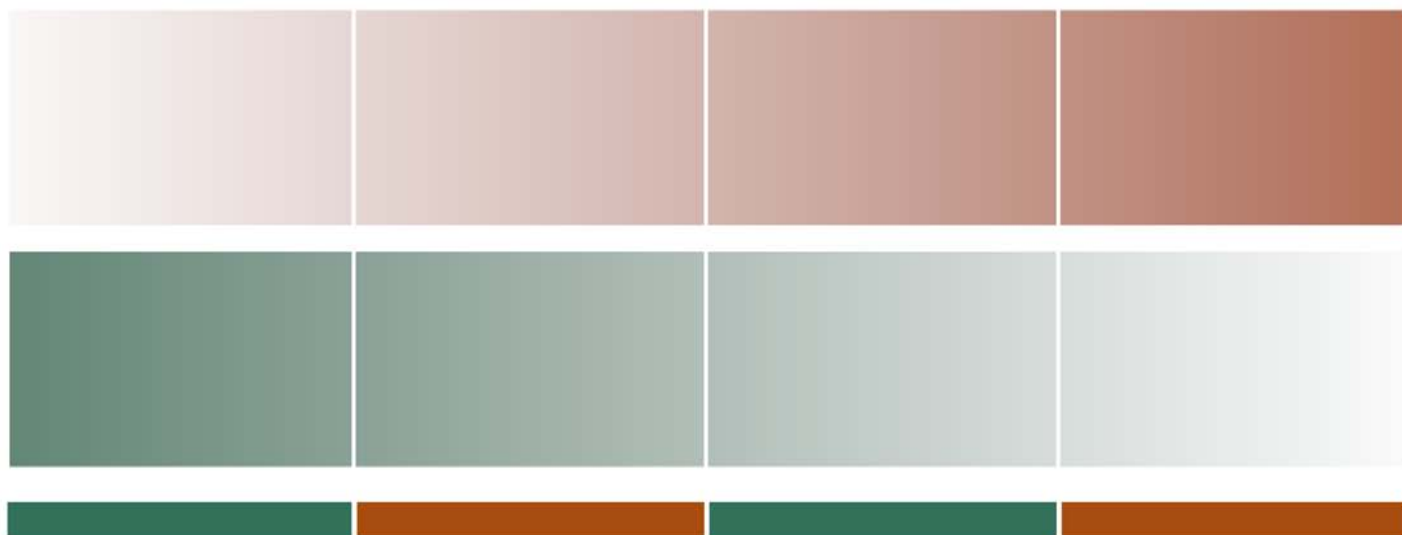




***LASHAWN A. V. GRAY PROGRESS REPORT
FOR THE PERIOD JULY 1 – DECEMBER 31, 2012***



May 21, 2013

LaShawn A. v. Gray
Progress Report for the Period July 1 – December 31, 2012

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LaShawn A. v. Gray
Progress Report for the Period July 1 – December 31, 2012

I. INTRODUCTION

This report on performance of the District of Columbia's child welfare system for the period of July 1 through December 31, 2012 is prepared by the Center for the Study of Social Policy (the *LaShawn* Court-appointed Monitor). The Center for the Study of Social Policy (CSSP) is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia as Federal Monitor of the class action lawsuit *LaShawn A. v. Gray*. As Monitor, CSSP is required to independently assess the District of Columbia's performance in accordance with the *LaShawn* Modified Final Order (MFO)¹ and in meeting the outcomes and Exit Standards set by the Implementation and Exit Plan (IEP)².

The IEP includes four sections: 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 annually³. 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. For each of the outcomes, an Exit Standard(s) has been identified.

The Monitor's last full report on *LaShawn* implementation was released on November 21, 2012. With few exceptions, this report is based on data and performance from July through December 2012, as verified by the Monitor, to determine progress in meeting the IEP Exit Standards and the objectives of the 2012 Strategy Plan.

A. Methodology

The primary sources of information about performance are data provided by the Children and Family Services Agency (CFSA) and verified by the Monitor. The Monitor receives extensive aggregate and back-up data and has access to staff and FACES.NET⁴ to verify performance.

¹ Modified Final Order (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO)), January 27, 1994.

² Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.

³ The 2010-2011 Strategy Plan was entered by the Court on December 17, 2010 as Section IV of the IEP. The District filed the 2012 Strategy Plan with the Court on March 27, 2012. *See* 2012 Strategy Plan (Dkt. No. 1095-1). The District filed the 2013 Strategy Plan with the Court on February 20, 2013. *See* 2013 Strategy Plan (Dkt. No. 1108-1).

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:

➤ **Quality of Investigations Case Record Review**

The IEP includes several Exit Standards pertaining to CFSA's investigative practice. In December 2012, the Monitor and CFSA jointly conducted a review of a statistically significant sample of investigations closed in October 2012 for the primary purpose of assessing the quality of investigations. The review also collected data pertaining to initiation of investigations, timely closure and referral of families to an appropriate Collaborative or community agency for follow-up.

➤ **Validation of Training Data**

The Monitor conducted an independent validation of training data for pre- and in-service training for CFSA and private agency staff, as well as for foster and adoptive parent training.

➤ **Validation of Caseload Data**

The Monitor conducted an independent validation of caseload data for CFSA and private agency social workers for the period between July and December 2012.

➤ **Quality Service Reviews**

The Monitor conducted Quality Service Reviews (QSRs) to assess case planning and service delivery outcomes and reviewed the documentation and scoring of QSRs conducted by CFSA.

➤ **Other Monitoring Activities**

The Monitor attends numerous CFSA meetings including management team meetings, policy workgroup meetings, CPS Grand Rounds and CFSA Internal Child Fatality Review Committee, as well as the City-wide Child Fatality Review Committee. The Monitor meets frequently with senior leadership and managers throughout the Agency. Additionally, the Monitor interviewed and collected information from many external stakeholders of the District of Columbia's child welfare system, including contracted service providers and advocacy organizations.

B. Report Structure

This monitoring report assesses the District of Columbia child welfare system's performance in meeting the IEP Exit Standards, as defined in the December 17, 2010 Court Order, during July 1 through December 31, 2012. Section II provides a summary of the District's progress in improving outcomes in 2012 and plans for improving outcomes in 2013. In Section III, the summary tables provide the Court with a consolidated update of the District's performance as of December 2012 on *LaShawn* IEP Outcomes to be Achieved and Outcomes to be Maintained Exit Standards. Section IV provides further discussion of the data, an assessment of whether the District has met the established Exit Standards and progress in implementing specific strategies identified in the 2012 Strategy Plan between July and December 2012. The Appendices to this report include a glossary of acronyms; CFSA Organization Chart; and findings and recommendations from a quality of investigations case record review.

II. SUMMARY OF PERFORMANCE

A. New Developments

During this monitoring period, CFSA focused on numerous strategies to improve practice consistent with the Agency's strategic directions to prevent unnecessary entry into foster care; make foster care a temporary safe haven; and improve permanency and well-being outcomes for children and youth. There were significant new developments within Entry Services, Placement Services and Kinship Support.

➤ *New Practices within Entry Services including Child Protective Services*

Beginning in October 2012, CFSA began designing and planning for several new practices and procedures within Child Protective Services (CPS). As previously reported, CFSA first began utilizing a Differential Response (DR) pilot program in September 2011. The purpose of DR is to provide alternative pathways for response to referrals received by the child abuse and neglect hotline. These pathways include traditional investigation and family assessment. The goal of family assessment is to facilitate the provision of community-based services to families where there are no safety concerns without labeling the families with a finding of child abuse or neglect. Currently, CFSA may refer a family for a family assessment in lieu of a traditional investigation if the referral to the hotline is coded as one or more of the following allegations: educational neglect; newborn positive toxicology for marijuana; unwilling/unable caregiver for youth 13 years or older; or inadequate shelter, care, food and clothing. CFSA is currently considering expanding the list of allegations that may be referred for a family assessment.

During this monitoring period, CFSA concluded the pilot use of DR and took steps to integrate Family Assessment (FA) units as standard practice within CPS. In October 2012, one additional FA unit was added to the one unit that was already operational and hiring and training of staff for more units are underway. With assistance from Casey Family Programs, CFSA has engaged in deliberate planning and redesign of the DR system, including the following action steps: creating a clear evaluation plan that can be articulated to internal and external partners; reinstituting monthly meetings with CFSA and community partners to clarify the referral process and maintain connections; increasing capacity and ensuring that resources are aligned to practice; and developing a communication plan. CFSA is currently working to finalize the family assessment practice operational manual which will provide clarification to internal and external partners on the District's family assessment model. In March 2013, CFSA announced an organizational change to separate FA from investigations to ensure that appropriate managerial focus and emphasis are placed on the two distinct pathways (see Appendix B). CFSA plans additional increases in FA units and staff during 2013 so that capacity within FA and CPS are more closely

aligned with the hotline report categories and reflect, in particular, the large increase in educational neglect referrals as a result of the District's truancy initiatives.

In November 2012, with the assistance of the Children's Research Center, CFSA began a process to review and revise its use of Structured Decision Making (SDM) processes for its child protective services functions with the goal of improving decision making. As part of that process, CFSA hopes to better focus CPS efforts on cases that meet the criteria for allegations of abuse or neglect. The revised SDM process has several components. The first component is development of a new SDM[®] Screening and Response Priority Assessment tool for use at the hotline. The purpose of this new tool is to improve the process of gathering information at the hotline and to clarify and create consistency in current practice. The second component was initiated in late-January 2013, when CFSA began implementation of the RED (review, evaluate and direct) team process to assist in critical thinking and decision making when screening hotline referrals, and for those referrals which are screened in, choosing the appropriate pathway, either through a traditional investigation or family assessment. The RED team is a structured framework used for information sharing and consultation and focuses the discussion around the reason for referral, complicating factors, safety issues, strengths and protective factors and includes a genogram of the family. The goal is to improve decision making and information transfer and to get families the correct services more quickly. Currently, three RED teams are conducted every business day to discuss new hotline referrals, two in the morning and one in the afternoon. As needed, CFSA may decide to hold RED team meetings on Saturdays or have special RED team meetings when there are large numbers of educational neglect referrals. Each RED team may be composed of staff from the following areas: CPS, FA, Kinship, FTM, In-Home and Permanency, legal, Clinical and Health, Healthy Families/Thriving Communities Collaborative and executive management.

Implementation of the RED team process began with CFSA's hotline and there are plans to incorporate the RED team process into numerous decision and planning points throughout a case. For example, on April 1, 2013, CPS began using the RED team process to review investigations and family assessment referrals that have been open for 10 to 15 days (10-day RED team) in order to assess progress and determine if referrals for services are needed and could be made at that time. CFSA anticipates that this process will be fully operational with 10-day RED team meetings for all investigations and family assessments in late spring 2013. Participants in the 10-day RED team meetings mostly include representatives from the same areas participating in the hotline RED team meetings as well as the investigative or family assessment worker and supervisor and a representative from the Department of Mental Health (DMH). Discussions are ongoing regarding implementation of the RED team process during case transfer from CPS to an ongoing unit and during team meetings with families.

A major contributing factor to the new practices and procedures described above is the continued influx of educational neglect referrals to CFSA's hotline. District of Columbia Public Schools (DCPS) and charter schools within the District are required to refer all children age five through 13 years who have 10 or more days of unexcused absences within a school year to the child abuse and neglect hotline.⁵ Between July 1 and December 31, 2012, the hotline received a total of 985 calls regarding school absences and of these calls, 862 referrals were opened as either a traditional investigation, family assessment or were linked to an investigation or family assessment that was already open. The increase in educational neglect referrals has required CFSA to allocate additional resources to CPS investigations and family assessments and at least one of the new FA units may be devoted to educational neglect referrals. CFSA hopes that full implementation of the practices listed above in addition to other short term measures taken by the Agency will assist in alleviating the continued stress on resources and result in reduced investigative worker caseloads and improved practice.

➤ *Redesign of Placement Services*

During this monitoring period, CFSA began a redesign of placement services with a goal of better understanding a child's needs at initial placement to make their first placement the best placement and to prevent disruptions and multiple placements. Two of the primary components of this redesign include assigning every child in care a resource development specialist and completing placement assessment tools for all children and youth in care. In December 2012, CFSA began testing a newly revised Child Needs Assessment tool for initial placements and placement disruptions and the tool has been used for all placement disruptions since February 1, 2013. By March 1, 2013, every child in care was assigned a resource development specialist who has been trained on the tool and the process for conducting placement assessment and disruption staffing meetings. By May 2013, CFSA anticipates that this process will be fully implemented and used to inform decisions about appropriate initial placement as well as to review the appropriateness of placements and placement supports every 180 days for children and youth in a traditional placement, every 90 days for children and youth in a therapeutic setting and every 30 days for children and youth in a residential facility.

➤ *Full Implementation of Kinship Strategies*

CFSA has continued aggressive implementation of strategies to support kinship resources through early identification, temporary licensure support and striving to make a kinship home the first placement for children and youth upon entering care. The Kinship Support Unit is responsible for the early identification, licensing and support of kinship resources and

⁵ Currently, charter schools within the District are not referring all children who meet the criteria. Full reporting by charter schools would result in an even greater strain on the resources within the CFSA.

coordinating family team meetings (FTMs). Through the KinFirst initiative, as a matter of policy CFSA now requires a referral to the diligent search unit to locate parents, grandparents and other relatives at the same time a FTM referral is made. The Kinship Family Licensing Unit and Diligent Search Unit work in tandem to assess the homes of potential kinship resources and complete necessary background and safety checks. Additionally, staff are available to conduct fingerprinting on-site, which has increased the speed and ease of licensing kinship resources. To increase the likelihood that children and youth are placed with kinship initially upon removal, the Kinship Family Licensing Unit pursues all potential placement options as soon as they are known to the Agency.

CFSA tracks placement with kin through the Four Pillars Scorecard as well as individual tracking through the Kinship Support Unit. Data from these sources indicate that from October 1 through December 31, 2012, 17 percent of children in foster care were placed with kin and within this same time period, for children who were initially placed in care, an average of 40 percent were placed with kin.

➤ *Title IV-E Waiver Application*

In recognition of the need to expand its community-based service continuum to meet the diverse needs of the children and families receiving in-home and out-of-home services, CFSA engaged the Collaboratives, child welfare service providers and community-based organizations in the development of the Title IV-E waiver application in fall 2012. A waiver application was submitted to the federal Administration for Children and Families (ACF) on January 15, 2013. Approval of the waiver will allow CFSA to expand in-home visitation services for families and initiate implementation of the Home Builders and Project Connect models. Home Builders is an evidence-based Family Preservation model and Project Connect is an intensive service model that expedites reunification of children with their families. Negotiation of the waiver application continues with ACF and CFSA anticipates receipt of the terms and conditions document from ACF in mid-June 2013.

The remainder of this section highlights areas of progress and areas of challenge and concern.

B. Progress

There are a number of areas in which CFSA has demonstrated progress during this monitoring period.

- *Four LaShawn Exit Standards were newly achieved during the period under review, seven Exit Standards were partially achieved and all but one of the Exit Standards that were previously achieved has been maintained.⁶ There are seven Exit Standards to be achieved for which progress for all parts of the Exit Standard could not be assessed for this report.⁷*

During the July to December 2012 monitoring period, the Monitor determined that two Exit Standards were newly met and data were validated to support achievement of two other Exit Standards. The Monitor will recommend that these four Exit Standards be designated as Outcomes to be Maintained. These Exit Standards are:

- *Relative resources* (IEP citation I.B.7.a.), which requires CFSA to identify and investigate relative resources by offering and facilitating a pre-removal Family Team Meeting (FTM) in all cases requiring removal of children from their homes.⁸
- *Relative resources* (IEP citation I.B.7.b.), which requires CFSA to make efforts to identify, locate and invite known relatives to a FTM in cases where children have been removed from their homes.⁹
- *Sibling Placement and Visits* (IEP citation I.C.20.b.), which requires that children placed apart from their siblings 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).
- *Training for Foster Parents* (IEP citation I.D.29.a.), which requires CFSA and contract agency foster parents receive a minimum of 15 hours of pre-service training.

Seven Exit Standards were partially¹⁰ met during this monitoring period, two for the first time, including:

⁶ CFSA performance toward the Exit Standard requiring completion of investigations within 35 days (IEP citation I.A.1.b.) has fallen below the IEP required performance level for two consecutive monitoring periods.

⁷ Four of these Exit Standards will be assessed by an upcoming case record review focused on visitation (IEP citations I.A.4.c., I.A.5.d., I.A.6.d. and I.A.6.e.). CFSA and the Monitor continue to work toward a valid means of measuring progress on the following Exit Standards: Assessments for Children Experiencing a Placement Disruption (IEP citation I.C.21.); Health and Dental Care/Documentation of Medicaid coverage and cards (IEP citation I.C.22.d.); and Special Corrective Action (IEP citation I.D.30.). Additionally, while data was collected during a case record review for the Exit Standard pertaining to Community-based Service Referrals for Low and Moderate Risk Families (IEP citation I.C.19), as discussed later in this report, a new data collection methodology will be used in future monitoring periods.

⁸ The Monitor was able to validate performance on this Exit Standard during the current monitoring period.

⁹ *Ibid.*

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- *Interstate Compact for the Placement of Children* (IEP citation I.D.32.). This monitoring period, CFSA demonstrated dramatic improvement in reducing the number of children placed in Maryland homes without ICPC approval. CFSA reports that the number of children placed in Maryland foster homes without ICPC approval ranged from 21 to 100 children per month between July and December 2012 and from 3 to 12 children per month for those placed in kinship homes with an expired temporary license. With the recent approval of the border agreement with the state of Maryland, the Monitor anticipates that CFSA should achieve performance on this measure in the next monitoring period.
 - *Timely Adoption*: Timely permanency through reunification, adoption or legal guardianship (IEP citation I.B.16.c.). CFSA met one of the sub-parts of this Exit Standard. The Standard requires that children who entered care for the first time in FY2011 will achieve permanency. CFSA did not meet the other two sub-parts regarding achieving permanency for cohorts of children in care for 12 months to 24 months and for 25 months or longer.

There remain 19 Exit Standards designated as Outcomes to be Achieved which did not meet the required levels of performance. However, there was demonstrated notable improvement over previous monitoring periods for two of these Exit Standards. These Exit Standards include:

- *Placement of Children in Most Family-like Setting* (IEP citation I.B.8.b). Between July and December 2012, there were 17 placements of children and youth within an emergency, short term or shelter facility or foster home for more than 30 days. These 17 placements represent a reduction of 75 percent over the previous monitoring period (January through June 2012) when there were 67 children and youth placed over 30 days in an emergency, short term or shelter facility. Of the 17 placements during the current monitoring period, six (35%) did not meet an agreed upon placement exception. This performance is improved from the previous monitoring period when 61 percent of such placements did not meet an approved exception. The Monitor anticipates that this Exit Standard is likely to be achieved during the next reporting period as CFSA reports that in January 2013, no children were placed in emergency or short term care. In addition, in March 2013, CFSA terminated all emergency and shelter care contracts.

¹⁰ “Partially” is used when CFSA has come very close but has not fully met an Exit Standard or in instances where an Exit Standard has more than one part and CFSA has fulfilled some but not all parts of the Exit Standard requirement.

-
- *Visits between Parents and Workers* (IEP citation I.B.10.). Monthly performance on this Exit Standard ranged between 57 and 73 percent this monitoring period, up from a monthly range of 28 to 63 percent during the previous monitoring period.¹¹

C. Challenges and Concerns

The following are areas where CFSA's performance does not meet the requirements of the IEP and where there remain significant barriers to achieving goals.

➤ *CFSA failed to meet or maintain several Exit Standards related to investigations practice.*

- *Caseloads for investigative social workers continue to exceed the level required by the IEP.* The IEP requires that 90 percent of social workers conducting investigations maintain a caseload of 12 investigations per worker and that no investigator has a caseload greater than 15. CFSA's decline in performance on this Exit Standard began in August 2011 when 85 percent of investigative social workers had caseloads of 12 or fewer and one worker had a caseload exceeding 15 investigations. Performance significantly declined during this monitoring period, with the lowest performance during the month of July 2012 when only slightly more than half (56%) of investigative workers had caseloads meeting standards and 18 investigative workers had a caseload exceeding 15 investigations. By December 2012, compliance rose to 70 percent of workers carrying no more than 12 investigations, however, 16 investigative workers had caseloads exceeding 15. There is little doubt that high investigative caseloads have a direct impact on CFSA's inability to achieve related investigation Exit Standards including those discussed below.
- *CFSA has failed to maintain the Exit Standard requiring investigations be completed in a timely manner.* Previously designated as an Outcome to be Maintained, performance on this Exit Standard has steadily declined over the past two monitoring periods with monthly performance this monitoring period ranging between 60 and 77 percent, lower than the IEP required level of 90 percent. As a result, the Monitor will recommend this Exit Standard be redesignated as an Outcome to be Achieved. Again, investigative workers high caseloads and the continued influx of a high number of educational neglect referrals contribute to an inability to complete investigations in a timely manner. CFSA has committed resources to addressing this issue including hiring and training additional staff.

¹¹ Currently, data are not precise enough to assess instances where it is documented that the parent(s) is(are) unavailable or refuses to cooperate with the Agency. Thus, performance may be better than reported.

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- *CPS investigations are not routinely of acceptable quality.* The IEP requires that 80 percent of investigations are of acceptable quality. During a case record review of a statistically significant sample of investigations closed in October 2012, 62 percent of investigations were rated by reviewers as being of acceptable quality. While this demonstrates improvement since 2009 when the last case record review of a statistically significant sample determined 44 percent of investigations were of quality, additional improvement is needed. CFSA anticipates that the new practices within Entry Services will result in an increase in the quality of investigations and have included many of these practices in their 2013 Strategy Plan.
 - *Progress is needed to meet required performance toward initiation of investigations.* In October 2012, 77 percent of investigations were initiated in a timely manner and in December 2012, 74 percent of investigations were initiated timely, meaning that a social worker saw all alleged victim children outside the presence of the caretaker within 48 hours of the report to the hotline or all applicable good faith efforts were made to do so. This performance does not meet the IEP required level of 95 percent.

While this area remains a key concern for the Monitor, overall there has been a committed effort on behalf of CFSA to address high investigative caseloads, the quality of investigations and practices and procedures within Entry Services. The Monitor acknowledges the strong commitment, critical thinking and planning CFSA leadership has devoted to improving this critical area of practice.

- *Annual data for the District's performance on the Exit Standards for "services to families and children to promote safety, permanency and well-being" and "case planning process" has declined.*

Quality Service Review (QSR) ratings on indicators used to measure "services to families and children to promote safety, permanency and well-being" and "case planning process" reflect that performance on cases rated acceptable in calendar year 2012 has declined compared to calendar year 2011 and continues to be below 80 percent as required by the IEP. Performance on the indicators used for the Exit Standard "services to families and children to promote safety, permanency and well-being" significantly decreased from 64 percent in 2011 rated as acceptable to 42 percent in 2012. Similarly, cases rated acceptable on the indicators used for the Exit Standard "case planning process" have dropped from 64 percent in 2011 to 50 percent in 2012.

CFSA began using a new joint QSR protocol in January 2013 and has submitted preliminary plans to increase the number of QSRs conducted during calendar year 2013. CFSA has recommended changes in its Continuous Quality Improvement activities which

include a greater focus on using the QSR process and results in conjunction with quantitative data and other case review results to further understand and act on eliminating systemic barriers to acceptable practice performance. The Agency is working to strengthen key practices such as engagement, teaming and planning with families, youth and other service providers that will overall contribute to quality service delivery to children and families.

- *CFSA has failed to ensure that 90 percent of youth ages 18 and older have a plan to prepare them for adulthood.*

Of the 373 youth ages 18 and older under CFSA care between July and December 2012, 213 (57%) participated in a Youth Transition Plan (YTP). This performance has declined from the previous monitoring period when 61 percent of youth had a YTP. CFSA has decided to replace their former YTP format with a planning process modeled after the Foster Club of America's Youth Transition toolkit, a youth-driven living document. CFSA reports that training on this toolkit will be in the spring 2013 and implementation will then begin with youth turning 18 years old.

- *CFSA has not yet achieved the performance required by the IEP regarding timely licensure of foster and adoptive parents.*

As of December 31, 2012, CFSA's performance on the Exit Standard requiring that 70 percent of foster and adoptive homes receive approval for their licensure within 150 days of beginning training was 36 percent. Through conversations with community stakeholders, it appears that some of the delay may be attributed to the lengthy process of obtaining a lead and fire inspection. As part of the District's proposed FY2014 Budget, CFSA has designated funds to assist Maryland foster and adoptive parents to pay for these necessary and costly inspections. CFSA reports that in January 2013, agencies who were not licensing foster and adoptive homes within the 150 day timeframe were placed on a Performance Improvement Process (PIP) and are currently implementing plans to improve timely licensure. The 2013 Strategy Plan includes additional strategies to address other potential barriers in this area of practice.

- *Monthly performance for children in foster care receiving a full medical evaluation and a full dental evaluation in a timely manner has decreased.*

The IEP requires that 85 percent of children in foster care receive a full medical evaluation within 30 days of placement. In the previous monitoring period, performance on this measure ranged between 54 to 80 percent monthly and during the current monitoring period, performance decreased to a monthly range of 51 to 69 percent. The

IEP also requires that 95 percent of children receive a full medical evaluation within 60 days of placement. In the previous monitoring period, a monthly range of 76 to 94 percent received such evaluation within 60 days of placement and during the current monitoring period, performance declined to a monthly range of 69 to 84 percent. During monthly management meetings, CFSA has focused on barriers to timely completion of these evaluations and reports improvement in this area since January 2013.

The IEP requires that 85 percent of children in foster care receive a full dental evaluation within 90 days of placement. During the current monitoring period performance ranged from 28 percent to 68 percent, down from between 60 percent and 69 percent in the previous monitoring period. The IEP also requires that 50 percent of children receive a full dental evaluation within 60 days of placement and that 25 percent of children receive a full dental evaluation within 30 days of placement. CFSA's performance did not meet the levels required for both of these sub-parts of the Exit Standard.

III. SUMMARY TABLES OF *LaSHAWN A. v. GRAY* IMPLEMENTATION AND EXIT PLAN PERFORMANCE

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012					
Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
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.	Data provided to Monitor insufficient to assess performance. ¹²	October 2012 performance 77% ¹³ December 2012 performance 74% ¹⁴	No	N/A
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. (IEP citation I.A.1.c.)	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.	Range from 33% in January 2012 to 75% in June 2012.	45% of investigations that required a review had a review documented.	No	↔

¹² Data provided were insufficient to assess performance as the logic for the data report is inconsistent with the IEP definition which requires that initiation include seeing all alleged victim child(ren) or making good faith efforts to do so. (See IEP, at 3.) Specifically, performance data for January through April 2012 (range of 68 to 80%) only captured if at least one child, regardless of victim status, within a household that was subject to a CPS investigation was seen by a social worker within 48 hours of the report. Data provided for May and June 2012 (range of 73 to 76%), captured if at least one alleged victim child was seen within 48 hours and if not, if good faith efforts were made.

¹³ Data collected during case record review of a statistically significant sample of investigations closed in October 2012. Sampling represents a +/- 5 percent margin of error with 95 percent confidence in its results.

¹⁴ Data from FACES.NET report with revised logic consistent with IEP definition of initiation.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
4. <i>Acceptable Investigations</i> : CFSA shall routinely conduct investigations of alleged child abuse and neglect ¹⁵ . (IEP citation I.A.2.)	80% of investigations will be of acceptable quality.	70% of investigations were of acceptable quality. ¹⁶	62% of investigations closed in October 2012 were of acceptable quality. ¹⁷	No	↔
5. <i>Services to Families and Children to Promote Safety, Permanency and Well-Being</i> : 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.	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.	48% of cases were acceptable based on Jan - June 2012 QSR data. ¹⁸	42% of cases were acceptable based on CY2012 QSR data. ¹⁹	No	↔

¹⁵ 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.

¹⁶ Results of a review of 20 investigations closed between January and June 2012. Cases were reviewed by CFSA and findings were validated by the Monitor.

¹⁷ Results of a case record review of a statistically significant sample of cases closed in October 2012. Sampling represents a +/- 5 percent margin of error with 95 percent confidence in its results.

¹⁸ For period under review, 79 percent of the cases were determined to be acceptable on the implementation indicator, 56 percent were determined to be acceptable on the safe case closure indicator and 48 percent were acceptable on both indicators.

¹⁹ In CY2012, 65 percent of the cases were determined to be acceptable on the Implementation indicator, 56 percent were determined to be acceptable on the Pathway to Safe Case Closure indicator and 42 percent were acceptable on both indicators.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<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>					

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<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.	57% of children were interviewed outside the presence of their caretaker at least once during the month of June 2012. 28% of children had documentation indicating that safety was fully assessed during all visits in June 2012. An additional 60% of children had documentation indicating that safety was partially assessed during visits in June 2012. ²⁰	Not newly assessed ²¹	No	N/A

²⁰ For purposes of this case record review, “partially” indicates that some but not all applicable domains (health, education, environmental factors or initial safety concern(s) that brought this family to the attention of the Agency) were assessed during the monthly visits. The Monitor does not consider “partially” to be compliant with the Exit Standard. Performance data based upon case record review of a statistically significant sample of cases with a margin of error of $\pm 9\%$ with 95 percent confidence for the month of June 2012.

²¹ Based upon findings from the case record review conducted during the previous monitoring period, CFSA has been training staff to ensure there are consistent expectations for documentation of assessments of safety. A case record review is scheduled for late-July 2013 to collect data for the January through June 2013 monitoring period.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>9. <u>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. (IEP citation I.A.5.d.)</p>	<p>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a worker and that safety was assessed during each visit.</p>	<p>85% of applicable children were interviewed outside the presence of their caretaker at least once during the month of June 2012. 24% of children had documentation indicating that safety was fully assessed during all visits within the month. An additional 66% of children had documentation indicating that safety was partially assessed during visits within the month.²²</p>	<p>Not newly assessed²³</p>	<p>No</p>	<p>N/A</p>

²² See footnote 20.

²³ See footnote 21.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p><u>10. 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>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>a.-c. Monthly range of 67 – 87% of applicable children had four visits in first four weeks of new placement or placement change.</p> <p>d. 61 – 62% of visits included a conversation between the social worker and resource parent regarding assistance needed.²⁴</p>	<p>a.-c. Monthly range of 78 – 83% of applicable children had four visits in first four weeks of new placement or placement change.</p> <p>d. Not newly assessed²⁵</p>	No	↔

²⁴ Data presented are from two sources: 1) 61% was obtained during resource parent survey of statistically significant sample with a margin of error of $\pm 7.6\%$ with 95 percent confidence who had a child placed with them between January and May 2012 and 2) 62% is from data collected during case record review of non-statistically significant sample of children newly placed or experiencing a placement change in June 2012.

²⁵ A case record review is scheduled for late-July 2013 to collect data for the January through June 2013 monitoring period.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
(IEP citation I.A.6.a-d.)					
<p>11. <i>Visitation for Children Experiencing a New Placement or a Placement Change:</i> Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.6.e.)</p>	90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a social worker and that safety was assessed during each visit.	100% of children were interviewed outside the presence of their caretaker. ²⁶ 8% of children had documentation indicating that safety was assessed during visits within the first four weeks of a new placement and 92% children had documentation indicating that safety was partially assessed during visits within the month. ²⁷	Not newly assessed ²⁸	No	N/A
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.	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 2012, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 83% of	Between July and December 2012, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 78% of	Yes	N/A

²⁶ Data collected during case record review of non-statistically significant sample of children newly placed or experiencing a placement change in June 2012.

²⁷ See footnote 20.

²⁸ See footnote 21.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
(IEP citation I.B.7.a.)		applicable cases.	applicable cases.		
<p>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.</p> <p>(IEP citation I.B.7.b.)</p>	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 children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM for 98% (253 of 259) of children removed.	Of the 127 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 90% of cases.	Yes	N/A
<p>15. <i>Placement of Children in Most Family-like Setting</i>: No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.</p> <p>(IEP citation I.B.8.b.)</p>	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between January - June 2012, there were 41 of 67 children and youth placements over 30 days in emergency, short-term or shelter facility that did not meet an agreed upon placement exception.	Between July- December 2012, there were 6 of 17 children and youth placements over 30 days in emergency, short-term or shelter facility that did not meet an agreed upon placement exception.	No	↑

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
16. <u>Placement of Young Children</u> : Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child's specific needs. (IEP citation I.B.9.a.)	No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child's specific needs.	Between January - June 2012, 1 of 7 placements of children applicable to this standard did not meet an agreed upon placement exception.	Between July – December 2012, 2 of 3 placements of children applicable to this standard did not meet an agreed upon placement exception.	Partially	↔
18. <u>Visits between Parents and Workers</u> : 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. ²⁹ b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement. (IEP citation I.B.10.)	80% of parents will have twice monthly visitation with workers in the first three months post-placement.	Monthly range 28 – 63% ³⁰	Monthly range 57 – 73% ³¹	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 Data are not precise enough to assess instances where there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency. Thus, performance may be better than reported.

³¹ *Ibid.*

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<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.	Monthly range of 68 – 74% ³²	Monthly range of 67 – 77% ³³	No	↔
<p>22. <i>Appropriate Permanency Goals:</i> Youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation and includes, as appropriate, connections to housing, health insurance, education, continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services and local opportunities for mentors.</p> <p>(IEP citation I.B.12.c.)</p>	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	Between January and June 2012, 61% of youth ages 18 and older had a timely YTP.	Between July and December 2012, 57% of youth ages 18 and older had a timely YTP.	No	↔

³² Data are not precise enough to assess instances 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. Thus, performance may be better than reported.

³³ *Ibid.*

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
	Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services, and local opportunities for mentors.				
<p><u>23. Reduction of Multiple Placements for Children in Care:</u></p> <p>(IEP citation I.B.13.)</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.	Monthly range of 79 – 82%	Monthly range of 76 – 80%	Partially ³⁴	↔
	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.	Monthly range of 53 – 62%	Monthly range of 54 – 57%		
	c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.	Monthly range of 77 – 79%	Monthly range of 75 – 78%		

³⁴ CFSA met one of the sub-parts of this Exit Standard which requires children in care 25 months or longer to have two or fewer placements during the previous 12 months, but did not meet the other two sub-parts for cohorts of children in care less than 12 months and children in care 12 to 24 months. CFSA believes that the sub-parts of this Exit Standard should be considered separately for Exit Standard achievement; however, the Monitor considers these sub-parts together for the requirement toward placement stability.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>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.</p> <p>(IEP citation I.B.14.)</p>	70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.	51% of applicable foster parents surveyed received full licensure within 150 days or less of beginning training. ³⁵	36% of foster homes licensed between July and December received their license within 150 days.	No	N/A
<p>32. <u>Timely Adoption</u>: Timely permanency through reunification, adoption or legal guardianship.</p> <p>(IEP citation I.B.16.c.)</p>	<p>i. Of all children who entered foster care for the first time in FY2011 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, 2012.</p>	As of June 30, 2012, 37% of children in this cohort achieved permanency.	By September 30, 2012, 45% of children in this cohort achieved permanency.	Partially ³⁶	↔

³⁵ CSSP collected data for performance on this Exit Standard through a survey of foster parents who had a foster child placed with them between January and May 2012. In order to ensure more recent practice was being assessed, CSSP analyzed data specific to this Exit Standard for those foster parents who had been licensed for three years or less.

³⁶ CFSA met one of the sub-parts of this Exit Standard, but not all. CFSA believes that the sub-parts of this Exit Standard should be considered separately for Exit Standard achievement; however, the Monitor considers these sub-parts together for the requirement toward timely permanency.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2012.	As of June 30, 2012, 19% of children in this cohort achieved permanency.	By September 30, 2012, 28% of children in this cohort achieved permanency.		
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2012, whichever is earlier.	As of June 30, 2012, 14% of children in this cohort achieved permanency.	By September 30, 2012, 19% of children in this cohort achieved permanency.		

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<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>	<p>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.</p>	<p>54% of cases were acceptable based on Jan - June 2012 QSR data.³⁷</p>	<p>50% of cases were acceptable based on CY2012 QSR data.³⁸</p>	<p>No</p>	<p>↔</p>

³⁷ For the period under review, 73 percent of the cases were determined to be acceptable on the case planning indicator, 56 percent were determined to be acceptable on the safe case closure indicator and 54 percent were acceptable on both indicators.

³⁸ In CY2012, 72 percent of the cases were determined to be acceptable on the Case Planning Process indicator, 56 percent were determined to be acceptable on the Pathway to Safe Case Closure indicator and 50 percent were acceptable on both indicators.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>35. <u>Community-based Service Referrals for Low & Moderate Risk Families:</u> (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>The Monitor and CFSA are engaged in discussions about alternative measurement methodologies for this Exit Standard.</p>	<p>66% of applicable investigations closed in October 2012 were referred to a Collaborative or community agency.³⁹</p>	No	N/A
<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. (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>Monthly range of 67 – 68%</p>	<p>Monthly range of 65 – 67%</p>	No	↔

³⁹ Data collected during case record review of a statistically significant sample of investigations closed in October 2012. Sampling represents a +/- 5 percent margin of error with 95 percent confidence in its results.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>37. <u>Sibling Placement and Visits</u>: Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren).</p> <p>(IEP citation I.C.20.b.)</p>	<p>80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.</p>	<p>June 2012 performance:</p> <p>80% with at least monthly visits</p> <p>72% with at least twice monthly visits</p>	<p>Monthly range of 84 to 91% with at least monthly visits</p> <p>Monthly range of 80 to 87% with at least twice monthly visits</p>	Yes	↑
<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>	<p>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</p>	Unable to assess	Unable to assess ⁴⁰	Unable to determine	N/A

⁴⁰ Data unavailable to determine performance on this measure during this monitoring period. Data are currently being collected and will be available for the January through June 2013 monitoring period.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
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 86 – 100% Replacements: monthly range of 74 – 81%	Initial and re-entries: monthly range of 81 – 100% Replacements: monthly range of 69 – 81%	No	↔
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 54 – 80% Within 60 days: monthly range of 76 – 94%	Within 30 days: monthly range of 51 – 69% Within 60 days: monthly range of 69 – 84%	No	↓

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>41. <i>Health and Dental Care</i>: Children in foster care shall receive a full dental evaluation within 30 days of placement.</p> <p>(IEP citation I.C.22.b.ii.)</p>	<p>25% of children shall receive a full dental evaluation within 30 days of placement.</p> <p>50% of children shall receive a full dental evaluation within 60 days of placement.</p> <p>85% of children shall receive a full dental evaluation within 90 days of placement.</p>	<p>Within 30 days: monthly range of 36 – 54%</p> <p>Within 60 days: monthly range of 58 – 67%</p> <p>Within 90 days: monthly range of 60 – 69%</p>	<p>Within 30 days: monthly range of 12 – 51%</p> <p>Within 60 days: monthly range of 28 – 66%</p> <p>Within 90 days: monthly range of 28 – 68%</p>	No	↓
<p>43. <i>Health and Dental Care</i>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement.</p> <p>(IEP citation I.C.22.d.)</p>	<p>90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement.</p>	<p>Receipt of Medicaid number within 5 days of placement: 53%</p> <p>Receipt of Medicaid card within 45 days of placement: 29% ⁴¹</p>	<p>Data not yet available⁴²</p>	No	N/A

⁴¹ Data for this Exit Standard were collected during a survey of resource parents who had a child placed with them between January and May 2012. The survey included a statistically significant sample with a margin of error of $\pm 7.6\%$ with 95 percent confidence in the results.

⁴² Data unavailable to determine performance on this measure during this monitoring period. CFSA has developed a data collection plan to track the receipt of the Medicaid number and card by the foster parent and will provide the Monitor with data for the January through June 2013 monitoring period.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
53. <i>Training for Foster Parents:</i> 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.	92%	97%	Yes	↑
54. <i>Training for Foster Parents:</i> 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.	81% ⁴³	83%	No	↔

⁴³ This performance is based on the Monitor's review of a statistically significant sample with a margin of error of $\pm 5\%$ with 95 percent confidence in the results.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>55. <i>Special Corrective Action:</i></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 case reviews.</p> <p>b. 46% of children in the cohort received a review and had a corrective action plan developed. Plans were developed for all children in the following categories: children with goal of adoption for more than one year and not placed in adoptive home; children with permanency goal of reunification for more than 18 months; and children under 14 with permanency goal of APPLA. ⁴⁴</p>	<p>a. CFSA produces a monthly report that identifies the cases of these children/ families that have been flagged for discussion during applicable case reviews.</p> <p>b. Data not yet available⁴⁵</p>	<p>Partially⁴⁶</p>	<p>↔</p>

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
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. (IEP citation I.D.32.)	Elimination of the backlog of cases without ICPC compliance.	Number of children placed without ICPC approval: Monthly range 89-116 for foster homes. Monthly range is 47-82 for kinship homes.	Number of children placed without ICPC approval: Monthly range 21-100 for foster homes. Monthly range is 3-12 for kinship homes.	Partially	↑
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. (IEP citation I.D.35.)	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.	Nearly completed all work necessary for maximizing Title IV-E revenue; work continues on Medicaid claiming.	Nearly completed all work necessary for maximizing Title IV-E revenue; work continues on Medicaid claiming.	Partially	↔

⁴⁴ On March 14, 2012, CFSA identified a cohort of 701 unique children who met the category for one or more special corrective action categories. There were 173 children within a permanency category and 148 children within the unlicensed home category who had reviews conducted and plans developed. Fourteen children and youth fell into both of these categories and were only counted once for purposes of assessing compliance.

⁴⁵ Data unavailable to determine performance on this sub-part of the measure during this monitoring period. The Monitor and CFSA are planning to meet in late-May 2013 to discuss a proposal for how data will be collected and provided for future monitoring periods.

⁴⁶ CFSA has met the required performance level for the first sub-part of this Exit Standard; however, data are unavailable for the second sub-part.

Table 1: Performance on IEP Exit Standards for Outcomes to be Achieved Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January – June 2012 Performance	July- Dec. 2012 Performance	Exit Standard Achieved	Direction of Change
<p>64. <i>Reviewing Child Fatalities</i>: The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.</p> <p>(IEP citation II.A.4.)</p>	Ongoing Compliance	<p>Internal: Ongoing Compliance</p> <p>City-wide: Non-compliant</p>	<p>Internal: Ongoing Compliance</p> <p>City-wide: Non-compliant⁴⁷</p>	Partially	↔

⁴⁷ The City-wide Child Fatality Committee Annual Reports for 2010 and 2011 were not released until May 2013. See *Child Fatality* section of this report for further discussion.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
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 77 – 87%	Monthly range of 60 – 77% ⁴⁸	No ⁴⁹
6. <i>Worker Visitation to Families with In-Home Services</i> : 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. 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. (IEP Citation I. A.4.a-b.)	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.	a. Monthly range of 94 – 96% of families were visited monthly b. Monthly range of 92 – 96% of families were visited twice during the month	a. Monthly range of 93 – 96% of families were visited monthly b. Monthly range of 91 – 95% of families were visited twice during the month	Yes

⁴⁸ Data for monitoring period are as follows: July 2012, 74%; August 2012, 77%; September 2012, 63%; October 2012, 69%; November 2012, 68%; December 2012, 60%.

⁴⁹ Due to performance below the level required by the Exit Standard for both monitoring periods in calendar year 2012, the Monitor will recommend that this Exit Standard be redesignated as an Outcome to be Achieved.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
<p>8. <u>Worker Visitation to Children in Out-of-Home Care:</u></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child's home.</p> <p>(IEP citation I.A.5.a-c.)</p>	<p>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</p>	<p>a. Monthly range of 95 – 97% had monthly visits</p> <p>b. Monthly range of 93 – 95% had twice monthly visits</p>	<p>a. Monthly range of 95 – 97% had monthly visits</p> <p>b. Monthly range of 93 – 95% had twice monthly visits</p>	<p>Yes</p>

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
14. <u>Placement of Children in Most Family-Like Setting</u> : 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.	In March 2012, an estimate of 97% of children were in the most family-like setting based on his/her needs. ⁵⁰	Not newly assessed	Performance data will be available for the January – June 2013 monitoring period
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 and June 2012, the 1 child placement applicable to this measure met an agreed upon placement exception.	Between July and December 2012, the 1 child placement applicable to this measure met an agreed upon placement 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.	94%	Monthly range is 94-96%	Yes

⁵⁰ Performance is based upon finding that 80% of children in placement in March 2012 were in family-based settings. Of those children not in a family-based setting, a statistically significant sampling with $\pm 8.6\%$ margin of error with 95 percent confidence in the results found that 84% of the sample were in the most appropriate setting based upon his/her needs. These data combined with the number of children in a family setting yield an estimate of 97% of children meeting the requirement of the Exit Standard.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
21. <i>Appropriate Permanency Goals</i> : 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 18 youth whose goal changed to APPLA between January and June 2012. ⁵¹ Eleven of the 18 (61%) had LYFE conferences. In all cases, CFSA opposed the goal change ordered by the court.	There were 20 youth whose goal changed to APPLA between July and December 2012. Seventeen of the 20 (85%) had LYFE/FTM conferences. The agency initiated the goal change in two cases. ⁵²	Yes
25. <i>Legal Action to Free Children for Adoption</i> : Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.a.)	For 90% of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child more timely to permanency, OAG, on behalf of CFSA	99% ⁵³	93% ⁵⁴	Yes

⁵¹ CFSA reported that 4 additional youth had their goal changed to APPLA between January and June 2012. Two of them had LYFE conferences and the agency was against the court ordered goal change.

⁵² In one of the two cases where the goal change was initiated by CFSA, no LYFE or FTM conference was held.

⁵³ There were a total of 69 applicable children and youth who had a permanency goal of adoption and required legal action to free them for the adoption. Of the 69 children, 68 (99%) had legal action to free them for adoption within 45 days.

⁵⁴ There were a total of 56 applicable children and youth who had a permanency goal of adoption and required legal action to free them for adoption. Of the 56 children, 52 (93%) had legal action to free them for adoption within 45 days.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
	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.			
26. <i>Legal Action to Free Children for Adoption:</i> Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.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% ⁵⁵	97% ⁵⁶	Yes

⁵⁵ While documentation was provided demonstrating that steps were taken to schedule a hearing to resolve the legal action to terminate parental rights (TPR), the amount of time between the filing of the TPR and the next court date ranged between four to eleven months.

⁵⁶ Documentation showed that steps were taken to schedule a hearing to resolve the legal action to terminate parental rights (TPR) in 34 of 35 cases. For those 34 cases, the amount of time between the filing of the TPR and the next court date ranged between one and nine months.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	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.	71%	84%	Yes ⁵⁷
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.	As of June 2012, of the original cohort, 30% have been placed in a pre-adoptive home or adopted. An additional 9% of children found permanency through guardianship or reunification. ⁵⁸	Review period has expired; Monitor is no longer tracking performance.	N/A

⁵⁷ CFSA and the Monitor came to agreement on a fair methodology to assess performance on this measure, which involves a small number of children. As measured this reporting period, 43 children had their permanency goal changed to adoption, 36 of whom were placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.

⁵⁸ As of June 30, 2012, the original cohort of children was determined to be 223 (a new denominator). Of the original 223, 65 children have been adopted or placed in pre-adoptive homes and 79 children with the goal of adoption are still awaiting placement in a pre-adoptive home. Of the original cohort of 223 children, 56 had their goal changed from adoption to another goal. Twenty-three children exited care for other reasons: emancipation (2), guardianship (11), reunification (8), or no end of care reason determined (2).

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
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.	56% achieved permanence as of December 2011 ⁵⁹	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.	42% achieved permanence as of June 30, 2011; 64% as of December 31, 2011; 72% as of June 30, 2012	Review period has expired; CFSA met compliance; Monitor is no longer tracking performance.	N/A

⁵⁹ Because the review period has expired and CFSA ultimately met this IEP Exit Standard, the Monitor is no longer tracking performance.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
31. <i>Timely Adoption</i> : CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. (IEP citation I.B.16.b.iii.)	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 1- June 30, 2012, 90% 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. ⁶⁰	From July 1 – December 31, 2012, 89% 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. ⁶¹	Yes
34. <i>Placement Licensing</i> : Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license. (IEP citation I.B.18.)	95% of foster homes and group homes with children placed will have a current and valid license.	Monthly range of foster homes –92-96% Monthly range of group homes – 98-100%	Monthly range of foster homes – 96- 97% Monthly range of group homes – 88-100%	Yes

⁶⁰ CFSA reported that 39 adoptions were finalized this monitoring period. CFSA reports that 21 cases were finalized within 12 months and that reasonable efforts were made to finalize adoptions within 12 months on an additional 17 cases. The Monitor does not find sufficient evidence on 3 of those cases, therefore, the Monitor finds performance to be at 90 percent. Further, CFSA completed the reasonable efforts review and audit for the previous monitoring period after that monitoring report was published. CFSA found that from July 1-December 31, 2011, 88% of adoptions were completed within 12 months or reasonable efforts were made to complete adoptions within 12 months of the child being placed in a pre-adoptive home. The Monitor did not verify this performance.

⁶¹ CFSA reports that 54 adoptions were finalized this monitoring period. Of those 54, 20 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months on an additional 28 cases.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
42. <u>Health and Dental Care</u> : Children in foster care shall have timely access to health care services to meet identified needs (IEP citation I.C.22.c.)	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	98% of cases were acceptable based on January – June 2012 QSR data	94% of cases were acceptable based on CY2012 QSR data	Yes
44. <u>Resource Development Plan</u> : 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.	Resource Development Plan completed August 15, 2012	Resource Development Plan completed August 15, 2012	Yes
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.	No change in FY2012 funding to support community-based agencies.	No change in FY2013 funding to support community-based agencies.	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	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>(IEP citation I.D.25.)</p>	<p>90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases.</p>	<p>a. Monthly range of 56 – 71% of investigators met the caseload requirements. Monthly range of 7 to 18 investigators had a caseload of more than 15.</p> <p>b. & c. Monthly range of 96 – 99% of ongoing workers met the caseload requirements. Monthly range of 0 to 2 social workers had a caseload of 18 or more.</p> <p>d. 100% of workers conducting home studies met required performance of no greater than 30 cases.</p>	<p>a. Monthly range of 56 – 76% of investigators met the caseload requirements. Monthly range of 9 to 16 investigators had a caseload of more than 15.</p> <p>b. & c. Monthly range of 95 – 99% of ongoing workers met the caseload requirements. Monthly range of 0 to 2 social workers had a caseload of 18 or more.</p> <p>d. 100% of workers conducting home studies met required performance of no greater than 30 cases.</p>	<p>Partially⁶²</p>

⁶² This Exit Standard is considered to be partially maintained because caseloads standards are compliant for social workers providing services to children and families and workers conducting home studies, however, caseloads for workers conducting investigations are not compliant with the Exit Standard requirement.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
		e. Monthly range of 20 – 62 (1 – 3% of total open cases) cases unassigned to a social worker for more than five business days. ⁶³	e. Monthly range of 45 – 66 (2 – 3% of total open cases) cases unassigned to a social worker for more than five business days. ⁶⁴	
<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>b. No supervisor shall be responsible for the on-going case management of any case.</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.&b.i.)</p>	90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.	Monthly range of 96 – 99% of supervisors met the required standard.	Monthly range of 83 – 90% of supervisors met the required standard.	Yes

⁶³ Between January and June 2012, in addition to the cases cited above, a monthly range of between 67 and 82 in-home or placement cases were assigned to investigative social workers. CFSA reports that these cases were incorrectly categorized and are not assigned to investigative workers but are rather closed investigations that are in the transfer process to an in-home or permanency unit. Due to the manner in which the data are presented, the Monitor is unable to determine if these cases have been unassigned to a social worker for more than five days, however, review of some of these cases during the visitation case record review confirm that these cases are unassigned for longer than five days.

