are in one of the exclusion categories (i.e., abscondence, correctional facility, hospitals, ILPs, residential, etc.).

Hispanic Children

Hispanic children comprise approximately nine percent of the District's foster care population. Although this number is much lower in comparison to African American children, CFSA recognizes the importance of placing children with families who share their language and cultural identity. To meet the needs of this population, recruiting and retaining Spanish-speaking resource families is a priority. Through a contract with the Latin American Youth Center (LAYC), CFSA works to recruit Hispanic and Spanish-speaking resource parents. Ongoing recruitment efforts have been designed to increase the pool of Hispanic and Spanish-speaking resource families including paid social media advertisements and commercials on Spanish-language radio stations.

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Youth

In 2011, the CFSA LGBTQ Task Force launched the *Connecting Rainbows Initiative* to establish programs, resources, and activities to support the LGBTQ population. Since the commencement of the *Connecting Rainbows Initiative*, the number of LGBTQ foster and adoptive parents increased from 12 percent to 25 percent. CFSA also developed a survey to gather data on the number of LGBTQ youth in foster care; 40 youth self-identified as being LGBTQ. The District of Columbia Youth Risk Behavior Survey (YRBS) continues to be an integral tool to collect data on our students in middle and high schools. Data from the 2015 YRBS survey shows how the District's high school students self-identify as LGBTQ: Gay/Lesbian 3.8 percent, Bisexual 10.1 percent, and Transgender 2.6 percent. Proven strategies for developing resource parents who accept and are supportive for this population will continue, including partnering with LGBTQ community organizations, targeting LGBTQ individuals and families through paid advertisements, providing stories about LGBTQ resource parents who have fostered and adopted to print magazines such as "Gay Parent Magazine" and "Washington Blade", and conducting focus groups with existing LGBTQ resource parents to gather feedback on recruitment.

V. Specific strategies that reach all parts of the community

Recent work with the marketing firm, Reingold LINK, along with tools from the NRCDR (cited earlier) helped CFSA to establish diverse strategies for disseminating resource parent recruitment information throughout all communities across the District. The following general recruitment strategies have outlined activities for CFSA and helped to build public interest and awareness:

- Continue to utilize social media, advertising, and community outreach to engage and attract District and Maryland residents to informational sessions.
- For large-scale recruitment events, work with community partners, such as civic associations in each Ward in DC and counties in Maryland, sister government

agencies (e.g. Department of Motor Vehicles, Department of Transportation, DC Public Schools, Department of Health, and the DC Housing Authority), professional unions and associations (e.g., Blacks in Government, American Federation of Government Employees, Jewish Community Center Association, Pleasant Plains Civic Association, Anacostia Coordinating Council, Bloomingdale Civic Association, Fairlawn Citizen Association, Woodridge Civic Association, Parkside Civic Association, DC Nurses Association, Black Nurses Association, National Association of Social Workers, District of Columbia State Athletic Association, and the DC Chapter of the National Black Nurses Association), law enforcement, and faith-based organizations.

- Advertise on radio stations that have a large audience in the District of Columbia and Maryland to broadcast messages and attract prospective resource parents to CFSA and to its contracted agency partners.
- Advertise on radio stations that have a large audience of Hispanic listeners (to increase the pool of Hispanic resource families).
- Partner with DC Cable and DC TV to message and provide videos on becoming a resource parent.
- Team with resource parents to recruit additional resource parents from the District and Maryland by speaking during information sessions.
- Continue conducting focus groups with existing resource parents for brainstorming on the recruitment of prospective resource parents, as well as evaluating, informing, and improving Agency capacity for supporting all resource parents as they care for the children in their homes.
- Equip new and current partners with new marketing collateral, which is used to communicate important information about the need for resource parents and support recruitment efforts such as brochures, rack cards, and a calendar of scheduled informational sessions.
- Continue to identify popular community gathering places for CFSA recruiters to target educational outreach.
- Consistently assign new resource parents to the Family Connections' clusters and the Mockingbird constellations to provide mentoring, monthly activities, and respite, when needed.
- Conduct data analysis to get a clearer picture of how many prospective resource parents attracted through social media actually complete the licensure process.

