

March 31, 2021

LASHAWN A. V. BOWSER PROGRESS REPORT  
FOR THE PERIOD January 1 – December 31, 2020



**Center for the  
Study of  
Social Policy**  
Ideas into Action

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***LaShawn A. v. Bowser***  
**Progress Report for the Period January 1 – December 31, 2020**

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## I. INTRODUCTION

This report on the performance of the District of Columbia's child welfare system for the period of January 1 through December 31, 2020<sup>1</sup> is prepared by the *LaShawn A. v. Bowser* court-appointed Monitor, the Center for the Study of Social Policy (CSSP). As Monitor, CSSP is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia, and is required to independently assess the District of Columbia's performance in meeting the outcomes and Exit Standards set by the *LaShawn* Exit and Sustainability Plan (ESP)<sup>2</sup> in accordance with the *LaShawn* Modified Final Order (MFO)<sup>3</sup>.

In August 2019, the Court approved the *LaShawn* Exit and Sustainability Plan (ESP), that removed from direct court monitoring 56 *LaShawn* Implementation and Exit Plan (IEP)<sup>4</sup> Exit Standards that the District of Columbia had achieved and sustained over several years.<sup>5</sup> The ESP focused the remaining work on 24 performance and outcome measures to be achieved before the District fulfills its legal obligation under *LaShawn*. These measures pertain to seven general areas of practice including: 1) child protective services (CPS) investigations; 2) case planning and services to families and children to promote safety, permanency, and well-being; 3) social worker visits to children experiencing a new placement, visits between social workers and parents, and visits between parents and their children; 4) appropriate and stable placements for children in foster care; 5) timely permanency; 6) timely provision of dental care, and distribution of Medicaid numbers and cards to caregivers for children in foster care; and 7) maintaining appropriate caseloads for social workers. For each outcome, an Exit Standard(s) has been identified that includes the target against which outcome achievement and sustained performance are measured.

In August 2020, in recognition of the District's Child and Family Services Agency's (CFSA) continued progress and achievement of many commitments within the *LaShawn* ESP, the Parties agreed to create a final Settlement Agreement that again narrows the focus on those requirements that remained problematic, and further develops accountability structures for sustainability in the future without federal Court intervention. The Settlement Agreement<sup>6,7</sup> was reached and reviewed and preliminarily approved by the Honorable Thomas F. Hogan on August 20, 2020. The August 2020 Settlement Agreement acknowledges the District's progress while focusing continuing efforts on important areas where additional improvement is needed, with particular attention to

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<sup>1</sup> Prior monitoring reports have included performance for 6-month periods. Per the Settlement Agreement agreed to by the Parties, and preliminarily approved by the Court on August 20, 2020, this report includes performance for a 12-month period.

<sup>2</sup> Exit and Sustainability Plan (Dkt. No. 1201-2), August 29, 2019.

<sup>3</sup> Modified Final Order (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO)), January 27, 1994.

<sup>4</sup> Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.

<sup>5</sup> These 56 Exit Standards are categorized as Outcomes to be Maintained, and the Defendants and Court Monitor are not required to report performance data for these measures to the Court unless there is a reason to believe that they have not been maintained. Pursuant to the ESP, in the Court Monitor's discretion, or at Plaintiffs request, the Court Monitor may request data and information on specific Outcomes to be Maintained.

<sup>6</sup> Settlement Agreement (Dkt. No. 1215-1), August 7, 2020.

<sup>7</sup> The Settlement Agreement is attached as Appendix B.

expanding the placement array and placement capacity to ensure stable and appropriate placements for children in care; improving access to behavioral health services for children and families; and solidifying CFSA's efforts for ongoing quality improvement and public accountability.

The Settlement Agreement requires CSSP in this monitoring report to assess CFSA's CY2020 performance on the 24 ESP performance and outcomes measures, and the additional commitments made in the Settlement Agreement pertaining to placement and behavioral health services.<sup>8</sup> A Fairness Hearing is currently scheduled in the U.S. District Court for June 1, 2021. If the Court approves the Settlement Agreement at that time, *LaShawn A v. Bowser* will be dismissed from federal oversight, and the provisions within the new Settlement Agreement will remain legally enforceable as contractual obligations between the District of Columbia and the Plaintiffs to this lawsuit for a defined period.<sup>9</sup> Under the terms of the Settlement Agreement, the District is required to prepare and issue public performance reports for two six-month periods – January through June 2021, and July through December 2021 – that will be validated by CSSP, whose role will change from court-appointed Monitor to Independent Verification Agent. The Settlement Agreement also includes a period of review and mediation among the Parties following the release of this report and prior to the June 2021 Fairness Hearing.<sup>10</sup>

## **A. Report Structure**

This report assesses the District of Columbia's child welfare system's performance between January and December 2020 in meeting the ESP Exit Standards. Given the context for this monitoring report and the Court's upcoming Fairness Hearing and review of the new Settlement Agreement commitments, Section II begins with a historical review of the District's reforms during the course of the *LaShawn* litigation, followed by a narrative summary of the District's progress in improving outcomes during this 12-month period, as well as other current updates. In Section III, the Summary Table provides a consolidated update of performance as of December 2020<sup>11</sup> on the ESP Outcomes to be Achieved. Section IV provides further discussion of the data, and an assessment of whether the District has met the required Exit Standard(s) for ESP Outcomes to be Achieved as well as additional Settlement Agreement commitments.

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<sup>8</sup> These commitments are discussed in detail within Section B, *Placement, Permanency, and Well-being* of this report.

<sup>9</sup> Pursuant to Section IV.H. of the Settlement Agreement, Plaintiffs have the opportunity to file an action alleging breach of the Settlement Agreement beginning on the date Plaintiffs receive the first public performance report, and ending 181 days after Plaintiffs receive the second public performance report (for the period July 1, 2021 through December 31, 2021). Absent the filing of an enforcement action, the Settlement Agreement and all claims arising from the Settlement Agreement will expire on the 181<sup>st</sup> day immediately following the Defendants' final report detailing progress as of December 31, 2021.

<sup>10</sup> Settlement Agreement, Section IV.B.-D.

<sup>11</sup> In some instances where December 2020 performance data are not available, the most recent performance data are cited with applicable timeframes.

## **B. Methodology**

The primary sources of information about performance are data provided by CFSA. The Monitor reviews extensive aggregate and back-up data for select measures and has access to hard copy and electronic case records in FACES.NET<sup>12</sup> to verify performance.

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

➤ ***Assess the Quality of Investigations***

The Monitor and CFSA jointly conducted a review of a statistically significant sample of CPS investigations closed in September 2020 to assess the quality of investigations conducted during the monitoring period.

➤ ***Validation of Timely Initiation of Investigations***

The Monitor and CFSA jointly conducted a review of all investigations closed in November 2020 in which contact was not made with all alleged victim children within 48 hours of the referral to the Hotline to assess if necessary efforts and attempts were made to locate and interview the children.

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

The Monitor and CFSA jointly conducted a review of a statistically significant sample of CPS investigations closed in July and August 2020 to assess if those families at low or moderate risk of abuse or neglect and were assessed to need services and agreed to be referred were connected to a Collaborative or other community-based agency to meet their needs.

➤ ***Validation of Visits between Parents and Workers and Parents and Children***

The Monitor conducted validation of twice monthly visits between parents and workers and weekly visits between parents and children to ensure that acceptable efforts to arrange required visits were made for instances where the worker documented the visit did not occur but efforts were made.

➤ ***Validation of Caseload Data***

The Monitor validated caseload size and assignment of cases between January and December 2020 for caseworkers within Entry Services – including CPS investigations and in-home services – and permanency.

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<sup>12</sup> FACES.NET is CFSA's State Automated Child Welfare Information System (SACWIS).



➤ ***Quality Service Reviews***

The Quality Service Review (QSR) is a case-based qualitative review process that requires interviews with the key persons who are working and are familiar with the child and family whose case is under review. Using a structured protocol, trained QSR reviewers interview key stakeholders – including the focus child and caregivers – and review case documentation in FACES.NET, synthesize the information gathered, and rate the child’s status and functioning and how the system is performing to support the child and family. Reviewers provide direct feedback to social workers and supervisors as well as a written summary of findings to expand and justify QSR ratings.<sup>13</sup> During the current monitoring period reviewers reported some challenges in interviewing all key stakeholders and were not consistently able to review behavioral health records, however, overall, reviewers were able to speak to essential members of the team and review key documents.

Information about the quality of services, assessing for safety, and case planning and practice is collected through QSR, which is then used to assess performance for four select Exit Standards. As part of *LaShawn* monitoring, Monitor staff are lead reviewers for approximately two QSRs each month reviews are conducted<sup>14</sup> and participate in weekly oral case presentations<sup>15</sup>.

Between January and December 2020, a total of 122<sup>16</sup> QSRs were completed to assess safety, case planning, and service delivery. Of these 122 cases, 42 cases involved a child receiving in-home services, and the remaining 80 cases involved a child placed in out-of-home care.

➤ ***Validation of Training Data***

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

➤ ***Validation of Timely Licensure of Foster and Adoptive Parents***

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

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<sup>13</sup> See Appendices C through E for more information on the QSR indicators used to assess performance on ESP measures.

<sup>14</sup> The Monitor provided reviewers for 19 QSRs between January and December 2020, and CSSP staff participated in almost all oral case presentations during the period.

<sup>15</sup> Each case is presented to a panel consisting of CFSA representatives from the QSR unit, and Monitor staff to ensure inter-rater reliability on QSR ratings.

<sup>16</sup> CFSA conducted 18 fewer QSRs this year as a result of the COVID-19 pandemic. CFSA paused QSRs from mid-March through April to ensure the safety of reviewers and families. Since QSRs resumed, they have all been conducted virtually. While this has created challenges, including reviewers not being able to review documents within the physical case record, CFSA believes they have been able to maintain fidelity to the QSR process and collect important information regarding practice.

➤ ***Other Monitoring Activities***

The Monitor and staff meet frequently with senior leadership and managers at CFSA and attend some CFSA meetings, including the CFSA Internal Child Fatality Review Committee. Additionally, the Monitor and staff participate as a member of the City-wide Child Fatality Review Committee and routinely collect information from external stakeholders, including contracted service providers and advocacy organizations.

## II. HISTORICAL SUMMARY OF *LaShawn A.*

*LaShawn A. v Barry*<sup>17</sup> was filed on June 20, 1989 by Children’s Rights, Inc. and the American Civil Liberties Union (ACLU) on behalf of seven plaintiff children who were involved with the District of Columbia’s child welfare system. The complaints against the District included allegations of excessively high worker caseloads; uninvestigated reports of child abuse; children staying in 90-day emergency care for years; untrained caseworkers and foster parents; overcrowded and unsafe foster homes; lack of case planning for children in care; inappropriate use of medication for children’s behavior; lack of reunification services to families, and no specialized placements for children with specialized needs.<sup>18</sup>

At the time of the *LaShawn* filing, the District of Columbia and many of its citizens faced multiple social and economic hardships that greatly impacted children and families who came to the attention of its child welfare and human services systems. The District of Columbia, as well as states across the nation, were experiencing burgeoning numbers of children in foster care and concerns about the capacity and ability of public systems to meet the child safety, permanency, and well-being needs of dependent children. The *LaShawn* litigation and the eventual Modified Final Order (MFO)<sup>19</sup> were in response to those failures and needs.

In this summary, we briefly describe the long and difficult history of the District’s efforts to meet the mandates of the *LaShawn* lawsuit and to reform its child welfare services and supports. As context for the Court’s consideration of the proposed Settlement Agreement<sup>20</sup> to end federal court oversight, the report outlines the progress over the past three decades and provides information on the current status of District’s efforts, including those undertaken by the child welfare system and other parts of District government, to create and develop structures and resources necessary to support and ensure the well-being of the District’s children, families, and communities.

### *Social and Economic Conditions in the District: 1980s -1990s*

In the United States and in the District, large portions of the population in the late 1980s and early 1990s experienced social and economic hardships including poverty, disinvestment, racism, crime, and drug and health epidemics. Throughout this time, many children and families were not meaningfully supported, leading to an increased foster care population nationally and in the District.<sup>21</sup>

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<sup>17</sup> The current reference is *LaShawn A. v Bowser*. Historically, the name has changed to reflect the current Mayor of D.C. Previous iterations include *LaShawn A. v Kelly*, *LaShawn A. v Kelly*, *LaShawn A. v. Williams*, *LaShawn A. v Dixon*, *LaShawn A. v. Fenty*, and *LaShawn A. v. Gray*.

<sup>18</sup> Initial Order and Memorandum Opinion (Civil Action no. 89-1754), April 18, 1991.

<sup>19</sup> Modified Final Order (Dkt. No. 222 (order adopting MFO); Dkt. No. 222-2 (MFO)), January 27, 1994.

<sup>20</sup> Settlement Agreement (Dkt. No. 1215-1), August 7, 2020.

<sup>21</sup> <https://aspe.hhs.gov/basic-report/foster-care-summary-1991>

In 1990, the District's poverty rate was 21 percent.<sup>22</sup> The hardships experienced were not distributed evenly across racial and socioeconomic lines. Due to the city's extreme racial segregation and racial inequities, the brunt of homelessness, decreased public assistance, and the "crack epidemic"<sup>23</sup> and accompanying violence and family problems were concentrated in the District's poorer, predominately Black neighborhoods.

The District was hit especially hard by the crack epidemic. In 1984, about 14 percent of people arrested in the District tested positive for crack cocaine. In 1987, this number increased to 60 percent.<sup>24</sup> Black mothers were uniquely targeted for crack use through the testing of pregnant moms and their babies at birth, increasing the likelihood of child welfare involvement – if the mother tested positive, her child could be placed in foster care.<sup>25</sup> The District's response to the crack epidemic did not prioritize access to substance use treatment and supporting families, but instead prioritized criminalization through "tough-on-crime" laws, causing increased incarceration and heightened surveillance of Black communities through systems, including the foster care system.<sup>26</sup> By 1989, the District's child welfare system, similar to the rest of the United States, was in crisis.

*LaShawn A. v. Barry*<sup>27</sup>

LaShawn A. was one of seven plaintiffs named in the June 20, 1989 filing by Children's Rights, Inc. and the ACLU that led to federal oversight of the District of Columbia's Department of Human Services. At that time, four-year-old LaShawn was placed in emergency foster care for almost three years. While in care, the District failed to provide LaShawn's mother with any services to assist in reunification and failed to provide LaShawn with necessary psychological services.

LaShawn was one of many children failed by the system as documented in the 1989 complaint filed against the District, *LaShawn A. v. Barry* and elaborated on at a federal trial. The lawsuit alleged that the District's child welfare response violated District and federal law, and the constitutional rights of children as the system existed in "an ongoing state of crisis as severe as that experienced by many of the homes from which the system is removing children."<sup>28</sup>

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<sup>22</sup> <https://www.washingtonpost.com/archive/business/1999/01/11/rising-above-the-poverty-line/efbb845a-9f42-4ca4-ba60-9a717151b0cf/>

<sup>23</sup> The United States experienced a significant increase in the use of crack cocaine ("crack") during the early 1980's, which eventually led to the creation of the "War on Drugs." From <https://www.britannica.com/topic/crack-epidemic>

<sup>24</sup> Forman J. *Locking up Our Own: Crime and Punishment in Black America*. First edition. Farrar, Straus and Giroux; 2018.

<sup>25</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7372952/#jx039-B81>

<sup>26</sup> <https://www.brookings.edu/blog/up-front/2018/01/31/the-foster-care-system-was-unprepared-for-the-last-drug-epidemic-lets-not-repeat-history/>

<sup>27</sup> This introduction provides a historical perspective of the District of Columbia's child welfare system, with statistics and information compiled from CSSP's *September 1990 written court testimony prepared for LaShawn A. v. Kelly* and CSSP's *Assessment of The District of Columbia's Progress as of April 30, 2006*. The following signed court orders were also used to provide relevant historical information *LaShawn* Modified Final Order (1993), *LaShawn* General Receivership Order (1995), *LaShawn* Implementation Plan (2003), *LaShawn* Amended Implementation Plan (2007), *LaShawn* Implementation and Exit Plan (2010), and *LaShawn* Exit and Sustainability Plan (2019).

<sup>28</sup>Exact quotation can be found on page 1 of the complaint: <https://www.clearinghouse.net/chDocs/public/CW-DC-0001-0001.pdf>

When the lawsuit was filed, the District's child welfare system was overseen by the Child and Family Services Division (CFSD), which was situated within the Family Services Administration of the Commission on Social Services within an umbrella Department of Human Services. The District's child welfare workforce was chronically understaffed, with hiring freezes and vacancies in 41 percent of CFSD allocated positions.<sup>29</sup> Many of the filled positions were staffed by temporary employees who received low pay and minimal benefits, contributing to frequent turnover. Social workers carried individual caseloads upwards of 100 children. The average length of time children spent in care was nearly five years, almost three times the national average at the time.<sup>30</sup> Families were not provided adequate services to prevent out-of-home placement of their children, with a judicial review having found that zero percent of families received reasonable efforts<sup>31</sup> to prevent the placement of children in CFSD involuntary custody. For voluntary placements, District policy required services be considered and offered to prevent an out-of-home placement, yet one review found just 23 percent of families received any family preservation services.<sup>32</sup>

Following a trial in federal court, and a finding by the U.S. District Court in favor of Plaintiffs, a judicial order (the MFO) was entered in 1993, which required the District to completely overhaul its child welfare system in areas including protective services, services to children and families, emergency care, general assistance, placement of children, planning, adoption, supervision of placement, case review systems, caseloads, staffing, worker qualifications, training, resource development office, contract review, information system, and financial development. Specifically, the court-ordered reform plan mandated, among other things, that the District develop community-based resources to meet the basic needs of families and children; increase capacity and quality of available foster homes to ensure that children in custody are in the least-restrictive placements; develop adequate written case plans for all children in custody; increase the rate and timeliness of adoptions for children; develop a comprehensive training program for all caseworkers and supervisors; develop a reliable information system; and reduce caseloads equal to national standards. The Center for the Study of Social Policy (CSSP) was designated as the court-appointed Monitor to assist the District in developing a court-ordered implementation plan and to track the District's progress in implementing reforms.

In the immediate years after the court reform plan was ordered, the District made minimal progress in meeting the court-ordered mandates. Concurrent with efforts to fix its child welfare system, the District government as a whole was in crisis, resulting in the imposition of a District of Columbia Financial Control Board in 1995.<sup>33</sup> Following a series of more limited, but unsuccessful efforts to

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<sup>29</sup> *LaShawn A. v. Barry*, Case Reading Report Volume I (1990)

<sup>30</sup> *Ibid.*

<sup>31</sup> Per the United States Social Security Act - sections 471(a)(15), reasonable efforts are efforts the child welfare agency must make in an attempt to prevent removal and/or achieve permanency for a child in order for services to be reimbursed under Title IV-E. These can include assessments of strengths and needs, providing services and support, and so on. Reasonable efforts are determined to be made by judges on an individual case-by-case basis.

<sup>32</sup> CSSP's September 1990 written court testimony prepared for *LaShawn A. v. Kelly*.

<sup>33</sup> [https://www.washingtonpost.com/local/after-10-years-dc-control-board-is-gone-but-not-forgotten/2011/01/30/AB5485Q\\_story.html](https://www.washingtonpost.com/local/after-10-years-dc-control-board-is-gone-but-not-forgotten/2011/01/30/AB5485Q_story.html)

get the reform on track and the filing of a Contempt Motion by Plaintiffs, in 1995 the federal court took over the child welfare system's management, and the District's child welfare agency entered a full Receivership.<sup>34</sup>

By 2001, the District government had begun to stabilize and it began to make some progress toward achieving the reforms as required under *LaShawn*. The Court and the District reached an agreement to end the Receivership in exchange for additional reforms and a two-year probationary period during which the District had to demonstrate rapid progress in order to remain independent. These changes included the creation of the Child and Family Services Agency (CFSA) as an independent cabinet-level agency reporting directly to the District's Mayor.

Beginning in 2001, CFSA began to take actions to create its infrastructure, build its staff capacity, and implement policies, procedures and services to improve performance and outcomes. Progress was slow and included periods of success followed by stalled progress and setbacks. Parallel to the reform work within CFSA were other important developments including efforts to create a behavioral health care system within the District, building and sustaining the Healthy Families/Thriving Communities Collaboratives – neighborhood specific community supports – to provide services to families and prevent entrance of children into foster care, and the creation of the Family Court which changed the ways in which Judges were assigned and how child abuse and neglect cases were handled by the Superior Court. With the creation of the Family Court, all hearings relevant to a child and their family would occur under one Judge who presided within the Family Court system.<sup>35</sup> Previously, various judges with limited specialized knowledge about the well-being of children and families would interact with a child and family based on whatever issue was being discussed (i.e., intake, reviews, and adoptions), contributing to the lack of timely permanency and overall confusion for children and families within the District's custody. The creation of the Family Court established a "One Judge/One Family" model that was better aligned with emerging best practices in the child welfare field. Another important reform was the District's adoption of licensing standards for youth shelters, runaway shelters, emergency care facilities, and youth group homes.<sup>36</sup> The District also shifted responsibility for the investigation of child abuse and the provision of in-home services to families with substantiated child abuse from the Superior Court (through its Court Social Services branch) to the newly created unified child welfare agency at CFSA which has responsibility for cases involving both child abuse and child neglect.

In the years that followed, the *LaShawn* court orders were amended several times in response to performance issues raised by Plaintiffs and modifications requested by Defendants, as well as to maintain fidelity with new and current best practices in child welfare. In 2007, the original Implementation Plan was modified to create the Amended Implementation Plan (AIP). In 2008,

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<sup>34</sup> Under the terms of the Receivership, an outside receiver was granted authority to make all decisions necessary to ensure full compliance with the MFO, meaning the District no longer had decision-making authority or direct oversight of *LaShawn* reforms.

<sup>35</sup> From CSSP's written testimony to Congress regarding "The Reform of the Family Division of the District of Columbia Superior Court—Improving Services to Families and Children," dated 6/26/2001.

<sup>36</sup> [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/group\\_home.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/group_home.pdf)

the District experienced highly publicized child deaths<sup>37</sup> and the resignation of the CFSA Director which reversed progress that had been previously achieved and resulted in high caseworker vacancies, an influx of new abuse and neglect reports, a high backlog of uninvestigated reports, etc.<sup>38</sup> A period of instability ensued until new leadership was installed and reform efforts continued.

A third iteration of the *LaShawn* order was enacted in 2010. The Implementation and Exit Plan (IEP)<sup>39</sup> was meant to reflect the progress made by the District since the MFO, IP, and AIP orders, the overall changes in child welfare and monitoring practice, and as a path toward full compliance with the *LaShawn* expectations and hopes for reform. The IEP included a total of 88 standards that CFSA must maintain and achieve. These standards included requirements regarding training for foster parents, case planning for older youth, limited use of congregate care settings, caseload standards for workers, and timely permanency for children in care. The Monitor's January through June 2014 Progress Report indicated that CFSA achieved important strides in training for foster parents, family-like placements for children in care, and appropriate medical care for children in care. While CFSA continued to struggle in other areas, including finding timely permanency for children in foster care, the District's progress while under the IEP led to additional renegotiations of *LaShawn* in 2019. These negotiations resulted in the Exit and Sustainability Plan (ESP).<sup>40</sup>

#### *A Picture of the District's Child Welfare System: Then and Now*

CFSA today differs greatly from the 1989 child welfare system that precipitated *LaShawn*. Specifically, CFSA has built necessary infrastructure, and follows best practices designed to better serve children and families. Table 1 below provides a brief comparison of where they agency was in 1989 and where they are today on selected areas of improvement that were part of the *LaShawn* reforms.

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<sup>37</sup> From CSSP's *Letter to Judge Hogan dated 9/15/2008*

<sup>38</sup> The Monitor's 2008 letter to the Court reported that CFSA often experienced periods of crisis and instability.

<sup>39</sup> Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.

<sup>40</sup> Exit and Sustainability Plan (Dkt. No. 1201-2), August 29, 2019.



**Table 1: Comparison of the District’s Department of Children and Family Services as of  
LaShawn Filing to the Current Child and Family Services Agency**

Category	1989 <sup>41</sup>	2020
<b>Child Protective Services</b>		
<b>Caseloads</b>	Up to 100 per worker	<p>From January through December 2020, a range of 98 to 100% of <b>child protection service workers</b> maintained caseloads of 12 or less.</p> <p>From January through December 2020, a range of 95 to 99% of <b>ongoing workers</b> maintained caseloads of 15 or less.</p>
<b>Investigations</b>	<p>Average time to initiate investigations was 10 days in 1989; backlog of investigations estimated as high as 1,200 per month.</p> <p>No formal assessment existed to determine risk</p>	<p>In November 2020, 88% of investigations were initiated within 48 hours.<sup>42</sup></p> <p>CFSA uses structured decision-making tools (SDM) to assess for safety and risk</p>
<b>Placement</b>		
<b>Average Length of Time for a Child in Custody</b>	58 months, double the national average of 26 months.	Median of 22 months in care, mean of 29 months for children in care as of December 31, 2020
<b>Overall Number of Children in Care</b>	Count of children in foster care was inaccurate but estimated at 2,500 – 3,000 <sup>43</sup>	667 as of December 31, 2020
<b>“Boarder Baby”<sup>44</sup> Group Homes</b>	Commonly used practice for infants in custody developed because babies were being left in hospitals without needed placements and follow-up.	CFSA no longer uses “boarder baby” homes.

<sup>41</sup> Information for this section were taken from CSSP’s September 1990 written court testimony prepared for *LaShawn A. v. Kelly*.

<sup>42</sup> Data include investigations in which all alleged victim children were not interviewed within 48 hours, however investigators made all necessary and applicable efforts to do so.

<sup>43</sup> An exact number is unknown due to the deficits in record keeping existing at the time of *LaShawn* filing.

<sup>44</sup> Boarder babies are infants younger than 12 months who remain in the hospital beyond medical discharge because no parent claims custody of them. From <https://pubmed.ncbi.nlm.nih.gov/10214550/>



Category	1989 <sup>41</sup>	2020
<b>Case Practice</b>		
<b>Prevention Services</b>	No specific resources devoted to prevention services and limited availability of and access to community services. Judicial reviews found that 24% of families who were at risk for out-of-home placement received preventative services and 0% of families received reasonable efforts to prevent placement.	<p>CFSA invests in an array and continuum of prevention services to support families and to prevent children from child welfare system involvement and being removed and placed in foster care.</p> <p>In FY2021, CFSA budgeted \$1,423,694 for community-based services for home visiting, mental health, legal services, and upstream child abuse and neglect prevention services; and \$3,123,652 for upstream Family Success Centers through Families First DC.</p> <p>In July and August of 2020, 62 percent of the 62 applicable families with low or moderate risk were referred to the Collaboratives for community-based supports and services.</p> <p>For families with open in-home home cases, QSR found that 93 percent are rated acceptable on services to families and children.</p>
<b>Case Plans</b>	Based on a case record review in 1990, 38% of cases had written case plans per Federal and District law, and 0% of case records contained all information as required by law.	Case plans now developed within 30 days and updated at least every six months. As of December 31, 2020, of the 667 children in foster care, 590 (88%) had a current case plan. <sup>45</sup>
<b>Internal Quality Reviews</b>	None	CFSA's OPPPS (Office of Planning, Policy, and Program Support) includes the Performance Accountability and Quality Improvement Administration (PAQIA), which

<sup>45</sup> FACES.NET report CMT163

Category	1989 <sup>41</sup>	2020
		oversees CFSA's Continuous Quality Improvement (CQI) efforts. Staff utilize an array of quantitative and qualitative methodologies to regularly assess practice, including Quality Service Reviews (QSRs). <sup>46</sup>
<b>Infrastructure</b>		
<b>Structure</b>	Child and Family Services Division (CFSD), housed within the Family Services Administration of the Commission on Social Services within an umbrella the Department of Human Services	Child and Family Services Agency (CFSA), an independent cabinet-level agency reporting directly to the Mayor of the District of Columbia
<b>Staffing</b>	41% of CFSD budgeted positions were vacant; high turnover; many workers were hired on a temporary basis.	Of 215 FTE positions, CFSA reported having 19 vacancies as of December 31, 2020.
<b>Staff Training</b>	No formal pre-service or in-service training existed or was required for workers.	CFSA operates a well-functioning Child Welfare Training Academy (CWTA) <sup>47</sup> ; all employees must complete pre-service and in-service training.
<b>Financing</b>	System was inadequately resourced and significantly under-claimed federal funds; had flawed budgeting within the Agency; and unwisely spent resources. The District also was not maximizing federal revenue to support its child welfare services. <sup>48</sup>	CFSA's budget is adequate to meet the needs of children and families and has allowed the District to reinvest dollars in prevention programs and best practices as their foster care population has declined. CFSA seeks to maximize Federal funding, including available discretionary grants, formula-based block grants, and uncapped entitlements to support an array of family services and supports

<sup>46</sup> QSR is an evidence-based case review system that utilizes a protocol and rating system to determine child and family outcomes on a case specific level, as well as system support and functioning, increasing accountability and quality improvement.

<sup>47</sup> <https://cfsa.dc.gov/page/child-welfare-training-academy>

<sup>48</sup> *LaShawn A. v. Barry*, Case Reading Report Volume I (1990)

Category	1989 <sup>41</sup>	2020
		across the entire child welfare continuum.
<b>Data System</b>	Data were inaccurate and incomplete based on a flawed data system called the Ward Tracking System.	CFSA established an Office of Child Information Systems, and has a federally approved SACWIS case management and data system (FACES.NET <sup>49</sup> ) which tracks data and services provided to children and families.
<b>Reports of Child Abuse and/or Neglect</b>	No formal reporting system; relied on fragmented system to respond to reports of abuse and/or neglect.	CFSA maintains a Hotline system, which is operated and staffed on a 24-hour, 7-day per week basis.
<b>Transition Age Youth Supports</b>	Little focus on older youth, and large percentage had permanency goal of long term foster care and exited care without achieving permanency. Few transition services offered to youth about to “age out” through a small program called Center of Keys for Life that offered independent living programming for some older youth in foster care.	The Office of Youth Empowerment (OYE) provides services to older youth in care, including access to educational and vocational specialists to support youth transitioning out of the child welfare system. <sup>50</sup> Planning for the well-being of older youth occurs through regular youth transition planning (YTP) meetings and is supported by services provided through the OYE. Youth are supported in accessing housing, matched savings accounts, health insurance, education, aftercare, and linkages to continuing adult support services agencies. <sup>51</sup>
<b>Access to Medical and Psychiatric Care</b>	No formal process for providing access to or tracking medical screenings or medical/behavioral health treatment.	CFSA’s Office of Well-being manages health services (including medical/dental services, nurses, psychiatric nurses, and nurse practitioners available to CPS staff), clinical

<sup>49</sup> <https://cfsa.dc.gov/page/facesnet-resources-and-information>

<sup>50</sup> Youth up to age 21 are eligible to receive these services, and youth up to age 23 are eligible for aftercare services.

<sup>51</sup> The 2010 IEP included a measure that assessed the agency’s performance on providing youth with appropriate supports and services as they age out of care. For the last monitoring period this measure was assessed (July 2018 through March 2019), 91% of youth had an appropriate youth transition plan developed.

Category	1989 <sup>41</sup>	2020
		services (including therapists, residential specialists, and resource development), and education and resource specialists. CFSA has an on-site clinic, Healthy Horizons, which is available to conduct screenings and exams of children prior to placement or replacement. <sup>52</sup>

### *A Shift Toward Prevention*

Although data on the exact number of children in foster care in 1989 was significantly inaccurate, it was estimated at between 2,500 to 3,000 children; as of December 31, 2020, 667 children were in foster care. In part, the smaller number of children in foster care reflects an overall shift in child welfare practice to serving children in their homes and communities whenever safe and possible, which has been shown through research to reduce trauma and support child well-being. The lower number also reflects a focus on permanency planning and permanency outcomes for children and youth beginning at entry into foster care. CFSA's philosophy and Four Pillars framework prioritizes efforts to serve children and families at home.<sup>53</sup>

The shift in the District's approach to child well-being can also be witnessed in the evolution of CFSA, which continues to change to better meet needs of children, families, and the child welfare workforce. Building off of the early investments in and work with the Healthy Families/Thriving Communities Collaboratives, the District has continued to invest in community-based prevention services. This includes taking advantage of the opportunity provided by the Family First Prevention Services Act (FFPSA), which was signed into law in 2018, signaling a major shift in child welfare policy to prioritize prevention and support for families to drive change. FFPSA restricts federal funding for congregate care (which the District was well positioned for due to *LaShawn* required reforms) and provides jurisdictions a new opportunity to claim federal reimbursement for specific prevention services to families to prevent foster care placement.<sup>54</sup> The District has worked to leverage the increasing focus on prevention through becoming the first jurisdiction in the nation to submit an approved FFPSA plan, and through the creation of the Families First DC initiative<sup>55</sup>. As a District wide prevention strategy, Families First DC is focused on upstream prevention and early intervention services to support children and their families.

<sup>52</sup>[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20HHAC%20and%20NCM%20%28final%29%20%282%29\\_0.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Program%20-%20HHAC%20and%20NCM%20%28final%29%20%282%29_0.pdf)

<sup>53</sup> <https://cfsa.dc.gov/page/four-pillars>

<sup>54</sup><https://www.cwla.org/dc-becomes-first-state-with-approved-family-first-plan/#:~:text=On%20Wednesday%2C%20October%2030%2C%202019,jurisdiction%20to%20submit%20their%20plan>

<sup>55</sup> More information on Families First DC can be accessed here: <https://cfsa.dc.gov/page/families-first-dc>

In summary, the evolution of and changes in the ways in which the District responds to child abuse and neglect have been comprehensive and drastic. The chart above does not capture all of the “before and after” but demonstrates that within the time period and context of the *LaShawn* litigation, the District has created a child welfare system, though not perfect, that is unrecognizable from the 1990’s and strives to fully meet the needs of the District’s most vulnerable children and families.

### **III. SUMMARY OF CURRENT PERFORMANCE**

The period covered in this report is overshadowed by the nation and the District grappling with the COVID-19 pandemic and thus, it is difficult to fully assess performance data in comparison to the recent past. On March 11, 2020, Mayor Muriel Bowser declared both a State of Emergency and Public Health Emergency, and as of March 16, 2020, DC Public Schools began planning for distance learning for students. This resulted in reduced interactions with a large category of mandated reporters, and as with other child welfare systems in the country, fewer calls to the child abuse and neglect Hotline. CFSA’s foster care population has declined as compared to 12 months prior, and the number of children entering care has slowed while, at the same time, the number of children exiting care has also decelerated. This is particularly true when examining the percentage of children who exited to reunification in FY2020 as compared to FY2019, as discussed in further detail below.

CFSA leadership and staff – with little warning or blueprints on how to respond to a once-in-a-lifetime, worldwide healthcare pandemic – have adapted and created procedures and systems to function and carry-out needed and mandated responsibilities during the pandemic. This includes alternative ways to assess for child safety and underlying family needs when in-person contact was limited or prohibited; providing medical and behavioral health care services to children and families through telehealth; supporting families to access remote learning and services; and supporting families who are suffering through illness, fear, and financial stresses due to the COVID-19 pandemic when resources may have already been strained.

Although the impact has been wide-ranging, one of the most significant modifications to practice has affected in-person contact between CFSA staff, foster parents, families, and children – including visits between social workers and children and families, and between children in care with their parents. Early last Spring, guidance from the Center for Disease Control recommended significant limitations to in-person contact, hindering a social worker’s ability to engage and assess children and families. In response, CFSA developed guidance and procedures – which have been frequently updated as the pandemic has continued – on expectations regarding frequency and format (in-person or virtual) of visits for families with in-home cases, and for children placed in foster care. Visits occurring virtually were a rare if not unknown practice before the COVID-19 pandemic, but the risk to safety and health for employees and families posed by the virus has made

it a regular occurrence during the public health emergency. The quality of virtual visits for younger children has been a particular challenge.

