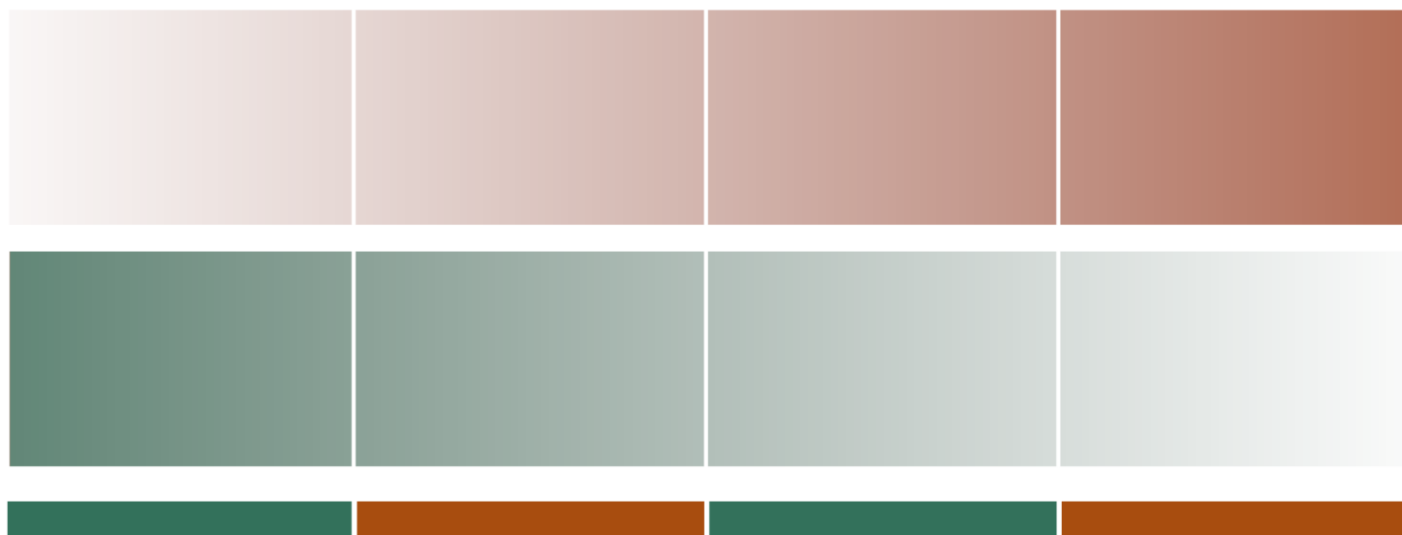




***LASHAWN A. v. BOWSER PROGRESS REPORT
FOR THE PERIOD JANUARY 1 – JUNE 30, 2015***



November 16, 2015

LaShawn A. v. Bowser
Progress Report for the Period January 1 – June 30, 2015

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LaShawn A. v. Bowser
Progress Report for the Period January 1 – June 30, 2015

I. INTRODUCTION

This report on the performance of the District of Columbia's child welfare system for the period of January 1 through June 30, 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 May 15, 2015. With few exceptions, this current report is based on data on performance from January 1 through June 30, 2015 to determine progress in meeting the IEP Exit Standards and the objectives of the 2015 Strategy Plan.

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.

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

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

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

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

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

➤ **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.

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

The Monitor and CFSA staff reviewed adoption cases that were finalized between January and June 2015 and took longer than 12 months from placement in pre-adoptive home to determine if reasonable efforts had been made to finalize the adoption despite the delay.

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

The Monitor conducted a secondary analysis of FACES.NET data for June 2015 to validate instances where the social worker and supervisor had indicated good faith efforts had been made to timely initiate an investigation. The Monitor and CFSA will be working together during the next monitoring period to further validate performance data and improve data collection on good faith efforts to initiate investigations and family assessments within required timeframes.

➤ **Validation of Training Data**

The Monitor conducted additional 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 January and June 2015. The Monitor validated caseload size and assignment of cases to social workers for ongoing permanency cases, in-home cases, investigations and family assessments. The Monitor also validated data to determine if individual supervisors were assigned to supervise no more than five case carrying social workers and one case aide.

➤ **Assess the Quality of Investigations**

During this monitoring period, CFSA and CSSP collaborated to make revisions to the structured review instrument used to assess the quality of investigations. The tool was tested and structured trainings were provided to all reviewers in order to ensure reliability and validity in data collection. Using the new instrument, CFSA provided the Monitor with data on its findings from a review of the quality of 99 child protective services investigations completed between January and June 2015. The Monitor conducted a secondary review of the case records and contact notes for 25 percent of these investigations to validate findings.

➤ **Quality Service Reviews**

Most of the *LaShawn* Exit Standards are assessed using administrative data from FACES.NET, which are reviewed and in many areas, independently validated by the Monitor. CFSA also provides supplementary data that is 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 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 presentations⁵ and also verifies data from QSRs conducted by CFSA staff.⁶

Between January and June 2015, a total of 79 QSRs were completed to assess case planning and service delivery outcomes. Twelve of the 79 QSRs were conducted on children receiving in-home services and the remaining 67 QSRs were focused on children placed in out-of-home care. Additionally, 45 QSRs were conducted on cases managed by CFSA and 34 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 and the CFSA Internal Child Fatality Review Committee, as well as the City-wide Child Fatality Review Committee. The Monitor also meets frequently with senior leadership and managers throughout the Agency. During this monitoring period, Monitor staff

⁵ 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.

⁶ CSSP provided reviewers for 13 QSRs between January and June 2015 and CSSP staff participated in almost all oral case presentations during this period.

observed several Trauma Systems Therapy (TST) implementation meetings and several different types of RED (review, evaluate and direct) Team meetings⁷. 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 in meeting the IEP Exit Standards, as defined in the December 17, 2010 Court Order, between January and June 2015. Section II provides a 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 District's performance as of June 2015 on the IEP Outcomes remaining to be achieved and the Outcomes previously achieved that need to be maintained.⁸ Section IV provides further discussion of the data, an assessment of whether the District has met the required Exit Standard(s) for IEP Outcomes to be Achieved and for some measures, maintained required performance for IEP Outcomes to be Maintained. Section IV also includes information on CFSA's implementation of specific strategies included in the 2015 *LaShawn* Strategy Plan.

⁷ The RED Team framework provides multiple consultation and information sharing opportunities 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.

⁸ In some instances where June 2015 performance data are not available, the most recent performance data are cited with applicable timeframes.

II. SUMMARY OF PERFORMANCE

In May 2015, Raymond Davidson was appointed Director of the District's Child and Family Services Agency (CFSA). Director Davidson has continued to implement many of the strategies that were put in place by the previous Director (for example, the Four Pillars strategic framework still guides CFSA's work) and, at the same time, has focused on developing his own leadership team to further this vision. Director Davidson has made leadership development an organizational priority, and has made changes to the agency's organizational structure (see Appendix B for a current organizational chart) including the addition of a position for Principal Deputy who reports directly to him and is responsible for overseeing all programmatic divisions within CFSA.

As of June 30, 2015, there were 1,052 children in out-of-home placement in the District of Columbia. The population declined significantly between 2005 (2,588 children in care as of December 31, 2005) and 2014 (1,068 children in care as of December 31, 2014) but has recently remained fairly stable. Of the children in care as of June 30, 2015, 37 percent have a permanency goal of reunification, 25 percent have a goal of adoption, 21 percent have a goal of guardianship and 14 percent have a goal of APPLA (Another Planned Permanent Living Arrangement). These data differ slightly from the point-in-time data from December 31, 2014, when 32 percent of children had a goal of reunification, 24 percent had a goal of adoption, 24 percent had a goal of guardianship and 16 percent had an APPLA goal. The number of children served through in-home cases declined by six percent from December 31, 2014 (1,748) to June 30, 2015 (1,643).

As discussed throughout this report, data for the monitoring period between January and June 2015 did not demonstrate a significant amount of forward progress; of the 14 Exit Standards that remain to be achieved, one was newly achieved, three showed improved performance and one showed decline. For the Exit Standards that are designated to be maintained, decline in performance was noted in some areas. CFSA continues to aspire to be a high performing and self-correcting organization and performance data has demonstrated that CFSA has achieved this capacity in several areas. For example, the three *LaShawn* Exit Standards that have been newly achieved over the past 12 months have all been related to health and dental care for children and youth. In achieving these standards, CFSA used performance data to determine the deficiencies and barriers to timely completion of health assessments and evaluations and then developed effective improvement strategies.

There remain, however, areas where agency functioning is not at the level required by the IEP but solutions have been harder to come by or are slower to take effect. As discussed in further

detail below, during this period CFSA struggled unsuccessfully to ensure appropriate placements for all children in foster care. This problem became a crisis over the summer and revealed systematic issues related to CFSA's ability to maintain accurate and current information on placement capacity and provider skills as well as communications and contractual issues with private agency providers. Since the summer, CFSA leaders have been working intensively to identify both surface and underlying problems and to develop short term solutions and a longer term strategic plan to chart the improvement work going forward. Private agencies are a necessary part of CFSA's placement array and responsibility and therefore lasting improvements must rely upon effective partnerships, sound contractual arrangements, clear performance standards and communication with and cooperation of all involved.

Progress on IEP Exit Standards

As of June 30, 2015, of the 88 Exit Standards included in the *LaShawn* IEP, the District has now met 75 (85%), including one newly achieved this monitoring period (health screenings for children prior to placement, *IEP citation I.C.22.a.*). Of the 74 Exit Standards that have previously been achieved, CFSA maintained required performance for 67, partially maintained performance for four Exit Standards⁹ and failed to maintain the required performance level for four Exit Standards¹⁰ this period. All of the standards that were not maintained pertain to placement – further evidence of the severe placement problems that developed over this monitoring period (see discussion below).

For those Exit Standards remaining to be achieved, improved performance during this monitoring period is noted for several including timely completion of investigations (monthly range of performance up from 36 – 56% the previous period to 42 to 60% this period); visits between parents and children (monthly range of performance up from 73 – 78% the previous period to 73 – 83% this period); and distribution of Medicaid numbers and cards (monthly range of performance for Medicaid cards up from zero to 39% the previous period to 25 – 77% this period).

CFSA continues to prioritize many practices which further goals of children's safety, permanency and well-being. Social workers consistently visit children in out-of-home placement, with a monthly range of 93 to 96 percent of children visited at least twice a month. This is a practice that other jurisdictions may struggle with but workers in the District acknowledge the

⁹ The Exit Standards that were partially maintained this period include: worker visits to families with in-home services (IEP citation I.A.4.a.-b.); caseloads (IEP citation I.D.25.); supervisory responsibilities (IEP citation I.D.26.a. &b.ii.); Needs Assessment and Resource Development Plan.

¹⁰ The Exit Standards that were not maintained this period include: placement of children in the most family-like setting – 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.); assessments for children experiencing a placement disruption (IEP citation I.C.21.); Resource Development Plan (IEP citation I.D.23.); and placement of children in most family-like setting – no child shall stay overnight in the CFSA Intake Center or office building (IEP citation II.B.8.).

importance of this level of engagement with children in assessing and taking appropriate actions to improve well-being and safety. Family Team Meetings (FTMs) have become an integral component of CFSA's daily work, with a staff of trained facilitators who work closely with social workers and families to offer meeting opportunities at times of risk and when a child enters care. Performance data indicate that of all families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to a FTM in 96 percent of cases. Regarding services with older youth, between January and June 2015, 92 percent of youth ages 18 and older had a timely youth transition plan developed. This is a significant achievement that was difficult to reach in previous years but has now been maintained for several monitoring periods.

Although serious concerns have been identified regarding placement practices during this monitoring period, it is important to acknowledge that 84 percent of children entering foster care between January and June 2015 with their siblings or within 30 days of their siblings were placed with at least one of their siblings. Ensuring siblings stay together allows them to maintain those familial bonds and can improve well-being during a difficult time in their family's life.

Data consistently demonstrate the importance that CFSA places on ensuring children in foster care receive timely access to health services. Of the 67 children reviewed through a QSR between January and June 2015, 94 percent were determined to have timely access to health care services to meet their identified needs and specific data on timely medical and dental evaluations remain above the level required by the IEP. Training of staff is another area where CFSA may have struggled in the past but has maintained required performance, specifically with training for supervisors, in-service training for previously hired workers and pre-service training for foster parents.

Continuing Challenges and Concerns

As demonstrated by those Exit Standards that were not maintained this monitoring period, CFSA's foster care placement functions have shown serious problems. CFSA's decision to end contracts with two private agencies in early 2015 resulted in a shortage of foster care placements available to serve specific populations, including older youth and those with mental or behavioral health challenges. During the same time period, CFSA experienced an increase in the number of children entering foster care and in need of placement. The day-to-day difficulties CFSA staff had in identifying appropriate placements for children and youth uncovered other challenges, including the lack of an appropriate data entry system to track placement capacity, weak placement recruitment strategies and an absent overall framework for a placement spectrum to meet the needs of District children. It was during this time that system malfunctions resulted in six children staying overnight at CFSA's office building, a reoccurrence of an unacceptable practice that has not appeared at this level for many years. Additionally, the private providers

with whom CFSA contracts for services have raised issues related to the adequacy of their multi-year contracts that do not allow for cost-of-living increases for social workers.

Although outside this monitoring period, CFSA has been working on finalizing a new placement strategic plan to specifically address many of the placement issues discussed above and others that they identified. This plan will include short term and long term strategies related to foster parent recruitment, licensing, training, placement, placement support and continuous quality improvement. To assist in informing this plan, data are being analyzed to determine the most appropriate placement continuum and service array to meet the needs of District children. The Monitor has met with CFSA leadership on several occasions to discuss their plan and will continue to as they refine their strategies and move forward to implement them. Related to the strategic plan for placement, CFSA's annual Resource Development Plan, which was due June 30, 2015, is an important and relevant planning document and should help to identify what additional placement, placement support and community-based resources are needed to reverse the recent problems.

Performance data and information from numerous sources continue to demonstrate that maintaining consistently high quality case practice with children, youth and families is a struggle in fundamental areas. The quality of investigations remains 15 percent below the required performance level and QSR data for standards related to services to families and children as well as case planning are also significantly below the required levels. CFSA has introduced many important initiatives over the past several years – such as trauma systems therapy, improved assessment protocols and decision making teams – and these initiatives take time to become fully embedded in every day practice. CFSA reports that it is focused on reinforcing those initiatives and its continuing quality improvement to provide consistent high quality practice.

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

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
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.	Monthly range of 83 – 95%	June 2015 performance 80% ¹⁴	No	↓

¹¹ In some instances where June 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.

¹² "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 one 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.

¹³ 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.

¹⁴ The Monitor 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. Through this review, the Monitor found instances where documentation did not indicate sufficient good faith efforts had been made. Therefore, performance data presented in this section only includes good faith efforts data validated by the Monitor for one month during this period. Monthly performance data for timely initiation of investigations without taking into consideration efforts made when the victim child cannot be located are as follows: January, 63%; February, 72%; March 65%; April, 67%; May, 68%. Good faith efforts made would increase performance levels but were not validated for the months of January through May. The Monitor and CFSA will be working together during the next monitoring period to further validate performance data and improve data collection in the future.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
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 36 – 56%	Monthly range of 42 – 60% ^{15, 16}	No	↑
4. <i>Acceptable Investigations</i> : CFSA shall routinely conduct investigations of alleged child abuse and neglect. ¹⁷ (IEP citation I.A.2.)	80% of investigations will be of acceptable quality.	69% of investigations of acceptable quality. ¹⁸	65% of investigations of acceptable quality. ¹⁹	No	N/A ²⁰

¹⁵ Monthly performance data for timely completion of investigations are as follows: January, 42%; February, 60%; March, 56%; April, 53%; May, 60%; June, 52%.

¹⁶ During this monitoring period, CFSA reports the following backlog: January, 93 investigations; February, 93 investigations; March, 103 investigations; April, 125 investigations; May, 137 investigations; June, 114 investigations.

¹⁷ 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.

¹⁸ Performance data were collected through a review of 132 investigations closed between July and December 2014. Investigations were reviewed by CFSA and the Monitor conducted a secondary review of 39% of these investigations for validation purposes.

¹⁹ Performance data were collected through a review of 99 investigations closed between January and June 2015. Investigations were reviewed by CFSA and the Monitor conducted a secondary review of 25% of these investigations for validation purposes.

²⁰ Direction of change is not assessed due to difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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>38% of cases were acceptable based on January – June 2015 QSR data.²¹</p>	<p>No</p>	<p>N/A²²</p>

²¹ Data collected between January and June 2015 determined that 47% of cases (37 of 79) were rated acceptable on the Implementing Supports and Services indicator, 66% (52 of 79) were rated acceptable on the Pathway to Case Closure indicator and 38% (30 of 79) were acceptable on both indicators.

²² Direction of change is not assessed due to difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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 30 – 51%	Monthly range of 44 – 63% ^{23, 24}	No	N/A ²⁵
<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 44 – 72%	Monthly range of 27 – 72% ^{26, 27}	No	N/A ²⁸

²³ Monthly performance for assessing and documenting safety during visits for in-home cases are as follows: January, 49%; February, 55%; March, 63%; April, 50%; May, 44%; June, 48%.

²⁴ 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 21 to 49 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.

²⁵ Direction of change is not assessed due to small sample size.

²⁶ Monthly performance for assessing and documenting safety during visits for out-of-home cases are as follows: January, 72%; February, 68%; March, 64%; April, 48%; May, 67%; June, 27%.

²⁷ 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.

²⁸ Direction of change is not assessed due to small sample size.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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 66 – 85% of applicable children had four visits in first four weeks of new placement or placement change.</p> <p>d. Monthly range of 52 – 82%</p>	<p>a.-c. Monthly range of 81 – 85% of applicable children had four visits in first four weeks of new placement or placement change.^{29, 30}</p> <p>d. Monthly range of 58 – 88%³¹</p>	No	↔

²⁹ Monthly performance data are as follows: January, 84%; February, 82%; March, 84%; April, 85%; May, 85%; June, 81%. Data indicate that the number of children who had been in the new placement for 4 weeks and received at least 3 or more visits during the first 4 weeks of a new placement or placement change are as follows: January, 94%; February, 92%; March, 94%; April, 94%; May, 91%; June, 93%.

³⁰ Performance data are based upon a record review of a non-statistically significant sample of children applicable to this Exit Standard.

³¹ Monthly performance are as follows: January, 68%; February, 58%; March, 88%; April, 85%; May, 85%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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>	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.	Monthly range of 28 – 58%	Monthly range of 30 – 68% ^{32, 33}	No	N/A ³⁴

³² Monthly performance for assessing and documenting safety during visits to children experiencing a placement change are as follows: January, 45%; February, 30%; March, 68%; April, 50%; May, 43%; June, 50%.

³³ 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.

³⁴ Direction of change is not assessed due to small sample size.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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. ³⁵	Monthly range of 74 – 81%	Monthly range of 63 – 82% ³⁶	No	↔

³⁵ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

³⁶ 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: January, 63%; February, 67%; March, 66%; April, 82%; May, 75%; June, 71%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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. ³⁷	Monthly range of 73 – 78%	Monthly range of 73 – 83% ³⁸	No	↑

³⁷ 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.

³⁸ 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: January, 78%; February, 73%; March, 82%; April, 82%; May, 76%; June, 83%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
32. <i>Timely Adoption</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 June 30, 2015, 37% of children in this cohort achieved permanency. ³⁹	Not yet due	N/A
	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 June 30, 2015, 32% of children in this cohort achieved permanency. ⁴⁰		
	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 June 30, 2015, 17% of children in this cohort achieved permanency. ⁴¹		

³⁹Although outside this monitoring period, performance data as of September 30, 2015 were available at the time of the writing of this report and 45% of the children in this cohort achieved permanency.

⁴⁰ Although outside this monitoring period, performance data as of September 30, 2015 were available at the time of the writing of this report and 40% of the children in this cohort achieved permanency.

⁴¹ Although outside this monitoring period, performance data as of September 30, 2015 were available at the time of the writing of this report and 20% of the children in this cohort achieved permanency.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<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 January – June 2015 QSR data. ⁴²	No	N/A ⁴³

⁴² Data collected during QSRs conducted in January – June 2015 determined that 62% (49 of 79) of cases were rated acceptable overall on the Planning Interventions indicator, 66% (52 of 79) of cases were rated acceptable on the Pathway to Case Closure indicator and 51% (40 of 79) were acceptable on both indicators.

⁴³ Direction of change is not assessed due to difference in sample size between monitoring periods.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<p>39. <i>Health and Dental Care</i>: 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 92 – 100%</p> <p>Replacements: monthly range of 77 – 88%</p>	<p>Initial and re-entries: monthly range of 94 – 100%</p> <p>Replacements: monthly range of 90 – 91%</p>	Yes	↑

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance ¹¹	Exit Standard Achieved ¹²	Direction of Change ¹³
<p>43. <i>Health and Dental Care</i>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement.</p> <p>(IEP citation I.C.22.d.)</p>	<p>90% of children’s caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement.</p>	Monthly range of 67 – 87% of foster parents received the Medicaid number within five days of the child’s placement.	Monthly range of 67 – 82% of foster parents received the Medicaid number within five days of the child’s placement. ⁴⁴	No	↔
		Monthly range of 0 – 39% of foster parents received the Medicaid card within 45 days of the child’s placement.	Monthly range of 25 – 77% of foster parents received the Medicaid card within 45 days of the child’s placement. ^{45, 46}		↑

⁴⁴ Monthly performance data for receipt of the Medicaid number within 5 days of placement are as follows: January, 79%; February, 60%; March, 77%; April, 80%; May, 82%; June, 67%.

⁴⁵ Monthly performance data for receipt of the Medicaid card within 45 days of placement are as follows January, 25%; February, 57%; March, 54%; April, 47%; May, 34%; June, 77%.

⁴⁶ 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 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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>	90% of the case records for families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months will have documentation of a comprehensive review.	Monthly range of 87 – 97%	Monthly range of 89 – 97% ⁴⁷	Yes
<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>	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>a. Monthly range of 90 – 94% of families were visited monthly</p> <p>b. Monthly range of 87 – 91% of families were visited twice during the month</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>	Partially ⁴⁸

⁴⁷ Monthly performance data for comprehensive review of families with 4 or more reports are as follows: January, 95%; February, 93%; March, 89%; April, 91%; May, 97%; June, 96%.

⁴⁸ CFSA maintained the required level of performance for one 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	July – December 2014 Performance	January – June 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 94 – 98% had monthly visits</p> <p>b. Monthly range of 92 – 97% had 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>Yes</p>
<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 July – December 2014, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 92% of applicable cases.</p>	<p>Between January and June 2015, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 84% of applicable cases.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
13. <i>Relative Resources</i> : In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)	In 90% of cases where a child(ren) has been removed from his/her home, CFSA will make reasonable efforts to identify, locate and invite known relatives to the FTM.	Of the 99 families who had children removed during this monitoring period, CFSA made reasonable efforts to identify, locate and invite known relatives to the FTM in 97% of cases.	Of the 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.	Yes
14. <i>Placement of Children in Most Family-Like Setting</i> : Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)	90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.	Not newly assessed	Not newly assessed ⁴⁹	N/A
15. <i>Placement of Children in Most Family-like Setting</i> : No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. (IEP citation I.B.8.b.)	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between July – December 2014, one child was placed in emergency, short term foster home for more than 30 days.	Between January – June 2015, one child was placed in emergency, short term foster home for more than 30 days. ⁵⁰	No

⁴⁹ The method of determining performance on this Exit Standard requires a case record review; performance data for March 2012 and March 2013 indicate that CFSA exceeded the required level of performance. The Monitor intends to review performance on this measure in the next monitoring period.

⁵⁰ This placement was for 36 days in a short-term foster home and the Monitor did not determine that this placement was appropriate.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
16. <u>Placement of Young Children</u> : Children under age 12 shall not be placed in congregate care settings for more than 30 days unless the child has special needs that cannot be met in a home-like setting and unless the setting has a program to meet the child’s specific needs. (IEP citation I.B.9.a.)	No child under 12 will be placed in congregate care settings for more than 30 days without appropriate justification that the child has special treatment needs that cannot be met in a home-like setting and the setting has a program to meet the child’s specific needs.	Between July – December 2014, a total of 4 children under 12 were applicable to this standard and all met an agreed upon exception.	Between January – June 2015, a total of 2 children under 12 were applicable to this standard and both children met an agreed upon exception.	Yes
17. <u>Placement of Young Children</u> : CFSA shall place no child under six years of age in a group care non-foster home setting, except for those children with exceptional needs that cannot be met in any other type of care. (IEP citation I.B.9.b.)	No child under 6 years of age will be placed in a group care non-foster home setting without appropriate justification that the child has exceptional needs that cannot be met in any other type of care.	Between July – December 2014, 2 children under 6 years of age were placed in a group care non-foster home setting and both children met an agreed upon exception.	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.	Yes
20. <u>Appropriate Permanency Goals</u> : Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.a.)	95% of children shall have permanency planning goals consistent with ASFA and District law and policy guidelines.	Performance ranged between 95 – 96%	Performance ranged between 94 – 96%	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>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.</p> <p>(IEP citation I.B.12.b.)</p>	<p>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.</p>	<p>There were 29 youth whose goal changed to APPLA between July – December 2014. Five of the 29 (17%) had LYFE/FTM conference. The Agency supported the goal change in 2 cases (18 are youth who are unaccompanied minors).</p>	<p>There were 27 youth whose goal changed to APPLA between January – June 2015. 13 of the 27 (48%) had LYFE/FTM conference.⁵¹</p>	<p>Yes</p>

⁵¹ Of the 14 youth who did not have a LYFE conference, the goal change to APPLA were initiated by their GAL or the judge in every case. Documentation shows that CFSA opposed the goal change in all but 2 of the 14 cases.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 July – December 2014, 96% of youth ages 18 and older had a timely YTP.</p>	<p>Between January – June 2015, 92% of youth ages 18 and older had a timely YTP.⁵²</p>	<p>Yes</p>
<p>23. <u>Reduction of Multiple Placements for Children in Care</u>:</p> <p>(IEP citation I.B.13.)</p>	<p>a. Of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83% shall have had two or fewer placements.</p> <p>b. Of all children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months, 60% shall have had two or fewer placements.</p> <p>c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.</p>	<p>Monthly range of 82 – 88%</p> <p>Monthly range of 63 – 65%</p> <p>Monthly range of 74 – 78%</p>	<p>Monthly range of 89 – 91%</p> <p>Monthly range of 63 – 69%</p> <p>75% performance each month</p>	<p>Yes</p>

⁵² 238 out of 249 older youth were eligible for YTPs; 11 youth were excluded due to abscondence, developmental disability or the youth refused an YTP. 219 youth (92%) had a YTP developed during the monitoring period. CFSA continued to assess YTP plans for all youth who transitioned out of CFSA care to determine that these youth had been provided appropriate connections to specific options of housing, health insurance, education, etc.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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.	65% of foster homes licensed between July – December 2014 received their license within 150 days.	67% of foster homes licensed between January – June 2015 received their license within 150 days.	Yes ⁵³
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.	88%	95% ⁵⁴	Yes
26. <u>Legal Action to Free Children for Adoption</u> : Children with a permanency goal of adoption shall have legal action initiated to free them for adoption and Office of the Attorney General, on behalf of CFSA, shall facilitate the Court's timely hearing and resolution of legal action to terminate parental rights. (IEP citation I.B.15.b.)	For 90% of children for whom a petition to terminate parental rights has been filed in order to achieve permanency, CFSA shall take and document appropriate actions by the assigned social worker and the assistant attorney general to facilitate the court's timely hearing and resolution of legal action to terminate parental rights.	100%	100%	Yes

⁵³ The Monitor will continue to assess performance to determine if the deviation is temporary prior to recommending redesignation.

⁵⁴ There were a total of 74 applicable children who had a permanency goal of adoptions and required legal action to free them for adoption; 70 had legal action to free them for adoption within 45 days.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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.	78%	77% ⁵⁵	Yes ⁵⁶
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

⁵⁵ During this monitoring period, 51 (77%) of 66 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change.

⁵⁶ Although performance is slightly below the required Exit Standard, the number of children who represent this cohort is small and only 2 children account for non-compliant performance; thus, in the Monitor's judgement this performance is insubstantial and the requirement continues to be maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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>	<p>90% of children in pre-adoptive homes will have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in the approved adoptive home.</p>	<p>From July – December 2014, 76% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home.</p>	<p>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.⁵⁷</p>	<p>Yes</p>
<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>	<p>95% of foster homes and group homes with children placed will have a current and valid license.</p>	<p>Monthly range of 94 – 96%</p>	<p>Monthly range of 95 – 96%⁵⁸</p>	<p>Yes</p>

⁵⁷ CFSA reports that 30 adoptions were finalized during this monitoring period. Of those 30, 16 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 11 children.

⁵⁸ Reported performance includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 95 – 100% of applicable closed investigations were referred to a Collaborative or community agency.	Monthly range of 91 – 100% of applicable closed investigations were referred to a Collaborative or community agency. ⁵⁹	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 July – December 2014 with their siblings or within 30 days of their siblings were 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. ⁶⁰	Yes

⁵⁹ Monthly performance for community-based referrals for low and moderate risk families are as follows: January, 91%; February, 100%; March, 100%; April, 100%; May, 100%; June, 100%.

⁶⁰ CFSA also provided data for all children in care at a point in time (not limited to those who entered care between January and June 2015) for this Exit Standard. As of June 30, 2015, 68% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with 1 or more sibling.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 83 – 87% with at least monthly visits</p> <p>Monthly range of 74 – 82% with at least twice monthly visits</p>	<p>Monthly range of 79 – 91% with at least monthly visits⁶¹</p> <p>Monthly range of 72 – 84% with at least twice monthly visits⁶²</p>	Yes ⁶³

⁶¹ Monthly performance data are as follows for at least monthly sibling visits: January, 80%; February, 79%; March, 86%; April, 91%; May, 87%; June, 90%.

⁶² Monthly performance data are as follows for twice monthly sibling visits: January, 72%; February, 74%; March, 78%; April, 82%; May, 80%; June, 84%.

⁶³ Performance below the required standard occurred during 2 of the 6 months during this period, and the deviation was no more than 3%. The Monitor considers this insubstantial.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 82 – 100%</p>	<p>Monthly range of 62 – 95%⁶⁴</p>	<p>No⁶⁵</p>
<p>40. <u>Health and Dental Care</u>: Children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>(IEP citation I.C.22.b.i.)</p>	<p>85% of children in foster care shall receive a full medical evaluation within 30 days of placement.</p> <p>95% of children in foster care shall receive a full medical evaluation within 60 days of placement.</p>	<p>Within 30 days: monthly range of 82 – 93%</p> <p>Within 60 days: monthly range of 90 – 98%</p>	<p>Within 30 days: monthly range of 87 – 94%</p> <p>Within 60 days: monthly range of 94 – 98%</p>	<p>Yes</p>

⁶⁴ Monthly performance data are as follows for assessments for children experiencing a placement disruption: January, 83%; February, 79%; March, 95%; April, 86%; May, 62%; June, 89%.

