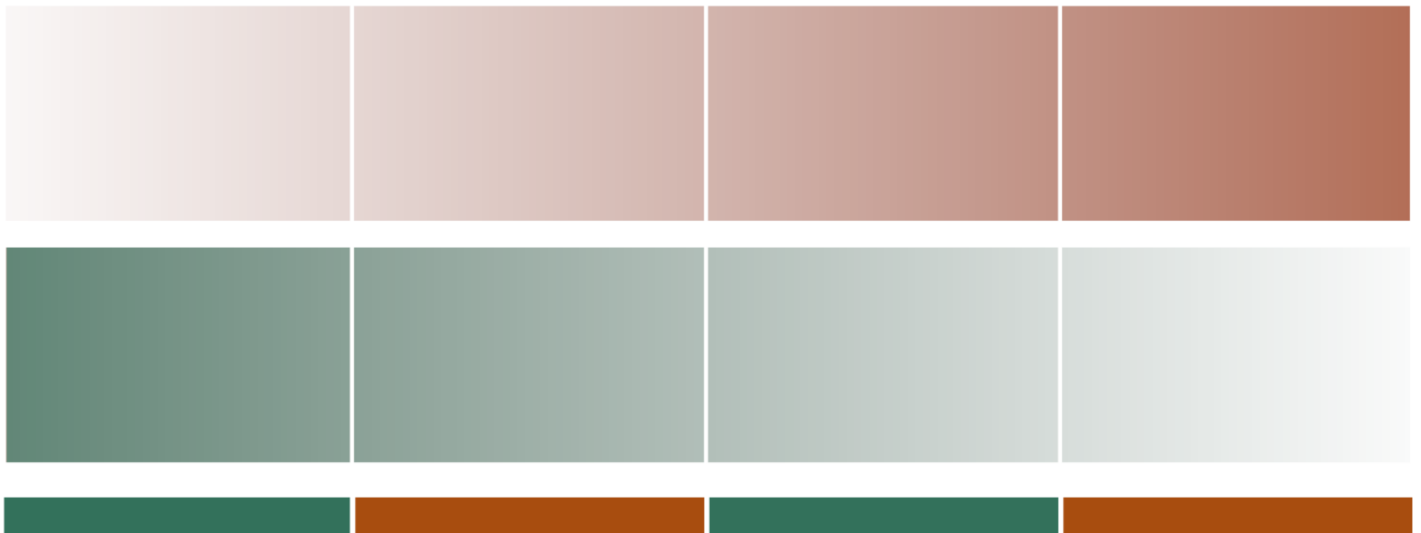




***LASHAWN A. v. BOWSER PROGRESS REPORT
FOR THE PERIOD JULY 1 – DECEMBER 31, 2014***



May 15, 2015

LaShawn A. v. Bowser
Progress Report for the Period July 1 – December 31, 2014

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LaShawn A. v. Bowser
Progress Report for the Period July 1 – December 31, 2014

I. INTRODUCTION

This report on performance of the District of Columbia's child welfare system for the period of July 1 through December 31, 2014 is prepared by the *LaShawn A. v. Bowser* court-appointed Monitor, the Center for the Study of Social Policy (CSSP). As monitor, CSSP is responsible to the Honorable Thomas F. Hogan of the United States District Court for the District of Columbia and is required to independently assess the District of Columbia's performance in meeting the outcomes and Exit Standards set by the *LaShawn* Implementation and Exit Plan (IEP)¹ in accordance with the *LaShawn* Modified Final Order (MFO)².

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

The Monitor's last report on *LaShawn* implementation was released on November 17, 2014, with a supplemental report provided to the court on December 22, 2014. With few exceptions, this current report is based on data on performance from July 1 through December 31, 2014 to determine progress in meeting the IEP Exit Standards and the objectives of the 2014 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.

