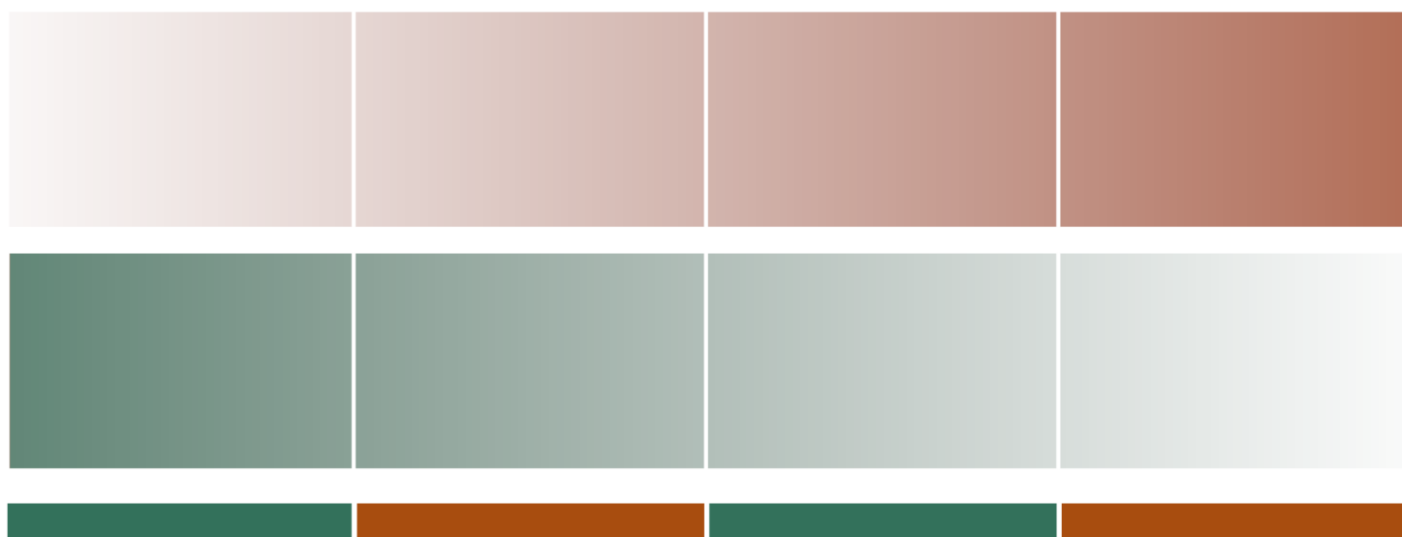




***LASHAWN A. v. BOWSER PROGRESS REPORT
FOR THE PERIOD JULY 1 – DECEMBER 31, 2015***



June 7, 2016

LaShawn A. v. Bowser
Progress Report for the Period July 1 – December 31, 2015

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LaShawn A. v. Bowser
Progress Report for the Period July 1 – December 31, 2015

I. INTRODUCTION

This report on the performance of the District of Columbia's child welfare system for the period of July 1 through December 31, 2015 is prepared by the *LaShawn A. v. Bowser* court-appointed Monitor, the Center for the Study of Social Policy (CSSP). As Monitor, CSSP is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia and is required to independently assess the District of Columbia's performance in meeting the outcomes and Exit Standards set by the *LaShawn* Implementation and Exit Plan (IEP)¹ in accordance with the *LaShawn* Modified Final Order (MFO)².

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

The Monitor's last report on *LaShawn* implementation was released on November 16, 2015. With few exceptions, this current report is based on data on performance from July 1 through December 31, 2015 to determine progress in meeting the IEP Exit Standards and the objectives of the *LaShawn* 2015 Strategy Plan. Some information on strategy implementation, continuous quality improvement (CQI) and CSSP monitoring activities is current through April 2016.

A. Methodology

The primary sources of information about performance are data provided by the District's Child and Family Services Agency (CFSA) and verified by the Monitor. The Monitor reviews extensive aggregate and back-up data and has access to staff and electronic case records on FACES.NET⁴ to verify performance.

¹ Implementation and Exit Plan (Dkt. No. 1073), December 17, 2010.

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

³ The District filed the *LaShawn* 2015 Strategy Plan with the Court in March 25, 2015 after consultation with the Monitor and Plaintiffs' counsel (see *Appendix B*). The *LaShawn* 2016 Strategy Plan was filed on April 8, 2016 after consultation with the Monitor and Plaintiffs' counsel (see *Appendix C*).

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

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

➤ **Review of Hotline, Educational Neglect and Hotline RED Team Screening Decisions**

The Monitor and CFSA staff worked collaboratively to develop structured instruments⁵ and to review a statistically significant sample of referrals from January 2016⁶ which were screened out at the hotline or by the educational neglect triage unit to determine the appropriateness of these decisions. In April 2016, the Monitor and CFSA staff developed an instrument to review RED Team fidelity and decision making at the Hotline RED Team. These reviews were completed in late April, early May 2016 and findings will be included in a supplemental update to the Court.

➤ **Validation of Good Faith Efforts to Initiate an Investigation**

The Monitor and CFSA staff reviewed FACES.NET data for December 2015 to validate instances where the social worker and supervisor had indicated good faith efforts had been made to timely initiate an investigation when children could not be seen and interviewed during the initial investigation period.

➤ **Assess the Quality of Investigations**

During this monitoring period, CFSA provided the Monitor with data on its findings from a review of the quality of 132 child protective services investigations completed between July and December 2015. Each investigation was reviewed by at least two CFSA staff or one CFSA and one Monitor staff. Monitor staff reviewed 29 (22%) of these investigations.

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

The Monitor and CFSA staff reviewed records of all children under the age of 12 who were placed in a congregate care setting for more than 30 days, including those children under the age of six who were placed in congregate care settings for any length of time during the review period to determine if these placements were appropriate and met an agreed upon placement exception.

⁵ The Children's Research Center had previously developed a tool to assess customer service, quality of documentation and decision making at the hotline after implementation of the hotline SDM tool. This instrument was slightly modified for the purposes of this review.

⁶ Although beyond the July through December 2015 monitoring period, the Monitor and CFSA agreed that reviewing the most currently available data would provide more beneficial feedback to the system.

➤ **Placement of Children in Most Family-like Setting**

The Monitor and CFSA staff reviewed all children⁷ who were not placed in a family-like setting as of December 31, 2015 to determine if that placement was the least restrictive, most family-like setting appropriate to the child's needs.

➤ **Review of Children Who were Adopted over 12 Months from Placement in Pre-Adoptive Home**

The Monitor and CFSA staff reviewed cases in which a child or youth's adoption was finalized between July and December 2015 and the final adoption took longer than 12 months from placement in pre-adoptive home to determine if reasonable efforts had been made to finalize the adoption expeditiously despite the delay.

➤ **Validation of Training Data**

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

➤ **Validation of Caseload Data**

The Monitor conducted an independent validation of caseload data for CFSA and private agency social workers for the period between July and December 2015. The Monitor validated caseload size and assignment of cases to social workers for ongoing permanency cases, in-home cases, investigations and Family Assessments.⁸ The Monitor also validated data to determine if individual supervisors were assigned to supervise more than five case carrying social workers and one case aide.

➤ **Quality Service Reviews**

Most of the *LaShawn* Exit Standards are assessed using administrative data from FACES.NET. CFSA also provides supplementary data that are manually collected from Quality Service Reviews (QSRs) for assessing performance for selected Exit Standards. The QSR is a case-based qualitative review process that requires interviews with all of the key persons who are working with and are familiar with the child and/or family whose case is under review. Using a structured protocol, trained QSR reviewers synthesize the information gathered and rate how well the child

⁷ Children or youth who were incarcerated, placed by the juvenile justice system, at college or miscategorized were not reviewed.

⁸ During the caseload validation process for investigation and Family Assessment (FA) caseloads, the Monitor received reports from investigation and FA workers citing concerns with the way in which caseloads are managed and the assignments are documented in FACES.NET. The Monitor's review did not identify how extensive these data irregularities were but the Monitor has determined that investigation and FA caseloads between July and December 2015 cannot be validated or reported on by the Monitor. The Monitor has shared these concerns with CFSA leaders who are taking steps to address and rectify the issues.

is functioning and how the system is performing to support the child and family. Reviewers provide direct feedback to social workers and supervisors as well as a written summary of findings to expand and justify QSR ratings. As part of *LaShawn* monitoring, the Monitor is a lead reviewer for approximately two QSRs each month, participates in oral case presentations⁹ and also verifies data from QSRs conducted by CFSA staff.¹⁰

Between January and December 2015, a total of 125 QSRs were completed to assess case planning and service delivery outcomes. Nineteen of the 125 QSRs were conducted on children receiving in-home services and the remaining 106 QSRs were focused on children placed in out-of-home care. Additionally of those placed in out-of-home care, 60 QSRs were conducted on cases managed by CFSA and 46 QSRs were conducted on cases managed by the private agencies.

➤ **Other Monitoring Activities**

The Monitor attends numerous CFSA meetings including monthly management team meetings, policy workgroup meetings, partnership meetings with CFSA and private provider agencies, the CFSA Internal Child Fatality Review Committee and the City-wide Child Fatality Review Committee. The Monitor also meets frequently with senior leadership and managers throughout the Agency. In March and April 2016, the Monitor held four focus groups with child protective services investigators and FA workers. During this monitoring period, Monitor staff observed several Trauma Systems Therapy (TST) implementation meetings and several different types of RED (review, evaluate and direct) Team meetings¹¹. Additionally, the Monitor interviewed and collected information from external stakeholders of the District of Columbia's child welfare system, including contracted service providers and advocacy organizations.

B. Report Structure

The monitoring report assesses the District of Columbia child welfare system's performance between July and December 2015 in meeting the IEP Exit Standards, as defined in the December 17, 2010 Court Order. Section II provides a narrative summary of the District's progress in improving outcomes during this six month period. In Section III, the summary tables provide the Court with a consolidated update of the data on the District's performance as of December 2015 on the IEP outcomes remaining to be achieved and the outcomes previously achieved that need

⁹ Each case is presented to a panel consisting of CFSA representatives from the QSR unit, Monitor staff and the Department of Behavioral Health, as appropriate. The case presentation is used to ensure inter-rater reliability on ratings across reviews.

¹⁰ CSSP provided reviewers for 18 conducted QSRs between January and November 2015 and CSSP staff participated in almost all oral case presentations during this year.

¹¹ The RED Team meetings utilize the consultation and information sharing framework which is designed to encourage critical thinking. CFSA utilizes RED Team meetings at certain decision points within a case for child welfare workers, and in some cases families, to review relevant information about a family and the risk of child maltreatment, evaluate that information and direct a decision.

to be maintained.¹² Section IV provides further discussion of the data, an assessment of whether the District has met the required Exit Standard(s) for IEP Outcomes to be Achieved and maintained required performance for IEP Outcomes to be Maintained. Section IV also includes information on CFSA's implementation of specific strategies included in the *LaShawn* 2015 Strategy Plan.

II. SUMMARY OF PERFORMANCE

The *LaShawn* Implementation and Exit Plan (IEP) includes 88 Exit Standards. DC's Child and Family Services Agency (CFSA) maintained performance on 71 of the 88 Exit Plan Standards, representing a decline in performance since the last monitoring period. The decline reflects a continuing challenge to quickly and deliberately place children in the most appropriate out-of-home setting and lack of progress in areas related to the investigation and assessment of reports of alleged child abuse and neglect.

Leadership

CFSA has undergone significant leadership changes in the last year beginning in May 2015 with the appointment of Raymond Davidson as Director of CFSA. Since his appointment, he has demonstrated a commitment to continuing many of the important directions and initiatives of CFSA's strategic Four Pillars Plan¹³ and has taken new steps to improve Agency performance through the addition of new leaders and the organizational restructuring of some functions. In August 2015, Dr. Heather Stowe joined CFSA as Principal Deputy Director, overseeing Entry Services, Program Operations, Community Partnerships and Well-Being. Principal Deputy Director Stowe previously held leadership positions in Virginia's Department of Human Services, Maryland's Department of Human Resources' Social Services Administration and DC's CFSA's Child Protective Services (CPS) Administration. Most recently, in March 2016, Courtney Hall joined the Agency in the role of CFSA's Deputy Director for Program Operations. Deputy Director Hall was previously employed with Alabama's Department of Human Services, serving in numerous positions beginning as a CPS investigator and later Division Director of the state's largest county office.

These additions have brought new talent to CFSA, including an even more intense focus on strengthening clinical supervision and increasing levels of critical thinking by all levels of staff. CFSA's RED Team structure and consultation and information sharing framework have both provided a natural forum for these goals. Group supervision has been introduced as an additional strategy for worker support and clinical decision making. These strategies are both included in the *LaShawn* 2016 Strategy Plan to assist the District in achieving the remaining standards

¹² In some instances where December 2015 performance data are not available, the most recent performance data are cited with applicable timeframes.

¹³ CFSA's strategic agenda is focused on practice in four key areas, also known as the Four Pillars: Front Door, Temporary Safe Haven, Well Being and Exit to Permanence.

necessary for *LaShawn* exit. At the same time that CFSA is working to strengthen many areas of direct practice to increase consistency for the quality of the work, Director Davidson is taking steps to expand dialogue with private agency partners and to assess and streamline business and quality improvement practices.

Progress on IEP Exit Standards

In the prior monitoring report (for January through June 2015), performance demonstrated that the District had achieved 73 (83%) Exit Standards, with 15 Exit Standards remaining to be achieved. Unfortunately, no new Exit Standards were achieved during the July through December 2015 monitoring period. Of the 73 Exit Standards previously designated as *Outcomes to be Maintained*, six were partially maintained and two were not maintained during this monitoring period. The Exit Standards that were not maintained include: 1) the IEP requirement that no child shall stay in an emergency short term foster home for more than 30 days (IEP citation I.B.8.b.) and 2) the requirement to complete new assessments for children experiencing a placement disruption (IEP citation I.C.21.). Performance during the previous monitoring period for both of these Exit Standards had fallen below required levels; the continuation of performance below required levels during this monitoring period means that the performance declines are no longer considered temporary and thus, the Monitor will be recommending their redesignation as *Outcomes to be Achieved*.

There has been little additional progress on measures not yet achieved, most of which are critically important, including timely assessing children alleged to be abused or neglected, timely closing investigations of abuse or neglect to provide a determination of if the abuse or neglect occurred, acceptable quality of investigations, provision of services to children and families, workers' assessment of safety during visits, timely permanency for children and youth in care and quality of case planning. Similar to the last monitoring period, current performance reflects ongoing issues caused by an insufficient continuum of placement types and resultant difficulty in appropriately matching the needs of children and youth to placements in foster care.

CFSA continued to sustain or partially sustain the performance requirements for 71 (81%) Exit Standards which include multiple process, outcome and infrastructure measures. Specifically, performance was maintained for many requirements that are central to CFSA ensuring the safety and well-being of children, including frequency of social worker visits to children in out-of-home care; identifying and inviting relatives to Family Team Meetings (FTMs) for children who are at-risk of or have recently entered foster care; youth transition planning for older youth; placement stability measures for children and youth in out-of-home placement; and sibling visits and placements. Additionally, several permanency process measures which are essential steps towards achieving timely permanency outcomes were also maintained. Furthermore, timely approval of licenses for foster and adoptive parents, staffing and budget adequacy and maximization of federal revenue are all necessary infrastructure components that were also maintained.

The *LaShawn* 2015 Strategy Plan was developed to specifically craft actions that would provide focus on those areas that remained to be achieved at that time. In terms of implementation, for several strategies the Monitor has found inconsistent implementation and minimal data that are available to fully determine the level of implementation and efficacy of strategies.

The lack of demonstrable forward progress towards meeting the remaining *LaShawn* requirements remains disappointing. District leaders remain committed to the goals of improved child welfare performance and outcomes. However, this next year is a critical one for urgently addressing the identified deficiencies. The District must take additional steps to consistently implement and track the results of those plans that are producing or are capable of producing deliberate and measurable progress on outcome achievement. In addition, the stalled progress in some areas may suggest a need for critical reevaluation of whether current strategies are sufficient or need to be augmented and/or modified. The remaining discussion in this section focuses on important areas requiring additional improvement and includes identification of strategies CFSA plans to implement in 2016 to reach required performance levels.¹⁴

Child Protective Services

Three of the remaining Exit Standards to be achieved pertain to Child Protective Services (CPS) investigations, specifically, timely initiation of investigations, timely completion of investigations and quality of investigations.

The *LaShawn* 2016 Strategy Plan (2016 Plan) includes 13 strategies aimed at the CPS requirements that remain to be achieved and to ensure that CPS caseloads and workload demands are effectively managed. The Monitor is concerned that workloads for both investigations and Family Assessment (FA) workers may be too high and that staff do not have the necessary time and resources to engage families and ensure connections to community-based resources before closing investigations and FA referrals. Because of the importance of a sufficiently resourced workforce to meeting outstanding *LaShawn* obligations, strategies included in the *LaShawn* 2016 Strategy Plan include:

- examining the administrative, clinical and caseload factors affecting CPS workers
- supervisors and managers utilizing daily huddles, weekly meetings, 10/15 Day RED Team meetings and “four plus” reviews to more closely track performance in real time
- requiring training on CFSA’s data visualization system and augmenting supervisor training to focus on critical thinking to reinforce the skills and knowledge necessary to support staff
- continuing to prioritize CPS hiring to ensure caseloads meet required standards

¹⁴ The strategies discussed in this section are not inclusive of all strategies included in the *LaShawn* 2016 Strategy Plan. See Appendix C for a full list of all strategies.

Over the past six months, the Monitor has focused on closely reviewing Entry Services data and practice in order to better understand what is occurring on the ground level and continuing barriers to performance. The good news is that performance on the acceptable quality of investigations has slightly improved this period. In addition to participation in record reviews on the quality of investigations, validation of workers' "good faith efforts" to timely initiate an investigation and assessing caseload data, the Monitor is currently involved with CFSA Agency Performance and CPS staff in a review of referrals to CFSA's hotline. This comprehensive review includes: 1) assessing protocols and practice and the appropriateness of decision making around acceptance or screen-out of referrals at the hotline and in subsequent Hotline RED Team meetings and 2) review of the appropriateness of decisions to route accepted reports to either investigations or FA. This intensive review was initiated after data analysis indicated that the percentage of referrals being screened out at the hotline had risen considerably in CY2015.

Through these reviews and in discussions with CPS staff during focus groups conducted in early 2016, the Monitor has developed concerns around CPS data input and practices that influence data collection and reporting. Consequently, there are some areas involving investigation and FA caseloads where the Monitor cannot verify the accuracy of the data and these data are not included in this monitoring report.¹⁵ CFSA has been cooperating with the Monitor in the reviews discussed earlier and is internally reassessing its practices; the Agency is receptive to reevaluating its strategies and taking additional action. The Monitor is now working closely with CFSA leaders as they further review the Monitor's initial conclusions and develop corrective actions. It is the Monitor's intention to produce a supplemental report on findings and recommendations from the hotline reviews and Entry Services issues discussed above in the next few months.

Services to Families and Children and Case Planning Process

Two other Exit Standards that remain to be achieved are critical to the quality of case practice, specifically: 1) provision of services to children and families to support safety, permanency and well-being and 2) development of case plans in partnership with children and families that identify specific services, supports and timetables for providing needed services. The Quality Service Review (QSR) process is used to collect data and analyze areas of strength as well as those needing improvement for these standards. Data for CY2015 show only slight improvement over CY2014 – ratings on acceptable performance on indicators measuring services to families and children to promote safety, permanency and well-being rose from 35 percent in CY2014 to 39 percent in CY2015 and acceptable case planning process ratings improved from 46 percent in CY2014 to 51 percent in CY2015. These standards measure quality of practice within CFSA and

¹⁵ The Exit Standard requirement of no more than 12 cases for workers was designed to support workers in engaging and assessing safety and family needs. However, due to the high influx of investigations and FAs, the pressure to manage resources to meet demand has been placed on the workers rather than the system and has resulted in management and supervisory pressure to quickly close cases and to instances of data manipulation. As a result, the Monitor has determined that July through December 2015 investigation and FA caseload data cannot be validated or reported on. The Monitor has shared this information with CFSA leadership who are developing plans to remedy the identified issues.

the private agencies with whom CFSA contracts; the Agency's focus on supervision and critical thinking should be important to accelerating this upward trend.

There are several strategies that are being implemented in the first six months of 2016 related to improved service provision and case planning. First, CFSA is engaging a consultant to provide technical assistance on analyzing QSR data with a goal of identifying trends and targeting areas for improvement. This will allow for quarterly reporting of data to CFSA and private agency management to inform and improve practice. The Monitor anticipates it will allow CFSA to detect policy and practice strengths that can be replicated, as well as weaknesses that require intervention. CFSA will also be refining the referral process for two of its evidence-based programs – Project Connect¹⁶ and HOMEBUILDERS¹⁷ – and expanding eligibility for Project Connect to include in-home families that experience substance abuse and/or chronic neglect. HOMEBUILDERS and Project Connect now have staff co-located to support CPS and ongoing workers.

CFSA is also planning to establish this summer two units of workers who will work exclusively with families that have been identified as experiencing chronic neglect – in that they have had multiple referrals and open cases with CFSA over several years. These units will have lower caseloads and are expected to work more intensively with families over a longer period of time to address underlying and chronic support needs. An additional strategy that CFSA will implement is assessing the effectiveness of their revised case planning process, including implementation of the CAFAS/PECFAS¹⁸ assessment tools, danger and safety assessments, Caregiver Strengths and Barriers Assessments and behaviorally-based case plans. The purpose of this strategy is to determine barriers to workers consistently completing these processes with quality and developing corresponding solutions with families that reflect the knowledge gained through the assessments.

Placement

Performance on four important placement standards has declined in 2015. These include the requirements that no child stay overnight in the CFSA office building (IEP citation II.B.8.); no child shall remain in an emergency, short-term foster home for more than 30 days (IEP citation I.B.8.b.); completion of assessments for children experiencing a placement disruption (IEP citation I.C.21.); and timely completion and implementation of an annual Resource Development Plan (I.D.23.). CFSA has struggled to develop and maintain a sufficient placement continuum with the necessary number and types of homes to match the needs of children and youth in out-

¹⁶ Project Connect is an evidence-based program designed to support families during the reunification process. The program works with parents who have a substance abuse history as the child(ren) transitions home.

¹⁷ HOMEBUILDERS is an evidence-based program that is designed as a short-term, intensive support for families where the child(ren) is at imminent risk of removal. The program provides intensive support, connection to services and case management to help address immediate problems and stabilization moving forward.

¹⁸ Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS) are functional assessment scales used to assess, track outcomes and inform case planning decisions.

of-home care. Although the Agency recently completed the Resource Development Plan for 2015, performance on the other Exit Standards referenced continued to be out of compliance during the current monitoring period.

In order to address the continued placement challenges, in February 2016, CFSA finalized a Placement Strategy Plan specific to addressing immediate placement needs and looking forward to longer term solutions. In addition to the development of this plan, which is discussed later in this report, the *LaShawn* 2016 Strategy Plan includes several important activities to improve placement functioning and matching. These include: identification of and planning for solicitation of proposals for evidence-based, trauma-informed foster care models to be issued during FY2017, with full implementation in FY2018; enhancement of the current placement matching database to ensure it includes current data and is accessible and useful to staff; use of social media, advertising, community outreach and information sessions to recruit foster parents and support retention; establishment of a foster parent buddy system for prospective foster parents; and increased use of kinship care resources.

Permanency

CFSA has maintained performance for all of the previously achieved permanency process and outcome measures including taking timely legal action to free children for adoption, timely placement of children in pre-adoptive homes and timely completion of adoption after placement in a pre-adoptive home. The final challenge has been in achieving outcome measures for timely permanency through reunification, legal guardianship or adoption for three cohorts of children based upon their length of stay in foster care. Performance data are measured by fiscal year, and as of September 30, 2015, timely permanency performance had improved for the first cohort of children (those in care between 8 days and 12 months), remained the same for the second cohort (those in care more than 12 months but less than 25 months) and declined for the final cohort (those in care 25 months or longer). It is important to note that the total number of children in the third cohort decreased significantly from the prior year, which provides CFSA with an opportunity to become more familiar with each of these children and youth and develop individualized strategies for their positive exits to permanency. Generally, the belief is that children who remain in care 25 months or longer may present more challenging individual and family situations and have additional barriers to achieving permanency (hence the Exit Standard target for this cohort is lower than the other two). However, current performance is 20 percent below the Exit Standard requirement; practice should be more closely analyzed to identify barriers and corresponding solutions.

Moving into CY2016, the *LaShawn* 2016 Strategy Plan highlights two strategies focused on timely permanency. The first involves CFSA reviewing cases of children in out-of-home care and developing plans to expedite permanency at 30, 60 and 90 day intervals to ensure that permanency planning actions are consistent and timely. Second, CFSA has already begun a process, in consultation with provider stakeholders, to modify its performance-based contracting

tool and protocols used to monitor private agency performance. Included in this is a focus on the achievement of positive permanency outcomes. These strategies are intended to heighten the accountability of CFSA and private agencies to ensure timely permanency for children and youth. Implementation of these strategies will be monitored throughout 2016 and performance will continue to be assessed to determine their impact on permanency outcomes for all children and youth in care.

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

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
1. <i>Investigations</i> : Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment. (IEP citation I.A.1.a.)	95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located.	June 2015 performance, 80%	December 2015 performance, 83% ²²	No	↑

¹⁹ In some instances where December 2015 performance data are not available, the most recent performance data are cited with applicable timeframes. For some Exit Standards, the Monitor provides a range of data over the monitoring period to better illustrate performance. More detailed information on CFSA's performance toward specific Exit Standards is provided in subsequent sections of this report.

²⁰ "Yes" indicates that, in the Monitor's judgment based on presently available information, CFSA's performance satisfies the Exit Standard requirement. "Yes" may be used for Outcomes to be Maintained in Table 2 of this report if performance deviation from the Exit Standard requirement is determined by the Monitor to be insubstantial or temporary. "Partially" is used when CFSA has come very close but has not fully met an Exit Standard requirement or in instances where Exit Standards have more than 1 part and CFSA has fulfilled some but not all parts of the Exit Standard requirement. "No" indicates that, in the Monitor's judgment, CFSA's performance is below the designated Exit Standard requirement.

²¹ Where applicable, "↑" indicates that, in the Monitor's judgment based on data and an understanding of case practice, performance is trending upwards generally by at least 3%; "↓" indicates performance is trending downward generally by at least 3%; "↔" indicates that, in the Monitor's judgment, there has been no change in performance; and "N/A" indicates a judgment regarding direction of change is not applicable to the Exit Standard during the monitoring period.

²² CFSA and Monitor staff conducted a secondary analysis of FACES.NET data to validate instances where the social worker and supervisor had indicated staff had made and completed "good faith efforts" in cases where the child was not seen in the required time frame. Data were validated for the month of December 2015 and the findings are included in this Table. Data on "good faith efforts" were not validated for July through November and are therefore not included in this Table. Monthly performance data for timely initiation of investigations **without** taking into consideration efforts made when the victim child cannot be located are as follows: July, 66%; August, 65%; September, 64%; October, 71%; November, 75%. Valid "good faith efforts" made would likely increase performance levels.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
2. <i>Investigations</i> : Investigations of alleged child abuse and neglect shall be completed within 30 days after receipt of a report to the hotline of child maltreatment and the final report of findings for each investigation shall be completed within five days of the completion of the investigation. (IEP citation I.A.1.b.)	90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.	Monthly range of 42 – 60%	Monthly range of 44 – 58% ^{23, 24}	No	↔
4. <i>Acceptable Investigations</i> : CFSA shall routinely conduct investigations of alleged child abuse and neglect. ²⁵ (IEP citation I.A.2.)	80% of investigations will be of acceptable quality.	65% of investigations of acceptable quality. ²⁶	73% of investigations of acceptable quality. ²⁷	No	N/A ²⁸

²³ Monthly performance data for timely completion of investigations are as follows: July, 57%; August, 56%; September, 54%; October, 58%; November, 45%; December, 44%.

²⁴ During this monitoring period, CFSA reports the following backlog of investigations each month not completed within 35 days: July, 92; August, 90; September, 59; October, 91; November, 135; December, 126.

²⁵ Evidence of acceptable investigations includes: (a) Use of CFSA's screening tool in prioritizing response times for initiating investigations; (b) Interviews with and information obtained from the 5 core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources, and educational resources (for school-aged children); (c) Interviews with collateral contacts that are likely to provide information about the child's safety and well-being; (d) Interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; (e) Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren); (f) Use of risk assessment protocol in making decisions resulting from an investigation; and (g) Initiation of services during the investigation to prevent unnecessary removal of children from their homes.

²⁶ Performance data were collected through a review of 99 investigations closed between January and June 2015.

²⁷ Performance data were collected through a review of 132 investigations closed between July and December 2015.

²⁸ Due to the different sample size reviewed each monitoring period (5% of all closed investigations between January and June 2015 and 8% of all closed investigations between July and December 2015), a statistical test was done to understand if the sample sizes could be compared. Analyses indicate the sample size of investigations reviewed is statistically significant at level of $p < .05$ so comparisons cannot be made between the two monitoring periods.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p><u>5. Services to Families and Children to Promote Safety, Permanency and Well-Being:</u> Appropriate services, including all services identified in a child or family's safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being.</p> <p>CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</p> <ul style="list-style-type: none"> a. Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes; b. Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care; c. Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and d. Services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement. <p>(IEP citation I.A.3.)</p>	<p>In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementation and Pathway to Safe Closure indicators.</p>	<p>35% of cases were acceptable based on CY2014 QSR data.</p>	<p>39% of cases were acceptable based on CY2015 QSR data.²⁹</p>	<p>No</p>	<p>↑</p>

²⁹ Data collected during QSRs conducted between January and December 2015 determined that 50% of cases (63 of 125) were rated acceptable on the Implementing Supports and Services indicator, 62% of cases (78 of 125) were rated acceptable on the Pathway to Case Closure indicator and 39% of cases (49 of 125) were acceptable on both indicators.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p><u>7. Worker Visitation to Families with In-Home Services:</u> Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.4.c.)</p>	90% of cases will have documentation verifying each child was visited and seen outside the presence of the caretaker and that safety was assessed during each visit.	Monthly range of 44 – 63%	Monthly range of 48 – 68% ^{30,31}	No	N/A ³²
<p><u>9. Worker Visitation to Children in Out-of-Home Care:</u> Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.5.d.)</p>	90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a worker and that safety was assessed during each visit.	Monthly range of 27 – 72%	Monthly range of 20 – 70% ^{33, 34}	No	N/A ³⁵

³⁰ Monthly performance for assessing and documenting safety during visits for in-home cases are as follows: July, 55%; August, 58%; September, 68%; October, 48%; November, 56%; December, 64%.

³¹ Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the monitoring period; CFSA reviewed the documentation of between 20 and 25 children each month. The Monitor has not independently validated the manual data provided by CFSA given CFSA's performance on this Exit Standard is not near compliance levels.

³² Direction of change is not assessed due to small sample size.

³³ Monthly performance for assessing and documenting safety during visits for out-of-home cases are as follows: July, 70%; August, 45%; September, 40%; October, 20%; November, 70%; December, 45%.

³⁴ Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the monitoring period; CFSA reviewed the documentation of between 21 and 25 children each month. The Monitor has not validated the manual data provided by CFSA given CFSA's current performance on this Exit Standard is not near compliance levels.

³⁵ Direction of change is not assessed due to small sample size.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p>10. <u>Visitation for Children Experiencing a New Placement or a Placement Change:</u></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change.</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change.</p> <p>c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child's home.</p> <p>d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency.</p> <p>(IEP citation I.A.6.a-d.)</p>	90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described.	<p>a.- c. Monthly range of 81 – 85% of applicable children had four visits in first four weeks of new placement or placement change.</p> <p>d. Monthly range of 58 – 88%</p>	<p>a.- c. Monthly range of 77 – 88% of applicable children had four visits in first four weeks of new placement or placement change.³⁶</p> <p>d. Monthly range of 65 – 100%^{37, 38}</p>	No	↔

³⁶ Monthly performance data for worker visits during first 4 weeks of a new placement or placement change are as follows: July, 84%; August, 80%; September, 77%; October, 88%; November, 87%; December, 80%.

³⁷ Performance data are based upon a record review of a non-statistically significant sample of children applicable to this Exit Standard.

³⁸ Monthly performance for conversation between social worker and resource parent following new placement or placement change are as follows: July, 65%; August, 85%; September, 68%; October, 88%; November, 78%; December, 100%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p>11. <u>Visitation for Children Experiencing a New Placement or a Placement Change</u>: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.6.e.)</p>	<p>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a social worker and that safety was assessed during each visit.</p>	<p>Monthly range of 30 – 68%</p>	<p>Monthly range of 33 – 55%^{39, 40}</p>	<p>No</p>	<p>N/A⁴¹</p>

³⁹ Monthly performance for assessing and documenting safety during visits to children experiencing a placement change are as follows: July, 33%; August, 50%; September, 55%; October, 36%; November, 35%; December, 55%.

⁴⁰ Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the monitoring period; CFSA reviewed the documentation of 20 to 25 children each month. The Monitor has not validated the manual data provided by CFSA given CFSA's current performance on this Exit Standard is not near compliance levels.

⁴¹ Direction of change is not assessed due to small sample size.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p>18. <u>Visits between Parents and Workers:</u></p> <p>a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.</p> <p>b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement.</p> <p>(IEP citation I.B.10.)</p>	80% of parents will have twice monthly visitation with workers in the first three months post-placement. ⁴²	Monthly range of 63 – 82%	Monthly range of 73 – 80% ⁴³	No	↔

⁴² This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

⁴³ Reported performance includes instances where there was documentation in the record that the parent was unavailable or refuses to cooperate with the Agency despite efforts by the Agency. Monthly performance are as follows: July, 75%; August, 77%; September, 73%; October, 74%; November, 73%; December, 80%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p>19. <i>Visits between Parents and Children:</i> There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.</p> <p>(IEP citation I.B.11.)</p>	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought. ⁴⁴	Monthly range of 73 – 83%	Monthly range of 78 – 82% ⁴⁵	No	↔

⁴⁴ This Exit Standard is also satisfied when there is documentation that a visit is not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.

⁴⁵ Reported performance includes instances where there was documentation in the record that visits did not occur because it was not in the child's best interest, was clinically inappropriate or could not occur despite efforts by the Agency. Monthly performance are as follows: July, 82%; August, 78%; September, 80%; October, 81%; November, 79%; December, 81%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
32. <i>Timely Permanency</i> : Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)	i. Of all children who entered foster care for the first time in FY2014 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, 2015.	As of September 30, 2014, 36% of children in this cohort achieved permanency.	As of September 30, 2015, 45% of the children in this cohort achieved permanency.	No ⁴⁶	↔
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2014, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2015.	As of September 30, 2014, 40% of children in this cohort achieved permanency.	As of September 30, 2015, 40% of the children in this cohort achieved permanency.		
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2014, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2015, whichever is earlier.	As of September 30, 2014, 28% of children in this cohort achieved permanency.	As of September 30, 2015, 20% of the children in this cohort achieved permanency.		

⁴⁶ This Exit Standard is achieved when performance for all three sub-parts (cohorts of children) meet outcomes levels.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p>33. <u>Case Planning Process:</u></p> <p>a. CFSA, with the family, shall develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan.</p> <p>b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks, and other formal resources working with or needed by the youth and/or family.</p> <p>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</p> <p>(IEP citation I.B.17.)</p>	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.	46% of cases were acceptable based on CY2014 QSR data.	51% of cases were acceptable based on CY2015 QSR data. ⁴⁷	No	↑

⁴⁷ Data collected during QSRs conducted between January and December 2015 determined that 60% (75 of 125) of cases were rated acceptable overall on the Planning Interventions indicator, 62% (78 of 125) of cases were rated acceptable on the Pathway to Case Closure indicator and 51% (64 of 125) of cases were acceptable on both indicators.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
<p>43. <i>Health and Dental Care</i>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement.</p> <p>(IEP citation I.C.22.d.)</p>	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 67 – 82% of foster parents received the Medicaid number within five days of the child’s placement.</p> <p>Monthly range of 25 – 77% of foster parents received the Medicaid card within 45 days of the child’s placement.</p>	<p>Monthly range of 78 – 86% of foster parents received the Medicaid number within five days of the child’s placement.⁴⁸</p> <p>Monthly range of 14 – 71% of foster parents received the Medicaid card within 45 days of the child’s placement.^{49, 50}</p>	No	↔

⁴⁸ Monthly performance data for receipt of the Medicaid number within 5 days of placement are as follows: July, 85%; August, 86%; September, 80%; October, 78%; November, 80%; December, 79%.

⁴⁹ Monthly performance data for receipt of the Medicaid card within 45 days of placement are as follows: July, 44%; August, 71%; September, 70%; October, 20%; November, 14%; December, 65%.

⁵⁰ These data report performance on Medicaid card distribution to foster parents when the child initially enters foster care. CFSA reports that Medicaid cards for children who experience a placement change are transferred through the placement passport packet and there is not currently a tracking method to confirm this transfer to the new foster parent.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance ¹⁹	Exit Standard Achieved ²⁰	Direction of Change ²¹
44. <u>Resource Development Plan</u> : The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in item 21b of the Outcomes to be Maintained section of the IEP. (IEP citation I.D.23.)	The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 21b of “Outcomes to be Maintained” Needs Assessment and Resource Development Plan.	The Resource Development Plan was not completed by June 30, 2015. The overdue Resource Development Plan was completed in March 2016.	The overdue Resource Development Plan was completed in March 2016.	Partially ⁵¹	N/A
68. <u>Placement of Children in Most Family-Like Setting</u> : No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)	Ongoing Compliance	Between January – June 2015, 11 children stayed overnight at CFSA and 4 children stayed in hotel rooms while awaiting an appropriate licensed placement.	Between July – December 2015, 4 children stayed overnight at CFSA ⁵² and 5 children stayed in hotel rooms ⁵³ while awaiting an appropriate licensed placement.	No	N/A

⁵¹ The Resource Development Plan was completed late, and therefore was not fully implemented during the monitoring period.

⁵² These 4 placements occurred on 2 separate occasions and 3 of the children were siblings (representing 1 occasion).

⁵³ These 5 placements occurred on 3 separate occasions and 2 of the children were siblings (represent 1 occasion).

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>3. <i>Investigations</i>: For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA’s attention.</p> <p>(IEP citation I.A.1.c.)</p>	<p>90% of the case records for families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months will have documentation of a comprehensive review.</p>	<p>Monthly range of 89 – 97%</p>	<p>Monthly range of 78 – 94%⁵⁴</p>	<p>Partially⁵⁵</p>
<p>6. <i>Worker Visitation to Families with In-Home Services</i>:</p> <p>a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services.</p> <p>b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere.</p> <p>(IEP citation I.A.4.a-b.)</p>	<p>95% of families will be visited monthly by a CFSA social worker or private agency social worker and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.</p>	<p>a. Monthly range of 89 – 92% of families were visited monthly</p> <p>b. Monthly range of 86 – 92% of families were visited twice during the month</p>	<p>a. Monthly range of 88 – 93% of families were visited monthly</p> <p>b. Monthly range of 84 – 92% of families were visited twice during the month</p>	<p>Partially⁵⁶</p>

⁵⁴ Monthly performance data for comprehensive review of families with 4 or more reports are as follows: July, 93%; August, 94%; September, 86%; October, 92%; November, 78%; December, 88%.