VI. Diverse methods for disseminating both general, child-specific, and targeted recruitment information

As noted throughout the document, CFSA's recruitment plan provides for general and child-specific recruitment efforts. General recruitment is designed to educate the community about the following information:

- Purpose, goals, policies, and practices of the Agency regarding child protection, foster care, and adoption
- Characteristics of children needing foster and adoptive homes
- Types of homes needed to provide temporary and permanent placements for children in care
- Skills needed to nurture and support children and teens in foster care
- Requirements for licensure

CFSA also ensures that child-specific recruitment efforts are designed to elicit a response from the community about the foster and adoptive placement needs of specific groups of children. The following activities are outlined for CFSA to ensure diverse methods are used for disseminating both general and child-specific information:

- Maintain the Agency website, Facebook, Twitter, and other social media accounts to disseminate information to potential, interested community members.
- Maintain the toll-free telephone line for community members to inquire about becoming resource parents.
- Utilize social worker recruiters to conduct one-on-one, in-home informational sessions to prospective resource families and then monitor resource families from orientation to licensure.
- Demonstrate through "mapping" the process from recruitment to licensure to adoption. The mapping includes all the required steps of each process, barriers that may impede the process, and personnel to support resource parents in the process.
- Continue presenting and tabling at meetings of faith-based and civic organizations that are located in District Wards 7, and 8, which are the neighborhoods from which most children in foster care originate.
- Provide promotional literature and materials about fostering and adopting to community-based service organizations that are located in marginalized neighborhoods and that have a community profile and network of volunteers who could serve as ambassadors to fostering and adopting parents.
- Plan promotional events in the District that raise awareness about CFSA's mission and programs, especially during National Foster Parent and National Adoption Months.
- Continue steering licensed resource families to photo-listings of websites like AdoptUsKids, Wednesday's Child, Heart Gallery, and Adoptdckids, and continue timely engagement of families interested in unique children.

- Frequently update the following national websites with information on CFSA clients to promote adoption throughout all 50 states: www.adoptionphotolisting.com, www.adoptamericanetwork.com (where CFSA features medically fragile children), and www.adoptuskids.org.
- Continue using the CFSA-funded Post-Permanency Center to provide support for families before, during, and after adoption, while also promote the following services: integrated therapy, individual counseling, support groups, information, a resource library, etc.
- Continue offering short-term and long-term support for adoptive families, even years after adoption finalization.
- Continue to examine and research resources from community organizations and current CFSA partners across the city and identify opportunities for enhancing current partnerships or forming new ones.

VII. Strategies for assuring that all prospective resource parents have access to the licensing process, including location and hours of services that facilitate access by all members of the community

Prior to the licensure process, CFSA advertises the foster and adoptive parent recruitment line (202-671-LOVE) on its webpage, Twitter page, Facebook page, recruitment brochures, and other literature. Prospective resource parents can also visit a CFSA-specific website, www.fosterdckids.org, to learn more about becoming a resource parent. For those who call the “LOVE line,” prospective resource parents first speak with a social worker recruiter who answers any questions and provides location and timing of information sessions. CFSA holds information sessions every second Saturday and Fourth Thursday of each month (except in November and December where it is only offered once a month due to holidays).

Participants learn about caring for children in foster care, the licensing process, and the multiple supports that CFSA provides resource parents who have children placed in their homes. These sessions are important opportunities for individuals and couples to discern whether fostering or adopting are right for them. Every CFSA-contracted agency also has an orientation meeting or class to acquaint prospective resource parents with the licensing process. At the conclusion of each informational session, prospective resource parents (PRP) have the option of completing an application and registering for pre-service training.

In addition, an evaluation that addresses the orientation process is provided to PRP. Data is collected on how the steps were conveyed during the process. This helps to learn whether the information was communicated effectively, and that the PRP gained a better understanding of the process as well as of the support available to resource parents. According to the evaluations completed from October 2016 to April 30, 2017, 92 percent of the evaluations

completed reported that the orientation sessions were informative, clear and provided them with a better understanding of the process. Overall 95 percent indicated that the presentations from current resource parents were the highlight of the orientation session and made the discussion even more meaningful.