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 2014 Strategy Plan with the Court on February 18, 2014 after consultation with the Monitor and Plaintiffs' counsel (Dkt. No. 1121-1). See *Appendix B*.

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

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

➤ **Review of 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 July and December 2014 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 delays.

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

The Monitor conducted additional validation of licensure data for those foster and adoptive parents whose licensure took more than 150 days to determine if the delay was due to circumstances outside the District's control.

➤ **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 July and December 2014. The Monitor validated caseload size and assignment of cases to social workers for ongoing permanency cases, in-home cases, investigations and family assessments⁵. The Monitor also validated data to determine if

⁵ 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 child protective services (CPS) response which is covered by the *LaShawn* MFO and IEP. With the inclusion of FA as an appropriate CPS response, many

individual supervisors were assigned to supervise no more than five case carrying social workers and one case aide.

➤ **Validation of Quality of Investigations**

During this monitoring period, CFSA provided the Monitor with data on its findings from a review of the quality of 132 child protective services investigations completed between July and December 2014. The Monitor conducted a secondary review of the case records and contact notes for 51 (39%) of these investigations.

➤ **Quality Service Reviews (QSR)**

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 manual data, both from internal case record reviews and Quality Service Reviews (QSR), 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 conducts some of the QSRs, participates in oral case presentations⁶ and also verifies data from QSRs conducted by CFSA staff. Monitor staff work collaboratively with CFSA and typically are lead reviewers for at least two reviews each month.⁷

Between July and December 2014, a total of 125 QSRs were completed to assess case planning and service delivery outcomes. Twenty-four of the 125 QSRs were conducted on children receiving in-home services and the remaining 101 QSRs were focused on children placed in out-of-home care. In designing the QSR sample for 2014, there was an intentional increase in the number of in-home cases included to more closely examine in-home case practice through this methodology and collect data on strengths and areas of challenge in case practice and policy for in-home services.

of the referrals that were previously addressed using the CPS investigation pathway are now directed to the FA pathway. CFSA staff report that family assessment 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.

⁶ 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-rate reliability on ratings across reviews.

⁷ CSSP provided lead reviewers for 23 QSRs in CY2014 and CSSP staff participated in almost all oral case presentations during this period.

➤ **Other Monitoring Activities**

The Monitor attends numerous CFSA meetings including 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 observed several Trauma Systems Therapy (TST) implementation meetings, RED (review, evaluate and direct) Team implementation meetings and several different types of RED Team meetings⁸. 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, during July through December 2014. 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 December 2014 on the IEP Outcomes remaining to be achieved and the Outcomes previously achieved that need to be maintained.⁹ 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 2014 *LaShawn* Strategy Plan.

⁸ 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.

⁹ In some instances where December 2014 performance data are not available, the most recent performance data are cited with applicable timeframes.

II. SUMMARY OF PERFORMANCE

The District's Child and Family Services Agency (CFSA) has been engaged for the past few years in a transformational process to improve its approaches, services and results for the District's children and families. A strategic framework was developed in 2012 which structures the child welfare system's work into four pillars:

- safe reduction of entries of children and youth into foster care,
- use of foster care as a temporary safe haven for abused or neglected children,
- improved well-being outcomes for children served by the system and
- timely achievement of permanency for children and youth temporarily or permanently separated from their families.

In implementing its strategic framework, the CFSA has incorporated several child welfare best practice innovations – investing in new strategies that have been implemented or are now in process of being fully implemented. As is documented in our most recent monitoring reports, CFSA has also made progress on meeting *LaShawn* IEP Exit Standards that were not previously achieved and has successfully maintained required performance on most of the standards that were already achieved.