⁶⁵ Monthly performance only met the required level for 1 month this period. The Monitor does not consider performance maintained, however, will continue to monitor during the next monitoring period in order to determine if this deviation is temporary.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>41. <u>Health and Dental Care</u>: Children in foster care shall receive a full dental evaluation within 30 days of placement.</p> <p>(IEP citation I.C.22.b.ii.)</p>	<p>25% of children shall receive a full dental evaluation within 30 days of placement.</p> <p>50% of children shall receive a full dental evaluation within 60 days of placement.</p> <p>85% of children shall receive a full dental evaluation within 90 days of placement.</p>	<p>Within 30 days: monthly range of 47 – 73%</p> <p>Within 60 days: monthly range of 74 – 92%</p> <p>Within 90 days: monthly range of 77 – 92%</p>	<p>Within 30 days: monthly range of 56 – 82%</p> <p>Within 60 days: monthly range of 85 – 95%</p> <p>Within 90 days: monthly range of 86 – 95%</p>	Yes
<p>42. <u>Health and Dental Care</u>: Children in foster care shall have timely access to health care services to meet identified needs.</p> <p>(IEP citation I.C.22.c.)</p>	<p>80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.</p>	<p>92% of cases were acceptable based on CY2014 QSR data.</p>	<p>94% of cases were acceptable based on January – June 2015 QSR data.⁶⁶</p>	Yes

⁶⁶ Of the 67 cases reviewed through QSR between January and June 2015 where the child or youth was placed in foster care at the time of the review, 63 (94%) were rated as acceptable on both of the Health Status indicators.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>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.</p> <p>(IEP citation I.D.23.)</p>	<p>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.</p>	<p>CFSA reports continued work to strengthen differential response, expand continuum of services to support timely reunification and reduce foster care placements and support assessment and services for individuals with co-occurring mental health disorders, substance abuse disorders and domestic violence.</p>	<p>The Resource Development Plan was not completed by June 30, 2015. CFSA reports it is under development.</p>	<p>No</p>
<p>45. <u>Financial Support for Community-Based Services</u>: The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families.</p> <p>(IEP citation I.D.24.)</p>	<p>The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.</p>	<p>No modifications to FY2015 spending.</p>	<p>No modifications to FY2015 spending.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>46. <u>Caseloads:</u></p> <p>a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.</p> <p>b. The caseload of each worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 1:15 families.</p> <p>c. The caseload of each worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care.</p> <p>d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.</p> <p>e. There shall be no cases unassigned to a social worker for more than five business days, in which case, the supervisor shall provide coverage but not for more than five business days.</p> <p>(IEP citation I.D.25.)</p>	<p>90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases.</p>	<p>a. Monthly range of 72 – 88% of investigators met the caseload requirements. Monthly range of 0 – 6 investigators had a caseload of more than 15.</p> <p>b. & c. Monthly range of 95 – 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</p>	<p>a. Monthly range of 71 – 92% of investigators met the caseload requirements.⁶⁷ Monthly range of 0 – 5 investigators had a caseload of more than 15.⁶⁸</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</p>	<p>Partially⁷⁰</p>

⁶⁷ Monthly performance data for caseload requirements are as follows: January, 86%; February, 71%; March, 78%; April, 78%; May 75%; June, 92%.

⁶⁸ Monthly performance data for investigators with caseloads of more than 15 are as follows: January, 0 workers; February, 5 workers; March, 2 workers; April, 3 workers; May, 4 workers; June, 0 workers.

⁷⁰ Caseloads for investigators were not met during five months of this period.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
		no greater than 30 cases. e. Monthly range of 29 – 91 (1 – 5% of total open cases) cases unassigned to a social worker for more than five business days.	no greater than 30 cases. e. Monthly range of 17 – 56 (1 – 3% of total open cases) cases unassigned to a social worker for more than five business days. ⁶⁹	
<p>47. <u>Supervisory Responsibilities:</u></p> <p>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</p> <p>b. No supervisor shall be responsible for the on-going case management of any case.</p> <p style="padding-left: 40px;">i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker.</p> <p style="text-align: right;">(IEP citation I.D.26.a.&b.i.)</p>	90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.	Monthly range of 95 – 98% of supervisors met the required standard.	Monthly range of 92 – 98% of supervisors met the required standard.	Yes

⁶⁹ Between January and June 2015, in addition to the cases cited above, a monthly range of between 47 and 59 ongoing cases were assigned to investigative social workers. CFSA indicates that these investigations have closed and are awaiting transfer to an ongoing unit. 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	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>48. <u>Supervisory Responsibilities:</u></p> <p>a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers.</p> <p>b. No supervisor shall be responsible for the on-going case management of any case.</p> <p>ii. Cases shall be assigned to social workers.</p> <p>(IEP citation I.D.26.a.&b.ii.)</p>	95% of cases are assigned to social workers.	Monthly range of 86 – 94% cases assigned to social workers.	Monthly range of 89 – 95% cases assigned to social workers. ⁷¹	Partially ⁷²
<p>49. <u>Training for New Social Workers:</u> New direct service staff⁷³ 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.	100%	85%	Yes ⁷⁴
<p>50. <u>Training for New Supervisors:</u> New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility.</p> <p>(IEP citation I.D.27.b.)</p>	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	100%	93%	Yes

⁷¹ Monthly performance data for cases assigned to social workers are as follows: January, 92%; February, 89%; March, 92%; April, 94%; May 94%; June, 95%.

⁷² CFSA met sub-part a. of this Exit Standard which requires that supervisors are responsible for no more than 6 workers. This is the third monitoring period that CFSA has fallen below the performance level for sub-part b. of this Exit Standard which requires 95% of cases are assigned to social workers; the Monitor considers this Exit Standard partially maintained.

⁷³ Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

⁷⁴ Although current performance is 5% below the required standard, the Monitor will continue to assess performance to determine if the deviation is temporary prior to recommending redesignation.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
51. <u>Training for Previously Hired Social Workers:</u> Previously hired direct service staff ⁷⁵ 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.	Performance is due June 30 th	94% ⁷⁶	Yes
52. <u>Training for Previously Hired Supervisors and Administrators:</u> Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.	Performance is due June 30 th	100% ⁷⁷	Yes
53. <u>Training for Foster Parents:</u> CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	98%	98%	Yes
54. <u>Training for Foster Parents:</u> CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	92%	93%	Yes

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

⁷⁶ Performance is based on July 1st – June 30th annual training calendar.

⁷⁷ Performance is based on July 1st – June 30th annual training calendar.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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. 85% 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	July – December 2014 Performance	January – June 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 (PIP) 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 and CFSA uses data to make decisions about placement and future contracts. CFSA utilizes Performance Improvement Plans (PIP) with agencies to address areas where performance is below expectations, which may include timely permanence, family connections, visitation, etc.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
		During the monitoring period, 6 private agencies were placed on PIPs and based on utilization and performance, two agency contracts were not renewed. 4 PIPs remain pending.	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.	
<p>57. <u>Interstate Compact for the Placement of Children (ICPC)</u>: CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.</p> <p>(IEP citation I.D.32.)</p>	Elimination of the backlog of cases without ICPC compliance.	CFSA has eliminated the backlog. There are no children placed without ICPC approval.	CFSA has eliminated the backlog. There are no children placed without ICPC approval.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>58. <u>Licensing Regulations</u>: CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p> <p>(IEP citation I.D.33.)</p>	<p>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p>	<p>As of December 2014, 21 of 22 FTE positions for Family-Based Contracts Monitoring were filled.</p> <p>23 of 23 FTE positions were filled for Family Licensing Division.</p>	<p>As of June 2015, 19 of 19 FTE positions for Family-Based Contracts Monitoring were filled.</p> <p>21 of 22 FTE positions were filled for Family Licensing Division.</p>	Yes
<p>59. <u>Budget and Staffing Adequacy</u>: The District shall provide evidence that the Agency’s annual budget complies with Paragraph 7 of the October 23, 2000 Order providing customary adjustments to the FY 2001 baseline budget and adjustments to reflect increases in foster parent payments and additional staff required to meet caseload standards, unless demonstrated compliance with the MFO can be achieved with fewer resources.</p> <p>The District shall provide evidence of compliance with Paragraph 4 of the October 23, 2000 Order that CFSA staff shall be exempt from any District-wide furloughs and from any District-wide Agency budget and/or personnel reductions that may be otherwise imposed.</p> <p>(IEP citation I.D.34.)</p>	<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 proposed FY2016 budget is \$244.99 million and provides adequate funding for required staffing, services and supports.</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>	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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>	<p>Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.</p>	<p>CFSA is implementing its Title IV-E Waiver and has received IV-E capped payments in the 3rd and 4th quarter of FY2014 which enable the Agency to maintain consistent levels of federal revenue. CFSA has worked with the Collaboratives to ensure the necessary infrastructure is in place to support proper documentation of Waiver programs. CFSA had a 100% claiming rate on the Department of Health Care Finance's most recent audit.</p>	<p>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.</p>	<p>Yes</p>

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
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. (IEP citation II.A.1.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
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: Ongoing compliance City-wide: Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 50 – 100%	Monthly range of 83 – 100% ⁷⁸	Yes ⁷⁹
<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

⁷⁸ 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: January, 83%; February, 100%; March, 100%; April, 91%; May, 100%; June, 100%.

⁷⁹ Performance this period was below the required level during 1 of the 6 months in the period. Due to the small number of institutional abuse investigations, the Monitor considers performance below the required standard to be insubstantial and this Exit Standard to be maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
<p>68. <u>Placement of Children in Most Family-Like Setting</u>: No child shall stay overnight in the CFSA Intake Center or office building.</p> <p>(IEP citation II.B.8.)</p>	Ongoing Compliance	CFSA reports that between July – December 2014, no child stayed overnight at CFSA.	Between January – June 2015, 11 children stayed overnight at CFSA ⁸⁰ and 4 children stayed in hotel rooms ⁸¹ while awaiting an appropriate licensed placement.	No ⁸²
<p>69. <u>Timely Approval of Foster/Adoptive Parents</u>: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.</p> <p>(IEP citation II.B.9.)</p>	Ongoing Compliance	Training was offered during the current monitoring period.	Training opportunities were offered monthly during the monitoring period.	Yes
<p>70. <u>Placement within 100 Miles of the District</u>: No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)</p> <p>(IEP citation II.B.10.)</p>	Ongoing Compliance for no more than 82 children.	Monthly range of 13 – 23 children	Monthly range of 10 – 12 children	Yes

⁸⁰ These 11 placements occurred on 4 separate occasions and were mostly comprised of sibling groups.

⁸¹ These 4 placements occurred on 3 separate occasions and 2 of the children were siblings (represent 1 occasion).

⁸² Given the severity of this issue and current information which indicates that these placements continued into the July through December 2015 monitoring period, the Monitor will be recommending this Exit Standard be redesignated as an Outcome to be Achieved as the deviation is not temporary or insubstantial.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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: 94 – 96%</p> <p>b. Monthly range of children over placed in foster homes: 2 – 3%</p> <p>c. Monthly range of children in group care settings with capacity in excess of 8 children: 0 – 22%</p> <p>d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.</p>	<p>a. Monthly range of foster and group homes: 95 – 96%⁸³</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>	Yes

⁸³ Reported performance includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 – 92%	Monthly range of 90 – 94%	Yes
<p>73. <u>Appropriate Permanency Goals</u>: No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p> <p>(IEP citation II.B.13.)</p>	Ongoing Compliance	Ongoing Compliance	Ongoing Compliance ⁸⁴	Yes

⁸⁴ As of June 30, 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	July – December 2014 Performance	January – June 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.	95%	94% ⁸⁵	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 December 31, 2014, 96% of applicable children had required judicial review.	As of June 30, 2015, 97% 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 range of 95 – 99%	Monthly performance of 99%	Yes

⁸⁵ Of the 36 children whose goal changed to adoption between January 1 and June 30, 2015, 2 children did not have a staffing within 95 days.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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%	98%	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	a. Needs Assessment completed December 2013 b. Updates to Monitor were provided in March 2015. CFSA reports continued to work to strengthen	a. CFSA reports that the Needs Assessment due in December 2015 is in process. The annual Resource Development Plan is overdue and being completed.	Partially ⁸⁶

⁸⁶ The Resource Development Plan was due June 30, 2015 and was not completed by that time.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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>differential response, expand continuum of services to support timely reunification and reduce foster care placements and support assessment and services for individuals with co-occurring mental health disorders, substance abuse disorders and domestic violence.</p>		

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
82. <u>Foster Parent Licensure</u> : CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements. (IEP citation II.G.22.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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 is fully staffed with 4 full-time QSR reviewers, 6 FTEs assigned to QA/Child Fatality and 2 supervisory case specialists.</p>	<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 Quality Assurance 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>	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 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
<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

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	July – December 2014 Performance	January – June 2015 Performance	Exit Standard Maintained
86. <i>Provider Payments</i> : CFSA shall ensure payment to providers in compliance with DC’s Quick Payment Act for all services rendered. (IEP citation II.H.26.)	90% of payments to providers shall be made in compliance with DC’s Quick Payment Act for all services rendered.	Ongoing compliance Monthly range of 93 – 97% of providers were paid timely	Ongoing compliance Monthly range of 79 – 100% of providers were paid timely	Yes ⁸⁷
87. <i>Foster Parent Board Rates</i> : There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south. (IEP citation II.H.27.)	Ongoing Compliance	— — ⁸⁸	Ongoing compliance	Yes
88. <i>Post-Adoption Services</i> : CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA. (IEP citation II.H.28.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

⁸⁷ CFSA dropped below the required performance (79%) between February 14 and March 13, 2015. The Monitor considers this a temporary deviation and will continue to monitor future performance.

⁸⁸ The FY2014 board rates are set based on USDA standards using 2012 estimated expenditure data. The Monitor reviewed the board rates paid by CFSA and private providers and determined that the traditional foster parent rate paid by some private providers did not meet the required standard. When this was brought to the attention of Agency leadership, it was corrected immediately. The Monitor considers this a temporary deviation from the performance level required; corrective action resulted in compliance with this being Exit Standard maintained.

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 or is out of jurisdiction, 2) initiate a child protective services (CPS) investigation, 3) initiate a Family Assessment (FA)⁸⁹ or 4) Information and Referral (I&R).⁹⁰ These determinations are made by hotline staff at the time of referral with the use of the Hotline SDM tool and after consultation in the Hotline RED Team. The Hotline RED Team is a multi-disciplinary team that meets three times each day 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 utilizing an automated form developed by CFSA 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 family assessment⁹¹, all critical areas of practice for a child welfare system.

⁸⁹ 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. 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.

⁹⁰ 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.

⁹¹ 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 January and June 2015 and specifies the DR pathway selected for each referral. The volume of calls to the hotline this monitoring period ranged between 1,366 and 1,912 a month, with a total of 10,202 calls this monitoring period. An average of 21 percent of hotline calls received each month were accepted for a CPS investigation or linked to a current investigation and an average of 17 percent of hotline calls each month were accepted for a FA or linked to a current FA. As indicated in Table 3 below, a monthly range of five to seven percent of calls were accepted as I&R and a monthly range of 48 to 63 percent of calls were screened out.

The percentage of calls screened out as not requiring a response continued to increase this monitoring period. During the last monitoring period, the monthly range of screen outs was between 36 and 48 percent. The reasons for this increase are not clear and it is an area that both the Monitor and CFSA agree needs to be more closely examined. CFSA plans to work with national experts, including the Children's Research Center who assisted in developing the current Hotline SDM tool, to assess hotline decision making and determine if appropriate screening decisions are being made in all cases. The Monitor also intends to engage with CFSA in a more in-depth look.

**Table 3: Number of Calls to
Child Abuse and Neglect Hotline by DR Pathway
January – June 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*	
Jan 2015 ⁹²	1,366	92 (7%)	304 (22%)	32 (2%)	273 (20%)	9 (1%)	656 (48%)
Feb 2015 ⁹³	1,498	94 (6%)	316 (21%)	27 (2%)	297 (20%)	14 (1%)	750 (50%)
Mar 2015 ⁹⁴	1,853	94 (5%)	354 (19%)	65 (4%)	292 (16%)	9 (<1%)	1,039 (56%)
Apr 2015 ⁹⁵	1,813	87 (5%)	350 (19%)	47 (3%)	279 (15%)	8 (<1%)	1,042 (57%)
May 2015 ⁹⁶	1,760	113 (6%)	333 (19%)	57 (3%)	273 (16%)	10 (1%)	974 (55%)
Jun 2015 ⁹⁷	1,912	126 (7%)	287 (15%)	27 (1%)	249 (13%)	13 (1%)	1,210 (63%)
Total	10,202	606 (6%)	1,944 (19%)	255 (2%)	1,663 (16%)	63 (1%)	5,671 (56%)

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.

⁹² At the time the data were run for January 2015, 9 hotline calls were awaiting approval (7 I&R). These calls are not included in the total denominator.

⁹³ At the time the data were run for February 2015, 16 hotline calls were awaiting approval (14 I&R). These calls are not included in the total denominator.

⁹⁴ At the time the data were run for March 2015, 17 hotline calls were awaiting approval (12 I&R). These calls are not included in the total denominator.

⁹⁵ At the time the data were run for April 2015, 15 hotline calls were awaiting approval (13 I&R). These calls are not included in the total denominator.

⁹⁶ At the time the data were run for May 2015, 11 hotline calls were awaiting approval (8 I&R). These calls are not included in the total denominator.

⁹⁷ At the time the data were run for June 2015, 20 hotline calls were awaiting approval (15 I&R). These calls are not included in the total denominator.

2. Investigations

Referrals which allege serious safety concerns for children, including severe neglect, physical and sexual abuse, require CPS investigations. For an investigation, the IEP requires CFSA to:

- initiate an investigation 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 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.

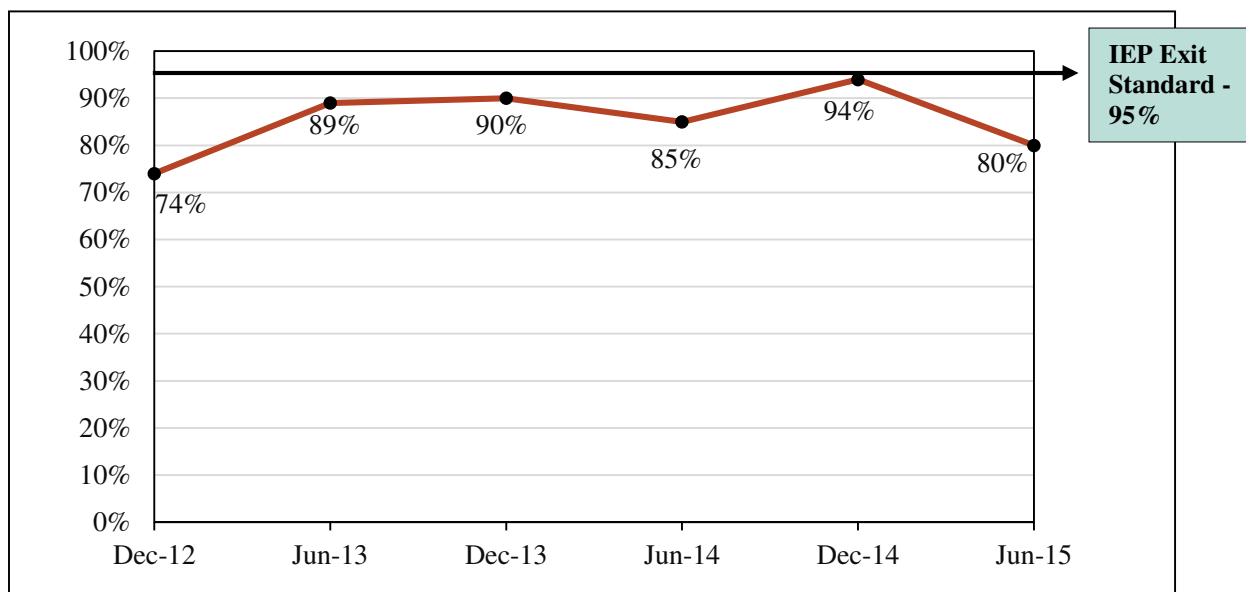
As discussed more fully below, there are three IEP Exit Standards related to investigative practice that have not yet been achieved. CFSA demonstrated slight improvement in performance on one of those standards – timely closure of investigations within 35 days of a referral to the hotline, although the standard remains unmet. Additional improvements are still needed for the two other standards – timely initiation of investigations and the quality of investigations. In addition, CFSA and the Monitor believe a validation of data for timely initiation is needed and will work to complete that review for the July through December 2015 monitoring period.

CFSA maintained required performance for those investigation Exit Standards previously designated as Outcomes to be Maintained; specifically, comprehensive review of families subject to a new investigation for whom the current report is the fourth or greater with the most recent occurring within the last 12 months and 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. ⁹⁸

**Figure 1: Timely Initiation of Investigations
December 2012 – June 2015**



Source: CFSA Administrative Data, FACES.NET report INT052

Performance for the period January 1 through June 30, 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 all alleged victim children within the 48-hour time frame.⁹⁹ The Monitor conducted a secondary analysis of FACES.NET data to validate instances where the social worker and supervisor had indicated good faith efforts had been completed and through this review, found instances where

⁹⁸ 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.

⁹⁹ For younger and non-verbal children, observation is acceptable.

documentation did not indicate sufficient efforts had been made. Performance data presented in this section includes only good faith efforts data validated by the Monitor for one month, June 2015, during this period. The Monitor and CFSA will be working together during the next monitoring period to further validate performance data and improve data collection in the future.

In June 2015, 389 investigations were completed; in 258 (66%) investigations, a social worker saw all alleged victim children within 48 hours of the report to the hotline and in an additional 53 (14%) investigations, there was documentation that good faith efforts were made to initiate the investigation, for a total of 80 percent of investigations initiated timely.

Between January and May 2015, a monthly range of 63 to 72 percent of investigations were initiated timely by the social worker seeing and interviewing all alleged victim children outside the presence of the caretaker within 48 hours of the report to the hotline. Actual performance on the measure is higher than reported due to instances where reasonable efforts were 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:

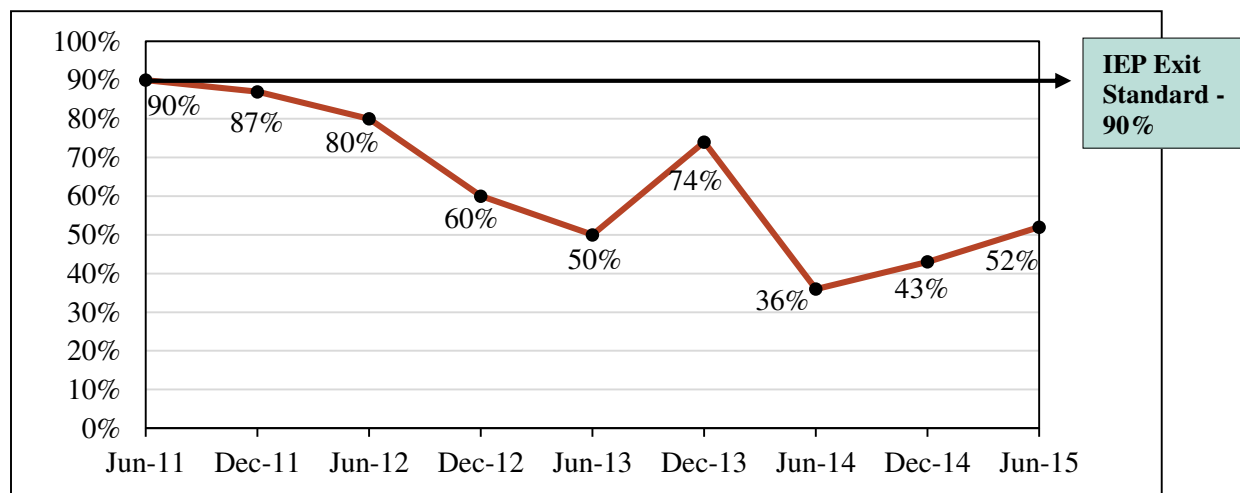
- *In 2015, CPS managers will continue to utilize data (e.g., data visualization system, management reports, score cards) to conduct monthly reviews of worker performance for conformance with CPS standards. Based on the performance levels, CPS managers will identify and address needs for coaching or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

CFSA reports that between February and May 2015, multiple training events were held for CPS workers, managers and supervisors on the BIRST Data Dashboard, a data visualization system that uses data from FACES.NET to display current performance on a range of measures, including timely initiation of investigations, timely closure of investigations and caseload level compliance. Each training included information on the advantages and benefits of managing with data and its role in successful performance management.

Timely Completion of Investigations

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

**Figure 2: Timely Completion of Investigations
June 2011 – June 2015**



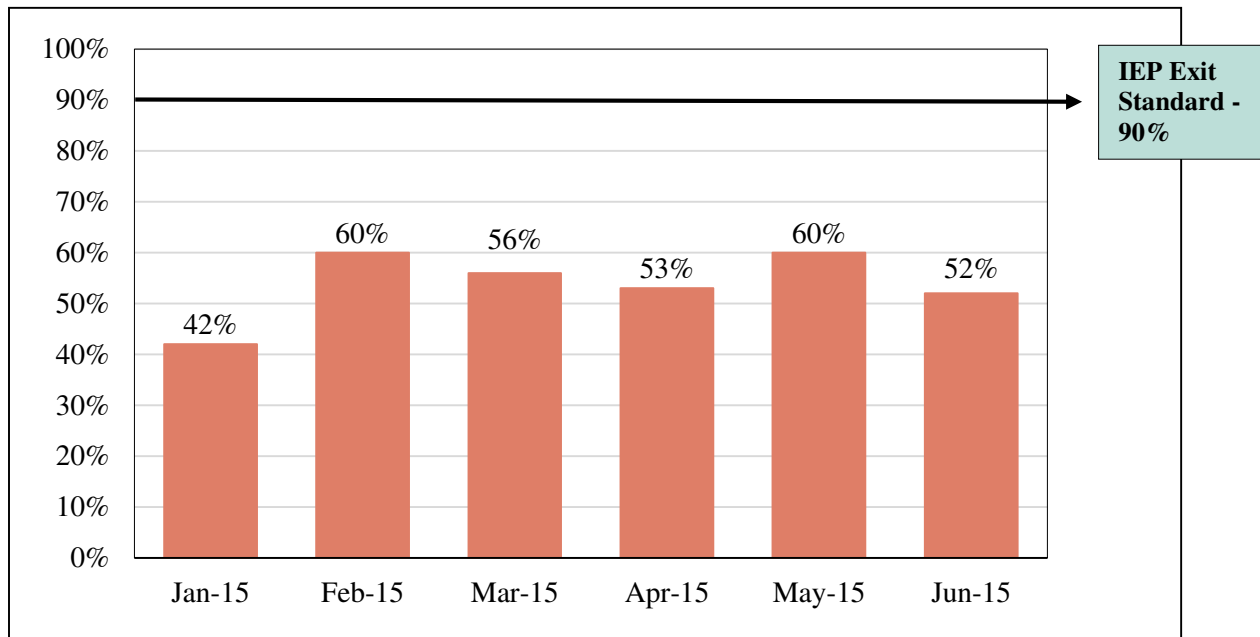
Source: CFSA Administrative Data, FACES.NET report INV004

Performance for the period January 1 through June 30, 2015:

In June 2015, there were 382 non-institutional abuse investigations completed; 200 (52%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report. As indicated in Figure 3 below, performance this monitoring period ranged monthly between 42 and 60 percent of investigations were completed timely.¹⁰⁰ Performance does not meet the required level and continues to reflect the struggles CFSA had during most of the monitoring period with caseload standards for investigative workers.

¹⁰⁰ During this monitoring period, CFSA reports the following backlog: January, 93; February, 93; March, 103; April, 125; May, 137; June, 114.

**Figure 3: Timely Completion of Investigations
January – June 2015**



Source: CFSA Administrative Data, FACES.NET report INV004

Performance on Strategy Plan:

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

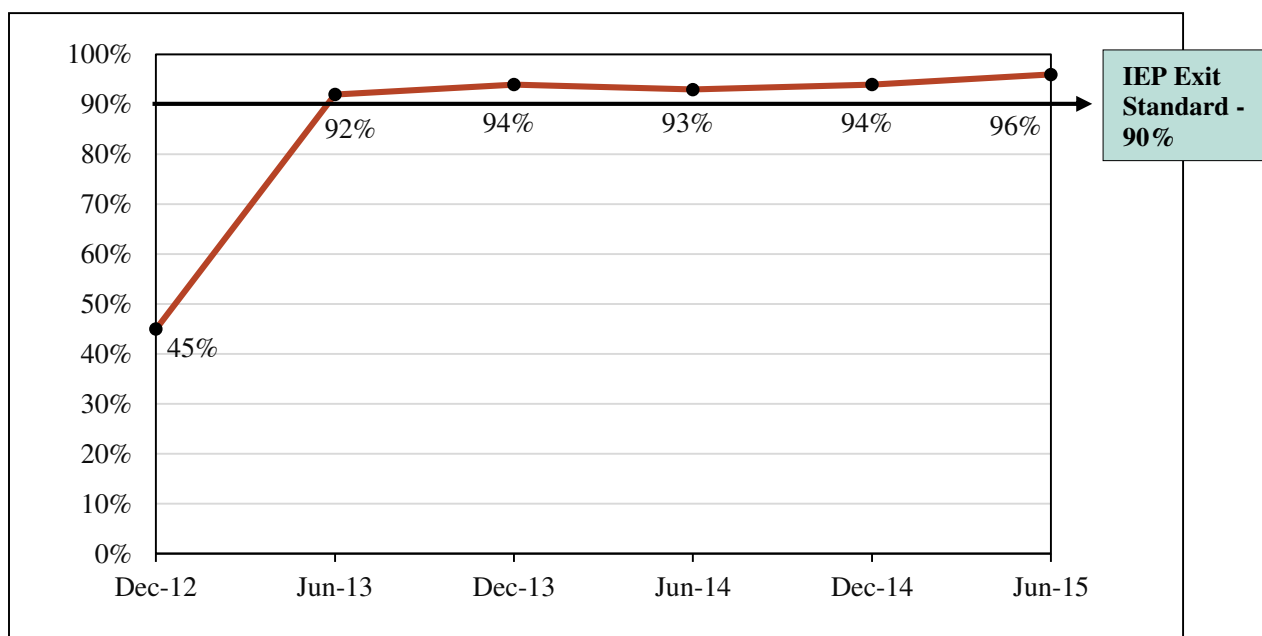
- *CPS supervisors will use the Consultation and Information Sharing Framework as a guide in reviewing investigations during supervision. In addition, CPS will continue to utilize the 10/15 Day RED teams, held each day (Monday through Thursday) to review the status of referrals and progress toward completion 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 reports that CPS management continue to use the 10/15 Day RED Teams to review the status of investigation referrals and their progress toward closure. These RED Teams are also used to review case transfers to in-home social workers. Supervisors use the Consultation and Information Sharing Framework to develop closure work plans with social workers to address timely closures. CPS investigation management team also utilizes bi-weekly projection alerts that highlight investigations reaching the 35 day mark in an effort to ensure workers and supervisors take all necessary steps to complete these investigation timely. Despite this strategy, the rate of timely investigation closure is still below the standard.

