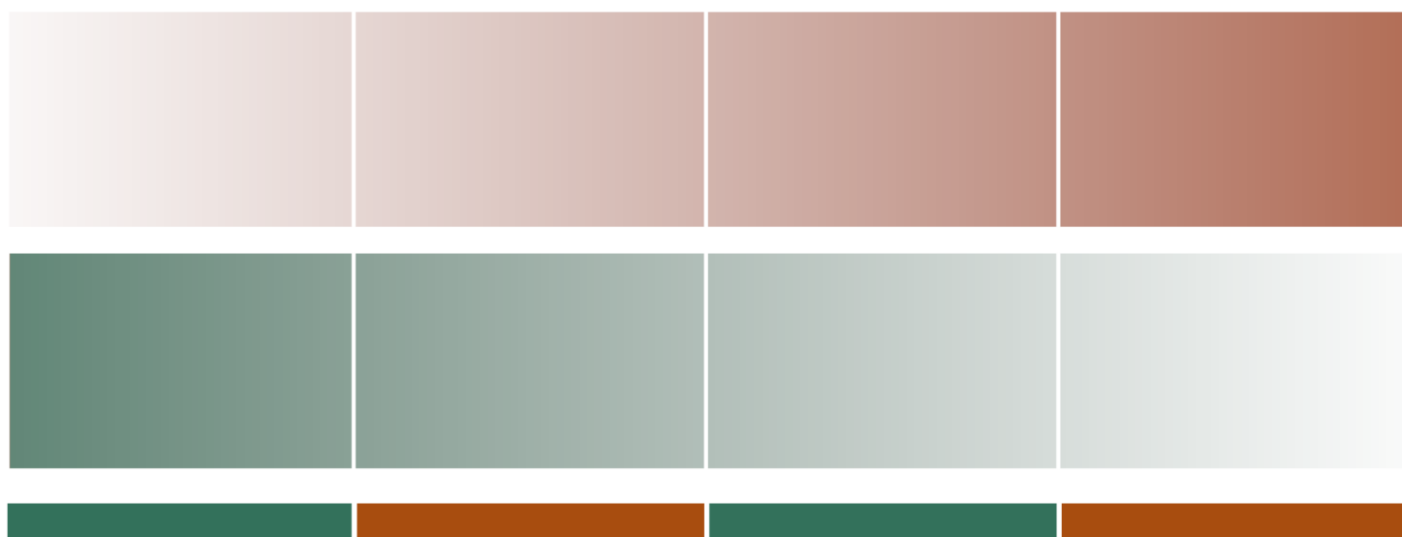




***LASHAWN A. v. BOWSER PROGRESS REPORT
FOR THE PERIOD JULY 1 – DECEMBER 31, 2016***



May 18, 2017

LaShawn A. v. Bowser
Progress Report for the Period July 1 – December 31, 2016

TABLE OF CONTENTS

I.	INTRODUCTION	1
	A. Methodology	1
	B. Report Structure	4
II.	SUMMARY OF PERFORMANCE	5
III.	SUMMARY TABLES OF <i>LASHAWN A. v. BOWSER</i> IMPLEMENTATION AND EXIT PLAN PERFORMANCE	12
	Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July 1 and December 31, 2016	12
	Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July 1 and December 31, 2016.....	25
IV.	DISCUSSION OF <i>LASHAWN A. v. BOWSER</i> IMPLEMENTATION AND EXIT PLAN OUTCOMES	58
	A. GOAL: CHILD SAFETY	58
	1. Hotline	59
	2. Investigations	60
	3. Family Assessments.....	77
	4. Entry Services Caseloads	82
	B. GOAL: PERMANENCY	87
	1. Placement	88
	a. Placement of Children.....	88
	b. Relative Resources.....	97
	c. Sibling Placements and Visits.....	98
	d. Reduction of Multiple Placements for Children in Care	99

e. Assessments for Children Experiencing a Placement Disruption.....	100
2. Permanency Outcomes.....	101
a. Appropriate Permanency Goals	101
b. Timely Adoption and Permanency	101
3. Visitation.....	107
4. Case Planning and Services to Children and Families.....	114
a. Services to Children and Families to Promote Safety, Permanency and Well-Being	115
b. Case Planning Process	124
C. GOAL: CHILD WELL-BEING	131
1. Health and Dental Care	132
2. Adolescent Practice	137
3. Special Corrective Action	139
D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY	140
1. Ongoing Caseloads and Supervisory Responsibilities.....	141
2. Staff Training.....	144
3. Training for Foster and Adoptive Parents.....	146
4. Timely Approval of Foster Parents.....	147
5. Reviewing Child Fatalities.....	148
6. Quality Assurance	150
7. Financing.....	152

APPENDICES

- A. Glossary of Acronyms
- B. *LaShawn* 2016 Strategy Plan
- C. Amendments to *LaShawn* 2016 Strategy Plan
- D. *LaShawn* 2017 Strategy Plan
- E. Status Updates to the FY17 Resource Development Plan

LIST OF TABLES

TABLE

1. Performance on IEP Exit Standards for Outcomes to be Achieved Between July 1 and December 31, 2016.....	12
2. Performance on IEP Exit Standards for Outcomes to be Maintained Between July 1 and December 31, 2016.....	25
3. Calls to the Child Abuse and Neglect Hotline by Differential Response Pathway (July – December 2016)	60
4. Cases Presented for Community Papering (July – December 2016)	74
5. Reasons Cases Not Accepted for Community Papering (July – December 2016)	74
6. Service Referrals to Collaborative or Community-Based Agency for Family Assessments (July – December 2016)	79
7. Findings from Review of FAs that Continued Beyond Safety Assessment.....	81
8. Demographics of Children in Out-of-Home Placement as of December 31, 2016	91
9. Children and Youth Exiting to Permanency by Cohort as of September 30, 2016	106
10. Performance on QSR Indicators for Out-of-Home Placements by Case Management Provider (CY2016)	121
11. Performance on QSR Indicators by Case Type (CY2016).....	121
12. Utilization of HOMEBUILDERS and Project Connect (July – December 2016)	123
13. Performance on QSR Indicators for Out-of-Home Cases by Case Management Provider (CY2016)	129
14. Performance on QSR Indicators by Case Type (CY2016).....	130
15. Children in Special Corrective Action Categories by Month (July – December 2016)	140
16. Actual and Budgeted Gross Title IV-E Federal Funds Operating Budget (FY2009 – FY2018)	153

LIST OF FIGURES

FIGURE

1. Timely Initiation of Investigations (June 2015 – December 2016).....	62
2. Timely Completion of Investigations (June 2011 – December 2016)	65
3. Timely Completion of Investigations (July – December 2016)	66
4. Investigations Accepted, Closed and in Backlog (July – December 2016)	66
5. 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 (December 2012 – December 2016)	68
6. 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 (July – December 2016)	69
7. Investigations Determined to be of Acceptable Quality (June 2014 – December 2016).....	70
8. Community-Based Services Referrals for Low and Moderate Risk Families (October 2012 – December 2016).....	75
9. Community-Based Services Referrals for Low and Moderate Risk Families (July – December 2016).....	76
10. Timeline for FA Completion (July – December 2016)	78
11. Percentage of Investigative Workers who Met Exit Standard Requirement for Caseloads (December 2011 – December 2016).....	83
12. CPS (Investigation and FA) Worker Caseloads Combined (September – December 2016)	84
13. CPS-Investigation Worker Caseloads (September – December 2016)	85
14. CPS-FA Worker Caseloads (September – December 2016)	86
15. Total Number of Children in Foster Care at the End of Each Month (January – December 2016).....	89

16. Children in Out-of-Home Placements on Last Day of the Year (2005 – 2016)	89
17. Entries and Exits into Foster Care by Month (January – December 2016)	90
18. Placement Type for Children in Out-of-Home Care as of December 31, 2016	92
19. Children Placed with Siblings who Entered Care Between July and December 2016 (June 2013 – December 2016).....	99
20. Timely Permanency for Children in Care between 8 days and less than 12 months (September 2011 – September 2016)	103
21. Timely Permanency for Children in Care between 12 and less than 25 months (September 2011 – September 2016).....	104
22. Timely Permanency for Children in Care for 25 months or longer (September 2011 – September 2016).....	104
23. Required Number of Worker Visits to Children in New Placements (June 2011 – December 2016).....	109
24. Required Number of Worker Visits to Children in New Placements (July – December 2016)	110
25. Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification (December 2011 – December 2016).....	111
26. Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification (July – December 2016)	112
27. Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought (December 2011 – December 2016)	113
28. QSR Implementing Supports and Services Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance	117
29. QSR Pathway to Case Closure Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance	118
30. QSR Findings on Services to Children and Families to Promote Safety, Permanency and Well-Being (CY2010 – CY2016)	119
31. QSR Findings on Services to Children and Families to Promote Safety, Permanency and Well-Being (CY2015 – CY2016).....	120

32. QSR Planning Interventions Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance	126
33. QSR Pathway to Case Closure Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance	127
34. QSR Findings on Case Planning Process (CY2010 – CY2016).....	128
35. QSR Findings on Case Planning Process (CY2015 – CY2016).....	129
36. Distribution of Medicaid Number and Medicaid Card to Foster Parents (June 2013 – December 2016).....	134
37. Foster Parents who Received Child’s Medicaid Number within Five Days of the Child’s Placement (July – December 2016)	135
38. Foster Parents who Received Child’s Medicaid Card within 45 Days of the Child’s Placement (July – December 2016)	136
39. Youth Ages 18 and Older with a Youth Transition Plan (January 2012 – December 2016)	137
40. Caseloads for Permanency and In-home Social Workers (July – December 2016).....	142
41. Supervisors Responsible for No More Than Five Case-Carrying Workers and a Case Aide/FSW (July – December 2016).....	143
42. Foster/Adoptive Parents with 30 Hours of In-Service Training (June 2012 – December 2016).....	146
43. Approval of Foster Parents within 150 Days of Beginning Training (July 2012 – December 2016)	147
44. CFSA Proposed FY2018 Budget Breakdown (in millions)	154

LaShawn A. v. Bowser
Progress Report for the Period July 1 – December 31, 2016

I. INTRODUCTION

This report on the performance of the District of Columbia's child welfare system for the period of July 1 through December 31, 2016 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 November 21, 2016. With few exceptions, this current report is based on performance data from July 1 through December 31, 2016 to determine progress in meeting the IEP Exit Standards and the objectives of the *LaShawn* 2016 Strategy Plan.

A. Methodology

The primary sources of information about performance are data provided by the District's Child and Family Services Agency (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.

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* 2016 Strategy Plan was filed on April 8, 2016 after consultation with the Monitor and Plaintiffs' counsel (see Appendix B). The *LaShawn* 2017 Strategy Plan was filed on April 3, 2017 after consultation with the Monitor and Plaintiffs' counsel (see Appendix D).

⁴ FACES.NET is CFSA's automated child welfare information system.

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

➤ **Validation of Good Faith Efforts to Initiate an Investigation and Family Assessment**

CFSA and Monitor staff validated FACES.NET data for December 2016 to validate instances where a supervisor indicated good faith efforts had been made to timely initiate an investigation when children could not be seen and interviewed within 48 hours of receipt of referral. Data were also validated for September 2016 to determine if reasonable actions were made to initiate a Family Assessment (FA) within 120 hours of receipt of referral when children were not seen and interviewed during that time.

➤ **Assess the Quality of Investigations and Family Assessments**

During this monitoring period, CFSA provided the Monitor with data on its findings from a review of the quality of 132 investigations completed between July and December 2016. Each investigation was reviewed by at least two CFSA staff or one CFSA and one Monitor staff. Monitor staff reviewed 25 (19%) of these investigations.

Monitor staff also reviewed 34 FAs closed between January 1 and February 15, 2017 to assess quality of practice. The instrument developed for this review is similar to the one utilized to assess quality of investigative practice and includes additional questions pertaining to assessments and service linkage.

➤ **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 in congregate care settings 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 July and December 2016 and the final adoption took longer than 12 months from placement in the pre-adoptive home to determine if reasonable efforts had been made to finalize the adoption expeditiously despite the delay.

➤ **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 Caseload Data**

The Monitor validated caseload size and assignment of cases to social workers between July and December 2016 for ongoing permanency cases, in-home cases and supervisory caseloads (for instances in which individual supervisors were assigned to supervise more than five case carrying social workers and one case aide). Due to previously identified concerns about the accuracy of the entered data, the Monitor, in collaboration with CFSA, developed a methodology for new FACES.NET reports to accurately analyze investigative and FA caseloads.⁵ These data became available in September 2016 the Monitor was able to validate investigative and FA caseloads for the months of September through December in the current monitoring period. The Monitor expects to be able to report on the full six months of the next monitoring period (January – June 2017) in the November 2017 report.

➤ **Quality Service Reviews**

Most of the *LaShawn* Exit Standards are assessed using administrative data from FACES.NET, however, qualitative data are manually collected through Quality Service Reviews (QSRs) to assess performance for 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 month, participates in oral case presentations⁶ and also verifies data from QSRs conducted by CFSA staff.⁷

⁵ In March 2016, the Monitor received reports from investigation and FA workers citing concerns with the way in which caseloads are managed and the assignments are documented in FACES.NET. The Monitor's review did not identify how extensive these data irregularities were but determined that investigation and FA caseloads between January and June 2016 could not be reported on by the Monitor. The Monitor shared these concerns with CFSA leaders who took steps to address and rectify the issues.

⁶ Each case is presented to a panel consisting of CFSA representatives from the QSR unit, Monitor staff and the District's Department of Behavioral Health, as appropriate. The case presentation is used to ensure inter-rater reliability on ratings across reviews.

⁷ CSSP provided reviewers for 16 QSRs between January and November 2016 and CSSP staff participated in almost all oral case presentations during the period. In June 2016, QSR resources were allocated to support the federal Child and Family Services Review process. No QSRs were conducted in July or December, due to resources being allocated for data analysis and other CQI activities.

Between January and November 2016, a total of 123 QSRs were completed to assess case planning, service delivery and health outcomes. Thirty-two of the 123 QSRs were conducted on children receiving in-home services and the remaining 91 QSRs were focused on children placed in out-of-home care. Of those placed in out-of-home care, 52 QSRs were conducted on cases managed by CFSA and 39 QSRs were conducted on cases managed by a private provider.

➤ **Observation of New Contract Monitoring Process**

Monitor staff accompanied CFSA contract monitors to observe the use of the new monitoring tool used with private providers to assess their practice and outcomes. Monitor staff observed the use of this tool with three different congregate care providers and the process the contract monitors used for gathering and assessing information and providing technical assistance and feedback to providers.

➤ **Other Monitoring Activities**

The Monitor attends numerous CFSA meetings including monthly management team meetings, partnership meetings with CFSA and private provider agencies, Temporary Safe Haven Redesign 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 of the District of Columbia's child welfare system, including contracted service providers and advocacy organizations.

B. Report Structure

The monitoring report assesses the District of Columbia child welfare system's performance between July and December 2016 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 December 2016 on the IEP outcomes remaining to be achieved and the outcomes previously achieved that need to be maintained.⁸ 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* 2016 Strategy Plan. Section IV of this report is restructured from prior monitoring reports; the goals of safety, permanency and well-being continue to provide the

⁸ In some instances where December 2016 performance data are not available, the most recent performance data are cited with applicable timeframes.

overarching framework and Exit Standards have, in some cases, been reorganized to provide a more comprehensive picture of progress and barriers within each goal. The Monitor recognizes that the goals of safety, permanency and well-being are dependent upon one another and most Exit Standards are crosscutting.

II. SUMMARY OF PERFORMANCE

The Child and Family Services Agency's (CFSA) performance toward fulfilling the obligations of the *LaShawn* IEP during the July through December 2016 monitoring period shows signs of improvement in a few areas where performance in the most recent past had been stagnant or had declined. The early positive movements reflect changes in leadership that the Monitor believes have brought new energy and a more focused attention to practice, policy and outcome improvements for children, youth and families. Of the 17 *LaShawn* Exit Standards that remained to be achieved, one was newly achieved, one was partially achieved, five showed improvement and one showed a decline in performance.⁹ At the same time, there are areas of CFSA practice that continue to show inconsistent quality and where previous practice strategies and improvements in outcomes have not been sustained. For the 71 *LaShawn* Exit Standards that were previously designated as "Outcomes to be Maintained" due to CFSA achieving the required level of performance, 59 standards were maintained, nine were partially maintained and three were not maintained during this monitoring period.

Leadership

Brenda Donald was confirmed as Director of CFSA by the Council of the District of Columbia on May 2, 2017. Director Donald has served as Interim and Acting Director since October 7, 2016 and has made several leadership appointments and changes since that time. In December 2016, a new Deputy Director for Community Partnerships (who is responsible for in-home practice, case management and community/prevention services) was appointed to fill a vacant position; in January 2017, the Deputy Director for Entry Services vacancy was also filled; and in February 2017, a new Deputy Director of Program Operations (who is primarily responsible for placement and permanency) was hired. This leadership team has been heavily involved in the Safe and Stable Families and Temporary Safe Haven Redesigns which are discussed in more detail below and later in this report.

Federal Child and Family Services Review

During the summer of 2016, the federal Administration for Children, Youth and Families (ACYF) worked with CFSA to complete Round 3 of the federal Child and Family Services Review (CFSR) – the process through which the federal government holds states accountable for

⁹ Three measures related to worker assessment of safety during visits with children were not reassessed this monitoring period.

child welfare outcomes. The CFSR assessed the District's performance on seven child and family outcomes (2 pertaining to safety, 2 pertaining to permanency and 3 pertaining to well-being) and seven systemic factors (statewide information system; case review system; quality assurance system; staff and provider training; service array and resource development; agency responsiveness to the community; and foster and adoptive parent licensing, recruitment and retention). The process included a statewide assessment that is prepared by CFSA and submitted to the Children's Bureau; case reviews of 65 randomly selected cases (40 foster care and 25 in-home cases) completed in June 2016 by teams of trained child welfare professionals; and interviews and focus groups with District stakeholders and partners. Based on the total review, ACYF determines whether or not the state agency, in this case CFSA, is in "substantial conformity" with federal requirements and works with the agency to develop Performance Improvement Plans to address identified weaknesses.

CFSA was found in substantial conformity with five of seven systemic factors¹⁰ and was not found to be in substantial conformity with any of the seven child and family outcomes¹¹. Specifically, CFSA achieved substantial conformity in the following five areas: Information System, Quality Assurance, Training, Service Array and Agency Responsiveness to the Community. The two systemic factors that CFSA was not in substantial conformity with are Case Review System and Foster and Adoptive Parent Licensing, Recruitment and Retention. The Children's Bureau's comments on the District's performance identified areas of strength, specifically around the resources the District has devoted to improving education and health care services for children and youth. The CFSR also identified practices where safety concerns were present and that achieving permanency outcomes were a challenge. To date, 23 states have been reviewed in Round 3 of the CFSR and 22 have received the finals reports. Of those 22 states, six were in substantial conformity with one out of the seven child and family outcomes and the remaining states were not in substantial conformity with any of these seven outcomes. The District of Columbia and one other state were the only states found to date to be in substantial conformity with five or more of the seven system factors.

Some of the findings on practices identified by the CFSR as needing improvement include: Family Assessment cases reviewed demonstrated a lack of fidelity to policy and protocol, particularly around assuring the safety of children; formal and informal safety and risk assessments are not always comprehensive and ongoing assessments are not regularly updated;

¹⁰ CFSA was found in substantial conformity with the following systemic factors: 1) Statewide Information System; 2) Quality Assurance System; 3) Staff and Provider Training; 4) Service Array and Resource Development; and 5) Agency Responsiveness to the Community.

¹¹ 1) Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect; 2) Safety Outcome 2: Children are safely maintained in their homes whenever possible; 3) Permanency Outcome 1: Children have permanency and stability in their living situations; 4) Permanency Outcome 2: The continuity of family relationships and connections is preserved for children; 5) Child and Family Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs; 6) Child and Family Well-Being Outcome 2: Children receive appropriate services to meet their educational needs; and 7) Child and Family Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

lack of engagement with parents, particularly fathers¹²; lack of timely permanency due to a failure to change a child's permanency goal when appropriate; and issues with consistently filing a petition to terminate parental rights in accordance with the Adoptions and Safe Families Act. Many of the issues raised by the federal review and that will require a Program Improvement Plan are consistent with the findings of the Monitor in assessing *LaShawn* compliance and are discussed later in this report.

CFSA have reviewed the findings provided by the Children's Bureau and assembled workgroups to assist in developing Performance Improvement Plans to address each of the outcomes or factors not found to be in substantial conformity. The final CFSR report with all of the findings can be found on the Children's Bureau's [website](#).

Child Protective Services (Investigations and Family Assessments)

Child protective services (CPS) are the responsibility of CFSA's Entry Services administration and include the functioning of the 24 hour hotline as well as the work to conduct investigations and Family Assessments (FA) in response to abuse and neglect allegation. There are three *LaShawn* Exit Standards that remain to be achieved related to CPS investigative practice. Notably, two showed improvement between July and December 2016 – timely initiation of investigations and timely closure of investigations. Data validated for December 2016 found that 87 percent of alleged victim children in investigations closed during that month were seen and assessed or applicable good faith efforts had been made by the worker attempting to see the alleged victim child(ren) within 48 hours of the referral of abuse or neglect to the hotline. Similarly, in September 2016, validated FA data indicate that 82 percent of children were seen and assessed or reasonable actions to see the children were made within 120 hours of the referral to the hotline, as required. Performance toward timely closure of investigations rose from 50 percent in July 2016 to 80 percent in October 2016 but then declined in November and December 2016 (which is also when worker caseloads again began to rise). In December 2016, only 53 percent of investigation and FA workers met the standard of carrying 12 or fewer cases during the month (76% of investigations workers and 22% of FA workers).

The continuing issue of high investigative and FA worker caseloads is likely impacting CFSA's quality of CPS practice. Review of the quality of practice in investigations closed during the monitoring period found stagnant performance since the previous monitoring period (71% acceptable for January through June 2016 and 72% acceptable for July through December 2016) which is below the IEP required performance level of 80 percent. The Monitor also reviewed a small sample of FA cases closed in early 2017 and identified practice concerns including the degree to which workers were collecting all necessary information, engaging families and

¹² This was a finding by the Children's Bureau. The number of FA cases reviewed during the CFSR (6) was not a representative sample of the universe.

consistently providing referrals for needed services. The 2017 *LaShawn* Strategy Plan includes numerous strategies related to CPS that require CFSA to reexamine staffing, supervision and its CPS policies and practices.

Placement of Children in Out-of-Home Care

CFSA maintained required performance for most of the *LaShawn* placement requirements and outcomes previously achieved. However, assuring appropriate and stable placements for children in care continues to be an area in which CFSA has not been able to demonstrate consistent, quality practice. No child or youth was placed in an emergency or short-term placement for longer than 30 days, an improvement over the previous monitoring period. However, nine children and youth spent the night at the CFSA office building this period (which is prohibited by the IEP). CFSA was challenged with placement for older youth and youth with special needs. CFSA continues to use the escalation process to ensure that senior leadership, including the Director, is informed of potential placement issues. There was also a sharp decline in the percentage of siblings placed together – from 82 percent between January through June 2016 to 67 percent between July and December 2016. Placing siblings together had been an area of strength for CFSA in the past so it is concerning to see this reduction in performance in a practice that reduces the trauma and contributes to the well-being of children and youth entering foster care.

CFSA's Temporary Safe Haven Redesign is intended to address many of the challenges that CFSA and the Monitor have identified as barriers to making sure that every child in foster care is provided a safe, stable and appropriate placement and receives the services and support necessary to achieve permanency. To correct problems of placement accessibility, stability and quality, CFSA has decided to seek a single contract agency in Maryland that can provide adequate capacity, quality placements and consistency in practice for all children in foster care placed in Maryland. CFSA has traditionally issued multiple contracts with agencies licensed by the state of Maryland as Child Placing Agencies to meet this need as jurisdictional issues prevent the District of Columbia from licensing foster homes in Maryland. Improving supports and services to foster parents is also an essential part of the Redesign Plan. The Temporary Safe Haven Redesign Plan and timeline for implementation have generated controversy in the existing provider community and concern about the transition for children and youth currently in placement. CFSA briefed Plaintiffs and consulted with national experts during this process and has been focusing on engaging stakeholders, advocates and others in the process including work to think through the transitions for children and youth that will likely occur in late-2017 and into early-2018. All involved agree with the priority that transitions will be closely managed and all steps will be taken to ensure as little disruption to children and youth as possible.

Delivery of Services and Case Planning

There are two *LaShawn* Exit Standards that have not yet been achieved concerning the quality of practice, specifically in the areas of service provision and case planning; both of these standards are measured using data from Quality Service Reviews (QSRs) of children's experiences and outcomes. CFSA's performance toward providing appropriate services to families and children to promote safety, permanency and well-being rose from 39 percent in CY2015 to 50 percent in CY2016. Performance is still considerably below the 80 percent target although on an upward trajectory.

A related requirement that case plans be developed within 30 days of a child entering care in 95 percent of cases which was previously designated as an Outcome to be Maintained fell below the required performance level for several months during this monitoring period (and this is the third consecutive period where performance was below the required level). CFSA reports timely case plan development is impacted by timely completion of the relatively new CAFAS/PECFAS assessment; the assessment must be completed prior to a worker developing the case plan, as the information from the assessments is necessary to determine needs and goals. CFSA has been working to improve worker's use of the assessment and re-established the CAFAS/PECFAS implementation teams which monitors results from the assessments and timeliness of case plans.

For both of the quality practice measures, performance on in-home services cases rated lower than for children in out-of-home placement. A related challenge is CFSA's performance on frequency of social worker visits to children and families receiving in-home services; during this period, a monthly range of 88 to 92 percent of families were visited monthly, below the 95 percent required level which has not been met since the July through December 2014 period.¹³

Earlier this year CFSA began a process to assess its provision of in-home and community-based services, called their Safe and Stable Families Redesign. The goal is to improve in-home practice by developing and implementing "levels of care" for families receiving in-home services. Based on the assessed level of care, families in crisis and those with multiple challenges will be provided with additional supports and services in order to stabilize their family and move them to safe case closure. Planning is underway and specific practice elements are still being discussed, although it is expected that many families with recurring and complex underlying needs will receive more frequent visitation from case workers and additional hands-on support once fully implemented. The Redesign committee is also looking to identify current gaps in available and accessible services to families in the communities in which they live and developing additional services as needed.

¹³ CFSA's performance on social worker visits to in-home families has shown improvement in the first few months in 2017, with a monthly range between January and March of 90 to 95% of families visited at least once a month.

Permanency

Permanency is another area of practice where data reflect uneven or declining performance. CFSA, private agencies, the courts and service providers all play an integral role in ensuring timely permanency for children and youth in out-of-home care. The Monitor has been concerned for some time that CFSA has lacked a consistent and comprehensive strategy that includes all players working together to ensure children and youth achieve timely permanency. Performance data for FY2016 show timely exits for children through reunification, guardianship or adoption declined for the cohort of children who had entered care in FY2015 (from 45 percent in FY2015 to 37 percent in FY2016) as well as for the cohort of children in care for more than 12 months but less than 25 months (from 40 percent in FY2015 to 28 percent in FY2016). For the third cohort whose experiences are measured (children and youth who had been in care 25 months or longer), performance improved in FY2016 (from 20 percent in FY2015 to 31 percent in FY2016), although still below the IEP required level of 40 percent.

The Monitor is concerned about CFSA's declining performance in other Outcomes to be Maintained that address permanency practice. Specially, CFSA did not maintain or only partially maintained required performance on the following adoptions process and outcome measures:

- requirement that children have permanency planning goals consistent with the Adoption and Safe Families Act and District law (I.B.12.a.);
- children with a permanency goal of adoption shall be placed in an approved adoptive placement within nine months of their goal becoming adoption (I.B.16.a.i.); and
- children in pre-adoptive homes will have their adoptions finalized within 12 months (I.B.16.b.iii.).

CFSA needs to look more closely at the continuing barriers to timely adoption in their own practices and importantly with their judicial partners.

Data on the number of children in special corrective action categories related to permanency also rose between July and December 2016 --- including the number of children with a goal of adoption for more than 12 months who are not in an approved adoptive home and the number of children with the goal of reunification for more than 18 months. Each of these areas require additional assessment of causes and development of systemic corrective actions.

Infrastructure – Supervisory Responsibilities and Training for the Workforce

All of the *LaShawn* Exit Standards related to supervisory responsibilities and training for workers and supervisors are currently designated as Outcomes to be Maintained. However, there has been a significant decline in performance in these areas and spotty implementation of key strategies designed to enhance supervisor capacity. Specifically, CFSA is not meeting the required level of performance for new supervisor training (I.D.27.b.).

There has been minimal supervisor participation in the required, ongoing training, *Mastering the Art of Child Welfare Supervision*, designed specifically to improve supervisory skills and practices. Only six (9%) of the 68 CFSA and private agency supervisors who were expected to participated in the training have completed both Tier 1 and Tier 2 of this mandatory three-tier curricula. The training was a key strategy identified by CFSA to improve supervisor capacity to support workers' case practice including how to help workers better engage with parents, utilize assessment tools, work in family teams and develop strategies to support complex family dynamics.

Additionally, the Monitor is troubled that for five of six months this monitoring period, supervisors were assigned case management responsibilities for children and families at a higher rate than allowed by the IEP (in December 2016, 92% of cases were assigned to social workers and the remaining 8% were assigned to supervisors or program managers) (I.D.26.b.ii.). This may represent delays in assigning cases to workers, which can have a negative impact on child safety, family engagement and case work.

CFSA's inability to progress more rapidly and consistently toward meeting the requirements of *LaShawn*, which includes falling back in areas that had previously been achieved, can be attributed, in part, to leadership transitions and a lack of coherence in approaches being pursued last year. There is a significant amount of major change going on at CFSA and it will take time to see the intended positive effects. The current Acting Director is working to bring a common vision to the leadership team and has infused it with new talent, deliberate efforts to ensure coordination and coherence in strategies and accountability for consistent implementation of the work. The Monitor hopes that CFSA has now entered a period of leadership stability that will allow current plans, directions and strategies to take hold and benefit children and families.

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

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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.	June 2016 performance, 77%	December 2016 performance, 87% ¹⁸	No	↑

¹⁴ For comparison purposes, 2015 calendar or fiscal year data may be included in this column.

¹⁵ In some instances where December 2016 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 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 CFSA and Monitor staff conducted a secondary analysis of FACES.NET data during December 2016 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" were not validated for July through November and are therefore not included in this Table. Monthly performance data for timely initiation of investigations **without** taking into consideration efforts made when the alleged victim child(ren) cannot be located are as follows: July, 67%; August, 60%; September, 64%; October, 73%; November, 71%. Valid "good faith efforts" made would likely increase performance levels.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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 41 – 63%	Monthly range of 50 – 80% ^{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.	71% of investigations of acceptable quality.	72% of investigations of acceptable quality. ²²	No	↔

¹⁹ Monthly performance data for timely completion of investigations are as follows: July, 50%; August, 63%; September, 68%; October, 80%; November, 71%; December, 63%.

²⁰ During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: July, 96; August, 52; September, 25; October, 45; November, 56; December, 75.

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 July and December 2016.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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.</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; 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>39% of cases were acceptable based on CY2015 QSR data.</p>	<p>50% of cases were acceptable based on CY2016 QSR data.²³</p>	<p>No</p>	<p>↑</p>

²³ Data collected during QSRs conducted in CY2016 determined that 67% of cases (82 of 123) were rated acceptable on the Implementing Supports and Services indicator, 61% of cases (75 of 123) were rated acceptable on the Pathway to Case Closure indicator and 50% of cases (62 of 123) were acceptable on both indicators.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p><u>7. Worker Visitation 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.	Monthly range of 36 – 63%	Measure not reassessed this period ²⁴	N/A	N/A
<p><u>9. Worker Visitation to 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.	Monthly range of 45 – 68%	Measure not reassessed this period ²⁵	N/A	N/A

²⁴ A review of a statistically significant sample of cases is scheduled for June 2017; performance data will be included in the next monitoring report.

²⁵ Ibid.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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 81 – 88% of applicable children had four visits in first four weeks of new placement or placement change.</p> <p>d. Monthly range of 57 – 100%</p>	<p>a-c. Monthly range of 83 – 92% of applicable children had four visits in first four weeks of new placement or placement change.²⁶</p> <p>d. Measure not reassessed this period²⁷</p>	No	↑

²⁶ Monthly performance data for worker visits during first 4 weeks of a new placement or placement change are as follows: July, 88%; August, 89%; September, 92%; October, 86%; November, 85%; December, 83%.

²⁷ A review of a statistically significant sample of cases is scheduled for June 2017; performance data will be included in the next monitoring report.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>11. <u>Visitation for 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>	<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>	<p>Monthly range of 20 – 60%</p>	<p>Measure not reassessed this period²⁸</p>	<p>N/A</p>	<p>N/A</p>
<p>15. <u>Placement of Children in Most Family-like Setting</u>: No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.</p> <p>(IEP citation I.B.8.b.)</p>	<p>No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.</p>	<p>Between January – June 2016, 2 children were placed in emergency, short term foster home or shelter for more than 30 days.</p>	<p>Between July – December 2016, no children were placed in emergency, short term foster home or shelter for more than 30 days.</p>	<p>Yes</p>	<p>↑</p>

²⁸ Ibid.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<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. ²⁹	Monthly range of 55 – 74%	Monthly range of 67 – 82% ³⁰	No	↑

²⁹ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the agency.

³⁰ 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: July, 67%; August, 82%; September, 80%; October, 75%; November, 79%; December, 67%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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. ³¹	Monthly range of 77 – 86%	December 2016 performance, 83%	No	↔

³¹ 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.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>32. <i>Timely Permanency</i>: Timely permanency through reunification, adoption or legal guardianship.</p> <p>(IEP citation I.B.16.c.)</p>	i. Of all children who entered foster care for the first time in FY2015 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, 2016.	FY2015 performance: As of September 30, 2015, 45% of children in this cohort achieved permanency.	FY2016 performance: As of September 30, 2016, 37% of children in this cohort achieved permanency. ³²	No	↔ ³³
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2015, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2016.	As of September 30, 2015, 40% of children in this cohort achieved permanency.	As of September 30, 2016, 28% of children in this cohort achieved permanency. ³⁴		
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2015, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2016, whichever is earlier.	As of September 30, 2015, 20% of children in this cohort achieved permanency.	As of September 30, 2016, 31% of children in this cohort achieved permanency. ³⁵		

³² Performance for the first quarter of FY2017, as of December 2016, for this cohort was 22% indicating that CFSA is on track to meet this part of the performance measure in 2017.

³³ Performance from FY2015 to FY2016 was mixed, in the first two cohorts FY2016 showed a substantial decline, but for the third cohort FY2016 showed improvement.

³⁴ Performance for the first quarter of FY2017, as of December 2016, for this cohort was 5% indicating that CFSA is significantly behind in meeting this part of the performance measure in 2017.

³⁵ Performance for the first quarter of FY2017, as of December 2016, for this cohort was 12% indicating that CFSA might meet this part of the performance measure in 2017.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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.	51% of cases were acceptable based on CY2015 QSR data.	54% of cases were acceptable based on CY2016 QSR data. ³⁶	No	↔

³⁶ Data collected during QSRs conducted in CY2016 determined that 73% (90 of 123) of cases were rated acceptable overall on the Planning Interventions indicator, 61% (75 of 123) of cases were rated acceptable on the Pathway to Case Closure indicator and 54% (67 of 123) of cases were acceptable on both indicators.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 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 85 – 100% of children have CNAs in their case files but the Monitor has identified multiple instances of incomplete and inaccurate CNAs.	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. ³⁷	No	↔

³⁷ Monthly performance data are as follows: July, 78%; August, 100%; September, 100%; October, 88%; November, 83%; December, 92%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
<p>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.</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 82 – 98% of foster parents received the Medicaid number within five days of the child’s placement.</p>	<p>Monthly range of 87 – 95% of foster parents received the Medicaid number within five days of the child’s placement.³⁸</p>	<p>Partially⁴¹</p>	<p>↔</p>
		<p>Monthly range of 71 – 100% of foster parents received the Medicaid card within 45 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.^{39,40}</p>		

³⁸ Monthly performance data for receipt of Medicaid number within 5 days of placement are as follows: July, 95%; August, 95%; September, 87%; October, 95%; November, 95%; December, 88%.

³⁹ Monthly performance data for receipt of Medicaid card within 45 days of placement are as follows: July, 100%; August, 100%; September, 97%; October, 98%; November, 86%; December, 95%.

⁴⁰ 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.

⁴¹ CFSA met the required level of performance for receipt of Medicaid number during 4 of the 6 months of the monitoring period and for receipt of Medicaid card during 5 of the 6 months of the monitoring period. The Monitor considers this Exit Standard partially achieved.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ¹⁴	July – December 2016 Performance ¹⁵	Exit Standard Achieved ¹⁶	Direction of Change ¹⁷
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.	On June 29, 2016, CFSA submitted the Resource Development Plan to the Monitor.	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.	Yes	↔
68. <i>Placement of Children in Most Family-Like Setting</i> : No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)	Ongoing Compliance	Between January – June 2016, 1 child stayed overnight at CFSA.	Between July – December 2016, 9 children stayed overnight at CFSA; 1 child had 2 overnight episodes. ⁴²	No	↓

⁴² Nine children and youth have had overnight stays in the CFSA building between July and October 2016. In July 2016, 2 children (in 1 sibling group) were removed after midnight and were at the CFSA building while awaiting placement. One child was placed around 8AM. The other child was wheelchair-bound and required a specialized medical placement. The child was placed later that evening after a medical evaluation. In August 2016, a youth arrived at the agency in the afternoon after experiencing a placement disruption and stayed in the CFSA building overnight. An acceptable placement was difficult to secure due to the youth’s challenges, desire to not be in placement and the ability for identified foster parents to meet his needs. CFSA engaged the youth’s birth family and the Office of Well-Being to support the transition to a new placement the next day. In September 2016, 3 separate youth experienced overnight stays at the CFSA building – 2 disrupted from a temporary foster home placement around midnight and placements were not secured until the next afternoon (one of these youth experienced another overnight episode at CFSA later that month after disrupting from Sasha Bruce around 3AM) and the third youth, who is diagnosed with autism and ADHD, spent the night in the CFSA building after being placed with a foster parent who later requested the youth be removed from the home. This youth was placed in a traditional foster home later that day with behavioral and health care services in place. In October 2016, 3 separate children stayed overnight at CFSA – 2 disrupted from an emergency, short term foster home placement and the third child arrived at the agency around midnight and was placed later the next morning. (In August 2016, 2 additional youth stayed overnight at CFSA for safety reasons).

Table 2: Outcomes to be Maintained				
Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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>	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.	Monthly range of 90 – 100%	Monthly range of 92 – 99% ⁴⁵	Yes

⁴³ For comparison purposes, 2015 calendar year data may be included here.

⁴⁴ In some instances where December 2016 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.

⁴⁵ Monthly performance data for comprehensive review of families with 4 or more reports are as follows: July, 97%; August, 95%; September, 99%; October, 93%; November, 96%; December, 92%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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 – 94% of families were visited monthly</p> <p>b. Monthly range of 84 – 90% of families were visited twice during the month</p>	<p>a. Monthly range of 88 – 92% of families were visited monthly⁴⁶</p> <p>b. Monthly range of 81 – 87% of families were visited twice during the month⁴⁷</p>	Partially ⁴⁸

⁴⁶ Monthly performance data for monthly in-home worker visits are as follows: July, 88%; August, 90%; September, 88%; October, 92%; November, 89%; December, 92%.

⁴⁷ Monthly performance data for twice monthly in-home worker visits are as follows: July, 81%; August, 85%; September, 84%; October, 87%; November, 86%; December, 87%.

⁴⁸ CFSA maintained the required level of performance for 1 sub-part of this Exit Standard (twice monthly visits to families receiving in-home services) but did not maintain the required level of performance for the other sub-part (monthly visits with families) for any month this monitoring period. CFSA has not met the required level of performance for the monthly visits sub-part since the January through June 2014 monitoring period. As CFSA did meet the required level for 1 sub-part, the Monitor considers this Exit Standard to be partially maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>8. <i>Worker Visitation to Children in Out-of-Home Care:</i></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child's home.</p> <p>(IEP citation I.A.5.a-c.)</p>	95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.	<p>a. Monthly range of 96 – 97% had monthly visits</p> <p>b. Monthly range of 94 – 96% had twice monthly visits</p>	<p>a. Monthly range of 97 – 98% had monthly visits⁴⁹</p> <p>b. Monthly range of 94 – 97% had twice monthly visits⁵⁰</p>	Yes
<p>12. <i>Relative Resources:</i> 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>	CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.	Between January and June 2016, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 87% of applicable cases.	Between July and December 2016, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 90% of applicable cases.	Yes

⁴⁹ Monthly performance data for monthly out-of-home worker visits are as follows: July, 97%; August, 97%; September, 98%; October, 97%; November, 97%; December, 98%.

⁵⁰ Monthly performance data for twice monthly out-of-home worker visits are as follows: July, 94%; August, 96%; September, 96%; October, 95%; November, 96%; December, 97%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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 96 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 98% of cases.	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.	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 ⁵¹	Yes
16. <i>Placement of Young Children</i> : 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 January – June 2016, a total of 2 children under 12 were applicable to this standard and both children met an agreed upon exception.	Between July – December 2016, a total of 4 children under 12 were applicable to this standard and all children met an agreed upon exception.	Yes

⁵¹ 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	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
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 January – June 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 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.	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 91 – 95%	Monthly range of 89 – 96% ⁵²	No ⁵³
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 19 youth whose goal changed to APPLA between January – June 2016. 11 of the 19 (58%) had LYFE/FTM conference.	There were 6 youth whose goal changed to APPLA between July – December 2016. All were changed by the court, one was noted to have a LYFE/FTM conference.	Yes

⁵² Monthly performance data are as follows: July, 91%; August, 90%; September, 89%; October, 94%; November, 96%; December, 95%.

⁵³ For the second reporting period in a row, CFSA did not meet the required level of performance for the majority of the reporting period.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>22. <u>Appropriate Permanency Goals</u>: 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 January – June 2016, 97% of youth ages 18 and older had a timely YTP.</p>	<p>Between July – December 2016, 94% of youth ages 18 and older had a timely YTP.⁵⁴</p>	<p>Yes</p>
<p>23. <u>Reduction of Multiple Placements for Children in Care</u>:</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>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.</p>	<p>Monthly range of 82 – 83%</p> <p>Monthly range of 67 – 72%</p> <p>Monthly range of 74 – 78%</p>	<p>Monthly range of 81 – 83%</p> <p>Monthly range of 66 – 73%</p> <p>Monthly range of 75 – 80%</p>	<p>Yes⁵⁵</p>

⁵⁴ Of the 235 youth ages 18 and older under CFSA care between July and December 2016, 17 youth were in long term abscondence, developmentally disabled, incarcerated or declined participation in the development of a YTP and were excluded from analysis. Thus, out of 218 youth, 204 (94%) had a YTP.