⁶⁴ Between July and December 2012, in addition to the cases cited above, a monthly range of between 42 and 66 in-home or placement cases were assigned to investigative social workers. Although this range has decreased since the previous monitoring period, the Monitor continues to have concerns regarding delays in transfer.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
<p>48. <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>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. (IEP citation I.D.26. a.&b.ii.)</p>	95% of cases are assigned to social workers.	Monthly range of 93 – 96%	Monthly range of 92 – 94%	Yes
<p>49. <u>Training for New Social Workers:</u> New direct service staff⁶⁵ shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training. (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.	90%	89% ⁶⁶	Yes

⁶⁵ Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

⁶⁶ The Monitor conducted a secondary analysis of FACES.NET training data on staff hired between April 1, 2012 and October 1, 2012. Between April 1, 2012 and October 1, 2012, there were 37 applicable CFSA and private agency direct service staff hired and employed for at least 90 days. Of the 37 newly hired direct service staff, 33 (89%) completed 80 hours of pre-service training within 90 days of hire.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
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. (IEP citation I.D.27.b.)	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	80%	100% ⁶⁷	Yes
51. <u>Training for Previously Hired Social Workers</u> : Previously hired direct service staff ⁶⁸ 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.	95%	Not newly assessed	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.	94%	Not newly assessed	N/A

⁶⁷ The Monitor conducted a secondary analysis of FACES.NET training data on supervisors. Eight supervisors were applicable to this measure because they were hired at least eight months prior to December 31, 2012 (between October 1, 2011 and May 1, 2012) and worked for at least eight months as a supervisor. All eight supervisors (100%) completed the required 40 hours of pre-service training.

⁶⁸ Twelve of the 30 hours required for the nurse care managers may be met with continuing education requirements of the licensing board.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
56. <i>Performance-Based Contracting</i> : CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis. (IEP citation I.D.31.)	Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.	Infrastructure for performance-based contracting in place. CFSA is using data on performance of providers to make decisions about placements and future contracts.	Infrastructure for performance-based contracting remains in place and CFSA uses data to make decisions about placement and future contracts.	Yes
58. <i>Licensing Regulations</i> : CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities. (IEP citation I.D.33.)	CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.	As of June 2012, 30 of 34 FTE positions for Contracts Monitoring were filled. 27 of 30 FTE positions were filled for Family Licensing Division.	As of December 2012, 28 of 30 FTE positions for Contracts Monitoring were filled. 24 of 26 FTE positions were filled for Family Licensing Division.	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
<p>59. <u>Budget and Staffing Adequacy</u>: The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p> <p>The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed.</p> <p>(IEP citation I.D.34.)</p>	<p>The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p>	<p>The FY2012 budget was \$265.3 million and provided adequate funds.</p>	<p>The FY2013 budget is \$257.1 million and provides adequate funding for required staffing, services and supports.</p>	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
<p>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.</p> <p>(IEP citation II.A.2.)</p>	Ongoing Compliance	Ongoing Compliance	Ongoing compliance	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
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
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. (IEP citation II.A.5.)	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.	Foster Homes: Monthly range of 67 – 100% ⁶⁹ Group Homes: Monthly range of 100%	Foster Homes: Monthly range of 75 – 100% ⁷⁰ Group Homes: Monthly range of 90 – 100%	Yes
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. (IEP citation II.B.6.)	Ongoing Compliance	Ongoing Compliance	Ongoing Compliance	Yes

⁶⁹ The 67 percent performance in April 2012 was an anomaly based on only three investigations.

⁷⁰ The 75 percent performance in October 2012 was an anomaly based on only four investigations.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
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. (IEP citation II.B.7.)	Ongoing Compliance	Ongoing Compliance	Ongoing Compliance	Yes
68. <u>Placement of Children in Most Family-Like Setting</u> : No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)	Ongoing Compliance	No child has been reported staying overnight at CFSA during this monitoring period.	No child has been reported staying overnight at CFSA during this monitoring period.	Yes
69. <u>Timely Approval of Foster/Adoptive Parents</u> : CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry. (IEP citation II.B.9.)	Ongoing Compliance	The Monitor verified that training was offered monthly during the period under review.	The Monitor verified that training was offered during every month of the monitoring period except December 2012 due to the holidays.	Yes
70. <u>Placement within 100 Miles of the District</u> : 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.) (IEP citation II.B.10.)	Ongoing Compliance for no more than 82 children.	Monthly range of 39 -50 children	Monthly range of 29 – 39 children	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	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. (IEP citation II.B.11.)</p>	Ongoing compliance for 95% of children.	<p>a. Monthly range of foster homes: 92- 96%; Monthly range of group homes: 98-100%</p> <p>b. Monthly range of children over placed in foster homes: 3-4%⁷¹</p> <p>c. Monthly range of children in group care settings with capacity in excess of eight children – 7-28%⁷²</p>	<p>a Monthly range of foster homes: 96- 97%; Monthly range of group homes: 88-100%</p> <p>b. Monthly range of children over placed in foster homes: 3-4%⁷³</p> <p>c. Monthly range of children in group care settings with capacity in excess of eight children – 0-8%⁷⁴</p>	Yes

⁷¹ As of June 30, 2012, CFSA reports 33 children were placed in 8 different foster homes in excess of the IEP Exit Standard placement requirements. Six of the foster home placements were for sibling groups. Of the remaining 2 foster homes, both were operating in compliance with their license but were listed as out of compliance due to data entry/analysis errors.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
72. <i>Case Planning Process</i> : Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress. (IEP citation II.B.12.)	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 93 – 97%	Monthly range of 96 – 98%	Yes
73. <i>Appropriate Permanency Goals</i> : 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	Ongoing Compliance	Ongoing Compliance ⁷⁵	Ongoing Compliance ⁷⁶	Yes

⁷² Over the monitoring period, one or two group care settings accounted for the over-placement of children. These settings were St. Ann’s Infant and Maternity Home and Quadri-Technology, Ltd. CFSA did not renew its contract with Quadri-Technology effective October 1, 2012 and in March 2013, CFSA terminated all emergency and shelter care contracts with providers.

⁷³ As of December 31, 2012, CFSA reports 26 children were placed in 5 different foster homes in excess of the IEP Exit Standard placement requirements. Four of the foster home placements were for sibling groups and the remaining foster home was operating in compliance with its license but was listed as out of compliance due to data entry/analysis errors.

⁷⁴ See footnote 72.

⁷⁵ As of June 30, 2012, CFSA reports that no child under the age of 12 had a non-court ordered goal of legal custody and 1 child under the age of 12 had a goal of APPLA. This child has significant medical needs. A special corrective action plan was developed for this child and permanency with her foster parents is being explored by the social worker.

⁷⁶ As of December 31, 2012, CFSA reports that no child under the age of 12 had a non-court ordered goal of legal custody and 1 child under the age of 12 had a goal of APPLA. This is the same child that was identified in the previous monitoring period and CFSA reports that the social worker continues to discuss permanency options with her foster parents.

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child. (IEP citation II.B.13.)				
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.	100%	100%	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.	All adoptive families receive notification.	CFSA continues to report all adoptive families receive notification in a variety of ways.	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
<p>76. <u>Family Court Reviews</u>: A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months.</p> <p>(IEP citation II.D.16.)</p>	Ongoing Compliance for 90% of cases.	95%	Monthly range of 95-98%	Yes
<p>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.</p> <p>(IEP citation II.D.17.)</p>	Ongoing compliance for 90% of cases.	Monthly range of 95-99%	Monthly range of 95-98%	Yes
<p>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.</p> <p>(IEP citation II.E.18.)</p>	Ongoing compliance for all social work hires.	Ongoing Compliance	Ongoing Compliance	Yes
<p>79. <u>Social Work Licensure</u>: All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.</p> <p>(IEP citation II.E.19)</p>	Ongoing compliance for all social workers.	Ongoing Compliance	Ongoing Compliance	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
80. <i>Training for Adoptive Parents</i> : 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.	88% (135 of 151) of foster parents ⁷⁷ licensed between January and June 2012 completed 30 hours of pre-service training.	95% (115 of 121) of foster parents ⁷⁸ licensed between July and December 2012 completed 30 hours of pre-service training.	Yes
81. <i>Needs Assessment and Resource Development Plan</i> : 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.	Ongoing Compliance	Needs Assessment Completed December 2011 Resource Development Plan completed August 15, 2012	Needs Assessment Completed December 2011 Resource Development Plan completed August 15, 2012	Yes

⁷⁷ The data that CFSA provides for this measure includes both foster and adoptive parents and does not distinguish between the two categories. The Monitor therefore calculated performance for this Exit Standard using all newly licensed foster parents as the universe.

⁷⁸ *Ibid.*

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
<p>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</p> <p>(IEP citation II.G.21.)</p>				
<p>82. <u>Foster Parent Licensure</u>: CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.</p> <p>(IEP citation II.G.22.)</p>	Ongoing Compliance	Monitoring Ongoing	Ongoing Compliance	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
83. <u>Quality Assurance</u> : 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. (II.G.23.)	Ongoing Compliance	<p>Ongoing Compliance</p> <p>While there has been some turnover in CFSA's Quality Improvement Division within the Office of Policy and Program Support, positions have been filled and planning is underway to fill others. The Division has the allotted staffing capacity to meet the <i>LaShawn</i> Quality Assurance requirements, particularly considering the CQI model it is aiming for which includes the involvement of staff across both CFSA and contracted agencies.</p>	<p>Ongoing Compliance</p> <p>As of February 15, 2013 there is one Quality Assurance Supervisor responsible for managing three child fatality specialists and three quality assurance specialists. Three of these positions are vacant and recruitment processes are underway. There is one QSR Supervisor who is responsible for supervising three professional positions and one support staff. All QSR positions are filled.</p>	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	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.	<p>Ongoing Compliance</p> <p>Monthly range of 96-99% of providers were paid timely.</p>	<p>Ongoing Compliance</p> <p>Monthly range of 94-99% of providers were paid timely.</p>	Yes

Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained Between July and December 31, 2012

Implementation and Exit Plan Requirement	Exit Standard	January through June 2012 Performance	July through December 2012 Performance	Exit Standard Maintained
87. <i>Foster Parent Board Rates</i> : There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south. (IEP citation II.H.27.)	Ongoing Compliance	New foster care board rates effective January 1, 2012 include an annual adjustment that was equal to USDA annual adjustments.	Ongoing Compliance	Yes
88. <i>Post-Adoption Services</i> : CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA. (IEP citation II.H.28.)	Ongoing Compliance	FY2012 budget provides \$760,372 for the Post-Permanency Family Center. This is the same funding level as in FY2011.	FY2013 budget provides \$816,897 for the Post-Permanency Family Center and \$123,537 for the Center for Adoption Support and Education.	Yes

IV. DISCUSSION OF *LaSHAWN A. v. GRAY* IMPLEMENTATION AND EXIT PLAN OUTCOMES

A. GOAL: CHILD SAFETY

As discussed earlier in this report, during the January through December 2012 monitoring period, CFSA has begun implementation of several new promising practices and procedures within hotline, investigations and family assessments with the goal of improving and enhancing decision making within CFSA's Entry Services. First is the development of a new hotline SDM[®] Screening and Response Priority Assessment tool which will be used for all referrals received by the hotline in order to improve information gathering and create consistency in decision making at the hotline. CFSA anticipates that use of the new tool will begin July 1, 2013. Second is the implementation of the hotline RED (review, evaluation and direct) team process which became fully operational in February 2013. Through critical thinking and enhanced decision making, the RED team utilizes a structured framework to review referrals received by the hotline and determine which referrals should be screened in, and for those referrals that are screened in, if the investigation or family assessment (FA) pathway should be used.

By implementation of these new processes, CFSA anticipates a clearer focus on children and families with safety and risk concerns and the ability to provide and link families to supportive, community-based services when safety is not an issue.

1. Hotline

Hotline Calls

CFSA maintains a 24 hour a day, seven days per week hotline to accept reports of alleged abuse and neglect. Table 3 shows the number of calls the hotline received between July and December 2012 and specifies the number of reports accepted for investigation and for family assessment each month. The volume of calls to the hotline has remained fairly consistent, with a range during this monitoring period of 933 to 1,142 calls per month. Between 63 to 72 percent of hotline calls each month are referred to CPS for an investigation. Referrals for FA ranged between one to two percent during July through September when there was only one FA unit operational, and when an additional FA unit was added in October 2012, referrals increased for the remaining months in the monitoring period for a range between four and eight percent. CFSA attributes the small percentage of referrals assigned to FA to the limited capacity available not to the number of referrals that meet the criteria for a family assessment, and anticipates that this percentage will continue to grow during calendar year 2013 as additional units and staff are

mobilized and large numbers of referrals for educational neglect continue to be made to the hotline.

Between July 1 and December 31, 2012, CFSA opened 862 educational neglect referrals – 637 as investigations, 199 as family assessments, six were linked to open investigations and 20 were linked to an open family assessment. The total number of newly opened family assessment referrals during this monitoring period was 225, 97 percent of which were educational neglect referrals.⁷⁹ Of the 3,407 CPS investigations opened during this monitoring period (see Table 4), 19 percent were investigating allegations of educational neglect.

**Table 3: Number of Calls to
Child Abuse and Neglect Hotline by Classification
July – December 2012**

Month	Total	Information and Referral (I&R)		Child Protective Services (CPS)		Family Assessment (FA)	
		Number	%	Number	%	Number	%
July - 2012	1,124	289	26%	813	72%	22	2%
Aug - 2012	933	322	35%	602	65%	9	1%
Sept - 2012	1,004	349	35%	636	63%	19	2%
Oct - 2012	1,039	288	28%	714	69%	37 ⁸⁰	4%
Nov - 2012	1,142	319	28%	735	64%	88 ⁸¹	8%
Dec - 2012	1,010	274	27%	668	66%	68 ⁸²	7%

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

⁷⁹ Data assumes that the family assessments awaiting approval at the time the monthly data was run were later accepted for family assessment.

⁸⁰ Of the 37 reports referred for FA in October 2012, one report was linked to an existing investigation and one report was screened out.

⁸¹ Of the 88 reports referred for FA in November 2012, two reports were linked to an existing investigation, three reports were screened out and three reports were awaiting approval at the time this data was run.

⁸² Of the 68 reports referred for FA in December 2012, two reports were linked to existing investigations, three reports were screened out and four reports were awaiting approval at the time this data was run.

As shown in Table 4, of those calls referred for a CPS investigation, a monthly range of 79 to 85 percent were accepted by CPS for investigation with the remaining referrals either screened out (monthly range of 7 to 11 percent) or linked to an existing investigation (monthly range of 7 to 9 percent). This pattern is likely to change in the next monitoring period as the hotline RED teams became fully operational and preliminary data suggest that the structured decision making used in RED team has resulted in a larger percentage of referrals being screened out.

**Table 4: Number of CPS Calls Accepted for Investigation, Linked to an Existing Investigation and Screened Out
July – December 2012**

Month	Child Protective Services (CPS) Total	CPS Accepted		CPS Linked		CPS Screened Out*	
		Number	%	Number	%	Number	%
July - 2012	813 ⁸³	690	85%	54	7%	59	7%
Aug - 2012	602 ⁸⁴	501	83%	54	9%	44	7%
Sept - 2012	636 ⁸⁵	515	81%	48	8%	66	10%
Oct - 2012	714 ⁸⁶	566	79%	62	9%	79	11%
Nov - 2012	735 ⁸⁷	594	81%	60	8%	78	11%
Dec - 2012	668 ⁸⁸	541	81%	57	9%	66	10%

Source: CFSA Administrative Data, FACES.NET report INT003

Percentages may not equal 100% due to rounding.

*Screened out as duplicative or otherwise not applicable.

⁸³ Of the 813 CPS reports in July 2012, 10 were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

⁸⁴ Of the 602 CPS reports in August 2012, three were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

⁸⁵ Of the 636 CPS reports in September 2012, seven were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

⁸⁶ Of the 714 CPS reports in October 2012, seven were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

⁸⁷ Of the 735 CPS reports in November 2012, three were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

⁸⁸ Of the 668 CPS reports in December 2012, four were awaiting approval at the time this data was run and had not been assigned as accepted, linked or screened out.

2. Investigations

Initiating Investigations

IEP Requirement	1. <u>Investigations</u> : Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment. (IEP citation I.A.1.a.)
Exit Standard	95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located . ⁸⁹

Performance for the period July 1 through December 31, 2012:

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 all alleged victim children within the 48-hour time frame.⁹⁰ The logic that has been used for several years in the FACES.NET report to report data on this Exit Standard did not completely match the IEP definition of “initiation.” In response, in December 2012, CFSA modified the logic to the FACES.NET report so it is consistent with the IEP definition.⁹¹

Using the updated logic, FACES.NET data show that in December 2012, 551 investigations were completed. Of the 551 investigations, in 373 (68%) investigations, a social worker saw all alleged victim children within 48 hours of the report to the hotline and in an additional 37 investigations, there was documentation that good faith efforts were made to initiate the investigation, for a total of 74 percent of investigations timely initiated.

Data for this measure were also collected during a case record review conducted of a statistically significant sample⁹² of investigations closed in October 2012. The review found that 77 percent of investigations reviewed were initiated timely, either by the social worker seeing and interviewing all alleged victim children outside the presence of the caretaker within 48 hours of the report to the hotline or by documenting completion of all applicable good faith efforts.

⁸⁹ 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.

⁹⁰ For younger and non-verbal children, observation is acceptable.

⁹¹ Between July and November 2012, performance as reported by CFSA through FACES.NET is a monthly range of 65 to 81 percent of investigations had documentation that at least one alleged victim child that was subject to a CPS investigation was seen by a social worker within 48 hours of a report to the hotline or that good faith efforts were made to initiate the investigation.

⁹² Sampling represents a +/- 5 percent margin of error with 95 percent confidence in its results.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance in initiating investigations in a timely manner:

- *CFSA will continue to use the supervisory tool developed in January 2012 during the supervisory review process in order to document good faith efforts to initiate contact with the victim/child (2012 Strategy Plan, p.3).*

CFSA reports that during the period under review, supervisors continued to use the supervisory tool to document good faith efforts to initiate contact with the alleged victim child(ren). The Monitor is uncertain if consistent implementation of this strategy has occurred as review of the data do not indicate that all good faith efforts are being consistently made or documented. For example, in December 2012, of the 551 investigations closed during the month, 96 (17%) investigations did not include documentation indicating if good faith efforts had been made or not.

- *By June 30, 2012, the Child Protection Services Administration (CPS) will adjust the tour of duty for its investigators to provide for additional workers in the evening shifts (2012 Strategy Plan, p.3).*

CFSA implemented a change in the tour of duty for CPS staff in June 2012. However, in response to the increase of educational neglect referrals, CFSA reports that coverage of staff may be staggered and that staff previously assigned to assist other investigative workers in making good faith efforts to initiate investigations may be required to carry full caseloads as well.

- *CFSA will work with the District of Columbia Public Schools to increase the number of staff in CPS with access to STARS and will update the list of ACEDS users to ensure adequate access to CPS staff (2012 Strategy Plan, p.3).*

On February 28, 2013, CFSA and DCPS (District of Columbia Public Schools) signed a Memorandum of Agreement (MOA) which allowed for additional CPS staff to have access to STARS (the educational system's Student Tracking and Reporting System). Since the MOA was executed, a total of 12 CPS staff positions have access to STARS.

CPS has also trained and obtained access for an additional 13 staff in ACEDS (Automated Client Eligibility Determination System) for the public assistance programs, for a total of 28 staff having access to ACEDS.

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- *Each month, ten percent of investigations where the victim/child was not seen within the first 48 hours will be reviewed by staff in the Office of the Principal Deputy Director to determine if good faith efforts were taken to timely initiate the investigation. Starting on March 1, 2012, and every month thereafter, the results will be shared with the Director, the Principal Deputy Director, the Administrator of CPS and the assigned program manager, supervisor, and social worker to identify and resolve future barriers, as needed (2012 Strategy Plan, p.3).*

CFSA reports that since March 2012, 10 percent of investigations that were not timely initiated are reviewed and that these reports are shared with senior management. CFSA plans to continue implementation of this strategy in calendar year 2013.

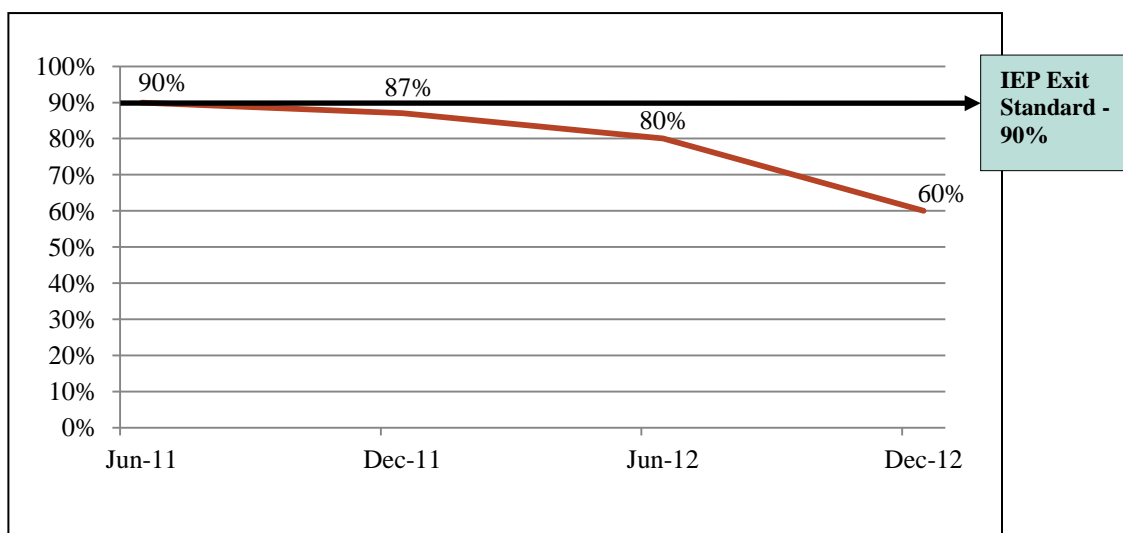
Timely Completion of Investigations

The IEP requires CFSA to complete investigations of alleged child abuse and neglect and enter the findings of the investigation into FACES.NET within 35 days after receipt of the report to the hotline. This Exit Standard was previously designated as an Outcome to be Maintained; however, performance has declined consistently during calendar year 2012. Data for the January through June 2012 monitoring period indicated a monthly range of performance between 77 to 87 percent. At that time, the Monitor determined that the decline was temporary and did not recommend that this Exit Standard be redesignated as an Outcome to be Achieved; however, as discussed below, performance for the current monitoring period has continued to decline.

The high caseloads of investigative workers has likely attributed to this decline in performance. CFSA is currently exploring and implementing several strategies within CPS to assist in reducing caseloads including the new practices outlined earlier in this section, hiring of additional staff and quicker transfer of investigations to an ongoing unit when a decision has been made to open a case. Additionally, implementation of the investigation 10-day RED team process which began on April 1, 2013 provides an opportunity for a team to review the status of the investigation within the early stages, determine next steps necessary and provide additional guidance and oversight to investigative workers and their supervisors.

IEP Requirement	<p>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.</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>

**Figure 1: Timely Completion of Investigations
June 2011 – December 2012**



Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, monthly performance on this measure ranged between 60 and 77 percent.⁹³ For example, in December 2012 there were 538 applicable investigations closed. Of these 538 investigations, 323 (60%) investigations were completed and the findings were entered into FACES.NET within 35 days after receipt of the report to the hotline. This performance does not meet the Exit Standard requirement.

⁹³ Data for monitoring period are as follows: July 2012, 74%; August 2012, 77%; September 2012, 63%; October 2012, 69%; November 2012, 68%; December 2012, 60%.

Reviews of Repeat Reports

IEP Requirement	<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>
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>

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, there were 565 investigations of families for whom the current report of child maltreatment is the fourth or greater report of maltreatment and the most recent prior report occurred within the last 12 months. Of these investigations, 256 (45%) had documentation in FACES.NET indicating that a comprehensive review of the case history and current circumstances that brought the family to CFSA's attention had occurred.⁹⁴ This performance does not meet the level required by the IEP.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on reviews of repeat reports:

- *Prior to assigning the case for investigation, supervisors will review FACES.NET for each new investigation to determine if the family has four or more reports of maltreatment, with the fourth or more occurring in the past 12 months. For such cases, a comprehensive review of the family's history and current circumstances will occur during the investigation and a "four plus" staffing will occur in one or more of the following venues: panel review, investigation assignment, weekly supervision, 18-day review, grand rounds, and case transfer staffing reviews. The "four plus" staffing will be documented in FACES.NET and measured through a FACES.NET report (2012 Strategy Plan, p.3).*

⁹⁴ Monthly performance data are not available due to an error in the data collection process.

As the data above indicate, this strategy was not consistently implemented between July and December 2012. Additionally, through a review of a random sample of investigations deemed compliant by the relevant FACES.NET report, the Monitor identified errors in data entry and reporting which were reported to CFSA. CFSA completed an audit of all applicable investigations during this monitoring period and provided the data which are included in the performance section above. CFSA reports that corrections have been made to the data collection process and that implementation of the RED team process for the January through June 2013 monitoring period provides an additional forum to conduct reviews as needed.

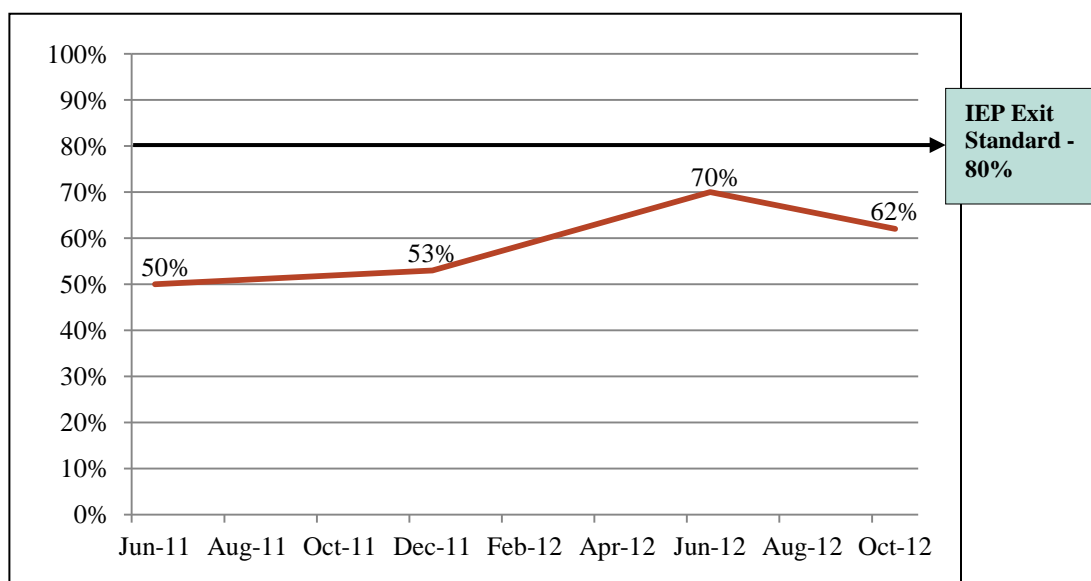
- *CFSA will review the results of a “four plus” staffing in applicable cases during grand rounds and case transfer staffing. CFSA will use the CQI tool (revised in January 2012) to review the quality of investigations. Additional QA measures will continue (e.g., 18-day reviews, grand rounds, quarterly review of open investigations, and hotline call reviews). Findings from the QA reviews will be shared with CPS managers beginning April 1 and quarterly thereafter. Findings will be used by these managers to modify existing practice and policy and for training, as needed (2012 Strategy Plan, p. 4).*

During the period under review, CFSA’s Quality Assurance unit continued to use the quality of investigations tool to review a sample of investigations on a quarterly basis. CFSA reports that “four plus” staffings continue to be reviewed during Grand Rounds in applicable investigations.

Quality of Investigations

IEP Requirement	4. <u>Acceptable Investigations</u> : CFSA shall routinely conduct investigations of alleged child abuse and neglect. ⁹⁵ (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

**Figure 2: Investigations Determined to be of Acceptable Quality
June 2011 – October 2012**



Source: CFSA Quarterly Review Data⁹⁶ and Case Record Review Data for October 2012

⁹⁵ 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.

⁹⁶ Data presented for June 2011, December 2011 and June 2012 are from a secondary review of 20 investigations closed during each specific monitoring period.

Performance for the period July 1 through December 31, 2012:

The Monitor and CFSA conducted a joint review of a statistically significant sample of investigations closed in October 2012.⁹⁷ The review found that 62 percent of investigations were acceptable. This performance demonstrates improvement since the previous review of a statistically significant sample of investigations from September and October 2009 which determined that 44 percent of investigations were of quality.⁹⁸

For the current review, reviewers who determined an investigation was not of acceptable quality provided reasons for their determination and several themes were notable in these investigations, including: investigative workers failing to speak with or see the alleged child victim and/or other household children in a timely manner; lack of interviews and information gathering from core and collateral contacts; lack of interviews with other adults in the household and family members, both living in the homes and outside of the home; and delays in initiating some investigations and long gaps of time with little to no activity during the investigation.

The review found areas of strength in investigative practice, including:

- **The vast majority of investigations were assigned appropriate response times by the hotline.** Based on the severity of the allegations and potential safety issues, investigation reports are assigned response times by the hotline of either “immediate” or “within 24 hours.” Reviewers assessed that the assigned response time was appropriate in 97 percent of investigations. This practice is a clear strength of hotline workers.
- **Most investigations included documentation of interviews with all alleged victim child(ren), non-victim children and the alleged maltreater.** Regardless of time frame, in 95 percent of investigations reviewed, all alleged victim child(ren) were interviewed outside the presence of their caregiver as is required. In 94 percent of applicable investigations, non-victim child(ren) were similarly interviewed. In 90 percent of applicable investigations, the investigator conducted a face-to-face interview with the alleged maltreater(s).
- **Investigative workers are routinely collecting medical appointment and/or immunization history for children in the household.** In 88 percent of the investigations reviewed, there was evidence that the investigative worker gathered appointment and/or immunization history for all household children. In an additional 3 percent of investigations, reviewers found that this information was gathered for some household children.

⁹⁷ The review is of a statistically significant, random sample of 219 records of investigations. The sample is derived from the universe of 509 investigations of alleged abuse or neglect of a child by a parent or caretaker that were closed in October 2012. Sampling represents a +/- 5 percent margin of error with 95 percent confidence in its results.

⁹⁸ See, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practice in the District of Columbia*, Washington, DC: Center for the Study of Social Policy, May 2010. Found at: <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-may-2010.pdf>

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- **Almost all children needing a medical evaluation as part of the investigation received the necessary evaluation.** In 92 percent of applicable investigations, the child(ren) needing a medical evaluation received such evaluation as part of the investigation.

Areas of investigative practice needing additional improvement include:

- **The investigative worker collected sufficient information from educational providers to assess the child(ren)'s educational status, safety and well-being needs in only slightly more than one-third of investigations reviewed.** Reviewers found that in 80 percent of applicable cases, the investigative worker gathered school performance and attendance information for all household children. In 35 percent of applicable cases, there was evidence that the investigative worker went beyond school performance and attendance data to elicit sufficient information to assess the child(ren)'s educational status, safety and well-being needs.
- **The information workers gather about risk factors during the investigation is not routinely reflected in the responses workers provide in the risk assessment tool.** Reviewers found that in 60 percent of applicable investigations, the investigative worker's responses on the risk assessment tool were reflective of the documented information. In 39 percent of investigations, the worker's responses on the risk assessment tool were only partially reflective of the knowledge gathered by investigators about risk factors. Incorrect responses on the risk assessment tool can result in an incorrect risk assessment score being assigned. As the risk assessment score is used in decision making and to make determinations regarding referrals for services, among other things, this weakness in practice is of particular concern.
- **Documentation of referring families with a low or moderate risk of abuse and neglect who are in need of and agree to additional supports for follow-up services was only found for 66 percent of families.** Referrals for support and follow-up services can be instrumental in supporting the safety and well-being of children and families and as demonstrated by the data, additional work is needed in this area.

While performance has improved since the 2009 case record review, performance does not meet the level required by the IEP. See Appendix C for a more detailed discussion of the findings from this review. As discussed previously, CFSA is currently engaged in the development and implementation of improvement strategies pertaining to investigation practices and decision making.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on quality of investigations:

- *By July 31, 2012 and August 31, 2012, CFSA will revise the hotline practice operational manual (POM) and the investigations POM, respectively, to reflect policy and practice changes and the findings of quality assurance reviews (e.g., the POM will be updated on the critical events procedures, hotline worker expectations, standards for staff, and “four plus” staffing protocol) (2012 Strategy Plan, p.3).*

CFSA finalized the updated hotline POM in October 2012 and conducted training with staff in October and November 2012. CFSA revised the investigations POM and anticipates finalizing the POM by August 1, 2013 once the SDM and RED team practice modifications have been added. Investigative workers received training on the initial investigations POM revisions in December 2012.

Community-based Service Referrals for Low & Moderate Risk Families

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

Performance for the period July 1 through December 31, 2012:

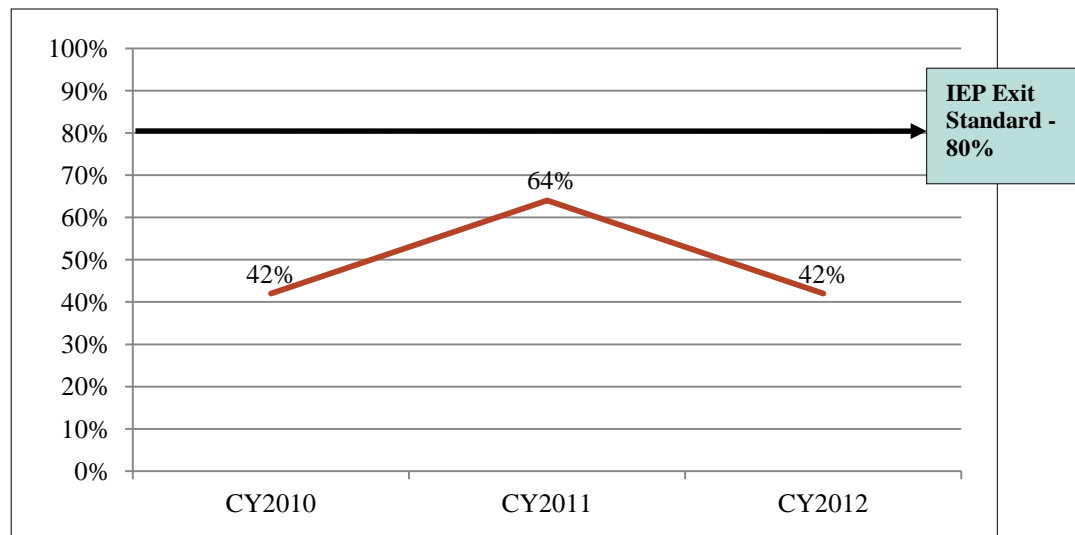
Data for this measure were collected during the case record review described above of a statistically significant sample of investigations closed in October 2012. Of the 219 investigations reviewed, 127 investigations had a risk rating of low or moderate; reviewers found that 52 investigations did not require a referral for additional supports or services and in 28, the family demonstrated service needs but declined a referral. Of the remaining 47 investigations, in 31 (66%) investigations, the investigator made a referral to a Collaborative or community agency for follow-up. In 16 (34%) of the applicable investigations, the documentation did not show that the investigator made the required referral.

As indicated in the previous monitoring report, the Monitor and CFSA have participated in discussions regarding the appropriate methodology to collect data and report on this Exit Standard. There has been recent agreement that both a FACES.NET report and case record review may be required. The FACES.NET report will modify the previous report and will remove the safety assessment parameter that was previously utilized. The new report will provide the number of families who have a risk score of low or moderate and will not include consideration of the safety decision. Of these families, the report will indicate whether the family was referred to a Collaborative or community agency. A case record review may be necessary in order to assess if families are “in need of and agree to additional supports.”

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

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"> e. 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; f. 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; g. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and h. 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 Implementation and Pathway to Safe Closure indicators.</p>

**Figure 3: QSR Findings on Services to Families and Children
to Promote Safety, Permanency and Well-Being
2010-2012**



Source: CFSA and CSSP Quality Service Review Data

Performance for the period January 1 through December 31, 2012:

The Monitor measures performance on this requirement through ratings from the Quality Service Review (QSR). The QSR is a case-based qualitative review process that requires interviews with as many persons as possible who are familiar with the child and family whose case is under review. Using a structured protocol, QSR reviewers synthesize the information gathered and objectively rate how well the child is functioning and how the system is performing in supporting the child and family. Reviewers provide feedback to social workers as well as a written summary of findings to expand and justify ratings. By agreement, the Monitor conducts some of the QSRs and verifies data from QSR reviews conducted by CFSA.⁹⁹

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard pertaining to appropriate service provision: 1) Implementation and 2) Pathway to Safe Case Closure. Figures 4 and 5 below show the parameters reviewers consider in rating performance in the select areas, as well as descriptions of minimally acceptable performance and marginal/unacceptable performance as contained within the QSR protocol for each of the two indicators.

⁹⁹ An internal process is used to ensure validity and reliability of scores. CFSA's validation is designed to ensure inter-rater reliability.

**Figure 4: QSR Implementation Indicator Parameters to Consider
and Description of Acceptable/Unacceptable Performance**

QSR Implementation Indicator

➤ *Parameters Reviewers Consider:*

How well are the actions, timelines, and resources planned for each of the change strategies being implemented to help the: (1) parent/family meet conditions necessary for safety, permanency, and safe case closure and the (2) child/youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions? To what degree is implementation timely, competent, and adequate in intensity and continuity?

➤ *Description of Acceptable/Unacceptable Performance:*

(Minimally) Acceptable Implementation shows that the strategies, supports, and services set forth in the plans are being implemented in a minimally timely, competent, and consistent manner. Fair quality services are being provided at levels of intensity and continuity necessary to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving minimally adequate support and supervision in the performance of their roles.

Unacceptable Implementation shows a somewhat limited or inconsistent pattern of intervention implementation shows that most of the strategies, supports, and services set forth in the plans are being implemented but with minor problems in timeliness, competence, and/or consistency. Services of limited quality are being provided but at levels of intensity and continuity insufficient to meet some priority needs, manage key risks, and meet short-term intervention goals. Providers are receiving limited or inconsistent support and supervision in the performance of their roles. Minor-to-moderate implementation problems are occurring.

Figure 5: QSR Pathway to Safe Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance

Pathway to Safe 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?

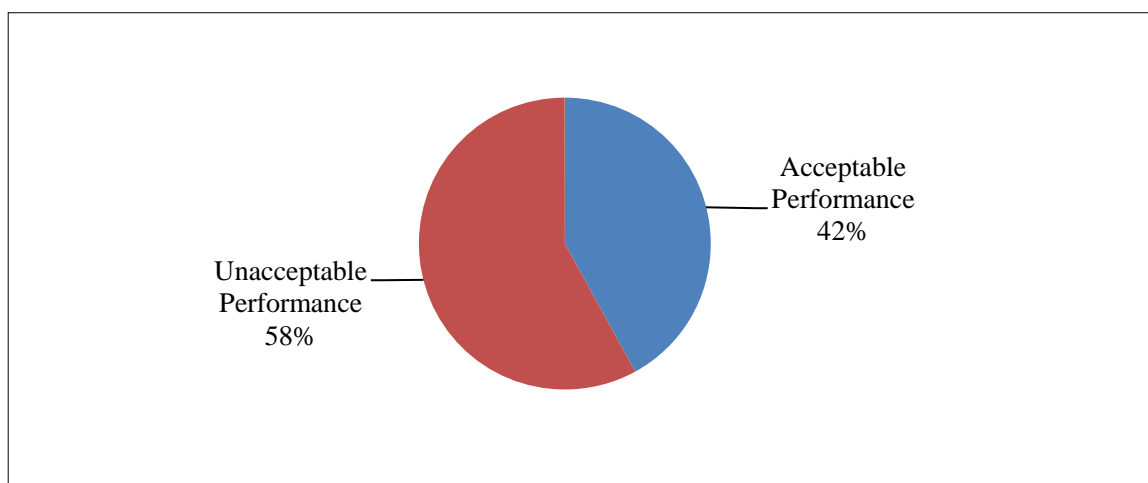
➤ *Description of Acceptable/Unacceptable Performance:*

(Minimally) Acceptable Pathway to Safe 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 Safe 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.

From January to December 2012, 86 cases were reviewed using the QSR methodology. As Figure 6 indicates, less than half of the cases reviewed (42%; 36 of 86) were rated as acceptable on *both* the Implementation and Pathway to Safe Case Closure indicators. While 65 percent of cases (56 of 86) were rated acceptable on the Implementation indicator and 56 percent of cases (48 of 86) were rated acceptable on the Pathway to Safe Case Closure indicator, fewer cases were rated acceptable on *both* indicators. This level of performance has decreased substantially from 64 percent in calendar year 2011 and does not meet the Exit Standard for services to families and children to promote safety, permanency and well-being.

**Figure 6: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
January - December 2012
N=86**



Source: CFSA and CSSP Quality Service Review data, January – December 2012

Youth Receiving Mental Health Services:

Children and youth with mental health needs represent a vulnerable sub-population within CFSA's total population of children and youth served. Through the QSR process, reviewers obtain information regarding the supports and service providers working with youth and families. Of the 86 QSRs conducted during calendar year 2012, 61 youth were receiving mental health services. Of these 61 youth, six were connected to a community support worker (CSW), 26 received individual therapy and 29 received both individual therapy and CSW services. As Table 5 indicates, less than half (28 out of 61; 46%) of cases where the youth was receiving mental health services were rated as acceptable on *both* the Implementation¹⁰⁰ of supports and services for the child and Pathway to Safe Case Closure indicators. This rate is significantly lower than the performance for youth who were not receiving mental health services (16 out of 25; 64%). While the number of cases reviewed is small, the Monitor is concerned with the implementation of services provided to youth and families when the youth is receiving mental health services. The majority of mental health services are accessed through the District's Department of Mental Health (DMH), which also raises questions and concerns about the coordination of services and case planning between the two agencies. CFSA's new federal grant (Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services to Child Welfare) and DMH's System of Care grant provide an opportunity for both agencies to strategically coordinate services and improve access for this population. CFSA reports regular planning and coordination meetings are occurring and the

¹⁰⁰ The QSR protocol uses sub-ratings for the Implementation indicator. The Monitor only considered the rating given for implementation of supports and services for the child when analyzing the data around services for youth receiving mental health services.

Monitor expects this improved coordination along with intentional planning and focus on serving youth and families with mental health needs will positively impact CFSA's performance on this Exit Standard moving forward.

**Table 5: QSR Findings on Services to Promote Safety, Permanency and Well-being
for Children Receiving Mental Health Services
January - December 2012**

	Youth receiving mental health services	Youth not receiving mental health services	All children
Acceptable	28 (46%)	16 (64%)	44 (51%)
Unacceptable	33 (54%)	9 (34%)	42 (49%)

Source: CFSA and CSSP Quality Service Review data, January – December 2012

Performance on Strategy Plan:

CFSA has employed the following strategy to modify their current QSR work in order to better use findings of the QSR process to inform future practice and address areas in need of improvement:

- *In March 2012, managers reviewed the requirements of the QSR during the monthly management team meeting. Beginning April 2012 and every month thereafter, managers will report on QSR findings and actions taken within their respective program area in response to the findings from prior QSR reviews. The manager will discuss the impact of changes made to address QSR findings, including evaluation of the impact of actions taken in response to the findings. The manager will highlight challenged in practice that may help to inform the development and/or modification to policy and training.*

CFSA continued to utilize this strategy throughout 2012. CFSA reports that during monthly management meetings, managers report on both the findings from the QSRs and the actions taken by managers to address issues raised through the QSR process. Additionally, CFSA reports that these monthly meetings have served as a forum to discuss the implementation of actions taken in response to findings from QSRs. Through this process, several managers have highlighted the need to reinforce with staff their role as the leader of the team responsible for the child and family and their responsibility to move the case toward permanency.

4. Visitation

The visits of children with their caseworkers, their parents and with their siblings 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 reunification will occur. They also allow social workers to assess safety and progress, link children and families to needed services and adjust case plans as indicated.

CFSA has maintained strong, consistent performance on the Exit Standards which assess social workers visitation to children in cases with in-home supervision and children in out-of-home care.¹⁰¹

During the previous monitoring period, a case record review was conducted to gather data on the three Exit Standards requiring assessment and documentation of safety during worker visits for in-home, out-of-home and placement change cases.¹⁰² A principal finding of that review was that there were not clear expectations for CFSA and private providers on needed documentation to demonstrate that an assessment of safety has occurred. As a result, CFSA has developed a safety assessment guide and trained staff to ensure that there are consistent expectations across CFSA and private agency units. The next case record review to collect data for these Exit Standards is scheduled for late-July 2013; therefore those three Exit Standards are not newly assessed or reported on for this monitoring period.

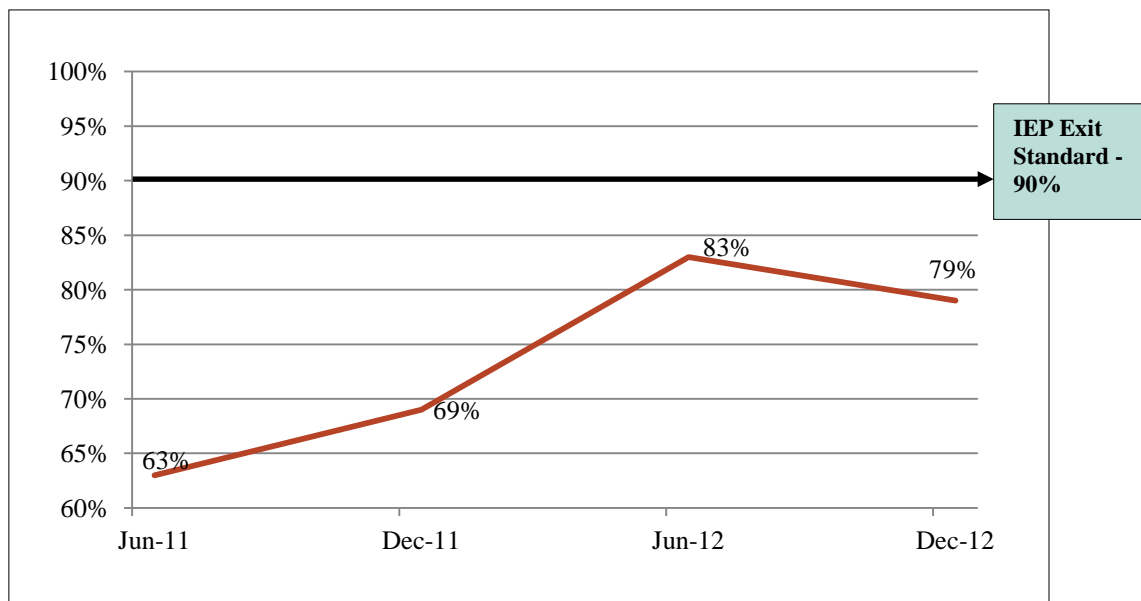
¹⁰¹ See Table 2: Performance on IEP Exit Standards for Outcomes to be Maintained, of this report for performance during this monitoring period.

¹⁰² The three Exit Standards are: IEP citation I.A.4.c., I.A.5.d. and I.A.6.e.

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

IEP Requirement	<p><u>10. 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 7: Required Number of Visits to Children in New Placements
June 2011 – December 2012**

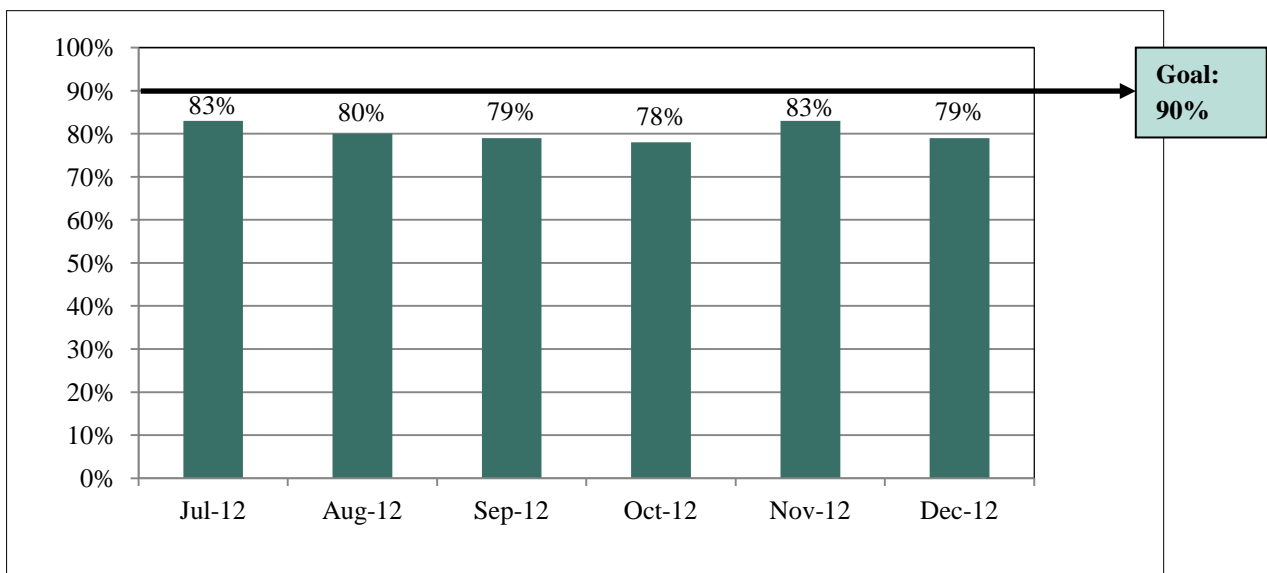


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, monthly performance ranged between 78 and 83 percent (see Figure 8). For example, during the month of December 2012, there were 131 individual child placements applicable to this measure; 103 (79%) had the required number of visits by a CFSA social worker, private agency social worker, family support worker or nurse care manager with at least one visit occurring in the child's home. Performance on this Exit Standard demonstrates improvement since June 2011 when performance was 57 percent but does not meet the level required by the IEP.