Another pandemic related challenge has been the placement of children. To ensure the safety of children and caregivers for children who have tested positive for COVID-19 or who have been in contact with someone who has tested positive and are in need of a place to quarantine, the District set up a respite shelter facility that as of February 2021 has provided placement for 18 children. And yet another significant disruption caused by the pandemic has been its impact on courtrooms, where in-person judicial proceedings were suspended for some time, and dockets are operating at limited capacity. This has had a direct and negative impact on timelines to permanency.

Significant infrastructure developments have been required to support CFSA in carrying-out ongoing responsibilities and maintaining best practices. Specifically, CFSA needed to enhance and develop strategies to:

- Support staff working remotely to access necessary technology;
- Ensure accessibility of technology for parents and children to maintain contact with each other and with their social workers;
- Move all training for staff and foster parents to a virtual platform; and
- Continue licensure of new kinship and non-relative foster homes with limited in-person contact.

Developing and implementing these strategies was not an insignificant task, and in some instances, had to be accomplished with existing resources.<sup>56</sup> The D.C. Council has been open to creating or supporting new legislation to tackle challenges faced by children and youth in care. Emergency legislation passed in April 2020 has allowed youth who turn 21 years old and would have emancipated from foster care during the pandemic, to remain in care and continue to receive financial and case management support toward housing and other services until 90 days after the end of the public health emergency.

Overall, the Monitor has assessed the District's performance during this period as continuing to move in the right direction. CFSA maintained the progress it had made in prior years in most areas, as discussed in more detail below.

### **Child Protective Services (CPS) Investigations**

*CFSA has improved its quality of investigative practice and maintained required caseloads for child protective services (CPS) investigators. Timely initiation and closure of investigations remains steady from last period, and although required performance has not yet been achieved,*

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<sup>56</sup> CFSA reports receiving a one-time funding grant of \$49,985 as part of the CARES Act. These funds were used in FY2020 to offset Agency supplies and equipment expenses related to the COVID-19 pandemic.

*both measures are close to consistently meeting the performance level required by the LaShawn Exit Standard.*

For the second monitoring period, CFSA has exceeded the required level of performance for quality of investigative practice. A review of a statistically significant sample of investigations closed in September 2020 assessed that 89 percent of investigations were of acceptable quality. Although reviewers determined that practice in nearly one-quarter of investigations was impacted by the COVID-19 pandemic, CPS investigators were adaptive and diligent in assessing children's safety and the reported allegations of abuse and neglect. The most commonly identified impact of the COVID-19 pandemic was related to a worker's ability to enter a family's home, generally because the family wanted to protect themselves from exposure to the virus. In these instances, social workers used video calls to interview children and family members, and conducted virtual tours of the home to assess safety and risk.

Every month this period, at least 98 percent of CPS investigator caseloads were within the required limit of no more than 12 investigations per worker, and no investigator had a caseload of 15 at any time during CY2020. Maintaining caseloads in compliance with these standards will remain a requirement of the new *LaShawn* Settlement Agreement.

CFSA is required to timely initiate investigations – meaning seeing all alleged victim children within 48 hours of the referral to the Hotline, or making all applicable efforts to do so – in 95 percent of all investigations. CFSA's performance on this standard in November 2020 was 88 percent. Beginning in October 2020, CFSA implemented practice improvements including greater use of worker's clinical skills and increased supervisory involvement in locating children. Performance on timely completion of investigations in CY2020 with inclusion of approved extensions met the required level of performance (90%) five of 12 months.<sup>57</sup>

## **Placement**

*Most children continue to be placed in family-like settings, and CFSA has reduced its use of short-term placements for longer than 30 days, as well as overnight stays at the CFSA office building. Placement stability continues to be an issue for children who have been in care for 12 months or fewer.*

As of December 31, 2020, of the 667 children in foster care, 79 percent were in family-based settings, including 26 percent in kinship homes. This reflects an approximately 53 percent increase in children placed with kin since 2011, a best practice CFSA has been working to improve for some time.

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<sup>57</sup> Also, in CY2021, calculated performance toward timely completion of investigations (within 35 days of receipt at the Hotline) will allow for investigations with approved extensions to be considered toward compliance. Extension reasons include: delays in receipt of critical information, a new investigation received and linked during the current investigation was ongoing, unable to contact or identify/locate a client, law enforcement involvement, out of jurisdiction, or child fatality.



There was a significant decline in CY2020 in the number of children spending nights at the CFSA office building due to lack of a placement match. Between April and December 2019, there were 62 overnight stays at the CFSA office building, experienced by 33 unique children. In CY2020, this dropped to 14 overnight stays at CFSA, experienced by 13 unique children. In the second half of CY2020, only two overnights occurred.

Data on placement stability remains mixed. The *LaShawn* Exit Standard requires a specific percentage of children to have two or fewer placements within a 12-month period, depending upon how long they have been in foster care. Performance for children in care for at least 12 months but less than 24 months, and for children in care at least 24 months, met the required level of performance between January and December 2020. However, for children who had been in care at least eight days but less than 12 months, a monthly range of 76 to 81 percent experienced no more than two placements, which is lower than the Exit Standard of 83 percent. Placement stability for this cohort of children has been in decline over the past two monitoring periods.

The Settlement Agreement includes specific commitments aimed to expand CFSA's placement array and capacity by: contracting with a provider to develop a specialized psychiatric residential treatment facility (PRTF) with the capacity to serve up to eight children; ensuring a 10 percent built-in surplus of foster care beds, creating more matching choices and prompt placement for children in care; developing a foster home recruitment and retention plan; and ensuring accessibility for clinical and therapeutic services. CFSA has encountered challenges identifying a provider to build and develop a small PRTF in the local area, and is exploring alternative strategies to meet the needs of the population this was meant to serve. CFSA hired a full-time staff person to support foster care recruitment and retention, and as of December 31, 2020, had a built-in placement surplus of 28 percent, exceeding the required standard of 10 percent. CFSA continues to support an in-house team of four behavioral health therapists, a clinical supervisor, and a psychiatric nurse practitioner. Efforts are being made to reduce the length of time between children being assessed as needing services to delivery of such services.

In 2019, CFSA began implementing multiple practice and resource changes designed to promote placement stability which resulted in a decline in overnight stays and emergency shelter stays. CFSA has provided a summary of program initiatives, attached as Appendix F.

### **Visits between Social Workers and Children, between Parents and their Children, and between Parents and Social Workers**

*As measured through the Quality Service Review (QSR), CFSA social workers routinely assess for children's safety during visits in both in-home and foster care cases, and the vast majority of children are deemed to be safe. Visits between children and their parents, and workers and parents continue to be lower than required.*

Of the 42 in-home cases reviewed through the QSR in CY2020, children in 86 percent of cases were rated with acceptable status and practice regarding safety and protection. And of the 80 out-



of-home child cases reviewed, 98 percent of children were assessed to have an acceptable safety rating. This reflects strong and consistent practice over the past two calendar years.

CFSA and private agency staff are required to conduct weekly visits with children newly placed in foster care or experiencing a placement change; and at least two of these visits should be completed by the social worker assigned to the child's case. The Exit Standard requirement is 90 percent, and CFSA's performance fluctuated this period, and met the required level of performance during four of 12 months. Performance was lowest – at 76 percent – in March 2020 (the first month of the COVID-19 pandemic), and fluctuated in the months following; by December 2020, performance on weekly visits had increased to 92 percent. If data for March 2020 are excluded, the range of performance would be 82 to 94 percent.<sup>58</sup>

Visits between children and their parents, and visits between social workers and parents, play an important role in supporting timely and successful permanency. CFSA conducted an internal analysis of barriers to visits between parents and children through observing the cases of 99 unique children during the months of July and October 2020. This analysis found several challenges associated with visits, including insufficient documentation of visits occurring in case records; informal visits occurring outside of planned visits with CFSA case workers when children are placed with kin; and delayed *TaL* trials<sup>59</sup> which are necessary to change case goals from reunification. CFSA reports that they are working on strategies to address barriers to visits including working with judges to address delays in trials as well as supporting workers in providing accurate documentation of parent-child visits.

Even when allowing for visits to occur virtually, thereby reducing some of the logistical challenges posed by in-person visits such as transportation, the frequency of these visits remained consistent with prior periods and below required levels. Between January and November 2020, a monthly range of 62 to 79 percent of parents had required visits with social workers (Exit Standard requirement is 80 percent). In October 2020, weekly visits between parents and their children occurred in 75 percent of applicable cases; the Exit Standard is 85 percent.

## **Permanency**

*In FY2020, timely permanency outcomes declined for children who had been in care for over 12 months as of September 30, 2019.*

The primary *LaShawn* permanency Exit Standard tracks three cohorts of children who have been in care for specific lengths of time on the last day of the fiscal year – those in care eight days or longer, those in care more than 12 months but less than 25 months, and those in care 25 months or

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<sup>58</sup> CFSA has indicated there were additional challenges in conducting visits – in-person, virtual, and via telephone – with 12 children placed in correctional facilities between the months of March through August 2020. Information regarding these children was provided to the Monitor shortly before finalizing this report, and was unable to be validated for inclusion.

<sup>59</sup> *In Re Ta.L.* is a DC Court of Appeals decision from 2016 that requires an evidentiary hearing prior to changing a child's permanency goal from reunification to adoption.

longer – and assesses their exit to positive permanency<sup>60</sup> during the following 12-month period. The percentage of permanency exits for the first cohort of children – those in care for the shortest length of time – improved in FY2020 as compared to FY2019, with 44 percent of children achieving permanency by September 30, 2020; the required Exit Standard for this cohort is 45 percent.

For the second two cohorts of children, performance in FY2020 declined over the prior year, and are well below required levels. Review of the data shows this is primarily due to declines in the percentage of children exiting to reunification. Specifically, for children in care for more than 12 months but less than 25 months as of September 30, 2019, 35 percent achieved permanency before September 30, 2020, and nine percent were exits to reunification. In FY2019, 20 percent of children in this cohort exited to reunification within 12 months. Similarly, for the last cohort of children – those in care for 25 months or longer – 26 percent achieved permanency within FY2020, three percent who exited to reunification, as compared to eight percent in FY2019.

CFSA has shared that the COVID-19 pandemic resulted in court delays in 72 cases, which ultimately impacted time to permanency. These delays are discussed in detail in Section B.12. *Timely Permanency* of this report.

## **Services to Families and Children and Case Planning**

*Case planning and service delivery to children and families continue to be rated as acceptable by Quality Service Reviews.*

CFSA utilizes the QSR process to assess practice in linking and providing services to children and families to promote safety, permanency, and well-being, and the adequacy of case planning with families. As a result of the COVID-19 pandemic, CFSA temporarily halted QSRs at the end of March 2020 while they developed policies and procedures for conducting the reviews virtually. Despite this pause, CFSA was able to complete 122 QSRs (out of the 140 reviews anticipated in the sampling plan).

CFSA continued to maintain required performance toward both Exit Standards related to services to families and children (ESP citation II.4.), and case planning (ESP citation II.14.). Specifically, CFSA performance on services to families and children was 83 percent and performance on case planning was 91 percent, exceeding the required performance level for both measures of 80 percent. Importantly, performance on cases managed by the private agencies improved significantly in both of these areas, reflecting the continued efforts of CFSA's QSR unit working collaboratively with the private agencies, and with CFSA staff, to assess case practice, identify barriers to performance, and implement continuous quality improvement strategies.

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<sup>60</sup> Positive permanency includes reunification, guardianship (with kin or non-relative), and adoption.

## Health and Dental Care

*Caregivers routinely receive children's Medicaid numbers and cards within required timeframes following placements. QSR reviews of children's health care status consistently find that children's health care needs are met.*

There are two ESP measures pertaining to health and dental care for children in foster care – timely receipt of dental care; and timely distribution of Medicaid numbers and cards. During the current monitoring period, CFSA partially met the required level of performance for comprehensive dental exams for children entering foster care, and met the required level of performance for distribution of Medicaid cards and numbers to caregivers of children in foster care. Specifically, in December 2020, 91 percent of foster parents received the Medicaid number within five days of a child's placement in their home (exceeding the requirement of 90%), and in CY2020, 87 percent of foster parents received the Medicaid card within 45 days of a child's placement (falling slightly below the required level of 90%<sup>61</sup>).

During the current monitoring period, the COVID-19 pandemic impacted the ability for children to receive timely dental evaluations because dental offices were closed for non-emergency services between March and July 2020. As a result, data are only reported for seven months of the current monitoring period. When dental offices began to reopen in August 2020, they opened at limited capacity, continuing to create challenges for children to receive timely, comprehensive dental evaluations. While CFSA has continued to meet the performance level required for dental evaluations within 30 days (Exit Standard is 25%), and within 60 days of placement (Exit Standard is 50%), CFSA has been unable to consistently meet the required level of performance for children to receive comprehensive dental evaluations within 90 days of their placement in care (Exit Standard is 85%). During the current monitoring period, monthly performance on this sub-part ranged from 53 to 86 percent.

## Infrastructure

*CFSA continues to ensure a well-functioning system through a professional workforce with manageable caseloads, a well-resourced and organized training department, and enhancements to its self-regulating and continuous quality improvement processes.*

There are five ESP measures that pertain to the CFSA's capacity to operate a well-functioning child welfare agency: caseloads for social workers; timely approval for licensing new foster parents; and three measures related to training for new workers, new supervisors, and foster parents. During the current monitoring period, CFSA continued to meet the required level of performance on each of these Exit Standards.

To promote accountability to stakeholders, including children and families, CFSA continues to engage in continuous quality improvement (CQI) processes to improve system performance and

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<sup>61</sup> The Monitor considers this Exit Standard to be maintained.

functioning including utilizing QSRs to support quality case practice and engaging with community members and stakeholders to improve implementation of community-based prevention services through Families First DC and CFSA's Title IV-E Prevention Plan (Family First).

CFSA has committed to continuing these CQI processes moving forward, after exit from federal Court oversight, as outlined in Table 11: *LaShawn A. v. Bowser* Settlement Agreement Defendants' Ongoing Commitments toward Self-Regulation and Public Reporting of this report (*LaShawn* Settlement Agreement, Section III.). In addition to engaging in CQI processes, CFSA has met the outlined Ongoing Commitments related to public reporting primarily through posting updated policies on their website, submitting public reports to the D.C. Council, and maintaining a public-facing data dashboard.

#### IV. SUMMARY TABLE OF *LASHAWN A. v. BOWSER* EXIT AND SUSTAINABILITY PLAN PERFORMANCE

<b>Table 2: <i>LaShawn A v. Bowser</i></b> <b>Exit and Sustainability Plan, Performance toward Outcomes to be Achieved</b>				
Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
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.  (ESP citation II.1.)	95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located.	June 2019 performance – 87%  December 2019 performance – 88%	November 2020 performance – 88% <sup>63,64</sup>	No
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	90% of investigations will be completed and a final report of findings shall be entered in FACES within 35 days.	Monthly range of 73 – 91%	Monthly range with inclusion of approved extensions: 81 – 94% <sup>65</sup>	No

<sup>62</sup> “Yes” indicates that, in the Monitor’s judgment based on presently available information, CFSA’s performance satisfies the Exit Standard requirement. “Partially” is used when CFSA has come very close but has not fully met an Exit Standard requirement or in instances where Exit Standards have more than 1 part and CFSA has fulfilled some but not all parts of the Exit Standard requirement. “No” indicates that, in the Monitor’s judgment, CFSA’s performance is below the designated Exit Standard requirement.

<sup>63</sup> CFSA provided monthly performance data for each month this period. As of October 1, 2020, CFSA implemented new guidance for timely initiations with all children in the household. Due to the change in practice, the Monitor and CFSA validated initiations data for November 2020, thus only performance for that month is included.

<sup>64</sup> Of the 275 applicable investigations closures in November 2020, contact was made with all alleged victim children in 191 (70%) investigations. In an additional 50 investigations, although contact was not made with all alleged victim children, CFSA made necessary efforts to initiate the investigation. Thus, total performance for the month is 88% (241/275).

<sup>65</sup> CFSA also collected data on investigations closed beyond 35 days that had been internally approved for an extension by a supervisor. The reasons for approval include the following: delay in receipt of critical information, a new investigation was received and accepted while the current investigation was ongoing, unable to contact or identify/locate client, law enforcement involvement, out of jurisdiction, or child fatality. CFSA reports if these extensions were accounted for within the reported performance data, compliance would range from 81% to 94% this period, and would meet the 90% Exit Standard during 5 of 12 months.

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findings for each investigation shall be completed within 5 days of the completion of the investigation.  (ESP citation II.2.)			Monthly range without inclusion of approved exceptions 77 – 92% <sup>66,67,68</sup>	
3. <u>Acceptable Investigations</u> : CFSA shall routinely conduct investigations of alleged child abuse and neglect.  (ESP citation II.3.)	80% of investigations will be of acceptable quality as measured by a qualitative review and verified by the Monitor.	84% of investigations closed in January 2020 were of acceptable quality.	89% of investigations closed in September 2020 were of acceptable quality. <sup>69</sup>	Yes
4. <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 and safety, permanence and well-being.  (ESP citation II.4.)	80% of cases in the QSR sample will have an acceptable rating on the Supports and Services Indicator.	CY2019 performance: 82% rated acceptable.	CY2020 performance: 83% rated acceptable. <sup>70</sup>	Yes

<sup>66</sup> Monthly performance on timely closure of investigations are as follows: January 2020, 77%; February 2020, 85%; March 2020, 82%; April 2020, 77%; May 2020, 86%; June 2020, 92%; July 2020, 84%; August 2020, 88%; September 2020, 90%; October 2020, 79%; November 2020, 82%; December 2020, 83%.

<sup>67</sup> The backlog (investigations open longer than 35 days) reported each month are as follows: January 2020, 66; February 2020, 68; March 2020, 64; April 2020, 25; May 2020, 13; June 2020, 24; July 2020, 17; August 2020, 12; September 2020, 32; October 2020, 34; November 2020, 46; December 2020, 74.

<sup>68</sup> CFSA has indicated that the COVID-19 pandemic has impacted referral assignments to investigators, and closures due to telework designations. When investigators are designated as full telework, they are unable to go into the field to initiate an investigation or follow-up in person with collaterals prior to closure.

<sup>69</sup> These data were collected during a case record review of a statistically significant sample of applicable investigations closed in September 2020.

<sup>70</sup> Acceptable performance is based on ratings for all sub-parts of the QSR *Supports and Services* indicator.

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Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
<p>5. <u>Assessing Safety During 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.</p> <p style="text-align: right;">(ESP citation II.5.)</p>	80% of the in-home sample will have an acceptable rating on two QSR indicators: Child Safety <sup>71</sup> the QSR Planning Interventions: Safety/Protection. <sup>72</sup>	CY2019 performance: 87% rated acceptable.	CY2020 performance: 86% rated acceptable. <sup>73</sup>	Yes
<p>6. <u>Assessing Safety During 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 child to the attention of the Agency) of each child.</p> <p style="text-align: right;">(ESP citation II.6.)</p>	80% of the out-of-home sample will have an acceptable rating on two QSR indicators: Child Safety <sup>74</sup> the QSR Planning Interventions: Safety/Protection. <sup>75</sup>	CY2019 performance: 91% rated acceptable.	CY2020 performance: 98% rated acceptable. <sup>76</sup>	Yes

<sup>71</sup> The *Safety* indicator is a Child and Family Status Indicator within the QSR protocol. Safety will be considered “acceptable” when all sub-parts – home, school, community, and other – are considered to be acceptable.

<sup>72</sup> The *Planning Intervention* sub-part, *Safety and Protection* is a Practice Performance Indicator within the QSR protocol.

<sup>73</sup> Acceptable performance is based on performance on 2 QSR indicators – all sub-parts of *Safety* (status) and *Planning Interventions: Safety and Protection* (practice indicator). Of the 42 in-home cases reviewed through the QSR in CY2020, 86% were rated acceptable on both QSR indicators.

<sup>74</sup> See FN 71.

<sup>75</sup> See FN 72.

<sup>76</sup> Acceptable performance is based on performance on two QSR indicators – all sub-parts of *Safety* (status) and *Planning Interventions: Safety and Protection* (practice indicator). Of the 79 out-of-home cases reviewed through the QSR in CY2020, 98% were rated acceptable on both QSR indicators.

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<p>7. <u><i>Visitation for Children Experiencing a New Placement or a Placement Change:</i></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</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 above.</p>	<p>a.-c. Monthly range of 78 – 93% of applicable children had the required number of visits following a new placement or placement change.</p> <p>d. In December 2019, 61% of children had documentation indicating that agency staff had a conversation with the resource parent to assess their needs in caring for the child.</p>	<p>a.-c. Monthly range of 76 – 94% of applicable children had the required number of visits following a new placement or placement change.<sup>77,78,79</sup></p> <p>d. In August 2020, 66% of children had documentation indicating that agency staff had a conversation with the resource parent to assess their needs in caring for the child.<sup>80</sup></p>	No

<sup>77</sup> Monthly performance for worker visits to children experiencing a new placement or placement change are as follows: January 2020, 86%; February 2020, 92%; March 2020, 76%; April 2020, 82%; May 2020, 94%; June 2020, 85%; July 2020, 88%; August 2020, 88%; September 2020, 86%; October 2020, 93%; November 2020, 87%; December 2020, 92%.

<sup>78</sup> CFSA has indicated that the COVID-19 pandemic impacted weekly worker visits during the first 4 weeks of a placement change in the following ways: for youth in jail or detention, in-person and virtual visits could not occur; and for youth who did not have agency iPhones early in the pandemic, virtual visits were challenging, and attempts to engage resource parents and placement providers to assist with virtual visits were not always successful. CFSA shared that telephone visits were maintained in both of these scenarios.

<sup>79</sup> Aggregate performance across CY2020 is 87%.

<sup>80</sup> These data were collected by CFSA during a case record review of statistically significant sample of applicable cases that month. Performance was not validated by the Monitor.



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Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
assistance needed by the resource parent from the agency. (ESP citation II.7.)				
8. <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.  (ESP citation II.8.)	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. <sup>81</sup>	Between April and December 2019, three children were placed in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between January and December 2020, one child was placed in an emergency, short-term or shelter facility or foster home for more than 30 days. <sup>82</sup>	No
9. <u><i>Visits between Parents and Workers</i></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. <sup>83</sup>	80% of parents will have twice monthly visitation with workers in the first three months post-placement as defined above.	Monthly range of 50 – 76%	Monthly range of 62 – 79% <sup>84</sup>	No

<sup>81</sup> The ESP provides that based upon 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 when moving them would not be in their best interest.

<sup>82</sup> One additional child was placed in a short-term shelter for 47 days. Twenty-four days into the placement, a service provider the child was working with tested positive for COVID-19, so the child remained in the emergency shelter past 30 days to allow for necessary quarantine before being placed with new provider.

<sup>83</sup> This Exit Standard is also satisfied when there is documentation that the parent(s) is (are) unavailable or refuses to cooperate with the Agency.

<sup>84</sup> Monthly performance data for visits between parents and workers are as follows: January 2020, 71%; February 2020, 73%; March 2020, 65%; April 2020, 62%; May 2020, 79%; June 2020, 73%; July 2020, 76%; August 2020, 70%; September 2020, 75%; October 2020, 69%; November 2020, 66%. Data for December 2020 were not available.

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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.  (ESP citation II.9.)				
10. <i>Visits Between Parents and Children:</i> here 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.  (ESP citation II.10.)	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.	April 2019 performance: 78%  October 2019 performance: 74%	July 2020 performance: 76%  October 2020 performance: 75% <sup>85</sup>	No

<sup>85</sup> The Monitor validated missed visit effort data for July and October 2020, thus only performance for those months is reported.

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<b>11. <u>Reduction of Multiple Placements for Children in Care:</u></b>  (ESP citation II.11.)	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.	Between April and December 2019, monthly range of 77 – 80%	Between January and December 2020, monthly range of 76 – 81% <sup>86</sup>	Partially <sup>87</sup>
	b. Of all children served in foster case 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.	Between April and December 2019, monthly range of 65 – 72%	Between January and December 2020, monthly range of 60 – 65% <sup>88</sup>	
	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 two or fewer placements in that 12-month period.	Between April and December 2019, monthly range of 74 – 79%	Between January and December 2020, monthly range of 77 – 81% <sup>89</sup>	

<sup>86</sup> Monthly performance for children in care at least 8 days and less than 12 months with 2 or fewer placements are as follows: January 2020, 77%; February 2020, 76%; March 2020, 76%; April 2020, 78%; May 2020, 79%; June 2020, 80%; July 2020, 80%; August 2020, 80%; September 2020, 81%; October 2020, 79%; November 2020, 80%; December 2020, 81%.

<sup>87</sup> CFSA met required performance for 2 of 3 sub-parts of this measure. For the first subpart – children in care at least 8 days and less than 12 months – CFSA did not meet the required level any month this period.

<sup>88</sup> Monthly performance for children in care at least 12 months but less than 24 months with 2 or fewer placements are as follows: January 2020, 65%; February 2020, 64%; March 2020, 63%; April 2020, 62%; May 2020, 63%; June 2020, 63%; July 2020, 62%; August 2020, 62%; September 2020, 62%; October 2020, 61%; November 2020, 60%; December 2020, 61%.

<sup>89</sup> Monthly performance for children in care at least 24 months with 2 or fewer placements are as follows: January 2020, 77%; February 2020, 78%; March 2020, 78%; April 2020, 80%; May 2020, 80%; June 2020, 81%; July 2020, 83%; August 2020, 84%; September 2020, 85%; October 2020, 82%; November 2020, 82%; December 2020, 81%.

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<p>12. <u><i>Timely Approval of Foster/Adoptive Parents</i></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 style="text-align: right;">(ESP citation II.12.)</p>	70% of homes licensed beginning April 1, 2019, will have been approved, and interested parties will have been notified within 150 days.	87% of foster homes licensed between April – December 2019 received their license within 150 days.	82% of foster homes licensed between January – December 2020 received their license within 150 days. <sup>90</sup>	Yes

<sup>90</sup> For 18 of the 103 homes considered compliant during the monitoring period, licensure took longer than 150 days due to circumstances that were beyond the District's control. Specifically, licensure of 17 homes was delayed due to challenges related to the COVID-19 pandemic including fire inspections being placed on hold, and delays due to doctors' offices not seeing patients to complete non-emergency paperwork.

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13. <u><i>Timely Adoption</i></u> : Timely permanency through reunification, adoption or legal guardianship  (ESP citation II.13.)	a. Of all children who entered foster care for the first time in FY2019 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, 2020.	As of September 30, 2019, 38% of children in this cohort achieved timely permanency.	As of September 30, 2020, 44% of children in this cohort achieved timely permanency.	No <sup>91</sup>
	b. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2019, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non- relative guardianship) by September 30, 2020.	As of September 30, 2019, 46% of children in this cohort achieved timely permanency.	As of September 30, 2020, 35% of children in this cohort achieved timely permanency. <sup>92</sup>	
	c. Of all children who are in foster care for 25 months or longer on September 30, 2019, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2020, whichever is earlier.	As of September 30, 2019, 31% of children in this cohort achieved timely permanency.	As of September 30, 2020, 26% of children in this cohort achieved timely permanency. <sup>93</sup>	

<sup>91</sup> CFSA has indicated that the COVID-19 pandemic impacted court delays in 72 cases, which ultimately impacted time to permanency. Delays include: judges shared courtrooms from March 16 to October 1, 2020 which limited their calendars and did not allow full day or multiple day trials to occur; communication challenges between parents and their assigned attorneys due to not being able to be in the courthouse or courtroom together; and *TaL* trials not held timely, which requires the goal of reunification to be maintained longer than clinically appropriate, and delays assignment of adoption goal.

<sup>92</sup> When analyzing data for the second cohort by types of exits, exits to reunification fell for this cohort from 20% in FY2019 to 9% in FY2020.

<sup>93</sup> The number of children in this cohort decreased from a universe of 365 in FY2019, to 291 in FY2020. In addition, exits to reunification fell for this cohort from 8% in FY2019, to 3% in FY2020.

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<p>14. <u><i>Case Planning Process:</i></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 of providing services needed by children and families to achieve identified goals.</p> <p style="text-align: right;">(ESP citation II.14.)</p>	80% of cases will achieve an acceptable rating on the Quality Service Reviews (QSR) Planning Intervention Indicator.	CY2019 performance: 87% rated acceptable.	CY2020 performance: 91% rated acceptable. <sup>94</sup>	Yes

<sup>94</sup> Acceptable performance is based on ratings for all sub-parts of the QSR *Planning Interventions* indicator.

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<p>15. <u>Community-Based Service Referrals for Low &amp; Moderate Risk Families:</u></p> <p>(ESP citation II.15.)</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.</p>	<p>55% of families in September 2019 with a closed CPS investigation with low or moderate risk level who were in need of and agreed to services were referred to services.</p>	<p>62% of families in July and August 2020 with a closed CPS investigation with low or moderate risk level who were in need of and agreed to services were referred to services.<sup>95</sup></p>	<p>No</p>

<sup>95</sup> Of the 61 applicable investigations in the sample, reviewers determined that 38 (62%) families were linked to services; 20 of these linkages were through CFSA's community portal to the Collaboratives, and the remaining 18 were either to another community-based service provider or a pre-existing service provider agreed to provide services to meet the unmet need. Of the 23 investigations that were determined to be non-compliant with this measure, in 12 investigations, the reviewer identified a need and the family was not linked, and in 11 investigations, either the worker identified a need or the family requested a service and documentation does not reflect a linkage was made.



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<p>16. <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 style="text-align: right;">(ESP citation II.16.)</p>	90% of children experiencing a placement disruption will have a comprehensive assessment as described above and an action plan to promote stability developed.	Unable to determine	Between January and November 2020, 50% of children experiencing a placement disruption had a comprehensive assessment within 30 days and with the required attendees invited per CFSA's business process. <sup>96</sup>	No

<sup>96</sup> Due to the small and fluctuating number of placement disruptions each month, the Monitor has aggregated performance across the monitoring period to more accurately convey CFSA's performance. Monthly performance are as follows: January 2020, 80%; February 2020, 89%; March 2020, 71%; April 2020, 83%; May 2020, 65%; June 2020, 20%; July 2020, 73%; August 2020, 23%; September 2020, 34%; October 2020, 15%; November 2020, 24%. Data for December 2020 were not available for inclusion. Most (317/333) placement disruption staffings and assessments occurred within 30 days of the child's disruption, however, CFSA's business process requires the agency to invite specified participants to this meeting – including the child/youth (if age and developmentally appropriate), social worker/supervisory social worker (as applicable), immediate and extended family members, current resource parent or congregate care staff/provider, resource parent support worker/supervisor, GAL, and service providers – and this did not occur in those cases in which the meeting occurred within 30 days, but the Monitor did not include as compliant for this standard. CFSA's Placement Disruption Business Process can be found here: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Placement\\_Disruption\\_Staffing\\_Business\\_Process\\_%28Final2020%29.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Placement_Disruption_Staffing_Business_Process_%28Final2020%29.pdf)

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17. <i>Health and Dental Care</i> : Children in foster care shall receive a full medical and dental evaluation within 30 days of placement.  (ESP citation II.17.)	25% of children shall receive a full dental evaluation within 30 days of placement.  50% of children shall receive a full dental evaluation within 60 days of placement.  85% of children shall receive a full dental evaluation within 90 days of placement.	Within 30 days: monthly range of 46 – 69% with full dental evaluation  Within 60 days: monthly range of 63 – 82% with full dental evaluation  Within 90 days: monthly range of 67 – 94% with full dental evaluation	Within 30 days: monthly range of 21 – 45% with full dental evaluation <sup>97</sup>  Within 60 days: monthly range of 32 – 73% with full dental evaluation <sup>98</sup>  Within 90 days: monthly range of 53 – 86% with full dental evaluation <sup>99</sup>	Partially <sup>100,101</sup>

<sup>97</sup> Monthly performance for dental evaluations within 30 days of a child's placement are as follow: January 2020, 41%; February 2020, 45%; August 2020, 33%; September 2020, 21%; October 2020, 43%; November 2020, 36%; December 2020, 42%.

<sup>98</sup> Monthly performance for dental evaluations within 60 days of a child's placement are as follow: January 2020, 62%; February 2020, 66%; August 2020, 50% September 2020, 32%; October 2020, 62%; November 2020, 68%; December 2020, 73%.

<sup>99</sup> Monthly performance for dental evaluations within 90 days of a child's placement are as follow: January 2020, 62%; February 2020, 86%; August 2020, 56%; September 2020, 53%; October 2020, 71%; November 2020, 72%; December 2020, 73%.

<sup>100</sup> Due to the COVID-19 pandemic, CFSA experienced a disruption in securing dental evaluations for children for reasons outside of their control. Dental offices were closed between March and July 2020, thus the Monitor has excluded data from these months in this report. When dental offices re-opened in August 2020, they did so at limited capacity as a safety precaution. As a result, there continued to be delays in securing dental evaluations for children who missed their screenings. The Monitor considers this barrier to be outside the control of the Agency.

<sup>101</sup> Of the 7 months for which data are reported, CFSA met the required performance 6 of 7 months for dental evaluations within 30 days of a child's placement; 6 of 7 months for dental evaluations within 60 days of a child's placement; and 1 of 7 months for dental evaluations within 90 days of a child's placement. The Monitor considers performance on this measure to be partially met.

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<p>18. <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 style="text-align: right;">(ESP citation II.18.)</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>Monthly range of 91 – 97% of foster parents received the Medicaid number within 5 days of the child’s placement</p> <p>Monthly range of 64 – 94% of foster parents received the Medicaid card within 45 days of the child’s placement</p>	<p>Monthly range of 78 – 100% of foster parents received the Medicaid number within 5 days of the child’s placement<sup>102</sup></p> <p>Between January and December 2020, 87% of foster parents received the Medicaid card within 45 days of the child’s placement<sup>103</sup></p>	Yes

<sup>102</sup> Monthly performance for distribution of Medicaid numbers are as follow: January 2020, 95%; February 2020, 99%; March 2020, 100%; April 2020, 94%; May 2020, 94%; June 2020, 94%; July 2020, 78%; August 2020, 96%; September 2020, 97%; October 2020, 96%; November 2020, 93%; December 2020, 91%.

<sup>103</sup> Each month the universe ranged from 6 to 33 children. Due to the small and fluctuating number of children each month, the Monitor has aggregated performance across CY2020 to more accurately convey CFSA performance. Monthly performance for distribution of Medicaid cards are as follow: January 2020, 95%; February 2020, 67%; March 2020, 92%; April 2020, 88%; May 2020, 85%; June 2020, 92%; July 2020, 94%; August 2020, 92%; September 2020, 78%; October 2020, 80%; November 2020, 69%; December 2020, 95%.