⁵⁵ As performance dropped below the required level for 3 of the 6 months during this period, the Monitor considers this Exit Standard to be partially maintained.

⁵⁶ CFSA maintained the required level of performance for 1 sub-part of this Exit Standard (twice monthly visits to families receiving in-home services) but did not maintain the required level of performance for the other sub-part (monthly visits with families) for any month this monitoring period. The Monitor considers this Exit Standard to be partially maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>8. <i>Worker Visitation to Children in Out-of-Home Care:</i></p> <p>a. A CFSA social worker or private agency social worker with case management responsibility shall make monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make a second monthly visit to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.).</p> <p>c. At least one of the above visits each month shall be in the child's home.</p> <p>(IEP citation I.A.5.a-c.)</p>	<p>95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.</p>	<p>a. Monthly range of 95 – 97% had monthly visits</p> <p>b. Monthly range of 93 – 96% had twice monthly visits</p>	<p>a. Monthly range of 94 – 98% had monthly visits</p> <p>b. Monthly range of 92 – 97% had twice monthly visits</p>	Yes
<p>12. <i>Relative Resources:</i> CFSA shall identify and investigate relative resources by taking necessary steps to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children from their homes.</p> <p>(IEP citation I.B.7.a.)</p>	<p>CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.</p>	<p>Between January and June 2015, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 84% of applicable cases.</p>	<p>Between July and December 2015, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 91% of applicable cases.</p>	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
13. <u>Relative Resources</u> : In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)	In 90% of cases where a child(ren) has been removed from his/her home, CFSA will make reasonable efforts to identify, locate and invite known relatives to the FTM.	Of the 138 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 96% of cases.	Of the 125 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 94% of cases.	Yes
14. <u>Placement of Children in Most Family-Like Setting</u> : Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)	90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.	Not newly assessed	As of December 31, 2015, 96% of children were in the most family-like setting based on his/her needs. ⁵⁷	Yes

⁵⁷ Performance is based upon data from a case record review of all children placed in non-family-based settings including group homes, residential treatment facilities, hospitals, teen parent programs and independent living facilities. The review found that 59% of the children reviewed were in the most appropriate setting to meet his/her needs. These data combined with the number of children and youth placed in family settings determined 96% of children were placed in the least restrictive, most family-like setting appropriate to his/her needs.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
15. <i>Placement of Children in Most Family-like Setting</i> : No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. (IEP citation I.B.8.b.)	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between January – June 2015, 1 child was placed in emergency, short term foster home for more than 30 days. ⁵⁸	Between July – December 2015, 2 children were placed in emergency, short term foster homes for more than 30 days. ⁵⁹	No
16. <i>Placement of Young Children</i> : Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child’s specific needs. (IEP citation I.B.9.a.)	No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child’s specific needs.	Between January – June 2015, a total of 2 children under 12 were applicable to this standard and both children met an agreed upon exception.	Between July – December 2015, a total of 2 children under 12 were applicable to this standard and both children met an agreed upon exception.	Yes
17. <i>Placement of Young Children</i> : CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care. (IEP citation I.B.9.b.)	No child under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care.	Between January – June 2015, 1 child under 6 years of age was placed in a group care non-foster home setting and met an agreed upon exception.	Between July – December 2015, 1 child under 6 years of age was placed in a group care non-foster home setting and met an agreed upon exception.	Yes

⁵⁸ This placement was for 36 days in a short-term foster home and the Monitor did not determine that this placement was appropriate.

⁵⁹ Both placements were for older youth (age 18 and 19) who were exhibiting challenging behaviors. These placements were each over 50 days and documentation indicates that it was difficult to secure appropriate placements due to the lack of available providers willing to accept these youth; this is consistent with the issues displayed throughout CY2015 with a shortage of placement providers with training and support to provide care for specific populations. The Monitor did not determine that these placements were appropriate.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
20. <u>Appropriate Permanency Goals</u> : Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.a.)	95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.	Performance ranged between 94 – 96%	Performance ranged between 95 – 97%	Yes
21. <u>Appropriate Permanency Goals</u> : Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.b.)	Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director, or a court order directing the permanency goal of APPLA.	There were 27 youth whose goal changed to APPLA between January – June 2015. 13 of the 27 (48%) had LYFE/FTM conference.	There were 24 youth whose goal changed to APPLA between July – December 2015. 9 of the 24 (38%) had LYFE/FTM conference. ⁶⁰	Yes

⁶⁰ Of the 15 youth who did not have a LYFE conference, the goal change to APPLA were initiated by their guardian ad litem (GAL) or the judge. Documentation shows that CFSA opposed the goal change in all but 1 of the total 24 cases.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>22. <u>Appropriate Permanency Goals</u>: Youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation and includes, as appropriate, connections to housing, health insurance, education, continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services and local opportunities for mentors.</p> <p>(IEP citation I.B.12.c.)</p>	<p>90% of youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation. No later than 180 days prior to the date on which the youth will turn 21 years old (or on which the youth will emancipate), an individualized transition plan will be created that includes as appropriate connections to specific options on housing, health insurance, and education and linkages to continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services, and local opportunities for mentors.</p>	<p>Between January – June 2015, 92% of youth ages 18 and older had a timely YTP.</p>	<p>Between July – December 2015, 95% of youth ages 18 and older had a timely YTP.⁶¹</p>	<p>Yes</p>
<p>23. <u>Reduction of Multiple Placements for Children in Care</u>:</p> <p>(IEP citation I.B.13.)</p>	<p>a. Of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83% shall have had two or fewer placements.</p> <p>b. Of all children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months, 60% shall have had two or fewer placements.</p> <p>c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.</p>	<p>Monthly range of 89 – 91%</p> <p>Monthly range of 63 – 69%</p> <p>75% performance each month</p>	<p>Monthly range of 84 – 88%</p> <p>Monthly range of 68 – 74%</p> <p>Monthly range of 71 – 76%</p>	<p>Yes⁶²</p>

⁶¹ Of the 210 youth ages 18 and older under CFSA care between July and December 2015, 12 youth were in abscondence, developmentally disabled or refused to participate in the development of a YTP and were excluded from analysis. Thus, out of 198 applicable youth, 189 (95%) had a YTP.

⁶² Although performance was below the required level for the third sub-part of the Exit Standard for 3 of the 6 months in the period (October 2015 performance was 71%, November 2015 performance was 72% and December 2015 performance was 74%), the Monitor considers this to be an insubstantial deviation and this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
24. <u>Timely Approval of Foster/Adoptive Parents</u> : CFSA shall have in place a process for recruiting, studying and approving families, including relative caregivers, interested in becoming foster or adoptive parents that results in the necessary training, home studies and decisions on approval being completed within 150 days of beginning training. (IEP citation I.B.14.)	70% of homes licensed beginning November 1, 2010, will have been approved, and interested parties will have been notified within 150 days.	67% of foster homes licensed between January – June 2015 received their license within 150 days.	72% of foster homes licensed between July – December 2015 received their license within 150 days. ⁶³	Yes
25. <u>Legal Action to Free Children for Adoption</u> : Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.a.)	For 90% of children with a permanency goal of adoption, where freeing the child for adoption is necessary and appropriate to move the child more timely to permanency, OAG, on behalf of CFSA shall file a motion to terminate parental rights or confirm that appropriate legal action has been taken within 45 days of their permanency goal becoming adoption.	95%	87% ⁶⁴	Yes ⁶⁵
26. <u>Legal Action to Free Children for Adoption</u> : Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.b.)	For 90% of children for whom a petition to terminate parental rights has been filed in order to achieve permanency, CFSA shall take and document appropriate actions by the assigned social worker and the assistant attorney general to facilitate the court's timely hearing and resolution of legal action to terminate parental rights.	100%	100%	Yes

⁶³ Of the 68 homes that were licensed in the current monitoring period, 1 home whose licensure took longer than 150 days is considered compliant due to circumstances that were beyond the District's control.

⁶⁴ There were a total of 47 applicable children who required legal action to free them for adoption upon goal change and 41 (87%) had legal action to free them within 45 days.

⁶⁵ Given the small universe of applicable children and that current performance is only 3% below the required level, the Monitor considers this an insubstantial deviation and this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
27. <i>Timely Adoption</i> : Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)	For children whose permanency goal changed to adoption July 1, 2010 or thereafter, 80% will be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.	77%	80% ⁶⁶	Yes
28. <i>Timely Adoption</i> : Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.ii.)	For children whose permanency goal changed to adoption prior to July 1, 2010 who are not currently in an approved adoptive placement, 40% will be placed in an approved adoptive placement by December 31, 2010 and an additional 20% will be placed in an approved adoptive placement by June 30, 2011.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance.	N/A
29. <i>Timely Adoption</i> : CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. (IEP citation I.B.16.b.i.)	By September 30, 2010, 40% of the 203 children in pre-adoptive homes as of October 1, 2009 will achieve permanence.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance.	N/A
30. <i>Timely Adoption</i> : CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home. (IEP citation I.B.16.b.ii.)	By June 30, 2011, 45% of the children in pre-adoptive homes as of July 1, 2010 will achieve permanence.	Review period has expired; Monitor is no longer tracking performance.	Review period has expired; Monitor is no longer tracking performance.	N/A

⁶⁶ During the monitoring period, 36 of 45 applicable children were placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>31. <u>Timely Adoption</u>: CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within 12 months of the placement in the approved adoptive home.</p> <p>(IEP citation I.B.16.b.iii.)</p>	90% of children in pre-adoptive homes will have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in the approved adoptive home.	From January – June 2015, 90% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home.	From July – December 2015, 92% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home. ⁶⁷	Yes
<p>34. <u>Placement Licensing</u>: Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license.</p> <p>(IEP citation I.B.18.)</p>	95% of foster homes and group homes with children placed will have a current and valid license.	Monthly range of 95 – 96%	Monthly range of 94 – 96% ⁶⁸	Yes

⁶⁷ CFSA reports that 48 adoptions were finalized during this monitoring period. Of those 48, 29 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 15 children.

⁶⁸ Reported performance includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
35. <u>Community-based Service Referrals for Low & Moderate Risk Families:</u> (IEP citation I.C.19.)	90% of families who have been the subject of a report of abuse and/or neglect, whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and neglect and who are in need of and agree to additional supports shall be referred to an appropriate Collaborative or community agency for follow-up. Low and moderate risk cases for which CFSA decides to open an ongoing CFSA case are excluded from this requirement.	Monthly range of 91 – 100% of applicable closed investigations were referred to a Collaborative or community agency.	Monthly range of 90 – 100% of applicable closed investigations were referred to a Collaborative or community agency. ⁶⁹	Yes
36. <u>Sibling Placement and Visits:</u> Children in out-of-home placement who enter foster care with their siblings should be placed with some or all of their siblings, unless documented that the placement is not appropriate based on safety, best interest needs of child(ren) or a court order requiring separation. (IEP citation I.C.20.a.)	80% of children who enter foster care with their siblings or within 30 days of their siblings will be placed with some of their siblings.	84% of children placed between January – June 2015 with their siblings or within 30 days of their siblings were placed with some of their siblings.	86% of children placed between July – December 2015 with their siblings or within 30 days of their siblings were placed with some of their siblings. ⁷⁰	Yes

⁶⁹ Monthly performance for community-based referrals for low and moderate risk families are as follows: July, 100%; August, 90%; September, 91%; October, 92%; November, 94%; December, 95%.

⁷⁰ CFSA also provided data for all children in care at a point in time (not limited to those who entered care between July and December 2015) for this Exit Standard. As of December 31, 2015, 70% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with 1 or more sibling.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>37. <u>Sibling Placement and Visits</u>: Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren).</p> <p>(IEP citation I.C.20.b.)</p>	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	<p>Monthly range of 79 – 91% with at least monthly visits</p> <p>Monthly range of 72 – 84% with at least twice monthly visits</p>	<p>Monthly range of 82 – 90% with at least monthly visits⁷¹</p> <p>Monthly range of 76 – 83% with at least twice monthly visits⁷²</p>	Yes

⁷¹ Monthly performance data are as follows for at least monthly sibling visits: July, 88%; August, 82%; September, 84%; October, 90%; November, 89%; December, 90%.

⁷² Monthly performance data are as follows for twice monthly sibling visits: July, 83%; August, 76%; September, 76%; October, 83%; November, 79%; December, 77%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>38. <u>Assessments for Children Experiencing a Placement Disruption</u>: CFSA shall ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment and follow-up action plans to determine their service and re-placement needs no later than within 30 days of re-placement. A comprehensive assessment is a review, including as applicable the child, his/her family, kin, current and former caregiver and the GAL, to assess the child's current medical, social, behavioral, educational and dental needs to determine the additional evaluations/services/supports that are required to prevent future placement disruptions.</p> <p>(IEP citation I.C.21.)</p>	<p>90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.</p>	<p>Monthly range of 62 – 95%</p>	<p>Monthly range of 74 – 100%⁷³</p>	<p>No⁷⁴</p>
<p>39. <u>Health and Dental Care</u>: Children in foster care shall have a health screening prior to placement.</p> <p>(IEP citation I.C.22.a.)</p>	<p>95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care.</p> <p>90% of children in foster care who experience a placement change shall have a replacement health screening.</p>	<p>Initial and re-entries: monthly range of 94 – 100%</p> <p>Replacements: monthly range of 90 – 91%</p>	<p>Initial and re-entries: monthly range of 90 – 100%</p> <p>Replacements: monthly range of 88 – 94%</p>	<p>Yes⁷⁵</p>

⁷³ Monthly performance data for assessments for children experiencing a placement disruption are as follows: July, 88%; August, 93%; September, 85%; October, 100%; November, 74%; December, 82%.

⁷⁴ Performance only reached the required level of performance during 2 of the 6 months this period. In the previous monitoring period, performance only reached the required level 1 month during the period. The Monitor no longer considers this deviation in performance to be temporary and will be recommending this Exit Standard be redesignated as an Outcome to be Achieved.

⁷⁵ Performance below the required level for both sub-parts of this Exit Standard occurred in October 2015. The Monitor considers this temporary.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
40. <i>Health and Dental Care</i> : Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)	85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement.	Within 30 days: monthly range of 87 – 94% Within 60 days: monthly range of 94 – 98%	Within 30 days: monthly range of 79 – 90% ⁷⁶ Within 60 days: monthly range of 92 – 98% ⁷⁷	Partially ⁷⁸
41. <i>Health and Dental Care</i> : Children in foster care shall receive a full dental evaluation within 30 days of placement. (IEP citation I.C.22.b.ii.)	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 56 – 82% Within 60 days: monthly range of 85 – 95% Within 90 days: monthly range of 86 – 95%	Within 30 days: monthly range of 32 – 65% Within 60 days: monthly range of 57 – 78% Within 90 days: monthly range of 60 – 87% ⁷⁹	Partially ⁸⁰

⁷⁶ Monthly performance data are as follows for children having medical evaluations completed within 30 days of placement: July, 90%; August, 79%; September, 80%; October, 79%; November, 86%; December, 82%.

⁷⁷ Monthly performance data are as follows for children having medical evaluations completed within 60 days of placement: July, 98%; August, 92%; September, 93%; October, 97%; November, 95%; December, 95%.

⁷⁸ CFSA maintained the required level of performance for 1 sub-part of this Exit Standard (medical evaluations within 30 days of placement) but did not maintain the required level of performance for the other sub-part (medical evaluations within 60 days of placement) for 4 out of the 6 months. The Monitor considers this Exit Standard partially maintained.

⁷⁹ Monthly performance data are as follows for children having dental evaluations completed within 90 days of placement: July, 84%; August, 60%; September, 78%; October, 87%; November, 70%; December, 60%.

⁸⁰ CFSA maintained the required level of performance for 2 sub-parts of this Exit Standard (dental evaluations within 30 days of placement and dental evaluations within 60 days of placement) but did not maintain the required level of performance for the other sub-part (dental evaluations within 90 days of placement) for 4 out of the 6 months. The Monitor considers this Exit Standard partially maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
42. <u>Health and Dental Care</u> : Children in foster care shall have timely access to health care services to meet identified needs. (IEP citation I.C.22.c.)	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	94% of cases were acceptable based on January – June 2015 QSR data.	92% of cases were acceptable based on CY 2015 QSR data. ⁸¹	Yes
45. <u>Financial Support for Community-Based Services</u> : The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families. (IEP citation I.D.24.)	The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.	No modifications to FY2015 spending. ⁸²	In FY2016 CFSA allocated \$24.03 million for community-based services.	Yes
46. <u>Caseloads</u> : a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. 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. c. The caseload of each worker providing services to children in placement, including children in	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.	a. Monthly range of 71 – 92% of investigators met the caseload requirements. Monthly range of 0 – 5 investigators had a caseload of more than 15.	a. Unable to determine ⁸³	Partially

⁸¹ Of the 106 cases reviewed through QSR between January and December 2015 where the child or youth was placed in foster care at the time of the review, 97 (92%) were rated as acceptable on both of the Health Status indicators.

⁸² In FY2015, CFSA provided base funding to the Collaboratives to support work with families in the community. In addition to the base funding, CFSA provided \$6.5 million to implement Title IV-E Waiver services as well as \$1 million to fund community capacity building grants.

⁸³ During the caseload validation process for investigation and FA caseloads, the Monitor received reports from investigation and FA workers citing concerns with the way in which caseloads are managed and the assignments are documented in FACES.NET. The Monitor has determined that investigation and FA caseloads between July and December 2015 cannot be validated or reported on by the Monitor.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care.</p> <p>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</p> <p>e. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days.</p> <p>(IEP citation I.D.25.)</p>		<p>b. & c. Monthly range of 97 – 99% of ongoing workers met the caseload requirements. No social workers had a caseload of 18 or more.</p> <p>d. 100% of workers conducting home studies met required performance of no greater than 30 cases.</p> <p>e. Monthly range of 17 – 56 (1 – 3% of total open cases) cases were unassigned to a social worker for more than five business days.</p>	<p>b. & c. Monthly range of 98 – 100% of ongoing workers met the caseload requirements. No social workers had a caseload of 18 or more.</p> <p>d. 100% of workers conducting home studies met required performance of no greater than 30 cases.</p> <p>e. Monthly range of 10 – 38 (1 – 2% of total open cases) cases were unassigned to a social worker for more than five business days.⁸⁴</p>	

⁸⁴ Between July and December 2015, in addition to the cases cited above, a monthly range of between 28 and 54 ongoing cases were assigned to investigative social workers. CFSA indicates that these investigations have closed and are awaiting transfer to an ongoing unit. Although this number has declined slightly since the previous monitoring period (monthly range of 47 to 59 ongoing cases between January and June), the Monitor continues to have concerns regarding delays in transferring cases after completion of an investigation.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>47. <u>Supervisory Responsibilities:</u></p> <p>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</p> <p>i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</p> <p>(IEP citation I.D.26.a.i.)</p>	90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.	Monthly range of 92 – 98% of supervisors met the required standard.	Monthly range of 83 – 93% of supervisors met the required standard. ⁸⁵	Partially ⁸⁶
<p>48. <u>Supervisory Responsibilities:</u></p> <p>b. No supervisor shall be responsible for the on-going case management of any case.</p> <p>ii. Cases shall be assigned to social workers.</p> <p>(IEP citation I.D.26.b.ii.)</p>	95% of cases are assigned to social workers.	Monthly range of 89 – 95% cases assigned to social workers.	Monthly range of 92 – 97% cases assigned to social workers.	Yes
<p>49. <u>Training for New Social Workers:</u> New direct service staff⁸⁷ shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training.</p> <p>(IEP citation I.D.27.a.)</p>	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training. ⁸⁸	85%	93%	Yes ⁸⁹

⁸⁵ Monthly performance data for supervisors responsible for no more than 5 workers and a case aide or FSW are as follows: July, 93%; August, 93%; September, 92%; October, 90%; November, 83%; December, 85%.

⁸⁶ As performance dropped below the required level for 2 of the 6 months during this period, the Monitor considers this Exit Standard to be partially maintained.

⁸⁷ Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

⁸⁸ The IEP requires new direct service staff receive 80 hours of pre-service training, however CFSA's pre-service training is 129 hours.

⁸⁹ Although current performance is above the required standard, CFSA did not fully implement the short-term pre-service training waiver that was requested and granted for contract workers at the private agencies in the Fall of 2015 to address caseload and placement issues. Of the 2 contract social workers that were hired under the waiver, one did not complete the required and agreed upon pre-service training prior to becoming responsible for case management. See discussion on page 142 of this report.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
50. <i>Training for New Supervisors</i> : New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility. (IEP citation I.D.27.b.)	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	93%	100%	Yes
51. <i>Training for Previously Hired Social Workers</i> : Previously hired direct service staff ⁹⁰ shall receive annually a minimum of 5 full training days (or a minimum of 30 hours) of structured in-service training geared toward professional development and specific core and advanced competencies. (IEP citation I.D.28.a.)	80% of CFSA and private agency direct service staff shall receive the required annual in-service training.	94%	Not yet due ⁹¹	N/A
52. <i>Training for Previously Hired Supervisors and Administrators</i> : Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.	100%	Not yet due ⁹²	N/A
53. <i>Training for Foster Parents</i> : CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	98%	100%	Yes

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

⁹¹ Data are collected annually based on a training schedule that begins July 1 and ends June 30 each year.

⁹² Data are collected annually based on a training schedule that begins July 1 and ends June 30 each year.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
54. <u>Training for Foster Parents</u> : CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	93%	91%	Yes ⁹³

⁹³ The Monitor considers this an insubstantial and temporary deviation and this Exit Standard maintained. The Monitor will continue to closely assess performance data to determine if this deviation continues before recommending redesignating as an Outcome to be Achieved.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>55. <u>Special Corrective Action:</u></p> <p>a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories:</p> <ul style="list-style-type: none"> i. All cases in which a child has been placed in four or more different placements, with the fourth or additional placement occurring in the last 12 months and the placement is not a permanent placement; ii. All cases in which a child has had a permanency goal of adoption for more than one year and has not been placed in an adoptive home; iii. All children who have been returned home and have reentered care more than twice and have a plan of return home at the time of the report; iv. Children with a permanency goal of reunification for more than 18 months; v. Children placed in emergency facilities for more than 90 days; vi. Children placed in foster homes or facilities that exceed their licensed capacities or placed in facilities without a valid license; vii. Children under 14 with a permanency goal of APPLA; and viii. Children in facilities more than 100 miles from the District of Columbia. <p>b. CFSA shall conduct a child-specific case review by the Director or Director's designee(s) for each child identified and implement a child-specific corrective action plan, as appropriate.</p> <p>(IEP citation I.D.30.)</p>	<p>For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.</p>	<p>a. CFSA produces a monthly report that identifies the cases of these children/ families that have been flagged for discussion during applicable reviews.</p> <p>b. 100% of required special corrective action plan(s) were developed.</p>	<p>a. CFSA produces a monthly report that identifies the cases of these children/ families that have been flagged for discussion during applicable reviews.</p> <p>b. 100% of required special corrective action plan(s) were developed.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>56. <u>Performance-Based Contracting</u>: CFSA shall have in place a functioning performance-based contracting system that (a) develops procurements for identified resource needs, including placement and service needs; (b) issues contracts in a timely manner to qualified service providers in accordance with District laws and regulations; and (c) monitors contract performance on a routine basis.</p> <p>(IEP citation I.D.31.)</p>	<p>Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.</p>	<p>Infrastructure for performance based contracting remains in place and CFSA uses data to make decisions about placement and future contracts. CFSA utilizes Performance Improvement Plans (PIPs) with agencies to address areas where performance is below expectations, which may include timely permanence, family connections, visitation, etc.</p>	<p>Infrastructure for performance based contracting remains in place. CFSA issued Program Improvement Plans (PIPs) for 2 Collaboratives, 1 congregate care provider and 7 private family based providers this monitoring period. No contracts were terminated and future PIPs in 2016 were put on hold while CFSA revises contract monitoring tools and processes.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
		During the monitoring period, 5 private agencies were placed on PIPs. There are 7 PIPs that remain pending. Two agency contracts ended based on quarterly review, utilization and performance.	Further, in an effort to improve overall quality of services provided by private providers, CFSA is in the process of rebidding for contracted services and revising the performance based contracting indicators and processes to hold providers accountable for ensuring positive permanency and well-being outcomes for children.	
<p>57. <i>Interstate Compact for the Placement of Children (ICPC)</i>: CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.</p> <p>(IEP citation I.D.32.)</p>	Elimination of the backlog of cases without ICPC compliance.	CFSA has eliminated the backlog. There are no children placed without ICPC approval.	There are no children placed without ICPC approval.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
58. <i>Licensing Regulations</i> : CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities. (IEP citation I.D.33.)	CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.	As of June 2015, 19 of 19 FTE positions for Family-Based Contracts Monitoring were filled. 21 of 22 FTE positions were filled for Family Licensing Division.	As of December 2015, 18 of 19 FTE positions for Family-Based Contracts Monitoring were filled. 23 of 23 FTE positions were filled for Family Licensing Division.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>59. <u>Budget and Staffing Adequacy</u>: The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p> <p>The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed.</p> <p>(IEP citation I.D.34.)</p>	<p>The District shall provide evidence that the Agency's annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p>	<p>The approved FY2015 budget is \$246.3 million and provides adequate funding for required staffing, services and supports.</p> <p>The approved FY2016 budget is \$244.8 million and CFSA believes it provides adequate funding for required staffing, services and supports.</p>	<p>The approved FY2016 budget is \$244.8 million and CFSA believes it provides adequate funding for required staffing, services and supports.</p> <p>The proposed FY2017 budget is \$231.6 million.⁹⁴</p>	<p>Yes</p>

⁹⁴ A \$10 million reduction in the proposed budget reflects the elimination of an Intra-District swap between CFSA and the Department of Human Services (DHS) related to federal TANF dollars. Previously, CFSA was able to support the District's efforts in drawing down federal TANF dollars by using these dollars to fund prevention services in the community through the Collaboratives and then creating a line-item for the same amount of local dollars to allocate to DHS. Due to the Title IV-E waiver, CFSA is now able to fund these services through waiver dollars. Director Davidson has indicated that there will be no impact on community-based services solely as a result of the elimination of this Intra-District swap. Final budget for FY2017 is pending action by District Council.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>60. <u>Federal Revenue Maximization</u>: CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.</p> <p>(IEP citation I.D.35.)</p>	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.	CFSA receives Title IV-E capped payments on a quarterly basis as part of the federal waiver demonstration program and has maintained consistent levels of federal revenue. CFSA is claiming Medicaid for health care services provided through the Healthy Horizons Assessment Clinic.	CFSA continues to receive Title IV-E capped payments on a quarterly basis as part of the federal waiver demonstration program and has maintained consistent levels of federal revenue. CFSA is claiming Medicaid for health care services provided through the Healthy Horizons Assessment Clinic.	Yes
<p>61. <u>Entering Reports Into Computerized System</u>: CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.</p> <p>(IEP citation II.A.1.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
62. <u>Maintaining 24 Hour Response System</u> : CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards. (IEP citation II.A.2.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
63. <u>Checking for Prior Reports</u> : Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect. (IEP citation II.A.3.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
64. <u>Reviewing Child Fatalities</u> : The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate. (IEP citation II.A.4.)	Ongoing Compliance	Internal: Ongoing compliance City-wide: Ongoing compliance	Internal: The 2014 Annual Report has not yet been produced and is expected to be combined with the 2015 Annual report that will be released this year. City-wide: Ongoing compliance	Yes ⁹⁵

⁹⁵ The Monitor currently considers delay in the Internal Child Fatality Committee Annual Report a temporary deviation in performance and the Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>65. <u>Investigations of Abuse and Neglect in Foster Homes and Institutions</u>: Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 35 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.</p> <p>(IEP citation II.A.5.)</p>	90% of reports of abuse and neglect in foster homes shall be completed within 35 days and within 60 days for investigations involving group homes, day care settings or other congregate settings.	Monthly range of 83 – 100%	Monthly range of 90 – 100% ⁹⁶	Yes
<p>66. <u>Policies for General Assistance Payments</u>: CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.</p> <p>(IEP citation II.B.6.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
<p>67. <u>Use of General Assistance Payments</u>: CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.</p> <p>(IEP citation II.B.7.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

⁹⁶ Reported performance includes combined compliance for both foster homes and congregate care settings. Monthly performance on timely completion of investigations of reported abuse and neglect in foster homes and in institutions are as follows: July, 92%; August, 100%; September, 100%; October, 90%; November, 90%; December, 91%.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>69. <i>Timely Approval of Foster/Adoptive Parents</i>: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.</p> <p>(IEP citation II.B.9.)</p>	Ongoing Compliance	Training opportunities were offered monthly during the monitoring period.	Training opportunities were offered monthly during the monitoring period.	Yes
<p>70. <i>Placement within 100 Miles of the District</i>: No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)</p> <p>(IEP citation II.B.10.)</p>	Ongoing Compliance for no more than 82 children.	Monthly range of 10 – 12 children	Monthly range of 12 – 18 children	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>71. <u>Licensing and Placement Standards:</u></p> <p>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</p> <p>b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family's natural children; (c) have no more than two children under two years of age or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.</p> <p>c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child's needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child's needs.</p> <p>d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.</p> <p>(IEP citation II.B.11.)</p>	Ongoing compliance for 95% of children.	<p>a. Monthly range of foster and group homes: 95 – 96%</p> <p>b. Monthly range of children over placed in foster homes: 2 – 4%</p> <p>c. Children in group care settings with capacity in excess of 8 children: 0</p> <p>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.</p>	<p>a. Monthly range of foster and group home: 94 – 96%⁹⁷</p> <p>b. Monthly range of children over placed in foster homes: 3 – 4%</p> <p>c. Children in group care settings with capacity in excess of 8 children: 0</p> <p>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.⁹⁸</p>	Yes

⁹⁷ Reported performance includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>72. <u>Case Planning Process</u>: Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.</p> <p>(IEP citation II.B.12.)</p>	90% of case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter.	Monthly range of 90 – 94%	Monthly range of 88 – 90% ⁹⁹	Yes ¹⁰⁰
<p>73. <u>Appropriate Permanency Goals</u>: No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p> <p>(IEP citation II.B.13.)</p>	Ongoing Compliance	Ongoing Compliance	Ongoing Compliance ¹⁰¹	Yes

⁹⁸ CFSA has provided information to the Monitor that the majority of foster homes where over-placement has occurred are Maryland homes that are licensed for 4 children. While Maryland regulations may allow for placement of 4 foster children in a home, the IEP prohibits such placements unless it is placement of a large sibling group and there are no other children in the home.

⁹⁹ Monthly performance for completion of case plans are as follows: July, 89%; August, 88%; September, 90%; October, 89%; November, 91%; December, 89%.

¹⁰⁰ Performance fell below the required level 4 of the 6 months during the period, however, was no more than 2% below the standard. The Monitor considers this to be an insubstantial deviation and for this Exit Standard to be maintained.

¹⁰¹ As of December 31, 2015, CFSA reports that no child under the age of 12 had a non-court ordered goal of legal custody and 1 child under the age of 12 had a goal of APPLA. This is the same child that was identified in previous monitoring periods.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
74. <u>Timely Adoption</u> : Within 95 days of a child's permanency goal becoming adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource. (IEP citation II.B.14.)	For 90% of children whose permanency goal becomes adoption, CFSA shall convene a permanency planning team to develop a child-specific recruitment plan which may include contracting with a private adoption agency for those children without an adoptive resource.	94%	92% ¹⁰²	Yes
75. <u>Post-Adoption Services Notification</u> : Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services. (IEP citation II.B.15.)	Ongoing compliance for 90% of cases.	CFSA continues to report all adoptive families receive notification in a variety of ways.	CFSA continues to report all adoptive families receive notification in a variety of ways.	Yes
76. <u>Family Court Reviews</u> : A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months. (IEP citation II.D.16.)	Ongoing Compliance for 90% of cases.	As of June 30, 2015, 97% of applicable children had required judicial review.	As of December 31, 2015, 96% of applicable children had required judicial review.	Yes
77. <u>Permanency Hearings</u> : CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement. (IEP citation II.D.17.)	Ongoing compliance for 90% of cases.	Monthly performance of 99%	Monthly range of 96 – 99%	Yes

¹⁰² Data are reported by the fiscal year. Thus, performance represents data from October 1, 2015 to December 31, 2015. 22 of the 24 children whose goal changed to adoption had a permanency planning team meeting to develop a child-specific recruitment plan.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
78. <u>Use of MSWs and BSWs</u> : Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees. (IEP citation II.E.18.)	Ongoing compliance for all social work hires.	Ongoing compliance	Ongoing compliance	Yes
79. <u>Social Work Licensure</u> : All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units. (IEP citation II.E.19.)	Ongoing compliance for all social workers.	Ongoing compliance	Ongoing compliance	Yes
80. <u>Training for Adoptive Parents</u> : Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process. (IEP citation II.F.20.)	Ongoing compliance for 90% of adoptive parents.	98%	99%	Yes
81. <u>Needs Assessment and Resource Development Plan</u> : a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years. CFSA shall provide evidence of adequate Resource Development capacity within the Agency, with sufficient staff and other resources to carry out MFO resource development functions.	Ongoing Compliance	CFSA reports that the Needs Assessment due in December 2015 is in process. The annual Resource Development Plan is overdue and being completed.	CFSA completed the Needs Assessment in January 2016. The annual Resource Development Plan was overdue but was completed in March 2016.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>b. The District shall develop a Resource Development Plan, which shall be updated annually by June 30th of each year. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</p> <p>(IEP citation II.G.21.)</p>			<p>The Resource Development Plan includes a data analysis of CFSA's population, a vision for its placement continuum, projections on number of placements and placement types for FY2016 and strategies to meet these projections.</p> <p>Strategies are currently being implemented.</p>	
<p>82. <i>Foster Parent Licensure</i>: CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.</p> <p>(IEP citation II.G.22.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>83. <i>Quality Assurance</i>: CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.</p> <p>(IEP citation II.G.23.)</p>	Ongoing Compliance	<p>Ongoing compliance.</p> <p>The QA unit has 4 full-time QSR reviewers, a Supervisory QSR specialist and a temporary staff who assisted in coverage while 1 reviewer was on extended leave.</p> <p>There are 6 specialists assigned to the QA unit, 3 of whom are primarily assigned to Child Fatality Review. 1 specialist position was vacated in June after the incumbent took another position in the agency; that vacancy has since been filled.</p>	<p>Ongoing compliance.</p> <p>CFSA reorganized staff and units during the current monitoring period. The QA unit is now integrated into Agency Performance in order to align all CQI activities and strategies.</p> <p>Throughout the reporting period the QA unit had 4 full-time QSR reviewers, a Supervisory QSR specialist and an additional FTE who is a lead QSR reviewer.</p> <p>There are 6 full-time specialists assigned to the QA unit, 3 of whom are primarily assigned to Child Fatality</p>	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
			<p>Review.</p> <p>The specialists are supported by 3 administrative assistants who assist with scheduling reviews, arranging conference rooms, gathering FACES.NET information and other functions.</p> <p>Currently the only vacancy in the unit is the QA Supervisor position.</p>	

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>84. <u>Maintaining Computerized System:</u></p> <p>a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy.</p> <p>b. CFSA shall provide evidence of the capacity of FACES.NET Management Information System to produce appropriate, timely, and accurate worker/supervisor reports and other management reports that shall assist the Agency in meeting goals of safety, permanence and well-being and the requirements of the MFO and Court-ordered Implementation and Exit Plan.</p> <p>(IEP citation II.H.24.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes ¹⁰³
<p>85. <u>Contracts to Require the Acceptance of Children Referred:</u> CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.</p> <p>(IEP citation II.H.25.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
<p>86. <u>Provider Payments:</u> CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.</p> <p>(IEP citation II.H.26.)</p>	90% of payments to providers shall be made in compliance with DC's Quick Payment Act for all services rendered.	Monthly range of 79 – 100% of providers were paid timely	Monthly range of 85 – 98%	Yes ¹⁰⁴

¹⁰³ See FN 8 and FN 83 regarding investigation and FA caseload assignment in FACES.NET.

¹⁰⁴ CFSA dropped below the required performance (85%) between December 14, 2015 and January 12, 2016. Although this is the second period this has occurred, it was only during 1 month and the Monitor considers this a temporary deviation.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2015 Performance	July – December 2015 Performance	Exit Standard Maintained
<p>87. <i>Foster Parent Board Rates</i>: There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.</p> <p>(IEP citation II.H.27.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes ¹⁰⁵
<p>88. <i>Post-Adoption Services</i>: CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.</p> <p>(IEP citation II.H.28.)</p>	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

¹⁰⁵ The USDA has changed the schedule for issuing the Expenditures for Children and Families report and plans to have the newest report available in early summer 2016. CFSA uses this report to adjust Foster Parent Board rates and will adjust the rates as soon as the latest report is issued from the USDA.

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

A. GOAL: CHILD SAFETY

CFSA maintains a 24-hour, seven day a week hotline to accept reports of alleged child abuse and neglect in the District of Columbia. CFSA utilizes a Differential Response (DR) system to determine the appropriate system response to referrals which include one of the following pathways: 1) screened out because the referral does not include an allegation of abuse or neglect, the alleged victim is age 18 or older, the alleged child victim resides outside of the District of Columbia or the alleged perpetrator is not a parent, guardian or custodian; 2) initiate a child protective services (CPS) investigation; 3) initiate a Family Assessment (FA)¹⁰⁶; or 4) Information and Referral (I&R).¹⁰⁷ These determinations are made either by hotline staff at the time of referral with the use of the hotline SDM tool or after consultation in the Hotline RED Team. The Hotline RED Team is a multi-disciplinary team that meets three times each weekday and two times on weekends to review referrals received by the hotline and determine which DR pathway is appropriate. CFSA also has an educational neglect triage unit that screens referrals of educational neglect based on school absences. These referrals are sent by schools to CFSA utilizing an automated form which captures data regarding the number of days missed, the student's current grades and information regarding any interventions attempted by the school prior to submitting the referral.

In this section of the report, the Monitor examines CFSA's performance in hotline, investigations and FA¹⁰⁸, all critical areas of practice for a child welfare system.

¹⁰⁶ Family Assessment response is utilized consistent with District law (DC Code Section 4-1301.04) and is designed for families for whom a hotline report has been made but with no identified safety concerns. For these families, instead of a child protective services investigation, CFSA uses a strength-based, family-centered assessment process to support families in identifying needs and accessing services. After the initial safety assessment, participation in FA is voluntary. Investigations are required for reports involving child fatality, suspected sex abuse or allegations that a child is in imminent risk of or has experienced abuse or neglect that is severe.

¹⁰⁷ Information and Referral is the pathway for requests from other jurisdictions and information or reports outside the parameters of CFSA involvement. Some examples include requests for courtesy interviews, notice of child or youth abscondence, notice of child or youth return from abscondence, non-CPS assaults or child or youth curfew violations.

¹⁰⁸ CFSA has stated its view that family assessments (FA), which are now part of the District's response to allegations of child abuse and neglect, are not covered by the provisions of the *LaShawn* MFO and IEP. CFSA has argued that since FAs are not "investigations," they are not subject to IEP standards and should be reported on differently by the Monitor than other IEP Exit Standards. The Monitor does not agree with this position; the District implemented the FA pathway as part of a new approach to responding to allegations of child abuse and neglect. While it is true that the practice of differential response and the FA pathway were not contemplated or used by CFSA at the time the IEP was established, it is part of the District's CPS response which is covered by the *LaShawn* MFO and IEP. With the inclusion of FA as an appropriate CPS response, many of the referrals that were previously addressed using the CPS investigation pathway are now directed to the FA pathway. CFSA staff report that FA workers follow the same protocols as investigators with respect to safety assessments. The Monitor has taken the position that the caseload standard for FA workers is the same as for investigative workers as the nature of the work with the family and children is comparable. The Monitor has also taken the position that it is within the purview of the *LaShawn* MFO and IEP that the Monitor fully assess and evaluate FA as an integral part of the District's CPS response.