⁵⁵ Although performance was slightly below the required level for the first sub-part of the Exit Standard for 4 of the 6 months in the period (September, 82%; October, 81%; November, 81%; December, 82%), the Monitor considers this to be an insubstantial deviation and this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
24. <u>Timely Approval of Foster/Adoptive Parents</u> : 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.	74% of foster homes licensed between January – June 2016 received their license within 150 days.	85% of foster homes licensed between July – December 2016 received their license within 150 days. ⁵⁶	Yes
25. <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.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.	96%	100% ⁵⁷	Yes
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% ⁵⁸	Yes

⁵⁶ Of the 68 homes that are considered compliant in the current monitoring period, 14 homes whose licensure took longer than 150 days are considered compliant due to circumstances that were beyond the District's control.

⁵⁷ There were a total of 58 applicable children who required legal action to free them for adoption and all 58 had legal action to free them within 45 days.

⁵⁸ While court action was scheduled for all cases, some court actions were noted to be several months to over a year later. Work needs to be done to ensure actions are timely.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
27. <i>Timely Adoption</i> : 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.	76%	68% ⁵⁹	Partially
28. <i>Timely Adoption</i> : 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.ii.)	For children whose permanency goal changed to adoption prior to July 1, 2010 who are not currently in an approved adoptive placement, 40% will be placed in an approved adoptive placement by December 31, 2010 and an additional 20% will be placed in an approved adoptive placement by June 30, 2011.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance	N/A
29. <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. (IEP citation I.B.16.b.i.)	By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance	N/A
30. <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. (IEP citation I.B.16.b.ii.)	By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance	N/A

⁵⁹ During the monitoring period, 21 of 31 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	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>31. <u>Timely Adoption</u>: 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>	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.	From January – June 2016, 91% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home.	From July – December 2016, 87% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 month of the child being placed in a pre-adoptive home. ⁶⁰	Partially
<p>34. <u>Placement Licensing</u>: 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>	95% of foster homes and group homes with children placed will have a current and valid license.	Monthly range of 93 – 95%	Monthly range of 95 – 96% ⁶¹	Yes

⁶⁰ CFSA reports that 54 adoptions were finalized during this monitoring period. Of those 54, 28 adoptions were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 19 children.

⁶¹ Monthly performance data for placement licensing are as follows: July, 95%; August, 95%; September, 95%; October, 96%; November, 96%; December, 95%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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 92 – 100% of applicable closed investigations were referred to a Collaborative or community agency.</p>	<p>Monthly range of 83 – 100% of applicable closed investigations were referred to a Collaborative or community agency.⁶²</p>	<p>Yes⁶³</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>82% of children placed between January – June 2016 with their siblings or within 30 days of their siblings were 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.⁶⁴</p>	<p>No⁶⁵</p>

⁶² Monthly performance for community-based referrals for low and moderate risk families are as follows: July, 83%; August, 100%; September, 100%; October, 100%; November, 100%; December, 100%.

⁶³ Although performance was below the required standard during one month, the Monitor considers this a temporary deviation and CFSA continues to meet this Exit Standard.

⁶⁴ CFSA also provided data for all children in care at a point in time (not limited to those who entered care between July and December 2016) for this Exit Standard. As of December 31, 2016, 65% 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.

⁶⁵ This is the first monitoring period that CFSA has fallen below the required level; the Monitor currently considers this deviation temporary and will continue to closely assess performance in this area.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
37. <i>Sibling Placement and Visits</i> : Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren). (IEP citation I.C.20.b.)	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	Monthly range of 86 – 94% with at least monthly visits Monthly range of 80 – 89% with at least twice monthly visits	Monthly range of 89 – 93% with at least monthly visits Monthly range of 78 – 88% with at least twice monthly visits	Yes
39. <i>Health and Dental Care</i> : Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)	95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening.	Initial and re-entries: monthly range of 92 – 100% Replacements: monthly range of 83 – 93%	Initial and re-entries: monthly range of 98 – 100% Replacements: monthly range of 85 – 92% ⁶⁶	Yes ⁶⁷
40. <i>Health and Dental Care</i> : Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)	85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement.	Within 30 days: monthly range of 79 – 92% Within 60 days: monthly range of 94 – 96%	Within 30 days: monthly range of 89 – 96% Within 60 days: monthly range of 95 – 99%	Yes

⁶⁶ Monthly performance data for replacement health screenings are as follows: July, 91%; August, 90%; September, 87%; October, 92%; November, 85%; December, 91%.

⁶⁷ Performance fell below the required level for health screenings required prior to a placement change in July and November 2016. The Monitor currently considers this deviation temporary and will continue to closely assess performance in this area.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>41. <u>Health and Dental Care</u>: 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 30 – 61%</p> <p>Within 60 days: monthly range of 54 – 96%</p> <p>Within 90 days: monthly range of 70 – 98%</p>	<p>Within 30 days: monthly range of 57 – 70%</p> <p>Within 60 days: monthly range of 71 – 96%</p> <p>Within 90 days: monthly range of 73 – 96%⁶⁸</p>	Partially ⁶⁹
<p>42. <u>Health and Dental Care</u>: 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>	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	92% of cases were acceptable based on CY2015 QSR data.	92% of cases were acceptable based on CY2016 QSR data. ⁷⁰	Yes

⁶⁸ Monthly performance data for children having dental evaluations completed within 90 days of placement are as follows: July, 96%; August, 86%; September, 76%; October, 77%; November, 73%; December, 81%.

⁶⁹ CFSA maintained the required level of performance for 2 sub-parts of this Exit Standard (dental evaluations within 30 days of placement and dental evaluations within 60 days of placement) but did not maintain the required level of performance for the third sub-part (dental evaluations within 90 days of placement) for 4 out of the 6 months. The Monitor considers this Exit Standard partially maintained.

⁷⁰ Of the 91 cases reviewed through QSR in CY2016 where the child or youth was placed in foster care at the time of the review, 84 (92%) were rated as acceptable on both of the Health Status indicators.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
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. (IEP citation I.D.24.)	The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.	In FY2016, CFSA allocated \$24.03 million for community-based services.	In FY2017, CFSA allocated \$20.96 million for community-based services. In FY2018, CFSA has allocated \$19.41 for community-based services in the proposed budget.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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. Unable to determine⁷¹</p> <p>b. & c. Monthly range of 98 – 100% of ongoing workers met the caseload requirements. No social worker had a caseload of more than 18.</p>	<p>a. Monthly range of 53 – 92% of CPS workers met the caseload requirements.⁷² Monthly range of 8 – 45 CPS workers had a caseload of more than 15.⁷³</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>Partially⁷⁵</p>

⁷¹ During the caseload validation process for investigation and FA caseloads, the Monitor received reports from investigation and FA workers citing concerns with the way in which caseloads were managed and the assignments were documented in FACES.NET. Thus, the Monitor determined that investigation and FA caseloads between January and June 2016 could not be reported. The Monitor, in collaboration with CFSA, engaged in additional validation activities for the July through December 2016 monitoring period and it appears caseload assignments are now accurately being documented in FACES.NET. Performance data can be reported from September 2016 through December 2016.

⁷² Monthly performance data for CPS (investigation and FA) workers are as follows: September, 92%; October, 71%; November, 54%; December, 53%. Monthly performance data for investigative workers are as follows: September, 98%; October, 88%; November, 70%; December, 76%. Monthly performance data for FA workers are as follows: September, 82%; October, 43%; November, 32%; December, 22%.

⁷³ Monthly performance data for CPS (investigation and FA) workers with caseloads of more than 15 are as follows: September, 8 workers; October, 27 workers; November, 43 workers; December, 45 workers. Monthly performance data for investigative workers are as follows: September, 1 worker; October, 7 workers; November, 17 workers; December, 13 workers. Monthly performance data for FA workers are as follows: September, 7 workers; October, 20 workers; November, 26 workers; December, 32 workers.

⁷⁵ CFSA maintained the required level of performance for 4 of the 5 sub-parts of this measure.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
(IEP citation I.D.25.)		d.100% of workers conducting home studies met required performance of no greater than 30 cases. e. Monthly range of 21 – 43 (1 – 3% of total open cases) were unassigned to a social worker for more than 5 business days.	d.100% of workers conducting home 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. ⁷⁴	
<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 94 – 97% of supervisors met the required standard.	Monthly range of 96 – 100% of supervisors met the required standard.	Yes

⁷⁴ Between July and December 2016, in addition to these unassigned cases, a monthly range of 43 to 72 ongoing cases were assigned to investigative social workers. CFSA indicates that these investigations have closed and are awaiting transfer to an ongoing unit.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<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 90 – 95% of cases assigned to social workers.	Monthly range of 92 – 95% of cases assigned to social workers. ⁷⁶	Partially ⁷⁷
<p>49. <u>Training for New Social Workers</u>: New direct service staff⁷⁸ 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.	93%	86% ⁷⁹	Yes
<p>50. <u>Training for New Supervisors</u>: New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility.</p> <p>(IEP citation I.D.27.b.)</p>	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	93%	57% ⁸⁰	No

⁷⁶ Monthly performance data are as follows: July, 94%; August, 95%; September, 93%; October, 93%; November, 94%; December, 92%.

⁷⁷ Performance was below the required level for 5 of the 6 months of the monitoring period. The Monitor considers these deviations insubstantial and this Exit Standard maintained.

⁷⁸ Direct service staff includes social workers, nurse care managers and family support workers who provide direct services to children, youth and families.

⁷⁹ Twenty-five out of 29 applicable social workers completed the required pre-service training. The Monitors considers this an insubstantial deviation in performance and this Exit Standard maintained.

⁸⁰ Four out of 7 applicable supervisors completed the required pre-service training.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
51. <u>Training for Previously Hired Social Workers</u> : Previously hired direct service staff ⁸¹ 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.	94%	Not yet due ⁸²	N/A
52. <u>Training for Previously Hired Supervisors and Administrators</u> : 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.	97%	Not yet due ⁸³	N/A
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.	98%	94%	Yes ⁸⁴
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.	94%	93%	Yes ⁸⁵

⁸¹ Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

⁸² Data are collected annually based on a training schedule that begins July 1 and ends June 30 each year.

⁸³ Ibid.

⁸⁴ The Monitor considers current performance an insubstantial deviation and this Exit Standard maintained.

⁸⁵ The Monitor considers current performance an insubstantial deviation and this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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> <ul style="list-style-type: none"> i. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement; ii. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home; iii. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report; iv. Children with a permanency goal of reunification for more than 18 months; v. Children placed in emergency facilities for more than 90 days; vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license; vii. Children under 14 with a permanency goal of APPLA; and viii. 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 the cases of these children/families that have been flagged for discussion during applicable reviews.</p> <p>b. 100% 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. 86% of required special corrective action plans were developed.</p>	<p>Partially</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>56. <u>Performance-Based Contracting</u>: 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 expected to be executed by the end of FY2016 were delayed and are now expected to be complete by November 2016. CFSA revised its contract monitoring tool and processes this period. CFSA trained providers on the new tool which assesses their performance on the quality of their practice and efforts to ensure safety, permanency and well-being for children and youth.	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.	Yes
<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

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<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.	<p>As of June 2016, 16 of 19 FTE positions for Family-Based Contracts Monitoring were filled.</p> <p>24 of 24 FTE positions were filled for Family Licensing Division.</p>	As of December 2016, 20.75 FTE and 1 PT position for Family Licensing and Facility Licensing were filled. CFSA reports no vacancies.	Yes
<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>	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>The approved FY2016 budget is \$244.8 million and CFSA believes it provides adequate funding for required staffing, services and supports.</p> <p>The actual FY2016 budget was \$218.5 million.</p>	<p>The approved FY2017 budget is \$232.6 million and CFSA believes it provides adequate funding for required staffing, services and supports.⁸⁶</p> <p>The proposed FY2018 budget is \$226.5 million.</p>	Yes

⁸⁶ A \$10 million reduction in the proposed budget reflects the elimination of an Intra-District swap between CFSA and the Department of Human Services (DHS) related to federal TANF dollars. Previously, CFSA was able to support the District’s efforts in drawing down federal TANF dollars by using these dollars to fund prevention services in the

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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

community through the Collaboratives and then creating a line-item for the same amount of local dollars to allocate to DHS. Due to the Title IV-E waiver, CFSA is now able to fund these services through waiver dollars. CFSA leadership has indicated that there will be no impact on community-based services solely as a result of the elimination of this Intra-District swap.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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
64. <u>Reviewing Child Fatalities</u> : 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. (IEP citation II.A.4.)	Ongoing Compliance	Internal: The 2014/2015 Annual Report has not yet been finalized. City-wide: Ongoing compliance	Internal: The 2014/2015 Annual Report was not finalized as of December 31, 2016. ⁸⁷ City-wide: Ongoing compliance	Partially ⁸⁸

⁸⁷ The 2014/2015 Internal Child Fatality Review Committee Annual Report was finalized on April 3, 2017.

⁸⁸ Due to the delayed timeframe of these reports, the Monitor considers this Exit Standard to be partially maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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 85 – 100%	Monthly range of 91 – 100% ⁸⁹	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

⁸⁹ Reported performance includes combined compliance for both foster homes and congregate care settings. Monthly performance on timely completion of investigations of reported abuse and neglect in foster homes and institutions are as follows: July, 100%; August, 94%; September, 100%; October, 91%; November, 92%; December, 100%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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 monthly during the monitoring period.	Training opportunities were offered every month except December 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 18 – 20 children	Monthly range of 15 – 17 children	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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: 93 – 95%</p> <p>b. Monthly range of children over placed in foster homes: 2 – 3%</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: 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.⁹⁰</p>	Yes

⁹⁰ 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.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>72. <u>Case Planning Process</u>: 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>	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.	Monthly range of 85 – 94%	Monthly range of 85 – 94% ⁹¹	Partially ⁹²
<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 ⁹³	Yes

⁹¹ Monthly performance for completion of case plans are as follows: July, 91%; August, 91%; September, 90%; October, 88%; November, 85%; December, 87%.

⁹² This is the third monitoring period where performance fell below the required level for multiple months, falling below for 3 of the 6 months during the current monitoring period. The Monitor currently considers this to be an insubstantial deviation and for this Exit Standard to be partially maintained.

⁹³ As of December 31, 2016, CFSA reports that 1 refugee minor child had the goal of APPLA as well as a child with significant medical complications who has had the goal of APPLA as reported in previous monitoring periods.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
74. <i>Timely Adoption</i> : Within 95 days of a child’s permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource. (IEP citation II.B.14.)	For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.	97%	100% ⁹⁴	Yes
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. (IEP citation II.B.15.)	Ongoing compliance for 90% of cases.	CFSA continues to report all adoptive families receive notification in a variety of ways.	CFSA continues to report all adoptive families receive notification in a variety of ways.	Yes
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. (IEP citation II.D.16.)	Ongoing Compliance for 90% of cases.	As of June 2016, 97% of applicable children had required judicial review.	As of December 2016, 96% of applicable children had required judicial review.	Yes

⁹⁴ Data are reported by the fiscal year. Thus, performance represents data from October 1, 2015 to September 30, 2016. Ninety-eight children had their goal changed to adoption. Forty-eight (97%) of the 68 children had a staffing or were not eligible to have a staffing. Specifically, 24 children no longer needed a staffing because a letter of intent to adopt was signed, the goal changed again, or another reason. Sixteen children were still within the 95 day compliance timeframe and 26 had a staffing. The remaining 2 eligible children did not have a needed staffing. From October 1, 2016 to December 31, 2016, 6 children had their goal changed to adoption – 4 were still within the 95 day compliance timeframe and 2 had their goal changed again.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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 95 – 97%	Monthly range of 93 – 95%	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.	98%	94%	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>81. <u>Needs Assessment and Resource Development Plan:</u></p> <p>a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff and other resources to carry out MFO resource development functions.</p> <p>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of</p>	Ongoing Compliance	CFSA completed the Needs Assessment in January 2016 and submitted the Resource Development Plan on June 29, 2016. ⁹⁵	The Needs Assessment and FY2018 Resource Development Plan are due in 2017.	N/A

⁹⁵ After additional consultation with the Monitor and Plaintiffs' counsel, CFSA submitted a revised version of the RDP on September 2, 2016 which has been accepted by the Monitor.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan. (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	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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>Throughout the reporting period, the QA unit had 5 full-time QSR reviewers and 1 supervisory QSR specialist. There are 6 staff specialists assigned to the QA unit (3 of whom are primarily assigned to CFSA's Internal Child Fatality Review Committee).⁹⁶</p>	<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>	Yes

⁹⁶ The supervisory QA Specialist position remains vacant and is currently posted.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	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	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2016 Performance ⁴³	July – December 2016 Performance ⁴⁴	Exit Standard Maintained
<p>87. <u>Foster Parent Board Rates</u>: 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 ⁹⁷	Yes
<p>88. <u>Post-Adoption Services</u>: 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 ⁹⁸	Yes

⁹⁷ 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.

⁹⁸ CFSA reports for FY2016 the adoption subsidy budget amount is \$20,476,868 and the guardianship subsidy budget amount is \$13,832,329. CFSA reports for FY2017 the adoption subsidy budget amount is \$19,084,985 and the guardianship subsidy budget amount is \$11,672,128.

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

A. GOAL: CHILD SAFETY

In this section of the report, the Monitor examines CFSA's performance within their Entry Services division which includes the Hotline, Investigations and Family Assessment, all critical areas of practice for a child welfare system.

In the first few months of 2016, CFSA and the Monitor conducted a review of screening decisions made by hotline workers, the Hotline R.E.D. Team and the educational neglect triage unit in response to reports of alleged child abuse or neglect. The review identified several areas where changes were needed including inconsistency in decision making, deficiencies in interviewing techniques and engagement with reporters and incomplete or conflicting documentation. In September 2016, specific recommendations were developed to improve processes, guidance and training. These recommendations were incorporated into the 2017 *LaShawn* Strategy Plan and are under review by the new Entry Services Deputy Director who was hired in January 2017; updates will be provided in the next monitoring report.

In addition to improving hotline decision making, CFSA leadership is aware that improvement is needed within investigation and FA practice. Although the data below show improvement in timely initiation and timely closure of investigations from the prior monitoring period, the quality of practice within investigations and FA continue to lack consistency, with specific concerns around engaging parents and collateral contacts; assessing for safety, risk and well-being; and ensuring families are linked and engaged with appropriate services. Entry Services caseloads were assessed utilizing a new, more precise methodology this period and data reflect significant concerns about high caseloads – in December 2016, only 53 percent of investigation and FA workers were carrying 12 or fewer cases during the month.

The 2017 *LaShawn* Strategy Plan includes activities to address many of these issues including: completion of a staffing analysis; additional training for social workers and supervisors on the connection between accurate assessments, provision of services and improved outcomes for children and families; better tracking and accountability of referrals to the Collaboratives and engagement with families; assessment of FA policies and practices; and development of recommendations for improvement with timelines for implementation. Further, the newly appointed Entry Services Administrator has been assessing all areas of practice and policy and intends to implement additional strategies to address other necessary changes as identified.

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 custodian; 2) initiate a child protective services (CPS) investigation; 3) initiate a Family Assessment (FA)⁹⁹; or 4) Information and Referral (I&R)¹⁰⁰. These determinations are made either by hotline staff at the time of referral using the hotline Structured Decision Making (SDM) tool or after consultation in the Hotline R.E.D. Team which includes participation from multidisciplinary staff within the agency. In December 2016, of the 1,254 hotline calls received, 59 were designated for immediate response investigations and 86 were categorized as I&R; of the remaining 1,109, less than half (422/38%) were referred to the R.E.D. Team for consultation within a R.E.D. Team to make a pathway decision.

Per D.C. law, schools are required to make an educational neglect referral for students between the ages of five and 13 who have 10 or more unexcused school absences. CFSA operates an Educational Neglect Triage Unit that screens these referrals of educational neglect based on school absences to determine next steps. These referrals are sent by schools to CFSA via an email portal utilizing an automated form which captures data regarding the number of school days missed, the impact of absences on the student's current grades and information regarding any interventions attempted by the school prior to submitting the referral.

Table 3 below shows the number of calls the hotline received between July and December 2016 and specifies the differential response pathway selected for each referral. The volume of calls to the hotline this monitoring period ranged between 938 and 1,378 a month, with a total of 7,173 calls during this six month monitoring period; this is similar to the number of referrals received between July and December 2015. An average of 31 percent of hotline calls received each month were accepted for an investigation or linked¹⁰¹ to a current investigation and an average of 25 percent of hotline calls each month were accepted for a FA or linked to a current FA. As indicated in Table 3, a monthly range of five to 15 percent of calls were designated as I&R and a

⁹⁹ 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.

¹⁰⁰ 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 abscondence or return from abscondence, non-CPS assaults or child or youth curfew violations.

¹⁰¹ Linked indicates that the agency already had an open investigation or FA and the new referral was linked to the previously open referral.

monthly range of 31 to 37 percent of calls were screened out. The percentage of referrals assigned for investigation and FA has increased since the January through June 2016 period when the monthly range of screen outs was higher, between 49 to 56 percent.

**Table 3: Calls to the Child Abuse and Neglect Hotline by Differential Response Pathway
July – December 2016**

Month	Total	Information and Referral (I&R)	Investigation		Family Assessment (FA)		Screened Out by Hotline or Hotline R.E.D. Team
		Accepted	Accepted	Linked	Accepted	Linked	
Jul 2016	938	142 (15%)	256 (27%)	35 (4%)	171 (18%)	8 (1%)	326 (35%)
Aug 2016 ¹⁰²	1,050	152 (14%)	246 (23%)	42 (4%)	205 (20%)	12 (1%)	393 (37%)
Sept 2016 ¹⁰³	1,314	107 (8%)	374 (28%)	46 (4%)	316 (24%)	17 (1%)	454 (35%)
Oct 2016	1,239	88 (7%)	383 (31%)	55 (4%)	309 (25%)	23 (2%)	380 (31%)
Nov 2016	1,378	68 (5%)	388 (28%)	58 (4%)	342 (25%)	16 (1%)	506 (37%)
Dec 2016	1,254	86 (7%)	317 (25%)	37 (3%)	364 (29%)	22 (2%)	428 (34%)
Total	7,173	643 (9%)	1,964 (27%)	273 (4%)	1,707 (24%)	98 (1%)	2,487 (35%)

Source: CFSA Administrative Data, FACES.NET report INT003
Percentages may not equal 100% due to rounding.

2. 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

¹⁰² At the time the data were run for August 2016, 1 hotline call was awaiting approval. This call is not included in the total denominator.

¹⁰³ At the time the data were run for September 2016, 1 hotline call was awaiting approval. This call is not included in the total denominator.

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 these IEP Exit Standards are currently Outcomes to be Achieved – 1) timely initiation of investigation, 2) timely closure of investigations and 3) quality of investigations. Performance for this monitoring period shows improvement for two of these measures (timely initiation and timely completion), although performance is not yet at the final target level.

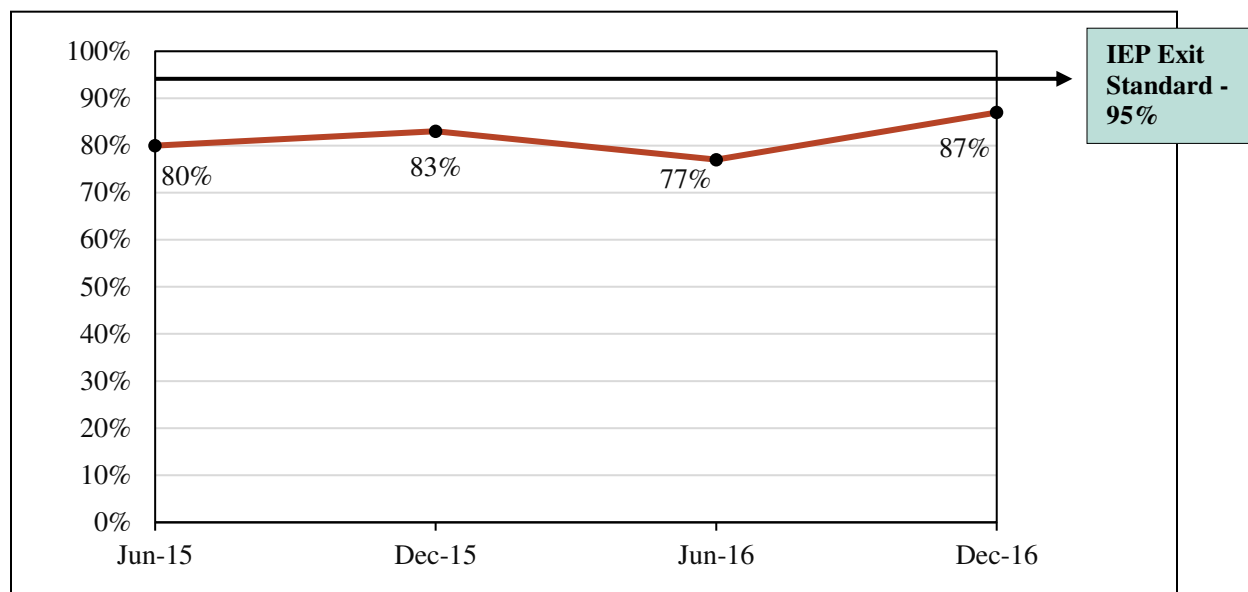
CFSA continued to maintain required performance for the other two investigation Exit Standards which are designated as Outcomes to be Maintained – 1) comprehensive review of families subject to a new investigation for whom the current report is the fourth or greater with the most recent occurring within the last 12 months and 2) referrals for families with low or moderate risk of abuse who are in need of and agree to additional supports to an appropriate Collaborative or community-based agency for follow-up.

Initiating Investigations

IEP Requirement	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.)
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. ¹⁰⁴

¹⁰⁴ 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 1: Timely Initiation of Investigations
June 2015 – December 2016¹⁰⁵



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 July 1 through December 31, 2016:

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.¹⁰⁶ The Monitor and CFSA conducted a secondary review of FACES.NET data for December 2016 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 December 2016, 366 closed non-institutional abuse investigations were applicable to this measure. All alleged victim children were seen within 48 hours in 260 (71%) investigations and good faith efforts were made in an additional 60 (16%) investigations for a total of 87 percent of investigations initiated timely. Although performance did not reach the 95 percent standard, this is a significant improvement from the previous monitoring period, when the percentage of children seen within 48 hours was 66 percent and the overall performance with inclusion of good faith efforts was 77 percent (see Figure 1).

Between July and November 2016, monthly performance data on timeliness of investigation initiation (without inclusion of good faith efforts) ranged from 60 to 73 percent. Documentation

¹⁰⁵ In order to report comparable performance on this Exit Standard over time, data on timely initiation of investigations are only reported for the months for which a secondary review was conducted to validate completion of good faith efforts.

¹⁰⁶ For younger and non-verbal children, observation is acceptable.

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:

- *Beginning May 1, 2016, Entry Services and Agency Performance will conduct an assessment of the Child Protection Services (CPS) shift-to-shift reports to identify gaps that occur when tasks to initiate the investigation are not completed timely. The assessment will examine administrative, clinical, and caseload factors affecting performance and will include front-line staff. The final report will be issued by June 30, 2016 and will contain recommendations and a work plan with timeframes to improve performance on initiation of investigations. CFSA will implement recommendations in accordance with the work plan. (2016 Strategy Plan, #1)*

Most of the recommendations related to this strategy were completed in August and September 2016 including the addition of three CPS investigation units¹⁰⁷; amending the weekend coverage schedule to ensure staffing on the weekend includes two full units with both CPS investigation and FA staff; modifying the referral assignment process; modifying the Hotline R.E.D. Team process so that reports that are less complicated can be immediately assigned to workers for action; and adding four vehicles to CFSA's fleet. CFSA also reports revising the shift to shift report to allow for better tracking of activities, including adding the 48 hour deadline time to provide continuous urgency, and coaching supervisors on timely initiation expectations and strategies social workers can utilize in the field to locate children.

- *In an effort to increase performance and implement targeted management accountability, CPS supervisors will review data at daily huddles to improve performance on (1) timely initiation of investigations, (2) caseloads, and (3) timely closure of investigation. Daily huddles occur three times each day at shift changes. The data review will identify investigations that have not yet been assigned and will review efforts to locate children/families and ensure that those efforts are properly documented. (2016 Strategy Plan, #2)*

CFSA reports that daily huddles occur three times per day at shift changes and that supervisors utilize this time to review data from management reports and BIRST¹⁰⁸.

¹⁰⁷ One of the new CPS investigation units was previously a FA unit that was converted.

¹⁰⁸ BIRST is a data visualization system that displays real time performance on select practice indicators.

- *Program managers will conduct reviews with supervisors weekly to assess workloads, status of timely initiation of investigations, and timely closures. As a follow up, program administrators will track completion of program manager/worker reviews and outcomes to develop corrective actions each month, as needed. (2016 Strategy Plan, #3)*

CFSA reports that the Entry Services' program administrators continue to track completion of program manager and worker reviews and that corrective action plans for individual workers are developed if needed.

- *By May 31, 2016¹⁰⁹, CPS managers and supervisors will participate in a mandatory refresher "Managing with Data" training utilizing CFSA's data visualization system (BIRST). The purpose of the refresher training is to strengthen the managers' skills to review data and train staff to use data to make informed decisions to effectively manage caseloads and improve performance outcomes. (2016 Strategy Plan, #4)*

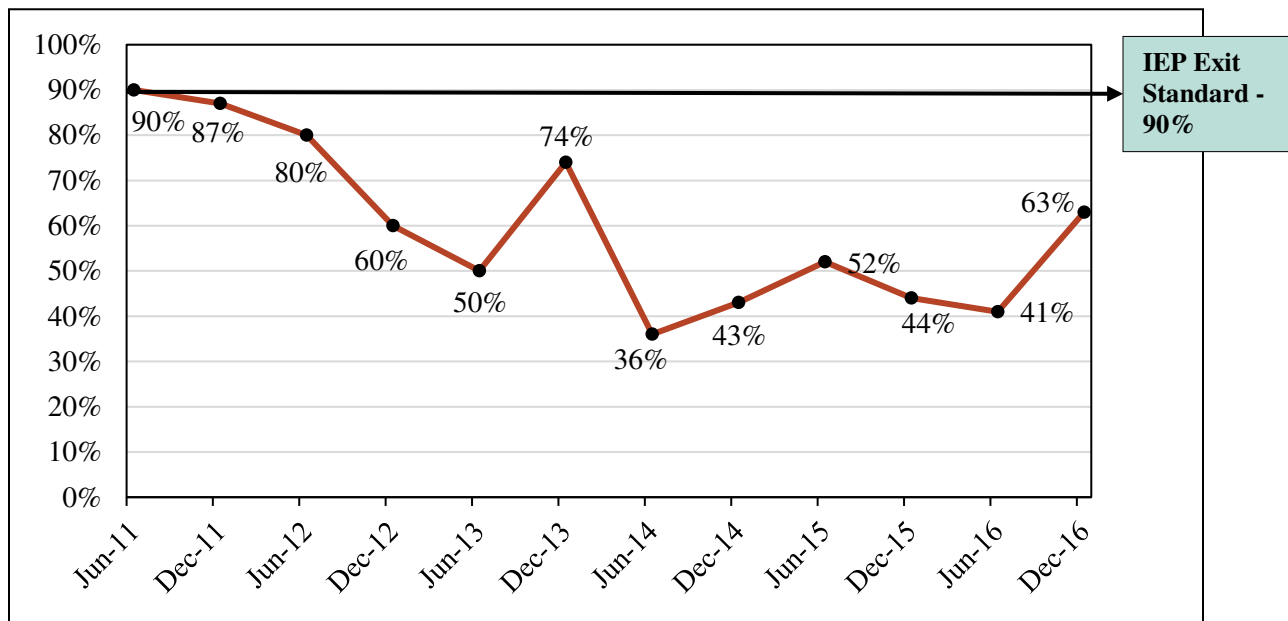
CFSA reports that all applicable program managers and supervisors were trained by July 2016. Training is offered monthly for newly hired supervisors and managers on FACES.NET and BIRST.

Timely Completion of Investigations

IEP Requirement	<p>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.</p> <p>(IEP citation I.A.1.b.)</p>
Exit Standard	<p>90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.</p>

¹⁰⁹ On June 22, 2016, CFSA submitted modification to this strategy, extending the deadline to mid-July 2016.

**Figure 2: Timely Completion of Investigations
June 2011 – December 2016**



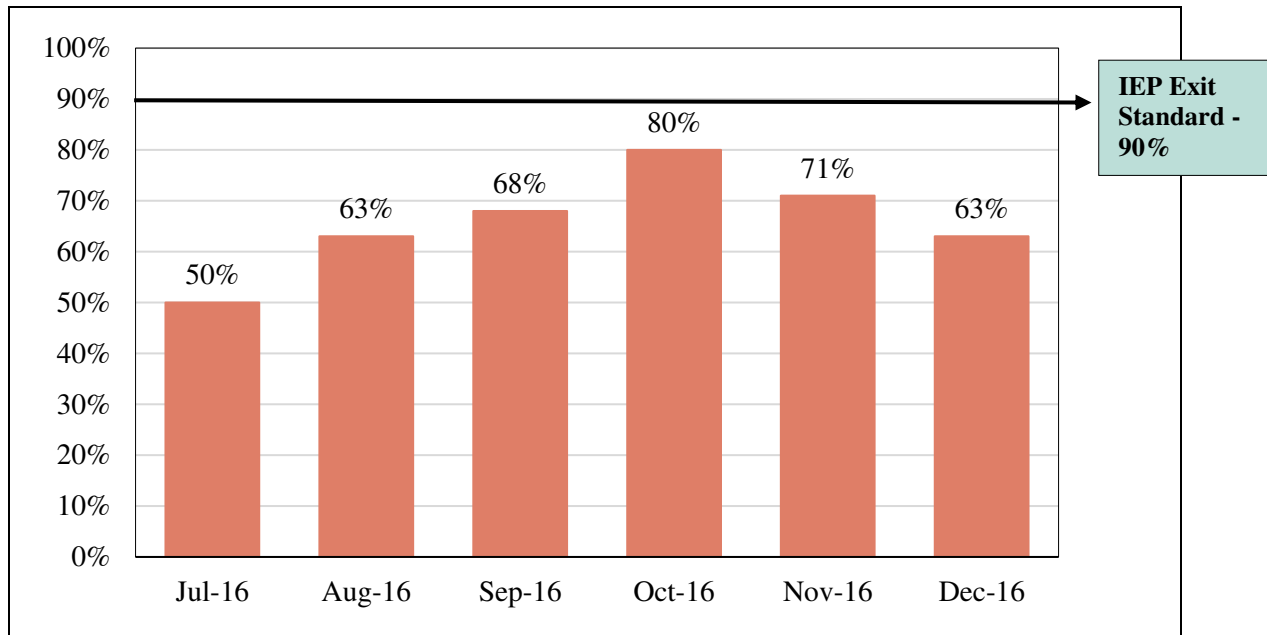
Source: CFSA Administrative Data, FACES.NET report INV004

Performance for the period July 1 through December 31, 2016:

In December 2016, there were 366 non-institutional abuse investigations completed; 231 (63%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report. As indicated in Figure 3 below, performance this monitoring period ranged widely between 50 and 80 percent of investigations completed timely each month,¹¹⁰ with the highest performance in October. Of note, caseload compliance for investigation workers decreased throughout the current monitoring period, starting at 92 percent in September and ending at 53 percent in December.

¹¹⁰ During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: July, 96; August, 52; September, 25; October, 45; November, 56; December, 75.

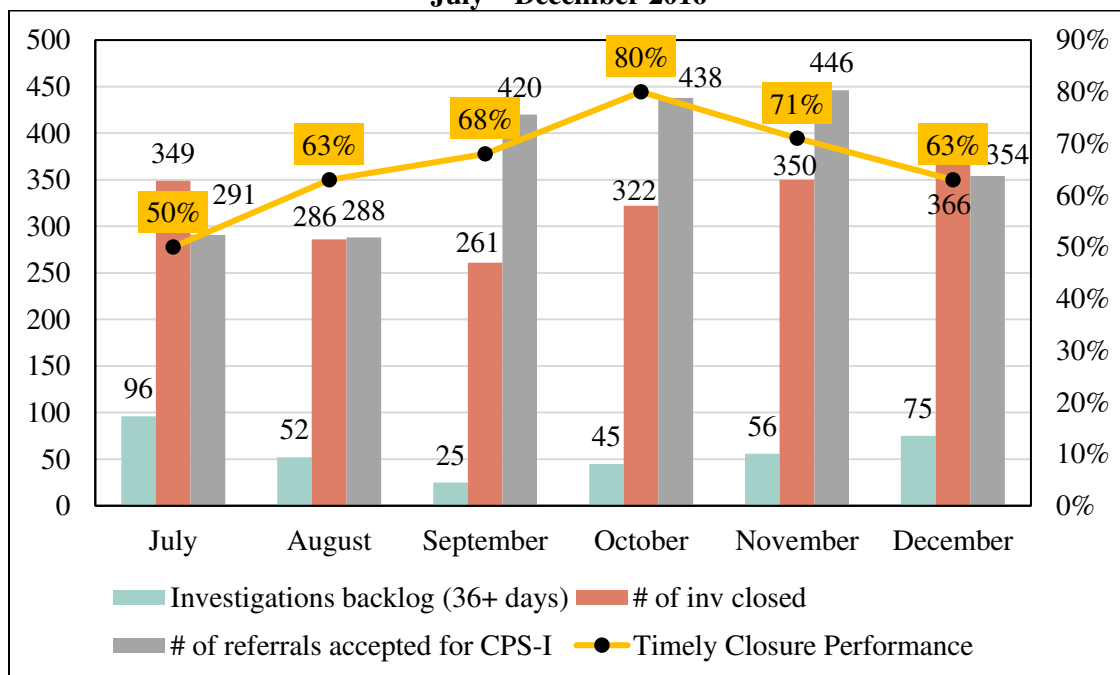
**Figure 3: Timely Completion of Investigations
July – December 2016**



Source: CFSA Administrative Data, FACES.NET report INV004

Figure 4 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 4: Investigations Accepted, Closed and in Backlog
July – December 2016**



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:

- *Each Monday through Thursday at the 10/15 Day R.E.D. team meetings, team members will review five investigations/assessments and identify the action steps necessary to progress toward timely closure. After supervisory consult with social workers, investigations identified for review at the meetings will include those with: (1) familial complicating factors, (2) a need for enhanced services, and (3) significant barriers to safe closure, which include joint investigations with law enforcement. Supervisors will coach staff at these meetings on improved CPS practice. Beginning April 2016 and at each quarter, Agency Performance will conduct an analysis of the data and share findings with CPS managers. (2016 Strategy Plan, #5)*

On September 30, 2016, CFSA submitted a modification to this strategy to maintain the Case Transfer R.E.D. Team meetings (from investigation or FA to in-home) and to use the 10/15 Day R.E.D. Team meetings as a part of ongoing supervision. As of December 29, 2016, CFSA further revised the 10/15 Day R.E.D. Team meeting schedule, reducing the frequency of meetings to the first and third Wednesdays of every month. CFSA has not provided the Monitor with current data analysis and findings from Agency Performance's quarterly reviews.

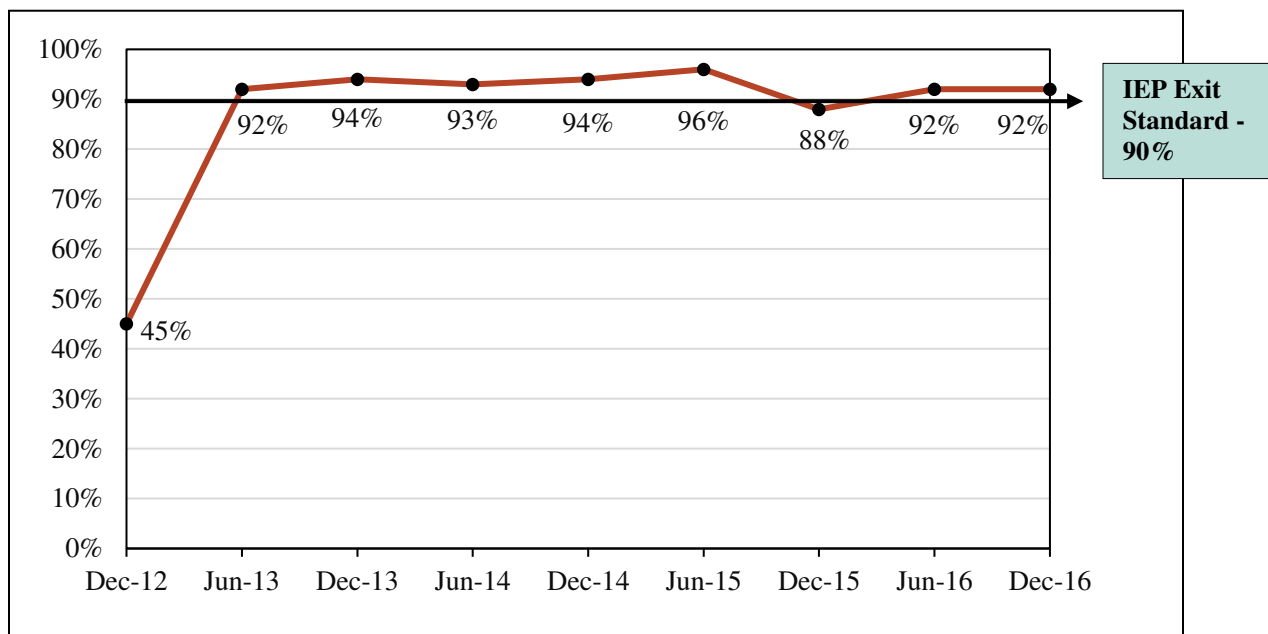
- *CFSA will continue to have bi weekly group coaching support through Program Management observation to assess supervisory skills and offer strategies in work plan development for CPS frontline workers. Supervisors will develop action plans with investigative workers for investigations that have been opened for 35 days or longer. The action plans will include specific steps and timelines to be completed for safe closure. Program managers will review the action plans with supervisors on a weekly basis. The Administrator will review the plans twice each month. (2016 Strategy Plan, #7)*

CFSA reports that this strategy has been consistently implemented throughout CY2016. Program managers meet with supervisors and social workers during supervision to provide coaching and offer strategies in developing work plans which include follow-up activities needed for investigation and FA closure. Program administrators also track work plan implementation and meet twice a month with program managers and supervisors to address inconsistencies and improve best practice.