When prospective resource parents begin the licensure process, they receive the nationally recognized, evidence-based pre-service training titled, Trauma-Informed Partnering for Safety and Permanence Model Approach to Partnership in Parenting (TIPS-MAPP). Adoptive parents participate in the same pre-service and in-service classes as all CFSA and private provider foster parents. Pre-service training is conducted by Child Welfare Training Academy (CWTA) during weekday evenings and on weekends to accommodate the schedules of prospective parents and alleviate barriers to complete training.

Simultaneously, CFSA and its contracted agencies assign a social worker to conduct and write the home study. The licensure/home study social worker will work with the applicants to have all the licensure paperwork completed as seamlessly as possible during the first few sessions of pre-service training. Both CFSA and some of the contracted agencies allow for application materials to be submitted online. In addition, the social workers conduct at least two to four home visits, interviews the entire households, gathers references, clearances and write the home study.

CFSA's also ensures that resource parents are aware of all upcoming pre-service and in-service trainings by dissemination of course offerings through various avenues, including online information, monthly private agency meetings, and quarterly hard copy mailings of the CWTA internal newsletter, "*The SOURCE*." These avenues ensure that relevant information about training courses, events, and sessions are communicated effectively across CFSA and the private agencies.

VIII. Strategies for training staff to work with diverse cultural, racial, and economic communities

As noted above, CWTA provides pre-service training to new resource parents (as well as new social workers). Pre-service training specifically includes a session on cultural competence and responsive practice. Emphasis is placed on participants' self-awareness about their own and others' cultures, their own beliefs and actions (conscious and unconscious), and how these may or may not reflect cultural responsive behavior. The module also focuses on the ladder of inference, cultural competence concepts, cultural interviewing, and the use of cultural tools for working with families.

In addition to this training, CWTA offers standalone in-service trainings that address cultural awareness as described above. There is also a course entitled, *Emptying the Cup: Understanding the Impact of Intergenerational Trauma*. Lastly, CWTA is expanding the cultural competency pre-service training to include discussion on family economic security.

The following ongoing strategies are included for providing staff with the knowledge and skills to work in a diverse cultural, racial and varying economic community:

- Refine and create training opportunities related to client diversity, including socio-economic and cultural differences.
- Record and monitor training offerings and attendance of staff at relevant trainings, including the Cultural Diversity course.
- Collaborate with local resource parent associations (i.e., the Foster and Adoptive Parent Advocacy Center and the District of Columbia, Metropolitan Foster/Adoptive Parent Association).
- Provide mandatory staff and resource parent training on working with older children and youth who self-identify as LGBTQ.
- Participate in quarterly Advisory Neighborhood Council (ANC) meetings to address unique needs or challenges related to diversity, poverty, or culture.

IX. Strategies for dealing with linguistic barriers

In line with the DC Language Access Act of 2004, CFSA provides translation and interpretation resources to all individuals with limited English proficiency (LEP) as well as non-English proficient (NEP) residents, ensuring that both populations have full access to translation services. To ensure full access, the Agency employs a language access coordinator who trains staff on how to ensure compliance with this law, and further maintains a contract with a company to provide translations. In addition to face-to-face interpretation services, telephonic interpretation services are available when interpretation is needed over the phone rather than in person. CFSA also provides for the written translation of vital documents into any alternate language that reflect the Agency's greatest need (e.g., Spanish). Prospective resource parents who speak Spanish will also receive licensing training and support through the Latin American Youth Center (LAYC), which is a contracted CFSA service provider that works with young Spanish-speaking immigrants and immigrant families to ensure appropriate services are provided as needed.