Reviews of Repeat Reports

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

**Figure 4: 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 – June 2015**



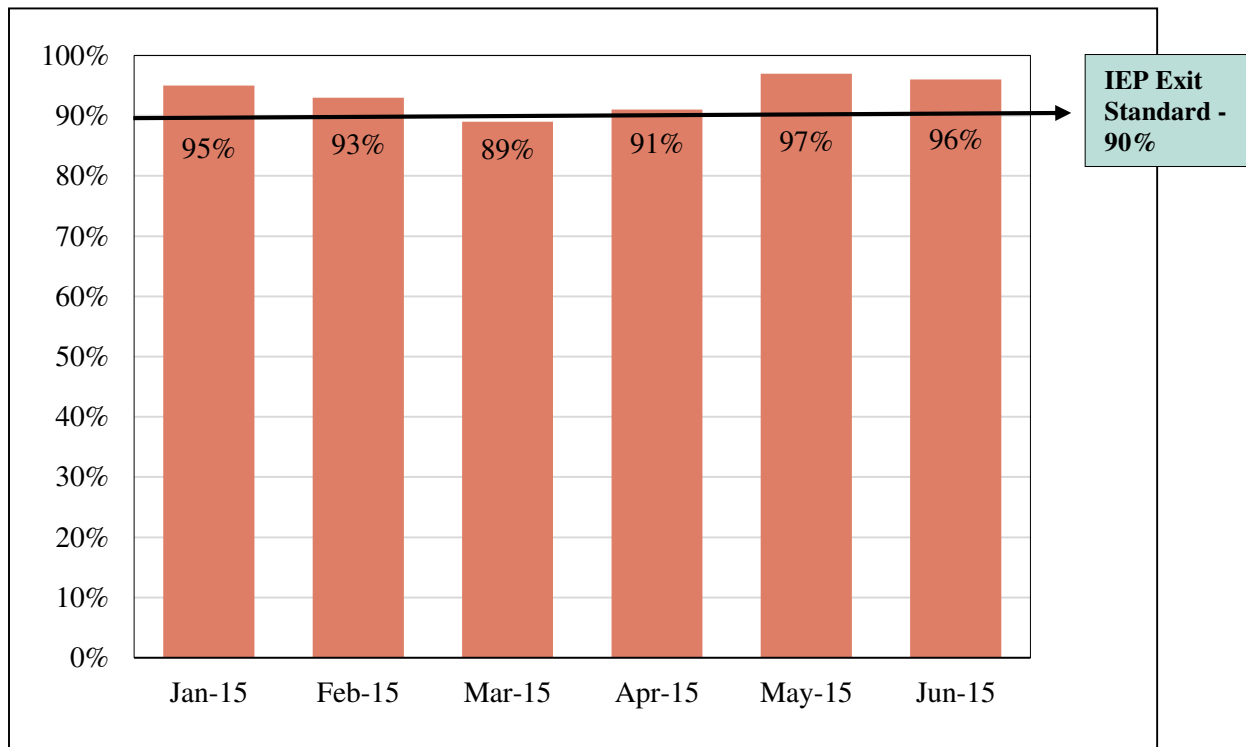
Source: CFSA Manual Data

Performance for the period January 1 through June 30, 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 June 2015, there were 89 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; 85 (96%) 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 January and June 2015, monthly performance for this Exit Standard ranged from 89 to 97 percent (see Figure 5). This Exit Standard continues to be maintained.

**Figure 5: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
January – June 2015**

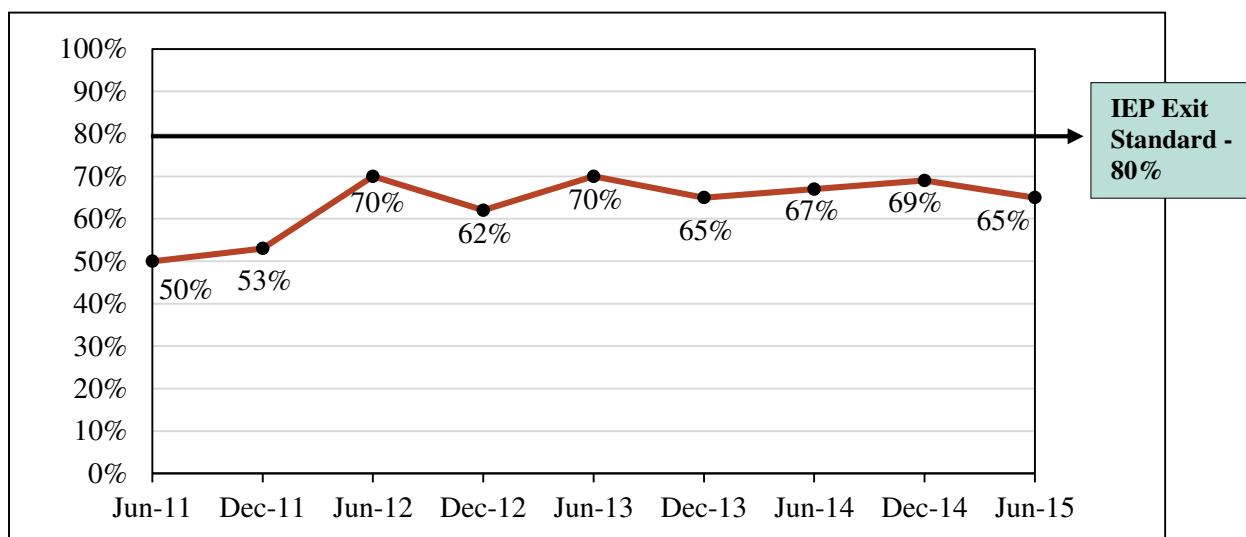


Source: CFSA Manual Data

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. ¹⁰¹ (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

**Figure 6: Investigations Determined to be of Acceptable Quality
June 2011 – June 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 between January and June 2014. Data for June 2014 are based upon a review of 131 investigations closed during that monitoring period 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.

¹⁰¹ Evidence of acceptable investigations includes: (a) Use of CFSA's screening tool in prioritizing response times for initiating investigations; (b) Interviews with and information obtained from the five core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources and educational resources (for school-aged children); (c) Interviews with collateral contacts that are likely to provide information about the child's safety and well-being; (d) Interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; (e) Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren); (f) Use of risk assessment protocol in making decisions resulting from an investigation; and (g) Initiation of services during the investigation to prevent unnecessary removal of children from their homes.

Performance for the period January 1 through June 30, 2015:

During this monitoring period, CFSA and CSSP collaborated to revise the structured review instrument used to assess the quality of investigations. The tool was tested and training was provided to all reviewers in order to ensure reliability and validity of information gathering about the quality of investigations.

Using the revised instrument, CFSA reviewed 99 investigations completed between January and June 2015; Monitor staff reviewed 25 percent of these investigations for validity. Of the 99 investigations reviewed, 64 (65%) were assessed to be of acceptable quality. Reviewers provided explanations for those investigations that were determined to not be of acceptable quality and the most commonly referenced reasons for their determination include lack of interviews with relevant collateral contacts or insufficient information obtained from collateral contacts (28 investigations) and lack of interviews with core contacts or insufficient information obtained from core contacts (24 investigations). Performance 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:

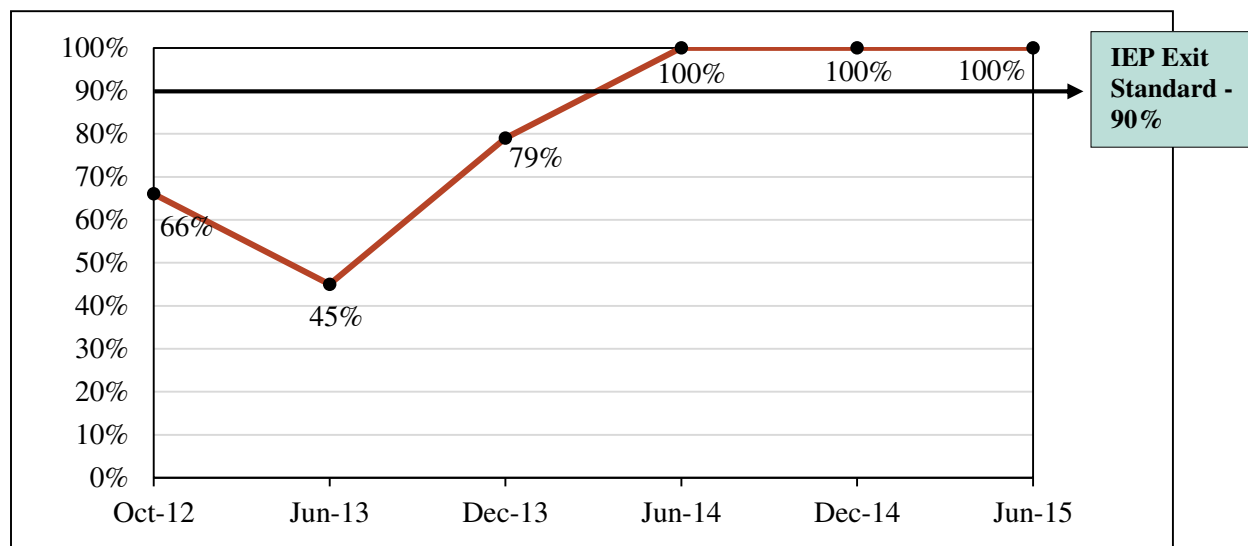
- *The acceptable investigation (CQI) tool will continue to be used to review investigation practice. Consistent with 2014, CFSA supervisors, managers, and agency performance staff will review 66 investigations per quarter and will ensure that each worker will have at least one of his or her investigations 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).*

The goal of reviewing 66 investigations per quarter was not met. Due to instrument revisions and training that occurred this monitoring period, fewer investigations were reviewed than established in the Strategy Plan. CFSA reports that moving forward, 66 investigations will be reviewed each quarter and each worker will have at least one of his or her investigations reviewed a quarter. These results will be shared with the worker and supervisor to develop coaching and corrective action if indicated.

Community-based Service Referrals for Low & Moderate Risk Families

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

**Figure 7: Community-based Services Referrals for Low and Moderate Risk Families
October 2012 – June 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 for June 2013, December 2013, June 2014, December 2014 and June 2015 from FACES.NET report INV089.

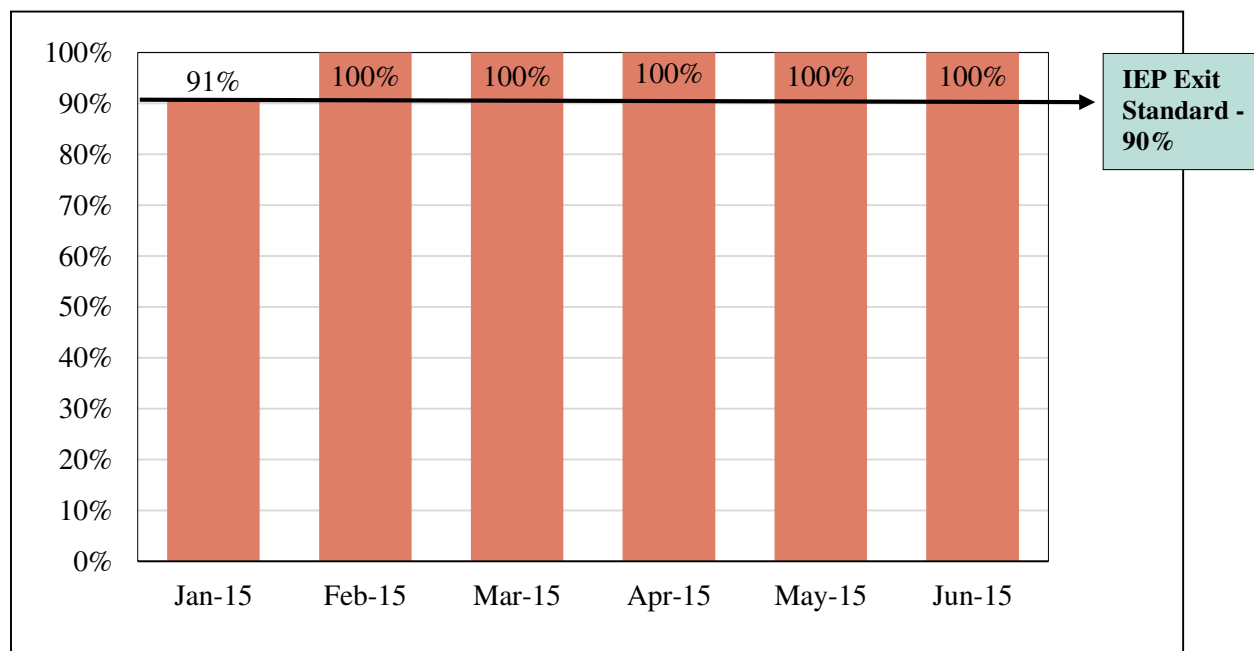
Performance for the period January 1 through June 30, 2015:

During June 2015, CFSA reports there were 21 applicable investigations to this Exit Standard and all 21 (100%) families received a referral to a Collaborative or community agency for follow-up. While this performance is consistent with the requirement of the IEP, the Monitor continues to have concerns about the number of families who demonstrate needs and decline a referral. Specifically, in June 2015, there were 155 completed investigations with a risk rating of low or moderate. Of these, four were connected to an open case, one was connected to a closed case and reopened, five were opened as an ongoing case for services, two were already receiving needed services, eight did not require a referral for additional supports or services. In 114

investigations, however, the family demonstrated service needs but declined a referral. The low rate of acceptance by families for service efforts raise questions about the effectiveness of CFSA's family assessment skills and strategies.

Between January and June 2015, monthly performance for this Exit Standard ranged between 91 and 100 percent (see Figure 8). CFSA continues to meet this Exit Standard.

**Figure 8: Community-based Services Referrals for Low and Moderate Risk Families
January – June 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 uses a strength-based, family-centered assessment process to support families in identifying needs and accessing services.

Earlier this year, CFSA began work with IAR Associates on the second phase of an evaluation of CFSA's FA response pathway within the DR system. The evaluation's first phase, which concluded last year, determined that children in families who received a FA were no less safe than they would have been had their families received a CPS investigation response.¹⁰² The goal

¹⁰² Phase 1 examined 599 families who received a FA following a report to the hotline between September 1, 2011 and June 30, 2013 and used a retrospective matching to select a comparison group of families with similar allegations who received a CPS

of the second phase of the evaluation is to provide an empirical basis for understanding the effects of introducing DR into the District and linking outcomes to practice. Several different methodologies will be utilized, including analysis of administrative data; case specific surveys of workers to collect information on the appropriateness of the family for assignment to an FA, the number of worker contacts with the family, referrals to community Collaboratives, level of cooperation of the family, child safety issues, child and family well-being issues, services provided and referrals to other programs or agencies and other open ended questions about the case; and surveys of families to determine their perspective on the engagement process, their involvement in decision-making and any assistance or services they received. Phase 2 of the evaluation will be completed in late 2015.

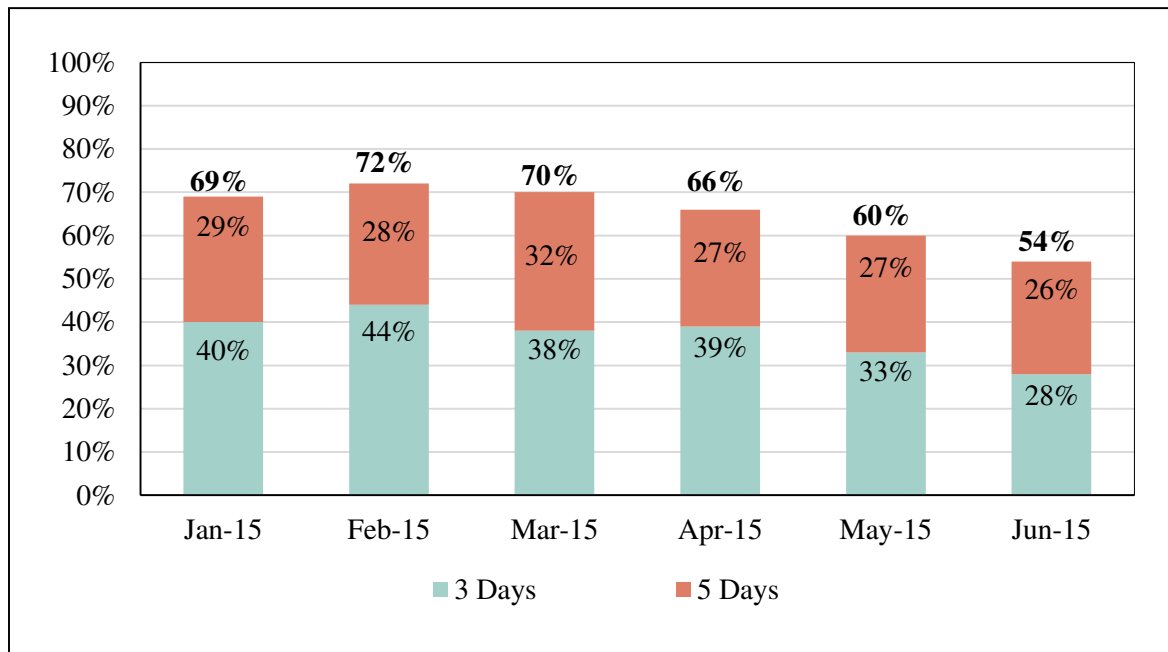
Initiation of FA

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 January and June 2015, performance on this measure of timeliness of FA initiation declined each month (see Figure 9). Over the six month period, a monthly range of 28 to 44 percent of families whose FA case closed that month had all alleged child victims contacted within 72 hours of the receipt of referral; an additional 26 to 32 percent each month were contacted within five days (see Figure 9).¹⁰³

investigation. Several indicators of child safety were used, including subsequent child maltreatment reports, quantity of new reports, allegations in later reports and child removals and placement.

¹⁰³ 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 is not inclusive of instances where good faith efforts were made to locate the alleged victim child(ren).

**Figure 9: Initiation of FA within 3 and 5 Days
January – June 2015**



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

Completion of FA

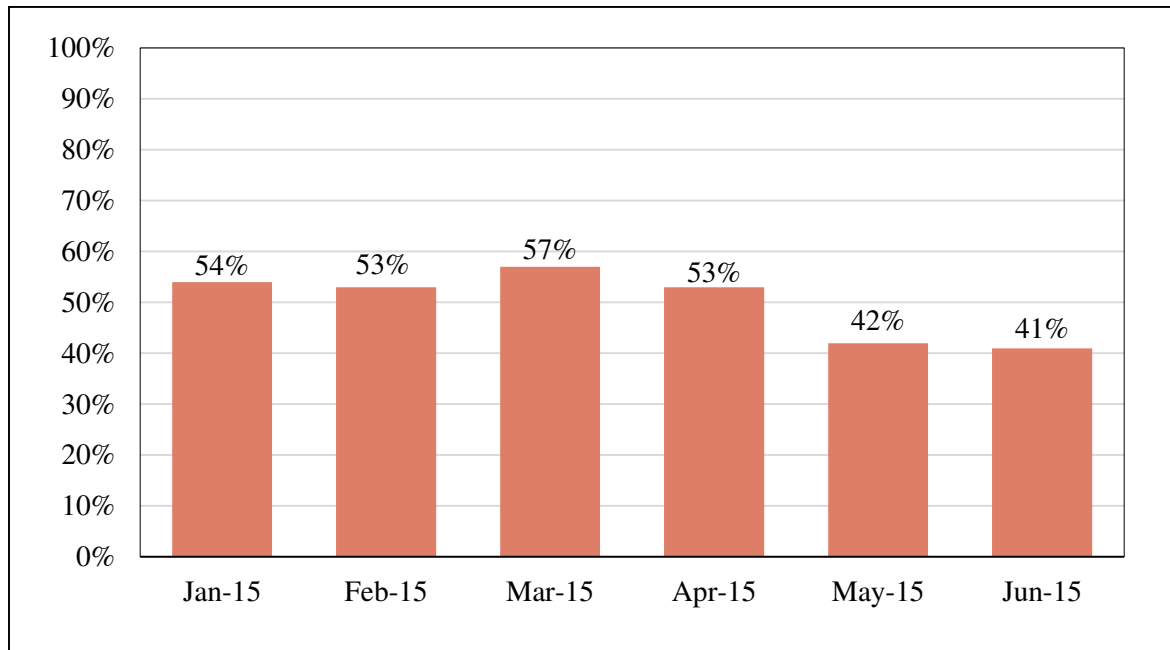
CFSA's policy and practice guidance provides that a FA case should remain open for 45 days. The goal during that period is to fully assess child and family strengths and needs and link families with appropriate community services. In every FA, a safety assessment is mandatory and part of the initial 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 families must agree to participate.

Between January and June 2015, a monthly range of 41 to 57 percent of FAs were closed within 45 days of referral to the hotline (see Figure 10). Specifically, as of June 30, 2015, 279 FAs were closed and 114 (41%) were closed within 45 days. Closure data for the remaining FAs in June 2015 are as follows: 66 (24%) were closed within 46 to 59 days; 67 (24%) were closed within 60 to 89 days; and the remaining 32 (11%) were closed in 90 days or longer.

Data are collected on the reason for FA closure and monthly data are included in Figure 11 below – the top cited reasons in June 2015 for all FAs closed that month are family declined participation (152 families/54%); no further action needed (28 families/10%); family referred to a Collaborative or other community-based agency (18 families/6%); open CPS referral (37 families/13%); and family out of jurisdiction (35 families/13%). The Monitor continues to

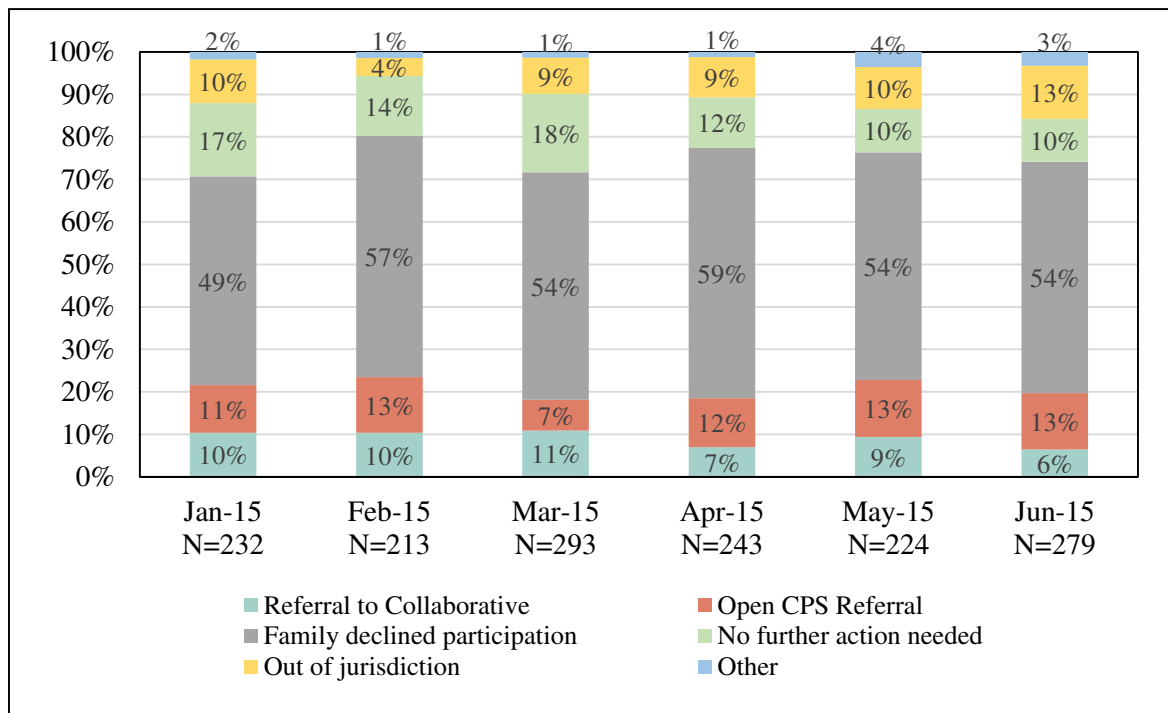
express concerns with these data and what they suggest regarding engagement strategies with families; specifically, that slightly over half of the families with closed FAs in June were closed because although the family had a service need, they declined participation. The Monitor recognizes that these services are voluntary for families but the low rates of agreement in service participation for both investigations and FAs should be an area of focus for CFSA.

**Figure 10: Closure of FA within 45 Days of Referral to Hotline
January – June 2015**



Source: CFSA Administrative Data, FACES.NET report INV140

**Figure 11: Reasons for FA Closure
January – June 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 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 model. Between January and June 2015, a monthly range of six to 11 percent of families with a closed FA were referred to a Collaborative or other community agency.¹⁰⁴ Table 4 below details the Collaboratives to which families were referred.

¹⁰⁴ The monthly number and percentage of closed FAs referred to a Collaborative or community-based agency are as follows: January, 24 referrals/10%; February, 22 referrals/10%; March, 32 referrals/11%; April, 17 referrals/7%; May, 21 referrals/9%; June, 18 referrals/6%.

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

Collaborative or Community-Based Agency	Total Referrals
Collaborative Solutions for Communities ¹⁰⁵	8
East River Collaborative	26
Edgewood/Brookland Collaborative	19
Far Southeast Collaborative	50
Georgia Avenue Collaborative	16
Other Community-Based Agency	15
Total	134

Source: CFSA Administrative Data, FACES.NET report INV140

Repeat Maltreatment

As part of its assessment of the effectiveness of the FA intervention, CFSA collects data on the number of families with closed FAs who have a subsequent investigation which was substantiated for child abuse or neglect within six months of FA case closure. There were 1,036 children with a closed FA between July 1 and December 31, 2014; 15 children (1.5%) had a substantiated investigation within six months of FA closure (between January and June 2015). Additionally, there were 1,139 children with a closed FA between January 1 and June, 30, 2014; 65 (6%) had a substantiated investigation within 12 months of FA closure. Both of these rates have declined since the previous monitoring period.¹⁰⁶

¹⁰⁵ This Collaborative was previously named the Columbia Heights/Shaw Family Support Collaborative.

¹⁰⁶ Data are also available regarding repeat maltreatment for closed investigations. There were 434 children with a substantiated investigation between July 1 and December 31, 2014; 30 children (7%) had a substantiated investigation within 6 months of prior investigation closure. Additionally, there were 581 children with a substantiated investigation between January 1 and June, 30, 2014; 55 children (9.5%) 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 12 and 13, 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 12: QSR *Implementing Supports and Services* Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁰⁷

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.

¹⁰⁷ *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, November 2013, p. 66-67.

Figure 13: QSR *Pathway to Case Closure* Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁰⁸

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?

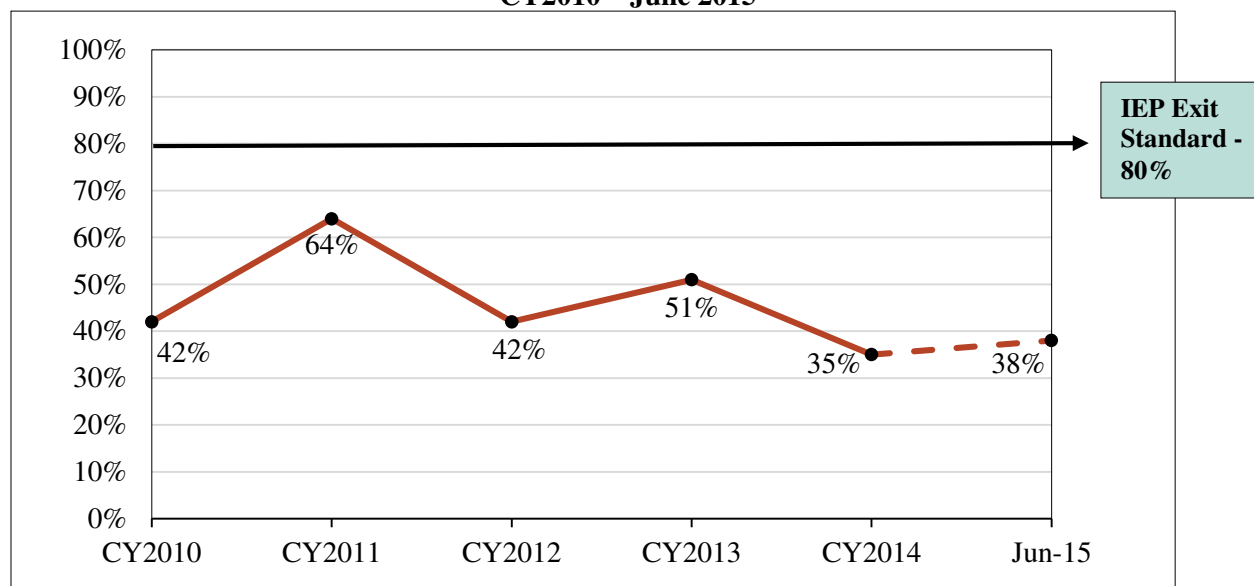
- *Description of Acceptable/Unacceptable Performance:*

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.

¹⁰⁸ *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, November 2013, p. 58-59.

**Figure 14: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
CY2010 – June 2015***



Source: QSR Data; June 2015 performance includes data from QSRs conducted January – June 2015; this trend chart will be updated based on CY2015 data in the next monitoring period.