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**Exit and Sustainability Plan, Performance toward Outcomes to be Achieved**

Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
<p>19. <u>Caseloads</u>:<sup>104</sup></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>f. The above standards (a-e) will continue to be monitored as long as this decree is in effect.</p> <p style="text-align: right;">(ESP citation II.19.)</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 73 – 100% of CPS workers met the caseload requirement. Up to 6 workers exceeded 15 referrals at any time during the month.</p> <p>b. &amp; c. Monthly range of 97 - 100% of ongoing workers met the caseload requirements each month. No social worker had a caseload of more than 18.</p> <p>d. 100% of workers conducting home studies met required performance of no greater than 30 cases.</p> <p>e. Monthly range of 6 – 34 cases (1 – 3% of total open cases) were unassigned to a social worker for more than 5 business days.</p>	<p>a. Monthly range of 98 – 100% of CPS workers met the caseload requirement. No workers exceeded 15 referrals at any timing during the month</p> <p>b. &amp; c. Monthly range of 95 – 99% of ongoing workers met the caseload requirement each month. No social worker had a caseload of more than 18.</p> <p>d. 100% of workers conducting home studies met required performance of no greater than 30 cases.</p> <p>e. Monthly range of 9 – 38 (1 – 4% of total open cases) were unassigned to a social worker for more than 5 business days.</p>	Yes

<sup>104</sup> All requirements apply to both CFSA workers and private agency workers. All CFSA contracts with private agencies providing foster care services shall include performance expectations for visitation of children in foster care in compliance with MFO visitation requirements.

**Table 2: *LaShawn A v. Bowser***  
**Exit and Sustainability Plan, Performance toward Outcomes to be Achieved**

Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
20. <u>Training for New Social Workers:</u> New direct service staff shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.  (ESP citation II.20a.)	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.	96%	100%	Yes <sup>105</sup>
21. <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.  (ESP citation II.20b.)	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.	100%	90%	Yes

<sup>105</sup> All Child Welfare Training Academy (CWTA) trainings for staff have been moved online due to the COVID-19 pandemic. All workers have been issued laptops and are able to participate in trainings without a delay.

**Table 2: *LaShawn A v. Bowser***  
**Exit and Sustainability Plan, Performance toward Outcomes to be Achieved**

Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
22. <u>Training for Foster Parents</u> : CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years.  (ESP citation II.21.)	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	99%	99%	Yes <sup>106</sup>
23. <u>Placement of Children in Most Family Like Setting</u> : No child shall stay overnight in the CFSA Intake Center or office building.  (ESP citation II.22.)	Ongoing Compliance	Between April and December 2019, there were 62 overnight stays at CFSA, experienced by 33 unique children.	Between January and December 2020, there were 14 overnight stays at CFSA, experienced by 13 unique children. <sup>107,108</sup>	No

<sup>106</sup> As included in the COVID-19 Emergency Response Amendment Act of 2020 § 310, notwithstanding any provision of law during or within 45 days after the end of a period of time for which the Mayor has declared a public health emergency pursuant to section 5a of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 7-2304.01), the Mayor, may: (1) Prospectively or retroactively extend the validity of a license, registration, permit, or authorization, including drivers licenses, vehicle registrations, professional licenses, registrations, and certifications; (2) Waive the deadlines for filings, and waive fees, fines, and penalties associated with the failure to timely renew a license, registration, permit, or other authorization or to timely submit a filing; or (3) Extend or waive the deadline by which action is required to be taken by the executive branch of the District government or by which an approval or disapproval is deemed to have occurred based on inaction by the executive branch of the District government. During the COVID-19 pandemic, all CWTA trainings have been moved online. CFSA has worked to support resource parents in completing in-service trainings online through providing the participant guide to those who do not have access to a personal computer in advance and supporting resource parents in accessing trainings over the phone if they do not have access to a computer. However, there were still some resource parents (26) who continued to experience barriers, including limited internet access and challenges managing remote learning and work schedules. These resource parents were granted an extension and were excluded from the universe in measuring performance for this requirement.

<sup>107</sup> The number of overnight stays each month are as follows: January 2020, 2; February 2020, 0; March 2020, 5; April 2020, 1; May 2020, 3 (sibling group); June 2020, 1; July 2020, 0; August 2020, 0; September 2020, 1; October 2020, 0; November 2020, 1; December 2020, 0.

<sup>108</sup> Four of the overnight stays were experienced by children between the ages of 4 months and 6 years old, and were initial removals into care from their parent or guardian. Three of these young children were members of a sibling group, and CFSA did not want to separate them by placing them in different homes. The fourth young child presented with challenging behaviors that necessitated an evaluation. The remaining children were between the ages of 13 to 15 (4 children), 16 to 19 (4 youth), and 20 years old (1 youth, who experienced 2 overnight stays). Six of these youth arrived at the Agency building between 10:45pm and 2:30am.

**Table 2: *LaShawn A v. Bowser***  
**Exit and Sustainability Plan, Performance toward Outcomes to be Achieved**

Exit and Sustainability Plan Requirement	Exit Standard	April – December 2019 Performance	January – December 2020 Performance	Exit Standard Achieved <sup>62</sup>
<p>24. <u><i>Timely Adoption</i></u>: Within 95 days of a child’s permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.</p> <p style="text-align: right;">(ESP citation II.23.)</p>	For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.	94%	97%	Yes



## **IV. DISCUSSION OF *LASHAWN A. v. BOWSER* PERFORMANCE ON EXIT AND SUSTAINABILITY PLAN**

### **A. CHILD PROTECTIVE SERVICES INVESTIGATIONS**

Child protective services (CPS) social workers are often the first responders when there are allegations of child abuse or neglect, and are responsible for assessing the safety of children and families. Through assessing child safety, engaging families and collaterals, and determining if allegations should be unfounded or substantiated, CPS social workers make clinical decisions to ensure that children and families are safe, and receive the services they need to promote overall well-being. In this section of the report, the Monitor examines CFSA's performance in responding to allegations of child abuse and/or neglect through its practices within CPS investigations.

The 1993 *LaShawn* MFO included a range of requirements related to protective services. These spanned from establishing, staffing, and maintaining a 24-hour system for receiving and responding to reports of child abuse and neglect, to developing written policies and procedures for screening and investigating complaints. The requirements for timely initiation and closure of investigations have been in place since the beginning of the *LaShawn* lawsuit, while other requirements have been refined as child welfare practice has evolved over the past several decades.

The COVID-19 pandemic has had an impact on all facets of child welfare practice, including CPS. Mandatory reporters have had reduced contact with children; this is particularly true for child day care and school staff – the reporting source with the highest number of referrals each year in DC – as virtual schooling has taken the place of in-person instruction. This has influenced the number of referrals received by the Hotline alleging child abuse or neglect, and in turn the number of referrals that are screened and accepted for investigation.

Data on CFSA's Data Dashboard<sup>109</sup> reflect declines in the number of Hotline calls received in the third and fourth quarters of FY2020 as compared to FY2019. The number of referrals from child day care providers and school personnel declined from 7,704 referrals in FY2019 to 5,006 referrals in FY2020. Interestingly, the number of referrals from medical professionals and law enforcement officers increased over the same period. There has been much discussion locally and nationally about whether the decline in referrals is leaving more children at risk of abuse or neglect. When examining the dispositions of non-institutional investigations conducted by CFSA in FY2019 as compared to FY2020, the percentages of unfounded versus substantiated investigations does not reflect a marked difference. Specifically, in FY2019, of the 4,313 non-institutional investigations completed, 62 percent were unfounded and 25 percent were substantiated<sup>110</sup>. In FY2020, of the

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<sup>109</sup> CFSA's Data Dashboard can be found here: <https://cfsadashboard.dc.gov/>

<sup>110</sup> The remaining were either closed as incomplete or inconclusive.

4,547 non-institutional investigations completed, 64 percent were unfounded and 22 percent were substantiated.

Although CPS investigators have continued to make in-person contact with children, families, and core and collateral contacts whenever possible, they have also made adjustments to incorporate use of video technology when necessary to keep families and staff safe when risk of COVID-19 exposure is a concern. Since April 2020, CFSA leadership has provided staff with guidance on safety measures for in-person contact, including planning ahead and asking screening questions via phone for planned visits, and use of personal protective equipment and maintaining six feet distance from family and household members.

As part of an investigation, the *LaShawn* ESP and CFSA policy require workers to:

- initiate an investigation immediately or within 48 hours of the referral to the Hotline<sup>111</sup> or document good faith efforts to initiate the investigation when the alleged victim child(ren) cannot be immediately located (ESP citation II.1.);
- complete the investigation and enter the final report of findings into FACES.NET within 35 days of the referral to the Hotline (ESP citation II.2.);
- conduct investigations of acceptable quality (ESP citation II.3.);
- refer families whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and who are in need of and agree to additional supports to an appropriate Collaborative or community agency for follow-up (ESP citation II.15.); and
- maintain caseloads within the required standard of one worker per 12 investigations (ESP citation II.19.).

During the current period, CFSA continued to meet the required level of performance for acceptable quality of investigations, and maintained caseload standards for CPS workers every month in CY2020. Performance on the remaining three standards – timely initiation of investigations, timely closure of investigations, and referrals to community-based services – remained below required levels.

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<sup>111</sup> DC law requires that an investigation be initiated as soon as possible and at least within 24 hours of receipt of the report (DC Code Section 4-1301.04).

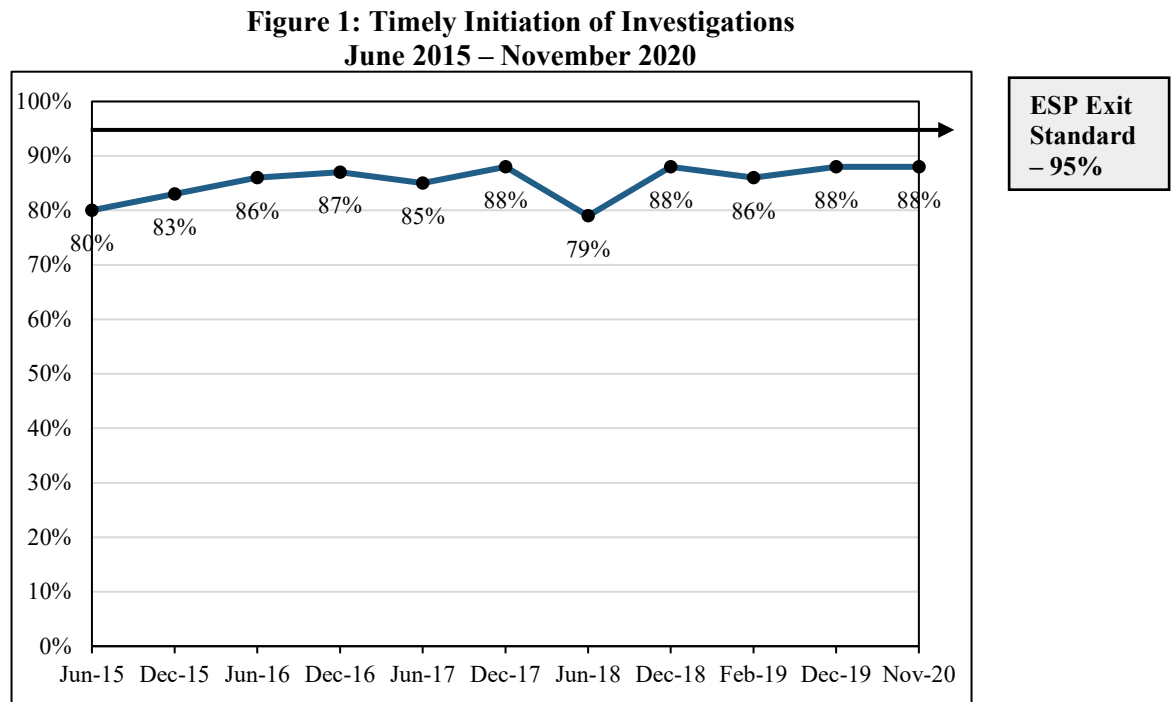
## 1. Timely Initiation of Investigations

<b>Measure</b>	<b>95 percent</b> of all CPS investigations be initiated within 48 hours or that there are documented good faith efforts <sup>112</sup> to locate and assess the alleged victim child(ren) within timeframes to assure their safety (ESP citation II.1.).
<b>Methodology</b>	<p>To assess performance, FACES.NET data were used to identify whether investigations closed in November 2020 included contact with all alleged victim children within 48 hours. The Monitor and CFSA conducted a case record review of the remaining investigations to assess if all applicable efforts were made to initiate the investigation. The review utilized a structured instrument and trained reviewers.</p> <p>This assessment was slightly different than reviews conducted in prior periods. CFSA implemented practice changes in October 2020 to have supervisors and social workers move away from relying upon a checklist of items to demonstrate “good faith efforts” to locate a child or family instead utilizing clinical decision-making to guide efforts a worker should take to locate and interview children. The changes also included more frequent check-ins with supervisors – prior to going into the field, and while in the field – to support collaborative problem solving and decision-making.</p>
<b>2020 Performance</b>	In November 2020, <b>88 percent</b> of applicable investigations were timely initiated.
<b>Historic Information</b>	<p>Timely contact with children after receiving an allegation of abuse or neglect is a necessary action to ensuring their safety. Based upon the allegations, investigations are screened in as immediate response – meaning contact should be made within two hours – or as requiring 24-hour response. The 1993 MFO included a requirement for timely initiation of investigations, requiring “All reports of abuse and/or neglect must be initiated within 48 hours...” (MFO II.G.). Similar to the current ESP standard, initiation is not considered complete unless a worker has interviewed the alleged victim child outside the presence of the alleged maltreater, or there is documentation of good faith efforts to see the alleged victim child, however, the investigator has been unable to locate them.</p> <p>As with most standards in the 1993 MFO, there were limited reliable data collection and reporting mechanisms early in the District’s child welfare reform.</p>

<sup>112</sup> 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.

As an additional complication, assessing compliance with this standard requires measuring specific practice components – interviewing all alleged victim children alone, and application of good faith efforts – that are difficult to reliably measure without reviewing the case record.

As reflected in Figure 1 below, although performance has improved over time, CFSA has not yet met the required Exit Standard of 95 percent.



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

### *Analysis*

Of the 275 applicable investigation closures in November 2020, contact was made with all alleged victim children in 191 (70%) investigations. In an additional 50 investigations, CFSA staff made necessary efforts to initiate the investigation although contact was not made with all alleged victim children. Thus, total performance for the month is 88 percent (241 of 275).

Performance in early 2021 should indicate if the practice changes CFSA made in October 2020 – to increase supervisory support and allow clinical decision-making as opposed to a checklist to guide workers’ efforts in locating and interviewing children – are effective.

### *Conclusion*

The Monitor considers this measure **not achieved**.

## 2. Timely Completion of Investigations

<b>Measure</b>	<b>90 percent</b> of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days (ESP citation II.2.).
<b>Methodology</b>	To assess performance, FACES.NET data were used to identify which investigations were closed within 35 days from acceptance of the referral at the Hotline. CFSA also collected data on investigations closed beyond 35 days that had been approved for an extension by a supervisor. <sup>113</sup> The reasons for approval include the following: delay in receipt of critical information, a new investigation was received and accepted while the current investigation was ongoing, unable to contact or identify/locate client, law enforcement involvement, out of jurisdiction, or child fatality.
<b>2020 Performance</b>	<b>Monthly range of 77 to 92 percent</b> of investigations were closed within 35 days.
<b>Historic Information</b>	<p>Ensuring investigations are completed within a specified timeframe requires staff to timely assess and interview all necessary witnesses, collect relevant evidence, and make prompt decisions regarding the safety the children. The 1993 MFO included a requirement for timely completion of investigations, requiring “All reports of abuse and/or neglect must be...completed within 30 days” (MFO II.G.).<sup>114</sup> At that time, child neglect allegations were investigated by the Department of Human Services (DHS), and child abuse allegations were investigated by the District’s Metropolitan Police Department (MPD). In 2000, the D.C. Council passed “The Child and Family Services Agency Establishment Amendment Act of 2000”, which, among other actions, transferred responsibility and authority for child abuse cases from the Superior Court Division of Court Social Services to CFSA, effective October 1, 2001.<sup>115</sup></p> <p>For these reasons, as well as significant limitations in uniform and comprehensive data collection and reporting, limited reliable baseline data from the inception of <i>LaShawn</i> are available for comparison purposes. In 2001, the Monitor conducted a case record review of investigations completed within 30 days as of May 31<sup>st</sup> of that year. The review identified that 27 percent of neglect cases, and four</p>

<sup>113</sup> This change in methodology will be used to report performance in CY2021.

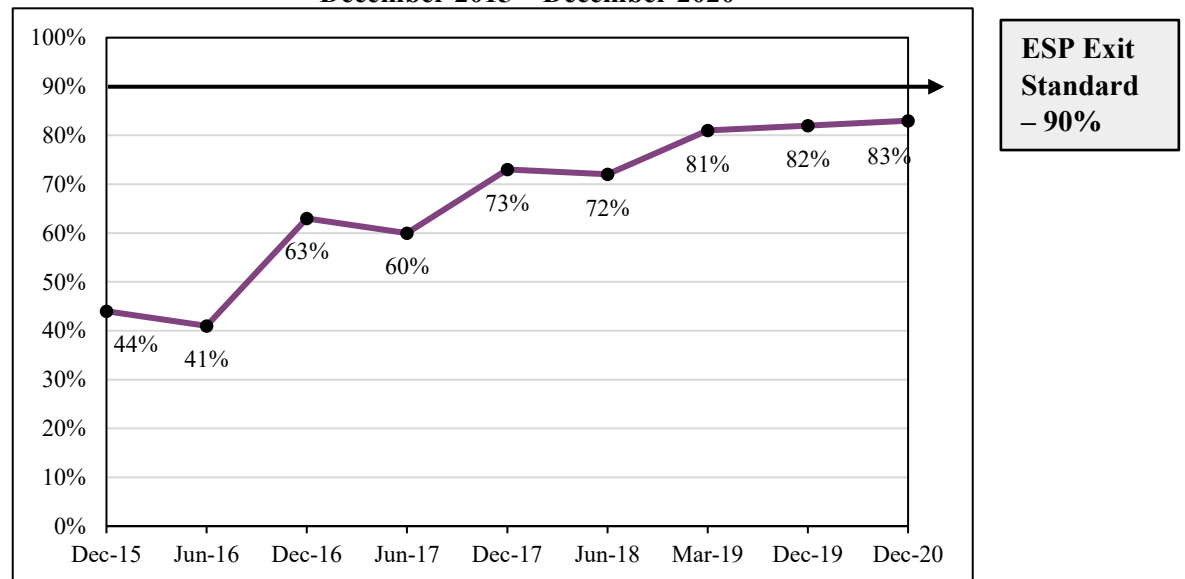
<sup>114</sup> The *LaShawn* IEP modified the original 1993 MFO requirement from 30 days to the current standard which requires investigations be completed within 30 days after receipt of a report to the Hotline, and the final report of findings for each investigation shall be completed within 5 days of the completion of the investigation. Thus, the current 35 day timeframe.

<sup>115</sup> See *Progress Report on Termination of the LaShawn Receivership and Baseline Report on Probationary Period Performance Standards*, Center for the Study of Social Policy, December 4, 2001.

percent of abuse investigations were completed within 30 days. The Monitor noted significant concerns during this review as MPD was unable to provide case files for appropriately 50 percent of the investigations drawn in the sample. Also, FACES.NET statistical reports for May 31, 2001 reported a backlog of 877 abuse and neglect investigations that were open beyond 30 days from receipt.<sup>116</sup>

Data over the last five years has shown improvement, with the most current performance in December 2020 within seven percentage points of the ESP Exit Standard (Figure 2).

**Figure 2: Timely Completion of Investigations  
December 2015 – December 2020**



Source: CFSA Administrative Data, FACES.NET report INV004

### **Analysis**

During the current monitoring period, performance ranged monthly from 77 to 92 percent of investigations closed within 35 days.<sup>117,118</sup> CFSA met the required level of 90 percent in June and September 2020, and was below the required standard every other month.

CFSA reports if approved extensions were accounted for within the reported performance data, compliance would range from 81 to 94 percent this period, and

<sup>116</sup> Ibid.

<sup>117</sup> Monthly performance on timely closure of investigations are as follows: January 2020, 77%; February 2020, 85%; March 2020, 82%; April 2020, 77%; May 2020, 86%; June 2020, 92%; July 2020, 84%; August 2020, 88%; September 2020, 90%; October 2020, 79%; November 2020, 82%; December 2020, 83%.

<sup>118</sup> The backlog (investigations open longer than 35 days) reported each month are as follows: January 2020, 66; February 2020, 68; March 2020, 64; April 2020, 25; May 2020, 13; June 2020, 24; July 2020, 17; August 2020, 12; September 2020, 32; October 2020, 34; November 2020, 46; December 2020, 74.

	would meet the 90 percent Exit Standard during five of 12 months. This change in methodology will be used to report performance in CY2021. <sup>119</sup>
	CFSA has indicated that the COVID-19 pandemic has impacted referral assignments to investigators, and closures due to telework designations. When investigators are designated as full telework, they are unable to go into the field to initiate an investigation or follow-up in person with collaterals prior to closure.
<b>Conclusion</b>	The Monitor considers this measure <b>not achieved</b> .

### 3. Acceptable Investigations

<b>Measure</b>	<b>80 percent</b> of investigations will be of acceptable quality as measured by a qualitative review and verified by the Monitor <sup>120</sup> (ESP citation II.3.).
<b>Methodology</b>	The Monitor and CFSA conducted a case record review of a statistically significant sample of CPS investigations closed in September 2020 to assess the quality of investigative practice. A total of 155 investigations were reviewed, representing a $\pm 5\%$ margin of error with 95 percent confidence in its results. The review utilized a structured instrument and trained reviewers, and focused on the following: interviews with core witnesses, including the alleged child(ren) victims, non-victim child(ren) who live in the home, alleged maltreater, and reporter; interviews with collateral witnesses who may have information relevant to the allegations, including, for example, law enforcement, other adults in the home, relatives, or neighbors; collection of information regarding the child(ren)'s health and educational status; assessment of safety and risk; and identification of, and linkage to, services to prevent removal of children from their home.
<b>2020 Performance</b>	<b>89 percent of the investigations</b> reviewed in September 2020 were assessed as demonstrating acceptable quality.

<sup>119</sup> This change was negotiated by the Parties and made because there are investigations for which there are legitimate reasons to extend an investigation beyond 35 days, and without allowing for appropriate extensions, there could be unintended consequences when investigations are closed too early to meet a benchmark.

<sup>120</sup> Evidence of acceptable investigations includes: (a) use of CFSA's screening tool in prioritizing response times for initiating investigations; (b) interviews with and information obtained from the 5 core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources, and educational resources (for school-aged children); (c) interviews with collateral contacts that are likely to provide information about the child's safety and well-being; (d) interviews with all children in the household outside the presence of the caretaker, parents, or caregivers, or documentation, by the social worker, of good-faith efforts to see the child and that the social worker has been unable to locate the child; (e) medical and mental health evaluations of the children or parents when the social worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations; (f) use of risk assessment protocol in making decisions resulting from an investigation; and (g) initiation of services during the investigation to prevent unnecessary removal of children from their homes.



### ***Historic Information***

This measure was not specifically outlined in the 1993 MFO, however there were individual requirements related to defining practice and creating structures which contribute to quality investigative practice. These include requirements for the District to develop policies and procedures for:

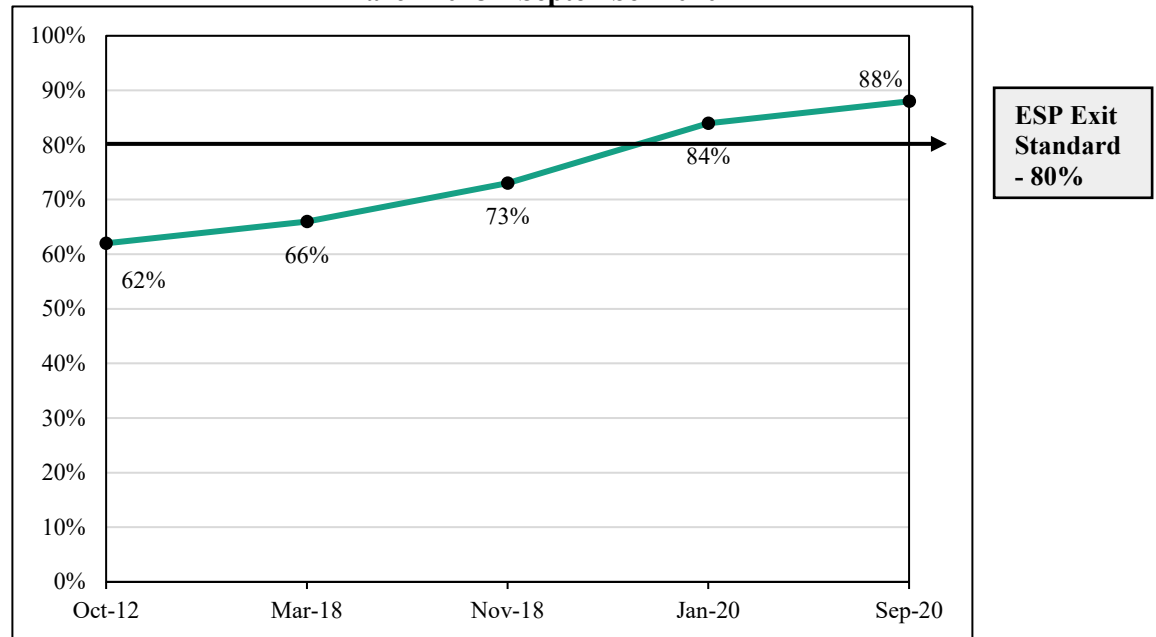
- prioritizing response times for accepted abuse and neglect referrals (MFO II.E.),
- conducting risk assessments to ensure that CPS investigations and decisions are based on a full and systematic analysis of a family's situation (MFO II.H.),
- determining which children should receive a complete medical, psychological, or psychiatric evaluation as part of an investigation (MFO II.J.), and
- providing services to enable children who have been subject to an abuse and neglect report to remain safely in their own homes (MFO III.B.1.)

This performance standard for acceptable investigations was defined in its current form in the 2010 *LaShawn* IEP (IEP I.A.2.). In 2012, a case record review of a statistically significant sample<sup>121</sup> of cases closed in October 2012 assessed that 62 percent of investigations demonstrated acceptable quality. Performance has significantly improved over the last eight years, and reached and exceeded the required level of performance for the first time last year (Figure 3).

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<sup>121</sup> Sampling represents a +/- 5 percent margin of error with 95 percent confidence in its results.

**Figure 3: Closed Investigations of Acceptable Quality  
March 2018 – September 2020**



Source: Joint review by CFSA and Monitor staff representing a sample with a  $\pm 5\%$  margin of error with 95% confidence in its results.

### ***Analysis***

This is the second monitoring period that CFSA has met the required Exit Standard of 80 percent. Performance has improved from 84 percent in January 2020, to 88 percent in September 2020.

Of the 17 investigations determined not to be of acceptable quality in September 2020, the two most frequent reasons<sup>122</sup> for this determination include: there was insufficient information obtained during interviews with core contacts (10 investigations), specifically the reporter (4), the alleged victim child(ren) (4), the alleged maltreater (3), medical staff (2), and educational staff (1)<sup>123</sup>; or one or more key collateral contacts were not interviewed (9 investigations)<sup>124</sup>.

Reviewers were asked to identify if their assessment of the investigative documentation indicated that the COVID-19 pandemic had an impact on practice during the investigation. Of the 155 investigations reviewed, documentation in 28 (18%) reflected that investigative practice was impacted by the COVID-19

<sup>122</sup> Reviewers can provide more than 1 reason for an unacceptable determination.

<sup>123</sup> The reasons provided by reviewers for insufficiency of interviews with core contacts include: one or more allegations were not addressed (5); social worker did not follow up to clarify when conflicting information was received in different interviews (3); and interview did not occur with a person key to providing information on the allegation (3).

<sup>124</sup> The most frequent type of collateral contact that was not interviewed include: other adult household members (4); relatives who do not live in the household (2); non-offending parent (2); other children in the household who are not children of the primary caregiver (2); and medical professional (2). These interviews were necessary to clarify conflicting information (4), verify a safety plan or supervision arrangements reported by the caretaker (3), and confirm reported participation in services (2).

	pandemic, including families who were subject to an investigation in quarantine due to COVID-19 exposure; core or collateral contacts declining an investigators entry into their home due to COVID-19 concerns; and core or collateral contacts positive for COVID-19, thus limiting in person contact. CPS investigators utilized technology to conduct virtual visits or interviews when needed.
<b>Conclusion</b>	The Monitor considers this measure <b>maintained</b> .

#### 4. Community Based Service Referrals for Low and Moderate Risk Families

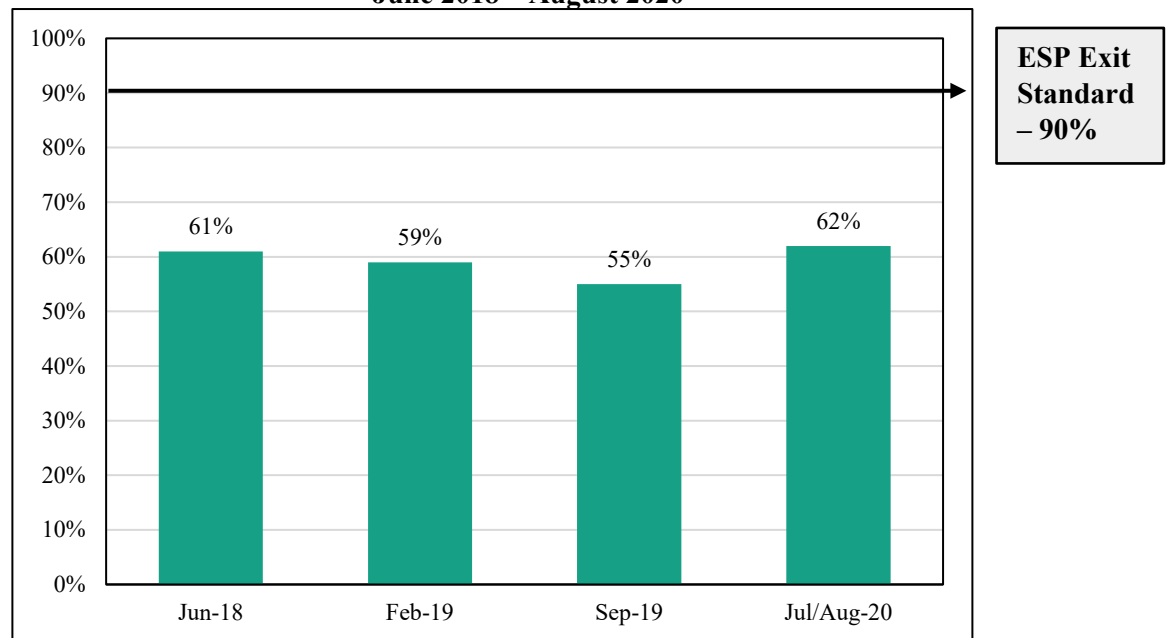
<b>Measure</b>	<b>90 percent</b> of families who have been the subject of a report of child abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an 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 (ESP citation II.15.).
<b>Methodology</b>	To assess performance, FACES.NET data were used to identify investigations closed in July and August 2020 with a risk score of low or moderate risk. The Monitor and CFSA conducted a case record review of a statistically significant sample of these investigations to assess if the family was in need of and agreed to additional supports, and if so, whether there was documentation that appropriate service linkages were made. A total of 128 investigations were reviewed, representing a $\pm 5\%$ margin of error with 95 percent confidence in its results. The review utilized a structured instrument and trained reviewers.
<b>2020 Performance</b>	Of the applicable investigations closed in July and August 2020, <b>62 percent</b> of families who had been the subject of a report of child abuse and/or neglect, whose circumstances were deemed to place a child in their care at low or moderate risk of abuse and neglect and who were in need of and agreed to additional supports were referred to an appropriate Collaborative or community agency for follow-up.
<b>Historic Information</b>	An important component of investigative practice involves assessing children and families' underlying needs, and linking them with services to meet these needs and prevent future contact with the child welfare agency. Similar to the quality of investigations measure discussed above, the 1993 MFO did not specifically include this measure as it is currently constructed. In separate though related provisions, the 1993 MFO required development of a risk assessment to assist in assessing if provision of services will enable children to remain safely in their

home (MFO II.H.), and to provide services to children and families subject to an abuse and neglect report who are in need of services (MFO III.B.1.).

Although CFSA has developed structures over time to support the development of neighborhood Collaboratives and to track referrals for families to the Collaboratives and other community-based providers, assessing compliance with this standard as it is currently measured requires a case record review in order to determine families who are “in need of”, and “agreed to additional supports.”

For comparison purposes, Figure 4 below reflects performance since 2018, when the current methodology for assessing performance was developed.

**Figure 4: Service Linkage for Families  
with a Closed CPS Investigation  
June 2018 – August 2020**



Source: FACES.NET data provided by CFSA with reconciliation from data report on referrals to Collaboratives; joint review by CFSA and Monitor staff representing a sample with a  $\pm 5\%$  margin of error with 95% confidence in its results.

### ***Analysis***

Of the 61 applicable investigations in the sample, reviewers determined that 38 (62%) families were linked to services; 20 of these linkages were through CFSA’s community portal to the Collaboratives, and the remaining 18 linkages were either to another community-based service provider or a pre-existing service provider working with the child or family agreed to provide services to meet the unmet need.

Of the 23 investigations that were determined to be non-compliant with this measure, in 12 investigations, the reviewer identified a need and the family was

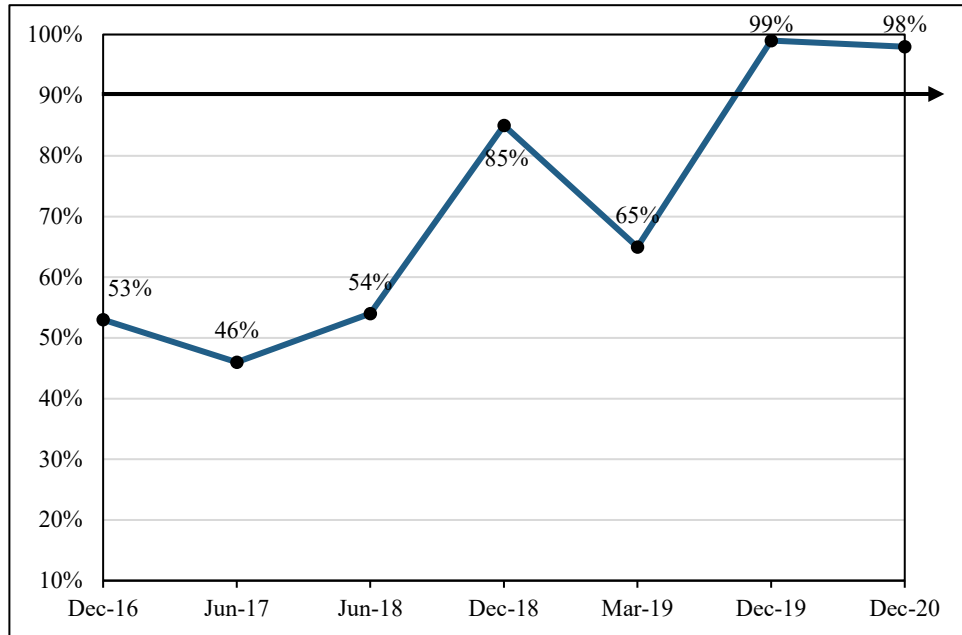
	not linked, and in 11 investigations, either the worker identified a need or the family requested a service and documentation does not reflect a linkage was made.
<b>Conclusion</b>	The Monitor considers this measure <b>not achieved</b> .