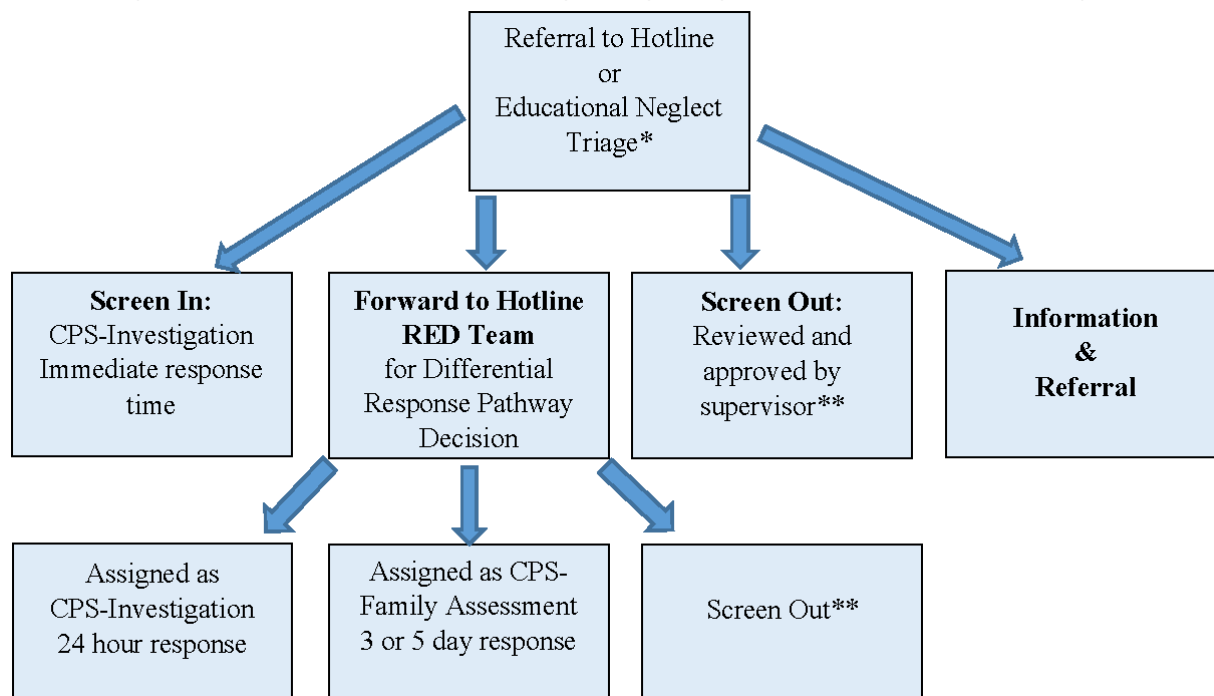
1. **Hotline**

Table 3 below shows the number of calls the hotline received between July and December 2015 and specifies the DR pathway selected for each referral. The volume of calls to the hotline this monitoring period ranged between 975 and 1,269 a month, with a total of 6,983 calls this monitoring period; this is similar to the number of referrals received during the same time period in 2014. An average of 28 percent of hotline calls received each month were accepted for an investigation or linked to a current investigation and an average of 18 percent of hotline calls each month were accepted for a FA or linked to a current FA. As indicated in Table 3, a monthly range of seven to 11 percent of calls were accepted as I&R and a monthly range of 43 to 50 percent of calls were screened out.

Hotline workers who accept phone calls, faxes and walk-ins to the CFSA building can route a referral in several ways using a structured decision-making instrument – either assign the referral as an investigation requiring immediate response, forward the referral to the Hotline RED Team for pathway decision making, categorize the referral as an Information and Referral (I&R) or screen out the referral (see Figure 1).

Referrals to the educational neglect triage unit are either forwarded to the Hotline RED team or screened out based upon the information provided. For referrals that are forwarded to the Hotline RED Team by the hotline or the educational neglect triage unit, the referrals are either assigned as: 1) investigations with a 24 hour response time, 2) FA with a three day response time, 3) FA with a five day response time or 4) screened out. In making the decision at the hotline and the Hotline RED Team, workers use the previously referenced the structured decision-making instrument which guides the decision making process but also includes an override provision based on clinical judgement.

Figure 1: Pathways for Decisions Regarding Allegations of Child Abuse or Neglect



*Referrals can be received through hotline call, email, fax or walk-in.

**Referrals can be screened out because the referral does not include an allegation of abuse or neglect, the alleged victim is age 18 or older, the alleged child victim resides outside of the District of Columbia or the alleged perpetrator is not a parent, guardian or custodian.

**Table 3: Number of Calls to
Child Abuse and Neglect Hotline by Differential Response (DR) Pathway
July – December 2015**

Month	Total	Information and Referral (I&R)	Investigation		Family Assessment (FA)		Screened Out by Hotline or Hotline RED Team**
		Accepted	Accepted	Linked*	Accepted	Linked*	
Jul 2015	1,140	122 (11%)	308 (27%)	31 (3%)	113 (10%)	8 (1%)	558 (49%)
Aug 2015 ¹⁰⁹	975	111 (11%)	246 (25%)	32 (3%)	135 (14%)	9 (1%)	442 (45%)
Sep 2015 ¹¹⁰	1,168	95 (8%)	317 (27%)	31 (3%)	210 (18%)	8 (1%)	507 (43%)
Oct 2015 ¹¹¹	1,269	98 (8%)	320 (25%)	35 (3%)	220 (17%)	16 (1%)	580 (46%)
Nov 2015 ¹¹²	1,173	89 (8%)	275 (23%)	49 (4%)	235 (20%)	4 (<1%)	521 (44%)
Dec 2015 ¹¹³	1,258	92 (7%)	265 (21%)	51 (4%)	253 (20%)	9 (1%)	588 (47%)
Total	6,983	607 (9%)	1,731 (25%)	229 (3%)	1,166 (17%)	54 (1%)	3,196 (46%)

Source: CFSA Administrative Data, FACES.NET report INT003

Percentages may not equal 100% due to rounding.

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

**A referral may be screened out when the information provided by the reporter does not indicate allegations of abuse or neglect in the District of Columbia.

¹⁰⁹ At the time the data were run for August 2015, 2 hotline calls were awaiting approval. These calls are not included in the total denominator.

¹¹⁰ At the time the data were run for September 2015, 3 hotline calls were awaiting approval. These calls are not included in the total denominator.

¹¹¹ At the time the data were run for October 2015, 3 hotline calls were awaiting approval. These calls are not included in the total denominator.

¹¹² At the time the data were run for November 2015, 3 hotline calls were awaiting approval. These calls are not included in the total denominator.

¹¹³ At the time the data were run for December 2015, 17 hotline calls were awaiting approval. These calls are not included in the total denominator.

In response to inquiries and concerns regarding the rise in the percentage of referrals that are screened out each month, in early 2016 the Monitor and CFSA worked collaboratively to review referrals that were screened out at the hotline and the pathway assignment made at the Hotline RED Team to better understand decision-making and appropriateness of decisions. This review was a three part process to evaluate the different points within the system where referral screen out decisions are made including: 1) hotline calls, 2) educational neglect referral emails and faxes or walk-ins to the CFSA building and 3) Hotline RED Team. With the assistance of the Children's Research Center and consultant Sue Lohrbach (developer of the RED Team framework), structured instruments to conduct the analysis were developed for each of these reviews.

Hotline calls and educational neglect referral emails and faxes or walk-ins were reviewed in a similar manner and the overall sample was statistically significant of all referrals screened out during January 2016.^{114,115} For hotline calls, reviewers listened to recordings of the hotline worker speaking with the reporter, reviewed information available in and documented in FACES.NET and answered questions regarding customer service, quality of inquiry and documentation and decision-making. For educational neglect referral emails, faxes and walk-ins, reviewers examined the corresponding emails or faxes and FACES.NET documentation and answered questions regarding information submitted, information documented, the family's history and decision-making.

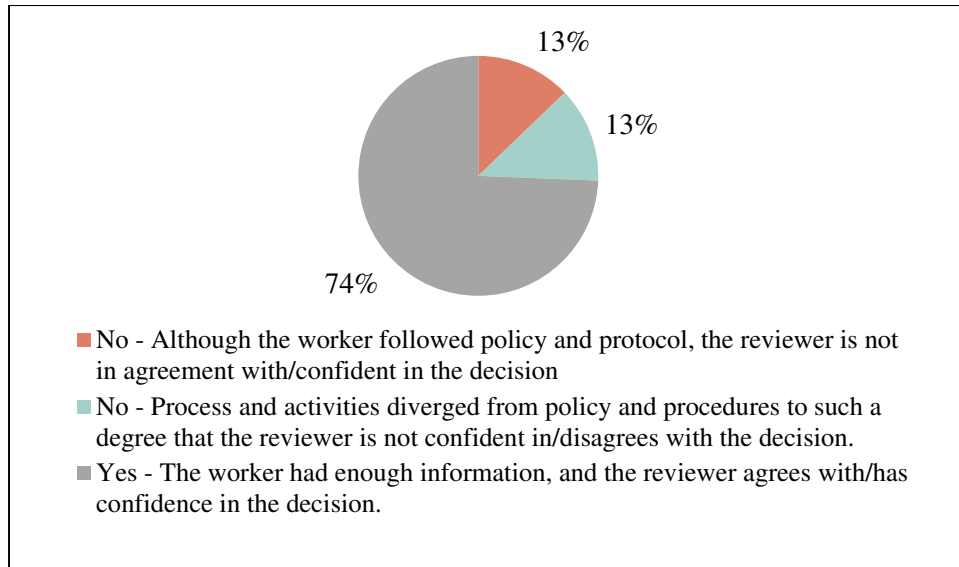
Overall, of the 195 referrals reviewed, reviewers agreed with the screen out decision in almost three-quarters of the referrals (145/74%).¹¹⁶ Reviewers who did not agree with the screen out decision were asked to specify one of the following: either that 1) the worker or supervisor followed CFSA policy and protocol, however, the reviewer is not in agreement with or confident in the decision or 2) the decision process and activities diverged from CFSA policy and procedures to such a degree that the reviewer is not confident in or disagrees with the screening decision. Responses to this question will allow CFSA to identify if adjustments and modifications are needed to current policy and procedures, staff training or supervision practices. As displayed in Figure 2 below, reviewers assessed that for 25 (13%) referrals, the reason for disagreement was that although policy and procedure were followed, the reviewer was not in agreement with or confident in the decision and believed a different clinical decision was warranted. Reviewers for 25 (13%) referrals disagreed because the process and activities diverged from CFSA policy and procedure to such a degree that the reviewer is not confident in or disagrees with the screening decision. These data suggest that focus should be given to both updating policy and procedures and improving staff training and supervision.

¹¹⁴ Although beyond the July through December 2015 monitoring period, the Monitor and CFSA agreed that reviewing the most currently available data would provide more beneficial feedback to the system.

¹¹⁵ In January 2016, 632 referrals were screened out; 342 of these were screened out by the hotline, through the educational neglect triage process or as a walk-in. The review assessed 196 screened out hotline calls, educational neglect referrals and walk-ins. This sampling represents a +/- 5 percent margin of error with 95 percent confidence in the results.

¹¹⁶ One survey did not include a response to this question and was removed from the analysis.

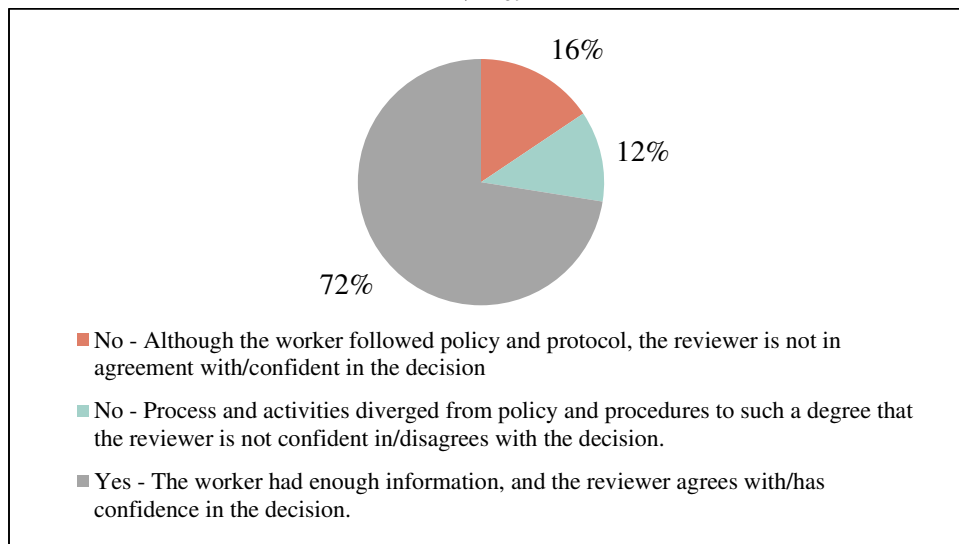
**Figure 2: Combined Findings from Two Reviews:
Agreement with Screen Out Decisions from Both
Hotline Calls and Review of Educational Neglect Triage, Faxes and Walk-Ins
January 2016
N=195**



Source: CFSA and CSSP Case Record Review, March 2016

Figure 3 below includes data from the review of 109 screen outs in January 2016 from the educational neglect triage unit, faxes received by the hotline and walk-ins to CFSA's building.

**Figure 3: Agreement with Screen Out Decisions from Review of
Educational Neglect Triage, Faxes and Walk-Ins
January 2016
N=109**

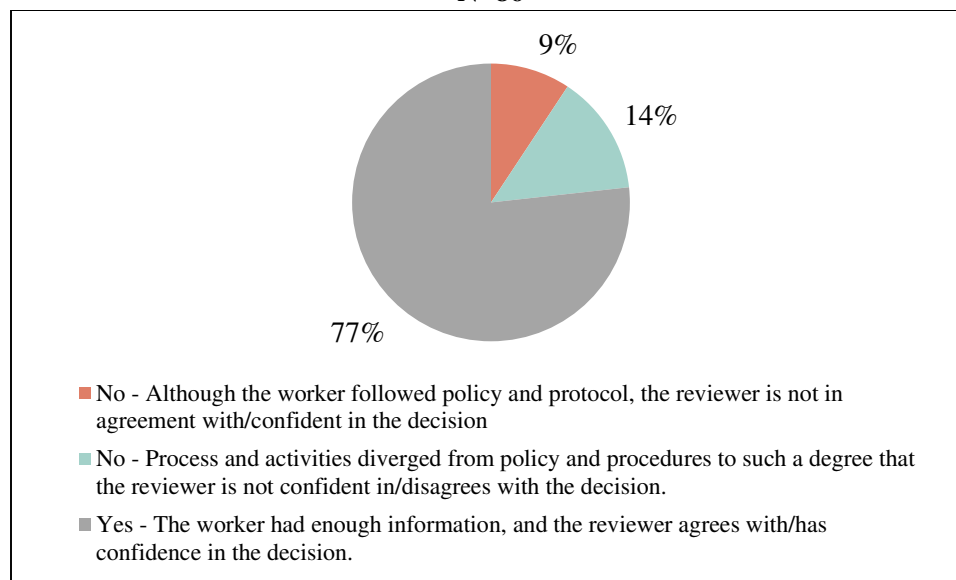


Source: CFSA and CSSP Case Record Review, March 2016

A few common themes emerged from additional data analysis of calls where reviewers disagreed with the screen out decision from educational neglect emails, faxes and walk-ins. For some referrals, reviewers disagreed because documentation was inconsistent with what was provided at the hotline or in the school report form (8 referrals). Other instances resulted in reviewer disagreement due to the extensive history of family involvement with CFSA or past educational neglect (12 referrals), or other relevant information that the reviewer thought was not fully taken into account (9 referrals). Two other reasons for disagreement were not enough follow-up or engagement with the family (6 referrals) and recommending that the referral be forwarded to the RED Team for additional consideration rather than be screened out at the hotline level (3 referrals).¹¹⁷

Figure 4 below includes the breakout of data from the review of recordings of calls to the hotline.

**Figure 4: Agreement with Screen Out Decisions from Calls to
CFSA Hotline
January 2016
N=86**



Source: CFSA and CSSP Case Record Review, March 2016

Similar to the review of emails, faxes and walk-ins, reasons for reviewer disagreement with the screen out decision from hotline calls included documentation inconsistent with information provided during the call (3 referrals), the family had an extensive history of involvement with CFSA (2 referrals), lack of consideration of all provided information (8 referrals) and belief that the referral should have been referred to the Hotline RED Team (2 referrals). However, many reviewers also cited the need for additional information to be collected during the hotline call as

¹¹⁷ Reviewers may have provided more than one reason for disagreement so totals may not equal the overall number of disagreements.

the basis for their disagreement (9 referrals). Of the 20 calls for which the reviewer disagreed with the decision, for 10 hotline calls the worker failed to ask key follow up questions. This lack of appropriate information collection contributed to eight of these 10 reviewers disagreement with the screen-out decision due to divergence from CFSA policy and procedure.¹¹⁸ Furthermore, for a small number of referrals, the reviewer disagreed with the final pathway decision because no reason was provided for the screenout (2 referrals).

These initial data raise questions and suggest actions for follow-up. A full conclusion and recommendations will be developed following the third and final portion of this review, which is focused on the Hotline RED Team and assesses in real time DR pathway decisions. In April 2016, the Monitor and CFSA staff, with the assistance of Sue Lohrbach, developer of the RED Team framework, designed an instrument to review RED Team fidelity and decision making at the Hotline RED Team. This instrument was utilized by reviewers to assess decisions made for approximately 100 referrals at Hotline RED Teams over a 10 day time period in late April, early May; the data are currently being analyzed. When these data are finalized, further analysis will be available and included in a supplemental update to the Court. The Monitor plans to work with CFSA on developing recommendations informed by findings from these reviews.

2. Investigations

Referrals that allege serious safety concerns for children, including child fatality, suspected sex abuse or allegations that a child is in imminent risk for or has experienced abuse or neglect that is severe, always require CPS investigations. For an investigation, the IEP requires CFSA to:

- initiate an investigation immediately or within 48 hours of the referral to the hotline or document good faith efforts to initiate the investigation when the alleged victim child(ren) cannot be immediately located;
- complete the investigation and enter the final report of findings into FACES.NET within 35 days of the referral to the hotline;
- comprehensively review family history for families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report with the most recent report occurring within the last 12 months;
- conduct investigations of acceptable quality; and
- refer families whose circumstances are deemed to place a child in their care at low or moderate risk of abuse and who are in need of and agree to additional supports to an appropriate Collaborative or community agency for follow-up.

As discussed more fully below, there are three IEP Exit Standards related to investigative practice that have not yet been achieved and required performance levels were not met this

¹¹⁸ Reviewers may have provided more than one reason for disagreement so totals may not equal the overall number of disagreements.

period. These standards include timely initiation of investigations, timely closure of investigations within 35 days of a referral to the hotline and the quality of investigations.

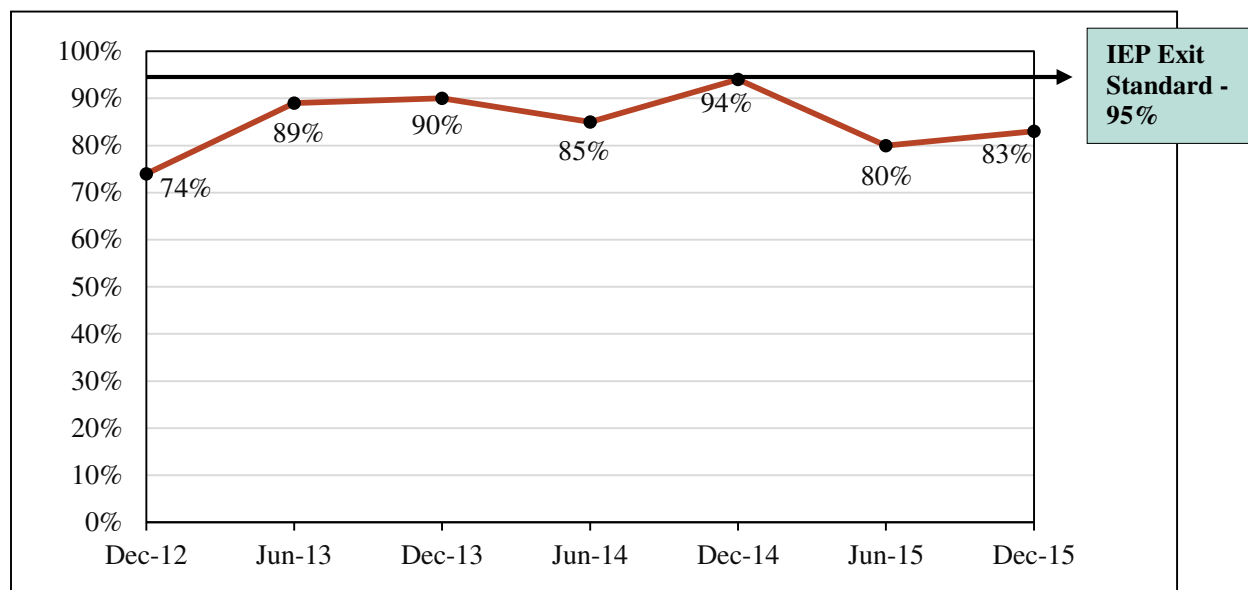
CFSA partially maintained performance for the Outcome to be Maintained which requires comprehensive review of families subject to a new investigation for whom the current report is the fourth or greater with the most recent occurring within the last 12 month; performance fell below 90 percent in three of the six months this period. CFSA maintained the required level of performance for referring families with low or moderate risk of abuse who are in need of and agree to additional supports to an appropriate Collaborative or community-based agency for follow-up.

Initiating Investigations

IEP Requirement	1. <u>Investigations</u> : Investigations of alleged child abuse and neglect shall be initiated or documented good faith efforts shall be made to initiate investigations within 48 hours after receipt of a report to the hotline of child maltreatment. (IEP citation I.A.1.a.)
Exit Standard	95% of all investigations will be initiated within 48 hours or there will be documented good faith efforts to initiate investigations whenever the alleged victim child(ren) cannot be immediately located. ¹¹⁹

¹¹⁹ Documented good faith efforts to see alleged victim children within the first 48 hours shall satisfy this requirement if they include: 1) visiting the child's home at different times of the day; 2) visiting the child's school and/or day care in an attempt to locate the child if known; 3) contacting the reporter, if known, to elicit additional information about the child's location; 4) reviewing the CFSA information system and other information systems (e.g. ACEDS, STARS) for additional information about the child and family; and 5) contacting the police for all allegations that a child(ren)'s safety or health is in immediate danger.

**Figure 5: Timely Initiation of Investigations
December 2012 – December 2015**



Source: CFSA Administrative Data, FACES.NET report INT052; performance for June and December 2015 include findings from a secondary review of FACES.NET data regarding completion of good faith efforts

Performance for the period July 1 through December 31, 2015:

Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of the caretaker, or making all applicable good faith efforts to locate and see all alleged victim children within the 48-hour time frame.¹²⁰ The Monitor and CFSA conducted a review of FACES.NET data of all closed investigations in December 2015 where the alleged victim child(ren) had not been seen in 48 hours to determine if good faith efforts were made. This review found that in approximately half (48% or 27 of 56) of those instances where the social worker and supervisor had indicated good faith efforts had been completed, documentation did not indicate sufficient efforts had been made. Therefore, the data presented in this section includes only good faith efforts data validated through the review for the one month of December 2015.

In December 2015, 317 investigations were completed; in 236 (74%) investigations, a social worker saw all alleged victim children within 48 hours of the report to the hotline and in an additional 27 (9%) investigations, there was documentation that good faith efforts were made to initiate the investigation, for a total of 83 percent of investigations initiated timely.

Between July and December 2015, a monthly range of 64 to 75 percent of investigations were initiated timely by the social worker seeing and interviewing all alleged victim children outside

¹²⁰ For younger and non-verbal children, observation is acceptable.

the presence of the caretaker within 48 hours of the report to the hotline. Actual performance on this measure is likely higher than reported due to instances where appropriate good faith efforts may have been made to locate the alleged victim child(ren), however, these data were unable to be validated for this report. CFSA did not meet the 95 percent Exit Standard and the Monitor considers this standard unmet.

Performance on Strategy Plan:

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

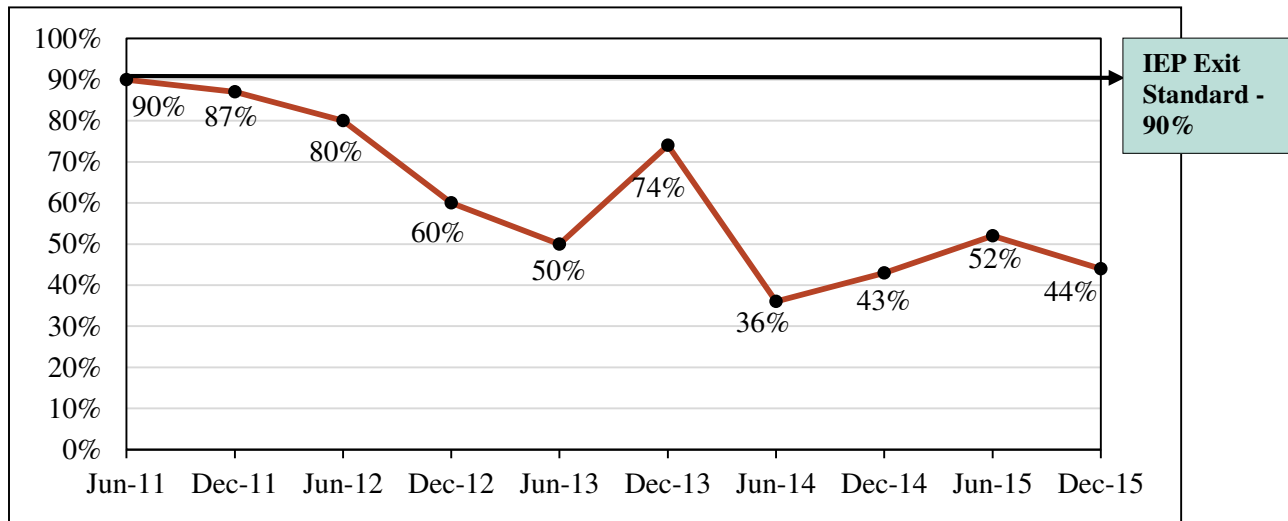
- *In 2015, CPS managers will continue to utilize data (e.g., data visualization system, management reports, score cards) to conduct monthly reviews of worker performance for conformance with CPS standards. Based on the performance levels, CPS managers will identify and address needs for coaching or corrective action, as needed (2015 Strategy Plan, #1).*

CFSA reports this strategy was utilized during 2015 and review of BIRST usage determined that managers are utilizing BIRST as well as management reports to review performance, however, supervisors' use of BIRST has been inconsistent and proficiency is not yet optimal. The LaShawn 2016 Strategy Plan includes a strategy for a mandatory refresher training for managers and supervisors.

Timely Completion of Investigations

IEP Requirement	<p>2. <u>Investigations</u>: Investigations of alleged child abuse and neglect shall be completed within 30 days after receipt of a report to the hotline of child maltreatment and the final report of findings for each investigation shall be completed within five days of the completion of the investigation.</p> <p style="text-align: right;">(IEP citation I.A.1.b.)</p>
Exit Standard	<p>90% of investigations will be completed and a final report of findings shall be entered in FACES.NET within 35 days.</p>

**Figure 6: Timely Completion of Investigations
June 2011 – December 2015**



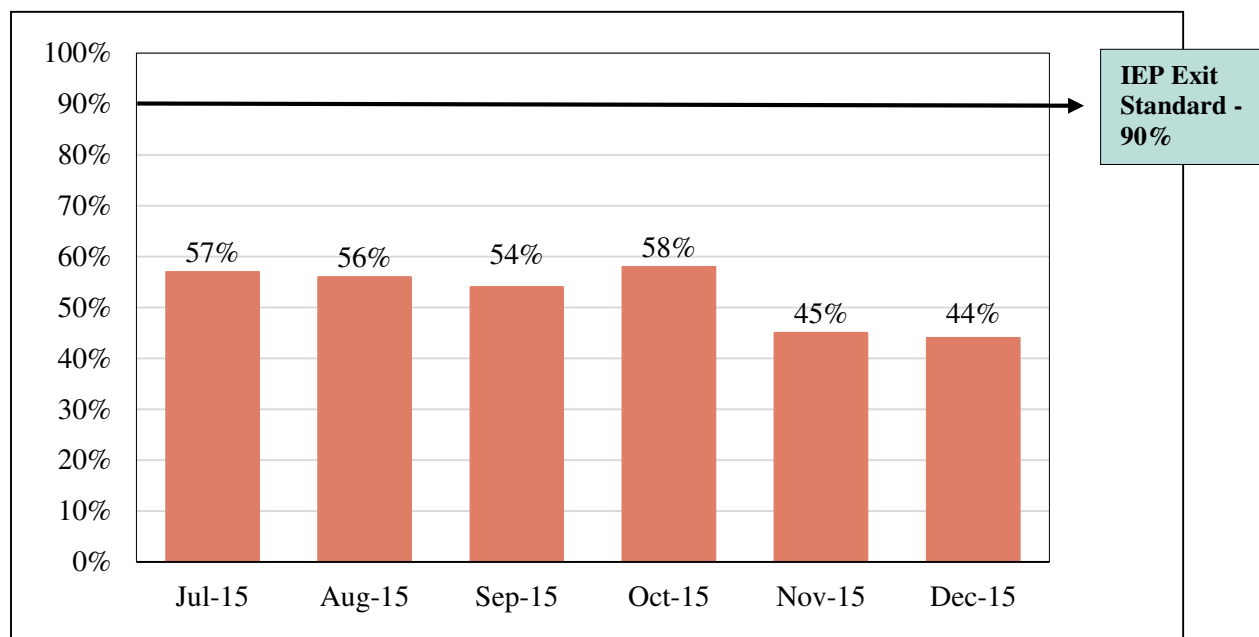
Source: CFSA Administrative Data, FACES.NET report INV004

Performance for the period July 1 through December 31, 2015:

In December 2015, there were 308 non-institutional abuse investigations completed; 134 (44%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report. As indicated in Figure 7 below, performance this monitoring period ranged monthly between 44 and 58 percent of investigations were completed timely.¹²¹ Performance does not meet the required level.

¹²¹ During this monitoring period, CFSA reports the following backlog: July, 92; August, 90; September, 59; October, 91; November, 135; December, 126.

**Figure 7: Timely Completion of Investigations
July – December 2015**



Source: CFSA Administrative Data, FACES.NET report INV004

Workers have reported several challenges to timely closure of investigations. The competing priorities of closing older investigations in backlog, preventing other investigations from entering backlog status while also timely initiating new investigations that are assigned to workers can be a difficult balance. Workers report that they are being assigned too many new referrals at a time and during each month. Workers have also indicated that performing all required tasks during an investigation can be hindered by administrative challenges and delays such as availability of cars, access to school and TANF databases and the requirement for duplicative case documentation in different sections of FACES.NET.

Performance on Strategy Plan:

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

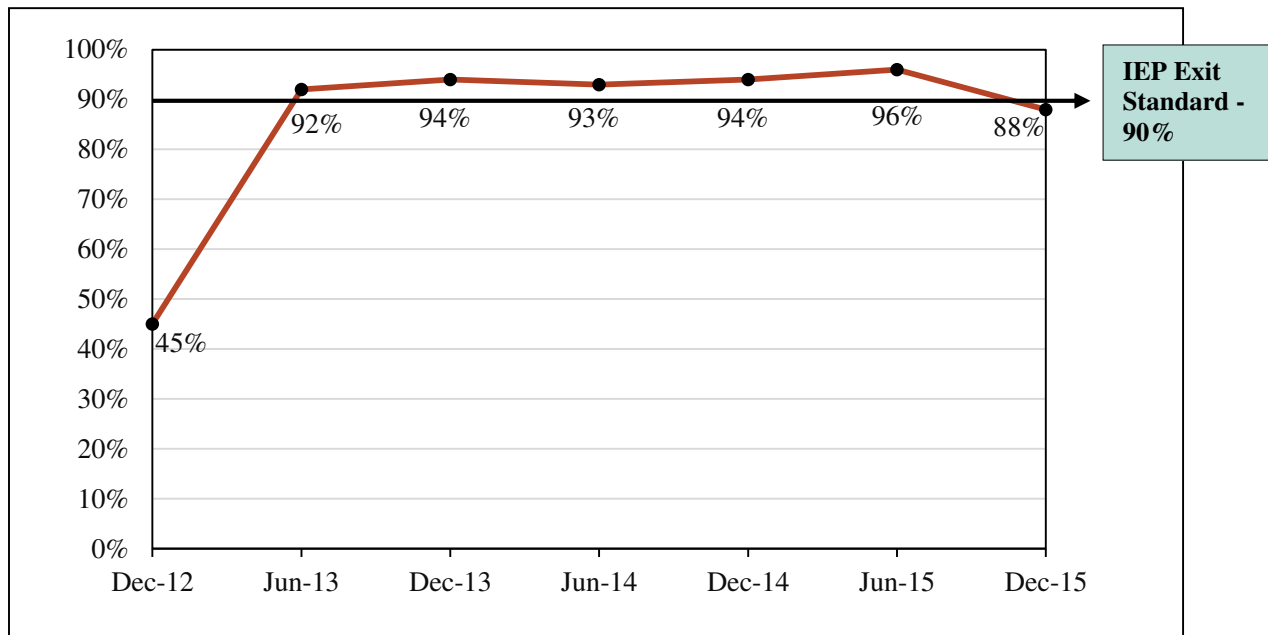
- *CPS supervisors will use the Consultation and Information Sharing Framework as a guide in reviewing investigations during supervision. In addition, CPS will continue to utilize the 10/15 Day RED teams, held each day (Monday through Thursday) to review the status of referrals and progress toward completion of investigations. Each RED Team will review five investigations or family assessments selected because of complicating factors or otherwise needing group consultation (2015 Strategy Plan, #2).*

CFSA continues to hold 10/15 Day RED Teams on a set schedule. An average of two CPS investigations and five FA referrals are reviewed during these meetings. The 10/15 Day RED Team for CPS investigations includes case transfers from CPS to in-home staff. CPS investigations that are selected for review are those with families with complex needs (mental, behavioral, social and health concerns) and co-existing conditions that impact the investigation (multiple allegations, household composition and extensive histories). FA referrals selected for review include those that present barriers to closure, those being considered for possible conversion to CPS investigation, those that require support with coordination of services for families with large numbers of children, those that involve families with complex relationships and those with families who have complex needs.

Reviews of Repeat Reports

IEP Requirement	<p>3. <i>Investigations</i>: For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA's attention.</p> <p>(IEP citation I.A.1.c.)</p>
Exit Standard	<p>90% of the case records for families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months will have documentation of a comprehensive review.</p>

**Figure 8: Completion of Reviews for Families Subject to a New Investigation
for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
December 2012 – December 2015**

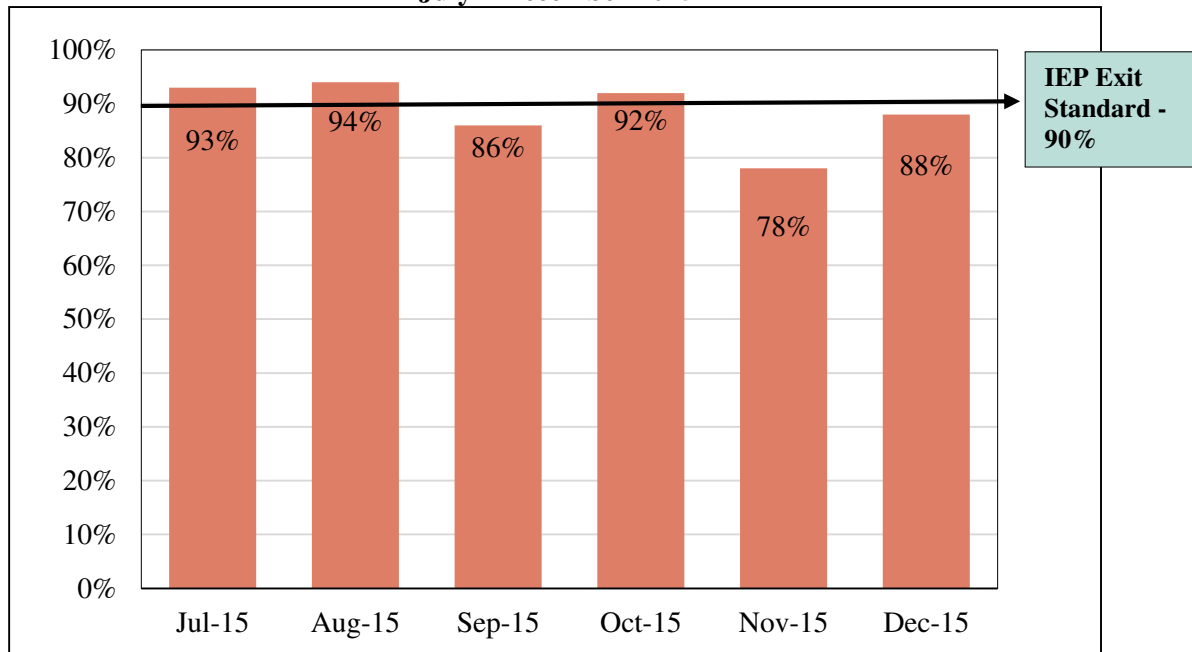


Source: CFSA Manual Data and Administrative Data, FACES.NET Report INV133

Performance for the period July 1 through December 31, 2015:

The purpose of this requirement is to ensure a more intensive upfront review of a family's history and current case circumstances when a family has had multiple reports alleging abuse or neglect. In December 2015, there were 73 families eligible for a review as the current report of child maltreatment was the fourth or greater report of child maltreatment with the most recent report occurring within the last 12 months; 64 (88%) of these investigations had documentation in FACES.NET indicating that a comprehensive review of the case history and current circumstances that brought the family to CFSA's attention had occurred. Between July and December 2015, monthly performance for this Exit Standard ranged from 78 to 94 percent (see Figure 9). As performance dropped below the required level for three of the six months during this period, the Monitor considers this Exit Standard to be partially maintained.