To meet their needs of this growing Hispanic population, CFSA ensures that information and the provision of services is provided in Spanish. Moreover, in efforts to recruit and retain Spanish-speaking families CFSA is committed to the following activities:

- Maintain the contract for and utilize “Language Access,” which is a statewide contract for access to translators, when needed.
- Utilize community stakeholders and internal Agency resources to assist clients with translation whenever possible.
- Continue to make forms and other informational tools available in alternative language formats that reflect the community’s greatest need.
- Identify and engage different cultures in recruitment and awareness of information related to CFSA and its work.
- Conduct focus groups with existing Hispanic families to help with recruitment in Hispanic communities such as Columbia Heights in the District of Columbia.
- Partner with the Mayor’s Office of Latina Affairs in messaging the need for Hispanic resource parents on their website.
- Partner with Hispanic Social Workers of CFSA who directly work and serve families to participate with recruiters during upcoming El Zol Health Fair, Immigration Town Hall, and other heritage events in the community.
- Increase media outreach to Spanish-speaking media.
- Provide Spanish language translation to assist Spanish-speaking applicants in completion of the licensing process.
- Provide cultural training to social workers to assist them in understanding and supporting Hispanic resource parents.
- Increase placement of Hispanic children in Hispanic homes when it is culturally appropriate for child.
- Spotlight CFSA’s Hispanic resource families on websites and advertising in print and online publications.
- When appropriate, encourage existing resource families to identify an informal support for translations.
- Collaborate with Hispanic staff at CFSA and contracted agencies to participate in DC or Maryland civic associations in Hispanic communities to message the need for diverse resource families for children in foster care.

In addition to the above, CFSA social workers now enter linguistic demographics into the Agency’s statewide automated child welfare information system (SACWIS). In April 2017, the Agency also added a question on the resource parent application to capture the linguistic demographics of prospective resource parents. Resource parents will also be asked to indicate whether they are hearing impaired and/or have the ability to use sign language. This information will allow the Agency to cross- reference linguistic demographics to identify recruitment needs that support the placement matching process.

X. Non-discriminatory fee structures

CFSA's non-discriminatory fee structure allows families of various income levels the opportunity to become resource parents. Applicants do not incur any costs related to the licensing process. For example, Trauma Informed Partnering for Safety and Permanence-Model Approach to Partnerships in Parenting (TIPS/MAPP) training is provided to all applicants at no cost. There is also no cost related to fingerprint and background checks through the FBI as well as the District's Child Protection Register. As part of the home study process, prospective resource parents, including prospective kinship caregivers receive fire inspections and lead inspections at no cost. Similarly, contracted agencies license potential resource parents at no cost. The Agency does not anticipate this to change in the immediate future.

XI. Procedures that ensure a timely search for prospective resource parents awaiting a child, including the use of exchanges and other intra-agency efforts (provided that such procedures ensure that the appropriate placement of a child in a household is not delayed by the search for a same race or ethnic placement)

CFSA has procedures in place that ensure a timely search for prospective resource parents awaiting a child, including the use of adoption exchanges, that provides services to connect families with children awaiting adoption and other intra-agency efforts. Although adoption exchanges are being accessed in more than half of all adoption cases, they are not the leading resource to an adoption in the District. CFSA attributes this to the wealth of resources and kinship families in the District available to adopt children. As a result, cross-jurisdictional resources are used on a case-by-case basis. Staff is informed about exchanges during pre-service training. To ensure this information is being used, CFSA conducted a recent survey that revealed the following utilization of cross-jurisdictional resources:

Resource	Utilization
www.adoptdckids.org	Frequent use (in 70 percent of cases)
www.adoptiontogether.org/heartgallery	
www.adoptuskids.org	
http://www.barkeradoptionfoundation.org/	Sometimes use (in 50 percent of cases)
www.adoptionphotolisting.com	
www.adoption.com/photolisting	
Private Agencies (licensed through CFSA)	
www.adoptamerica.org	Occasional use (in 30 percent of cases)
www.adoptiontogether.org	