## 5. Child Protective Services Caseloads

<b>Measure</b>	<b>90 percent</b> of caseworkers conducting investigations of child abuse and/or neglect maintain caseloads of no more than 12 investigations (ESP citation II.19.).
<b>Methodology</b>	To assess performance, the Monitor utilizes data from FACES.NET and completes an additional validation by observing back-up data to ensure accuracy of the daily caseload count.
<b>2020 Performance</b>	<b>Monthly range of 98 to 100 percent</b> of workers met the caseload requirements monthly in CY2020.
<b>Historic Information</b>	Maintaining manageable caseloads allows CPS workers to complete investigations in a timely manner, assess for safety, and engage with and provide families with the services they need to ensure safety and well-being. This measure was originally included in the 1993 MFO requiring that, “the caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed a maximum of 12 investigations at one time” (MFO XI.A.1.). This standard has remained unchanged. Historically, the Agency struggled to maintain caseloads that met acceptable standards and best practices. In 1991, Judge Hogan wrote of the Agency, “...city employees trying their best to provide these necessities while plagued with excessive caseloads.” <sup>125</sup> In 2013, the Agency first met the caseload requirement, but after 2013, caseloads again rose and the Agency struggled to meet this standard and sustain caseloads at required levels. CFSA has now met and exceeded this standard for the last two monitoring periods (see Figure 5 and 6).

<sup>125</sup> See: <https://law.justia.com/cases/federal/district-courts/FSupp/762/959/1619416/>  
*LaShawn A. v. Bowser*  
 Progress Report for the Period January – December 2020

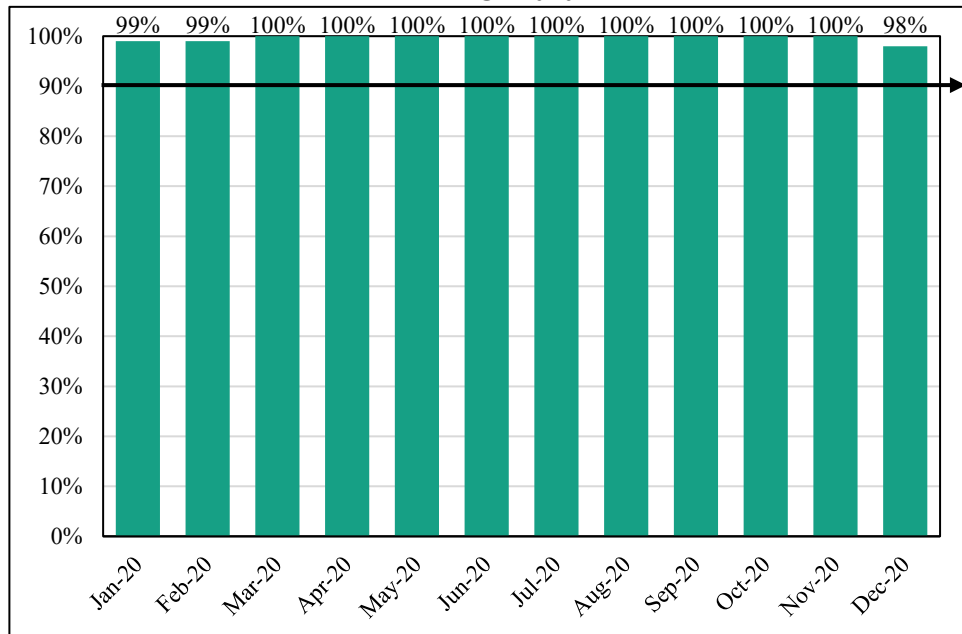
**Figure 5: Percentage of CPS Workers Who Met Exit Standard Requirement for Caseloads  
December 2016 – December 2020**



**ESP Exit  
Standard  
– 90%**

Source: CFSA Administrative Data, FACES.NET report INV145

**Figure 6: Percentage of CPS Workers Who Met Exit Standard Requirements for Caseloads  
CY2020**



**ESP Exit  
Standard  
– 90%**

Source: CFSA Administrative Data, FACES.NET report INV145

<i>Analysis</i>	A monthly range of 98 to 100 percent of CPS workers met the required level of performance during this monitoring period. In order to maintain acceptable caseload standards, CFSA has continued to fill vacant positions and taken steps to retain its social worker workforce. CFSA reports that between January and December 2020, the Agency hired 15 additional entry services case workers. While CFSA reported having 19 vacancies as of December 31, 2020, as of February 5, 2021, the Agency reported that seven candidates were currently moving through the hiring process.
<i>Conclusion</i>	The Monitor considers this measure <b>maintained</b> .

## B. PLACEMENT, PERMANENCY, AND WELL-BEING

Any child welfare system must support the safety, permanency, and well-being of every child in foster care. This includes ensuring that children are safe in their placements, that placements are appropriate and able to meet their needs, and that services are in place to promote their well-being and timely permanency. To support these goals, social workers visit children regularly in their placements; ensure that children visit regularly with their parents when working toward reunification; and engage in case planning activities with parents, children, and foster family, where applicable, to support successful permanency and overall well-being. For children who are served through an open in-home case, CFSA is also required to ensure child safety and well-being through worker visits and safety monitoring activities.

The placement process and outcome measures have evolved since the inception of the *LaShawn* case. The requirements in the 1993 MFO focused on ensuring there were sufficient staff to locate placements, developing a data system to track vacancies and children's placements, and placing children in settings that were licensed and not overcrowded. Over the years, the District took steps to improve the placement of children including among other things: increasing foster parent rates to meet and keep pace with USDA standards<sup>126</sup>; eliminating the use of boarder baby homes<sup>127</sup> and unlicensed congregate placements; developing and implementing licensing and training requirements for foster parents; providing foster parent supports through support workers and providing caregivers with access to information and resources to support children in their care; and placing children in accordance with capacity limitations. The District has accomplished much to improve placement – primarily through additional resources, infrastructure developments, better provider relationships and contract improvements, and staff and provider training. Despite this

<sup>126</sup> Data on the estimated costs of caring for children in the south as calculated and published by the US Department of Agriculture (USDA), are used to set family foster care reimbursement rates.

<sup>127</sup> Boarder babies are infants younger than 12 months who remain in the hospital beyond medical discharge because no parent claims custody of them. From <https://pubmed.ncbi.nlm.nih.gov/10214550/>



work, challenges remain and the system as a whole has struggled to ensure that there is a sufficient and appropriate array of placements to meet the unique needs of every child.

When children are removed from their homes, it is critically important that they maintain contact with their families, including their siblings. Child welfare agency staff must work with parents to ensure they have the necessary supports and services to assist them toward reunification with their children. The 1993 MFO included requirements that children be placed in foster homes with their sibling(s) when possible. When placement with sibling was not possible, the 1993 MFO required that the Agency ensure visits occurred between siblings and other appropriate family members. This requirement was also included in the 2010 IEP, and CFSA has met this standard for several years. Thus, it is no longer a requirement in the current ESP due to sustained performance. The 1993 MFO also included additional standards around visits: visits by social workers to children in their foster placements to ensure safety; visits between parents and workers; and visits between parents and children. While CFSA has improved performance on these measures overtime, challenges remain to ensure that visits consistently occur between parents and children, and parents and social workers.

To support the well-being of children and families, CFSA and its partners must have the capacity to assess for safety, develop family and child-specific case plans, and connect families and children with appropriate service outlined in those case plans. The requirements within the 1993 MFO focused on developing the structures, processes, and resources for workers to be able to carry out these required responsibilities. These measures are currently assessed through qualitative case reviews that assess the provision of supports to children and families to promote well-being.

The *LaShawn* Settlement Agreement, preliminary approved by the Honorable Thomas F. Hogan on August 20, 2020, requires the District to take specific actions in 2020 and early in 2021 to expand and enhance the array of placements available to children in foster care, and to ensure accessibility for clinical and therapeutic services. The three required actions – detailed in Table 2 below – were identified as necessary to strengthen CFSA’s ability to match children with placements appropriate to meet their needs and provide stability, and to reduce some of the barriers impacting timely access to quality therapeutic services. A summary of the current status of implementation for each commitment is included below.

**Table 3: *LaShawn A. v. Bowser* Settlement Agreement  
Section II Commitments and Status Updates  
as of March 2021**

Settlement Agreement Requirement	Status of Implementation as of March 2021
<p>A. CFSA will contract with a provider to develop a specialized psychiatric residential treatment facility (PRTF) for children and youth in foster care. By August 31, 2020, in consultation with the Court-appointed Monitor and Plaintiffs, CFSA will issue a Request for Proposals (RFP) to solicit a provider that will be responsible for both identifying a site within the District or not to exceed 50 miles from the District and developing and operating the residential housing, educational, and treatment program. Proposals to the solicitation will be due by December 31, 2020.</p> <p>In meeting this obligation, CFSA will select a provider with experience working successfully with children with significant behavioral health needs that require placement and treatment in a specialized residential treatment center. The PRTF will meet nationally recognized standards and have a capacity to serve up to 8 children between the ages of 8 and 12. The contracted provider will have experience designing, staffing, and operating a residential treatment program with educational programming and evidence-based behavioral health treatment services.</p>	<p>In February 2020, CFSA began drafting a PRTF scope of work so they could move forward to request proposals for a contract with a provider. Over the following months, they consulted with the Monitor, stakeholders, sister agencies, and others who have experience with PRTFs, and also conducted market research with residential providers and hospitals.</p> <p>In June 2020, CFSA revised the scope of work based upon feedback from CFSA leadership and the Monitor, and in July 2020, a request for proposals was released. Due to a lack of responses, between August and October 2020, CFSA met with individual providers to determine interest and barriers to applying, and conducted additional market research. CFSA received a single bid in October 2020, however it was not moved forward by the review panel for consideration.</p> <p>In late-October 2020, CFSA posted a Request for Information, eliciting feedback from potential providers on barriers that preclude them from responding to the solicitation. On November 12, 2020, an informational session was held to assist the District in identifying if changes should be made to the scope of work before it is reposted.</p> <p>CFSA continued to receive limited viable interest, and in December 2020, began meeting with a provider to determine if that facility offered a program that met the District's needs and whether a contractual arrangement with that provider would be desirable. CFSA staff also had a virtual tour of that facility and followed it with further discussion with the Monitor. As of this report, CFSA is still in the process of deciding a future course of action and remains in discussion with the Monitor and Plaintiffs.</p>
<p>B. By December 31, 2020, CFSA will authorize, recruit for and license enough foster care placements to have a 10% built-in surplus of foster care beds, thereby creating more matching choices and prompt and appropriate placement for all children in care. CFSA will ensure that this surplus is maintained for the duration of this Settlement Agreement.</p> <p>As part of CFSA's efforts towards</p>	<p>As of December 31, 2020, CFSA reports a 28 percent surplus of licensed beds that were available for placement. Specifically, on December 31, 2020, CFSA reports a total of 369 foster care homes and congregate care providers, with a combined total bed capacity of 730; 208 of these beds were vacant/unused as of that date, thus, a 28 percent surplus of licensed, unused beds (Table 4). In calculating capacity, the number of children in kinship homes, and the number of licensed kinship beds were removed, as these placements are not typically available for all children in foster care, but instead are licensed to meet a specific placement need for an identified child.</p>

Settlement Agreement Requirement	Status of Implementation as of March 2021
<p>meeting this obligation, by June 15, 2020, CFSA will hire a full-time staff person responsible for developing and carrying out a recruitment plan to identify, recruit for, license, and maintain a sufficient number of foster care resources to have and maintain the 10% built-in surplus of foster care placements. The recruitment plan will focus on traditional family-based homes, as well as specialized placement types (e.g., professional foster parents, SOAR, intensive foster care, placements that can accommodate sibling groups, etc.) that are necessary to meet children's needs, reduce placement instability, and end overnight stays at the CFSA office building.</p>	<p>To assist with appropriate placement matching, and ensure an appropriate array of specialized foster homes, CFSA provided data on the number of contracted and available specialized foster homes and beds for specialized populations (Tables 5 and 6) as of December 31, 2020.</p> <p>CFSA collected and provided data on the number of homes newly licensed and closed in FY2020. These data were available for homes licensed by CFSA, and its contracted private providers. Overall, there were a net total of three new foster homes (inclusive of kinship and non-kinship homes), with a net of zero new beds. The majority of losses were for traditional homes licensed by CFSA and one of its private providers in MD. The most common closure reason for kinship homes is permanency was achieved through adoption or guardianship, and the family requested home closure. For non-kinship homes, the most common closure reasons for non-kinship homes in FY2020 was no longer interested or taking a break (25 homes), and permanency achieved (22 homes).</p> <p>In April 2020, CFSA hired a full-time Program Specialist, Resource Parent Recruiter to lead the development and implementation of a comprehensive resource parent recruitment and retention strategy, referred to as R.E.A.C.H. – Recruit, Engage, Advocate, Collaborate, Help. The Program Specialist is responsible for building internal and external partnerships, ensuring continuity of effort and information, and identifying and working to eliminate barriers.</p> <p>CFSA developed a plan which includes recruitment strategies, and retention strategies, as bulleted below.</p> <p><i>Recruitment Strategies:</i></p> <ul style="list-style-type: none"> <li>- establish a dedicated staff position for recruitment</li> <li>- refine recruitment categories and align outreach, training, and orientation</li> <li>- update and build on social and traditional media presence</li> <li>- launch the REACH Ambassador Program</li> </ul> <p><i>Retention Strategies:</i></p> <ul style="list-style-type: none"> <li>- build resource parent support worker (RPSW) competencies and skills</li> <li>- improve and reinforce internal teaming</li> <li>- improve teaming with resource parents</li> </ul> <p>Within each strategy, CFSA has developed specific steps, responsible parties, timeframes (beginning August 2020, through March 2021), and budget projections.</p>
<p>C. CFSA will ensure accessibility for clinical and therapeutic services,</p>	<p>During CY2020, CFSA maintained its staff of in-house behavioral health therapists and staff. CFSA data reflect that 78 children who either</p>

Settlement Agreement Requirement	Status of Implementation as of March 2021
including wrap around, for children and families by:	entered foster care during the year or who were being served through an in-home case and were referred for services, were eligible <sup>128</sup> to receive an evaluation by an in-house therapist. Of these 78 children, 82 percent (64) received an evaluation <sup>129</sup> , and 44 were recommended for therapy. Information on services initiation for these 44 children are bulleted below:
i. Maintaining a minimum of four in-house behavioral health therapists, a behavioral health clinical supervisor, and a psychiatric nurse practitioner.	<ul style="list-style-type: none"> <li>31 children were recommended for services with CFSA in-house behavioral health therapists, and 24 (77%) of these children began services. Of the seven children who did not receive services, three children were recently removed and were awaiting scheduling, three youth declined services, and one youth was in abscondence and unable to participate.</li> <li>Of the 24 children who received services from CFSA therapists, eight (33%) began services within 30 days from referral, 13 (54%) received services between 31 and 60 days from referral, and three (13%) began services between 61 and 90 days from referral.</li> </ul>
ii. Maintaining a contract (or if determined necessary, enter into additional contracts) with a Core Service Agency (or a mental health provider capable of offering the same array and level of services) to provide support and specialized therapeutic and crisis stabilization services to children in foster care aged five and over and their families who need ongoing behavioral health support through various therapeutic modalities. The contract will provide for the ability to serve 150 children and families each year.	Between December 2019 and November 2020, CFSA reports 33 referrals for services with MBI, the Core Service Agency CFSA has contracted with to provide therapeutic support and services. This is far fewer than the capacity of 150 children and families anticipated by this commitment. It is unclear if the low number of referrals is due to lack of need, or social worker awareness of service availability, or some other barrier to service delivery.

**Table 4: Number of Foster Homes, Bed Capacity, and Placement Status for Children in Care as of December 31, 2020**

Foster Care Settings	Total Homes	Total Bed Capacity	# of Children in Foster Care Census as of December 31, 2020
Family Based (not including kinship)	361	653	370
Congregate Providers	8	77	65
Other Settings <sup>130</sup>	N/A	N/A	87
<b>Total</b>	<b>369</b>	<b>730</b>	<b>522</b>

Source: Data provided by CFSA

<sup>128</sup> The primary reasons for a child being ineligible to receive an evaluation were the child was under the age of 5 (96 children), and child was already connected to a behavioral health Core Service Agency (26).

<sup>129</sup> Of the remaining 14 children, CFSA reports 10 children had been recently removed and were awaiting scheduling for an evaluation, and in 4 cases, the evaluation was not completed.

<sup>130</sup> Other settings include: residential treatment (22), abscondence (29), college/vocational (1), correctional facility (8), developmentally disabled setting (3), hospital (7), non-paid juvenile foster care (1), and not in legal placement (16).

**Table 5: Number of Specialized Foster Homes,  
Bed Capacity, and Available Capacity  
as of December 30, 2020**

Specialized Placement Type	Number of homes	Number of beds	Available capacity as of December 31, 2020
SOAR <sup>131</sup>	2	4	0
Intensive Foster Care <sup>132</sup>	38 <sup>133</sup>	36	13
Professional foster parents for teen parents <sup>134</sup>	3	3	0
SOY <sup>135</sup>	9	21	7

Source: Data provided by CFSA

**Table 6: Number of Foster Homes, Bed Capacity,  
and Available Capacity for Specialized Populations  
as of December 30, 2020**

Specialized Population Type	Number of homes	Number of beds	Available capacity as of December 31, 2020
Foster parents who specialize in working with teens <sup>136</sup>	52	64	20
Can accommodate large sibling groups (3+ children, includes non-kin and kin placements)	52 (13 kin)	168 (44 kin)	18 (6 homes with 3 beds each)
Spanish speaking homes	20	33	20

Source: Data provided by CFSA

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

The number of District of Columbia children in foster care has declined by 74 percent over the past 15 years (Figure 7). More current data reflect continued downward trends, with a 13 percent

<sup>131</sup> SOAR (Stabilization, Observation, Assessment, and Respite Care) homes are professional resource parent homes with 2 beds to provide temporary care to children ages 6 to 20 for up to 90 days. These homes are appropriate for children who need comprehensive assessments completed before the Agency can identify the best placement match to meet a child's needs.

<sup>132</sup> Intensive foster care serves children ages birth to 21 who are appropriate for a family-based setting but are experiencing, or are likely to experience, placement instability.

<sup>133</sup> The Children's Choice contract has a max capacity of 36 beds, however CFSA has access to all the Children's Choice homes across the 4 sites in Maryland. Once there are 36 beds in use, no further placements can be made until a bed becomes available.

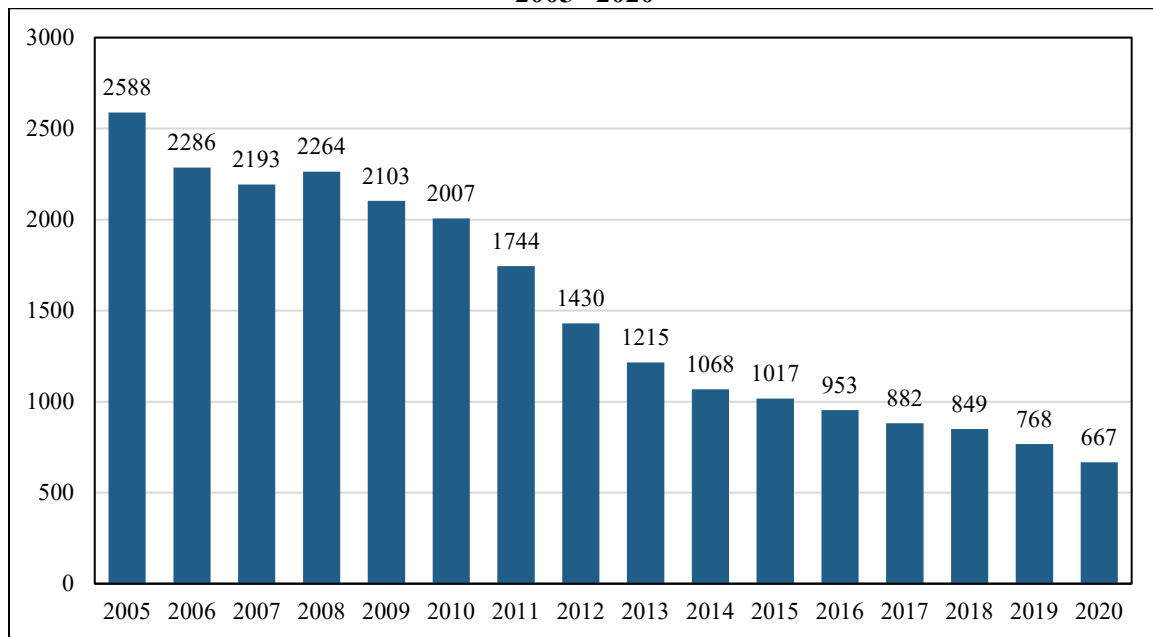
<sup>134</sup> Professional foster parents are paid a salary to provide intensive, culturally-informed support and services to pregnant and parenting youth.

<sup>135</sup> SOY (Special Opportunities for Youth) homes are resource parent homes with specially-trained providers for youth ages 11 to 20 who need a higher level of support for challenging needs.

<sup>136</sup> SOAR, Intensive Foster Care, Professional foster parents, and SOY homes receive extra training in parenting teens in foster care; this is an aggregate of these rows from the specialized placement type table.

reduction in the 12-month period from December 31, 2019 through December 31, 2020. These data reflect the consistent efforts and emphasis that the District has placed on its work to prevent family separation and placement into foster care, as well as the changing demographics in the District.

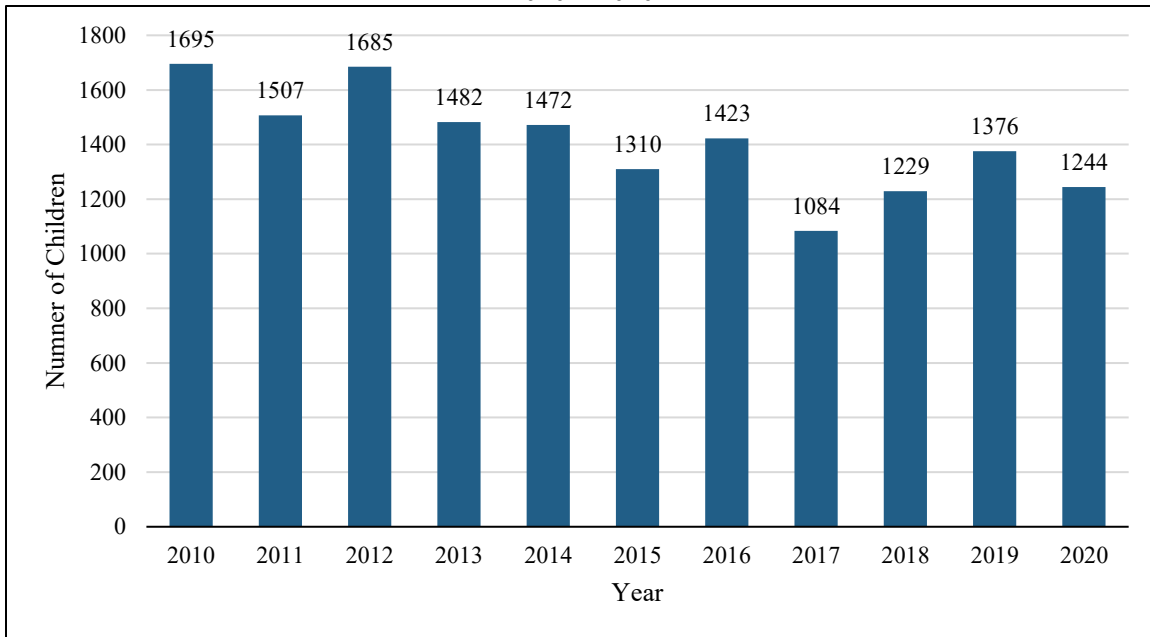
**Figure 7: Number of Children in Out-of-Home Placements  
on Last Day of the Year  
2005 –2020**



Source: CFSA Administrative Data, FACES.NET report PLC156

The number of children served in their homes has fluctuated since 2010, with a reduction over the last 12 months (see Figure 8). This decline could be attributed to fewer cases coming to CFSA’s attention due to the COVID-19 pandemic, as well as CFSA’s efforts to limit Agency involvement with families if there are no active safety concerns, and instead to quickly connect families with community services.

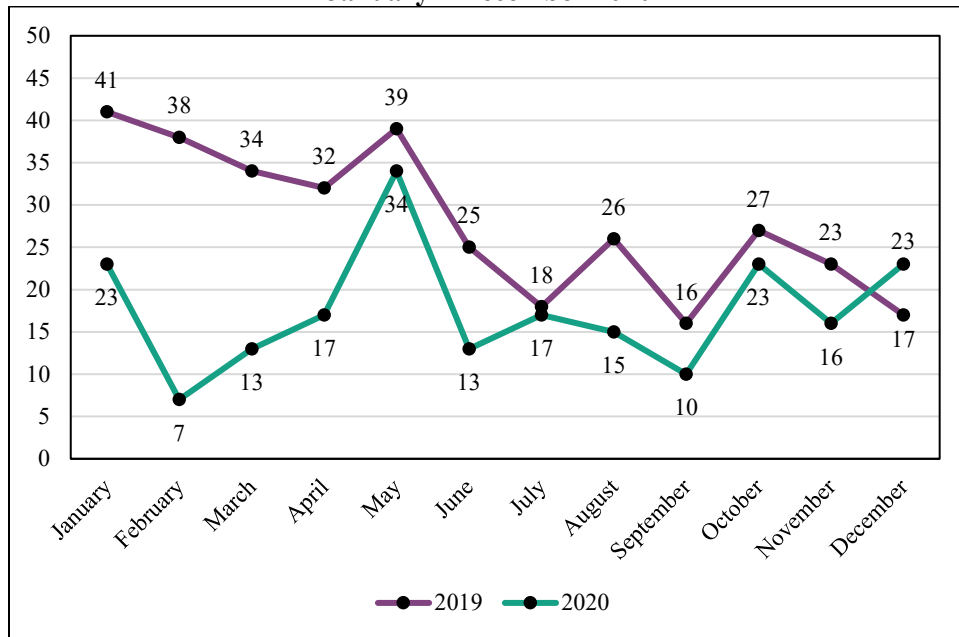
**Figure 8: Number of Children Serviced through  
In-Home Child Protection Cases on Last Day of Year  
2010 – 2020**



Source: CFSA Administrative Data, FACES.NET report CMT232

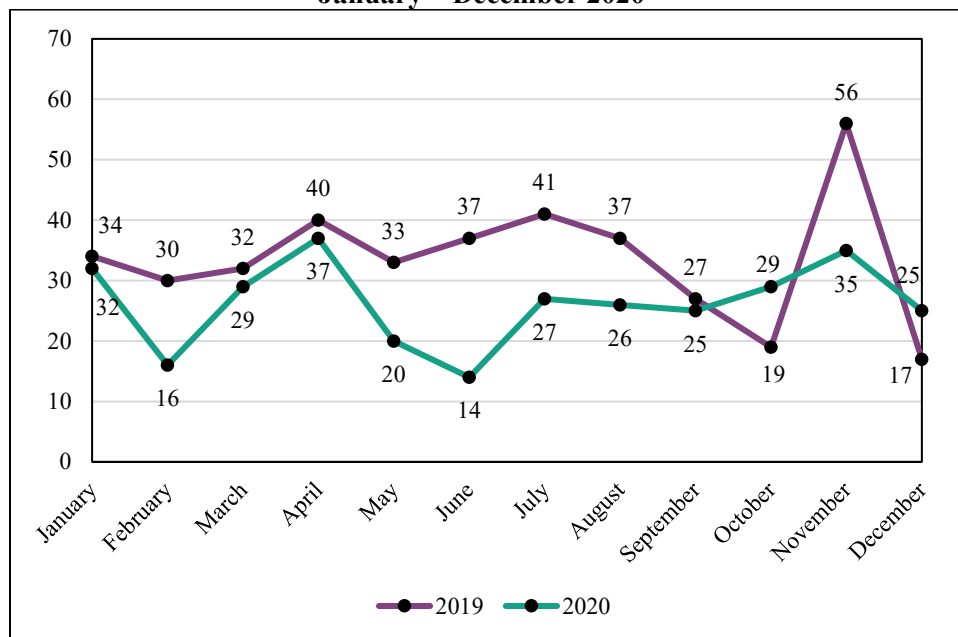
Figures 9 and 10 show the number of children entering (initial and re-entry) and exiting foster care each month over the last 12 months. The number of children entering care each month in CY2020 was lower than the same month in CY2019. Exits from foster care were also lower every month in CY2020 as compared to CY2019, with the exception of October and December 2020.

**Figure 9: Entries into Foster Care by Month  
January – December 2020**



Source: CFSA Administrative Data, FACES.NET report PLC155 as of December 2020

**Figure 10: Exits out of Foster Care by Month  
January – December 2020**



Source: CFSA Administrative Data, FACES.NET report PLC155 as of December 2020



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

Table 4 below shows basic demographic information on the children in out-of-home placement as of December 31, 2020. Of the 667 children in foster care on the last day of the calendar year, excluding those children for whom no race data are reported<sup>137</sup>, nearly all (97%) are identified as Black or African American; these children are disproportionately represented in the District's child welfare system. Consistent with national data trends and data from prior periods, as of December 31, 2020, the two largest age groups of children are between the ages of birth to five (28%), and 15 to 21 years old (38%).

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<sup>137</sup> No race data were recorded for 8% of children in FACES.NET.

**Table 7: Demographics of Children in Out of Home Placement  
as of December 31, 2020  
N = 667**

<b>Gender</b>	<b>Number</b>	<b>Percent*</b>
Male	345	52%
Female	322	48%
<b>Total</b>	<b>667</b>	<b>100%</b>
<b>Race</b>	<b>Number</b>	<b>Percent</b>
Black or African American	594	89%
White	10	1%
Asian	4	<1%
Unable to Determine/Unknown	3	<1%
No Race Data Reported	55	8%
Native Hawaiian or Other Pacific Islander	1	<1%
<b>Total</b>	<b>667</b>	<b>100%</b>
<b>Ethnicity</b>	<b>Number</b>	<b>Percent</b>
Hispanic	102	15%
Non-Hispanic	497	75%
Unable to Determine	3	<1%
Unknown	65	10%
<b>Total</b>	<b>768</b>	<b>100%</b>
<b>Age</b>	<b>Number</b>	<b>Percent</b>
Birth to 1 year	68	10%
2-5 years	120	18%
6-8 years	75	11%
9-11 years	71	11%
12-14 years	81	12%
15-17 years	122	18%
18-21 years	130	19%
<b>Total</b>	<b>667</b>	<b>100%</b>

Source: CFSA Administrative Data, FACES.NET report PLC156

\*Percentages may not equal 100% due to rounding.

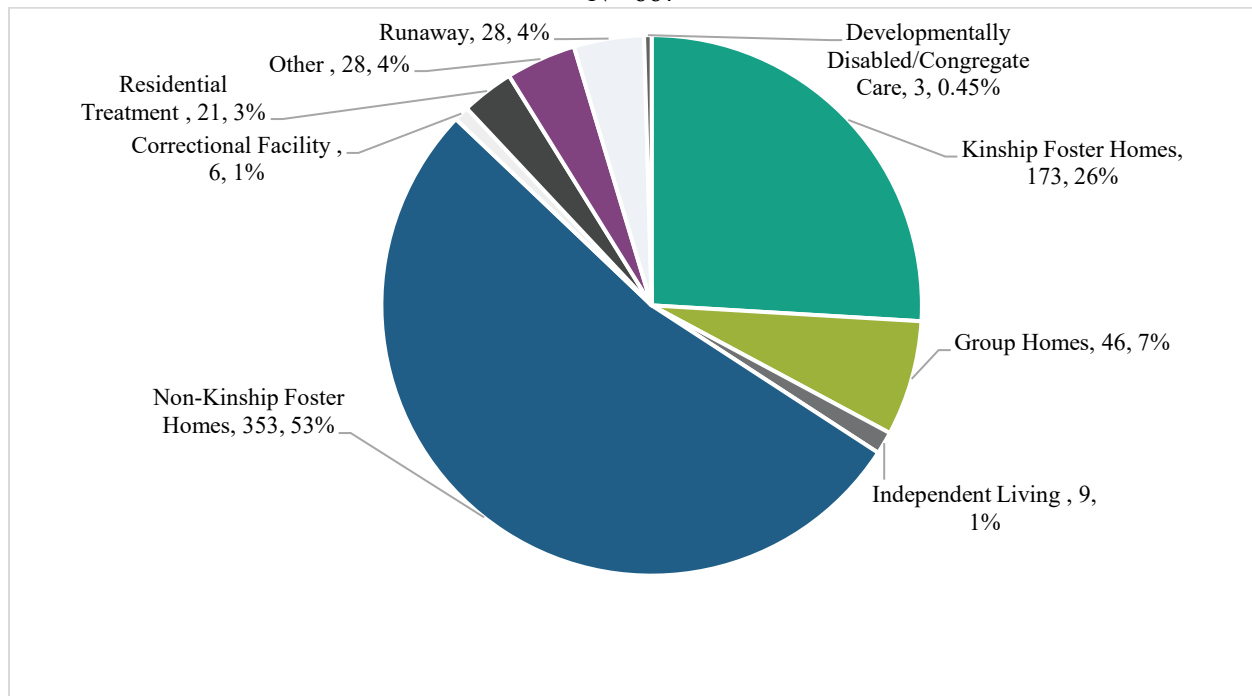
Over half of children in foster care were removed from homes in Ward 8 (30%), and Ward 7 (27%). Wards 2 and 3 had the fewest number of removals, with one percent of the foster care population, respectively, as of December 31, 2020.

### Placement of Children in Most Family-Like Setting

As shown in Figure 11 below, of the 667 children in out-of-home care on December 31, 2020, 526 (79%) children were placed in family-based settings, including 218 (28%) children in kinship homes. Twelve percent of children were placed in group settings, including seven percent in group homes, three percent in residential treatment, and one percent in independent living homes or facilities.

**Figure 11: Placement Type for Children in Out-of-Home Care  
as of December 31, 2020**

**N =667**



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

\*Other includes college/vocational, hospital, not in legal placement, and diagnostic care

## 1. Placement in Emergency, Short-term, or Shelter Facilities

<b>Measure</b>	<b>No child</b> shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days <sup>138</sup> (ESP citation II.8.).
<b>Methodology</b>	To assess performance, FACES.NET data were utilized to identify which children placed in emergency, short-term or shelter facilities or foster homes remained in those facilities for more than 30 days. If moving a child before 30 days would not be in the child's best interest, CFSA provides documentation and explanation to the Monitor for review.
<b>2020 Performance</b>	<b>One child</b> was placed in an emergency, short-term or shelter facility or foster home for more than 30 days.
<b>Historic Information</b>	This requirement dates back to the 1993 MFO, as this was a prevalent and concerning issue at that time. Child welfare policy and practice have long recognized that reducing the number of placement moves a child experiences allows them to develop relationships with substitute caregivers, maintain in their same school or educational setting, and limit the trauma of additional disruptions. Reliable data from early in the reform are difficult to reference to provide a baseline. During the July through December 2011 monitoring period, a monthly range of 27 to 51 child placements in emergency, short-term or shelter facility or foster homes exceed 30 days, and did not meet an agreed upon placement exception.
<b>Analysis</b>	During the current monitoring period, one child was placed in an emergency, short-term or shelter facility or foster home for more than 30 days. One additional child – who was placed in a short-term shelter for 47 days – was working with a service provider who tested positive for COVID-19, so the child remained in the emergency shelter past 30 days to allow for necessary quarantine before being placed with new provider.
<b>Conclusion</b>	The Monitor considers this measure <b>not achieved</b> , although performance on this measure is vastly improved from the early days of the lawsuit.