Performance for the period January 1 through June 30, 2015:

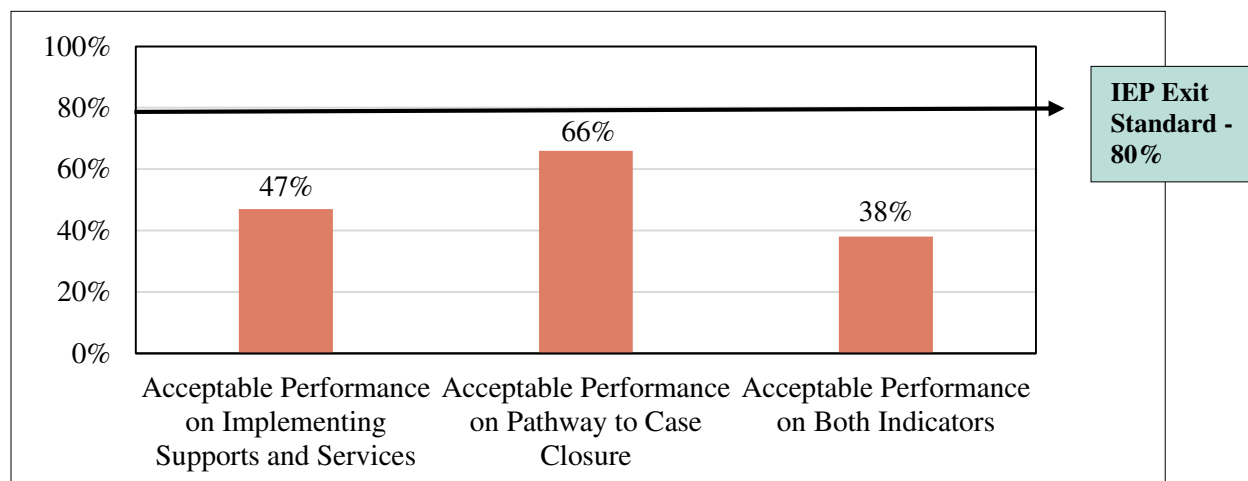
A total of 79 cases were reviewed using the QSR methodology in the six-month period between January and June 2015: 12 cases involved a child receiving in-home services and 67 cases were children placed in out-of-home care. An additional 46 QSRs are scheduled for the remainder of CY2015.

As Figure 15 indicates, over one-third of the cases reviewed (38%; 30 of 79) were rated acceptable on *both* the *Implementing Supports and Services* and *Pathway to Case Closure* indicators. Slightly less than half (47%; 37 of 79) of the cases reviewed were rated acceptable on the *Implementing Supports and Services* indicator and two-thirds of the cases reviewed (66%; 52 of 79) were rated acceptable on the *Pathway to Case Closure* indicator. During this monitoring period, performance improved on the *Pathway to Case Closure* indicator but was unchanged overall from the previous monitoring period due to a slight decrease in performance on the *Implementing Supports and Services* indicator. CFSA performance remains far below the 80 percent required for this Exit Standard for services to families and children to promote safety, permanency and well-being.

The data continue to indicate a practice gap in matching the supports and services that are implemented as part of the case plan with what behavioral changes are necessary for safe case closure (see Figure 15). It is critical that CFSA continue the implementation of community-based

services to support families, increase engagement efforts and the capacity to assess family needs in order to provide the appropriate supports that are required for successful case closure.

**Figure 15: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
January – June 2015
N=79**



Source: QSR Data, January – June 2015

CFSA continues to implement strategies that are intended to improve outcomes for children and families including training and trauma-informed practice, new functional assessments and implementing formal structures and processes to promote teaming and effective case planning. Critical to CFSA's performance on this Exit Standard is its success in ensuring that these strategies are effectively implemented, supported and reinforced across CFSA and the private agencies¹⁰⁹. Between January and June 2015, 57 percent (45 of 79) of the QSR cases were case managed by CFSA¹¹⁰ and 43 percent (34 of 79) of the QSR cases were case managed by one of the private agencies.¹¹¹ This roughly approximates the distribution of case management responsibility for all placement cases. Of the cases managed by CFSA, 44 percent (20 of 45) were rated acceptable on both indicators compared to 29 percent (10 of 34) of cases managed by the private agencies.¹¹² The difference in the percentage of acceptable CFSA cases compared to private agency cases suggests the need for additional emphasis on supporting quality case practice and continuous quality improvement of new strategies within the private agency community.

¹⁰⁹ Seven different private agencies were responsible for providing case management services in the cases reviewed through the QSR between January and June 2015.

¹¹⁰ Of the 45 cases managed by CFSA, 12 of the children reviewed were living in the home of their parent/guardian and 33 of the children were placed in out-of-home care.

¹¹¹ The private agencies are responsible for providing therapeutic placements for children in out-of-home placement who require such placement. 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.

¹¹² Analyses indicate this difference is not statistically significant at a level of $p < .05$.

**Table 5: Performance on QSR Indicators for Out-of-Home Placement Cases
by Case Management Provider**

CFSA (out-of-home cases) N=33	Private Agencies N=34
<i>Implementing Supports and Services</i>	
55% (18)	41% (14)
<i>Pathway to Case Closure</i>	
76% (25)	56% (19)
<i>Both Indicators</i>	
45% (15)	29% (10)

Source: QSR Data, January – June 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. 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 all children and families 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 appropriate supports and services for each child and family.

Social workers continue to be trained on the new tools and how to use them and support is being offered to CFSA staff by staff from the Office of Well-Being throughout the case planning process to ensure trauma-informed clinical practice is driving the identification and implementation of appropriate supports and services to increase child and family well-being. Twelve clinical staff in the Office of Well-Being have been assigned between two to three CFSA units in out-of-home permanency, in-home and the Office of Youth Empowerment 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. In the Monitor's view, this level of support needs to be extended to workers from the private agencies as well.

- *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, the 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. During this feedback session, the review team coaches the social worker and supervisor around elements of case practice and is supposed to support 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 again meets 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. A QSR RED Team, which is designed to address the barriers identified in the QSR and share findings with management and the larger team beyond the social worker and supervisor, is expected to be convened 60 days following the review, however it is usually not held until 90 to 120 days, if at all, after the review is completed. In the Monitor's view, the QSR RED Team is often not held in a timely manner or integrated with other key elements of planning and case practice and steps should be taken to integrate the information learned through the case in a more intentional and effective manner.

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

CFSA implemented an updated community papering protocol. Since its implementation there has been an increase in the number of families in which social workers request that the Office of the Attorney General (OAG) file a petition in Family Court for supervision of these families. The majority of the cases presented for community papering have been case managed by CFSA in-home social workers. CFSA reports that community papering has been sought most frequently due to concerns related to parental substance abuse, lack of mental health supports for either the child or the parent, medical neglect and/or educational neglect.

Between January and June 2015, 35 cases involving 78 children were presented to the OAG with a request for community papering. Of these 35 cases, 11 cases involving 19 children were accepted and a petition was filed in court. In 21 cases involving 57 children, the OAG requested additional information to support the petition. In one case involving 2 children, the children were recommended for emergency removal.

It is important to review data for both the process of referring cases to the OAG as well as the outcomes of the cases where a petition was filed in court in an attempt to understand the effectiveness of the community papering process. Outcome data related to the 38 cases that were community papered between October 2014 and March 2015 show that 20 children were placed in conditional release to their parents with court ordered supervision and service requirements and 18 were removed and placed in foster care. Of the 20 children under conditional release, as of August 2015, 14 remain in protective supervision with an open case, four were removed and placed in foster care and two remained at home and had their child protective services case closed. Of the 18 children who were placed in foster care, as of August 2015, two have achieved permanency and 16 remain in foster care.

5. Visitation

Visits for children with their caseworkers, parents and siblings can ensure children's safety, maintain and strengthen family connections and increase opportunities to achieve permanency. Social worker visits with children in out-of-home placement and with their families promote placement stability and increase the likelihood that 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 care¹¹³ and worker visits to families with in-home services¹¹⁴. CFSA maintained the required level of performance for worker visits to children in placement and partially maintained the Exit Standard requirement for visits with families receiving in-home services. There are six visitation Exit Standards that have not been achieved. Of these, three showed improved performance, including documentation of safety assessments for families with in-home services; documentation of safety assessments for children experiencing a placement change; and frequency of visits between parents and children. However, no new standards were achieved during this monitoring period and performance on some visitation measures remains below the Exit Standards.

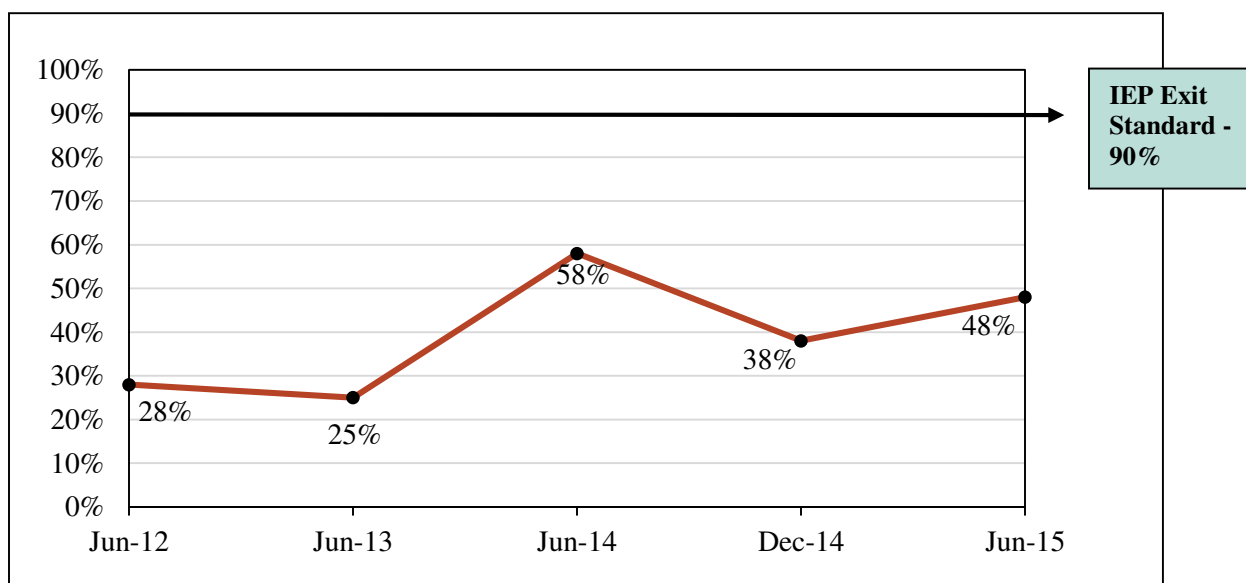
¹¹³ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.A.5.a.-c. during this monitoring period.

¹¹⁴ 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	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.

**Figure 16: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
June 2012 – June 2015**



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

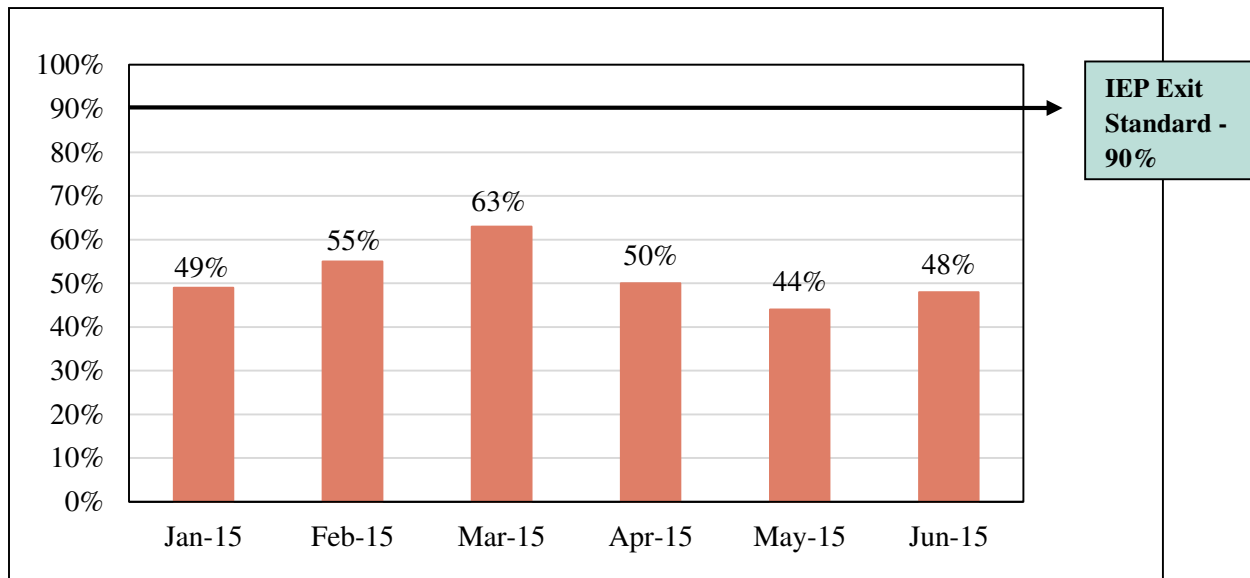
Performance for the period January 1 through June 30, 2015:

During the current monitoring period, CFSA reviewed the documentation of 21 to 49 children each month who were receiving in-home services.¹¹⁵ In June 2015, of the 21 cases reviewed, 10 (48%) cases had documentation that safety was fully assessed at two or more visits during the month. Between January and June 2015, reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 44 to 63 percent of the cases reviewed each

¹¹⁵ The number of children reviewed each month is as follows: January, 49; February, 44; March, 32; April, 34; May, 41; June, 21.

month (see Figure 17). Although this represents some improvement over the previous monitoring period, CFSA continues to be below the required level of 90 percent for this Exit Standard.

**Figure 17: Children Receiving In-Home Services:
Safety Fully Assessed at Two or More Visits
January – June 2015**

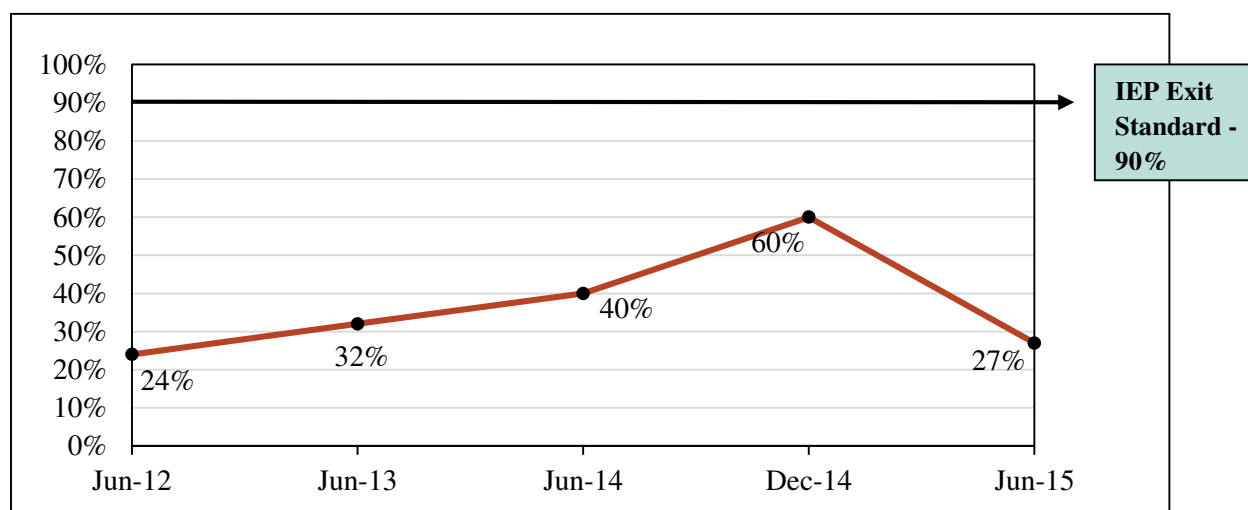


Source: CFSA Manual Data

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

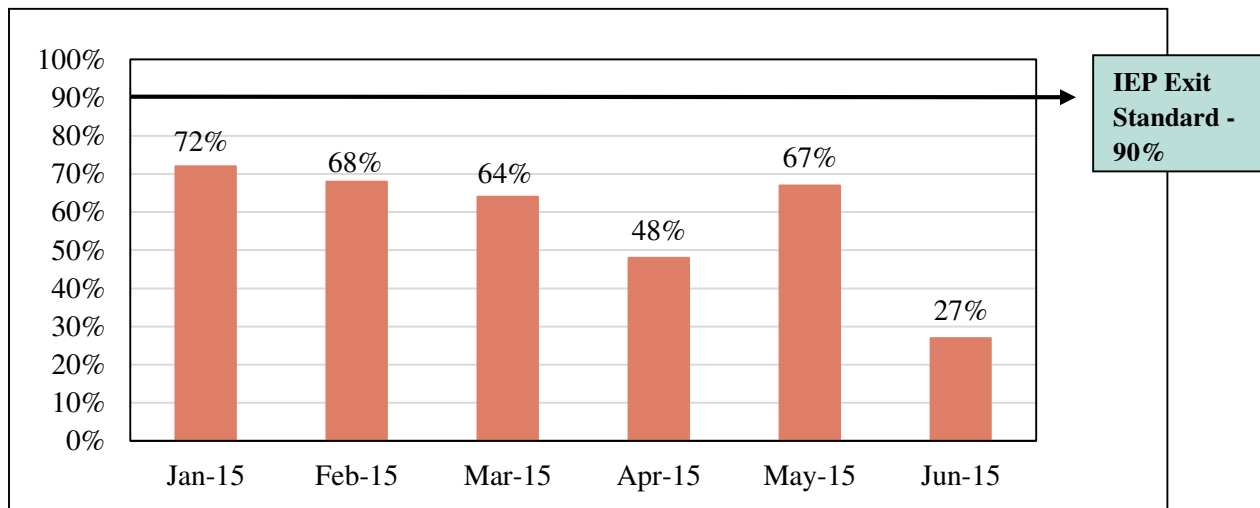


Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June 2014 through June 2015)

Performance for the period January 1 through June 30, 2015:

CFSA reviewed the documentation of between 21 and 25 children each month who were placed in out-of-home care during this monitoring period. Of the 22 cases reviewed in June 2015, in six (27%) cases it was determined that safety was fully assessed at two or more visits during the month. Performance in June was the lowest during the period; reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 48 to 72 percent of the cases reviewed during the other months this period (see Figure 19). CFSA's performance on this Exit Standard has remained relatively unchanged since the previous period and remains significantly below the required performance level of 90 percent.

**Figure 19: Children in Out-of-Home Care:
Safety Fully Assessed at Two or More Visits
January – June 2015**

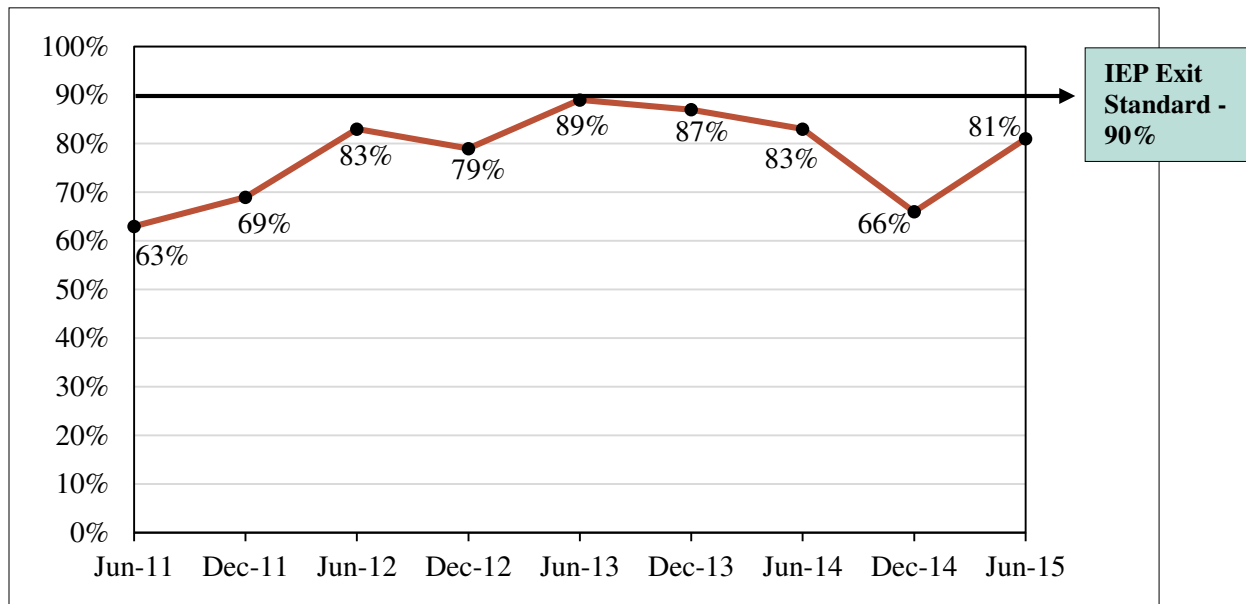


Source: CFSA Manual Data

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

IEP Requirement	<p>10. <u>Visitation for Children Experiencing a New Placement or a Placement Change:</u></p> <ul style="list-style-type: none"> a. A CFSA social worker or private agency social worker with case management responsibility shall make at least two visits to each child during the first four weeks of a new placement or a placement change. b. A CFSA social worker, private agency social worker, family support worker or nurse care manager shall make two additional visits to each child during the first four weeks of a new placement or a placement change. c. At least one of the above visits during the first four weeks of a new placement or a placement change shall be in the child's home. d. At least one of the visits during the first four weeks of a new placement or a placement change shall include a conversation between the social worker and the resource parent to assess assistance needed by the resource parent from the Agency. <p 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 20: Required Number of Worker Visits to Children in New Placements
June 2011 – June 2015**



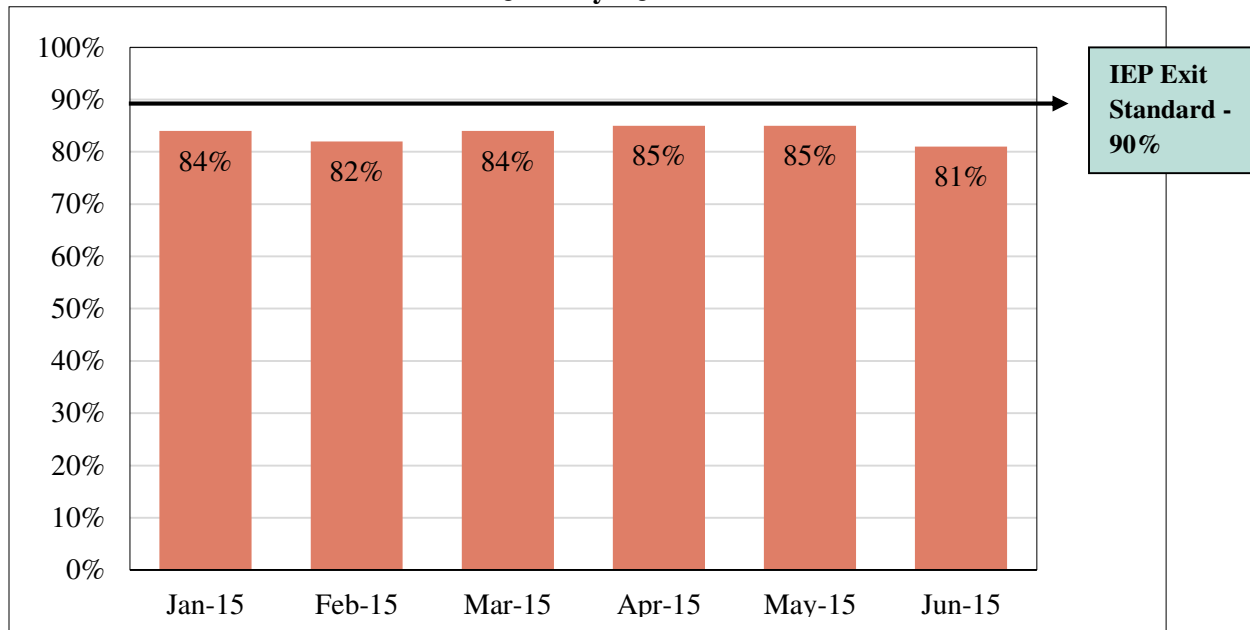
Source: CFSA Administrative Data, FACES.NET report CMT014

Performance for the period January 1 through June 30, 2015:

During the month of June 2015, there were 126 individual child placements applicable to this measure; 102 (81%) 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.¹¹⁶ Between January and June 2015, monthly performance ranged between 81 and 85 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 21). CFSA's performance has improved since the end of CY2014.

¹¹⁶ Additional data were provided which indicate that of all children who had been in a new placement for 4 weeks, a monthly range of 91 to 94% of children received at least 3 or more worker visits this monitoring period. Specific monthly data are as follows: January, 94%; February, 92%; March, 94%; April, 94%; May, 91%; June, 93%.

**Figure 21: Required Number of Worker Visits to Children in New Placements
January – June 2015**



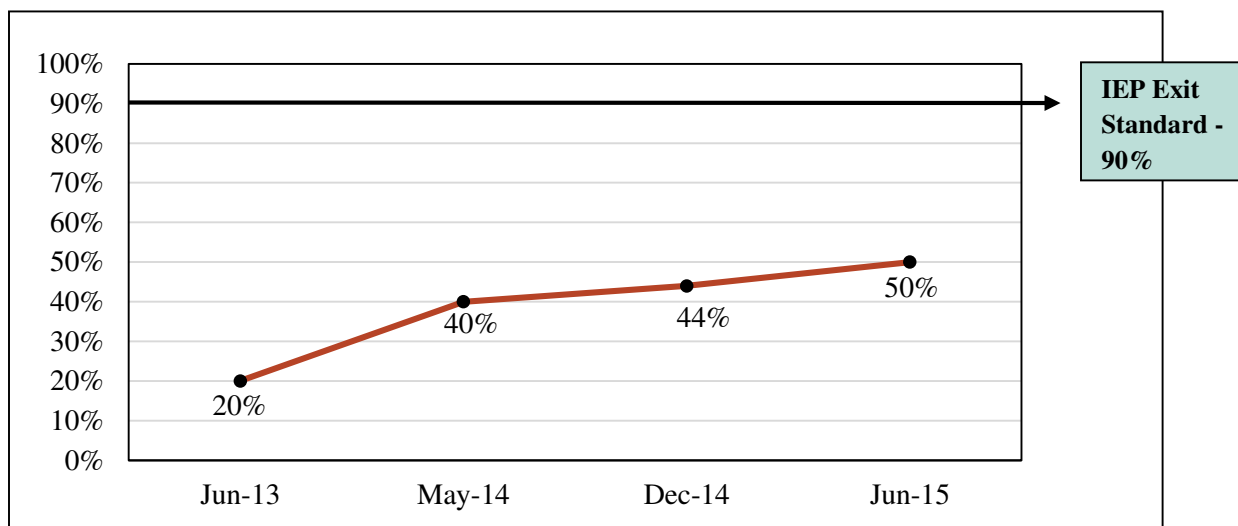
Source: CFSA Administrative Data, FACES.NET report CMT014

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. Between January and June, 58 to 89 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.¹¹⁷

¹¹⁷ Monthly performance are as follows: January, 68%; February, 58%; March, 88%; April, 85%; May, 85%; June, 89%.

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

**Figure 22: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
June 2013 – June 2015**



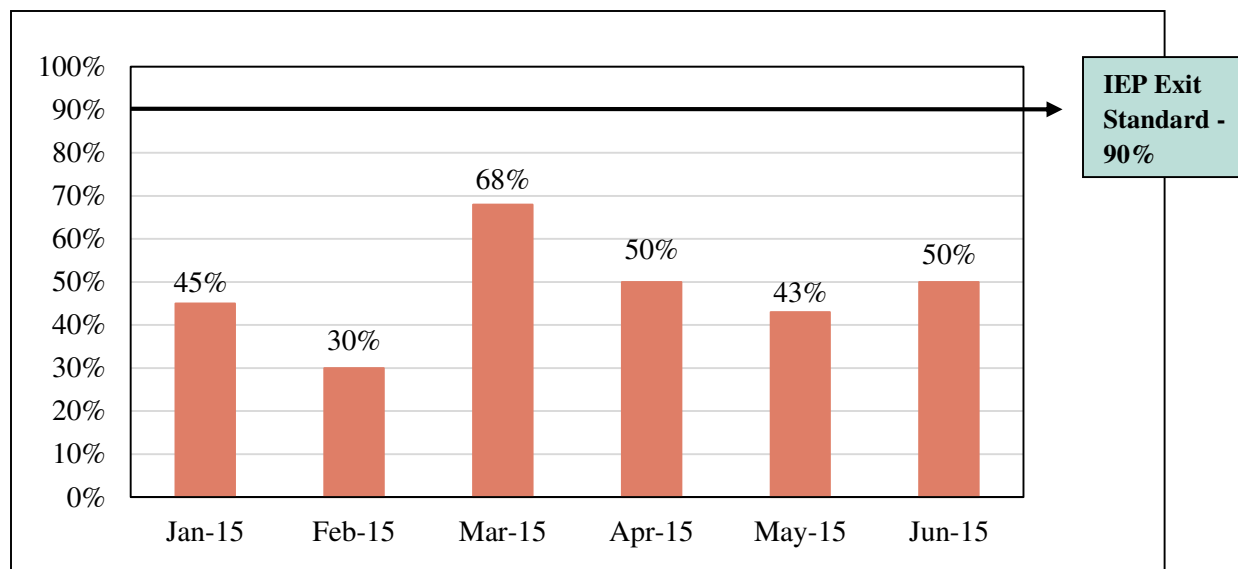
Source: Case Record Review Data (June 2013) and CFSA Manual Data (May 2014 through May 2015)

Performance for the period January 1 through June 30, 2015:

CFSA reviewed the documentation of 20 to 25 children who experienced a new placement or placement change each month between January and June 2015. In June 2015, reviewers determined that safety was fully assessed during all visits that month in 10 (50%) of the 20 cases reviewed.¹¹⁸ Between January and June 2015, reviewers determined that documentation indicated that safety was fully assessed at all visits during the month in 30 to 68 percent of the cases reviewed each month. Performance does not meet the level required by the IEP.

¹¹⁸ All visits refers to at least 4 visits as required by the IEP citation I.A.6.a-d, which outlines the frequency of visitation required to children experiencing a new placement of placement change.