**Figure 9: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
July – December 2015**



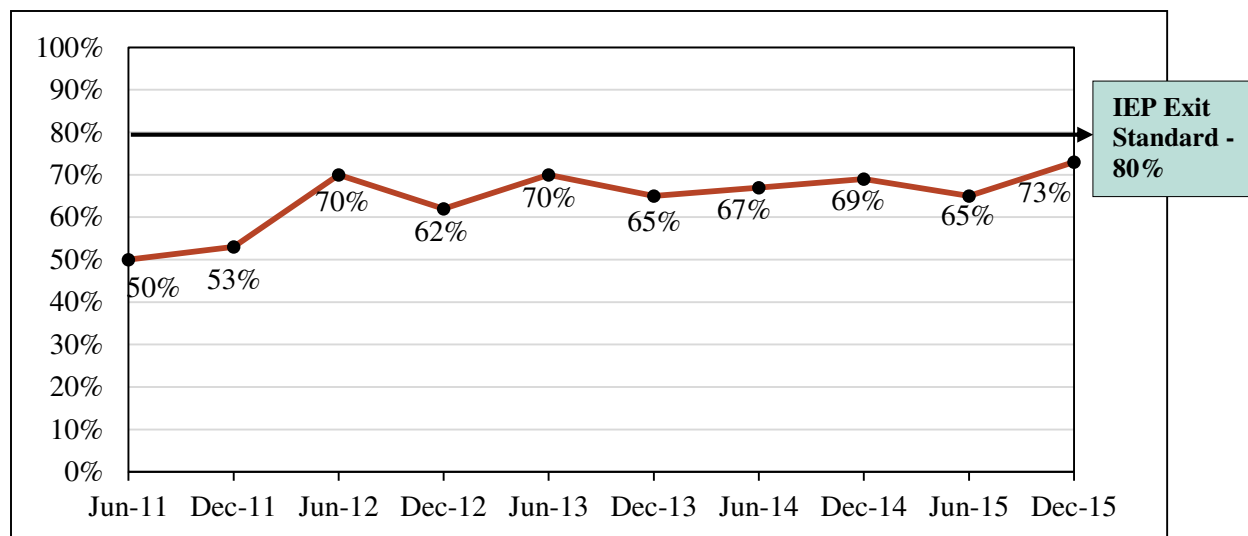
Source: CFSA Manual Data

Quality of Investigations

IEP Requirement	4. <u>Acceptable Investigations</u> : CFSA shall routinely conduct investigations of alleged child abuse and neglect that are of acceptable quality. ¹²² (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

¹²² Evidence of acceptable investigations includes: (a) Use of CFSA's screening tool in prioritizing response times for initiating investigations; (b) Interviews with and information obtained from the five core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources and educational resources (for school-aged children); (c) Interviews with collateral contacts that are likely to provide information about the child's safety and well-being; (d) Interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; (e) Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren); (f) Use of risk assessment protocol in making decisions resulting from an investigation; and (g) Initiation of services during the investigation to prevent unnecessary removal of children from their homes.

**Figure 10: Investigations Determined to be of Acceptable Quality
June 2011 – December 2015**



Source: Data for December 2012 were collected during a case record review of a statistically significant sample of investigations closed in October 2012. Data presented for June 2011, December 2011, June 2012, June 2013 and December 2013 are based upon a review of 20 investigations closed during the six month monitoring period ending in the referenced month. Data for June 2014 are based upon a review of 131 investigations closed between January and June 2014 and data for December 2014 are based upon a review of 132 investigations closed between June and December 2014. Data for June 2015 are based upon a review of 99 investigations closed between January and June 2015 and data for December 2015 are based upon a review of 132 investigations closed between July and December 2015.

Performance for the period July 1 through December 31, 2015:

Data were collected for this Exit Standard using a structured instrument that was revised in early 2015. One-hundred and thirty-two investigations closed between July and December 2015 were reviewed by at least two CFSA staff or one CFSA and one Monitor staff; Monitor staff reviewed 22 percent of these investigations. Of the 132 investigations reviewed, 96 (73%) were assessed to be of acceptable quality. Performance has improved but continues to be below the level required by the IEP.

Performance on Strategy Plan:

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

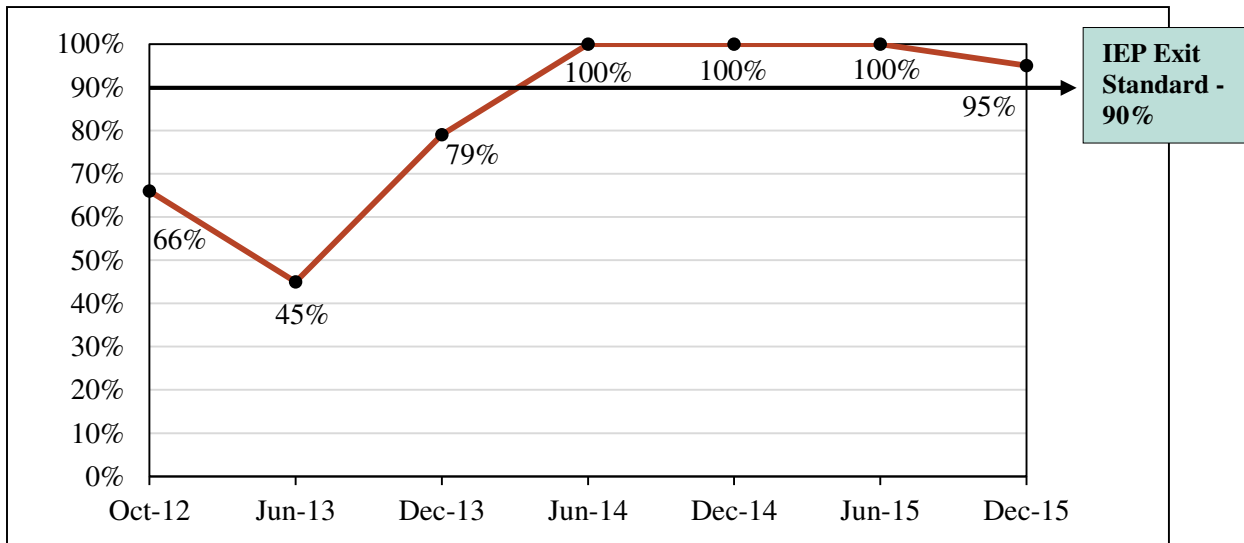
- *The acceptable investigation (CQI) tool will continue to be used to review investigation practice. Consistent with 2014, CFSA supervisors, managers, and agency performance staff will review 66 investigations per quarter and will ensure that each worker will have at least one of his or her investigations reviewed per quarter. The results will be shared with the worker and supervisor to develop coaching or corrective action, as needed (2015 Strategy Plan, #3).*

As indicated in the discussion of data above, 132 investigations closed between July and December 2015 were reviewed to assess quality. These data were finalized in March 2016 and CFSA reports they plan to complete data analysis and share the findings with CPS leadership, CWTA and the Monitor.

Community-based Service Referrals for Low & Moderate Risk Families

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

**Figure 11: Community-based Services Referrals for Low and Moderate Risk Families
October 2012 – December 2015**



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

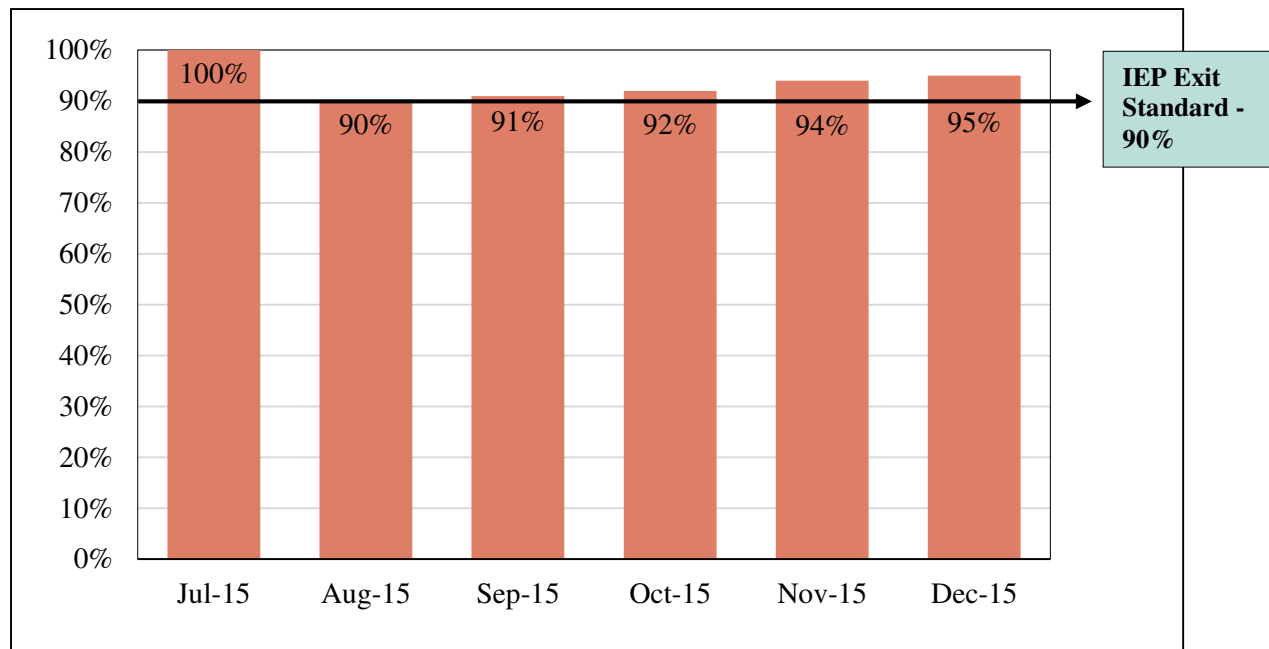
Performance for the period July 1 through December 31, 2015:

During December 2015, there were 122 completed investigations with a risk rating of low or moderate. Of these, two were opened as an ongoing case for services, two were already receiving

needed services, six did not require a referral for additional supports or services, one was connected to a closed case and not re-opened and in 87 investigations, the family demonstrated service needs but declined a referral. Of the remaining 22 investigations, 21 (95%) families received a referral to a Collaborative or community agency for follow-up. The high percentage of families declining referrals is similar to that found in the data for family assessments.

Between July and December 2015, monthly performance for this Exit Standard ranged between 95 and 100 percent (see Figure 12). CFSA continues to meet this Exit Standard.

**Figure 12: Community-based Services Referrals for Low and Moderate Risk Families
July – December 2015**



Source: CFSA Administrative Data, FACES.NET report INV089

3. Family Assessment

The Family Assessment (FA) pathway is designed for families for whom a hotline report has been made but there are no identified immediate safety concerns. For these families, instead of a CPS investigation, CFSA has adopted a differential response approach based on a strength-based, family-centered assessment process to support families in identifying needs and accessing services.

In January 2016, The Institute for Applied Research (IAR) completed their assessment of CFSA's DR system. This evaluation was completed in two phases. The first phase, which was completed in 2014, determined through comparative analysis of families previously involved

with CFSA through an investigation or FA, that children in families who received a FA were no less safe than they would have been had their families received an investigative response. Phase two of the evaluation assessed family engagement, services and effectiveness of FA. In terms of family engagement, through the use of surveys and interviews with families and workers, evaluators concluded that engagement within CFSA's FA practice is distinct from investigative practice. The majority of families who had received a FA indicated they were very or generally satisfied with the way they were treated, felt that they were treated respectfully and nearly all felt that FA workers listened to them and tried to understand their family situation. Also of note, regarding services within FA practice, evaluators found that although FA workers frequently provide direct assistance to families during the FA process, most of the service work with families involved linking families with other service providers and organizations.¹²³

Several recommendations were developed from the IAR study and some are bulleted below:

- *Staff feedback* – CFSA should seek to understand the views and hear the experiences of all staff regarding FA practice and policy, both staff who agree with FA practice and those who disagree.
- *Staff units* – Evaluators recommend that specialized staffing for workers is preferable. Worker caseloads should either be made up of investigations or FAs, at least on a regular basis.
- *Engagement* – Some social workers reported little difference in how FA social workers engage families compared to investigative workers. Ongoing training in engagement practice is essential.
- *Services* – CFSA should address if the contributions of the Collaboratives are being maximized. Survey findings indicated that workers' knowledge and use of resources varies a great deal; it would be useful to create a data bank of community resources for staff, promote resource forums with community organization representation and allocate time for staff development in learning about community resources.

During focus groups with CPS staff,¹²⁴ the Monitor heard similar themes regarding engagement with families and concerns that FA practice may be moving away from its original intent and blending into an investigative approach, with the only difference being not having a substantiation finding at the end. Challenges in accessing services as well as an inability to fully assess for underlying needs were also discussed.

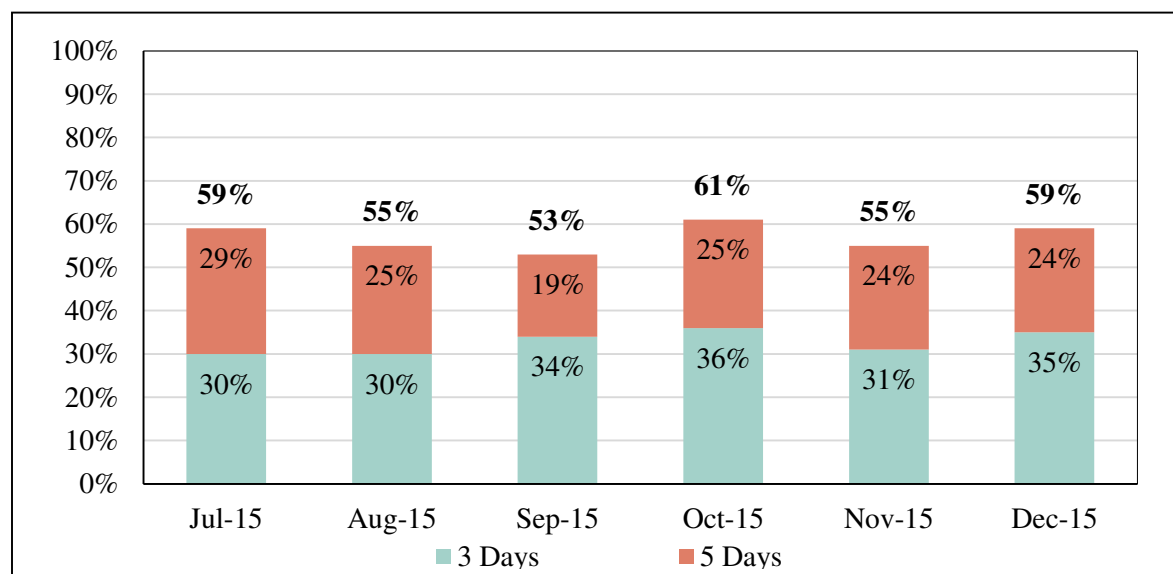
¹²³ The full IAR report can be found at www.iarstl.org.

¹²⁴ The Monitor conducted focus groups with 16 CPS-Investigation and FA workers in March and April 2016.

Initiation of FA

CFSA policy sets different response times for initiation of FA depending upon the information contained in the hotline referral – either within three or five days from the hotline referral. Between July and December 2015, performance on this measure of timeliness of FA initiation hovered around 57 percent, a decline from the previous monitoring period. Over the six month period, a monthly range of 30 to 36 percent of families whose FA closed that month had all alleged child victims contacted within 72 hours of the receipt of referral; and an additional 19 to 29 percent each month were contacted within five days (see Figure 13).¹²⁵

**Figure 13: Initiation of FA within 3 and 5 Days of Referral
July – December 2015**



Source: CFSA Administrative Data, FACES.NET report INT055
Percentages may not equal 100% due to rounding.

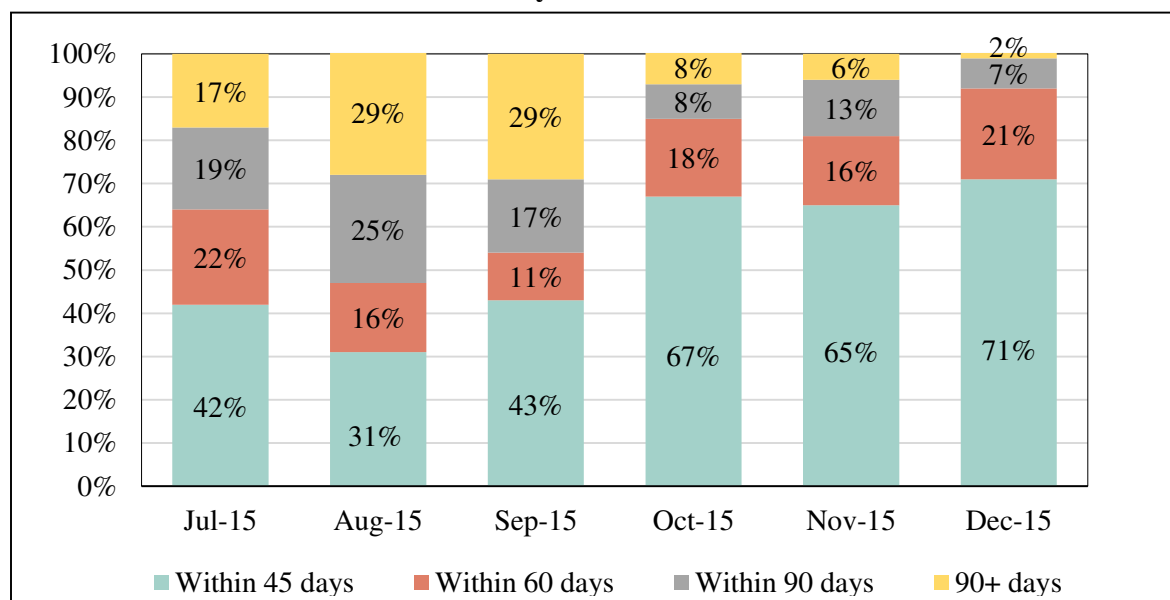
Completion of FA

CFSA's policy and practice guidance provides that a FA case should remain open for 45 days. The goal during that period is to fully assess child and family strengths and needs and link families with appropriate community services. In every FA, a safety assessment is mandatory and part of the initial response. Following the safety assessment, unless there is an identified safety concern which warrants converting the referral to an investigation, a family's participation in FA services is voluntary and based on family agreement.

¹²⁵ Due to the data validation issues about the use of the "good faith efforts" provision related to the timely initiation of investigations discussed earlier in this section, reported data for timely initiation of FAs are not inclusive of instances where good faith efforts were made to locate the alleged victim child(ren). Therefore, actual performance is likely higher than reported. The Monitor will work with CFSA on validation of these data.

Between July and December 2015, a monthly range of 31 to 71 percent of FAs were completed within 45 days of referral to the hotline (see Figure 14). Specifically, in December 2015, 224 FAs were completed and 159 (71%) were completed within 45 days. Completion data for the remaining FAs in December 2015 are as follows: 46 (21%) were completed within 46 to 59 days; 15 (7%) were completed within 60 to 89 days; and the remaining four (2%) were completed in 90 days or longer. Unlike in an investigation, where practice and policy necessitate a timely closure in order to determine a legal finding on the allegations and to initiate appropriate next steps related to safety, the FA process and timeliness are guided by considerations for engagement, thorough assessment and service provision and linkage. The IAR report noted that workers suggested that having more flexibility in the 45 day timeframe could assist in those situations where more time is required to establish a trusting relationship and to ensure needy families are actually connected to services or case management by another provider. Feedback from workers and analysis of the data above may suggest adjustments in timelines should be considered.

**Figure 14: Timeline for FA Completion
July – December 2015**

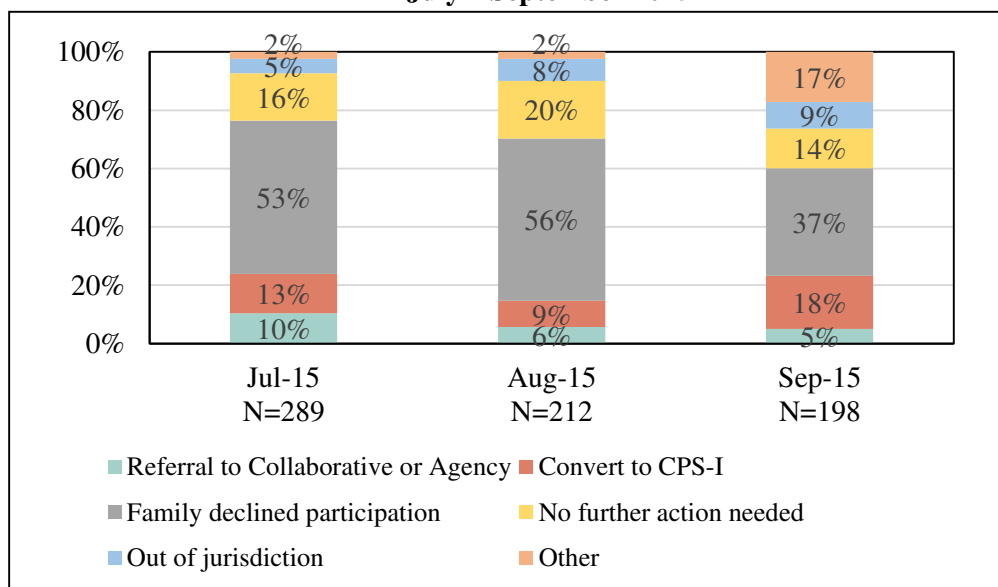


Source: CFSA Administrative Data, FACES.NET report INV140

Data on the reason for FA completion and monthly data are included in Figure 15.a. and Figure 15.b. below – the top cited reasons in December 2015 for all FAs closed that month are no service needs identified (102 families/46%); pre-existing services (45 families/20%); referral was converted to a CPS investigation (27 families/12%); out of jurisdiction (23 families/10%); and family was referred to a Collaborative or other community-based agency (18 families/8%). The data are presented in two separate Figures as CFSA changed data entry and modified the list of

reasons for closure that workers could select in October 2015.¹²⁶ The Monitor has expressed concern about this decision and requested it be reconsidered.¹²⁷ CFSA added two new potential closure reasons (“no service needs identified” and “pre-existing services”) to the FACES.NET report which is useful in fully understanding practice. However, they also removed data categories of “family declined participation” and “unable to engage family”. Thus, current data does not provide a complete picture and limits the utility of reporting. CFSA must be able to understand how many families decline participation and where there are struggles with engagement as these are important pieces of feedback in improving DR implementation and outcomes.

**Figure 15.a.: Reasons for FA Completion
July – September 2015**



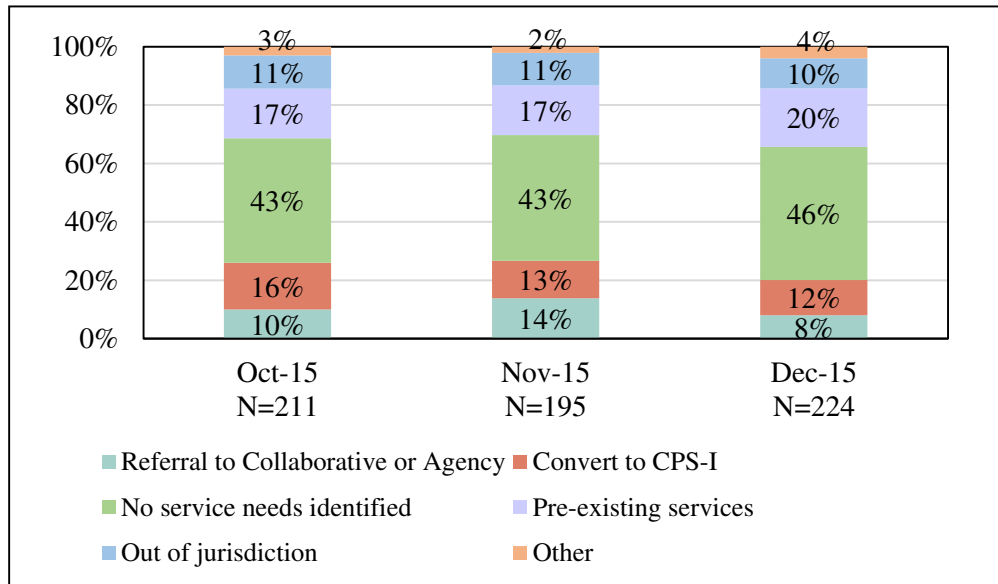
Source: CFSA Administrative Data, FACES.NET report INV140

Other includes: link to open FA, connect to an open case, unable to engage family, connect to a closed case and re-open, did not meet standards, open a new case and other

¹²⁶ Beginning in October 2015, CFSA changed the categories in FACES.NET used for FA closure reason. Similar to previous periods, July through September 2015 data included the categories of “family declined participation” and “unable to engage family.” These categories were removed from FACES.NET in October 2015 and were replaced with “no service needs identified” and “pre-existing services.”

¹²⁷ The Monitor is currently in discussion with CFSA about the categories that will be used for collection and analysis.

**Figure 15.b.: Reasons for FA Completion
October – December 2015**



Source: CFSA Administrative Data, FACES.NET report INV140

Other includes: link to open FA, connect to an open case, unable to engage family, connect to a closed case and re-open, did not meet standards, no further action needed and open a new case

Community-based Service Referrals

Referrals to community-based agencies that can work with families to address needs identified through the assessment process is a key element of CFSA's FA response. Between July and December 2015, a monthly range of five to 14 percent of families with a closed FA were referred to a Collaborative or other community agency.¹²⁸ Table 4 below details the Collaboratives to which families were referred.

¹²⁸ The monthly number and percentage of closed FAs referred to a Collaborative or community-based agency are as follows: July, 30 referrals/10%; August, 12 referrals/6%; September, 10 referrals/5%; October, 21 referrals/10%; November, 27 referrals/14%; December, 18 referrals/8%.

**Table 4: Service Referrals to Collaborative or
Community-based Agency for Family Assessments
July – December 2015**

Collaborative or Community-Based Agency	Total Referrals
Collaborative Solutions for Communities ¹²⁹	10
East River Collaborative	29
Edgewood/Brookland Collaborative	17
Far Southeast Collaborative	34
Georgia Avenue Collaborative	7
Other Community-Based Agency	21
Total	118

Source: CFSA Administrative Data, FACES.NET report INV140

Although data are collected on frequency of family referrals to a community-based agency, CFSA does not routinely collect data on the outcomes of these referrals, including if the family engages in the services and if the service is able to meet the needs of the family.

Repeat Maltreatment

As part of its assessment of the effectiveness of the FA intervention, CFSA collects data on the number of families with closed FAs who have a subsequent investigation which was substantiated for child abuse or neglect within six months of FA completion. There were 1,312 children with a completed FA between January 1 and June 30, 2015; 28 children (2.1%) had a substantiated investigation within six months of FA completion. This represents a slight increase from the previous monitoring period, when the maltreatment rate within six months was 1.45 percent. Additionally, there were 1,038 children with a closed FA between July 1 and December, 31, 2014; 30 (3%) had a substantiated investigation within 12 months of FA closure. This rate has declined since the previous monitoring period (maltreatment rate within 12 months in prior monitoring period was 6%).¹³⁰

¹²⁹ This Collaborative was previously named the Columbia Heights/Shaw Family Support Collaborative.

¹³⁰ Data are also available regarding repeat maltreatment for closed investigations. There were 551 children with a substantiated investigation between January and June 2015; 38 children (7%) had a substantiated investigation within 6 months of prior investigation closure. Additionally, there were 432 children with a substantiated investigation between July 1 and December 31, 2014; 44 children (10%) had a substantiated investigation within 12 months of prior investigation closure.

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

IEP Requirement	<p>5. <u>Services to Families and Children to Promote Safety, Permanency and Well-Being</u>: Appropriate services, including all services identified in a child or family's safety plan or case plan shall be offered and children/families shall be assisted to use services to support child safety, permanence and well-being.</p> <p>CFSA shall provide for or arrange for services through operational commitments from District of Columbia public agencies and/or contracts with private providers. Services shall include:</p> <ol style="list-style-type: none">Services to enable children who have been the subject of an abuse/neglect report to avoid placement and to remain safely in their own homes;Services to enable children who have or will be returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care;Services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; andServices to prevent the disruption of a beneficial foster care placement and avoid the need for replacement. <p>(IEP citation I.A.3.)</p>
Exit Standard	<p>In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR <i>Implementing Supports and Services</i> and <i>Pathway to Case Closure</i> indicators.</p>

As required by the IEP, two indicators from the Quality Service Review (QSR) protocol are used to measure CFSA's performance on the Exit Standard pertaining to appropriate service provision to families and children to promote safety, permanency and well-being. These indicators, *Implementing Supports and Services* and *Pathway to Case Closure*, are described in further detail in Figures 16 and 17, which include the parameters reviewers consider in rating performance in the selected areas, as well as descriptions of minimally acceptable performance and unacceptable performance as described in the QSR protocol.

Figure 16: QSR *Implementing Supports and Services* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹³¹

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.

¹³¹ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015, p. 70-71.

Figure 17: QSR *Pathway to Case Closure* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹³²

Pathway to Case Closure Indicator

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

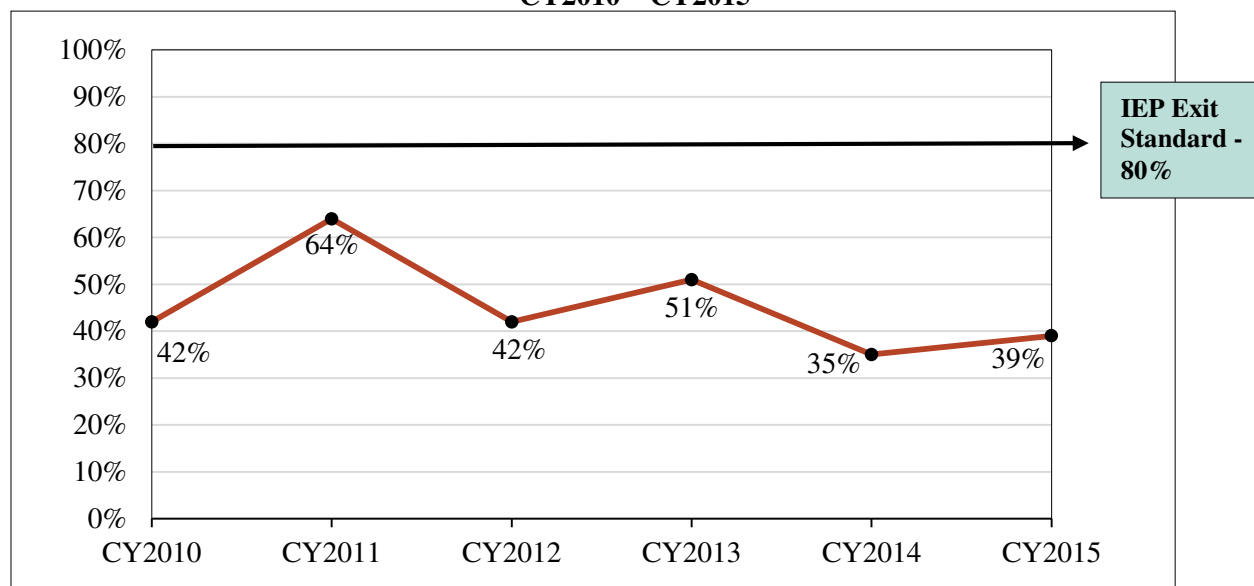
- *Description of Acceptable/Unacceptable Performance:*

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

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

¹³² *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015, p. 62-63.

**Figure 18: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
CY2010 – CY2015**



Source: QSR Data CY2010 – CY2015

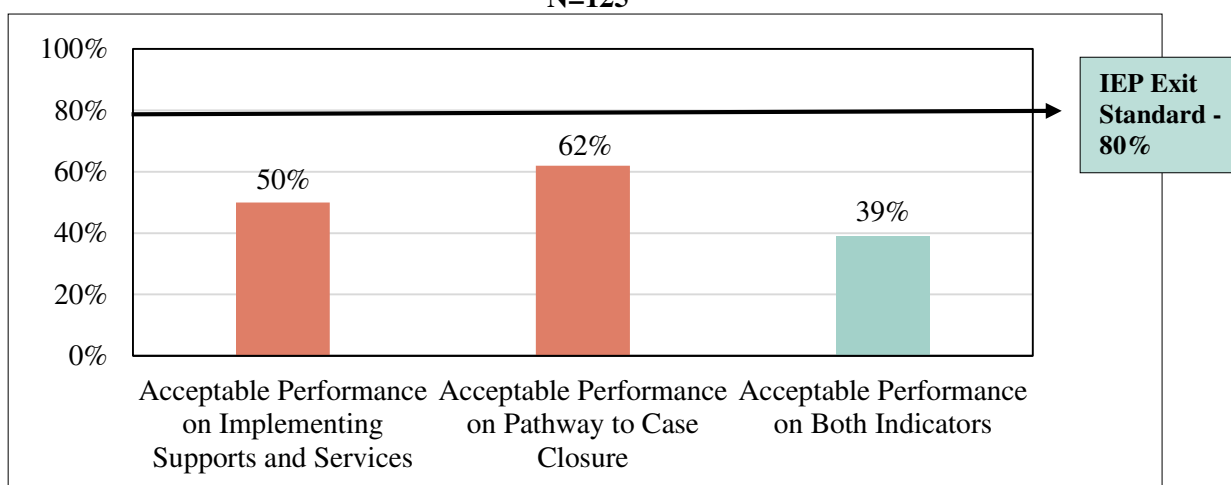
Performance for the period January 1 through December 31, 2015:

A total of 125 cases were reviewed using the QSR methodology between January and December 2015: 19 cases involved a child receiving in-home services and 106 cases were children placed in out-of-home care. Of those who were placed in out-of-home care, 60 were case managed by CFSA and 46 were case managed by one of the seven private agencies¹³³ with whom CFSA contracts with for case management and placement services.

As Figure 19 indicates, over one-third of the cases reviewed (39%; 49 of 125) were rated acceptable on *both* the *Implementing Supports and Services* and *Pathway to Case Closure* indicators. The fact that close to two-thirds of cases reviewed are not rated as acceptable should be cause for great concern by CFSA leadership. Half (50%; 63 of 125) of the cases reviewed were rated acceptable on the *Implementing Supports and Services* indicator and just under two-thirds of the cases reviewed (62%; 78 of 125) were rated acceptable on the *Pathway to Case Closure* indicator. During this monitoring period, performance improved on the *Pathway to Case Closure* indicator compared to CY2014, however performance remains far below the 80 percent required for this Exit Standard.

¹³³ 7 different private agencies were responsible for providing case management services in the cases reviewed through the QSR between January and December 2015.

**Figure 19: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
January – December 2015
N=125**



Source: QSR Data, January – December 2015

The data indicate that implementing supports and services necessary for safe closure continues to remain an area of challenge for CFSA and private agencies. CFSA has now implemented many new tools – including the functional assessments for children, youth and parents and an updated case plan – with goal planning and services being more closely tied to the behaviors which have led to, and continue to necessitate, child welfare involvement. The ability for workers to critically assess the behaviors of children, youth and parents and understand the supports and services that are necessary to facilitate positive behavioral change is critical to improving performance on this Exit Standard.

Of the 125 cases reviewed through the QSR process between January and December 2015, 63 percent (79 of 125) were case managed by CFSA¹³⁴ and 37 percent (46 of 125) were case managed by one of the private agencies.¹³⁵ This roughly approximates the distribution of case management responsibility for all placement cases.¹³⁶ Although performance on services to promote safety, permanency and well-being was low across the system, performance data were examined to compare cases managed by CFSA versus private agencies to determine differences in practice and where additional support may be necessary. Of the cases managed by CFSA, 47 percent (37 of 79) were rated acceptable on both indicators compared to 26 percent (12 of 46) of

¹³⁴ Of the 79 cases managed by CFSA, 19 of the children reviewed were living in the home of their parent/guardian and 60 of the children were placed in out-of-home care.

¹³⁵ In addition to providing out-of-home kinship and non-kinship placements in Maryland, the private agencies are responsible for providing therapeutic placements for children in out-of-home placement who require such placement whereas CFSA provides traditional placements and support District area kinship resource parents. However, both CFSA and the private agencies provide case management services for children who receive therapeutic supports either from the Department of Behavioral Health or a private provider.

¹³⁶ In December 2015, there were 1,556 on-going cases assigned; 518 (33%) cases were assigned to 1 of the private agencies.

cases managed by the private agencies. The difference in the percentage of acceptable cases managed by CFSA compared to those managed by a private agency is statistically significant and suggests the need to collaborate closely with the private agencies to better understand the barriers they face in implementing appropriate supports and services for the children, youth and families they serve and develop and hold parties accountable to fully implement strategies to address these barriers.

**Table 5: Performance on QSR Indicators by Case Management Provider
CY2015**

CFSA N=79	Private Agencies N=46
<i>Implementing Supports and Services¹³⁷</i>	
58% (46)	37% (17)
<i>Pathway to Case Closure¹³⁸</i>	
70% (55)	50% (23)
<i>Both Indicators¹³⁹</i>	
47% (37)	26% (12)

Source: QSR Data, January – December 2015

Performance on Strategy Plan:

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

- *Within the first 30 days of removal, children will be screened and/or assessed on the following areas: development, mental/behavioral health, and trauma. The parent's functioning will be assessed using the Caregiver Strengths and Barriers Assessment and the child's functioning will be assessed using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS) (2015 Strategy Plan, #9).*

As of July 1, 2015, CFSA integrated the CAFAS/PECFAS and Caregiver Strengths and Barriers Assessment tools into FACES.NET, which now links the information from these assessments directly to the case plan. These assessment tools are part of CFSA's overall framework for serving children and families, utilizing both trauma-informed practice and functional assessments to improve child and family well-being for those who are in contact with the Districts child-serving agencies (including the Department of Behavioral Health). The well-being framework identifies assessment tools, professionals responsible for completing different assessments and how the assessments build on one another to help social workers identify the

¹³⁷ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹³⁸ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹³⁹ Analyses indicate this difference is statistically significant at a level of $p < .05$.

appropriate supports and services for each child and family. Training on the CAFAS/PECFAS and Caregiver Strengths and Barriers Assessment tools have been incorporated into pre-service training for all new staff and trainings have been held for previously hired CFSA and private agency staff.

Between April and October 2015, CFSA staff from Community Partnerships, Permanency, the Office of Youth Empowerment (OYE) and the Office of Well-Being were trained on using these tools. Twelve clinical staff in the Office of Well-Being have been assigned between two to three CFSA units each in permanency, in-home and the OYE to support social workers in interpreting the results from the new assessments and using them to appropriately case plan and set goals. These clinical staff meet with unit social workers on a regular basis, providing individual and group supervision.

CFSA has indicated in the *LaShawn* 2016 Strategy Plan that they will assemble a team to assess implementation of the CAFAS/PECFAS to determine barriers to completing the new case plan and develop strategies to ensure full implementation. The Monitor also recommends that as part of this strategy, CFSA add a CQI component to assess whether the tools and case plan are completed effectively and then utilized in developing a behaviorally-based case plan as intended.

- *Staff from the QSR and quality assurance units will engage in ongoing coaching of social workers and supervisors to identify and resolve barriers to permanency and to improve case practice (2015 Strategy Plan, #15).*

As part of the QSR process, each QSR review team (which consists of two trained reviewers) meets with the social worker and supervisor to share findings, strengths and opportunities for improved practice upon completing the review. During this feedback session, the review team coaches the social worker and supervisor around elements of case practice and supports them in developing next steps to meet the needs of the child and family. Approximately 30 days after the QSR is completed, the review team meets again with the social worker and supervisor to follow-up on the next steps that were identified and provide additional coaching and support to address any current barriers. CFSA is no longer convening a QSR RED Team 60 days following a QSR, which was designed to address the barriers identified in the QSR and share findings with management and the larger team beyond the social worker and supervisor.

CFSA managers are also encouraging supervisors to reinforce the information learned through the QSR process through use of the consultation and information sharing framework during supervision with workers.

As the Monitor has previously discussed, much can be learned through the QSR process about what is working well in practice and where there are areas for improvement. CFSA needs to

maximize its ability to use these data to develop strategies to build on the strengths and address the challenges moving forward. Director Davidson has reorganized CFSA's organizational structure to more closely integrate CFSA's continuous quality improvement (CQI) activities, including the QSR, across the Agency. Additionally, CFSA has engaged a consultant to assist in supporting staff and analyzing QSR data.