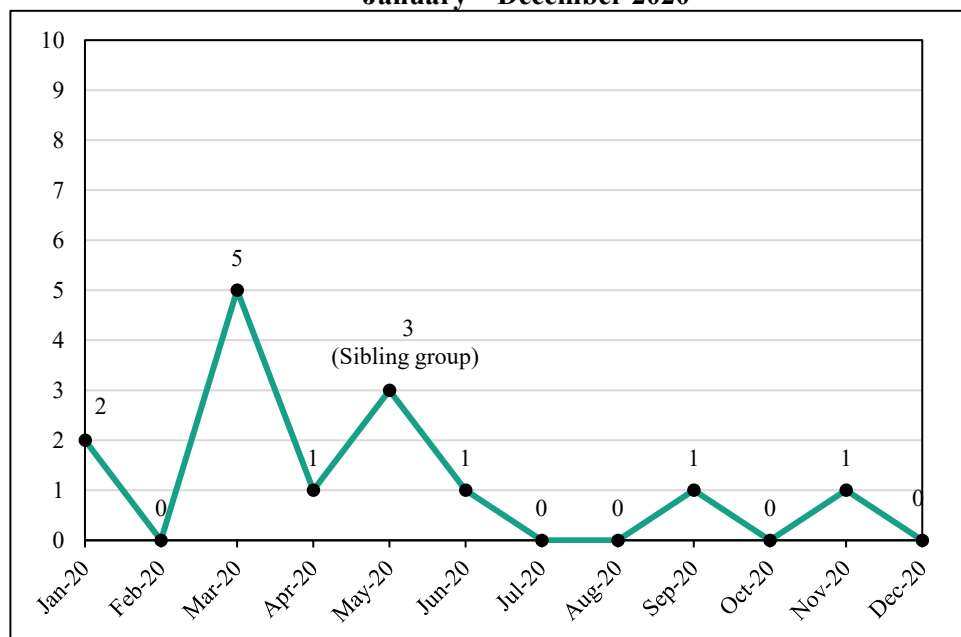
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<sup>138</sup> The ESP provides that based upon individual review, the Monitor's assessment will exclude, on a case-by-case basis, children placed in an emergency, short-term or shelter facility or foster home for more than 30 days when moving them would not be in their best interest.

## 2. Overnight Stays at CFSA Office Building

<b>Measure</b>	<b>No child</b> shall stay overnight in the CFSA Intake Center or office building (ESP citation II.22.).
<b>Methodology</b>	To assess performance, CFSA notifies the Monitor within 24 hours of any instances in which a child remains overnight at the CFSA office building. Within such notification, CFSA provides information of why the overnight occurred, and efforts to secure appropriate placement.
<b>2020 Performance</b>	<b>14 overnight stays at CFSA, experienced by 13 unique children.</b>
<b>Historic Information</b>	This measure was originally included in the 2010 Implementation and Exit Plan following pictures coming to light taken by a concerned staff member showing children sleeping in the CFSA office buildings. Since 2010, for a number of periods, no instances of children sleeping overnight at CFSA were reported, but this practice reappeared more recently due to insufficiencies in CFSA's placement array, and matching capabilities.
<b>Analysis</b>	Figure 12 below shows the number of overnight stays experienced by children in foster care each month this period.

**Figure 12: Number of Overnight Stays at CFSA Office Building  
January – December 2020**



Source: CFSA notification to Monitor

**Conclusion**

Four of the overnight stays were experienced by children between the ages of four months and six years, and were initial removals into care from their parent or guardian. Three of these young children were members of a sibling group, and CFSA did not want to separate them by placing them in different homes. The fourth young child presented with challenging behaviors that necessitated an evaluation.

The remaining children were between the ages of 13 to 15 years old (4 children), 16 to 19 years old (4 youth), and 20 years old (1 youth, who experienced 2 overnight stays). Six of these youth arrived at the Agency building between 10:45pm and 2:30am.

Current performance reflects a significant improvement from the prior period and efforts made by CFSA to increase its placement options. (Between April and December 2019, there were 62 overnight stays at CFSA, experienced by 33 unique children.)

The Monitor considers this measure **not achieved**.

**3. Placement Stability**

**Measure**

Exit Standard for reduction of multiple placements for children in care:

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 percent** shall have had two or fewer placements.

b. Of all children served in foster case during the previous 12 months who were in care for at least 12 months but less than 24 months, **60 percent** shall have had two or fewer placements.

c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, **75 percent** shall have two or fewer placements in that 12-month period. (ESP citation II.11.)

**Methodology**

To assess performance, data from FACES.NET are utilized. The measurement logic excludes the following types of settings as a placement change: respite (if the child returns to their previous provider), hospital stays, abscondence, and college.

**2020  
Performance**

a. **Monthly range of 76 to 81 percent** of the first cohort of children had two or fewer placements.

b. **Monthly range of 60 to 65 percent** of the second cohort of children had two or fewer placements.

c. **Monthly range of 77 to 81 percent** of the third cohort of children had two or fewer placements.

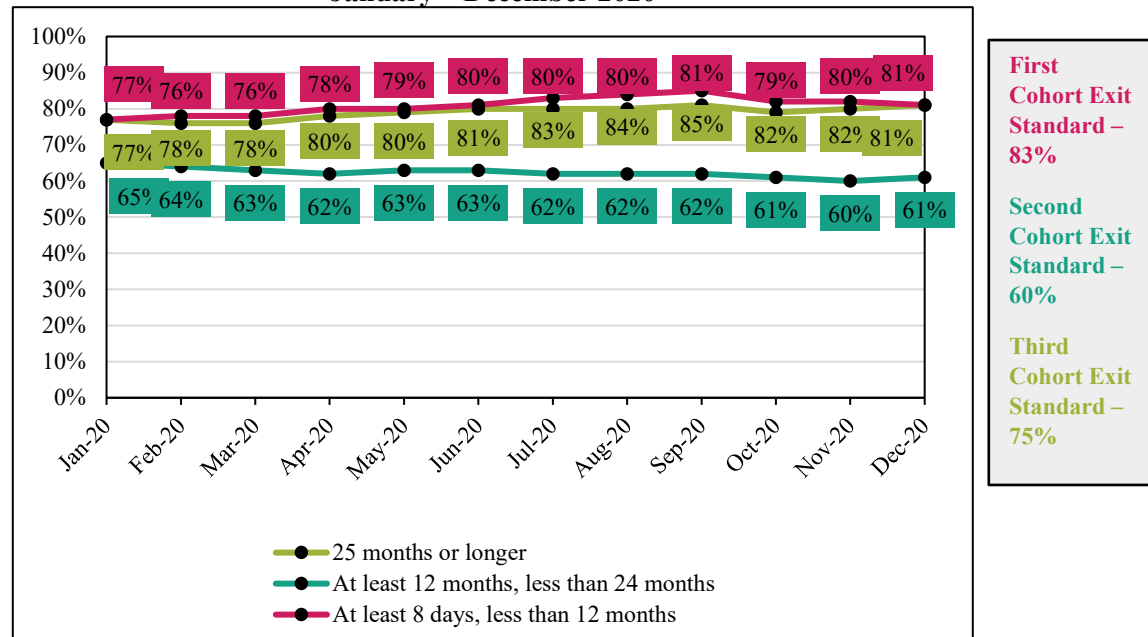
**Historic  
Information**

The overall goal of this performance metric is to minimize placement moves for all children to the greatest extent possible, recognizing the substantial evidence that demonstrates how children's well-being is harmed by multiple foster care placements. This measure was originally included in the 2010 IEP. There are three sub-parts with different required performance levels based on the length of time children are in care, due to the different placement trajectories and reasonable expectations for children who have been in care for shorter versus longer periods of time. The third sub-part focuses on children in care 24 months or longer, and is purposefully focused on the child's placement experiences in the past 12 months, since many of these children have histories with multiple placements that preceded the reform efforts.

**Analysis**

CFSA met the required level of performance for two of the three sub-parts of this Exit Standard this period, but remained below the required level for the first cohort of children – those in care at least eight days and less than 12 months – every month in CY2020. Placement stability for children in this cohort has declined over the past two monitoring periods (April through December 2019 performance ranged monthly 77 to 80%; November 2018 through March 2019 performance ranged monthly 81 to 83%).

**Figure 13: Placement Stability for Three Cohorts:  
Percentage of Children in Care with Two or Fewer Placements  
January – December 2020**



Source: FACES.NET report PLC234

## Conclusion

The Monitor considers this measure **partially achieved**.

## 4. Assessments for Children Experiencing a Placement Disruption

### Measure

CFSA shall ensure that **90 percent** of 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 guardian ad litem (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 (ESP citation II.16.).

### Methodology

To assess performance, CFSA manually tracks the number of placement disruptions each month, as reported for cases managed by CFSA and private providers. For each of these disruptions, CFSA's business process<sup>139</sup> requires a

<sup>139</sup> CFSA's Placement Disruption Business Process can be found here:  
[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Placement\\_Disruption\\_Staffing\\_Business\\_Process\\_%28Final2020%29.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/Placement_Disruption_Staffing_Business_Process_%28Final2020%29.pdf)



staffing within 30 days after the child has been placed in their new placement. The goals of the staffing are to assess the reason for the disruption; review the child's needs and resources necessary to prevent another disruption; and identify next steps to stabilize the placement and support the child's permanency and success. The following team members are invited to attend the disruption staffing: child, if age and developmentally appropriate and available; social worker/supervisor; immediate or extended family members; current resource parent or congregate care staff/provider; resource parent support worker/supervisor; GAL; and service providers. The business process requires reasonable efforts be made to ensure team members attend the staffing.

Due to the small and fluctuating number of placement disruptions each month, the Monitor has aggregated performance across the 12-month monitoring period to more accurately assess CFSA's performance.

**2020  
Performance**

**50 percent** of children experiencing a placement disruption had a comprehensive assessment within 30 days and with the required attendees invited per CFSA's business process.<sup>140,141</sup>

**Historic  
Information**

This measure was originally included in the 2010 IEP, and is meant to improve placement stability by identifying why placements are unsuccessful, and what type of subsequent placement and supports will better match the child's needs. This could include additional assessment of child needs, and specific supports or services for the caregiver and/or child. Involving the child and family team in the staffing allows for both formal and informal assessments to inform the plan, and for all team members to support its success.

**Analysis**

The number of placement disruptions each month this period ranged from a high of 45 in both January and June 2020, down to 17 in November 2020. Most (317 of 333) placement disruption staffings occurred within 30 days of the child's disruption, however, a significant number did not include invitations to all necessary participants as outlined in CFSA's business process.

**Conclusion**

The Monitor considers this measure **not achieved**.

<sup>140</sup> Monthly performance are as follows: January 2020, 80% (36 of 45); February 2020, 89% (17 of 19); March 2020, 71% (22 of 31); April 2020, 83% (25 of 30); May 2020, 65% (13 of 20); June 2020, 20% (9 of 45); July 2020, 73% (19 of 26); August 2020, 23% (7 of 30); September 2020, 34% (10 of 29); October 2020, 15% (6 of 41); November 2020, 24% (4 of 17). Data for December 2020 were not available for inclusion.

<sup>141</sup> Total number of placement disruptions each month is not a unique count of children; some children experienced more than 1 placement disruption during a month, as well as across multiple months.

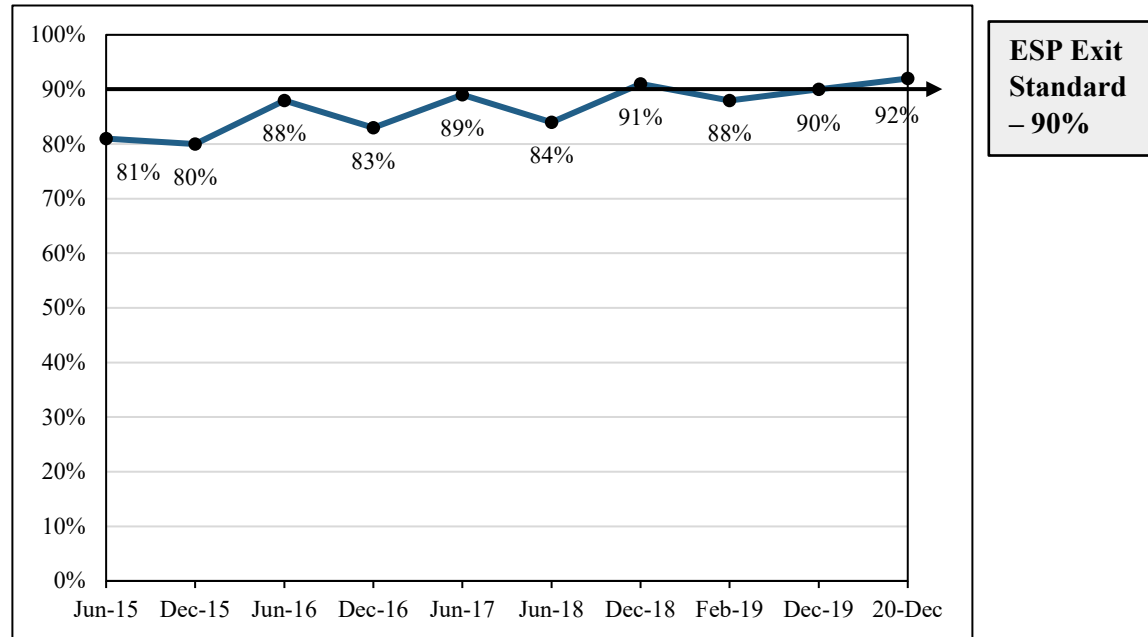
## 5. Social Worker Visits for Children Experiencing a New Placement or a Placement Change

<i>Measure</i>	<b>90 percent</b> 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 (ESP citation II.7 a-d.). <sup>142</sup>
<i>Methodology</i>	To assess performance, the Monitor utilizes data from FACES.NET. In addition, for support d. of this measure, CFSA completed a case record review of a statistically significant sample of applicable cases to determine if Agency staff had a conversation with the placement provider to assess their needs in caring for the child placed in their home. <sup>143</sup>
<i>2020 Performance</i>	<p>a.-c. <b>Monthly range of 76 to 94 percent</b> of applicable children had the required number of visits following a new placement or placement change.</p> <hr/> <p>d. In August 2020, <b>66 percent</b> of children had documentation indicating that agency staff had a conversation with the resource parent to assess their needs in caring for the child.</p>
<i>Historic Information</i>	<p>Visits between workers and children in their foster placements help workers ensure that children have their needs met while they are in out-of-home care. While the 1993 MFO did not specify the frequency of required visits, it included requirements for visits between children and workers in their foster placements. Specifically, the 1993 MFO required “a specific schedule of service contacts between the child and family's worker(s) and ... (3) the foster parents or other caretaker where the child is placed” (MFO VII.B.5n.). In 2010, the specific metrics for visits when children are newly placed or replaced were included in the IEP.</p> <p>Performance on social worker visits to children newly placed has generally increased overtime. Figure 14 below shows performance since June 2015.</p>

<sup>142</sup> This measure has multiple subparts. The ESP requires that: 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; and 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.

<sup>143</sup> The Monitor did not validate these data.

**Figure 14: Required Number of Worker Visits  
to Children in New Placements  
June 2015 – December 2020**



Source: CFSA Administrative Data, FACES.NET report CMT014

### *Analysis*

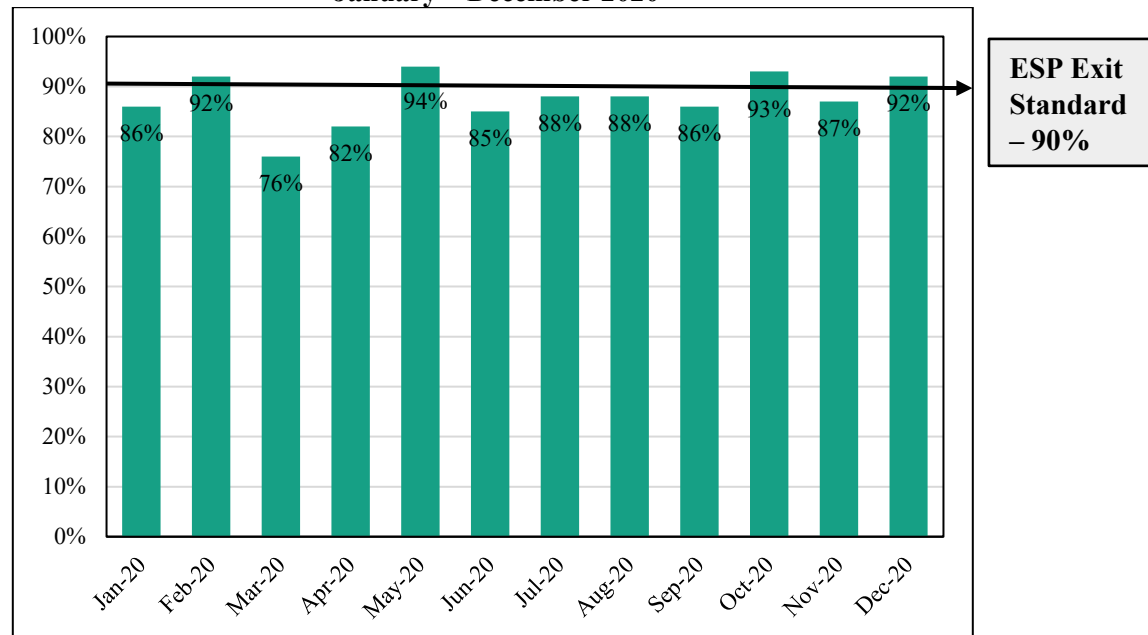
CFSA met the requirement for this measure during four out of 12 months of the monitoring period (see Figure 15).<sup>144,145</sup> If data for March 2020 (the first month of the pandemic) were excluded, the range of performance would be 82 to 94 percent.

The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between Agency staff and the resource parent to determine what, if any, assistance is needed from the agency. CFSA collected performance data through a case record review for new placements in August 2020, and reports that 66 percent of children reviewed who experienced a new placement or placement change during the month had documentation supporting that a conversation between Agency staff and the resource parent took place. While this performance is an improvement from the prior monitoring period (61%), the performance remains below the required level of the Exit Standard.

<sup>144</sup> Monthly performance for worker visits to children experiencing a new placement or placement change are as follows: January 2020, 86%; February 2020, 92%; March 2020, 76%; April 2020, 82%; May 2020, 94%; June 2020, 85%; July 2020, 88%; August 2020, 88%; September 2020, 86%; October 2020, 93%; November 2020, 87%; December 2020, 92%.

<sup>145</sup> Aggregate performance over CY2020 is 87%.

**Figure 15: Required Number of Worker Visits  
to Children in New Placements  
January – December 2020**



Source: CFSA Administrative Data, FACES.NET report CMT014

CFSA has indicated that the COVID-19 pandemic impacted weekly worker visits during the first four weeks of a placement change in the following ways: for youth in jail or detention, in-person and virtual visits could not occur<sup>146</sup>; and for youth who did not have Agency iPhones early in the pandemic, virtual visits were challenging, and attempts to engage resource parents and placement providers to assist with virtual visits were not always successful. CFSA shared that telephone visits were maintained in both of these scenarios.

#### **Conclusion**

The Monitor considers this measure **not achieved**.

## **6. Visits between Parents and Workers**

#### **Measure**

**80 percent** of parents will have twice monthly visitation with workers in the first three months post-placement (ESP II.9.).<sup>147</sup>

<sup>146</sup> CFSA has indicated there were additional challenges in conducting visits – in-person, virtual, and via telephone – with 12 children placed in correctional facilities between the months of March through August 2020. Information regarding these children was provided to the Monitor shortly before finalizing this report, and was unable to be validated for inclusion.

<sup>147</sup> 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 1 time per month in the first 3 months post-placement. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first 3 months post-placement.

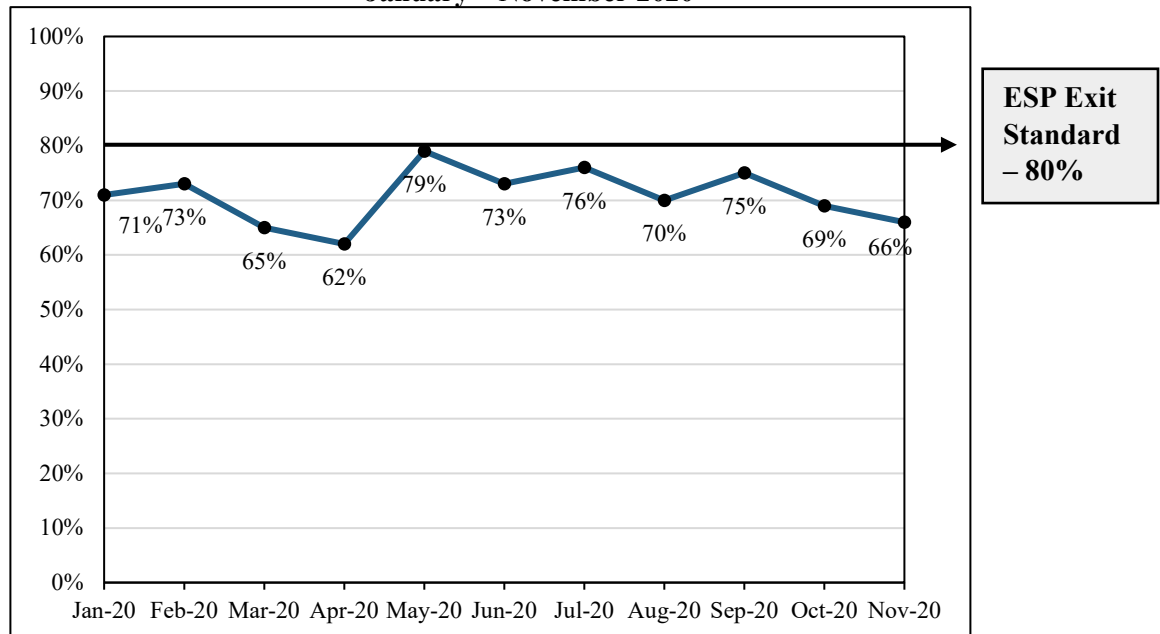
<b><i>Methodology</i></b>	To assess performance, FACES.NET data were used to identify cases that had the required number of visits. For those cases in which visits did not occur, but the supervisor approved that the social worker made necessary efforts to complete visits, CFSA conducted an internal audit to confirm completion of necessary efforts. <sup>148</sup> The results of CFSA’s internal audit were provided to the Monitor who validated these data to ensure accuracy.
<b><i>2020 Performance</i></b>	<b>Monthly range of 62 to 79 percent</b> of parents with children in foster care had required visits with workers. <sup>149</sup>
<b><i>Historic Information</i></b>	<p>Visits between parents and workers are critical to guaranteeing that parents and families have the support they need to safely reunify with their children. During visits, workers should be working with parents to ensure that they are adequately progressing toward the goals in their case plans. These goals can include improving parenting strategies, finding safe and stable housing, addressing mental health needs, and other supports.</p> <p>The 1993 MFO included a requirement for visits between parents and workers, requiring “for all children with a permanency goal of return home, the child's worker, in accord with the written case plan, shall visit and work with the child's parent(s) in the home as often as is necessary to facilitate the child’s return home” (MFO VII.6.). As the original <i>LaShawn</i> complaint filed in 1989 argued that parents did not receive any services to assist in reunification, visits are intended to ensure that parents are receiving the necessary supports and services so that children with a goal of reunification can return home safely. The IEP also included this standard, and the Monitor has continued over time to track the Agency’s progress on visits between parents and workers. Historically, CFSA has struggled to meet this Exit Standard. For example, from CY2007 to CY2008, performance for this measure ranged from 30 to 60 percent.</p>
<b><i>Analysis</i></b>	Performance on worker-parent visits ranged monthly from 62 to 79 percent (see Figure 16). Performance on this measure was lowest in March and April 2020 (65 and 62% respectively) during the onset of the COVID-19 pandemic. Performance improved from May to September 2020 but declined again during the latter months of the monitoring period. While CFSA has still not met this Exit Standard, performance has improved over time. Current performance for this measure is

<sup>148</sup> This Exit Standard is also satisfied in cases where it is documented that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

<sup>149</sup> Data reflect performance for January through November 2020. Data for December 2020 were not available and are not included.

improved from the previous monitoring period, where performance ranged from 50 to 76 percent.

**Figure 16: Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification  
January – November 2020**



Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from CFSA internal audit with Monitor validation of missed visits efforts during select months

The COVID-19 pandemic impacted workers' ability to meet safely with parents in person. Social workers were instructed to visit with parents outside or utilize virtual means of communications (e.g., phone calls, FaceTime, and Zoom). In some cases, these virtual forms of communication made it easier to facilitate visits; in other instances, virtual communication was not accessible for parents experiencing homelessness, without regular access to a cellular device, or parents who were incarcerated during the period. These barriers impacted current performance which has improved over time, but still remains an area of improvement for agency practice.

### **Conclusion**

The Monitor considers this measure **not achieved**.

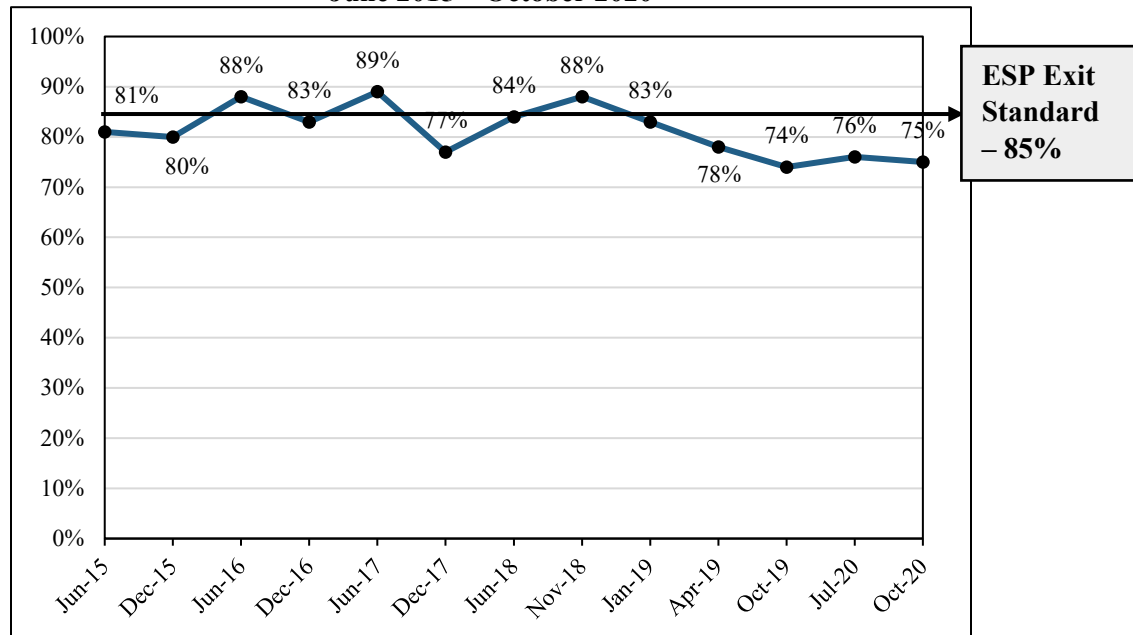
## 7. Visits between Parents and Children

<b>Measure</b>	<b>85 percent</b> of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought (ESP II.10.). <sup>150</sup>
<b>Methodology</b>	To assess performance, FACES.NET data were used to identify which cases had the required number of visits. For those cases in which visits did not occur, but the supervisor approved necessary efforts were made to complete visits, CFSA conducted an internal audit to confirm completion of necessary efforts. The results of CFSA's internal audit were sent to the Monitor; the Monitor validated these data to ensure accuracy. <sup>151</sup>
<b>2020 Performance</b>	In CY2020, the Monitor validated performance for two months during this period, and determined compliance as <b>76 percent in July, and 75 percent in October 2020.</b>
<b>Historic Information</b>	<p>Maintaining a bond between children and their parents while a child is in out-of-home care is a predictor of successful reunification, and regular visits between children and parents are essential to timely reunification. The 1993 MFO included a requirement for visits between parents and children, requiring that, "the Department shall assure that all children with a permanency goal of return home are permitted to visit with their parent(s) at least once a week, unless the best interest of the child, specifically documented in the child's case record, requires less frequent visitation" (MFO VII. 7.). This standard was also included in the IEP, and the current the ESP.</p> <p>CFSA has historically experienced challenges in meeting this standard. In 2001, out of 150 cases reviewed, there was documentation that less than one percent of children with a goal of reunification had weekly visits with a parent or relative. From CY2007 to 2009, a range of 23 to 62 percent of children had weekly visits with their parents. Performance has improved dramatically over time although challenges still remain in consistently scheduling and facilitating parent-child visits. Figure 17 below shows CFSA's performance from June 2015.</p>

<sup>150</sup> 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.

<sup>151</sup> CFSA assessed February 2020 performance for this measure as 76%. The Monitor did not validate these data.

**Figure 17: Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought  
June 2015 – October 2020**



Source: CFSA Administrative Data, FACES.NET report CMT012 and findings from internal audit with Monitor validation of missed visit effort

### *Analysis*

Performance on this measure was assessed as 76 percent in July 2020, and 75 percent in October 2020, below the Exit Standard’s required level of performance. During the monitoring period, the COVID-19 pandemic impacted CFSA’s ability to facilitate in-person visitation between parents and children, requiring visits to occur over virtual platforms. In some cases, this practice shift created barriers for parents who did not have access to Zoom, FaceTime, or other virtual platforms. This was especially true for parents who were incarcerated during the period. CFSA attempted to overcome these barriers by providing support to parents who were not familiar with virtual communication platforms and attempts to facilitate safe outside visits when possible.

### *Conclusion*

The Monitor considers this measure **not achieved**.



## 8. Assessing Safety During Worker Visits to Families with In-Home Services

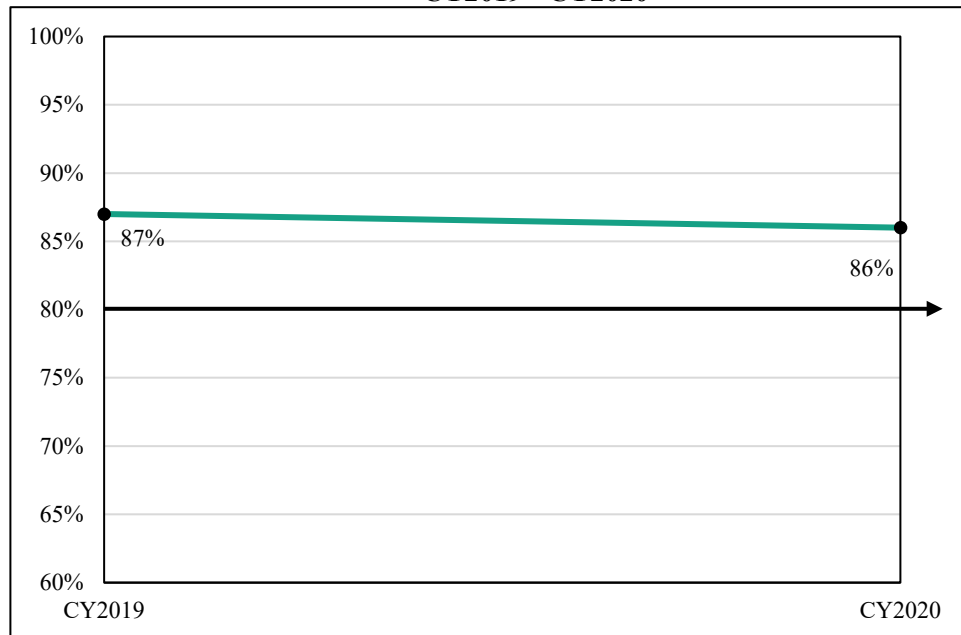
<b>Measure</b>	<b>80 percent</b> of the in-home cases will have an acceptable rating on two QSR indicators: Child Safety <sup>152</sup> the QSR Planning Interventions: Safety/Protection <sup>153</sup> (ESP citation II.5.).
<b>Methodology</b>	To assess performance, the Monitor uses ratings from the QSR protocol: <i>Child Safety</i> and <i>Planning Interventions: Safety and Protection</i> on a sample of cases. For purposes of this measure, both indicators must be rated acceptable in order for the case to be considered acceptable. <sup>154</sup> QSR case reviews are done throughout the calendar year.
<b>2020 Performance</b>	<b>86 percent</b> (36 of 42) of in-home cases were rated acceptable on both Indicators in the CY2020 sample.
<b>Historic Information</b>	<p>Assessing for safety is one of the central charges for child welfare workers. This measure was originally included in 2010 IEP. Since then, the Monitor and CFSA have worked together to identify a methodology that measures actual caseworker practice rather than documentation. This led to the Monitor testing a variety of methodologies, including a case record review, to assess performance. In 2019, the Monitor and CFSA revised the methodology used to assess performance. The Monitor now utilizes QSR ratings – which are based on review of documentation, and interviews with caseworkers and other key stakeholders – to assess practice rather than solely reviewing documentation. This revised methodology more accurately assesses practice performance.</p> <p>In CY2019, the first year the new methodology was applied, 54 cases were review, 87 percent (47) of which were rated acceptable.</p>

<sup>152</sup> The *Safety* indicator is a Child and Family Status Indicator within the QSR protocol. Safety will be considered “acceptable” when all sub-parts: home, school, community, and other are considered to be acceptable. For a detailed description of the *Safety* indicator, please see Appendix C.

<sup>153</sup> The *Planning Intervention* sub-part Safety and Protection indicator is a Practice Performance Indicator within the QSR protocol. For a detailed description of the *Planning Interventions* indicator, please see Appendix D.

<sup>154</sup> The QSR process is described within the Methodology section of this report.

**Figure 18: Assessing Safety During Worker Visits to Families with In-Home Services  
CY2019 - CY2020**



**ESP Exit  
Standard  
– 80%**

Source: CFSA QSR Data

#### ***Analysis***

In CY2020, CFSA achieved the required level of performance for the second consecutive calendar year. Specifically, 86 percent (36 of 42) of in-home cases reviewed through the QSR were rated acceptable on both indicators; 93 percent (39 of 42) of cases were rated acceptable on the *Child Safety* indicator; and 90 percent (38 of 42) of cases were rated acceptable on the *Planning Interventions: Safety and Protection* indicator.

#### ***Conclusion***

The Monitor considers this measure **maintained**.

### **9. Assessing Safety During Worker Visits to Children in Out-of-Home Care**

#### ***Measure***

**80 percent** of the out-of-home sample will have an acceptable rating on two QSR indicators: *Child Safety*<sup>155</sup> the QSR *Planning Interventions: Safety and Protection*<sup>156</sup> (ESP citation II.6.).

<sup>155</sup> The *Safety* indicator is a Child and Family Status Indicator within the QSR protocol. Safety will be considered “acceptable” when all sub-parts: home, school, community, and other are considered to be acceptable. For a detailed description of the *Safety* indicator, please see Appendix C.

<sup>156</sup> The *Planning Intervention: Safety and Protection* indicator is a Practice Performance Indicator within the QSR protocol. For a detailed description of this indicator, please see Appendix D.