**Figure 23: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
January – June 2015**



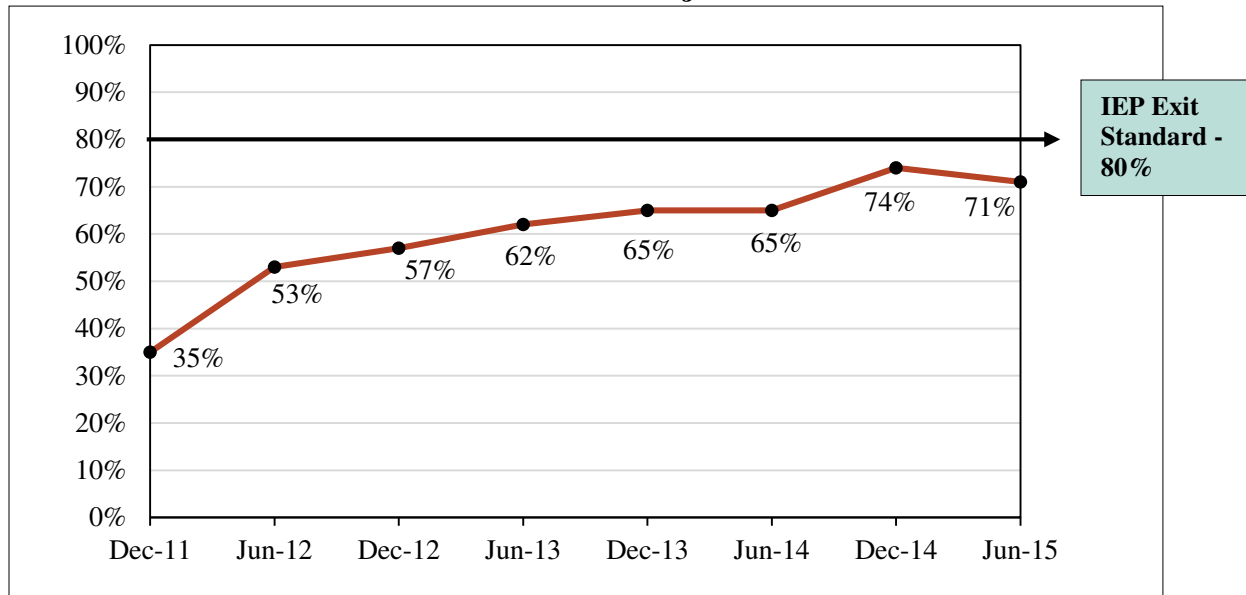
Source: CFSA Manual Data

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.¹¹⁹ 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 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>

¹¹⁹ 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 24: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
December 2011 – June 2015**

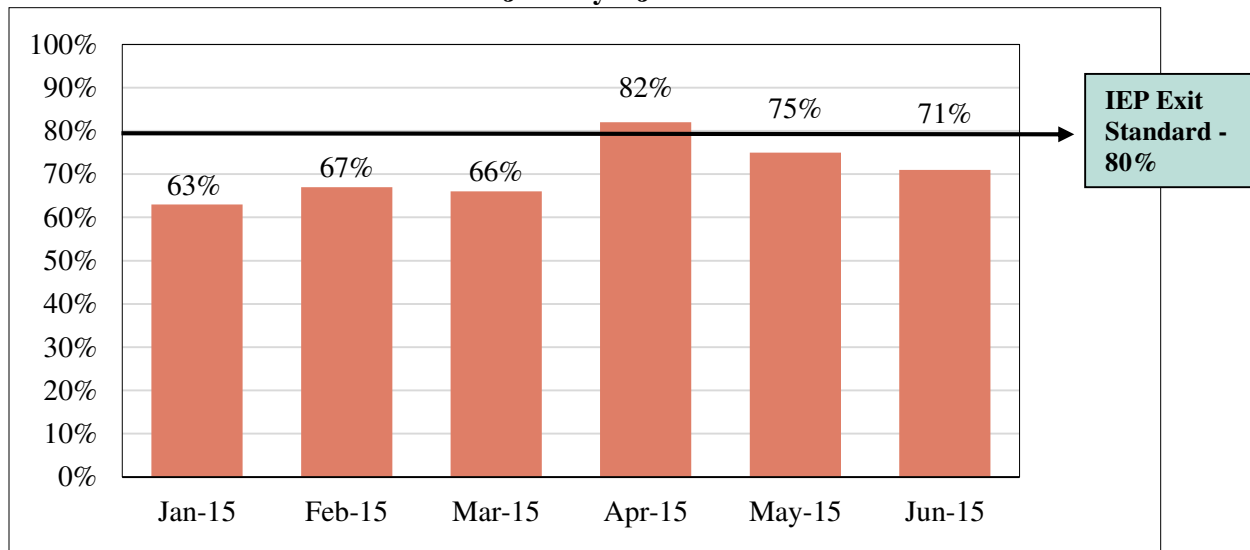


Source: CFSA Administrative Data, FACES.NET report CMT267; performance data from June 2014 through June 2015 include instances where there was documentation in the record that the parent was unavailable or refused to cooperate despite Agency efforts.

Performance for the period January 1 through June 30, 2015:

In June 2015, there were 52 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 parents, 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 71 percent in compliance with this Exit Standard. Between January and June 2015, monthly performance on this measure ranged between 63 and 82 percent (see Figure 25). CFSA met the required level of performance during one month this period, however, was between five and 17 percent below the required level during the other months; this performance does not meet the Exit Standard requirement.

**Figure 25: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
January – June 2015**



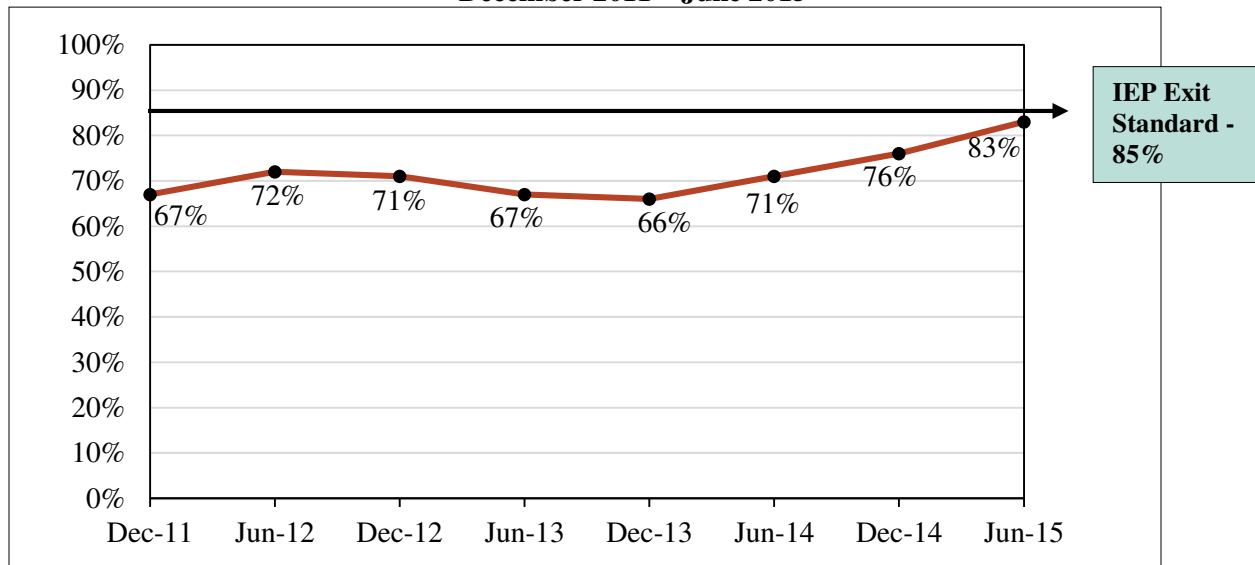
Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

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 align="right">(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.¹²⁰</p>

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



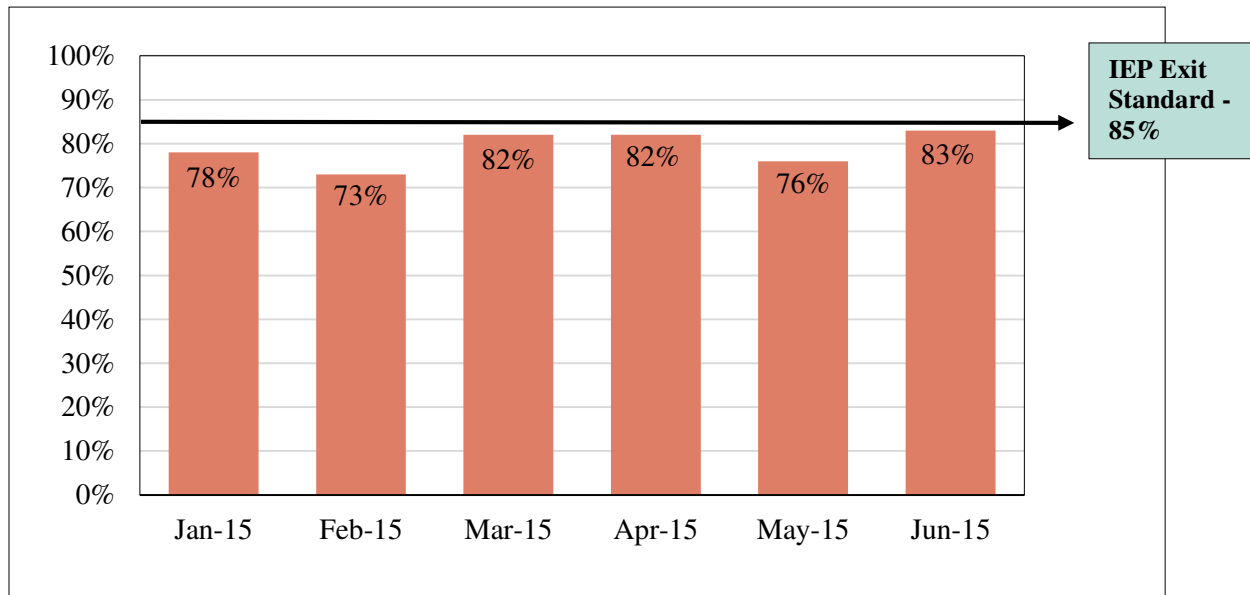
Source: CFSA Administrative Data, FACES.NET report CMT012; performance data from June 2014 through June 2015 include instances where there was documentation in the record that visits could not occur despite Agency efforts.

Performance for the period January 1 through June 30, 2015:

In June 2015, 358 children were applicable to this measure; 269 had weekly visits with the parent with whom reunification is sought and for an additional 29 children, there was documentation in the record that visits did not occur because the visit was not in the child's best interest, was clinically inappropriate or did not occur despite efforts made by the Agency, for a total of 83 percent of cases in compliance with this Exit Standard during the month.¹²¹ Between January and June 2015, monthly performance on this measure ranged between 73 and 83 percent (see Figure 27). This performance shows some improvement over the previous monitoring period but remains slightly below the level required by the IEP.

¹²¹ Of the total children who may have been included in this measure, 12 were excluded due to suspended visits by court order; 2 were excluded due to being classified as in abscondence for the whole month; and 18 were excluded due to "other suspended visits," which includes when a parent or child is incarcerated more than 100 miles away or when a child is placed outside of DC, Maryland, Virginia or placed in a residential treatment facility greater than 100 miles away.

**Figure 27: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
January – June 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 was completed for in-home staff on March 23 and 24, 2015 but has not yet been completed for permanency workers. CFSA reports that in-home staff continue to have regular consultation regarding implementation and they are working on a strategic plan to support staff in assessment and documentation of safety assessments. The training for permanency staff was delayed due to the competing demand that staff be trained on the CAFAS/PECFAS before the July 1, 2015 implementation of these assessments. CFSA anticipates that training for permanency workers will be completed in December 2015.

- *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 are assigned to families before or during Removal RED Team meetings and participate in development of a visitation plan and schedule with the social worker within the first 30 days of a case. For visits between parents and children, social workers have been utilizing additional partners, such as Project Connect and Parent Mentors/Advocates, as designees for supervising these visits. CFSA reports that supervisors utilize the social worker's dashboard in FACES.NET to monitor documentation of visitation and supervisors regularly communicate with social workers around visits and any support that is needed.

B. GOAL: PERMANENCY

1. Relative Resources

CFSA continues to emphasize the use of kin as placement 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.¹²² CFSA's Kinship Support unit is responsible for many of these strategies as well as 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.¹²³ CFSA continues to provide the Monitor quarterly data regarding the use of FTMs with sufficient back up data to demonstrate efforts to identify and invite family members to FTMs.

CFSA has previously met both Exit Standards applicable to identification and use of relative resources and performance was maintained during this monitoring period. Specifically, of the 91 families at-risk of having their children removed between January and June 2015, CFSA took necessary steps to offer or facilitate pre-removal FTMs in 76 cases (84%). Additionally, 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 132 cases (96%).¹²⁴

¹²² As of June 30, 2015, 21% of children and youth in out-of-home care were living with kin.

¹²³ The Kinship Family Licensing Unit and Diligent Search Unit work in tandem to assess the homes of potential kinship resources and complete necessary background checks. Additionally, staff is available to conduct fingerprinting on-site, which increases the speed and ease of licensing kinship resources.

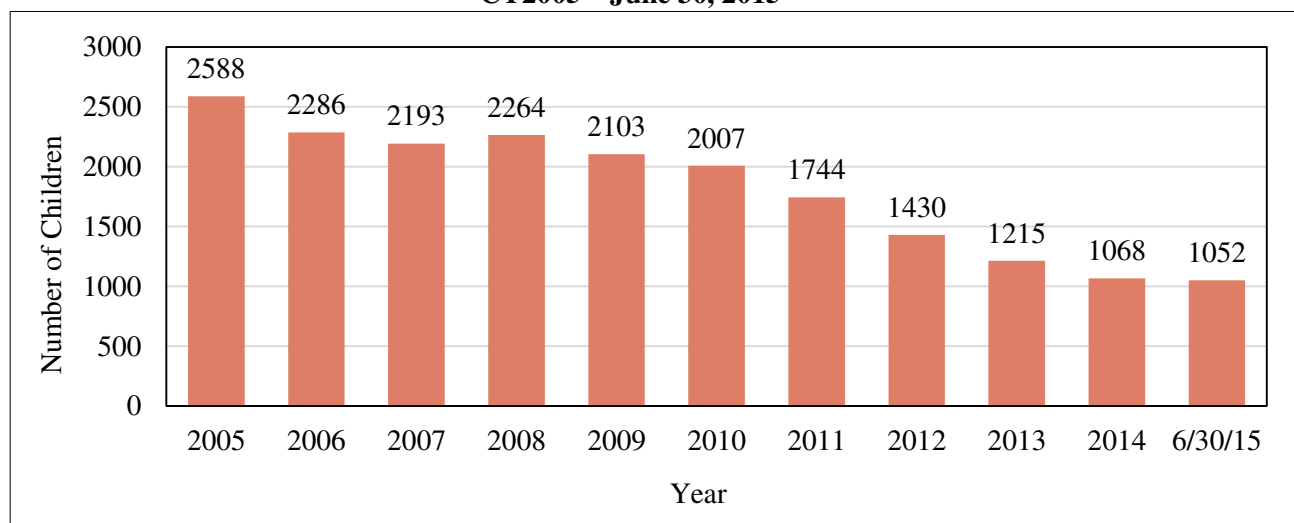
¹²⁴ The Monitor reviews back up data provided by CFSA regarding the number of family members and informal supports identified invited to and participating in FTMs.

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 28 below shows the number of children in out-of-home placement in the District of Columbia between December 31, 2005 and June 30, 2015. Although there was a steep decline between 2005 and 2014, the number of children in foster care has remained relatively the same since December 31, 2014.

**Figure 28: Number of Children in Out-of-Home Placements by Year
CY2005 – June 30, 2015**



Source: CFSA Administrative Data, FACES.NET report PLC156
CY2005 through CY2014 data are point in time data taken on the last day of the calendar year.

Demographics of Children in Out-of-Home Care

Table 6 below shows the number of children in out-of-home placement as of June 30, 2015 with basic demographic information. There were 1,052 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 (95%) and are either under the age of six (26%) or age 15 or older (40%) (see Table 6).

**Table 6: Demographics of Children in Out-of-Home Placement
as of June 30, 2015
N=1,052**

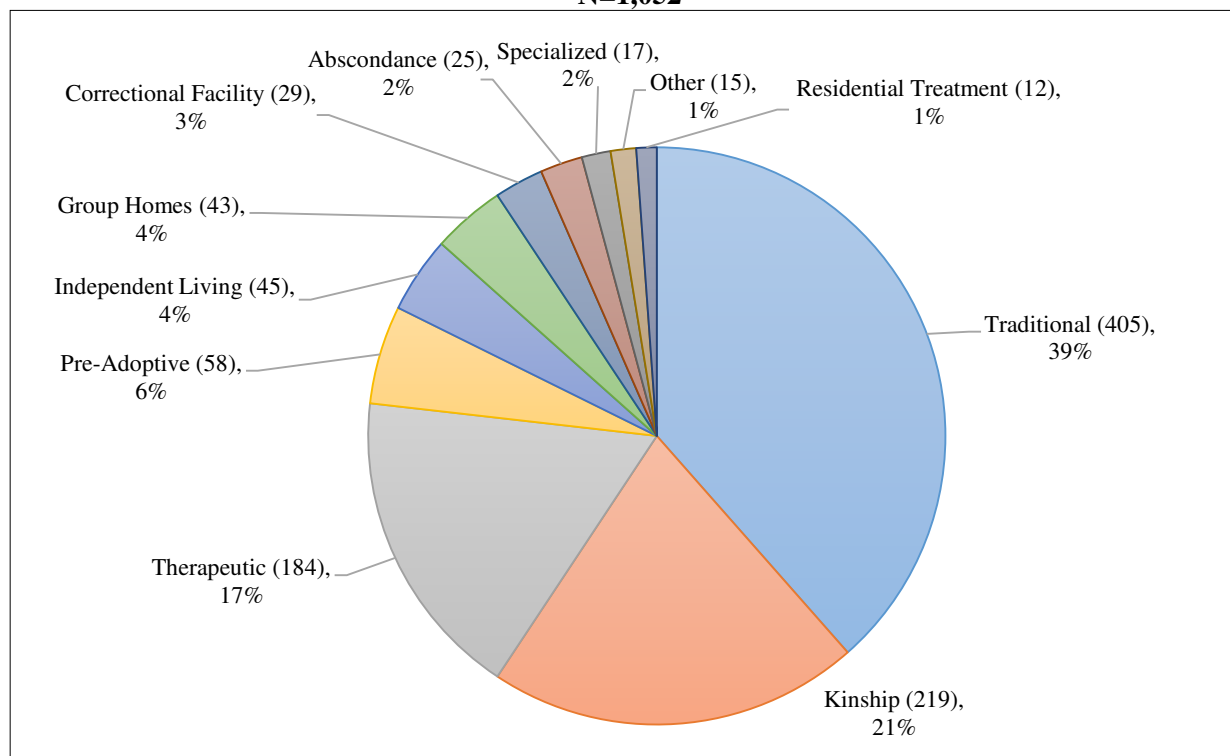
Gender	Number	Percent*
Male	538	51%
Female	514	49%
Total	1,052	100%
Race	Number	Percent
Black or African American	999	95%
White	31	3%
Asian	4	<1%
Unable to Determine/Unknown	1	<1%
No Race Data Reported	17	2%
Total	1,052	100%
Ethnicity	Number	Percent
Hispanic	88	8%
Non-Hispanic	940	89%
Unable to Determine	5	<1%
Unknown	19	2%
Total	1,052	100%
Age	Number	Percent
1 year or less	90	9%
2-5 years	187	18%
6-8 years	126	12%
9-11 years	97	9%
12-14 years	129	12%
15-17 years	175	17%
18-20 years	248	24%
Total	1,052	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 evidence is clear that children do best when they are living with families. Of the 1,052 children in out-of-home care on June 30, 2015, 884 (84%) were placed in family-based settings, including 219 (21%) in kinship homes. Figure 29 below displays the placement types for children in out-of-home care as of June 30, 2015.

**Figure 29: Placement Service Type for Children
in Out-of-Home Care as of June 30, 2015
N=1,052**



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

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

While in the last monitoring period all of the IEP placement measures were met, CFSA has failed to maintain required performance for several important placement outcomes during this monitoring period. They include the requirement that no child stay overnight at the CFSA office building (IEP citation II.B.8.) and that no child remain in an emergency, short-term foster home for more than 30 days (IEP citation I.B.8.b.)¹²⁵. In April 2015, on four separate occasions, a total of 11 children (three sibling groups and one youth) stayed overnight at the CFSA office and between April and June 2015, four children, on three separate occasions, stayed in hotel rooms

¹²⁵ IEP citation I.B.8.b. requires that no child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. During the current monitoring period, 1 child was placed for 36 days in a short-term foster home and the Monitor did not determine that this placement was appropriate.

while awaiting an appropriate licensed placement. The experience of children spending nights at the CFSA office while awaiting a placement is an old problem that had been previously resolved and thus its re-emergence this monitoring period was discouraging. CFSA staff were appropriately alarmed by these events and have been working to develop and execute a strategy plan to increase the number of licensed foster homes for both emergency and longer term stays as well as examining the placement process to ensure that after-hours placement needs are appropriately handled. Given the severity of this issue and information that indicates that these placement problems have continued into the July through December 2015 monitoring period, the Monitor will be recommending to the court that the Exit Standard that no child shall stay overnight at the CFSA office building be redesignated as an Outcome to be Achieved.

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 has special treatment or exceptional needs that cannot be met in a home-like setting.¹²⁶ 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 shall be placed in a congregate care setting for more than 30 days without appropriate justification. Between January and June 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. One of these children was discharged into a foster home placement in March 2015.

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, one child under the age of six continued 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.

¹²⁶ Placement exceptions were agreed upon in July 2011 and include: 1) medically fragile needs where there is evidence in the child's record and documentation from the child's physician that the child's needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility; 2) developmentally delayed or specialized cognitive needs where there is evidence that the child's condition places the child in danger to himself or others and that ensuring the child's safety or the safety of others requires placement in a congregate treatment program which can meet the child's needs; or 3) court order where the Court has ordered that the child remain in the group care setting.

3. Reduction of Multiple Placements for Children in Care

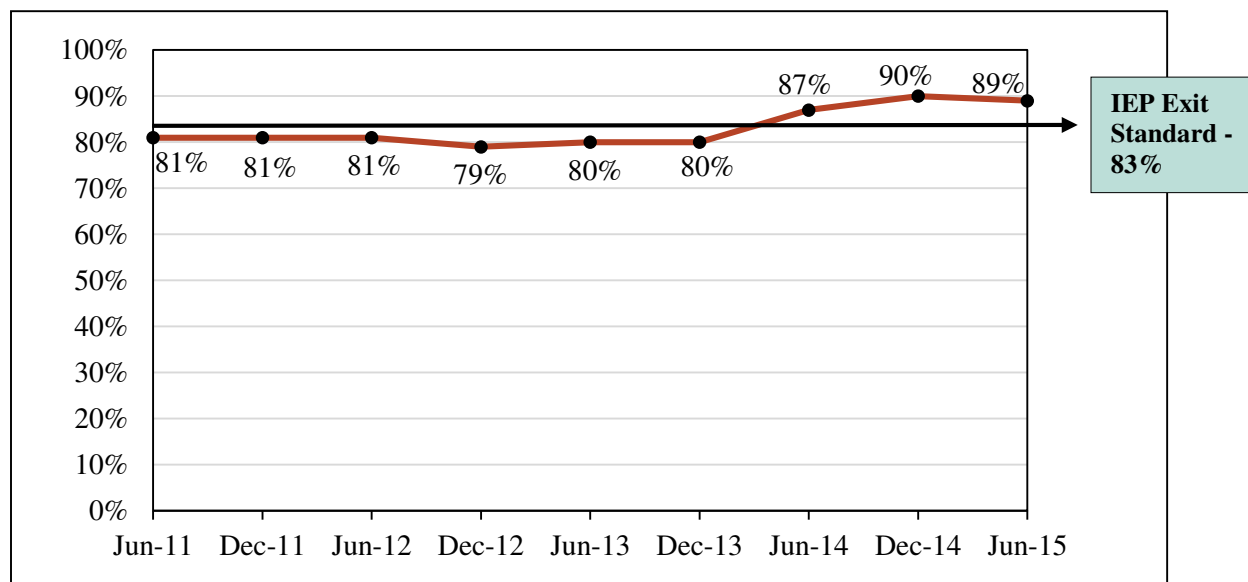
The Exit Standards that focus on placement stability has different required performance levels based on the length of time children are in care, due to the different placement trajectories and reasonable expectations for children who have been in care for shorter versus longer periods of time. The overall goal is to minimize placement moves for all children to the greatest extent possible recognizing the importance of placement stability to a child's well-being and the substantial evidence that now exists that demonstrates how children's well-being is harmed by multiple placements.

CFSA continued to meet the required level of performance for all three sub-parts of this Exit Standard (IEP citation I.B.13.a.-c.), which is designated as an Outcome to be Maintained (see Figures 30 – 35).

Children in Care at Least 8 Days and Less than 12 Months

This 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.

**Figure 30: Children in Foster Care at Least 8 Days and Less than 12 Months with 2 or Fewer Placements
June 2011 – June 2015**

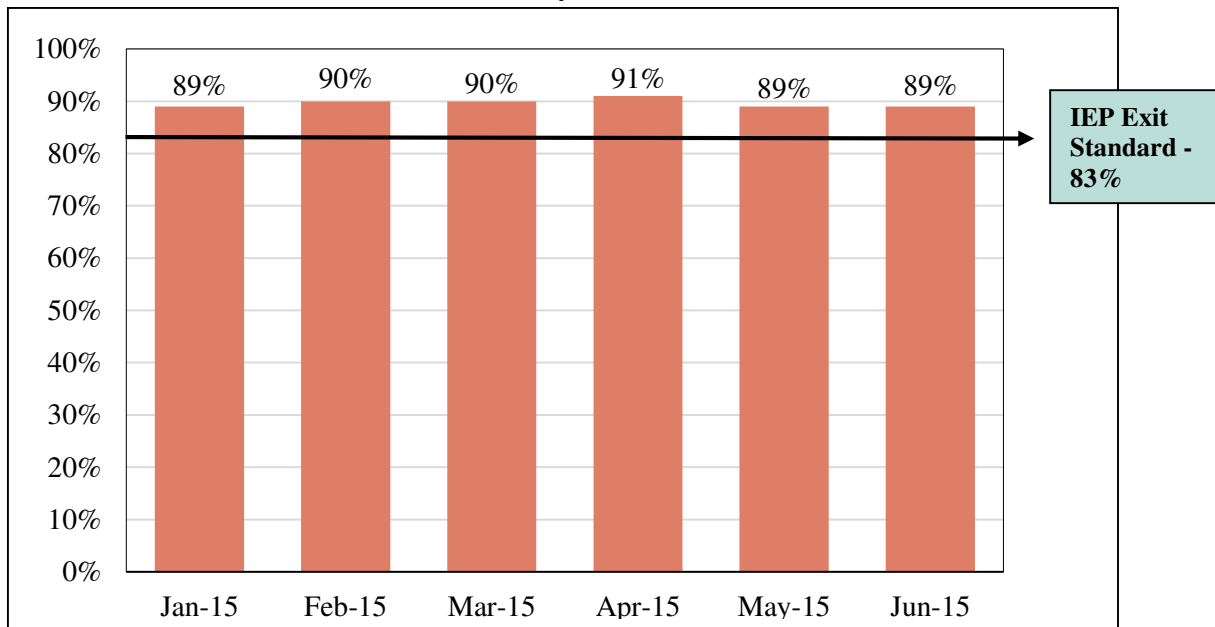


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period January 1 through June 30, 2015:

As of June 30, 2015, there were 393 children in foster care during the previous 12 months who were in care at least eight days and less than 12 months; 351 (89%) had two or fewer placements. As illustrated in Figure 31 below, between January and June 2015, a monthly range of 89 to 91 percent of children in foster care for eight days to less than 12 months had two or fewer placements, exceeding the required level of 83 percent every month.

**Figure 31: Children in Foster Care at Least 8 Days and
Less than 12 Months with 2 or Fewer Placements
January – June 2015**

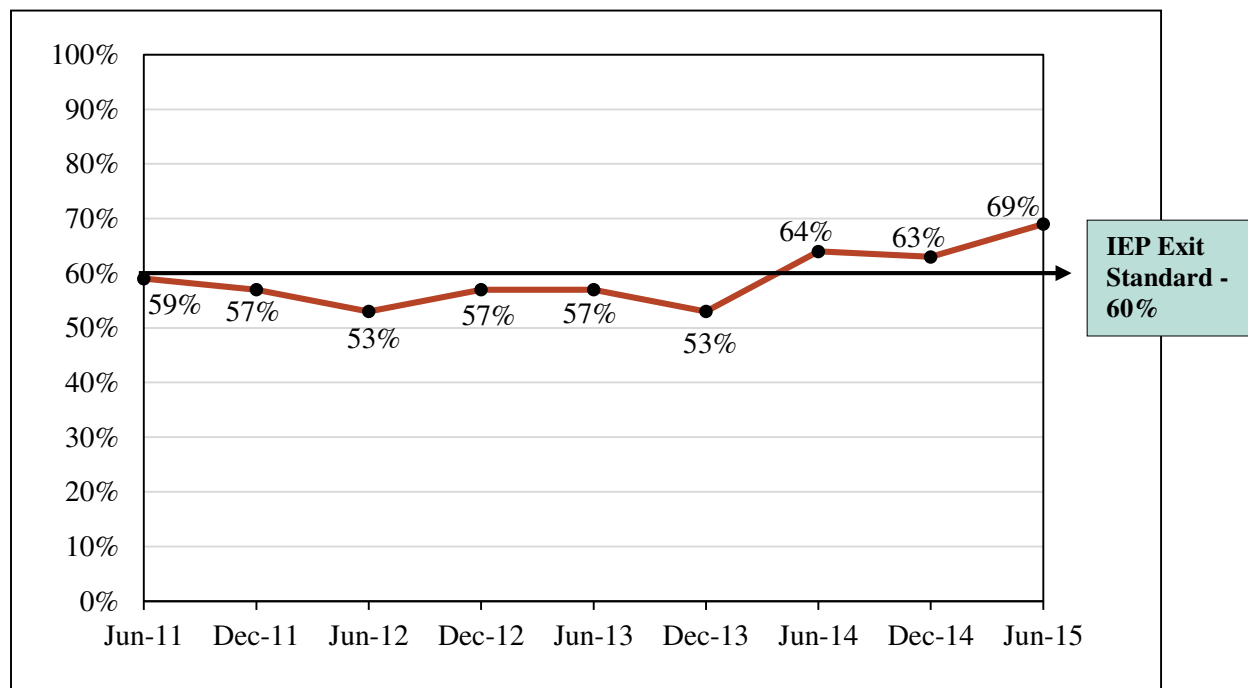


Source: CFSA Administrative Data, FACES.NET report PLC234

Children in Care at Least 12 Months but Less than 24 Months

This 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.