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 5: 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
December 2012 – December 2016**



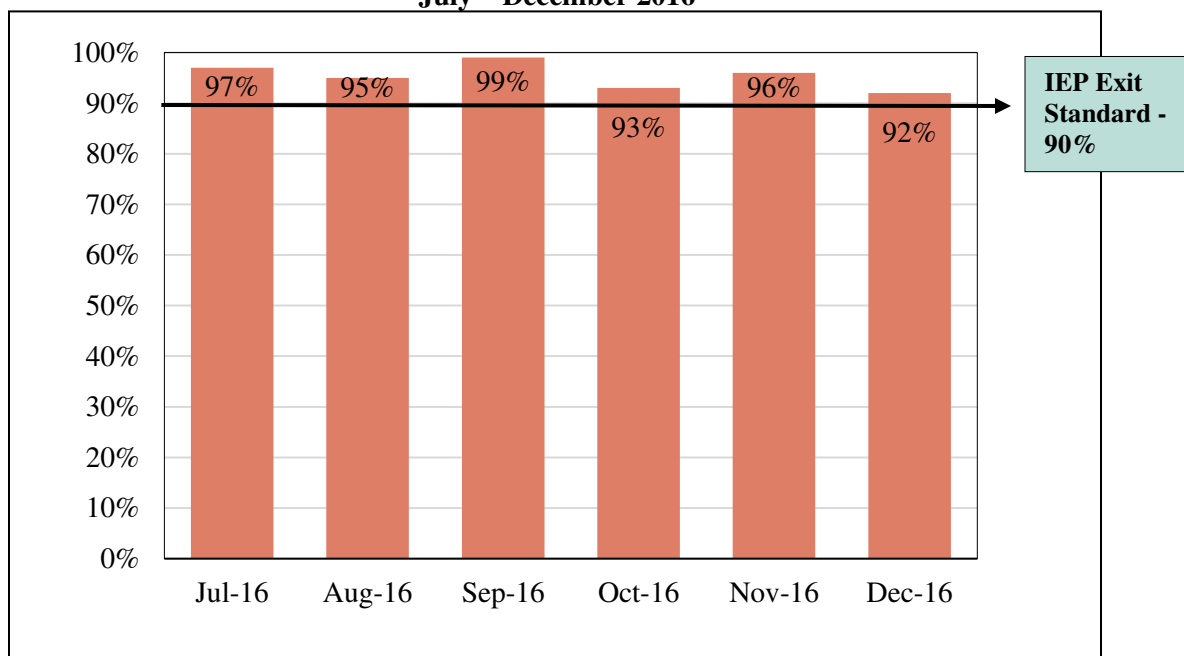
Source: CFSA Manual Data and Administrative Data, FACES.NET Report INV133

Performance for the period July 1 through December 31, 2016:

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 December 2016, there were 95 families eligible for a review as the current report of child maltreatment was the fourth or greater report of child maltreatment. Eighty-seven (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 July and December 2016, monthly performance for this Exit Standard ranged from 93 to 99 percent, exceeding the required standard each month (see Figure 6). The Monitor continues to consider this Exit Standard maintained. While this standard is being met, as discussed later in this section, the quality and comprehensiveness of these reviews is quite variable and do not in all cases meet the intended goal.

**Figure 6: 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
July – December 2016**

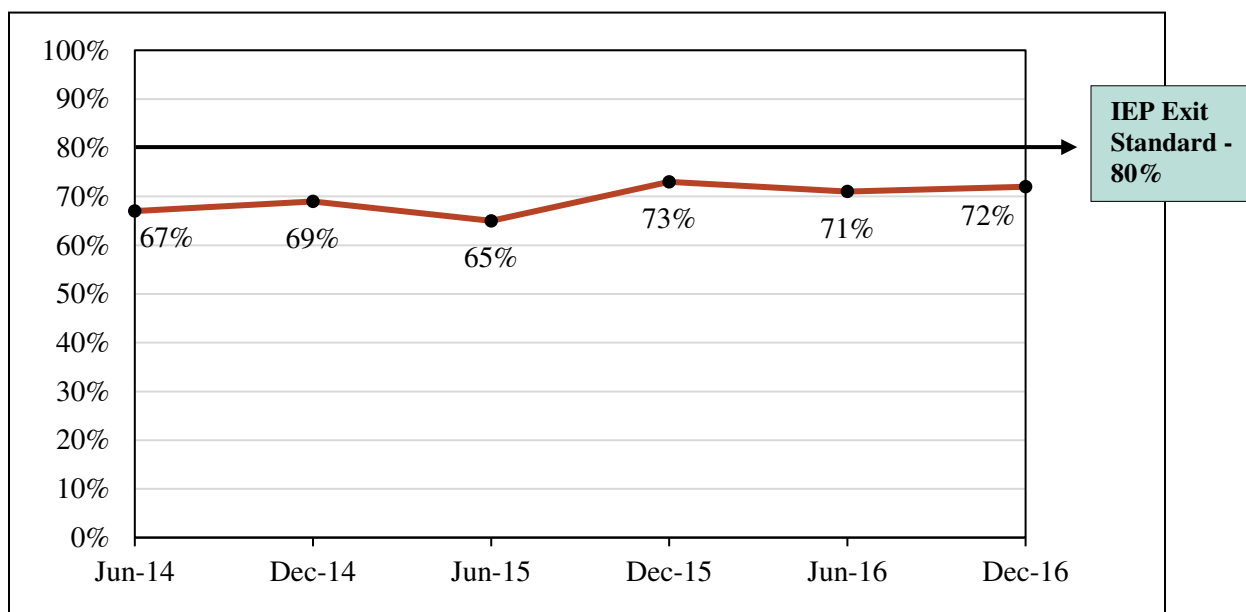


Source: CFSA Manual Data and Administrative Data, FACES.NET Report INV133

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. ¹¹¹ (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

**Figure 7: Investigations Determined to be of Acceptable Quality
June 2014 – December 2016**



Source: Data for June 2014, December 2014, December 2015, June 2016 and December 2016 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.

¹¹¹ 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 five 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.

Performance for the period July 1 through December 31, 2016:

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 of: utilization of CFSA's screening tool in prioritizing response times for initiating investigations; quality interviews are conducted with core and collateral contacts (including all children in the household); medical and mental health evaluations of parents or children as needed; use of risk assessment protocol; and initiation of services to prevent unnecessary removal of children from their home.

One-hundred and thirty-two investigations that closed between July and December 2016 were reviewed by at least two CFSA staff or one CFSA and one Monitor staff.¹¹² Of the 132 investigations reviewed, 95 (72%) were assessed to be of acceptable quality. Data analyzed for the 37 investigations determined not to be of acceptable quality provide insight on practices that contributed to the finding. These data are bulleted below:

- In 15 (41%) of the 37 investigations, insufficient information was collected from core contacts which include the alleged victim child(ren), the alleged maltreater(s), the reporter, medical resources or educational resources.
- In 23 (62%) of the 37 investigations, insufficient information was collected from collateral contacts who were likely to provide information about the child's safety and well-being; in some investigations, this included a relative, non-custodial parent, mental health professional or coach.
- In 23 investigations, non-victim children were members of the household and in 10 (43%) of these investigations, insufficient information was collected from and about these children.
- In 12 (32%) of the 37 investigations, responses within the risk assessment tool were not fully reflective or were only partially reflective of the information collected by the investigator.

Overall performance remains unchanged over the past 12 months and continues to be below the required level of 80 percent.

Performance on Strategy Plan:

CFSA has employed the following strategies to improve the quality of investigations:

- *CFSA will continue to use the "acceptable investigation tool" to review investigation practice. CPS supervisors, managers, and agency performance staff will review 66 investigations per quarter. Based on the results of the reviews, CPS managers and supervisors will standardize the way coaching and support is provided to social workers by developing a supervision template to be completed*

¹¹² Monitor staff reviewed 19% of sample investigations.

by supervisors that will track the themes discussed during supervision and will include individualized corrective action plans. CPS managers will meet consistently with supervisors and workers to provide supervisory and worker supports. (2016 Strategy Plan, #8)

In October 2016, CFSA and Monitor staff conducted a refresher training for supervisors and program managers who use the acceptable investigation tool to review for quality. CFSA reports that managers also utilize the tool to provide coaching and improvement strategies.

- *Supervisors will use the “four plus reviews” at the start of an investigation to review themes or trends identified in the families’ history and determine if additional actions are needed to address the history within the current investigation or closure recommendations. CPS managers and supervisors will coach and support social workers to include the development of individualized plans for families based on history and will collect trends to be used in future planning (e.g., service development) and trainings. (2016 Strategy Plan, #9)*

“Four plus reviews,” the reviews completed for families who are subject to a new investigation for whom the current report is the fourth or greater within the last 12 months, are regularly conducted with the supervisor and social worker for applicable investigations. CFSA has updated its CPS-Investigation protocol, which now mandates that “four plus reviews” occur within seven to 10 days of receipt of the referral, to ensure supervisors and workers identify potential historical trends and barriers and develop an approach for addressing the family’s needs early in the investigation. The Monitor has found that these reviews are not always utilized to their full potential and purpose and hopes that in addition to requiring that the reviews occur earlier, ensuring the quality of these reviews is also an area of focus.

- *By April 30, 2016,¹¹³ CFSA will reissue the Administrative Issuance on Community Papering to provide guidance to program areas and workers and provide training so that workers and supervisors fully understand the criteria to community paper cases and their roles in the process. (2016 Strategy Plan, #10)*

Community papering is a legal strategy where a petition is filed in District of Columbia Family Court as an intervention to gain the Family Court’s oversight of a family when the agency is not requesting the removal of the child(ren) from their parent(s) due to imminent risk of harm but there remain important safety and other concerns. Through community papering, the Family Court can order the parent to engage in services to ensure the child(ren) can remain safely in the home and can monitor service progress.

¹¹³ On June 22, 2016, CFSA notified the Monitor that CFSA was unable to comply with the April 30, 2016 deadline due to a need for a procedural redesign of the AI; the AI was finalized on June 17, 2016 and was reissued at that time.

This strategy was developed because workers were unclear what was legally needed in order to successfully community paper a case. CFSA finalized and reissued the *Administrative Issuance (AI) on Community Papering* on June 17, 2016. Representatives from the Office of the Attorney General (OAG) held trainings on the community papering process with Entry Services and Community Partnership staff in October 2016, November 2016 and January 2017. This practice has been used much less frequently by CFSA in the last several years and many advocates, judges and the Monitor have specifically recommended its use in more cases.

- *Each month beginning April 2016¹¹⁴, the Deputy Director for Entry Services, the Deputy Director for Community Partnerships, and the Deputy for the Office of the Attorney General will review all cases presented for community papering, strategize regarding problematic cases, and identify themes and concerns for resolution. (2016 Strategy Plan, #11)*

As part of the work to invoke Court involvement in appropriate in-home cases, between July and December 2016, 49 cases involving 111 children were presented to the Assistant Attorney General (AAG) with a request for community papering. Of these 49 cases, 26 cases involving 64 children were accepted by the AAG and determined that a petition could be filed in court (see Table 4).

Review of cases presented for community papering started in July 2016 and have continued on a monthly basis thereafter. CFSA reports that the group receives updates on cases that were approved for community papering and discusses whether the business process for filing is being followed. In addition, for those cases not initially accepted, areas where more information is needed to support the request are identified for follow-up by workers.

¹¹⁴ On June 22, 2016, CFSA notified the Monitor that due to the delays in reissuing the AI, monthly reviews of cases presented for community papering would begin in July 2016.

Table 4: Cases Presented for Community Papering
July – December 2016
N=49

Outcome	Number of Families	Number of Children
Petition filed: Conditional Release ¹¹⁵ Granted	10	26
Petition filed: Children Placed in Foster Care	13	25
Emergency Removal prior to Initial Hearing	2	2
Not Papered	6	11
Not Accepted	23	47
Total	49¹¹⁶	111

Source: CFSA Manual Data

For 23 cases involving 47 children, the AAG determined a petition would not be filed in court at that time (see Table 5). In five cases, the AAG requested additional information from the worker or supervisor in order to make a decision.

Table 5: Reasons Cases Not Accepted for Community Papering
July – December 2016
N=23

Outcome	Number of Families	Number of Children
AAG Requested Additional Information	5	15
Not Papered: No Legal Basis	10	15
Additional Efforts Should be Explored	4	7
Not Papered: Other	4 ¹¹⁷	10
Total	23¹¹⁸	47

Source: CFSA Manual Data

¹¹⁵ Conditional Release is a pre-adjudication legal status where the child is permitted to return home to the parent/guardian under the supervision of the Family Court. The parent/guardian must comply with services and other conditions in order to maintain the child in his/her care.

¹¹⁶ The subcategories do not add up to the total number of families presented for community papering because 5 families are included in multiple categories. This occurred because these families had multiple children that each experienced different community papering outcomes.

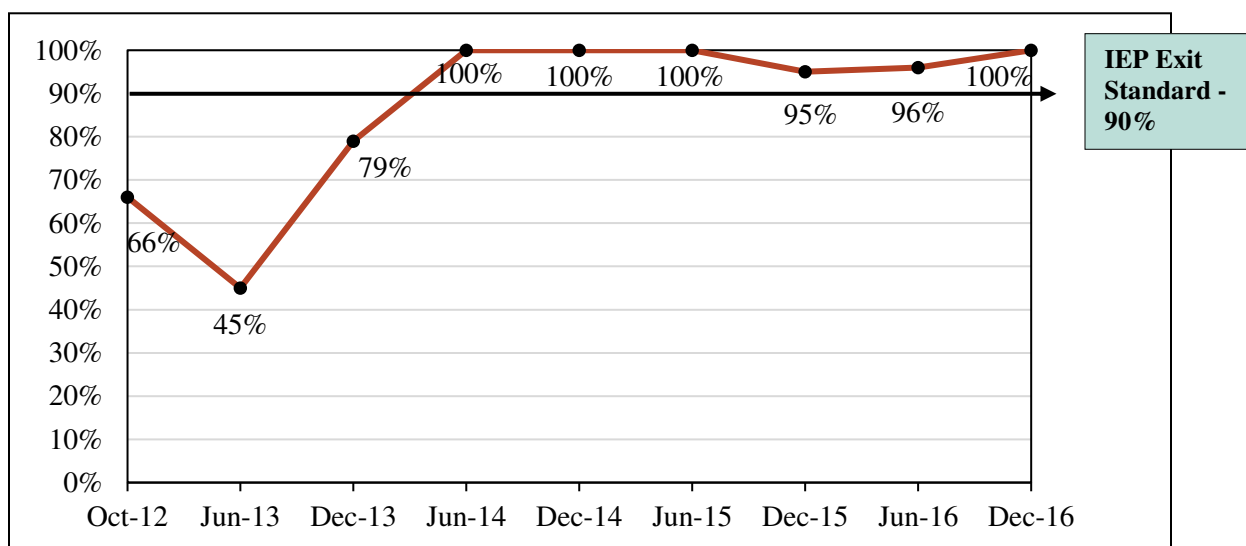
¹¹⁷ In one case, an emergency removal occurred. In the remaining 3 cases, the CFSA Clinical Team determined that additional methods would be utilized in lieu of community papering.

¹¹⁸ For 7 of these families, there was later court involvement either through filing for community papering or emergency removal.

Community-Based Service Referrals for Low & Moderate Risk Families

IEP Requirement	35. <u>Community-Based Service Referrals for Low & Moderate Risk Families:</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.

**Figure 8: Community-Based Services Referrals for Low and Moderate Risk Families
October 2012 – December 2016**



Source: October 2012 performance data collected during case record review of a statistically significant sample of investigations closed in October 2012. Sampling represents a $\pm 5\%$ margin of error with 95% confidence in the results. Data presented after October 2012 from FACES.NET report INV089.

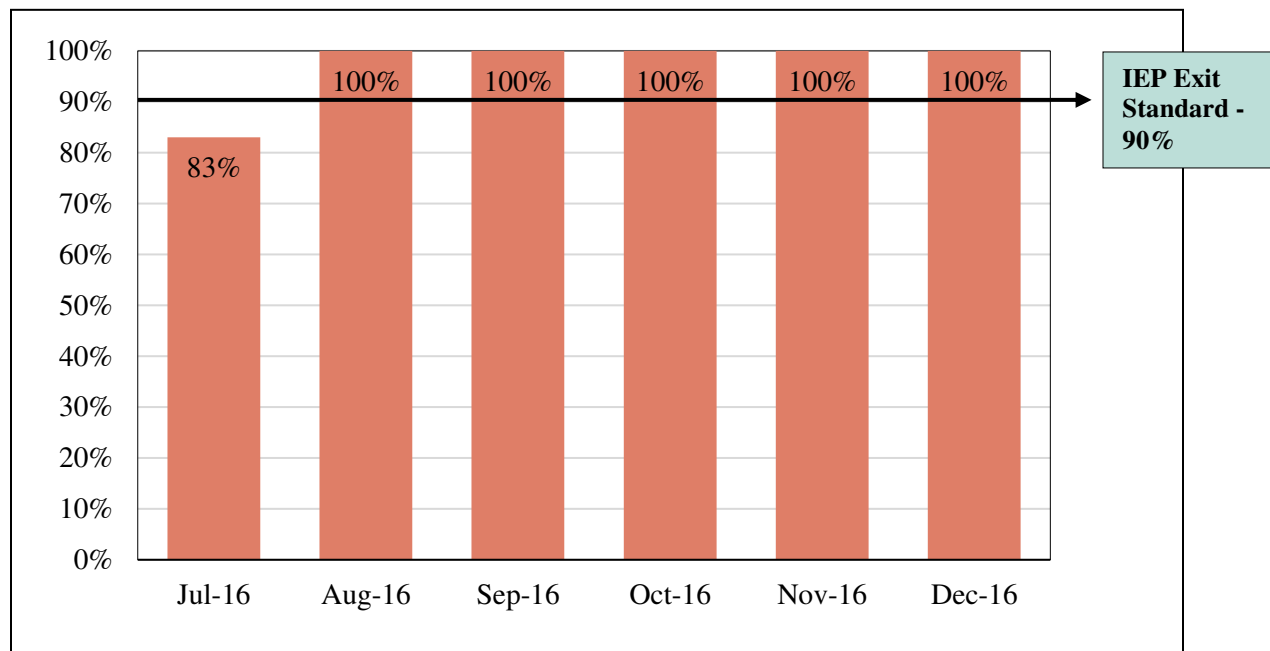
Performance for the period July 1 through December 31, 2016:

During December 2016, there were 160 completed investigations with a risk rating of low or moderate. Of these, eight were opened as or connected to an ongoing case for services, two were already receiving needed services and nine were determined as not needing a referral for additional supports or services. In 114 of the completed investigations, the family demonstrated service needs but declined a referral. Of the remaining 27 investigations, all 27 (100%) families received a referral to a Collaborative or community agency for follow-up. Data are not available to assess if the referrals were accepted or if the family received services to meet their identified

need. The Monitor has consistently identified the lack of follow-up data as a problem. One goal of CFSA's Safe and Stable Families Redesign is to increase understanding of the outcomes from these referrals. CFSA is currently working on improving their internal management of contracts with the Collaboratives to improve accountability and data transfer.

Between July and December 2016, monthly performance for this Exit Standard ranged between 83 and 100 percent (see Figure 9). Although performance was below the required standard during one month, due to the small number of applicable cases that month (18 families), the Monitor considers this an insubstantial deviation and CFSA continues to meet this Exit Standard.

**Figure 9: Community-Based Services Referrals for Low and Moderate Risk Families
July – December 2016**



Source: CFSA Administrative Data, FACES.NET report INV089

3. 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. For these families, instead of a CPS investigation, CFSA has adopted a differential response approach based on a strength-based, family-centered assessment process to assess for safety and to support families in identifying needs and engaging with and accessing services. As discussed throughout this section, analysis of data and review of cases suggests that CFSA is not consistently implementing FA in the manner in which it was intended – engagement with families and linkage with services are both areas needing improvement. The Children’s Bureau findings from Round 3 of the CFSR also identified concerns with FA cases reviewed, specifically a lack of fidelity to policy and protocol, particularly around assuring the safety of children.

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 120 hours from the hotline referral. Similar to the data validation completed to assess valid use of good faith efforts toward timely initiation of investigations, the Monitor and CFSA conducted a review of FAs closed in September 2016 where the alleged victim child(ren) had not been seen within 120 hours to determine if reasonable actions¹¹⁹ to locate and interview the child(ren) had been made.¹²⁰ In September 2016, 82 (40%) of families whose FA closed that month included contact with all alleged victim children within 72 hours of the receipt of referral; for an additional 51 (25%) families, all alleged victim children were contacted within 120 hours (5 days) of the receipt of referral; and for an additional 35 (17%) families, reasonable actions were made, for a total of 82 percent of FAs timely initiated or with reasonable actions made to try and see the alleged victim child(ren).

Completion of FA

CFSA’s policy and practice guidance provides that a FA referral should remain open for 45 days. The goal during that period is to fully assess child and family strengths and needs and link them

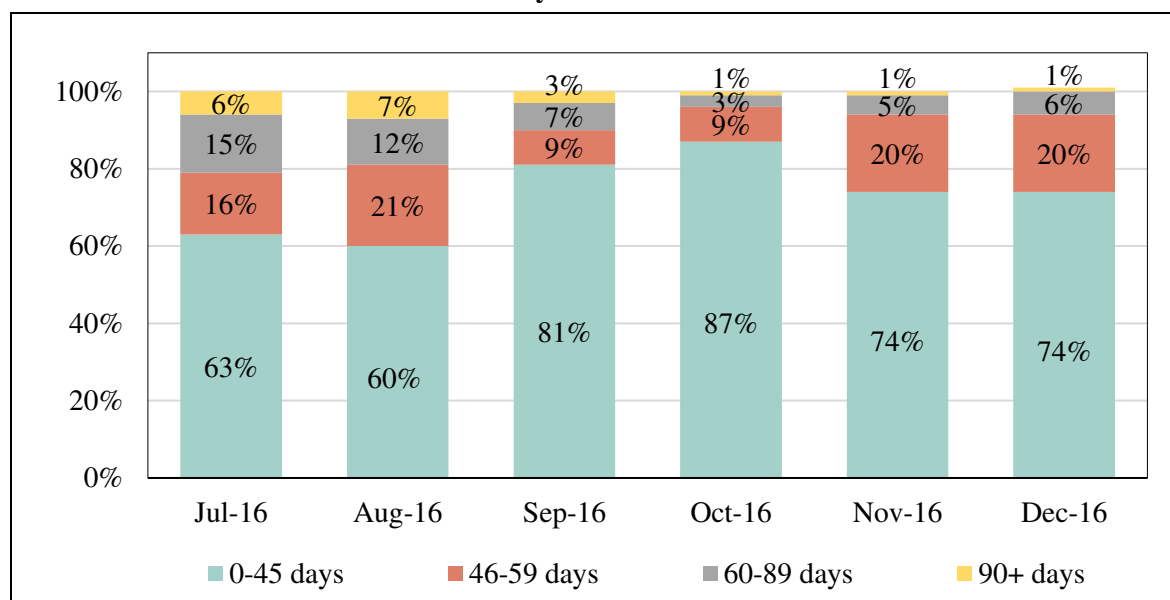
¹¹⁹ Reasonable actions is the term CFSA utilizes to represent good faith efforts to initiate a FA. Documented reasonable actions to see the alleged victim child(ren) within 120 hours of the referral include: 1) visiting the child’s home at different times of the day (at least two attempted visits); 2) 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.

¹²⁰ During this review, 25 FAs that were categorized in FACES.NET as compliant due to reasonable actions made were removed from the universe due to being open less than 120 hours. Of these 25 referrals, 15 referrals were converted to a CPS investigation; 8 referrals were initially assigned to the FA pathway by either a hotline worker/supervisor or Hotline R.E.D. Team and a program manager subsequently changed the decision to a screen out; and 2 referrals were determined to be out of jurisdiction.

with appropriate community services. In every FA, a safety assessment is mandatory and part of the initial response. Following the safety assessment, unless there is an identified safety concern which warrants converting the referral to a CPS investigation, a family's participation in FA services is voluntary and based on family agreement.

Between July and December 2016, a monthly range of 60 to 87 percent of FAs were completed within 45 days of referral to the hotline (see Figure 10). Specifically, in December 2016, 342 FAs were completed and 253 (74%) were completed within 45 days of the FA referral. Completion data for the remaining FAs in December 2016 are as follows: 67 (20%) FAs were completed within 46 to 59 days; 19 (6%) FAs were completed within 60 to 89 days; and 3 (<1%) FAs were completed in 90 days or longer.

**Figure 10: Timeline for FA Completion
July – December 2016**



Source: CFSA Administrative Data, FACES.NET report INV140

Community-Based Service Referrals

Providing families with referrals to community-based agencies and service providers that can assist families with needs identified through the assessment process is a key element of CFSA's FA response. Between July and December 2016, a monthly range of six to 13 percent of families with a closed FA were referred to a Collaborative or other community agency or service provider.¹²¹ The number of families being referred for services following a FA assessment is

¹²¹ The monthly number and percentage of closed FAs referred to a Collaborative or community-based agency or service provider are as follows: July, 36 referrals/11%; August, 37 referrals/13%; September, 14 referrals/6%; October, 23 referrals/10%; November, 19 referrals/6%; December, 20 referrals/6%.

quite low, in fact much lower than would be expected for FA practice. One of CFSA's goals with their Safe and Stable Families Redesign is to increase referrals and family receipt of services, a change that will require better tracking and accountability of referrals to the Collaboratives, filling a data gap that has existed for some time.

Table 6 below details the Collaboratives to which families were referred between July and December 2016. The majority of referrals were to East River Collaborative (25), Edgewood Brookland Collaborative (27) and Far Southeast Collaborative (32), which are all located within Wards 5, 7 and 8. Data are not available regarding the outcomes of these referrals.

**Table 6: Service Referrals to Collaborative or Community-Based Agency for Family Assessments
July – December 2016**

Collaborative or Community-Based Agency	Total Referrals*
Collaborative Solutions for Communities (Ward 1)	3
East River Collaborative (Ward 7)	25
Edgewood/Brookland Collaborative (Ward 5)	27
Far Southeast Collaborative (Ward 8)	32
Georgia Avenue Collaborative (Ward 4)	11
Other Community-Based Agency	51
Total	149

Source: CFSA Administrative Data, FACES.NET report INV140

Repeat Maltreatment

As part of its assessment of the effectiveness of the FA intervention, CFSA collects data on the number of families with closed FAs who have a subsequent investigation which was substantiated for child abuse or neglect within six months of FA completion. There were 1,695 children with a completed FA between January 1 and June 30, 2016; 34 children (2.0%) had a substantiated investigation within six months of FA completion. This represents an increase from the previous monitoring period, when the substantiated maltreatment rate within six months was 1.3 percent (13 out of 961). 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).

Quality of Family Assessment Practice

In March 2017, the Monitor reviewed 34 FA cases closed between January 1 and February 15, 2017¹²² to assess the quality of practice. The instrument developed for this review is similar to the one utilized to assess quality of investigative practice with additional questions pertaining to family assessment and service linkage. Overall, reviewers determined that 18 (53%) of the FAs reviewed were of acceptable quality; these decisions were primarily based upon the quality of engagement, assessment, service linkage and support provided during the FA. Below are additional findings:

- Forty-seven percent (16) of FAs reviewed involved allegations of educational neglect, 29 percent (10) involved inadequate supervision and 26 percent (9) included allegations of inadequate clothing or hygiene or exposure to unsafe living conditions.
- In 79 percent (27) of the FAs, reviewers assessed that sufficient information for all children in the household was collected to conduct the safety assessment.

As mentioned earlier, a safety assessment is required in every FA, however, CFSA's FA model allows the process beyond the safety assessment to be voluntary and at the discretion of the family. One limitation identified during this review was that documentation was not always clear regarding if the family agreed to participate in the FA process or not. In some instances, documentation would indicate that the family declined, however, the FA worker continued next steps by contacting collaterals, assessing for needs and providing service referrals. In other instances, the FA would be closed shortly after the family declined. Reviewers also identified FAs where practice appeared to be more representative of an investigation and documentation did not indicate if the family agreed or declined to participate.

Reviewers identified 23 FAs where the case continued beyond the required child safety assessment. Table 7 below outlines the practice in these 23 FAs as it relates to core contacts, completion of assessments and referral for services.

¹²² Although outside the monitoring period, this timeframe was selected to capture the most current practice.

Table 7: Findings from Review of FAs that Continued Beyond Safety Assessment
N=23

Core Contacts	
All or some non-custodial parent(s) interviewed ¹²³	14% (2)
Immunization history obtained for all children	65% (15)
Date of last physical checked for all children	43% (10)
Attendance information obtained for all children	87% (20)
Sufficient information collected from core contacts to assess safety, well-being and needs of the family	57% (13)
Completion of Assessments¹²⁴	
Risk Assessment reflective of information gathered during FA	Fully: 74% (17) Partially: 22% (5)
Sufficient information to adequately complete the Caregiver Strengths and Barriers Assessment (CSBA)	82% (18)
CSBA reflective of information gathered during FA	73% (16)
Services	
No service needs identified/pre-existing services	30% (7)
Family declined referral	30% (7)
Family was not referred	17% (4)
Family was referred for some needed services but not all	4% (1)
Family was referred for all needed services	17% (4)

Percentages may not equal 100% due to rounding.

These reviews identified some cases where FA practice was supportive, engaging and beneficial. However, in too many instances, the primary goals of the FA approach were not present specifically in regard to practices to effectively engage families and ensure linkage to services when the need for supports were identified.

¹²³ The universe for non-custodial parents(s) interviewed is 14 because the other 9 FAs were not applicable to this question.

¹²⁴ The universe for Completion of Assessments is 22 FAs because for one referral, these additional assessments were not completed.

4. Entry Services Caseloads

High caseloads can have a direct impact on the ability of the workforce to implement critical elements of case practice. Caseloads continue to be a significant barrier to achieving Exit Standards related to investigations including quality of investigation, timely initiation and timely closure.

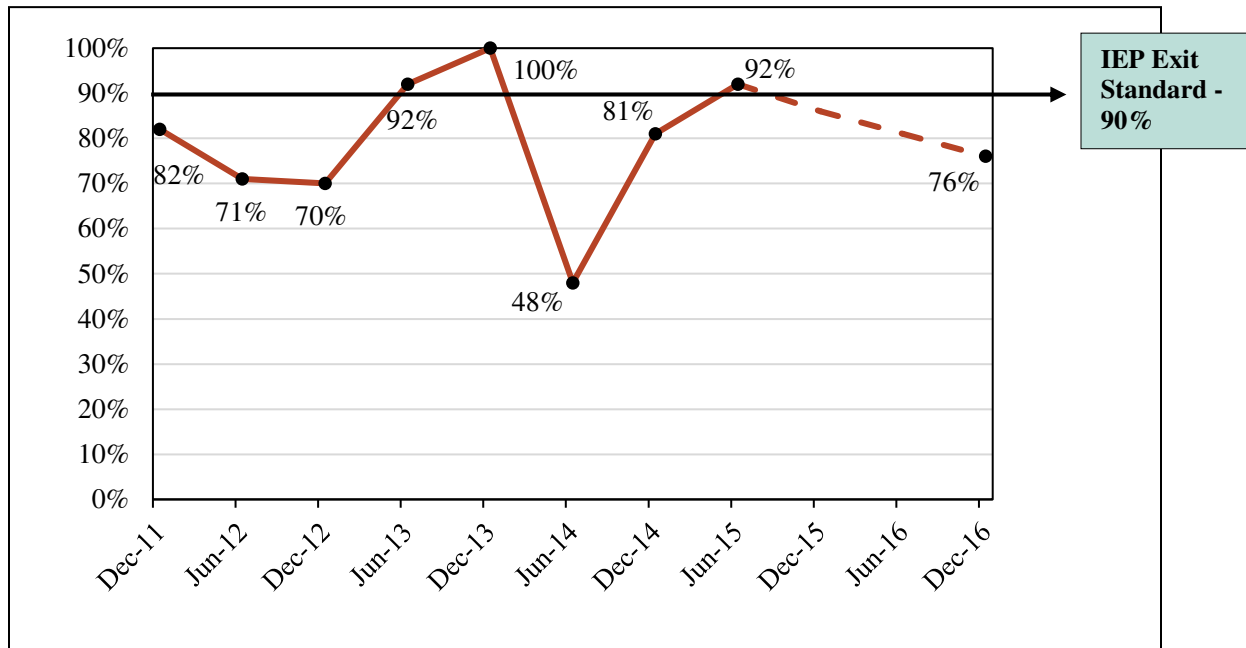
The Monitor was able to validate investigative and FA caseload data for the current monitoring period for the first time since June 2015. As was reported during the July through December 2015 and January through June 2016 monitoring periods, the Monitor and CFSA agreed in April 2016 to jointly develop a validation process for investigative and FA caseload data.

The Monitor and CFSA leadership then worked together to develop a protocol for analyzing caseload data, which includes both quantitative and qualitative analysis. In discussion with the Monitor, CFSA developed new FACES.NET management reports to best understand the caseloads of investigation and FA workers. The new reports allow the Monitor and CFSA to assess the daily caseloads, monthly average, number of new referrals and number of closed referrals for each investigation and FA worker. These reports are the main source of information for the performance data for the current monitoring period. Previously, the Monitor used point-in-time analysis, pulling caseload data from the last day of each month. From this monitoring period and moving forward, the Monitor is using a methodology to analyze caseload data throughout the entire month in order to get a more accurate picture. The new reports were fully functional with validated data in mid-August 2016. Data for this monitoring period is therefore reported for September through December.

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.

**Figure 11: Percentage of Investigative Workers who
Met Exit Standard Requirement for Caseloads
December 2011 – December 2016¹²⁵**



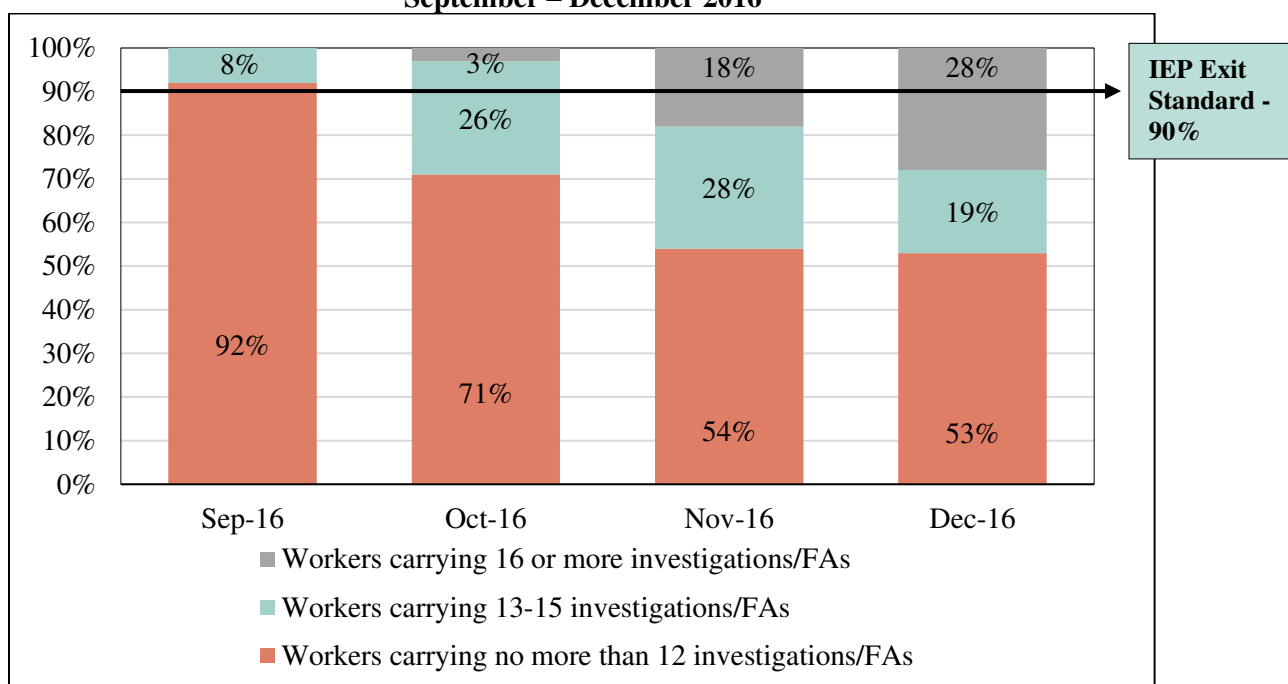
Source: CFSA Administrative Data, FACES.NET report INV068 with point-in-time analysis (December 2011 – June 2015) and INV145 with whole month analysis (December 2016)

Performance for the period July 1 through December 31, 2016:

Though in prior monitoring periods investigative and FA social worker caseload data has been presented separately, this period the Monitor also analyzed both investigative and FA worker caseloads together, as they both fall under the umbrella of CPS. Between September and December 2016, a monthly range of 53 to 92 percent of CPS workers were carrying no more than 12 cases. A monthly range of zero to 18 percent of CPS workers were carrying more than 15 cases.

¹²⁵ Data for December 2015 and June 2016 could not be validated due to inaccuracies in the FACES.NET reporting system.

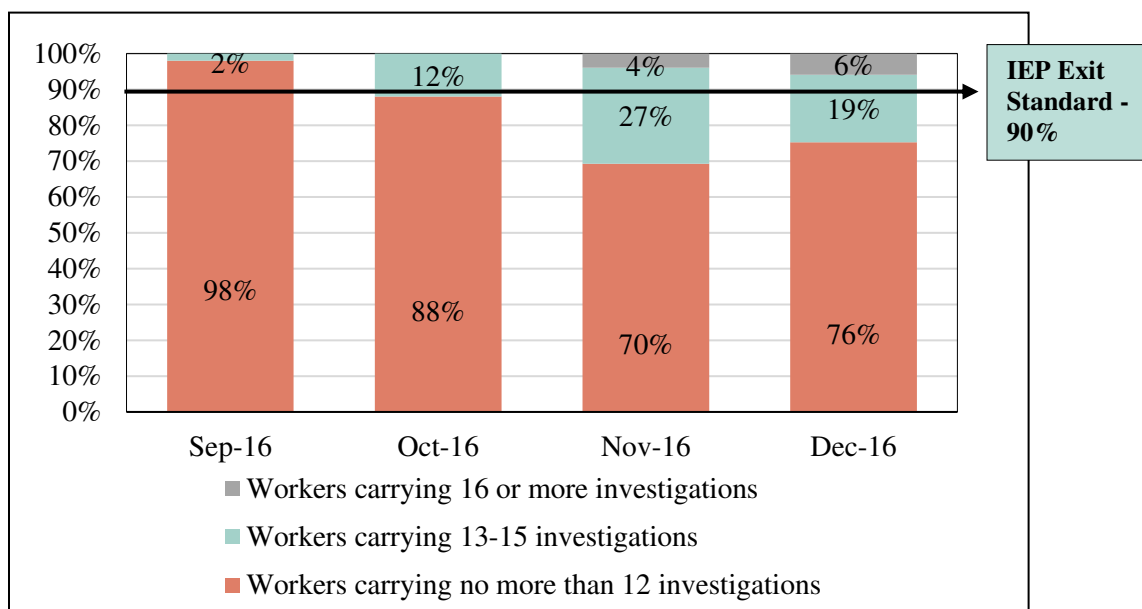
**Figure 12: CPS (Investigation and FA) Worker Caseloads Combined
September – December 2016**



Source: CFSA Administrative Data, FACES.NET INV145

Between September and December 2016, a monthly range of 70 to 98 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Figure 13), however, performance declined during the monitoring period. During this same time period, a monthly range of two to 30 percent of investigative workers had a caseload exceeding 15 investigations each month, which is above compliance levels. Table 17 below illustrates investigative worker caseloads by month.

**Figure 13: CPS-Investigation Worker Caseloads
September – December 2016**



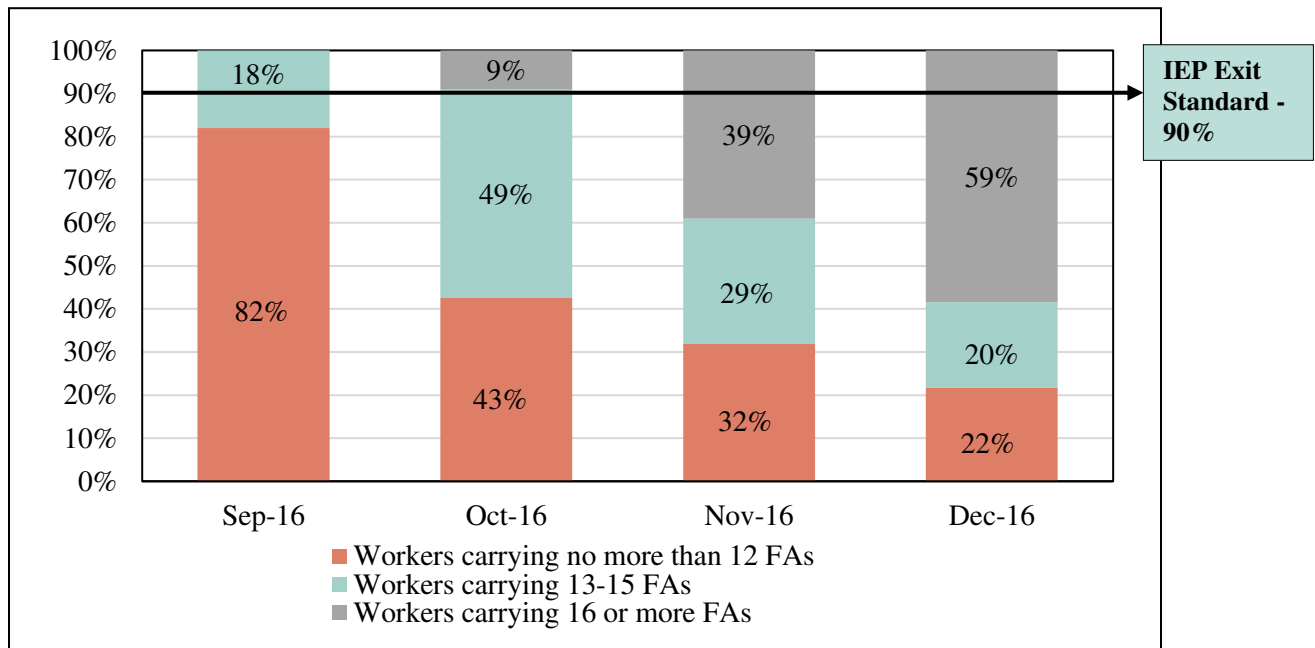
Source: CFSA Administrative Data, FACES.NET report INV145

Family Assessment Caseloads

Caseloads for FA workers continued to increase throughout the monitoring period and the number of FA workers carrying 12 or fewer FAs ranged from 22 to 82 percent between September and December 2016 (see Figure 14). The Monitor is very concerned about the rise in caseloads for FA staff, particularly the proportion of FA workers carrying more than 15 FAs (18 to 78%). The affect of caseload on quality of practice is an important factor to consider with regard to assessing for safety, connecting families with supports and services and ensuring the children's safety and well-being.

CPS caseload standards have not been met while the other *LaShawn* caseload standards were met. Overall, the *LaShawn* Exit Standard on caseloads is designated as partially maintained.

**Figure 14: CPS-FA Worker Caseloads
September – December 2016**



Source: CFSA Administrative Data, FACES.NET INV145

Performance on Strategy Plan:

CFSA has employed the following strategies to decrease CPS worker caseloads:

- *Beginning January 1, 2016, the floater unit staff will provide supplemental support as needed for those investigations open for the greatest number of days to assist assigned workers to resolve the issues necessary for safe closure (2016 Strategy Plan, #12).*

In April 2015, CFSA created a floater unit of five social workers to support over-burdened units, equalize workloads and improve performance on timely initiation and closure of investigations and FAs. However, CFSA decided to disband the unit as it did not serve its intended purpose and improve outcomes as desired. Three of the social workers were reassigned to other positions in CPS and Community Partnerships. In August 2016, CFSA converted a FA unit into an investigation unit. CFSA also established two new investigation units – each with a supervisor, five social workers and one family support worker.