**Figure 8: Required Number of Worker Visits
to Children in New Placements
July – December 2012**



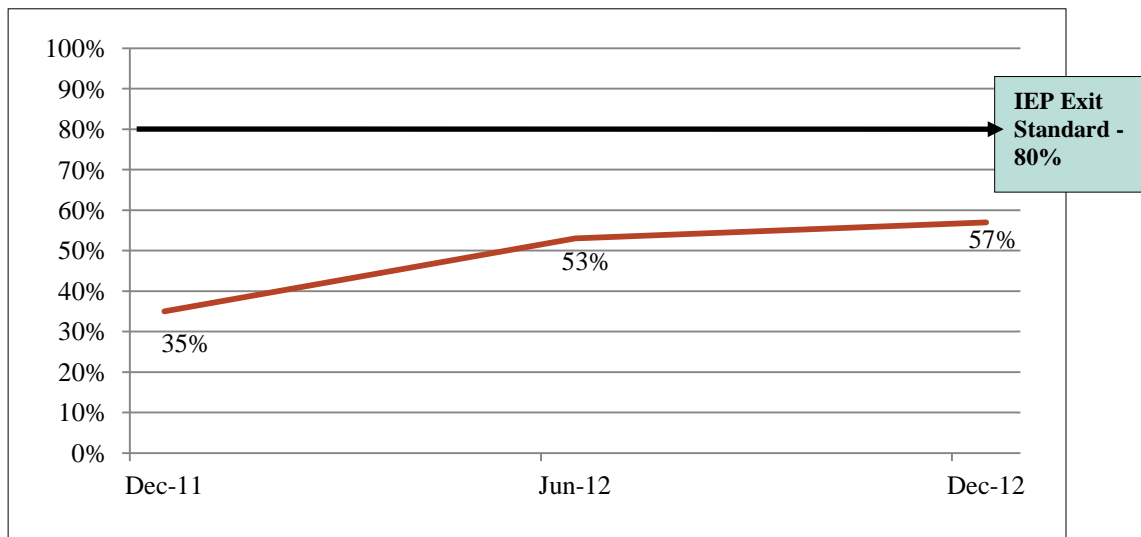
Source: CFSA Administrative Data, FACES.NET CMT014

The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between the social worker and the resource parent to determine what, if any assistance is needed from the Agency. Currently, the only way to assess this measure is through a case record review which was not conducted during this monitoring period. Data will be collected during a case record review in July 2013 and will be included in the next monitoring report.

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.¹⁰³</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>
Exit Standard	80% of parents will have twice monthly visitation with workers in the first three months post-placement.

**Figure 9: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
December 2011 – December 2012**



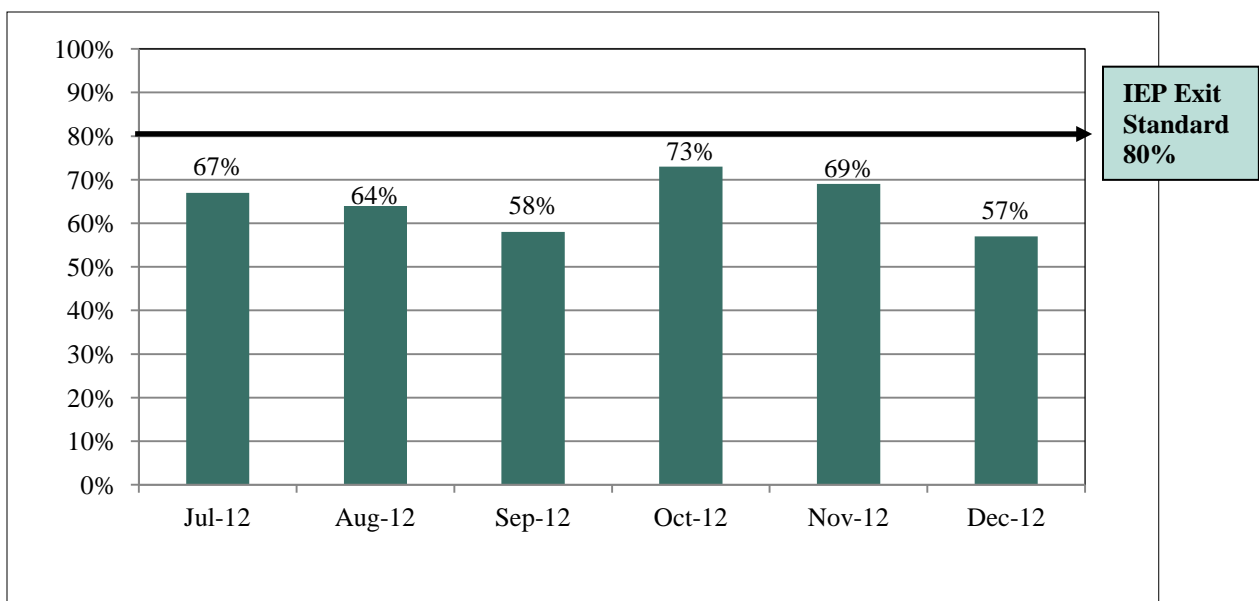
Source: CFSA Administrative Data

¹⁰³ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, monthly performance on this measure ranged between 57 and 73 percent (see Figure 10 below).¹⁰⁴ For example, in December 2012, there were 46 households of children with a goal of reunification applicable to this measure; parents in 26 (57%) households received two worker visits. This performance does not meet the level required by the IEP.

**Figure 10: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
July – December 2012**



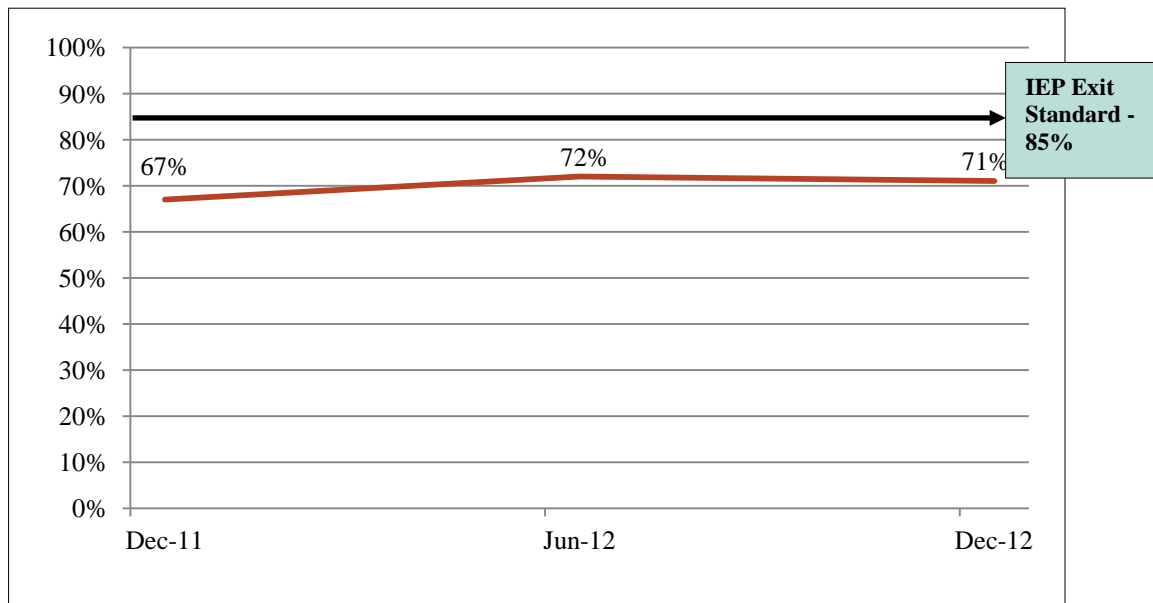
Source: CFSA Administrative Data, FACES.NET CMT267

¹⁰⁴ Data are not precise enough to assess instances where there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency. Thus, performance may be better than reported.

Visits between Parents and Children

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

**Figure 11: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
December 2011 – December 2012**

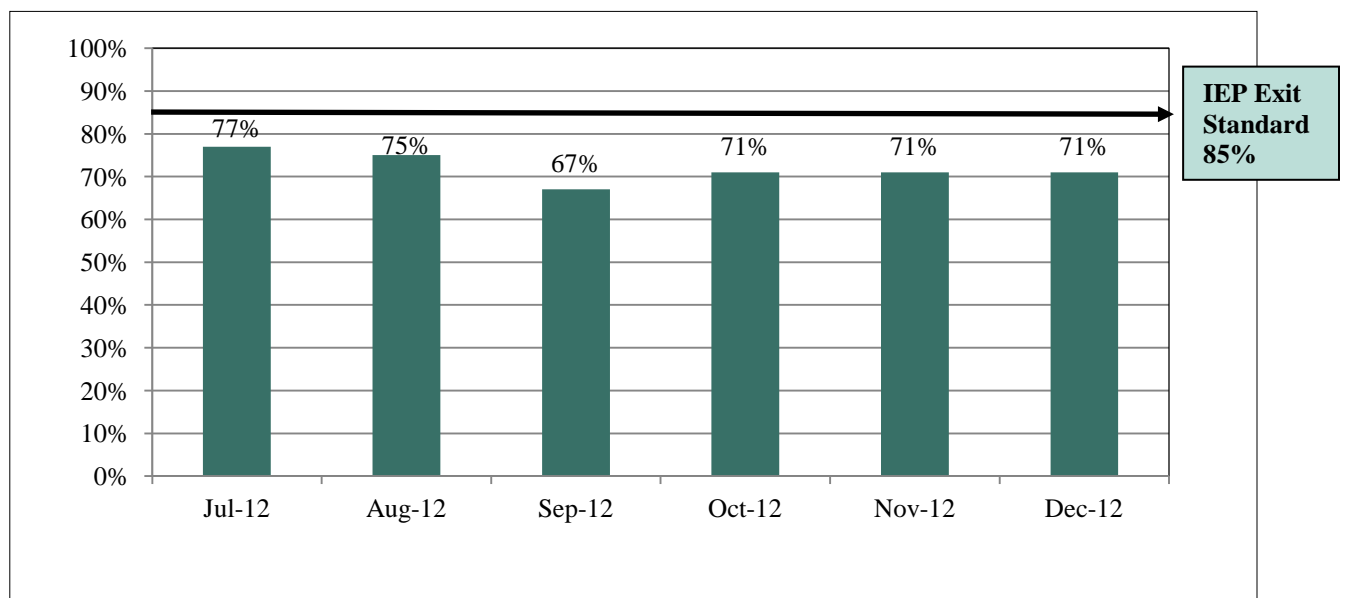


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, monthly performance on this measure ranged between 67 and 77 percent (see Figure 12 below).¹⁰⁵ For example, in December 2012, 378 children were applicable to this measure; 270 (71%) had weekly visits with the parent with whom reunification is sought.¹⁰⁶ An additional 54 children (14%) had at least one visit in December with the parent with whom reunification is sought. This performance does not meet the level required by the IEP.

**Figure 12: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
July – December 2012**



Source: CFSA Administrative Data, FACES.NET CMT012

¹⁰⁵ Data are not precise enough to assess instances 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. Thus, performance may be better than reported.

¹⁰⁶ Of the total children who may have been included in this measure, 13 were excluded due to suspended visits by court order and 27 were excluded due to "other suspended visits," which includes when a parent or child is incarcerated or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.

Performance on Strategy Plan:

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

- *By May 1, 2012, supervisors will monitor visitation each week to ensure that visitation requirements, to include both frequency and completion of safety assessments, are met. Each month workers and supervisors will report to their administrator and deputy director a list of clients¹⁰⁷ who did not receive required visits for prior month and will identify barriers and strategies to prevent future occurrences (2012 Strategy Plan, p.5).*

During the period under review, CFSA reports that “missed visit” reports are produced and shared with the Office of the Principal Deputy Director for review. No information was provided to the Monitor regarding supervisors weekly monitoring of visitation requirements during this monitoring period.

- *CFSA will adapt, as appropriate, the visitation assessment tools used by New Jersey, Wisconsin or a jurisdiction identified by Casey Family Programs to determine the nature of the barriers preventing timely visitation with parents, between children and parents, and among siblings (2012 Strategy Plan, p. 5).*

CFSA adapted a visitation assessment tool previously used by New Jersey’s Department of Children and Families to assess 95 cases with the goal of better understanding the District’s performance barriers around children’s visits with their parents and with their siblings. The assessments tools were completed in April 2012. CFSA reports that the strategies developed as a result of this review were to conduct more visits in the community instead of CFSA or private agency offices, to have supervisors monitor visits weekly and to work internally to define “missed” visits and what steps a social worker is required to take if the parent(s) is unable to be located or if the parent(s) refuses to cooperate with the Agency.

- *By June 30, 2012, CFSA will develop specific strategies to address identified barriers to visitation with parents, between children and parents, and among siblings. (2012 Strategy Plan, p. 5).*

As indicated in the previous monitoring report, in August 2012, CFSA senior staff met and discussed barriers identified during an assessment of missed visits in the months of May and June 2012. Some of the strategies that were developed to address the identified barriers include:

- Encourage staff to attend refresher FACES.NET training and remind them when visits must be recorded to be captured in monthly reports.

¹⁰⁷ For purposes of this strategy, the word “client” refers to the person or persons who direct services staff are required to visit or required to facilitate visitation in Outcomes 4, 5, 6, 10, 11 and 20(b), including children in care, children served in home, parents where the goal is reunification and siblings.

-
- Use weekly supervision to assist workers with improving time management and plan visits earlier in the month in order to ensure they occur and are documented timely in FACES.NET.
 - Utilize visitation templates or other means to better plan for visits.
 - Continue to engage parents and youth to encourage visits and assess the basis of child's refusal to participate in visit.
 - Increase accountability of workers regarding documentation in FACES.NET.
 - Increase use of community visitation sites through use of community partnerships.
 - Periodic referrals to diligent search when worker is unable to locate parent.

CFSA reports that they have initiated increased internal monitoring of missed visits reports and anticipate that these efforts will improve performance going forward.

B. GOAL: PERMANENCY

1. Relative Resources

CFSA has continued aggressive implementation of strategies to support kinship resources through early identification, temporary licensure support and making a kinship home the first placement for children and youth upon entering care. The Kinship Support Unit is responsible for many of these strategies as well as coordinating family team meetings (FTMs). Through the KinFirst initiative, 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 as a matter of policy. It is CFSA's practice, and a requirement of the IEP, to identify family members who may be able to join in the FTM planning process in order to provide information and support to children, youth and parents and also be considered as placement options.¹⁰⁸ CFSA provided data regarding the use of FTMs with sufficient back up data to demonstrate efforts to identify and invite family members to FTMs. Overall, CFSA reports that the increased focus on early engagement of family members has resulted in children being placed either initially or subsequently with their relatives. For example, from October 1 through December 31, 2012, 17 percent of children in foster care were placed with kin and within this same time period, for children who were initially placed in care, an average of 40 percent were placed with kin.

IEP Requirement	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. (IEP citation I.B.7.a.)
Exit Standard	CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, CFSA reports that 151 families were considered to be at-risk of having their children removed.¹⁰⁹ Ninety-four families participated in a FTM and another 24 families refused or could not be located for the FTM.¹¹⁰ Thus, of the 151 families, CFSA

¹⁰⁸ 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 is available to conduct fingerprinting on-site, which has increased the speed and ease of licensing kinship resources.

¹⁰⁹ According to CFSA's Family Team Meeting Policy, "A family is at-risk of removal in instances where a clinical determination is made by a social worker that deems the child to be at risk of removal, or the CPS investigation results in an 'Intensive' SDM risk score and the case is referred for In-Home services."

¹¹⁰ CFSA reports that reasonable efforts of workers to hold a FTM requires that three attempts are made to engage families in the FTM process and in cases where no FTM was held, the supervisor and the program manager review cases to determine if reasonable efforts were in fact made.

facilitated or made attempts to offer a FTM for 118 (78%) families. For 33 (22%) families, the FTM unit did not receive a referral from a worker about the need for a FTM.¹¹¹

IEP Requirement	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.)
Exit Standard	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.

Performance for the period July 1 through December 31, 2012:

CFSA report that there were 127 families who had children removed from their homes during this monitoring period.¹¹² Ninety-seven families participated in a FTM and another 17 families refused or reasonable efforts were made to facilitate a FTM.¹¹³ Thus, of the 127 cases, CFSA facilitated or made attempts to have a FTM for 114 (90%) families. In the case of 13 children, a FTM could not proceed because cases were not referred by the social worker to the FTM unit.¹¹⁴ CFSA reports working with supervisors to ensure that referrals are sent to the FTM unit in a timely manner.

Performance on Strategy Plan:

As part of the 2012 Strategy Plan, CFSA recognized the need to improve practices related to FTMs as a means to keep children safely in their home, find appropriate placements and/or create safe, effective case plans with family involvement. Specifically, CFSA identified the following strategies:

- *Beginning in June 1, 2012, the FTM unit will make a referral to the diligent search unit with the goal of identifying parents, grandparents, and other relatives (as applicable). Contact information on relatives located by the diligent search unit will be shared with the FTM unit and CPS investigator, and the ongoing worker, where applicable (2012 Strategy Plan, p.4).*

¹¹¹ CFSA notes that in 9 cases the children were not removed and that it did not appear these cases met the criteria for an at-risk removal. CFSA reports continued efforts to help social workers understand the criteria for cases to be referred for an at-risk FTM.

¹¹² There were 183 children removed within these 127 families.

¹¹³ Reasonable efforts include: 3 or more meeting attempts, case closed before FTM could be offered or criminal involvement of youth and case closed.

¹¹⁴ CFSA provided documentation of efforts to identify, locate and invite family members for all FTMs except where they did not receive a referral for the FTM from the worker.

CFSA reports that as a result of this strategy more relatives have been identified not only as supports for parents at FTMs, but also as possible placement resources for children. Additionally, CFSA reports finding more paternal relatives than in the past. The Kinship Support Unit conducts background checks (clearances) on relatives so that multiple placement options are timely identified for children.

- *By October 1, 2012, CFSA will train CPS and ongoing workers and supervisors on the requirements and standard operating procedures for pre-removal FTMs.*

CFSA reports that the Kinship Support Unit held two trainings¹¹⁵ for 28 CFSA and private agency workers on the expanded criteria and disseminated information from the training to all CPS supervisors.

- *By October 1, 2012, CFSA will assess the capacity to provide removal and pre-removal FTMs for all eligible families and expand coordinator and facilitator capacity, if needed (2012 Strategy Plan, p.4).*

CFSA reports that there are currently 10 FTM facilitators and 11 coordinators and that this level of staffing is sufficient to meet the number of monthly at-risk and pre-removal FTMs. However, CFSA intends to alter the referral process for at-risk FTMs. Currently, social workers must make a referral for at-risk FTMs. CFSA plans to shift responsibility for the referral for an at-risk FTM to the RED team. Through their assessment of the case, the RED team will determine if an at-risk FTM would be required. In this way, CFSA believes more referrals will be made for at-risk FTMs. Staffing capacity to coordinate and facilitate the FTM process will be assessed on an ongoing basis.

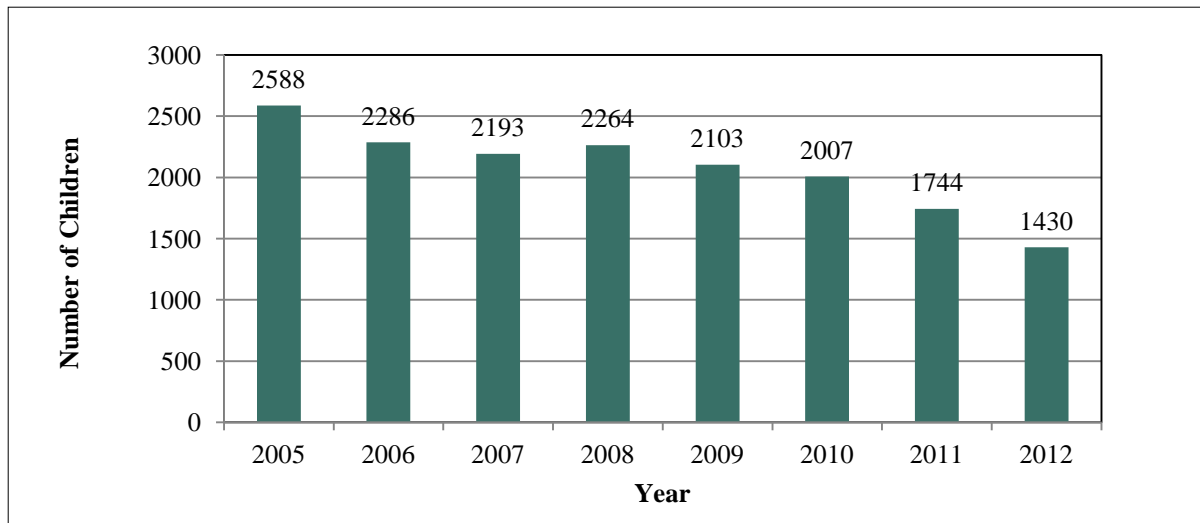
2. Placement of Children

Children enter foster care when they cannot be kept safely in their own homes. Federal and District law and the *LaShawn* IEP have multiple requirements regarding the placement of children in out-of-home care to ensure their safety, permanency and well-being. Figure 13 below shows the number of children in out-of-home placement in the District of Columbia from December 31, 2005 to December 31, 2012. The number of children in care has declined 29 percent since 2010 and has continued to decline during this six month monitoring period, from 1,601 children on July 31, 2012 to 1,430 on December 31, 2012, a reduction of 11 percent in that six month period. In calendar year 2012, the number of children and youth exits from care has

¹¹⁵ The trainings were held on October 30 and November 1, 2012.

fluctuated per month¹¹⁶ and the number of children and youth initially entering or re-entering foster care has declined overall.¹¹⁷ These data can be attributed to changes in practice over the years as well as within the past 12 months with an increased focus on children only entering custody if no other safe option is available.

**Figure 13: Number of Children in Out-of-Home Placement by Year
CY2005 – CY2012**



Source: CFSA Administrative Data, FACES.NET report PLC155

Note: 2005 through 2012 data are point in time data taken on the last day of the calendar year.

¹¹⁶ Exits from foster care data for calendar year 2012 are as follows: January 2012, 57; February 2012, 54; March 2012, 66; April 2012, 46; May 2012, 66; June 2012, 74; July 2012, 53; August 2012, 98; September 2012, 41; October 2012, 57; November 2012, 81; December 2012, 62.

¹¹⁷ Initial entry or re-entry data for calendar year 2012 are as follows: January 2012, 61; February 2012, 60; March 2012, 45; April 2012, 34; May 2012, 38; June 2012, 33; July 2012, 24; August 2012, 28; September 2012, 40; October 2012, 25; November 2012, 30; December 2012, 27.

Demographics of Children in Out-of-Home Care

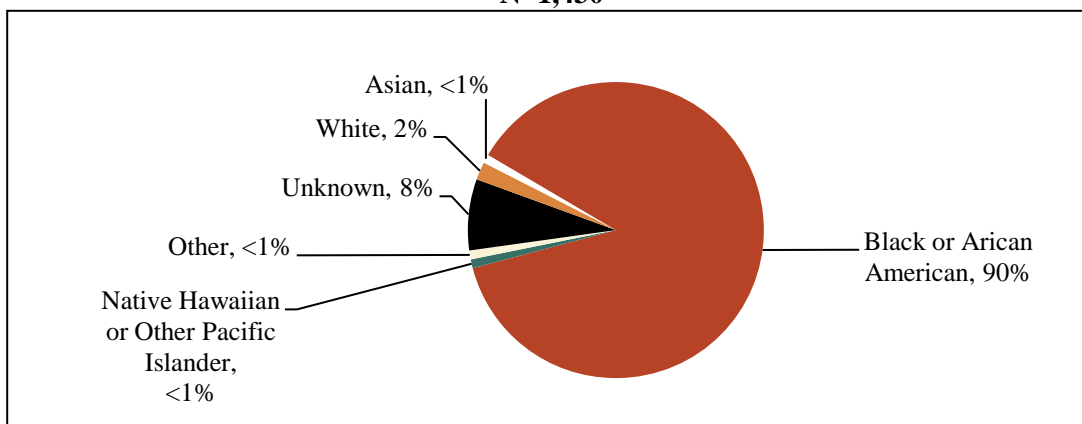
Table 6 below shows the number of children in out-of-home placement in the District as of December 31, 2012 with basic demographic information. There were 1,430 children between the ages of birth and 21 years in out-of-home placement. The majority of children are African American (90%) (see Figure 14) and either under the age of six (23%) or over the age of 17 (26%) (see Table 6).

**Table 6: Demographics of Children in Out-of-Home Placement
as of December 31, 2012
N=1,430**

Gender	Number	Percent
Male	738	52%
Female	692	48%
Total	1,430	100%
Race	Number	Percent
Asian	1	<1%
Black or African American	1,286	90%
Native Hawaiian or Other Pacific Islander	2	<1%
Other	1	<1%
Unknown	111	8%
White	29	2%
Total	1,430	100%
Age	Number	Percent
1 year or less	74	5%
2-5 years	254	18%
6-8 years	159	11%
9-11 years	133	9%
12-14 years	174	12%
15-17 years	260	18%
18-21 years	376	26%
Total	1,430	100%

Source: CFSA Administrative Data, FACES.net report PLC156

**Figure 14: Race of Children in Out-of-Home Placement
as of December 31, 2012**
N=1,430



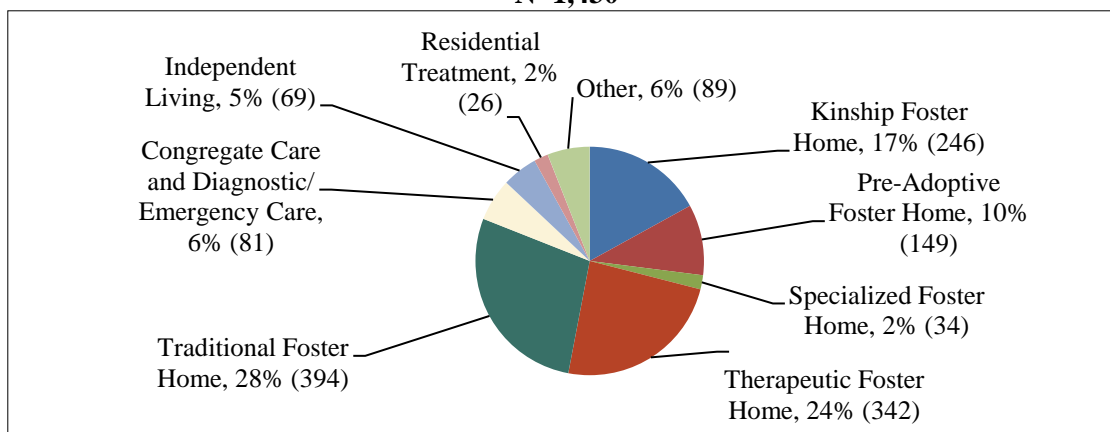
Source: CFSA Administrative Data, FACES.net report PLC156

*Percentages may add up to more than 100 due to rounding.

Placement of Children in Most Family-Like Setting

As of December 31, 2012, of the 1,430 children in out-of-home care, 1,165 (81%) were placed in family-based settings, including 246 (17%) in kinship homes. The percentage of children in family-based homes remained the same during this monitoring period, ranging between 81 and 82 percent each month. Figure 15 below displays the placement types for children in out-of-home care as of December 31, 2012.

**Figure 15: Placement Type for Children
in Out-of-Home Care as of December 31, 2012**
N=1,430



Source: CFSA Administrative Data, FACES.NET report CMT232

*Other includes abscondence, college/vocational, correctional facilities, hospitals and not in legal placement.

IEP Requirement	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.)
Exit Standard	90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.

Performance for the period July 1 through December 31, 2012:

In the previous monitoring period, CFSA achieved the required performance for this Exit Standard which was subsequently redesignated as an Outcome to be Maintained. Since the method of determining performance on this Exit Standard requires a case record review and previous performance was estimated to be 97 percent, the Monitor and CFSA did not newly assess the Exit Standard this monitoring period. The Monitor and CFSA conducted a joint case record review in April 2013 to reassess performance on this measure for the January through June 2013 monitoring period, the results of which will be part of the next monitoring report.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance toward the placement of children in the most family-like setting:

- *Beginning June 2012, the Annie E. Casey Foundation will conduct a review of CFSA's use of congregate care placements with the goal of "right-sizing" the use of congregate care and will provide technical assistance to CFSA staff to continue the process (2012 Strategy Plan, p. 6).*

CFSA engaged the Annie E. Casey Foundation Child Welfare Strategy Group (CWSG) to conduct a review of children in congregate care placements to determine the appropriateness of children's placements in congregate care settings with the goal of accomplishing the following outcomes: 1) fewer children in congregate care; 2) more children and youth placed with families; 3) more children and youth placed in or close to the District of Columbia; 4) shorter lengths of stay for children and youth in congregate care; and 5) better quality congregate care placements when congregate care is recommended as the least restrictive environment. The sample included 84 youth in therapeutic, specialized and traditional group homes. Individual case reviews for youth in therapeutic and specialized group homes were completed between May and August 2012 and the results of the review are as follows¹¹⁸:

¹¹⁸ As of October 15, 2012, reviews of the 18 youth within the sample placed in traditional group homes had not yet been completed. These data include the placement status of all 84 cases in the review sample as of October 15, 2012 regardless of whether the review had yet been completed.

- 27 (32%) youth transitioned to a family,
- 45 (55%) youth remained in a therapeutic, specialized or traditional group home,
- 5 (6%) youth transitioned to an independent or transitional living program,
- 5 (6%) youth transitioned to a teen parent program, psychiatric hospital or treatment facility, vocational training facility or were incarcerated and
- 2 (2%) youth emancipated from care.¹¹⁹

As of October 15, 2012, of the 35 youth within the review sample who were previously placed outside of the District of Columbia, 15 (40%) moved within or closer to the District.

Placement of Children in Emergency, Short-term or Shelter Facilities

Children do best when they are placed with families and experience few placement moves. The IEP limits the use of shelter, emergency and congregate care placements as multiple placements can be detrimental to a child's well-being.

IEP Requirement	15. <u><i>Placement of Children in Most Family-like Setting</i></u> : 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.)
Exit Standard	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. Based on an individual review, the Monitor's assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term, or shelter facility or foster home for more than 30 days where moving them would not be in their best interests. ¹²⁰

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, there were 17 placements of children and youth in an emergency, short term or shelter facility or foster home for more than 30 days. This represents a 75 percent decrease in the use of emergency and shelter placements from the previous monitoring period (January through June 2012) when there were 67 children and youth placed

¹¹⁹ *Rightsizing Congregate Care, A Review for Brenda Donald, Director, Child and Family Services Agency Washington, DC* (November 2, 2012).

¹²⁰ Placement exceptions were agreed upon in July 2011 and include: 1) to allow a child to remain in the placement pending an imminent return home, defined as not to exceed an additional 10 days; 2) to allow a child to remain in the placement pending a relative's license completion, not to exceed an additional 30 days and with evidence of expedited work to complete the licensure process; 3) to allow a child to be placed with a sibling already in a foster home that is expanding its licensed capacity to accommodate another child, not to exceed an additional 30 days and with evidence of expedited work to complete licensure expansion; 4) to allow a sibling group of more than 3 children to stay together to reduce the trauma of separation while the Agency takes diligent steps to find a family setting that can keep children together; 5) to allow an identified foster parent additional time to complete training to address the child's medical, behavioral and/or cognitive needs, not to exceed an additional 30 days; and 6) where the Court has ordered that the child remain in an emergency setting.

over 30 days in an emergency, short term or shelter facility. This reduction reflects CFSA's recent success in reducing entries into foster care, increasing the ability to safely and quickly place children with their relatives and emphasizing placement in family-based settings. This is a considerable accomplishment by CFSA. CFSA reports that as of January 2013, no child was placed in emergency or shelter care and as a result, in March 2013, CFSA had terminated all emergency and shelter care contracts with providers.

Of the 17 placements, 13 were within St. Ann's Infant and Maternity Home and the remaining four were within Quadri-Technology.¹²¹ Overall, 11 (65%) of the 17 children and youth placements over 30 days were in compliance with the agreed upon exceptions to the IEP Exit Standard. None of the placements at Quadri-Technology for over 30 days were in compliance with an agreed upon placement exception. The majority of the 11 placements at St. Ann's that were compliant met the placement exception which allows a sibling group of more than three children to remain together in order to reduce the trauma of separation while the Agency took diligent steps to find a family setting to keep the children together. While CFSA's performance demonstrates substantial improvement over the previous monitoring period when 39 percent of placements over 30 days were in compliance with an exception, performance does not meet the Exit Standard requirement.

Placement of Young Children

IEP Requirement	16. <u>Placement of Young Children</u> : Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child's specific needs. (IEP citation I.B.9.a.)
Exit Standard	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. ¹²²

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, there were three placements of children between six and 11 years old in congregate care settings for more than 30 days.¹²³ The three placements reviewed

¹²¹ CFSA terminated its contract with Quadri-Technology on October 1, 2012.

¹²² 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 insuring 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.

¹²³ This review excluded children in emergency, short-term or shelter facilities.

were within the following congregate care settings: HSC Pediatric Center, Iliff Nursing and Rehabilitation Center and San Marcos Treatment Center.

Overall, one of the three placements met a placement exception due to the child's developmental delays and specialized cognitive and safety needs which required placement in a congregate treatment program. This Exit Standard has been partially achieved.

IEP Requirement	17. <i>Placement of Young Children</i> : 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.)
Exit Standard	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. The Monitor will evaluate and report on the placement and needs of any children placed in a group care non-foster home setting where the District has determined the child to have exceptional needs that cannot be met in any other type of care. ¹²⁴

Performance for the period July 1 through December 31, 2012:

In the previous monitoring period, CFSA met the required performance for this Exit Standard and this Exit Standard was redesignated as an Outcome to be Maintained.

Between July and December 2012, there was one child under the age of six placed in a group care, non-foster home setting applicable to this measure. The child's placement was at Iliff Nursing and Rehabilitation Center.¹²⁵ Review of this placement determined that it meets the placement exception for a medically fragile child whose needs and treatment require a congregate care placement.

3. Reduction of Multiple Placements for Children in Care

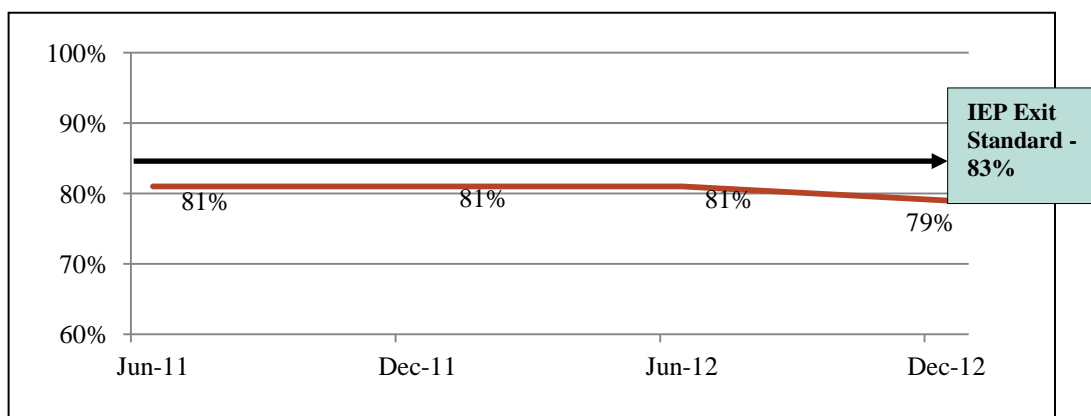
The Exit Standard on placement stability has different required performance levels based on the length of time children are in care, recognizing the different placement trajectories for children and youth who have been in care for shorter to longer periods of time. The overall goal is to minimize placement moves for all children to the greatest extent possible recognizing the importance of placement stability to a child's well-being.

¹²⁴ See footnote 122.

¹²⁵ This same child's placement was reviewed under this measure in the previous monitoring period.

IEP Requirement	<p>23. <u>Reduction of Multiple Placements for Children in Care:</u></p> <p><i>Children in care for eight days to one year</i></p> <p>(IEP citation I.B.13.a.)</p>
Exit Standard	<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>

**Figure 16: Children in Foster Care at Least 8 Days and Less than 12 Months with 2 or Fewer Placements
June 2011 – December 2012**

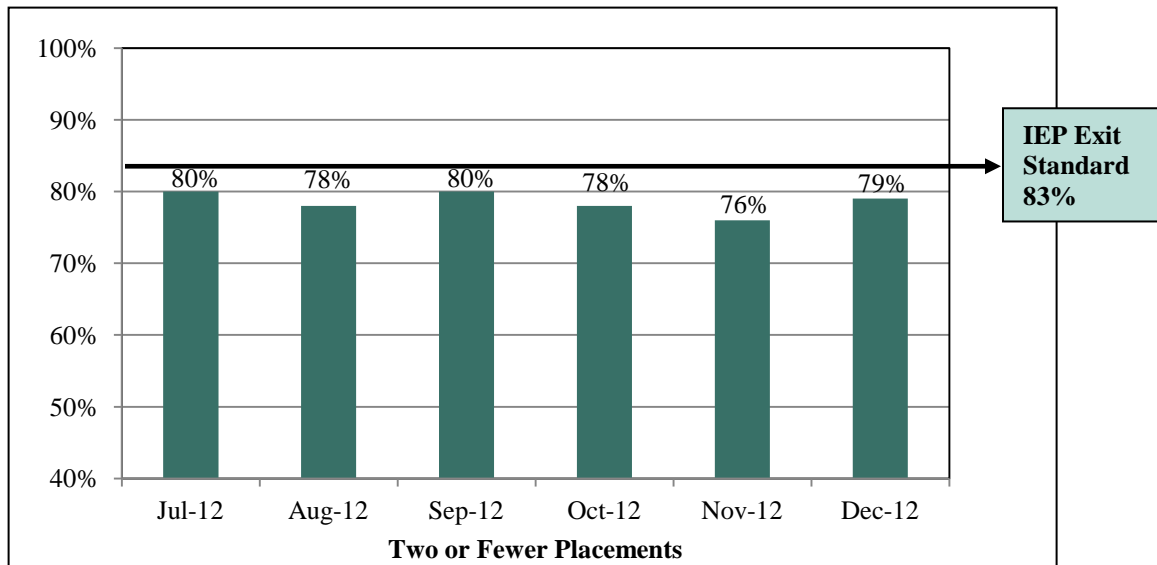


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, a monthly range of 76 to 80 percent of children in foster care for eight days to one year had two or fewer placements (see Figure 17). For example, as of December 31, 2012, there were 338 children in foster care during the previous 12 months who were in care at least eight days and less than 12 months; 267 (79%) had two or fewer placements. CFSA's performance has remained within a monthly range of 76 to 82 percent since the January through June 2011 monitoring period. CFSA has prioritized improvement on appropriate first placements through use of the Child Needs Assessment tool and expediting kinship placement. CFSA is close to achievement of this sub-part of the Exit Standard.

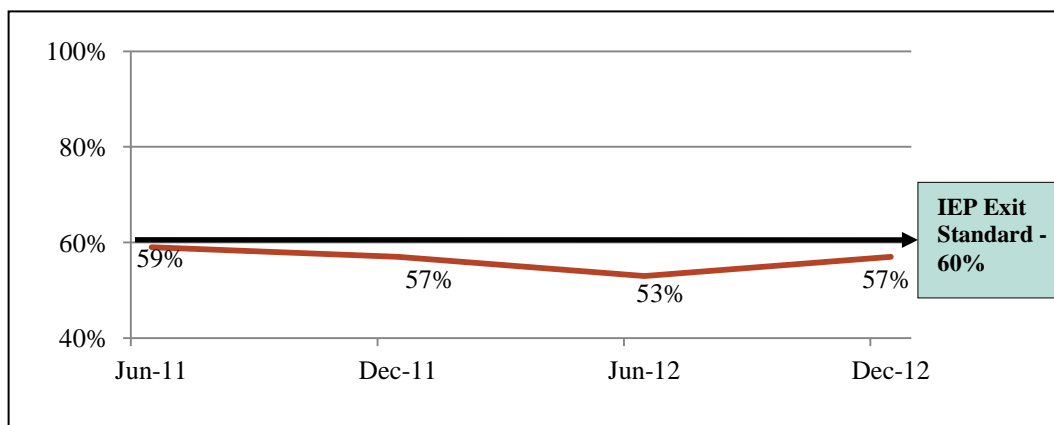
**Figure 17: Children in Foster Care at Least 8 Days and Less than 12 Months with 2 or Fewer Placements
July – December 2012**



Source: CFSA Administrative Data, FACES.NET PLC234

IEP Requirement	<p>23. <u>Reduction of Multiple Placements for Children in Care:</u></p> <p><i>Children in care between 12 and 24 months</i></p> <p>(IEP citation I.B.13.b.)</p>
Exit Standard	<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>

**Figure 18: Children in Foster Care at Least 12 Months but Less than 24 Months with 2 or Fewer Placements
June 2011 – December 2012**

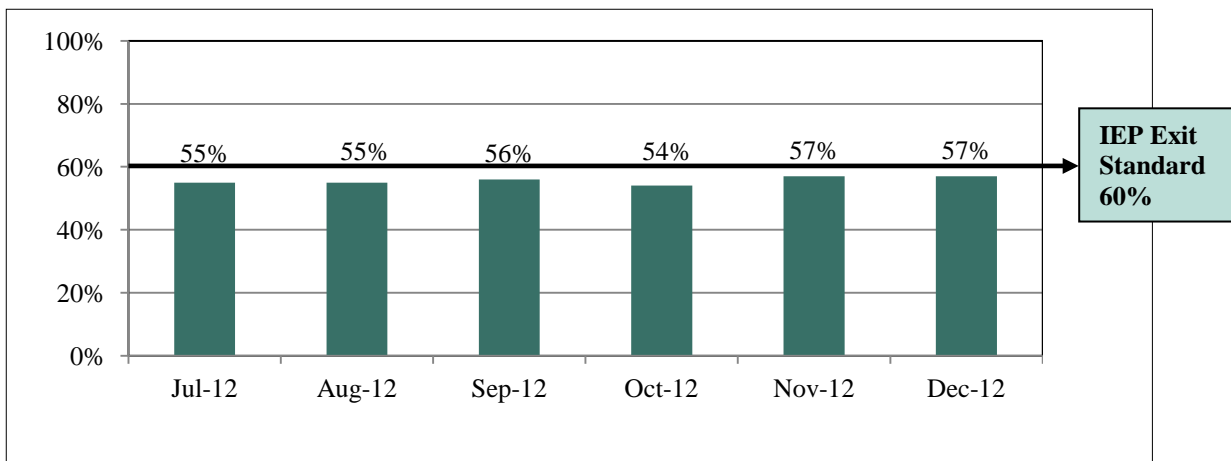


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, a monthly range of 54 to 57 percent of children in foster care for 12 to 24 months had two or fewer placements (see Figure 19). For example, as of December 31, 2012, there were 307 children in foster care during the previous 12 months who were in care for at least 12 months, but less than 24 months; 175 (57%) had two or fewer placements. CFSA's performance is close to meeting the 60 percent requirement of this sub-part of the Exit Standard and as discussed above, the Monitor anticipates increased performance through implementation of specific strategies during calendar year 2013.

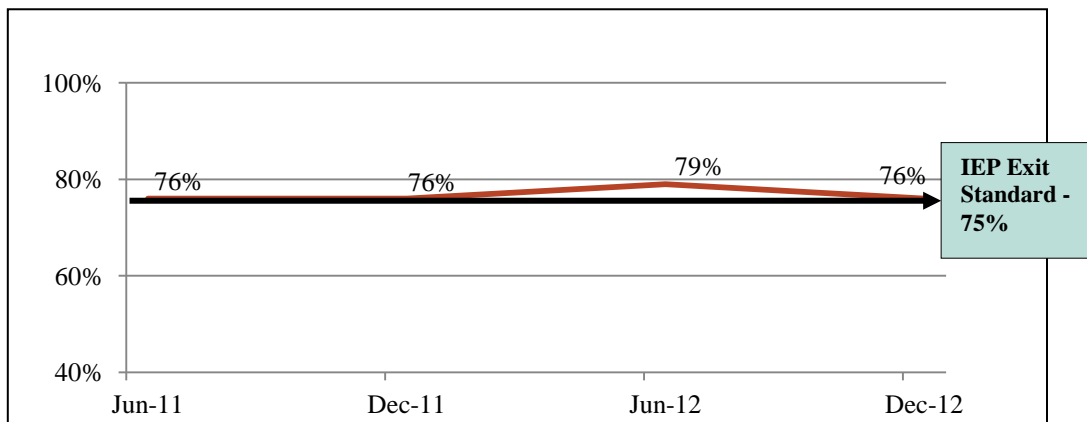
**Figure 19: Children in Foster Care at Least 12 Months but Less than 24 Months with 2 or Fewer Placements
July – December 2012**



Source: CFSA Administrative DATA, FACES.NET PLC234

IEP Requirement	23. <u>Reduction of Multiple Placements for Children in Care:</u> <i>Children in care over two years</i> (IEP citation I.B.13.c.)
Exit Standard	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.

**Figure 20: Children in Foster Care at Least 24 Months
with 2 or Fewer Placements During a 12-Month Period
June 2011 – December 2012**

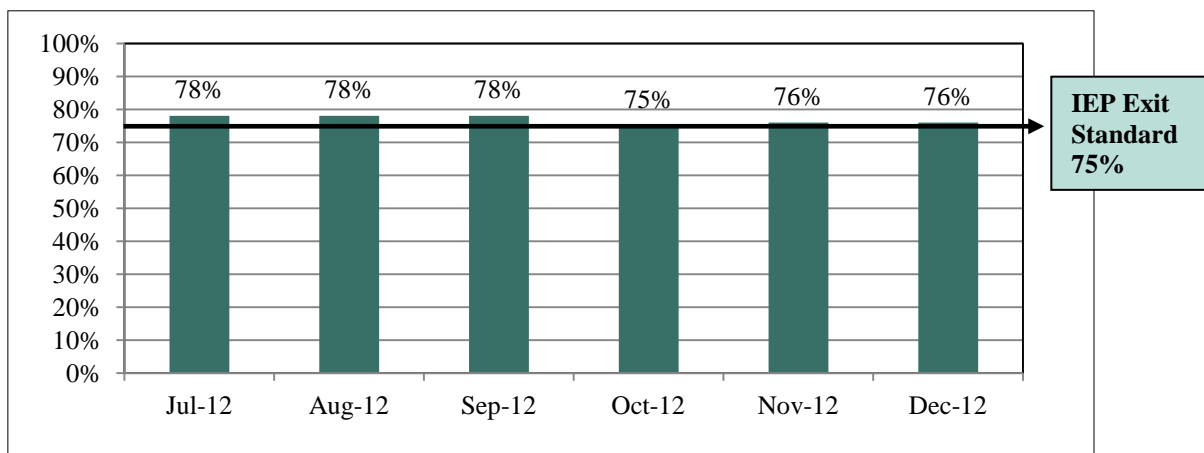


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

For this group of children, the measure is purposely focused on the child or youth's placement experiences in the past 12 months, since many of the children who have long foster care histories have had multiple placements in the past. The analysis is focused on whether these children and youth have achieved stability in the most recent 12 month period. Between July and December 2012, a monthly range of 75 to 78 percent of children in care over two years had two or fewer placements within the past year (see Figure 21). For example, as of December 31, 2012, there were 978 children served in foster care during the previous 12 months who were in care for at least 24 months; 743 (76%) had two or fewer placements during the previous 12 months. CFSA's performance continues to meet this sub-part of the Exit Standard requirement.

**Figure 21: Children in Foster Care at Least 24 Months
with 2 or Fewer Placements During a 12-Month Period
July – December 2012**



Source: CFSA Administrative Data, FACES.NET PLC234

Overall, CFSA has partially achieved this Exit Standard as it has met one sub-part and continues to be close to meeting the other two sub-parts.

4. Timely Approval of Foster Parents

CFSA is responsible for licensing and monitoring foster homes and placement facilities in the District of Columbia, while the state of Maryland and private child placing agencies in Maryland and Virginia are responsible for homes and facilities in those states.

IEP Requirement	24. <i>Timely Approval of Foster/Adoptive Parents</i> : CFSA shall have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training. (IEP citation I.B.14.)
Exit Standard	70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.

Performance for the period July 1 through December 31, 2012:

During this monitoring period, CFSA developed a FACES.NET report to routinely collect data on this Exit Standard for all foster parents who are licensed each month. Between July 1 and December 31, 2012, CFSA and private agencies licensed 95 family foster homes. Thirty-four of these foster homes (36%) were licensed within the 150 day timeframe. Current performance on this Exit Standard is substantially below what is required by the IEP. The 2013 Strategy Plan includes strategies directed at partial barriers affecting the low performance in this area.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on timely approval of foster parents:

- *By October 1, 2012 CFSA will modify its home study licensing contracts to include licensing outcomes that result in timely approval for licensing and relicensing of foster, adoptive, and kinship homes (2012 Strategy Plan, p. 5).*

CFSA reports that in January 2013, agencies who were not licensing foster and adoptive homes within the 150 day timeframe were placed on a Performance Improvement Process (PIP) and are currently implementing plans to improve timely licensure. CFSA has noted increased performance on this Exit Standard since the implementation of the PIP plans

and anticipates continued improvement. Additionally, CFSA has modified family-based contracts to clarify the expectations for timely approval of foster and adoptive parents.

5. Appropriate Permanency Goals

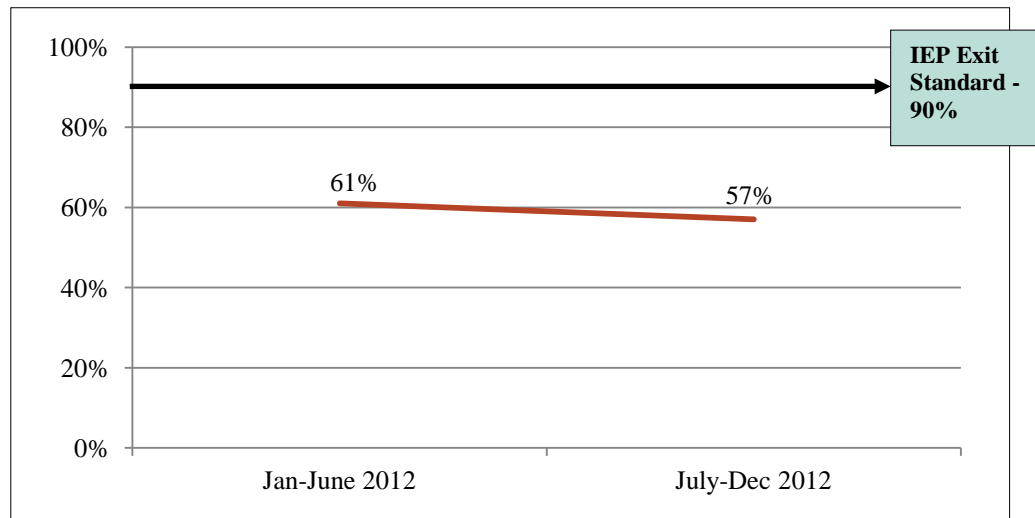
The IEP requires that children have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. There are a number of Exit Standards associated with this outcome that focus specifically on older youth in foster care and those children and youth with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). CFSA has met and maintained most of these IEP Exit Standards. Last monitoring period, CFSA newly met the IEP Exit Standard related to limiting the use of APPLA as a goal for children and youth, therefore that Exit Standard has been redesignated as an Outcome to be Maintained (IEP citation I.B.12.b.)¹²⁶.