**Figure 32: Children in Foster Care at Least 12 Months but
Less than 24 Months with 2 or Fewer Placements
June 2011 – June 2015**

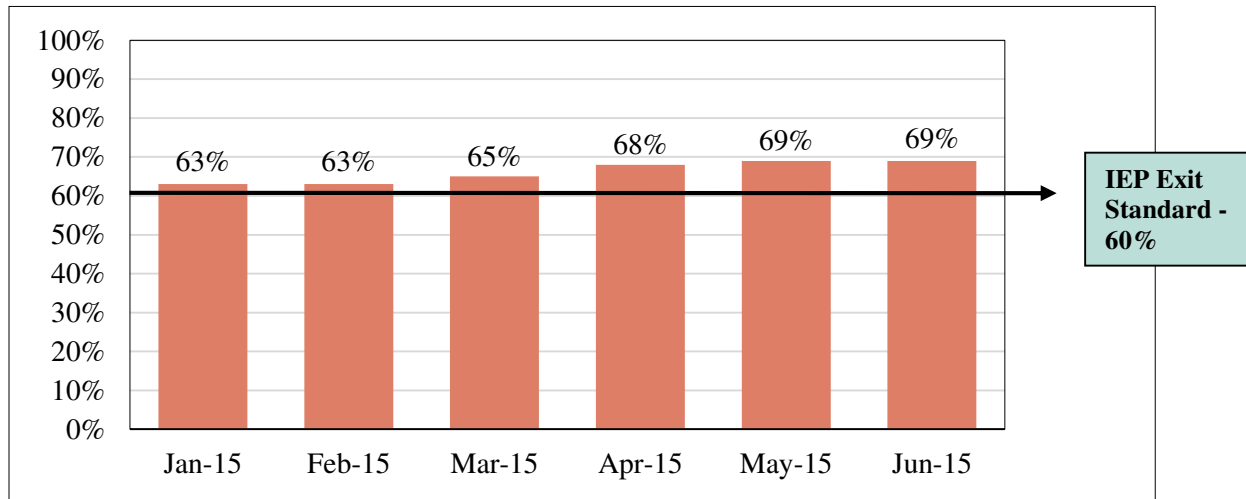


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period January 1 through June 30, 2015:

As of June 30, 2015, there were 291 children in foster care during the previous 12 months who were in care for at least 12 months, but less than 24 months; 201 (69%) had two or fewer placements. Between January and June 2015, a monthly range of 63 to 69 percent of children in foster care for 12 to 24 months had two or fewer placements (see Figure 33). CFSA continues to meet the required level of performance for this sub-part of the standard.

**Figure 33: Children in Foster Care at Least 12 Months but Less than 24 Months with 2 or Fewer Placements
January – June 2015**

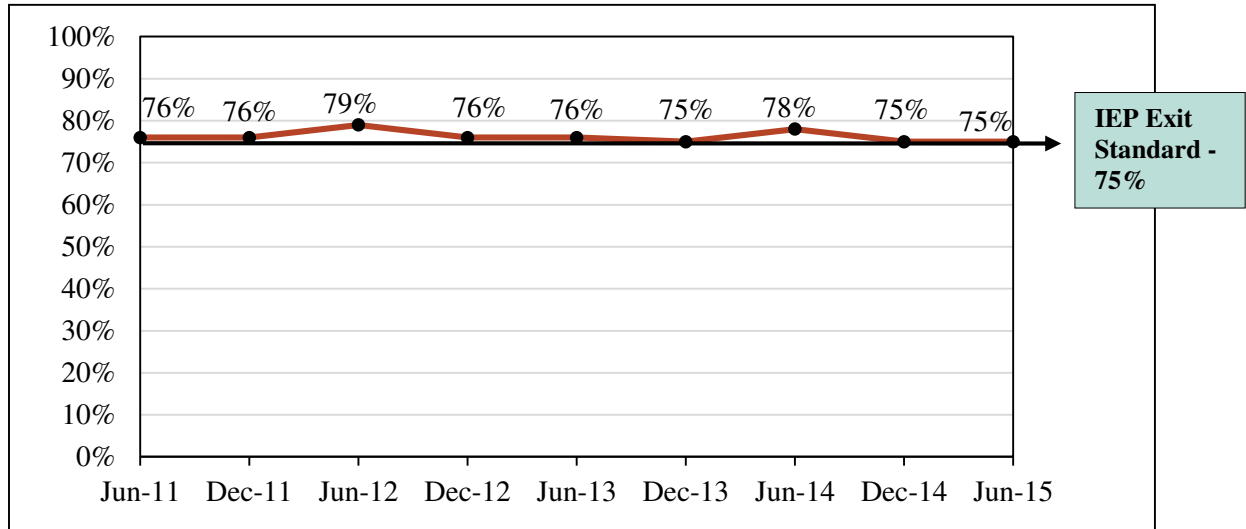


Source: CFSA Administrative Data, FACES.NET report PLC234

Children in Care at Least 24 Months during a 12 Month Period

For children in care 24 months or greater, the measure is purposely focused on the child's placement experiences in the past 12 months, since many of these children have 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.

**Figure 34: Children in Foster Care at Least 24 Months with 2 or Fewer Placements During a 12 Month Period
June 2011 – June 2015**

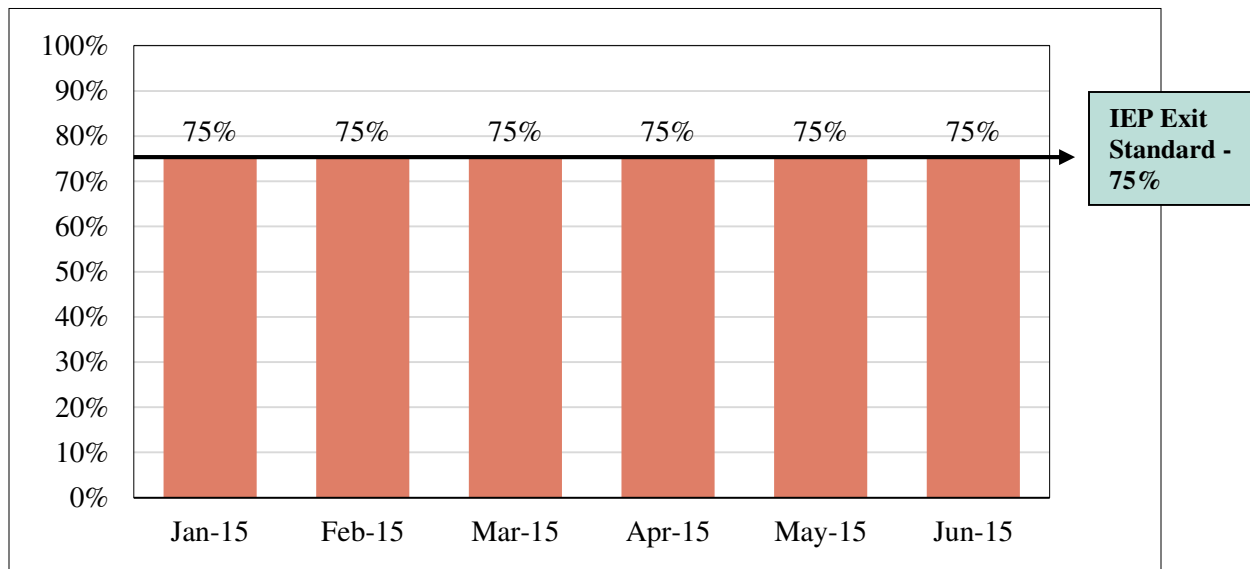


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period January 1 through June 30, 2015:

As of June 30, 2015, there were 703 children served in foster care during the previous 12 months who were in care for at least 24 months; 530 (75%) had two or fewer placements during the previous 12 months (see Figure 35). Performance for every month this period demonstrated 75 percent of children in care for at least 24 months had two or fewer placements within the past 12 months (see Figure 35). CFSA's performance continues to meet this sub-part of the Exit Standard requirement.

**Figure 35: Children in Foster Care at Least 24 Months
with 2 or Fewer Placements During a 12-Month Period
January – June 2015**

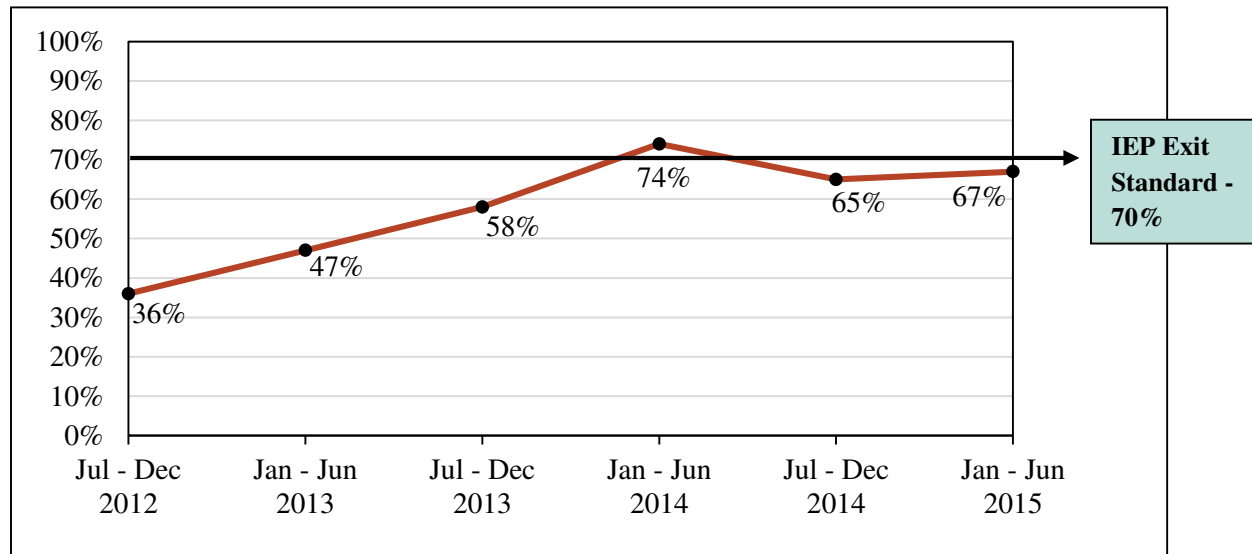


Source: CFSA Administrative Data, FACES.NET report PLC234

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. CFSA has been focusing its recruitment efforts to increase the number of licensed homes in the District and reports a continued trend of a higher percentage of initial placements occurring in the District of Columbia. This Exit Standard (IEP citation I.B.14.), requires that 70 percent of homes licensed will have been approved within 150 days of beginning training.

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



Source: CFSA Administrative Data, FACES.NET report PRD202

Performance for the period January 1 through June 30, 2015:

Between January and June 2015, CFSA and private agencies licensed 83 family foster homes; 56 (67%) of these homes were licensed with the required number of pre-service training hours and within the 150 day timeframe.¹²⁷ Performance on this Exit Standard has remained below the required performance level since the Exit Standard first was achieved in early 2014, however, it has improved since the previous monitoring period. Given the challenges CFSA has had recently in ensuring appropriate placements for children and youth in its custody, it is even more important that the processes for training, completing home studies and approving prospective families occur expeditiously.

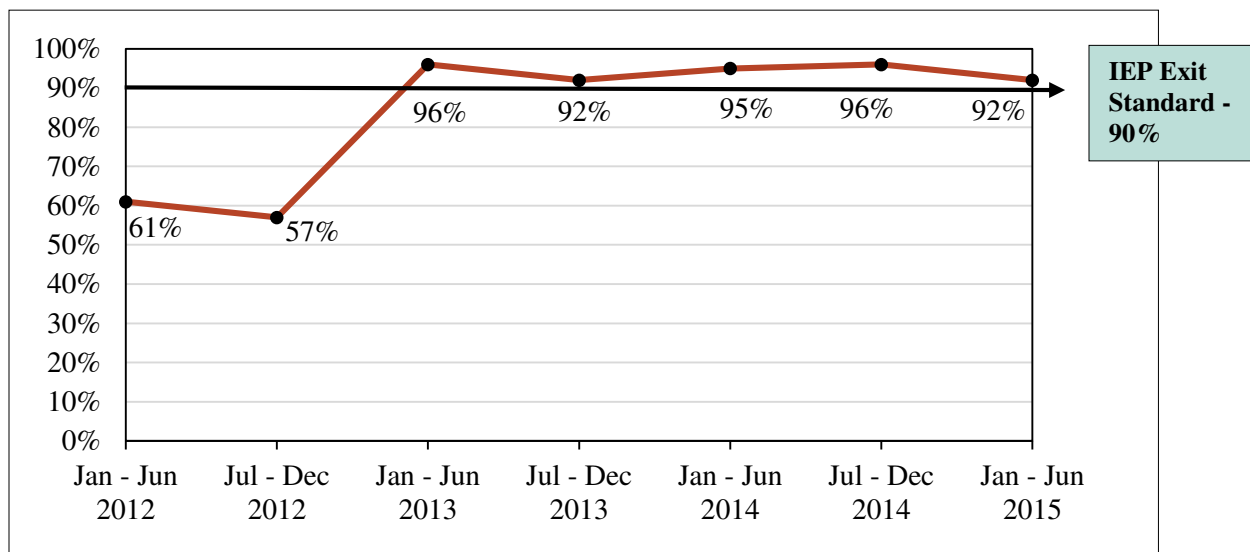
¹²⁷ Of the 56 homes that were licensed in the current monitoring period, no homes whose licensure took longer than 150 days were considered compliant due to circumstances that were beyond the District's control.

5. Appropriate Permanency Goals

The IEP requires that children have permanency planning goals consistent with the federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. There are a number of Exit Standards associated with this outcome that focus specifically on older youth in foster care and those children and youth with a permanency goal of Another Planned Permanent Living Arrangement (APPLA). CFSA has previously met and continues to maintain these IEP Exit Standards.¹²⁸

Discussion in this section also includes CFSA's current performance on the Exit Standard that requires youth transitioning out of care to have a transition plan developed that summarizes work to date, the youth's goals and provides guidance on next steps required to support the youth in transitioning from foster care (IEP citation I.B.12.c.). These plans must be individualized and developed with the youth and his/her identified supportive team. Further, plans should provide the youth with appropriate connections to specific options on housing, health insurance, education and linkages to continuing adult support services agencies. Since June 2013, CFSA has met this IEP Exit Standard which requires at least 90 percent of youth age 18 and older have a current youth transition plan (YTP).

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



Source: CFSA Manual Data and FACES.NET report CMT391

¹²⁸ 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.

Performance for the period January 1 through June 30, 2015:

CFSA has improved its practice with adolescents, specifically 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 Youth Transition Plan (YTP) developed with their involvement, their social worker and others the youth identifies for 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 249 youth ages 18 and older under CFSA care between January and June 2015, 11 youth were in abscondence, developmentally disabled or refused to participate in the development of a YTP and were excluded from analysis. Thus, out of 238 applicable youth, 219 (92%) 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 these plan address appropriate connections to specific options on housing, health insurance, education and linkages to continuing adult support services agencies.¹²⁹ Fifty-four youth transitioned from CFSA care during this monitoring period and 40 of these youth's plans were reviewed.¹³⁰ CFSA found that 39 of those 40 plans (98%) had addressed appropriate connections to specific services and options. CFSA continues to report that the online version of the Foster Club toolkit, the new YTP tool, is still not available online due to capacity issues with the contractor. A small group of OYE staff tested and provided feedback on the online tool, but adaptations to the tool were impeded because of Foster Club's internal staffing issues, which has been frustrating to and beyond the control of CFSA.¹³¹ An electronic (PDF) version of the tool is being used by workers and youth until it is available online.

CFSA is currently assessing the range of aftercare services available for older youth. Collaboratives have reported to the Monitor that in some cases, they are becoming involved with older youth one year before the youth exit care in order to better and more seamlessly connect them to any adult services they need. The Monitor will continue to track changes to aftercare and the impact of those changes on outcomes for older youth.

¹²⁹ The Monitor has previously participated in this review and validated findings.

¹³⁰ CFSA notes that 14 youth were excluded from the review because of early case closure (2), being developmentally delayed and unable to participate in a YTP (1) or being in abscondence at the time of their transition from care (11).

¹³¹ CFSA reports that Foster Club designed and owns the toolkit and so CFSA is dependent on this contractor for the final online tool.

6. Timely Adoption and Permanency

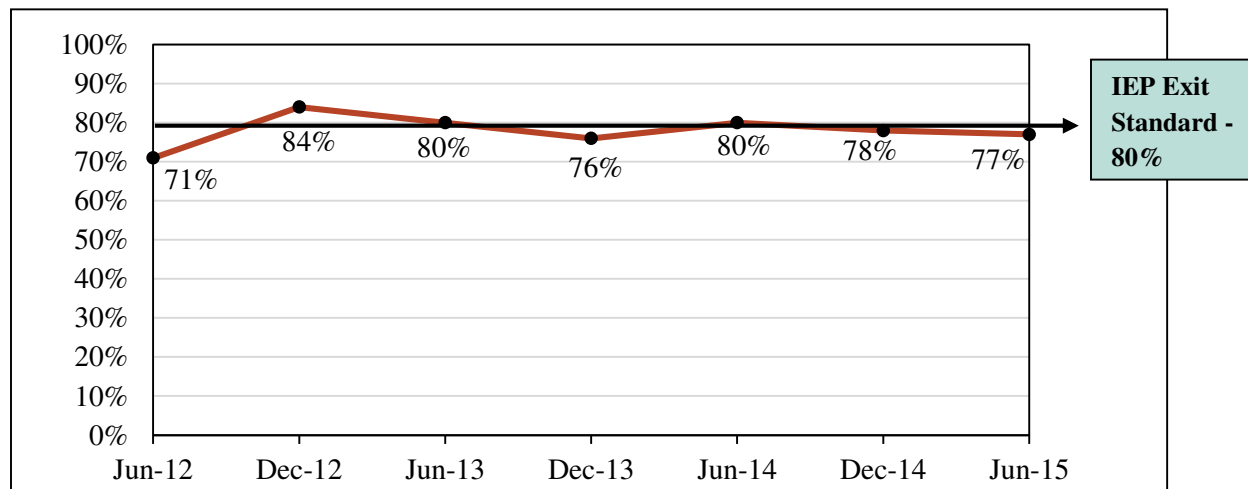
There are a number of IEP outcomes that track processes designed to facilitate timely achievement of permanency goals for children. These include:

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

Approved Adoptive Placement

The IEP requires that children with a goal of adoption be placed in an approved adoptive placement within nine months of their permanency goal becoming adoption.¹³² 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.¹³³ 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.

**Figure 38: Children Placed in Pre-Adoptive Home
Within 9 Months of Goal Change to Adoption
June 2012 – June 2015**



Source: CFSA Administrative Data, FACES.NET report ADP070

¹³² Pursuant to the IEP, the Monitor considers a placement an approved adoptive placement based on documentation of an intent to adopt, filing of an adoption petition or indication in the FACES.NET services line of an approved adoptive placement.

¹³³ 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.

Performance for the period January 1 through June 30, 2015:

This Exit Standard requires that 80 percent of the children whose goal changed to adoption on July 1, 2010 or thereafter be placed in an approved adoptive placement by the end of the ninth month from when their goal changed to adoption. From January through June 2015, 51 (77%) of 66 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change. This performance is consistent with previous performance but slightly below the Exit Standard for the second monitoring period in a row. However, this Exit Standard involves a small cohort of children and the variation from the required performance level remains low. Thus, in the Monitor's judgement, this change in performance is insubstantial and the requirement continues to be maintained.

Reasonable Efforts to Finalize Adoptions

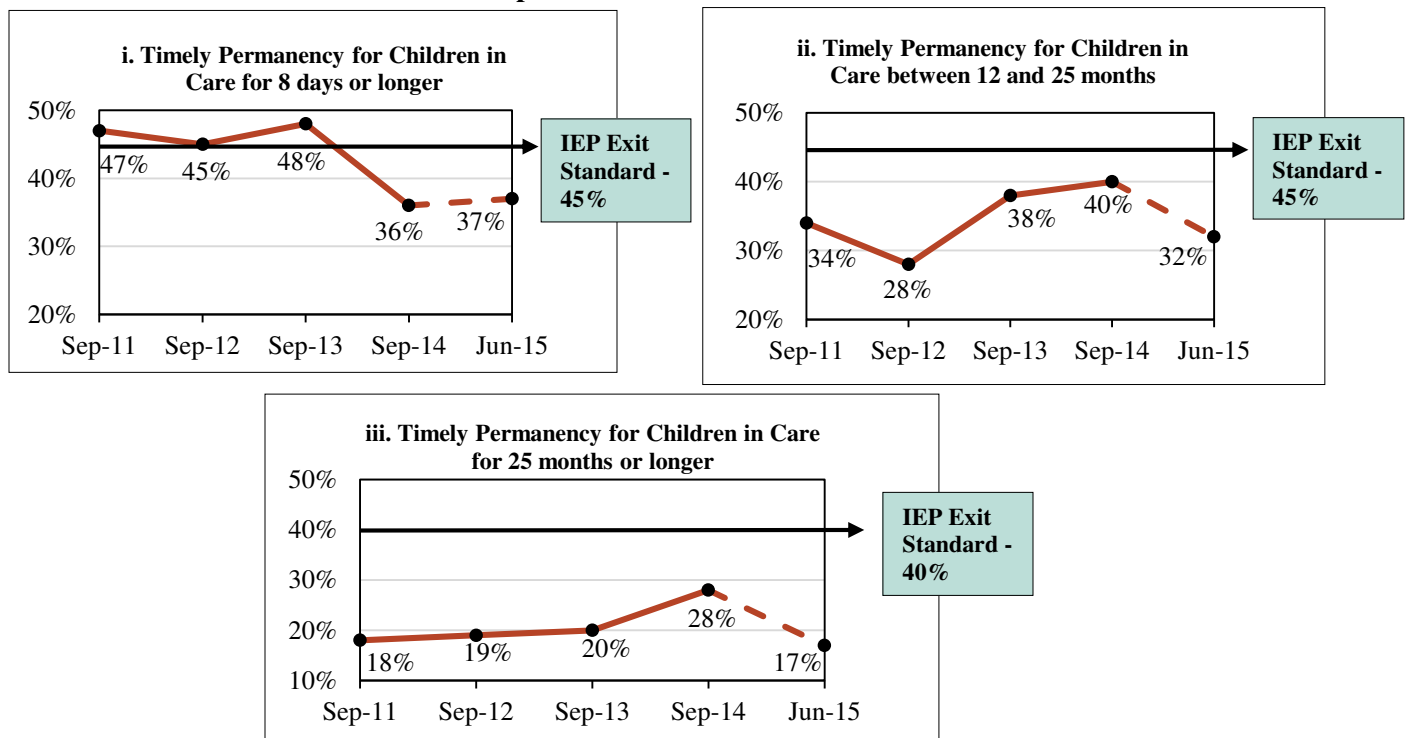
CFSA is required to ensure that 90 percent of children are adopted, or reasonable efforts are made to have them adopted, within 12 months of being placed in a pre-adoptive home (IEP citation I.B.16.b.iii.). This Exit Standard is currently designated as an Outcome to be Maintained.

From January through June 2015, 90 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 30 adoptions were finalized during this monitoring period. Of those 30, 16 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 11 children. Monitor staff participated in the review of the children's cases that took longer than 12 months to finalize and agreed that reasonable efforts had been made despite the delays. CFSA continued to meet the Exit Standard during the current monitoring period.

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 39i-iii: Timely Permanency for Children
September 2011 – June 2015**



Sources: CFSA Administrative Data, FACES.NET report CMT384 and CMT385
Performance not yet due until September 2015

Performance for the period September 30, 2014 through June 30, 2015:¹³⁴

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 be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for entry cohorts of children based on their length of stay in foster care. The sub-parts are measured annually as of the end of the fiscal year, so performance on this Exit Standard is not yet due until September 30, 2015. The following discussion is of performance as of the end of the monitoring period, three months shy of the end of the fiscal year.

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, 109 (37%) exited to positive permanency by June 30, 2015. Performance has already exceeded performance over last monitoring period and CFSA met the Exit Standard by September 30, 2015.¹³⁵

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, 75 (32%) achieved positive permanency by June 30, 2015. Performance remains similar to previous monitoring periods and is below the Exit Standard.¹³⁶

The third and last part of the Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 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, 91 (17%) achieved permanency by June 30, 2015. Performance has declined since this same time last year and remains far below the Exit Standard requirement.¹³⁷

¹³⁴ This timeframe differs from other sections as performance on this Exit Standard is measured through the fiscal year.

¹³⁵ Although outside this monitoring period, performance data as of September 30, 2015 were available at the time of the writing of this report and 45% of the children in this cohort achieved permanency, meeting this subpart of the Exit Standard.

¹³⁶ Although outside this monitoring period, performance data as of September 30, 2015 were available at the time of the writing of this report and 40% of the children in this cohort achieved permanency. This performance is the same as September 2014 performance and does not meet this subpart of the Exit Standard.

¹³⁷ Although outside this monitoring period, performance data as of September 30, 2015 were available at the time of the writing of this report and 20% of the children in this cohort achieved permanency. This represents a decline in performance and does not meet this subpart of the Exit Standard.

Table 7:
Children and Youth Exiting to Permanency by Cohort as of June 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 June 30, 2015
8 days – 12 months	295	105 (36%)	0 (0%)	0 (0%)	4 (1%)	109 (37%)
12 – 24 months	233	28 (12%)	13 (6%)	6 (3%)	28 (12%)	75 (32%)
25 months or more	545	17 (3%)	13 (2%)	27 (5%)	34 (6%)	91 (17%)

Sources: CFSA Administrative Data, FACES.NET reports CMT384 and CMT385
Percentages have been rounded

Performance on Strategy Plan:

CFSA has implemented a new approach to concurrent planning¹³⁸ and is using the RED Team consultation and information sharing framework to ensure that workers make deliberate efforts to help children achieve timely permanency. CFSA's implementation of these strategies 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 reports that workers are engaged in concurrent planning with families, having upfront discussions with parents about implications of concurrent planning and ongoing discussions with resource parents. CFSA does not currently collect data on the use of the concurrent planning protocol.

- *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).*

¹³⁸ CFSA worked previously with the National Resource Center for Permanency and Family Connections to define concurrent planning, a 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 remains committed to using RED Team meetings to bring teams together to review and resolve issues to permanency for children. Big RED and Permanency RED Teams were conceptualized as a way for teams to come together to figure out the steps needed to address barriers and achieve timely permanency for children. Case planning RED Team meetings are expected to occur every 30 days after an initial team meeting (a removal/case transfer RED Team). Implementation is still in process and there is a lack of consistency in performance in convening these meetings as planned both within CFSA and the private agencies.

Permanency Big RED meetings on cases managed by CFSA were expected to occur every Monday, however, there have been some challenges in consistently holding these meetings. Private agencies have been directed to follow the same protocols but practice is inconsistent and some agencies are reportedly no longer holding these meetings. Given the volume of cases and time needed for Big RED meetings, CFSA and the private agencies now intend to use Big RED meetings for targeted cases, however, it is unclear to the Monitor how these cases will be identified and with what regularity the Big RED process will be used as a primary driver for review of permanency progress.

7. Case Planning Process

The case planning process Exit Standard requires CFSA to work with families: (1) to develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes which reflect the family's and child(ren)'s needs and are updated as family circumstances or needs change and (2) to deliver services reflected in the current case plan. Every effort should 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 court ordered case plans¹³⁹; 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.

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 appropriate case planning. These indicators, *Planning Interventions* and *Pathway to Case Closure*, are described in further detail in Figures 40 and 41, 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.

¹³⁹ 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.

Figure 40: QSR Planning Interventions Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁴⁰

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.

¹⁴⁰ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013. p. 62-65.

Figure 41: QSR *Pathway to Case Closure* Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁴¹

Pathway to Case Closure

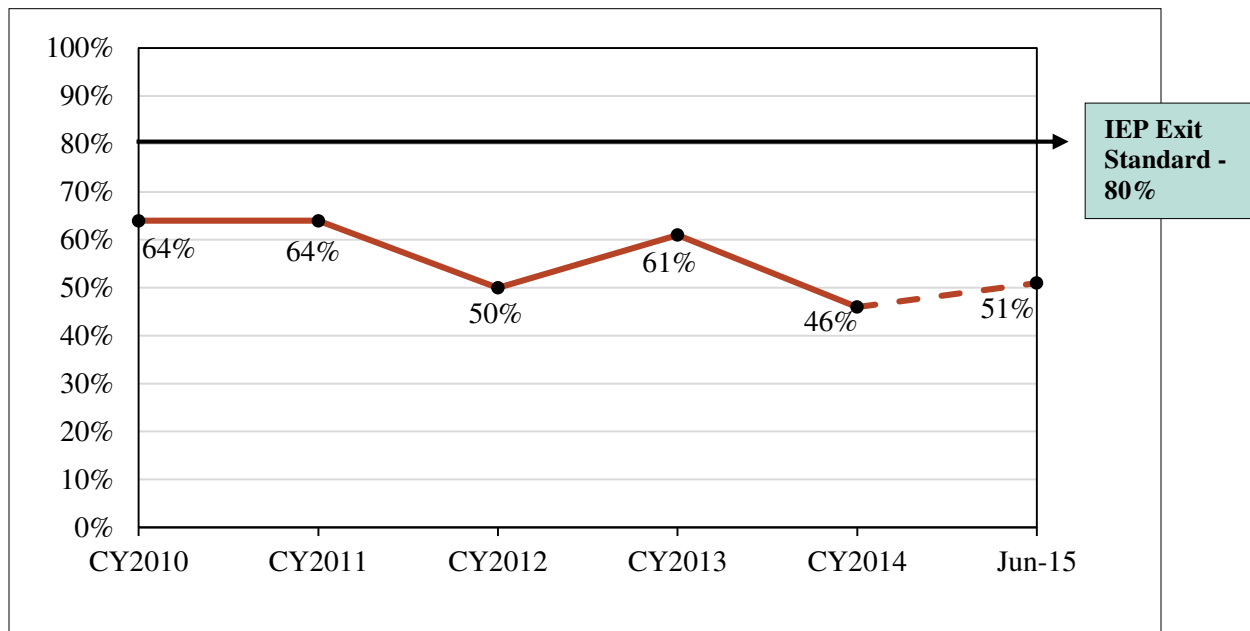
- *Parameters Reviewers Consider:* To what degree: (1) Is there a clear, achievable case goal including concurrent and alternative plans? (2) Does everyone involved, including family members, know and agree on what specific steps need to be achieved in order to achieve the case goal and close the case 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.