- *CFSA will continue to prioritize CPS hiring to ensure that caseloads for CPS workers meet LaShawn standards. CFSA will continue to have a dedicated recruiter for social workers. CFSA will continue to monitor unit level and team level caseload data and make adjustments as necessary (2016 Strategy Plan, #13).*

CFSA reports they continue to prioritize CPS hiring. As of December 31 2016, CFSA reports there were five social worker vacancies.

B. GOAL: PERMANENCY

Children and youth in out-of-home care must be safe, well-cared for and supported in finding timely permanency with their own families through reunification or with another family through guardianship or adoption. The IEP, and federal law, require CFSA to have a process that identifies and includes relatives in discussions when considering the removal of children or immediately upon a child's removal; ensure children can visit with their parents and any siblings they are separated from; ensure stability within out-of-home care (reduce the multiple out-of-home placements for children) and quickly and safely ensure a permanent home for children and youth. Critical steps toward achieving timely permanency require meaningful assessments, timely and appropriate services and consistent and thorough case planning.

Permanency data for children in out-of-home care reflect uneven or declining performance. CFSA, private agencies, the courts and service providers all play an integral role in ensuring timely permanency for children and youth in out-of-home care. The number of children in out-of-home care has declined dramatically – from 2,007 children and youth on December 31, 2010¹²⁶ to 953 children and youth on December 31, 2016, mostly driven by fewer entries into care.

As the number of children has declined, CFSA has modified or concluded contracts with private providers. CFSA has recognized the need for a robust array of appropriate and available family-like placements to meet the needs of all children in care, including sibling groups, older youth and children in need of behavioral and mental health support. Given the small number of children in out-of-home placement and the sufficient resources CFSA and the District have, CFSA and its partners should be able to ensure that children and youth in out-of-home care achieve stable placements while in care and timely permanency (reunification, guardianship or adoption).

Yet, in the last six years, CFSA and its partners have been unable to achieve timely permanency for children and youth in out-of-home care as required by the IEP Exit Standard (I.B.16.c.). CFSA has tried a variety of strategies – such as working with a National Resource Center on concurrent planning efforts and training and using R.E.D. Team meetings – yet performance remains stagnant at best. The Monitor has been concerned for some time that CFSA lacks a comprehensive strategy that coordinates work with all partners and holds partners accountable for ensuring that children and youth achieve timely permanency. For example, permanency is

¹²⁶ The Monitor is measuring from December 17, 2010, the date of the Implementation and Exit Plan (Dkt. No. 1073) was signed by the Court.

often delayed by excessive time between court dates or the issuance of court orders. However, CFSA has not consistently implemented strategies for working more closely with the courts to expedite permanency.

Achieving timely permanency through reunification is very dependent on the quality of in-home and reunification services available to parents. DC decided to implement two highly regarded intensive in-home interventions to keep children safe with their families without foster care services (HOMEBUILDERS and Project Connect). Utilization rates however are extremely low for all community-based interventions, but particularly those that are the cornerstone of CFSA's Title IV-E Waiver, HOMEBUILDERS (33%) and Project Connect (39%). CFSA is currently reassessing this work through the Safe and Stable Families Redesign.

This section provides more detail about CFSA's performance on both the process measures and outcomes measures related to components which support permanency – relative resources, placement, appropriate goals and case planning.

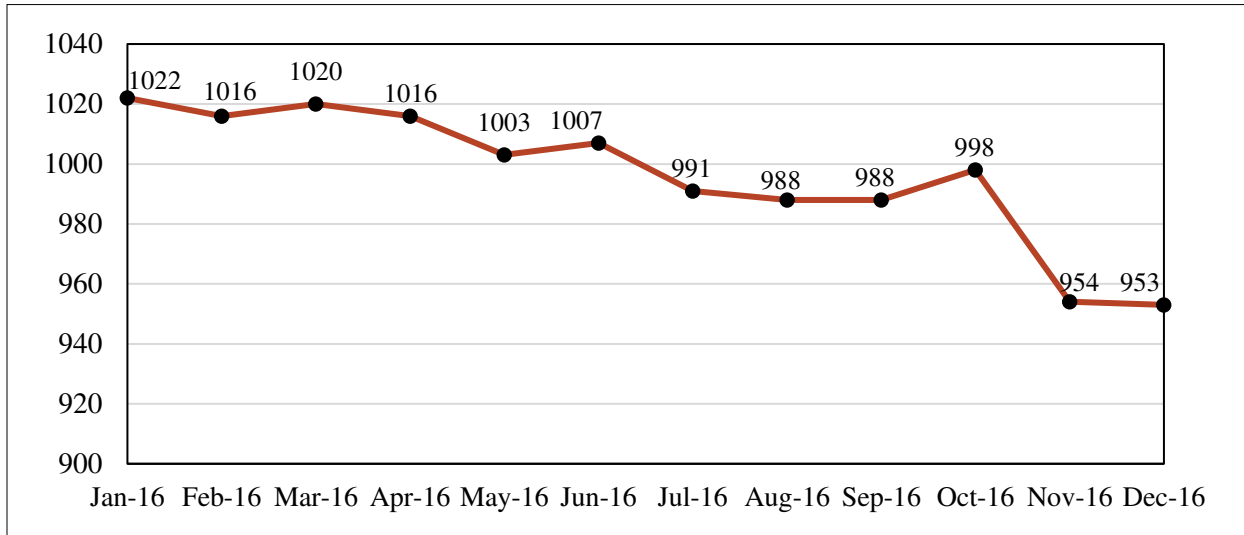
1. Placement

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 *LaShawn* IEP has multiple requirements regarding the placement of children in out-of-home care to ensure their safety, permanency and well-being.

During this monitoring period, the number of children in out-of-home care fell below 1,000, with 953 children in care on December 31, 2016 (see Figure 15).

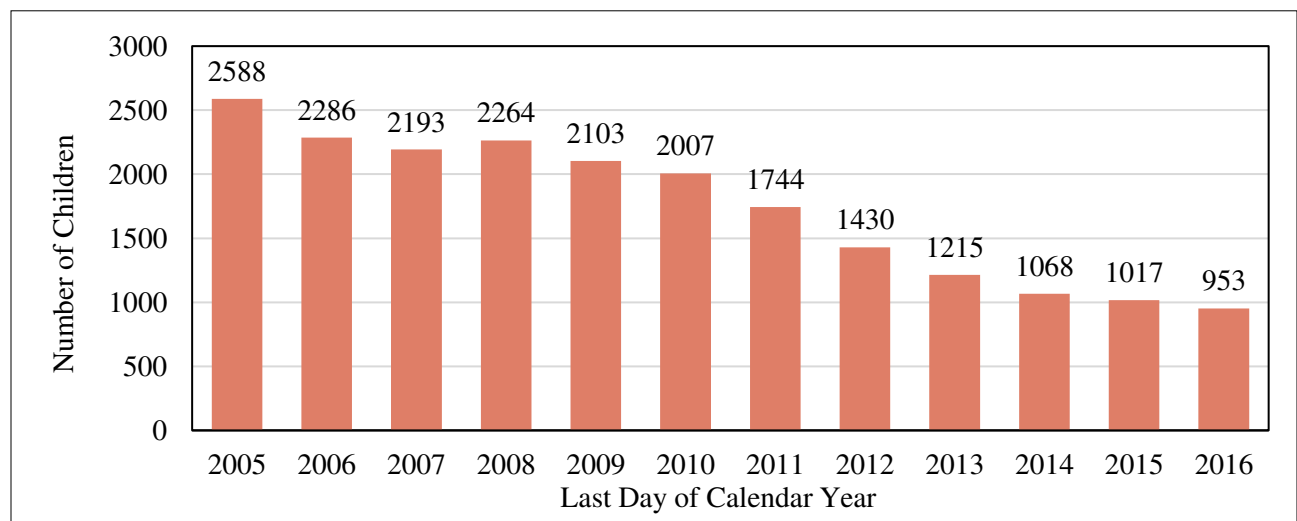
**Figure 15: Total Number of Children in Foster Care at the End of Each Month
January – December 2016**



Source: CFSA Administrative Data, FACES.NET report PLC155

The number of children in out-of-home care on the last day of the monitoring period has decreased by six percent since the same day in 2015. Figure 16 below shows the substantial decrease in the number of children in out-of-home placement between December 31, 2005 and December 31, 2016.

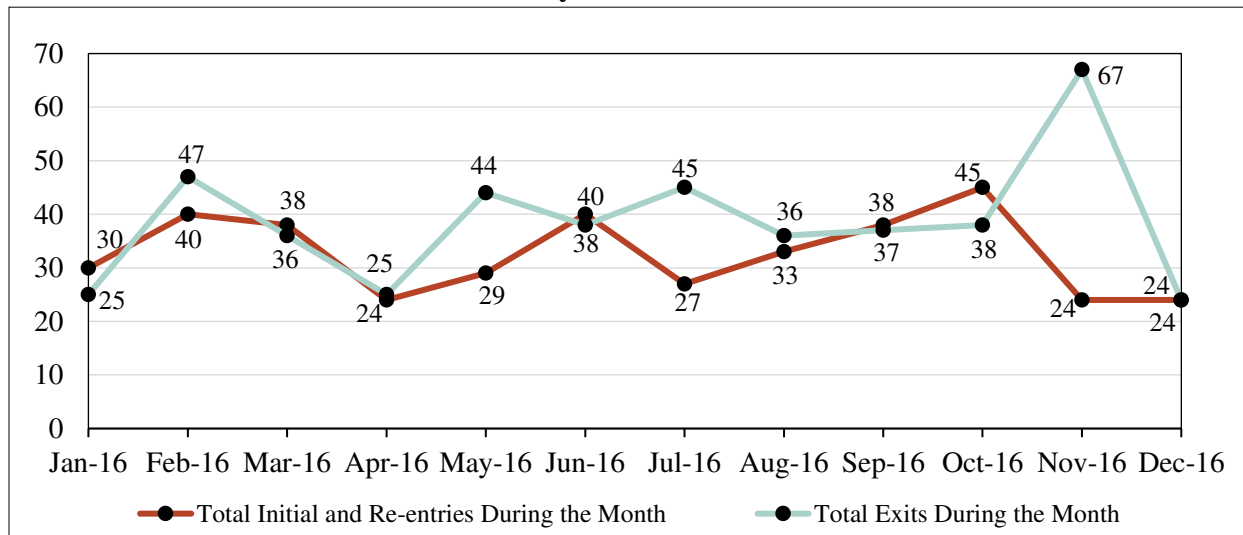
**Figure 16: Children in Out-of-Home Placements on Last Day of the Year
2005 – 2016**



Source: CFSA Administrative Data, FACES.NET report PLC156

Figure 17 below shows the number of children entering (initial and re-entry) and exiting foster care each month between January and December 2016. November is National Adoption Month and CFSA had almost triple the number of adoptions finalized in November (28) than in the month prior (10).

**Figure 17: Entries and Exits into Foster Care by Month
January – December 2016**



Source: CFSA Administrative Data, FACES.NET report PLC155 as of December 2016

Demographics of Children in Out-of-Home Care

Table 8 below shows basic demographic information of the children in out-of-home placement as of December 31, 2016. There were 953 children between the ages of birth and 21 years; the majority are African American (89%) and nearly half are under the age of six (263 children/28%) or over the age of 17 (187 children/20%).

Table 8: Demographics of Children in Out-of-Home Placement as of December 31, 2016
N=953

Gender	Number	Percent*
Male	492	52%
Female	461	48%
Total	953	100%
Race	Number	Percent
Black or African American	850	89%
White	29	3%
Asian	8	1%
American Indian/Alaskan Native	2	<1%
Native Hawaiian or Other Pacific Islander	1	<1%
Unable to Determine/Unknown	3	<1%
No Race Data Reported	60	6%
Total	953	100%
Ethnicity	Number	Percent
Hispanic	94	10%
Non-Hispanic	781	82%
Unable to Determine	6	1%
Unknown	72	8%
Total	953	100%
Age	Number	Percent
1 year or less	91	10%
2-5 years	172	18%
6-8 years	132	14%
9-11 years	93	10%
12-14 years	106	11%
15-17 years	172	18%
18-20 years	187	20%
Total	953	100%

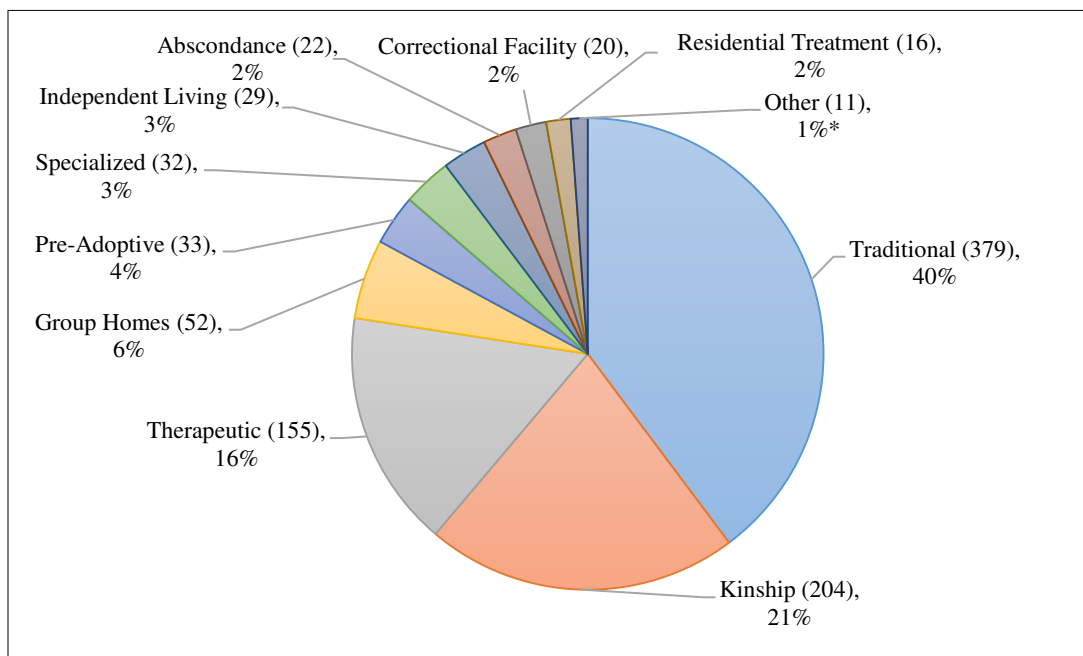
Source: CFSA Administrative Data, FACES.NET report PLC156

*Percentages may not equal 100% due to rounding.

Placement of Children in Most Family-Like Setting

Of the 953 children in out-of-home care on December 31, 2016, 803 (84%) were placed in family-based settings, including 204 (21%) in kinship homes. Figure 18 below displays the placement types for children in out-of-home care as of December 31, 2016.

Figure 18: Placement Type for Children in Out-of-Home Care as of December 31, 2016
N=953



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

*Other includes college/vocational, hospital and not in legal placement.

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. Reviews conducted in March 2012, March 2013 and December 2015 all determined that CFSA's performance exceeds required level. This standard was not reassessed this period.

The second Exit Standard, which is designated as an Outcome to be Achieved, 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 July and December 2016, no child remained in an emergency or short-term placement for more than 30 days. CFSA's current performance meets 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 July and December 2016, nine children stayed overnight in the CFSA office building; one child had two CFSA office building placement episodes in one month.¹²⁷ Performance on this Exit Standard reinforces that CFSA's placement issues have not yet been resolved. 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.¹²⁸ 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 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 July and December 2016, four 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 all of these children had specialized needs that required placement within those settings.

The IEP requires that no child under the age of six be placed in group care, non-foster home settings without appropriate justification (IEP citation I.B.9.b.). During the current monitoring period, one child under the age of six 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.

¹²⁷ Nine children and youth have had overnight stays in the CFSA building between July and October 2016. In July 2016, 2 children (in 1 sibling group) were removed after midnight and were at the CFSA building while awaiting placement. One child was placed around 8AM. The other child was wheelchair-bound and required a specialized medical placement. The child was placed later that evening after a medical evaluation. In August 2016, a youth arrived at the agency in the afternoon after experiencing a placement disruption and stayed in the CFSA building overnight. An acceptable placement was difficult to secure due to the youth's challenges, desire to not be in placement and the ability for identified foster parents to meet his needs. CFSA engaged the youth's birth family and the Office of Well-Being to support the transition to a new placement the next day. In September 2016, 3 separate youth experienced overnight stays at the CFSA building – 2 disrupted from a temporary foster home placement around midnight and placements were not secured until the next afternoon (one of these youth experienced another overnight episode at CFSA later that month after disrupting from Sasha Bruce around 3AM) and the third youth, who is diagnosed with autism and ADHD, spent the night in the CFSA building after being placed with a foster parent who later requested the youth be removed from the home. This youth was placed in a traditional foster home later that day with behavioral and health care services in place. In October 2016, 3 separate children stayed overnight at CFSA – 2 disrupted from an emergency, short term foster home placement and the third child arrived at the agency around midnight and was placed later the next morning. (In August 2016, 2 additional youth stayed overnight at CFSA for safety reasons).

¹²⁸ Placement exceptions were agreed upon in July 2011 and include: 1) medically fragile needs where there is evidence in the child's record and documentation from the child's physician that the child's needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility; 2) developmentally delayed or specialized cognitive needs where there is evidence that the child's condition places the child in danger to himself or others and that ensuring the child's safety or the safety of others requires placement in a congregate treatment program which can meet the child's needs; or 3) court order where the Court has ordered that the child remain in the group care setting.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on placement:

- *By September 30, 2016¹²⁹, CFSA will identify evidence-based, trauma informed foster care models that provide sufficient support to both foster children and foster parents. CFSA will issue a Request for Proposals to implement the identified models in the first quarter of FY 2017 (2016 Strategy Plan, #24).*

Between September 2015 and October 2016, CFSA engaged in a process to review four potential evidence-based foster care models in conjunction with the District's placement and permanency outcome data for children in care. At the conclusion of this review, CFSA determined that a redesign of the entire foster care service delivery system in both Maryland and the District was necessary. Temporary Safe Haven Redesign planning meetings have been held over the past several months and discussions have included replacing the current designations of traditional and therapeutic homes with an entire system that is trauma-informed and based on the treatment foster care standards¹³⁰. The Redesign will also include strategies to improve practice and service delivery across the board. CFSA social workers will continue to provide case management services for children placed in the District and will be responsible for recruitment, retention and support to District foster parents. A contract with a single provider is being sought to provide some services to District children and youth placed in foster care homes in Maryland. On March 27, 2017, CFSA released a Request for Proposals for a single provider to provide case management and placement services for approximately 400 foster children placed in Maryland. Proposals are due for review on May 12, 2017.

- *By April 30, 2016, CFSA will enhance the current placement matching database to allow provider agencies to update the status of bed availability on a daily basis. Additionally, by May 31, 2016, the database will be in use to support matching and placing children in the most appropriate setting. The Placement Administration in consultation with Agency Performance will continue to monitor the database and its implementation (2016 Strategy Plan, #25).*

The timeframes for operationalizing the placement matching database were not met. CFSA reports the placement matching system became operational in September 2016 and another round of data clean-up related to the accuracy of foster parent listings in the system was conducted in February 2017. It appears to the Monitor that this system is used primarily to identify bed vacancies and has not been able to be utilized to effectively identify appropriate placement matches for children.

¹²⁹ On September 30, 2016, CFSA submitted modification to this strategy, extending the timeline for implementation of this strategy.

¹³⁰ The Program Standard 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.

- *CFSA will continue to use social media, advertising, community outreach, and one-on-one informational sessions to recruit resource parents. On a quarterly basis, CFSA will evaluate the effectiveness of the recruiting, marketing, and outreach strategies and will share this information with the private providers to strengthen collaboration and development of a robust placement continuum (2016 Strategy Plan, #26).*

Between July and December 2016, CFSA recruited 239 individuals and families through social media, advertising and community outreach efforts. Of these 239, 177 individuals attended orientation and 75 District foster/adoption applications (99 individuals) were submitted. Overall, 25 homes were licensed as a result of these recruitment efforts (a total of 80 homes, which include kinship homes, were licensed during the monitoring period).

- *Beginning April 2016¹³¹, the Principal Deputy Director and Deputy for Program Operations will establish a foster parent buddy system where each prospective foster parent will be assigned a resource worker as a buddy to participate in pre-service training and assist through the process of training and placement. The worker will be their point of contact for all issues regarding CFSA. This should facilitate better communication and problem solving (2016 Strategy Plan, #27).*

CFSA submitted several modifications to this strategy during CY2016, ultimately moving the date of implementation to January 3, 2017, although, it has still not been implemented. CFSA reports that current planning for the Temporary Safe Haven Redesign will include foster parent support and training.

- *The Principal Deputy Director and the Contract Administrator will revise the scope of work by April 30, 2016 and negotiate contract modifications with current family-based providers for children/youth in need of traditional, therapeutic, and specialized placement, including homes for pregnant youth, medically fragile, developmentally disabled, and older youth to enhance flexibility to:*
 - a. Develop process for child specific recruitment, with funding and planning initiated and monitored for 60 days;*
 - b. Fund bed hold stays to allow youth on abscondance to return to same placement; and,*
 - c. By May 2016, CFSA will review incentive plans and per diem rates and their impact on recruitment, retention, and stability to inform policy and FY2017 contract changes (2016 Strategy Plan, #28).*

¹³¹ On June 22, 2016, CFSA submitted modification to this strategy; extending the timeline for organization and alignment of staff to be completed by July 31, 2016 and for the system to be implemented by August 31, 2016. On September 30, 2016, CFSA submitted an additional modification to this strategy, moving the date of implementation to January 3, 2017.

As reported in the November 2016 monitoring report, CFSA extended FY2016 contracts with family-based providers into FY2017 with a few modifications, including cost of living adjustments for staff salaries and caseload ratios of 1:10 for social worker staff.

- *By May 31, 2016,¹³² under the guidance and direction of the Principal Deputy Director and Placement Administrator, CFSA will seek to increase kinship care resources as an initial and ongoing placement options by completing the following action steps:*
 - a. *Develop protocols to ensure that staff has exhausted possible avenues to identify, locate, and engage extended family options for children before they are placed in non-relative foster care.*
 - b. *Implement a policy of “full disclosure” to ensure that all prospective kinship caregivers are educated about the full range of options available to them for care and support of children.*
 - c. *Ensure that we have the full range of tools needed to assess and approve relative homes in a timely manner. The Deputy for Program Operations will review the current kinship process and develop additional training materials as needed.*
 - d. *Provide foster parent training that is relevant to the needs of prospective kinship foster parents. CFSA will continue to use the kinship specific training model that will be augmented with additional information about child development and access to mental health support services.*
 - e. *Ensure that kinship parents have access to the full range of services and supports to stabilize the placement(s) and ensure child safety and well-being (2016 Strategy Plan, #29).*

CFSA reports there are no further updates on implementation to this strategy beyond what was included in the November 2016 monitoring report. Data for CY2016 do not demonstrate a change in the percentage of foster children placed in kinship homes.

- *When all other placement options have been explored, CFSA will utilize emergency beds contracted through Sasha Bruce Youthwork where a youth may stay for up to 30 days until a more suitable placement is secured. All placements in this facility will require approval by the Placement Administrator or the Deputy Director for Program Operations and be monitored on a weekly basis to assure that an appropriate alternative is being developed (2016 Strategy Plan, #30).*

Between July and December 2016, there were 23 child or youth placements in Sasha Bruce Youthwork’s emergency shelter (22 youth total, one youth was placed twice). These placements

¹³² On June 22, 2016, CFSA submitted modification to this strategy by changing the completion date to August 31, 2016.

lasted anywhere between two to 30 days. Approximately half of the youth (10/45%) were placed in group homes after exiting Sasha Bruce; six (27%) youth were placed in a traditional or therapeutic foster home; two youth were “not in legal placement”¹³³ after Sasha Bruce; two youth were placed in emergency foster homes (STAR); and two youth exited care.

- *By June 30, 2016, CFSA will complete the 2016 Resource Development Plan that addresses the agency’s placement and support services required for the population served. The plan will include a comprehensive analysis of placement requirements and support services for foster and kinship parents (2016 Strategy Plan, #31).*

The Resource Development Plan (RDP) is required to project the number of placements necessary to support children in care during the upcoming year, identify strategies to ensure a sufficient number of appropriate placements, project the need for community-based services and include an assessment of the need for adoptive families and strategies for their recruitment and retention. CFSA has provided the Monitor with updates on implementation of the steps and strategies within the FY2017 RDP as of February 15, 2017 which is attached as Appendix E.

Most of the work since the arrival of the new CFSA Director has shifted from strategies included in the RDP to planning for the Temporary Safe Haven and Safe and Stable Families Redesigns. Each of the Redesigns are intended to improve the scope and effectiveness of resources available to serve children in the community and in foster care. Results of these efforts will not be visible until next year at the earliest.

b. Relative Resources

CFSA continues to emphasize the importance of placing children with their kin whenever possible¹³⁴ and 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. CFSA’s Kinship Support Unit is responsible for many of these efforts as well as for coordinating 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

¹³³ “Not in legal placement” is a term used for placement in an unlicensed home or facility.

¹³⁴ As of December 31, 2016, 21% of children and youth in out-of-home care were living with relatives.

order to provide information and support to children and parents and also be considered as placement options.¹³⁵

Both Exit Standards applicable to identification and use of relative resources are designated as Outcomes to be Maintained and performance was maintained this period (IEP citations I.B.7.a. & b.). Specifically, between July and December 2016, of the 80 cases where children were at-risk of being removed from their families, CFSA took necessary steps to offer or facilitate pre-removal FTMs in 72 cases (90%). Additionally, 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 109 cases (97%). 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.

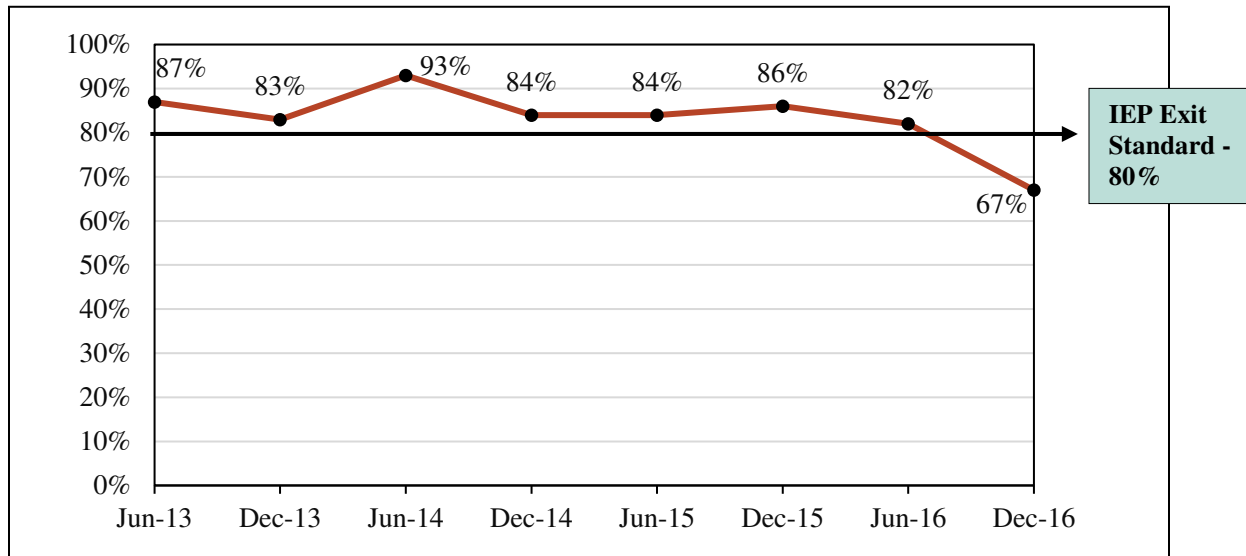
c. Sibling Placements and Visits

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 Standard related to frequency of visitation between siblings if they are placed apart (IEP citation I.C.20.b.), however acceptable performance on the Exit Standard for placing siblings together was not maintained (IEP citation I.C.20.a.).

As of December 31, 2016, 67 percent of children who entered foster care between July and December 2016 with their siblings or within 30 days of their siblings were placed with some or all of their siblings. Performance falls below the required performance of 80 percent for the first time since the January – June 2013 monitoring period (see Figure 19). For sibling visitation, during this monitoring period a monthly range of 89 to 93 percent of siblings had at least monthly sibling visits and a range of 78 to 88 percent of siblings each month had at least twice monthly visits with their brothers and/or sisters, exceeding the required levels of 80 percent for monthly and 75 percent for at least twice monthly sibling visits.

¹³⁵ 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.

**Figure 19: Children Placed with Siblings who Entered Care Between July and December 2016
June 2013 – December 2016**



Source: CFSA Administrative Data, FACES.NET report PLC251

d. Reduction of Multiple Placements for Children in Care

The Exit Standards that focus on placement stability have 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. The overall goal is to minimize placement moves for all children to the greatest extent possible recognizing the substantial evidence that exists that demonstrates how children's well-being is harmed by multiple foster care placements. The relevant Exit Standard has three sub-parts (IEP citation I.B.13.a.-c.); CFSA has met the required level of performance for all sub-parts since June 2014. 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 served 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 July and December 2016, CFSA's performance ranged monthly from 81 to 83 percent. Performance was one to two percent below the required level for four 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 served 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 July and December 2016, monthly performance for this sub-part ranged from 66 to 73 percent, exceeding 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, performance ranged from 75 to 80 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.

Until September 2016, CFSA utilized the Child Needs Assessment (CNA) tool,¹³⁶ completed by a Resource Development Specialist (RDS), to inform placement decisions for all children who experience a placement disruption. Beginning in October 2016, CFSA replaced the CNA tool with scores from the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS).¹³⁷ The CAFAS/PECFAS is completed by the child's social worker and used during a Placement Disruption Staffing which is held within 30 days of placement change to determine the appropriate level of care for a child and identify areas where services are needed.

Between July and December 2016, a range of between nine and 20 children's placements disrupted each month.¹³⁸ A monthly range of 78 and 100 percent of children experiencing a disruption had a CNA (July through September) or Placement Disruption Staffing (October through December) completed within 30 days of notification of the need for a placement change.¹³⁹ Specifically, in December 2016, there were 13 placement disruptions and a Placement Disruption Staffing was timely completed in 12 (92%) instances.

¹³⁶ The CNA collects information on the child's needs in numerous domains and a rating is determined which recommends the type of placement most appropriate for the child – ranging from a traditional/kinship foster home to a residential treatment facility.

¹³⁷ The CAFAS/PECFAS are functional assessment scales for understanding the behaviors of children in different domains – including home, school and the community – and are used to assess, track outcomes and inform case planning decisions.

¹³⁸ The number of disruptions each month are as follows: July, 9; August, 13; September, 20; October, 16; November, 12; December, 13.

¹³⁹ Monthly performance data are as follows: July, 78%; August, 100%; September, 100%; October, 88%; November, 83%; December, 92%.

2. Permanency Outcomes

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.). This monitoring period has seen a slip in performance on this Outcome to be Maintained. CFSA is required to ensure that 95 percent of children and youth have appropriate permanency goals. This monitoring period monthly performance ranged between 89 and 96 percent with the majority of the six months falling below the performance requirement.¹⁴⁰ Notably, in January 2016, five percent of children had no court ordered permanency goal (i.e., an inappropriate goal); in September 2016, 10 percent of children had no goal and by December 2016, four percent of children had no goal. The Monitor is trying to determine if this is a temporary decline in performance or an indication of a broader struggle to sufficiently establish and achieve permanency outcomes for children and youth in their care. Much of the responsibility for performance on this measure, and other permanency measures, relies on the cooperation and timely action of the courts. Yet reducing court delays are just one piece of the overall practice improvement necessary to move children and youth to timely and appropriate permanency. As discussed in the following section, performance on the remaining permanency related Outcomes to be Achieved (and some Outcomes to be Maintained) is static or even in decline. While CFSA has included in its 2017 *LaShawn* Strategy Plan new data analysis work with Chapin Hall on permanency and testing of new strategies, the Monitor remains concerned about the level of work still needed to achieve timely permanency for child in its care.

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.)

¹⁴⁰ Monthly performance data are as follows: July, 91%; August, 90%; September, 89%; October, 94%; November, 96%; December, 95%.

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.¹⁴¹ 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.¹⁴² 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 July through December 2016, 21 (68%) of the 31 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change. Although performance is below the required level of 80 percent and a decline from the previous monitoring period (76% of the 54 eligible children were placed in an approved adoptive placement), the cohort of children is small, with the total number of children applicable to this Exit Standard each month ranging from one to 10. At this time, the Monitor considers this Exit Standard to be partially maintained.

Independently, this performance looks like a performance decline based on the experiences of a small cohort of children. However, the Monitor views this decline as part of CFSA's struggle to meet the permanency needs of children and youth in its care. This finding emerges when analyzing this performance in combination with poor performance on the IEP standard requiring CFSA to ensure that 95 percent of children have appropriate permanency goals (described above) and the agency's continued struggle to meet required performance on supporting timely exit to permanency for children and youth (discussed below). As part of the Temporary Safe Haven Redesign, CFSA is building a monetary incentive to achieve timely permanency for children already in out-of-home care into the new provider's contract. This is a notable and promising strategy that will hopefully be used in combination with other actions attending to the needs and challenges of children and of their caregivers.

Reasonable Efforts to Finalize Adoptions

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

¹⁴¹ 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.

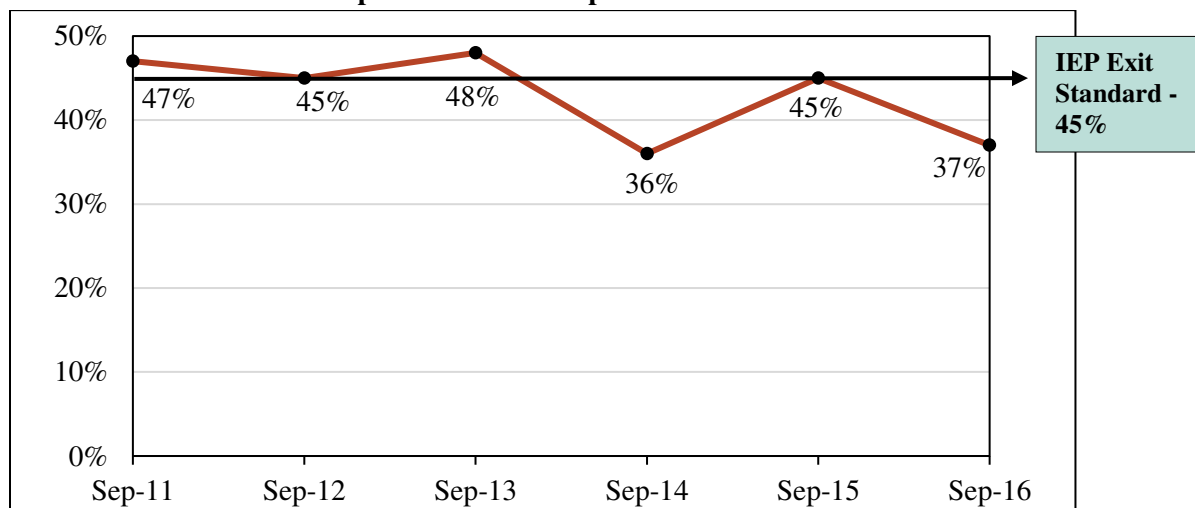
¹⁴² CFSA sufficiently achieved performance on the Exit Standard for children whose permanency goal changed to adoption prior to July 1, 2010 and because the review period for this IEP Exit Standard has expired and CFSA ultimately achieved compliance, the Monitor is no longer tracking performance for this measure.

From July through December 2016, 87 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, falling short of the 90 percent performance requirement. Specifically, CFSA reports that 54 adoptions were finalized during this monitoring period. The Monitor views this as a temporary deviation as this requirement deals with a small number of children. Of those 54, slightly more than half (28 cases/52%) were finalized within 12 months. Although reasonable efforts were made by CFSA to finalize adoptions within 12 months for an additional 19 children (35%), the review of cases that took longer than 12 months to finalize indicates consistent and pervasive delays in court hearings and trials and in the court issuing findings in a timely manner.

Timely Permanency

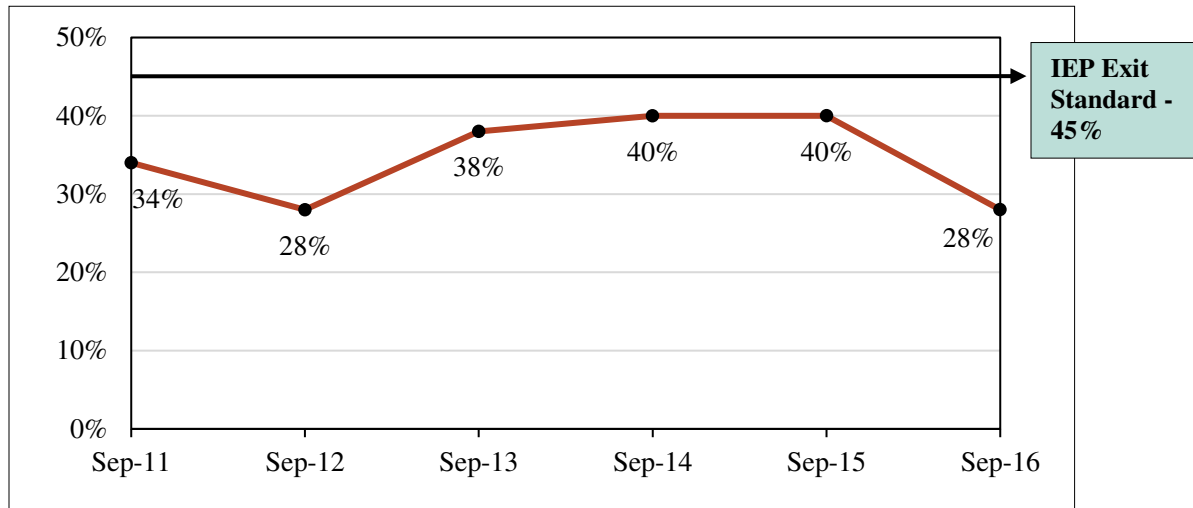
IEP Requirement	32. <u>Timely Adoption</u> : Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)
Exit Standard	<ul style="list-style-type: none"> i. Of all children who entered foster care for the first time in FY2015 and who remain in foster care for 8 days or longer, 45% will achieve permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2016. ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2015, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2016. iii. Of all children who are in foster care for 25 months or longer on September 30, 2015, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2016, whichever is earlier.

**Figure 20: Timely Permanency for Children in Care between 8 days and less than 12 months
September 2011 – September 2016**



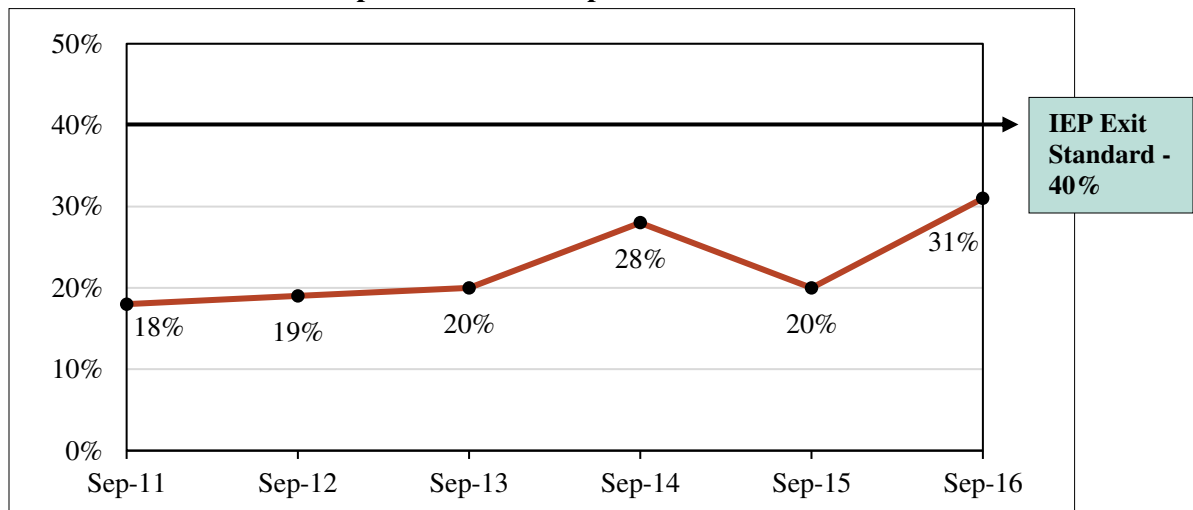
Source: CFSA Administrative Data, FACES.NET report CMT384

**Figure 21: Timely Permanency for Children in Care between 12 and less than 25 months
September 2011 – September 2016**



Source: CFSA Administrative Data, FACES.NET report CMT385

**Figure 22: Timely Permanency for Children in Care for 25 months or longer
September 2011 – September 2016**



Source: CFSA Administrative Data, FACES.NET report CMT385

Performance for the period September 30, 2015 through September 30, 2016, with updates included through December 2016:¹⁴³

The IEP requires CFSA to achieve timely exits for children to a permanent family through adoption, guardianship or reunification. This Exit Standard, designated as an Outcome to be Achieved, has three 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 based on their length of stay in foster care. Performance on this Exit Standard is

¹⁴³ Permanency data are measured on a fiscal year cycle so performance as of September 30, 2016 is included in this report.

measured through the fiscal year and is reported as of September 30, 2016. Also provided for information purposes are data through December 2016, the first quarter of the new fiscal year.

The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2015 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, 2016. Of the 345 children who entered foster care in FY2015 and remained in foster care for eight days or more, 129 (37%) exited to positive permanency by September 30, 2016 (see Table 9). Although not yet due, as of December 2016, performance for this cohort for children entering foster care in FY2016 was 22 percent.

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, 2015, 45 percent will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2016. Of the 218 children who were in care more than 12 months and less than 25 months on September 30, 2015, 60 (28%) achieved positive permanency by September 30, 2016 (see Table 9). Similar to previous monitoring periods, performance for this sub-part remains substantially below the performance level required by the Exit Standard. Although not yet due, as of December 2016, performance for this cohort for FY2016 was five percent.

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, 2015, 40 percent will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2016, whichever is earlier. For the 457 children who had been in care 25 or more months on September 30, 2015, 143 (31%) achieved permanency by September 30, 2016 (see Table 9). Performance for this period is an improvement and reflects the highest performance level since September 2011. Although not yet due, as of December 2016, performance for this cohort in FY2016 was 12 percent.

Overall, performance over the past year declined for two cohorts of children and CFSA did not meet the required level of performance for any part of this Exit Standard.