The remaining requirement in this area is that youth ages 18 and older have individualized transition plans developed with their participation and with appropriate connections to specific options on housing, health insurance, and education and linkages to continuing adult support services agencies.

IEP Requirement	<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>
Exit Standard	<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>

¹²⁶ The Exit Standard required that beginning July 1, 2010, children shall not be given a goal of APPLA without convening a 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.

**Figure 22: Youth Ages 18 and Older with a Youth Transition Plan
January – December 2012**



Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

CFSA reports that of the 373 youth ages 18 and older under CFSA care between July and December 2012, 213 (57%) participated in a Youth Transition Plan (YTP).¹²⁷ This performance does not meet the IEP Exit Standard that 90 percent of youth ages 18 and older have a plan to prepare them for adulthood that is developed with their consultation. CFSA reports that beginning in October 2012, social workers and program managers received monthly progress updates on completion of YTPs as well as additional measures related to older youth through the use of an Older Youth Scorecard. CFSA reports that program managers and social workers are now being held accountable for tracking their progress.

The IEP further requires that an individualized transition plan be created no later than 180 days prior to the date on which the youth will turn 21 years old (or the date on which the youth will emancipate) that includes appropriate connections to specific options for 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 and Medicaid), work force supports, employment services and local opportunities for mentors.¹²⁸ Additional verification of performance on this Exit Standard did not occur this monitoring period.¹²⁹

¹²⁷ CFSA reports that of the 160 who did not have a YTP, 3 youth were in abscondence for some or all of the monitoring period.

¹²⁸ This Exit Standard is satisfied if CFSA makes and documents good faith efforts to develop a transition plan but the youth refuses to participate in transition planning.

¹²⁹ In a joint endeavor with CFSA and the District of Columbia's Citizen's Review Panel, the Monitor conducted a case record review in the summer of 2012 to determine the rate of YTP completion and evaluate the quality of YTP meetings, resulting plans and subsequent implementation for youth aged 20.5 or about to turn 21. Detailed findings and recommendations from this review were included in the last monitoring report.

Performance on Strategy Plan:

The previous monitoring report described CFSA's plans to support older youth, including specific action steps taken based on findings from a record review conducted with staff from the Monitor, CFSA and Citizen's Review Panel. CFSA's 2012 Strategy Plan included:

- *Based on the findings and recommendations of the review and in conjunction with CFSA's overall review of services provided to older youth, by July 31, 2012, CFSA will (a) identify the principal systemic areas in need of development/improvement; (b) specify action steps with target dates to address the areas in need of improvement/development; or (c) identify the process and timelines by which new or additional services and supports for youth in transition will be obtained (2012 Strategy Plan, p. 7).*

Specifically, CFSA reported implementing a "21 JumpStart" review process for youth leaving care between August and December 2012; developing plans to support the needs of teen parents in foster care; using Rapid Housing resources to support youth with housing needs; developing partnerships with college mentoring programs to support youth bound for or already in college; and providing a comprehensive financial literacy program.

Through the 21 JumpStart reviews of 66 youth, CFSA reports adjusting strategies to support youth far earlier in solidifying post transition plans (especially for housing) and with the service array offered by the Rehabilitative Services Administration.

Additionally, CFSA noted that the teen mother population was most in need of support and therefore a specific unit of experienced social workers has been set up to provide more intensive support to these mothers and their children as well as set aside housing slots for those mothers most at risk of homelessness.

The Office of Youth Empowerment is now responsible for the Rapid Housing referral process for older youth. CFSA is screening youth to ensure that youth are able to move into housing options that are sustainable once the Rapid Housing resources are used. Youth must go through an interview process to apply for funds and during this interview are made aware of the responsibilities associated with the housing program.

CFSA reports developing a partnership with Washingtonians for Children to provide supports to youth enrolled in local colleges (the University of the District of Columbia, Trinity University and Prince Georges Community College). CFSA has also developed a subsidized employment program linking youth to vocational training in areas of anticipated job growth.

Finally, earlier in 2012, CFSA decided to replace their former YTP format with a planning process modeled after the Foster Club of America's Youth Transition toolkit, a youth-driven living document. The new toolkit for youth transition planning has been

designed and train the trainer sessions were scheduled for May 2013 with plans for the new process to be implemented in June 2013. CFSA intends to begin to use this toolkit with youth turning 18 years old. CFSA reports that the long-term goal is for this toolkit to be web-accessible to all youth so they can access information about their transition planning process at any time.¹³⁰

6. Timely Adoption and Permanency

There are a number of IEP outcomes that track processes to move children and youth in the District of Columbia to permanency in a timely manner. These include:

1. Placing children and youth in approved adoptive homes within nine months of their goal becoming adoption.
2. Making reasonable efforts to finalize adoptions within 12 months of placement in the approved adoptive home.
3. Achieving permanency within established timeframes through adoption, guardianship and reunification.

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 goal becoming adoption.¹³¹ There are two Exit Standards to measure this outcome; one for children and youth whose goal changed to adoption prior to July 1, 2010 and the other for children whose goal changed to adoption on July 1, 2010 or thereafter. Both of these IEP Exit Standards have been designated as an Outcome to be Maintained.¹³² However, CFSA has struggled to maintain performance on the timely adoption of children whose permanency goal changed to adoption July 1, 2010 or thereafter. Performance on this IEP Exit Standard is discussed below.

IEP Requirement	27. <u>Timely Adoption</u> : Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)
Exit Standard	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.

¹³⁰ The Ansell Casey Assessment will not be separately used as these assessment domains are part of the new transition tool.

¹³¹ 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 services line of an approved adoptive placement.

¹³² Last monitoring period, CFSA sufficiently achieved performance on the Exit Standard for children whose permanency goal changed to adoption prior to July 1, 2010 and that requirement was redesignated as an Outcome to be Maintained. 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.

Performance for the period July 1 through December 31, 2012:

This Exit Standard requires that 80 percent of the children and youth whose goal changed to adoption on July 1, 2010 or thereafter be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption. From July 1 through December 31, 2012, 36 (84%) out of 43 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change. This Exit Standard was redesignated as an Outcome to be Maintained during the monitoring period January through June 2011, but performance dropped during the last monitoring period.¹³³ For the period under review, the Monitor came to agreement with CFSA on a better way to measure performance on this Exit Standard given that the small number of applicable children each period can account for significant fluctuation in performance.¹³⁴ Based on the data, the Monitor deems performance on this Exit Standard to be maintained.

**Table 7: Children Placed in a Pre-Adoptive Home
Within 9 Months of Goal Change to Adoption
July – December 2012**

	Total number of children with goal of adoption: 9th month	Placed in pre-adoptive home within 9 months
July	5	4 (80%)
August	13	13 (100%)
September	8	6 (75%)
October	7	5 (71%)
November	5	3 (60%)
December	5	5 (100%)
Total	43	36 (84%)

Source: CFSA Administrative Data, FACES.net ADP070

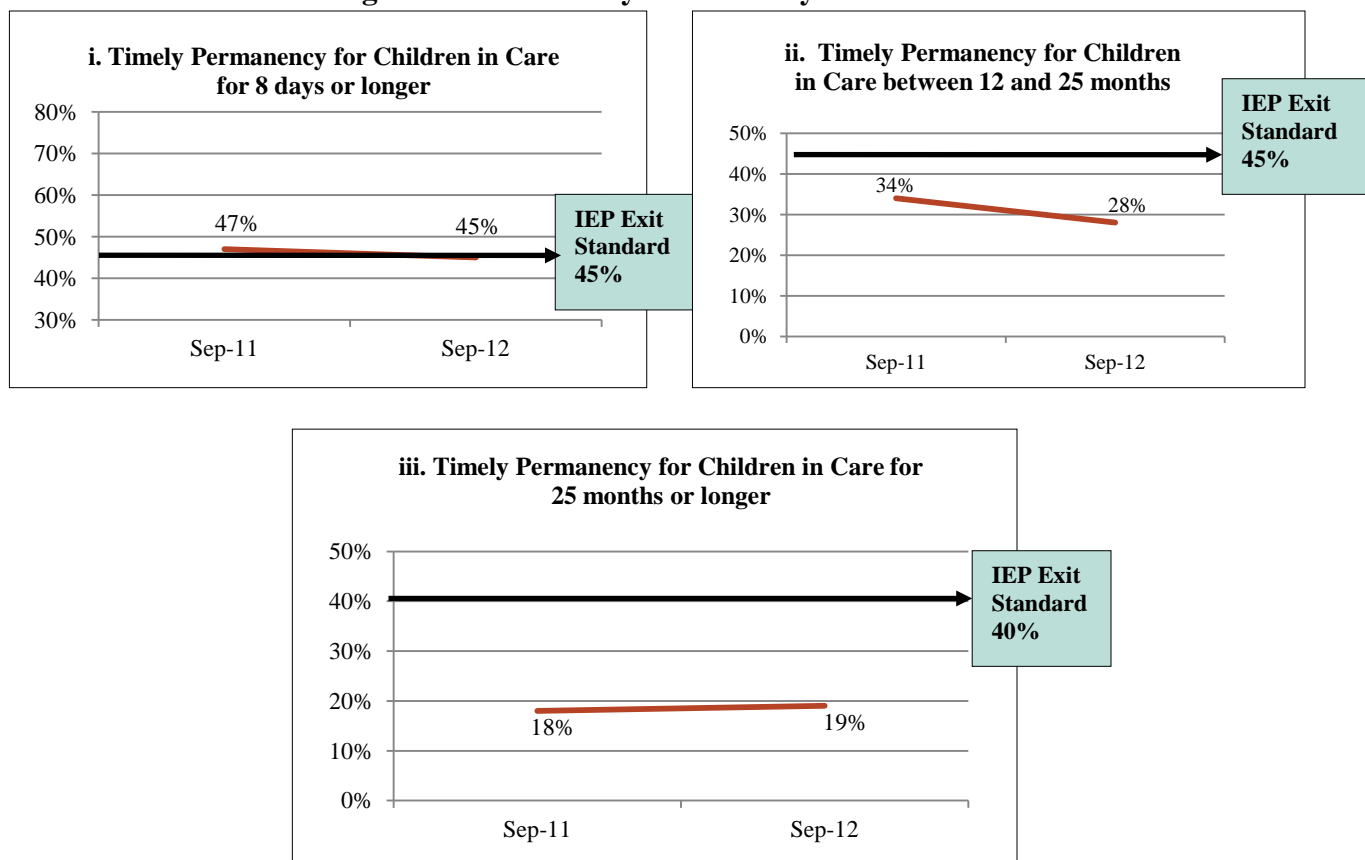
¹³³ During the last monitoring period, January through June 2012, 71 percent of applicable children achieved placement in an adoptive home by the end of the ninth month from when their goal changed to adoption. Due to the small number of children involved, the Monitor did not recommend redesignating this Exit Standard as an Outcome to be Achieved despite the drop in performance.

¹³⁴ The denominator will be based on the total number of children each month who have had the goal of adoption for 9 months. Performance will be based on the total number of those children who were placed in a pre-adoptive home.

Permanency Exits through Adoption, Guardianship and Reunification

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 FY2011 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, 2012. ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2012. iii. Of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2012, whichever is earlier.

Figures 23i-iii: Timely Permanency for Children



Sources: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

The IEP requires CFSA to achieve an agreed upon number and percentage of timely exits for children and youth to a permanent family through adoption, guardianship or reunification. This Exit Standard has three sub-parts that must be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for entry cohorts of children based on their length of stay in foster care. The IEP Exit Standards are measured annually as of the end of the fiscal year, so performance on this Exit Standard is measured as of September 30, 2012.

The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2011 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, 2012. Of the 380 children and youth who entered foster care in FY 2011, 172 (45%) exited to permanency through reunification and guardianship by September 30, 2012; CFSA met this sub-part of the Exit Standard.

The second part of the Exit Standard requires that of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2012. Of the 342 children and youth who were in care more than 12 months and less than 25 months on September 30, 2011, 96 (28%) achieved permanency by September 30, 2012; CFSA did not meet this sub-part of the Exit Standard.

The third and last part of the Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2012, whichever is earlier. For the 1,044 children and youth who had been in care 25 or more months on September 30, 2011, 195 (19%) achieved permanency by September 30, 2012; CFSA did not meet this sub-part of the Exit Standard.

Similar to performance in previous years, these data reflect that CFSA performs better in achieving permanency, mostly through reunification, for children in care for one year or less. However, permanency outcomes for children who remain in care more than 12 months continue to be problematic.

Performance on Strategy Plan and other developments:

Overall, and aligned with the strategic pillar that foster care is a temporary shelter, CFSA is now developing and implementing strategies to ensure that permanency planning occurs from the first day a child enters foster care. In October 2012, CFSA dismantled the Out of Home and Permanency Administration (OHPA) and transitioned adoption unit staff to other administrations and units. The three adoption units maintained cases during this transition time. Now, the In

Home and Permanency Administration (IHPA) staff will maintain responsibility for their cases from when a child first enters foster care until permanency (reunification, adoption, or guardianship) is achieved. Permanency workers with cases with a goal of adoption will receive support from the former adoption unit staff and case practice specialists. In December 2012, case practice specialists trained IHPA supervisors and private agency staff on the adoption process. CFSA has identified ongoing training needs for CFSA and private agency staff related to effective adoption case practice and will be delivering more training in spring 2013.

Also beginning this monitoring period, CFSA initiated “Permanency on the Move,” an additional strategy to move children and youth toward permanency which is being implemented in two phases. During the first phase, onsite intensive case reviews were conducted with all family-based provider agencies and CFSA administrations for children and youth within the following categories:

- Children and youth in care the longest (each unit identified the four youth who have been in care the longest);
- Children and youth in care two years or more;
- Children and youth in the same placement for two or more years;
- Children and youth in pre-adoptive homes;
- Children and youth with the goal of APPLA.

During the second phase of implementation, each private agency and CFSA administration was required to submit a permanency plan for children and youth who fall into one or more of the above categories.

The remainder of this discussion focuses on performance on the strategies previously identified in the 2012 Strategy Plan to improve permanency. These strategies specifically focus on improving practice for children with the goal of adoption or guardianship.

- *Beginning May 1, 2012, CFSA will use a checklist, developed by modifying the tool used jointly with CSSP, to review cases where the child is in a pre-adoptive home to verify that timely efforts are being made toward achieving the goal of adoption (2012 Strategy Plan, p. 9).*

CFSA continues to audit all completed adoptions to assess whether reasonable efforts to finalize adoptions within 12 months of placement were made. From July 1 through December 31, 2012, 89 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.¹³⁵

- *CFSA will continue to conduct staffings for children in a pre-adoptive home and children with a goal of guardianship to identify and address barriers to permanency within 60 days of goal change and every three months until permanency is achieved. Ongoing monitoring will be conducted every 60 days by the social worker with the support of the permanency specialist (2012 Strategy Plan, p. 9).*

CFSA reports that case practice specialists focus on cases involving children with a recent goal change to adoption (within 60 days). These specialists support the worker to help eliminate any barriers and are expected to monitor cases through to successful adoption. CFSA reports conducting 140 staffings between July and August 2012 and 30 of these cases resulted in finalized adoptions. As a result of the adoptions units merger with IHPA described above, CFSA decided to change the review process and reviews are held on a monthly basis. Case practice specialists, workers and program managers work to address identified barriers to permanency. For the months of October through December 2012, CFSA reports that 44 adoptions and 47 guardianships were finalized and 61 children were reunified.

- *Beginning April 1, 2012, recruiters will meet with private agency and CFSA staff to assess recruitment barriers and to identify strategies for each case where the goal has been adoption for six months or longer and a pre-adoptive home has not been identified. Reviews will occur quarterly thereafter (2012 Strategy Plan, p. 9).*

CFSA case practice specialists have been assigned to work with each private agency and meet with providers to discuss barriers to permanency for children in pre-adoptive homes as well as for youth with the goal of APPLA. In addition, CFSA reports that recruiters reach out monthly to private agency and CFSA staff to track the permanency processes for children on their caseload. Every 90 days a staffing is held and information provided by the recruiter is reviewed. Examples of barriers to permanency identified in these staffings include: youth difficulty in adjusting to the goal of adoption; foster parents willing to provide a temporary safe haven but not permanency; and not enough foster parents willing to work with teens, sibling groups and medically fragile children.

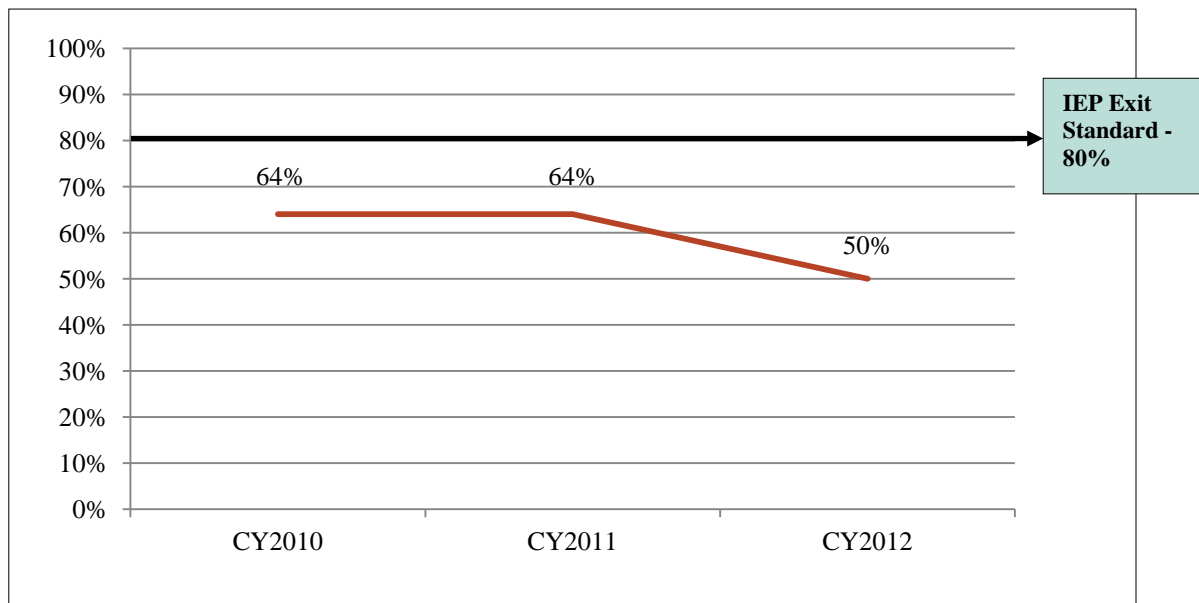
¹³⁵ CFSA reports that 54 adoptions were finalized this monitoring period. Of those 54, 20 adoptions were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 28 children.

7. Case Planning

The case planning process Exit Standard requires CFSA to work with families: (1) to 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) to deliver services reflected in the current case plan. Every effort is to be made to locate family members and 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. Case plans are to identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.

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	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.

**Figure 24: QSR Findings on Case Planning Process
2010-2012**



Source: CFSA and CSSP Quality Service Review Data

Performance for the period January 1 through December 31, 2012:

The Monitor measures performance on this requirement through QSR data. Two indicators from the QSR are used to measure CFSA's performance on the Exit Standard pertaining to case planning: 1) Case Planning Process and 2) Pathways to Safe Case Closure. Figures 25 and 26 below summarize the parameters which reviewers consider in rating performance in the select areas, as well as the descriptions of minimally acceptable performance and marginal/unacceptable performance as contained within the QSR protocol.

**Figure 25: QSR Case Planning Process Indicator Parameters¹³⁶ to Consider
and Description of Acceptable/Unacceptable Performance**

Case Planning Process (CPP)

➤ *Parameters Reviewers Consider:*

- Does the CPP strategically focus the paths and priorities of intervention necessary to achieve specific outcomes for the child/family?
- Is the CPP actually driving practice decisions and activities on the case?
- Does the CPP outline measurable objectives and steps to meet the requirements to achieve the permanency goal in a realistic timeframe?
- Are parents/caregivers (and child if appropriate) involved in creating the plan?
- Are all providers and family members working towards the same outcomes?
- Is the plan modified and strategies and services adjusted in response to progress made, changing needs and circumstances and additional knowledge gained?

➤ *Description of Acceptable/Unacceptable Performance:*

(Minimally) Acceptable Case Planning Process means some key service participants, including some family members, including the child, at least minimally plan steps to achieve outcomes. Most of the specified outcomes focus on achieving permanency. Some participants are in agreement with the steps the family must take, and these steps somewhat address requirements for safe case closure. Transitions are being planned for some of the time. Minimally adequate to fair tracking of service implementation, child and P/C progress, risk reduction, conditions necessary for safe case closure and results are being conducted by the social worker and team.

Unacceptable Case Planning Process shows isolated service participants separately plan Agency-centered efforts for achieving broad, Agency-directed outcomes, rather than measurable objectives with planned steps. The child and family members may not have a voice in the steps they are being asked to take. These steps may not guide the family towards permanency; they may not all be realistic; and/or accomplishing them may not lead to safe case closure. Transitions may be planned for sporadically. Limited or inconsistent tracking and communication are being conducted by the social worker and team.

¹³⁶ Quality Service Review Protocol for Use by Certified Reviewers: A Reusable Guide for a Case-Based Review of Locally Coordinated Children's Services. February 2008.

Figure 26: QSR Pathway to Safe Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance

Pathway to Safe 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:*

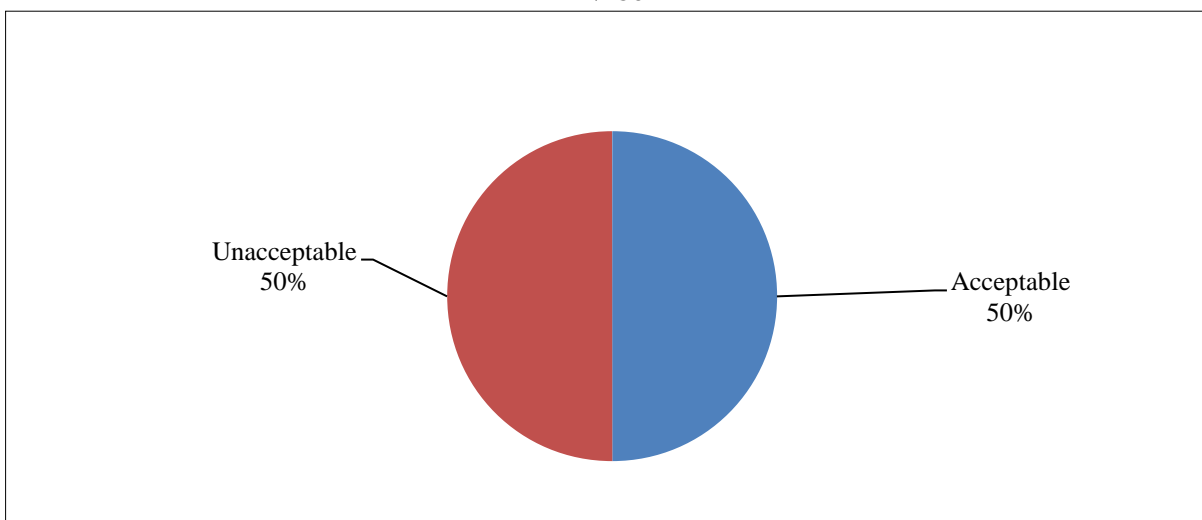
(Minimally) Acceptable Pathway to Safe Case Closure means some people involved in the case understand the case goal, including any plan alternatives. Minimally adequate to fair efforts are being made to achieve the permanency goal and to remove any barriers to permanency. Some people have agreed upon 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 Safe 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.

During calendar year 2012, 86 cases were reviewed using the QSR methodology. As Figure 27 indicates, half of the cases (50%; 43 of 86) were rated as acceptable on *both* the Case Planning Process and Pathway to Safe Case Closure indicators. In some cases, reviewers rated practice as described by one indicator as acceptable, while their assessment was that practice in the other area was unacceptable and needed refinement or improvement. Specifically, 72 percent of cases (62 of 86) were rated acceptable on the Case Planning Process indicator and 56 percent of cases (48 of 86) were rated acceptable on the Pathway to Safe Case Closure indicator. This level of performance does not meet the Exit Standard for an acceptable case planning process.

CFSA reports that work is being done to examine and improve current case planning practices through exploration of models to improve the involvement of fathers and paternal relatives in the case planning process and models that are successful in engaging all team members in the development and execution of the case plan.

Figure 27: QSR Findings on Case Planning Process
January - December 2012
N=86



Source: CFSA and CSSP Quality Service Review data, January – December 2012

Youth Receiving Mental Health Services:

As discussed earlier in this report, children and youth receiving mental health services represent a unique sub-population within CFSA's total population of children and youth served. Of the 86 QSRs conducted during the 2012 calendar year, 61 youth were receiving mental health services. Less than half (27 out of 61; 44%) of cases where the youth was receiving mental health services were rated as acceptable on *both* the Case Planning Process and Pathway to Safe Case Closure indicators (see Table 8 below). This rate is significantly lower than the rate of acceptability for youth who were not receiving mental health services (16 out of 25; 64%).

Table 8: QSR Findings on Case Planning Process
for Children Receiving Mental Health Services
January - December 2012

	Youth receiving mental health services	Youth not receiving mental health services	All children
Acceptable	27 (44%)	16 (64%)	43 (50%)
Unacceptable	34 (56%)	9 (36%)	43 (50%)
Total	61 (71%)	25 (29%)	86 (100%)

Source: CFSA and CSSP Quality Service Review data, January – December 2012

Performance on Strategy Plan Update:

CFSA has employed the following strategies to modify the current QSR protocol and to increase performance on the case planning process:

- *CFSA will review and modify as needed protocols for timely referral of children, youth and families to appropriate mental health services. By December 31, 2012, CFSA and the Department of Mental Health will assess the availability and adequacy of mental health services and provide written recommendations for development, as needed (2012 Strategy Plan, p. 9).*

Representatives from CFSA and the District's Department of Mental Health (DMH) reviewed the utilization rates of DMH evidence-based practice services. This review highlighted the underutilization of DMH services across the board, including by CFSA families. CFSA's Child Welfare Training Academy (CWTA) and DMH representatives developed a series of trainings, conducted in March 2013 for social workers and supervisors to increase awareness and knowledge of available services.

Additionally, DMH and CFSA were both awarded multi-year federal grants that will allow each agency to increase their capacity to serve youth and families with complex needs. CFSA received a grant from the Administration of Children, Youth, and Families to implement a trauma-informed system of care. The 2013 Strategy Plan includes strategies to support the implementation of the Trauma-Systems Therapy model. DMH was awarded a System of Care grant from the Substance Abuse and Mental Health Services Administration to support the creation of an infrastructure for a system designed to deliver a comprehensive array of mental health, case management and outreach services to youth throughout the District.

- *Beginning March 2012, CFSA will collaborate with CSSP and a consultant to modify the QSR protocol, as needed, to be consistent with CFSA's practice model (2012 Strategy Plan, p. 9).*

In February 2013, a shared QSR protocol, which was designed to improve the holistic approach to practice, was finalized by CFSA and DMH. CFSA staff began using this protocol in January 2013. Additional training for both agencies on the shared protocol was led by Human Systems and Outcomes, Inc. in April 2013. Moving forward, CFSA and DMH have agreed to co-facilitate trainings for reviewers on the shared protocol as well as participate in periodic cross-agency case judging upon completion of QSRs in 2013.

C. GOAL: CHILD WELL-BEING

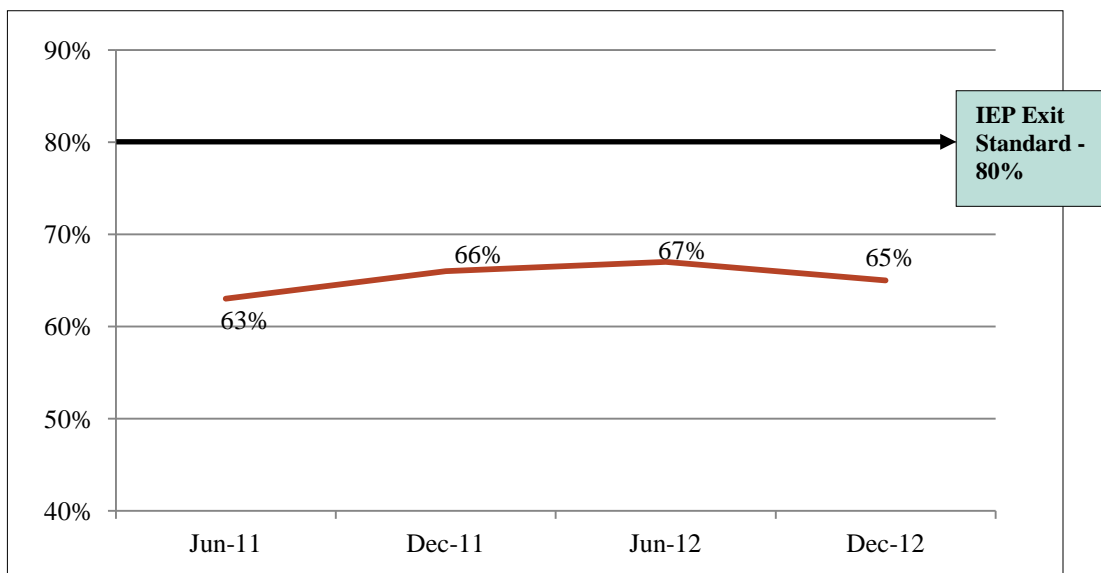
1. Sibling Placements and Visits

Sibling Placement

By placing siblings together, CFSA is able to reduce some of the trauma in children's lives when they must enter out-of-home care and promote and sustain important lifelong connections and supports for children.

IEP Requirement	36. <i>Sibling Placement and Visits</i> : 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. (IEP citation I.C.20.a.)
Exit Standard	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.

**Figure 28: Children in Foster Care Placed with Siblings
June 2011 – December 2012**

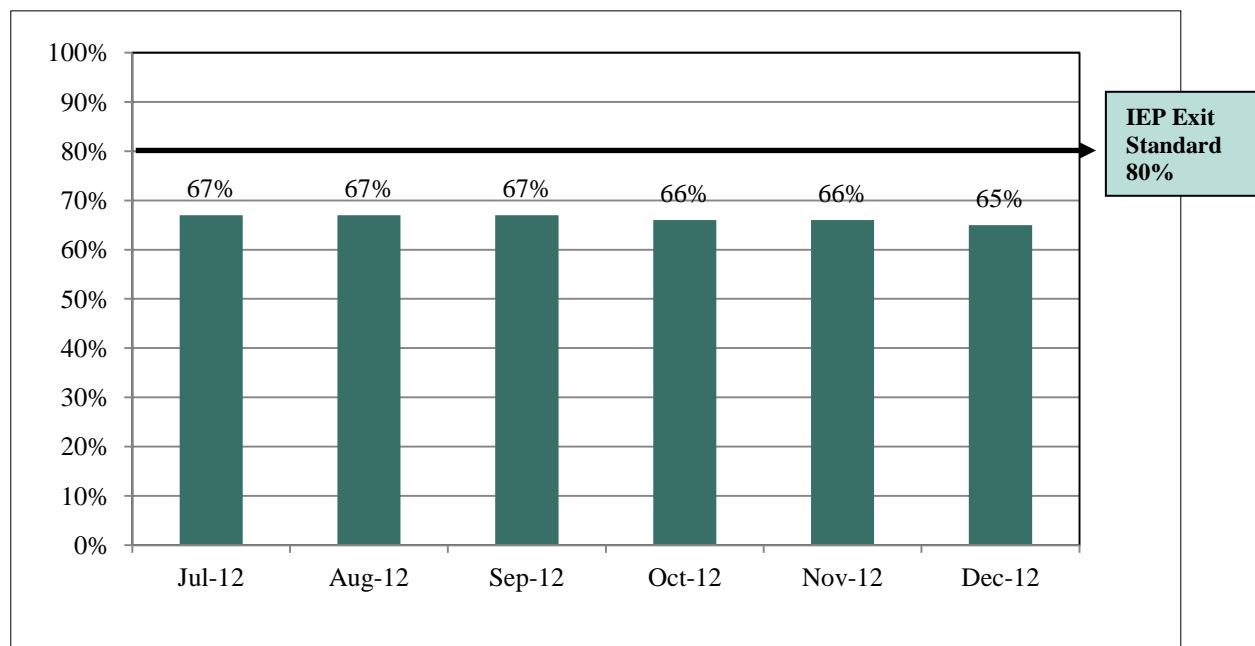


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, performance on this measure ranged between 65 to 67 percent monthly (see Figure 29). For example, as of December 31, 2012, there were 740 children applicable to this measure; 483 (65%) were placed with one or more sibling regardless of the child's time of entry into custody.¹³⁷ CFSA's performance does not meet the level required by the Exit Standard and has not significantly changed over the past two years, with monthly performance ranging between 63 and 68 percent since January 2011.

**Figure 29: Children in Foster Care Placed with Siblings
July – December 2012**



Source: CFSA Administrative Data, FACES.NET report PLC003

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on sibling placement:

- *By the summer of 2012, CFSA will seek a provider(s) with expertise in placing siblings together with a goal of contracting with a provider(s) with such expertise by October 1, 2012 (2012 Strategy Plan, p. 6).*

Revisions were made to the scope of work for new family-based provider contracts to include a provision for innovative approaches to place siblings together. CFSA reports that the solicitation process is complete and the provider proposals are currently under review with an anticipated award date of February 28, 2014.

¹³⁷ The current FACES.NET report provides the number of applicable children in out-of-home care placed with one or more sibling at a point in time. The Monitor and CFSA are currently working to develop a FACES.NET report that will provide placement data on the number of children who enter care with their siblings or within 30 days of their siblings.

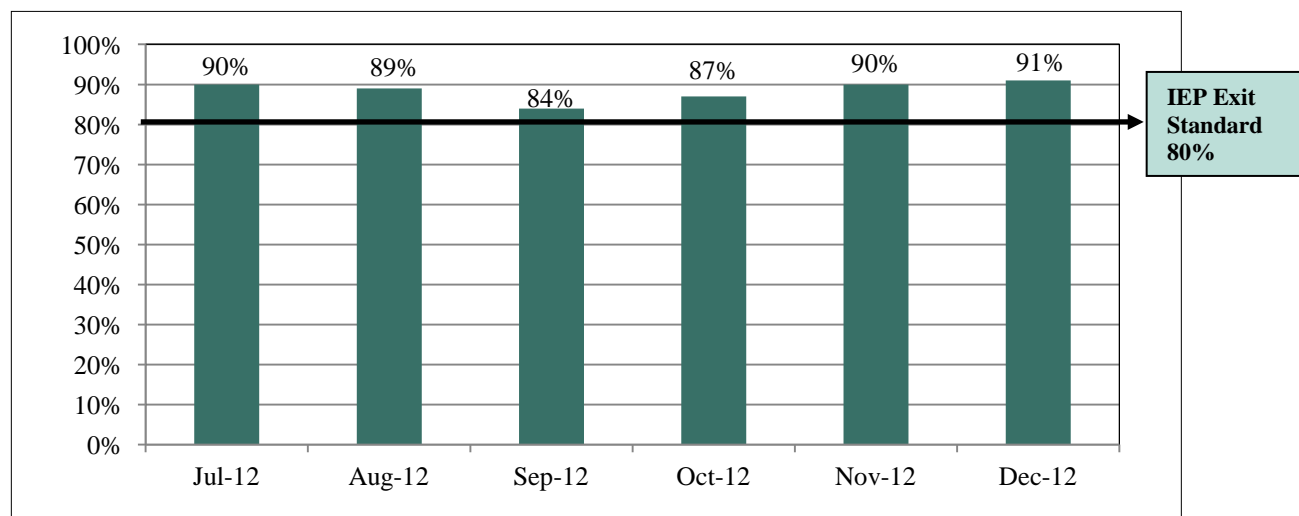
Sibling Visitation

IEP Requirement	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.)
Exit Standard	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.

Performance for the period July 1 through December 31, 2012:

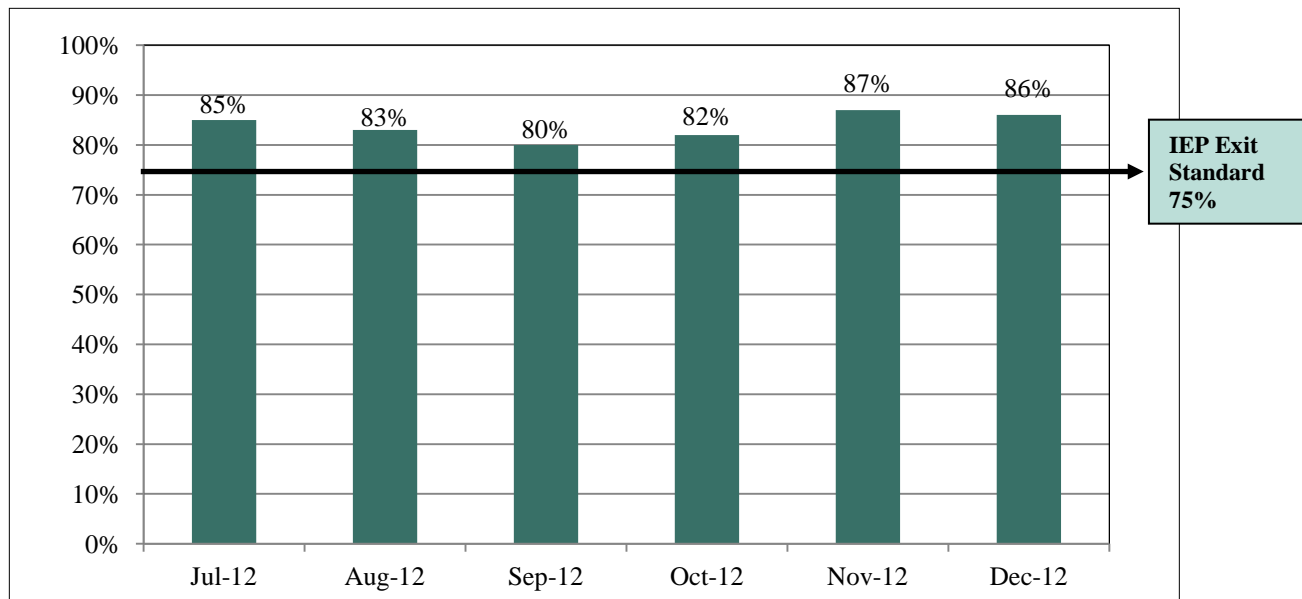
Between July and December 2012, performance on this measure ranged between 84 to 91 percent of children with monthly visits with their separated sibling(s) and 80 to 87 percent of children with twice monthly visits with their separated sibling(s) (see Figures 30 and 31). For example, in December 2012, there were 400 children applicable to this measure; 362 (91%) had at least one visit during the month with at least one of their siblings and 345 (86%) had at least twice monthly visitation with at least one sibling. CFSA's performance during this period meets this Exit Standard for the first time.

**Figure 30: Monthly Visits between Children in Separated Sibling Groups
July – December 2012**



Source: CFSA Administrative Data, FACES.NET report CMT219

**Figure 31: Twice Monthly Visits between Children
in Separated Sibling Groups
July – December 2012**



Source: CFSA Administrative Data, FACES.NET report CMT219

2. Assessments for Children Experiencing a Placement Disruption

In an effort to increase placement stability for children, CFSA is required 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 re-placement.

IEP Requirement	<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 align="right">(IEP citation I.C.21.)</p>
Exit Standard	<p>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</p>

Performance for the period July 1 through December 31, 2012:

There are no data available for the period under review. The Monitor originally planned to conduct a case record review to collect data for this measure; however, CFSA's implementation of a new utilization management process within the Placement Services Unit is recently capable of collecting this data, which can then be verified and analyzed by the Monitor. CFSA began regularly using a newly developed Child Needs Assessment tool and process (see below) on February 1, 2013 for all children and youth who were newly removed from their homes and for all children and youth who experienced a placement disruption. Data from this process will be available for validation by the Monitor for the January through June 2013 monitoring period.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on the assessment of children experiencing a placement disruption:

- *By April 30, 2012, CFSA will develop and implement a placement assessment tool that will capture key placement information (e.g., the reason for any prior placement changes and pertinent medical and mental health information). The tool will be completed by the social worker and Placement Services Administration (PSA) staff and will be used by PSA to assess the best possible new placement for the child (2012 Strategy Plan, p. 7).*

In June 2012, CFSA began implementation of a placement assessment tool that was developed after consultation with the Child Welfare Strategy Group from the Annie E. Casey Foundation. The original tool has been revised and as mentioned above, on February 1, 2013, CFSA staff began using this tool and placement assessment process for all children and youth who were newly removed from their homes and with all children and youth who experienced a placement disruption. The tool, titled Child Needs Assessment, is structured to collect information about the child or youth in the following areas: mental health and behavioral special needs; interventions necessary to manage mental health, behavioral or developmental needs; medical and physical characteristics; personal care needs due to developmental and/or medical and physical needs; psychotherapy and counseling needs; educational information; and cultural and linguistic needs.

CFSA reports that by March 1, 2013, all children in care were assigned a resource development specialist and by May 2013, these specialists will complete an assessment for all children in out-of-home care.

-
- *Within 30 days following a placement disruption, a team meeting, led by the social worker, will be convened to address the child's current needs and circumstances and action steps to prevent future disruptions, if needed, will be developed and documented in FACES.NET (2012 Strategy Plan, p. 7).*

CFSA reports that as part of the assessment process described above, beginning in February 2013, team meetings are convened within one to five business days of notice that a child or youth's placement has disrupted in order to collect relevant information for the Child Needs Assessment. The participants in the team meeting include, at a minimum, the resource development specialist, the child or youth's social worker, the provider agency (if applicable) and the child or youth's guardian *ad litem*. If relevant members of the team are unable to meet, the resource development specialist gathers information from those individuals to inform the assessment. CFSA reports that if possible, the team meeting occurs prior to the child or youth leaving the placement that has requested the child's removal in an effort to strategize and put services in place to prevent the placement disruption. Implementation of this process is ongoing.

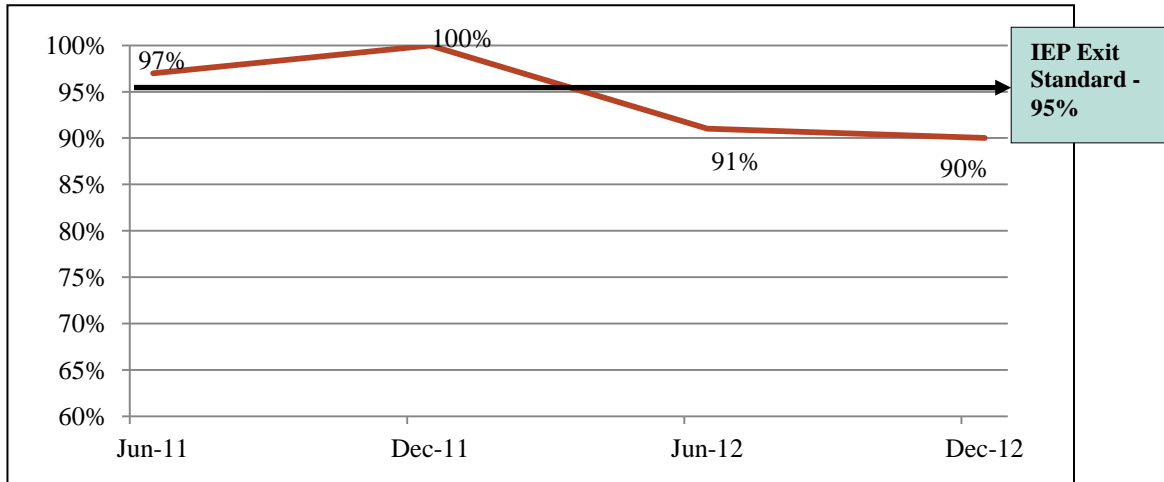
3. Health and Dental Care

Health Screening Prior to Placement

The IEP requires children in foster care to have a health screening prior to an initial placement, re-entry into care or change in 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.

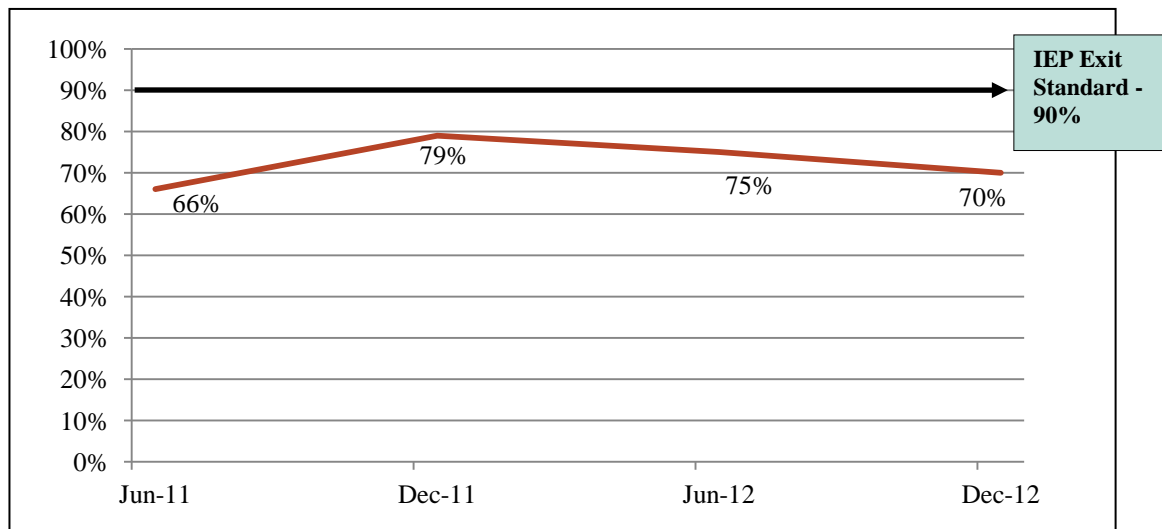
IEP Requirement	39. <u>Health and Dental Care</u> : Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)
Exit Standard	95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening.

Figure 32: Percentage of Children who Received a Health Screening Prior to Placement (Initial or Re-Entries) June 2011-December 2012



Source: CFSA Administrative Data

Figure 33: Percentage of Children who Received a Health Screening Prior to Re-Placement (for Children with Multiple Placements) June 2011-December 2012



Source: CFSA Administrative Data

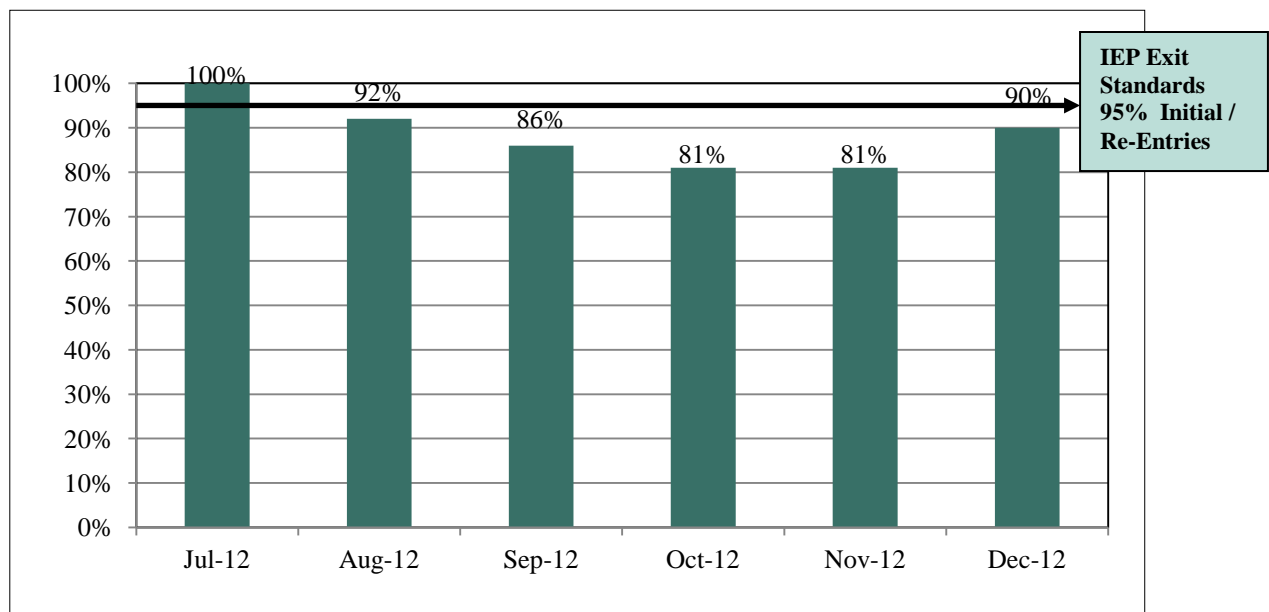
Performance for the period July 1 through December 31, 2012:

Between July and December 2012, performance related to health screening prior to placement for children who initially entered or re-entered foster care ranged between 78 and 100 percent monthly (see Figure 34 below). For example, in December 2012, there were 20 children who were initially placed or re-entered foster care; 18 (90%) children received a health screening prior to being placed.

Performance related to health screening for children prior to a placement change ranged between 69 and 81 percent monthly from July through December 2012 (see Figure 35 below). For example, there were 99 children who experienced a placement change in December 2012. The 99 children who experienced a placement change in December 2012 accounted for 103 placement change activities. In 72 (70%) of the 103 placement changes, the child received a health screening prior to the change in placement.