¹⁴¹ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013. p. 58-59.

**Figure 42: QSR Findings on Case Planning Process
CY2010 – June 2015**

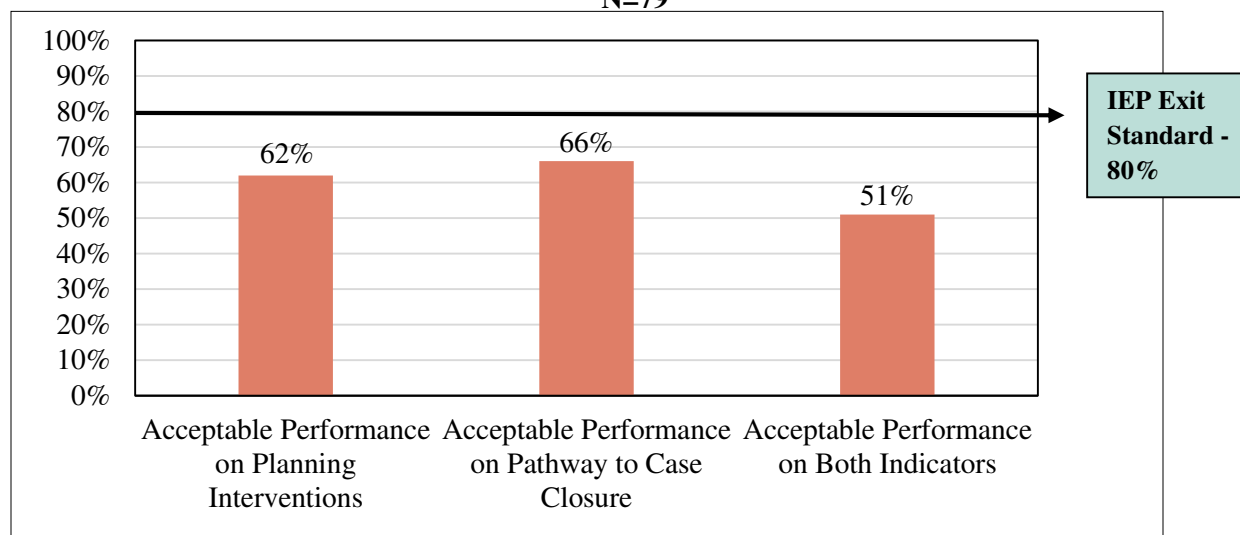


Source: QSR Data; June 2015 includes data from QSRs conducted January – June 2015; this trend chart will be updated based on CY2015 data in the next monitoring period.

Performance for January 1 through June 30, 2015:

Between January and June 2015, 79 cases were reviewed using the QSR methodology; in 67 cases the focus child was living in out-of-home placement and in 12 cases the focus child was receiving services through an in-home case. As Figure 43 indicates, 51 percent (40 of 79) of cases reviewed were rated as acceptable on *both* the overall *Planning Interventions* and *Pathway to Case Closure* indicators. In some cases, reviewers rated practice on one indicator as acceptable, while their assessment of practice on the other indicator was unacceptable. Specifically, 62 percent of cases (49 of 79) were rated acceptable on the *Planning Interventions* indicator and 66 percent of cases (52 of 79) 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 far below the Exit Standard requirement of 80 percent acceptable.

Figure 43: QSR Findings on Case Planning Process
January – June 2015
N=79



Source: QSR Data January – June 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 provider¹⁴² was responsible for case management. Only 38 percent (13 of 34) of cases managed by the private agencies were rated acceptable on both indicators compared to 60 percent (27 of 45) of cases managed by CFSA. This difference in performance is statistically significant¹⁴³ and suggests the need to focus efforts to integrate the work and new tools at CFSA across the private agencies and to strengthen the planning and partnership between CFSA and the private sector.

Table 8: Performance on QSR Indicators for Out-of-Home Placement Cases
by Case Management Provider

CFSA (out-of-home cases) N=33	Private Agencies N=34
<i>Planning Interventions</i>	
73% (24)	59% (20)
<i>Pathway to Case Closure</i>	
76% (25)	56% (19)
<i>Both Indicators</i>	
67% (22)	38% (13)

Source: QSR Data, January – June 2015

¹⁴² Seven different private agencies were responsible for providing case management services in the cases reviewed through the QSR between January and June 2015.

¹⁴³ Analyses indicate this difference is statistically significant at a level of $p < .05$.

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 performance its case planning process:

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

CFSA reports that FTMs are typically held within 72 hours of a child's placement in foster care. During this meeting, the professional team engages the family in planning for the implementation of supports and services to meet the child and family needs. The information gathered during the meeting is used to inform the functional assessments and identify supports and services needed to meet immediate needs.

- *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).*

CFSA implemented and rolled-out a new case plan in FACES.NET beginning July 1, 2015. This updated case plan incorporates new functional assessment tools which have now been integrated into FACES.NET and are to be used in planning for the appropriate interventions to support child and family well-being. CFSA reports that while it remains an agency-wide expectation, there has been inconsistent use and implementation of the 30-day case planning RED Team meetings both within CFSA and the private agencies. They are now working to address the implementation issues within CFSA and the private agencies with a goal of consistent, agency-wide implementation by January 2016. This is an unfortunate delay because the 30 day case planning RED Teams were designed to be an important part of the strategic work to improve the case planning process.

- *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).*

CFSA implemented a re-designed trauma-focused case plan on July 1, 2015. There is no information yet available on the functioning of the new case plan, its use in planning for families

or its impact on case planning with families. Additionally, no data has been provided to the Monitor on the completion of the new functional assessments and their use in case planning. CFSA has identified that there has been an inconsistent use of the 30-day case planning RED Team meetings within CFSA and the private agencies, which they are hoping to fix by January 2016. However, as noted above, it is unclear to the Monitor why there has been no routine data collection to assess implementation of the new functional assessment tools and case planning documents.

- *By September 30, 2015, CFSA will develop with a national expert 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. Lohrbach is currently working with CFSA staff from multiple administrations including Program Operations, Agency Performance, Child Information Systems Administration (CISA) and the private agencies to develop a tool for monitoring fidelity to the RED Team process. The workgroup is building off the Hotline RED Team Readiness Tool, which is used to assess fidelity of the Hotline RED Team process.

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 visitation between siblings if they are placed apart (IEP citations I.C.20.a.&b.).

As of June 30, 2015, 84 percent of children who entered care with their siblings or within 30 days of their siblings between January and June 2015 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 79 to 91 percent of siblings had at least monthly visits and 72 to 84 percent of siblings had at least twice monthly visits with their brothers and/or sisters.¹⁴⁴

¹⁴⁴ The IEP Exit Standard requires 80% of children have monthly visits with their separated sibling(s) and 75% of children have twice monthly visits with their separated sibling(s). In February 2015, 79% of children had at least monthly visits, 1% below the required level. In January and February 2015, performance for twice monthly visits was 72 and 74% respectfully, within 3% of the required level. The Monitor considers this to be an insubstantial deviation and compliance with this Exit Standard to be maintained.

2. Assessments for Children Experiencing a Placement Disruption

In an effort to increase children's placement stability, 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 (IEP citation I.C.21.). CFSA uses the Child Needs Assessment (CNA) tool for this purpose for all children who enter care or require a placement change. The CNA collects information on the child's needs in numerous domains, including mental and behavior health, medical and physical characteristics, personal care, education and cultural and linguistic. Based upon 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 residential treatment facility. A CFSA Resource Development Specialist completes this tool which CFSA reports assists staff within the Placement Services Administration identify appropriate placements. The Monitor has reviewed a random sample of CNAs completed during the current monitoring period and has concerns that these tools may not be utilized to their full potential. Documentation indicates limited involvement by team members in completing the assessment. In most cases that the Monitor reviewed, the Resource Development Specialist and social worker were the only participants in the meeting.

During the current monitoring period, between 21 and 35 placement disruptions occurred each month, an increase since the previous monitoring and likely due to the placement issues discussed earlier in this report. A monthly range of 62 and 95 percent of children experiencing a disruption had a CNA completed within 30 days of notification of the need for a placement change.¹⁴⁵ Specifically, in June 2015, there were 35 placement disruptions and a CNA was timely completed in 31 (89%) instances. Performance only reached the required level of 90 percent during one month this period; the Monitor considers this Exit Standard to not be maintained.

¹⁴⁵ Monthly performance are as follows: January, 83%; February, 79%; March, 95%; April, 86%; May, 62%; June, 89%.

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 preplacement and replacement screenings, full medical and dental evaluations and that caregivers are provided with Medicaid numbers and cards.

Full Medical Evaluation and Full Dental Evaluation

During the previous monitoring period, CFSA achieved both of the Exit Standards¹⁴⁶ related to timely access to full medical and dental evaluations. CFSA maintained performance on the Exit Standards pertaining to full medical evaluations within 30 days (87 – 94%) and within 60 days (94 – 98%) of placement in care. CFSA also maintained performance on the Exit Standards pertaining to full dental evaluations within 30 days (56 – 82%), within 60 days (85 – 95%) and within 90 days (86 – 95%) of placement in care.

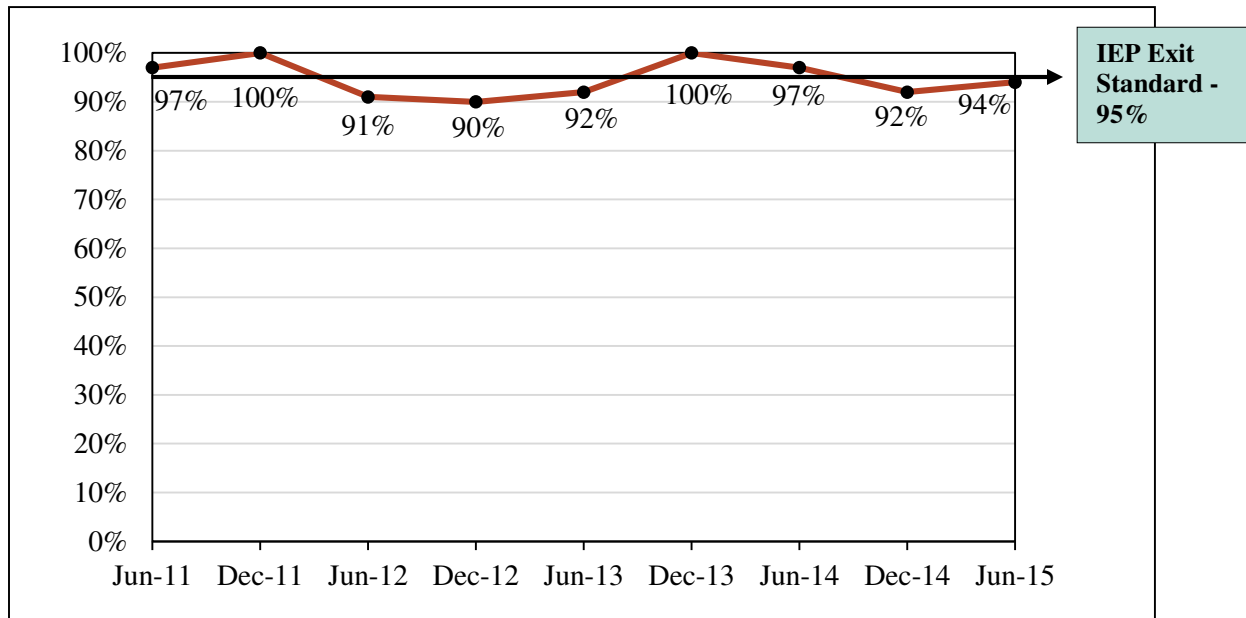
Health Screening Prior to Placement

The IEP requires children in foster care to have a health screening prior to an initial placement, re-entry into care or change in placement. The purpose of the health screening prior to placement is to identify health conditions that require prompt medical attention such as acute illnesses, chronic diseases, signs of abuse or neglect, signs of infection or communicable diseases, hygiene or nutritional problems and developmental or mental health concerns. Additionally, the screening gathers information about the child's health care needs to be shared with the child's foster parent or caregiver, social worker and other service providers. During this monitoring period, CFSA met the performance level required by the IEP for the first time.

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

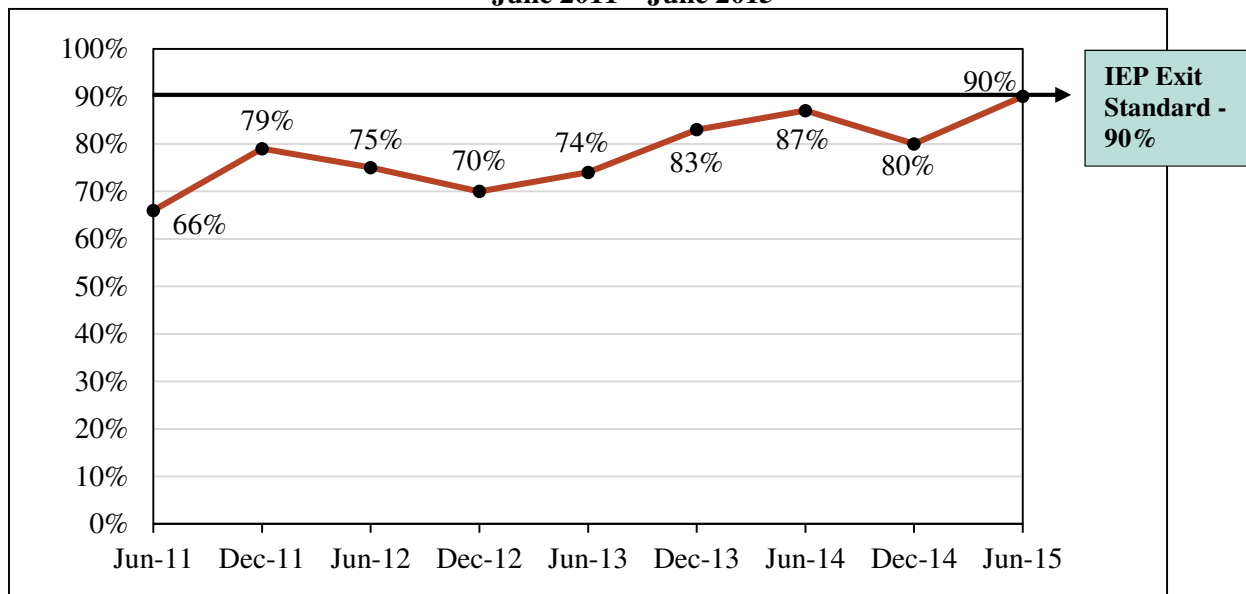
¹⁴⁶ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance during this monitoring period (IEP citation I.C.22.b.i.) and (IEP citation I.C.22.b.ii.).

**Figure 44: Percentage of Children who Received a Health Screening Prior to Placement
(Initial or Re-Entries)
June 2011 – June 2015**



Source: CFSA Administrative Data, FACES.NET report HTH004

**Figure 45: Percentage of Placement Activities where Children Received a
Health Screening Prior to Replacement
(for Children with Multiple Placements)
June 2011 – June 2015**



Source: CFSA Administrative Data, FACES.NET report HTH004

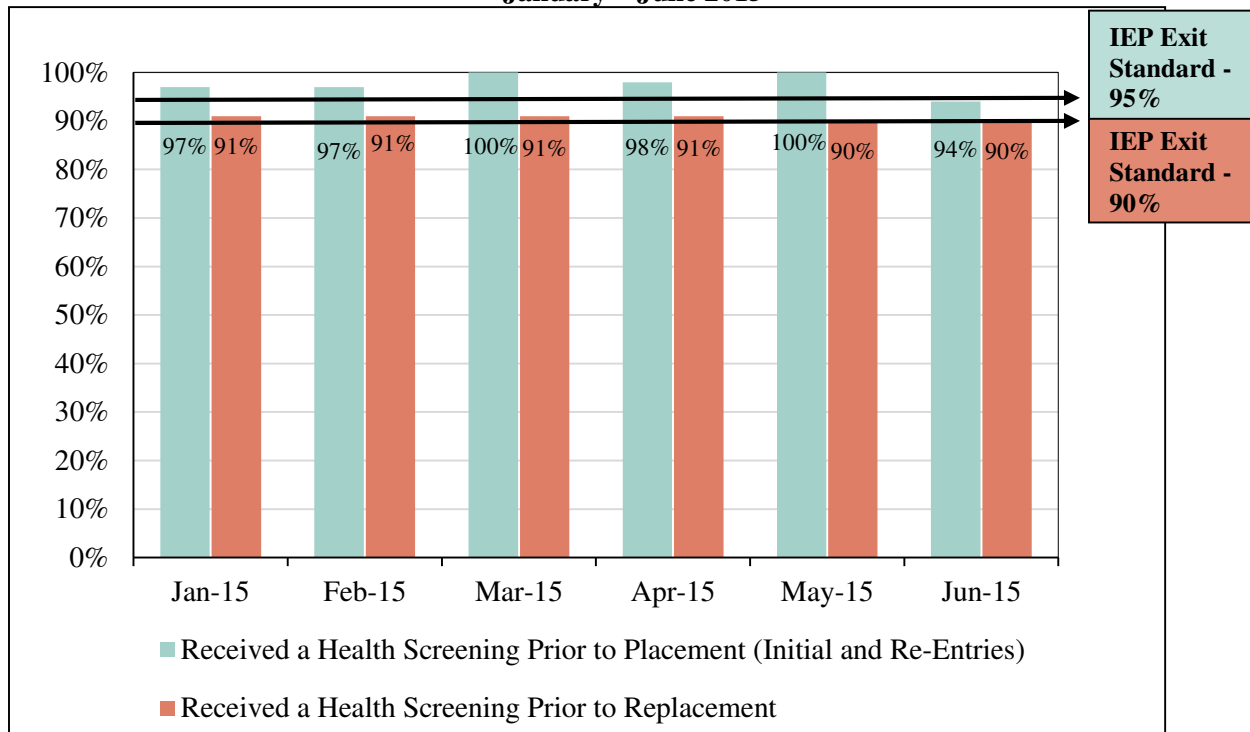
Performance for the period January 1 through June 30, 2015:

In June 2015, of the 32 children who were initially placed or re-entered foster care, 30 (94%) received a health screening prior to being placed (see Figure 46). Between January and June 2015, performance on this measure ranged between 94 and 100 percent monthly, meeting or exceeding this sub-part of the Exit Standard requirement for five of the six months of the monitoring period. This represents an increase in performance from the previous monitoring period during which the Exit Standard was only met three of the six months.

During the month of June 2015, there were 100 child placement change activities that required the child be medically screened prior to placement. In 89 (90%) of the placement changes, the child received a health screening prior to the change in placement. Performance for this sub-part of the Exit Standard ranged between 90 and 91 percent monthly from January through June 2015 (see Figure 46) and met the required level of performance for this sub-part of the Exit Standard during all six months.

Based on these data, CFSA fully met or fell just short of the performance required by the IEP on initial health screenings prior to placement and met required performance for health screenings prior to a placement change in any month. The Monitor considers this Exit Standard achieved and will recommend to the court that it be designated as an Outcome to be Maintained.

**Figure 46: Percentage of Children who Received a Health Screening Prior to Placement (Initial and Re-Entries) and Replacement
January – June 2015**

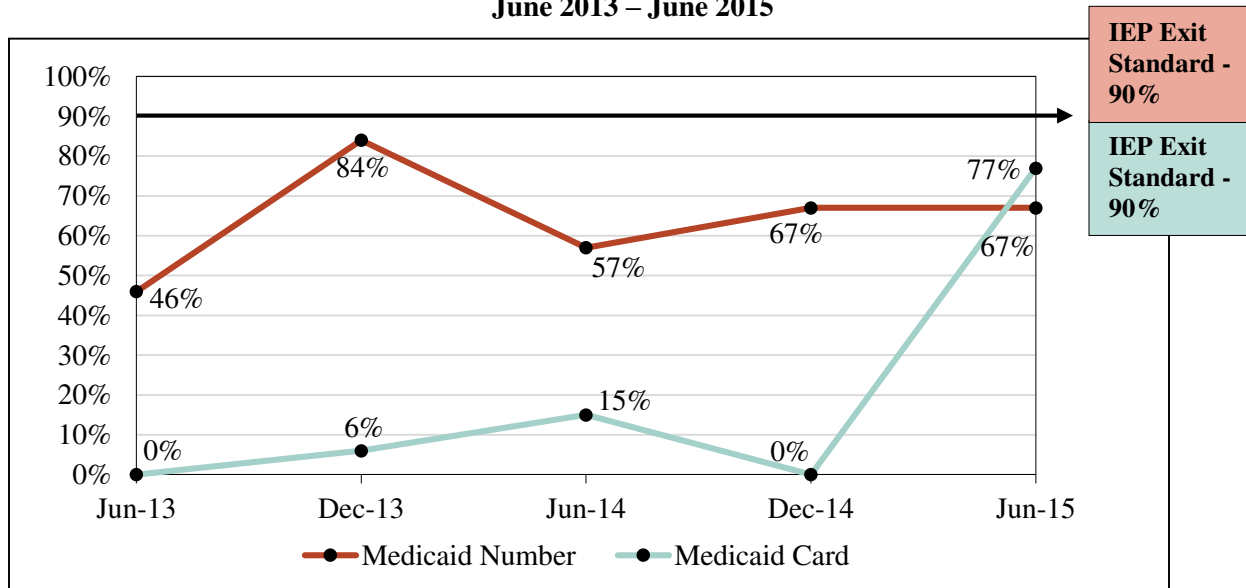


Source: CFSA Administrative Data, FACES.NET report HTH004

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 align="right">(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 47: Medicaid Number and Medicaid Card Distribution to Foster Parents
June 2013 – June 2015**



Source: CFSA Manual Data

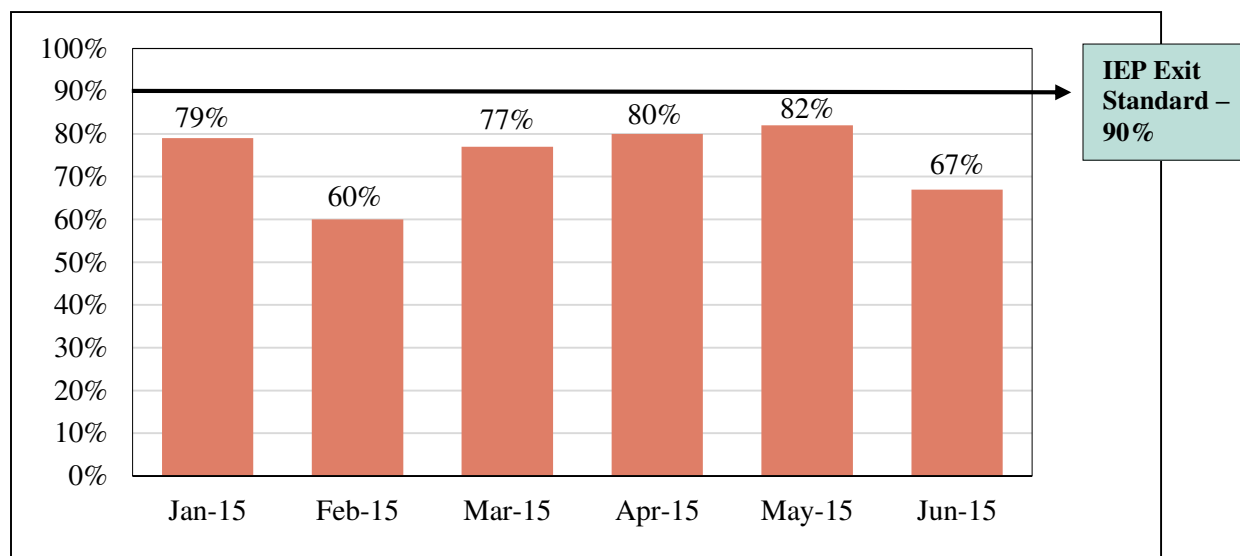
Performance for the period January 1 through June 30, 2015:

CFSA continues to track the distribution of Medicaid numbers and cards to foster parents when a child is placed regardless of whether or not it is the child's first placement in foster care or a placement change. In June 2015, 91 children experienced a placement activity and remained in that placement for at least five days. Of these 91 children, CFSA was able to verify that 61 foster parents (67%) received the child's Medicaid number within five days of their placement. Between January and June 2015, performance ranged from 60 to 82 percent per month (see Figure 48).¹⁴⁷ Performance on this sub-part of the Exit Standard remains unchanged from the previous monitoring period.

Between January and June 2015, CFSA was able to verify that between 25 and 77 percent of foster parents each month received the child's Medicaid card within 45 days of the child's placement (see Figure 49). CFSA's performance on this sub-part of the Exit Standard improved during the current monitoring period but varied greatly over the period and fell below the performance level of 90 percent required by the IEP. CFSA's performance peaked at 77 percent in June 2015. The Business Services Administration (BSA) has implemented a streamlined process to transition children in care to fee-for-service Medicaid coverage and reports this strategy has positively impacted performance.

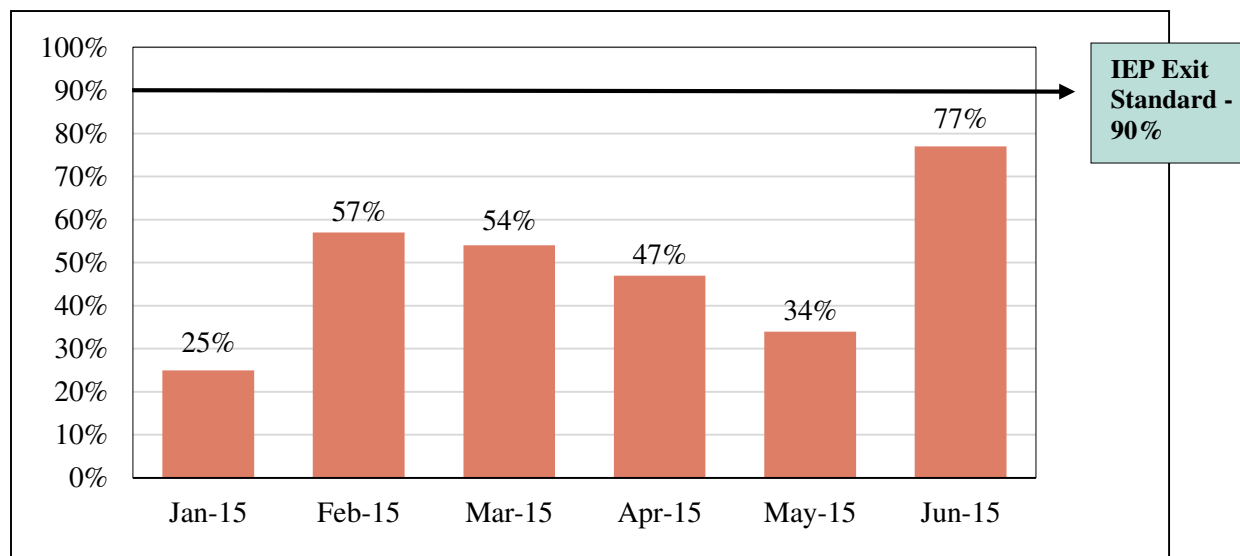
¹⁴⁷ These data report performance on Medicaid card distribution to foster parents when the child initially enters foster care. CFSA reports that Medicaid cards for children who experience a placement change are transferred through the placement passport packet and there is not currently a tracking method to confirm this transfer to the new foster parent.

**Figure 48: Percentage of Foster Parents who Received Child's Medicaid Number within Five Days of the Child's Placement
January – June 2015**



Source: CFSA Manual Data

**Figure 49: Percentage of Foster Parents who Received Child's Medicaid Card within 45 Days of the Child's Placement
January – June 2015**



Source: CFSA Manual Data

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on the receipt of Medicaid numbers and 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 BSA has been completing and submitting requests to the Department of Human Services (DHS) to transition youth in care to the appropriate fee-for-service Medicaid coverage and as a result of the streamlined process, has seen an increase in the completion rate of timely submitted requests. This is reflected in data showing 34 percent compliance in May 2015 up to 77 percent compliance in June 2015.

- *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).*

CFSA has taken steps to streamline the process to provide foster parents with Medicaid information for children and youth in their care in a timely manner. The Placement Administration is responsible for receiving the Medicaid card from BSA, confirming the placement of the child, sending the Medicaid card to the confirmed caregiver, providing a copy of the card to the assigned social worker to include in the child's file and following-up with the caregiver the following week to confirm receipt of the Medicaid card.

CFSA staff review the Daily Placement Log to monitor children and youth who initially enter care, re-enter care and experience a placement change while in care. CFSA staff with access to ACEDS are then able to obtain the Medicaid number for each child, when possible, and provide this information to the confirmed caregiver.

CFSA is also in the process of developing a mobile application for foster parents that will be linked to FACES.NET and provide foster parents with critical information related to children in their care as soon as they are placed, including the child's Medicaid number so long as this information is correctly documented in FACES.NET.

- *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 continues to collaborate with DHS and DHCF to ensure that all children placed in out-of-home care are covered by Medicaid and that proof of insurance is provided to caregivers and placement providers in a timely manner. DHS now provides temporary Medicaid cards for all children upon entering care once they receive the request to transition coverage from CFSA.

D. RESOURCE DEVELOPMENT AND SYSTEM ACCOUNTABILITY

1. Caseloads

Exit Standards pertaining to caseloads and supervisory responsibilities are currently designated as Outcomes to be Maintained (IEP citations I.D.25.&26.). Given the critical importance of caseload size, this section provides current information on worker and supervisory caseloads. During this monitoring period, caseloads for permanency, in-home and home study workers continued to meet the levels required by the IEP. Caseloads for investigative workers improved significantly and met the required standard during the last month of this monitoring period. However, caseloads for both investigative and family assessment workers remained above compliance levels during this monitoring period.