Table 9:
Children and Youth Exiting to Permanency by Cohort as of September 30, 2016

Length of time in out of home care during FY2015	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, 2016
8 days – 12 months	345	121 (35%)	2 (1%)	0 (0%)	6 (2%)	129 (37%)
12 – 24 months	218	19 (9%)	9 (4%)	9 (4%)	23 (11%)	60 (28%)
25 months or more	457	36 (8%)	12 (3%)	22 (5%)	73 (16%)	143 (31%)

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

Performance on Strategy Plan:

CFSA’s implementation of strategies to support timely permanency efforts are described below:

- *In January and February 2016, CFSA completed the process of reviewing permanency cases managed by CFSA. The information from those reviews is used to inform plans to expedite permanency that are reviewed in 30-60-90 day intervals. CFSA will conduct the same exercise with the private agencies to be completed by August 31, 2016.¹⁴⁴ CFSA will continue to review permanency data on a quarterly basis to identify and resolve systemic barriers as well as to provide targeted management to workers and staff who need additional coaching (2016 Strategy Plan, #32).*

CFSA reports reviewing a total of 165 youth through the permanency case review process. This review was limited to youth who both had a goal of reunification and had been in care six to 12 months or 24 months or more. As of December 31, 2016, 19 percent (31) of the 165 youth had achieved permanency through reunification – 21 youth who had been in care six to 12 months and 10 who had been in care 24 months or more. As described above, as of December 2016, CFSA has stronger permanency performance for youth in the six to 12 month and 24 months or more cohorts, as compared to youth who had been in care 13 to 23 months. CFSA reports that

¹⁴⁴ On June 22, 2016, CFSA submitted modification to this strategy by changing the start of this review process to August 2016 and the completion date to October 31, 2016.

barriers to permanency that the 165 youth faced included change in social workers, delays in parents accessing mental health and substance abuse services and lack of engagement with the biological parent.

- *CFSA will complete the modification of the performance-based contracting tool used by the contract monitors. The modifications will focus on, but will not be limited to, positive permanency outcomes. The process to modify the tool will include obtaining feedback from the private agencies as well as from Casey Family Programs. The modified tool will be finalized by July 31, 2016. The contract monitoring staff will be trained and begin utilizing the tool by September 30, 2016 (2016 Strategy Plan, #33).*

CFSA created a new performance-based contracting tool during this monitoring period. This new tool directs CFSA contract monitors to assess the quality of case practice and how well workers are supporting the safety, permanency and well-being of children and youth. The tool also examines the information recorded regarding monthly visits in workers' contact notes. CFSA reports that initially the tool will be used to determine a baseline of performance for each agency and identify areas for improvement. Monitor staff attended the training of providers on this new tool in September 2016 and observed the process being used with three different congregate care providers. CFSA monitors also worked with private providers to focus on quality of their practice rather than predominantly emphasizing compliance with process, documentation and program requirements. In early 2017, CFSA reorganized its contract monitoring division to support technical assistance and practice development to family-based and congregate care private providers.

3. Visitation

Visits for children with their caseworkers and parents can ensure children's safety, maintain and strengthen family connections and increase opportunities to achieve permanency. Social worker visits with children in out-of-home placement and with their families promote placement stability and increase the likelihood that successful reunification will occur. They also promote opportunities for engagement and allow social workers opportunities 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.

Performance was not reassessed this monitoring period for worker's assessment of safety during visitation to families with in-home services (IEP citation I.A.4.c.), during visitation to children in

out-of-home care (IEP citation I.A.5.d.) and during visitation to children experiencing a new placement or placement change (IEP citation I.A.6.e.). Additionally, performance was not reassessed this monitoring period for worker visitation with the resource parent during the first four weeks of a new placement or placement change (IEP citation I.A.6.d.). These data are collected through a case record review, scheduled for June 2017, and performance will be included in the next monitoring report.

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.) and worker visits to families with in-home services (IEP citation I.A.4.a-b.). As in the last few monitoring periods, CFSA maintained the required level of performance of 95 percent of children in out-of-home care with monthly visits and 90 percent of children in out-of-home care with twice monthly visits¹⁴⁵ and partially maintained the Exit Standard requirement of 95 percent of family receiving in-home services with monthly visits and 85 percent of families receiving in-home services with twice monthly visits¹⁴⁶. The in-home visitation standard has not been in full compliance with IEP requirements since the July through December 2014 monitoring period.

For the remaining three visitation Exit Standards discussed in this section, slight increases in performance were demonstrated for two, specifically: 1) frequency of worker visitation to children experiencing a new placement or placement change and 2) frequency of visitation between parents and workers in the first three months after a child enters foster care – however, CFSA has not achieved the final targets. Performance on visitation between children with the goal of reunification with the parent with whom reunification is sought remains unchanged from the prior period.

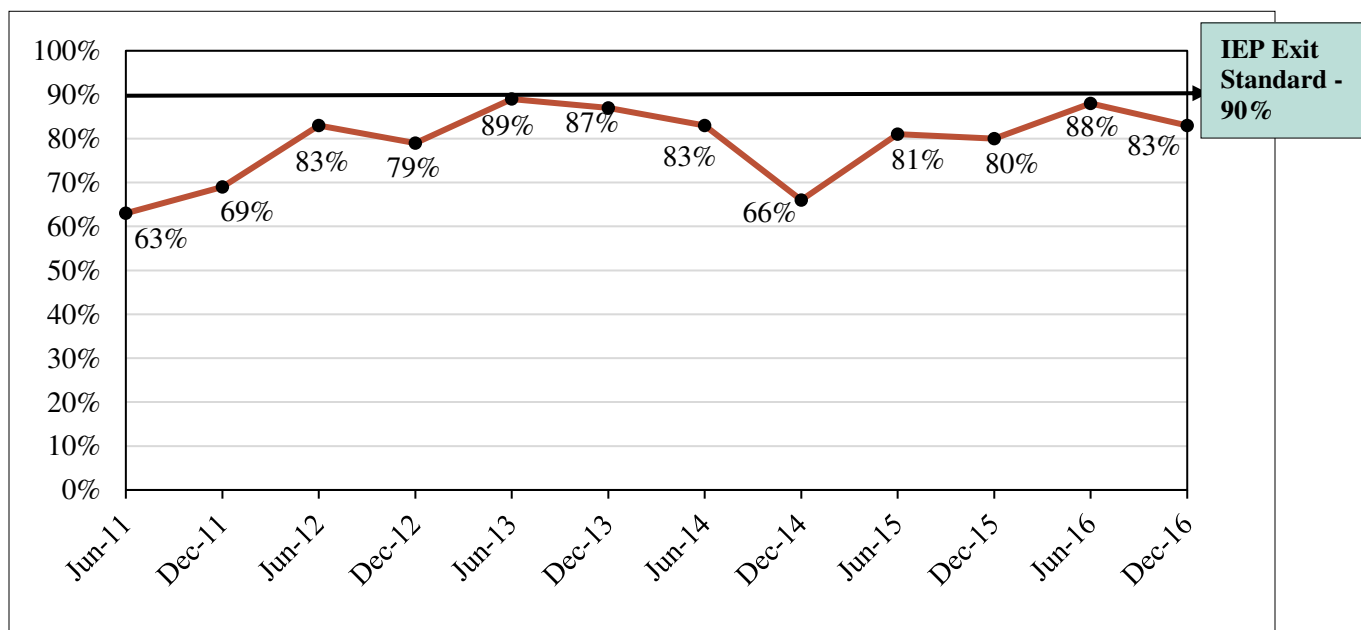
¹⁴⁵ Monthly performance data for monthly out-of-home worker visits are as follows: July, 97%; August, 97%; September, 98%; October, 97%; November, 97%; December, 98%. Monthly performance data for twice monthly visits are as follows: July, 94%; August, 96%; September, 96%; October, 95%; November, 96%; December, 97%.

¹⁴⁶ Monthly performance data for monthly in-home worker visits are as follows: July, 88%; August, 90%; September, 88%; October, 92%; November, 89%; December, 92%. Monthly performance data for twice monthly in-home worker visits are as follows: July, 81%; August, 85%; September, 84%; October, 87%; November, 86%; December, 87%.

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

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>

**Figure 23: Required Number of Worker Visits to Children in New Placements
June 2011 – December 2016**

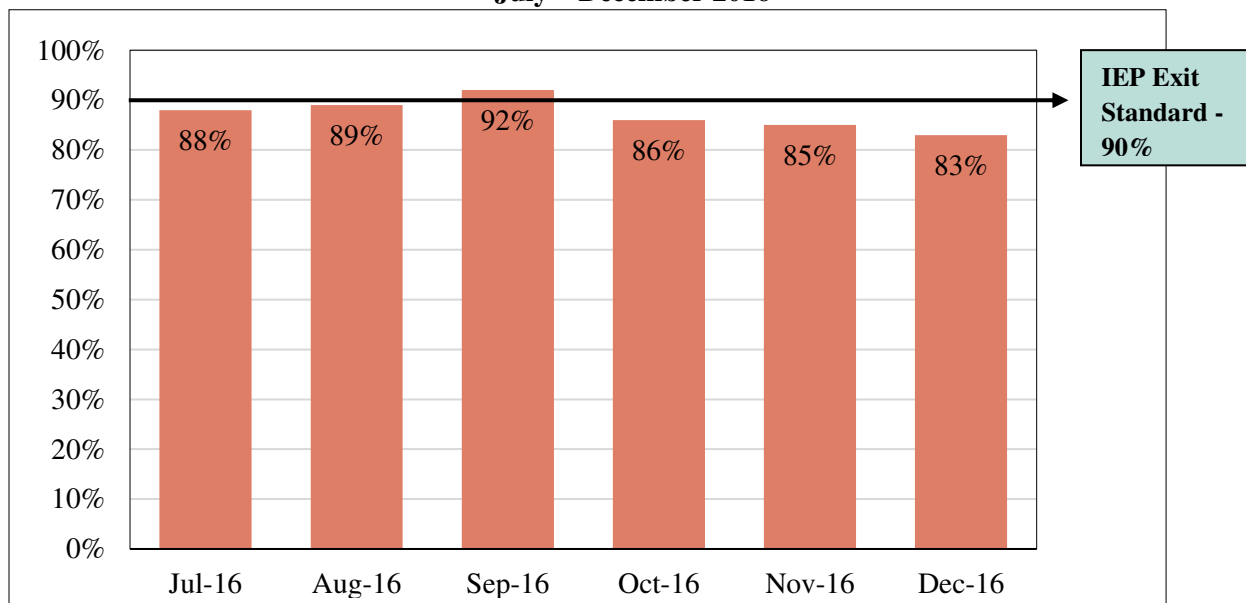


Source: CFSA Administrative Data, FACES.NET report CMT014

Performance for the period July 1 through December 31, 2016:

During the month of December 2016, there were 109 individual child placements applicable to this measure; 90 (83%) 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 July and December 2016, monthly performance ranged between 83 and 92 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 24). CFSA's performance over the monitoring period reflects a slight improvement since the previous monitoring period (monthly range of performance was 81 to 88%) and exceeded the required performance during one month of this monitoring period. The Monitor considers this Exit Standard remaining to be achieved.

**Figure 24: Required Number of Worker Visits to Children in New Placements
July – December 2016**

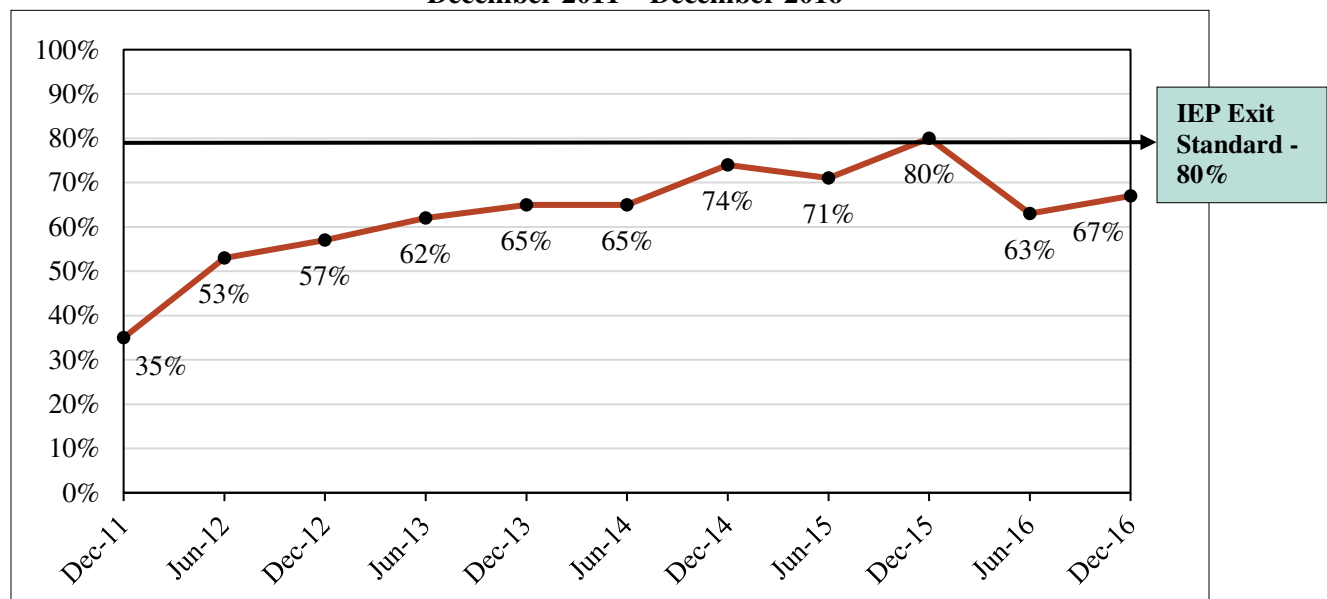


Source: CFSA Administrative Data, FACES.NET report CMT014

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.¹⁴⁷</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
December 2011 – December 2016**



Source: CFSA Administrative Data, FACES.NET report CMT267; performance data from June 2014 through December 2016 include instances where there was documentation in the record that the parent was unavailable or refused to cooperate despite agency efforts.

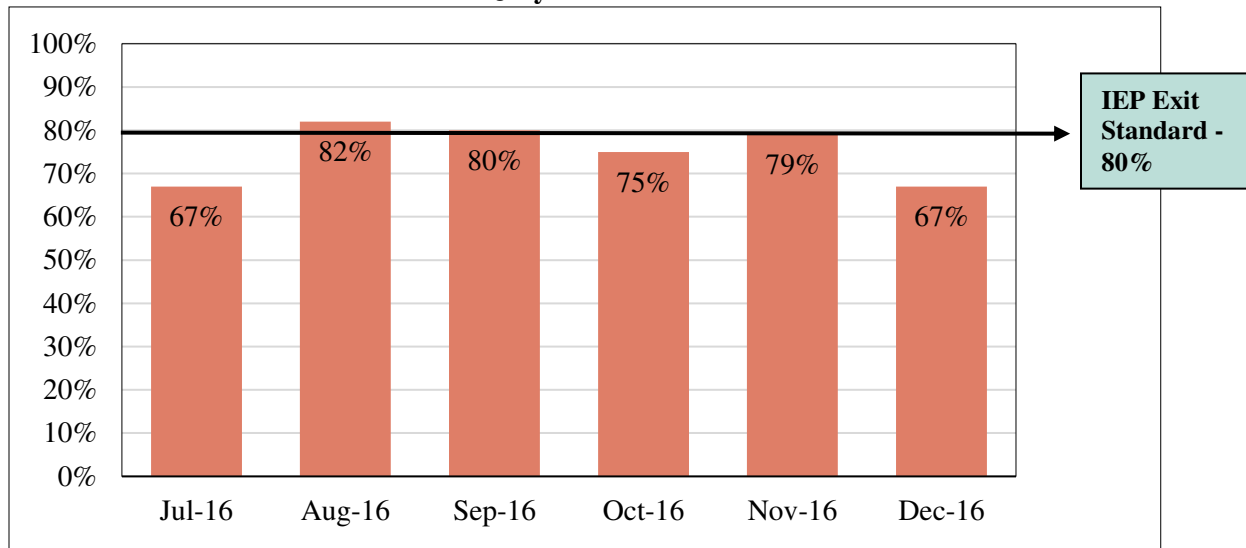
Performance for the period July 1 through December 31, 2016:

In December 2016, there were 58 households of children with a goal of reunification applicable to this measure; parents in 39 households (67%) received two worker visits each month. Between July and December 2016, monthly performance on this measure ranged between 67 and 82

¹⁴⁷ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

percent (see Figure 26).¹⁴⁸ CFSA performance met the required level for two months this monitoring period.

**Figure 26: Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
July – December 2016**



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

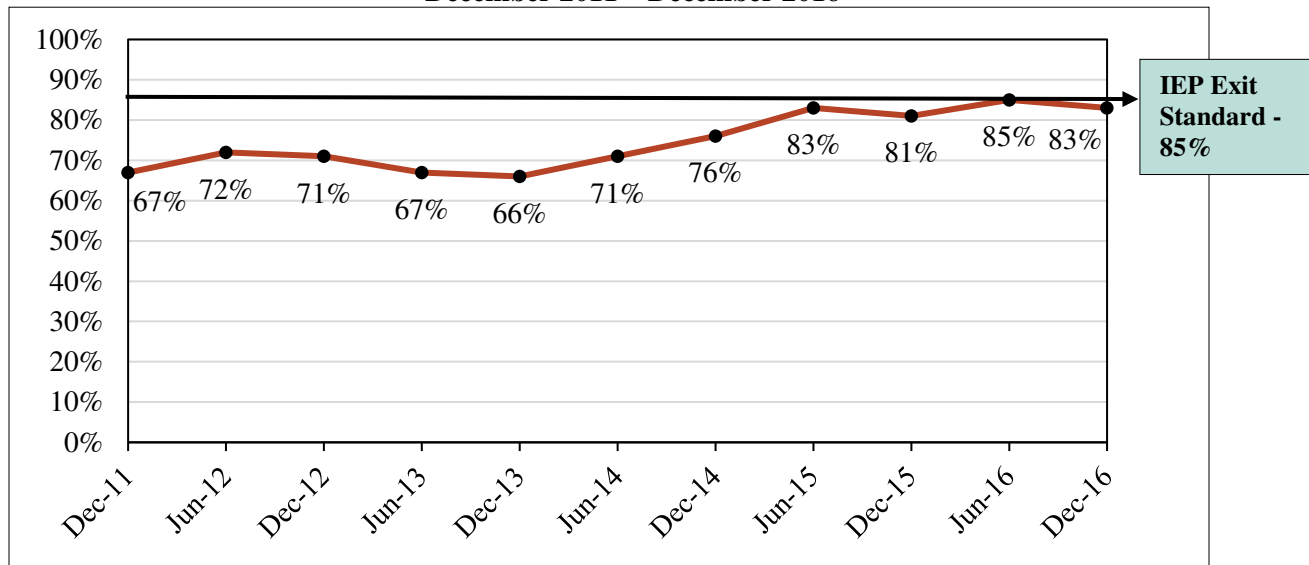
Visits between Parents and Children

IEP Requirement	<p>19. <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>
Exit Standard	<p>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.¹⁴⁹</p>

¹⁴⁸ Reported performance includes instances where there was documentation in the record that the parent was unavailable or refused to cooperate despite agency efforts.

¹⁴⁹ 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.

**Figure 27: Children with Goal of Reunification who
Visit Weekly with the Parent with whom Reunification is Sought
December 2011 – December 2016**



Source: CFSA Administrative Data, FACES.NET report CMT012; performance data from June 2014 through December 2016 include instances where there was documentation in the record that visits could not occur despite agency efforts.

Performance for the period July 1 through December 31, 2016:

In December 2016, 407 children were applicable to this measure; 327 had weekly visits with the parent with whom reunification is sought and for an additional 29 children, 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, for a total of 83 percent of cases in compliance with this Exit Standard during the month.¹⁵⁰ The Monitor validated performance with the appropriate exclusions for December 2016, therefore, data for July through November are not provided.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on visitation:

- *Agency Performance will continue to share findings from the safety assessment case review process with management on a quarterly basis. Beginning in April 2016, and on a quarterly basis, Agency Performance and CWTA will schedule targeted peer-to-peer supervisor sessions based on performance. High performing supervisors will share successful strategies to enhance performance*

¹⁵⁰ Of the total children who may have been included in this measure, 11 were excluded due to suspended visits by court order; 4 were excluded due to being classified as in abscondence for the whole month; and 18 were excluded due to “other suspended visits,” which includes when a parent or child is incarcerated more than 100 miles away or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.

and the quality of the documentation for the assessment of safety during worker visits to children. (2016 Strategy Plan, #23).

As discussed above, CFSA did not conduct a case record review this monitoring period to collect performance data on worker's assessment of safety during visits; therefore did not have new findings to share. CFSA reports two additional peer-to-peer supervisor sessions were held. CWTA (Child Welfare Training Academy) plans to begin training front line staff on documentation of safety assessments in April 2017.

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

CFSA has consistently struggled with implementing strategies to improve overall case practice in order to achieve acceptable performance on this Exit Standard. In order to provide the correct array of services to families that will lead to behavior change, reduce risk and increase parental capacity, CFSA must consistently engage families, have accurate functional assessments and team with professional and informal supports – including mental health providers, schools, foster parents and family members. In an effort to improve practice for all children and families, regardless of whether the child is placed in out-of-home or the family is receiving in-home services or which agency is providing case management services, CFSA has implemented the CAFAS/PECFAS and CSBA¹⁵¹, which are functional assessment tools that support workers in understanding the child's or parent's functioning in a variety of settings. These assessments should be used to assess needs, develop the case plan goals and identify appropriate services, however, there is a clear gap in practice between these activities and it is unclear how effectively workers are using assessments to identify needs, supports and services for families.

Current data highlight inconsistencies in practice between CFSA and the private provider agencies. One of the goals of CFSA's Temporary Safe Haven Redesign is to improve overall practice and consistency in practice – regardless of whether a child is placed in the District or Maryland, services and case planning should be of the same high quality. In order to ensure consistency in practice through the Temporary Safe Haven Redesign and contracting process, it is critical to establish a strong partnership from the onset, ensure access to a broad array of services and provide the selected private agency with the financial capacity to meet the needs of the children and youth placed in Maryland.

In addition to addressing practice differences between CFSA and the private provider agencies, through the Safe and Stable Families Redesign, CFSA is focused on reforming in-home practice, moving away from using specifically designated chronic neglect units to develop and implement

¹⁵¹ The Caregiver Strength and Barriers Assessment is a functional assessment tool that focuses on parents' capacity, strengths and needs. These functional assessments allow workers to assess behaviors and behavior changes over time in response to interventions – for example, therapy – and changing conditions.

“levels of care” for families receiving in-home services. In the Redesign, program managers and supervisors will designate a family’s “level of care” using a variety of assessment tools, including the functional assessments described above and Safety and Danger Assessment, which will promote a better assessment of needs and implementation of supports and services. One goal of this Redesign is to identify families who are in crisis and provide additional supports and services in order to stabilize the family and move them to case closure, or “graduation.” While the planning is still underway and specific practice elements are being discussed, data on in-home cases show clearly that there are families with at-risk children who are not currently engaged with the agency. To promote engagement activities with families in crisis and multiple needs, it is expected that families with a higher level of care will receive more frequent visitation from case workers and more hands-on support to stabilize.

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 Quality Service Review (QSR) protocol are used to measure CFSA’s performance on the Exit Standard pertaining to appropriate service provision to families and children to promote safety, permanency and well-being. These indicators, *Implementing Supports and Services* and *Pathway to Case Closure*, are described in further detail in Figures 28 and 29, 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>5. <u>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; and d. 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 Implementing Supports and Services and Pathway to Case Closure indicators.</p>

Figure 28: QSR *Implementing Supports and Services* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁵²

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.

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. 70-71.

Figure 29: QSR *Pathway to Case Closure* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁵³

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?

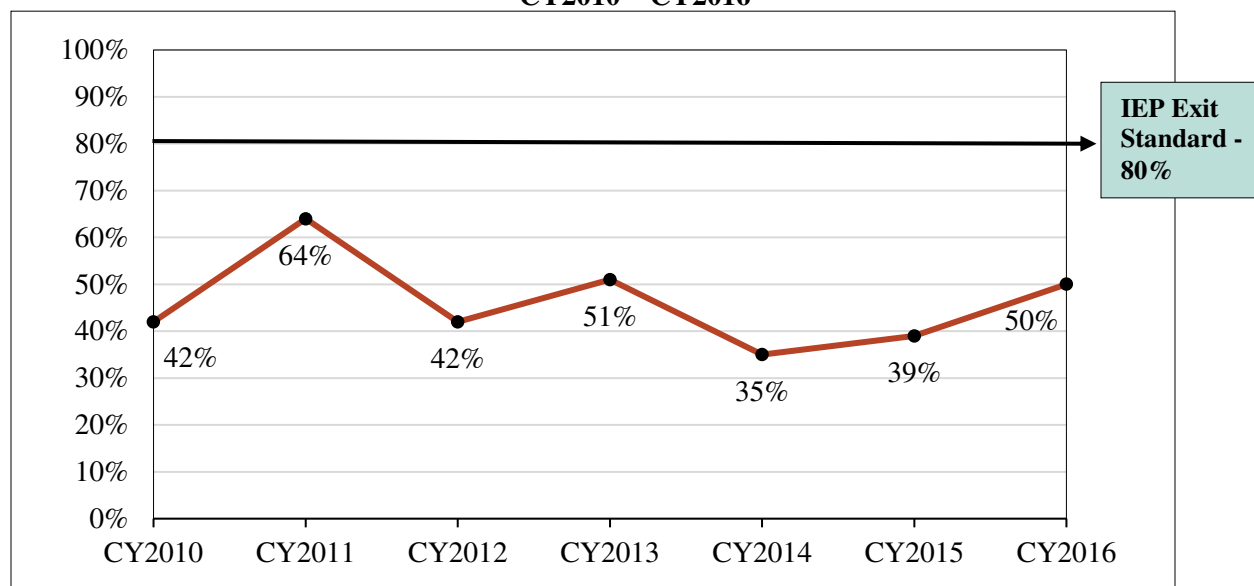
- *Description of Acceptable/Unacceptable Performance:*

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.

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 30: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
CY2010 – CY2016**



Source: QSR Data CY2010 – CY2016.

Performance for the period January 1 through December 31, 2016:

A total of 123 cases were reviewed using the QSR methodology between January and December 2016 – 32 cases involved a child receiving in-home services and 91 cases where the child is placed in out-of-home care. Of those who were placed in out-of-home care, 52 children were case managed by CFSA and 39 children were case managed by one of the seven private agencies¹⁵⁴ with whom CFSA contracts with for case management and placement services.¹⁵⁵

As Figure 31 indicates, half of the cases reviewed (50%; 62 of 123) were rated acceptable on *both* the *Implementing Supports and Services*¹⁵⁶ and *Pathway to Case Closure* indicators. Two-thirds (67%; 82 of 123) of the cases reviewed were rated acceptable on the *Implementing Supports and Services* indicator and just under two-thirds of the cases reviewed (61%; 75 of 123) were rated acceptable on the *Pathway to Case Closure* indicator.

Data for CY2016 show a substantial improvement in performance from CY2015 (overall 39% rated as acceptable). Specifically, there was a 17 percent increase in *Implementing Supports and*

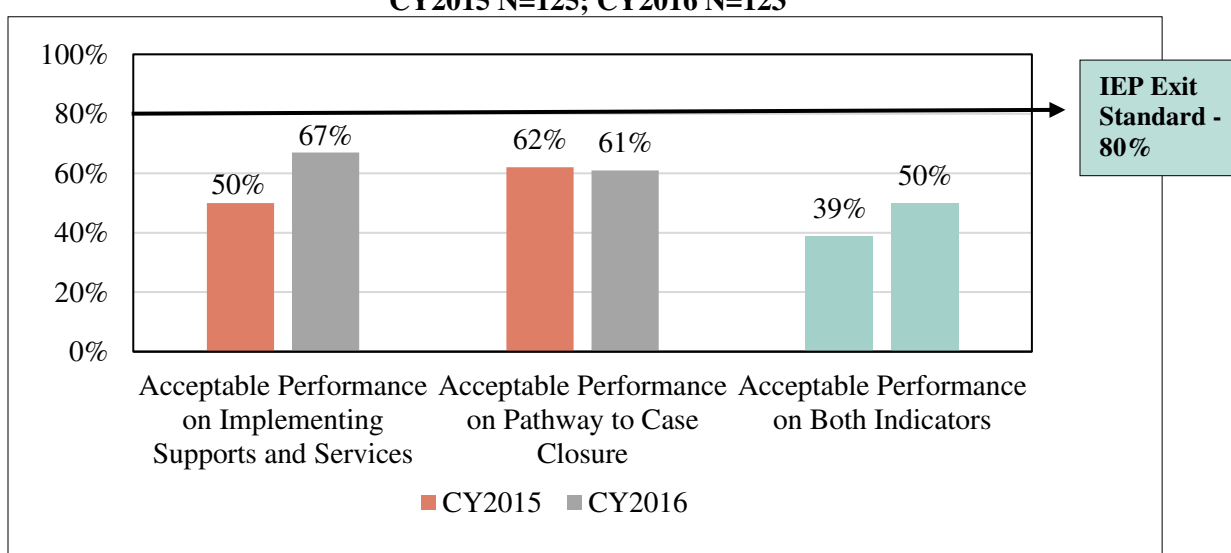
¹⁵⁴ In addition to providing out-of-home kinship and non-kinship placements in Maryland, the private agencies are responsible for providing therapeutic placements for children in out-of-home care who require such placement. CFSA provides support for District area traditional kinships and non-kinship placements. 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.

¹⁵⁵ In December 2016, there were 1,448 ongoing cases assigned, not including ICPC cases; 496 (34%) cases were assigned to 1 of the private agencies.

¹⁵⁶ 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.

Services. This indicator examines the appropriateness, fit and array of supports and services that have been implemented to mitigate risk factors and with a goal of leading to positive behavior changes that support the child's, parent(s)'s and caregiver(s)'s well-being and capacity to meet the needs of the child. Furthermore, this indicator looks at the potential for these services to support the pathway to safe case closure. While performance on each indicator alone remains below 80 percent, highlighting the need to continue work to identify and implement appropriate supports and services that facilitate case plan goals and any alternative plans, the improvement in overall performance over the past 12 months represents a step forward.

**Figure 31: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
CY2015 – CY2016
CY2015 N=125; CY2016 N=123**



Source: QSR Data, CY2015 – CY2016

Of the 91 out-of-home cases reviewed through the QSR process in CY2016, 57 percent (52 of 91) were case managed by CFSA and 43 percent (39 of 91) were case managed by one of the private agencies. While there were improvements in both CFSA and private agency practice on this measure, there still remains a significant difference¹⁵⁷ in overall performance (67% and 38% acceptable, respectively; see Table 10).

¹⁵⁷ Analyses indicate this difference is statistically significant at a level of $p < .05$.

**Table 10: Performance on QSR Indicators for Out-of-Home Placements
by Case Management Provider
CY2016**

CFSA N=52	Private Agencies N=39
<i>Implementing Supports and Services¹⁵⁸</i>	
81% (42)	56% (22)
<i>Pathway to Case Closure¹⁵⁹</i>	
71% (37)	54% (21)
<i>Both Indicators¹⁶⁰</i>	
67% (35)	38% (15)

Source: QSR Data, CY2016

Of the cases reviewed in CY2016, 74 percent were out-of-home cases and 26 percent were in-home cases (where the focus child is able to remain safely in their own home while the family receives services to mitigate risk and safety concerns), which this represents an oversample of cases where the focus child is placed out-of-home.¹⁶¹ QSR data analyses indicate that there is still a significant difference¹⁶² in performance between out-of-home placement cases and in-home cases, 55 percent and 38 percent respectively (see Table 11).

**Table 11: Performance on QSR Indicators by Case Type
CY2016**

Out-of-Home Placement N=91	In-Home Services N=32
<i>Implementing Supports and Services</i>	
70% (64)	56% (18)
<i>Pathway to Case Closure</i>	
64% (58)	53% (17)
<i>Both Indicators¹⁶³</i>	
55% (50)	38% (12)

Source: QSR Data, CY2016

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on the services provided to children and families to promote safety, permanency and well-being:

¹⁵⁸ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹⁵⁹ Analyses indicate this difference is statistically significant at a level of $p < .10$.

¹⁶⁰ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹⁶¹ In December 2016, there were 1,448 ongoing cases assigned, not including ICPC cases; 495 (34%) cases were in-home.

¹⁶² Analyses indicate this difference is statistically significant at a level of $p < .10$.

¹⁶³ Analyses indicate this difference is statistically significant at a level of $p < .10$.

- *By June 30, 2016, CFSA will refine the referral process for Project Connect (a family preservation service that works with high-risk families involved with the child welfare system that are affected by parental substance abuse) and HOMEBUILDERS (a family intensive preservation service that provides in-home crisis intervention, counseling, and life skills education for applicable families) by expanding eligibility to include in-home families that experience substance abuse and/or chronic neglect. CFSA will train staff on new practices by August 31, 2016. CFSA will continue to Project Connect staff on-site access each week and will continue to track referrals, utilization, and modify protocols as needed to improve utilization (2016 Strategy Plan, #17).*

Utilization remains far below capacity for HOMEBUILDERS, Project Connect and other services funded through the Title IV-E waiver (see Table 12), despite clarification and expansion of eligibility criteria for Project Connect to serve in-home families. CFSA is now past the mid-way point of their Title IV-E waiver and is re-evaluating waiver services including utilization and appropriateness of current services in meeting the needs of the children and families served by CFSA. Of note, in December 2016, 76 families were identified as meeting chronic neglect criteria, however only 63 percent of them were connected to intensive support – including Project Connect, HOMEBUILDERS or another service. Currently, CFSA contracts with two Collaboratives, who then subcontract with community-based organizations to provide HOMEBUILDERS and Project Connect services. Through the Safe and Stable Families Redesign, CFSA is considering contracting directly with the providers of HOMEBUILDERS and Project Connect to better integrate these services with practice and to address any utilization barriers limiting the accessibility and availability of these services to families.

**Table 12: Utilization of HOMEBUILDERS and Project Connect
July – December 2016**

Services	Program Capacity *	Actual Capacity as of December 31, 2016**	Utilization as of December 31, 2016***	Utilization Rate as of December 31, 2016	Families Referred and Approved for Service between July – December 2016	Families Successfully Completed between July – December 2016
HOMEBUILDERS	24	6	2	33%	46	25
Project Connect	96	96	37	39%	24	6

Source: CFSA Manual Data

** Program capacity refers to the number of families the program can serve at a point in time.

** Actual capacity refers to the number of families the program can serve as of December 31, 2016. Actual capacity may be below program capacity due to staff vacancies. CFSA reports that HOMEBUILDERS was never at full program capacity during the monitoring period.

*** Some families utilizing the services were referred and approved for the service prior to July 1, 2016 due to the length of the service.

- *CFSA will assemble a team by May 2016 to assess the effectiveness of the new case planning process to include implementation of the CAFAS/PECFAS, danger and safety assessment, caregiver strength and barriers assessment, and behaviorally-based case planning. CFSA will analyze available data, determine the barriers to workers completing the new case plan (including private agency and CFSA line worker feedback), and develop corresponding solutions and strategies for full implementation. A QA/QI process will be used to provide feedback on use of the tool and training will be provided to private agency and CFSA workers identified as needing additional support by December 31, 2016. (2016 Strategy Plan, #18).*

Since the roll-out of the functional assessment tools (CAFAS/PECFAS and CBSA), implementation has been spotty. As a result, CFSA has convened a workgroup, chaired by the Deputy Director of Well-Being, to assess the implementation process and effectiveness and develop strategies to improve both completion rates and quality.

This workgroup decided it would be helpful to schedule additional training on how to use the information collected through the assessments. They established a “Learning Collaborative” in November 2016 for all supervisors. Through the “Learning Collaborative”, CFSA managers provide information and guidance to supervisors on how to use the assessments to inform case planning and strategies for working with frontline workers to improve assessment and case planning. CFSA reports that within CFSA’s Permanency Administration, there was an increase

in the completion rate of the CAFAS/PECFAS between January 2017 and February 2017 as a result of the “Learning Collaborative.” As of February 2017, about three-quarters (76%) of the children in foster care have completed assessments. The Monitor remains concerned with the low completion rate and quality of child and family assessments and the use of the assessments to inform case planning, including the identification and connection to appropriate supports, placements and services.

- *By August 31, 2016, Community Partnerships will designate two in-home units staffed by trained workers to provide supports and services for families identified as experiencing chronic neglect (2016 Strategy Plan, #19).*

The design and beginning implementation of designated chronic neglect units was a key strategy being developed by CFSA to address the number of families with complex needs and recurring involvement with CFSA. These units were to have lower caseloads and be available to work more intensely with families over a longer period of time. As of December 2016, of the 76 families who met chronic neglect criteria, 47 percent of identified families were assigned to a chronic neglect unit. This suggested a need for additional capacity, but after a very short time of implementation, CFSA has decided to move away from designated chronic neglect units to a “level of care” system described previously to meet the needs of families.

The chronic neglect units, even during their short tenure of operation, demonstrated several strengths including the impact of lower caseloads, which allowed for an increase in social worker ability to work intensively with families, increased parental engagement in case planning and assessments that more accurately reflected family strengths and needs. CFSA is using these lessons in the Redesign of in-home practice and corresponding practice elements. CFSA is hopeful that the “levels of care” will provide additional structure and guidance for in-home practice.

b. Case Planning Process

Timely case plans at the beginning of 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 Standard requires 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. CFSA partially maintained compliance on timelines for case plan development, which requires that 90 percent of case plans will be developed within 30 days of the child entering care.¹⁶⁴ The Monitor is concerned that CFSA has not been able to consistently maintain this Exit Standard for timely case plans, a fundamental element of child welfare practice, for consecutive periods.

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 32 and 33, 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.

¹⁶⁴ Monthly performance for completion of case plans are as follows: July, 91%; August, 91%; September, 90%; October, 88%; November, 85%; December, 87%.

Figure 32: QSR *Planning Interventions* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁶⁵

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.

¹⁶⁵ *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 33: QSR *Pathway to Case Closure* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁶⁶

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?

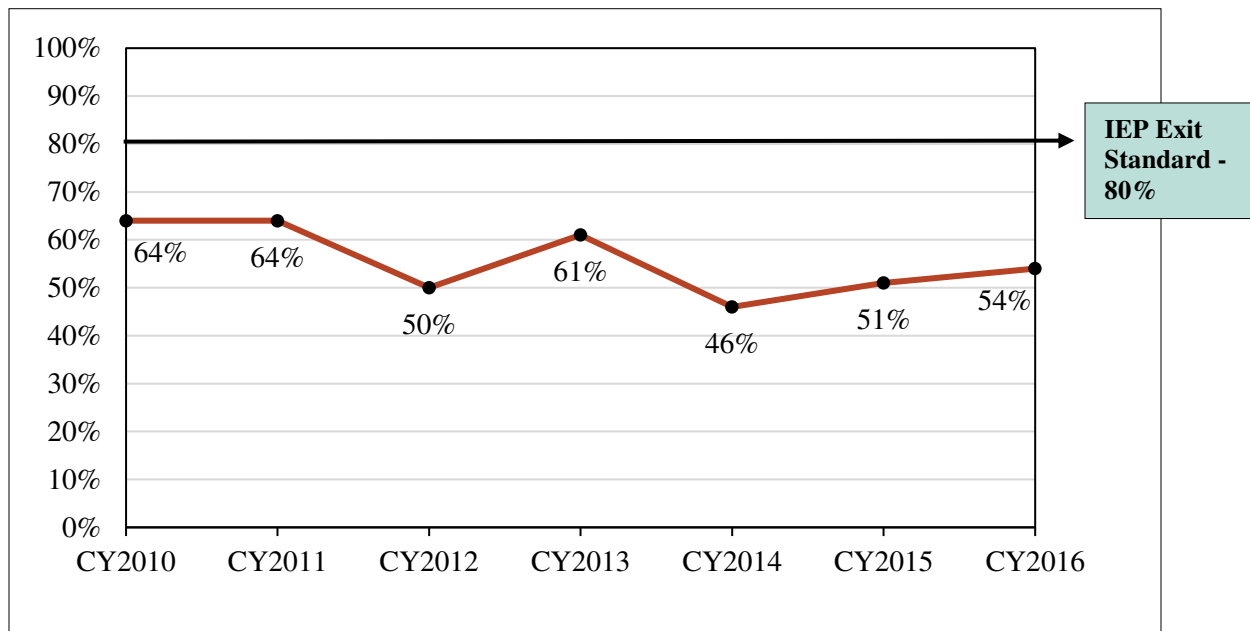
- *Description of Acceptable/Unacceptable Performance:*

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.

¹⁶⁶ *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 34: QSR Findings on Case Planning Process
CY2010 – CY2016**



Source: QSR Data CY2010 – CY2016

Performance for January 1 through December 31, 2016:

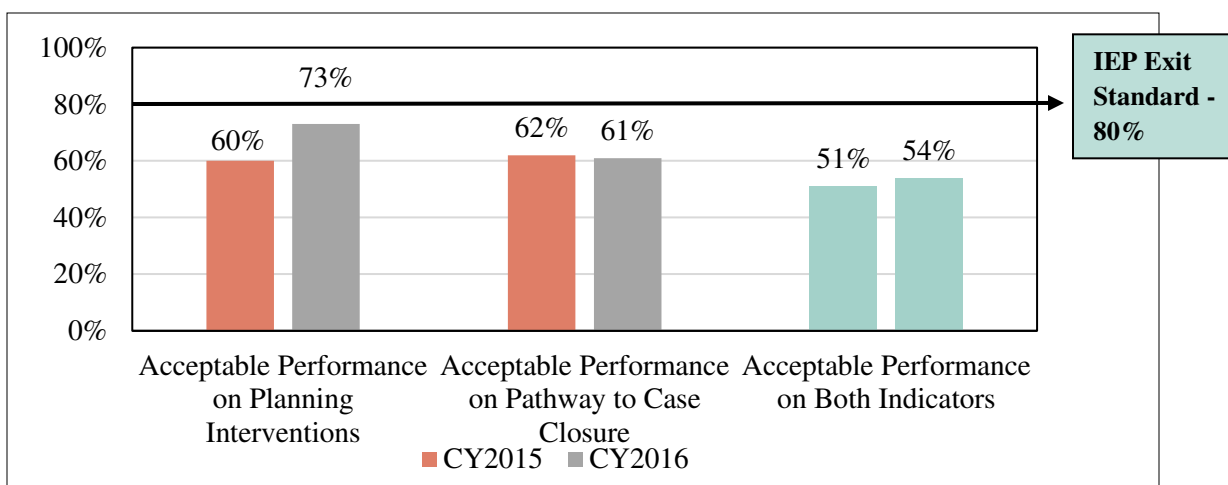
Between January and December 2016, 123 cases were reviewed using the QSR methodology. As Figure 35 indicates, 54 percent (67 of 123) of cases reviewed were rated as acceptable on *both* the overall *Planning Interventions*¹⁶⁷ and *Pathway to Case Closure* indicators. In some cases, reviewers rated practice on one indicator as acceptable, while their assessment of practice on the other indicator was unacceptable. Specifically, 73 percent of cases (90 of 123) were rated acceptable on the *Planning Interventions* indicator and 61 percent of cases (75 of 123) were rated acceptable on the *Pathway to Case Closure* indicator. Of note, performance on the rating of the *Planning Intervention* indicator increased 13 percent from CY2015. While still below the Exit Standard requirement of 80 percent acceptable, performance did improve slightly during CY2016.