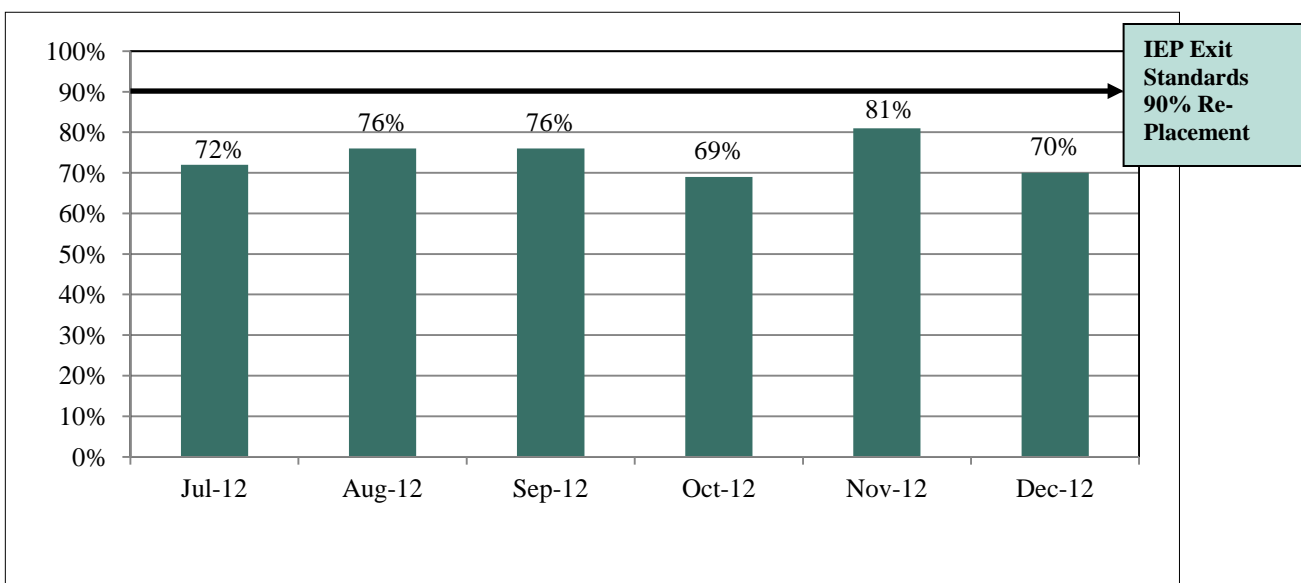
This performance does not meet the level required by the IEP.

**Figure 34: Percentage of Children who Received a Health Screening Prior to Placement (Initial and Re-Entries)
July – December 2012**



Source: CFSA Administrative Data, FACES.NET report HTH004

**Figure 35: Percentage of Children who Received a Health Screening
Prior to Re-Placement (for Children with Multiple Placements)
July – December 2012**

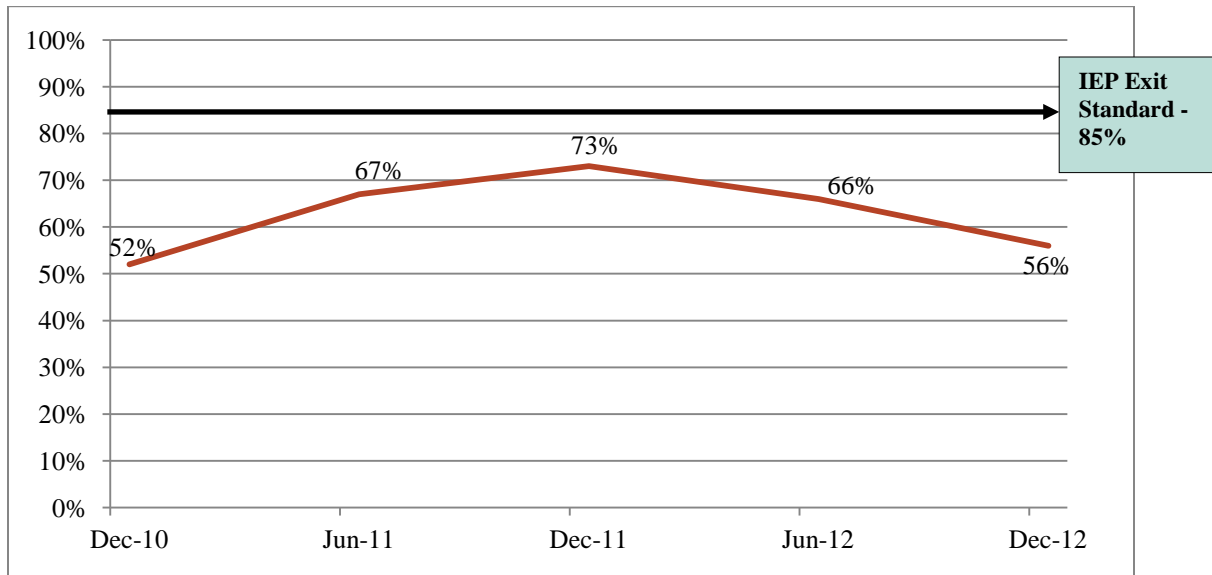


Source: CFSA Administrative Data, FACES.NET report HTH004

Full Medical Evaluation within 30 and 60 Days of Placement

IEP Requirement	<p>40. <u><i>Health and Dental Care</i></u>: Children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>(IEP citation I.C.22.b.i.)</p>
Exit Standard	<p>85% of children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</p>

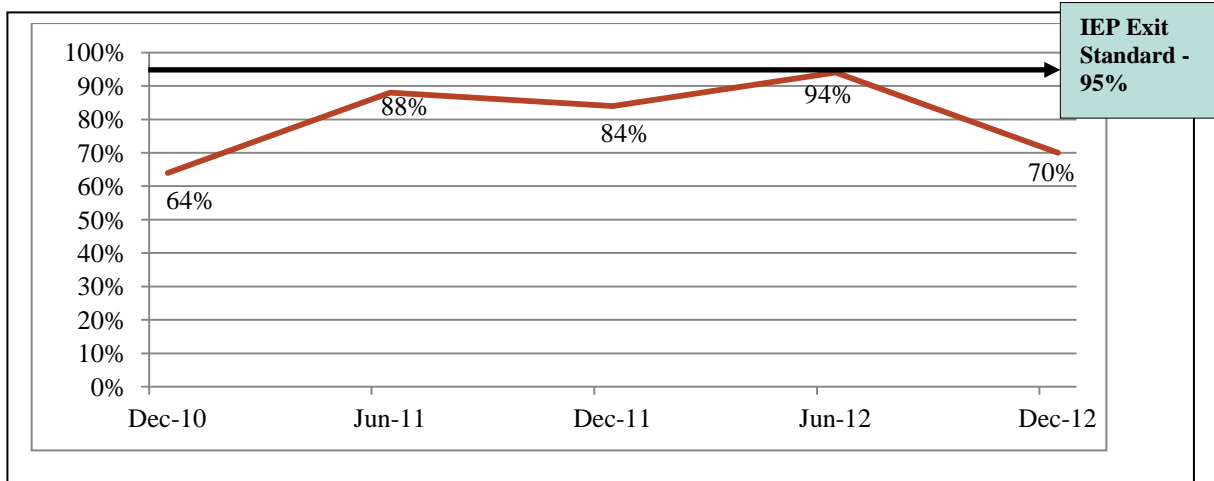
**Figure 36: Percentage of Children who Received a Full Medical Evaluation
Within 30 Days of Placement
December 2010-December 2012***



Source: CFSA Administrative Data

*June 2011 data are reconciled across April-June 2011.

**Figure 37: Percentage of Children who Received a Full Medical Evaluation
Within 60 Days of Placement
December 2010-December 2012***



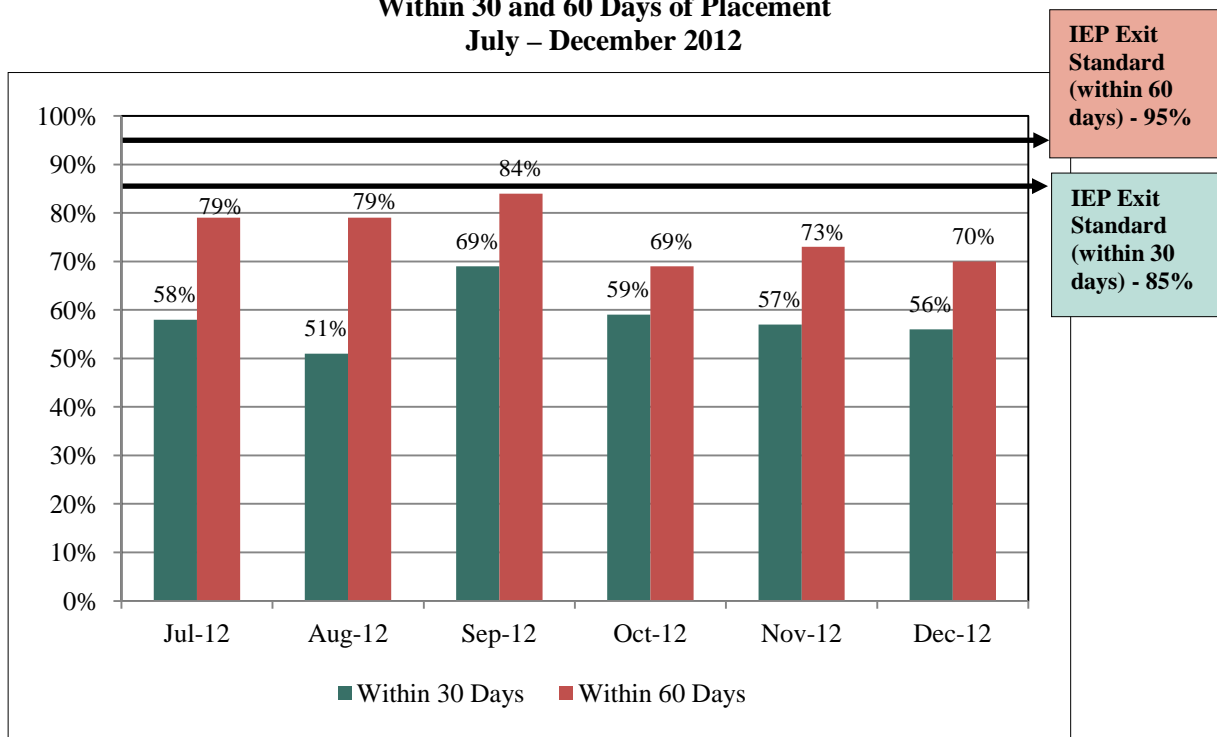
Source: CFSA Administrative Data

*June 2011 data are reconciled across April-June 2011.

Performance for the period July 1 through December 31, 2012:

From July through December 2012, a monthly range of 51 to 69 percent of children in foster care received a full medical evaluation within 30 days of placement and an additional 10 to 28 percent of children per month received a full medical evaluation within 60 days of placement, for a total of between 69 and 84 percent of children monthly receiving a full medical evaluation within 60 days of placement in foster care (see Figure 38 below). For example, in December 2012, there were 57 children applicable to this measure; 32 (56%) had a medical evaluation within 30 days of placement and an additional 8 (14%) had a medical evaluation within 60 days of placement. This performance is substantially below the IEP requirement.

**Figure 38: Percentage of Children who Received a Full Medical Evaluation
Within 30 and 60 Days of Placement
July – December 2012**

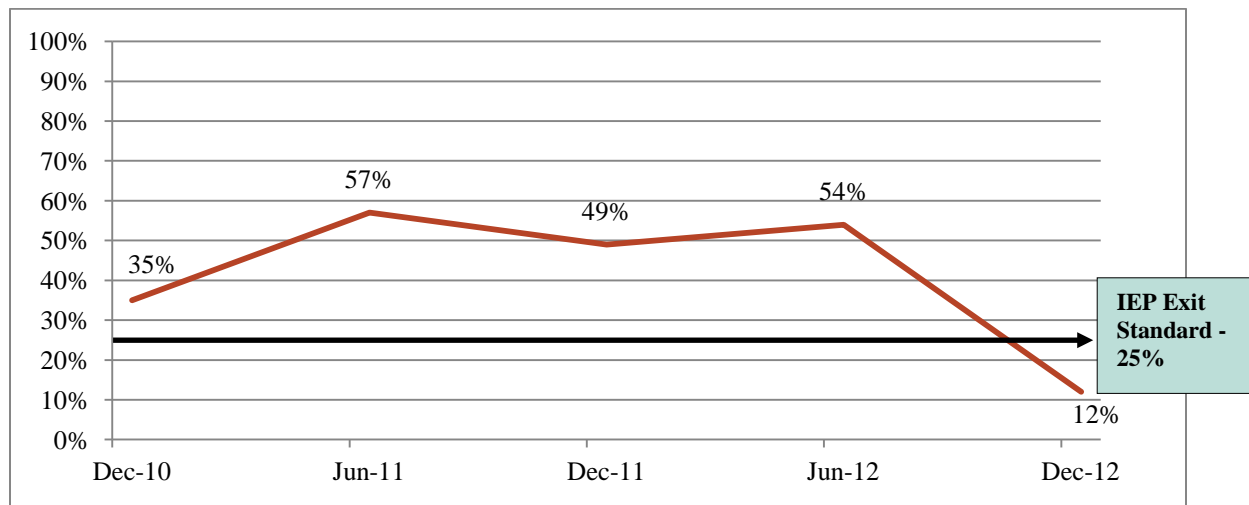


Source: CFSA Administrative Data, FACES.NET report HTH005

Full Dental Evaluation within 30, 60 and 90 Days of Placement

IEP Requirement	<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>
Exit Standard	<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>

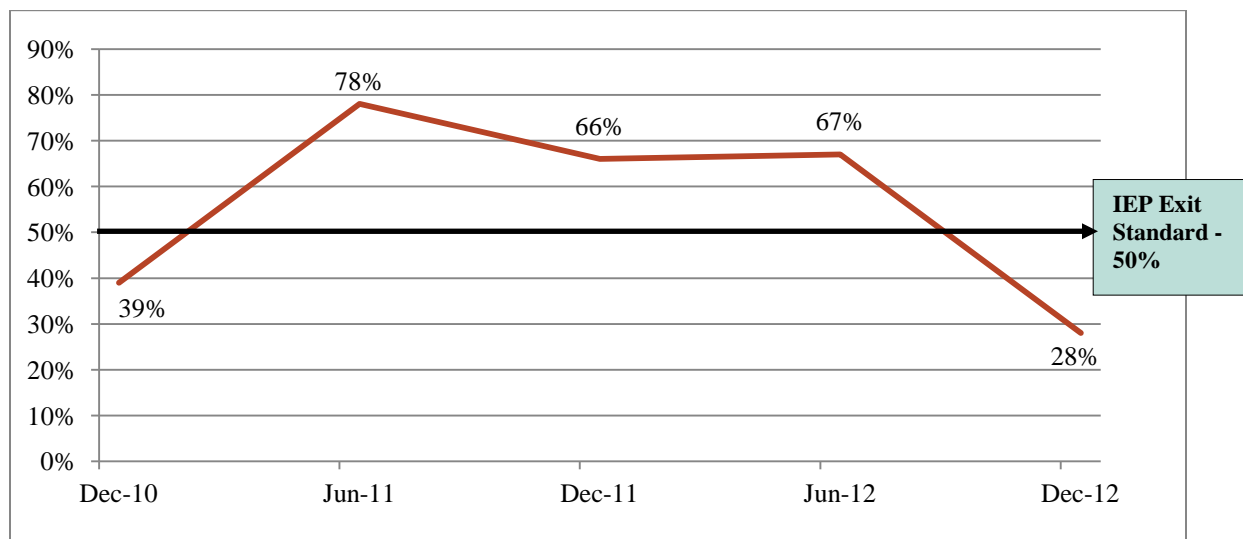
**Figure 39: Percentage of Children who Received a Full Dental Evaluation Within 30 Days of Placement
December 2010-December 2012***



Source: CFSA Administrative Data

*June 2011 data are reconciled across the January-June 2011 monitoring period.

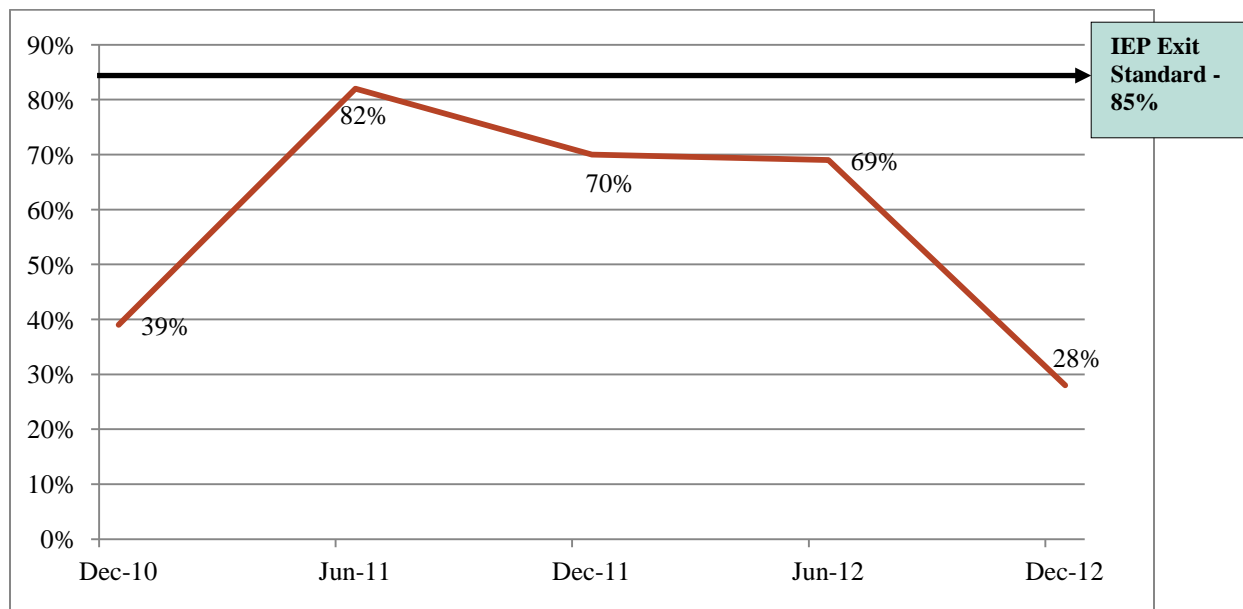
**Figure 40: Percentage of Children who Received a Full Dental Evaluation
Within 60 Days of Placement¹³⁸
December 2010-December 2012***



Source: CFSA Administrative Data

*June 2011 data are reconciled across the January-June 2011 monitoring period.

**Figure 41: Percentage of Children who Received a Full Dental Evaluation
Within 90 Days of Placement¹³⁹
December 2010-December 2012***



Source: CFSA Administrative Data

*June 2011 data are reconciled across the January-June 2011 monitoring period.

¹³⁸ Data include children who received full dental evaluation within 30 days.

¹³⁹ Data include children who received full dental evaluation within 30 and 60 days.

Performance for the period July 1 through December 31, 2012:

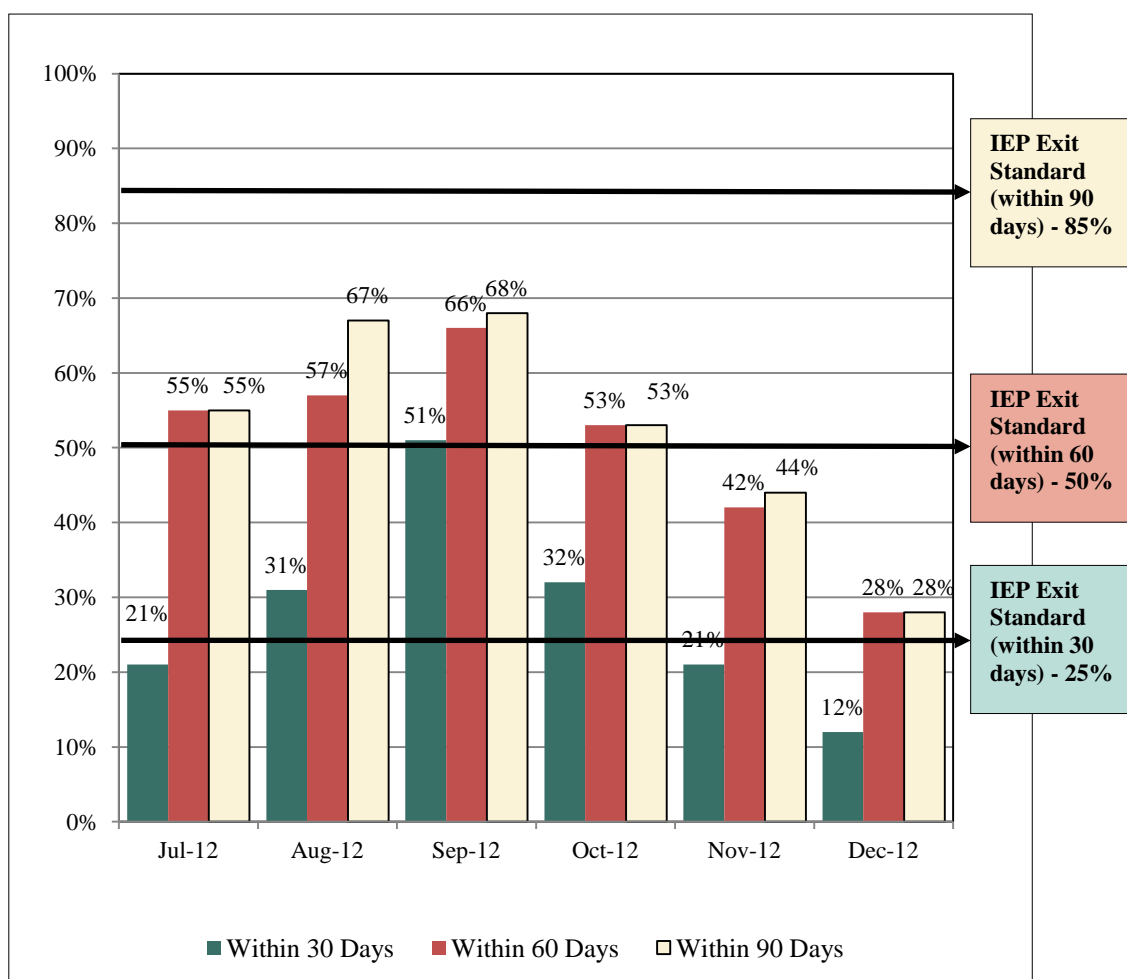
From July through December 2012, between 12 and 51 percent of children per month received a full dental evaluation within 30 days of placement (see Figure 42 below). An additional 15 to 34 percent of children per month received a full dental evaluation within 60 days and an additional zero to 10 percent of children per month received a full dental evaluation within 90 days, for a total of between 28 and 66 percent of children per month receiving a full dental evaluation within 60 days and between 28 and 68 percent of children per month receiving a full dental within 90 days. For example, in November 2012, this measure applied to 48 children. Of the 48 children, 10 (21%) had a dental evaluation within 30 days of placement, an additional 10 (21%) had a dental evaluation within 60 days of placement and one (2%) additional child had a dental evaluation within 90 days of placement. The remaining 27 children did not receive a full dental evaluation within 90 days of placement.

Of particular concern, during the month of December 2012 there was a significant drop in the number of children who received a dental evaluation within 30, 60 and 90 days of placement. Of the 43 children placed in December, five (12%) received an evaluation within 30 days and an additional seven (16%) received an evaluation with 60 days of placement. No additional children received an evaluation within 90 days of placement meaning that only 28 percent received a full evaluation within 90 days and the remaining 31 (72%) children did not receive a full dental evaluation within 90 days of placement.

Performance during this monitoring period on children's receipt of dental examinations has declined substantially and does not meet the IEP requirement on any of the sub-parts.

CFSA has reviewed the circumstances of the decline in health care performance and found barriers related to schedules (foster parent or social worker) and missed appointments. In December 2012, CFSA began conducting health care marathons on Saturdays which will continue quarterly to allow for walk-in appointments. Additionally, clinic staff follow up with the caseworkers on scheduling appointments and the foster care resource unit conducts "welcome calls" with caregivers. The "welcome call" advises the foster parent that a comprehensive medical exam, dental evaluation and mental health evaluation will be needed during the first month.

**Figure 42: Percentage of Children who Received a Full Dental Evaluation
July – December 2012**

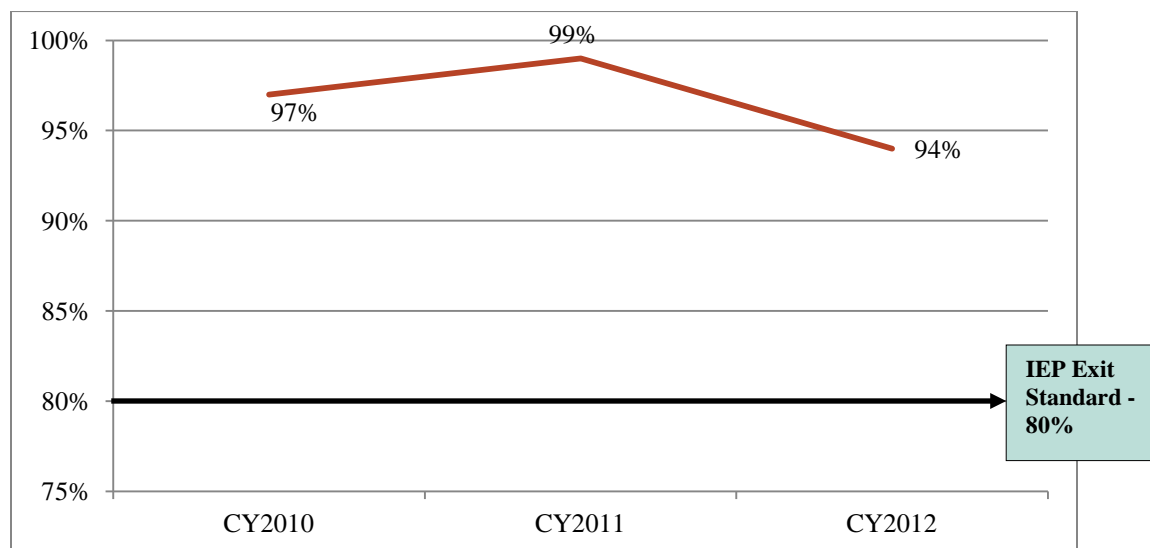


Source: CFSA Administrative Data, FACES.NET report HTH005

Timely Access to Health Care Services

IEP Requirement	42. <u>Health and Dental Care</u> : Children in foster care shall have timely access to health care services to meet identified needs (IEP citation I.C.22.c.)
Exit Standard	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.

**Figure 43: QSR Findings on Timely Access to Health Care Services
CY 2010-2012**



Source: CFSA Administrative Data

In accordance with the IEP, CFSA is to ensure that children in foster care have timely access to health care services to meet identified needs. Due to strong performance on this measure in previous monitoring periods, this Exit Standard has been redesignated as an Outcome to be Maintained. Performance this monitoring period measured through the QSR remained at 94 percent, exceeding the Exit Standard requirement.¹⁴⁰

¹⁴⁰ 81 of 86 cases reviewed through QSR were rated as acceptable on the health status indicator for CY2012.

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. <div>(IEP citation I.C.22.d.)</div>
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.

Performance for the period July 1 through December 31, 2012:

There were no data available during this monitoring period to assess performance on this Exit Standard. During this monitoring period CFSA began tracking the distribution of Medicaid cards, including documenting when the card was received from the Department of Health Care Finance (DHCF) and when it was distributed to the assigned social worker. However, this manual tracking system did not capture all the necessary elements, including when the foster parent received the Medicaid card. The tracking template has been updated to include the previously missing information and the Monitor expects to be able to report performance on this measure in the next monitoring period.

Performance on Strategy Plan:

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

- *By May 1, 2012, CFSA will issue a written protocol for the receipt and delivery of the Medicaid number and card to foster parents. The Passport form will be revised to include the Medicaid number. The social worker will deliver the Passport and acknowledgment form to the foster parents. After the Agency receives the Medicaid card, the social worker will deliver it to the foster parent during a subsequent visit. The foster parent will be asked to sign an acknowledgment of receipt of the Medicaid card. The written acknowledgement forms will be centrally maintained by the Business Services Administration (2012 Strategy Plan, p.7,8).*

This strategy was revised after a review by CFSA found that the portion of the protocol requiring that the signed Placement Passport Packet receipts be submitted to the Business Services Administration was not being consistently implemented. CFSA revised the strategy and delegated responsibility to administer and coordinate the distribution of Medicaid cards and numbers to the Placement Services Unit. During the current monitoring period, CFSA implemented and revised its manual tracking system for the distribution of the Medicaid card. Medicaid cards are now delivered directly to the foster parent using certified mail. For foster parents who are not comfortable accepting certified mail, through regular mail CFSA encloses an acknowledgement of receipt form that the foster parent must mail back to the Agency.

CFSA has also developed additional strategies to ensure foster parents receive the Medicaid number in a timely manner. The Medicaid number is now given to nurses at the Healthy Horizon Clinic, who are responsible for ensuring the Medicaid number is active, to include the number in the Passport Packet. The welcome call strategy mentioned earlier in this section will also be used to ensure foster parents receive the Medicaid number within five days of a child's placement. CFSA will utilize both strategies and assess if both are necessary going forward. These strategies are included in the 2013 Strategy Plan.

D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

1. Caseloads and Supervisory Responsibilities

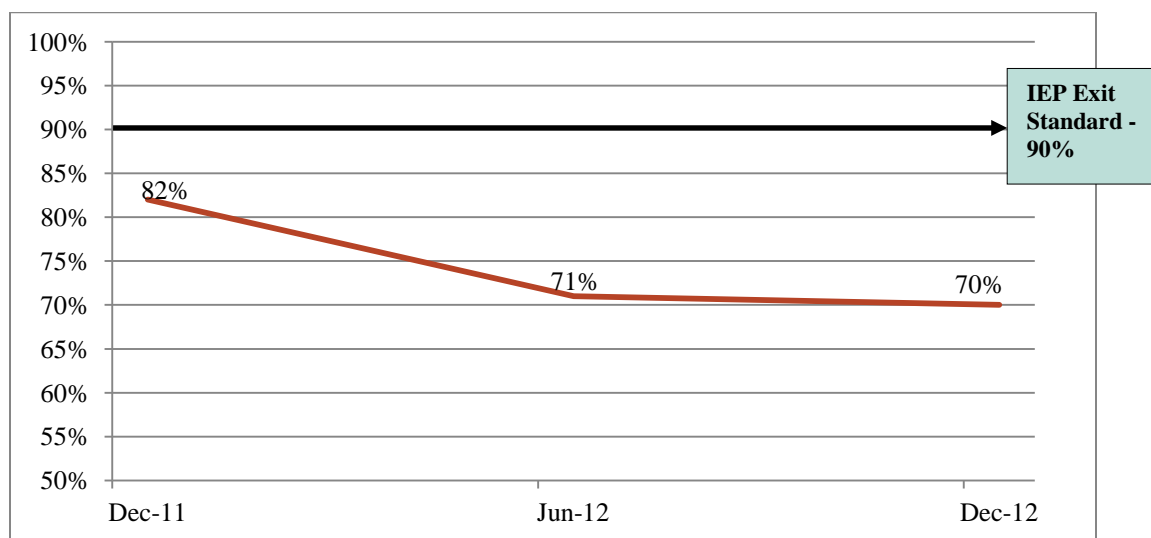
Caseloads

Exit Standards pertaining to caseloads and supervisory responsibilities are currently designated as an Outcome to be Maintained. Given the critical importance of caseload size and recent concerns with the increase in size of investigative caseloads and in the number of unassigned cases, this section provides additional information on worker and supervisory caseloads.

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 44: Percentage of Investigative Workers who Met Exit Standard Requirements for Caseloads
December 2011-December 2012**



Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

The number of investigative workers with caseloads exceeding the IEP caseload standards has continued to increase during this monitoring period. Between July and December 2012, a range of 56 to 76 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Table 9). Additionally, during this same time period, a monthly range of nine to 16 investigators had a caseload exceeding 15 investigations each month, which is prohibited by the IEP. This is consistent with the data from the last monitoring period where the number of investigators who had caseloads of more than 15 each month ranged from seven to 18. During this monitoring period, CFSA failed to meet the performance required by this sub-part of the Exit Standard due to the high caseloads. During November and December 2012, the number of investigative caseworkers carrying more than 18 investigations peaked to eight (11%) and 11 (16%) workers respectively. In addition to investigative caseworkers, between two and eight supervisors and program managers carried cases each month. Supervisors and program managers were responsible for between 13 to 39 cases each month which accounted for two to five percent of all investigations each month. Table 9 below illustrates the caseloads of investigative workers by month.

**Table 9: Investigative Social Workers Exceeding Caseload Limits
July – December 2012**

Month	Workers Carrying no more than 12 Investigations: Met Exit Standard	Workers Carrying 13-15 Investigations	Workers Carrying 16-18 Investigations	Workers Carrying More Than 18 Investigations	Total Workers Carrying More Than 12 Investigations
July 2012 (N=63)	35 (56%)	12 (19%)	13 (21%)	3 (5%)	28 (44%)
August 2012 (N=63)	48 (76%)	5 (8%)	7 (11%)	3 (5%)	15 (24%)
September 2012 (N=67)	49 (73%)	9 (13%)	7 (10%)	2 (3%)	18 (27%)
October 2012 (N=70)	51 (73%)	7 (10%)	9 (13%)	3 (4%)	19 (27%)
November 2012 (N=72)	46 (64%)	15 (21%)	3 (4%)	8 (11%)	26 (36%)
December 2012 (N=69)	48 (70%)	5 (7%)	5 (7%)	11 (16%)	21 (30%)

Source: CFSA Administrative Data, FACES.net INV068

*Percentages may not total 100% due to rounding

As noted in the last monitoring report, CFSA attributes the spike in investigative worker caseloads to intensified educational neglect reporting by District of Columbia Public Schools (DCPS) and charter schools. The number of open investigations peaked at 746 as of July 31, 2012 and was at or below 670 as of the last day of the month in August, September and October before climbing above 700 as of the last day of the month in November and December. While performance on this measure overall was slightly improved from the last monitoring period, increases in the number of investigative workers carrying more than 18 cases during November and December highlights a critical area of concern for CFSA and the Monitor.

CFSA is aware of the unacceptably high investigative caseloads and the impact they have on the quality of investigations and worker morale. As discussed previously in this report, during the current monitoring period, CFSA hired additional staff to reduce current and future investigative worker caseloads. CFSA continues to hire and train additional staff within CPS. Additionally the 2013 Strategy Plan includes a strategy requiring CFSA to create an overflow CPS unit in order to immediately fill vacancies and positions when staff are on extended leave. The Monitor will continue to examine this area of practice.

Family Assessment Caseloads

Family Assessment (FA) is a pathway within the Differential Response (DR) system that facilitates the referral to community-based services for families where there are no safety concerns without labeling the families with a finding of child abuse or neglect. During this monitoring period CFSA added an additional FA unit which increased the number of staff from five caseworkers and one supervisor to 10 caseworkers and two supervisors. Caseloads for FA workers ranged from one to 20 during the months of July to December 2012. As of December 31, 2012, one supervisor carried eight cases while the other supervisor carried three.¹⁴¹ Table 10 displays the caseloads of FA workers during the period under review. As of November 30, 2012, 30 percent of FA workers had caseloads of more than 12 families and as of December 31, 2012, 100 percent of FA workers had caseloads of more than 12 families.

¹⁴¹ One investigative supervisor and one investigative worker each carried one FA case every month. The investigative worker who carried one FA case each month also carried between 16 and 22 investigations each month during this monitoring period.

Table 10: Family Assessment (FA) Social Workers Caseloads*
July – December 2012

Month	Workers Carrying No More than 12 FA Cases	Workers Carrying 13-15 FA Cases	Workers Carrying Over 15 FA Cases
July 2012 (n=5)	3 (60%)	2 (40%)	0 (0%)
August 2012 (n=5)	5 (100%)	0 (0%)	0 (0%)
September 2012 (n=5)	5 (100%)	0 (0%)	0 (0%)
October 2012 (n=10)	10 (100%)	0 (0%)	0 (0%)
November 2012 (n=10)	7 (70%)	2 (20%)	1 (10%)
December 2012 (n=9)	0 (0%)	1 (11%)	8 (89%)

Source: CFSA Administrative Data, FACES.net INV068

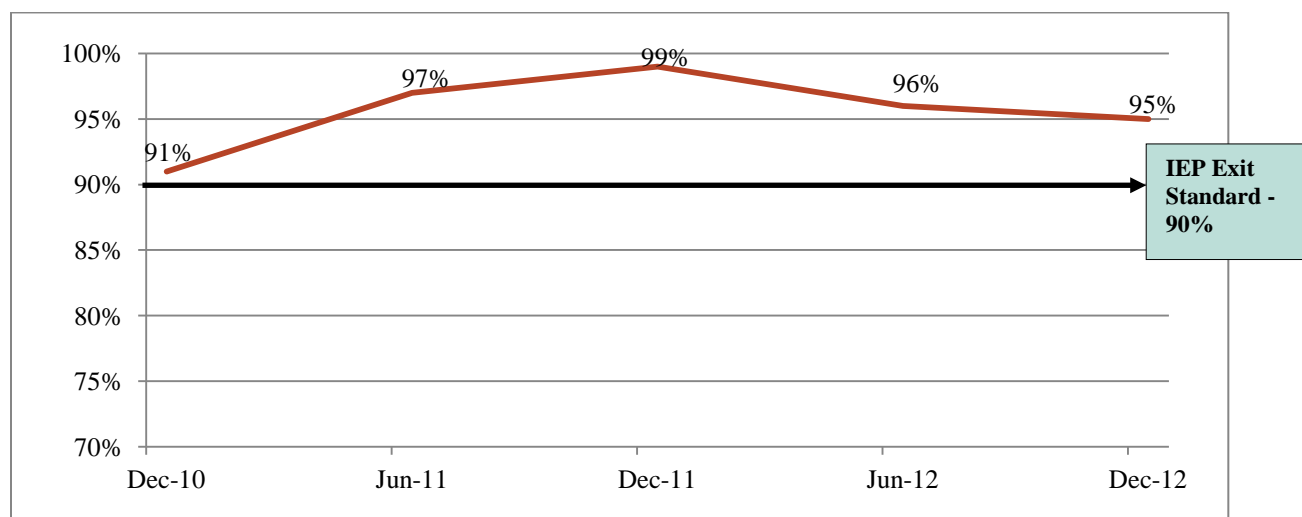
*N does not include FA supervisors, investigative supervisor or investigative worker who carried cases.

Between July and October 2012, the FA unit carried between 33 and 51 cases. As of November 30, 2012, this unit carried 120 cases and as of December 31, 2012, this unit was responsible for 167 cases. As discussed earlier in this report, the increased referrals and staff in the FA unit demonstrate CFSA's commitment to this DR pathway and its efforts to support children and families.

In-home and Placement Caseloads

IEP Requirement	<p>46. <u>Caseloads:</u></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>(IEP citation I.D.25.b&c.)</p>
Exit Standard	90% of social workers will have caseloads that meet the above caseload requirements. No individual social worker shall have a caseload greater than 18 cases.

**Figure 45: Percentage of Placement/In-Home Workers who Met Exit Standard Requirements for Caseloads
December 2010-December 2012**

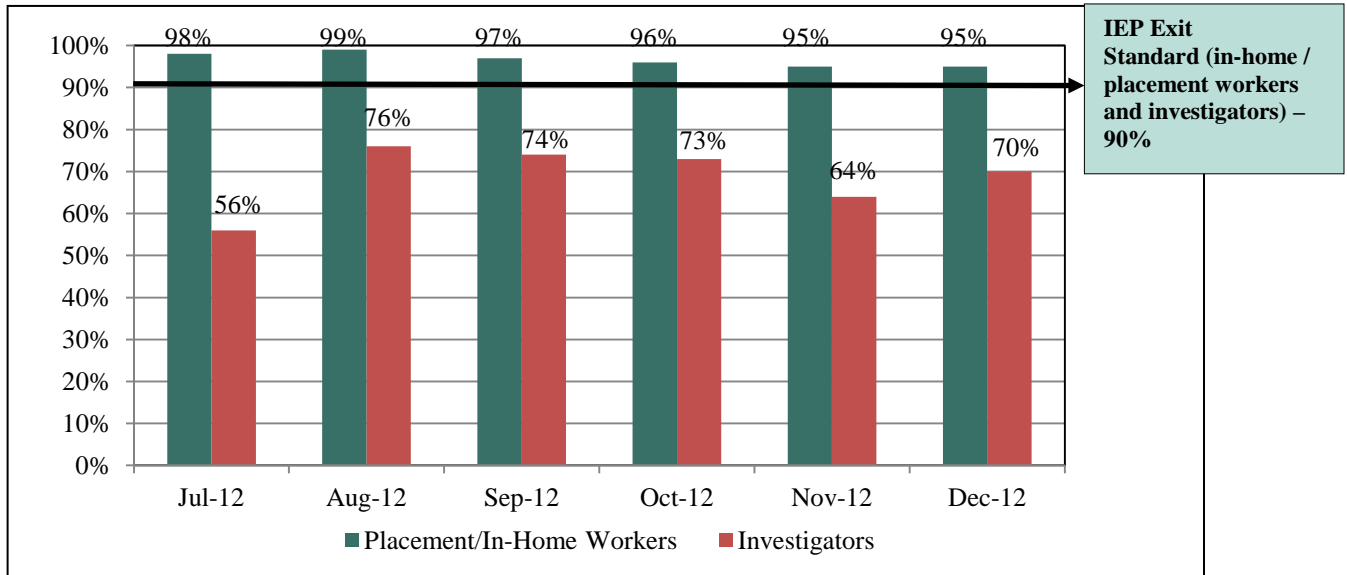


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

CFSA continued to meet required caseload standards for in-home and placement cases. Between July and December 2012, 95 to 99 percent of social workers had caseloads of no more than 15 families per worker (see Figure 46). Additionally, a monthly range of between zero and two social workers carried more than 18 cases during the period under review (see Table 11).

**Figure 46: Percentage of Placement/In-Home Workers and Investigative Workers who Met Exit Standard Requirements for Caseloads
July-December 2012**
Placement/In-Home Social Workers: N=187-214
Investigators: N=63-72



Source: CFSA Administrative Data, FACES.net INV068

**Table 11: Number of Social Workers with more than 18 Placement/In-Home Cases
July-December 2012**

Month	Workers carrying no more than 15 Cases: Met Exit Standard	Workers carrying 15-18 cases (no more than 18 cases)	Workers carrying over 18 cases	Total Workers Carrying More than 15 Cases
July 2012 (N=213)	208 (98%)	3 (1%)	2 (1%)	5 (2%)
August 2012 (N=214)	211 (99%)	3 (1%)	0 (0%)	3 (1%)
September 2012 (N=213)	207 (97%)	6 (3%)	0 (0%)	6 (3%)
October 2012 (N=202)	193 (95%)	9 (4%)	0 (0%)	9 (4%)
November 2012 (N=203)	193 (95%)	8 (4%)	2 (1%)	10 (5%)
December 2012 (N=187)	177 (95%)	9 (5%)	1 (1%)	10 (5%)

Source: CFSA Administrative Data, FACES.net CMT328

*Total percentage may exceed 100 due to rounding

CFSA ended contracts with select private agencies and has redeployed several CFSA workers to other units, which directly corresponds to the decrease in the number of in-home and permanency workers. Despite this decrease, CFSA has maintained performance on this Exit Standard due to the reduction of children and youth in placement, which dropped to 1,430 during the month of December 2012.

Workers Conducting Home Studies

IEP Requirement	<p>46. <u>Caseloads:</u></p> <p>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</p> <p>(IEP citation I.D.25.d.)</p>
Exit Standard	<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>

Performance for the period July 1 through December 31, 2012:

CFSA continued to maintain required performance on caseloads for workers conducting home studies. Between July and December 2012, 100 percent of social workers had caseloads which did not exceed 30 home studies per worker. Worker's caseloads ranged between one and 17 home studies monthly during the period under review.

Unassigned Cases

IEP Requirement	<p>46. <u>Caseloads:</u></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>(IEP citation I.D.25.e.)</p>
Exit Standard	<p>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>

Performance for the period July 1 through December 31, 2012:

The number of cases unassigned to a social worker for more than five business days ranged from 45 to 66 cases each month of the current monitoring period.¹⁴² CFSA reports that many of these cases were closed investigations awaiting transfer to an in-home or permanency worker. Specific monthly performance is detailed below in Table 12.

**Table 12: Cases Unassigned to a Social Worker
for More Than Five Days
July – December 2012**

Month	Cases Assigned in Five Days or Less	Cases Unassigned for More Than Five Days
July 2012 (N=2279)	2233 (98%)	46 (2%)
August 2012 (N=2242)	2176 (97%)	66 (3%)
September 2012 (N=2196)	2143 (98%)	53 (2%)
October 2012 (N=2169)	2105 (97%)	64 (3%)
November 2012 (N=2126)	2078 (98%)	48 (2%)
December 2012 (N=1918)	1873 (98%)	45 (2%)

Source: CFSA Administrative Data, FACES.net CMT328

¹⁴² During the period under review, in addition to the cases cited above, a monthly range of between 42 and 66 in-home or placement cases were assigned to investigative social workers and supervisors. CFSA reports that these cases were incorrectly categorized and are not assigned to investigative units but were closed investigations that are in the transfer process to an in-home or permanency unit. Due to the manner in which the data are presented, the Monitor is unable to determine if these cases have been unassigned to a social worker for more than five days. Additionally, three to five cases each month are assigned to a unit without a program manager, supervisor or social worker and one case during each month except July was assigned to the Community Operations unit but no program manager, supervisor or social worker was noted as having responsibility for the case.

The Monitor notes a slight increase in unassigned cases to a social worker during this monitoring period compared to the previous monitoring period (January through June 2012). As noted in the last report, the Monitor is particularly concerned with the small number of closed investigations that are not promptly assigned to an ongoing worker. The result is that during the case transfer process some children and families are not receiving supervision, visitation and support they need. CFSA reports that they are working to more quickly assign cases to ongoing units and to streamline case transfer processes through implementation of the RED team process. The Monitor will continue to closely monitor this sub-part of the Exit Standard.

Supervisory Responsibilities

Supervisor to Social Worker Ratios

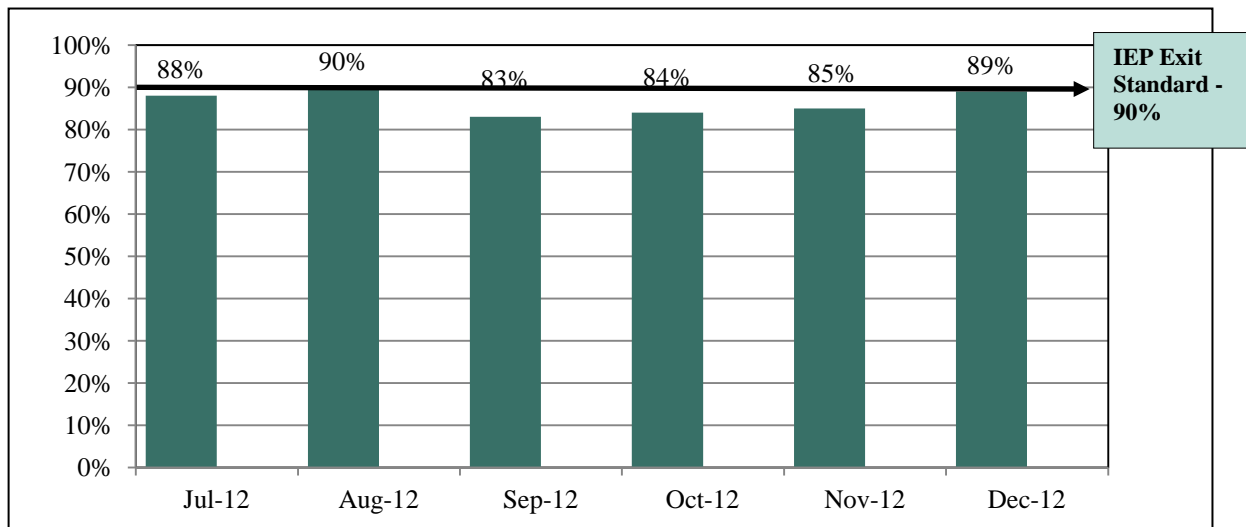
IEP Requirement	<p>47. <u>Supervisory Responsibilities:</u></p> <ul style="list-style-type: none"> a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers. b. No supervisor shall be responsible for the on-going case management of any case. <ul style="list-style-type: none"> i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker. <p style="text-align: right;">(IEP citation I.D.26. a.&b.i.)</p>
Exit Standard	<p>90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</p>

Performance for the period July 1 through December 31, 2012:

During this monitoring period, there were between 70 and 78 supervisors employed at CFSA and the private agencies. Between 83 and 90 percent of supervisors each month met the standard of supervising no more than five social workers and a case aide, family support worker or non-case carrying social worker (see Figure 47). This performance falls slightly below the required performance for this sub-part of the Exit Standard.¹⁴³

¹⁴³ The Monitor used a different FACES.NET report from previous monitoring reports to assess performance on this Exit Standard. Moving forward, the Monitor will validate data from FACES.NET report CMT387 to report on the supervisor to worker ratio for case carrying workers, family support workers and case aids as the Exit Standard requires.

Figure 47: Supervisor to Social Worker Ratios
July – December 2012
N=70 to 78 based on the specific month

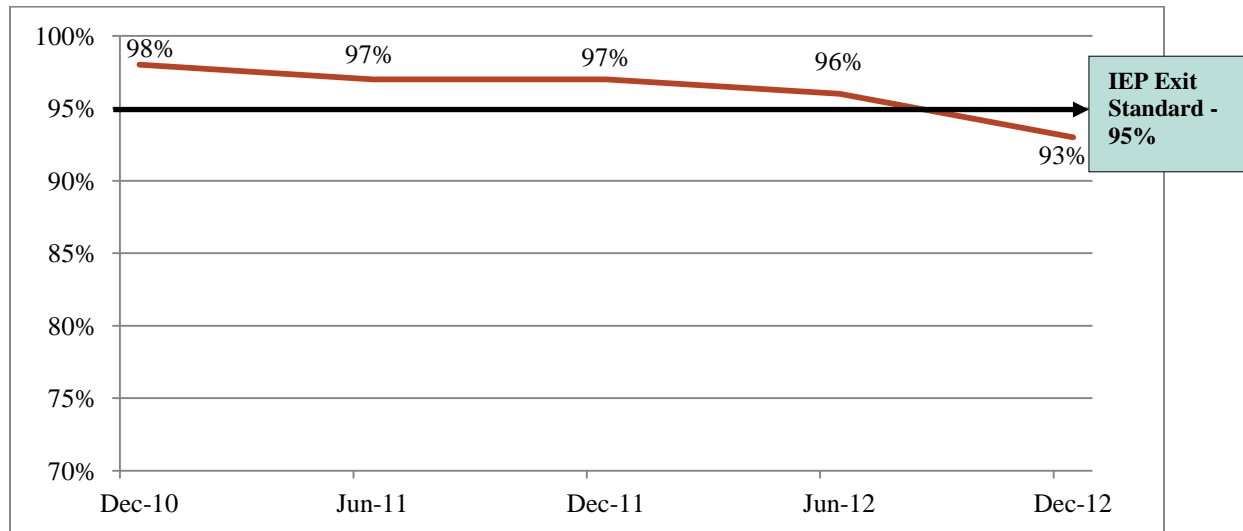


Source: CFSA Administrative Data, FACES.net CMT387

Supervisors Carrying Cases

IEP Requirement	<p>48. <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>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 align="right">(IEP citation I.D.26. a.&b.ii.)</p>
Exit Standard	95% of cases are assigned to social workers.