- *CFSA introduced the community papering protocol in January and will continue to implement the protocol through training and supervision (2015 Strategy Plan, #16).*

Community papering is a legal strategy where a petition is filed in Family Court as an intervention to gain legal oversight for a family where there is no imminent risk of harm and the Agency is not requesting the removal of the child(ren) from their parent(s) but there remain important concerns. Through community papering, the Family Court can order the parent to engage in services to ensure the child(ren) can remain safely in the home. CFSA finalized the community papering protocol and shared this information with CPS and in-home staff through an Administrative Issuance on January 30, 2016. Additionally, each unit that is involved with providing direct services to children and families was scheduled to complete a refresher training on the community papering process between October 2015 and January 2016. The consultation process with the Office of the Attorney General (OAG) was modified to include the provision of a summary document from the Assistant Attorney General (AAG) to the social worker with next steps for moving forward with the case – either in court or in order to bring the case to court.

Between July and December 2015, 27 cases involving 63 children were presented to the AAG with a request for community papering. Of these 27 cases, 14 cases involving 36 children were accepted by the AAG and determined that a petition could be filed in court (see Table 6). In one of these cases, an at-risk FTM was held and it was determined that a petition in court was no longer necessary in order to ensure the safety and well-being of the two children involved and so a petition was not filed. As a result, 13 cases (involving 34 children) were accepted for community papering and petitions were filed in court.

Table 6: Cases Accepted for Community Papering
July – December 2015
N=13

Cases Accepted for Community Papering		
<i>Outcome</i>	<i>Number of Families</i>	<i>Number of Children</i>
Petition filed: Conditional Release ¹⁴⁰ Granted	8	18
Petition filed: Children Placed in Foster Care	4	12
Petition filed: Emergency Removal of Children	1	4

Of the 18 children (8 cases) that were conditionally released to their parents following the case being papered in court, two children (1 case) have since been removed and placed in foster care.

In 13 cases involving 27 children, the AAG determined a petition would not be filed in court at that time (see Table 7).

Table 7: Cases Not Accepted for Community Papering
July – December 2015
N=13

Cases Not Accepted for Community Papering		
<i>Outcome</i>	<i>Number of Families</i>	<i>Number of Children</i>
AAG Requested Additional Information	8	18
Emergency Removal of Children Recommended – HOMEBUILDERS put in place to prevent removal	1	1
No Petition Filed and No Follow-Up Requested	4	8

Of these 27 children (13 cases) where no petition was filed in court for community papering, six children (3 cases) were later removed and placed in foster care.

The outcome data indicate that there may still be barriers in bringing cases to court for community papering – in some cases the children were removed at the initial filing and in four

¹⁴⁰ Conditional Release is a pre-adjudication legal status where the child is permitted to return home to the parent/guardian under the supervision of the Family Court. The parent/guardian must comply with services and other conditions in order to maintain the child in his/her care.

cases, there was no follow-up after the AAG determined a petition would not be filed. The Monitor remains concerned there remain barriers in seeking court oversight when appropriate for in-home cases and is hopeful that strategies in the *LaShawn* 2016 Strategy Plan will be successfully implemented to resolve barriers to community papering.

5. Visitation

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

Two visitation Exit Standards are designated as Outcomes to be Maintained – frequency of worker visits to children in out-of-home care¹⁴¹ and worker visits to families with in-home services¹⁴². As in the last monitoring period, CFSA maintained the required level of performance for frequency of worker visits to children in placement and partially maintained the Exit Standard requirement for visits with families receiving in-home services. Of the six visitation Exit Standards that have not been achieved, as discussed in more detail below, slight improvements are noted in frequency of visits between workers and parents and parents and children, but for the other standards, performance has not changed much since the previous monitoring period and does not meet the levels required by the IEP.

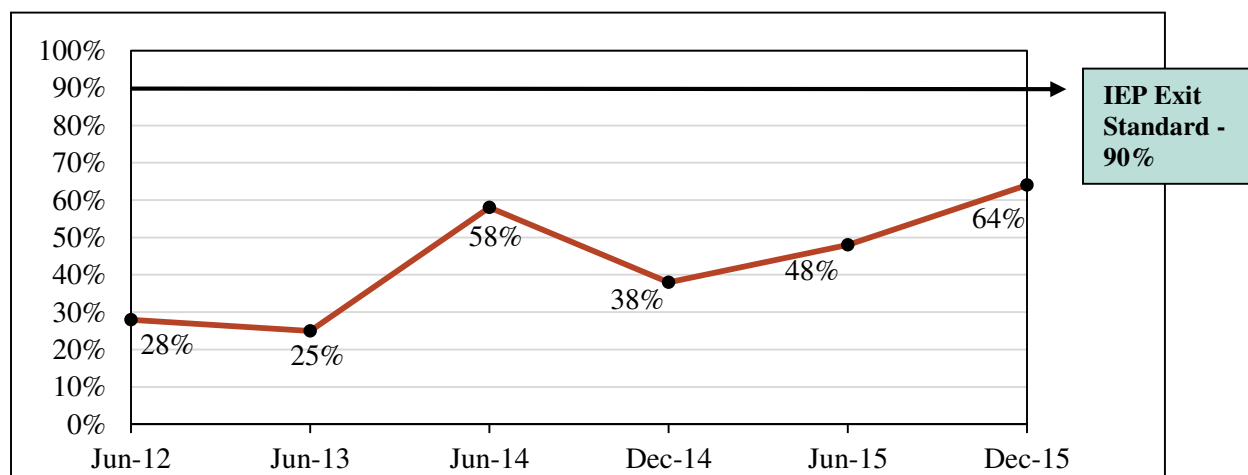
¹⁴¹ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.A.5.a.-c. during this monitoring period.

¹⁴² See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.A.4.a.-b. during this monitoring period.

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

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

**Figure 20: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
June 2012 – December 2015**



Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June 2014 through December 2015)

Performance for the period July 1 through December 31, 2015:

During the current monitoring period, CFSA reviewed documentation of 20 to 25 children each month who were receiving in-home services.^{143,144,145} In December 2015, of the 25 cases reviewed, 16 (64%) cases had documentation that safety was fully assessed at two or more visits during the month. Of the remaining cases, reviewers determined that safety was partially

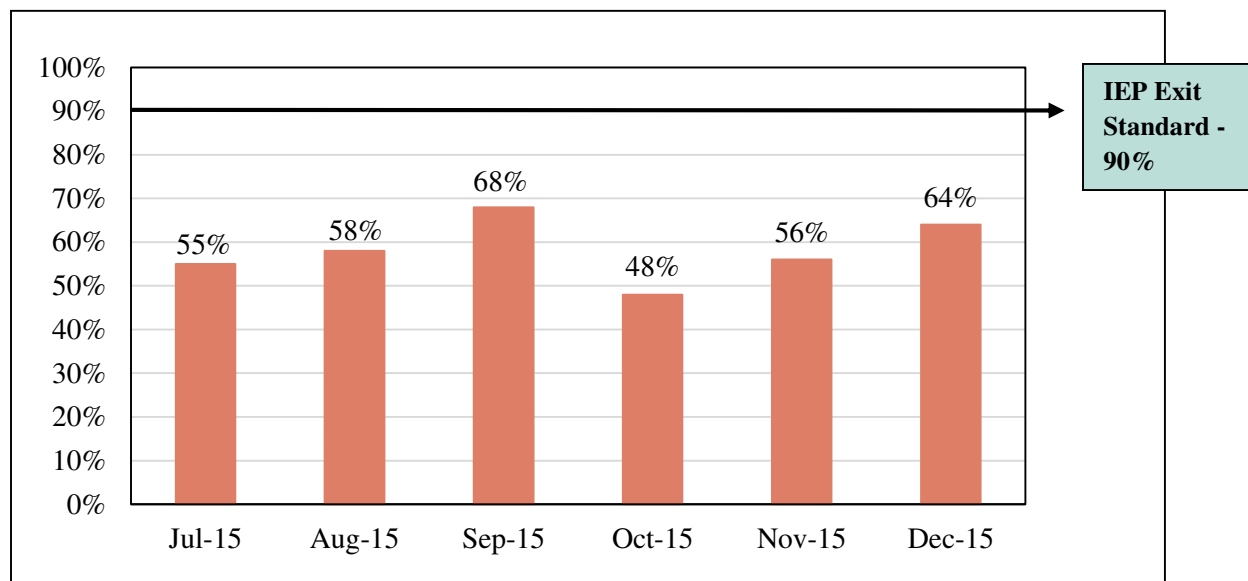
¹⁴³ These data do not represent a statistically significant sample of the universe of in-home cases; a review of a statistically significant sample will occur when CFSA indicates they are closer to meeting the standard.

¹⁴⁴ The Monitor has not validated the manual data provided by CFSA given CFSA's performance on this Exit Standard is not near compliance levels.

¹⁴⁵ The number of children reviewed each month is as follows: July, 20; August, 24; September, 25; October, 25; November, 25; December, 25.

assessed in seven (28%) cases. Between July and December 2015, reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 48 to 68 percent of the cases reviewed each month (see Figure 21). CFSA continues to be below the required level of 90 percent for this Exit Standard.

**Figure 21: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
July – December 2015**

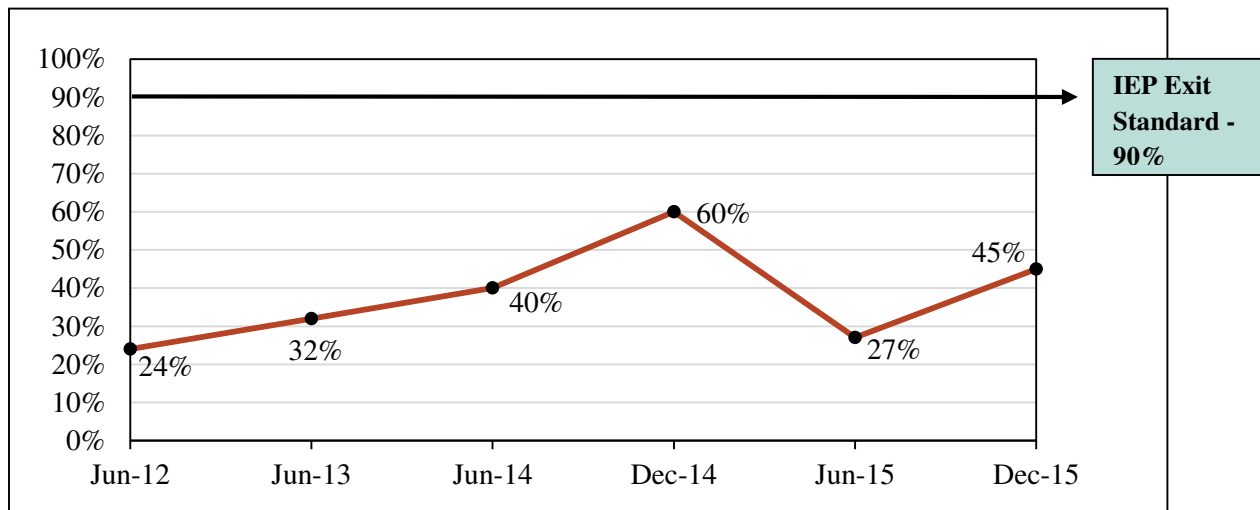


Source: CFSA Manual Data

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

IEP Requirement	<p>9. <u>Worker Visitation to Children in Out-of-Home Care</u>: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child over two years old must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.5.d.)</p>
Exit Standard	<p>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a worker and that safety was assessed during each visit.</p>

**Figure 22: Children in Out-Of-Home Care:
Safety Fully Assessed at Two or More Visits
June 2012 – December 2015**



Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June 2014 through December 2015)

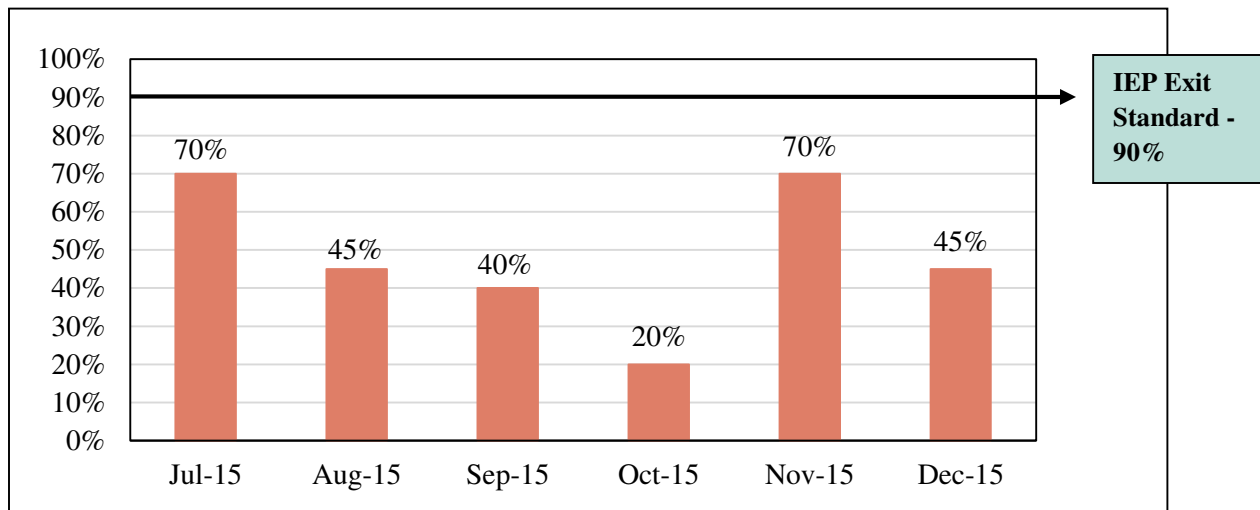
Performance for the period July 1 through December 31, 2015:

CFSA reviewed documentation of 20 children each month who were placed in out-of-home care during this monitoring period.^{146,147} In December 2015, the review determined that safety was fully assessed at two or more visits during the month in nine (45%) cases. Between July and December 2015, reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 20 to 70 percent of the cases reviewed (see Figure 23). CFSA's performance remains significantly below the required performance level of 90 percent.

¹⁴⁶ These data do not represent a statistically significant sample of the universe of out-of-home cases; a review of a statistically significant sample will occur when CFSA indicates they are closer to meeting the standard.

¹⁴⁷ The Monitor has not validated the manual data provided by CFSA given CFSA's performance on this Exit Standard is not near compliance levels.

**Figure 23: Children in Out-of-Home Care:
Safety Fully Assessed at Two or More Visits
July – December 2015**

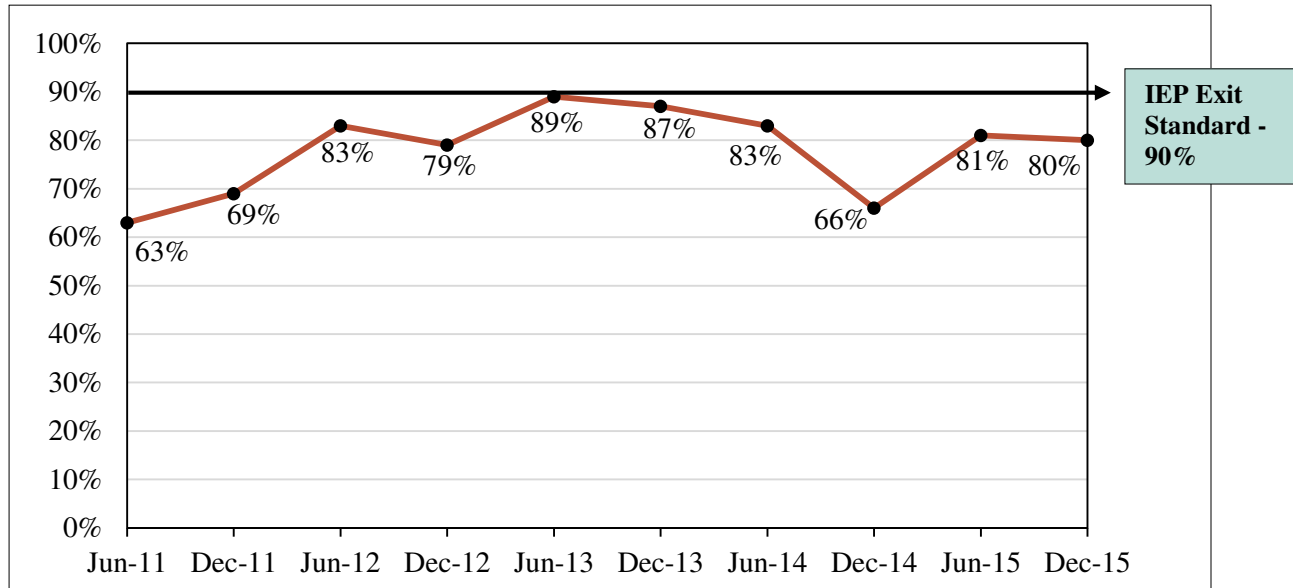


Source: CFSA Manual Data

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

IEP Requirement	<p><u>10. Visitation for Children Experiencing a New Placement or a Placement Change:</u></p> <ul style="list-style-type: none"> a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change. b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change. c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child’s home. d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency. <p align="right">(IEP citation I.A.6.a-d.)</p>
Exit Standard	<p>90% of children newly placed in foster care or experiencing a placement change will have four visits in the first four weeks of a new placement or placement change as described.</p>

**Figure 24: Required Number of Worker Visits to Children in New Placements
June 2011 – December 2015**



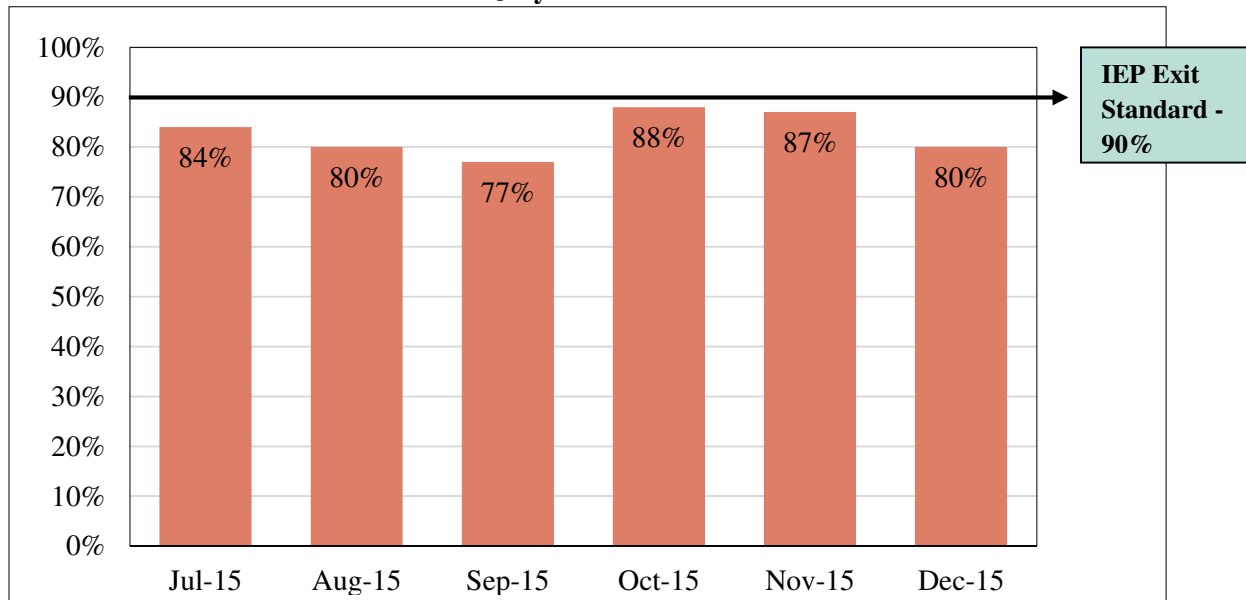
Source: CFSA Administrative Data, FACES.NET report CMT014

Performance for the period July 1 through December 31, 2015:

It is important for workers to visit children more frequently after they are newly placed to ensure they are adjusting appropriately, that their safety and well-being are attended to and to determine any additional needs of the placement provider.

During the month of December 2015, there were 115 individual child placements applicable to this measure; 92 (80%) had the required number of visits by a CFSA social worker, private agency social worker, family support worker or nurse care manager with at least one visit occurring in the child's home. Between July and December 2015, monthly performance ranged between 77 and 88 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 25). CFSA's performance over the monitoring period remains relatively unchanged since the previous monitoring period and does not yet meet the required standard of 90 percent.

**Figure 25: Required Number of Worker Visits to Children in New Placements
July – December 2015**



Source: CFSA Administrative Data, FACES.NET report CMT014

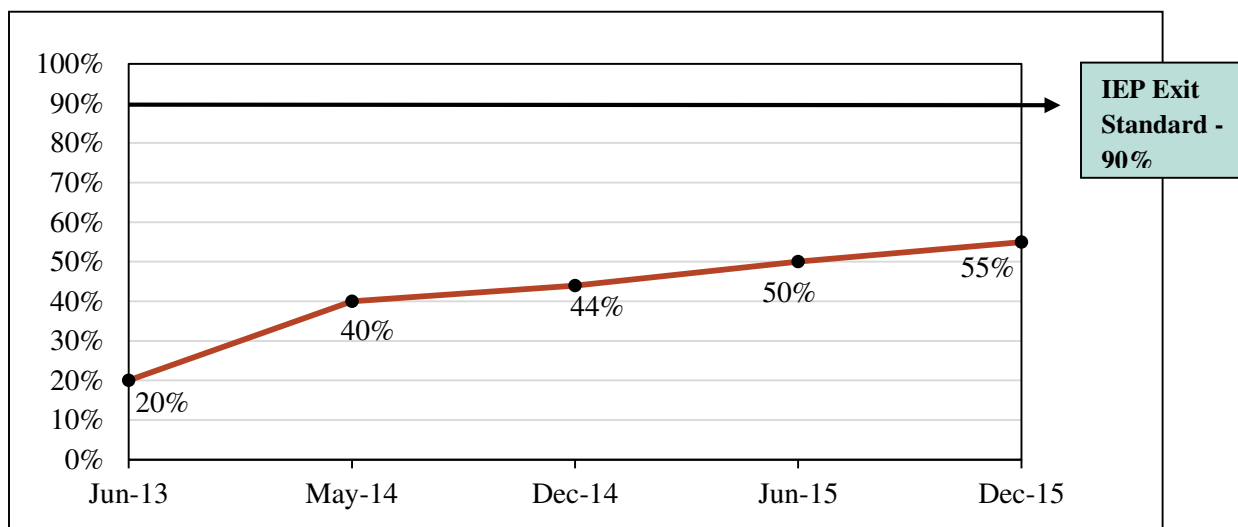
The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between the social worker and the resource parent to determine what, if any, assistance is needed from the Agency. CFSA collected data for this sub-part of the standard when reviewing case records to determine if safety was assessed during visits.¹⁴⁸ Between July and December 2015, 65 to 100 percent of new placements or placement changes each month included a documented conversation between the social worker and resource parent to determine what assistance was needed from the Agency.¹⁴⁹

¹⁴⁸ These data do not represent a statistically significant sample of the universe of visits during the first four weeks of a new placement or placement change; a review of a statistically significant sample will occur when CFSA indicates they are closer to meeting the standard.

¹⁴⁹ Monthly performance are as follows: July, 65%; August, 85%; September, 68%; October, 88%; November, 78%; December, 100%.

IEP Requirement	<p>11. <u>Visitation for Children Experiencing a New Placement or a Placement Change</u>: Workers are responsible for assessing and documenting the safety (e.g., health, educational and environmental factors and the initial safety concerns that brought this family to the attention of the Agency) of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.</p> <p>(IEP citation I.A.6.e.)</p>
Exit Standard	<p>90% of cases will have documentation verifying each child was seen outside the presence of the caretaker by a social worker and that safety was assessed during each visit.</p>

**Figure 26: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
June 2013 – December 2015**



Source: Case Record Review Data (June 2013) and CFSA Manual Data (May 2014 through December 2015)

Performance for the period July 1 through December 31, 2015:

CFSA reviewed the documentation of 20 to 25 children who experienced a new placement or placement change each month between July and December 2015.^{150,151} In December 2015, reviewers determined that safety was fully assessed during all visits that month in 11 (55%) of the 20 cases reviewed.¹⁵² Between July and December 2015, reviewers determined that

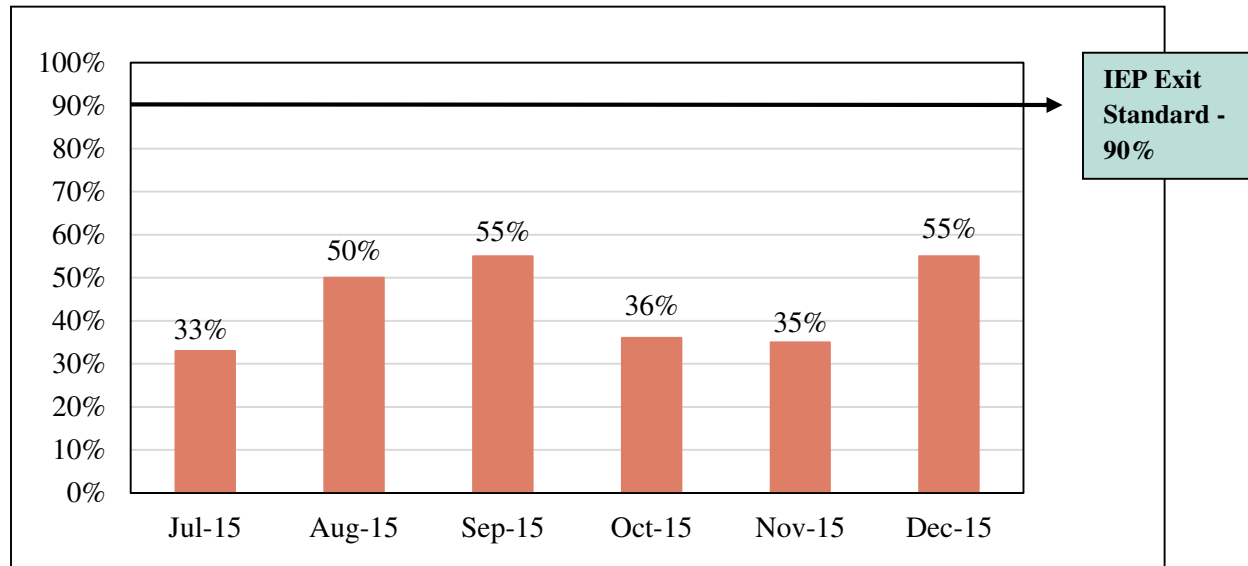
¹⁵⁰ These data do not represent a statistically significant sample of the universe of children experiencing a new placement or placement change; a review of a statistically significant sample will occur when CFSA indicates they are closer to meeting the standard.

¹⁵¹ The Monitor has not validated the manual data provided by CFSA given CFSA's current performance on this Exit Standard is not near compliance levels.

¹⁵² All visits refers to at least 4 visits as required by IEP citation I.A.6.a-d. which outlines the frequency of visitation required to children experiencing a new placement or placement change.

documentation indicated safety was fully assessed at all visits during the month in 33 to 55 percent of the cases reviewed each month. Performance does not meet the level required by the IEP.

**Figure 27: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
July – December 2015**



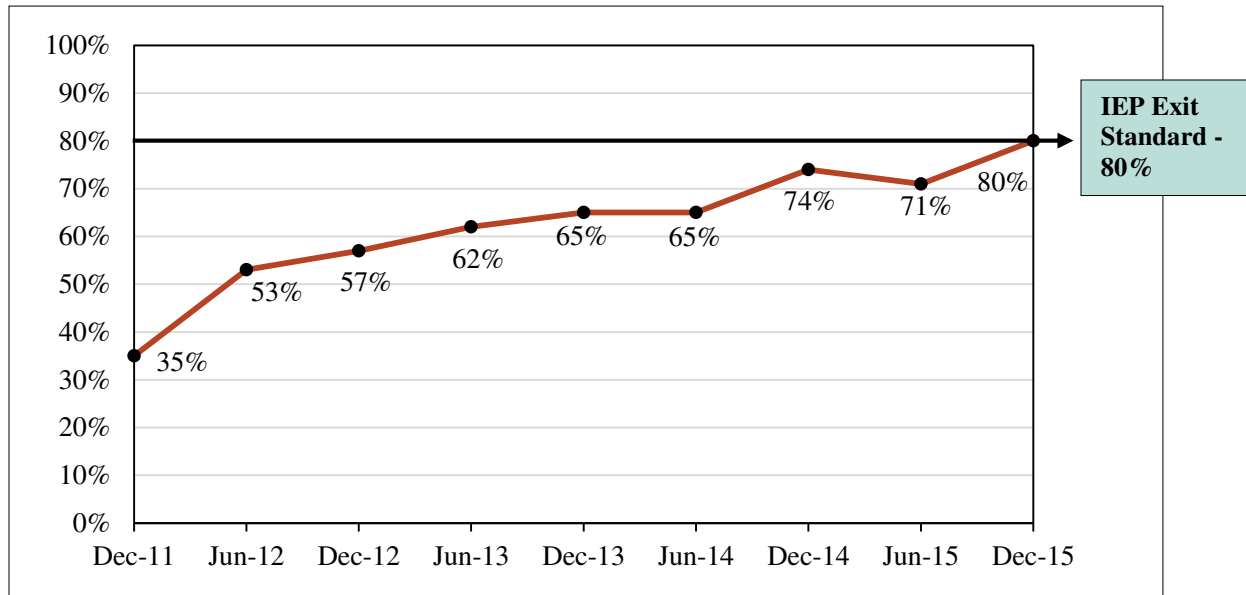
Source: CFSA Manual Data

Visits between Parents and Workers

IEP Requirement	<p>18. <u>Visits between Parents and Workers</u>:</p> <ul style="list-style-type: none"> 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.¹⁵³ b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement. <p style="text-align: right;">(IEP citation I.B.10.)</p>
Exit Standard	<p>80% of parents will have twice monthly visitation with workers in the first three months post-placement.</p>

¹⁵³ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

**Figure 28: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
December 2011 – December 2015**

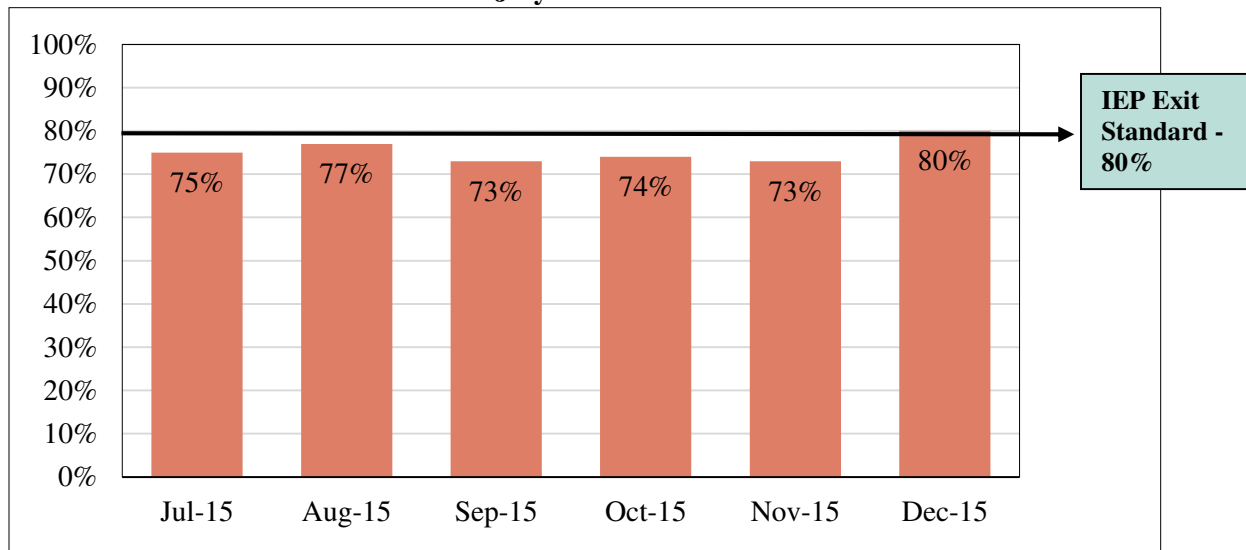


Source: CFSA Administrative Data, FACES.NET report CMT267; performance data from June 2014 through December 2015 include instances where there was documentation in the record that the parent was unavailable or refused to cooperate despite Agency efforts.

Performance for the period July 1 through December 31, 2015:

In December 2015, there were 46 households of children with a goal of reunification applicable to this measure; parents in 32 households received two worker visits and for an additional five households, there was documentation in the record that the parent was unavailable or refused to cooperate with the Agency despite efforts made by the Agency, for a total of 80 percent in compliance with this Exit Standard. Between July and December 2015, monthly performance on this measure ranged between 73 and 80 percent (see Figure 29). CFSA met the required level of performance during one month this period and was close during the other months. Although CFSA has slightly improved in this area, performance does not meet the Exit Standard requirement.

**Figure 29: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
July – December 2015**



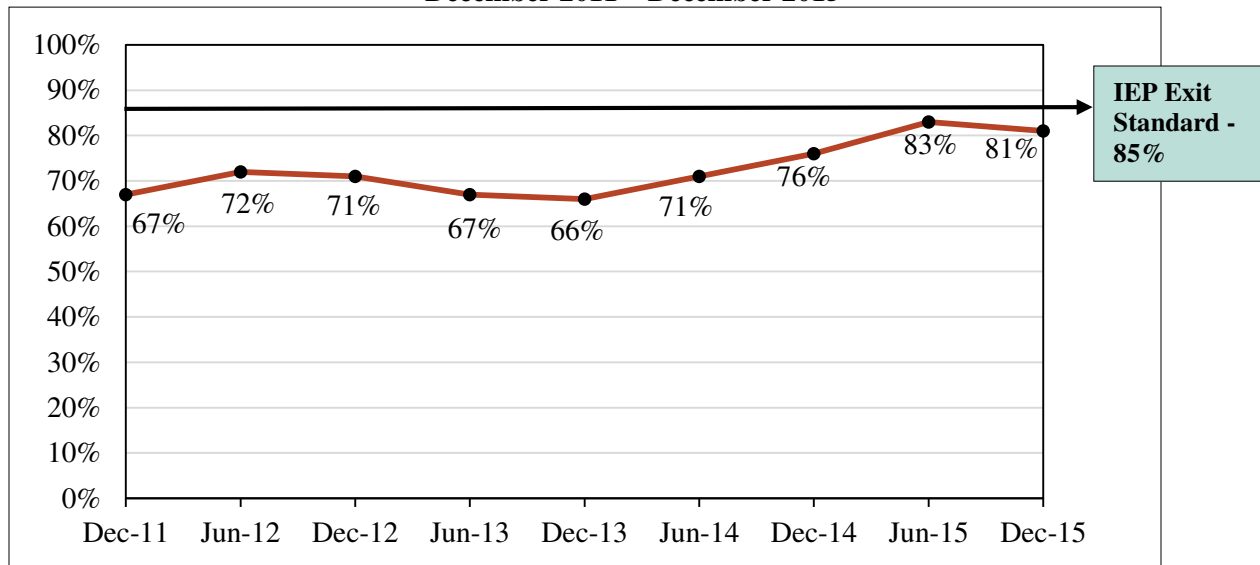
Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

Visits between Parents and Children

IEP Requirement	<p>19. <i>Visits between Parents and Children</i>: There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.</p> <p>(IEP citation I.B.11.)</p>
Exit Standard	<p>85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought.¹⁵⁴</p>

¹⁵⁴ This Exit Standard is also satisfied in cases where it is documented that a visit is not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it.

**Figure 30: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
December 2011 – December 2015**



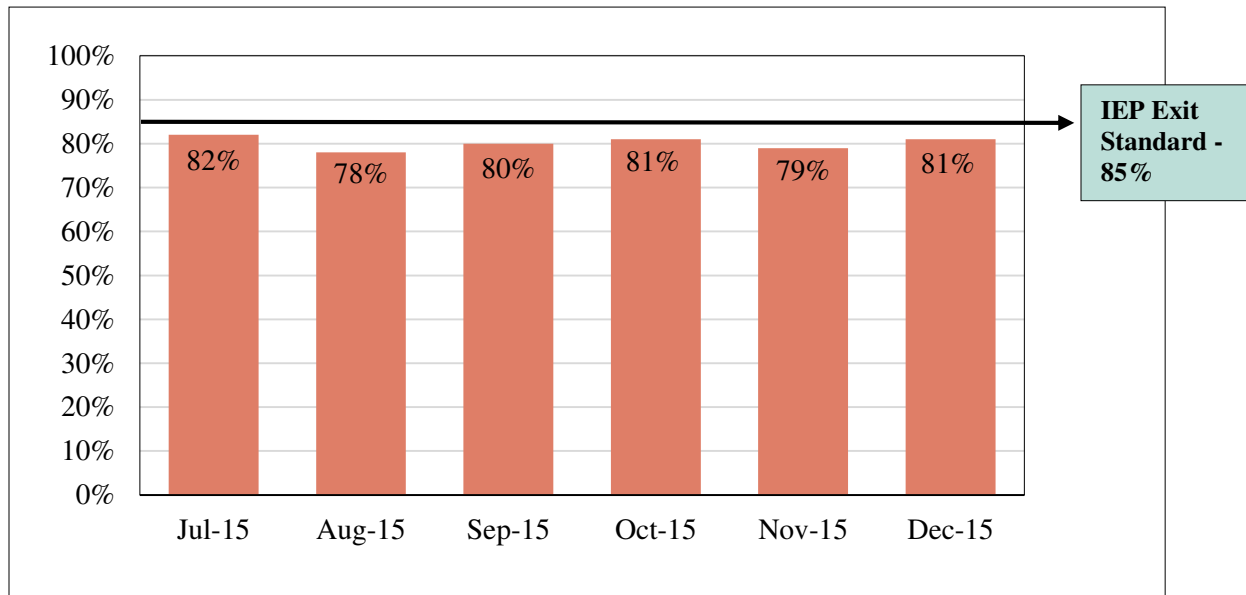
Source: CFSA Administrative Data, FACES.NET report CMT012; performance data from June 2014 through December 2015 include instances where there was documentation in the record that visits could not occur despite Agency efforts.

Performance for the period July 1 through December 31, 2015:

In December 2015, 406 children were applicable to this measure; 294 had weekly visits with the parent with whom reunification is sought and for an additional 34 children, there was documentation in the record that visits did not occur because the visit was not in the child's best interest, was clinically inappropriate or did not occur despite efforts made by the Agency, for a total of 81 percent of cases in compliance with this Exit Standard during the month.¹⁵⁵ Between July and December 2015, monthly performance on this measure ranged between 78 and 82 percent (see Figure 31). CFSA has slightly improved in this area, but performance does not yet meet the level required by the IEP.

¹⁵⁵ Of the total children who may have been included in this measure, 14 were excluded due to suspended visits by court order; 2 were excluded due to being classified as in abscondence for the whole month; and 14 were excluded due to "other suspended visits," which includes when a parent or child is incarcerated more than 100 miles away or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.