¹⁶⁷ 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 35: QSR Findings on Case Planning Process

CY2015 – CY2016

CY2015 N=125; CY2016 N=123



Source: QSR Data CY2015 – CY2016

Data for CY2016 reflect an increase in performance for cases managed by private agencies (37% for CY2015 and 49% for CY2016). However, there continues to be a significant difference in acceptable performance for out-of-home cases managed by CFSA compared to those managed by private agencies.¹⁶⁸ As has previously been discussed throughout this report, CFSA believes that through the Temporary Safe Haven Redesign, there will be an increase in consistency of practice across the child welfare system that promotes high quality case management, planning and service provision for all children and families regardless of whether they are case managed by CFSA or a private provider agency.

**Table 13: Performance on QSR Indicators for Out-of-Home Cases by Case Management Provider
CY2016**

CFSA N=52	Private Agencies N=39
<i>Planning Interventions¹⁶⁹</i>	
85% (44)	64% (25)
<i>Pathway to Case Closure¹⁷⁰</i>	
71% (37)	54% (21)
<i>Both Indicators¹⁷¹</i>	
67% (35)	49% (19)

Source: QSR Data, CY2016

¹⁶⁸ Analyses indicate this difference is statistically significant at a level of $p < .10$.

¹⁶⁹ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹⁷⁰ Analyses indicate this difference is statistically significant at a level of $p < .10$.

¹⁷¹ Analyses indicate this difference is statistically significant at a level of $p < .10$.

Similar to performance on the Exit Standard pertaining to services to children and families, performance on both indicators used to assess performance on this Exit Standard were significantly lower when the focus child was receiving in-home services.¹⁷² CFSA continues to struggle with achieving acceptable ratings on *Pathway to Case Closure* for families receiving in-home services. Through the Safe and Stable Families Redesign, CFSA believes there will be a structure in place – “levels of care” – that provide additional guidance for planning with a family and moving to safe case closure.

**Table 14: Performance on QSR Indicators by Case Type
CY2016**

Out-of-Home Placement N=91	In-Home Services N=32
<i>Planning Interventions</i>	
76% (69)	66% (21)
<i>Pathway to Case Closure</i>	
64% (58)	53% (17)
<i>Both Indicators</i> ¹⁷³	
59% (54)	41% (13)

Source: QSR Data, CY2016

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*, CFSA has employed the following strategy to increase consistency of quality performance in its case planning process:

- *The R.E.D. Team framework has provided the agency with a common language and lens through which to review cases and make clinical practice determinations. By August 31, 2016,¹⁷⁴ CFSA will identify resources needed to utilize the framework and instruct, coach, and develop workers and supervisors across the system, including the private agencies, to improve clinical practice, case planning, and services (2016 Strategy Plan, #16).*

CFSA had identified that engaging supervisors in improving case practice was a critical element of their plans. As a result, CWTA developed specific training, *Mastering the Art of Child Welfare Supervision 2.0* (MACWS), which incorporated the consultation and information sharing framework (CISF) and R.E.D. Team process, as strategies for improving case planning practice. In addition to the MACWS training, CFSA has also developed the DC CFSA Clinical

¹⁷² Analyses indicate this difference is statistically significant at a level of $p < .10$.

¹⁷³ Analyses indicate this difference is statistically significant at a level of $p < .10$.

¹⁷⁴ On June 22, 2016, CFSA submitted a modification to this strategy changing the August 30, 2016 date to September 30, 2016.

Supervision Guide to support supervisors' work with frontline workers. Unfortunately, as discussed below, the level of supervisory participation in this training has been low.

The MACWS training consists of three tiers, each containing multiple sessions. As of December 31, 2016, of the 68 CFSA and private agency supervisors who are required to complete this training, nine supervisors (13%) had completed all three sessions of Tier 1, 14 supervisors (21%) had completed all three sessions of Tier 2 and 6 supervisors (9%) had completed both Tier 1 and Tier 2.¹⁷⁵ In order for this training to have the desired results across CFSA and the private agencies, it is essential that all supervisors complete every session. Tier 3 is composed of two sessions which are being offered in February and March 2017. The Monitor is discouraged by the current completion rates for Tier 1 and Tier 2 as this strategy will not be effective without supervisors actually completing all three tiers of the training and incorporating what they have learned into their work.

C. GOAL: CHILD WELL-BEING

CFSA is responsible for promoting, supporting and planning for the overall well-being of children and youth in foster care – including their physical and behavioral health. All youth receive a health screening when they enter care or change placements and comprehensive medical and dental evaluations on an ongoing basis. While CFSA's Office of Well-Being is largely responsible for activities to support the physical and behavioral health of children and youth in foster care, the planning activities to support ongoing well-being occur across the agency and through team meetings.

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). 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 age-out of care, these meetings are critical to laying the groundwork for their success after foster care.

Some children and youth experience challenges with placement and/or permanency that result in Special Corrective Action (see Section C.3.). For these children and youth, CFSA must identify a child specific corrective action plan in order to promote their well-being and address the placement and/or permanency issue of concern, which they complete through weekly Special Corrective Action R.E.D. Team meetings for children newly identified in a corrective action category. The sections below provide additional details on CFSA's activities to support and promote the well-being of children and youth in care.

¹⁷⁵ In addition to supervisors, program managers and program administrators who supervise social workers are required to take this training. As of December 31, 2016, 2 of the 25 required managers and administrators have completed all three sessions of Tier 1 and 4 of the 25 required managers and administrators have completed all three sessions of Tier 2. Overall, none of program managers have completed Tier 1 and Tier 2.

1. Health and Dental Care

The IEP has multiple Exit Standards related to ensuring that children and youth in out-of-home placement receive appropriate and routine medical and dental services and timely access to appropriate health care. Most 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. Additionally, the screening 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 in foster care have a health screening prior to an initial placement 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 98 to 100 percent and monthly performance for health screenings prior to a placement change ranged from 85 to 92 percent. Performance in both of these areas marks an improvement from the previous monitoring period. Performance did fall below the required level of 90 percent for health screenings required prior to a placement change in September and November 2016.¹⁷⁶ The Monitor currently considers these deviations to be insubstantial and will continue to closely assess performance in this area.

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 95 percent receive that evaluation within 60 days of placement (IEP citation I.C.22.b.i.). Performance on completion of full medical evaluations within 30 days of placement improved during the current monitoring period, ranging monthly from 89 to 96 percent. Performance also improved for evaluations within 60 days of placement, ranging monthly from 95 to 99 percent. This Exit Standard has been maintained and CFSA is doing an excellent job ensuring that children and youth in their care get comprehensive medical assessments.

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

¹⁷⁶ Monthly performance data for replacement health screenings are as follows: July, 91%; August, 90%; September, 87%; October, 92%; November, 85%; December, 91%.

evaluations met the required level of 25 percent for evaluations within 30 days of placement (monthly range of 57 to 70%) and 50 percent within 60 days of placement (monthly range of 71 to 96%).

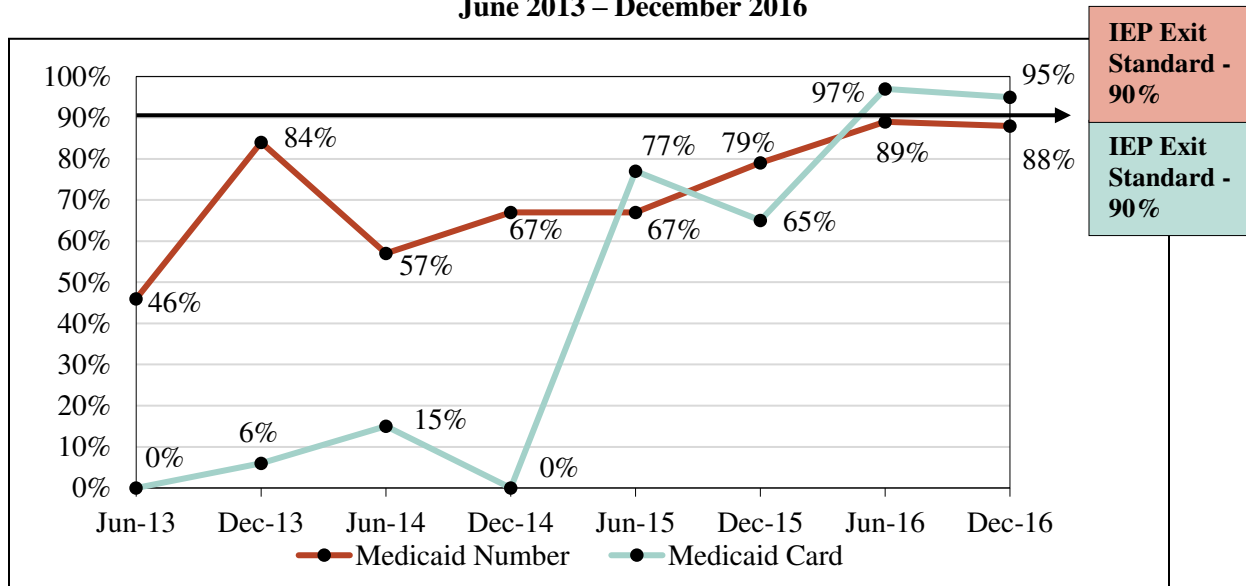
By 90 days out, 85 percent of children in placement are expected to have had a dental evaluation. Performance for full dental evaluations within 90 days of placement did not meet the 85 percent threshold during four of the six months of the monitoring period and ranged from 73 to 96 percent.¹⁷⁷ Due to contract issues, mobile dental service bus that has been used for exams did not come to CFSA in September and October, which likely impacted social workers' ability to ensure all children received their comprehensive dental evaluation within 90 days of placement. No additional resources were identified to meet the needs of these children while the mobile dental service was not available. The mobile dental service returned to the Healthy Horizon clinic in November and enhancements, including increasing the number of appointments and increased outreach to OYE and private agencies, were implemented to ensure children and youth again had access to dental services. The Monitor considers this Exit Standard to be partially 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.

¹⁷⁷ Monthly performance data for children having dental evaluations completed within 90 days of placement are as follows: July, 96%; August, 86%; September, 76%; October, 77%; November, 73%; December, 81%.

**Figure 36: Distribution of Medicaid Number and Medicaid Card to Foster Parents
June 2013 – December 2016**

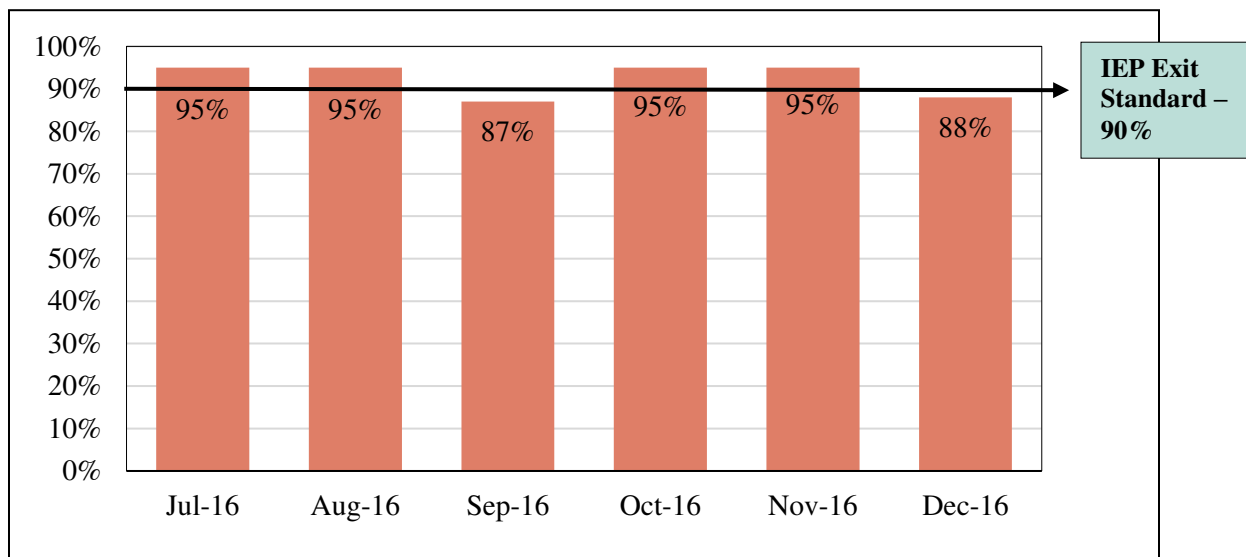


Source: CFSA Manual Data

Performance for the period July 1 through December 31, 2016:

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. Between July and December 2016, performance ranged from 87 to 95 percent per month (see Figure 37). Performance only fell below the required level of 90 percent during two months, September and December. Specifically, in December 2016, 65 children experienced a placement activity and remained in that placement for at least five days. Of these 65 children, CFSA was able to verify that 57 foster (88%) parents received the child's Medicaid number within five days of their placement. Performance on this sub-part of the Exit Standard met the required level of 90 percent in four of the six months during the period.

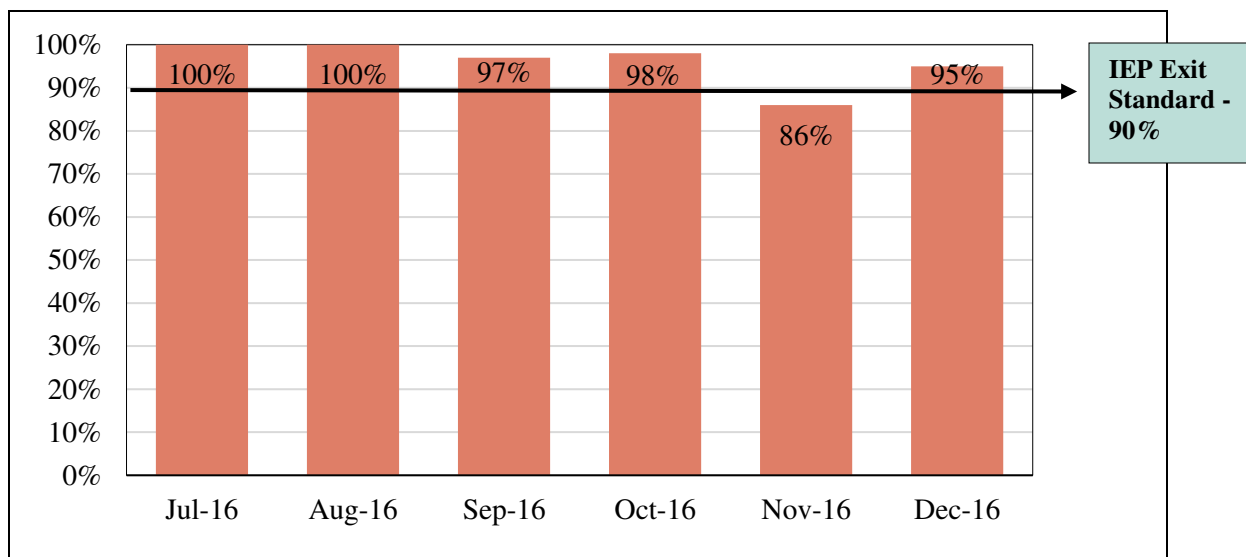
**Figure 37: Foster Parents who Received Child's
Medicaid Number within Five Days of the Child's Placement
July – December 2016**



Source: CFSA Manual Data

Performance on this standard has improved considerably as a result of deliberate efforts to verify current Medicaid eligibility for children entering care and making that information promptly available to foster parents. CFSA reports that the children whose foster parents do not receive their Medicaid number within five days are due to the child not being previously known to or enrolled in Medicaid. This population of children include those who do not have legal status and those who had private insurance or no insurance prior to coming into care. 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. However, for these children and youth who enter foster care without a Medicaid number, it is taking more than five days for the Medicaid number to be issued and then delivered to the foster parent. While CFSA ensures receipt of all health care needs and prescriptions through use of local dollars for these children and youth until Medicaid enrollment is established, the Monitor continues to advocate for CFSA and the Medicaid agency to expedite enrollment within the five day period for every child.

**Figure 38: Foster Parents who Received Child's
Medicaid Card within 45 Days of the Child's Placement
July – December 2016**



Source: CFSA Manual Data

CFSA tracks the distribution of Medicaid cards to foster parents when a child is initially placed or re-enters foster care.¹⁷⁸ Between July and December 2016, CFSA was able to verify that between 86 and 100 percent of foster parents each month received the child's Medicaid card within 45 days of the child's placement (see Figure 38), only falling short of the required performance of 90 percent in November 2016. CFSA's performance on this sub-part of the Exit Standard continues to improve and met the performance level of 90 percent required by the IEP in five out of six months.

The Monitor notes the significant improvement in performance in timely distribution of Medicaid numbers and cards to foster parents since December 2015 and considers this Exit Standard to be partially achieved.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on timely receipt of Medicaid numbers and cards by foster parents:

- *The Placement Administration will continue to monitor the distribution of Medicaid numbers and cards by (a) following-up each week to ensure the number and card are provided to the foster parents when there has been a new placement or re-placement and (b) verifying that the Medicaid number is in FACES.NET so*

¹⁷⁸ 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 move.

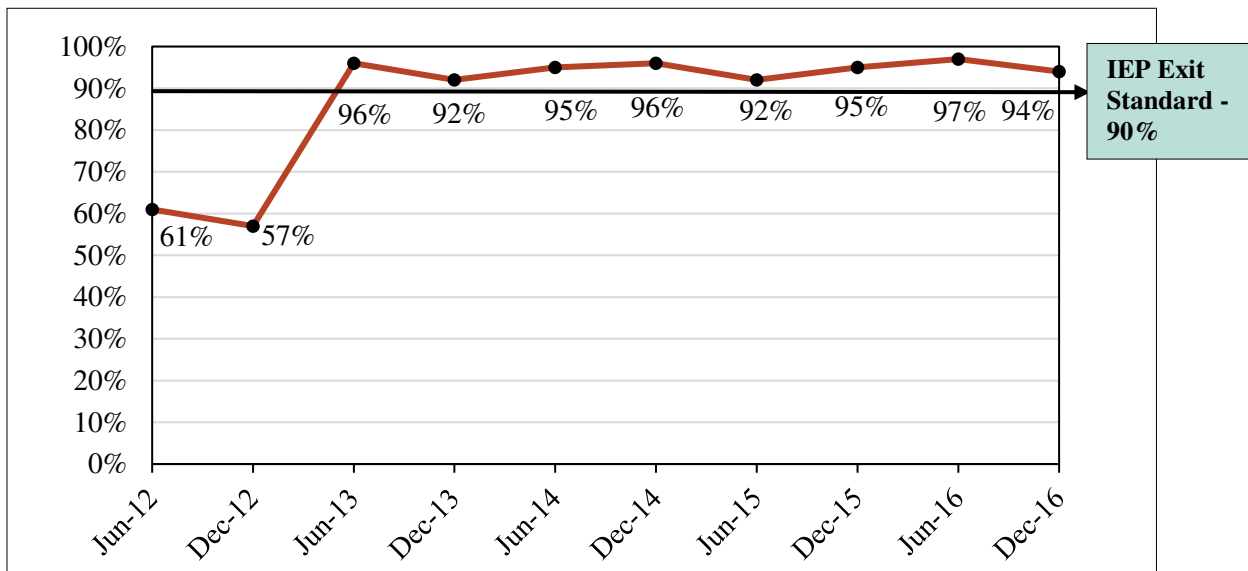
that any foster parent who uses the foster parent app will have immediate access to the number. Additionally, CFSA has engaged the Office of the Deputy Mayor [of Health and Human Services] to develop a longer term strategy to provide Medicaid cards to caregivers to be implemented by December 31, 2016 (2016 Strategy Plan, #20).

CFSA continues to monitor the distribution of Medicaid numbers and Medicaid cards to foster parents through collaboration with the Department of Health Care Finance and verifying correct information is in FACES.NET, which is synced with the foster parent app. Through successful collaboration, CFSA has seen an increase in performance on this Exit Standard.

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.). These plans must be individualized and developed with the youth and his/her identified supportive 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 39: Youth Ages 18 and Older with a Youth Transition Plan
January 2012 –December 2016**



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 July 1 through December 31, 2016:

CFSA continues efforts to support earlier and ongoing engagement and planning with older youth around their transition from foster care. Toward that end, all youth age 18 and older are required to have a current YTP developed with their involvement, their social worker and others whom the youth identifies to participate as a member of their team. 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, will be tested with permanency and private agency staff starting in May 2017 with anticipated final rollout in July 2017.

Of the 235 youth ages 18 and older under CFSA care between July and December 2016, 17 youth were in abscondence, developmentally disabled, incarcerated or declined to participate in the development of a YTP and were excluded from analysis. Out of 218 applicable youth, 208 (94%) 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.¹⁷⁹ Thirty-three youth were applicable during this monitoring period and all of those youth's plans were reviewed, no cases needed to be excluded from the universe (youth may be excluded from the universe due to incarceration during the monitoring period, youth in abscondence, case closure ordered by the court, etc.). Of the 33 plans, CFSA found that 31 (94%) of those plans addressed appropriate connections to specific services and options.

During this monitoring period, CFSA selected the Young Women's Project to design and implement a new aftercare services model for youth transitioning out of the child welfare system. This new model focuses on specific and persistent engagement strategies with older youth and working with youth to support the road to work and further education, stable housing and healthy relationships. The contract for services was finalized and the new program started receiving cases and referrals in late February 2017. The program is in the process of building staff capacity and testing and refining the model. The Monitor will continue to follow the aftercare service delivery model and implications for work that CFSA must do to collaborate to ensure successful handoff to the Young Women's Project.

Finally, as noted by the Young Women's Project and other stakeholders, youth transitioning from the care of CFSA struggle to find and maintain suitable, affordable housing. There are

¹⁷⁹ The Monitor has previously participated in this review and validated findings.

several housing options, including Wayne Place and Rapid Housing. However, some youth do not meet the qualifications for these programs, particularly for Rapid Housing, and additional housing options are still needed for these youth.

3. Special Corrective Action

During this monitoring period, 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 15 below. Between July and December 2016, 338 children were newly identified in a special corrective action category; of these, CFSA determined that 200 plans were required.¹⁸⁰ CFSA completed 86 percent (172) of the required plans. CFSA reports that there was a misunderstanding around licensing capacity requirements which resulted in the remaining 28 plans not being completed; however, this issue has been resolved and performance should increase in the next monitoring period. This Exit Standard is partially maintained.

¹⁸⁰ Reasons for a plan not being required may include the following: by the time the case was being reviewed, the home was licensed; the child's goal changed; the child's move was to respite or a hospital; no physical move occurred; or youth was reunified, adoption or emancipated.

Table 15: Children in Special Corrective Action Categories by Month*
July – December 2016

Special Corrective Action Category	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016
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	232	233	232	236	239	243
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	48	58	63	55	47	58
Children in Facilities More than 100 Miles from DC	17	17	15	16	18	16
Permanency Categories						
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	28	30	33	40	39	37
Children in Care who Returned Home twice and Still have the Goal of Reunification	1	1	1	1	1	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	30	29	29	40	36	43

Source: CFSA Administrative Data, FACES.NET report COR013

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

D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

A strong infrastructure and systems of accountability are critical to CFSA's ability to support children, youth and families; maintain good practice; and implement new initiatives. In order to be a well-functioning system, CFSA must have a workforce that is able to meet the needs of children, youth and families; foster parents that are ready and available to care for children and youth; continuous quality improvement processes; and financial capacity.

Central to the capacity of the workforce are manageable caseloads, sufficient training and supervisory support and direction. CFSA has continued to support frontline ongoing workers by

ensuring caseloads do not exceed the level required by the IEP and that they receive both pre-service and in-service training. CFSA however has not been able to fully implement supports to frontline workers as there is a significant gap at the supervisory level – both in terms of supervisors being spread thin and carrying caseloads above the level required by the IEP and supervisors not completing required pre-service and in-service training. Of note, a critical strategy to support the workforce has been *Mastering the Art of Child Welfare Supervision* (MACWS), a revised training for supervisors that consists of three tiers, each with multiple modules. To the agency’s detriment, as is discussed in greater detail below, only six (9%) of 68 required CFSA and private agency supervisors have completed the first two tiers of the training.

Child welfare agencies also must have in place functional continuous quality improvement processes – including child fatality reviews – in order to understand what is working well and where practice and policy changes are needed to ensure and promote the safety, well-being and permanency of children, youth and families. When these processes are not fully in place, it is difficult for the agency to react to change in response to new needs and to fully implement desired practice and policy improvements. While CFSA has many processes, they continue to fall short in using the information they generate and fully using already established QA processes, including internal child fatality reviews, which limit the agency’s capacity to truly be a self-correcting agency.

1. Ongoing Caseloads and Supervisory Responsibilities

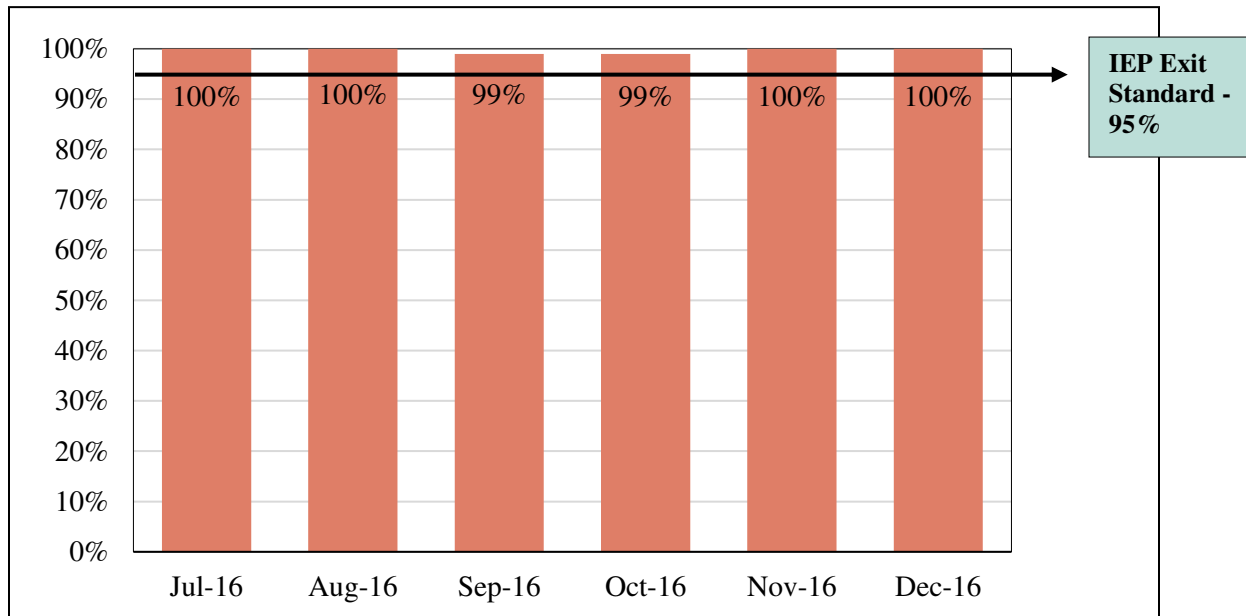
Exit Standards pertaining to ongoing, CPS and home study worker caseloads and supervisory responsibilities are designated as Outcomes to be Maintained (IEP citations I.D.25.&26.). The IEP requires that 90 percent of workers have caseloads that meet the ratios required. For in-home and permanency social 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 workers continued to meet the levels required by the IEP. However, as previously discussed, caseloads for investigation and FA workers exceed *LaShawn* standards; the Monitor considers this Exit Standard partially maintained.

Performance for the period July 1 through December 31, 2016:

One hundred percent of home study workers each month met the required levels and performance for in-home and permanency workers ranged monthly from 99 to 100 percent (see Figure 40).¹⁸¹

¹⁸¹ From July – December 2016 there were 6 licensing workers who had a monthly range of 1 – 19 home studies on their individual caseloads.

**Figure 40: Caseloads for Permanency and In-home Social Workers
July – December 2016**



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 17 cases in August 2016 to a high of 31 in October 2016 (1 to 2% of total permanency and in-home cases), a slight decrease from the previous monitoring period (monthly range of 21 to 43 cases unassigned between January and June 2016). In addition to these unassigned cases, between July and December 2016 a monthly range of between 43 and 72 ongoing cases remained assigned to investigative social workers, supervisors and program managers. CFSA indicates that these investigations have closed and are awaiting transfer to a worker in an ongoing unit. It is unclear from the data the Monitor reviewed how long these cases have been in this 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

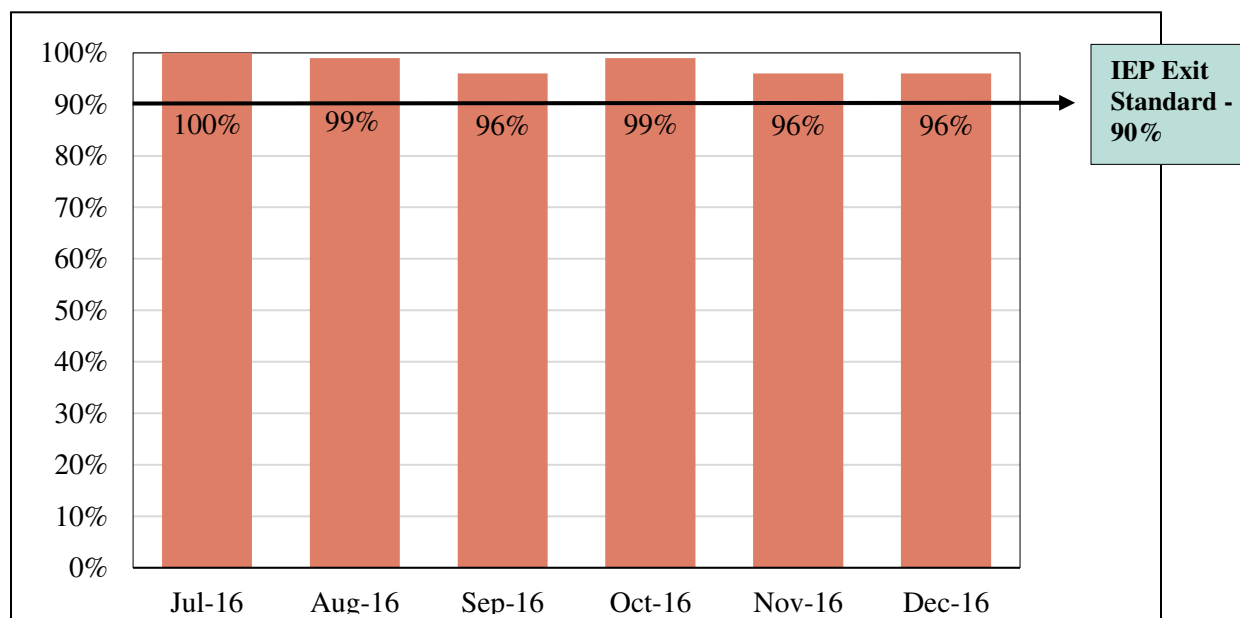
There are two Exit Standards related to caseload and supervisory expectations for supervisors of workers carrying caseloads and both are designated as Outcomes to be Maintained. The first Exit Standard requires that supervisors are responsible for supervising no more than five case-carrying social workers and one case aide or family support worker (IEP citation I.D.26.a.i.).

Performance for the period July 1 through December 31, 2016:

During the current monitoring period, a monthly range of 96 to 100 percent of supervisors were responsible for supervising no more than five case-carrying social workers and a case aide,

family support worker or non-case-carrying social worker, which exceeds the required level of 90 percent for this sub-part of the Exit Standard and demonstrates an improvement from the previous monitoring period (see Figure 41).

**Figure 41: Supervisors Responsible for No More Than Five Case-Carrying Workers and a Case Aide/FSW
July – December 2016**



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 92 to 95 percent monthly this period, meaning that five to eight percent of cases each month were carried by supervisors and program managers.¹⁸² CFSA's performance was below the required level for five of the six months this period. The Monitor considers this decrease insubstantial and this Exit Standard to be maintained. However, CFSA has only met the required levels of performance for two of the last 12 months. The Monitor is unclear as to why CFSA has been unable to maintain performance consistently on this Exit Standard while at the same time maintaining the required performance level for permanency and in-home worker caseloads.

¹⁸² Monthly performance data are as follows: July, 94%; August, 95%; September, 93%; October, 93%; November, 94%; December, 92%.

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. CFSA's key strategy for improving case practice has been the implementation of the *Mastering the Art of Child Welfare Supervision 2.0* training for supervisors. CFSA reports that through this training, supervisors will gain the skills and tools necessary to support strong case practice with children and families. However, it is clear from the data discussed throughout this report that this strategy has not been diligently implemented.

The IEP requires that 90 percent of newly hired CFSA and private agency direct service staff receive 80 hours of pre-service training (IEP citation I.D.27.a.)¹⁸³ 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 did not maintain required performance on pre-service training for social workers (86%)¹⁸⁴ and pre-service training for supervisors (57%)¹⁸⁵; the Monitor currently considers this to be a temporary deviation.

The IEP also requires that 80 percent of previously hired CFSA and private agency direct service 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.). In-service training for social workers and supervisors is tracked on a July 1 through June 30 annual schedule and is therefore not due at this time; performance will be assessed in the next monitoring report.

Performance on Strategy Plan:

- *By June 30, 2016, the Child Welfare Training Academy (CWTA) will augment the existing pre-service training and develop in-service track for all program supervisors that will focus on critical thinking to reinforce the skills and knowledge necessary to support staff in achieving performance outcomes for children and families. Supervisors will complete the training by September 30, 2016. Additionally, agency leadership will work with CWTA to develop a supervision guide for supervisors. (2016 Strategy Plan, #6).*

¹⁸³ 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 direct service staff prior to taking on case management responsibilities.

¹⁸⁴ Of the 29 direct service staff who were required to complete pre-service training between July and December 2016, 23 completed the required training and 2 received waivers due to previously having completed the training.

¹⁸⁵ This Exit Standard applied to 7 supervisors during the period who had received their supervisory clearance 8 months prior to the monitoring period (between November 2015 and April 2016).

In July 2016, CFSA launched the “I am Interventionist” campaign to help supervisors prepare for CWTA’s changes to the supervisory pre-service training, titled *Mastering the Art of Child Welfare Supervision 2.0*. The training focused on critical thinking and clinical judgement and is delivered in a three tiered format. Modules for Tier 3 were scheduled for February and March 2017. As was previously mentioned, of the 68 CFSA and private agency supervisors who are required to complete this training, nine supervisors (13%) had completed all three sessions of Tier 1, 14 supervisors (21%) had completed all three sessions of Tier 2 and six supervisors (9%) had completed both Tier 1 and Tier 2.¹⁸⁶

- *By May 31, 2016, CFSA and private agency managers and supervisors will participate in a “Managing with Data” training, which utilizes BIRST. The training will aid program managers and supervisors to review data to determine that visits occur timely and are documented appropriately. (2016 Strategy Plan, #21).*

Refresher trainings for CFSA permanency supervisors were held in September 2016 and additional trainings were held monthly as part of CISA’s (Child Information Systems Administration) core training program for new and existing supervisors and managers. BIRST training is intended to strengthen managers’ data skills, including using data to make informed decisions.

- *By April 30, 2016, CFSA will identify specific skill areas related to engagement of families during worker visitation that need to be addressed through training. Agency Performance and CWTA will identify the areas based on the results of prior case reviews and reports and by conducting a survey of private agency and CFSA social workers and supervisors. By July 31, 2016, CWTA will coordinate with Agency Performance to modify existing training curricula and obtain contracted training to address the identified needs to enhance workers skills in the engagement of families identified to receive services. The training will begin by August 1, 2016. (2016 Strategy Plan, #22).*

CWTA incorporates strategies for engagement with families throughout pre-service and in-service training, including sessions titled Engaging Bio Parents and Engaging Fathers. To supplement the current training, CFSA conducted a survey in August 2016 for workers to identify additional areas where training support was needed. As a result, CWTA contracted with the Consortium for Child Welfare and the Howard University School of Social Work to provide training around family engagement, team building, substance abuse and clinical supervision. CFSA reports a total of 13 training sessions have been provided and 83 CFSA workers have

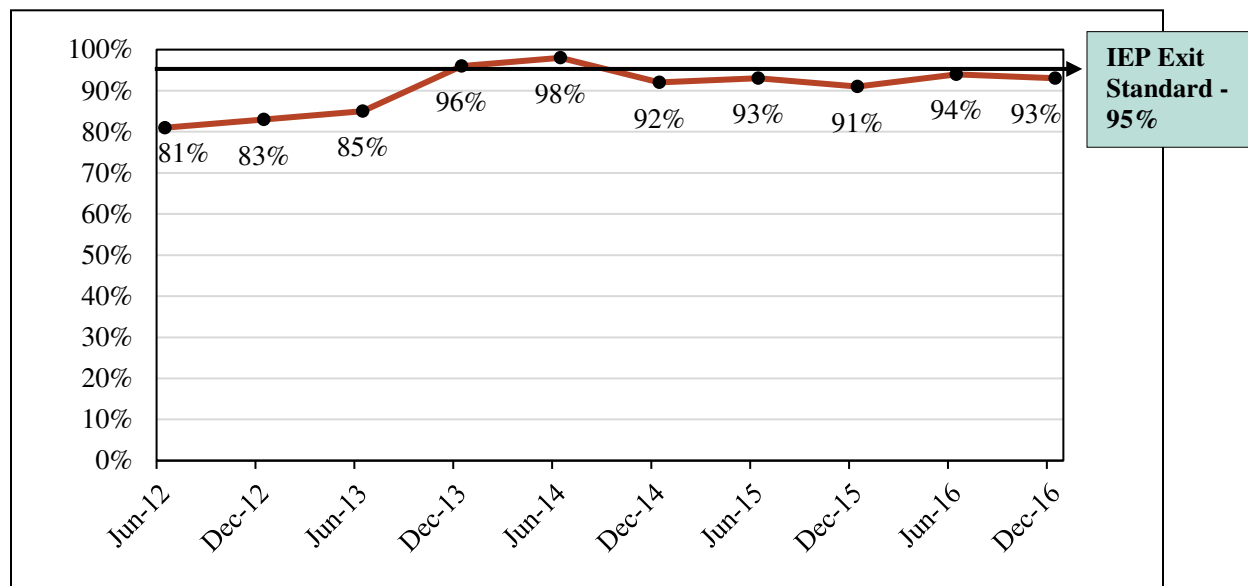
¹⁸⁶ In addition to supervisors, program managers and program administrators who supervise social workers are required to take this training. As of December 31, 2016, 2 of the 25 required managers and administrators have completed all three sessions of Tier 1 and 4 of the 25 required managers and administrators have completed all three sessions of Tier 2. Overall, none of program managers have completed Tier 1 and Tier 2.

participated in at least one of these trainings. Additionally, CWTA began a new series a series of four sessions on engagement skills for staff in April 2017

3. Training for Foster and Adoptive Parents

The IEP requirements for pre-service (IEP citation I.D.29.a.) and in-service (IEP citation I.D.29.b.) training for foster parents are designated as Outcomes to be Maintained; current performance is slightly below the required level of 95 percent completion for both; however, the Monitor considers this an insubstantial deviation and the Exit Standards maintained. Ninety-four percent (99 of 105) of foster parents completed 15 hours of pre-service training prior to licensure and 93 percent (186 of 199) of foster parents relicensed during this monitoring period completed the required number of in-service training hours.

**Figure 42: Foster/Adoptive Parents with 30 hours of In-Service Training
June 2012 – December 2016**



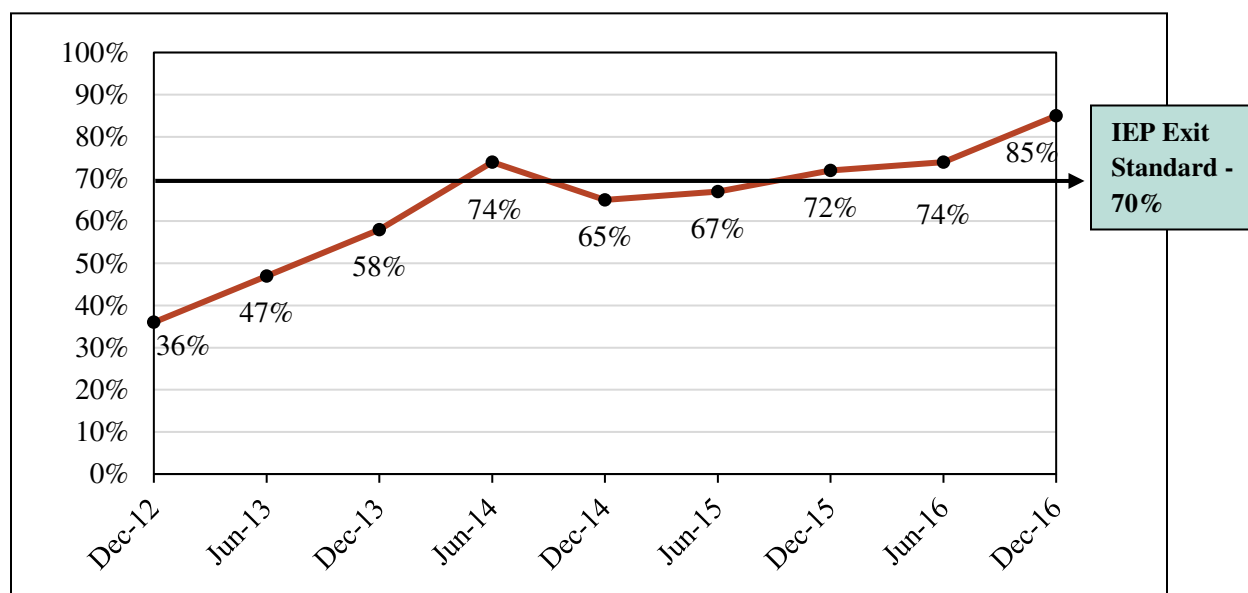
Source: CFSA Administrative Data, FACES.NET report TRN009

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 contracts with private provider agencies to license homes and facilities in Maryland. This Exit Standard (IEP citation I.B.14.) requires that 70 percent of homes licensed will have been approved within 150 days of the foster parent beginning training. This Exit Standard is designated as an Outcome to be Maintained and CFSA maintained required performance during this period.

**Figure 43: Approval of Foster Parents within 150 Days of Beginning Training
July 2012 – December 2016**



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 July 1 through December 31, 2016:

Between July and December 2016, CFSA and private agencies licensed 80 foster homes; 68 (85%) of these homes were licensed with the required number of pre-service training hours and within the 150 day timeframe.¹⁸⁷ Performance on this Exit Standard remained above the level required by the Exit Standard for the third consecutive monitoring period.