Several of the most important initiatives have required multiple actions over several years including planning and development; creating and adopting new protocols; modifying data systems to allow for the collection and analysis of data for tracking and assessment; training many staff and external partners; and investing in and contracting for new service interventions. As an example, to improve decision making throughout the Agency with the goal of achieving positive child and family outcomes, CFSA adopted a new consultation and information sharing framework which was first introduced to CFSA staff as the RED Team (Review, Evaluate, Direct) process. This framework requires workers and supervisors to more systematically review family and case history, family strengths and needs and to consult with multiple members of CFSA staff and partner/provider agencies when making decisions about how and when to intervene in a child and family's life. The RED team process and decision making framework is now being spread throughout the Agency's key decision points. The goal is to use a consistent framework and process when making decisions at the hotline; during an investigation or family assessment; when deciding to open and close an in-home child protection case; in deciding whether a child needs to enter foster care; and in planning for and taking actions to achieve permanency and/or to assist older youth to successfully transition from care. When fully implemented, the framework is intended to guide critical thinking and supervision in ways that CFSA believes will improve case practice and outcomes on all levels.

Another transformational initiative has been the system's adoption of Trauma Systems Therapy (TST) as a tool for both understanding trauma and its behavioral manifestations in children who have been subject to abuse and/or neglect and as a therapeutic approach to assessment and treatment. Through its TST work, CFSA is in the process of revising its protocols and tools for the assessments of children and families; training staff, providers and foster parents; and introducing new treatment interventions. This effort, like the RED team framework, is a multi-year work in progress and is supported by a federal demonstration grant.

A third major initiative has been the systems' adoption of a differential response framework which directs that not every call to the hotline requires an investigation of child abuse or neglect. With proper consideration of safety issues and safeguards, many families are now serviced through a family assessment pathway which does not require a finding of child abuse or neglect but rather seeks to engage families in services and supports to improve family functioning and better meet family needs.

These and other efforts – underway for the past several years – have produced results as evidenced by the significant reduction in the number of children and youth in foster care and CFSA's improved performance on many additional *LaShawn* Exit Standards. At the same time, as we have identified in prior monitoring reports, the application of these reforms across the system remains inconsistent and case level data point to several core areas of Agency practice around permanency, well-being and case planning where additional improvement and outcome achievement is still needed. Further, even though the number of children and youth in foster care was dramatically reduced, the system needs a wider array of supportive treatment resources with providers skilled at helping children and youth heal and thrive. Overall the District's child welfare system has set an ambitious and appropriate path, taking advantage of the most current research and incorporating advances in technology and practice, but it is also a system that continues to struggle with consistent quality in some areas.

With the transition to a new Mayor in January 2015, there have been leadership changes at CFSA. In January 2015, Brenda Donald, who had ably served as CFSA's Director since January 2012 and who created a team to lead the transformational efforts described above, was appointed by Mayor Muriel Bowser as the new Deputy Mayor for Health and Human Services. Raymond Davidson who had served as CFSA's Deputy Director of Administration was appointed as Director on May 8, 2015. CFSA also had two new Deputy Directors selected in January 2015 – Michele Rosenberg, previously CFSA's chief of staff, was named Deputy Director for Program Operations and Marie Morilus-Black, previously Child and Youth Services Director with the DC Department of Behavioral Health, was named CFSA's Deputy Director for Well-Being. All three of these leaders bring a commitment to continue to implement CFSA's strategic directions and improvement strategies.

Progress on IEP Exit Standards

As of the end of this monitoring period, of the 88 Exit Standards included in the *LaShawn* IEP, the District has now met 74 (84%), including two newly achieved this monitoring period. Performance for the majority of Exit Standards previously designated as Outcomes to be Maintained remained at compliance levels this period; the Monitor has determined that those few Exit Standards where performance fell below the required level represent either temporary or insubstantial deviations in performance.¹⁰ Fourteen Exit Standards remain to be achieved. These include Exit Standards related to investigative practice; services to families and children to promote safety, permanency and well-being; assessing and documenting safety during worker visits; frequency of visits to children newly placed or replaced in the month; frequency of visits between parents and workers; frequency of visits between children and parents with whom reunification is sought; timely permanency; case planning process; and timely distribution of Medicaid numbers and cards to placement providers.