**Figure 48: Cases Assigned to Social Workers
December 2010-December 2012**

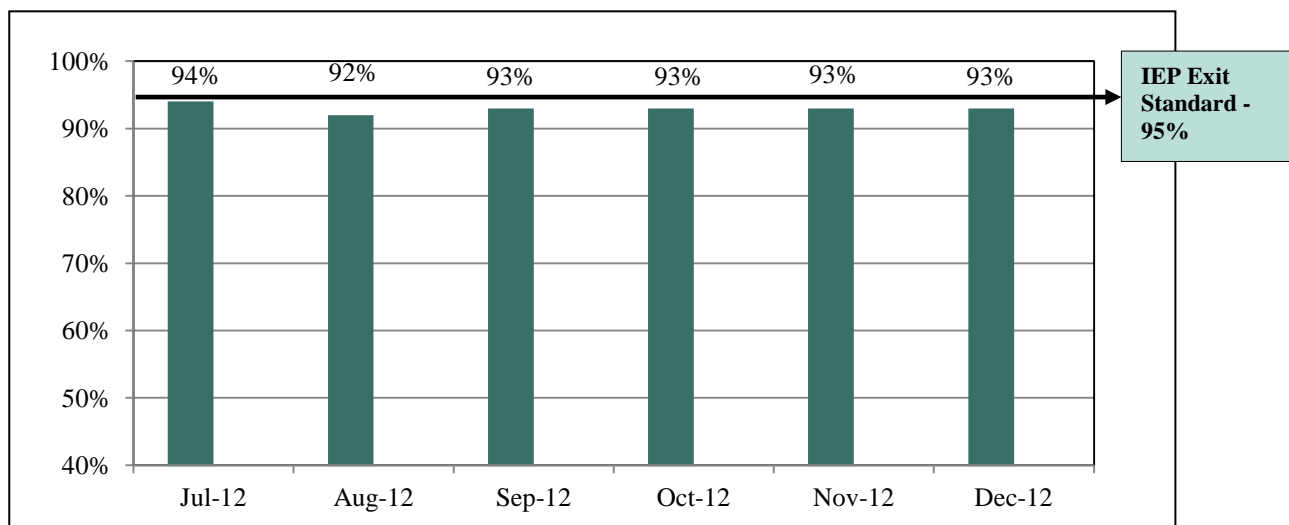


Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

Between July and December 2012, the percentage of in-home and permanency cases assigned to social workers ranged between 92 to 94 percent (see Figure 49); between four to five percent of cases were assigned to supervisors and managers during this period while an additional two to three percent of cases were unassigned each month.

**Figure 49: Cases Assigned to Social Workers
July – December 2012
N=1918 to 2233 cases depending on the month**



Source: CFSA Administrative Data, FACES.net CMT328

CFSA's performance fell slightly below the required level for this sub-part of the Exit Standard during all six months under review. The Monitor is concerned about the number of cases investigative worker supervisors are carrying while cases are being transferred to the appropriate ongoing unit.

2. Staff Training

Training is a core function of any child welfare agency and is a primary mechanism to ensure that social workers, supervisors, managers and foster parents have the competencies necessary to ensure the safety, permanency and well-being of children and families.

Pre-Service Training for New Social Workers and Supervisors

CFSA continued to maintain performance on the Exit Standard requirement for pre-service training for new social workers (IEP citation I.D.27.a.). During the current monitoring period, all new social workers hired between April 1, 2012 and October 1, 2012 were assessed. Of the 37 new social workers, 33 (89%) completed 80 hours of pre-service training within 90 days of employment and four (11%) did not.

CFSA also continued to meet the Exit Standard requirement for pre-service training for new supervisors (IEP citation I.D.27.b.). During the current monitoring period eight supervisors and administrators were newly hired at least eight months prior to December 31, 2012 and were employed for at least eight months. All (100%) of these newly hired supervisors and administrators completed the required 40 hours of training within eight month of their employment as a supervisor or administrator.

In-Service Training for Previously Hired Social Workers, Supervisors and Administrators

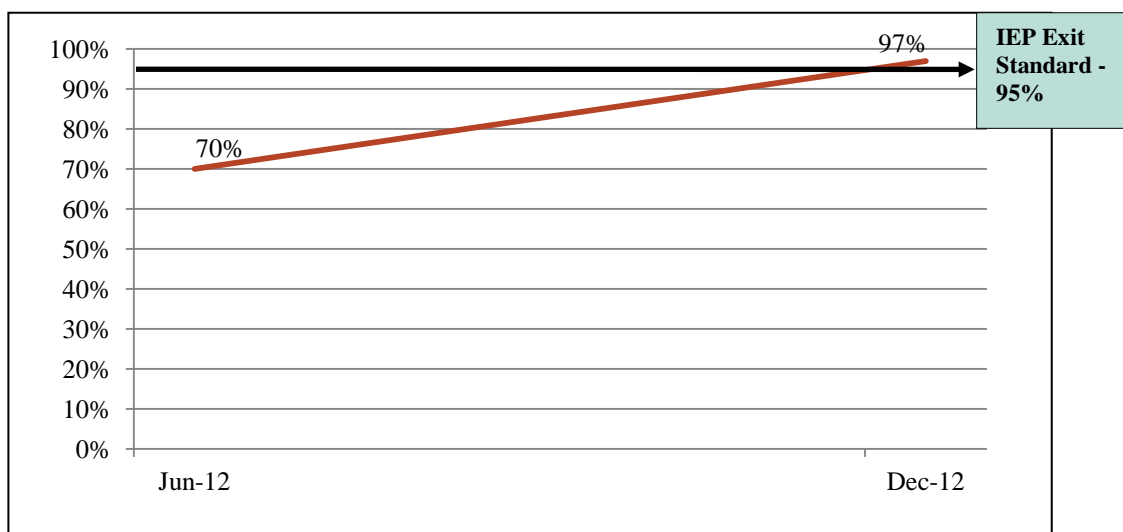
The Exit Standards pertaining to training for previously hired social workers, supervisors and administrators were not newly assessed during the current monitoring period. The CFSA annual training year begins in July and ends the following June, thus, previously hired social workers, supervisors and administrators are not required to have completed the requisite training hours by December. The Monitor will provide performance data for these Exit Standards in the next monitoring report.

3. Training for Foster and Adoptive Parents

Pre-Service Training for Foster Parents

IEP Requirement	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.)
Exit Standard	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.

**Figure 50: Percentage of Foster/Adoptive Parents
with 15 hours of Pre-Service Training
June -December 2012**



Source: CFSA Administrative Data

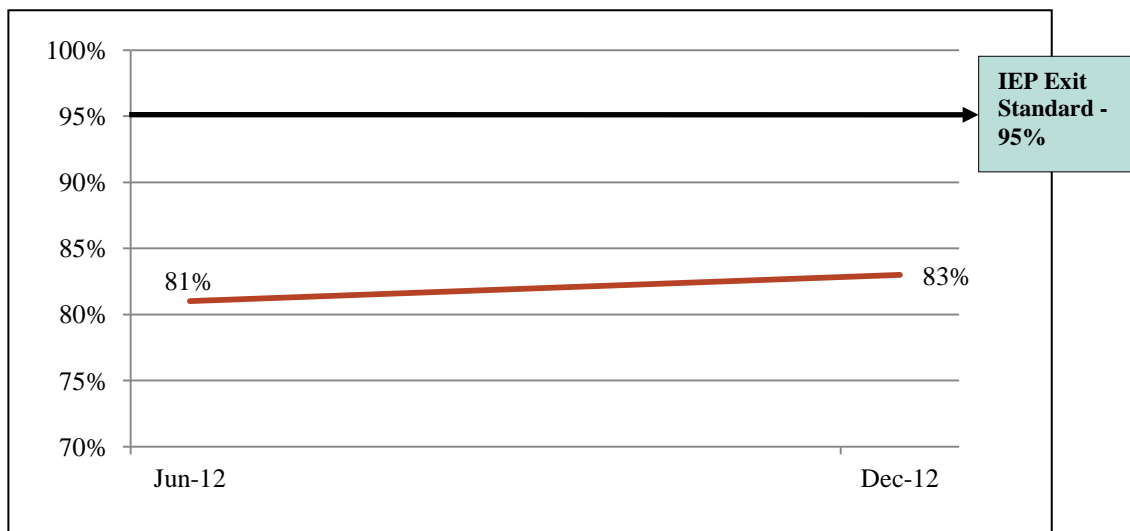
Performance for the period July 1 through December 31, 2012:

The Monitor conducted a secondary analysis of FACES.NET data on pre-service training hours completed by foster parents licensed between July 1 and December 31, 2012. Of the 121 foster parents applicable to this measure, 117 (97%) completed the mandatory minimum of 15 hours of pre-service training prior to receiving licensure. This performance exceeds the Exit Standard requirement of 95 percent and the Monitor will recommend that this Exit Standard be redesignated as an Outcome to be Maintained. CFSA reports that all four foster parents categorized in FACES.NET as having not completed the required 15 hours of training did complete the training, however the data was not entered correctly into the computerized system.

In-Service Training for Foster Parents

IEP Requirement	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.)
Exit Standard	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.

**Figure 51: Percentage of Foster/Adoptive Parents with
30 hours of In-Service Training
June -December 2012**



Source: CFSA Administrative Data

Performance for the period July 1 through December 31, 2012:

The Monitor conducted a secondary analysis of FACES.NET data to evaluate performance on this Exit Standard. Of the 354 foster parents applicable to this measure, 293 (83%) completed the required hours of in-service training.¹⁴⁴ This performance does not meet the Exit Standard requirement of 95%.

¹⁴⁴ Foster parents with a one-year license are expected to complete 15 hours of in-service training; foster parents with a two-year license are expected to complete 30 hours of in-service training during the licensure period. The majority of foster parents, 284 (80%), had a one-year license.

The Monitor is concerned about the re-licensure practice at CFSA. Foster parents are central to ensuring a youth's well-being while in the Agency's care and custody and when they do not receive adequate training they may be unable to meet the needs of many foster youth, especially those who have experienced significant trauma. Contracts Monitoring Division (CMD) formally notified all private agencies in writing on April 1, 2013 about new training requirements and requested that each agency identify a training point-of-contact. On May 10, 2013, CFSA issued its revised Resource Parent Training policy, which provides clarification on acceptable training courses and data entry process to ensure consistency across providers. CWTA and CMD have met with the private agencies to discuss the revised policy and the process for submitting training course information to CWTA for approval and data entry purposes. As detailed in the revised policy, trainings must be deliberately linked to the CFSA Practice Model and established training standards and guidelines and must be approved by CWTA. CWTA now serves as the sole entry point for foster parent in-service training data into FACES.NET. Based on the revised policy and focus on ensuring accuracy in documenting in-service training for foster parents, the Monitor is optimistic that there will be fewer inconsistencies moving forward.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance toward training completion:

- *CFSA will formally notify the private agencies twice yearly, in November and April, that all direct services employees are required to complete annual training requirements. CFSA will include completion of training as an aspect of monitoring for each contract agencies' performance (2012 Strategy Plan, p. 10).*

CFSA reports that CWTA continues to formally notify the private agencies in November and April that all direct service staff are required to complete annual training. The most recent correspondence was November 16, 2012. CFSA has included completion of staff training as a component of performance-based contracting.

- *By April 30, 2012, CFSA will revise, as needed, the training policy for social workers to clarify training requirements to include specific procedures for providing training to after-hour staff (2012 Strategy Plan, p. 10).*

CFSA's *Pre-Service and In-Service Social Work Training* draft policy was provided to the Monitor for comment on August 28, 2012. CFSA reports that additional revisions are being made to the draft and will be shared with the Monitor prior to finalization.

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- *CFSA and private providers have access to FACES.NET reports, TRN031 and TRN033, to track worker training. The reports provide a breakdown on the number of training hours completed by each employee and the name/topic of the training completed. CFSA will circulate quarterly to all administrators, program managers, supervisors, and private providers a reminder of the training requirement and availability of the reports through FACES.NET (2012 Strategy Plan, p. 10).*

CFSA reports that CWTA continues to circulate quarterly reports to supervisors, program managers and administrators to ensure timeliness in meeting required training hours. The most recent correspondence was in March 2013.

- *Unless otherwise specified in the Strategy Plan, within three months of a new programmatic policy, relevant staff will be introduced to the policy and its requirements through training, staff meetings or supervision (2012 Strategy Plan, p. 10).*

CFSA reports that it continues to introduce new policies and procedures to relevant staff through presentations, emails and inclusion in CWTA training. During the current monitoring period, CFSA reports that updates regarding demand payments, gift cards and vouchers, hotline, language access services, placement and matching and protecting children in care from identity theft were introduced and shared with staff. Additionally, a healthcare related guidance communication plan and healthcare tip sheets were provided to staff.

4. Special Corrective Action

IEP Requirement	<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 licensevii. Children under 14 with a permanency goal of APPLA; andviii. 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 style="text-align: right;">(IEP citation I.D.30.)</p>
Exit Standard	<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>

Performance for the period July 1 through December 31, 2012:

As demonstrated in Table 13 below, CFSA has continued to collect data and produce monthly reports on the number of children who fall within special corrective action categories. From July to December 2012, the number of children and youth within the following special corrective action categories has declined: children with 4 or more placements with a placement change in the last 12 months and the placement is not a permanent placement; children with the goal of adoption for more than 12 months who are not in an approved adoptive home; children placed in foster homes without valid permits/licenses or foster homes that exceed their licensed capacity; children with the goal of reunification for more than 18 months; and children in residential treatment more than 100 miles from the District of Columbia. These data suggest that the attention placed on these categories coupled with targeted strategies that CFSA has implemented are having a positive impact on reducing the number of children within specific special corrective action categories.

**Table 13: Number of Children in Special Corrective Action
Categories by Month
July – December 2012**

Special Corrective Action Category	July 2012	Aug 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement	441	434	427	426	427	411
Children in Care who Returned Home twice and Still have the Goal of Reunification	1	2	2	1	0	1
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	101	98	96	90	91	91
Children under 14 with a Goal of APPLA	2	2	2	2	2	1
Children Placed in Emergency Facilities Over 90 Days	3	3	2	2	3	3
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	71	60	66	68	62	47
Children with the Goal of Reunification for More than 18 Months	68	67	69	72	58	54
Children in Residential Treatment More than 100 Miles from DC	28	29	27	23	24	23

Source: CFSA Administrative Data, FACES.NET report COR013

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

CFSA reports that after March 14, 2012, a total of 246 children and youth were newly added to a special corrective action category. These data exclude those youth who were added to the category which includes children with four or more placements in the last 12 months and the placement is not a permanent placement. CFSA would prefer not to individually review cases within the four or more placements corrective action category and instead address systemic practices that result in multiple placements for children and youth by developing strategies that address this issue, such as improved assessment and matching practices through use of the Child Needs Assessment tool. The Monitor does not see these as mutually exclusive approaches and anticipates further discussion with CFSA about dealing with the large number of children in this corrective action category.

At this time, CFSA is unable to provide data for the second sub-part of this Exit Standard which requires corrective action reviews and development of plans for children and youth within special corrective action categories.

Performance on Strategy Plan:

CFSA employed the following strategies to increase performance to reduce the number of children requiring special corrective action:

- *CFSA will initiate a “SWAT team” approach to comprehensively review children and youth who fall into one or more of the Special Corrective Action categories. By April 15, 2012, CFSA will complete a data analysis of the children and youth in the corrective action categories. Based on the data analysis, CFSA will prioritize the order of the reviews based on the following: 1) children in multiple corrective action categories; 2) length of time that a child has been in a corrective action category; 3) children and youth who fall into categories 2 and 4 (related to permanency). By June 1, 2012, the SWAT team will develop specific action plans for each child in a corrective action category, which will be incorporated into the case plans, as appropriate (2012 Strategy Plan, p. 8).*

CFSA implemented the “SWAT team” approach during the previous monitoring period, January through June 2012, with a cohort of children and youth in specific corrective action categories identified through a point in time data pull on March 14, 2012. CFSA reports that during the current monitoring period, data identifying children and youth in all special corrective action categories except for the category which includes children with four or more placements in the last 12 months and the placement is not a permanent placement were shared with CFSA administrators and private agencies on a monthly basis. CFSA reports that each of these children and youth were reviewed and staffed¹⁴⁵ to assess what barriers existed to achieving permanency and/or what resources were needed in order for the child or youth to exit the category. Staffing participants complete a special corrective action form which is updated to the child or youth’s FACES.NET account. The social worker and supervisor are responsible for monitoring the plan and corresponding actions steps.

¹⁴⁵ CFSA indicates that a staffing consists of a social worker, supervisor and/or program manager reviewing the details of the case and providing child specific recommendations in a plan.

**Table 14: Results of Corrective Action Review Process for
March 14, 2012 Cohort as of December 31, 2012**

Special Corrective Action Category	Number of Children in Cohort	Number of Children from Cohort who Remained in the Category as of June 30, 2012	Number of Children from Cohort who Remained in the Category as of Dec. 31, 2012	Percentage Reduction of Cohort by Dec. 31, 2012
Children with Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	99	79	64	35%
Children under 14 with a Goal of APPLA	2	2	1	50%
Children with Goal of Reunification for More than 18 Months	72	49	25	65%
All Children who have been Returned Home and have Reentered Care more than Twice and have a Plan of Return Home	2	2	0	100%
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	162	30	9	94%

Source: CFSA manual data

-
- *By July 1, 2012, the lessons learned from the SWAT team approach will be reported during an Agency Program's All Staff meetings and modifications to existing policies will be completed as needed to define the process of conducting reviews of children who fall into corrective action categories (2012 Strategy Plan, p. 8).*

CFSA reports that the special corrective action review findings, lessons learned, identified barriers and best practices were shared with CFSA and private provider management during meetings on June 14 and August 6, 2012. CFSA reports that they did not feel it was necessary to modify any policies to define the process for conducting special corrective action reviews.

5. Reviewing Child Fatalities

The City-wide Child Fatality Committee is charged with reviewing the circumstances surrounding the deaths of children who are residents or wards of the District of Columbia. The review includes information regarding the services and interventions the child received prior to their death in order to determine systemic, legal or policy and practice deficits and to make recommendations for improvement.

IEP Requirement	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.)
Exit Standard	Ongoing Compliance

Performance for the period July1 through December 31, 2012:

Throughout this monitoring period, the Internal CFSA Child Fatality Committee and City-wide Child Fatality Committee continued to meet monthly to review child deaths. CFSA issued the Internal Committee's 2009 Annual Report during the previous monitoring period and published its report for 2010-2011 in February 2013 and its report for 2012 in March 2013. The Office of the Chief Medical Examiner (OCME) released the City-wide Child Fatality Committee Annual Reports for 2010 and 2011 in May 2013.

There were 24 child fatalities requiring review by the Internal CFSA Child Fatality Committee in calendar year 2012 and as of May 6, 2013, there have been eight child fatalities in 2013. CFSA reports that during the current monitoring period, there were no child fatalities in backlog and only one fatality was reviewed outside of 45 days from notification of the death. In response to recommendations developed by the Internal CFSA Child Fatality Committee, CFSA implemented the following strategies:

- Updated its Program Operations Manual to include staff training on teaming prior to a case's closure.
- Developed a discharge form to flag situations where additional monitoring by medical staff is warranted when nurse care managers complete their involvement with families.
- Conducted a case review in September 2012 of all cases of medically fragile children in a particular private agency to ensure social workers and foster parents were aware of warning signs and how to appropriately respond to medical emergencies. A follow-up review was scheduled to occur in February 2013.

The City-wide Child Fatality Committee continues to have vacancies. As of March 2013, there were five vacancies and the OCME is working with the Office of Boards and Commissions to fill these positions. By statute, the Committee should include representatives from the Department of Human Services, Department of Health, Office of the Chief Medical Examiner, Child and Family Services Agency, Metropolitan Police Department, Fire and Emergency Medical Services Department, D.C. Public Schools, Department of Housing and Community Development and the Office of the Attorney General.¹⁴⁶ If possible, the Committee should also include representatives from the Superior Court of the District of Columbia, the Office of the United States Attorney for the District of Columbia, local hospitals where children are born or treated, college or university schools of social work, the Mayor's Committee on Child Abuse and Neglect and eight community representatives appointed by the Mayor's office.¹⁴⁷

¹⁴⁶ D.C. Code § 4-1371.04 (a).

¹⁴⁷ D.C. Code § 4-1371.04 (b).

6. Interstate Compact for the Placement of Children

IEP Requirement	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. (IEP citation I.D.32.)
Exit Standard	Elimination of the backlog of cases without ICPC compliance.

Performance between July 1 and December 31, 2012:

The District of Columbia is in a unique position because on any given day over half of children and youth in foster care are placed in foster homes with relatives or non-relatives located in Maryland. CFSA is required by the IEP to maintain responsibility for managing and complying with the Interstate Compact for the Placement of Children (ICPC) for children in its care. This monitoring period, CFSA demonstrated dramatic improvement in reducing the number of children placed in Maryland homes without ICPC approval.

As noted in Table 15, CFSA reports that the number of children placed in Maryland foster homes without ICPC approval ranged from 21 to 100 children per month between July and December 2012 and from 3 to 12 children per month for those placed in kinship homes with an expired temporary license. During those same months, the total number of children placed in Maryland ranged from 780 to 943 and included a number of youth over the age of 18 for whom ICPC approval was not needed. CFSA reports that during this monitoring period between 26 and 34 children were also placed in Virginia with ICPC approvals.

**Table 15: Interstate Compact for Placement of Children (ICPC)
Backlog with Maryland
July - December 2012**

	Jul	Aug	Sept	Oct	Nov	Dec
Children placed in Foster Homes Pending ICPC Approval	100	78	38	28	26	21
Children placed with Kin without a valid kin license (needing ICPC approval)	12	9	6	3	3	4
ICPC backlog	112	87	44	31	29	25

Source: CFSA manual data

Note: In addition, the monthly range of children placed with kin with a valid temporary kin license was 19-33.

During this period, there was increased and focused work with private providers to reduce the ICPC backlog. On September 26, 2012, CFSA informed providers that the following would be done to improve ICPC backlog: 1) CFSA will share with providers a monthly list of children placed in Maryland without ICPC approval, 2) CFSA will schedule individual meetings with private agency leadership to discuss performance and strategies to remedy the backlog, and 3) CFSA will continue to provide to Maryland a list of providers who have unapproved ICPC placements. Additionally, in February 2013, CFSA finalized a Border Agreement with Maryland which supports the placement of children in both jurisdictions. Achieving this agreement was a long and difficult multi-year effort. This agreement, executed on February 7, 2013, states in part that “the usual and mandatory submission of an ICPC packet and required receiving-State ICPC approval prior to a child’s placement is no longer required when, in appropriately applicable and valid ‘Border Agreement’ cases, a child is temporarily placed from one jurisdiction to another when the child is being placed with a receiving State-licensed Child Placement Agency (CPA) or Residential Child Care (RCC) program.” Through the Border Agreement, CFSA anticipates that the backlog of ICPC cases will be nearly eliminated. The Monitor considers this Exit Standard partially achieved and in the next monitoring period, the Monitor will review with CFSA the extent to which the Border Agreement and other strategies have eliminated the ICPC backlog so that performance will be achieved.

7. Data and Technology

There is consensus among CFSA leadership and the Monitor on the need to use data more effectively to better understand progress over time as well as to identify the areas where additional progress is most needed. The 2012 Strategy Plan includes: *By May 1, 2012, CFSA will share with the Monitor its plan for measuring performance or monitoring the Exit Standards where data or performance level is not routinely available (2012 Strategy Plan, p. 11).* As previously reported, CFSA provided the Monitor with a draft data plan on May 1, 2012 and the Monitor and CFSA came to an agreement on how to collect data and monitor performance for specific Exit Standards where data were not routinely available. In some areas, new reports were developed using data from FACES.NET and other free-standing databases. Other Exit Standards required qualitative review or additional case record reviews to be conducted jointly by Monitor and CFSA staff.

The Monitor and CFSA met in September 2012 and April 2013 to discuss ways to improve data that are inconsistent, inaccurate or appear to be measuring information not relevant to either CFSA management or to measuring IEP performance. Beginning in April 2013, the Monitor and CFSA began meeting bi-weekly to ensure discussions occur on a consistent basis to address any data issues or concerns. The Monitor recommends that CFSA have periodic internal FACES.NET audits to ensure the accuracy of data produced.

8. Federal Revenue

IEP Requirement	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. (IEP citation I.D.35.)
Exit Standard	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.

On April 10, 2012, CFSA received federal approval for a new rate methodology and for a Title IV-E State Plan Amendment on foster care eligibility which will result in increased Title IV-E reimbursement. The Monitor is satisfied that appropriate efforts have been and continue to be made to maximize Title IV-E revenue and that as a result of these efforts, CFSA is now positioned to appropriately claim additional federal Title IV-E revenue going forward. Further, CFSA submitted and is now negotiating terms of a Title IV-E waiver proposal that will allow expanded federal support for non-foster care services to families and children to prevent placement and promote well-being.

CFSA's efforts to work with the District's Medicaid agency to maximize opportunities for revenue from Medicaid continue, but have yet to reach resolution; therefore, the Monitor will consider this Exit Standard to be partially achieved until a positive resolution has been reached.

Title IV-E

Specific accomplishments during this monitoring period to maintain or increase federal revenue through Title IV-E include:

- Approval of rate setting methodology to more fully claim Title IV-E funding for private agency expenditures.

CFSA's previous Title IV-E reimbursement was based on an 11 year old methodology, which did not allow CFSA full reimbursement for Title IV-E expenditures, especially expenditures by private agencies on behalf of children in CFSA custody.

A new rate setting methodology for children placed in congregate care in the form of revised *Standard Operating Procedures for Reporting and Allocating Expenditures of Congregate Care Providers* (SOP) was submitted to the Department of Health and Human Services Administration for Children and Families (ACF) in July 2011, and later

updated and resubmitted in December 2011. On April 13, 2012, CFSA received written federal approval for the new rate setting methodology.

In November 2012, CFSA submitted a proposed new rate setting methodology for family-based providers and continues to negotiate with ACF to get final approval for this methodology.

➤ *Approval of Public Assistance Cost Allocation Plan*

With assistance from a consultant, CFSA submitted a revised Public Assistance Cost Allocation Plan (CAP) to the Department of Health and Human Services Division of Cost Allocation on March 31, 2011. After over a year of responding to comments and clarification requests from the involved federal agencies (ACF and the Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS)), CFSA received approval of the CAP on July 18, 2012.

Table 16 presents the actual or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. For June through December 2012, CFSA reports an average Title IV-E penetration rate of 59 percent for foster care cases and 84 percent for adoption cases.

**Table 16: Actual and Budgeted Gross Title IV-E Federal Funds Operating Budget
FY2009 – FY2013**

Fiscal Year	Total Title IV-E Federal Resources (in millions)	Overall Budget (in millions)
FY2009 (actual)	\$49.7	\$289.1
FY2010 (actual)	\$58.1	\$278.1
FY2011(actual)	\$52.4	\$250.1
FY2012 (actual)	\$55.5	\$265.3
FY2013 (budgeted)	\$50.8	\$257.1

Source: CFSA FY2013 Proposed Budget and Financial Plan and District's Financial System (SOAR)

Medicaid claiming

CFSA continues efforts to increase federal Medicaid claiming. As noted in previous monitoring reports, the District made a decision in 2009 to halt CFSA's federal Medicaid claiming for Targeted Case Management (TCM) for social workers until an infrastructure could be strengthened and institutionalized that would ensure an accurate billing methodology coupled with a well-functioning internal quality assurance process to verify the accuracy and consistency of documentation of the billing process. Medicaid claiming was to resume by July 2010, however, Medicaid claiming has resumed in only a very limited way for the direct activities of the Healthy Horizons Assessment Center (HHAC).

➤ Claiming federal Medicaid funds for the Targeted Case Management Nurse Care Management Program

Federal claiming for the costs of the Nurse Care Manager Program is contingent upon CMS approval of the District's Medicaid Targeted Case Management State Plan Amendment (SPA). Without SPA approval, CFSA is not able to claim a projected \$1,101,740 in federal funds for FY2013. CFSA, in collaboration with the District's Department of Health Care Finance (DHCF), continues to negotiate with CMS on the SPA approval. CFSA reports a revised SPA and draft responses were finalized and submitted to the CMS on February 6, 2013.

➤ Partnering with the Administrative Services Organization to conduct quality assurance for potential Medicaid claims for the Healthy Horizons Assessment Center

CFSA bills Medicaid for the direct service costs of the HHAC Nurse Practitioners who provide pre-placement screenings and health assessments and has been doing so since December 2009. As previously reported, Medicaid claims for the services totaled approximately \$323,000 for FY2011. For FY2012, CFSA reports \$396,000 in Medicaid claims were paid to CFSA for HHAC pre-placement screenings. CFSA worked closely with the Administrative Services Organization to finalize the regulatory framework for HHAC and develop documentation guidelines.

➤ Re-establishing the Medicaid Rehabilitation Option

Before resuming Medicaid Rehabilitation claiming, CMS and the District have determined that issues regarding Medicaid funded TCM must first be resolved.

➤ *Re-establishing Medicaid Targeted Case Management for Social Workers*

Before resuming claiming for social workers under TCM, CMS and the District have determined that issues regarding Medicaid funded TCM for nurses must first be resolved.

While the District's foster care population steadily declined, the total federal resources available to meet the needs of children and youth in the District of Columbia have largely remained stable over the past five years, in part due to the District pursuing federal funding options as highlighted above. Even with recent, significant accomplishments related to increasing Title IV-E claiming in allowable areas (i.e., for older youth and for guardianship subsidies), CFSA projects that there will be fewer reimbursable Title IV-E opportunities to support children and families in FY2013 than in previous years. A portion of this decline is due to the reduction of children in foster care, as current federal funding is primarily based on those costs. The decline also reflects federal rules which tie Title IV-E eligibility to income levels of the families from which children have been removed. These income levels have not been adjusted by the federal government since 1997, thus, the percentage of children whose costs are eligible for Title IV-E reimbursement have been falling across all states in the nation. These declines in allowable Title IV-E revenue in the District have not been replaced with anticipated revenue increases through allowable Medicaid claiming, primarily possible through Medicaid TCM and Rehabilitation Services options. The District is anticipating that approval of the Title IV-E waiver will allow for federal funds to support more front end services to children and families. The Monitor also continues to believe that additional progress around Medicaid financing options is needed.

Performance on Strategy Plan:

For this monitoring period, CFSA reports the following strategies were employed to maximize federal revenue:

- *By July 30, 2012, CFSA and DHCF will begin an assessment of the viability of expanding targeted case management services to social workers with goal of completing the assessment and having recommendations by September 30, 2012 (2012 Strategy Plan, p. 7).*

As previously mentioned, CFSA and DHCF submitted a revised SPA for Nurse Care Management services to CMS. DHCF reportedly has decided not to review any more initiatives until the SPA is approved. However, CFSA continues to examine other sources of review to cover the costs of TCM services. Some of this work is covered by the new congregate care rate described above and will be covered by the new family-based rate which will hopefully be approved by the federal government in summer 2013.

9. Budget and Staffing Adequacy

CFSA's approved FY2013 budget is for \$257,067,200, of which \$191,153,000 (74%) is local funding.¹⁴⁸ CFSA reports that even after repurposing funds within CFSA there will be a surplus in the FY2013 budget primarily due to fewer children and youth in care, a reduction in costly and low performing congregate care contracts and an increase in management efficiencies. As a result, the Mayor has transferred some funds to other District initiatives.

The Mayor's proposed FY2014 budget for CFSA is for \$241,288,737, of which \$174,538,000 (72%) is local funding.¹⁴⁹ This represents an overall decrease in funding of 6.1 percent and 8.7 percent decrease in local funding. Despite the decrease in the overall budget, CFSA's proposed FY2014 FTEs will remain at 817, representing no change since FY2013.

Director Donald cited four reasons for the decrease in CFSA's FY2014 budget during her budget presentation to the community on April 8, 2013:

- fewer children and youth in care,
- rightsizing of the most expensive services,
- better management and efficiency, and
- maximizing federal revenue.

In FY2013 CFSA saw a 20 percent decrease in the number of children and youth served through foster care. This large reduction represents 350 fewer children and youth coming into care. Based on the average cost per year of each child served through foster care, CFSA is requesting a foster care maintenance budget of \$55 million based on projections that the Agency will serve 1,380 children and youth in foster care during FY2014. The FY2013 budget included \$74 million allocated to serve children and youth in foster care, however, CFSA projects that they are very unlikely to spend it all.

Through increasing the use of lower-cost placement options, included kinship homes and DC foster homes, CFSA has worked to rightsize the use of expensive placement services over the last year including congregate care and therapeutic placements. Overall, between FY2013 and FY2014 CFSA expects to trim \$21.1 million from placement costs (as captured in the "Subsidies and Transfers" line item).¹⁵⁰

As noted elsewhere in this report, CFSA has invested in better management and efficiency by terminating select private agency contracts and renegotiating provider budgets for efficiency and effectiveness through performance-based contracting. Additionally CFSA has improved its ability to claim Title IV-E funding and is currently negotiating a waiver, which would allow the use of federal funds for prevention and reunification services.

¹⁴⁸ FY2014 Proposed Budget and Financial Plan, Child and Family Services Agency.

¹⁴⁹ *Ibid.*

¹⁵⁰ *Ibid.*

CFSA's proposed FY2014 budget is currently under review by the Council of the District of Columbia. The proposed FY2014 budget corresponds with Agency priorities and provides for investment areas of strategic planning in line with CFSA's four pillars including in-home and community-based prevention and service programs to serve children, youth and families.

For those youth who do enter foster care, CFSA has increased its focus on maintaining children and youth in their communities and with kinship resources. The importance placed on maintaining children in their home communities highlights CFSA's attention on improving well-being outcomes for children, youth and families. As CFSA works to bring children back into the District and increase the use of kinship homes, the Agency has proposed to increase spending in kinship diversion and emergency licensing by \$400,000 in FY2014. Additionally, CFSA will invest \$600,000 in 24-hour crisis services and is currently using an RFP process to identify a partner provider for these services.

In FY2014, CFSA also proposed to invest \$500,000 in communities to support foster parents based on the Mockingbird model. CFSA plans to fully implement this strategy in calendar year 2013 and will have eight foster parent clusters around the District. These clusters will create a peer-support network of foster parents who will provide respite care to each other when necessary with a goal of reducing placement instability for children and youth in care. Additionally, if and when respite care is needed, children and youth will be able to remain in their community.

CFSA also proposes to invest an additional \$1 million in FY2014 to expedite reunification, increase post-permanency supports and begin work that they expect will be part of their approved Title IV-E waiver expected for FY2014.

Mental Health Services

Many of the children and families served by CFSA experience the need for mental health services. In the past CFSA and DMH have struggled to provide these children, youth and families with the specialized services needed. In an effort to better serve these families and increase the resources available, CFSA has proposed as part of the FY2014 budget to increase investment in mental health services by \$750,000, which will be used to expand community-based mental health services. The Agency plans to issue an RFP for evidence-based practice services in Maryland to increase access and availability of these services to youth placed outside the District. Overall, CFSA has proposed a FY2014 budget of approximately \$3,000,000 for mental health services which includes:

- \$500,000 for wrap-around services and \$500,000 for evidence-based practice services provided through an MOU with DMH,
- \$1 million for CFSA's Office of Clinical Practice to provide services to families located in Maryland and contract for services not provided by DMH, and

-
- \$750,000 in new investment for expanding community-based mental health services.

Not included in this \$3 million is the federal grant from ACF which CFSA received during the current monitoring period to implement a trauma-informed treatment system. CFSA has selected to implement the Trauma Systems Therapy model, which includes skill-based therapy, home and community-based support, advocacy and medication when necessary.

During the current monitoring period, DMH was awarded a significant federal System of Care grant to increase the provision of comprehensive mental health services and supports to children, youth and families. CFSA reports that they are working closely with DMH to integrate the two grants and ensure there is “no wrong door” for families seeking services.

Areas in Need of Additional Funding

CFSA’s budget has continued to decrease over the past few years as a result of fewer children and youth entering care and a focus on investing in prevention services, which cost less compared to placement in foster care. As this trend continues, it is imperative for CFSA to continue to invest in programs and services that support its strategic framework including Rapid Housing funds, community-based family visitation models and additional services to support reunification when children return home from foster care.

LIST OF APPENDICES

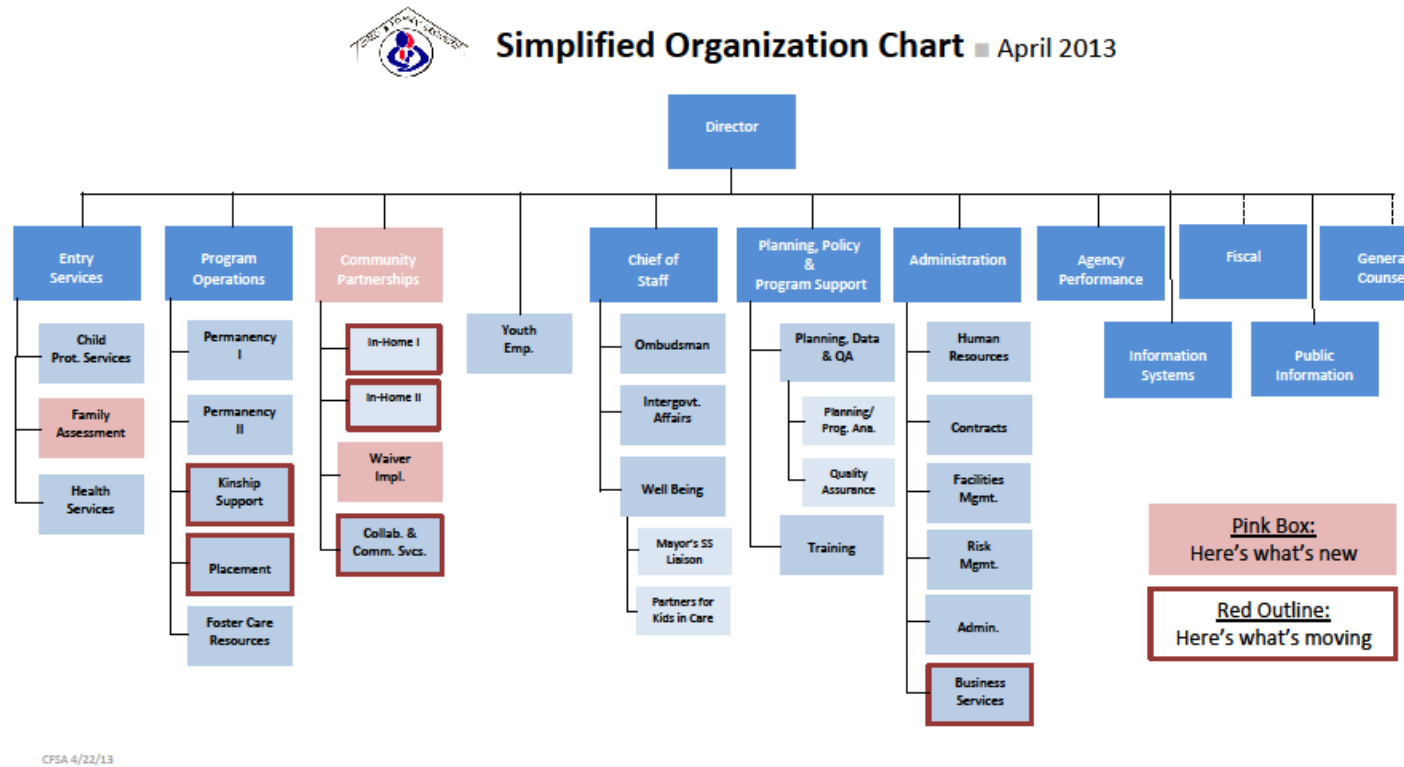
- A. Glossary of Acronyms
- B. CFSA Organization Chart – April 2013
- C. An Assessment of the Quality of Child Abuse and Neglect
Investigation Practices in the District of Columbia

APPENDIX A

Glossary of Acronyms Used in Monitoring Report

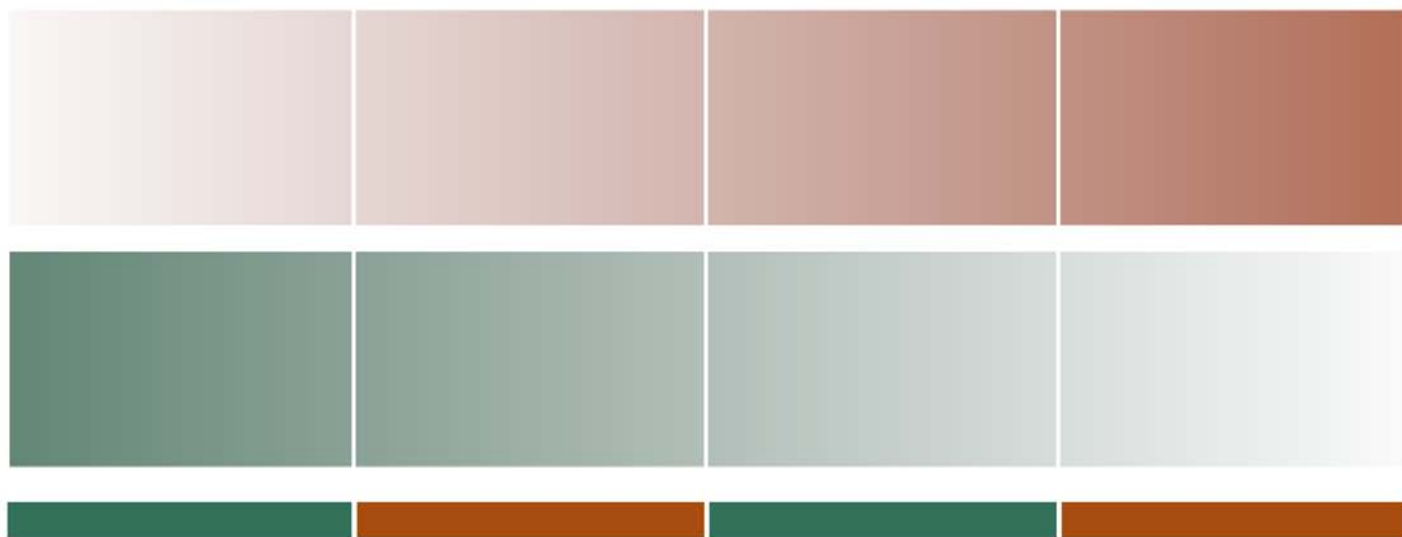
ACEDS: Automated Client Eligibility Determination System	LYFE: Listening to Youth and Families as Experts
ACF: Administration for Children and Families	MFO: Modified Final Order
APPLA: Another Planned Permanent Living Arrangement	MOA: Memorandum of Agreement
ASFA: Adoption and Safe Families Act	MSW: Master of Social Work
BSW: Bachelor of Social Work	OAG: Office of the Attorney General
CAP: Public Assistance Cost Allocation Plan	OCME: Office of the Chief Medical Examiner
CFSA: Children and Family Services Agency	OHPA: Out of Home and Permanency Administration
CMD: Contract Monitoring Division	PIP: Program Improvement Plan
CMS: Centers for Medicare and Medicaid Services	POM: Procedural Operational Model
CPA: Child Placement Agency	PSA: Placement Services Administration
CPS: Child Protective Services	QA: Quality Assurance
CQI: Continuous Quality Improvement	QSR: Quality Service Review
CSSP: Center for the Study of Social Policy	RCC: Residential Child Care
CSW: Community Support Worker	RED: Review, Evaluate and Direct
CWSG: Annie E. Casey Foundation Child Welfare Strategy Group	RFP: Request for Proposal
CWTA: Child Welfare Training Academy	SDM: Structured Decision Making
DCPS: District of Columbia Public Schools	SOP: Standard Operating Procedure
DHCM: Department of Health Care Finance	SPA: State Plan Amendment
DMH: Department of Mental Health	SSI: Supplemental Security Income
DR: Differential Response	STARS: Student Tracking and Reporting System
FA: Family Assessment	TCM: Targeted Case Management
FACES.NET: CFSA's automated child welfare information system	TPR: Termination of Parental Rights
FTE: Full Time Employment	USDA: United States Department of Agriculture
FTM: Family Team Meeting	YTP: Youth Transition Plan
FY: Fiscal Year	
GAL: Guardian <i>ad litem</i>	
HHAC: Healthy Horizons Assessment Center	
HMO: Health Maintenance Organization	
ICPC: Interstate Compact for the Placement of Children	
IEP: Implementation and Exit Plan	
IHPA: In Home and Permanency Administration	
I & R: Information and Referral	

APPENDIX B



APPENDIX C

**AN ASSESSMENT OF THE QUALITY OF
CHILD ABUSE AND NEGLECT INVESTIGATION PRACTICES
IN THE DISTRICT OF COLUMBIA**



May 21, 2013

APPENDIX C
AN ASSESSMENT OF THE QUALITY OF
CHILD ABUSE AND NEGLECT INVESTIGATIVE PRACTICES
IN THE DISTRICT OF COLUMBIA

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AN ASSESSMENT OF THE QUALITY OF CHILD ABUSE AND NEGLECT INVESTIGATIVE PRACTICES IN THE DISTRICT OF COLUMBIA

I. INTRODUCTION AND PURPOSE

The District of Columbia's Child and Family Services Agency (CFSA) is responsible for assessing reports alleging abuse and/or neglect of children. CFSA, through its Child Protective Services (CPS) administration, maintains a 24-hour hotline for screening these reports and assigning those reports that meet the District's definition of child abuse or neglect for further investigation or family assessment.

In general, the tasks of CPS are to: collect information from the reporter and determine whether the allegations meet the criteria for assignment to a child protection investigative or family assessment social worker and the urgency with which a response is needed; assess allegations in a timely and comprehensive manner; make sound decisions regarding the safety of and reducing risk of harm to children; and, if needed, put in place safety plans and/or referral for services to support families and extended families in safely caring for their children. Given the tremendous importance of the actions and decisions of CPS in ensuring the safety and well-being of children and families in the District of Columbia, there is little room for error in carrying out these legislated functions.

The Center for the Study of Social Policy (CSSP) is the federal court-appointed Monitor for the *LaShawn A. v. Gray* lawsuit, which has established requirements related to the performance of the District's child welfare system. CSSP performs a range of activities to assess and report on the District's performance in accordance with the *LaShawn* Modified Final Order (MFO)¹ and in meeting the outcomes and Exit Standards set by the Implementation and Exit Plan (IEP)².

The Monitor has conducted several reviews of the District of Columbia's child abuse and neglect investigative practices and has previously released three supplemental reports on the findings from these assessments.^{3, 4, 5}

¹ Modified Final Order (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO), January 27, 1994.

² Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.

³ In February 2006, the Monitor in partnership with CFSA released a report with findings from a review of a statistically significant, random sample of investigations closed in June 2005. See, *An Assessment of The Quality of Child Protective Services Investigations in the District of Columbia*, Washington, DC: Center for the Study of Social Policy, February 7, 2006. Found at: <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigations-in-the-district-of-columbia-february-2006.pdf>

This current report is based on a case review conducted jointly by the Monitor and CFSA staff of a statistically significant, random sample of investigations closed in October 2012. This case review assessed the quality of investigative practice and decision making, and in particular was designed to answer questions about the following *LaShawn* IEP Exit Standard:

- CFSA shall routinely conduct investigations of alleged child abuse and neglect. 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 (IEP citation I.A.2).

⁴ In 2007, the Monitor and CFSA collaborated to review 40 investigations records. In addition to review of the investigations records, the Monitor conducted focus groups with a range of stakeholders to gather additional information and context. See, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practice in the District of Columbia*, Washington, DC: Center for the Study of Social Policy, November 2007. Found at: <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-november-2007.pdf>

⁵ Most recently, in May 2010, the Monitor released a report based on a review of a statistically significant, random sample of investigations completed between September 21 and October 16, 2009. See, *An Assessment of the Quality of Child Abuse and Neglect Investigative Practice in the District of Columbia*, Washington, DC: Center for the Study of Social Policy, May 2010. Found at: <http://www.cssp.org/publications/child-welfare/class-action-reform/an-assessment-of-the-quality-of-child-protective-services-investigative-practices-in-the-district-of-columbia-may-2010.pdf>

In addition to the review of the quality of investigations against the standards listed above, the case record review was used to collect data for other Exit Standards routinely reported on through FACES.NET data, including:

- 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 maltreatment⁶ (IEP citation I.A.1.a.).
- 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 (IEP citation I.C.19.).
- Investigations of alleged 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 5 days of the completion of the investigation (IEP citation I.A.1.b.).

⁶ Initiation of an investigation includes seeing all alleged victim child(ren) and talking with the child(ren) outside the presence of the caretaker. When the alleged victim child(ren) is not immediately located, documented good faith efforts to see the child 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.

II. METHODOLOGY

The findings in this report are based on a review of a sample of CFSA electronic records of child abuse/neglect investigations which were completed in October 2012. Case record reviewers included two CSSP staff, five CFSA Quality Assurance (QA) staff, 4 CPS staff, CFSA's Director of Entry Services and CFSA's Director of Agency Performance.

CSSP and CFSA designed a sampling plan, developed a structured data collection instrument, trained the reviewers, employed a quality assurance approach to ensure inter-rater reliability and utilized Statistical Package for the Social Sciences (SPSS) for data analysis. These activities were accomplished as follows:

Sampling Plan

The review is of a statistically significant, random sample of 219 records of investigations.⁷ The sample is derived from the universe of 509 investigations of alleged abuse or neglect of a child by a parent or family member which were completed in October 2012.⁸ The number of investigation records reviewed yields findings with 95 percent confidence within a statistical margin of error of +/- 5%. Not all questions were applicable to all of the reviewed investigations, thus the margin of error is greater in some of the data discussed below.

Instrument and Data Collection

Reviewers completed a structured survey instrument, based on an investigation record review instrument the Monitor and CFSA have used in the past. The survey instrument was designed for review of FACES.NET data to assess the status of CFSA's investigations practice. Survey Monkey, a web-based survey tool, was used for data entry and collection. Data collection took place in December 2012. A copy of the data collection instrument is included in this report as Attachment A.

Reviewer Training

Each reviewer participated in a half-day training facilitated by CSSP and CFSA staff. The training included: the purpose of review; processes of the review; understanding the data collection instrument; navigating FACES.NET to sort for responses to questions; review of

⁷ Investigations with an incomplete "disposition" were not included in the sample. Incomplete "disposition" refers to investigations that are closed without a disposition. Investigations with an incomplete "closure" were included in the sample. Incomplete "closure" indicates that all standard investigation components have not been completed and CFSA has determined this to be reasonable based on Agency guidelines. One example of incomplete "closure" is an investigation in which the family moves out of jurisdiction prior to the investigative worker gathering all necessary information.