Through the Temporary Safe Haven Redesign, CFSA staff will monitor and license all foster parent homes in the District of Columbia and the agency will contract with one provider agency in Maryland to license and monitor Maryland homes. This will require CFSA to work with existing private agencies and the state of Maryland to ensure current foster parents are

¹⁸⁷ Of the 68 homes that are considered compliant during the current monitoring period, 14 homes whose licensure took longer than 150 days are considered compliant due to circumstances that were beyond the District's control.

transferred to the appropriate agency – either CFSA for foster homes in the District or the single private provider for homes in Maryland – relicensed timely, without a gap in licensure, while simultaneously providing support to new foster parents working to obtain their initial license.

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 legislation¹⁸⁸. 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^{189,190} and several members were newly appointed this period including representatives from MPD, DOH, DHCF, DCPS, OAG and OSSE. The Committee is 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 Internal Committee requires review of cases within 45 days of notification of the child's death.

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

¹⁸⁸ D.C. Code §4-1371

¹⁸⁹ 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 (OSSE), 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.

¹⁹⁰ 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.

Performance for the period July 1 through December 31, 2016:

City-wide Child Fatality Review Committee:

The City-wide Child Fatality Review Committee (CFRC), comprised of both an Infant Mortality Review (IMR) Team and Child Fatality Review Team, continued to meet during this monitoring period and reviewed a total of 24 cases, the majority involved sudden death of infants and youth homicides. A continued priority of the Committee is a focus on improving the recommendation development process to ensure that quality recommendations can be adopted and acted upon by city leaders.

The CFRC finalized the 2015 Annual Report on December 16, 2016.¹⁹¹ This report includes data from the 35 infant, child and youth deaths that occurred in 2012, 2013 or 2014 and were reviewed during CY2015. Fifteen (43%) of the cases reviewed involved infants, children or youth who were known to CFSA within four years of the fatal event. Other data analysis include:

- The most frequently determined manner of death in the cases reviewed was natural causes (23 cases/66%), followed by homicide (6 cases/17%), accidental (4 cases/11%) and undetermined (2 cases/6%).
- Twenty-one cases involved infants and the majority were natural deaths (17 cases) caused by complications with prematurity, congenital anomalies, central nervous center issues, among other conditions.
- Of the six homicide deaths, four were youth ages 17 or older who were victims of gunshots or other sharp force objects; two of the homicides involved fatal abuse (occurred at the hands of a parent or other person responsible for the child's care at the time of the incident) and both decedents were under the age of four years old.

Internal Child Fatality Review Committee:

CFSA's Internal Child Fatality Review Committee met every month this period and reviewed a total of 13 cases. Recommendations were developed related to domestic violence, engagement with birth fathers, quality of investigations, agency practice and policy related to parental substance abuse and public safe sleeping campaigns, among other topics.

The Internal Child Fatality Review Committee Annual Report with combined data and recommendations for 2014 and 2015 was finalized on April 3, 2017.¹⁹² Several observations from the reviews conducted in 2014 and 2015 include:

¹⁹¹ The CFRC 2015 Annual Report can be accessed here:

<https://ocme.dc.gov/sites/default/files/dc/sites/ocme/publication/attachments/2015%20CFRC%20Annual%20Report.pdf>

¹⁹² CFSA's Internal Child Fatality Annual Report for 2014 and 2015 can be accessed here: <https://cfsa.dc.gov/publication/child-fatalities-2014-2015>

- The number of deaths of children known to CFSA increased in CY2015 (30) to the highest number since 2010; however, the combined number of known deaths in CY2014 and 2015 (52) is lower than the total number of deaths in CY2008 (68).
- Only one child fatality in 2014 was categorized as abuse homicide, meaning it occurred at the hands of a parent, guardian or caregiver.
- Gunshot homicides remain the principal cause of death for youth over age 17.
- Almost half (44%) of children under the age of one who died during CY2014 and 2015 were in co-sleeping situations.
- The number and percentage of fatalities that occurred while CFSA was working with or trying to engage the family increased in CY2014 and 2015. Specifically, CFSA reports that historically, between 15 to 26 percent of child fatalities each year involved families with an open case or investigation. In 2014, that percentage rose to 41 percent and in 2015, it rose again to 50 percent.

CFSA has taken steps to finalize the 2016 Annual Report including presenting the 2016 data to the Internal Child Fatality Committee on May 4, 2017. In addition, CFSA provided the Committee with recommendations developed during reviews conducted between August and December 2016 and status of implementation of these recommendations for review and feedback. CFSA anticipates a draft of the final report will be presented to the Committee by June 8, 2017.

Due to the continued delays in the completion of annual reports including during the July through December 2016 monitoring period, the Monitor considers this Exit Standard to be partially maintained.

6. Quality Assurance

Quality Assurance

Continuous quality assurance is essential to CFSA's practice improvement and system functioning. CFSA's Office of Agency Performance continues to take the lead on integration of agency CQI (continuous quality improvement) activities and *LaShawn* monitoring activities. While there continue to be efforts to integrate CQI activities throughout the agency, the Monitor is concerned with dissemination of information from these activities and how program operations utilize the findings. For example, there currently is no consistent and effective process in place to critically examine and incorporate learning from the QSR and CPS Acceptable Investigation reviews to improve case practice and address systemic barriers. With a new leadership team now fully in place, the Monitor expects there will be greater integration of findings from current CQI activities and development of system-wide accountability processes moving forward. CFSA is also working with national experts from Chapin Hall to develop a standardized structure and

process for conducting and reporting on continuous quality improvement activities. Upon the completion of this process, CFSA will provide the Monitor with a finalized report detailing the system-wide accountability process.

Performance on Strategy Plan:

CFSA implemented the following strategies to ensure growth and development of the quality of practice in accordance with its overall CQI plan:

- *By April 30, 2016, CFSA will engage a consultant to provide technical assistance on analyzing QSR data. The analysis will identify historical trends and provide target areas for improvement in CFSA's case planning and service delivery to children and families. Additionally, the analysis will provide a foundation for quarterly reporting of QSR data findings to the management team. The quarterly reporting will include findings by unit, supervisor, and worker and will be shared with program areas and private agencies to inform and improve practice. Action steps will be developed and monitored on a quarterly trend analysis (2016 Strategy Plan, #14).*

CFSA contracted with a national expert in August 2016 to provide technical assistance on strategies for analyzing, integrating and utilizing QSR data to understand trends in barriers to acceptable performance. QA staff presented QSR CY2016 data, findings from the root cause analysis and identified next steps to leadership in the first quarter of 2017.

One strength of the QSR process is the ability to provide real-time feedback on current strengths and challenges in practice; beginning in February 2017, QSR reviewers and staff began meeting with program managers and supervisors following the completion of the QSRs within a private provider agency or unit to provide real-time feedback. During these feedback sessions, each case that was reviewed within the agency is presented, strengths and challenges are noted and the private agency management team, with support from QSR staff and reviewers, identify trends and opportunities to build on practice. This process provides management with current trends in practice that can be strengthened immediately. QSR staff are planning to meet with the private agency management teams within 90 days of the case presentation to provide additional technical assistance based on findings from the QSRs.

- *By April 30, 2016, Agency Performance and Program Operations will develop and start to implement a targeted CQI work plan. The work plan will be created based on a review of existing CQI processes with the goal of elimination duplications and ineffective activities and adding or strengthening activities identified to inform and improve practice. Systemic themes will be identified at*

the unit, supervisor, and worker levels to inform improvement for practice, policy and training for case planning and services (2016 Strategy Plan, #15).

CFSA reports that the Office of Agency Performance continues to oversee a targeted CQI work plan that is updated as needed. CFSA also continues to hold a monthly forum, “Connecting the Dots,” to discuss performance data with program staff. CFSA also reports that the Office of Agency Performance is working with agency leadership to develop a plan for reviewing all activities to support agency-wide CQI efforts for 2017.

Data and Technology

CFSA uses data for management purposes and to assess the quality of its practice. During the current monitoring period, CFSA has developed two new management reports in FACES.NET to provide a comprehensive picture of CPS staff workloads. These reports capture daily worker and supervisory caseload assignments as well as the number of cases open, assigned, closed and transferred to each worker each month. These reports provide insight into CPS workload management and support as well as illustrate accurate caseload data in real time.

CFSA has relied on its data on performance and outcomes to develop their strategies to improve in-home practice and community-based supports – Safe and Stable Families Redesign – as well as the Temporary Safe Haven Redesign. To support the Safe and Stable Families Redesign, CFSA staff here used data to assess the needs of families currently being served and understand gaps in services – including accessibility of services and staffing patterns.

7. Financing

Federal Revenue

CFSA continues to demonstrate its ability to maximize Title IV-E revenue through quarterly claims for Title IV-E as well as providing documentation to support claiming under the Title IV-E waiver.¹⁹³

Table 16 presents the actual, approved or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. For July through September 2016, CFSA reports its Title IV-E penetration rate of 61 percent for foster care cases and 74 percent for adoption cases. For October through December 2016, CFSA reports its Title IV-E penetration rate of 63 percent for foster care cases and 71 percent for adoption cases.

¹⁹³ 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.

**Table 16: 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 (proposed)	\$62.8	\$226.4

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

Budget

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

The Mayor's approved FY2017 budget is \$232,629,822 of which \$167,753,240 (72%) is local funding¹⁹⁴ 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.

To implement the Temporary Safe Haven Redesign, a request for proposals (RFP) for a contract provider in Maryland was issued on March 27, 2017 and responses are due May 12, 2017. Once responses have been received, CFSA will know who of the current providers have decided not to provide foster care services going forward and can begin transition work with foster parents and providers. CFSA has indicated that they have sufficient financial capacity to support foster

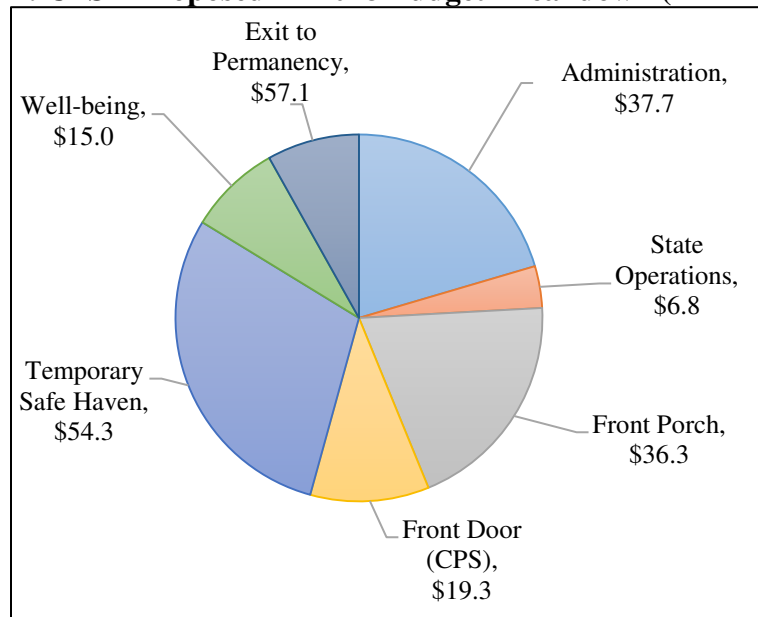
¹⁹⁴ Includes both local funds and Special Purpose Revenue funds.

parents with the relicensing and transition process if they would like to maintain the child(ren) placed in their home and the private agency they are currently with will not be pursuing a partnership with CFSA. As part of the overall Redesign, CFSA will also need resources to assure that licensed foster homes in the District meet required Program Standards for Treatment Foster Care from the Foster Family-based Treatment Association, which is the standard for all family foster homes that is outlined in the RFP.

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

CFSA's proposed FY2018 overall budget – \$226,485,929 of which \$159,623,000 (70%) is local funding¹⁹⁵ – represents a decrease of 2.6 percent from the approved FY2017 budget. CFSA continues to include a request for 825 FTEs in their proposed FY2018 budget, representing no change from FY2017. Overall, the majority of funding is allocated to four areas: Exit to Permanence (\$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 44).

Figure 44: CFSA Proposed FY2018 Budget Breakdown (in millions)



Source: Mayor's proposed FY2018 budget

CFSA has testified that the Mayor's proposed FY2018 budget provides sufficient resources to move forward with the Temporary Safe Haven Redesign, Safe and Stable Families Redesign and other initiatives. CFSA had a budget surplus over the past few years – as a result of fewer costs associated with children coming into care and believes the current budget – based on a projection of 1,000 children and youth in foster care at any time, which is greater than the current number

¹⁹⁵ Includes both local funds and Special Purpose Revenue funds.

of children in care – provides the agency with the flexibility to react to any spike in the foster care population. In addition, the Mayor has budgeted \$100 million above the “rainy day” fund to ensure the District can respond to any changes in federal policy that negatively impact District residents, including involvement with child welfare.

The proposed FY2018 budget includes changes to Entry Services that were in made in 2016, but after the FY2017 budget was approved, including the addition of three investigation units, one of which was converted from FA. Specifically, the budget includes an increase of \$1.4 million and 14 FTEs in investigations and a decrease of \$470,000 and four FTEs in FA.

The proposed FY2018 budget also reflects the results of narrowing the front door. Due to fewer older youth in foster care, there is a reduction in federal Chafee dollars allocated to the District. In addition, there is a reduction of \$1 million in the Adoption and Guardianship Subsidy Program as CFSA is able to project fewer of these permanency outcomes based on the current foster care census. The proposed FY2018 budget also includes shifting of some costs for key services, including home visiting and Wayne Place, to sister agencies in the District. CFSA staff have indicated there are agreements with these agencies to fully fund their part of these services.

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
CFRC: Child Fatality Review Committee	MACWS: Mastering the Art of Child Welfare Supervision
CFSA: Child and Family Services Agency	MFO: Modified Final Order
CISA: Child Information Systems Administration	MSW: Master of Social Work
CISF: Consultation and Information Sharing Framework	OAG: Office of the Attorney General
CNA: Child Needs Assessment	OCME: Office of the Chief Medical Examiner
CPS: Child Protective Services	OYE: Office of Youth Empowerment
CQI: Continuous Quality Improvement	PECFAS: Preschool and Early Childhood Functional Assessment Scale
CSBA: Caregiver Strengths and Barriers Assessment	QA: Quality Assurance
CSSP: Center for the Study of Social Policy	QSR: Quality Service Review
CWTA: Child Welfare Training Academy	RDP: Resource Development Plan
CY: Calendar Year	RDS: Resource Development Specialist
DHS: Department of Human Services	R.E.D.: Review, Evaluate and Direct
FA: Family Assessment	SDM: Structured Decision Making
FACES.NET: CFSA's automated child welfare information system	SSI: Supplemental Security Income
FTE: Full Time Employment	STARS: Student Tracking and Reporting System
	USDA: United States Department of Agriculture
	YTP: Youth Transition Plan

APPENDIX B

LaShawn 2016 Strategy Plan

LaShawn A. v. Bowser

Implementation and Exit Plan

Section IV:

2016 Strategy Plan

Introduction

Pursuant to the Implementation and Exit Plan entered December 17, 2010 (Exit Plan), the Child and Family Services Agency (CFSA), after consultation with the Court Monitor and Counsel for Plaintiffs, submits the following 2016 Strategy Plan. The strategies and action steps in the 2016 Plan relate to outcomes and exit standards in the Outcomes to be Achieved section (as modified) in the Exit Plan. The 2016 Plan is a means to achieve compliance with the exit standards. Absent a substantial or unjustifiable disparity, the Court will not find deviations to constitute noncompliance. Moreover, the 2016 Plan, including applicable due dates, can be modified with timely consultation with the Court Monitor. In the event that the District has not satisfied the exit standards remaining in the Exit Plan by December 31, 2016, the District, after consultation with the Monitor and Counsel for Plaintiffs, will review, modify as appropriate, and submit to the Court an updated Strategy Plan for 2017.

The 2016 Plan is presented in the context of CFSA's overall strategic framework, which is comprised of four pillars.

LaShawn A. v. Bowser
Implementation and Exit Plan
Section IV:
2016 Strategy Plan

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
Front Door	<p style="text-align: center;">Initiation of Investigations [Exit Standard 1(a)]</p> <p style="text-align: center;">Timely Closure of Investigations [Exit Standard 1(b)]</p> <p style="text-align: center;">Acceptable Investigations [Exit Standard 2]</p> <p style="text-align: center;">Caseloads [Exit Standard 25(a)]</p>	<ol style="list-style-type: none"> 1. Beginning May 1, 2016, Entry Services and Agency Performance will conduct an assessment of the Child Protection Services (CPS) shift-to-shift reports to identify gaps that occur when tasks to initiate the investigation are not completed timely. The assessment will examine administrative, clinical, and caseload factors affecting performance and will include front-line staff. The final report will be issued by June 30, 2016 and will contain recommendations and a work plan with timeframes to improve performance on initiation of investigations. CFSA will implement recommendations in accordance with the work plan. 2. In an effort to increase performance and implement targeted management accountability, CPS supervisors will review data at daily huddles to improve performance on (1) timely initiation of investigations, (2) caseloads, and (3) timely closure of investigation. Daily huddles occur three times each day at shift changes. The data review will identify investigations that have not yet been assigned and will review efforts to locate children/families and ensure that those efforts are properly documented. 3. Program managers will conduct reviews with supervisors weekly to assess workloads, status of timely initiation of investigations, and timely closures. As a follow up, program administrators will track completion of program manager/worker reviews and outcomes to develop corrective actions each month, as needed. 4. By May 31, 2016, CPS managers and supervisors will participate in a mandatory refresher "Managing with Data" training utilizing CFSA's data visualization system (BIRST). The purpose of the refresher training is to strengthen the managers' skills to review data and train staff to use data to make informed decisions to effectively manage caseloads and improve performance outcomes.

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<ol style="list-style-type: none"> 5. Each Monday through Thursday at the 10/15 Day RED team meetings, team members will review five investigations/assessments and identify the action steps necessary to progress toward timely closure. After supervisory consult with social workers, investigations identified for review at the meetings will include those with: (1) familial complicating factors, (2) a need for enhanced services, and (3) significant barriers to safe closure, which include joint investigations with law enforcement. Supervisors will coach staff at these meetings on improved CPS practice. Beginning April 2016 and at each quarter, Agency Performance will conduct an analysis of the data and share findings with CPS managers. 6. By June 30, 2016, the Child Welfare Training Academy (CWTA) will augment the existing pre-service training and develop an in-service track for all program supervisors that will focus on critical thinking to reinforce the skills and knowledge necessary to support staff in achieving performance outcomes for children and families. Supervisors will complete the training by September 30, 2016. Additionally, agency leadership will work with CWTA to develop a supervision guide for supervisors. 7. CFSA will continue to have bi weekly group coaching support through Program Management observation to assess supervisory skills and offer strategies in work plan development for CPS frontline workers. Supervisors will develop action plans with investigative workers for investigations that have been opened for 35 days or longer. The action plans will include specific steps and timelines to be completed for safe closure. Program managers will review the action plans with supervisors on a weekly basis. The Administrator will review the plans twice each month. 8. CFSA will continue to use the "acceptable investigation tool" to review investigation

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>practice. CPS supervisors, managers, and agency performance staff will review 66 investigations per quarter. Based on the results of the reviews, CPS managers and supervisors will standardize the way coaching and support is provided to social workers by developing a supervision template to be completed by supervisors that will track the themes discussed during supervision and will include individualized corrective action plans. CPS managers will meet consistently with supervisors and workers to provide supervisory and worker supports.</p> <p>9. Supervisors will use the "four plus reviews" at the start of an investigation to review themes or trends identified in the families' history and determine if additional actions are needed to address the history within the current investigation or closure recommendations. CPS managers and supervisors will coach and support social workers to include the development of individualized plans for families based on history and will collect trends to be used in future planning (e.g., service development) and trainings.</p> <p>10. By April 30, 2016, CFSA will reissue the Administrative Issuance on Community Papering to provide guidance to program areas and workers and provide training so that workers and supervisors fully understand the criteria to community paper cases and their roles in the process.</p> <p>11. Each month beginning April 2016, the Deputy Director for Entry Services, the Deputy Director for Community Partnerships, and the Deputy for the Office of the Attorney General will review all cases presented for community papering, strategize regarding problematic cases, and identify themes and concerns for resolution.</p> <p>12. Beginning January 1, 2016, the floater unit staff will provide supplemental support as needed for those investigations open for the greatest number of days to assist assigned</p>

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>workers to resolve the issues necessary for safe closure.</p> <p>13. CFSA will continue to prioritize CPS hiring to ensure that caseloads for CPS workers meet LaShawn standards. CFSA will continue to have a dedicated recruiter for social workers. CFSA will continue to monitor unit level and team level caseload data and make adjustments as necessary.</p>
Well Being	<p>Services to families and children to promote safety, permanency and well-being [Exit Standard 3]</p> <p>Case planning process [Exit Standard 17]</p>	<p>CFSA will enhance existing continuous quality improvement (CQI) activities and implement an agency-wide CQI process to improve the case planning process and to improve services to families. The Office of Agency Performance has merged with the Quality Assurance unit under Office of Planning, Policy, and Program Support.</p> <p>14. By April 30, 2016, CFSA will engage a consultant to provide technical assistance on analyzing QSR data. The analysis will identify historical trends and provide target areas for improvement in CFSA's case planning and service delivery to children and families. Additionally, the analysis will provide a foundation for quarterly reporting of QSR data findings to the management team. The quarterly reporting will include findings by unit, supervisor, and worker and will be shared with program areas and private agencies to inform and improve practice. Action steps will be developed and monitored based on quarterly trends analysis.</p> <p>15. By April 30, 2016, Agency Performance and Program Operations will develop and start to implement a targeted CQI work plan. The work plan will be created based on a review of existing CQI processes with the goal of eliminating duplications and ineffective activities and adding or strengthening activities identified to inform and improve practice. Systematic themes will be identified at the unit, supervisor, and worker levels to inform improvement for practice, policy and training for case planning and services.</p>

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>16. The RED team framework has provided the agency with a common language and lens through which to review cases and make clinical practice determinations. By August 31, 2016, CFSA will identify resources needed to utilize the framework and instruct, coach, and develop workers and supervisors across the system, including the private agencies, to improve clinical practice, case planning, and services.</p> <p>17. By June 30, 2016, CFSA will refine the referral process for Project Connect (a family preservation service that works with high-risk families involved with the child welfare system that are affected by parental substance abuse) and Homebuilders (a family intensive preservation service that provides in-home crisis intervention, counseling, and life-skills education for applicable families) by expanding eligibility to include in-home families that experience substance abuse and/or chronic neglect. CFSA will train staff on new practices by August 31, 2016. CFSA will continue to provide Project Connect staff on-site access each week and will continue to track referrals, utilization, and modify protocols as needed to improve utilization.</p> <p>18. CFSA will assemble a team by May 2016 to assess the effectiveness of the new case planning process to include implementation of the CAFAS/PECFAS, danger and safety assessment, caregiver strength and barriers assessment, and behaviorally-based case planning. CFSA will analyze available data, determine the barriers to workers completing the new case plan (including private agency and CFSA line worker feedback), and develop corresponding solutions and strategies for full implementation. A QA/QI process will be used to provide feedback on use of the tool and training will be provided to private agency and CFSA workers identified as needing additional support by December 31, 2016.</p>

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		19. By August 31, 2016, Community Partnerships will designate two in-home units staffed by trained workers to provide supports and services for families identified as experiencing chronic neglect. ¹
	Health and Dental Care (distribution of Medicaid cards) [Exit Standard 22(d)]	20. The Placement Administration will continue to monitor the distribution of Medicaid numbers and cards by (a) following up each week to ensure the number and card are provided to foster parents when there has been a new placement or re-placement and (b) verifying that the Medicaid number is in FACES.NET so that any foster parent who uses the foster parent app will have immediate access to the number. Additionally, CFSA has engaged the Office of the Deputy Mayor to develop a longer term strategy to provide Medicaid cards to caregivers to be implemented by December 31, 2016.
Temporary Safe Haven	Visitation [Exit Standards 4(c), 5(d), 6, 10, 11]	21. By May 31, 2016, CFSA and private agency managers and supervisors will participate in a "Managing with Data" training, which utilizes BIRST. The training will aid program managers and supervisors to review data to determine that visits occur timely and are documented appropriately. 22. By April 30, 2016, CFSA will identify specific skill areas related to engagement of families during worker visitation that need to be addressed through training. Agency Performance and CWTA will identify the areas based on the results of prior case reviews and reports and by conducting a survey of private agency and CFSA social workers and supervisors. By July 31, 2016, CWTA will coordinate with Agency Performance to modify

¹ The chronic neglect unit is characterized by: Strengths Based & Solution Focused, Fidelity to these models, Reduced caseload of 6-8 Families, Cases are open 12-18 months, Social Worker meets with the family at least once per week, Contact primary caretaker at least twice per week, Involvement of Nurse Care Managers, Co-Located DBH Staff, and Family Peer Coaches and Collaborative as appropriate.

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>existing training curricula and obtain contracted training to address the identified needs to enhance workers skills in the engagement of families identified to receive services. The training will be begin by August 1, 2016.</p> <p>23. Agency Performance will continue to share findings from the safety assessment case review process with management on a quarterly basis. Beginning in April 2016, and on a quarterly basis, Agency Performance and CWTA will schedule targeted peer-to-peer supervisor sessions based on performance. High performing supervisors will share successful strategies to enhance performance and the quality of the documentation for the assessment of safety during worker visits to children.</p>
	<p>Placement of Children in Most Family-Like Setting [Exit Standard 8(b)]</p> <p>Resource Development Plan [Exit Standard 23]</p>	<p>24. By September 30, 2016, CFSA will identify evidence-based, trauma informed foster care models that provide sufficient support to both foster children and foster parents. , CFSA will issue a Request for Proposals to implement the identified models in the first quarter of FY 2017.</p> <p>25. By April 30, 2016, CFSA will enhance the current placement matching database to allow provider agencies to update the status of bed availability on a daily basis. Additionally, by May 31, 2016, the database will be in use to support matching and placing children in the most appropriate setting. The Placement Administration in consultation with Agency Performance will continue to monitor the database and its implementation.</p> <p>26. CFSA will continue to use social media, advertising, community outreach, and one-on-one informational sessions to recruit resource parents. On a quarterly basis, CFSA will evaluate the effectiveness of the recruiting, marketing, and outreach strategies and will share this information with the private providers to strengthen collaboration and development of a robust placement continuum.</p>

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>27. Beginning April 2016, the Principal Deputy Director and Deputy for Program Operations will establish a foster parent buddy system where each prospective foster parent will be assigned a resource worker as a buddy to participate in pre-service training and assist through the process of training and placement. The worker will be their point of contact for all issues regarding CFSA. This should facilitate better communication and problem solving.</p> <p>28. The Principal Deputy Director and the Contract Administrator will revise the scope of work by April 30, 2016 and negotiate contract modifications with current family-based providers for children/youth in need of traditional, therapeutic, and specialized placement, including homes for pregnant youth, medically fragile, developmentally disabled, and older youth to enhance flexibility to:</p> <ul style="list-style-type: none"> a. Develop process for child specific recruitment, with funding and planning initiated and monitored for 60 days; b. Fund bed hold stays to allow youth on abscondance to return to same placement; and, c. By May 2016, CFSA will review incentive plans and per diem rates and their impact on recruitment, retention, and stability to inform policy and FY2017 contract changes. <p>29. By May 31, 2016, under the guidance and direction of the Principal Deputy Director and Placement Administrator, CFSA will seek to increase kinship care resources as an initial and ongoing placement options by completing the following action steps:</p> <ul style="list-style-type: none"> a. Develop protocols to ensure that staff has exhausted possible avenues to identify, locate, and engage extended family options for children before they are placed in non-relative foster care.

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<ul style="list-style-type: none"> b. Implement a policy of "full disclosure" to ensure that all prospective kinship caregivers are educated about the full range of options available to them for care and support of children. c. Ensure that we have the full range of tools needed to assess and approve relative homes in a timely manner. The Deputy for Program Operations will review the current kinship process and develop additional training materials as needed. d. Provide foster parent training that is relevant to the needs of prospective kinship foster parents. CFSA will continue to use the kinship specific training model that will be augmented with additional information about child development and access to mental health support services. e. Ensure that kinship parents have access to the full range of services and supports to stabilize the placement(s) and ensure child safety and well-being. <p>30. When all other placement options have been explored, CFSA will utilize emergency beds contracted through Sasha Bruce Youthwork where a youth may stay for up to 30 days until a more suitable placement is secured. All placements in this facility will require approval by the Placement Administrator or the Deputy Director for Program Operations and be monitored on a weekly basis to assure that an appropriate alternative is being developed.</p> <p>31. By June 30, 2016, CFSA will complete the 2016 Resource Development Plan that addresses the agency's placement and support services required for the population served. The plan will include a comprehensive analysis of placement requirements and support services for foster and kinship parents.</p>

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
Exit to Permanence	Timely adoption (Timely Permanence to include reunification, adoption and guardianship) [Exit Standard 16]	<p>32. In January and February 2016, CFSA completed the process of reviewing permanency cases managed by CFSA. The information from those reviews is used to inform plans to expedite permanency that are reviewed in 30-60-90 day intervals. CFSA will conduct the same exercise with the private agencies to be completed by August 31, 2016. CFSA will continue to review permanency data on a quarterly basis to identify and resolve systemic barriers as well as to provide targeted management to workers and staff who need additional coaching.</p> <p>33. CFSA will complete the modification of the performance-based contracting tool used by the contract monitors. The modifications will focus on, but not limited to, positive permanency outcomes. The process to modify the tool will include obtaining feedback from the private agencies as well as from CASEY Family programs. The modified tool will be finalized by July 31, 2016. The contract monitoring staff will be trained and begin utilizing the tool by September 30, 2016.</p>

APPENDIX C

Amendments to LaShawn 2016 Strategy Plan

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



June 22, 2016

By Electronic Mail

Judith Meltzer
Court Monitor
Center for the Study of Social Policy
1575 Eye Street, N.W.
Washington, DC 20005
Judith.Meltzer@cssp.org

Re: 2016 Strategy Plan Status Update

Dear Judy:

My staff reported that they had a very productive meeting with you and our counsel on June 13, 2016. As a follow-up to that meeting, please accept this notice as our proposed changes to the 2016 Strategy Plan (2016 Plan). I want to assure you that CFSA has completed and/or is on track in meeting most of the deadlines outlined in the 2016 Plan. Those 2016 Plan Items include Nos.: 1-3, 5-9, 13-15, 17-26, 28, 30-31 and 33. However, after thorough analysis and assessment, CFSA has determined that there are a number of deadlines and 2016 Plan Items that require slight modification. CFSA proposed modifications are as follows:

I. Managing with Data Training (2016 Plan Item #4)

CFSA substantially completed the mandatory "Managing with Data" training for Child Protection Services (CPS) managers and supervisors by May 31, 2016. However, a small number of managers and supervisors (approximately six (6)) still need to be trained due to scheduled and unscheduled leave. CFSA will provide make-up training for those staff members by **mid-July 2016** and will provide refresher training for all applicable staff as needed.

II. Administrative Issuance (AI) on Community Papering (2016 Plan Item #10)

Pursuant to the 2016 Plan, CFSA planned to reissue the AI on Community Papering in order to provide guidance and training to program areas and workers so that workers and supervisors fully understand the criteria to community paper cases and their roles in the process by April 30, 2016. Unfortunately, CFSA was unable to comply by the April 30, 2016 deadline. Rather than simply clarifying the existing policy, CFSA determined that the AI on Community Papering required some level of procedural redesign and required the input of various stakeholders from CFSA and the Attorney General's Office. This additional level of analysis required additional time for CFSA to plan, obtain and incorporate the necessary feedback. The AI on Community Papering was finalized on June 17, 2016 and has been issued. CFSA recognizes that the notification regarding the AI on Community Papering proposed deadline change is untimely and apologizes for the delay. CFSA is committed to improving communication with you and in the future will timely notify you of any proposed Plan modifications when necessary.

III. Review of Cases Presented for Community Papering (2016 Plan Item #11)

Pursuant to the 2016 Plan, CFSA planned to review all cases presented for community papering, strategize regarding problematic cases, and identify themes and concerns for resolution. CFSA meets with the Office of the Attorney General on a monthly basis to review community papering cases to evaluate trends and program processes. Since the AI on Community Papering was recently issued as discussed in Section II above, CFSA proposes that by **July 2016**, it will begin conducting monthly reviews of cases presented for community papering. Any review of cases presented for community papering will be consistent with the enhanced process that is outlined in the AI for Community Papering.

IV. Elimination of the Floater Unit (2016 Plan Item #12)

CFSA created the Floater Unit (Unit) in order to provide additional team support and staffing in CPS and other agency programs as a temporary workforce solution due to turnover and employees on medical and paid family leave. While the unit provided initial supplemental support it was not the best solution for continuity of investigations. Also, unfortunately two of the five (5) unit employees were out on long-term leave. Since the Unit was unable to provide the required workload support, a decision was made to transition remaining members (based on skills) of the Unit to CPS (one (1) Social Worker) and back to In-Home (two (2) Social Workers now assigned to the Chronic Neglect unit). In the interim, CPS has worked with Human Resources to overstaff three (3) to four (4) positions in the pipeline to abate the normal hiring and training timeframe when turnover occurs. CFSA conducted a thorough examination of our administrative, clinical and caseload factors affecting CPS workers and determined that additional staff is necessary to ensure that CPS caseloads and workload demands are effectively managed. As a result of that analysis and the transition of the Floater Unit, I plan to hire additional staff for the CPS unit within the next 45 to 60 days.

V. Worker and Supervisor Training (2016 Plan Item #16)

CFSA planned to identify resources needed to utilize a common language and lens framework developed by the RED team in order to instruct, coach and develop workers and supervisors across the system, including the private agencies, to improve clinical practice, case planning and services by August 31, 2016. CFSA is unable to comply with the August 31, 2016 deadline due to the fact that additional time is needed to provide training to the workers and supervisors during the summer months. CFSA proposes a new deadline of an additional thirty (30) days to **September 30, 2016** to provide training to the workers and supervisors. The additional thirty (30) days is necessary in order to account for summer vacation schedules.

VI. Foster Parent Buddy System (2016 Plan Item #27)

Pursuant to the 2016 Plan, CFSA was tasked with establishing a foster parent buddy system by April 2016, where each prospective foster parent will be assigned a resource worker as a buddy to participate in pre-service training and assist through the process of training and placement. CFSA is currently working on the organization and alignment of staff that will serve as the resource workers for foster parents participating in the Foster Parent Buddy System. CFSA

proposes that by **July 31, 2016**, it will complete the organization and alignment of staff and will implement the Foster Parent Buddy System by **August 31, 2016**.

VII. Kinship Care Resources (2016 Plan Item #29)

Pursuant to the 2016 Plan, CFSA intended to take steps to increase kinship care resources as an initial and ongoing placement option by May 31, 2016. CFSA has begun, but has not yet completed this strategy. CFSA is currently taking the necessary steps to increase kinship care resources and proposes that we will comply by **August 31, 2016**.

VIII. Permanency Cases Managed by Private Agencies (2016 Plan Item #32)

In January and February 2016, CFSA completed the process of reviewing permanency cases managed by CFSA. The information from those reviews is used to inform plans to expedite permanency that are reviewed in 30-60-90 day intervals. Pursuant to the 2016 Plan CFSA intended to conduct the same exercise with the private agencies to be completed by August 31, 2016. CFSA has determined that this undertaking is more monumental than we initially anticipated. CFSA intends to begin its process of reviewing permanency cases managed by private agencies by the beginning of **August 2016** and proposes completion by **October 31, 2016**.

I appreciate your continued cooperation and support. Should you have any questions about our comments, proposed deadlines, any of the 2016 Plan Items or if you want the contents of this document memorialized in CFSA's Modifications to the 2016 Strategy Plan form, please do not hesitate to contact me or Mary C. Williams.

Sincerely,



Raymond C. Davidson
Director

Copies to:

Brenda Donald, Deputy Mayor for Health and Human Services
Richard Love, Senior Assistant Attorney General
Toni Jackson, Section Chief, Equity
Esther Yong McGraw, Assistant Attorney General
Amanda Montee, Assistant Attorney Counsel
Mary C. Williams, Director of Agency Performance
Cory M. Chandler, General Counsel
Nicola N. Grey, Deputy General Counsel

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



September 30, 2016

By Electronic Mail

Judith Meltzer
Court Monitor
Center for the Study of Social Policy
1575 Eye Street, N.W.
Washington, DC 20005
Judith.Meltzer@cssp.org

Re: 2016 Strategy Plan Status Update

Dear Judy:

Please accept this notice of our proposed changes to the 2016 Strategy Plan (2016 Plan). CFSA has completed and continues to be on track in meeting the majority of the deadlines outlined in the 2016 Plan. Those 2016 Plan Items include Nos.: 1-4, 6-23, 25-26, and 28-33. However, after thorough analysis and assessment, CFSA has determined that there are a few deadlines and 2016 Plan Items that require slight modification. CFSA's proposed modifications are as follows:

I. 10/15 RED Team Meetings (2016 Plan Item #5)

Pursuant to the 2016 Plan, each Monday through Thursday at the 10/15 Day R.E.D. Team meetings, team members review five investigations/assessments and identify the action steps necessary to progress towards timely closure. After assessing this process, in an effort to best utilize our resources, the team also reviews in-home case transfers during these meetings. CFSA proposes as a new strategy for Item #5 to formalize the integration of the Consultation and Information Sharing Framework into the supervisory practice and process. CFSA plans to implement this new supervisory strategy during **FY 2017 First Quarter** with the goal of utilizing the Consultation and Information Sharing Framework. This process should yield similar results. In the long run, this process will be more efficient and effective as it will serve as training and coaching opportunities for CFSA's supervisors and staff and will help strengthen and foster the supervisor/staff interaction as this process is imbedded in the supervisory practice. In addition, this modified process will improve and increase critical thinking and the quality of the investigations/assessments as cases are brought to timely closure.

II. Foster Care Models (2016 Plan Item #24)

Pursuant to the 2016 Plan, CFSA has been engaged in a thoughtful and deliberate process to determine which evidence-based, trauma informed foster care model(s) will meet the needs of the children and youth in the DC foster care system. CFSA's leadership team members engaged in discussions with the implementers in other jurisdictions and convened the leadership team to discuss the pros and cons of various foster care models. CFSA intends to discuss the models

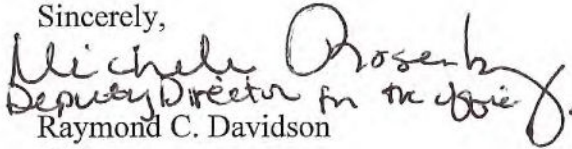
with the private providers and CFSA's management team in October 2016 to also obtain input on the pros, cons and implications. CFSA plans to identify evidence-based, trauma informed foster care models by **October 31, 2016**, and develop an implementation plan to identify target deliverables by **November 30, 2016**. It is estimated that a Request for Proposal will be issued to implement the identified models during the **FY 2017 Fourth Quarter**.

III. Foster Parent Buddy System (2016 Plan Item #27)

Pursuant to the 2016 Plan, CFSA was tasked with establishing a foster parent buddy system by April 2016, where each prospective foster parent will be assigned a resource worker as a buddy to participate in pre-service training and assist through the process of training and placement. In June 2016, CFSA modified the deadline to August 31, 2016. CFSA did complete the organization and alignment of staff and will implement the Foster Parent Buddy System by August 31, 2016. CFSA will begin training in October 2016 and plans to complete training by December 2016. CFSA intends to implement the Foster Parent Buddy System by **January 31, 2017**, with CFSA's first Foster Buddy Cohort.

Lastly, we are requesting a status of the Resource Development Plan (RDP) and would like to know when you intend to file. I appreciate your continued cooperation and support. Should you have any questions about our comments, proposed deadlines, any of the 2016 Plan Items or if you want the contents of this document memorialized in CFSA's Modifications to the 2016 Strategy Plan form, please do not hesitate to contact me or Mary C. Williams.

Sincerely,


Deputy Director for the Office of Policy, Planning and Program Support
Raymond C. Davidson
Director

Copies to:

Brenda Donald, Deputy Mayor for Health and Human Services
Richard Love, Senior Assistant Attorney General
Toni Jackson, Section Chief, Equity
Esther Yong McGraw, Assistant Attorney General
Amanda Montee, Assistant Attorney Counsel
Mary C. Williams, Director of Agency Performance
Cory M. Chandler, General Counsel
Nicola N. Grey, Deputy General Counsel

APPENDIX D
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.

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
Timely Initiation of Investigations [IEP I.A.1.a.]	<p>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.</p>	<p>1. Hotline Workers and Supervisors do not appropriately screen and triage reports—specifically as they relate to educational neglect.</p> <p>2. Difficulties confirming location of caregivers, entering locked buildings, and neighborhood safety.</p> <p>3. Assignments and safe case closures are impacted by staff out of rotation for extended periods.</p> <p>4. Access to cars throughout the month.</p>	<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> <p>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.</p> <p>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.</p> <p>2.1 By May 15, 2017, the Diligent Search Unit will organizationally move to Entry Services Administration.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

LaShawn A. v. Bowser CY2017 Strategy Plan

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
Timely Closure of Investigations [IEP I.A.1.b.]	<p>90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.</p>	<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>

LaShawn A. v. Bowser CY2017 Strategy Plan

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>1. Social workers have inconsistent understanding of the requirements to complete an investigation of acceptable quality.</p> <p>2. Inexperienced supervisors</p> <p>3. 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> <p>2.2 By May 30, 2017 Entry Services Supervisors will be required to attend all modules of Mastering the Art of Child Welfare Supervision (MACWS) training</p> <p>3 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.</p>

LaShawn A. v. Bowser CY2017 Strategy Plan

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
<p>Services to families and children to promote safety, permanency and well-being [IEP I.A.3.]</p>	<p>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>	<p>Assessments:</p> <p>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> <p>Service Provision:</p> <p>2. Lack of follow through by Social Worker/Supervisory Social Worker on referrals for services for both children and families.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>2.3 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.</p>

LaShawn A. v. Bowser CY2017 Strategy Plan

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.	1. Evidence of quality case planning activity and specific services is not reflected within the case plan in contact notes. 2. Parents cannot articulate what are the case plan goals and what the social worker has done to assist them with safe case closure.	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. 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. 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.