In FY 2016, 110 children achieved a permanency goal of adoption. Approximately 20 of these children were successfully adopted using an adoption exchange resource. The decision to utilize an adoption exchange is made by staff when it is determined to be the best method for matching a child to a family. As noted above, this decision is made on a case-by-case basis. There are no barriers to the interjurisdictional placement of children if deemed appropriate. Staff first explores (and exhausts) all local and out-of-state family contacts before matching children based on the profile and needs of the child and the resources available, specifically home studies within CFSA. The following efforts are specific to this process:

- Assigning children with the goal of adoption to a child-specific recruitment social worker who ensures development and monitoring of an “individual recruitment plan.”
- Holding staff meetings to assess the progression of an adoptive placement at 30, 60, and 90 days of initial goal change, ensuring that children are placed in a pre-adoptive home within 9 months of a goal change to adoption.
- Maintaining profiles on www.adoptdckids.org, which features children available for adoption, keeping profiles on the site up-to-date, and responding to inquiries from the public.
- Maintaining the Heart Gallery, which displays professional-quality photographic portraits of waiting children. This travelling exhibit continuously spends two weeks or more in various public venues around the city.
- Scheduling and facilitating background conferences with potential adoptive resource parents to provide full disclosure about the child and to directly meet and hear from the service providers working with the child.
- Providing training on both the Multi-Ethnic Placement Act and the Interethnic Placement Act to District and Maryland provider staff.
- In collaboration with CFSA’s ICPC administrator, producing clear policy and practice on engaging private, out-of-state agencies for potential adoptive placements.

XII. Resource Parent Support and Retention

CFSA’s Foster Parent Support Unit (FPSU) is a vital and valuable partner in the recruitment and retention process. FPSU provides on-going support to licensed resource family providers with the goal of viable long-term retention. Included in these efforts is the collaborative relationship between FPSU workers and resource families in which both parties can address issues that impact a resource family’s ability to provide optimal foster care services. FPSU workers also make an effort to reduce stress and frustration for resource parents by providing assistance for navigating both internal and external systems. Further, they educate and empower resource parents to effectively advocate on behalf of children while working in partnership with all team members. All support staff are professionals who receive a minimum of 40 bi-annual hours of continuing education training hours that help keep them abreast of social, cultural, and child

welfare trends relevant to the District's child welfare population. Training opportunities are offered internally via CWTA and approved external resources.

FPSU also employs tools and strategies to help the Agency in its mission to maintain and grow a capable network of resource family homes for District wards. For example, there is a network of support offered to resource parents through the *Mockingbird* and *Family Connections'* programs, both of which provide peer support and services, respite care, and support groups to over 200 resource parents. Moving forward, the Agency will continue to leverage computer and mobile technology to facilitate access to services, resources, and information for foster, kinship, and adoptive parents. Below are existing strategies CFSA will continue to employ with the goal of retaining and supporting all resource families:

Quarterly Resource Parent Journal

FPSU publishes this quarterly informational tool to highlight pertinent Agency-related topics and other information useful for resource parents. The journal also promotes the importance of a shared partnership between the Agency and the resource parent community, helping to facilitate positive teaming relationships among Agency and resource parent stakeholders.

Mockingbird Family Model (MFM) and Family Connections Programs

MFM and *Family Connections* are two foster parent support models based on the *extended family* concept where a "Hub" family (or "Cluster Lead" in the *Family Connections* program) provides peer support services, including occasional respite care, for four-to-ten other District "satellite resource homes." The MFM cluster in particular is a mutual support network that benefits resource parents by providing supportive relationships with other caring adults who can both nurture and protect children outside of their immediate foster home placement. This cadre of supportive adults minimizes placement disruptions and enhances the overall experience of resource parents, which increases retention rates.

The MFM and Family Connections' programs also feature a combined formal support group for Hub and Cluster Lead parents. The support group is an ideal forum for exchanging information and providing peer support on issues that are unique to resource families who are in leadership roles in the two programs.

Daycare

CFSA understands the unique challenges that come with recruiting homes for children under school age due to the need for daycare for working resource families. In order to recruit and support families for these children, the FPSU supports resource families early on in the development of a daycare plan prior to accepting any placements. Included in the plan is the identification of an identified back-up person for temporary assistance with child care in the event of delays in the start of daycare. Mockingbird families can also serve in this supportive

role temporarily. FPSU also collaborates with social workers to assist with connecting to the early education specialist who will aid in identifying day care. FPSU will continue to strengthen the network of supports in this area.