**Figure 31: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
July – December 2015**



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

Performance on Strategy Plan:

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

- *In an effort to emphasize the assessment and documentation of safety assessments, CFSA invited the National Resource Center for Family Practice, University of Iowa, to develop a visitation planning and documenting training for staff. The training focuses on: planning the visits in advance, setting forth goals/outcomes to be achieved at the visits, and assessing and documenting safety. Training for all in-home workers will be completed in March 2015 and by April 30, 2015, for permanency workers (2015 Strategy Plan, #20).*

The training developed by the National Resource Center for Family Practice at the University of Iowa was completed for in-home staff on March 23 and 24, 2015 and additional training was provided in August 2015 to staff not previously trained. The training was co-facilitated by CFSA's Child Welfare Training Academy (CWTA); CFSA reports that CWTA plans to incorporate the training strategy and tools in new worker training moving forward. Although CFSA previously anticipated that training for permanency staff would be completed in

December 2015, this did not occur. CFSA indicates that they are exploring ways to provide the training to permanency workers.¹⁵⁶

- *Supervisors and social workers will plan visitations in advance and identify the need for support in conducting required visits from family support workers and other identified team members. Once a week, the supervisors will coordinate with the identified support team to fill the support needs (2015 Strategy Plan, #21).*

CFSA reports that family support workers and case carrying social workers meet regularly to plan and coordinate visits. CFSA expects that there is an initial discussion of visitation at the removal RED Team. Data are not being collected which enable the Monitor to verify that this is occurring.

B. GOAL: PERMANENCY

1. Relative Resources

CFSA continues to emphasize the importance of preserving kinship and family support resources through early identification, temporary licensure support and striving to make a kinship home the first placement for children upon entering care.¹⁵⁷ CFSA's Kinship Support unit is responsible for many of these efforts as well as for coordinating Family Team Meetings (FTMs) as soon as CFSA is involved with a family where a child is at risk of out-of-home placement. As a matter of policy, CFSA requires a referral to the Diligent Search unit to locate parents, grandparents and other relatives at the same time a FTM referral is made. It is CFSA's practice, and a requirement of the IEP, to identify family members who may be able to join in the FTM planning process in order to provide information and support to children and parents and also be considered as placement options.¹⁵⁸

CFSA has previously met both Exit Standards applicable to identification and use of relative resources and performance was maintained during this monitoring period (IEP citations I.B.7.a. & b.). Specifically, of the 79 families at-risk of having their children removed between July and December 2015, CFSA took necessary steps to offer or facilitate pre-removal FTMs in 72 cases (91%). Additionally, of the 125 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 117 cases (94%).

¹⁵⁶ The Monitor is unclear on why CFSA did not consult with or provide notification to the Monitor of their intent to substantially modify this strategy by not providing the training to permanency workers.

¹⁵⁷ As of December 31, 2015, 21% of children and youth in out-of-home care were living with kin.

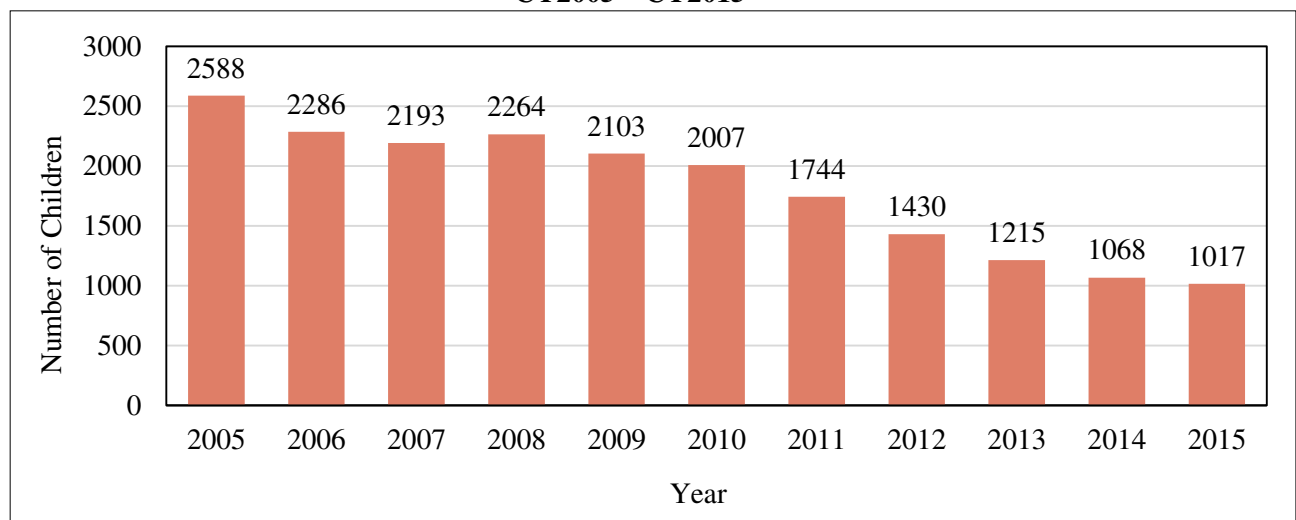
¹⁵⁸ The Kinship Family Licensing unit and Diligent Search unit work in tandem to assess the homes of potential kinship resources and complete necessary background checks. Additionally, staff is available to conduct fingerprinting on-site at CFSA, which increases the speed and ease of licensing kinship resources.

2. Placement of Children

Children enter foster care when they cannot be kept safely in their own homes. The *LaShawn* IEP has multiple requirements regarding the placement of children in out-of-home care to ensure their safety, permanency and well-being.

Figure 32 below shows the number of children in out-of-home placement in the District of Columbia in the 10 year period between December 31, 2005 and December 31, 2015. The reduction over the past decade is significant and the number of child in foster care has continued to decline from 2014 to 2015, though not as sharply as in prior years.

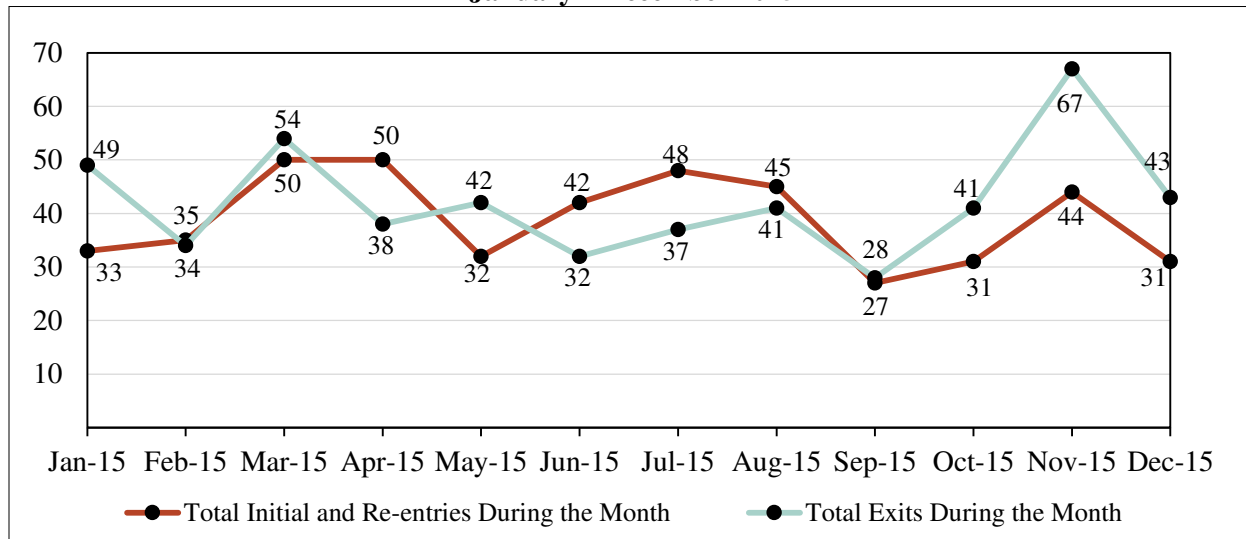
**Figure 32: Number of Children in Out-of-Home Placements by Year
CY2005 – CY2015**



Source: CFSA Administrative Data, FACES.NET report PLC156
CY2005 through CY2015 data are point in time data taken on the last day of the calendar year.

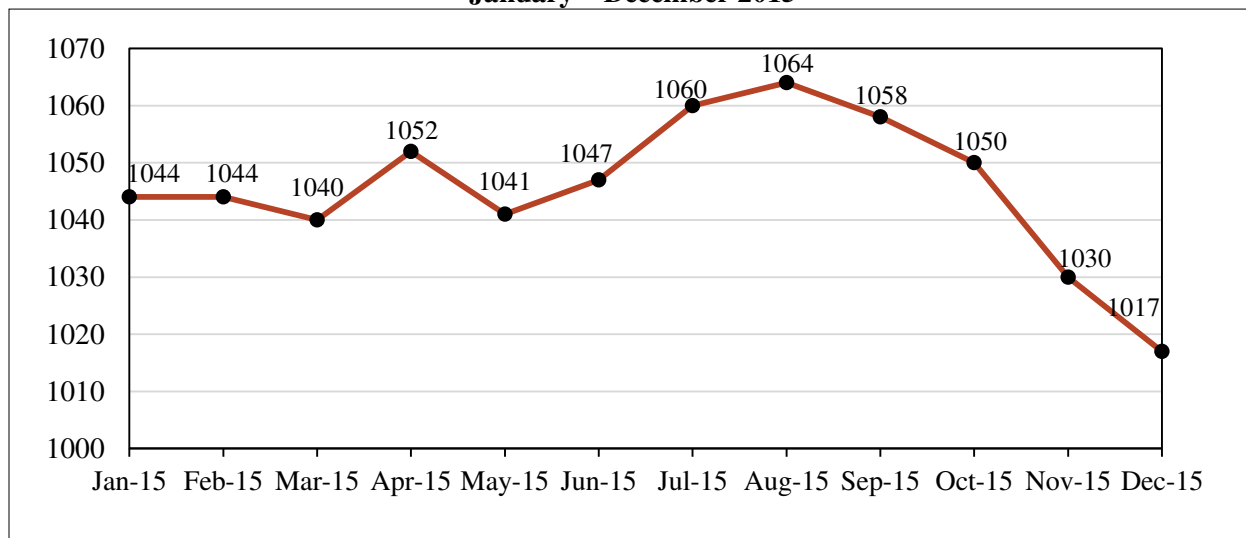
Figure 33 and Figure 34 below show for January through December 2015, the number of children entering (initial and re-entry) and exiting foster care each month and the total number of children in care at the end of each month.

**Figure 33: Entries and Exits into Foster Care by Month
January – December 2015**



Source: CFSA Administrative Data, FACES.NET report PLC155

**Figure 34: Total Number of Children in Foster Care at the End of Each Month
January – December 2015**



Source: CFSA Administrative Data, FACES.NET report PLC155

Demographics of Children in Out-of-Home Care

Table 8 below shows basic demographic information of the children in out-of-home placement as of December 31, 2015. There were 1,017 children between the ages of birth and 21 years in out-of-home placement. Similar to other periods, the majority of children are African American (94%) and are either under the age of six (27%) or age 15 or older (38%).

**Table 8: Demographics of Children in Out-of-Home Placement
as of December 31, 2015
N=1,017**

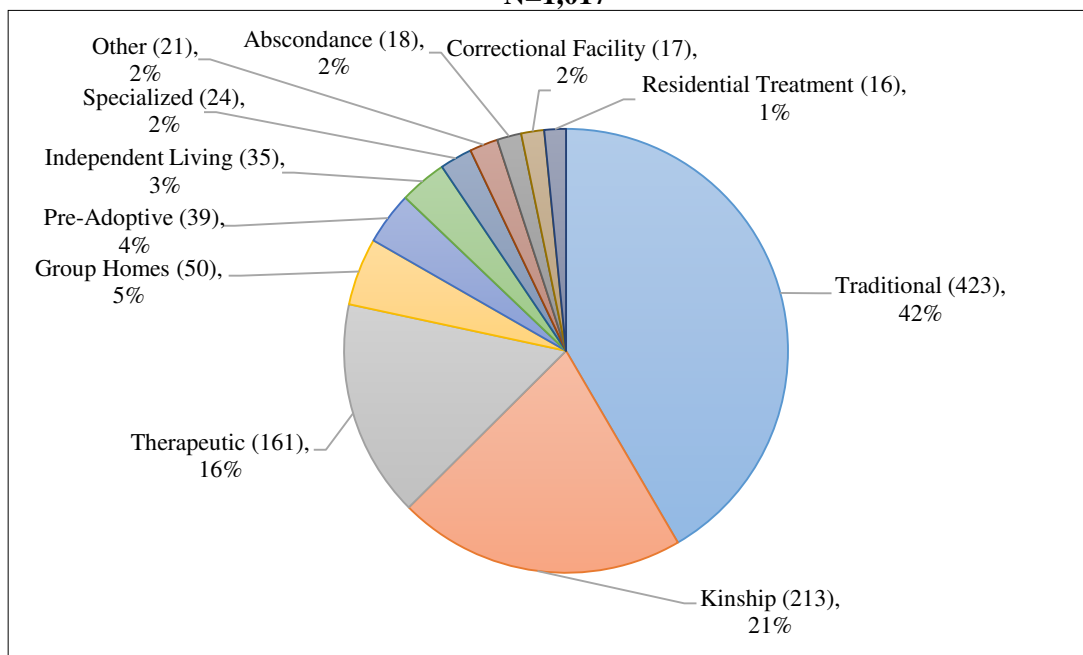
Gender	Number	Percent*
Male	520	51%
Female	497	49%
Total	1,017	100%
Race	Number	Percent
Black or African American	951	94%
White	29	3%
Asian	4	<1%
Unable to Determine/Unknown	1	<1%
No Race Data Reported	32	3%
Total	1,017	100%
Ethnicity	Number	Percent
Hispanic	86	8%
Non-Hispanic	890	88%
Unable to Determine	4	<1%
Unknown	37	4%
Total	1,017	100%
Age	Number	Percent
1 year or less	85	8%
2-5 years	198	19%
6-8 years	124	12%
9-11 years	99	10%
12-14 years	129	13%
15-17 years	171	17%
18-20 years	211	21%
Total	1,017	100%

Source: CFSA Administrative Data, FACES.NET report PLC156
Percentages may not equal 100% due to rounding.

Placement of Children in Most Family-Like Setting

Research and practice clearly supports that outcomes for children are best when they are living with families. Of the 1,017 children in out-of-home care on December 31, 2015, 863 (85%) were placed in family-based settings, including 213 (21%) in kinship homes. Figure 35 below displays the placement types for children in out-of-home care as of December 31, 2015.

**Figure 35: Placement Service Type for Children
in Out-of-Home Care as of December 31, 2015**
N=1,017



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

Other includes college/vocational, hospitals, not in legal placement, STAR home and developmentally disabled services.

There are three Exit Standards pertaining to a child or youth's placement in the most family-like setting and each is discussed below.

The first Exit Standard requires that 90 percent of children be placed in the least restrictive, most family-like setting appropriate to his or her needs (IEP citation I.B.8.a.). To assess performance on this measure, the Monitor and CFSA conducted a joint case record review of all children not placed in a family-like setting as of December 31, 2015. These settings include group homes, residential treatment facilities, hospitals, teen parent programs and independent living facilities.¹⁵⁹ The review found that 60 (59%) of the 102 children were placed in the least

¹⁵⁹ The review excluded those children in abscondance, at college or in a vocational program, in a correctional facility or other placement required by the juvenile justice system and acute psychiatric hospital stays. Additionally, there were 7 children

restrictive, most family-like setting appropriate to his or her needs; taken together with the number of children who were placed with families at the end of December 2015, a total of 96 percent of children were judged to be in the most family-like setting appropriate to their needs.

Although CFSA has exceeded the required level of performance for this Exit Standard, strategies should be considered to address the finding that less than two-thirds of the children not living with a family whose cases were reviewed were determined to be in the most appropriate setting to meet their needs. The following are additional findings from the review that can be used in this consideration. These data points are specific to those youth not placed in the least restrictive environment.

- Most of the youth were older, with 73 percent (30 of 41) of the youth between the ages of 17 and 20.
- 37 percent (15 of 41) of the youth had a permanency goal of reunification as of December 31, 2015.
- Close to half of the youth had been in foster care for over two years, with 46 percent (19 of 41) of the youth in care for 25 months or longer as of December 31, 2015.
- Almost half of the youth (49%, 20 of 41) had been in three or fewer placements since entering care. One quarter (24%, 10 of 41) had been in 10 or more placements. For seven (17%) of these youth, this current placement was their first placement since entering care.
- Reviewers found that 54 percent (22 of 41) of the youth have behavioral needs and 44 percent (18 of 41) of the youth have mental health needs.
- Reviewers were asked what behaviors or conditions impacted placement decisions for the youth, and in 42 percent of cases (17 of 41), reviewers were not able to find documentation of behaviors or conditions.
- Abscondence was the second-most common response regarding behavior or condition impacting placement decisions (32%, 13 of 41).
- Reviewers were also asked why the youth continued to reside in their current placement. “No indication in documentation” and “reason not clear” were the two most common responses (combined, 76%, 31 of 41) to this question. These were followed by “current placement is meeting child’s needs” (20%, 8 of 41) and “waiting for vacancy in more appropriate placement” (17%, 7 of 41). This is one of the most significant findings from the review which, again, could be attributed to insufficient documentation but could also suggest that these youth do not require a non-family-based setting.

The second Exit Standard, designated as an Outcome to be Maintained, requires that no child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days (IEP citation I.B.8.b.). Between July and December 2015, two children remained in an

categorized as “not in legal placement”; review of these records determined 1 of these children was in abscondence as of December 31, 2015 and the other 6 were either living with a relative or friend in an unlicensed home.

emergency foster home for more than 30 days. Both placements were for older youth (one age 18 and one age 19) who were exhibiting challenging behaviors. These placements were each over 50 days in duration and documentation indicates that it was difficult to secure appropriate placements due to the lack of available providers willing to accept these youth; this is consistent with the issues displayed throughout 2015 with a shortage of placement providers with training and support to provide care for specific populations. As of early April 2016, one of the youth had been moved and maintained in a new non-emergency placement for almost three months, however, the other youth was moved from the emergency placement but moved again after approximately two months in his new placement. The Monitor determined that neither of the emergency placements for the two youth discussed above were appropriate. CFSA reports that youth in temporary placements are monitored on a daily basis and are consistently presented at Placement Matching RED Team meetings for assistance in identifying long-term placements.

The third Exit Standard, which was recategorized after performance last monitoring period as an Outcome to be Achieved, requires that no child stay overnight in the CFSA office building (IEP citation II.B.8.). Between July and December 2015, four children stayed overnight at the CFSA office building (one occasion included a sibling group of three children) and an additional five children (one occasion included a sibling group of two children) stayed in hotel rooms awaiting an appropriate licensed placement. Performance on this Exit Standard is not in compliance with the IEP requirement and will continue to be an Outcome to be Achieved.

The Monitor has met regularly with CFSA staff since the issues with placement availability and resources began in early 2015. Throughout this monitoring period, CFSA has worked on developing a Placement Strategy Plan to understand the specific characteristics and needs for children and youth in care; increase bed capacity; define and create a continuum of foster care placements; and ensure that foster parents are recruited, trained and supported. The goals of the Plan include the following:

- 1) *Recruitment* – There is a robust cadre of foster parents for children and youth in foster care.
- 2) *Licensing* – The licensing process is efficient, effective and ensures homes are safe and meet regulatory standards.
- 3) *Placement* – A robust placement continuum is available at all times with optimal matching for every child and a preference for kin.
- 4) *Training/Support* – Parents, families and youth have access to high quality training, supports and services for placement stability and expedited exit to permanency.
- 5) *Continuous Quality Improvement (CQI)* – CQI methods are consistently used to inform practice and drive better outcomes for children and families.

The Plan was finalized in March 2016 and implementation of many of the strategies have already begun. The Monitor will continue to monitor performance and provide updates on progress in the next monitoring report.

Placement of Young Children

The IEP specifically limits the use of congregate care placements for young children unless there is appropriate justification that the child requires special treatment or has exceptional needs that cannot be met in a home-like setting.¹⁶⁰ Two Exit Standards related to the placement of children in congregate settings have been previously designated as Outcomes to be Maintained. As discussed below, CFSA continued to meet the required performance during the current monitoring period.

IEP citation I.B.9.a. requires that no child under the age of 12 be placed in a congregate care setting for more than 30 days without appropriate justification. Between July and December 2015, two children under the age of 12 were placed in congregate care settings for more than 30 days. CFSA and Monitor staff reviewed these placements and determined that these children had specialized needs that required placement within those settings.

IEP citation I.B.9.b. requires that no child under the age of six be placed in group care, non-foster home settings without appropriate justification. During the current monitoring period, one child under the age of six continued long-term placement in a hospital setting. CFSA and Monitor staff reviewed the circumstances of this placement and confirmed that the child has specialized needs that required placement in that setting.

3. Reduction of Multiple Placements for Children in Care

The Exit Standards that focus on placement stability have different required performance levels based on the length of time children are in care, due to the different placement trajectories and reasonable expectations for children who have been in care for shorter versus longer periods of time. The overall goal is to minimize placement moves for all children to the greatest extent possible recognizing the substantial evidence that exists that demonstrates how children's well-being is harmed by multiple foster care placements. The relevant Exit Standard has three sub-parts (IEP citation I.B.13.a.-c.); CFSA has met the required level of performance for all sub-parts

¹⁶⁰ Placement exceptions were agreed upon in July 2011 and include: 1) medically fragile needs where there is evidence in the child's record and documentation from the child's physician that the child's needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility; 2) developmentally delayed or specialized cognitive needs where there is evidence that the child's condition places the child in danger to himself or others and that ensuring the child's safety or the safety of other requires placement in a congregate treatment program which can meet the child's needs; or 3) court order where the Court has ordered that the child remain in the group care setting.

since June 2014. This Exit Standard is designated as an Outcome to be Maintained and performance continued to meet the required levels during this monitoring period.

The first sub-part of the Exit Standard requires that 83 percent of children served in foster care during the previous 12 months who were in care at least eight days and less than 12 months have two or fewer placements. Between July and December 2015, CFSA's performance ranged monthly from 84 to 88 percent.

The second sub-part of the Exit Standard requires that 60 percent of children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months have two or fewer placements. Between July and December 2015, monthly performance ranged from 68 to 74 percent.

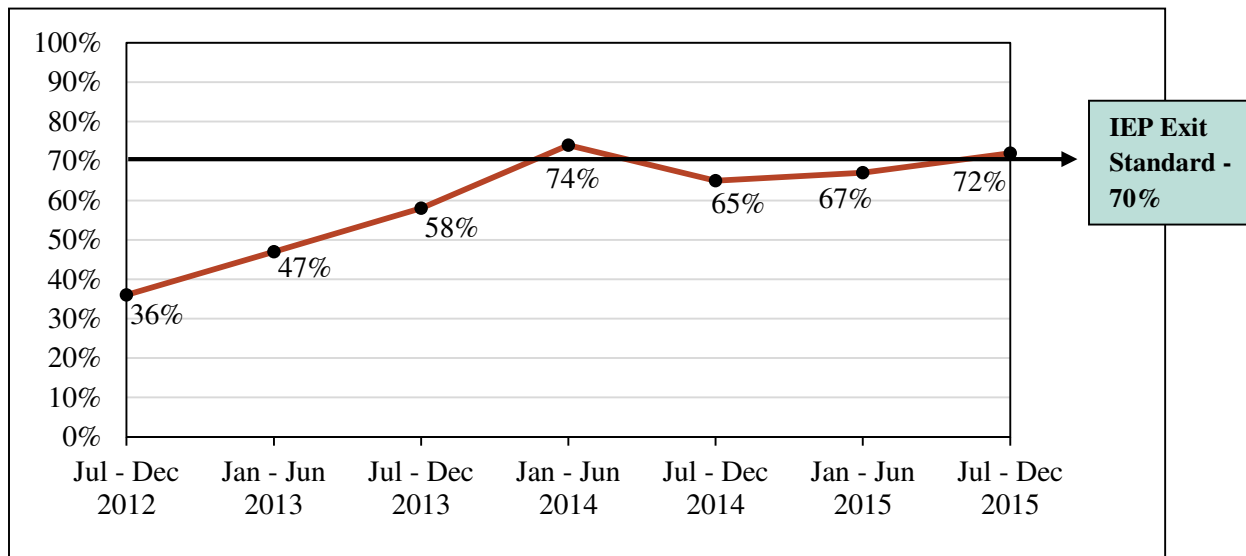
The third sub-part focuses on children in care 24 months or greater, and is purposely focused on the child's placement experiences in the past 12 months, since many of these children have child welfare histories with multiple past placements. The analysis is focused on whether these children have achieved stability in the most recent 12 month period and the Exit Standard requires that 75 percent have two or fewer placements in that 12 month period. During this monitoring period, performance ranged from 71 to 76 percent.¹⁶¹ Although performance was below the required level for three of the six months in the period, the Monitor considers this to be an insubstantial deviation at this time. This Exit Standard continues to be maintained.

4. Timely Approval of Foster Parents

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

¹⁶¹ Monthly performance are as follows: July, 76%; August, 76%; September, 75%; October, 71%; November, 72%; December, 74%.

**Figure 36: Approval of Foster Parents within 150 Days of Beginning Training
July 2012 – December 2015**



Source: CFSA Administrative Data, FACES.NET report PRD202

Performance for the period July 1 through December 31, 2015:

Between July and December 2015, CFSA and private agencies licensed 95 family foster homes; 68 (72%) of these homes were licensed with the required number of pre-service training hours and within the 150 day timeframe.¹⁶² Performance on this Exit Standard has improved during this monitoring period and met the performance level required by Exit Standard.

5. Appropriate Permanency Goals

The IEP requires that children have permanency planning goals consistent with the federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. Exit Standards in this section focus specifically on older youth in foster care and timely permanency. CFSA has previously met and continues to maintain these Exit Standards.¹⁶³

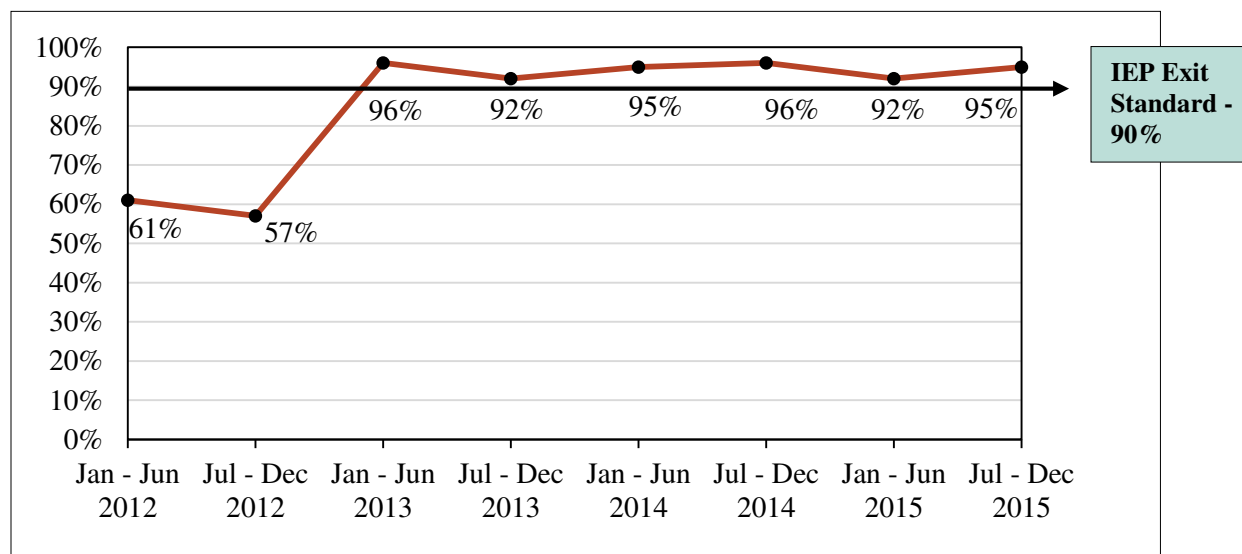
Discussion in this section includes CFSA's current performance on the Exit Standard that requires youth transitioning out of care to have a transition plan developed that summarizes case planning work to date, the youth's goals and provides guidance on next steps required to support the youth in transitioning from foster care (IEP citation I.B.12.c.). These plans must be individualized and developed with the youth and his/her identified supportive team. Further, plans should provide the youth with appropriate connections to specific options on housing,

¹⁶² Of the 68 homes that were licensed in the current monitoring period, 1 home whose licensure took longer than 150 days is considered compliant due to circumstances that were beyond the District's control.

¹⁶³ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.B.12.a.-b. during this monitoring period.

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

**Figure 37: Youth Ages 18 and Older with a Youth Transition Plan
January 2012 – December 2015**



Source: CFSA Manual Data and FACES.NET report CMT391

Performance for the period July 1 through December 31, 2015:

CFSA continues efforts to support earlier and ongoing engagement and planning with older youth around their transition from foster care. Toward that end, all youth age 18 and older are required to have a current YTP developed with their involvement, their social worker and others whom the youth identifies to participate as a member of their team. The YTP is intended to provide a roadmap to ensure the youth is sufficiently prepared and supported to transition out of CFSA care. Of the 210 youth ages 18 and older under CFSA care between July and December 2015, 12 youth were in abscondence, developmentally disabled or declined to participate in the development of a YTP and were excluded from analysis. Out of 198 applicable youth, 189 (95%) had a YTP. The Monitor considers performance on this Exit Standard to be maintained.

CFSA's quality assurance staff continue to conduct a limited case record review of all YTPs for youth who exited foster care during the monitoring period to determine if the plans address appropriate connections to specific options on housing, health insurance, education and linkages to continuing adult support services agencies.¹⁶⁴ Fifty-five youth transitioned from CFSA care during this monitoring period and 48 of those youth's plans were reviewed to determine if those plans addressed appropriate connections to specific services and options. CFSA found that four of those cases should be excluded from the universe (youth incarcerated during the monitoring

¹⁶⁴ The Monitor has previously participated in this review and validated findings.

period, case closure ordered by the court). Of the remaining 44 plans, CFSA found that 39 (89%) of those plans addressed appropriate connections to specific services and options.

CFSA continues to report that the online version of the Foster Club toolkit, CFSA's YTP tool, remains unavailable online due to capacity issues with the contractor. However, OYE leadership reports that the contractor, who owns the tool, has increased its capacity and finalization of the tool should be happening in 2016.¹⁶⁵ An electronic paper (PDF) version of the tool is being used by workers and youth until it is available online.

OYE has also developed and is using a transition readiness tool—a slightly different tool that is reviewed with workers who are supporting 18, 19 and 20 year old youth. The tool universally inquires about a current YTP, a post-emancipation housing plan, savings or checking account, employment/volunteer experience, but has more specific inquiries based on age. For example, for 20 year old youth, the tool inquires if the aftercare provider participated in the YTP process; a transitional care package request was submitted to OYE; and if the youth is pregnant or parenting, if they have applied for TANF. Through this tool, OYE provides support to workers, ensuring they are timely and adequately supporting youth for transition and that these workers understand and know how to access the full array of resources available to support these youth.

In an attempt to address concerns about the quality and accessibility of aftercare services, CFSA is working with partners and stakeholders to develop a new model for providing services to older youth after they leave CFSA care. The Monitor participated in the Youth Aftercare Forum to provide feedback on recommendations and consider how to support youth before they transition out of CFSA custody into aftercare. The FY2017 budget proposal includes funds to move forward to competitively procure aftercare services in a new model. The Monitor will continue to track changes to aftercare and the impact of those changes on outcomes for older youth.

6. Timely Adoption and Permanency

There are a number of Exit Standards that track processes designed to facilitate timely achievement of permanency goals for children. These include:

- Placing children in approved adoptive homes within nine months of their permanency goal becoming adoption (IEP citation I.B.16.a.i.)
- Making reasonable efforts to finalize adoptions within 12 months of placement in the approved adoptive home (IEP citation I.B.16.b.iii.)
- Achieving permanency within established timeframes through adoption, guardianship and reunification (IEP citation I.B.16.c.)

¹⁶⁵ CFSA reports that Foster Club designed and owns the toolkit and so CFSA is dependent on this contractor for the final online tool.

Approved Adoptive Placement

The IEP requires that children with a goal of adoption be placed in an approved adoptive placement within nine months of their permanency goal becoming adoption.¹⁶⁶ There are two Exit Standards to measure this outcome (IEP citation I.B.16.a.i.&ii.) and both are designated as Outcomes to be Maintained.¹⁶⁷ The discussion below focuses on the Exit Standard which requires that 80 percent of children whose goal changed to adoption on July 1, 2010 or thereafter be placed in an approved adoptive placement within nine months of the goal change.

From July through December 2015, 36 (80%) of the 45 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change. This performance meets the performance level of 80 percent required by the Exit Standard.

Reasonable Efforts to Finalize Adoptions

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

From July through December 2015, 92 percent of adoptions were completed, or reasonable efforts were made to complete adoptions, within 12 months of the child being placed in a pre-adoptive home. Specifically, CFSA reports that 48 adoptions were finalized during this monitoring period. Of those 48, 29 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 15 children. Monitor staff participated in the review of the children's cases in which it took longer than 12 months to finalize their adoption and determined that reasonable efforts had been made despite delays for those 15 children. CFSA continued to meet the Exit Standard during the current monitoring period.

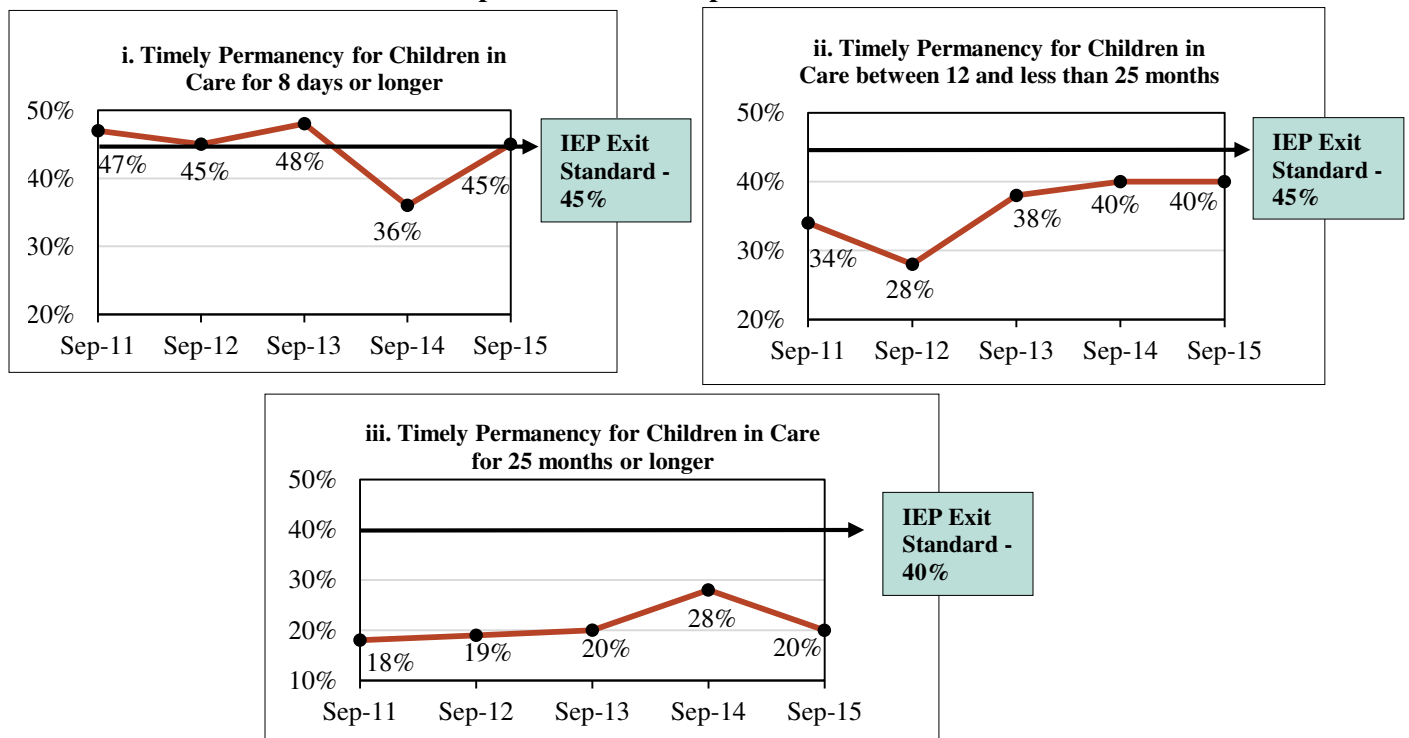
¹⁶⁶ Pursuant to the IEP, the Monitor considers a placement an approved adoptive placement based on documentation of an intent to adopt, filing of an adoption petition or indication in the FACES.NET service line of an approved adoptive placement.

¹⁶⁷ CFSA sufficiently achieved performance on the Exit Standard for children whose permanency goal changed to adoption prior to July 1, 2010 and because the review period for this IEP Exit Standard has expired and CFSA ultimately achieved compliance, the Monitor is no longer tracking performance for this measure.

Timely Permanency

IEP Requirement	32. <u>Timely Adoption</u> : Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)
Exit Standard	<ul style="list-style-type: none"> i. Of all children who entered foster care for the first time in FY2013 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, 2014. ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2013, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2014. iii. Of all children who are in foster care for 25 months or longer on September 30, 2013, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2014, whichever is earlier.

**Figures 38i-iii: Timely Permanency for Children
September 2011 – September 2015**



Sources: CFSA Administrative Data, FACES.NET report CMT384 and CMT385

Performance for the period September 30, 2014 through September 30, 2015:

The IEP requires CFSA to achieve timely exits for children to a permanent family through adoption, guardianship or reunification. This Exit Standard has three performance sub-parts that must each be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for cohorts of children based on their length of stay in foster care. CFSA met the first part of the Exit Standard but did not meet the remaining two parts.

The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2014 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, 2015. Of the 295 children who entered foster care in FY2014 and remained in foster care for eight days or more, 133 (45%) exited to positive permanency by September 30, 2015 (see Table 9). CFSA met this sub-part of the standard.

The second part of the Exit Standard requires that of all children who are in foster care for more than 12 but less than 25 months on September 30, 2014, 45 percent will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2015. Of the 233 children who were in care more than 12 months and less than 25 months on September 30, 2014, 94 (40%) achieved positive permanency by September 30, 2015 (see Table 9). Performance for this sub-part remains similar to previous monitoring periods and is below the performance level required by the Exit Standard.

The third part of the Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 2014, 40 percent will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2015, whichever is earlier. For the 545 children who had been in care 25 or more months on September 30, 2014, 111 (20%) achieved permanency by September 30, 2015 (see Table 9). Performance for this sub-part remains far below the performance level required by the Exit Standard.

Table 9:
Children and Youth Exiting to Permanency by Cohort as of September 30, 2015

Length of time in out of home care during FY2014	Total number of children/youth in cohort	Exit to Reunification	Exit to Guardianship – Kin	Exit to Guardianship – NonKin	Adoption	Total exits to permanency by September 30, 2015
8 days – 12 months	295	120 (41%)	2 (1%)	0 (0%)	11 (4%)	133 (45%)
12 – 24 months	233	30 (13%)	15 (6%)	7 (3%)	42 (18%)	94 (40%)
25 months or more	545	23 (4%)	15 (3%)	28 (5%)	45 (8%)	111 (20%)

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

Performance on Strategy Plan:

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

- *In January 2015, the Agency will implement the new approach to concurrent planning. Cases with certain indicators will be worked with two goals, reunification and either adoption or guardianship (2015 Strategy Plan, #22).*

CFSA continues to report that workers are engaged in their approach to concurrent planning¹⁶⁸ with families, having upfront discussions with parents about the need for CFSA to concurrently plan for their children’s reunification with them and simultaneously explore other permanency options should reunification fail. CFSA’s efforts also involve ongoing discussions with resource parents about concurrent planning goals. However, CFSA does not routinely collect data on the use and results of their concurrent planning protocol and practices.