Caseloads for permanency social workers and workers conducting home studies

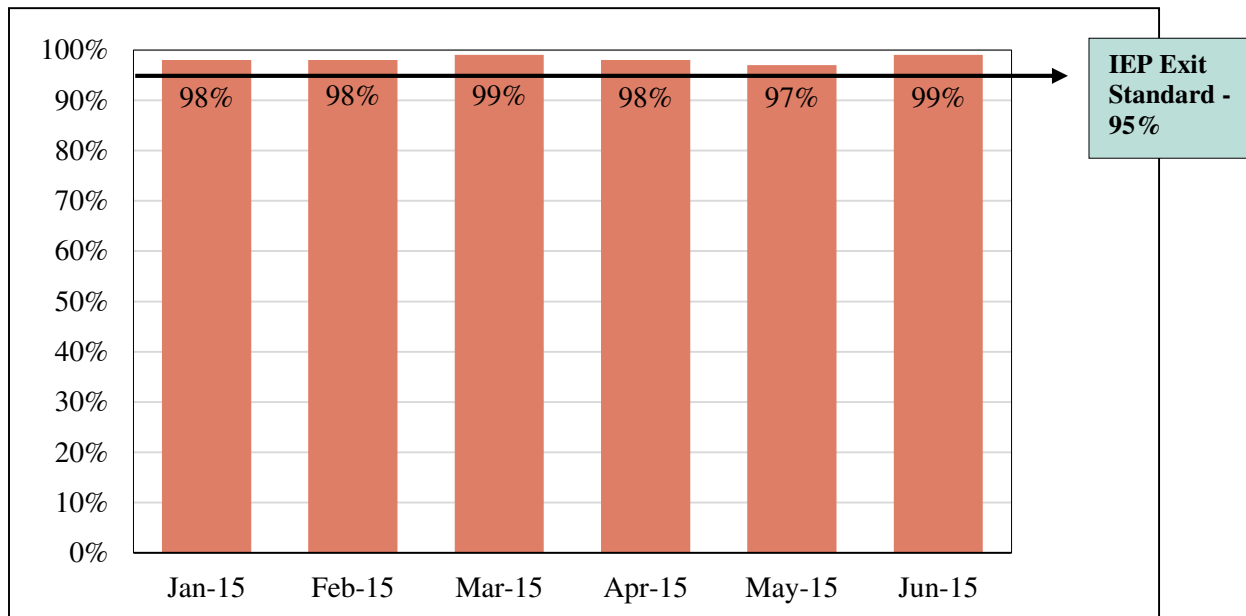
The IEP requires that 90 percent of workers have caseloads that meet the requirements. For in-home and permanency social workers, the standard is 15 cases per worker and no individual worker with a caseload greater than 18. For workers conducting home studies, the standard is 30 cases per worker and 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%) and in-home and permanency workers (97 – 99%) (see Figure 50).¹⁴⁸ The number of in-home and permanency cases unassigned for more than five days ranged each month from a low of 17 in June 2015 and peaked at 56 in February 2015 (1 – 3%), a slight reduction from the previous monitoring period (range of 29 to 91 cases unassigned).¹⁴⁹

¹⁴⁸ 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.D.25).

¹⁴⁹ *Ibid.*

**Figure 50: Caseloads for Permanency and In-home Social Workers
January – June 2015**



Source: CFSA Administrative Data, FACES.NET report CMT328

Supervisory responsibilities

This Exit Standard requires that supervisors are responsible for supervising no more than five case-carrying social workers and one case aid or family support worker (IEP citation I.D.26.a.) and that 95 percent of cases are assigned to social workers (IEP citation I.D.26.b.). During the current monitoring period, a monthly range of 92 to 98 percent of supervisors were responsible for supervising no more than five case-carrying social workers and a case aid, family support worker or non-case-carrying social worker, meeting the requirements for this sub-part of the Exit Standard.

For the second part of the Exit Standard, the percentage of ongoing cases that were carried by social workers ranged from 89 to 95 percent monthly this period.¹⁵⁰ In February 2015, CFSA performance 89 percent and there were 56 cases unassigned for more than five days. The Monitor believes these data are directly related and highlight the importance of continuing to focus on appropriate staffing to ensure that the workforce, including supervisors, have the tools and time necessary to support families.

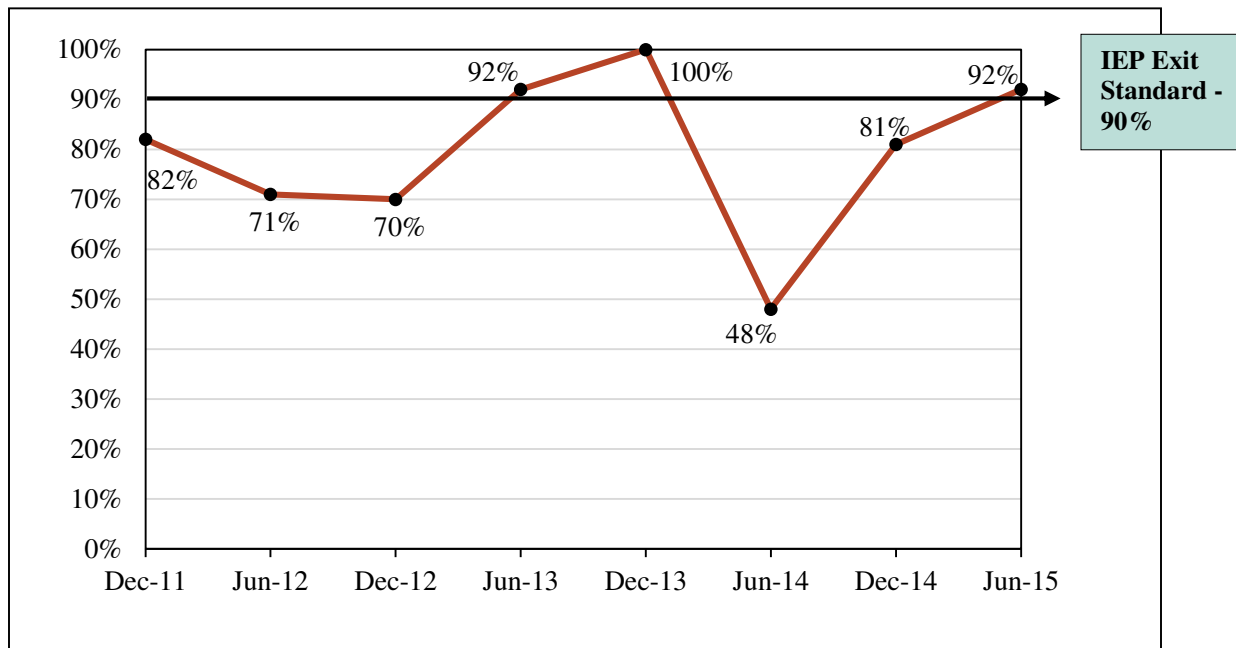
Based upon consideration of performance for both sub-parts of this Exit Standard, the Monitor considers this Exit Standard to be partially maintained but will continue to monitor performance.

¹⁵⁰ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.D.26.b. during this monitoring period.

Investigative Caseloads

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

**Figure 51: Percentage of Investigative Workers who Met Exit Standard Requirements for Caseloads
December 2011 – June 2015**

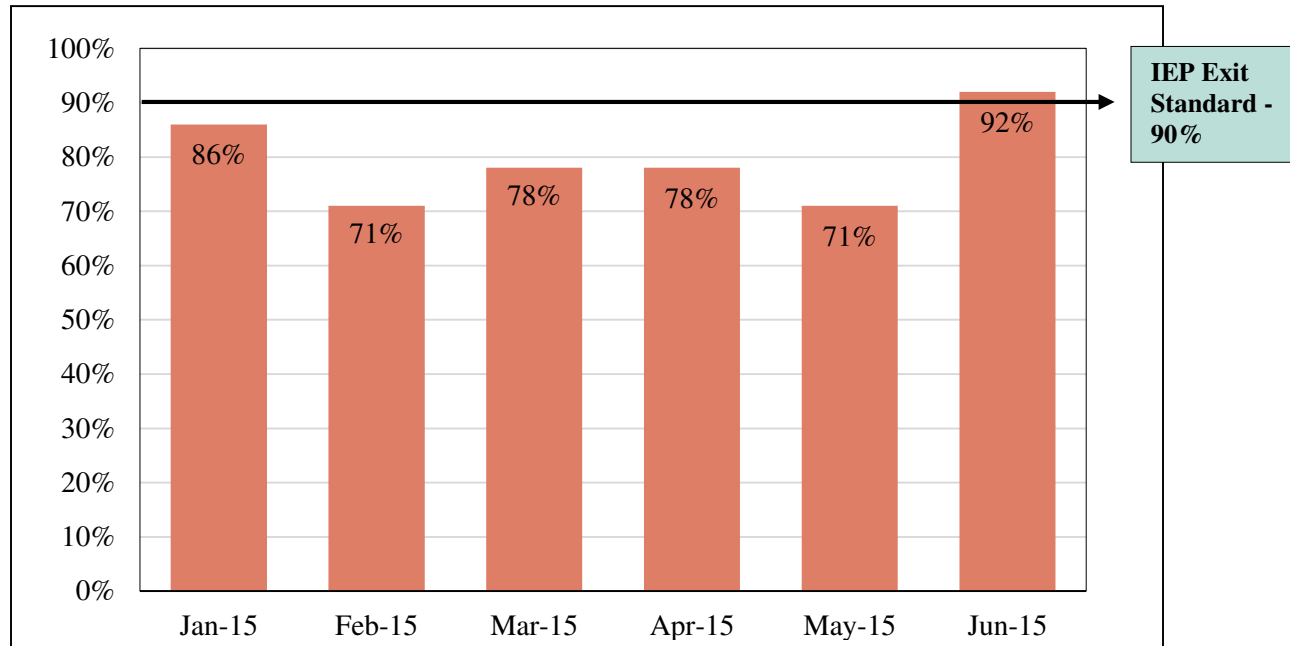


Source: CFSA Administrative Data, FACES.NET report INV068

Performance for the period January 1 through June 30, 2015:

Between January and June 2015, a monthly range of 71 to 92 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Figure 52; Table 9). The June 2015 performance shows a significant increase from the first five months of the monitoring period. During this same time period, a monthly range of zero to five investigators had a caseload exceeding 15 investigations each month, which is above compliance levels. The Monitor considers the overall caseload Exit Standard to be partially maintained. Table 9 below illustrates investigative worker caseloads by month.

**Figure 52: Social Workers Carrying No More than 12 Investigations
January – June 2015**



Source: CFSA Administrative Data, FACES.NET report INV068

**Table 9: Investigative Social Worker Caseloads
January – June 2015**

Month	Workers Carrying no more than 12 Investigations: Met Exit Standard	Workers Carrying 13-15 Investigations	Workers Carrying More than 15 Investigations	Total Workers Carrying More than 12 Investigations
January (N=43)	37 (86%)	6 (14%)	0 (0%)	6 (14%)
February (N=48)	34 (71%)	9 (19%)	5 (10%)	14 (29%)
March (N=50)	39 (78%)	9 (18%)	2 (4%)	11 (22%)
April (N=49)	38 (78%)	8 (16%)	3 (6%)	11 (22%)
May (N=48)	34 (71%)	10 (21%)	4 (8%)	14 (29%)
June (N=52)	48 (92%)	4 (8%)	0 (0%)	4 (8%)

Source: CFSA Administrative Data, FACES.NET report INV068

N does not include the FA workers, FA supervisors or investigative supervisors who held case responsibility for both investigations and FAs during the same month.¹⁵¹

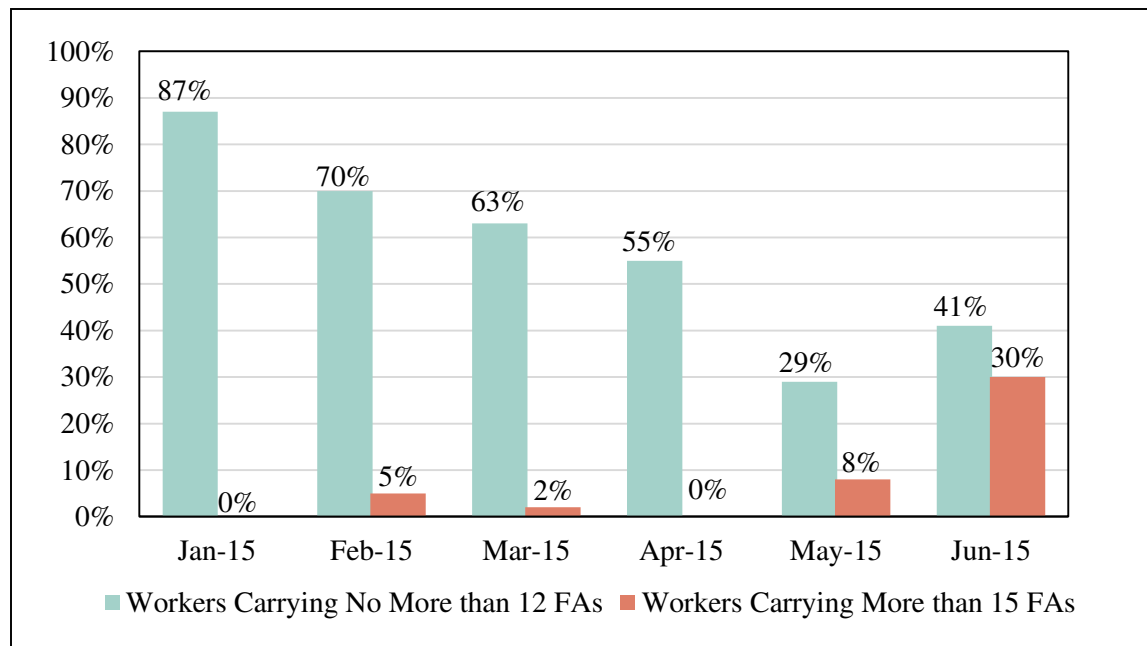
Percentages may not equal 100% due to rounding.

¹⁵¹ Between 5 and 10 CPS supervisors, managers and administrators were collectively responsible for between 17 to 49 investigations each month, an increase from the previous monitoring period.

Family Assessment Caseloads

Caseloads for FA workers increased significantly from the previous monitoring period and the number of FA workers carrying no more than 12 FAs ranged from 29 up to 87 percent between January and June 2015 (see Table 10). This is particularly concerning given the necessary partnership between workers and families that is critical to assessing for safety and engaging families in the voluntary FA process. The Monitor is concerned that as CFSA increases the caseloads for FA workers, the quality of FA practice may suffer, safety may not be properly assessed and families may not receive the necessary support to ensure the safety and well-being of the children in the home.

**Figure 53: FA Worker Caseloads
January – June 2015**



Source: CFSA Administrative Data, FACES.NET INV068

**Table 10: Family Assessment Social Workers Caseloads
January – June 2015**

Month	Workers Carrying no more than 12 FAs	Workers Carrying 13-15 FAs	Workers Carrying More than 15 FAs	Total Workers Carrying More than 12 FAs
January (N=39)	34 (87%)	5 (13%)	0 (0%)	5 (13%)
February (N=40)	28 (70%)	10 (25%)	2 (5%)	12 (30%)
March (N=41)	26 (63%)	14 (34%)	1 (2%)	15 (37%)
April (N=42)	23 (55%)	19 (45%)	0 (0%)	19 (45%)
May (N=38)	11 (29%)	24 (63%)	3 (8%)	27 (71%)
June (N=37)	15 (41%)	11 (30%)	11 (30%)	22 (59%)

Source: CFSA Administrative Data, FACES.NET INV068

N does not include the FA supervisors or investigative workers who carried FAs.¹⁵²

Totals may not equal 100% due to rounding

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).*

CFSA has taken steps to more closely monitor the caseloads for investigative social workers. CFSA reports management is moving investigative social workers out of assignment rotation for new investigations as appropriate. CFSA also reports experience a significant number of vacancies due to the District of Columbia's generous family leave policy, which allows workers to take extended leave while maintaining job security. While management is working closely with Human Resources to address vacancies immediately upon notice of worker resignations, they have not yet developed a strategic plan to ensure the investigation and FA units are fully staffed at all times.

¹⁵² Between 2 and 7 FA supervisors were collectively responsible for carrying between 5 and 43 FAs, a significant increase from the previous monitoring period. In June 2015, 2 FA supervisors were responsible for carrying caseloads of more than 12 FAs.

- *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).*

CFSA has experienced a decrease in the time-to-fill rate for social workers from a range of four to six weeks to a range of three to four weeks. CFSA attributes this reduction to the hiring of a full-time recruiter, which occurred in December 2014, to focus solely on the timely recruitment of social workers.

- *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 temporarily replace a worker who is out on extended leave and provide support and assistance to the investigative units to specifically initiate investigations and achieve timely case closure.

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.). The IEP also requires that 80 percent of previously hired CFSA and private agency direct service staff receive 30 hours of in-service training (IEP citation I.D.28.a.) and 80 percent of previously hired CFSA and private agency supervisors complete 24 hours of in-service training on supervision within eight months of assuming supervisory responsibility (IEP citation I.D.28.b.). During the current monitoring period, CFSA maintained required performance on pre-service training for social workers (85%)¹⁵³, pre-service training for supervisors (93%)¹⁵⁴, in-service training¹⁵⁵ for social workers (94%) and supervisors (100%).

¹⁵³ Of the 47 direct service staff hired between January 1 and June 30, 2015, 34 completed the required training, 6 were in the process of completing training within the given timeframe and 1 is inactive.

¹⁵⁴ This Exit Standard applied to 14 supervisors during the period who had received their supervisory clearance 8 months prior to the monitoring period (between May 2014 and October 2014). Three supervisors hired during this period were inactive prior to holding the position for 8 months.

¹⁵⁵ In-service training is tracked based on a July 1 – June 30 calendar.

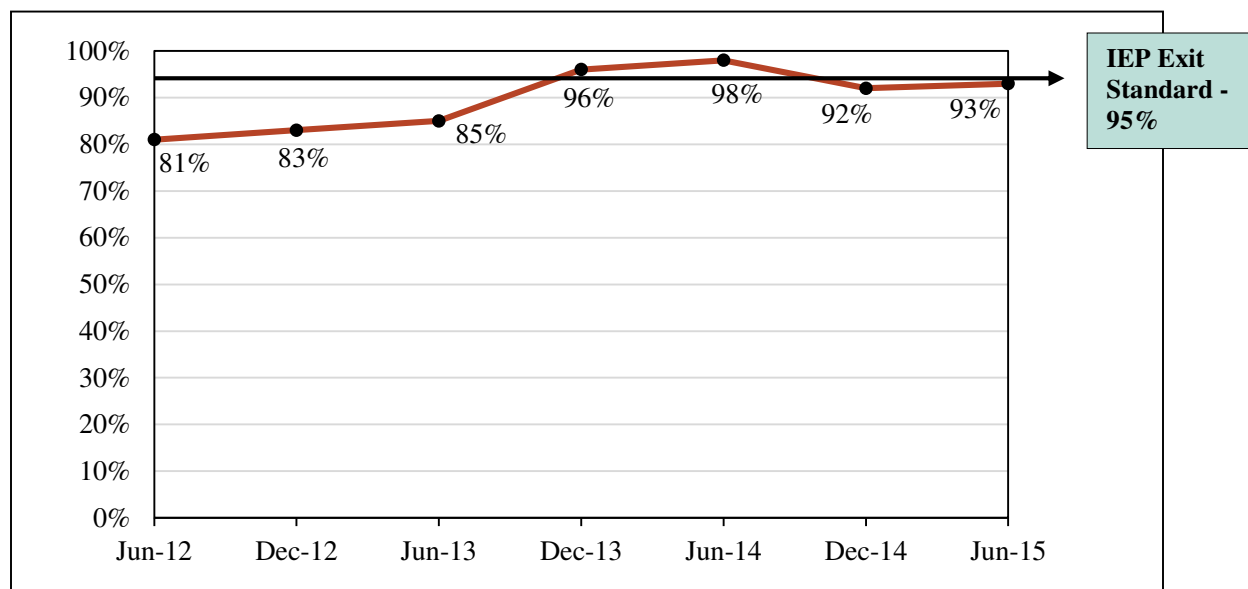
- *In January, CFSA streamlined pre-service training for investigative social workers. The classroom training will be two weeks and the field training will be seven weeks (2015 Strategy Plan, #7).*

Based on feedback from leadership, supervisors and other CFSA staff, CFSA's Child Welfare Training Academy (CWTA) modified its pre-service training curriculum 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 provide opportunities for practice using these tools with a training case. The modified pre-service training program also emphasizes job-specific training through the applied training portion of the curriculum where new staff have the opportunity to gain hands-on experience while being closely supervised by training staff. CFSA continues to report that the modification in pre-service curriculum continues to provide social workers with the necessary skills and development while also allowing newly hired staff to begin their positions in a timelier manner. CFSA reports that they have surveyed frontline staff as to their experience in the new training, which has been overall positive, but have not yet surveyed supervisors to gather their assessment of the readiness of frontline staff who have completed the new pre-service training curriculum, although this is something they plan to assess.

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 were both previously designated as an Outcomes to be Maintained; current performance remains at compliance levels. Nearly all (98%) foster parents completed 15 hours of pre-service training prior to licensure and 93 percent (217 of 233) of foster parents completed the required number of in-service training hours.

**Figure 54: Percentage of Foster/Adoptive Parents with
30 hours of In-Service Training
June 2012 – June 2015**



Source: CFSA Administrative Data, FACES.NET report TRN009

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

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. The Monitor reviewed a small sample of the completed plans and found that of those reviewed, many include a detailed analysis of challenges and barriers to progress as well as action steps to be completed. Data on the number of children in special corrective action categories between January and June 2015 are presented in Table 11 below.

Between January and June 2015, 239 children newly entered at least one special corrective action category and 267 special corrective action plans were considered.¹⁵⁶ Of the 267 possible plans, CFSA reports that after review, 134 plans were not required¹⁵⁷ and 133 plans (100%) were completed.

¹⁵⁶ Individual children may be in more than 1 category and require more than 1 plan to address the issues specific to each category.

¹⁵⁷ 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*
January – June 2015**

Special Corrective Action Category	Jan 2015	Feb 2015	Mar 2015	April 2015	May 2015	June 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	261	252	251	254	244	250
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	65	54	58	50	57	58
Children in Facilities More than 100 Miles from DC	11	11	10	12	11	11
Permanency Categories						
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	65	54	58	50	57	48
Children in Care who Returned Home twice and Still have the Goal of Reunification	2	2	2	2	2	2
Children under 14 with a Goal of APPLA	2	2	2	1	1	1
Children with the Goal of Reunification for More than 18 Months	37	41	36	39	40	42

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.¹⁵⁸ It 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 agencies¹⁵⁹ 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.¹⁶⁰ 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. Further discussion of Committee activities during the monitoring period are discussed below.

Performance for the period January 1 through June 30, 2015:

City-wide Child Fatality Committee:

The City-wide Child Fatality Committee, comprised of both an Infant Mortality Review Team and Child Fatality Review Team, continued to meet during this review period and reviewed a total of 24 cases. The Infant Mortality Review Team identified that the majority of fatalities

¹⁵⁸ D.C. Code §4-1371

¹⁵⁹ 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 eight community representatives

¹⁶⁰ 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.

reviewed involved unsafe sleep environments/bed sharing incidents and an overall recommendation for the District to assess the effectiveness of safe sleep education programs is being considered. The Committee also reviewed cases where risk factors of obesity and uncontrolled diabetes had a significant impact on the overall birth outcome. Fatalities reviewed by the Child Fatality Review Team included discussion around the need for the child welfare system to evaluate the safety and risk to children remaining in the home prior to closing an investigation into a fatality without the cause and manner of death. As a result of this discussion, in August 2015, CFSA and OCME drafted a formal MOA outlining a communication process for the timely receipt of autopsy results, specifically cause and manner of death, with sufficient follow-up procedures.¹⁶¹ The City-wide Child Fatality Committee reports there is no backlog of cases requiring review where all documents verifying the death have been properly received by Committee staff.

There continue to be vacancies on the City-wide Child Fatality Committee including four vacant community seats and six agency member seats. OCME is working with the Mayor's Office of Talent and Appointments (MOTA) on member recruitment activities. The 2014 Annual Report was scheduled to be completed by September 30, 2015 as required by the committee's rules and procedures. Although a draft report was shared with committee members in August 2015 for feedback prior to finalizing, the September 30, 2015 deadline was not met. Committee staff indicate that a revised draft of the report will be shared with the Committee for approval at the November meeting for approval.

In May 2015, the OCME submitted an application in response to the Office of Victims Services FY2016 Consolidated Request for Applications requesting funding in the areas of STOP Violence Against Women Formula Grant and/or Locally Appropriated Funds. If the grant is awarded, some of the funding would be used toward monitoring committee recommendations, completing annual reports and educating community members on the committee's recommendations.

Internal Child Fatality Committee:

CFSA's Internal Child Fatality Committee continued to meet this monitoring period and 19 fatalities were reviewed. As of June 2015, one fatality was in backlog (over 45 days) and was reviewed in July 2015. Recommendations developed during this period include developing additional monitoring and support for parents with medically fragile children and exploring how families transitioning from a shelter can receive furniture in a timely manner, particularly cribs and bedding. CFSA reports being involved in discussion with the OCME regarding a District-wide response to the dangers of co-sleeping.

¹⁶¹ As of August 17, 2015, the MOA is in draft for Director's signature.

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 continuous quality improvement (CQI) and have developed and implemented numerous processes for data collection and analysis. CFSA has extended their internal CQI emphasis to include the private agencies and the Collaboratives with whom they work. CFSA also reports that they have engaged a consultant team to facilitate discussions on the current CQI process and provide recommendations for improvement. The outcomes and recommendations from these discussions have not been completed.

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 to highlight trends in case practice including strengths, areas in need of improvement and changes from previous review periods. However, the Monitor remains concerned that the process for sharing information with CFSA and private agency management is not timely or used to drive leadership decisions. The information and data gathered through the QSR is not currently being used to its full capacity as it is intended to be used in real-time, and the data and case narratives are not shared widely or regularly with management and staff.

While CFSA reports that internal feedback from the QSR RED Teams indicates that the case-specific next steps developed as part of the QSR review process have been helpful in moving the case forward, it is unclear to the Monitor the consistency to which the QSR RED Teams are held or the involvement of the QSR review team in these meetings.

- *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).*

As previously indicated in this report, CFSA has not successfully implemented this strategy in terms of consistency or timeliness. When QSR RED Teams do occur, they are not being held within 60 days following the QSR but typically between 90 to 120 days following the completion of a QSR. Again, the Monitor is concerned about the processes in place to ensure that the rich information gathered through the QSR process is shared widely and used to assess case practice performance in real-time.

Data and Technology

CFSA increasingly 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.

To aid its daily use of data throughout the agency, CFSA has implemented a data dashboard (“BIRST”) that provides a visualization of real-time performance. 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 is available and accessible to all CFSA and private agency employees and provides a means for supervisors and managers to monitor critical data and work with staff to meet performance measures and plan accordingly. CFSA administrators and managers’ report that this tool provides information to better help them manage worker caseloads, provide direct supervision and understand on a daily basis the status of all cases and key performance indicators.

CFSA has added the RED Team information sharing and consultation template into FACES.NET so that information and next steps can be documented and readily available to social workers and supervisors. As discussed in earlier sections of this report, CFSA is working to standardize the means in which information gathered through the RED Teams is documented in FACES.NET. CFSA has also rolled-out as of July 1, 2015 the new case plan and functional assessments in FACES.NET. CFSA is continuing to update and include additional templates in FACES.NET as appropriate.

CFSA has also developed a mobile-based application for foster parents, “Foster DC Kids”, which will be available to all foster parents in the fall of 2015. This mobile app will draw information directly from FACES.NET and provide 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 as quickly and efficiently as possible.

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.¹⁶² 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 January through March 2015, CFSA reports its Title IV-E penetration rate of 63 percent for foster care cases and 76 percent for adoption cases. For April through June 2015, CFSA reports its Title IV-E penetration rate of 66 percent for foster care cases and 78 percent for adoption cases.

¹⁶² 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 (approved)	\$61.9	\$246.3
FY2016 (approved)	\$64.9	\$244.8

Source: CFSA FY2015 Proposed Budget and Financial Plan and District's Financial System (SOAR)

Budget

CFSA's approved FY2015 budget (which runs from October 1, 2014 through September 30, 2015) is \$246,266,239 of which \$169,578,000 (69%) is local funding¹⁶³ and the remainder is primarily federal funding. For the past two years, as the population of children in foster care has decreased, CFSA's budget had surpluses which the Mayor has in some cases repurposed for other activities.¹⁶⁴ Currently, the foster care population appears to have leveled off and there may be an increase in the number of children in foster care in FY2015.

Mayor Bowser's FY2016 budget for CFSA is slightly decreased from the FY2015 budget (.6% net decrease) however CFSA leaders report that both the current budget and the FY2016 proposed budget provide sufficient funds to meet all staffing and service needs. The budget and expenditure patterns continue to reflect a shift in funding for services from local funds to 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.

¹⁶³ Includes both Local funds and Special Purpose Revenue funds.

¹⁶⁴ Between January and June 2015, there were no reprogramming requests from the D.C. City Counsel to repurpose CFSA funds related to the FY2015 budget.

The CFSA FY2016 budget is \$244,836,996 of which \$165,195,000 (67%) is local funding¹⁶⁵.¹⁶⁶ The FY2016 budget includes a 4.6 percent net increase (\$3 million) in federal revenue including federal funds expected through the Title IV-E Waiver, which will allow CFSA to use federal funds for intensive foster care prevention and reunification services. Federal funding has also increased through CFSA's enhanced Title IV-E claiming as a result of a negotiated agreement with the Department of Health and Human Services that now allow for reimbursement of case management services for youth placed in congregate care settings.

CFSA's FY2016 FTEs will increase to 825 positions with an assumed vacancy rate of 6.5 percent, representing an additional eight positions in staffing authorization since FY2014.

Implementation of Title IV-E Waiver Services

CFSA and the Healthy Families Thriving Communities Collaboratives continue to move forward to expand community-based services funded through the District's Safe and Stable Families Initiative, which is their 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. As of March 2015, contracts have been executed with providers to begin accepting referrals for both HOMEBUILDERS¹⁶⁷ (based in Ward 7, East River Family Strengthening Collaborative) and Project Connect¹⁶⁸ (based in Ward 8, Far Southeast Family Strengthening Collaborative) with expansion plans ongoing to bring HOMEBUILDERS to Ward 8 and Project Connect to Ward 7. Catholic Charities reports that the hiring process was successful and therapists are currently in training. Progressive Life Center has been issued the contract to provide both HOMEBUILDERS and Project Connect in Ward 5 (Edgewood/Brookland Family Support Collaborative) and the anticipated start date for accepting referrals is January 1, 2016.

¹⁶⁵ Includes both Local funds (\$163,995,382) and Special Purpose Revenue funds (\$1,200,000).

¹⁶⁶ FY2016 Proposed Budget and Financial Plan, Child and Family Services Agency.

¹⁶⁷ HOMEBUILDERS is an evidence-based program that is designed as a short-term, intensive support 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.

¹⁶⁸ 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.

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: Children and Family Services Agency
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
HMO: Health Maintenance Organization
ICPC: Interstate Compact for the Placement of Children
IEP: Implementation and Exit Plan
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

2015 LaShawn 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")	<i>LaShawn</i> Requirements	<i>LaShawn</i> 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
CFSA Organizational Chart

CHILD AND FAMILY SERVICES AGENCY – OVERVIEW