Peer-To-Peer Mentoring Group

This program is designed to provide an additional layer of supportive services for newly licensed resource families. The program allows for one-on-one interactions with an experienced resource parent who is able to address questions from a parent's prospective. The "peer mentors" have experience both fostering and navigating internal and external systems. Each mentor is a volunteer who has committed to make themselves available to new resource parents via phone or face-to-face contacts, providing insights that include but are not limited to fostering, working with social workers, engaging service providers, and sharing community resource information.

Annual Retention Activities

FPSU hosts several annual events that promote retention and recruitment of new resource parents. These events allow children and families to engage in fun and relaxing activities. These activities include the Foster Care Month celebration (e.g., Odyssey boat rides on the Potomac River), an annual back-to-school event, and a winter holiday celebration.

Linkage with Community Supports

CFSA encourages all resource families to become active participants in community organizations such as the DC Metropolitan Foster Adoptive Parent Association and the Foster Adoptive Parent Advocacy Center. CFSA partners with both organizations, including organizing the annual back-to-school event, identifying families for focus groups, and sharing information.

Effectiveness of Resource Parent Support and Retention Strategies

FPSU uses a combination of qualitative and quantitative measurement and information gathering tools to assess the overall and ongoing success of its various strategies.

Weekly Benchmark Review

CFSA intensely tracks progress on key resource parent support benchmarks via weekly summary reports on related activities. Certain process-specific benchmarks, such as the number of home visits, phone calls, and emails exchanged between resource parents and their assigned family support workers, have a direct correlation on the resource parent experience and subsequently, overall retention. If contact is made regularly, attrition becomes less likely. CFSA monitors all of these activities and summarizes them in a weekly report.

FPSU also documents and tracks every instance where a resource parent support service, such as respite care, was provided. This monitoring allows the Agency to assess utilization, to identify service gaps, to project future needs, and to plan for future allocation of Agency resources accordingly.

For MFM and Family Connections cases, FPSU specifically tracks the number of Hub or Cluster meetings that have occurred, along with the number (and nature) of support services requested, especially respite care.

I. Recruitment Goals & Strategies



FY2017 Recruitment Plan

CFSA Placement Administration, Family Resources Division, Foster and Adoptive Parent General and Child Specific Recruitment

Goal 1:

Increase the number of foster/adoptive homes to accommodate the placement needs for children and youth in Foster Care needing safe haven and permanency

Strategy: Utilize the data analyzed from FY2016 recruitment plan (analysis of referral sources that yielded homes), initial and re-entry placement and discussion with staff of the placement administration in designing recruitment action steps. Data from initial and re-entry placement and discussion with staff of the placement administration demonstrated that additional homes are needed to support children 0-5, older youth, LGBTQ youth, Hispanic children, sibling groups, and medically fragile children.

Action Steps	Assignment	Start Date	Target Date
Continue maintaining toll-free telephone line (202) 671-Love (5683). Toll-free line will continued to be noted in all marketing materials (brochures, websites, and newsletters) to attract prospective resource parents and provide information about becoming resource parents.	Recruitment Staff	10/1/16	Ongoing
Maintain agency web page, Facebook, Twitter, and other Social Media accounts to disseminate information to potential, interested prospective resource parents that details the locations, contact information and process for becoming a licensed resource parent.	Office of Public Information CISA	10/1/16	Ongoing
Work with Reingold Links Inc. to manager and create paid advertisement campaign on social media venues including Facebook, Twitter, and other media platforms deemed effective by marketing firm. Advertisement will target African American, LGBT, and Hispanic households.	Office of Public Information Recruitment Staff Reingold Link Inc.	10/1/16	9/30/17
Furnish collateral materials for the purpose	Recruitment	10/1/16	9/30/17