- *CFSA and private provider agencies will continue to hold permanency RED Teams each Monday to identify and resolve barriers to permanency. RED Teams will be held for each child/case beginning with the case planning at 30 days and every 3 months thereafter until the child/youth achieves permanency (2015 Strategy Plan, #23).*

¹⁶⁸ CFSA worked previously with the National Resource Center for Permanency and Family Connections to define concurrent planning, a common social work permanency practice, as “the process of achieving permanency by simultaneously working two plans to timely move children and youth to a safe and permanent family.”

CFSA reports continuing to use RED Team meetings to bring team members together to review and resolve issues to permanency for children. Case planning RED Team meetings are expected to occur 30 days after a child enters care and every three months as needed. There is a lack of consistency in performance in convening these meetings as planned both within CFSA and the private agencies and, consequently, the Monitor cannot assess its impact. FACES.NET also does not provide a way of fully tracking whether they occur, what actions are to be taken and if follow up was completed.

7. Case Planning Process

The case planning process Exit Standard requires CFSA to work with families to: (1) develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes which reflect the family's and child(ren)'s needs and are updated as family circumstances or needs change and (2) deliver services identified in the current case plan. CFSA policy requires that every effort be made to locate family members and develop case plans in partnership with children and families, the families' informal support networks and other formal resources working with or needed by the child and/or family. Case plans should identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals. CFSA continues to maintain compliance on timelines for case plan development.¹⁶⁹ The remaining unmet IEP requirement is related to the quality of the case planning process. The Monitor measures performance on the quality of the case planning process requirement through ratings from the QSR.

¹⁶⁹ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation II.B.12. during this monitoring period.

IEP Requirement	<p>33. <u>Case Planning Process:</u></p> <ul style="list-style-type: none"> a. CFSA, with the family, shall develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan. b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks, and other formal resources working with or needed by the youth and/or family. c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals. <p style="text-align: right;">(IEP citation I.B.17.)</p>
Exit Standard	<p>80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable on both the Pathway to Case Closure and Plan Implementation indicators.</p>

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA’s performance on the Exit Standard pertaining to appropriateness and quality of case planning. These indicators, *Planning Interventions* and *Pathway to Case Closure*, are described in further detail in Figures 39 and 40, which summarize the parameters reviewers consider in rating performance for *Planning Interventions* and *Pathway to Case Closure*, as well as descriptions of minimally acceptable performance and unacceptable performance as contained within the QSR protocol.

Figure 39: QSR *Planning Interventions* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁷⁰

Planning Interventions

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

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

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

¹⁷⁰ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015. p. 66-69.

Figure 40: QSR *Pathway to Case Closure* Indicator: Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁷¹

Pathway to Case Closure

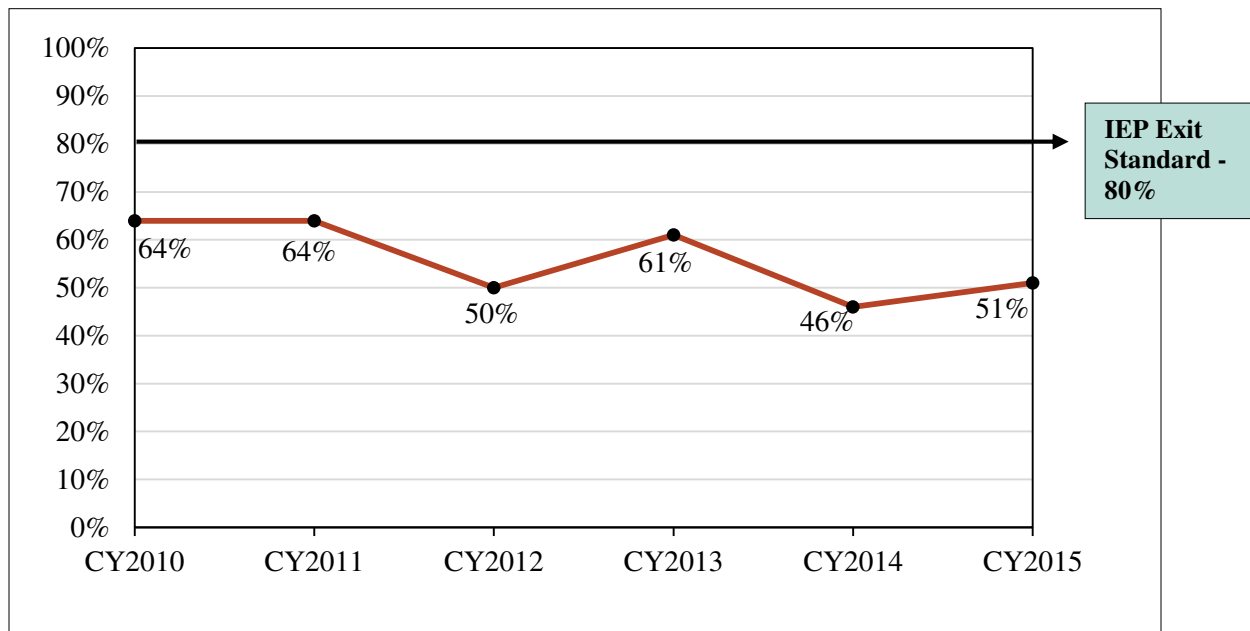
- *Parameters Reviewers Consider:* To what degree: (1) Is there a clear, achievable case goal including concurrent and alternative plans? (2) Does everyone involved, including family members, know and agree on what specific steps need to be achieved in order to achieve the case goal and close the case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

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

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

¹⁷¹ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, January 2015. p. 62-63.

**Figure 41: QSR Findings on Case Planning Process
CY2010 – CY2015**

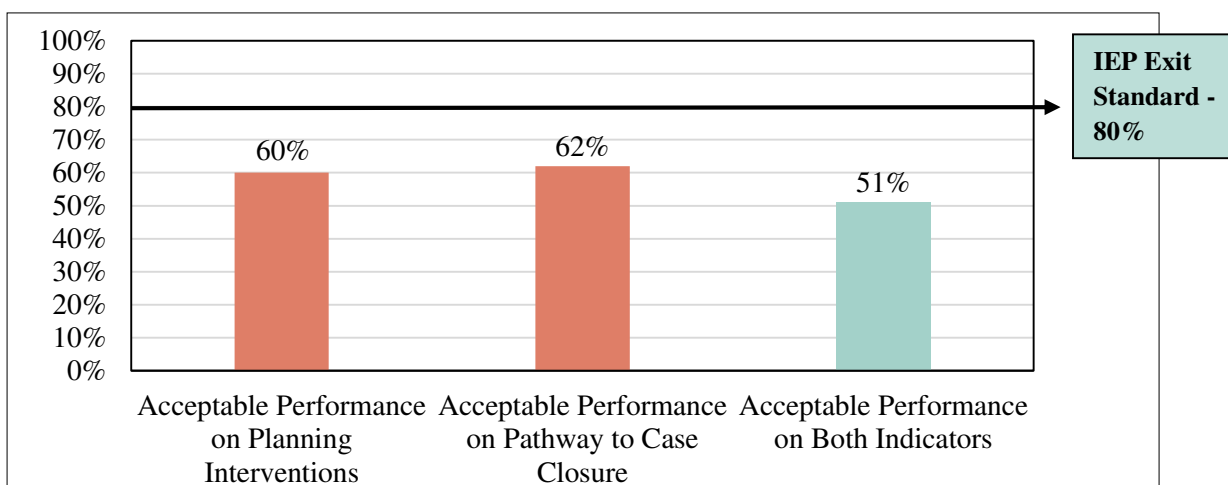


Source: QSR Data CY2010 – CY2015

Performance for January 1 through December 31, 2015:

Between January and December 2015, 125 cases were reviewed using the QSR methodology. As Figure 42 indicates, 51 percent (64 of 125) of cases reviewed were rated as acceptable on *both* the overall *Planning Interventions* and *Pathway to Case Closure* indicators. The fact that close to half of cases reviewed are not rated as acceptable should be cause for great concern by CFSA leadership. In some cases, reviewers rated practice on one indicator as acceptable, while their assessment of practice on the other indicator was unacceptable. Specifically, 60 percent of cases (75 of 125) were rated acceptable on the *Planning Interventions* indicator and 62 percent of cases (78 of 125) were rated acceptable on the *Pathway to Case Closure* indicator. CFSA's overall performance of 51 percent represents a slight increase from CY2014 but remains substantially below the Exit Standard requirement of 80 percent acceptable.

Figure 42: QSR Findings on Case Planning Process
January – December 2015
N=125



Source: QSR Data January – December 2015

Similar to CFSA's performance on the Exit Standard pertaining to *Services to Children and Families to Promote Safety, Permanency and Well-Being*, performance on this Exit Standard was better for cases reviewed when CFSA and not a private provider¹⁷² was responsible for case management. Thirty-seven percent (17 of 46) of cases managed by the private agencies were rated acceptable on both indicators compared to 59 percent (47 of 79) of cases managed by CFSA. This difference in performance is statistically significant¹⁷³ and suggests the need to focus additional efforts on quality improvement strategies with private providers.

Table 10: Performance on QSR Indicators by Case Management Provider
CY2015

CFSA N=79	Private Agencies N=46
<i>Planning Interventions</i> ¹⁷⁴	
65% (71)	52% (24)
<i>Pathway to Case Closure</i> ¹⁷⁵	
70% (55)	50% (23)
<i>Both Indicators</i> ¹⁷⁶	
59% (47)	37% (17)

Source: QSR Data, January – December 2015

¹⁷² 7 different private agencies were responsible for providing case management services in the cases reviewed through the QSR between January and December 2015.

¹⁷³ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹⁷⁴ Analyses indicate this difference is not statistically significant at a level of $p < .05$.

¹⁷⁵ Analyses indicate this difference is statistically significant at a level of $p < .05$.

¹⁷⁶ Analyses indicate this difference is statistically significant at a level of $p < .05$.

For the cases that were case managed by CFSA, there was also a difference in performance for those cases where the focus child was in out-of-home placement compared to when the focus child was receiving in-home services. Specifically, 63 percent (38 of 60) of cases where the focus child was in out-of-home placement were rated acceptable on both indicators compared to 47 percent (9 of 19) of cases where the focus child was receiving in-home services. Driving this difference was performance on the *Planning Interventions* indicator where 70 percent (42 of 60) of cases where the focus child was in out-of-home placement were rated acceptable compared to 47 percent (9 of 19) of cases where the focus child was receiving in-home services.

Performance on Strategy Plan:

In addition to the strategies discussed in section A.4. of this report, *Services to Families and Children to Promote Safety, Permanency and Well-being*, CFSA has employed the following strategies to increase consistency of quality performance in its case planning process:

- *Initiation of case planning will begin at the FTM to address acute needs (2015 Strategy Plan, #8).*

CFSA reports that during FTMs, which are typically held within 72 hours of a child's placement in foster care, the case planning process begins by gathering information to better understand the needs of children, youth and family. This strategy was implemented during the previous monitoring period and there are no additional updates or changes in the implementation of this strategy.

- *A 30-day case planning RED Team will be held to review the screens and assessments, and the child ecology checklist will be completed. Based on these screens, assessments, and check list, the team will select from one or more categories of services that will fit the needs for the child and/or family and will develop a plan with the family to meet those needs. The parents will be invited to the case planning RED Team and encouraged to attend and participate (2015 Strategy Plan, #10).*

The updated case plan, which as previously mentioned incorporates new functional assessment tools, is now integrated into FACES.NET. CFSA reports continued challenges in implementing the 30-day case planning RED Team. However, CFSA reports that workers are utilizing group supervision opportunities and consultations with clinical staff from the Office of Well-Being to address challenges in case planning.

- *Case plans are a living document and will be amended as assessments are completed at 90-day intervals to determine change in functioning. As needed, services can be adjusted between the 90 day intervals with the case plan amended*

at the RED team meeting (2015 Strategy Plan, #11).

There is no information yet available on the functionality and impact on case planning with families using the new functional assessment tools or new case plan document and process. There has been an inconsistent use of the 30-day case planning RED Team meetings within CFSA and the private agencies, which CFSA reports they are monitoring. However, as noted above, it is unclear to the Monitor why there has been no CQI process to assess implementation of the new functional assessment tools and case planning documents.

CFSA policy also requires that the functional assessment tools are updated every 90 days, however, updates to those assessments are not consistently occurring. Child Information Systems Administration (CISA) is currently designing a dashboard in FACES.NET to provide alerts to workers when service plans are due. The dashboard is expected to be finalized and functional in FACES.NET by August 30, 2016.

- *By September 30, 2015, CFSA will develop with a national expert a method of monitoring fidelity to the RED team process (2015 Strategy Plan, #12).*

CFSA continues to engage Sue Lohrbach, a national expert on the consultation and information sharing framework and RED Team process, to develop a tool and protocols for monitoring fidelity to the RED Team process. In April 2016, the Monitor and CFSA began the process of developing and utilizing an assessment tool to measure fidelity of the Hotline RED Team.

The Office of Agency Performance completed a review of the documentation for one quarter of Permanency Big RED meetings (56 reviewed) and Placement Matching RED Team meetings (17 reviewed) held between May 2014 and October 2015. Based on their review, CFSA identified that while some data on what occurred and next steps from the meeting were usually being entered, the quality, specificity and detail of the information in the narrative sections varied. This variability led to difficulties in understanding if the recommendations and next steps that were identified through the RED Team meetings were indeed carried out. From this review, the Office of Agency Performance recommended:

- improve the centralization and standardization of data in FACES.NET to enable the most consistent and reliable reporting
- link the frameworks in FACES.NET to both case and client IDs
- develop a management report to capture case outcomes linked to the RED Team meeting recommendations and identified next steps
- improve use of the “Direct” tab in FACES.NET order to understand what next steps are identified in RED Team meetings

While these next steps will provide CFSA with better quality data in FACES.NET, there remains a lack of accountability associated with each step. More importantly, while this review was helpful to CFSA, it does not fully meet the desired result of assessing CFSA's fidelity to the RED Team model – including participation and meeting structure – which are intended to support critical thinking across the team at important decision points.

C. GOAL: CHILD WELL-BEING

1. Sibling Placements and Visits

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

As of December 31, 2015, 86 percent of children who entered care between July and December 2015 with their siblings or within 30 days of their siblings were placed with some or all of their siblings. Performance continues to exceed the required performance of 80 percent. Regarding sibling visitation, during this monitoring period a monthly range of 82 to 90 percent of siblings had at least monthly visits and a range of 76 to 83 percent of siblings each month had at least twice monthly visits with their brothers and/or sisters, exceeding the required levels of 80 percent for monthly and 75 percent for at least twice monthly sibling visits.

2. Assessments for Children Experiencing a Placement Disruption

In an effort to increase the stability of children's placements, the IEP requires CFSA to ensure that children in its custody whose placements are disrupted are provided with a comprehensive and appropriate assessment to determine their service and re-placement needs with a follow-up action plan developed no later than within 30 days of a child's re-placement. This assessment is a review that includes, as applicable, the child, his/her family, kin, current and former caregiver and GAL (IEP citation I.C.21.).

CFSA's approach has been to use the Child Needs Assessment (CNA) tool for this purpose with all children who enter care, require a placement change or experience a placement disruption. The CNA collects information on the child's needs in numerous domains, including mental and behavioral health, medical and physical characteristics, personal care, education and cultural and linguistic. Based upon the information collected on the child's needs, a rating is determined which recommends the type of placement most appropriate for the child – ranging from a

traditional/kinship foster home to a residential treatment facility. The tool is completed by a CFSA Resource Development Specialist with input from the social worker.

Despite the protocol, data indicate the social work supervisor, guardian or others are included in the CNA process only on rare occasions. Approximately 100 CNAs were reviewed during a case record review that assessed if children and youth were placed in the least restrictive environment as of December 31, 2015. In many cases, reviewers found that information included in the CNA was inaccurate and/or the type of placement the child received did not match the placement recommendation from the CNA. While all of the CNAs reviewed were not specifically utilized at a time of disruption, the Monitor has concerns about the effectiveness of this instrument and its use by workers in matching children and youth with the most appropriate placement and services. CFSA is planning on replacing the CNA with the CAFAS/PECFAS instruments to assess the most appropriate placement for a child or youth. The logic for how the CAFAS/PECFAS scores will be used to determine placement type has not yet been determined. In the Monitor's view, this should be a high priority for the next quarter.

During the current monitoring period, between 17 and 28 children's placements disrupted each month¹⁷⁷, a slight decrease since the previous monitoring (between January and June 2015, disruptions ranged from 21 to 35 a month). A monthly range of 74 and 100 percent of children experiencing a disruption had a CNA completed within 30 days of notification of the need for a placement change.¹⁷⁸ Specifically, in December 2015, there were 17 placement disruptions and a CNA was timely completed in 14 (82%) instances. Performance only reached the required level of performance during two of the six months this period. In the previous monitoring period, performance only reached the required level one month during the period; the Monitor no longer considers this deviation in performance to be temporary and will be recommending this Exit Standard be redesignated as an Outcome to be Achieved.

3. Health and Dental Care

The IEP has multiple Exit Standards related to ensuring that children and youth in out-of-home placement receive appropriate and routine medical and dental services and timely access to appropriate health care including screenings, full medical and dental evaluations and timely access to healthcare providers through caregiver receipt of children's Medicaid numbers and cards.

¹⁷⁷ The number of disruptions each month are as follows: July, 24; August, 28; September, 27; October, 18; November, 27; December, 17.

¹⁷⁸ Monthly performance are as follows: July, 88%; August, 93%; September, 85%; October, 100%; November, 74%; December, 82%.

Health Screening Prior to Placement

The IEP requires children in foster care have a health screening prior to an initial placement, upon re-entry into care or before a change in placement. The purpose of the health screening prior to placement is to identify health conditions that require prompt medical attention such as acute illnesses, chronic diseases, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems and developmental or mental health concerns. Additionally, the screening gathers information about the child's health care needs to be shared with the child's foster parent or caregiver, social worker and other service providers. During the previous monitoring period, CFSA achieved this Exit Standard for the first time. During this monitoring period, CFSA continued to maintain the performance level required by the IEP for pre-placement medical screenings with a monthly range of 90 to 100 percent and for medical screenings prior to a placement change (monthly range of 88 – 94%) (IEP citation I.C.22.a.).¹⁷⁹

Full Medical Evaluation and Full Dental Evaluation

CFSA performance dipped for both of the Exit Standards related to timely access to comprehensive medical and dental evaluations (IEP citation I.C.22.b.i.).¹⁸⁰ Specifically, performance on completion of full medical evaluations within 30 days of placement ranged monthly from 79 to 90 percent, below the required level of 85 percent for four of the six months in the monitoring period. Performance on completion of full medical evaluations within 60 days of placement ranged monthly from 92 to 98 percent in care and did not meet the required level of 95 percent for two of the six months in the period.

CFSA maintained required performance for two sub-parts of the Exit Standard (IEP citation I.B.22.b.ii.) pertaining to full dental evaluations within 30 days (monthly range of 32 – 65%) and within 60 days (monthly range of 57 – 78%) of placement in care. However, for the sub-part which requires that 85 percent of children receive a full dental evaluation within 90 days, performance ranged monthly from 60 to 87 percent, falling below the required level for five of the six months of the monitoring period.

The Monitor considers both of these Exit Standards partially maintained and will expect performance to improve over the next monitoring period.

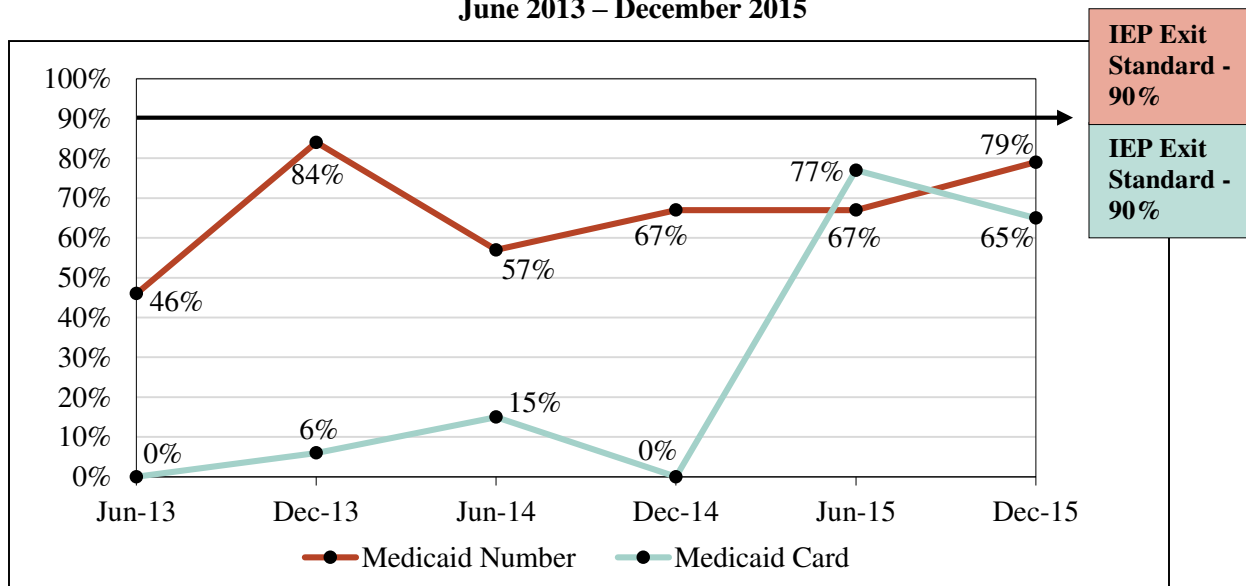
¹⁷⁹ Performance below the required level for both sub-parts of this Exit Standard occurred in October 2015. The Monitor considers this temporary.

¹⁸⁰ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance during this monitoring period (IEP citation I.C.22.b.i.) and (IEP citation I.C.22.b.ii.).

Medicaid Coverage

IEP Requirement	<p>43. <u>Health and Dental Care</u>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement.</p> <p>(IEP citation I.C.22.d.)</p>
Exit Standard	<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>

**Figure 43: Distribution of Medicaid Number and Medicaid Card to Foster Parents
June 2013 – December 2015**



Source: CFSA Manual Data

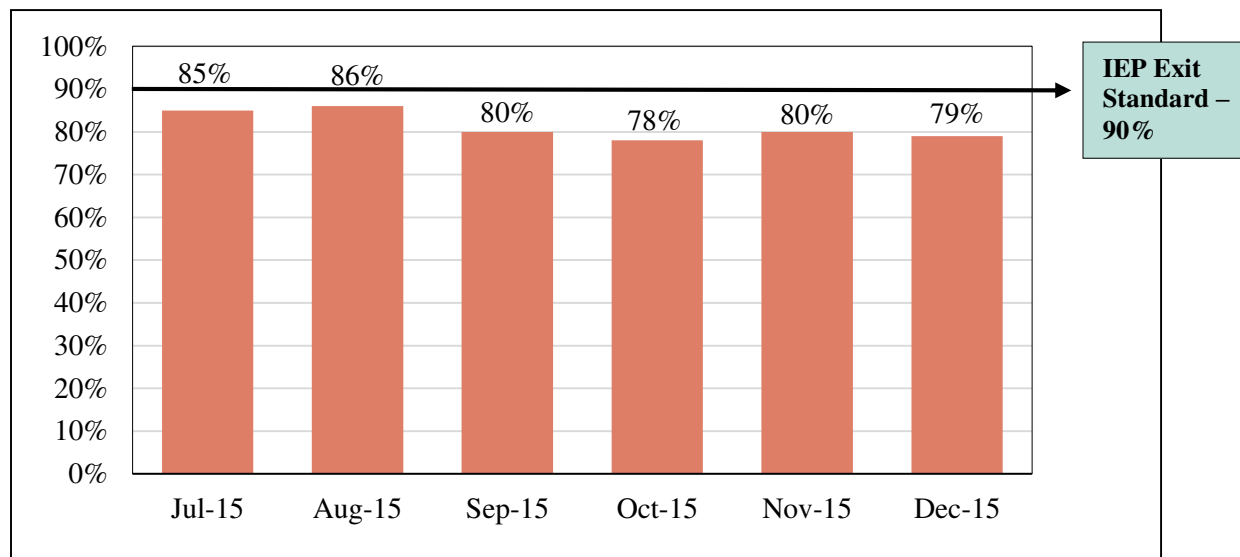
Performance for the period July 1 through December 31, 2015:

CFSA continues to track the distribution of Medicaid numbers to foster parents when a child is initially placed in foster care or experiences a placement change. In December 2015, 73 children experienced a placement activity and remained in that placement for at least five days. Of these 73 children, CFSA was able to verify that 58 foster parents (79%) received the child's Medicaid number within five days of their placement. Between July and December 2015, performance ranged from 78 to 86 percent per month (see Figure 44).¹⁸¹ Performance on this sub-part of the

¹⁸¹ These data report performance on Medicaid number distribution to foster parents when a child experiences a placement activity – either an initial placement or placement change. CFSA reports that Medicaid cards for children who experience a

Exit Standard remains unchanged from the previous monitoring period and does not meet the required level of 90 percent.

**Figure 44: Percentage of Foster Parents who Received Child's Medicaid Number within Five Days of the Child's Placement
July – December 2015**

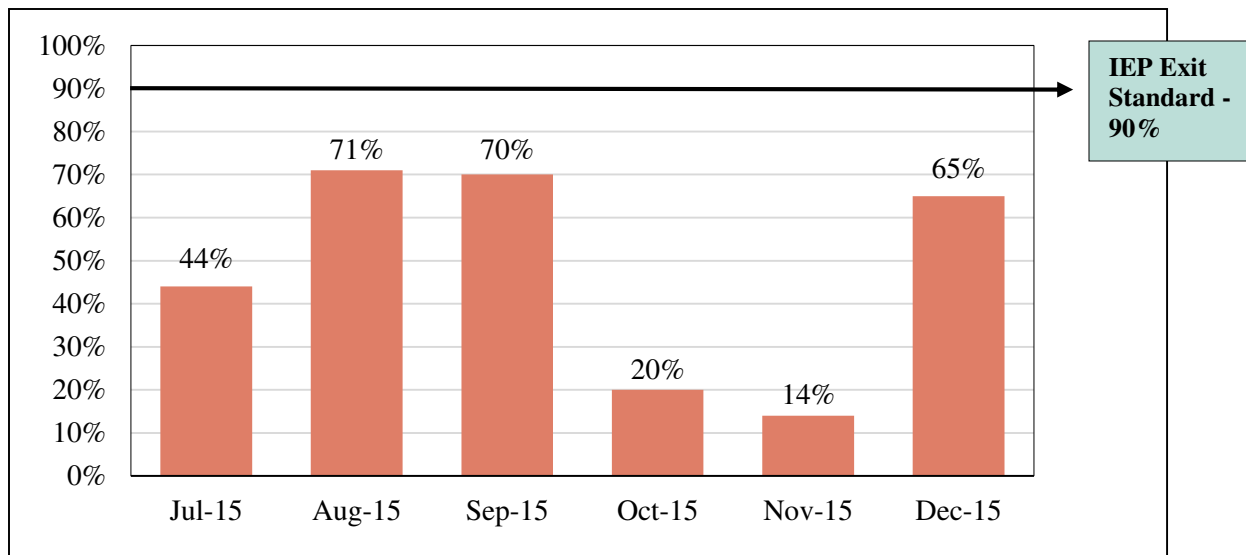


Source: CFSA Manual Data

CFSA has implemented a complicated manual system to track the distribution of Medicaid cards to foster parents. Between July and December 2015, CFSA was able to verify that between 14 and 71 percent of foster parents each month received the child's Medicaid card within 45 days of the child's placement (see Figure 45). CFSA's performance on this sub-part of the Exit Standard varied greatly over the period, peaking at 71 percent in August 2015 and was below the performance level of 90 percent required by the IEP. The Monitor has no understandable explanation for the significant drop on performance in October and November 2015 (to 20 percent and 14 percent respectively).

placement change are transferred through the placement passport packet and there is not currently a tracking method to confirm this transfer to the new foster parent.

**Figure 45: Percentage of Foster Parents who Received Child's Medicaid Card within 45 Days of the Child's Placement
July – December 2015**



Source: CFSA Manual Data

Performance on Strategy Plan:

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

- *CFSA has implemented a streamlined process where the Business Services Administration submits the request to the Department of Human Services to transition a child to fee-for-service Medicaid coverage (2015 Strategy Plan, #17).*

CFSA reports that in May 2015, the Business Services Administration (BSA), instead of individual social workers, began completing and submitting requests to the Department of Human Services (DHS) to transition children and youth in care to the appropriate fee-for-service Medicaid coverage and as a result of this process, has seen an increase in the timeliness and completion rate of the necessary paperwork sent to DHS. However, CFSA still struggles to consistently ensure Medicaid cards are received timely by foster parents with significant time lapsing between the date a child enters shelter care, when the paperwork is submitted to the BSA, when the paperwork is submitted to DHS for processing, when the BSA receives the Medicaid card and when it finally reaches foster parents. It is unclear what causes these delays as sometimes there is no delay in the process and at other times there are delays of over a month.

- *The Placement Administration will follow-up each week to ensure that the Medicaid number and card are provided to foster parents (2015 Strategy Plan, #18).*

As mentioned above, CFSA has taken steps to expedite the process to transition children and youth in care to the appropriate fee-for-service Medicaid, however, CFSA still struggles to provide foster parents with Medicaid information for children and youth in their care in a timely manner. CFSA notes that the process for securing Medicaid numbers and cards for children who enter care for the first time and do not have a Medicaid number prior to entering care is a particular problem – although no specific details were provided. CFSA has committed to working with the Office of the Deputy Mayor of Health and Human Services to fix this process in 2016. In the Monitor’s view, this is a solvable problem and should not rely on complicated paper transactions but should instead use technology to expedite the process.

- *CFSA is working with the Department of Human Services (DHS) and Department of Health Care Finance (DHCF) to identify and resolve barriers to timely Medicaid issuance and distribution. By December 2015, the District government will have developed and implemented a streamlined process to ensure timely distribution of proof of coverage (2015 Strategy Plan, #19).*

CFSA reports they have completed work with DHS and DHCF to develop and implement a more efficient process for the distribution of proof of coverage. DHS now provides temporary Medicaid cards for all children upon entering care once they receive the request from CFSA to transition coverage.

D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

1. Caseloads

Exit Standards pertaining to caseloads and supervisory responsibilities are designated as Outcomes to be Maintained (IEP citations I.D.25.&26.). During this monitoring period, caseloads for permanency, in-home and home study workers continued to meet the levels required by the IEP.

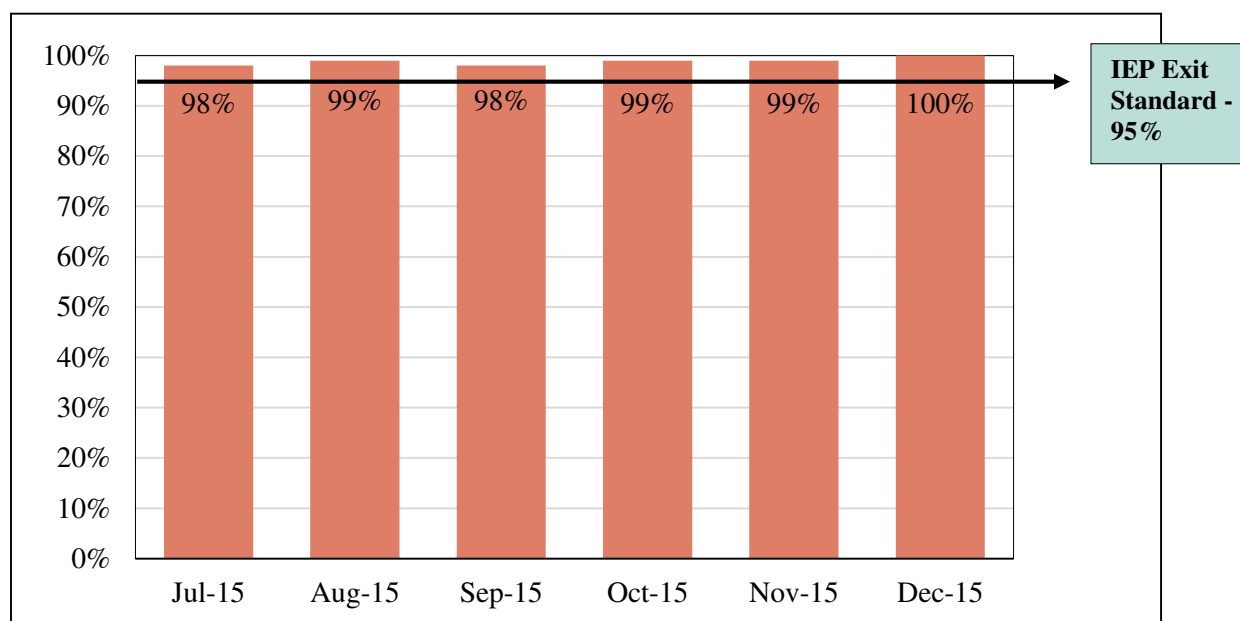
Caseloads for permanency social workers and workers conducting home studies

The IEP requires that 90 percent of workers have caseloads that meet the requirements. For in-home and permanency social workers, the standard is 15 cases per worker and no individual worker with a caseload greater than 18. For workers conducting home studies, the standard is 30 cases per worker and no individual worker with a caseload greater than 35.

CFSA maintained performance on the Exit Standards pertaining to caseloads for workers conducting home studies (100% every month) and in-home and permanency workers (monthly range of 98 – 100%) (see Figure 46). The number of in-home and permanency cases unassigned

for more than five days ranged each month from a low of 10 in December 2015 and peaked at 38 in August 2015 (1 – 2% of total permanency and in-home cases), a continued reduction from the previous monitoring period (monthly range of 17 to 56 cases unassigned between January and June 2015).¹⁸²

**Figure 46: Caseloads for Permanency and In-home Social Workers
July – December 2015**



Source: CFSA Administrative Data, FACES.NET report CMT328

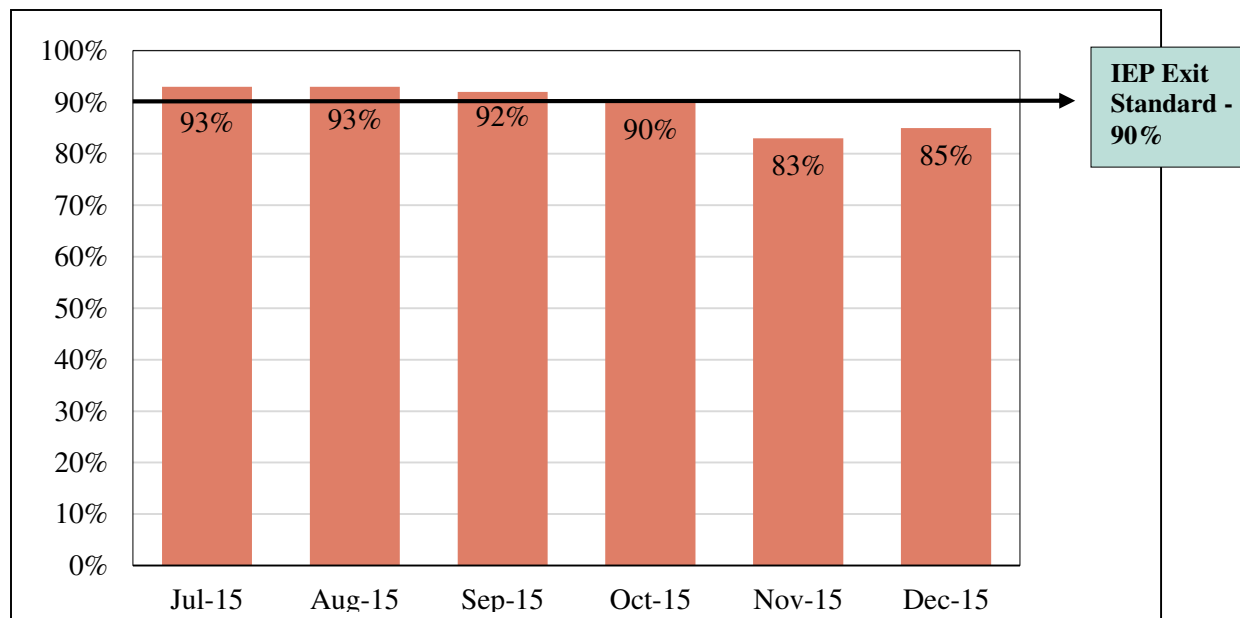
Supervisory Responsibilities

There are two Exit Standards related to the caseloads and supervisory expectations for supervisors of workers carrying caseloads. The first Exit Standard requires that supervisors are responsible for supervising no more than five case-carrying social workers and one case aide or family support worker (IEP citation I.D.26.a.i.). During the current monitoring period, a monthly range of 83 to 93 percent of supervisors were responsible for supervising no more than five case-carrying social workers and a case aide, family support worker or non-case-carrying social worker, which falls below the required level of 90 percent for this sub-part of the Exit Standard. Performance declined during this monitoring period (see Figure 47). Supervision is critical to maintaining consistent practice across the system, supporting critical thinking and providing support to frontline social workers who often face daily challenges related to case management. Supervision is also a central mechanism for improving practice as identified in multiple

¹⁸² Between July and December 2015, in addition to these unassigned cases, a monthly range of between 28 and 54 ongoing cases were assigned to investigative social workers. CFSA indicates that these investigations have closed and are awaiting transfer to an ongoing unit.

strategies in the *LaShawn* 2016 Strategy Plan. Based on the performance during the monitoring period, the Monitor considers this Exit Standard to be partially maintained.

**Figure 47: Supervisors Responsible for No More Than Five Workers and a Case Aide/FSW
July – December 2015**



Source: CFSA Administrative Data, FACES.NET report CMT387

For the second Exit Standard, which requires that 95 percent of ongoing, permanency and in-home cases be assigned to social workers (IEP citation I.D.26.b.ii.), the percentage of ongoing cases that were carried by social workers ranged from 92 to 97 percent monthly this period. This marks an improvement from the previous monitoring period during which the monthly range was 89 to 95 percent. For the current monitoring period, CFSA's performance in August 2015 was the lowest during the monitoring period, with 92 percent of cases being carried by social workers. In addition, during August 2015 the largest number of cases (38) were unassigned. This trend of having a high number of unassigned cases with a lower percentage of cases being assigned to social workers has been consistent over previous monitoring periods and should be a signal to CFSA management that additional strategies are needed to identify and take steps to remedy possibly rising supervisory workloads.

Investigative Caseloads

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

Performance for the period July 1 through December 31, 2015:

The Monitor engages in independent validation of investigation and FA caseload data through analyzing back-up data as well as speaking directly with frontline workers. After recent discussions with frontline workers, the Monitor has determined that the data in FACES.NET management reports do not accurately capture the real-time caseloads of frontline workers.

The Exit Standard requirement of no more than 12 cases per worker was designed to support workers in engaging and assessing safety and family needs. However, due to the high influx of investigations and FAs, the pressure to manage resources to meet demand has been placed on the workers rather than the system and has resulted in management and supervisory pressure to quickly close cases and to instances of data manipulation. As a result, the Monitor has determined that July through December 2015 investigation and FA caseload data cannot be validated or reported on. The Monitor has shared this information with CFSA leadership who are developing plans to remedy the identified issues.

Notwithstanding the issues with investigation and FA caseloads, the Monitor considers the Exit Standard on overall caseload compliance to be partially maintained.