⁸ Excludes institutional abuse investigations, i.e. investigations of alleged abuse and/or neglect of a child by a licensed foster parent, staff of a daycare, school or residential setting.

select investigation terms and procedures; and jointly reviewing one “test” case record. The results of the review of the test case record were discussed in-depth to ensure consistency in decision-making and responses.

Quality Control and Assurance

To ensure inter-rater reliability and rater accuracy in completing the instrument, 28 percent of sample instruments were checked by a CSSP or CFSA QA staff person. Reviewers also had the opportunity to consult with each other, as they worked in close proximity. CPS management was available and used for consultation about appropriate policy and best practice during the record reviews.

Data Analysis

The data collection instruments were coded into a format which allowed for statistical analysis using the SPSS computer program. Written statements from reviewers in reference to specific questions in the instrument, as well as from the general comments section of the instrument, were also captured and analyzed to gain a greater understanding of each case as well as to identify patterns and themes across cases. Troy Blanchard, Ph.D. of Louisiana State University, assisted CSSP with data analysis.

Limitations of Case Record Review

This review relied exclusively on information documented in FACES.NET. It is possible that additional efforts in conducting investigations were not documented in some records and therefore not credited in the findings. Additionally, case record reviews in general have limitations in assessing the comprehensiveness and quality of service delivery.

III. OVERVIEW OF FINDINGS

The following summarizes the areas that were assessed in the review as working well and other areas that are in need of improvement.

What's Working Well

- **The vast majority of investigations were assigned appropriate response times by the hotline.** Based on the severity of the allegations and the potential safety issues, investigation reports are assigned response times by the hotline of either “immediate” or “within 24 hours.” Reviewers assessed that the assigned response time was appropriate in 97 percent of investigations. This practice is a clear strength of hotline workers.
- **Most investigations documented interviews with all alleged victim child(ren), non-victim children and the alleged maltreater.** Regardless of time frame, in 95 percent of investigations reviewed, all alleged victim child(ren) were interviewed outside the presence of their caregiver as is required. In 94 percent of applicable investigations, non-victim child(ren) were similarly interviewed. In 90 percent of applicable investigations, the investigator conducted a face-to-face interview with the alleged maltreater(s).
- **Investigative workers are routinely collecting medical appointment and/or immunization history for children in the household.** In 88 percent of the investigations reviewed, there was evidence that the investigative worker gathered appointment and/or immunization history for all household children. In an additional 3 percent of investigations, reviewers found that this information was gathered for some household children.
- **Almost all children needing a medical evaluation as part of the investigation received the necessary evaluation.** In 92 percent of applicable investigations, the child(ren) needing a medical evaluation received such evaluation as part of the investigation.

Areas for Improvement

- **62 percent of the investigations were determined by reviewers to be of acceptable quality, which fails to meet the performance requirement of the IEP.** While CFSA strives to ensure that every investigation is high quality, the *LaShawn* IEP performance measure requires that case documentation supports that 80 percent of investigations are of “acceptable” quality. Reviewers provided reasons for their determinations about quality investigations and several themes were notable for those investigations that were not determined to be of acceptable quality, including: investigative workers failing to speak

with or see the alleged child victim(s) and/or other household children in a timely manner; lack of interviews and information gathering from core and collateral contacts; lack of interviews with other adults in the household and family members, both living in the homes and outside of the home; and delays in initiating some investigations and long gaps of time with little to no activity during the investigation. Performance for October 2012 demonstrates an increase in the overall quality of investigations from roughly the same time period in 2009 when a case record review determined that 44 percent of investigations were of quality.⁹ As noted in the *LaShawn A. v. Gray Progress Report for the Period July 1 – December 31, 2012*, several factors likely contributed to CFSA’s inability to achieve the performance level required by the IEP during the period reviewed. In October 2012, caseloads of investigative workers were higher than established standards (only 73 percent of investigative workers had caseloads meeting the standard of 12 or fewer investigations and three investigative workers had more than 18 investigations). During this time period, CFSA continued to receive a high number of educational neglect referrals from District of Columbia Public Schools and charter schools causing an additional strain on the workforce.

- **CFSA’s performance in initiating investigations in required timeframes is considerably below what is required by the *LaShawn* IEP.** The IEP requires that 95 percent of investigations be “initiated” within 48 hours after receipt of a report to the hotline.¹⁰ “Initiation” requires that all of the alleged victim children in the household be interviewed outside of the presence of the caretaker. The review determined the alleged victim child(ren) was seen and interviewed outside the presence of the caretaker or good faith efforts were made to see the alleged victim child(ren) within 48 hours of the report to the hotline in 77 percent of the investigations reviewed.
- **The investigative worker collected sufficient information from educational providers to assess the child(ren)’s educational status, safety and well-being needs in only slightly more than one-third of investigations reviewed.** Reviewers found that in 80 percent of applicable cases, the investigative worker gathered school performance and attendance information for all household children. In 35 percent of applicable cases, there was evidence that the investigative worker went beyond school performance and attendance data to elicit sufficient information to assess the child(ren)’s educational status, safety and well-being needs.
- **The information that workers gather about risk factors during the investigation is not routinely reflected in the responses workers provide in filling out a required risk assessment tool.** Reviewers found that in 60 percent of applicable investigations, the

⁹ See footnote 5.

¹⁰ IEP, at 3.

investigative worker's responses on the risk assessment tool were reflective of the documented information. In 39 percent of investigations, the worker's responses on the risk assessment tool, which is intended to be an aid in decision-making and service planning, were only partially reflective of the knowledge gathered by investigators about risk factors.¹¹ Incorrect responses in using the risk assessment tool can result in an incorrect risk assessment score being assigned. As the risk assessment score is used to make determinations regarding referrals for services, among other things, this weakness in practice is of particular concern.

- **Documentation of referral of families with a low or moderate risk of abuse and neglect who are in need of and agree to additional supports for follow-up services was only evident for 66 percent of families.** The IEP requires 90 percent of families 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 should be referred to a Collaborative or other appropriate community agency for follow-up. Reviewers found that families in 66 percent of applicable investigations received a referral to a Collaborative or community agency for follow-up services.
- **Investigations are not routinely completed in a timely manner.** Investigations are by CFSA policy required to be completed within 35 days; the *LaShawn* IEP sets a performance standard that 90 percent of investigations be completed within the 35 day timeframe. Reviewers found that 58 percent of investigations were completed within 35 days. CFSA's performance has decreased significantly since the 2009 investigations review when 89 percent of investigations reviewed were completed within 35 days. As previously discussed, high investigative worker caseloads and the continued influx of educational neglect referrals also likely contribute to workers' ability to timely complete investigations.

¹¹ In 1 percent of investigations, reviewers concluded the risk assessment tool responses were not at all reflective of the information gathered during the investigation.

IV. FINDINGS

A. *Initiation of Investigation*

1. Assessment of Response Time

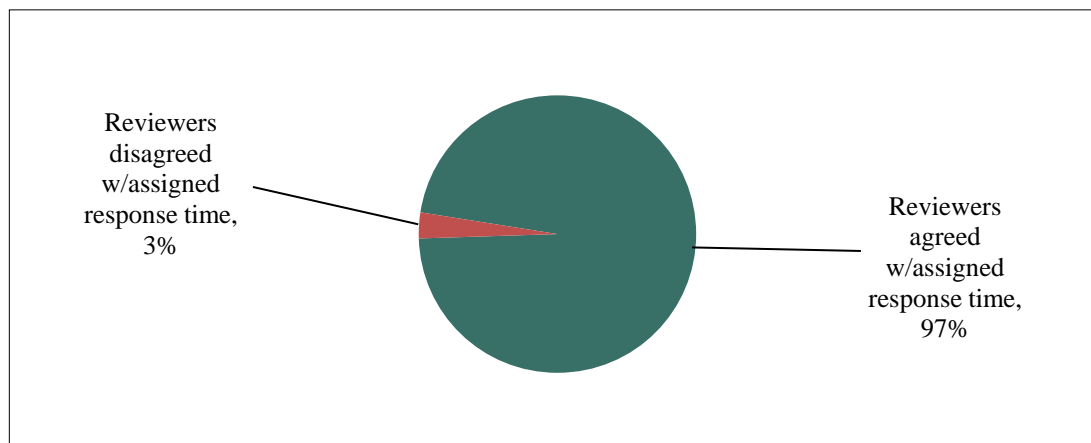
The Child and Family Services Agency (CFSA) is responsible for receiving and appropriately responding to allegations of child abuse and neglect in the District of Columbia. The *LaShawn* IEP requires CFSA to maintain a 24-hour system for receiving and responding to reports of child abuse and neglect and to use a screening tool in prioritizing response times for initiating investigations.

Response Time Assignment

For each report accepted by the CFSA hotline for investigation, staff complete an electronic form based on information known about the child and family at the time. Results are used by hotline staff to determine a time by which a social worker must see an alleged victim child, either immediately or within 24 hours. Of the 219 investigations reviewed, 73 (33%) were designated as requiring an immediate response and 146 (67%) received a response time of within 24 hours.

Reviewers determined that the assigned response time was appropriate for almost all (97%) of investigations. Reviewers disagreed with the priority assignment for seven (3%) investigations. In six of the seven investigations where reviewers disagreed, reviewers commented that the response should have been immediate, not within 24 hours as had been selected by the hotline worker. Several reviewers noted that their disagreement was due to too many safety factors outstanding or alleged physical injury to the child, among other things.

Figure 1: Appropriate Assignment of Response Time
N=219



Source: Case Record Review 2012

2. Initiating an Investigation of Child Abuse or Neglect

The *LaShawn* IEP requires that 95 percent of investigations be initiated within 48 hours.¹² An investigation is deemed to be initiated if the investigator has seen all alleged victim child(ren) and spoken with the child(ren) outside the presence of the caretaker, or if the alleged victim child(ren) is not immediately located, documented good faith efforts have been made to see the child(ren) within the first 48 hours.

The IEP defines good faith efforts to locate and interview the child by completion of the following actions, as applicable:

- Visiting the child's home at different times of the day;
- Visiting the child's school and/or day care if known in an attempt to locate the child;
- Contacting the reporter, if known, to elicit additional information about the child's location;
- Reviewing the CFSA information system and other information systems (e.g., ACEDS¹³, STARS¹⁴) for additional information to assist in locating the child and family; and
- Contacting the police for all allegations that a child(ren)'s safety or health is in immediate danger.¹⁵

Reviewers recorded the time within which investigations were initiated. If the investigator did not see and interview all alleged victim child(ren)¹⁶ within 48 hours of the report to the hotline, reviewers looked for documentation of the required good faith efforts within that timeframe to locate the alleged victim child(ren).

In 72 percent of the 219 investigations reviewed, the alleged victim child(ren) was seen and interviewed outside the presence of the caretaker within 48 hours of the report to the hotline. In the remaining 62 investigations, 12 included documentation of completion of all applicable good faith efforts for a total of 77 percent of investigations initiated within 48 hours of the report to the hotline or with appropriate good faith efforts by the worker. The good faith efforts that were most frequently applicable and utilized in investigations where the worker did not see and interview the alleged victim child(ren) within 48 hours were contacting the reporter to elicit additional information about the child(ren)'s location (19) and reviewing the CFSA information system and other information systems for additional information about the child and family (27).

¹² IEP, at 3.

¹³ Automated Client Eligibility Determination System.

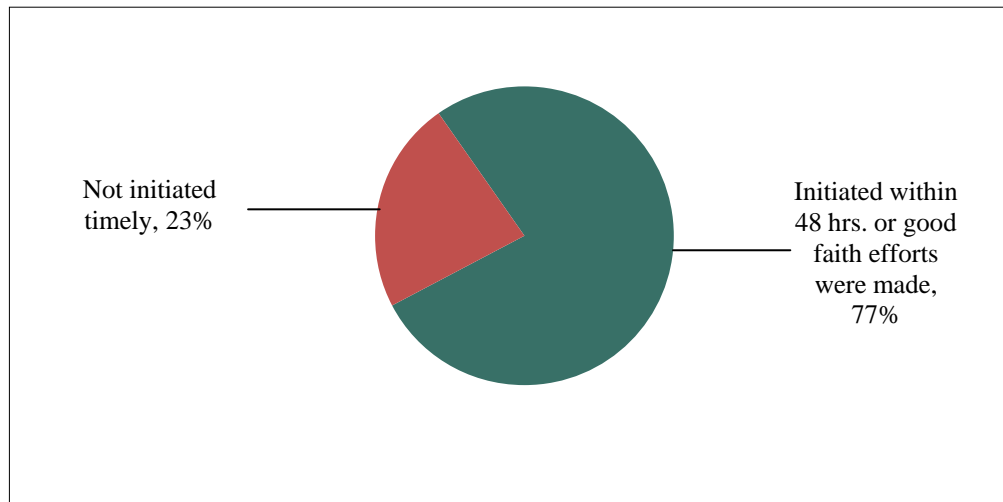
¹⁴ Student Tracking and Reporting System.

¹⁵ IEP, at 3.

¹⁶ If the alleged victim child was nonverbal, reviewers were asked to look for documentation that the child was observed while awake.

This performance fails to meet the IEP requirement that 95 percent of investigations are initiated within 48 hours or have documented good faith efforts to locate the child(ren).¹⁷

Figure 2: Timely Initiation* of Investigation
N=219



Source: Case Record Review 2012

*Initiation is defined as interviewing all alleged victim children outside the of the presence of the caretaker or making all applicable good faith efforts to see the child(ren) within 48 hours.

B. Interviews and Information Gathering

3. Core and Collateral Contacts During an Investigation

The *LaShawn* IEP requires that various core and collateral contacts be interviewed during each investigation. In order to assess CFSA's practice with interviewing core and collateral contacts, reviewers focused on the following IEP requirements for an acceptable investigation:

- 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);
- Interviews with collateral contacts that are likely to provide information about the child's safety and well-being;

¹⁷ Performance has improved since the 2009 review when performance on this measure was 58 percent. Of note, in 2009, CFSA policy required good faith efforts be made within 24 hours of the report to the Hotline. When the IEP was crafted in 2010, the good faith efforts requirement was modified to occur within 48 hours of the report to the Hotline. This change in policy should be considered when interpreting comparison data.

- 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.¹⁸

Victim Children and Non-Victim Children in the Household

Regardless of time frame, all alleged victim child(ren) were interviewed outside the presence of the caregiver in 95 percent of investigations; in five (2%) investigations some alleged victim child(ren) were interviewed outside the present of the caregiver; and in six (3%) investigations, the alleged victim child(ren) were not interviewed outside the presence of the caregiver prior to investigation closure. Of the 11 investigations where some or none of the alleged victim child(ren) were interviewed, efforts were made to interview the alleged victim child(ren) in five investigations and no documented efforts were made to interview the alleged victim child(ren) in six investigations.

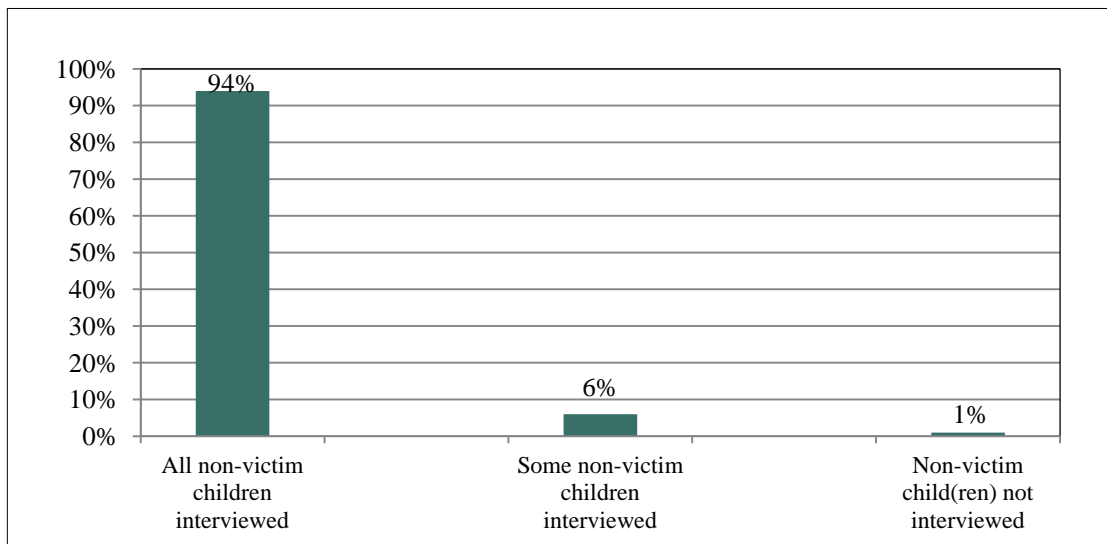
A CFSA hotline or investigative worker may determine that there are other children residing in a family but for many reasons, these other children may not be alleged victims. Of the 219 investigations reviewed, 109 included households with non-victim children. Of these 109 investigations, the non-victim child(ren) was interviewed outside the presence of the caregiver prior to investigation closure in 94 percent of the investigations; in six (6%) investigations, some non-victim child(ren) were interviewed outside the presence of the caregiver prior to investigation closure; and in one (1%) investigation, the non-alleged victim child(ren) was not interviewed outside the presence of the caretaker prior to the investigation closure.^{19,20} Of the seven investigations where some or none of the non-alleged victim child(ren) were interviewed, efforts were made to interview the non-victim child(ren) in three investigations and no efforts were made to interview the non-victim child(ren) in four investigations.

¹⁸ IEP, at 4.

¹⁹ Percentages total more than 100 due to rounding.

²⁰ This performance demonstrates improvement since both the 2005 and 2009 review. In 2005, performance toward interviewing non-victim children outside the presence of caretaker was 85 percent and 2009 performance was 88 percent.

**Figure 3: Non-Victim Children Interviewed
Outside the Presence of Caretaker
N=109**



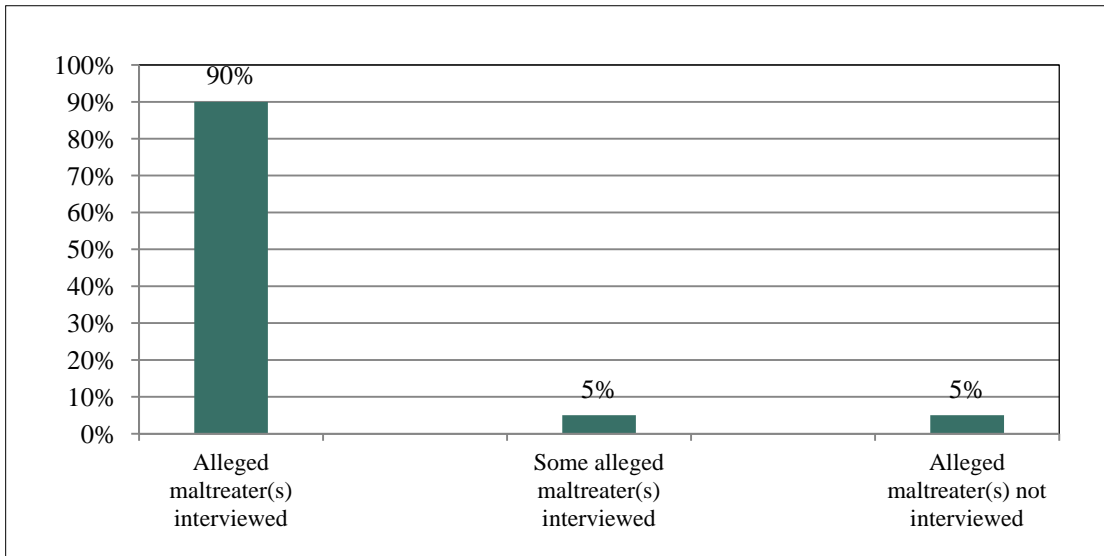
Source: Case Record Review 2012

Alleged Maltreater

In 204 of the 219 investigations, an alleged maltreater(s) was identified. In 183 (90%) of the 204 applicable investigations, the investigator conducted a face-to-face interview with the alleged maltreater(s); the investigator conducted a face-to-face interview with some alleged maltreaters in 10 (5%) investigations; and the investigator did not conduct a face-to-face interview with the alleged maltreater(s) in the remaining 11 (5%) investigations.

For the 21 investigations in which some or none of the alleged maltreaters were interviewed, reviewers found documentation of efforts to contact all or some of the alleged maltreaters in 12 investigations. There were no efforts to contact the alleged maltreater in seven investigations and the alleged maltreater was unable to be interviewed in the remaining two investigations.

Figure 4: Alleged Maltreater Interviewed
N=204

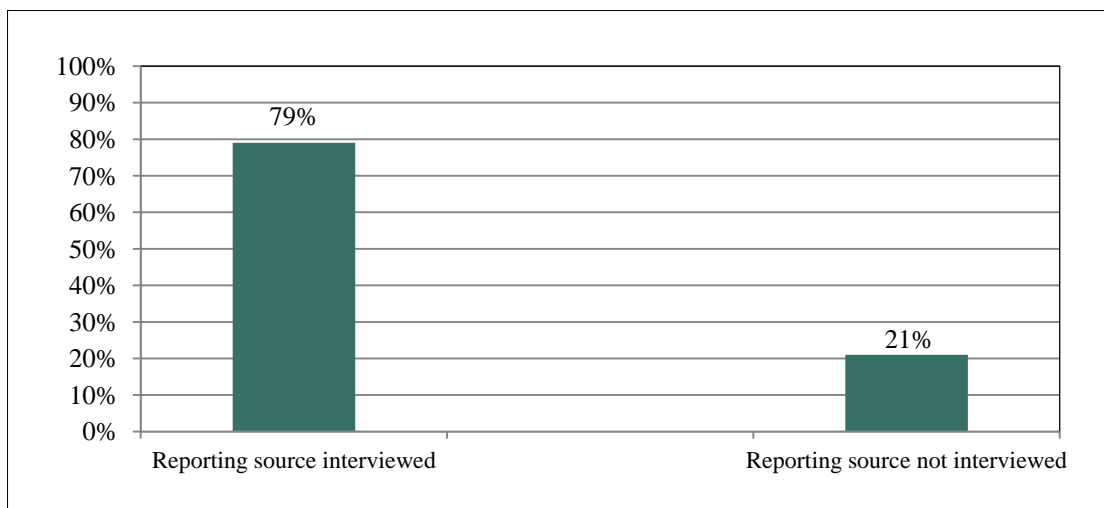


Source: Case Record Review 2012

Reporting Source

There were 206 investigations in which a reporting source was identified. The investigator interviewed the reporting source in 163 (79%) of these investigations. Of the 43 investigations where the reporting source was not identified, in 29 investigations the investigator made at least one attempt to contact the reporting source and in two investigations contact information for the reporting source was not available.

Figure 5: Reporting Source Interviewed
N=206



Source: Case Record Review 2012

Non-Offending Caregivers

There were 102 investigations in which a non-offending caregiver was identified. The investigator conducted a face-to-face interview with all non-offending caregivers in 79 (77%) applicable investigations; the investigator conducted a face-to-face interview with some non-offending caregivers in eight (8%) investigations; and the investigators did not conduct a face-to-face interview with any of the non-offending caregivers in 15 (15%) investigations.

Of the 23 investigations in which some or none of the non-offending caregivers were interviewed, efforts were made to contact all non-offending caregivers in nine investigations and efforts were made to contact some non-offending caregivers in six investigations. There were no efforts made in seven investigations to contact the non-offending caregiver and in one investigation, the non-offending caregiver was unable to be interviewed.

Other Adults in the Home

The investigator had face-to-face contact with all other adults in the home in 53 (72%) of the 74 investigations in which there were other adults in the family's home. There was face-to-face contact with some other adults in eight (11%) of the investigations. In 13 (18%)²¹ investigations there were no interviews with other adults in the family's home.

For the 21 investigations in which some or none of the other adults in the home were interviewed, the investigator made efforts to contact all other adults in two investigations. There were no efforts found in 17 investigations and in two investigations, the other adults in the home were unable to be interviewed.

Collaterals

During an investigation, the social worker is expected to interview persons involved with the family who may have information relevant to the investigation. Table 1 shows the number of applicable collaterals across investigations as well as contacts made or attempted contacts by the social worker. As shown in Table 1 below, the frequency of collateral contacts varies.

²¹ Percentages total more than 100 due to rounding.

Table 1: Interviews with Collaterals Applicable in an Investigation²²

Collateral	Total Investigations where Contact was Applicable	Contact Made	Contact Attempted	No Contact or Attempt
Law Enforcement	60	42 (70%)	4 (7%)	14 (23%)
Family Friend	19	12 (63%)	-	7 (37%)
Relative	72	41 (57%)	1 (1%)	30 (42%)
Other (e.g. probation officer, ongoing social worker, additional relatives, medical professionals, school personnel other than teachers)	40	25 (63%)	-	15 (38%)
Neighbor	22	9 (41%)	1 (5%)	12 (55%)
Teacher or Child Care Provider ²³	37	21 (57%)	-	16 (43%)
Mental Health Professional	26	7 (27%)	1 (4%)	18 (69%)
Substance Abuse Treatment Provider	5	-	-	5 (100%)
Medical Professional ²⁴	46	31 (67%)	1 (2%)	14 (30%)

Source: CSSP Case Record Review 2012

*Percentages may total more than 100 due to rounding.

Gathering Sufficient Information from All Contacts

Reviewers were asked if the social worker gathered sufficient information from all contacts to address the allegations and assess whether or not the child(ren)'s safety and well-being needs are being met. Of the 219 investigations reviewed, reviewers determined that the social worker gathered sufficient information in 154 (70%) investigations.

²² Depending on the nature of the investigation, different collateral contacts would be required; therefore not all collateral contact categories would be required in every investigation.

²³ This teacher or child care provider collateral contact is in addition to the educational resource core contact and is applicable if they are likely to provide information about the child(ren)'s safety and well-being.

²⁴ This medical professional collateral contact is in addition to the medical resource core contact and is applicable if they are likely to provide information about the child(ren)'s safety and well-being.

4. Information Gathering from Medical and Educational Professionals

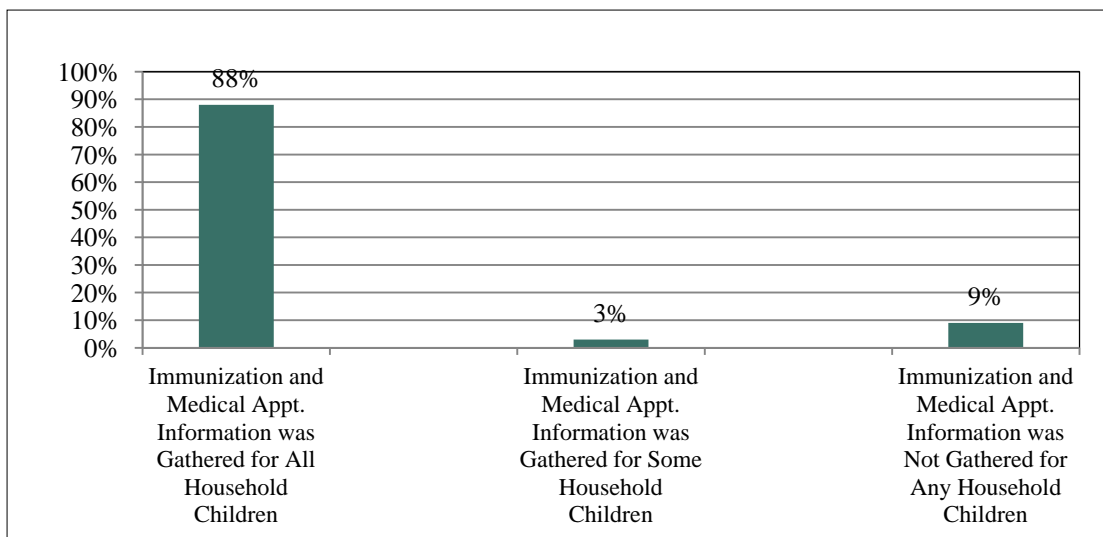
Reviewers assessed the medical and educational information gathered during investigations. In addition to looking for whether there was information about the alleged victim and non-victim child(ren)'s appointment and/or immunization history, for those investigations involving allegations of medical neglect, reviewers assessed whether the investigator or a CFSA nurse gathered information from the medical provider to address the allegations, to assess safety and well-being and/or to determine whether the child(ren)'s medical needs were adequately addressed.

Reviewers made the same assessment regarding information gathering about the alleged victim and non-victim child(ren)'s education, looking for attendance and performance information and whether social workers gathered information from school or child care providers to assess whether or not the child(ren)'s educational, safety and well-being needs were being met. If the investigation involved allegations of educational neglect, reviewers assessed whether sufficient information was gathered to address the educational neglect allegations.

Medical Information

As displayed in Figure 6 below, in 193 (88%) of the 219 investigations, reviewers found evidence that the investigator collected medical appointment and/or immunization history for all household children. In an additional six (3%) investigations, appointment and/or immunization history was gathered for only some household children. Appointment and/or immunization history was not gathered for the household children in 20 (9%) investigations.

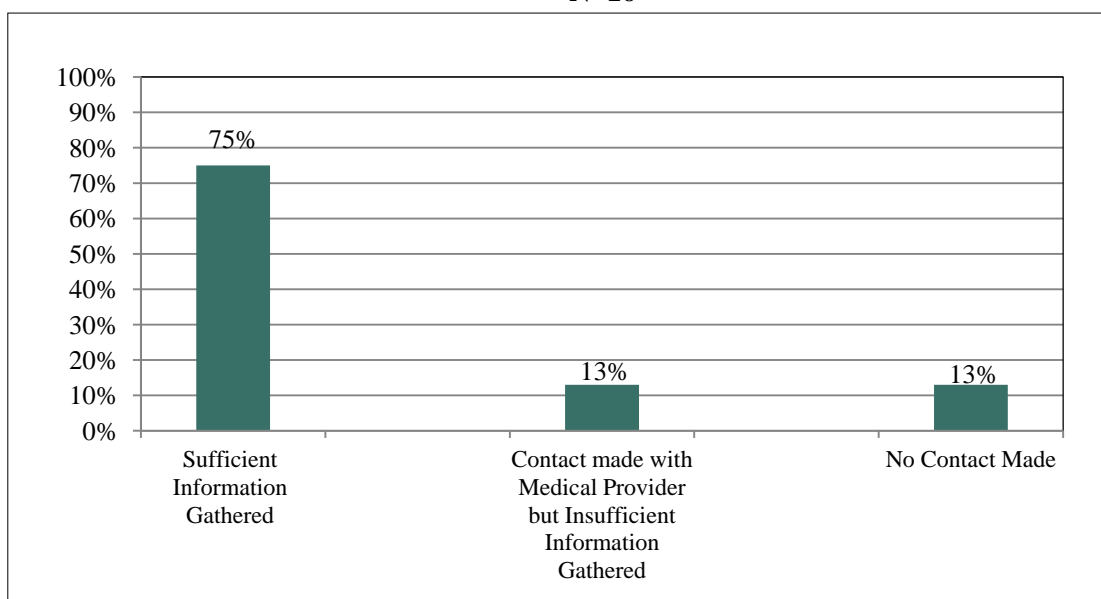
Figure 6: Gathering Medical Appointment and/or Immunization Information for All Household Children during an Investigation
N=219



Source: Case Record Review 2012

Of the 219 investigations, 16 involved allegations of medical neglect. Reviewers found that in 12 (75%) of those 16 investigations, the social worker and/or CFSA nurse documented gathering information on the medical provider's assessment of the quality of care the child(ren) is receiving from the parent/caretaker and the child(ren)'s current health needs. In two (13%) of the investigations involving medical neglect, reviewers found that contact with the medical provider was made, but that the documented information was insufficient to assess whether or not the child's medical needs were being met. In the remaining two investigations involving medical neglect, reviewers found that no contact was made with the medical provider.

**Figure 7: Gathering Qualitative Medical Information during an Investigation with Allegation(s) of Medical Neglect
N=16**



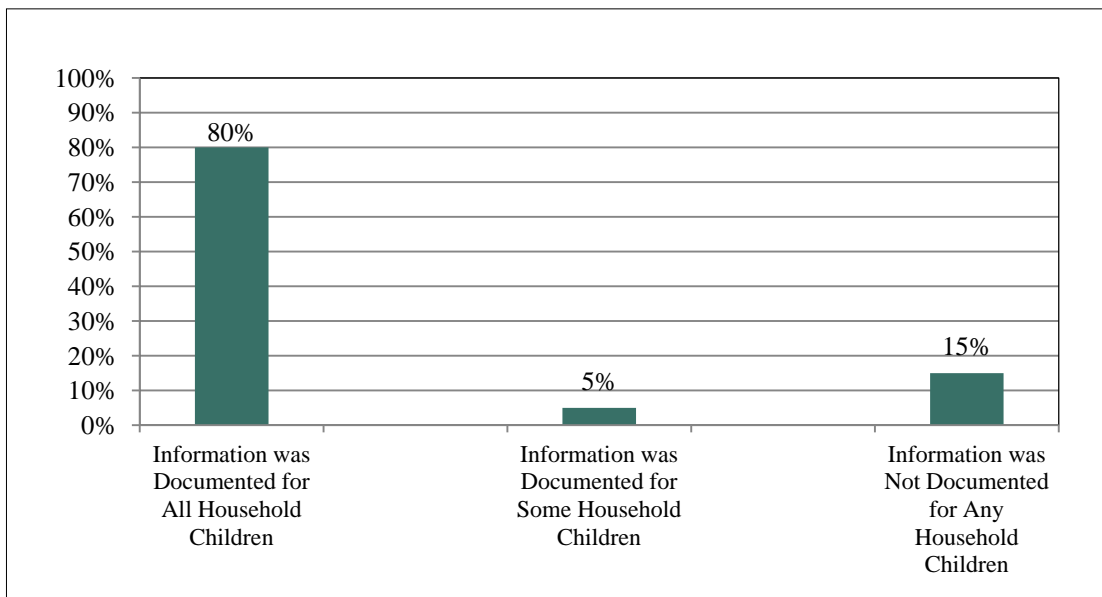
Source: Case Record Review 2012

*Percentages may total more than 100 due to rounding.

Educational Information

Of the 219 investigations, there were 196 which included household children who were school-aged or enrolled in daycare. For 156 (80%) of those 196 investigations, the social worker gathered attendance and school performance information for all household children. In an additional 10 (5%) investigations, the social worker gathered attendance information for only some household children. In 30 (15%) investigations, the social worker gathered no information regarding school/daycare attendance.

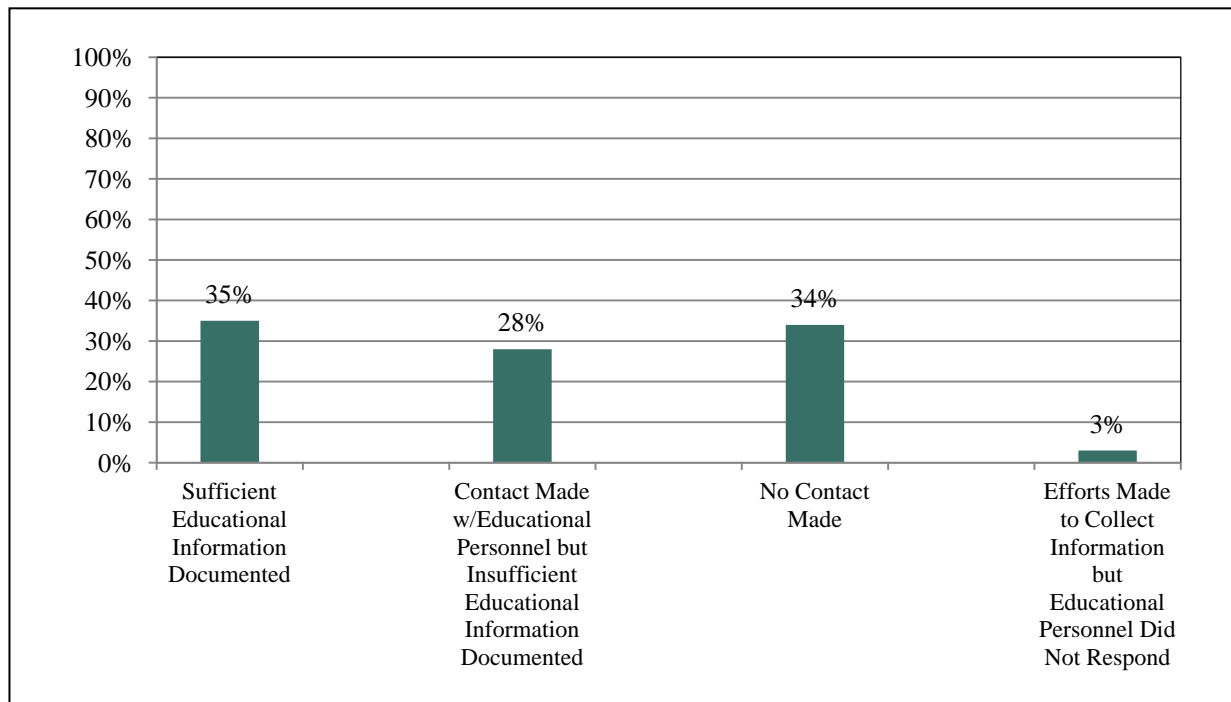
**Figure 8: Gathering Attendance and School Performance Information
from School/Daycare Personnel
N=196**



Source: Case Record Review 2012

For the 196 investigations which included household children who were school age or enrolled in daycare, reviewers were asked to assess whether or not the social worker went beyond collecting performance and attendance data to elicit sufficient information to assess the child(ren)'s education status, safety and well-being needs. Reviewers found that in 69 (35%) of the 196 investigations, investigators gathered sufficient information from school personnel or day care providers to inform an assessment. In an additional 54 (28%) investigations, reviewers found social workers made contact with educational personnel, but that insufficient information was documented. Of the remaining 73 applicable investigations, no contact was made with educational personnel to gather this information in 67 (34%) investigations. For six (3%) investigations, the social worker made efforts to collect the information but educational personnel did not respond.

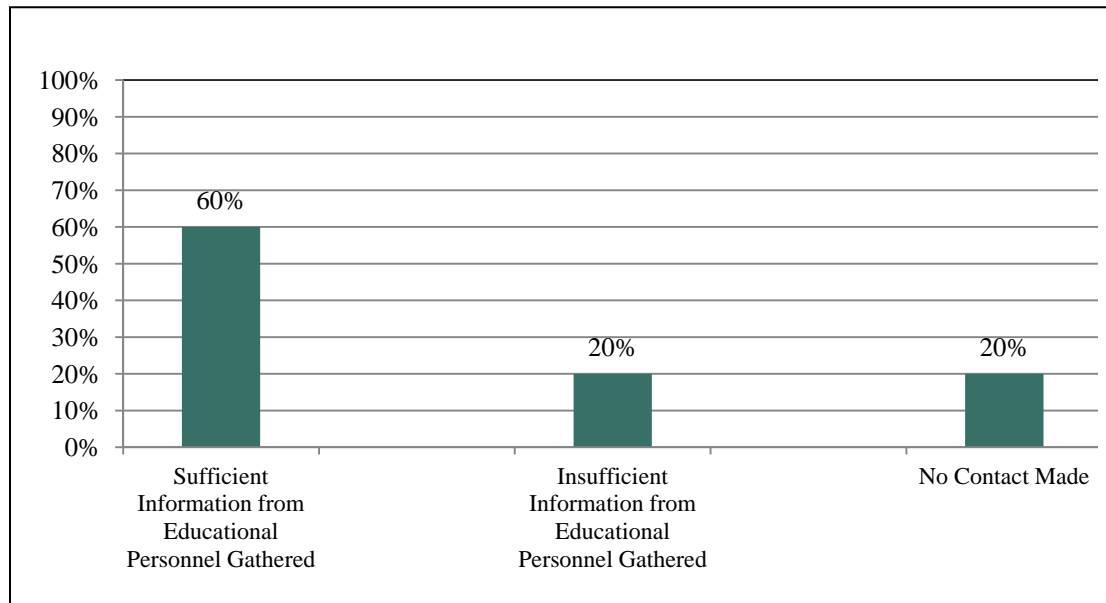
**Figure 9: Gathering Qualitative Information
from School/Daycare Personnel
N=196**



Source: Case Record Review 2012

Of the 219 investigations, 35 involved allegations of educational neglect. Of these 35 investigations, social workers gathered sufficient information from educational personnel to address the allegations in 21 (60%) investigations. Of the remaining 14 investigations, some contact was made with educational personnel but insufficient information was gathered in seven (20%) investigations and no contact was made with educational personnel to gather this information in the other seven (20%) investigations.

**Figure 10: Gathering Sufficient Educational Information during
an Investigation with Allegation(s) of Educational Neglect
N=35**



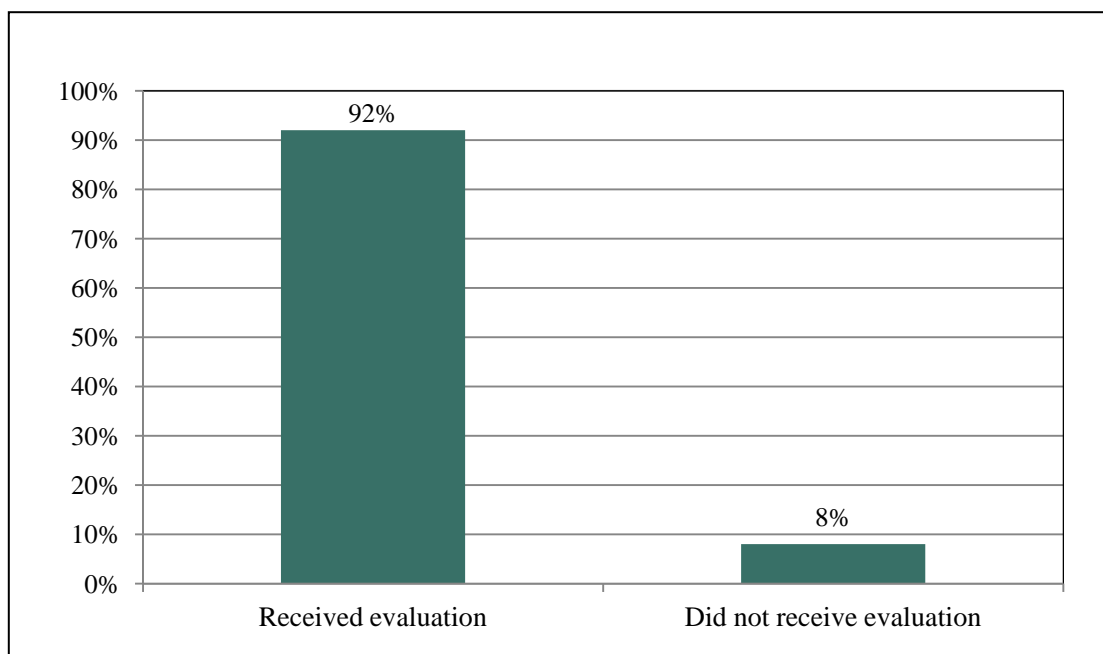
Source: Case Record Review 2012

Medical and Mental Health Evaluations for Children

The *LaShawn* IEP requires appropriate medical and mental health evaluations of children or parents as part of the investigation of abuse or neglect in cases where it is determined that such evaluations are necessary to complete the investigation.

Of the 219 investigations, reviewers determined that a medical evaluation of a household child was necessary in 12 investigations. In 11 (92%) of those investigations, all of the children identified as needing a medical evaluation received one. There was one (8%) investigation in which the child did not receive the needed medical evaluation.

**Figure 11: Children Received Needed Medical Evaluation during an Investigation
N=12**



Source: Case Record Review 2012

Of the 219 investigations, there were two in which reviewers determined that a mental health evaluation for the child should have been secured during the investigation. In one of these two investigations the child requiring a mental health evaluation received one and in the other, the child did not receive the needed mental health evaluation.

Involvement of Metropolitan Police Department (MPD) and Assessments Conducted by Child Advocacy Center (CAC) and/or Child and Adolescent Protection Center (CAPC) in Relevant Investigations

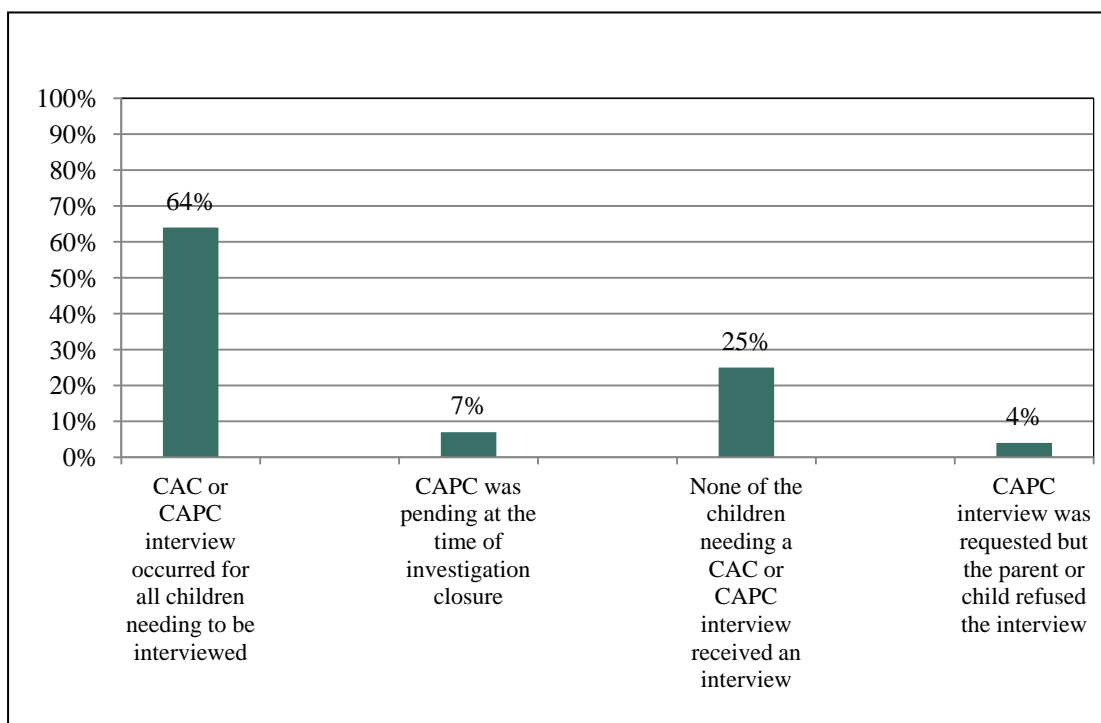
According to CFSA policy, the Memorandum of Understanding (MOU) with Metropolitan Police Department's Youth Division (MPD YD) for Child Maltreatment Joint Investigations (dated November 23, 2011) and the Memorandum of Agreement (MOA) on Child Physical Abuse Investigation, Prosecution, and Prevention (dated September 2012), CFSA and MPD YD are expected to conduct a joint investigation for all cases involving an allegation of sexual abuse or serious physical abuse and a forensic interview or medico-legal examination is to be requested at the Children's Advocacy Center (CAC) or Child and Adolescent Protection Center (CAPC) when necessary.²⁵

²⁵ See, CFSA Investigations Policy, Procedure N. at p. 15 (August 30, 2011).

The reviewers assessed whether there was documentation that officers from MPD YD were involved in investigation of allegations of serious physical or sexual abuse and whether children were interviewed at the CAC or CAPC when needed. Fifty-two (24%) of the 219 investigations included allegations of serious physical or sexual abuse of a child. There was evidence of MPD YD involvement in 41 (79%) of the 52 applicable investigations.²⁶

Of these 52 investigations, a CAC or CAPC interview was not needed in 24 investigations. Of the remaining 28 investigations, in 18 (64%) investigations a CAC or CAPC interview occurred for all of the children needing to be interviewed; in one (4%) investigation, a CAPC interview was requested but the parent or child refused the interview; in two (7%) investigations, the CAPC was pending at the time of investigation closure; and in 7 (25%) investigations, none of the children needing a CAC or CAPC interview received an interview.

Figure 12: Children Received Needed CAC or CAPC Interview
N=28



Source: Case Record Review 2012

²⁶ This review did not collect information as to why MPD YD was not involved with the 11 remaining investigations.

Medical and Mental Health Evaluations for Parents

Of the 219 investigations, reviewers did not determine that any parent(s) or caregiver(s) needed a medical or mental health evaluation in order to complete the investigation.

C. Assessments and Referrals for Services

5. Assessment of Safety

Investigative social workers are required to assess the immediate protection and safety needs of children to determine if children can safely remain in their home or must be removed for their safety and protection. Safety decisions are determined upon consideration of signs of present danger, protective capacities and child vulnerability factors. By policy, safety assessments are also used to develop interventions to prevent the removal of children from their home. The safety assessment tool used by CFSA is accessible to workers in FACES.NET. Reviewers looked for evidence that all household children were interviewed by the time the final safety assessment was completed; whether the final safety assessment addressed the safety for all household children; whether the social worker gathered sufficient information to make a safety decision; and based on the documentation, whether or not the reviewer agreed with the safety decision.

All Household Children Interviewed by Time of Final Safety Assessment

CFSA policy requires the completion of the initial safety assessment within 24 hours of receipt of the hotline report²⁷ and if no contact with the family has been made in that time, that information should be documented in FACES.NET. The investigator continues to assess for safety throughout the investigation process and all changes and/or new concerns should be updated in FACES.NET.

Based on the documentation in the record, reviewers were asked to determine whether by the time the final safety assessment was completed, all household children had been interviewed. Of the 219 investigations reviewed, all household children were interviewed prior to the final safety assessment in 184 (84%) investigations.