**Methodology**

To assess performance, the Monitor uses ratings from the QSR protocol: *Child Safety and Planning Interventions: Safety and Protection*. For purposes of this rating, both indicators must be rated acceptable in order for the case to be considered acceptable.<sup>157</sup>

**2020  
Performance**

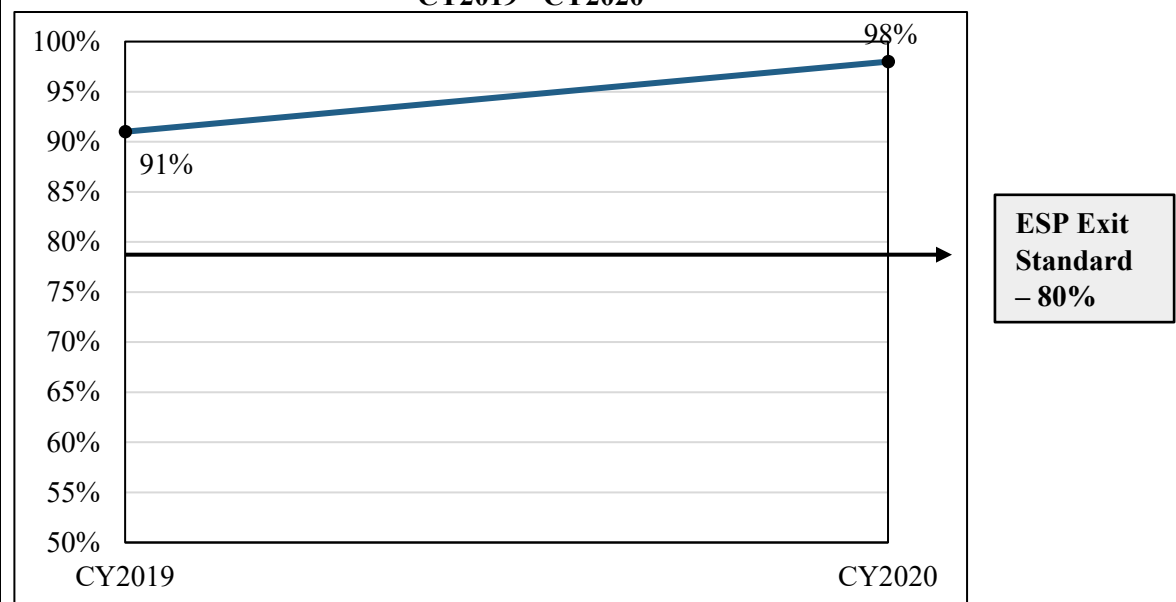
**98 percent** (78 of 80) of out-of-home cases were rated acceptable on both indicators in CY2020.

**Historic  
Information**

Ensuring that children in out-of-home care are safe in their placement is critical to overall well-being. This measure was originally included in the 2010 IEP. Since then, the Monitor has used a variety of methodologies, including a case record review, to assess performance. In 2019, the Monitor revised the methodology to focus less on documentation that safety was assessed, and to more accurately assess practice performance.

In CY2019, the first year the new methodology was applied, 54 cases were reviewed, 87 percent (47) of which were rated acceptable. In CY2020, performance improved with all but two cases reviewed rated acceptable as discussed below.

**Figure 19: Assessing Safety During Worker Visits  
to Children in Out-Of-Home Care  
CY2019 - CY2020**



Source: CFSA QSR Data

<sup>157</sup> The QSR process is described within the Methodology section of this report.

<b>Analysis</b>	<p>In CY2020, CFSA achieved the required level of performance for the second consecutive calendar year. Specifically, 98 percent (78 of 80) of out-of-home cases reviewed through the QSR were rated acceptable on both indicators; 99 percent (79 of 80) of cases were rated acceptable on the <i>Child Safety</i> indicator, and 99 percent (79 of 80) of cases were rated acceptable on the <i>Planning Interventions: Safety and Protection</i> indicator.</p> <p>Of the 80 cases, 43 were case managed by CFSA and 37 were case managed by one of CFSA’s private partners (33 managed by NCCF, two managed by LAYC, and two case managed by LSS). Ratings by CFSA and private agencies are bulleted below:</p> <ul style="list-style-type: none"> <li>• Of the 43 cases case managed by CFSA, 98 percent (42) were rated acceptable on both indicators; 98 percent (42) were rated acceptable on the <i>Child Safety</i> indicators, and 100 percent were rated acceptable on the <i>Planning Interventions: Safety and Protection</i> indicator.</li> <li>• Of the 37 cases managed by a private agency, 98 percent (36) were rated acceptable on both indicators; 100 percent were rated acceptable on the <i>Child Safety</i> indicator, and 98 percent (36) were rated acceptable on the <i>Planning Intervention: Safety and Protection</i> indicator.</li> </ul> <p>From a safety perspective, it is clear that across agencies, workers are regularly assessing for safety, and children being served are assessed as safe.</p>
<b>Conclusion</b>	The Monitor considers this measure <b>maintained</b> .

## 10. Services to Families and Children

<b>Measure</b>	<b>80 percent</b> of cases in the QSR sample will have an acceptable rating on the <i>Implementing Supports and Services</i> indicator <sup>158</sup> (ESP citation II.4.).
<b>Methodology</b>	The <i>Implementing Supports and Services</i> indicator from the QSR protocol is used to measure CFSA’s performance on this Exit Standard as it pertains to appropriate service provision to families and children to promote goals of safety, permanency, and well-being.

<sup>158</sup> The *Implementing Supports and Services* indicator is a practice indicator and consists of four sub-parts: supports and services for the (1) child, (2) mother, (3) father, and (4) substitute caregiver. For purposes of assessing performance, all four sub-parts must be rated acceptable for the indicator to be considered acceptable. For a detailed description of the *Implementing Supports and Services* indicator, please see Appendix E.

**2020  
Performance**

In CY2019, the methodology for measuring performance on this Exit Standard was changed to utilize one indicator the focuses on specific supports and services that are put in place for families involved with CFSA and its private agency partners.

**83 percent** (101 of 122<sup>159</sup>) of cases reviewed were rated acceptable on the *Implementing Supports and Services* indicator in CY2020.

**Historic  
Information**

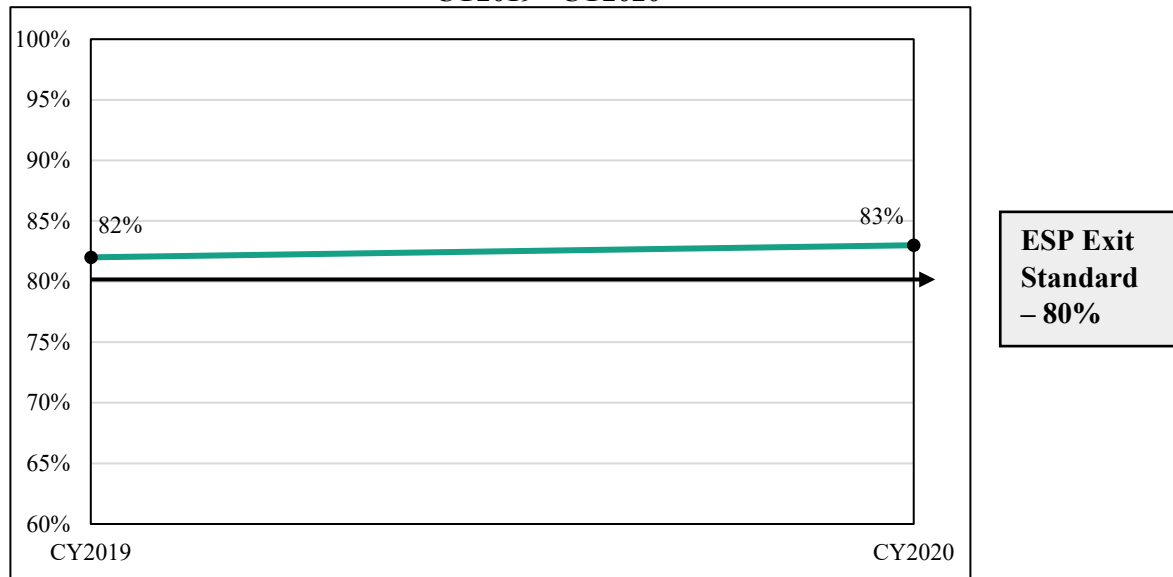
Services to families and children to promote safety, permanency, and well-being are central to CFSA's work, and were part of the original 1993 MFO. Specifically, the 1993 MFO outlined the need for services to prevent the separation of children from their families and stabilize families post-reunification and post-adoption (MFO III.). In 2006, the QSR was developed, and in 2008 it was used to assess performance. In the 2010 IEP, the measure was re-written to reflect the use of the QSR as the methodology for assessing performance. Using qualitative metrics to assess the provision of services to families and children allows for a case-by-case assessment as to the appropriateness of the services to meet the needs of family and child(ren).

In CY2019, 133 cases were reviewed, and 109 (82%) were rated as acceptable on the identified indicator. This was the first time this measure was achieved and, importantly, this was the first time performance for in-home cases (93%) exceeded performance for out-of-home cases (77% for out-of-home cases managed by CFSA, and 71% for out-of-home cases managed by the private agencies).

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<sup>159</sup> CFSA conducted 18 fewer QSRs this year as a result of the COVID-19 pandemic. CFSA paused QSRs from mid-March through April to ensure the safety of reviewers and families. Since QSRs resumed, they have all been conducted virtually. While this has created challenges, including reviewers not being able to review documents within the physical case record, CFSA believes they have been able to maintain fidelity to the QSR process and collect important information regarding practice.

**Figure 20: QSR Acceptable Performance on Services to Families and Children to Promote Safety, Permanency, and Well-being  
CY2019 - CY2020**



Source: CFSA QSR Data

#### Analysis

CFSA achieved the required level of performance for the second consecutive calendar year. Specifically, 83 percent (101 of 122) of cases were rated acceptable on all sub-parts of the *Implementing Supports and Services* indicator. Importantly, in CY2020, performance for out-of-home cases managed by private agencies was 86 percent, an improvement from the previous years, and equal to performance of out-of-home cases managed by CFSA (also an improvement from the previous year) (see Table 8). This improvement in performance for all out-of-home cases was due in large part to a focus on providing supports and services to fathers, which also reflects improvement in the assessment of fathers. Additionally, an increase in performance in team coordination and functioning contributed to an improvement in performance for cases managed by the private agencies.

**Table 8: Performance on Services to Children and Families to Promote Safety, Permanency, and Well-Being Across Administration  
CY2018 – CY2020**

	CFSA In-Home	CFSA Out-of- Home	Private Agencies	All
<i>Implementing Supports and Services (CY2018)</i>	69% (N=54)	81% (N=48)	80% (N=35)	76% (N=138)
<i>Implementing Supports and Services (CY2019)</i>	93% (N=54)	77% (N=48)	71% (N=31)	82% (N=133)
<i>Implementing Supports and Services (CY2020)</i>	76% (N=42)	86% (N=43)	86% (N=37)	83% (N=122)

Source: QSR Data, CY2018 – CY2020

**Conclusion** | The Monitor considers this measure **maintained**.

## 11. Case Planning Process

<b>Measure</b>	<b>80 percent</b> of cases in the QSR sample will have an acceptable rating on the <i>Planning Interventions</i> indicator <sup>160</sup> (ESP citation II.14.).
<b>Methodology</b>	<p>The <i>Planning Interventions</i> indicator from the QSR protocol is used to measure CFSA’s performance on this Exit Standard on the appropriateness and quality of case planning.</p> <p>In CY2019, the methodology for measuring performance on this Exit Standard was changed. Previously, a combination of performance on two QSR indicators was used to validate performance. The methodology was changed to utilize ratings from one indicator, with a focus on the specific planning activities related to advancing goals associated with the case.</p>
<b>2020 Performance</b>	<b>91 percent</b> (111 of 122) of cases reviewed were rated acceptable on the <i>Planning Interventions</i> indicator in CY2020.
<b>Historic Information</b>	<p>Timely and effective case planning at the beginning and throughout a child and family’s child welfare involvement depends upon engagement with the family, and teaming with formal and informal supports. Case plans should identify specific services, supports, and timetables for providing services needed to achieve identified goals, including permanency outcomes.</p> <p>Requirements related to case planning in the 1993 MFO included: that the District would develop and implement policies and procedures that established a planning process including working with a child’s parent(s) and other appropriate family members, and outlined timelines for how and when case planning activities should occur upon a child entering care and on an ongoing basis (MFO VII.). Multiple Exit Standards were also in place to assess performance on case planning, including measures that looked at the number of case plans developed within 30 days of a child’s entry into care and measures related to who should be part of case planning meetings (MFO VII.4.). To assess the Exit Standards for <i>Case Planning Process</i>, as with <i>Services to Families and Children</i> (ESP citation II.4.), in 2006, the QSR was developed, and in 2008 it was used to monitor performance. In the 2010 IEP, this</p>

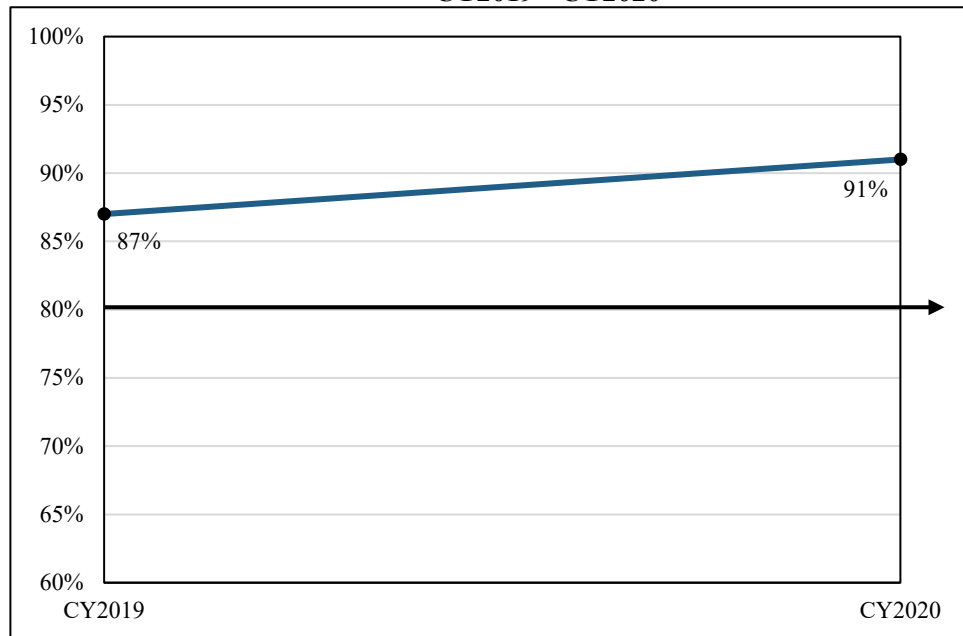
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<sup>160</sup> The *Planning Interventions* indicator is a practice indicator and consists of six sub-parts: (1) safety, (2) permanency, (3) well-being, (4) daily functioning and life role fulfillment, (5) transition and life adjustment, and (6) early learning and education. For purposes of assessing performance, the safety sub-indicator must be rated as acceptable and the majority of the remaining sub-indicators (3 of 5) must also be rated as acceptable. For a detailed description of the *Planning Interventions* indicator, see Appendix D.

measure was re-written to reflect use of the QSR as the methodology for assessing performance.

CFSA achieved maintenance on this measure in CY2018, reaching 80 percent for the first time. Similar to the *Services to Families and Children* Exit Standard, historically, performance varied between out-of-home and in-home cases. Specifically, performance for in-home cases managed by CFSA and out-of-home cases managed by private agencies was below performance for out-of-home cases managed by CFSA. However, in CY2019, there was a significant improvement in performance for CFSA in-home cases and out-of-home cases managed by private agencies (see Figure 21; Table 6).

**Figure 21: QSR Acceptable Performance on Case Planning Process  
CY2019 - CY2020**



Source: CFSA QSR Data

### ***Analysis***

CFSA has achieved the required level of performance for the third consecutive calendar year. Specifically, 91 percent (111 of 122) of cases were rated acceptable on the *Planning Interventions* indicator. Importantly, in CY2020, performance continued to improve for out-of-home cases managed by private agencies (92%), an improvement from the previous year (84%), and out-of-home case managed by CFSA (93%), an improvement from the previous year (85%) (see Table 9).



**Table 9: Performance on Case Planning Process Across Administration  
CY2018 – CY2020**

	CFSA In-Home	CFSA Out-of-Home	Private Agencies	All
<i>Planning Interventions (CY2018)</i>	78% (N=54)	90% (N=48)	69% (N=35)	80% (N=138)
<i>Planning Interventions (CY2019)</i>	91% (N=54)	85% (N=48)	84% (N=31)	87% (N=133)
<i>Planning Interventions (CY2020)</i>	88% (N=42)	93% (N=43)	92% (N=37)	91% (N=122)

Source: CFSA QSR Data, CY2018 – CY2020

**Conclusion**

The Monitor considers this measure **maintained**.

## 12. Timely Permanency

The ESP has two Exit Standards that measure both the processes and outcomes related to permanency for children. These are:

- Timely exit to permanency for children in out-of-home placements (ESP citation II.13.)
- Timely development of a child-specific recruitment plan for child with a goal change of adoption (ESP citation II.23.)

**Measure**

- Of all children who entered foster care for the first time in FY2019 and who remain in foster care for eight days or longer, **45 percent will achieve permanency** (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2020 (ESP citation II.13.).
- Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2019, **45 percent will be discharged from foster care to permanency** (reunification, kinship guardianship, adoption or non- relative guardianship) by September 30, 2020 (ESP citation II.13.).
- Of all children who are in foster care for 25 months or longer on September 30, 2019, **40 percent will be discharged through reunification, adoption, legal guardianship** prior to their 21st birthday or by September 30, 2020, whichever is earlier (ESP citation II.13.).

**Methodology**

To assess performance, the Monitor uses cohort data from FACES.NET.

**2020  
Performance**

- 44 percent of children** who entered foster care for the first time in FY2019 and who remain in foster care for eight days or longer achieved permanency by September 30, 2020.

***Historic  
Information***

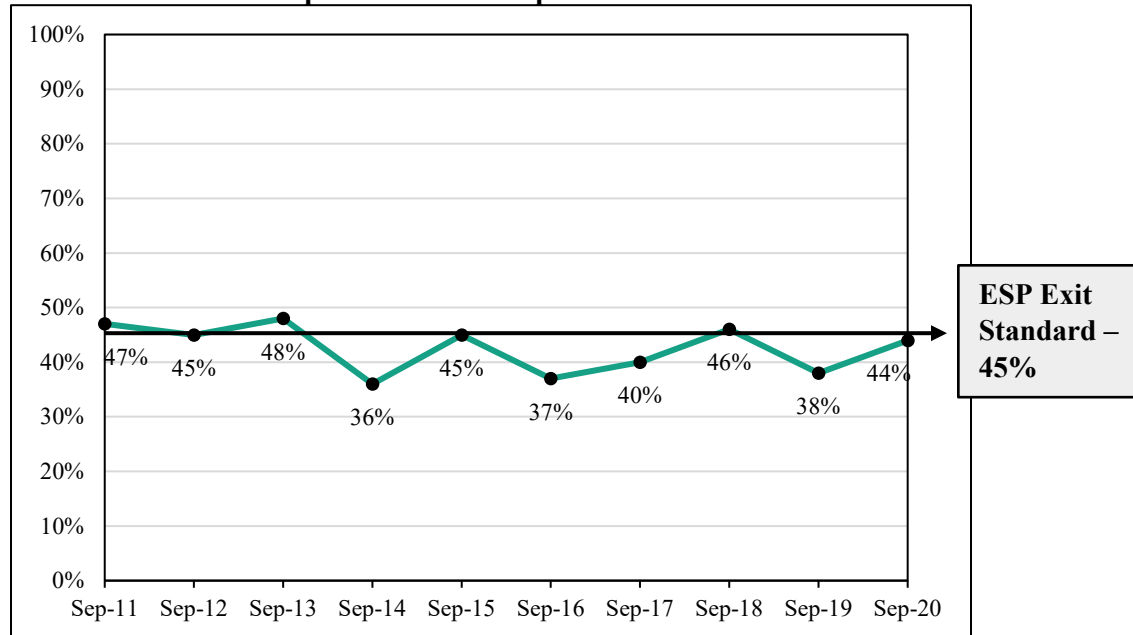
b. **35 percent of children** who were in foster care for more than 12 but less than 25 months on September 30, 2019, achieved permanency by September 30, 2020.

c. **26 percent children** who were in foster care for 25 months or longer on September 30, 2019 achieved permanency.

Ensuring that children in foster care reach permanency in a timely manner is essential to well-being. The 1993 MFO included requirements to improve all permanency outcomes for children in foster care but did not have specified metrics. The current permanency outcome measures were originally included in the 2010 IEP. While some sub-parts of this Exit Standard have been met, the Agency has not fully met performance for this Exit Standard.

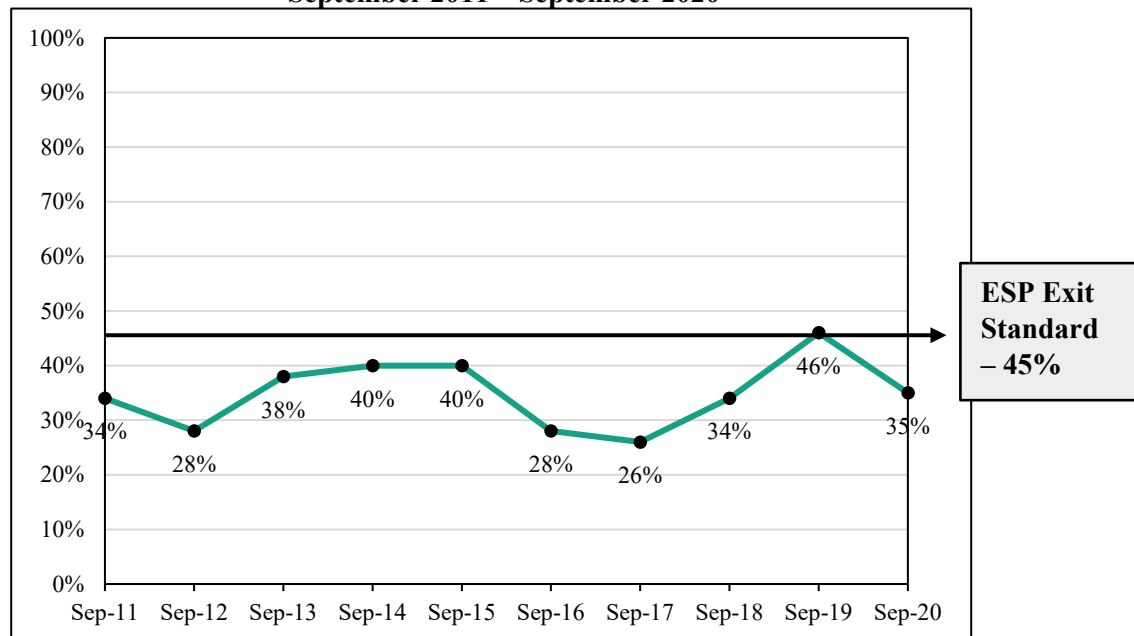
The Exit Standard has three performance sub-parts that must each be met before compliance can be reached for the entire Exit Standard. For each sub-part, different compliance percentages apply for distinct cohorts of children based on their length of stay in foster care. Performance on this Exit Standard is measured with annual fiscal year data and is reported most recently as of September 30, 2020. Figures 22, 23, and 24 below reflect CFSA's performance on this measure since September 2011.

**Figure 22: Permanency for Children in Care  
between 8 Days and Less than 12 Months  
September 2011 – September 2020**



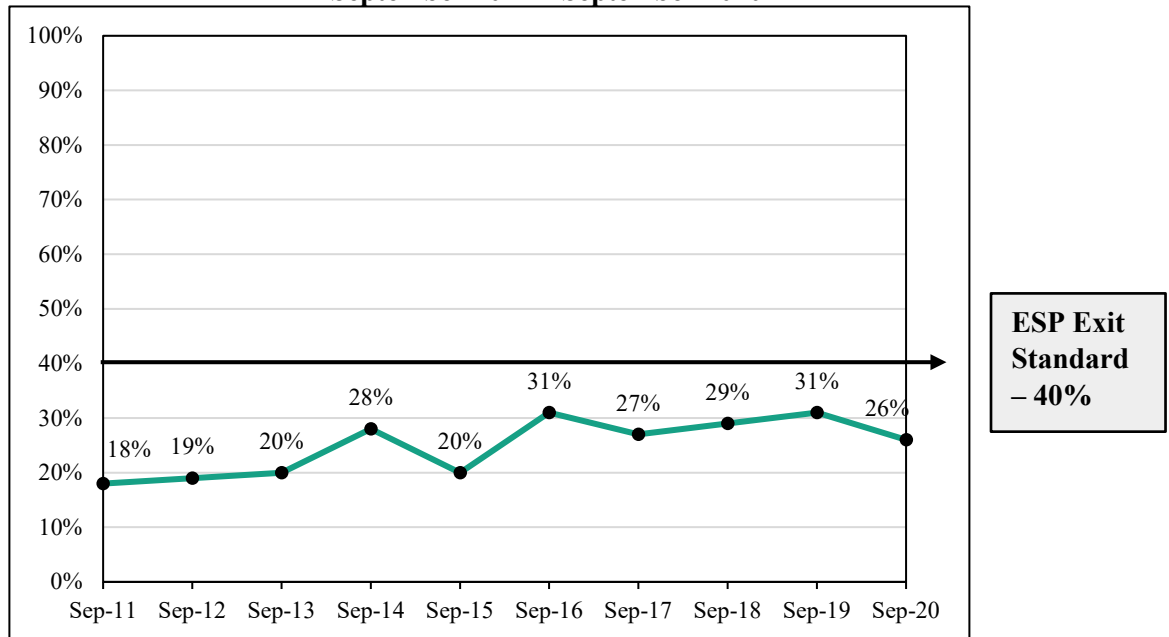
Source: CFSA Administrative Data, FACES.NET report CMT384

**Figure 23: Permanency for Children in Care More than 12 and Less than 25 Months  
September 2011 – September 2020**



Source: CFSA Administrative Data, FACES.NET report CMT384

**Figure 24: Permanency for Children in Care for 25 Months or Longer  
September 2011 – September 2020**



Source: CFSA Administrative Data, FACES.NET report CMT384

### *Analysis*

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

Of the 297 children who entered foster care in FY2019 and remained in foster care for eight days or more, 132 (44%) children exited to positive permanency by September 30, 2020 (see Figure 22 and Table 7). Performance on this sub-part of the Exit Standard increased since FY2019 performance (38%) and was close to meeting the required level of performance.

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

For the 189 children who had been in care more than 12 month and less than 25 months on September 30, 2019, 66 (35%) children achieved permanency by September 30, 2020 (see Figure 23 and Table 7). This performance is below the performance level required by the Exit Standard (40%) and has declined from FY2019 performance (46%).

#### *Permanency for Children in Care for 25 months or longer*

For the 291 children who had been in care 25 or more months on September 30, 2019, 76 (26%) children achieved permanency by September 30, 2020 (see Figure 24 and Table 10). This performance represents a decline from last year.

CFSA has indicated that the COVID-19 pandemic caused court delays in 72 of the 271 cases that had a team review in the last year, which ultimately impacted time to

permanency. Specifically, judges shared courtrooms from March 16<sup>th</sup> to October 1, 2020 which limited availability on their calendars, and did not allow full day or multiple day trials to occur; communication challenges between parents and their assigned attorneys were encountered due to not being able to be in the courthouse or courtroom together; *TaL* trials<sup>161</sup> were not being held timely, which delays assignment of adoption goals.

**Table 10: Children Exiting to Permanency  
by Cohort as of September 30, 2020**

Length of time in out-of-home care during FY2020	Total # in cohort	Exit to Reunification	Exit to Guardianship-Kin	Exit to Guardianship - NonKin	Exit to Adoption	Total Exits to Permanency by September 30, 2020	ESP Target
8 days – 12 months	297	118 (40%)	8 (3%)	0 (0%)	6 (2%)	132 (44%)	45%
12 – 24 months	189	17 (9%)	5 (3%)	3 (2%)	41 (22%)	66 (35%)	45%
25 months or more	291	8 (3%)	11(4%)	9 (3%)	48 (16%)	76 (26%)	40%

Source: CFSA Administrative Data, FACES.NET reports CMT384 and CMT385 \*Percentages may not equal 100% due to rounding

**Conclusion** | The Monitor considers this measure **not achieved**.

### 13. Timely Adoption

<b>Measure</b>	For <b>90 percent</b> 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 (ESP citation II.23.).
<b>Methodology</b>	To assess performance, the Monitor uses manual data provided by CFSA.
<b>2020 Performance</b>	<b>97 percent</b> of children with a goal change of adoption had a planning meeting to develop a child-specific recruitment plan within 95 days of their goal change.

<sup>161</sup> *In Re Ta.L.* is a DC Court of Appeals decision from 2016 that requires an evidentiary hearing prior to changing a child's permanency goal from reunification to adoption.

***Historic  
Information***

Developing child-specific recruitment plans help to support matching children in foster care with a potential adoptive family in a timely manner, preventing children from lingering with an adoption goal without an identified resource. A version of this measure was originally included in the 1993 MFO, requiring that, “the Department shall begin individual child specific adoptive home recruitment” (MFO VII. D. 2d.). CFSA first met the requirements of this Exit Standard in 2011, and has successfully maintained performance with the exception of one monitoring period – from January through June 2018 – when performance dipped to 79 percent.

***Analysis***

A total of 87 total children this monitoring period had their permanency goal changed to adoption. Fifty-eight of the 87 (67%) children had a Letter of Intent completed or petition to adopt filed before 95 days from goal change, and thus were no longer in need of a recruitment plan. Of the remaining 29 children, 28 (97%) had a planning meeting to develop a child-specific recruitment plan within 95 days of their goal change. CFSA continues to meet this Exit Standard.

***Conclusion***

The Monitor considers this measure **maintained**.

## **C. HEALTH AND DENTAL CARE**

CFSA and its private agency partners are responsible for ensuring that children in care have their health and dental needs met, including regular, comprehensive evaluations. These screenings and assessments are important to identify health conditions that require prompt medical attention, chronic medical needs, and developmental or behavioral health concerns. To support the child’s health, information about a child’s health needs and status must be shared immediately with the child’s foster parent or caregiver, social worker, and other service providers, so that a treatment plan can be developed. To ensure proper and regular treatment, foster parents must have access to the Medicaid information for children in their care.

The ESP has two Exit Standards related to children’s health care, including:

- Children in foster care receive appropriate and routine dental services (ESP citation II.16.)
- Foster parents receive the Medicaid number and card for children in their care (ESP citation II.17.)

During the current monitoring period, CFSA partially met the required level of performance for comprehensive dental exams for children entering foster care, and met the required level of

performance for distribution of Medicaid cards and numbers to caregivers of children in foster care.

## 1. Comprehensive Dental Evaluations

<b>Measure</b>	<b>25 percent of children</b> shall receive a full dental evaluation within 30 days of placement; <b>50 percent of children</b> shall receive a full dental evaluation within 60 days of placement; and <b>85 percent of children</b> shall receive a full dental evaluation within 90 days of placement (ESP citation II.17.).
<b>Methodology</b> <b>2020</b> <b>Performance</b>	<p>Data for this measure are collected and reported through FACES.NET.</p> <p><b>Monthly range of 21 to 45 percent</b> of children received a full dental evaluation within 30 days of entering care; <b>monthly range of 32 to 73 percent</b> of children received a full dental evaluation within 60 days of entering care; and <b>monthly range of 53 to 86 percent</b> of children received a full dental evaluation within 90 days of entering care.</p> <p>Due to the COVID-19 pandemic, CFSA experienced a disruption in securing dental evaluations for children for reasons outside of their control. Dental offices were closed between March and July 2020, thus the Monitor has excluded data from these months in this report, and those service disruptions likely impacted access to dental health services in all months during the monitoring period.</p>
<b>Historic</b> <b>Information</b>	<p>At the inception of the <i>LaShawn</i> lawsuit, CFSA did not have any way of tracking or ensuring the health needs of children in care were met consistently. The 1993 MFO included a requirement for a medical screening within 24 hours of entering care, and a full Medicaid and dental examination within two weeks of entering care (MFO VI.C.).<sup>162</sup> In addition, the 1993 MFO included a requirement that the District contract with a well-staffed hospital that operates 24-hours a day to meet the required screenings and assessments (MFO VI.C.2.). The specific requirements on medical and dental health care changed over time.</p> <p>Specifically related to dental evaluations, CFSA struggled to implement an accurate way of tracking dental data. In 2009, CFSA and the Monitor worked closely to review all data and implement a reliable tracking process. Through these efforts, and in alignment with best practice about when and how often children should have a comprehensive dental examination, the measure was modified in</p>

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<sup>162</sup> CFSA previously achieved and was able to consistently maintain the requirements for medical assessments and comprehensive medical evaluations, and therefore these measures are not included in the ESP.

the 2010 IEP to include the three benchmarks for assessing performance, which are included in the ESP.

CFSA has consistently met the required level of performance for children to receive a comprehensive dental evaluation within 30 and 60 days of placement, however, has struggled to consistently meet the higher level of performance that 85 percent of children to receive a dental evaluation within 90 days of placement.<sup>163</sup> CFSA has implemented numerous strategies to support performance on this measure, including having the dental van from Children's National Medical Center come to CFSA a few times a month. However, these strategies have not led to consistent performance. Since the July through December 2014 monitoring period, the Monitor considered the Exit Standard to be achieved six of 10 monitoring periods.<sup>164</sup>

### ***Analysis***

During the current monitoring period, a monthly range of 21 to 45 percent<sup>165</sup> of children received a full dental evaluation within 30 days of entering care; a monthly range of 32 to 73 percent<sup>166</sup> of children received a full dental evaluation within 60 days of entering care; and a monthly range of 53 to 86 percent<sup>167</sup> of children received a full dental evaluation within 90 days of entering care. In December 2020, CFSA achieved performance level required for the first two subparts (full evaluations within 30 days and 60 days) but did not meet the performance level required to the third subpart (full evaluation within 90 days) (see Figure 25).

Of the seven months for which data are reported, CFSA met the required performance six of seven months for dental evaluations within 30 days of a child's placement; six of seven months for dental evaluations within 60 days of a child's placement; and one of seven months for dental evaluations within 90 days of a child's placement. When dental offices re-opened in August 2020, they did so at limited capacity as a safety precaution. As a result, there continued to be

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<sup>163</sup> CFSA's performance fell below the required level of performance during the July through December 2014 and January through June 2015 monitoring periods, however, the Monitor considered the deviation at that time to be minimal and temporary and deemed the Exit Standard to be Achieved.

<sup>164</sup> CFSA performance across the three subparts contributed to the Monitor's assessment that this Exit Standard was achieved during six of those 10 monitoring periods. However, CFSA did not fully achieve the required level of performance for each subpart during every month of each of those six monitoring periods.

<sup>165</sup> Monthly performance for dental evaluations within 30 days of a child's placement are as follow: January 2020, 41%; February 2020, 45%; August 2020, 33%; September 2020, 21%; October 2020, 43%; November 2020, 36%; December 2020, 42%.

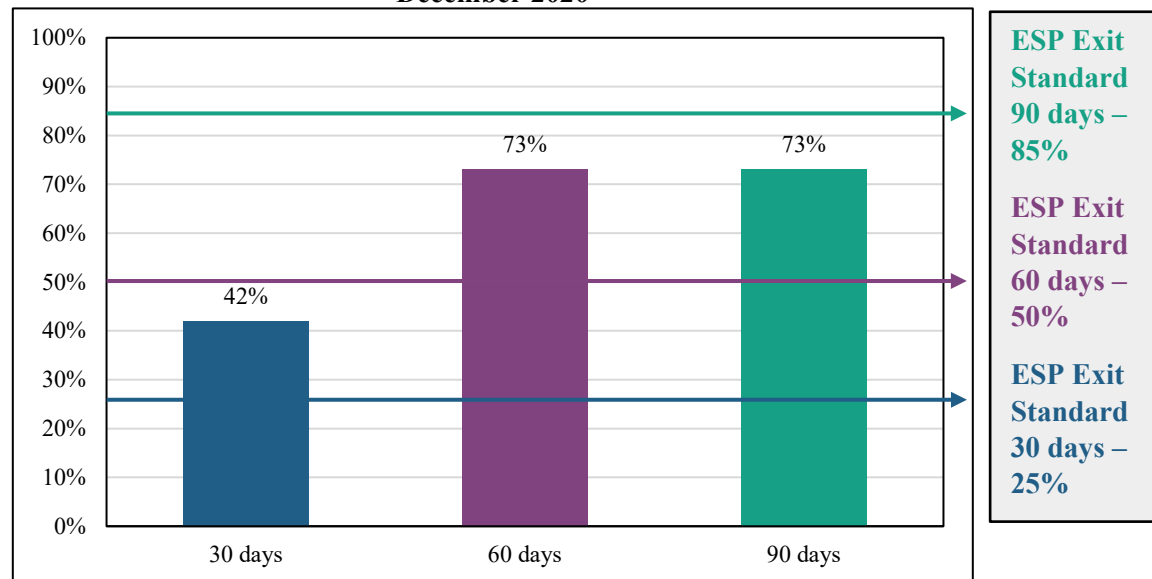
<sup>166</sup> Monthly performance for dental evaluations within 60 days of a child's placement are as follow: January 2020, 62%; February 2020, 66%; August 2020, 50%; September 2020, 32%; October 2020, 62%; November 2020, 68%; December 2020, 73%.