of messaging and creation of new resource parents to community partners and stake holders, such as faith based organizations, government agencies, civic associations, professional unions and associations. Collateral materials will include up to date information on location, contact information and process for becoming a license resource parent for children and of the District in foster care. A yearly calendar of information sessions/orientations will be provided for community calendar and website.	Staff		
Provide promotional literature and materials in English and Spanish about fostering to community stakeholders.	Office of Public Information Recruitment Staff	10/1/16	Ongoing
Arrange for paid commercials and interviews on radio stations with large audience of African American and Hispanic listeners in the DC and Maryland communities to message the need for resource parents for the target population of children and youth in foster care and the process of becoming a license resource parent.	Recruitment Staff Office of Public Information	10/1/16	9/30/17
Identify and work with Hispanic organizations and those individuals that hold leadership positions within these organizations for the purpose of targeted recruitment for Hispanic children and youth in foster care. Feedback will be taken to direct next steps to guide recruitment efforts in their specific community.	Recruitment Staff Existing Hispanic Resource Parents	10/1/16	9/30/17
Increase the referral incentive offered to existing resource from \$250 to \$500. Existing resource parents will receive the increased incentive when they refer individual/family who becomes license and accepts a child placement in their home.	Recruitment Staff	10/1/16	9/30/17
Organize and facilitate quarterly focus groups with current resource parents effectively working with teens, LGBTQ	Recruitment Staff	10/1/16	9/30/17

children and youth, sibling groups, and teen moms to gain feedback and insight for the purpose of recruiting new prospective resource parents for these populations, as well as to evaluate, inform, and improve agency practice to better support them as they parent.			
Provide quarterly email profiles of children with the goal of adoption needing permanency to licensed adoptive families.	Child Specific Recruiters	10/1/16	9/30/17
Update national websites that help to showcase children throughout all 50 states: <ul style="list-style-type: none"> • www.adoptionphotolisting.com • www.adoptamericanetwork.com (features medically fragile children) www.adoptuskids.org	Child Specific Recruiters	10/1/16	9/30/17
Quarterly publish retention newsletter <i>Resource Parent Journal</i> . Feature a child with the goal of adoption and the recruiter to contact to become a resource for the child.	Child Specific Recruiters/ Foster Parent Support	10/1/16	9/30/17
Steer licensed resource families to photo-listing of children in need of adoptive families to the AdoptUsKids, Wednesday Child, Heart Gallery, and Adoptdckids websites, and timely engagement of families interested in unique children.	Child Specific Recruiters	10/1/16	9/30/17
Gather monthly data to assess and determine the effectiveness of strategies and modify strategies accordingly.	Recruitment Team DC and Maryland Resource Parents	10/1/16	9/30/17
Meet quarterly with provider partner in Maryland to review recruitment and marketing strategies as a whole and to evaluate and assess goal targets.	Recruitment Team DC and Maryland	10/1/16	9/30/17

Goal 2:
To Improve the Application to Licensure Ratio of Prospective Resource Parents (PRP)

Strategy: Ensure that PRP are provided with current and up to date information on the location, contact information and process for becoming a licensed resource parent.

Action steps	Assignment	Start Date	Target Date
Assign a recruiter to each prospective resource parent (PRP) to monitor and assist prospective resource parents throughout the path of licensure.	Recruitment Supervisor	10/1/16	9/30/17
During answering toll-free line and presenting to PRP in informational sessions, recruiters will convey, that there are no licensing cost to PRP or Kinship parents, CFSA's non-discriminatory fee structure that allows families of various income levels the opportunity to become foster and adoptive parents , training, fingerprint/background checks, clearances and home study process that are required for licensing.	Recruitment Staff Licensing	10/1/16	9/30/17
Provide, enroll, and monitor pre-service training, which are offered evenings on the weekdays and all day Saturday classes to accommodate various schedules of prospective resource families.	Recruitment, CWTA, Licensing	10/1/16	9/30/17
Continue assigning a licensing social worker to PRP to conduct and write home study, interview all household members, review and all clearances, and confirm documentation and information meet chapter regulations.	Licensure Unit	10/1/16	9/30/17
Utilize and monitor orientation tracker data base that tracks prospective foster/adoptive parents from orientation to licensure. Update database accordingly to reflect accurate and concise information that demonstrates the progression of resource parents	Recruitment OPPPS/CWTA/ Licensing	10/1/16	9/30/17