Final Safety Assessment Addresses Safety for All Household Children

Reviewers were asked to determine whether the final safety assessment addressed the safety for all household children. Of the 219 investigations reviewed, the final safety assessment addressed the safety for all household children in 183 (84%) investigations. For the 36 investigations for

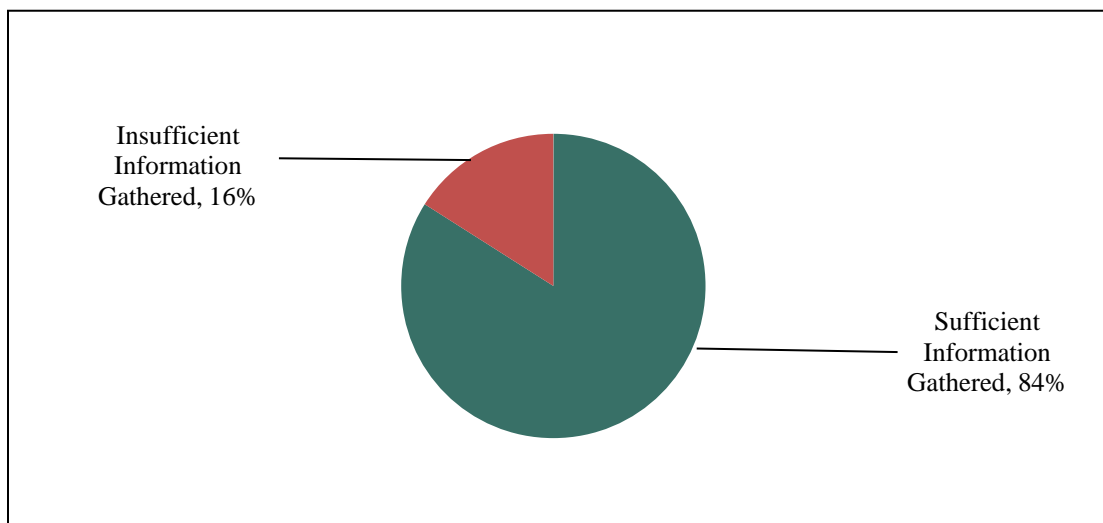
²⁷ See, CFSA Investigations Policy, Procedure H. at p. 16 (August 30, 2011).

which reviewers determined that the safety assessment did not address the safety for all household children, reviewers were asked to comment on their response. The most common reasons cited by reviewers were that the safety assessment was not updated after additional interviews were conducted or that the investigator did not gather sufficient relevant information in order to make a safety decision for all household children.

Information Used for Safety Assessment

Reviewers were asked to determine whether sufficient information was gathered to make a safety determination. Of the 219 safety assessments completed, reviewers determined the investigator gathered sufficient information to make a safety determination in 185 (84%) investigations (see Figure 13 below).²⁸ For the 34 investigations for which reviewers did not determine sufficient information was gathered, reviewers were asked to comment on why the information gathered was insufficient to inform the safety determination. In most instances, the reviewer cited either that the investigator did not conduct interviews with core or appropriate collateral contacts or that the interviews that were conducted were not thorough enough to provide sufficient information related to the allegation(s), parent's protective capacities or present safety concerns to make a safety determination.

Figure 13: Reviewer Assessment on whether Sufficient Information was Gathered for Safety Assessment
N=219



Source: Case Record Review 2012

²⁸ Current performance demonstrates improvement since the 2009 case record review when reviewers determined that 77 percent of investigations had documentation that sufficient information was gathered to make a safety decision.

Safety Decision

Reviewers were asked to judge whether, based on the documentation, they agreed with the safety decision. Reviewers indicated agreeing with the safety decision in 179 (82%) of the 219 investigations. For the remaining 40 investigations in which reviewers disagreed with the safety decision, some reasons cited for the disagreement were that the safety assessment was not updated; that the victim child(ren) or other child(ren) in the home were not seen or interviewed; or that there was insufficient information gathered to support the safety assessment finding.

6. Assessment of Risk

Investigative social workers are expected to gather a range of information to understand and address risk of harm to children. While social workers and their supervisors use their professional judgment when conducting investigations, for the most part, decision-making regarding risk of harm is determined by CFSA's Structured Decision Making[®] Risk tool which was developed in consultation with the Children's Research Center.^{29, 30} While the investigative social worker should assess for safety and risk throughout the investigation, CFSA policy requires the risk assessment tool be completed within 30 days of referral to the hotline.³¹ The tool aggregates information such as whether the family has had prior investigations alleging abuse and/or neglect, substance abuse and domestic violence history of caretakers, and demographic data, such as the number and ages of children in the home. This information is used to determine risk of harm to children and to make decisions on whether or not the case will be transferred to an ongoing CFSA social worker. Circumstances deemed to place the family in the high or intensive risk categories when an investigation is substantiated or with voluntary agreement of the family can result in transfer to a CFSA on-going unit.

Reviewers assessed whether the social worker gathered sufficient information to complete the risk assessment tool; whether the social worker's responses on the risk assessment tool were reflective of the documented information in the case record; what the overall risk assessment rating was; and whether the reviewer agreed with the overall risk rating.

²⁹ The Children's Research Center (CRC) was established to help federal, state and local child welfare agencies reduce child abuse and neglect by developing case management systems and conducting research that improves service delivery to children and families. The CRC works with state and county agencies to implement Structured Decision Making[®] (SDM) systems to provide workers with simple, objective and reliable tools with which to make the best possible decisions for individual cases, and to provide managers with information for improved planning, evaluation, and resource allocation.

³⁰ Social Work supervisors may elevate but not reduce risk of harm level determined by the responses to SDM[®] questions.

³¹ See, CFSA Investigations Policy, Procedure H. at p. 17 (August 30, 2011).

Information Gathered to Inform Risk Assessment

Reviewers were asked whether the social worker gathered sufficient information to complete the risk assessment tool. Reviewers determined that the social worker gathered sufficient information to complete the risk assessment tool for 201 (92%) of 219 investigations.³²

Risk Assessment Responses Reflective of Documented Information

Reviewers found that the social worker's responses on the risk assessment tool were reflective of the documented information for 129 (60%) of the 215 applicable investigations.³³ In an additional 83 (39%) investigations, reviewers determined that the risk assessment tool responses were only partially reflective of the information gathered during the investigation. In three (1%) investigations, reviewers concluded the risk assessment tool responses were not at all reflective of the information gathered during the investigation.

Reviewers were also asked to provide justification for their determination that the responses on the risk assessment tool were only partially reflective of the information documented in the investigation. Comments included not accurately indicating the number of children involved, not accurately reflecting the characteristics of children in the household or discrepancies about the families' prior history with the agency.

Overall Risk Assessment Ratings

There were 215 investigations for which a risk assessment tool was completed and a final overall risk rating assigned. Based on a family's circumstances a rating of low, moderate, high or intensive risk of harm is assigned. Table 2 below details the breakdown of the overall risk determined by the social worker's responses on the SDM risk assessment tool.

³² This demonstrates improvement since the 2009 review when reviewers determined that 87 percent of investigations indicated that the social worker gathered sufficient information to complete the risk assessment tool.

³³ Of the 219 investigations reviewed, there were four investigations for which a risk assessment was not completed. These investigations were closed as incomplete.

Table 2: Overall Final Risk Rating
N=215

Risk Rating	Number and Percent of Investigations
Low	29 (13%)
Moderate	98 (46%)
High	80 (37%)
Intensive	8 (4%)
Total	215 (100%)

Source: Case Record Review 2012

Reviewers were asked whether they agreed with the overall risk rating. Of the 215 investigations with completed risk assessments, reviewers agreed with the risk rating in 186 (87%). In the remaining 29 investigations, reviewers were asked to comment on why they disagreed with the risk rating. Many of the comments cited that the risk assessment was incorrect as a result of the risk assessment tool responses not accurately reflecting the information gathered during the investigation and slightly over half (59%) of the reviewers indicated that the risk rating should have been higher than was indicated.

7. Connecting Families to CFSA On-Going Services and the Collaboratives or Other Community-Based Service Providers

It is the practice and policy of CFSA, consistent with recommendations from the Children's Research Center, to make decisions on next steps with the family based on the SDM risk rating as opposed to whether or not allegations are substantiated.

For each of the risk rating levels (low, moderate, high, intensive) unless CFSA petitions the family court based on a substantiated allegation and gains an order for the parent/caretaker to participate in on-going CFSA or community-based services, the family must voluntarily consent to services. The *LaShawn* IEP requires that families who have been the subject of a report of abuse and/or neglect that are determined to be low or moderate risk and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community

agency for follow-up.³⁴ Additionally, by CFSA policy and practice, families with high or intensive risk ratings are transferred for ongoing services at CFSA.³⁵

Referrals to the Collaboratives or Community Agency for Low or Moderate Risk Cases

Risk assessments were completed in 215 of the investigations reviewed. There were 127 investigations applicable to this measure, with a risk rating of low or moderate. Of these 127 investigations, reviewers found 52 investigations did not require a referral for additional supports or services and in 28 investigations, the family demonstrated service needs but declined a referral. Of the remaining 47 investigations, in 31 (66%) investigations, the investigator made a referral to a Collaborative or community agency. In 16 (34%) of the applicable investigations, the investigator did not make the required referral. This level of performance does not meet the *LaShawn* IEP Exit Standard that 90 percent of appropriate families be referred.

Referral for CFSA On-Going Services for High or Intensive Risk Cases

In investigations where families' circumstances are determined to be of high or intensive risk of future abuse or neglect and the investigation is substantiated (or the family agrees to a voluntary case if not substantiated), a referral for on-going services with CFSA is made. In some instances, the family may already have an open case with CFSA and their case can be linked to the open case.

Of the 215 investigations for which a risk assessment was complete, there were 80 with a risk level of high and eight with a risk level of intensive. Of the 88 investigations with a risk level of high or intensive, 41 (47%) were transferred for on-going services through CFSA. Twenty-three of the 41 cases that were transferred for on-going services involved investigations in which the allegations had been substantiated and in one of the 41 cases, the investigative finding was inconclusive.

Of the 47 investigations that were not transferred for on-going services, 25 families demonstrated need(s) that required a referral to a community-based agency. Of these 25 families, 10 were referred; six declined being referred; and nine were not referred.

³⁴ IEP, at 15.

³⁵ If an investigation is "unfounded" or "inconclusive" with a high or intensive risk rating, the family must consent to opening an ongoing case with CFSA. *See*, CFSA Investigations Policy, Procedure N. at p. 32 (August 30, 2011) and Investigations Procedural Operations Manual (POM) at p. 204 (April 2011).

**Table 3: Referral for On-Going Services for High or Intensive Risk Cases
N=88**

Status of Referral for On-going Services	Percent
Transferred for ongoing services	47%
Family did not demonstrate need(s) that required a referral to a community-based services	25%
Family demonstrated needs that required referral to a community-based agency and family was referred	11%
Family demonstrated needs that required referral to a community-based agency and family declined being referred	7%
Family demonstrated needs that required referral to a community-based agency and family was not referred	10%
TOTAL	100%

Source: Case Record Review 2012

Children at Risk of Removal: Referrals for Services

The *LaShawn* IEP includes seven indicators for evidence of an acceptable investigation, one of which is, “Initiation of services during the investigation to prevent unnecessary removal of children from their homes.”³⁶

Reviewers looked for evidence of whether children were at risk of removal and if the child(ren) was at risk of removal, whether efforts were made to avoid placement and maintain the child(ren) safely at home and if referrals for services that were needed to prevent removal were made.

Of the 219 investigations, reviewers determined children were at risk of removal in 23 investigations. Reviewers were asked to determine if efforts were made to avoid placement and maintain the child(ren) safely in the home for these 23 investigations. In three investigations, the child(ren) was unable to be safely maintained in the home. For the remaining 20 investigations, efforts were made to avoid placement and maintain the child(ren) safely in the home in 18 (90%) investigations. For the remaining two (10%) investigations, reviewers determined that no efforts were made to avoid placement and maintain all children safely in the home.

³⁶ IEP, at 4.

Reviewers were also asked to determine if referrals for services were needed and made in the 23 investigations where children were at risk of removal. Table 4 below describes the referral patterns where service needs were identified, specifically whether the family was already receiving the needed service and if the worker verified this information; whether the family was referred for the needed service; or whether the family was not referred or receiving the needed service.

Table 4: Referrals for Services Needed to Prevent Removal during a CPS Investigation
N=23³⁷

Service	Total Investigations in Which Service was Needed	Number/ Percentage of Investigations in Which Family Indicated Already Receiving Services and Worker Verified	Number/ Percentage of Investigations in Which Family Indicated Already Receiving Services but Worker Did Not Verify	Number/ Percentage of Investigations In Which Family Was Referred For Service	Number/ Percentage of Investigations In Which Service Need Was Identified, But Family Was Not Referred or Receiving
Parent Mental Health Services	5	-	2 (40%)	2 (40%)	1 (20%)
Parent Substance Abuse Services	7	-	1 (14%)	3 (43%)	3 (43%)
Parenting Skill Education	6	-	-	1 (17%)	5 (83%)
Employment Assistance	4	-	1 (25%)	-	3 (75%)
Financial Assistance (TANF)	4	4 (100%)	-	-	-
Housing Assistance	4	-	1 (25%)	2 (50%)	1 (25%)
Child Mental Health Services	5	-	1 (20%)	1 (20%)	3 (60%)
Domestic Violence Intervention	4	-	-	1 (25%)	3 (75%)
Other (e.g. day care assistance, developmental assessment)	8	1 (13%)	-	5 (63%)	2 (25%)

Source: Case Record Review 2012

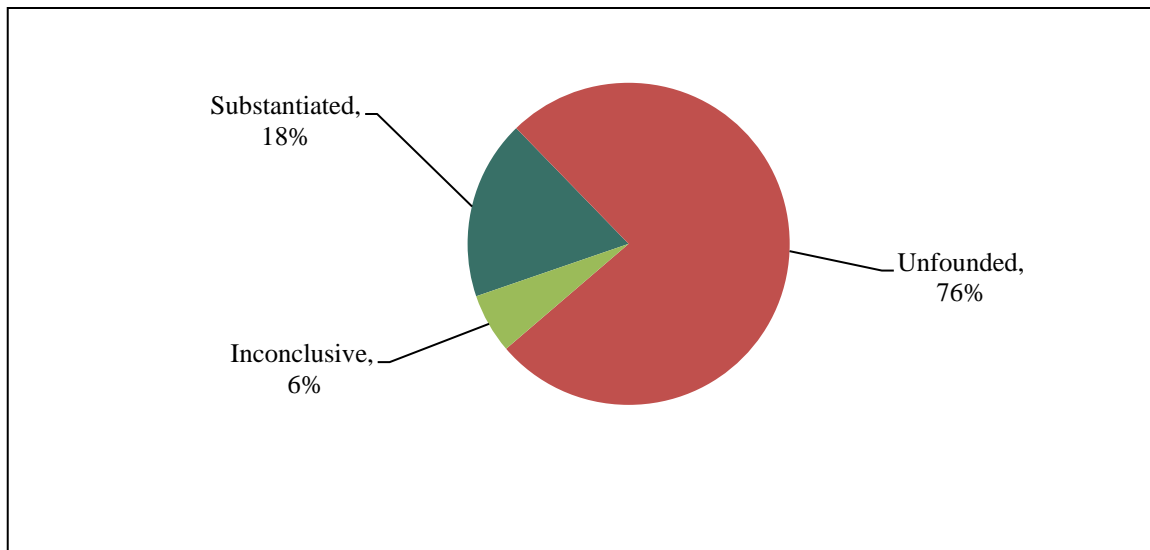
³⁷ Depending upon the family circumstances, different services referrals may be needed; therefore families may fall into more than one service need category.

D. Completion of Investigation

8. Investigation Findings and Support for Determination

District law and CFSA policy require that at the conclusion of an investigation, the investigator must determine whether or not the maltreatment occurred for each allegation and each victim.³⁸ Allegations can be substantiated, unfounded or inconclusive.³⁹ Of the 219 investigations, 39 (18%) were substantiated, 167 (76%) were unfounded and 13 (6%) were inconclusive.

Figure 14: Investigation Determination
N=219



Source: Case Record Review 2012

Support for the Determination

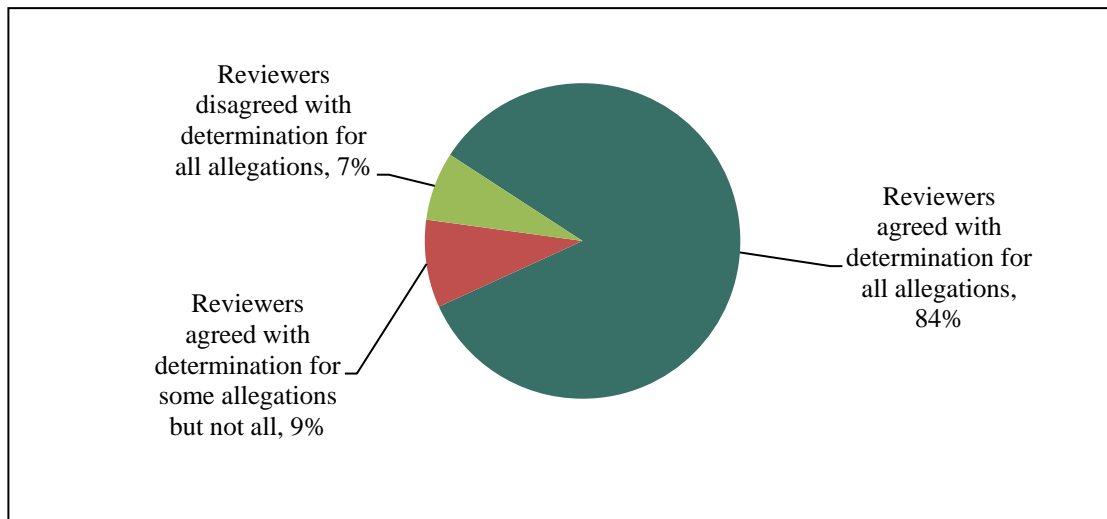
Reviewers were asked to assess whether or not the information documented in the case record supported the determination for all allegations made in the investigation consistent with CFSA policy and procedures on the legal definition of abuse and neglect. Of the 219 investigations, reviewers agreed with the determination for all allegations in 183 (84%) investigations. There were 20 (9%) investigations for which the reviewers agreed with the determination for some

³⁸ See, D.C. Code § 4-1301.04 (c) and CFSA Investigations Policy, Procedure I. at p. 19 (August 30, 2011).

³⁹ An allegation is substantiated when the allegation is supported by credible evidence and is not against the weight of evidence. An allegation is unfounded if there is no credible evidence to substantiate the allegation. An allegation is inconclusive if there is insufficient evidence to substantiate the report but there still exists some conflicting information that may indicate abuse or neglect occurred. See, D.C. Code § 4-1301.02 and CFSA Investigations Policy, Procedure I. at p. 19 (August 30, 2011).

allegations, but not all. In 16 (7%) investigations, the reviewer disagreed with the determination for all allegations.⁴⁰

Figure 15: Reviewer Agreement with Investigation Determination
N=219



Source: Case Record Review 2012

Overall, reviewers disagreed with the determination for all allegations or some allegations mostly when the allegation was unfounded. Of the 36 investigations for which the reviewers disagreed with all or some allegations, 25 (69%) were unfounded investigations, seven (19%) were substantiated investigations and four (11%) were inconclusive investigations.⁴¹

9. Timely Completion of Investigations

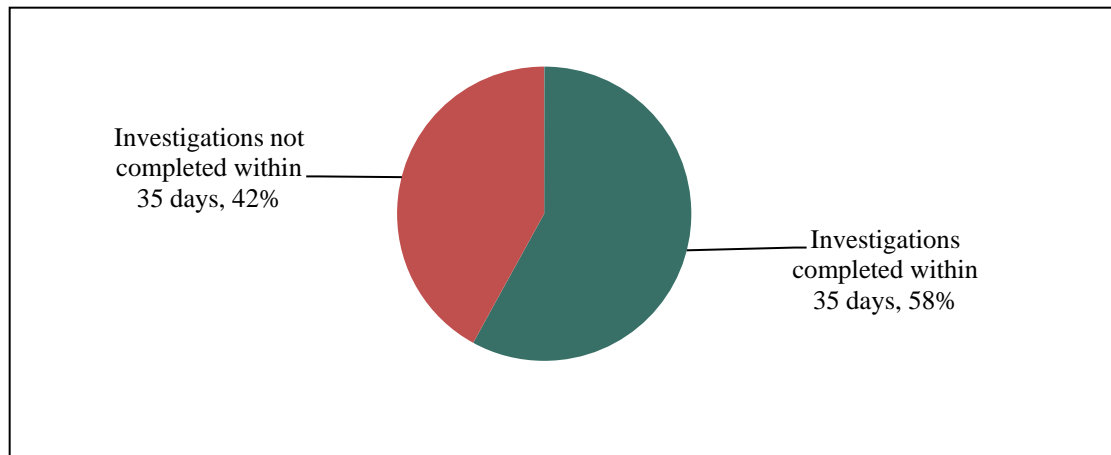
The *LaShawn* IEP requires, “90% of investigations will be completed and a final report of findings shall be entered in FACES within 35 days.” Of the 219 investigations reviewed, 126 (58%) were completed within 35 days. This performance is lower than the level required by the IEP and represents declining performance than prior periods.⁴²

⁴⁰ This demonstrates improvement since the 2009 review when reviewers agreed with the allegation determination for all allegations in 73 percent of investigations reviewed.

⁴¹ Percentages may not equal 100 due to rounding.

⁴² CFSA’s performance has decreased substantially since the 2009 review when 88 percent of investigations were completed within 35 days.

Figure 16: Timely Completion of Investigations within 35 Days
N=219



Source: Case Record Review 2012

Of the 93 investigations that were not completed within the required timeframe, reviewers indicated that the case records for 30 investigations included documentation reflecting the reason(s) for the delay. Most frequently cited by reviewers was that the documentation indicated there was difficulty contacting either the child or parent due to the family relocating or being difficult to locate.

Reviewers were also asked to identify systemic barriers affecting CPS' ability to timely complete the investigation. Of the 93 investigations that were not completed timely, reviewers identified systemic barriers in 17 investigations. Some of these barriers included: medical provider or CAC rescheduling appointment (2 investigations); unable to obtain necessary information from school either because school was unresponsive to request or school was not in session at the time of the request for information (4 investigations); investigative worker caseload or medical leave (3 investigations); and delay in seven-day visit which investigator is required to complete prior to transfer to CFSA on-going unit (1 investigation). It is important to point out that in October 2012, performance on meeting required caseload standards for investigative workers was at 73 percent, meaning that a significant portion of investigators had caseloads that were higher than established standards. The elevated workload and continued receipt of a high number of educational neglect referrals may have been a significant contributor to the longer completion times.

10. Supervisory Involvement in Investigative Practice and Decisions

According to CFSA policy, the investigative supervisors are responsible for a variety of tasks, including reviewing, assigning and monitoring tasks and investigative procedures; reviewing safety and risk assessments for accuracy and appropriateness; and providing consultation and oversight of workers decisions on child protection and safety decisions.⁴³ A supervisor plays a key role in ensuring that the activities which contribute to an acceptable investigation occur and occur appropriately.

The reviewers found evidence in FACES.NET of supervisory/managerial consultation, directives or decisions (not just the approval of forms) in 175 (80%) investigations.⁴⁴

E. Reviewer Assessment of Acceptable Investigations

11. Overall Quality of Investigations

The *LaShawn* IEP Exit Standard requires that 80% of investigations be of acceptable quality. Evidence of acceptable quality for an investigation 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);

⁴³ See, CFSA Investigations Policy, Procedure B. at p. 3,4 (August 30, 2011).

⁴⁴ Evidence of supervisory/managerial consultation has increased considerably since the 2009 review when evidence was found in only 38 percent of the investigations reviewed.

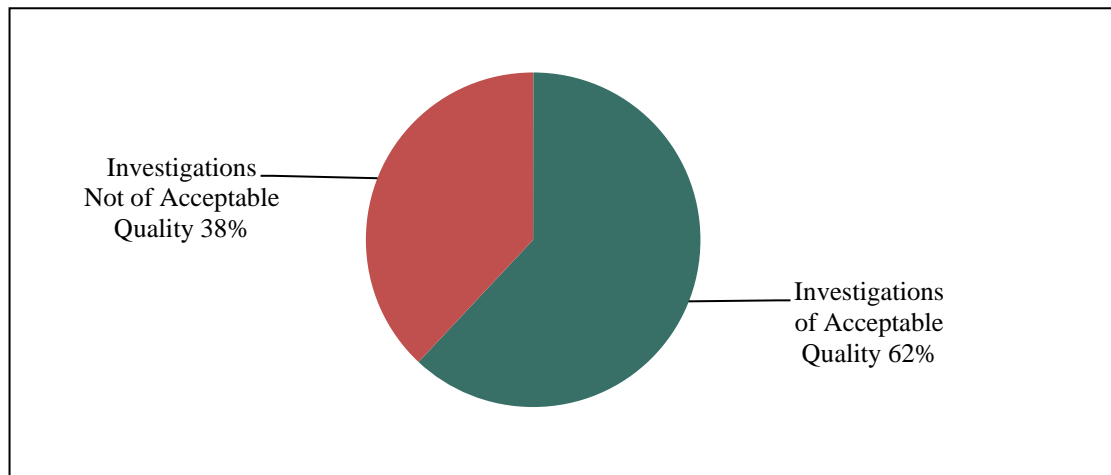
- f. Use of risk assessment protocol in making decisions resulting from an investigation; and
- g. Initiation of services during the investigation to prevent unnecessary removal of children from their homes (IEP citation I.A.2).

Based on the documentation in the case record, reviewers were asked to judge whether the investigation was of acceptable quality. Reviewers were required to justify their responses by providing at least one reason for deciding an investigation was or was not of acceptable quality.

Overall Quality of Investigations

Reviewers determined that 136 (62%) of the 219 investigations reviewed were of acceptable quality.⁴⁵ Although this is an improvement from 2009, this performance does not meet the Exit Standard performance requirement.

Figure 17: Reviewer Assessment of Investigations with Acceptable Quality
N=219



Source: Case Record Review 2012

⁴⁵ In the 2009 review of CFSA investigations, reviewers deemed 44 percent of investigations to be thorough, comprehensive and of quality.

Reasons Investigations were Deemed to be of Acceptable Quality

In the 136 investigations determined to be of acceptable quality, the primary reasons reviewers cited as contributing to their determination were:

- Timeliness of initiating investigation
- Contacting and interviewing collateral contacts
- Interviewing victim children outside the presence of the caretaker
- Investigative worker offered services to the family
- Thorough documentation within FACES.NET

Reasons Investigations were Deemed Not to be of Acceptable Quality

The primary contributing reasons reviewers cited for deeming less than acceptable quality in the 83 investigations were:

- Investigative social worker did not speak with or see the alleged child victim(s) and/or other household children in a timely manner
- Lack of interviews and information gathering from core and collateral contacts, including on-going worker, educational personnel and medical professionals
- Lack of interviews with other adults in household and family members, both living in the home and outside of the home
- Allegations not captured properly in the hotline referral and/or not followed up on or investigated by worker
- Risk and safety assessments not accurately capturing the information available to the investigative worker
- Disagreement with the final safety assessment or substantiation decision
- Appropriate service referrals not made
- Lack of timeliness in initiating the investigations and long gaps of time with little to no activity during the investigation

V. RECOMMENDATIONS AND UPDATE ON ONGOING EFFORTS TOWARD IMPROVEMENT

The Monitor and CFSA have reviewed the findings of this review together and have discussed the following recommendations. CFSA has already begun implementation of several strategies and practice changes that they feel will result in improved performance in many of the factors measured in this report.

➤ *Timely Initiation*

CFSA is aware that strategies are needed to increase performance toward initiating investigations in a timely manner. One barrier discussed by reviewers during the case record review was a worker's competing priorities when carrying a caseload that exceeds the required standard. CFSA has already begun implementation of strategies to bring caseloads into compliance by increasing staff within CPS to include an overflow unit for investigation workers and adding additional units for family assessment. After this review was conducted, CFSA also began implementation of the RED (review, evaluate and direct) team process which will assist in decision making with referrals received through the hotline to determine which referrals should be appropriately screened out or screened in and of those that are screened in, which Differential Response pathway is appropriate. CFSA is working with the Children's Research Center to modify its hotline screening tool. Supervisors also play an important role in monitoring investigation assignment to workers, assisting with time management and providing additional support to workers when necessary.

➤ *Collecting Sufficient Information from Core and Collateral Contacts, particularly Educational Providers*

Additional training and supervision are needed in order to reinforce with investigative workers the importance of collecting sufficient information from educational providers to assess children's educational status, safety and well-being needs. While collecting attendance and performance information for school-aged children is the minimal expectation for investigative workers, educational providers are important sources of information regarding children's behavior, safety and well-being. This review found that educational providers are not routinely used in that capacity and work is needed to reinforce this practice not only with educational providers, but also with medical professionals and other collateral sources who have may have knowledge of the children and family.

➤ *Workers Reflecting Information Gathered during Investigation in Risk Assessment Tool*

As part of redesigning the structured decision making process and tools used by hotline and investigative workers, CFSA should ensure that workers and supervisors are routinely collecting the information necessary to accurately respond to questions within these tools and that workers

and supervisors are aware of how the information gathered should be applied to the definitions with the tools. This will require additional training on all features of new tools and reinforcement and oversight by supervisors and program managers.

➤ *Referring Families with a Low or Moderate Risk of Abuse and Neglect who are in Need of and Agree to Additional Supports for Follow-up Services*

In March 2013, CFSA began a RED team process for open investigations and family assessment referrals which provides an opportunity for a multi-disciplinary team to review the investigation after approximately 10 days of being open and assess where additional supports and services may be needed. Collaborative agencies and in-home staff are participants in the RED team so that referrals can be made at that time and the family can begin receiving necessary supports and services early in the investigation. As this is a new process, the Monitor is interested in learning more about implementation and lessons learned. The Monitor and CFSA are finalizing a revised data collection methodology for this Exit Standard which will assist in determining effectiveness and identifying where additional efforts and attention may be necessary.

➤ *Timely Completion of Investigations*

Similar to the discussion above regarding timely initiation of investigations, timely completion of investigation is also impacted by high investigative worker caseloads and a worker's ability to complete all necessary tasks within the required timeframe. As listed within contributing reasons reviewers deemed investigations within this review to be of less than acceptable quality, some reviewers found investigations with long gaps of time with little to no activity which can not only delay receipt of necessary information but can also adversely impact timely completion of investigations. Many of the strategies indicated above should contribute to increased performance toward timely completion of investigations, including hiring additional staff and the 10-day RED team process.

ATTACHMENT A:
REVIEW INSTRUMENT

Introductory Information

***1. Reviewer's Name**

***2. Sample Number:**

***3. Referral Name:**

***4. Referral Number:**

5. Case ID (If Applicable):

***6. Investigative Social Worker:**

7. Approving worker/supervisor:

***8. Date for Review:**

Date MM DD YYYY
 / /

Hotline/Screening

*9. What was the response time given to the report?

- ☐ Immediate
- ☐ Within 24 hours

*10. Based on the report and allegations (given at the Hotline) is the response time appropriate?

- ☐ Yes
- ☐ No

If no, please explain

*11. Indicate the general reason for the allegations/nature of concerns (check all that apply):

	Neglect	Abuse	Sexual Abuse
Allegation Type	<div></div>	<div></div>	<div></div>

Other or Additional (please specify)

*12. Number of alleged victims in Hotline report:

Contact/ Interview with Victim Children

***13. Was the investigation initiated timely?**

(Timely initiation includes interviewing all alleged victim children outside the presence of the caregiver, and observing any nonverbal alleged victim children, within 48 hours of the report)

☐ Yes

☐ No

***14. Were the alleged victim children interviewed or observed (for nonverbal children) within 24 hours of the report?**

☐ All

☐ Some

☐ None

Contact/ Interview with Victim Children

15. Were the alleged victim children interviewed or observed (for nonverbal children) within 48 hours of the report?

- ☐ All
- ☐ Some
- ☐ None

Good Faith Efforts

Timely initiation includes interviewing all victim children within 48 hours of report and outside the presence of the caregiver. If "Some" or "None", what good faith efforts were made to see the children not interviewed within 48 hours:

16. Visiting the child's home at different times of the day (within the first 48 hours)?

- ☐ Yes
- ☐ No
- ☐ N/A (out-of-jurisdiction, etc.)

Comments:

17. Visiting the child's school and/or day care, if known?

- ☐ Yes
- ☐ No
- ☐ N/A (out-of-jurisdiction, school not in session, weekend referral, etc.)

Comments:

18. Contacting the reporter, if known, to elicit additional information about the child's location?

- ☐ Yes
- ☐ No
- ☐ N/A (anonymous, weekend referral and reporter only provided work number, etc.)

Comments:

Acceptable Investigation Tool (Last revised 11/30/12)

19. Reviewing the CFSA information system and other information systems (e.g., FACES, ACEDS (Mon-Fri 8am-8pm), STARS) for additional information about the child and family?

- ☐ Yes
- ☐ No
- ☐ N/A (systems unavailable, etc.)

Comments:

20. Contacting the police for all allegations that a child(ren)'s safety or health is in immediate danger?

- ☐ Yes
- ☐ No
- ☐ N/A (no immediate danger identified, etc.)

Comments:

21. Were all applicable Good Faith Efforts completed?

- ☐ Yes
- ☐ No

Contact/ Interview with Victim Children

***22. Regardless of time frame, were alleged victim children interviewed outside the presence of the caregiver and were nonverbal alleged victim children observed (addresses children in household only)?**

- ☐ All
- ☐ Some
- ☐ None

Contact/ Interview with Victim Children

23. If some or none of the alleged victim children were interviewed, were efforts made to interview the children outside of their parents/caregivers and observe any nonverbal alleged victim children (addresses children in the household only)?

☐ Yes

☐ No

If yes or no, please explain reasonable efforts:

Contact/ Interview with Non-Victim Children

***24. Regardless of time frame, were non-victim children interviewed outside the presence of the caregiver and were non-victim, nonverbal children observed (addresses children in household only)?**

- ☐ All
- ☐ Some
- ☐ None
- ☐ N/A (No non-victim children in household)

Contact/ Interview with Non-Victim Children

25. If some or none of the non-victim children were interviewed, were efforts made to interview the children outside of their parents/caregivers and observe any non-victim, nonverbal children (addresses children in the household only)?

☐ Yes

☐ No

If yes or no, please explain:

Core and Collateral Contacts

*26. Was contact made with the source of the report?

- ☐ Yes
- ☐ No
- ☐ N/A-anonymous reporter, other

If No or N/A, please explain:

*27. The social worker had face-to-face contact with...

- ☐ All alleged perpetrator(s)
- ☐ Some alleged perpetrator(s)
- ☐ None of the alleged perpetrator(s)
- ☐ N/A-alleged perpetrator(s) are unknown or unable to be interviewed

Core and Collateral Contacts

28. If contact was made with some or none of the alleged perpetrator(s), were efforts made to contact those who were not seen?

- ☐ Efforts were made to contact all alleged perpetrator(s)
- ☐ Efforts were made to contact some alleged perpetrator(s)
- ☐ Efforts were not made to contact any of the alleged perpetrator(s)
- ☐ N/A-the alleged perpetrator(s) was unable to be interviewed or contacted

Core and Collateral Contacts

***29. The social worker had face-to-face contact with...**

- ☐ All non-offending caregiver(s)
- ☐ Some non-offending caregiver(s)
- ☐ None of the non-offending caregiver(s)
- ☐ N/A- non-offending caregiver(s) are unable to be interviewed; there are no non-offending caregivers

Core and Collateral Contacts

30. If contact was made with some or none of the non-offending caregiver(s), were efforts made to contact those who were not seen?

- ☐ Efforts were made to contact all non-offending caregiver(s)
- ☐ Efforts were made to contact some non-offending caregiver(s)
- ☐ Efforts were not made to contact any of the non-offending caregiver(s)
- ☐ N/A-the non-offending caregiver(s) was unable to be interviewed and/or contacted

Core and Collateral Contacts

***31. The social worker had face-to-face contact with...**

- ☐ All other adult(s) in the household
- ☐ Some other adult(s) in the household
- ☐ None of the other adult(s) in the household
- ☐ N/A- other adult(s) in the household are unknown or unable to be interviewed; there are no other adults in the household

Core and Collateral Contacts

32. If contact was made with some or none of the other adult(s) in the household, were efforts made to contact those who were not seen?

- ☐ Efforts were made to contact all other adult(s) in the household
- ☐ Efforts were made to contact some other adult(s) in the household
- ☐ Efforts were not made to contact any of the other adult(s) in the household
- ☐ N/A-the other adult(s) in the household was unable to be interviewed and/or contacted

Core and Collateral Contacts

***33. Did the Social Worker make contact with the following persons to inform the investigation (when evidence indicates they may have information relevant to the investigation)? Include phone conversation, face-to-face interaction, and instances where hardcopy information was received and reviewed from the collateral party. Check a response for each collateral.**

	Yes	Attempted (Including voicemail, sent fax/email)	No	Not Applicable/Not Needed
Family friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relatives, beyond the other adults in the household	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse treatment provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher or child care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify 'Other' and if you responded "No" please discuss what relevant information could that particular collateral provide:

Safety Assessment

***34. List the date the initial safety assessment form was completed by the investigator?**

Date MM DD YYYY
 / /

***35. By the time the final safety assessment was completed, were all alleged victim children and their siblings in the household interviewed?**

- ☐ Yes (All Children)
☐ No

***36. Did the final safety assessment address the safety for all alleged victims and siblings in the household? (Regardless of time period within which decision was made)**

- ☐ Yes (ALL Children)
☐ No

If no, please explain (e.g., sufficient information was not gathered)

***37. Did the Social Worker gather sufficient information to make safety decisions for all alleged victims and siblings in the household? (Regardless of time period within which decision was made.)**

- ☐ Yes (All Children)
☐ No

Please enter comments:

***38. Do you agree with the safety decision?**

- ☐ Yes
☐ No, please explain:

Activites During Investigation

***39. If allegations related to serious physical or all sexual abuse, was there documentation of police involvement?**

- ☐ Yes
- ☐ No
- ☐ N/A, allegations not related to serious physical or sexual abuse

If yes, describe nature of police involvement – decision made, TOT, arrests, etc.

Activites During Investigation

40. If allegations related to serious physical abuse and/or all sexual abuse, were the children who needed to be interviewed as per the MOA criteria seen at the CAC?

- ☐ Yes, all children
- ☐ Some children
- ☐ Requested, but parent or child refused CAC intervention
- ☐ No (no children received CAC intervention as needed)
- ☐ Pending at time of investigation closure
- ☐ N/A- CAC not needed

If no, some, N/A, or pending, please explain:

41. If allegations related to serious physical abuse and/or all sexual abuse, were the children who needed to be interviewed as per the MOA criteria seen at the CAPC?

- ☐ Yes, all children
- ☐ Some children
- ☐ Requested, but parent or child refused CAPC intervention
- ☐ No (no children received CAPC intervention as needed)
- ☐ Pending at time of investigation closure
- ☐ N/A- CAPC not needed

If no, some, N/A, or pending, please explain:

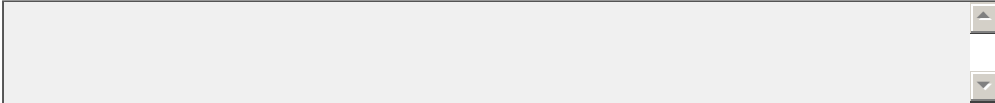
Medical Evaluation: Parent

***42. Did the parent(s)/caregiver(s) need a medical evaluation in order to complete the investigation?**

☐ Yes

☐ No

If yes, please explain:



Medical Evaluation: Parent

43. List the number of parent(s)/caregiver(s) that needed a medical evaluation in order to complete the investigation:

44. For the parent(s)/caregiver(s) who needed a medical evaluation, did the parent/caregiver receive a medical evaluation?

- ☐ Yes, all parent(s)/caregiver(s) needing it
- ☐ Requested parent(s)/caregiver(s) receive a medical evaluation, but parent(s)/caregiver(s) refused
- ☐ Some or None of the parents who needed a medical exam received it. Please explain and specify the number of parent(s)/caregiver(s) that received the medical evaluation:

Mental Health Evaluation: Parent

***45. Did the parent(s)/caregiver(s) need a mental health evaluation in order to complete the investigation?**

☐ Yes

☐ No

If yes, please explain:

Mental Health Evaluation: Parent

46. List the number of parent(s)/caregiver(s) that needed a mental health evaluation:

47. For the parent(s)/caregiver(s) who needed a mental health evaluation, did the parent/caregiver receive a mental health evaluation?

- ☐ Yes, all parent(s)/caregiver(s) needing it
- ☐ Requested parent(s)/caregiver(s) receive a mental health evaluation, but parent(s)/caregiver(s) refused
- ☐ Some or None of the parents who needed a mental health evaluation received it. Please explain and specify the number of parent(s)/caregiver(s) that received the mental health evaluation:

Activities During Investigation

***48. Did the investigator gather appointment and/or an immunization history for all victim and non-victim children in the household? (Exclude the information gathered from a medical evaluation to make determination of allegations)**

- ☐ Yes for all victim or non-victim children in the household
- ☐ For some victim or non-victim children in the household
- ☐ No

***49. If the allegation involved medical neglect, did the investigator or CFSA nurse gather medical information (beyond immunization status) to address the allegations and assess whether or not the child(ren)'s medical, safety and well-being needs were being met?**

- ☐ Yes (In order to answer yes to this question, the Social Worker and/or nurse must have documented the medical provider's assessment of the quality of the care the child is receiving from the parent caretaker and the child's current health needs.)
- ☐ Some (e.g., contact with the medical provider was made but insufficient information was gathered)
- ☐ No
- ☐ N/A- allegation did not involve medical neglect

If you selected 'Some' or 'No', please explain:

Medical Evaluation: Child

***50. Did any victim or non-victim household child(ren) need a medical evaluation in order to complete the investigation? (This does not include instances where a CAC or CAPC intervention was completed.)**

- ☐ Yes
- ☐ No
- ☐ N/A-CAC or CAPC already completed

If yes, please explain:

Medical Evaluation: Child

51. List the number of children that needed a medical evaluation in order to complete the investigation:

52. For those children who needed the medical evaluation, did the child(ren) receive the medical evaluation during the investigation?

- ☐ Yes, all children needing it
- ☐ Requested parent take child(ren) for medical evaluation, but parent refused
- ☐ Some or None of the children who needed a medical exam received it. Please explain and specify the number of child(ren) that received the medical evaluation:

Mental Health Evaluation: Child

***53. Did any victim or non-victim household child(ren) need a mental health evaluation in order to complete the investigation?**

☐ Yes

☐ No

If yes, please explain:



Mental Health Evaluation: Child

54. List the number of children that needed the mental health evaluation in order to complete the investigation:

55. For those children who needed the mental health evaluation, did the child(ren) receive the mental health evaluation?

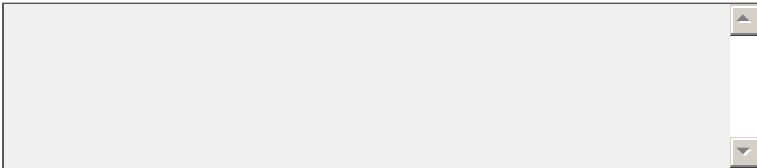
- ☐ Yes, all children needing it
- ☐ Requested parent take child(ren) for mental health evaluation, but parent refused
- ☐ Some or None of the children who needed a mental health evaluation received it. Please explain and specify the number of (ren) that received the mental health evaluation:

Education Contact

***56. Did the investigator gather information from educational (day care or school) personnel about the alleged victim and non-victim child(ren)'s educational status (such as information about school attendance and performance)?**

- ☐ Yes for all household children (victim or non-victim)
- ☐ Yes for some household children (victim or non-victim)
- ☐ No
- ☐ N/A-child not in daycare, early childhood education or regular school.

If no, please explain:



Education Contact

57. Did the information gathered from school personnel or day care/early childhood education providers provide sufficient information to assess whether or not the child (ren)'s educational, safety, and well-being needs are being met?

- ☐ Yes (In order to answer yes to this question, the Social Worker and/or nurse must have documented information to determine the school personnel or day care provider's assessment of educational, behavioral and emotional status of the child and the quality of care the child is receiving from parent or caretaker.)
- ☐ Some (e.g., contact with the educational personnel was made but insufficient information was gathered)
- ☐ No
- ☐ Efforts made to collect information, but school personnel or day care/early childhood education providers did not respond

If you selected 'Some', 'No', or that efforts were made but the relevant providers did not respond, please explain:

58. Did the information gathered from school personnel or day care/early childhood education providers provide sufficient information to address the allegations?

- ☐ Yes (In order to answer yes to this question, the Social Worker and/or nurse must have documented information to determine the school personnel or day care provider's assessment of educational, behavioral and emotional status of the child and the quality of care the child is receiving from parent or caretaker.)
- ☐ Some (e.g., contact with the educational personnel was made but insufficient information was gathered)
- ☐ No
- ☐ N/A-not an educational neglect allegation

If you selected 'Some' or 'No', please explain:

Interviews with Core and Collateral Contacts

***59. Did the Social Worker gather sufficient information from all contacts to address the allegations and assess whether or not the child(ren)'s safety and well-being needs are being met?**

☐ Yes

☐ No

If no, please explain what information was missing or inadequately addressed:

Risk Assessment Protocol

***60. Did the Social Worker gather sufficient information to complete the risk assessment form?**

☐ Yes

☐ No

If no, please explain:

***61. Were the risk assessment responses reflective of the information gathered during the investigation?**

☐ Yes to all questions

☐ Partially, to some questions

☐ No

If you selected 'Partially' or 'No', please explain

Risk Assessment Protocol

***62. Is the (final) risk rating reflective of a supervisory override?**

- ☐ Yes
- ☐ No
- ☐ N/A

***63. Do you agree with the (final) overall risk rating?**

- ☐ Yes
- ☐ No

If "No", please explain:

***64. What was the (final) overall risk rating for the investigation?**

- ☐ Intensive
- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ N/A

If N/A please explain:

Initiation of Services during the Investigation

65. For families whose circumstances were determined to be of high or intensive risk (with a substantiation or voluntary case), was their case transferred to a CFSA on-going unit (or linked to an already open case, if applicable)?

☐ Yes

☐ No

If No please explain (e.g., allegations unfounded, family declined open case, already connected to community service)

66. For family situations rated high or intensive risk (with a substantiation or voluntary case), is there documentation of a transfer staffing? (Reviewer-be sure to check ongoing case notes)

☐ Yes

☐ No

☐ N/A (allegations unfounded, family declined open case or no case opened)

If No or N/A please explain, and if Yes please provide date for transfer staffing (enter as MM/DD/YYYY):

67. Indicate participants in transfer staffing (check all that apply):

- ☐ CPS Social Worker
- ☐ CPS Social Worker's supervisor
- ☐ Ongoing Social Worker
- ☐ Ongoing Social Worker's supervisor
- ☐ Other
- ☐ N/A

Other (please specify):

Initiation of Services during Investigation

*68. Were any children at risk of removal?

☐ Yes

☐ No

If "Yes", please explain:

Initiation of Services during Investigation

69. Was an At-Risk Family Team Meeting held for instances in which a child(ren) was at risk of removal?

- ☐ Yes
- ☐ No, family referred but meeting not held
- ☐ No, no referral made and meeting not held
- ☐ N/A (e.g., some sex abuse, child fatality, or domestic violence cases)

If "Yes" explain what was discussed, if "No" provide reason for meeting not occurring:

70. Were efforts made to avoid placement and maintain the child(ren) safely at home?

- ☐ Yes, for all children
- ☐ Yes, for some children
- ☐ No, for all children
- ☐ N/A, child is unable to be safely maintained in home

Please explain your response:

Acceptable Investigation Tool (Last revised 11/30/12)

71. Indicate referrals that were needed TO PREVENT REMOVAL, those which were made, and those which the child/family was already receiving.

	Family stated already receiving, no verification	Already receiving and SW verified	Referred	Needed, not referred	Not Applicable/Not Needed
Parent – Medical Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent - Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent - Substance Abuse Treatment/evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Skill education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance (TANF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child - Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child - Substance Abuse Treatment/evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'other(s)' or if 'needed, not referred', please specify/explain:

Removal of Children

***72. Were any children removed?**

☐ Yes

☐ No

If "Yes", indicate how many:

Services/Interventions

73. Did the child(ren) receive a health screening/ or medical clearing prior to placement?

- ☐ Yes, all children
- ☐ Yes, some children
- ☐ No, for all children

If 'Some', please indicate the number of children who received a health screening prior to placement:

Services/Interventions

74. If a child(ren) was removed, was an Family Team Meeting held?

☐ Yes

☐ No

If FTM was held, provide number of days after removal. If there is documentation of a reason for a FTM not being held when there was a removal, please provide here:

Practice Strengths/Challenges

75. Did the family or child demonstrate any needs that required a referral to a community-based agency?

- ☐ Yes and family referred
- ☐ Yes and family declined being referred
- ☐ Yes and family not referred
- ☐ No needs demonstrated

If 'Yes', please explain:

*76. Were there any systemic barriers affecting CPS' ability to timely complete the investigation? (Examples include CAC delays, schools denying access, resource issues, and judicial interference)?

- ☐ Yes
- ☐ No

If yes, please explain:

*77. Were the appropriate number of alleged victim child(ren) identified throughout this investigation?

- ☐ Yes
- ☐ No, please provide appropriate number:

*78. What was the overall determination made in this investigation?

- ☐ Unfounded
- ☐ Substantiated
- ☐ Inconclusive

***79. Does the information documented support the determination(s) for all allegations made in this investigation?**

- ☐ Yes – for all allegations
- ☐ Partially – for some allegations, but not all
- ☐ No, not for any allegations

If you responded 'Partially' or 'No', please explain:

Acceptable Quality Investigations

*** 80. In your opinion, overall, was the investigation of acceptable quality?**

☐ Yes

☐ No

*** 81. Please list three factors contributing to your response regarding the quality of the investigation:**

Factor #1

Factor #2

Factor #3

Case Closure

***82. If the investigation exceeded 35 days, does the documentation reflect the reason(s)?**

- ☐ Yes
- ☐ No
- ☐ N/A, investigation completed within 35 days of report

If yes, please explain:

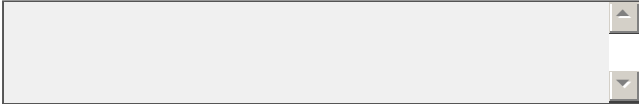
Supervisory Conferences

***83. Is there evidence of supervisory/managerial consultation/directives/decisions (not just the approval of forms) with the Social Worker during the investigation?**

☐ Yes

☐ No

If yes, please provide examples:

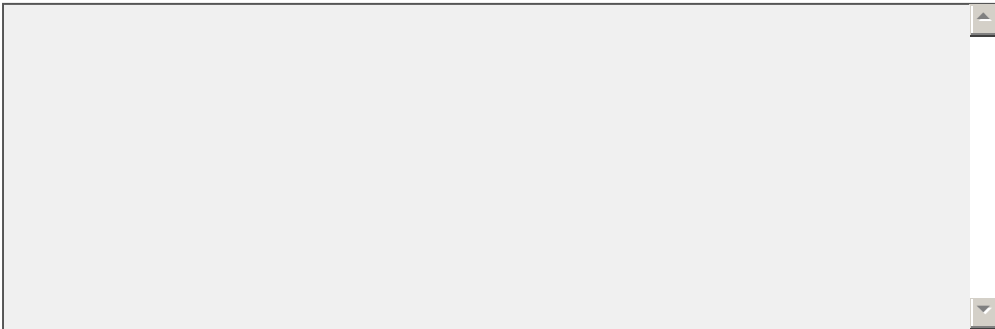
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***84. Please enter any comments or concerns regarding this investigation review:**

☐ None

☐ Applicable, answer below

Please specify

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