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on the investigative caseload standards:

- *CPS will continue to equalize the caseloads, remove investigative workers out of rotation as appropriate, and quickly fill social worker vacancies as needed (2015 Strategy Plan, #4).*

During the caseload validation process for investigation and FA caseloads, the Monitor received reports from investigation and FA workers citing concerns with the way in which caseloads are managed and the assignments are made and documented in FACES.NET. The Monitor's review did not identify how extensive these data irregularities were but the Monitor has determined that

investigation and FA caseloads between July and December 2015 cannot be validated nor can the performance on the implementation of this strategy be accurately assessed at this time.

- *The Human Resources Administration hired a full-time recruiter and will continue to focus on effective and timely recruitment of social workers (2015 Strategy Plan, #5).*

This strategy continues to be effective in ensuring that vacancies are filled appropriately and timely. Moving forward in 2016, CFSA plans to continue to have a dedicated recruiter for social workers who will prioritize CPS hiring.

- *No later than April 2015, a floater unit of five full-time social workers will be available to provide for easy transfer of social workers to areas of the agency that need immediate staff support (2015 Strategy Plan, #6).*

In April 2015, a floater unit of five social workers was created to cover staffing shortages, to support over-burdened units and equalize workloads until either vacancies are filled or the influx of referrals reached a manageable level. CFSA reports that staff from the floater unit have been utilized to support CPS, in-home and permanency units as necessary. CFSA will continue to utilize the floater unit through March 2016 specifically to reduce the number of investigations that remain open for more than 35 days.

2. Staff Training

Training is a core function of any child welfare agency and is a primary mechanism to ensure that social workers, supervisors and managers have the competencies necessary to carry out their jobs effectively. The IEP requires that 90 percent of newly hired CFSA and private agency direct service staff receive 80 hours of pre-service training (IEP citation I.D.27.a.) and 90 percent of newly hired CFSA and private agency supervisors complete 40 hours of pre-service training on supervision within eight months of assuming supervisory responsibility (IEP citation I.D.27.b.). CFSA implemented updated the pre-service training curriculum for direct service staff during the previous monitoring period that includes 129 hours of pre-service training.¹⁸³

The IEP also requires that 80 percent of previously hired CFSA and private agency direct service staff receive 30 hours of in-service training annually (IEP citation I.D.28.a.) and 80 percent of previously hired CFSA and private agency supervisors complete 24 hours of in-service training annually (IEP citation I.D.28.b.). In-service training for social workers and supervisors is tracked

¹⁸³ The Monitor reports on compliance utilizing the level required by the IEP Exit Standard of 80 hours but understands that CFSA policy requires 129 hours of pre-service training for direct service staff prior to taking on case management responsibilities.

on a July 1 through June 30 annual schedule and is therefore not due at this time. During the current monitoring period, CFSA maintained required performance on pre-service training for social workers (93%)¹⁸⁴ and pre-service training for supervisors (100%)¹⁸⁵.

In September 2015, CFSA on behalf of the private agencies with whom they contract approached the Monitor to request a temporary waiver from pre-service training requirements for contract employees at private agencies due to higher than expected attrition rates that occurred at the beginning of the school year. After discussions with CFSA leaders, the Monitor and CFSA agreed to a short-term, six-month waiver¹⁸⁶ beginning October 1, 2015 for contract social workers with prior social work experience.

The waiver applied only to contract employees hired by private agencies who had previous child welfare experience. Based on the approved waiver, the contract workers would be required to complete 70 hours of pre-service training before having any case management responsibility. After completing 70 hours of training, the contract employees could carry six to eight cases while completing the remaining 59 hours of pre-service training required by CFSA within a 90-day timeframe from the start of their contract after which they could carry a full caseload up to 15 cases.¹⁸⁷ As it turned out, during the period of the short-term waiver, only two contract social workers were hired, both of whom had at least one year of child welfare case management experience. One of the two workers did not complete the 70 hours of pre-service training as required by the waiver prior to being given case management responsibility for three cases. This social worker is no longer with the private agency. The Monitor is disappointed that despite working closely with CFSA and private agencies to reach an agreement on a pre-service training waiver, participation was very low and its terms were not consistently met. In addition, the stated rationale for the waiver was an extreme need to quickly bring new social work staff on board, however, only two contract employees were hired, which raises questions about its necessity.

- *In January, CFSA streamlined pre-service training for investigative social workers. The classroom training will be two weeks and the field training will be seven weeks (2015 Strategy Plan, #7).*

¹⁸⁴ Of the 71 direct service staff hired between July 1 and December 31, 2015, 66 completed the required training, 3 were in the process of completing training within the given timeframe and 1 is inactive. This does not include the social workers that were hired on a contract basis by 2 private agencies.

¹⁸⁵ This Exit Standard applied to 9 supervisors during the period who had received their supervisory clearance 8 months prior to the monitoring period (between November 2014 and April 2015). 7 supervisors hired during this period were inactive prior to holding the position for 8 months.

¹⁸⁶ The pre-service training waiver is no longer in effect.

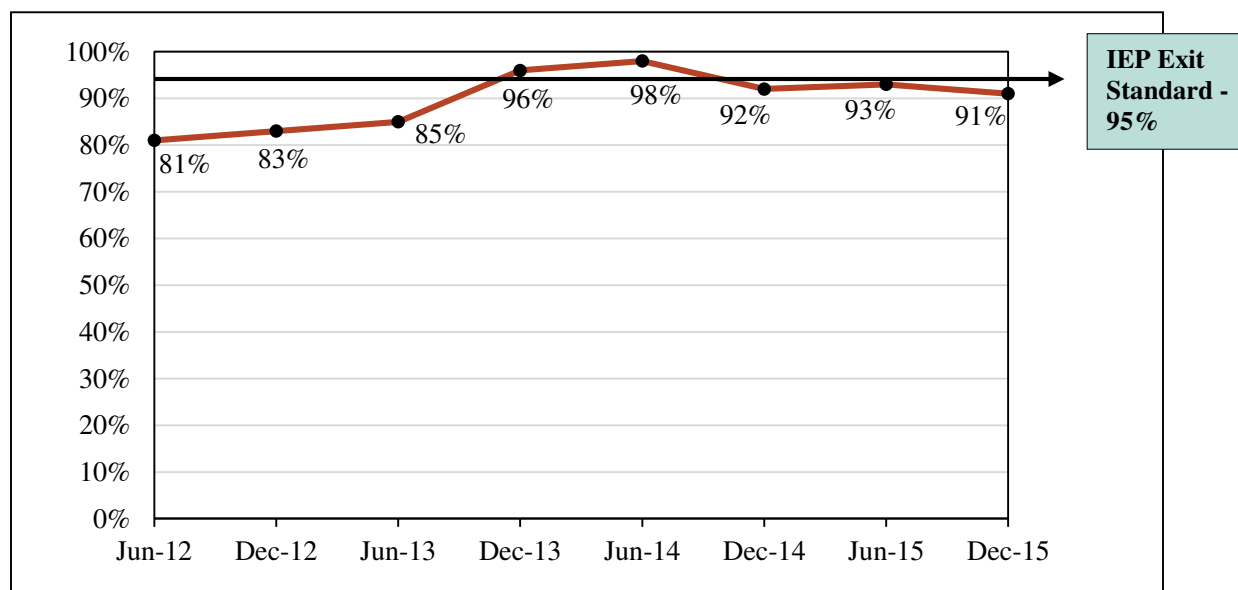
¹⁸⁷ The IEP requires that direct practice workers complete 80 hours of pre-service training within 90 days of being hired. CFSA internal policy for pre-service training requires that workers complete 129 hours of pre-service training within 90 days of being hired.

CFSA's Child Welfare Training Academy (CWTA) modified its pre-service training curriculum for all new social workers in January 2015 to include a focus on the foundations of child welfare practice, child centered practice, Trauma Systems Therapy (TST), CFSA's new assessment tools (CAFAS/PECFAS and Caregivers Strengths and Barriers Assessment) and to provide opportunities for practice using these tools with a training case. CFSA has not yet surveyed supervisors to gather their assessment of the readiness of frontline staff who have completed the new pre-service training curriculum.

3. Training for Foster and Adoptive Parents

The IEP requirements for pre-service (IEP citation I.D.29.a.) and in-service (IEP citation I.D.29.b.) training for foster parents are designated as Outcomes to be Maintained; current performance remains at compliance levels. All (100%) foster parents completed 15 hours of pre-service training prior to licensure and 91 percent (231 of 253) of foster parents licensed during this monitoring period completed the required number of in-service training hours prior to relicensure.¹⁸⁸

**Figure 48: Percentage of Foster/Adoptive Parents with
30 hours of In-Service Training
June 2012 – December 2015**



Source: CFSA Administrative Data, FACES.NET report TRN009

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

¹⁸⁸ The Monitor considers this an insubstantial and temporary deviation and this Exit Standard maintained. The Monitor will continue to closely assess performance data to determine if this deviation continues before recommending redesignating as an Outcome to be Achieved.

4. Special Corrective Action

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

Data on the number of children in special corrective action categories between July and December 2015 are presented in Table 11 below. Between July and December 2015, 330 children newly entered at least one special corrective action category and 368 special corrective action plans were considered to address issues in those children's cases.¹⁸⁹ Of the 368 possible plans, CFSA reports that after review, 170 plans were not required.¹⁹⁰ For the remaining 198 plans, all 198 plans (100%) were completed.

¹⁸⁹ Individual children may be in more than 1 category and require more than 1 plan to address the issues specific to each category.

¹⁹⁰ Reasons for a plan not being required may include the following: by the time the case was being reviewed, the child's goal had been changed into compliance; the home was licensed; the child's move was to the legal custody of DYRS or incarceration; the child was hospitalized; services were provided to stabilize the placement; or the move was to permanent placement or trial home visit.

**Table 11: Number of Children in Special Corrective Action
Categories by Month*
July – December 2015**

Special Corrective Action Category	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015
Placement Categories						
CFSA Children with 4 or More Placements with a Placement Change in the Last 12 Months and the Placement is not a Permanent Placement	255	264	251	254	254	233
Children Placed in Emergency Facilities Over 90 Days	0	0	0	0	0	0
Children Placed in Foster Homes without Valid Permits/Licenses or Foster Homes that Exceed their Licensed Capacity	52	53	72	70	56	67
Children in Facilities More than 100 Miles from DC	11	10	12	12	16	14
Permanency Categories						
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	42	40	37	41	40	38
Children in Care who Returned Home twice and Still have the Goal of Reunification	2	2	2	2	1	1
Children under 14 with a Goal of APPLA	1	1	1	1	1	1
Children with the Goal of Reunification for More than 18 Months	46	43	43	44	32	29

Source: CFSA Administrative Data, FACES.NET report COR013

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

5. Reviewing Child Fatalities

The District of Columbia's City-wide Child Fatality Committee, a requirement of the *LaShawn* MFO and IEP, was created by Mayoral Order in October 1992 and in subsequent legislation.¹⁹¹ The Committee is charged with reviewing the circumstances surrounding the deaths of children who are residents or wards of the District of Columbia including those children or families who were known to the child welfare system at any point during the four years prior to their death in order to determine systemic, legal or policy and practice deficits and to make recommendations for improvement. The Committee is required to be composed of representatives from various District agencies¹⁹² and in August 2015, the Child Fatality Review Committee Establishment Amendment of 2015 added four additional government agency member seats from the Department of Behavioral Health, Department of Health Care Finance, Department of Youth Rehabilitation Services and Office of the State Superintendent of Education.¹⁹³ The Committee is located and staffed within the Office of the Chief Medical Examiner (OCME).

CFSA also has an Internal Child Fatality Committee which reviews the deaths of resident children who were known to the child welfare agency within four years prior to their death. The review assesses the quality of CFSA service delivery to the child and family, identifies patterns of risks and trends in cases involved with CFSA and determines any systemic issues that need further attention. The Committee is composed of a multidisciplinary team including representatives from Quality Assurance, Training, Health Services, Clinical Practice, Program Operations, General Counsel and other related departments. The Internal Committee reviews cases within 45 days of notification of the child's death.

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

Performance for the period July 1 through December 31, 2015:

City-wide Child Fatality Committee:

The City-wide Child Fatality Committee (CFRC), comprised of both an Infant Mortality Review (IMR) Team and Child Fatality Review Team, continued to meet during this review period and reviewed a total of 13 cases. The Committee proposed four recommendations during this period,

¹⁹¹ D.C. Code §4-1371

¹⁹² These agencies include Department of Human Services, Department of Health, Office of the Chief Medical Examiner, CFSA, Metropolitan Police Department, Fire and Emergency Medical Services Department, DC Public Schools, District of Columbia Housing Authority, Office of the Attorney General, Superior Court of DC, Office of the US Attorney, DC hospitals where children are born or treated, college or university schools of social work, Mayor's Committee on Child Abuse and Neglect and 8 community representatives.

¹⁹³ Since the initial creation of the Fatality Review Committees, consistent with the MFO, the Monitor has served as a member of both the City-wide and Internal Child Fatality Review Committees. In June 2014, the Monitor and staff were appointed by Mayoral Order to the City-wide Committee.

two from the IMR and two from CFRC. These recommendations will be presented to the full CFRC Committee for approval during the May 2016 meeting. The Committee is currently focusing on its process for the development as well as the quality of recommendations. The OCME received a grant from the Office of Victims Services for funding that will be utilized to assist with strengthening the CFRC recommendation process including bringing a nationally recognized expert to provide training to Committee members to enhance their ability to develop recommendations for systemic change and implementation.

The CFRC finalized the 2014 Annual Report on December 11, 2015.¹⁹⁴

Internal Child Fatality Committee:

CFSA's Internal Child Fatality Committee met every month except for December 2015 during this monitoring period. The Monitor attends these meetings. Eleven fatalities were reviewed and CFSA reports as of December 31, 2015, no cases were in backlog status. There were two recommendations developed during meetings this period. The first recommended that CPS explore ways to ensure that information on new referrals for families for which the Agency has an open case are consistently communicated to the current ongoing worker. The second recommendation was for CFSA to develop criteria for children to be designated as medically fragile and for CFSA to develop a discrete list of medically fragile children in foster care. A standard definition was adopted¹⁹⁵ and CFSA's Office of Well-Being has developed a tracking system for every child who meets this definition.

CFSA leadership ceased the Internal Child Fatality Committee meetings after the November 2015 meeting in order to reevaluate its internal fatality review process and make adjustments to ensure the meetings are as constructive as possible and deliver the desired results with a particular focus on systemic findings and recommendations. In April 2016, the Internal Child Fatality Committee resumed monthly meetings and CFSA staff have indicated a schedule has been developed to review child fatalities in backlog from those months when meetings did not occur and remain current with new fatalities as identified by the agency.

The Internal Child Fatality Committee annual report for 2014 has not yet been finalized or released. CFSA plans to combine the data and findings from reviews conducted in 2014 and

¹⁹⁴ The report can be found on the OCME's website at:

<http://ocme.dc.gov/sites/default/files/dc/sites/ocme/FinalCFRCAR2014%202-16.pdf>

¹⁹⁵ The standard definition is: "Medically fragile is defined as a chronic physical condition which results in a prolonged dependency on medical care for which daily skilled nursing intervention is medically necessary and is characterized by one or more of the following: there is a life threatening condition characterized by a reasonably frequent period of acute exacerbation, which requires frequent medical supervision, and/or physician consultation, and which in the absence of such supervision or consultation, would require hospitalization; the individual requires frequent and time-consuming administration of specialized treatments, which are medically necessary; or the individual is dependent on medical technology and/or assistive devices such that without the device or technology, a reasonable level of health could not be maintained."

2015 into one report that will be released in 2016. The Monitor currently considers the delay in issuing the 2014 Annual Report to be a temporary deviation in performance and this Exit Standard to be maintained.

6. Quality Assurance

Quality Assurance

Continuous quality assurance is essential to CFSA's practice improvement and system functioning. CFSA's leaders have a strong interest in CQI and have developed and implemented numerous processes for data collection and analysis. CFSA has recently reorganized internal staff to better integrate agency CQI activities and *LaShawn* monitoring activities by moving the QA unit to the Office of Agency Performance.

Performance on Strategy Plan:

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

- *The QSR reviewers will continue to provide feedback on the results and issues identified in the QSRs to social workers, supervisors, and managers, including at individual meetings with the social worker and supervisor following the QSR. In addition, feedback will be provided at quarterly management meetings to review aggregate information and identified trends (2015 Strategy Plan, #13).*

At the case level, QSR reviewers continue to meet with social workers and supervisors at the conclusion of each QSR to provide feedback on the information that has been gathered, strengths of case practice and areas that are in need of improvement. At the system level, CFSA reports that QSR staff meet with management from the private agencies and CFSA management, including during the Management Team meeting in November 2015, to highlight trends in case practice including strengths, areas in need of improvement and changes from previous review periods. The Monitor has shared concerns about the process of sharing QSR data with workers, supervisors and managers – both with internal CFSA units and private agencies – specifically that the feedback is not shared in a timely manner and the next steps for addressing systemic areas of concern are not clear. CFSA has included a strategy in the *LaShawn* 2016 Strategy Plan to bring in a consultant to work with the QA unit to better use and analyze QSR data and share feedback in real time with management.

- *CFSA will continue to have RED teams as a follow up to the QSR to review the status of the next steps identified during the QSR. Those RED teams will be scheduled within 60 days following the QSR (2015 Strategy Plan, #14).*

CFSA has not successfully implemented this strategy and suspended this strategy altogether in August 2015. Moving forward, CFSA is planning to provide feedback to program units and private agencies through group report-outs approximately 60 days following the QSR reviews. This began with select program units and private agencies at the end of 2015. In the future, CFSA is planning to use QSR RED Teams as a means of follow-up for complicated cases when there are multiple agencies involved with the child and family. The Monitor is concerned, however, that CFSA is continuously modifying feedback strategies without utilizing CQI processes to understand best practices and effective means for sharing data and implementing improvements as a result of what is learned through the QSRs.

Data and Technology

CFSA uses data for management purposes and to assess the quality of its practice. The Monitor has regular discussions with CFSA on ways to improve data collection methods and make more useful current data reports. CFSA has begun to identify areas where the existing technology is not able to support current practice and workers have created work-arounds. Key to CFSA's being able to use data effectively is the Agency's ability to monitor the quality of data being entered into the system and update data in FACES.NET as appropriate. This is a key CQI process that needs to be integrated into regular CFSA practice.

CFSA continues to utilize a data dashboard ("BIRST") that provides a visualization of real-time performance on many process measures. BIRST provides a daily picture of the overall status of key performance indicators, including status of investigations, FAs, caseloads, visitation and case plans, and can be displayed by Agency, administration, supervisor and worker. The data visualization system was previously available and accessible to all CFSA and private agency employees, however is now only available to supervisors, managers and administrators. It is reported that supervisors can provide workers with printouts from BIRST on a regular basis to monitor critical data and manage workloads accordingly.

As previously mentioned in this report, after a review of RED Team documentation, CFSA determined that workers were not entering appropriate data into FACES.NET which limited the Agency's ability to conduct any analysis or understand the impact of RED Teams on practice. The Monitor participates on a workgroup that is engaged in an ongoing review to assess this process – specifically related to Hotline RED Teams – it is clear that the Agency needs to implement CQI processes to ensure that the data are accurately and thoroughly entered in FACES.NET and identified next steps and recommendations with children and families are implemented.

On July 1, 2015, the new case plan and functional assessments became available in FACES.NET. CFSA has trained staff in the application and use of these new tools. CFSA reports that they are developing a CQI process for assessing the implementation and use of these new assessment and planning tools but it is not yet operationalized.

CFSA has also developed a mobile-based application for foster parents, “Foster DC Kids”, which became available to all foster parents in the fall of 2015. This mobile app draws information directly from FACES.NET and provides foster parents with critical information regarding children in their care – including medical appointments, educational information, siblings, court dates, licensure and training status and key resources. CFSA and the private agencies are currently working on a communication roll-out and training plan for getting this new resource to foster parents quickly and efficiently. CFSA reports the roll-out plan includes incorporating training on the mobile app during foster parent orientation sessions and partnering with DC Foster and Adoptive Parent Association, Foster and Adoptive Parent Advocacy Center and private agencies to engage foster parents in learning about the mobile app and how it can be utilized to support children and youth in foster care.

7. Financing

Federal Revenue

CFSA continues to demonstrate its ability to maximize Title IV-E revenue through quarterly claims for Title IV-E as well as providing documentation to support claiming under the Title IV-E waiver.¹⁹⁶ CFSA continues to increase the availability of services financed through the Title IV-E waiver as discussed in more detail in the *Budget* section.

Table 12 presents the actual, approved or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. For July through September 2015, CFSA reports its Title IV-E penetration rate of 63 percent for foster care cases and 76 percent for adoption cases. For October through December 2015, CFSA reports its Title IV-E penetration rate of 65 percent for foster care cases and 75 percent for adoption cases.

¹⁹⁶ The District of Columbia’s federal Title IV-E waiver plan was approved in September 2013 and implementation began in 2014. CFSA has been able to reinvest waiver funds to support family stabilization, preservation and reunification.

**Table 12: Actual and Budgeted Gross
Title IV-E Federal Funds Operating Budget
FY2009 – FY2015**

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

Source: CFSA FY2010 – 2015 Actual Budget and 2016 Approved Budget and Financial Plan and District’s Financial System (SOAR)

Budget

FY2016: October 1, 2015 – September 30, 2016:

CFSA’s approved FY2016 budget (which runs from October 1, 2015 through September 30, 2016) is \$244,836,996 of which \$165,503,240 (68%) is local funding¹⁹⁷ and the remainder is primarily federal funding.¹⁹⁸ CFSA’s FY2016 FTEs increased to 825 positions from 817 positions in FY2015 with an assumed vacancy rate of 6.5 percent.

Mayor Bowser’s approved FY2016 budget for CFSA was slightly decreased from the FY2015 budget (0.6% net decrease), however CFSA leaders reported at the time that both the FY2015 and FY2016 budgets provided sufficient funds to meet all staffing and service needs. The budget and expenditure patterns continued to reflect a shift in funding for services from local funds to

¹⁹⁷ Includes both local funds and Special Purpose Revenue funds.

¹⁹⁸ Between July and September 2015, there were no reprogramming requests from the D.C. Council to repurpose CFSA funds related to the FY2015 budget. Between October and December 2015, there were no reprogramming requests from the D.C. Council to repurpose CFSA funds related to the FY2016 budget.

those that can now be covered through the federal Title IV-E waiver, management efficiencies and increased partnerships with other District agencies that allow some services that were previously paid for by CFSA (i.e. day care) to be paid for by other District agencies.

During FY2016, CFSA struggled with providing appropriate and stable placements for children and youth resulting in placing multiple children in emergency hotel stays and some children spending the night at CFSA due to a lack in securing appropriate foster home placement and gaps in the placement matching process. This placement crisis highlighted the need for CFSA to focus on developing a broader placement continuum that will support matching of children based on a clinical assessment of their needs with the *right* placement that can best meet their needs and improve the range and quality of placement services for all children in care.

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

The Mayor's proposed FY2017 budget is \$231,579,822 of which \$166,703,000 (72%) is local funding¹⁹⁹ and the remainder is primarily federal funding. This represents a decrease in federal funding and a 0.9 percent increase in local funding. CFSA's proposed FY2017 FTEs remains at 825 positions with an assumed vacancy rate of 6.5 percent.

CFSA's proposed FY2017 overall budget represents a decrease of 1.4 percent, approximately 3.3 million dollars, not accounting for the reduction caused by the Intra-District swap of federal TANF dollars.²⁰⁰ This is not a huge reduction, but it continues a several year trend of reducing CFSA's budget and expenditures. An important area of improvement reflected in the proposed FY2017 budget is the allocation of funds to support COLA increases for social work staff in private provider agencies. Providers have stated for several years that the inability to provide cost of living increases has made it difficult for them to recruit and retain qualified staff. This enhancement in the budget will allow private agencies to better support their workforce.

CFSA has indicated that the Mayor's proposed FY2017 budget provides sufficient resources to move forward with reform initiatives and adequately support Agency functioning. Nevertheless, there are concerns that the cumulative budget reductions may limit CFSA's flexibility to continue needed reforms to improve child and family outcomes and that the Mayor's proposed FY2017 budget may not provide sufficient support for aggressively implementing CFSA's strategic plan, fully supporting the initiatives in the *LaShawn* 2016 Strategy Plan, resolving

¹⁹⁹ Includes both local funds and Special Purpose Revenue funds.

²⁰⁰ A \$10 million reduction in the overall budget reflects the elimination of an Intra-District swap between CFSA and the Department of Human Services (DHS) related to federal TANF dollars. Previously, CFSA was able to support the District's efforts in drawing down federal TANF dollars by using these dollars to fund prevention services in the community through the Collaboratives and then creating a line-item for the same amount of local dollars to allocate to DHS. Due to the Title IV-E waiver, CFSA is now able to fund these services through waiver dollars. Director Davidson has indicated that there will be no impact on community-based services solely as a result of the elimination of this Intra-District swap.

issues related to investigation and FA caseloads and rapidly achieving the remaining *LaShawn* Exit Standards.

Specifically, the Monitor is concerned that there is a need for additional CPS (investigation and FA) social workers, family support workers and resources to support their practice. As previously mentioned throughout this report, the Monitor received reports from investigation and FA workers citing concerns with the way in which caseloads are managed, assignments are documented in FACES.NET and how workload pressures limit the ability for workers to focus on engaging families, assessing for needs and implementing appropriate supports and services.

Children and Youth Well-Being

The proposed budget importantly direct funds to support planned improvements in the provision of aftercare services for older youth who have aged-out of the foster care system. The Mayor's proposed FY2017 budget provides the necessary flexibility to support a new model of aftercare to support older youth who are about to or have aged-out of foster care. CFSA has outlined the next steps of this process including developing a competitive solicitation which will be based on supporting youth to achieve specific outcome measures.

The proposed budget also includes an increase in funding of \$250,000 for a total of \$750,000 for tutoring and education supports for children and youth. The Agency has committed to extending college planning services for youth to begin in 8th grade. These represents critical improvements for children and youth in achieving educational goals while in foster care and as they transition to adulthood.

Placement Continuum

As previously mentioned, CFSA has struggled with providing appropriate and stable placements for children and youth. Beginning in FY2016 and continuing into FY2017, CFSA has committed to a range of new strategies designed to improve the information available to workers when making placement decisions and to increase the number and types of placements available to meet the needs of children and youth served by CFSA. CFSA has convened a group of stakeholders who are already working on identifying an appropriate model(s).

CFSA has indicated that they have built in flexibility to the proposed FY2017 budget to shift funds to support the implementation and integration of a new foster care model(s). However, this is based on the presumption that the foster care population in FY2017 will be slightly lower (about 20 children and youth) compared to FY2016. The foster care population has remained stable over the past year and it is unclear if CFSA will have the expected decrease, and consequently flexibility, to implement the selected model(s). It is critical that CFSA remain committed to this goal and ensure fidelity to the selected model(s) to best meet the needs of children and youth entering foster care.

Preventive and Community-Based Services

CFSA and the Healthy Families Thriving Communities Collaboratives continue to implement community-based services funded through the District's Safe and Stable Families Initiative, which is the Agency's Title IV-E waiver effort. With an approved federal waiver, the District is able to use federal funds that were previously only available for placement and placement related costs to develop a broader evidenced-based service array to reduce placement and length of stays in foster care and improve permanency outcomes.

Current utilization rates are low for both HOMEBUILDERS²⁰¹ and Project Connect²⁰², two selected services available through the waiver, and CFSA has indicated that the reduction of these services in the proposed FY2017 budget reduces resources allocated to these services to match current lowered expectations about utilization. The District recently received permission from the federal government to expand access to these services under the Title IV-E waiver program – specifically families in the community receiving in-home CFSA services are now eligible to participate in the Project Connect model. CFSA has shared that they intend to direct these services to families where there is evidence of chronic neglect – which CFSA has defined as families with extensive history of repeat CPS involvement and/or open cases and current in-home cases that have been opened for more than 12 months. By opening up the eligibility for Project Connect, CFSA should increase the number of families who have access to and are served by this needed service. CFSA has indicated, however, that they will continue to examine utilization rates and the referral and engagement process to better understand if low utilization is a result of lack of need or poor internal processes.

The Mayor's proposed FY2017 budget has reduced or eliminated funding for numerous community-based prevention services including Mary's Center's Father-Child Attachment Program, Neighborhood Legal Services Program, two different parent education programs and Safe Families for Children. CFSA reports that the reduction of these services is due to current low utilization rates, however, the Monitor believes investment in these or other preventive services is critical as CFSA continues to "narrow the front door" and serve children and families in the community as opposed to foster care.

The proposed FY2017 budget also reflects shifting of some costs for key services, including co-located infant and maternal health specialists and some housing support services, to sister

²⁰¹ HOMEBUILDERS is an evidence-based program that is designed as a short-term, intensive support for families where the child(ren) is at imminent risk of removal. The program provides intensive support, connection to services and case management to help address immediate problems and stabilize moving forward.

²⁰² Project Connect is an evidence-based program designed to support families during the reunification process. The program works with parents who have a substance abuse history as child(ren) transitions home.

agencies in the District. CFSA staff have indicated there are agreements with these agencies to fully fund their part of these services. This is an important step in ensuring that agencies across the District are invested in supporting children and families and that CFSA is not the only agency responsible for financially supporting community-based services.

Housing Supports for Families

Housing continues to be a challenge for many families in the District, including those involved with CFSA. The Mayor and Deputy Mayor for Health and Human Services continue to work to implement a plan to close the homeless shelter at D.C. General and move families out. CFSA's proposed FY2017 budget includes the same investment as FY2016 for rapid housing dollars and to support families in moving to stable, permanent housing.

APPENDIX A

Glossary of Acronyms Used in Monitoring Report

ACEDS: Automated Client Eligibility Determination System
APPLA: Another Planned Permanent Living Arrangement
ASFA: Adoption and Safe Families Act
BSA: Business Services Administration
BSW: Bachelor of Social Work
CAFAS: Child and Adolescent Functional Assessment Scale
CFSA: Child and Family Services Agency
CISA: Child Information Systems Administration
CNA: Child Needs Assessment
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CRC: Children's Research Center
CSSP: Center for the Study of Social Policy
CWTA: Child Welfare Training Academy
CY: Calendar Year
DBH: Department of Behavioral Health
DHCF: Department of Health Care Finance
DHS: Department of Human Services
DR: Differential Response
DYRS: Department of Youth Rehabilitation Services
FA: Family Assessment
FACES.NET: CFSA's automated child welfare information system
FTE: Full Time Employment
FTM: Family Team Meeting

FY: Fiscal Year
GAL: Guardian ad Litem
HMO: Health Maintenance Organization
IAR: Institute for Applied Research
ICPC: Interstate Compact for the Placement of Children
IEP: Implementation and Exit Plan
IMR: Infant Mortality Review
I&R: Information and Referral
LYFE: Listening to Youth and Families as Experts
MFO: Modified Final Order
MOTA: Mayor's Office of Talent and Appointments
MSW: Master of Social Work
OAG: Office of the Attorney General
OCME: Office of the Chief Medical Examiner
OYE: Office of Youth Empowerment
PECFAS: Preschool and Early Childhood Functional Assessment Scale
QA: Quality Assurance
QSR: Quality Service Review
RED: Review, Evaluate and Direct
SDM: Structured Decision Making
SSI: Supplemental Security Income
STARS: Student Tracking and Reporting System
TST: Trauma Systems Therapy
USDA: United States Department of Agriculture
YTP: Youth Transition Plan

APPENDIX B

LaShawn 2015 Strategy Plan

LaShawn A. v. Bowser

**Implementation and Exit Plan
Section IV:
2015 Strategy Plan**

Introduction

Pursuant to the Implementation and Exit Plan entered December 17, 2010 (Exit Plan), the Child and Family Services Agency (CFSA), after consultation with the Court Monitor and Counsel for Plaintiffs, submits the following 2015 Strategy Plan. The strategies and action steps in the 2015 Plan relate to outcomes and exit standards in the Outcomes to be Achieved section (as modified) in the Exit Plan. The 2015 Plan is a means to achieve compliance with the exit standards. Absent a substantial or unjustifiable disparity, the Court will not find deviations to constitute noncompliance. Moreover, the 2015 Plan, including applicable due dates, can be modified with timely consultation with the Court Monitor. In the event that the District has not satisfied the exit standards remaining in the Exit Plan by December 31, 2015, the District, after consultation with the Monitor and Counsel for Plaintiffs, will review, modify as appropriate, and submit to the Court an updated Strategy Plan for 2016.

As described in the 2012-2014 Plans, the 2015 Plan is presented in the context of CFSA's overall strategic framework, which is comprised of four pillars.

LaShawn A. v. Bowser
Implementation and Exit Plan
Section IV:
2015 Strategy Plan

Strategic Framework ("Four Pillars")	LaShawn Requirements	LaShawn Strategies
Front Door	<p>Initiation of Investigations [Exit Standard 1(a)]</p> <p>Timely Closure of Investigations [Exit Standard 1(b)]</p> <p>Acceptable Investigations [Exit Standard 2]</p> <p>Caseloads [Exit Standard 25(a)]</p>	<p>Overall performance measures and management by data is a continuing goal of the Child Protective Services Administration (CPS). A data management system was developed in 2014 which allows for real time review of various measures that can be reviewed by division, unit, and worker.</p> <ol style="list-style-type: none"> 1. In 2015, CPS managers will continue to utilize data (e.g., data visualization system, management reports, score cards) to conduct monthly reviews of worker performance for conformance with CPS standards. Based on the performance levels, CPS managers will identify and address needs for coaching or corrective action, as needed. 2. CPS supervisors will use the Consultation and Information Sharing Framework as a guide in reviewing investigations during supervision. In addition, CPS will continue to utilize the 10/15 Day RED teams, held each day (Monday through Thursday) to review the status of referrals and progress toward completion of investigations. Each RED Team will review five investigations or family assessments selected because of complicating factors or otherwise needing group consultation. 3. The acceptable investigation (CQI) tool will continue to be used to review investigation practice. Consistent with 2014, CFSA supervisors, managers, and agency performance staff will review 66 investigations per quarter and will ensure that each worker will have at least one of his or her investigations reviewed per quarter. The results will be shared with the worker and supervisor to develop coaching or corrective action, as needed. <p>Caseloads:</p> <ol style="list-style-type: none"> 4. CPS will continue to equalize the caseloads, remove investigative workers out of rotation as appropriate, and quickly fill social worker vacancies as needed. 5. The Human Resources Administration hired a full time recruiter and Human Resources will continue to focus on effective and timely recruitment of social workers.

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>6. No later than April 2015, a floater unit of five full- time social workers will be available to provide for easy transfer of social workers to areas of the agency that need immediate staff support.</p> <p>7. In January, CFSA streamlined pre-service training for investigative social workers. The classroom training will be two weeks and the field training will be seven weeks.</p>
Well Being	<p>Services to families and children to promote safety, permanency and well-being [Exit Standard 3]</p> <p>Case planning process [Exit Standard 17]</p>	<p>The case planning process will be modified to include functional assessments and a well-being pathway to identify and meet service needs. The improved case planning process, as outlined below, will be implemented in in June 2015, following training in May 2015:</p> <p>8. Initiation of case planning will begin at the FTM to address acute needs.</p> <p>9. Within the first 30 days of removal, children will be screened and/or assessed on the following areas: development, mental/behavioral health, and trauma. The parent’s functioning will be assessed using the Caregiver Strengths and Barriers Assessment and the child’s functioning will be assessed using the Child and Adolescent Functional Assessment Scale (CAFAS) or the Preschool and Early Childhood Functional Assessment Scale (PECFAS).</p> <p>10. A 30-day case planning RED Team will be held to review the screens and assessments, and the child ecology checklist will be completed. Based on these screens, assessments, and check list, the team will select from one or more categories of services that will fit the needs for the child and/or family and will develop a plan with the family to meet those needs. The parents will be invited to the case planning RED Team and encouraged to attend and participate.</p> <p>11. Case plans are a living document and will be amended as assessments are completed at 90-day intervals to determine change in functioning. As needed, services can be adjusted between the 90 day intervals with the case plan amended at the RED team meeting.</p> <p>12. By September 30, 2015, CFSA will develop with a national expert method of monitoring fidelity to the RED team process.</p>

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		<p>The exit standards are measured using indicators from the quality services reviews (QSRs). In 2015, CFSA will continue to conduct QSRs and provide guidance for staff based on the results:</p> <ul style="list-style-type: none"> 13. The QSR reviewers will continue to provide feedback on the results and issues identified in the QSRs to social workers, supervisors, and managers, including at individual meetings with the social worker and supervisor following the QSR. In addition, feedback will be provided at quarterly management meetings to review aggregate information and identified trends. 14. CFSA will continue to have RED teams as a follow up to the QSR to review the status of the next steps identified during the QSR. Those RED teams will be scheduled within 60 days following the QSR. 15. Staff from the QSR and quality assurance units will engage in ongoing coaching of social workers and supervisors to identify and resolve barriers to permanency and to improve case practice. <p>CFSA developed a protocol for increasing the use of community papering, a process of petitioning the Family Court without removing children from the family home but allows for court oversight with in-home services to families.</p> <ul style="list-style-type: none"> 16. CFSA introduced the community papering protocol in January and will continue to implement the protocol through training and supervision.
	<p>Health and Dental Care (distribution of Medicaid cards) [Exit Standard 22(d)]</p>	<ul style="list-style-type: none"> 17. CFSA has implemented a streamlined process where the Business Services Administration submits the request to the Department of Human Services to transition a child to Fee-for-Service Medicaid coverage. 18. The Placement Administration will follow up each week to ensure that the Medicaid number and card are provided to the foster parents. 19. CFSA is working with the Department of Human Services and the Department of Healthcare

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		Finance to identify and resolve barriers to timely Medicaid card issuance and distribution. By December 2015, the District government will have developed and implemented a streamlined process to ensure timely distribution of proof of coverage.
Temporary Safe Haven	Visitation [Exit Standards 4(c), 5(d), 6(e)]	<p>20. In an effort to emphasis the assessment and documentation of safety assessments, CFSA invited the National Resource Center for Family Practice, University of Iowa, to develop a visitation planning and documenting training for staff. The training focuses on: planning the visits in advance, setting forth goals/outcomes to be achieved at the visits, and assessing and documenting safety. Training for all in-home workers will be completed in March 2015 and by April 30, 2015, for permanency workers.</p> <p>21. Supervisors and social workers will plan visitations in advance and identify the need for support in conducting required visits from family support workers and other identified team members. Once a week, the supervisors will coordinate with the identified support team to fill the support needs.</p>
Exit to Permanence	Timely adoption (Timely Permanence to include reunification, adoption and guardianship) [Exit Standard 16]	<p>In 2014, CFSA worked with the National Resource Center on Permanency and Family Connections (NRCRFC) to modify the Agency's approach to concurrent planning. The work included identification of prognosis indicators and re-entry data. The Agency also worked with its external partners, including the Family Court and guardians <i>ad litem</i>, to prepare and educate them on the Agency's approach to concurrent planning.</p> <p>22. In January 2015, the Agency implemented the new approach to concurrent planning. Cases with certain indicators will be worked with two goals, reunification and either adoption or guardianship.</p> <p>23. CFSA and private provider agencies will continue to hold permanency RED Teams each Monday to identify and resolve barriers to permanency. RED Teams will be held for each child/case beginning with the case planning at 30 days and every 3 months thereafter until the child/youth achieves permanency.</p>

APPENDIX C

LaShawn 2016 Strategy Plan

LaShawn A. v. Bowser

Implementation and Exit Plan

Section IV:

2016 Strategy Plan

Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX D
CFSA Organizational Chart

D.C. CHILD AND FAMILY SERVICES AGENCY

Organizational Chart