through the licensure process.			
Assess monthly PFP who did not attend training, drop out along the process and their reasons for dropping out.	Recruitment OPPPS/CWTA/ Licensing	10/1/16	9/30/17
Analyze process/length of time from informational session to licensure, including reviewing completed evaluation forms from bi-monthly informational sessions. Identify trends in the orientation tracker. Consider recommendations and modify/improve the process as needed.	Recruitment OPPPS/CWTA/ Licensing	10/1/16	9/30/17
Provide monthly number of homes opened, capacity, age preference, and gender	OPPPS/CWTA/ Licensing	10/1/16	9/30/17

Goal 3:

Determine that there are no linguistic barriers that may impede prospective resource parents from becoming licensed and ensure that all training and licensing units are trained to work with diverse populations

Strategy: Assess and identify any linguistic barriers in developing resource parents. Ensure that are units involved in the licensure process are trained to work with cultural diverse populations.

Action steps	Assignment	Start Date	Target Date
Evaluate the primary languages of the children entering foster care and cross reference this information with the primary languages of currently licensed resource parents.	OPPPS Recruitment	10/1/16	9/30/17
Assess current training materials and facilitation in other languages of licensing process.	CWTA	10/1/16	9/30/17
Send English recruitment brochure to "Language Access" to translate document for Spanish speaking individuals/families	Recruitment Supervisor Facilities Management Administration	10/1/16	9/30/17
Utilize Language Access interpreters to accommodate prospective resource parents (PRP) requiring sign-language, Spanish speaking or other primary languages requested by PRP during	Recruitment Facilities Management Administration	10/1/16	9/30/17

informational sessions/orientations.			
Provide pre-service trainings and/or translation services to assist Spanish-speaking PRP through the entire application and licensure process.	Facilities Management Administration CWTA	10/1/16	9/30/17
Continue mandating and offering units involved with licensure process to take cultural diverse training to work with the socio-economic, racial, and cultural profile of the children entering care and resource and kinship parents caring for them.	CWTA	10/1/16	9/30/17
Collaborate with licensed resource parents and other identified community partners for input in improving recruitment approaches in creating more Spanish-speaking providers	Recruitment Foster Parent Support	10/1/16	9/30/17

Goal 4:

XIII. Non-discriminatory Fee Structures

Strategy: Continue messaging that CFSA has non-discriminatory fee structures

Action steps	Assignment	Start Date	Target Date
Ensure that no fees are applied to individuals/families to become a licensed resource parent.	DC Chapter 60	10/1/16	9/30/17
No-cost training, fingerprint and background checks, and home studies for prospective resource parents, including prospective kinship caregivers	DC Chapter 60	10/1/16	9/30/17
Contracted agencies license potential resource parents at no cost.	DC Chapter 60	10/1/16	9/30/17

Goal 5:

XIV. Review and evaluate retention amongst currently licensed resource parents

Strategy: Utilize data gathered on retention to assess pool of resource parents for children and youth in foster care

Action steps	Assignment	Start Date	Target Date
Collect and report out on utilization of resource parents	Foster Parent Support Unit	10/1/16	9/30/17
Rate retention rate of resource parents monthly	Foster Parent Support Unit	10/1/16	9/30/17
Utilize monthly support groups with resources parents such as Mockingbird and Family Connections to evaluate the effectiveness of resources offered to resource parents, such as respite hours, daycare, training needs, etc.	Foster Parent Support Unit	10/1/16	9/30/17
Review data gathered from FAPAC on reasons for resource parents closing their homes with CFSA and recommendations offered by providers.	Foster Parent Support Unit	10/1/16	9/30/17
Respond to trends by sharing recommended changes that address challenges identified by resource parents to senior management for decision and implementation.	Foster Parent Support Unit OPPPS	10/1/16	9/30/17