<sup>167</sup> Monthly performance for dental evaluations within 90 days of a child's placement are as follow: January 2020, 62%; February 2020, 86%; August 2020, 56%; September 2020, 53%; October 2020, 71%; November 2020, 72%; December 2020, 73%.



delays in securing dental evaluations for children who missed their screenings; a barrier that is outside the control of the Agency.

**Figure 25: Percentage of Children In Care with Full Dental Evaluation at 30-, 60-, and 90-days  
December 2020**



Source: CFSA Administrative Data, FACES.NET report HTH005

### **Conclusion**

The Monitor considers this measure **partially achieved**. COVID-19 pandemic restrictions and closure of dental offices have impacted performance in this period.

## **2. Medicaid Coverage**

### **Measure**

**90 percent** of children's caregivers shall be provided with documentation of Medicaid coverage within five days of placement and Medicaid cards within 45 days of placement (ESP citation II.18.).

### **Methodology**

To assess performance, the Monitor validates data collected by CFSA on the distribution of Medicaid numbers and Medicaid cards to foster parents. CFSA tracks the distribution of a child's Medicaid number to foster parents during an initial placement, including re-entry, and placement change, through phone calls to the foster parent. CFSA tracks distribution of Medicaid cards to foster parents when a child enters foster care (initial placement or re-entry); CFSA does not separately track the distribution of Medicaid cards for children

experiencing a placement change as CFSA reports that Medicaid cards are part of the placement packet that transfers with a child during a placement change.

During the current monitoring period, the Monitor modified the methodology for assessing distribution of Medicaid cards. Instead of reporting data monthly, the Monitor aggregated data across the year due to the low number of children who enter foster care each month. The monthly universe of applicable children, for example, was only six children during February 2020. As fewer children enter foster care on a monthly basis, aggregating data across the period more accurately reflects CFSA's practice.

**2020  
Performance**

**Monthly range of 78 to 100 percent** of foster parents received the child's Medicaid card within five days of the child's placement; and between January and December 2020, **87 percent of foster parents** received the child's Medicaid card within 45 days of the child's placement.

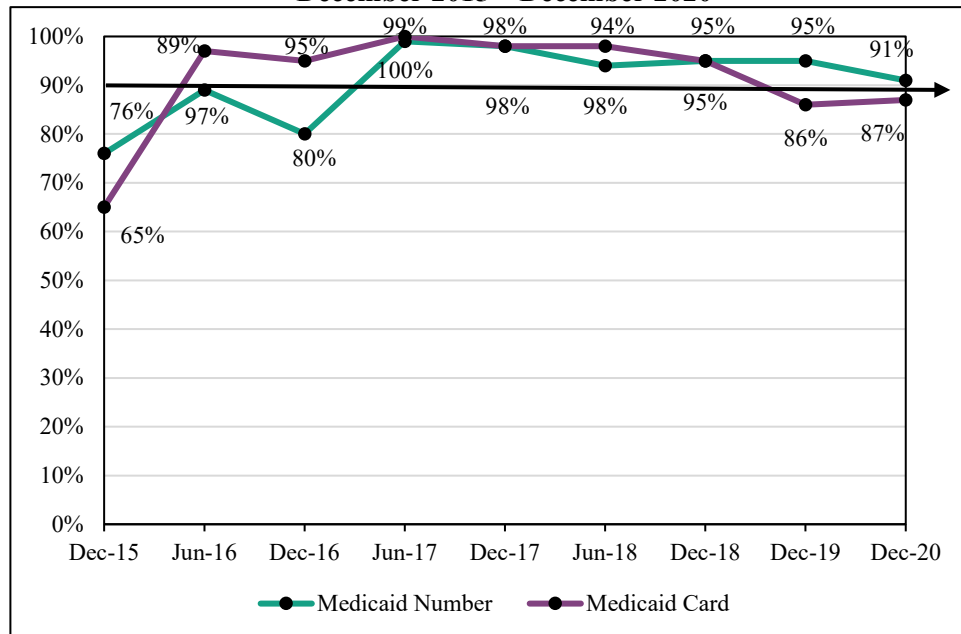
**Historic  
Information**

Through the District's Medicaid State Plan, all children are eligible for Medicaid immediately upon entering foster care, including those who do not have legal status or had private health insurance prior to entering care. A foster parent's access to a child's Medicaid number and card are essential to them being able to meet a child's health needs including filling prescriptions and taking children to routine and emergency medical appointments.

The specific measure related to the distribution of Medicaid numbers and cards was first included in the 2010 IEP, which outlined the requirements that CFSA ensure the prompt completion and submission of appropriate health insurance paperwork, record keeping, and timely provision of Medicaid information to foster parents (IEP citation C.22.d.). CFSA struggled initially to develop and align business processes with the Department of Health Care Finance (DHCF) to enroll children timely and receive documentation of enrollment, including the Medicaid number and card, to share with foster parents. Additionally, the Agency needed to develop internal processes to ensure the prompt distribution of Medicaid information to foster parents. CFSA worked closely with DHCF and internal staff to develop and implement business processes to address barriers to achieving this measure. During the January through June 2016 monitoring period, CFSA partially achieved this measure for the first time, and

fully achieved the measure for the first time during the January through June 2018 monitoring period (see Figure 26 below).<sup>168</sup>

**Figure 26: Distribution of Medicaid Number and Medicaid Card to Foster Parents  
December 2015 – December 2020\***



**ESP Exit  
Standard  
– 90%**

Source: CFSA Manual Data;

\*Data for Medicaid card are aggregated for CY2020.

### Analysis

During the current monitoring period, a monthly range of 78 to 100 percent of foster parents received the child's Medicaid card within five days of the child's placement, meeting the required level of performance or falling within four percentage points every month except for one.<sup>169</sup> Between January and December 2020, 87 percent of foster parents received the child's Medicaid card within 45 days of the child's placement.<sup>170</sup>

CFSA has continued to refine the process for collecting and tracking the distribution of Medicaid numbers and cards. While the receipt and

<sup>168</sup> CFSA performance fell below the required level of performance during the July through December 2014 and January through June 2015 monitoring periods, however, the Monitor considered the deviation at that time to be minimal and temporary and deemed the Exit Standard to be Achieved.

<sup>169</sup> Monthly performance for distribution of Medicaid numbers are as follow: January 2020, 95%; February 2020, 99%; March 2020, 100%; April 2020, 94%; May 2020, 94%; June 2020, 94%; July 2020, 78%; August 2020, 96%; September 2020, 97%; October 2020, 96%; November 2020, 93%; December 2020, 91%.

<sup>170</sup> Each month the universe of applicable children ranged from 6 to 33 children. Due to the small and fluctuating number of children each month, the Monitor has aggregated performance across CY2020 to more accurately convey CFSA performance. Monthly performance for distribution of Medicaid cards are as follow: January 2020, 95%; February 2020, 67%; March 2020, 92%; April 2020, 88%; May 2020, 85%; June 2020, 92%; July 2020, 94%; August 2020, 92%; September 2020, 78%; October 2020, 80%; November 2020, 69%; December 2020, 95%.

documentation of Medicaid status is an important process indicator that children have access to healthcare, qualitative data about meeting children's healthcare needs and their health status collected through the QSR consistently show that the health care needs of children placed in out-of-home care are being met, with 94 percent (75 of 80) of cases rated acceptable on both Child Status health indicators, *Physical Status* and *Receipt of Care*.

**Conclusion**

The Monitor considers this measure **maintained**.

## D. INFRASTRUCTURE

Essential elements to a child welfare system's infrastructure are a stable and well-trained workforce, well-functioning continuous quality improvement (CQI) processes, and a sufficient budget/resources to implement of best practices and remain responsive to changing system and family needs. Continuing to strengthen the Agency's CQI processes and use of process and outcome data to self-regulate, evaluate, and adjust practice and policy is an ongoing commitment the District made within the August 2020 Settlement Agreement. CFSA's progress on this commitment is included in Table 8 in Section E. Self-Regulation and Policy Commitments.

There are five ESP measures that pertain to CFSA's capacity to operate a well-functioning child welfare agency: caseloads for social workers; timely approval for licensing new foster parents; and three measures related to training for new workers, new supervisors, and foster parents. During the current monitoring period, CFSA continued to maintain the caseload levels required for ongoing social workers, and workers conducting home studies. CFSA also continued to ensure that new workers and supervisors completed the required number of pre-service training hours, in-service training for foster parents, and timely approval for licensing new foster parents. These measures are discussed in detail below.

### 1. Ongoing Caseloads

**Measure**

The ESP includes caseload limits based upon the type of cases a worker is assigned:

- 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**.
- 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**.
- The caseload of each worker having responsibility for conducting home studies shall not **exceed 30 cases**.

	<ul style="list-style-type: none"> <li>- There shall be no cases unassigned to a social worker for <b>more than five business days</b>, in which case, the supervisor shall provide coverage but not for more than five business days (ESP citation. II.9.).</li> </ul> <p><b>90 percent</b> of 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>
<b>Methodology</b>	To assess performance, the Monitor uses data from FACES.NET. The Monitor conducts additional validation of in-home services and permanency caseload data by reviewing back-up data to ensure that daily caseload counts are accurate.
<b>2020 Performance</b>	<p><b>Monthly range of 95 to 99 percent</b> of ongoing workers met the caseload requirement in CY2020. No social worker had a caseload of more than 18.</p> <p><b>100 percent</b> of workers conducting home studies met required performance of no greater than 30 cases.</p> <p><b>Monthly range of nine to 38 cases</b> (1 to 4% of total open cases) were unassigned to a social worker for more than five business days.</p>
<b>Historic Information</b>	Having sufficient staff to maintain caseloads for in-home, permanency, CPS, and home study workers in accordance with caseload standards is a fundamental pre-requisite to good practice and outcomes. This measure was originally included in the 1993 MFO and has continued to be required in the current ESP. The Agency first fully met the caseload requirement in 2013, and for the last two monitoring periods, performance on this measure has consistently met requirements.
<b>Analysis</b>	A monthly range of 95 to 99 percent of ongoing workers maintained a worker to caseload ratio of 1:15, with no workers carrying more than 18 cases. All (100%) home study workers maintained a caseload of less than 30 cases. While a monthly range of one to four percent of cases remained unassigned for more than five business days, this performance is consistent with previous monitoring periods and the Monitor considers the standard maintained.
<b>Conclusion</b>	The Monitor considers this measure <b>maintained</b> .

## 2. Training for New Social Workers

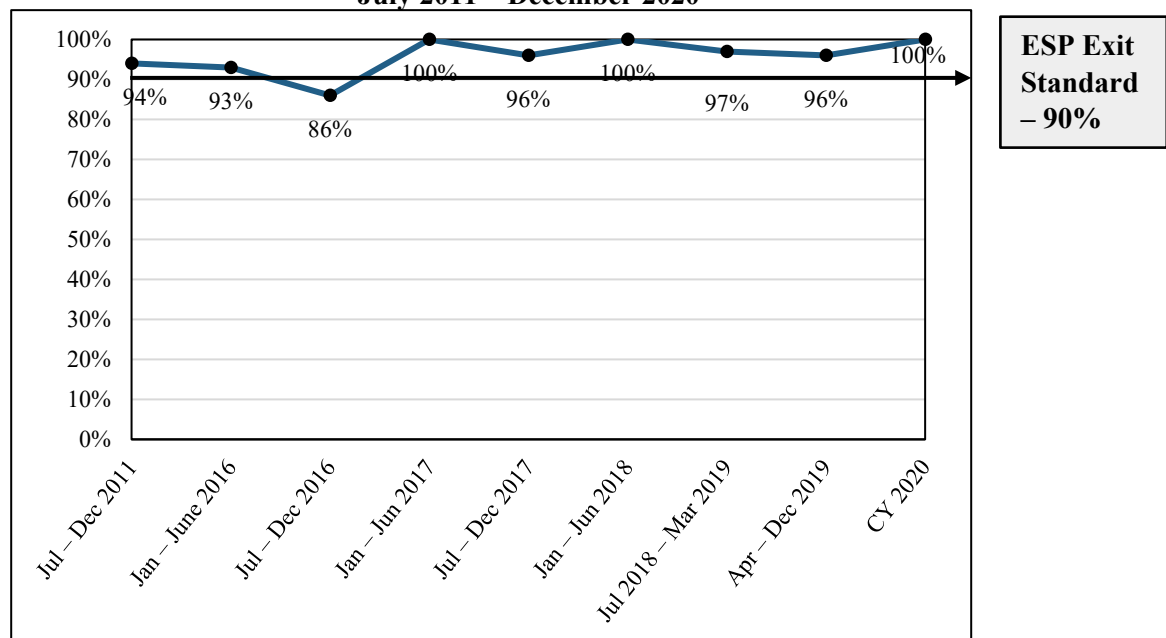
<b>Measure</b>	<b>90 percent</b> of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training. (ESP citation II.20a.).
<b>Methodology</b>	To assess performance, the Monitor reviews data collected by CFSA through FACES.NET. CFSA and its private partners – including NCCF, LAYC, and LSS – are responsible for ensuring all new direct service staff complete the required training prior to carrying a caseload.
<b>2020 Performance</b>	<b>100 percent</b> (71 of 71) of newly hired direct service staff received 80 hours of pre-service training in CY2020. <sup>171</sup>
<b>Historic Information</b>	<p>Training is a core function in any child welfare agency and a primary mechanism to ensure that social workers have the competencies necessary to carry out their jobs effectively. At the time the MFO was entered, the District’s child welfare staff received no formal pre-service or regular in-service training. The 1993 MFO included a number of measures related to ensuring child welfare staff had the skills and competencies to carry-out their responsibilities including:</p> <ul style="list-style-type: none"><li>• developing a training program that included policies and procedures for a comprehensive child-welfare training program that would assure all persons charged with child welfare case management had sufficient training;</li><li>• establishing a full-time training unit with sufficient staffing, budget, and other resources; and</li><li>• every newly hired social worker would receive 80 hours of instructional training and 80 hours of field training prior to assuming case management responsibility (MFO XIV.D.1.).</li></ul> <p>Between the implementation of the 1993 MFO and the IEP, CFSA established policies and procedures that govern pre-service and in-service training for direct workers. CFSA now has a well-functioning Child Welfare Training Academy (CWTA) that provides regular training to meet the needs of the workforce.</p> <p>The performance measure related to pre-service training for direct service staff was modified in the IEP to 80 hours of training prior to assuming primary case</p>

<sup>171</sup> All social workers were issued laptops and CWTA moved all trainings online so that there were no delays in staff completing pre-service training despite the COVID-19 pandemic.

management responsibility. These training hours are required to be completed within 90 days of a new direct service worker's hire date. Following completion of classroom training, social workers assume case management responsibility and receive on-the-job training and support from their supervisor. Within CFSA, social workers first begin their case management work within a specialized training unit where they receive this hands-on support and carry a small caseload.

CFSA newly met the required level of performance on pre-service training during the July through December 2011 monitoring period. Since that time, CFSA has maintained performance on this measure (see Figure 27).<sup>172</sup>

**Figure 27: New Social Workers with the Required Hours of Pre-Service Training  
July 2011 – December 2020**



Source: CFSA Administrative Data, FACES.NET report TRN030

### *Analysis*

During the current monitoring period, 71 direct service workers were newly hired by CFSA and its partner agencies. All (100%) of these workers completed the required 80 hours of training within 90 days of their hire date.

CFSA now has the infrastructure, including dedicated staff and budgetary resources, to support newly hired direct service workers in receiving

<sup>172</sup> CFSA performance fell below the required level of performance during the July through December 2012 (89%), January through June 2015 (85%), and July through December 2016 (86%) monitoring periods; however, the Monitor considered the deviation at that time to be minimal and temporary and deemed the Exit Standard to be Achieved.

	comprehensive child welfare training to prepare them to carry-out their responsibilities. CWTA has developed targeted trainings for staff based on their role (e.g. investigators, ongoing in-home workers, and permanency workers), and also provides ongoing, in-service training to direct service workers at both CFSA and private providers to support their ongoing learning and the introduction of best practices. In addition, CFSA's private provider partners also offer in-service training to their staff as a compliment to what is provided by CWTA.
<b>Conclusion</b>	The Monitor considers this measure <b>maintained</b> .

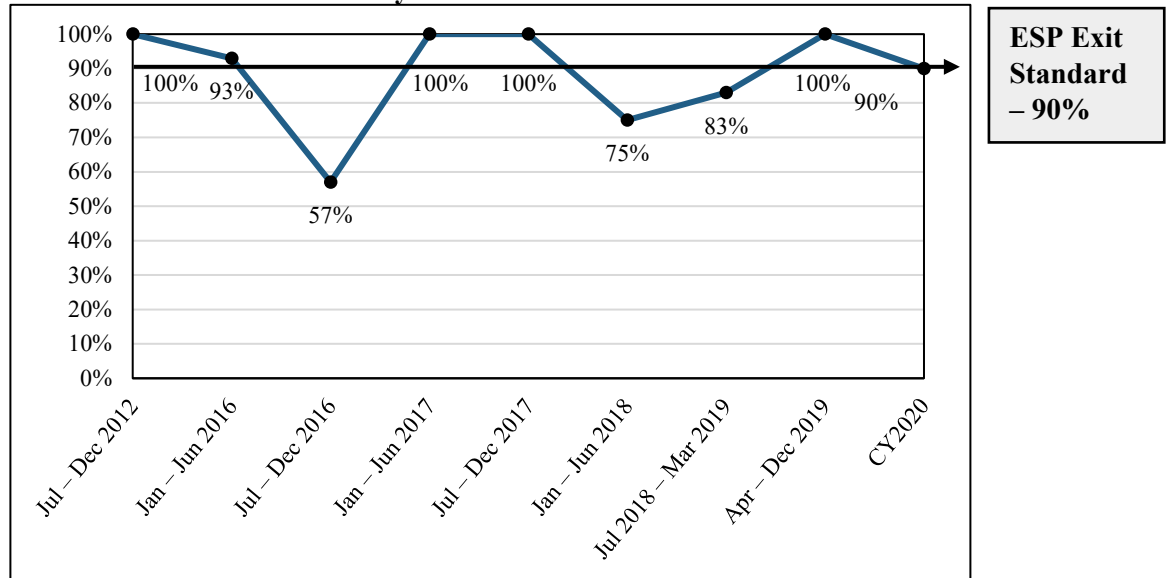
### 3. Training for New Supervisors

<b>Measure</b>	<b>90 percent</b> 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 (ESP citation II.20b.).
<b>Methodology</b>	To assess performance, the Monitor reviews data collected by CFSA through FACES.NET and validates back-up data. CFSA and its private partners – including NCCF, LAYC, and LSS – are responsible for ensuring all supervisors complete the required training within their first eight months as a supervisor.
<b>2020 Performance</b>	<b>90 percent</b> (18 of 20) of new supervisors hired or promoted received the required 40 hours of pre-service training within eight months of assuming supervisory responsibility.
<b>Historic Information</b>	Supervisors are instrumental to an agency's ability to successfully serve children and families and implement new best practices. In addition to the training requirements outlined in the previous section, the 1993 MFO included the specific requirement that supervisors receive a minimum of 40 hours of training that is directed specifically at the supervision of child welfare social workers within three months of the assuming supervisory responsibility (MFO XIV.D.3.). The requirement was modified in the IEP to 40 hours of supervision-specific training within eight months of assuming supervisory responsibility. The expansion in the timeline to complete all required supervisory training was made in recognition of the small number of supervisors added each quarter and to support supervisors in carrying out their daily responsibilities while also completing training.  CFSA newly met the required level of performance for this measure during the July to December 2012 monitoring period. Since that time, CFSA has achieved



or partially achieved performance on this measure all but two monitoring periods (see Figure 28).<sup>173</sup>

**Figure 28: New Supervisors with the Required Hours of Pre-Service Training  
July 2012 – December 2020**



Source: CFSA Administrative Data, FACES.NET report TRN032

### ***Analysis***

During the current monitoring period, 20 supervisors were hired, and 18 (90%) supervisors completed the required 40 hours of training within eight months of assuming supervisory responsibility. During this period, much of the training was transitioned to virtual training due to the COVID-19 pandemic.

CFSA has built the infrastructure, including dedicated staff and budgetary resources, to support newly hired supervisors in gaining the skills necessary to supervise child welfare social workers.

### ***Conclusion***

The Monitor considers this measure **maintained**.

<sup>173</sup> CFSA performance fell below the required level of performance during the January through June 2013 (80%), and July through December 2016 (57%) monitoring periods. Performance also fell below the required level of performance in January through June 2018 (75%), however, the Monitor considered the Exit Standard to be Achieved due to the small universe of applicable supervisors.

#### 4. Training for Foster Parents

<b>Measure</b>	<b>99 percent</b> of foster parents whose licenses are renewed shall receive 30 hours of in-service training (ESP citation II.21.). <sup>174</sup>
<b>Methodology</b>	To assess performance, the Monitor reviews data collected by CFSA through FACES.NET, and validates back-up data. CFSA and its private partners – including NCCF, LAYC, LSS, and Children’s Choice – are responsible for ensuring all foster parents complete the required in-service training prior to being relicensed.
<b>2020 Performance</b>	<b>99 percent</b> (360 of 364) of foster parents completed the required 30 hours of in-service training prior to being relicensed. <sup>175</sup>
<b>Historic Information</b>	<p>On a daily basis, foster parents are responsible for and must be equipped and supported to meet the needs, and support the well-being, of children in their care. Ensuring foster parents have access to and receive ongoing training on best practices, child and adolescent development, and the needs of children and youth who have often experienced trauma, ensures they are able to provide substitute care that promotes the safety, health, and well-being of the children in their care.</p> <p>The 1993 MFO included requirements related to foster parent training, specifically, that all foster parents receive a minimum of 15 hours of training each year. The 1993 MFO also outlined requirements for foster parent training including that the training:</p> <ul style="list-style-type: none"><li>• allow them to comply with relevant mandates of child welfare policy, District law, and provisions of the 1993 MFO;</li><li>• enable them to meet experienced foster parents; and</li></ul>

<sup>174</sup> CFSA and private agencies license foster parents for either 1 or 2 years. Foster parents are required to complete 15 hours of in-service training for each year of their license.

<sup>175</sup> CFSA was granted the authority to extend foster parent licenses as included in the COVID-19 Emergency Response Amendment Act of 2020 § 310: notwithstanding any provision of law during or within 45 days after the end of a period of time for which the Mayor has declared a public health emergency pursuant to section 5a of the District of Columbia Public Emergency Act of 1980, effective October 17, 2002 (D.C. Law 14-194; D.C. Official Code § 7-2304.01), the Mayor, may: (1) Prospectively or retroactively extend the validity of a license, registration, permit, or authorization, including drivers licenses, vehicle registrations, professional licenses, registrations, and certifications; (2) Waive the deadlines for filings, and waive fees, fines, and penalties associated with the failure to timely renew a license, registration, permit, or other authorization or to timely submit a filing; or (3) Extend or waive the deadline by which action is required to be taken by the executive branch of the District government or by which an approval or disapproval is deemed to have occurred based on inaction by the executive branch of the District government. During the COVID-19 pandemic, all CWTA trainings have been moved online. CFSA has worked to support resource parents in completing in-service trainings online through providing the participant guide to those who do not have access to a personal computer in advance and supporting resource parents in accessing trainings over the phone if they do not have access to a computer. However, there were still some resource parents (26) who continued to experience barriers, including limited internet access and challenges managing remote learning and work schedules. These resource parents were granted an extension and were excluded from the universe in measuring performance for this requirement.

- provide, where appropriate, specialized training to support them in caring for children with special needs (MFO XIV.D.1.).

Of note, the original 1993 MFO separated foster parent and adoptive parent training requirements. In alignment with best practice, CFSA no longer separates foster and adoptive parents recognizing that all children that enter care have the potential to reunify with their parents and it can be harmful to the foster parent-birth parent relationship if the foster parent believes they will be adopting the child from the initial placement.

The 2010 IEP continued the requirement outlined in the 1993 MFO for foster parents to complete 15 hours of in-service training per year prior to re-licensure. CFSA first achieved the required level of performance on this measure during the July through December 2013 monitoring period.

However, CFSA has had challenges consistently maintaining performance on this measure; it was achieved between July and December 2013 through January and June 2017<sup>176</sup> and then achieved again during the April through December 2019 monitoring period.<sup>177</sup>

#### *Analysis*

During the current monitoring period, 360 of 364 (99%) foster parents completed the required number of hours prior to re-licensure. As a result of the COVID-19 pandemic, CFSA took steps to support foster parents in completing their training online, however, some (10) foster parents still were unable to complete their training due to barriers including utilization of technology. These foster parents were granted waivers under the District's COVID-19 Emergency Response Amendment Act of 2020 and were not included in the assessment of performance for this period. CFSA has indicated they will continue to support all foster parents to overcome barriers and have access to and complete the required training as timely as possible.

#### *Conclusion*

The Monitor considers this measure **maintained**.

<sup>176</sup> Performance fell below the required level of performance between July and December 2014, and January and June 2017 (ranging from 91% - 94%), however the Monitor considered the Exit Standard to be Achieved and the deviation to be minimal.

<sup>177</sup> CFSA performance fell below the required level of performance during the January and June 2013 (80%), and July and December 2016 (57%) monitoring periods. Performance also fell below the required level of performance between January and June 2018 (75%), however, the Monitor considered the Exit Standard to be Achieved due to the small universe.

## 5. Timely Approval of Foster/Adoptive Parents

<b>Measure</b>	<b>70 percent</b> of homes licensed beginning April 1, 2019 will have been approved, and interested parties will have been notified within 150 days (ESP citation II.12.).
<b>Methodology</b>	<p>To assess performance, the Monitor validates data collected by CFSA on the timely approval of foster<sup>178</sup> homes. CFSA and its private partners – including NCCF, LAYC, LSS, and Children’s Choice – are responsible for supporting new foster parents in navigating the licensing process.</p> <p>When licensing a foster home takes longer than 150 days due to circumstances outside the District’s control, the home is considered to be in compliance.</p>
<b>2020 Performance</b>	<b>82 percent</b> (103 of 126) of foster homes licensed received their license within 150 days. <sup>179</sup>
<b>Historic Information</b>	<p>The original 1993 MFO included a measure to ensure that the District licenses potential foster/adoptive parents timely. Specifically, the 1993 MFO required the District to license potential foster/adoptive parents within 45 days of them having completed their pre-service training. The measure was modified in the IEP to the current standard – licensure with 150 days of beginning the licensure process – to better reflect licensing processes and more realistic timelines.</p> <p>CFSA first met the required level of performance for this measure during the January through June 2014 monitoring period. Since that time, CFSA has maintained performance on this measure, with the exception of the July 2018 through February 2019 monitoring period (see Figure 29 below).<sup>180</sup></p>

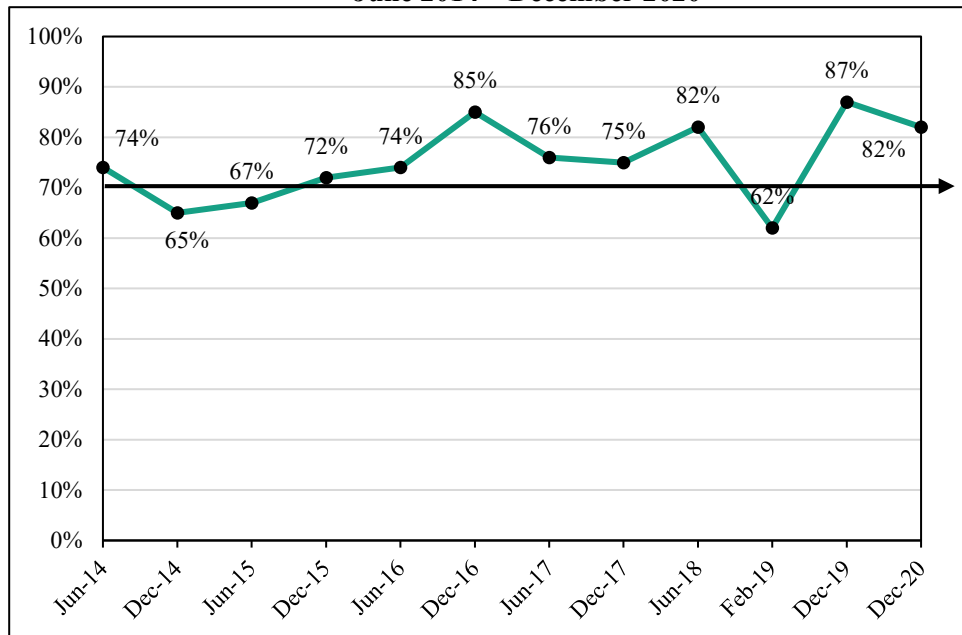
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<sup>178</sup> CFSA no longer differentiates between foster and adoptive parents. When discussing present-day practice, the Monitor only references “foster parents” and when discussing historical information, the Monitor references “foster and adoptive parents”.

<sup>179</sup> For 18 of the 103 homes considered compliant during the monitoring period, licensure took longer than 150 days due to circumstances that were beyond the District’s control. Specifically, licensure of 17 homes was delayed due to challenges related to the COVID-19 pandemic including fire inspections being placed on hold and delays due to doctors’ offices not seeing patients to complete non-emergency paperwork.

<sup>180</sup> CFSA performance fell below the required level of performance during the July through December 2014 and January through June 2015 monitoring periods, however, the Monitor considered the deviation at that time to be minimal and temporary and deemed the Exit Standard to be Achieved.

**Figure 29: Approval of Foster Homes within 150 Days of Beginning Training  
June 2014 – December 2020**



**ESP Exit  
Standard  
– 70%**

Source: CFSA Administrative Data, FACES.NET report PRD202

#### ***Analysis***

Of the 126 foster homes that were newly licensed in CY2020, 82 percent received their license within 150 days. CFSA has the infrastructure, including dedicated staff to support foster parents through the licensure process, to ensure timely approval of foster parents. In addition, CFSA has developed clear processes for collecting required information, including out of state clearances when necessary, early on in the licensure process to reduce delays in licensing foster parents.

#### ***Conclusion***

The Monitor considers this measure **maintained**.

## **E. SELF-REGULATION AND POLICY COMMITMENTS**

CFSA is required by the ESP to engage in self-regulation and public reporting in support of accountability to children, families, and the community. Strong CQI processes enable the child welfare system to be accountable to children and families, foster parents, staff, and the community through routine sharing of information on performance and have reliable and timely information to assess performance and modify policies and practices to improve outcomes.

During the previous monitoring period, CFSA launched a public-facing data dashboard that includes performance on key data measures and reports on CQI activities including, but not limited to, the Annual Quality Service Review Report, Annual Child Fatality Review Report,

and Needs Assessment and Resource Development Plan.<sup>181</sup> CFSA has finalized and posted the following reports on its website:

- CY2019 Child Fatality Annual Report<sup>182</sup>;
- FY2020 Needs Assessment<sup>183</sup>;
- FY2021 and FY2022 Resource Development Plans<sup>184</sup>; and
- Annual Quality Service Review Report: CY2020<sup>185</sup>.

CFSA is also planning to publish two reports on CY2020 child fatality data: the first, a data snapshot, was made available on March 25, 2021<sup>186</sup>. The second, a comprehensive report with additional information about the 2020 decedents and their families, and their involvement with CFSA and other agencies, will be available in July 2021.

Additionally, in the August 2020 Settlement Agreement, CFSA committed to posting all new and updated policies through its public online policy manual, maintaining QSRs for at least two years following the approval of the Settlement Agreement, and continuing to engage in ongoing CQI activities. Lastly, in December 2020<sup>187</sup>, the Council of the District of Columbia passed new legislation, the Office of the Ombudsperson for Children Establishment Amendment Act of 2020, which establishes an Office of the Ombudsperson for Children as an independent legislative agency. This office is tasked with improving outcomes for children in the child welfare system by holding all agencies that impact these children accountable for fulfilling their responsibilities under the law.

CFSA met all Ongoing Commitments toward self-regulation and public reporting as are described in Table 8 below.

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<sup>181</sup> The Data Dashboard can be accessed here: <https://cfsadashboard.dc.gov/>

<sup>182</sup> The CY2019 Child Fatality Annual Report can be found here: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2019\\_Annual\\_Child\\_Fatality\\_Review\\_Report\\_vF\\_-\\_11.19.20.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2019_Annual_Child_Fatality_Review_Report_vF_-_11.19.20.pdf)

<sup>183</sup> The FY2020 Needs Assessment can be found here: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY20\\_Needs\\_Assessment\\_FINAL.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY20_Needs_Assessment_FINAL.pdf)

<sup>184</sup> The FY2021 and FY2022 Resource Development Plan can be found here: [https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21-22\\_Resource\\_Development\\_Plan\\_FINAL.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21-22_Resource_Development_Plan_FINAL.pdf)

<sup>185</sup> The Annual Quality Service Review Report: Calendar Year 2020 can be found here: <https://cfsa.dc.gov/publication/2020-child-fatalities-review-data-snapshot>

<sup>186</sup> The 2020 Child Fatalities Review: Data Snapshot can be found here: <https://cfsa.dc.gov/publication/2020-child-fatalities-review-data-snapshot>

<sup>187</sup> The Mayor vetoed the legislation, however, the Council overrode this veto in February 2021.