LaShawn A. v. Bowser CY2017 Strategy Plan

IEP Requirement	LaShawn Performance Metric	Barriers	Strategy to Achieve Benchmark
<p>Safety Assessment During Visitation [IEP I.A.4.c., I.A.5.d., I.A.6.e.]</p>	<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>

LaShawn A. v. Bowser CY2017 Strategy Plan

IEP Requirement	LaShawn 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>

LaShawn A. v. Bowser CY2017 Strategy Plan

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.]	<p>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</p> <p>No child shall stay overnight in the CFSA Intake Center or office building.</p>		<p>CFSA will implement its Temporary Safe Haven Redesign Plan as described in RFP No. DCRL-2017-R-0051.</p>

APPENDIX E

Status Updates to the FY17 Resource Development Plan



FY17

Resource Development Plan

**Status Updates to the
FY17 Resource Development Plan
February 15, 2017**



D.C. Child and Family Services Agency ▪ 200 I Street SE, Washington, DC 20003 ▪ (202) 442-6100 ▪ www.cfsa.dc.gov
<http://dc.mandatedreporter.org> ▪ www.adoptdckids.org ▪ www.fosterdc.org ▪
Facebook/CFSADC ▪ Twitter@DCCFSA

Foster Care Placements

Key Trends and Indicators

- Mirroring a national trend, the number of children/youth in District care began declining steadily in 2010. Under CFSA's intentional strategy to do more to keep families together and to bring children/youth into care only as a last resort, the District foster care population dropped dramatically in 2012-14. The decrease continued but at a much slower rate in 2015-16. Eighteen months ago, the number of children/youth in District care dropped below 1,100 for the first time (1,079 on the last day of December 2014) and is now poised to be at or just below 1,000 by the end of this year.
- After many years of dominating District foster care, the number of older youth in care is declining. This group is now at less than half of the overall District foster care population for the first time in nearly a decade. Younger children are becoming the larger share of the caseload (Table A). We expect this trend to continue.
- Even as the number of older youth in care declines, some continue to pose the greatest placement challenges. Examples are teen mothers and youth dually involved with the child welfare and juvenile justice systems.
- Over the past four years, CFSA has been challenged to balance the placement needs of a declining foster care population, provider concerns about underutilization and performance expectations, and the need to maintain fiscal responsibility in agency budget requests. Rightsizing in 2015, in which CFSA aligned purchase of placement slots more closely with need, resulted in temporary extreme tightness of placement options and instances of children/youth spending some hours of the night safe and supervised but at CFSA or in hotels. We are now beyond those unacceptable instances with sufficient placement resources. The task going forward is to continue to work on the array of placement services and supports, more closely matching types of placements available with the needs of the children and youth in care.
- The last round of rightsizing in 2015 left CFSA family-based and congregate care providers with numerous questions and concerns. Over the past 18 months, CFSA has invested time, attention, and good faith in listening to providers and addressing their issues. We continue to work to build the equitable business relationship with these essential partners that will most benefit the District community and those we serve.
- Changing demographics and disappearance of affordable housing have made it very difficult to recruit new District-based foster homes. (A recent [study](#) by the National Low-Income Housing Coalition shows that an individual or family must earn at least \$31 per hour to afford a two-bedroom apartment in the District—from our point of view, the space necessary for a foster child.) In FY15-16, a savvy combination of media and community outreach succeeded in spreading the word about the need for District-based foster parents and attracted more candidates to CFSA's regular information sessions. A decade ago, for every 10 people who started CFSA foster/adoptive parent training, one finished and became a licensed foster home.

Table A		
Age	% of caseload	
	FY14	FY15
0-5	26%	28%
6-12	23%	25%
13-17	27%	26%
18-21	24%	21%

Recent data show that we have cut that ratio in half: For every five people who start CFSA training, one finishes and becomes a licensed foster parent. While this indicates that we have made our orientation/training/home study/licensing process more user friendly, local market realities are such that we do not expect to greatly increase the number of District-based foster homes. We are intent on maintaining at least the number of homes we have now. This will mean recruiting enough new foster parents to offset those who drop out during the year. In FY15, CFSA brought on 83 new foster/adoptive beds, keeping the overall number of District-based foster homes steady. Of those 83, 35 (42%) were designated for youth ages 12-20.

Placement: Existing Resources and FY17 Projections

Table B					
<i>Provider</i>	<i>Placement Type</i>	<i>FY15 Contracted Capacity</i>	<i>FY15 Actual Placements</i>	<i>FY16 Proj.</i>	<i>FY17 Proj.</i>
CFSA Homes	Kinship	300	220	260	260
	Traditional/Pre-adoptive Foster Home	222	209	200	200
	Subtotal	522	429	460	460
Contracted Family-Based Homes	Traditional Foster Home	234	220	200	200
	Therapeutic Foster Home	206	186	230	190
	Specialized Foster Home (Developmentally Disabled/Medically Fragile)	21	17	20	20
	Teen Parent Foster Home	17	17	25	25
	Subtotal	478	440	475	435
Contracted Congregate Care	Emergency (age 13+)	0	1	0	5
	Independent Living Residential (ages 18-21)	20	14	14	14
	Independent Living Main Facility (ages 16-21)	12	8	18	18
	Group Home—Traditional	36	10	36	18
	Group Home—Therapeutic	10	4	10	10
	Group Home—Developmentally Disabled	14	7	14	14
	Teen Parent (congregate)	33	26	33	20
	Teen Bridge	0	24	0	20
	Residential Treatment*	4	1	4	4
	Refugee	30	19	30	30
	Other**	65	85	85	65
	Subtotal	224	199	159	153
Total		1,224	1,068	1,094	1,048
*Reflects youth in residential treatment not funded by Medicaid. Youth in Medicaid-funded residential treatment are counted in "Other." **Youth not counted elsewhere because they are in a Medicaid-funded residential treatment program; in college; or have a placement to which they can return from abscondence, a hospital, etc.					

Projected placement capacity for FY17 assumes 1,000 children/youth in care. As Table B shows, we anticipate maintaining our cadre of CFSA family foster homes—that is, continuing to break even as some District-based foster parents join and others leave. Prominent among numerous supports that help CFSA retain District-based foster parents are:

- Use of constellation/cluster models (Mockingbird and Family Connections) city-wide that welcome foster parents into a community-based network of foster families for support, continuous learning, coaching, mentoring, respite, and socializing.
- Assignment of a Foster Parent Support Worker so every foster parent has a stable relationship focused on assisting them even as children and their assigned social workers come and go out of the home.
- After-hours access by phone to advice and support regarding child/youth issues.
- Twenty-four-hour access to mobile mental health services that make home visits to address children or youth in crisis (Mobile Crisis Stabilization).

Also as seen in Table B, as the number of children/youth we serve continues to decline, we will reduce the number of therapeutic homes we purchase by 17%. We will add five emergency placement slots from an existing provider as a safeguard against older youth spending the night in our building. We plan to reduce group home slots (including teen parent congregate) by 33%. Overall, this is in light of the declining number of youth in care and our focus on placing youth (including teen mothers) in family-like settings. The reduction in traditional group home slots is offset by the increase in Teen Bridge slots, which create a more appropriate option for youth in need of individual attention in order to stabilize. The reduction in the Other category should be adequate given our expectations about the overall level of the foster care population in FY 17.

Resource Development Steps and Status

Activity	Deadline	Status
<p>Improve Projections: Maintain the recently established Monthly Placement Utilization Report so that in the future, analysis of the collected data will provide a strong foundation for projecting resource needs. With better collection of utilization data underway, we expect to analyze it to:</p> <ul style="list-style-type: none"> • Gain a clearer and more detailed view of child and youth needs. • Clarify demographics regarding the dominant population(s) of children/youth now entering foster care. • Inform development of and supports for resources closely aligned with child/youth needs. <p>In addition, collection and analysis of data from the Child and Adolescent Functional Assessment Scale (CAFAS)[®] and Preschool and Early Childhood Function Assessment Scale (PECFAS)[®] will provide</p>	Dec 2017	<p>To ensure that the number of available beds in the District’s foster care system are appropriately matched to the number of children in need of placement, statistical information is gathered from the initial and re-entry placement report (Faces-PLC178).</p> <p>The data is analyzed, assessing a period of time to forecast the placement needs. For example, during the period of December 2015 to June 2016, 45% of the children requiring an initial placement were between the ages of 0-5 and 32% of the children between the ages of 15-20 required re-entry placements.</p> <p>Based on this finding, recruitment</p>

Activity	Deadline	Status
information about child/youth functioning across eight domains. That information, in turn, will have implications for recruitment, contracted resources we purchase from providers, and training of placement resources.		<p>shifted its targeted recruitment efforts to focus 40% of its bed development on children between the ages of 0-5 and 25% between the ages of 15-20.</p> <p>Secondly, we monitor all vacancies on a weekly basis and update our vacancy list. We contact foster parents who have potential vacancies to confirm their availability in order to ensure appropriate utilization. CFSA has begun using the CAFAS/PECFAS to inform placements. CFSA has begun to aggregate the data for foster parent placement needs.</p>
<p>Improve Placement Matching: CFSA will enhance the current placement matching database to allow provider agencies to update the status of bed availability daily. The database will support matching and placing children in the most appropriate setting.</p> <p>To accomplish this, the Placement Matching Team convenes several times each week to review placement options and determine necessary supports. They use CAFAS®/PECFAS® findings to inform their decisions and document them in the Child Needs Assessment.</p> <p>Based on this information, the database provides real-time data about available foster homes, ideally offering at least five available options that match the needs of the child/youth at the time of placement. It also allows review of foster parents' acceptance/rejection patterns for similar children/youth and the reasons they gave, potentially shedding light on how best to approach them to gain acceptance.</p>	<i>Aug 2016</i>	<p>As of September 2016, CFSA utilizes the placement matching system.</p> <p>CFSA internal staff and the private agencies have just concluded a data clean-up which ended February 8, 2017. CFSA has identified internal staff to review, monitor and assess the need for on-going maintenance of the system. CFSA will work with the private agencies to identify a point of contact for on-going maintenance.</p>
<p>Strengthen Relationships with Key Providers: CFSA no longer needs a vast placement array (quantity) as much as we need one that is nuanced, agile, and flexible (quality)—that is, capable of meeting the needs of children and youth quickly and effectively. To achieve this, relations between CFSA and our 17 contractors</p>	<i>Ongoing</i>	

Activity	Deadline	Status
<p>(seven family-based and 10 congregate care providers) need to be child-focused, amicable, collaborative, and trusting. We continue to invest time, attention, transparency, and good faith in improving these relationships.</p> <ul style="list-style-type: none"> • Continue monthly meetings as a regular forum for sharing information, discussing issues, and keeping the lines of communication open. • Engage providers in joint analysis and discussion of trends and needs, leading to new thinking about the prevailing business model and options to address the changing population and environment. • Review utilization data with private providers monthly and remove any barriers to maintaining placement availability. • Complete and begin using the revised contract monitoring process with providers. It eliminates what providers have seen as punitive practices in favor of access to data regarding individual provider performance and monthly technical assistance from CFSA. 	<p><i>Ongoing</i></p> <p><i>Ongoing</i></p> <p><i>Ongoing</i></p> <p><i>Sept 2016</i></p>	<p>CFSA continues to meet with private providers on a monthly basis in an effort to maintain clear and consistent communication and promote information sharing.</p> <p>CFSA leadership held multiple meetings with the private agencies. The private agencies' FY 2016 contracts were extended to cover CY 2017</p> <p>CFSA continues to meet with private providers monthly to review utilization data and engage in joint problem solving to remove barriers to maintain accurate placement availability data.</p> <p>CFSA finalized the case monitoring review tool in July 2016. The tool was made available in CFSA's AVOKA system to capture data system wide. In conjunction with CWTA, the Contract Monitoring Division (CMD) devised training materials to cover both processes for performance based contracting and case reviews.</p> <p>CWTA trained both private agency Program Directors and Quality Assurance staff, and Contract Monitoring Division Program Monitors on September 8, 2016. Program Monitors began using the revised case review tool after the training in September.</p> <p>Upon implementation, the Program Manager scheduled bi-weekly meetings with Program Monitors from</p>

Activity	Deadline	Status
<ul style="list-style-type: none"> • Strengthen the partnership among placement providers, the CFSA Office of Youth Empowerment (OYE), and Healthy Families/Thriving Communities Collaboratives to improve services to older youth, especially as they transition out of care. Continue to review and modify practices quarterly as needed, based on the needs of older youth. 	<p><i>Ongoing</i></p>	<p>each unit (Family Based and Congregate) to get feedback on the process, provide technical assistance and recommendations for improvement and/or changes.</p> <p>As a result of the Youth Aftercare workgroup, CFSA developed a new Youth Aftercare Scope of Work/contract which is reflective of the agreed upon best practices which was awarded in January 2017 to the Young Women's Project.</p> <p>The CFSA Office of Youth Empowerment (OYE), the Healthy Families/Thriving Communities Collaboratives, and the Young Women's project are working together to support the transition</p>

<p>Establish a Foster Care Model: District child welfare does not have an overall guiding foster care model. Establishing one will provide a foundation for improved practice and a common set of values, expectations, and guidelines for social workers, foster parents, and other practitioners in the system. A work group of internal and external stakeholders has identified four existing models to potentially serve as the basis for a District model.</p> <ul style="list-style-type: none"> • Hold interviews with jurisdictions that “own” the selected models to better understand implementation considerations and lessons learned. (CFSA has already had a round of calls with the model developers.) • Select the model(s) and/or standards CFSA will use. • Plan for how to phase in the model and/or standards in FY2017-2018. 	<p><i>July 2016</i></p> <p><i>Aug 2016</i></p> <p><i>Dec 2016</i></p>	<p><i>*Status pertains to all activities*</i></p> <p>CFSA completed the interviews with jurisdictions that used the selected models to better understand the implementation considerations. Upon analyzing the problems being solved against what the models offer, CFSA realized a model is important but not broad enough to address all issues. As a result, CFSA shifted its focus to redesigning the overall service delivery system. Specifically, CFSA will continue a public-private partnership whereby CFSA will provide case management for children and recruitment, retention, and support of foster parents in the District of Columbia and contract with a single provider for these services for all children placed in Maryland.</p> <p>After thorough review, and prompted by placement and permanency outcome analysis, CFSA recognized that a model is important, but not broad enough to address all issues. CFSA has shifted its focus to redesigning the overall service delivery system.</p> <p>As part of the redesign, CFSA will eliminate the traditional and therapeutic designations and ensure that the entire system is trauma-informed and based on the treatment foster care standards so that all our children and youth receive high quality care and positive outcomes no matter where they are placed. Coinciding with the next family-based foster care solicitation, the agency is developing a scope of work and RFP to solicit foster care case management services with one service provider</p>
--	---	---

<p><u>Explore Potential for Regional Residential Treatment:</u> While the number of youth CFSA refers for residential treatment is low (generally less than 15 annually), providers are all far from the District. This inhibits regular first-hand monitoring of treatment, frequent visits with family, and efficient and effective re-entry into the District community.</p> <ul style="list-style-type: none"> • Explore barriers that prevent the District from using near-by regional facilities. • Compile a comprehensive list of nearer residential facilities and encourage the District to re-engage with them. 	<p><i>Aug 2016</i></p> <p><i>Dec 2016</i></p>	<p><i>*Status pertains to all activities*</i></p> <p>CFSA has compiled a list of nearby residential facilities and the Office of Well-Being (OWB) has scheduled tours of these facilities to occur in the spring. The OWB staff plan to work with the Office of Contracts and Procurement and Placement staff to explore contracting requirements for those deemed therapeutically appropriate placement options for CFSA youth.</p>
<p><u>Continue Best Practices Regarding D.C.-based Foster Homes:</u></p> <ul style="list-style-type: none"> • Continue to use social media, advertising, and community outreach to attract District residents to our informational sessions. Conduct data analysis to get a clearer picture of how many candidates attracted through social media actually resulted in licensure. • Continue the Mockingbird and Family Connections models and all of the many supports in place for CFSA foster parents. • Seek to increase kinship care resources as an initial and ongoing placement option by completing the following action steps: <ul style="list-style-type: none"> o Develop protocols to ensure staff has exhausted all avenues to identify, locate, and engage extended family options throughout the lifecycle of the case. 	<p><i>Ongoing</i></p> <p><i>Ongoing</i></p> <p><i>Sept 2016</i></p>	<p>CFSA continues to utilize social media, advertising, and community outreach to attract District residents to our informational sessions. This strategy continues to produce the highest number of families recruited to become licensed homes in DC. We continue to use targeted media approaches to recruit potential foster parents.</p> <p>CFSA continues to utilize the Mockingbird and Family connections to provide support, respite, monthly activities and supports to families within these clusters. This continues to be regarded as one of the top supports to CFSA's foster parents.</p> <p>All of the best practices protocols for Kinship are completed and implemented.</p>

o Implement full disclosure to ensure that all prospective kinship caregivers are informed about the full range of options available to them for care and support of children.	<i>Sept 2016</i>	All of the best practices protocols for Kinship are completed and implemented.
o Ensure that we have the full range of tools needed to assess and approve relative homes in a timely manner. The Deputy, Program Operations, will review the current kinship process and develop additional training materials as needed.	<i>Ongoing</i>	All of the best practices protocols for Kinship are completed and implemented.
o Ensure foster parent training is relevant to the needs of prospective kinship parents. CFSA will continue to use the kinship-specific training model and augment it with additional information about child development and access to mental health support services.	<i>Dec 2016</i>	All of the best practices protocols for Kinship are completed and implemented.

Community Partnerships

Key Trends and Indicators

- Since 2011, CFSA has served more children in their own homes than in foster care. Our intentional effort to reduce the District's traditionally high rate of bringing children into care is transforming CFSA from an agency geared for foster care to one skilled in keeping families together safely. For the past two years, the CFSA caseload has hovered around 60% of children served at home and 40% in out-of-home care. In-home cases, and active partnerships with other public and private agencies to serve families at home, are now firmly established as CFSA's primary growth areas.
- As of this writing, CFSA is serving 570 families representing 1,502 children in their homes. The typical profile is a single female head of household with several children. In addition:
 - The majority (79%) live in Wards 7 and 8.
 - More than 60% have three or more children.
 - Fully 22% receive Temporary Assistance to Needy Families (TANF) and are also involved with the D.C. Department of Behavioral Health.
 - About 22% meet the criteria for chronic neglect.
 - About 4% are homeless (residing in a shelter, hotel, or other temporary residence).
- For the most part, reasons why families come to CFSA attention span the spectrum of neglect—from truancy calls from schools to a neighbor concerned about lack of supervision or a professional worried about a parent's capacity to care for a newborn. Root causes behind these concerns also range from short-term or easily-resolved problems (such as transportation issues undermining regular school attendance) to serious issues (such as caregiver lack of capacity).

- While poverty by itself is neither abuse nor neglect, social workers say that factors associated with poverty can affect family functioning—for example: single-parent head of household who lacks education and is chronically or serially unemployed, housing instability, food insecurity, and lack of social support. To stabilize and improve the family situation, social workers must help parents manage these challenges, including tapping existing city and community resources. Often, we see families where poverty has been a primary issue for several generations. CFSA actively supports city-wide strategies to address these needs.
- Among the more difficult issues that can impede optimal parenting, substance abuse (typically PCP or synthetic drugs), health or mental health problems, intellectual disabilities, and domestic violence are all prevalent. CFSA has also used research to become informed about chronic neglect, in which families cycle through the social services system repeatedly, achieving only temporary stability. We are engineering substantive shifts in practice and services to give these families the focused attention and support they need to break the cycle of chronic neglect and maintain stability.
- Federal approval of the District for a IV-E waiver in 2013, allowed CFSA to launch a robust expansion of community-based services to serve families and youth (Safe and Stable Families). The long-time partnership between CFSA and the neighborhood-based Healthy Families/Thriving Communities Collaboratives is evolving to the next level as we work together to implement new evidence-based services to serve more families before they have to get involved with CFSA.
- Part of CFSA's partnership with the Collaboratives involves supporting them in strengthening their practices and business model, including data collection. Revised contracts that CFSA recently issued to the Collaboratives clearly articulate the expectation to engage families in services. The Collaboratives provide a monthly report from their Efforts to Outcomes (ETO) database showing all referrals received from CFSA and their status and disposition. CFSA Community Partnerships distributes this information back to the various referring entities—CPS, In-Home Services, and the Office of Youth Empowerment. CFSA and Collaborative management meet quarterly to review referrals and outcomes and adjust practices as needed to improve performance.
- Under the Differential Response model, CFSA Child Protective Services-Family Assessment (CPS-FA) units routinely refer families to the Collaboratives for community-based services. The protocol for these referrals includes a “warm hand-off” meeting of CFSA, the Collaborative, and the family. A key objective of the meeting is to ensure the family is clear about the necessity of the services, what specific concerns the engagement will address, desired outcomes, and possible opportunities and consequences as a result of family behavior.
- While not the first approach to engaging families resistant to services, community papering is a viable means of reinforcing safety concerns and stressing that caregivers must engage in services to reduce risk and increase safety. It is also a means of signaling the heightened likelihood of a removal if conditions in the household do not improve. CFSA has recently revised the community papering protocol and follow-up process between CFSA and Assistant Attorneys

General (AAGs). CFSA managers are introducing the updates to social workers at all-staff and similar meetings this summer.

- In FY15, CFSA convened internal and external stakeholders to consider how best to improve services to older youth in care. Several of the substantive outcomes had implications for CFSA's internal programs that strive to prepare youth in care for adulthood. An outcome affecting community-based services was recognition that existing after-care services CFSA was purchasing from four of the five Healthy Families/Thriving Communities Collaboratives were not robust or effective. Group discussion resulted in a clearer picture of youth needs and a revised vision of effective after-care services. CFSA has recently issued a contract solicitation that includes a revised set of goals, services, expectations, and outcomes.
- In December 2015, CFSA implemented the Child Stress Disorder Checklist for Child Welfare (CSDC-CW), a screening tool to assess the level to which caregivers and their children are experiencing trauma that requires further assessment or a referral for treatment. To date, 57 (61%) of caregivers and 75% to 83% of children are showing some level of trauma. CFSA is working with the D.C. Department of Behavioral Health (DBH) to increase the number of certified Trauma System Therapy Specialists available to meet the treatment needs of CFSA children. CSDC-CW adds to CFSA use of other evidence-based functional assessment tools that assist social workers in identifying strengths and needs [Caregiver Strengths and Barriers Assessment (CSBA), Child and Adolescent Functional Assessment Scale (CAFAS)[®], Preschool and Early Childhood Functional Assessment Scale (PECFAS)[®]]
- Frequently, children exposed to abuse and neglect struggle in school. For foster children, the average graduation rate from high school is less than 50%. Although the graduation rate for CFSA youth is better at 60%, it is not high enough. We are working to support our children in care with educational services to reduce the achievement gap, assist in-home families with school choice, and give social workers tips on how to improve educational outcomes.
- Approximately 30% of our families are affected by domestic violence.

Community-Based Services: Key Resources Available

Safe and Stable Families (IV-E waiver program)

- Neighborhood-based "hubs" (celebrating their 20th anniversary this year) that coordinate a variety of community-based social services targeting families, youth, fathers, teen parents, young children, and others (Healthy Families/Thriving Communities Collaboratives)
- Evidence-based family preservation services that prevent children from entering foster care (HOMEBUILDERS[®])
- Evidence-based services that give parents overcoming substance abuse the extra support they need for successful reunification with their children and that help to stabilize families with chronic neglect (Project Connect)
- Funding of small-scale grassroots programs that address specific community needs in innovative ways (community mini-grants)

- Parent education/training based on evidence-based models from two Healthy Families/Thriving Communities Collaboratives (targeted toward parents of young children) and the D.C. Department of Human Services (targeted toward parents struggling with adolescents).
- In recognition of where most CFSA clients live, emphasis on ensuring ample resources in Ward 8, such as the most In-Home Units and a CPS-Family Assessment Unit co-located with the Far Southeast Family Strengthening Collaborative.

Knowledge of and Responses to Chronic Neglect

CFSA original research on chronic neglect, identifying characteristics and describing promising service methods. This led to development of criteria for identifying families struggling with chronic neglect on the CFSA in-home caseload. Realignment of current CFSA resources to establish two In-Home social work units dedicated to managing cases that meet the chronic neglect criteria. Initial capacity of these two units is about two-thirds of the families who currently present with chronic neglect. These units are based in the community (co-located with the Collaboratives).

Housing Assistance

- Limited funding to establish, maintain, or prevent eviction from housing through CFSA (Rapid Housing), DHS (Rapid Re-housing), and the Collaboratives (Federal Rent Subsidy Program)
- Specialized housing assistance for families (Hope and a Home), older males and females transitioning out of foster care (Wayne Place), and young mothers transitioning out of foster care (Project Genesis and Elizabeth Ministries).

Families Involved with Multiple Systems

- CFSA collaboration with the D.C. Department of Human Services (DHS) and D.C. Department of Behavioral Health (DBH) to integrate plans, requirements, and services for families involved with all three agencies at the same time (DC CrossConnect).
- Co-location of two DHS representatives at CFSA headquarters, giving social workers ready access to information about services CFSA clients are receiving from DHS and to ensure prompt referrals to the many services DHS provides.

Health Care/Substance Abuse Treatment

- Co-location of CFSA nurses with CFSA in-home units in the community, giving social workers ready access to health expertise and consultation. Social workers and nurses often make home visits together. Services are provided to the target population of young mothers ages 17-25 and children ages 0-6 and support improved well being while keeping families together. Services range from Safe Sleep education and medication management to obtaining WIC food supplements and medical insurance.
- Partnership with the DBH Addiction Prevention and Recovery Administration (APRA) for substance abuse assessment and treatment services. APRA Assessment Specialist on-site at CFSA assesses adult clients for substance abuse.
- Contract for substance abuse assessment of youth in care at any convenient location (such as the foster home).

- Referral of eligible caregivers to D.C. Family Treatment Court, a 15-month court-supervised, voluntary, comprehensive substance abuse treatment program for mothers or female guardians whose children are the subject of an open neglect case.

Mental/Behavioral Health

- Contract for Mobile Crisis Stabilization, a community-based mental and behavioral health service that makes house calls to prevent foster care placement disruptions. Foster parents can access this service as needed to de-escalate foster youth in crisis, including afterhours and on weekends. The service is available to both CFSA and private-provider foster parents.
- Forty-five certified Trauma System Therapy (TST) therapists within DBH to serve children suffering from trauma. CFSA continues to work collaboratively with DBH to ensure that TST treatment is progressing and CAFAS® scores reflect functional improvement gains.
- Co-location of DBH representatives with CFSA in-home units in the community, giving social workers ready access to mental health expertise (individually or during group supervision), consultations, assessments, and treatment referrals. Social workers and DBH representatives often make home visits together.

Domestic Violence Diagnosis/Treatment

- Implementation of the Safe and Together model for assisting families mired in domestic violence, including training selected In-Home social workers (who are based in the community) as “subject matter experts” to assist their peers.
- Establishment of the first local treatment group for eight to 10 male perpetrators of domestic violence. Weekly meetings centering on specific topics help batterers understand the impulsive aspects of domestic violence and how to build healthier relationships.
- Existing community-based services for perpetrators of violence include the Family Crisis Center in Prince George’s County, Court Services and Offender Supervision Agency (for perpetrators who are court-involved), and My Covenant Place. For children affected by domestic violence, CFSA makes a referral to the Wendt Center or to DBH Children’s Services on Howard Road. For female victims of domestic violence, we refer to My Sister’s Place, Mary’s Center, House of Ruth, Wendt Center, and The Women’s Center.

Education Support

- Contracts for home-based tutoring services for children/youth in care who are performing below grade level in reading or math or struggling with a specific course
- Contract for evidence-based mentoring for children/youth in care, with emphasis on support for academic achievement
- For referral purposes, maintaining a current list of tutoring/mentoring programs in schools and community-based non-profits in the District and Prince George’s County, MD

Older Youth

- The Safe Sleep Program through the D.C. Department of Health provides Pack ‘n Play® bassinets for young mothers.
- DC College Success Foundation and First Star Academy support educational achievement and higher education for selected youth in care. CFSA Office of Youth Empowerment (OYE) has developed contacts at the University of the District of Columbia (UDC) and other local community colleges who provide special support to students who are (or were) in District foster care.
- Partnerships with the D.C. Department of Employment Services, D.C. Department of Youth Rehabilitation Services, and UDC so that District youth in foster care can participate in workforce development programs. Includes a liaison with the D.C. Department of Disability Services, Rehabilitation Services Administration to access opportunities and support for employment for CFSA-involved young adults, ages 20-21, with disabilities.
- Contract with Capital Area Asset Builders to provide financial literacy training and administer matched savings accounts
- Contracts with the Healthy Families/Thriving Communities Collaboratives to provide after-care services for youth who age out of the foster care

Resource Development Steps and Status

Activity	Deadline	Status
Bring Key Services to Scale: Implement a variety of marketing and management strategies to increase social worker referrals to HOMEBUILDERS® and Project Connect—for example, inviting program staff to present at social work meetings and identifying eligible cases during regular supervision.	Aug 2016	<p>HOMEBUILDERS</p> <p>Beginning January 2017 CFSA assembled a workgroup for HOMEBUILDERS to address a lack of utilization, programmatic barriers, enhanced marketing efforts and data collection and analysis to make better operational decisions.</p> <p>The first meeting was held January 25, 2017 and as a result the workgroup developed the following strategies to increase referrals: 1) HOMEBUILDER representatives will attend at risk FTM’s and Emergency RED Team meetings to identify potential referrals and will conduct presentations at staff meetings for OYE Office of Youth Empowerment and the Permanency Administration. 2) Community Partnerships will review families who declined or refused HOMEBUILDER services to link them with other resources and supports. This workgroup will continue to meet on a</p>

Activity	Deadline	Status
		<p>monthly basis.</p> <p>PROJECT CONNECT Beginning January 2017 CFSA assembled a workgroup for Project Connect to address a lack of utilization, programmatic barriers, enhanced marketing efforts and data collection and analysis to make better operational decisions.</p> <p>The first meeting was held January 31, 2017 and as a result the workgroup developed the following strategies to increase referrals: 1) Community Partnerships will create a process with the Office of Well-Being to receive referrals from families who are assessed to need substance abuse treatment. 2) Community Partnerships will partner with the Office of Public Communication Information to send out an agency wide email to encourage staff to submit referrals and will meet with individual social work units within the Permanency Administration. This workgroup will continue to meet on a monthly basis.</p>
<p><u>Strengthen Data Tracking with the Collaboratives:</u> The Collaboratives are implementing updates to their ETO system to reflect recent modifications to their contracts with CFSA. They will continue to work toward providing CFSA with direct access to ETO so social workers can look up referral information as necessary.</p>	<p>Sept 2016</p>	<p>As part of the Safe & Stable Families Redesign, CFSA increased efforts to work with the Collaboratives to improve data and reporting. These efforts include enhancing data integrity through quality assurance processes, continuous quality improvement strategies, and streamlined data collection and reconciliation processes.</p> <p>To date, CFSA has provided the Collaboratives with new, more robust reporting templates to gather information on the families served. The Collaboratives have updated data fields as suggested and have been consistent in providing monthly reports to CFSA.</p>

Activity	Deadline	Status
		In the coming months, CFSA will have direct access to the Collaboratives reporting databases to ensure efficient collaboration in data reporting and seamless data integration.
<p><u>Focus Additional Resources on Chronic Neglect:</u> Establish a third in-home social work unit dedicated to serving families who meet the criteria for chronic neglect, thus making it possible for all the families we identify to get the consistent, focused assistance they need to break the cycle.</p>	Jan 2017	<p>CFSA currently has two chronic neglect units where they have worked with a total of 60 families. There are a number of early positive findings from social worker's ability to work intensively with families that have resulted in the following: parents more involved in developing case plans, more accurate assessments of family needs and strengths, increased advocacy and support in identifying needs and services, more time to coordinate and participate in family and provider meetings, increased identification of small progress towards larger goals with families, and more attention and supervision provided to families.</p> <p>Due to these findings, CFSA is expanding the definition of chronic neglect to provide that level of intensive family engagement to all In-Home family cases. The goal is to decrease new reports of maltreatment, decrease re-reports of maltreatment and decrease the average number of months an In-home case remains open.</p> <p>An In-home Levels of Care Model will be implemented to improve case planning, guide case closure, improve worker visitation to families and services to families and children to promote safety and well-being.</p>

<p><u>Close a Gap in Specialized Housing Resources:</u> Increase slots available from the Shaw-based Hope and a Home from two to five, giving more families (especially those who meet the chronic neglect criteria) access to this intensive program. It offers a three-year stay in transitional housing combined with skill building in job readiness and financial literacy. The goal is to give parents the individualized long-term guidance, teaching, training, and coaching they need to break the cycle of poverty.</p>	<p>Nov 2016</p>	<p>The proposed slot increase took effect on October 1, 2016. The program is at capacity serving five families. Since partnering with the Hope and A Home program, there have been 2 discharges both resulting in the securing of permanent housing and maintained employment.</p>
<p><u>Increase Capacity of Evidence-Based Parenting Training:</u> Increase funding to obtain additional slots in the evidence-based Zero Point Leadership™ parenting training program in partnership with the Collaboratives, with the goal of serving an additional 35 families who meet the criteria for chronic neglect. This trauma-based parenting group integrates the latest breakthroughs from the fields of social neuroscience, emotional intelligence, stress resilience, intelligent energy management, neuroleadership, attachment and child development, and human relationships to build skills that help maximize parenting effectiveness.</p>	<p>Dec 2016</p>	<p>There was no IV-E funding allocated to support additional slots.</p>
<p><u>Strengthen Youth After Care:</u> Phase 1 of the transformation of services began in May 2016, with modification of the existing contracts with the Healthy Families/Thriving Communities Collaboratives. In June 2016, CFSA hired an employee to coordinate implementation of an earlier start (age 14) to prepare youth to transition out of care and the revamped after-care program. The employee, earlier start, and revamped after-care program all stem from recommendations of the internal/external stakeholder work group on youth in FY15.</p>	<p>Feb 2017</p>	<p>As a result of the multi-agency workgroup, CFSA completed a competitive RFP process to select a provider who demonstrated an understanding of enhanced outcomes and benchmarks set forth by the workgroup.</p> <p>On February 1, CFSA began the process of transitioning youth aftercare participants from the five Healthy Families/Thriving Communities Collaboratives to the selected provider, The Young Women’s Project.</p> <p>CFSA will continue to support the youth and staff in the transition by scheduling information sessions and transition meetings as needed. The Office of Youth Empowerment and the Office of Community Partnerships will champion</p>

		<p>the youth aftercare effort within the Agency.</p> <p>Both Administrations will work closely to ensure the seamless processing of referrals and monitor the progress of the youth being served.</p>
<p><u>Increase Capacity of Maternal-Infant Nurses:</u> CFSA is working with D.C. Department of Health Care Finance to obtain Medicaid funding to sustain and increase the capacity of these services to the community.</p>	Jun 2017	<p>CFSA met with all of the Managed Care Organizations (MCOs). A follow up meeting is being scheduled with the MCOs and the Infant Maternity Health Nurses' vendor to work out the process to transition these services to a fee for service model using Medicaid Funding.</p>
<p><u>Increase Trauma Therapist Capacity:</u> DBH trained 37 additional Trauma System Therapy (TST) therapists who will be fully certified by the end of this year. During FY 17, this will give CFSA additional capacity to meet the needs of children on both in-home and out-of-home cases.</p>	Jan 2017	<p><i>DBH trained 37 therapists in the TST model to date and will verify the number of therapists who received the TST certification. CFSA will report the information when received.</i></p>
<p><u>Hire Two Additional Educational Specialists:</u> Target intensive services to rising 8th graders regarding career exploration and educational services to improve attendance and grades and to smooth the transition to 9th grade.</p>	Aug 2016	Complete
<p><u>Launch a Second Group for Batterers.</u> Increase this much-needed resource for addressing domestic violence by adding an additional treatment group that can accommodate eight to 10 perpetrators. Weekly meetings centering on specific topics help batterers understand the impulsive aspects of domestic violence and how to build healthier relationships.</p>	Oct 2016	<p><i>The second Batterers group was launched January 19, 2017. There are nine men in the 24 week group.</i></p>

Key Trends and Indicators

- The number of children in District foster care who have a goal of adoption has been steady over the last few years. On the first day of FY13, we had 218 children with a goal of adoption; 223 on the first day of FY14; and 218 on the first day of FY15. As of this writing, we have 190 children with a goal of adoption.
- In FY14, Family Court finalized adoption of 90 children from the public child welfare system and 89 in FY15. As of this writing, 79 children have been adopted so far in FY16—a high number for just the first half of the year.
- At any given time, 65% to 75% of the children with a goal of adoption are living in a pre-adoptive home. As of this writing, 63 children (out of the 190 with the goal of adoption) are in need of a verified adoptive match. Of those, we have identified homes for 13 and are actively seeking homes for the remaining 50 (26% of the 190 with the goal of adoption).
- CFSA continuously recruits to maintain a sufficient pool of families licensed to adopt. As of this writing, we have 106 licensed families (DC = 77, MD = 24, VA = 5). Of these, 53 families are waiting to be matched with children (DC = 39, MD = 10, VA = 4).
- Although CFSA always has quite a few prospective adoptive families, the needs of children available for adoption and the capabilities and desires of the families are not always congruent. Most prospective adoptive parents are looking (at least initially) for a healthy toddler or young child up to age 6 or 8. The reality is that most children and youth available for adoption through CFSA do not fit that profile (Table C).
- In the District, people are dually licensed for both foster care and adoption. Many serve as foster parents, providing a temporary safe home and then becoming the permanent solution when a child in their home has a goal change from reunification or guardianship to adoption. This practice is so prevalent that CFSA does not do mass recruitment for adoptive parents. We focus our public campaigns on recruiting foster parents, knowing we will get adoptive parents from that pool. In FY2014, 81% of the adoptions from the public system were by foster parents. In FY2015, that number climbed to 93%.

Table C	
<i>Special needs of 68 waiting children</i>	<i># of children*</i>
Teen	36
Behavioral issues	32
Sibling group	12
Medically fragile	8
No issues	7
*Total does not add up to 68 because several children have more than one special need.	

Adoption: Key Resources Available

- A specialized group of four recruitment social workers, each with a caseload of children with the goal of adoption and charged with identifying an adoptive parent or family for each child (child-

specific recruitment staff). This CFSA resource is available to both CFSA and private provider social workers.

- Through a grant from the Dave Thomas Foundation, one full-time recruiter who concentrates on finding adoptive homes for children with disabilities and older youth (Wendy's Wonderful Kids recruiter). She currently has a caseload of 11 children.
- Specialized CFSA website—www.adoptdckids.org—features children available for adoption. Child-specific recruiters keep profiles on the site up to date and respond to inquiries from the public.
- National websites that help to showcase children throughout all 50 states: www.adoptionphotolisting.com, www.adoptamericanetwork.com (where CFSA features our medically fragile children), and www.adoptuskids.org.
- Wednesday's Child, a weekly segment during local news on WRC-TV 4, showcases children and youth available for adoption in a natural and heart-warming way.
- 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.
- The Center for Adoption Support and Education (CASE) provides integrated family therapy for the purposes of adoption and individual counseling to help prepare children for adoption.
- The CFSA-funded Post-Permanency Center provides support for families before, during, and after adoption. Services include integrated therapy, individual counseling, support groups, information, a resource library, and much more. In addition, CFSA staff is available for short-term support when issues arise in adoptive families, even years after the adoption was finalization.
- Adoption subsidies help adoptive families shoulder the expense of a child who may need ongoing services, such as counseling or medical care. The subsidy is a contract between CFSA and the adoptive parent(s) that is updated annually until the child reaches age 18.
- The Waiting Support Group for Adoptive Parents holds bi-monthly discussions of the adoption process, any changes going on at CFSA, and children waiting for adoption. At each meeting, a child-specific recruiter presents profiles of waiting children and answers questions.
- CFSA holds periodic matching parties where prospective parents and waiting children come together in a casual venue around a fun activity (such as bowling). They have a chance to meet, talk, share a good time, and possibly develop a rapport.

Resource Development Steps and Status

Activity	Deadline	Status
<p><u>Hold More Matching Parties:</u> Get donors to sponsor events where waiting children and prospective families can meet in a casual, relaxed atmosphere. The Recruitment Unit has held one matching event so far this fiscal year. The plan is to have at least one more event this fiscal year.</p>	Sept 2016	<p>The recruitment unit had a successful cooking matching event for older youth. At this particular matching event, the children that attended were matched with available adoptive families licensed for the children in the age range. Approximately, six children were matched with five families. The plan is to have another matching event in the late spring or early summer.</p>
<p><u>Feature Waiting Children on Social Media:</u> Regularly use CFSA social media accounts to drive traffic to the weekly “Wednesday’s Child” posting on the WRC-TV 4 website. Feature profiles of waiting children, at least one a month, on CFSA social media accounts.</p>	Throughout 2017	<p>Children that are available (via waiver of confidentiality) and willing are featured on the weekly Wednesday’s Child posting. There are times that we re-feature some of our children who have been featured in the past and are not willing to participate now, but are open to having their segment re-aired.</p> <p>Currently, the tapings at Wednesday’s Child are limited as there is no funder for the Wednesday’s Child program. All available children in recruitment who have a waiver of confidentiality are featured on the following websites: adoptuskids.org, adoptdckids.org, adoptamerica.org, and adoptionstogether.org/heartgallery.</p> <p>CFSA used social media platform to message the need for resource parents in the District, including arranging and participating with our resource parents in live radio interviews with CBS radio.</p> <p>The Agency has developed story banks for CFSA’s Facebook page, the Washington Blade, and the Women’s Journal. The paid advertisements on the social media platforms have yielded tremendous results. The landing page that was created for CFSA by Reingold Link resulted in the marketing firm receiving two prestigious awards; the Public Relations Society of America</p>

Activity	Deadline	Status
		Thorth Award for DC and a Platinum Hermes Award for Social Marketing. CFSA has now brought the landing page in-house and are monitoring it closely.
Send Profiles Via Email: Send profiles of children waiting to be adopted to waiting families regularly.	Throughout 2017	Profiles of children with the goal of adoption are featured in CFSA's quarterly waiting support groups for adoptive parents as well as the monthly tenth sessions after a family has completed the pre-service foster parent training. Interested parents are emailed a copy of the children's profiles. In addition, the recruitment team receives home studies from families that have an adoptive home study from their jurisdiction or agency. The recruiter reviews these home studies as possible matches for waiting children. The recruitment team has also exchanged profile information with Barker Foundation to identify families that will take older children.
Help Teens to Participate in the Recruitment Process: Encourage teens to participate in creating and implementing their own specific recruitment plan. There will be incentives added when certain milestones of the plan are reached.	Throughout 2017	In the child specific unit, recruiter's include the children on their caseload who are 14 years and older to participate in the quarterly staffing and matching events and provide them with a gift card if they participate. In turn this has led to a 19 year old being matched with a pre-adoptive family who was interested in teens ages 15-21. Teens are encouraged to participate in their recruitment plans at the permanency staffings held every 90 days.
Link Waiting Teens with Foster Care Alumni: Give teens the opportunity to connected with an alumnus from the foster care club, so they can benefit from the experience of their peers who have had experience in the child welfare system, with the hope that they would expose them to their network who may be willing to be a forever family for the youth.	Throughout 2017	On a quarterly basis, foster care alumni assemble at CFSA to discuss ways to connect teens in foster care, including presenting information to teens in the "Peer to Peer" groups facilitated by the Youth Ombudsman and during informational sessions with potential resource parents. The alumni have been instrumental in sharing and encouraging teens to connect to a supportive adult prior to

Activity	Deadline	Status
		<p>exiting foster care so they can have an opportunity to have a forever family. There were 13 teens with a goal of adoption referred to the recruitment unit.</p> <p>Of those 13 teens, attempts were made to link six of the teens. Unfortunately, these six teens were either not interested or were out of state and or refused to meet with the recruiter. The other seven teens either were in residential settings outside of DC, had been matched and recently disrupted or they refused to meet with other teens who were alumni. CFSA will continue this effort.</p>