**Table 11: LaShawn A. v. Bowser Settlement Agreement Defendants’  
Ongoing Commitments toward Self-Regulation and Public Reporting  
(Settlement Agreement, Section III.)**

Settlement Agreement Requirement	Status of Implementation as of March 2021
<p>i. Creating and updating policies; ensuring current policies are available on the online policy manual accessible through CFSA's website and intranet; and training staff on new policies within 45 days of finalization.</p>	<p><i>Met.</i> During the current monitoring period, CFSA developed or revised, finalized, and published the following policies and supplemental policy documents:</p> <p><u>Policies:</u></p> <ul style="list-style-type: none"> <li>• <u>Child Fatality Review</u></li> <li>• <u>Permanency Practice</u></li> <li>• <u>Placement and Matching</u></li> <li>• <u>Interstate Compact on the Placement of Children</u></li> <li>• <u>Youth Personal Allowance</u></li> <li>• <u>Medication Management</u></li> </ul> <p><u>Supplemental Policy Documents:</u></p> <ul style="list-style-type: none"> <li>• <u>Hotline Procedural Operations Manual</u></li> <li>• <u>Investigations Procedural Operations Manual</u></li> <li>• <u>Grandparent Caregiver Program Procedural Operations Manual</u></li> <li>• <u>Close Relative Caregiver Administrative Issuance</u></li> <li>• <u>Child Protection Services Diversions Administrative Issuance</u></li> <li>• <u>Safe Haven Administrative Issuance</u></li> <li>• <u>Case Planning Business Process</u></li> <li>• <u>Permanency Goal Change – Reunification, Guardianship, Adoption Business Process</u></li> <li>• <u>Placement Disruptions</u></li> </ul>
<p>ii. Continuing to strengthen CFSA's continuous quality improvement processes and use the information to self-regulate, evaluate, and adjust practice and policy decisions; and continue to support a public reporting process, with quarterly and annual reports available on CFSA's website.</p>	<p><i>Met.</i> During the current monitoring period, CFSA continued to engage in CQI processes, including collaborating with the Monitor to utilize a case review instrument to assess performance on: 1) referrals to community-based services for families who had a low or moderate risk rating at the time their investigation was closed, 2) the quality of CPS investigations closed in September 2020, and 3) efforts to timely initiate CPS investigations closed in November 2020.</p> <p>CFSA also continues to engage in QSRs and, on April 24, 2020, published their <i>Annual Quality Service Review Report: Calendar Year 2019</i>. CFSA also published their <i>Annual Quality Service Review Report: Calendar Year 2020</i> on March 26, 2021. The report includes demographic information of the children and youth reviewed, overall findings, and findings by key indicators, strengths in practice, and areas in need of improvement. Moving forward, CFSA has committed to continuing this important CQI process for two years after exit from court oversight.</p>



Settlement Agreement Requirement	Status of Implementation as of March 2021
	<p>CFSA also has engaged in extensive CQI activities related to prevention services through their Title IV-E prevention plan (Family First) and the District-wide initiative, Families First DC. These activities include convening a cross-system and community partner workgroup to review data related to what is working well in connecting families to prevention services and where there are gaps.</p> <p>In addition, the following public reports were completed and submitted to the required entity during the current monitoring period:</p> <ul style="list-style-type: none"> <li>• Newborn Safe Haven Program Report<sup>188</sup>: The 2019 Report was transmitted to the D.C. Council on February 6, 2020. The 2020 Report was transmitted to the D.C. Council on January 14, 2021.</li> <li>• Child and Family Services Agency's Annual Public Report<sup>189</sup>: The Fiscal Year 2019 Report was transmitted to the D.C. Council on February 28, 2020. The Fiscal Year 2020 Report was transmitted to the D.C. Council on January 25, 2021.</li> <li>• Child and Family Services Youth Ombudsman Annual Status Report<sup>190</sup>: The CFSA Office of the Ombudsman Annual Report: Foster Youth and Foster Parent Statements of Rights and Responsibilities Annual Status Report reflects concerns reported by foster youth, resource parents, and concerned parties; outcomes of the investigations; and trends and issues. The 2019 Report was transmitted to the D.C. Council on February 28, 2020. The 2020 Report was transmitted to the D.C. Council by February 28, 2021.</li> <li>• The Grandparent Caregivers Program Report<sup>191</sup>: The 2019 Report was transmitted to the D.C. Council on February 28, 2020. The 2020 Report, which includes a statistical overview of the first year of operating the Close Relative Caregivers Program, was transmitted to the D.C. Council by February 28, 2021.</li> <li>• The Close Relative Caregivers Program Report<sup>192</sup>: The 2020 Report to include the Grandparent Caregivers</li> </ul>

<sup>188</sup> This report is due annually on January 31<sup>st</sup> as required by the Newborn Safe Haven Act of 2010 (D.C. Law 18-158; D.C. Code § 4-1451.01 et seq.). The law requires an annual status report on the number of newborns in the District surrendered under the law within the year.

<sup>189</sup> CFSA is required to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken to implement the federal Adoption and Safe Families Amendment Act of 2000 (ASFA). This report is due annually on February 1<sup>st</sup> under the DC Adoption and Safe Families Act (ASFA) of 2000 (D.C. Law 13-136; D.C. Code § 4-1303.01 et seq.).

<sup>190</sup> This report is due annually on February 28, under the Foster Youth Statement of Rights and Responsibilities Amendment Act of 2012 (D.C. Law 19-276; D.C. Code § 4-1303.71 et seq.) and the Foster Parents Statement of Rights and Responsibilities Amendment Act of 2016 (D.C. Law 21-217; D.C. Official Code § 4-1303.81 et seq.).

<sup>191</sup> This report is due annually on February 28<sup>th</sup>, under the Grandparent Caregivers Pilot Program Establishment Act of 2005 (D.C. Law 16-69; D.C. Code § 4-251.01 et seq.). The law requires an annual report that includes a statistical overview of the number of children and families receiving a monthly subsidy through the Grandparent Caregivers Program.

<sup>192</sup> This report is due annually on February 28 starting in 2021, under the Close Relative Caregivers Pilot Program Establishment Act of 2019 (D.C. Law 23-0032; D.C. Official Code § 4-251.22 et seq.). The law requires an annual report that includes a statistical



Settlement Agreement Requirement	Status of Implementation as of March 2021
	Program Report was transmitted to the D.C. Council by February 28, 2021.
iii. Continuing to complete and make public an annual Needs Assessment and Resource Development Plan, and report on Financial Support for Community-Based Services.	<p><i>Met.</i> CFSA has finalized and posted on its website the FY2020 Needs Assessment<sup>193</sup> and FY2021 and FY2022 Resource Development Plan<sup>194</sup>.</p> <p>The Needs Assessment (NA) focuses on four priority areas – prevention, placement stability, permanence, and practice – and utilizes quantitative and qualitative data and sources to identify the resources and services needed to improve the safety, well-being, and permanency of children who come in contact with the child welfare system.</p> <p>The Resource Development Plan (RDP) corresponds to the NA, by identifying resources and services to meet needs from the assessment. The RDP also specifies the accountable unit within CFSA for implementation, the completion timeline, and budget implications, if any.</p> <p>The District has committed to developing a broad array of community-based, prevention services within and outside of CFSA through Families First DC (the District's broad prevention strategy) and CFSA's Title IV-E Prevention Plan (Family First). Specifically, CFSA has budgeted the following allotments within the proposed FY2021 budget:<sup>195</sup></p> <ul style="list-style-type: none"> <li>• \$550,000 for housing supports;</li> <li>• \$60,000 for CFSA-lead behavioral health and stabilization services;</li> <li>• \$11,086,224 for case management by the Collaboratives;</li> <li>• \$1,423,694 in community-based services for home visiting, mental health, legal services, and upstream child abuse and neglect prevention services; and</li> <li>• \$3,123,652 for upstream Family Success Centers through Families First DC.</li> </ul>
iv. Continuing to conduct Quality Service Reviews (QSRs) for at least two years after exit from Court jurisdiction, and at least once every two years thereafter.	<i>Met.</i> CFSA is committed and has the infrastructure to continue to conduct QSRs for at least two years after exit from Court jurisdiction. CFSA's QSR unit is expanding to include additional FTEs to support these activities.

overview of the number of children (brother, sister, nephew, niece, or cousin) and families receiving a monthly subsidy through the Close Relative Caregivers Program.

<sup>193</sup> The FY2020 Needs Assessment can be found here:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY20\\_Needs\\_Assessment\\_FINAL.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY20_Needs_Assessment_FINAL.pdf)

<sup>194</sup> The FY2021 and FY2022 Resource Development Plan can be found here:

[https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21-22\\_Resource\\_Development\\_Plan\\_FINAL.pdf](https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/FY21-22_Resource_Development_Plan_FINAL.pdf)

<sup>195</sup> CFSA leverages numerous federal and local funding streams to support these investments. Federal financing streams include the Family First Transition Act, Stephanie Tubbs Jones Child Welfare Services (Title IV-B, Subpart 1), MaryLee Allen Promoting Safe and Stable Families (Title IV-B, Subpart 2), Title IV-E prevention services (Family First), and the Community-Based Child Abuse Prevention grant. For some programs listed under "community-based service," CFSA contributes those dollars to sister agencies to support the use of these programs for CFSA clients.

*LaShawn A. v. Bowser*

Progress Report for the Period January – December 2020

March 31, 2021

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## V. APPENDICES

### APPENDIX A

#### *Glossary of Acronyms*

**ACEDS:** Automated Client Eligibility Determination System  
**ACLU:** American Civil Liberties Union  
**AIP:** Amended Implementation Plan  
**CFSA:** Child and Family Services Agency  
**CFSD:** Child and Family Services Division  
**CPS:** Child Protective Services  
**CQI:** Continuous Quality Improvement  
**CSSP:** Center for the Study of Social Policy  
**CY:** Calendar Year  
**DHCF:** Department of Health Care Finance  
**DHS:** Department of Human Services  
**ESP:** Exit and Sustainability Plan  
**FACES.NET:** CFSA's automated child welfare information system  
**FTM:** Family Team Meeting  
**FY:** Fiscal Year  
**GAL:** Guardian ad Litem  
**HMO:** Health Maintenance Organization  
**ICPC:** Interstate Compact for the Placement of Children  
**IEP:** Implementation and Exit Plan  
**IP:** Implementation Plan  
**LAYC:** Latin American Youth Center  
**LSS:** Lutheran Social Services  
**MDP:** Metropolitan Police Department  
**MFO:** Modified Final Order  
**NCCF:** National Center for Children and Families  
**PEER:** Parent Engagement, Education and Resource  
**QSR:** Quality Service Review  
**RDP:** Resource Development Plan  
**SACWIS:** Statewide Automated Child Welfare Information System  
**STARS:** Student Tracking and Reporting System  
**USDA:** United States Food and Drug Administration

**APPENDIX B**  
***LaShawn* Settlement Agreement**

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

<b>LASHAWN A., <i>et al.</i>,</b>  <b>Plaintiffs,</b>  <b>v.</b>  <b>MURIEL BOWSER, <i>et al.</i>,</b>  <b>Defendants.</b>	<b>Civil Action No. 89-1754 (TFH)</b>
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**SETTLEMENT AGREEMENT**

**I. Preamble and Rationale**

The *LaShawn A. v. Bowser* lawsuit and its subsequent Court-ordered agreements (Modified Final Order (MFO), Implementation Plan (IP), Implementation and Exit Plan (IEP), and Exit and Sustainability Plan (ESP)) have been in effect since 1993, and have supported and governed fundamental changes in the operation and performance of the District of Columbia's child welfare system, now led by the cabinet level Child and Family Services Agency (CFSA).

Over this period, the Defendants' performance has been monitored by a Court-appointed Monitor, The Center for the Study of Social Policy (CSSP), pursuant to Section XX.A.1. of the MFO. As required by the IEP, the Court-appointed Monitor produces performance reports for the Court, the Parties, and the public twice per year.

The most recent agreement governing the *LaShawn* Order, the Exit and Sustainability Plan (ESP), [1206] was developed by the Parties and approved by the Court on October 31, 2019. The ESP recognized the progress the Defendants had made since the MFO, included 24 outcomes to be achieved and outlined additional commitments that the Defendants were to make to facilitate exit from the lawsuit and Federal Court oversight.

The findings in the Monitor's most recent monitoring report, dated June 8, 2020, reflect continued progress towards meeting the remaining *LaShawn* requirements, but also that others have not been met or were only partially met.

In order to acknowledge the Defendants' performance and ensure continued progress towards meeting important unmet goals, the Parties to this lawsuit, Plaintiffs (represented by A Better Childhood (ABC) and the American Civil Liberties Union of the Nation's Capital (ACLU)) and Defendants, the District of Columbia and CFSA specifically, agree to the following actions and commitments to achieve and sustain performance and a process and timetable for exit from Court oversight under *LaShawn A. Bowser*.

II. The Defendants will take the following actions:

- A. CFSA will contract with a provider to develop a specialized psychiatric residential treatment facility (PRTF) for children and youth in foster care. By August 31, 2020, in consultation with the Court-appointed Monitor and Plaintiffs, CFSA will issue a Request for Proposals (RFP) to solicit a provider that will be responsible for both identifying a site within the District or not to exceed 50 miles from the District and developing and operating the residential housing, educational, and treatment program. Proposals to the solicitation will be due by December 31, 2020.

In meeting this obligation, CFSA will select a provider with experience working successfully with children with significant behavioral health needs that require placement and treatment in a specialized residential treatment center. The PRTF will meet nationally recognized standards and have a capacity to serve up to 8 children between the ages of 8 and 12. The contracted provider will have experience designing, staffing, and operating a residential treatment program with educational programming and evidence-based behavioral health treatment services.

- B. By December 31, 2020, CFSA will authorize, recruit for and license enough foster care placements to have a 10% built-in surplus of foster care beds, thereby creating more matching choices and prompt and appropriate placement for all children in care. CFSA will ensure that this surplus is maintained for the duration of this Settlement Agreement.

As part of CFSA's efforts towards meeting this obligation, by June 15, 2020, CFSA will hire a full-time staff person responsible for developing and carrying out a recruitment plan to identify, recruit for, license, and maintain a sufficient number of foster care resources to have and maintain the 10% built-in surplus of foster care placements. The recruitment plan will focus on traditional family-based homes, as well as specialized placement types (e.g., professional foster parents, SOAR, intensive foster care, placements that can accommodate sibling groups, etc.) that are necessary to meet children's needs, reduce placement instability, and end overnight stays at the CFSA office building.

- C. CFSA will ensure accessibility for clinical and therapeutic services, including wrap around, for children and families by:
  - i. Maintaining a minimum of four in-house behavioral health therapists, a behavioral health clinical supervisor, and a psychiatric nurse practitioner.
  - ii. Maintaining a contract (or if determined necessary, enter into additional contracts) with a Core Service Agency (or a mental health provider capable of offering the same array and level of services) to provide support and specialized therapeutic and crisis stabilization services to children in foster care aged five and over and their families who need ongoing behavioral

health support through various therapeutic modalities. The contract will provide for the ability to serve 150 children and families each year.

III. Ongoing Defendants' Commitments

A. CFSA will maintain its ESP commitments (Section III) toward self-regulation and public reporting including:

- i. Creating and updating policies; ensuring current policies are available on the online policy manual accessible through CFSA's website and intranet; and training staff on new policies within 45 days of finalization;
- ii. Continuing to strengthen CFSA's continuous quality improvement processes and use the information to self-regulate, evaluate, and adjust practice and policy decisions; and continue to support a public reporting process, with quarterly and annual reports available on CFSA's website;
- iii. Continuing to complete and make public an annual Needs Assessment and Resource Development Plan, and report on Financial Support for Community-Based Services; and,
- iv. Continuing to conduct Quality Service Reviews (QSRs) for at least two years after exit from Court jurisdiction, and at least once every two years thereafter.

B. CFSA will maintain caseload standards as follows:

- i. 90% of workers will have caseloads meeting these standards:
- ii. Social workers conducting investigations of reports of abuse and/or neglect shall not exceed 1:12 investigations.
- iii. Social workers 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.
- iv. Social workers 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.
- v. Staff having responsibility for conducting home studies shall not exceed 30 cases.

IV. Agreements regarding Continued Monitoring, Enforcement, and Potential Exit

- A. Remaining Monitoring Period: The Court-appointed Monitor (CSSP) will assess CFSA's performance on the ESP requirements and the Commitments made in Section II of this Settlement Agreement for the period beginning January 1, 2020 and ending December 31, 2020 and provide the Parties with a complete draft containing all relevant information and data by March 1, 2021 and a final report by

March 31, 2021. Plaintiffs maintain all existing enforcement rights throughout this timeframe and Court jurisdiction remains.

- B. Evaluation Period: By April 15, 2021 or within 45 days following the receipt of the draft report, referred to in paragraph A above, Plaintiffs will make additional inquiries, data requests and seek answers to follow up questions. Plaintiffs will use this time to identify any compliance issues reflected in the final report.
- C. If, at the conclusion of the Evaluation Period, Plaintiffs assert that there is material non-compliance on the ESP requirements or the commitments in Section II above, Plaintiffs may raise the concerns to the Defendants.
  - i. Before seeking to enforce any of the specific terms with the Court, the Parties would engage in good faith efforts for a period of up to 45 days to resolve concerns through mediation by the Court Monitor.
  - ii. If the parties are unable to reach agreement through negotiation, Plaintiffs will raise the matter to the Court by filing a motion for enforcement on the LaShawn Docket.
  - iii. Final Settlement and Exit dates, as well as future dates for a fairness hearing anticipated in this agreement are subject to change based on the duration of time spent to resolve matters of material non-compliance raised by Plaintiffs either to Defendants or to the Court.
- D. With the submission of this Settlement Agreement, the Parties will jointly petition the Court for an order preliminarily approving this settlement and setting a fairness hearing on June 1, 2021 regarding this settlement and exit from *LaShawn A. v. Bowser* Court oversight, assuming there have been no assertions of material non-compliance that have been left unresolved through mediation, or raised with the Court, as discussed in Section C, above. As identified in C.iii, the date of the fairness hearing and advance notice to the Parties could be modified subject to time needed to resolve any matters. In the joint petition, the Parties will request that all objections and requests to be heard will be submitted to the Court and counsel for the Parties in writing at least 30 days before the scheduled fairness hearing. At the fairness hearing, *LaShawn A. v. Bowser* will be dismissed upon satisfaction of the following conditions:
  - i. There have been no compliance concerns (with the performance requirements set forth in the ESP and with Section II of this Settlement Agreement) raised to the Court by Plaintiffs.
  - ii. The provisions of this Settlement Agreement will remain legally enforceable as contractual obligations between the District of Columbia and Plaintiffs for the period(s) defined. The agreements included in this



document will become a contract binding upon the Parties and their officials and employees.

- E. The District Court will have jurisdiction over any breach of contract disputes arising out of this Settlement Agreement.<sup>1</sup> Plaintiffs' agreement to jointly petition the Court to approve this Settlement Agreement is contingent upon the judge's agreement to retain jurisdiction over this contract.
- F. Once *LaShawn A. v. Bowser* is dismissed and the terms set forth in this Settlement Agreement become legally enforceable as a contract, CSSP's role as Court-appointed Monitor will be modified to become an Independent Verification Agent (IVA).
- G. Moving forward, CFSA will prepare public performance reports for two six-month periods – the first beginning January 1, 2021 and ending June 30, 2021 and the second beginning July 1, 2021 and ending December 31, 2021. These reports will be validated by the IVA whose assessment will be included as part of CFSA's public performance report. Prior to producing the first of the two required public performance reports, CFSA will collaborate with the IVA on the performance standards and metrics to be included in the public performance report in addition to specific metrics for the reporting on the commitments outlined in Section II (A-C) above, and will consult with plaintiffs' counsel with regard to the standards and metrics to be included in the public performance report.
- H. Subject to the above, Plaintiffs will have the opportunity to file an action alleging breach of the Settlement Agreement beginning on the date Plaintiffs receive the first public performance report and ending 181 days after Plaintiffs receive the second public performance report. Prior to filing an action alleging breach of the Settlement Agreement, and no later than 90 days after receipt of the second public performance report, Plaintiffs will provide the Defendants written notification of the specific factual grounds of the alleged breach. Upon receipt of the written notification from Plaintiffs, the Parties will engage in good faith efforts to resolve concerns through mediation by the IVA, and Defendants will have up to 60 days to cure any such breach or otherwise respond to Plaintiffs allegations. Should good faith efforts and attempts to cure prove unsuccessful, Plaintiffs may file an enforcement action alleging breach of this Settlement Agreement.
- I. Absent the filing of an enforcement action alleging breach of this Settlement Agreement during the applicable period described in paragraph H, this Settlement Agreement and all claims arising from this Settlement Agreement will expire on

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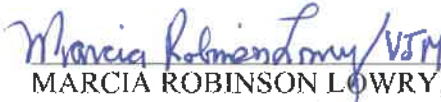
<sup>1</sup> To ensure that the District Court will be able to exercise jurisdiction, a provision expressly retaining jurisdiction over this Settlement Agreement will be made part of the judge's order.

the 181st day immediately following the Defendants' final public performance report detailing progress as of December 31, 2021.

- J. This Settlement Agreement is a contract binding upon the Parties and their officials and employees. The Court shall retain jurisdiction over this matter and the Parties for the purpose of enforcing the terms of this Settlement Agreement.
- K. This Settlement Agreement constitutes the entire understanding between the Parties hereto and is intended as the complete and exclusive statement of the agreement between the Parties with respect to the subject matter hereof and supersedes all prior agreements and negotiations thereto.
- L. The undersigned representatives of the Parties certify that they are fully authorized to enter into and execute the terms and conditions of this Settlement Agreement and to make such Settlement Agreement fully and legally binding upon and enforceable against every Party on whose behalf they have executed this Settlement Agreement. The individuals signing for the Defendants are its officials acting within the scope of their authority. The Parties stipulate, agree, and warrant that they will not challenge or contest in any way the capacity or the authority of any Party hereto to make the agreements, covenants, and stipulations herein.
- M. Upon execution of this Settlement Agreement by the Parties, the Parties will notify the Court of this settlement. As outlined in paragraph D, the Parties will jointly move the Court for an order preliminarily approving the settlement and setting a fairness hearing. Prior to the fairness hearing, the Parties will jointly move to dismiss this case with prejudice and enter the proposed Consent Order (to be drafted) dismissing the case with prejudice and retaining jurisdiction for the purpose of enforcing this Settlement Agreement.
- N. In the event that final approval of this Settlement Agreement is not obtained or the Settlement Agreement is deemed null and void for any reason, the Parties will revert to the positions they occupied prior to the execution of the Settlement Agreement and nothing herein shall be deemed to waive any of the Parties' claims, arguments, objections, and/or defenses.
- O. This Settlement Agreement shall be governed by and construed and enforced in accordance with applicable federal statutes, federal decisional law, and the laws of the District of Columbia.




ACCEPTED FOR PLAINTIFFS BY:

 on August 7, 2020  
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 on August 7, 2020  
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Public Interest Division

## **APPENDIX C**

### **QSR Safety Indicator:**

#### **Parameters to Consider and Description of Acceptable/Unacceptable Performance<sup>196</sup>**

##### *Safety*

- *Indicator Focus:* Freedom from harm is a state of child well-being that exists in the balance of interactions between any known risks of harm and necessary protections put into place by parents and/or out-of-home caregivers, teachers, and others with immediate responsibility for the child. The capacity and reliability of caregivers in recognizing risks of harm and protecting the child from those risks, using effective protection strategies, is considered in this indicator.
- *Parameters Reviewers Consider:* the degree to which child is free of abuse, neglect, intimidation, and exploitation by others in their place of residence, and other daily settings. The parents and caregivers provide the attention, actions, and supports necessary to protect the child from known risks of harm in the home and community.
- *Indicator sub-parts:*
  - Home
  - School
  - Community
  - Other

##### ➤ *Description of Acceptable/Unacceptable Performance:*

Minimally Acceptable Safety means a minimally adequate to fair situation of being free from imminent risk of abuse or neglect for the child. The child has a minimally safe living arrangement with the present parents/caregivers. Any protective strategies used are at least minimally adequate in reducing risks of harm. The child is at least minimally free from serious risks in other daily settings, including at school and in the community. At home and/or in other settings, the child may have very limited exposure to intimidation. A minimally adequate pattern of safety has been evident for 30 days or longer.

Unacceptable Safety is when there is somewhat inadequate protection of the child from abuse or neglect or there are substantial, continuing, or worsening risks of harm for the child. Any protective strategies used may be somewhat limited, inconsistent, or ineffective in reducing risks of harm. The child may be exposed to elevated risks of harm in their home or other daily settings, possibly at school and in the community. At home and/or in other settings the child may be exposed to intimidation and harm.

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<sup>196</sup> *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015. p. 66-69.

## **APPENDIX D**

### **QSR Planning Interventions Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance<sup>197</sup>**

#### *Planning Interventions*

- *Indicator Focus:* the planning interventions are a set of strategies and actions, based on assessed needs, which result in changes for the child, youth and family. Intervention planning is an ongoing process throughout the life of the case and the interventions should be consistent with the long-term view for the child, youth and family.
- *Parameters Reviewers Consider:* to what degree meaningful, measurable and achievable life outcomes (e.g. safety, permanency, well-being, family functioning in fulfilling life roles, transition and life adjustment, and education) for the child and family are supported by well-reasoned, agreed-upon goals, intervention strategies and actions for attainment.
- *Indicator sub-parts:*
  - Safety and Protection
  - Permanency
  - Well-Being
  - Daily Functioning and Life Role Fulfillment
  - Transition and Life Adjustment
  - Early Learning and Education
  - Other Planned Outcomes and Interventions

#### ➤ *Description of Acceptable/Unacceptable Performance:*

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

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

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<sup>197</sup> *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015. p. 66-69.

## **APPENDIX E**

### **QSR *Implementing Supports and Services* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance<sup>198</sup>**

#### *Implementing Supports and Services Indicator*

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

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

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

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<sup>198</sup> *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015, p. 70-71.

## **APPENDIX F**

### **CFSA Internal Report Highlighting Current Efforts to Reduce Time to Permanency; Improve Recruitment, Retention, and Support of Resource Parents; and Increase Placement Stability<sup>199</sup>**

<b>Reducing Time to Permanency</b>	
<b>Strategic Efforts and Initiatives</b>	<b>Description</b>
Permanency-focused team reviews	<p>The Permanency Goal Review Meeting (PGRM) process has been expanded in the following ways:</p> <ol style="list-style-type: none"><li>1. “Targeted PGRMs” now review all cases at specified intervals from 9 to 52 months in care.</li><li>2. “100-Day PGRMs” now review all cases at 100 days from removal or 100 days in Protective Supervision.</li><li>3. Private agency cases are now being regularly reviewed, led by the CFSA Deputy Director.</li><li>4. New data system capacity will launch this spring to track PGRMs through the life of a case and to aggregate barriers and next steps across cases to inform agency resource and practice decision-making.</li></ol>
Permanency data innovations	<p>The institutionalization of the Permanency Tracker (PT) continues:</p> <ol style="list-style-type: none"><li>1. Dashboard reports indicating progress on the six core permanency metrics now go to CFSA and partner agency managers each month, providing a vehicle for targeted action steps.</li><li>2. Quarterly reports to managers on the full 57 metrics held in the PT system are beginning in April.</li><li>3. The agency’s Contracts Management Division has been trained in the PT system and is supporting in-depth permanency tracking by the private agencies</li></ol>
Streamlining permanency practice	<p>Detailed business processes and practice expectations have been developed for achieving reunification, adoption and guardianship. This information,</p>

<sup>199</sup> Information in this Appendix was provided by CFSA, and has not been independently validated or edited by the Monitor.

Reducing Time to Permanency	
Strategic Efforts and Initiatives	Description
	<p>and accompanying tip sheets where needed, are being used to keep the workforce more informed, accountable and aligned in their practice.</p> <p>In addition, in February 2021, practice in the first 30 days following a removal went through the agency's "Lean" process (adoption and guardianship will complete their Leans this spring). Results from this work are (and will be) used to address process challenges that are slowing the path to permanency.</p>
Permanency Administration "Chat & Chew"	<p>Starting in April 2020, the Permanency Program Administrator launched bi-monthly discussion groups to bring all Permanency Administration Supervisors and PMs together with the PA, AAGs and other identified agency/community programs, to discuss the intersections of policy and practice.</p> <p>Approximately 15 staff are participating each month. Topics include; preparing for Ta.L hearings; establishing paternity; and visitation and engagement of birth parents.</p>
Assessment and engagement of kin across the workforce	<p>The Kinship Unit is collaborating with CWTA on ongoing trainings for CFSA staff on this practice area (to include standard training strategies, webinars and tip sheets).</p> <p>In addition, cross-training with Entry Services is under development, the NCCF kin Network has been trained and a training for the Children's Choice team is being planned.</p>

Improving Recruitment, Retention & Support of Resource Parents	
Strategic Efforts and Initiatives	Description
REACH Campaign (Recruitment, Engagement, Advocacy Collaboration, Help)	<p>In April 2020, CFSA hired a recruitment specialist to lead the development and implementation of a comprehensive recruitment and retention strategy that would build and sustain our resource parent community. The multi-faceted REACH campaign launched on October 1, 2020.</p> <p>After examining the path of a prospective resource parent from recruitment through re-licensing, the REACH team has targeted practice adjustments and interventions that resolve process and communications challenges and maximize outcomes such as recruitment yield, time to licensure, length of service for resource parents, etc. As an example, the Recruitment Unit now actively teams with the Placement Unit to determine the trending characteristics of children coming into care, allowing the recruitment team to recruit parents equipped to support the needs of children coming into care.</p>
Improvements to crisis supports for resource parents	<p>In FY21, CFSA transitioned from using a contracted provider for crisis support (MCSS) to a more comprehensive approach to crisis support around the clock. During normal business hours, the assigned Resource Parent Support Worker (RPSW) provides crisis intervention. In addition:</p> <ol style="list-style-type: none"> <li>1. A new REACH Support Line (for parents and youth) is available Monday-Friday from 5:00 PM to 1:00 AM and on weekends and holidays from 9:00 AM to 1:00 AM.</li> </ol> <p>The REACH Support Line provides after-hours support in an engaging, collaborative and advocacy-based manner. Placement and Resource Parent Support teams participated in three trainings to support their ability to serve effectively in this capacity.</p> <ol style="list-style-type: none"> <li>2. Two resource parent support workers were hired to respond to crisis calls in person or on the phone from 11:00 AM to 11:30 PM. These workers also carry a small caseload.</li> </ol>
Targeted training for Placement Administration staff and managers.	<p>Over a three month period, the Placement Administration staff participated in the following trainings aimed at increasing their capacity to effectively with support resource parents in their role.</p> <ol style="list-style-type: none"> <li>1. <u>Foster Parent Empowerment: Family Centered - Parent Coaching</u>. A comprehensive, 3-phase course on proactive and reactive parent</li> </ol>

Improving Recruitment, Retention & Support of Resource Parents	
Strategic Efforts and Initiatives	Description
	<p>coaching techniques and interventions, including with high intensity emotional dysregulation, and oppositional defiant or disruptive behavior.</p> <ol style="list-style-type: none"> <li>2. <u>De-Escalation: Trauma-Informed Crisis Intervention (MANDT) Training.</u> An integrated approach to preventing, de-escalating, and, if necessary, intervening when behavior poses a threat of harm.</li> <li>3. <u>Working in Partnership to Improve Outcomes for Families - Parent Coaching.</u> A series of affective activities, facilitated discussions, and group brainstorms aimed at increasing support for, and retention of, both staff and resource parents.</li> </ol>
The BOND program (Bridge, Organize, Nurture, Develop)	In April 2020, CFSA replaced its two-pronged Resource Parent peer support programming with the BOND program -- a unified “hub” model led by experienced and committed parents. BOND services include peer support, resource parent networking via monthly gatherings and respite services. The Initiative has a dedicated staff coordinator within the Placement Administration.
Enhancing the Specialized Opportunities for Youth (SOY) Program	<p>The SOY program provides placement and support for youth ages 13-20 who have not experienced success in traditional foster home settings and may not be appropriate for placement in a more restrictive setting (e.g. PRTF, juvenile setting, etc.).</p> <p>To improve placement stability and supportive services offered to SOY youth and SOY resource families, the following program enhancements have been added:</p> <ul style="list-style-type: none"> <li>• Specialized training for SOY parents.</li> <li>• A dedicated Resource Parent Support Coordinator.</li> <li>• A SOY “Lead Parent” to provide peer support and planned or emergency respite for other SOY resource homes and serve as a transition placement</li> </ul>
Fellowship and Feedback	In FY21, CFSA launched Fellowship and Feedback: a monthly, solution-focused, open forum that encourages dialogue between the resource parent community and the agency.



Improving Recruitment, Retention & Support of Resource Parents	
Strategic Efforts and Initiatives	Description
	Led by the Deputy Director for Program Operations, multiple CFSA administrations participate in this forum so that resource parents have a platform to be heard and that service gaps can be identified and addressed.
Parent Advisory Council (PAC) Restructure	<p>In FY21, PAC moved to quarterly meetings lead by Program Operations leadership with the mission to create a space for resource parents and birth families to share their outlooks and experiences in partnership with CFSA.</p> <p>PAC membership was expanded to include representation from a broader array of parent-serving organizations, and now also incorporates youth voices.</p>
NCCF foster parent coaching	<p>NCCF implemented the Foster Parent Coach Academy in fiscal year 2020. Foster Parent Coaches provide 1:1 support to foster parents with a goal of maintaining placement stability. Foster Parent Coaches are assigned to:</p> <ol style="list-style-type: none"> <li>1. Newly licensed foster parent received first placement</li> <li>2. Foster parents caring for a child that has experienced 2 or more placement disruptions within a 6-month period</li> <li>3. Foster parents who requested 2 or more foster child replacements within a 6-month period</li> <li>4. Foster homes with child/youth at risk of placement disruption</li> <li>5. Foster home whose license is at risk of suspension</li> <li>6. Foster parents who received a score of D or below on their annual performance evaluation</li> </ol>

<b>Increasing Placement Stability<sup>200</sup></b>	
<b>Strategic Efforts and Initiatives</b>	<b>Description</b>
Intensive Foster Care to the Placement Array (Children's Choice)	<p>In December, 2019, CFSA contracted with the Maryland-based private agency Children's Choice for intensive family-based foster care for 36 children and youth whose needs are more intensive than can be supported in a traditional resource home.</p> <p>Children's Choice homes serve children from birth to age 21 who are appropriate for a family-based setting but are experiencing (or likely to experience) placement instability. The instability may be due to a history of physical or verbal aggression, stepping down from a diagnostic or psychiatric residential treatment facility, current mental health diagnosis, or other situations.</p>
SOAR (Stabilization, Observation, Assessment, and Respite Care) professional resource homes.	<p>In December 2019, CFSA established two SOAR homes for children needing comprehensive assessments before the attributes of suitable placement can be identified. SOAR resource parents have two beds each, provide temporary care for up to 90 days, and actively collaborate with CFSA to identify barriers and needs. During the 90-day placement, the SOAR home also initiates and maintains family relationships and services to meet the child's needs.</p> <p>The more comprehensive SOAR placements replace the short-term "interval placements" previously used.</p>
Placement CQI	<p>In FY20, the Program Outcomes Unit enhanced the monthly report that closely tracks and monitors new entries to kinship care, disruption data over the last six months, replacement trends, overnight stays and the use of the Sasha Bruce Emergency Shelter. This report is shared widely and has allowed us to focus in on areas needing improvement.</p>
Close tracking and monitoring	<p>In FY20, the Placement Administration instituted daily huddles to support close monitoring of all moves; anticipate potential disruptions; and identify supports needed to maintain a placement.</p> <p>In addition, all disruptions and their reasons are tracked and shared weekly with executive leadership.</p>

<sup>200</sup> The efforts and initiatives described in the table above for "improving recruitment, retention and support of resource parents" are all applicable to this objective as well.

## Increasing Placement Stability<sup>200</sup>

Strategic Efforts and Initiatives	Description
Dedicated liaison for partner agencies.	In FY21, a veteran Placement Resource Development Specialist (RDS) transitioned to serve as the liaison/primary point of contact between the Placement Unit and our partner agencies. The RDS collects, submits and distributes all referrals to our partner agencies. Creation of this position has dramatically streamlined and organized this process and ensures there is a succinct body of documentation for all referral and placement requests.
NCCF Placement Stability Meetings	In FY20, NCCF conducted Placement Stability Meetings in addition to Disruption Meetings at the youth's new foster home. Placement Stability Meetings (PSM) are facilitated by NCCF Parent Partnership Specialist at the first indication of placement disruption or when a placement change request is submitted. PSM uses a strength-based model and are intended to address placement concerns to prevent disruption. PSM participants include but is not limited to the resource parent(s), the foster child's network, social worker, NCCF parent resource staff, NCCF placement team, NCCF licensing team, and when clinically and/or developmentally appropriate the youth is able to participate.