The two newly met standards are both health outcomes – full medical evaluations for children in foster care (IEP citation I.C.22.b.i.) and full dental evaluations for children in foster care (IEP citation I.C.22.b.ii.). The achievement of these Exit Standards demonstrates CFSA's attention and focus on well-being outcomes and how CFSA's overall health system for children has developed. CFSA now has in place a placement screening and a health appointment system that allows for flexible and timely scheduling with workers and caregivers for children's pre-placement screenings and comprehensive medical evaluations; a cadre of nurse care managers who are assigned in cases where children require more intensive oversight and coordination of their medical care and who consult with investigators and in-home workers to provide advice and guidance; and functional internal tracking mechanisms to ensure that children receive timely health care. QSR ratings on the health status for children and youth continue to be high, with 92 percent of cases reviewed acceptable.¹¹

Similar to the improvements discussed in CFSA's health delivery and management system, there are other significant areas of strength within the child welfare system that are described in more

¹⁰ The Exit Standards designated as Outcomes to be Maintained that fell below the required level and the Monitor has determined are either temporary or insubstantial deviations include: comprehensive review of case history or families subject to a new investigation for whom the current report is the fourth or greater (IEP citation I.A.1.c.); timely approval of foster/adoptive parents (IEP citation I.B.14.); legal action to free children for adoption (IEP citation I.B.15.a.); placement of children in approved adoptive home within 9 months of goal change to adoption (IEP citation I.B.16.a.i.); children in pre-adoptive homes will have their adoption finalized, or documentation of reasonable efforts to finalize, within 12 months of placement (IEP citation I.B.16.b.iii.); in-service training for foster parents (IEP citation I.D.29.b.); licensing and placement standards (IEP citation II.B.11.); and foster parent board rates (IEP citation II.H.27). The following Outcomes to be Maintained were partially maintained this period: worker visitation 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.); special corrective action plans (IEP citation I.D.30.); and timely completion of investigations of abuse and neglect in foster homes and institutions (IEP citation II.A.5.).

¹¹ As discussed later in this report, the remaining health indicators to be achieved include distribution of Medicaid numbers and Medicaid cards to placement providers in a timely manner. New strategies are being considered as part of the 2015 *LaShawn* Strategy Plan to resolve this issue.

detail in this report that have contributed to the District's ability to have achieved 84 percent of required IEP Exit Standards.

Children are routinely placed in family-based settings and there is recognition that placement with kin should be the first inquiry with initial placements and throughout the life of a case. As of December 31, 2014, 83 percent of children were placed in family-based settings, including 23 percent in kinship homes. CFSA has achieved and continues to meet the standards related to the appropriate placement of young children in the least restrictive setting and in reducing multiple placements for children in care. Appropriate placement for older youth continues to be a challenge.

The capabilities of CFSA's data information system and continuous quality improvement processes continue to evolve. The data system allows for real time tracking of outcomes and is increasingly able to provide supervisors and managers with the information needed to support the workforce with training, clinical guidance and time management.

Continuing Challenges and Concerns

As much as has been accomplished, there remain important *LaShawn* standards and outcomes that have not yet been achieved and some measures around the quality of case planning and service delivery where performance has declined. One of these areas where CFSA continues to struggle is with regards to several components of child abuse and neglect investigative practice. Caseloads for investigative workers continue to be above the standard required by the IEP and, as a result, the timely closure of investigations and quality of investigations are not yet at the Exit Standard target.

Several measures used to assess the quality of case practice have shown decline this period and are of particular concern to the Monitor. QSR data are used to assess performance on the appropriate provision of services to children and families and the quality of the case planning process. For both measures, performance has not reached compliance levels and there was a significant decline between CY2013 and CY2014; services to families and children performance declined from 51 percent to 35 percent of cases rated as acceptable and case planning process performance declined from 61 percent to 46 percent of cases rated as acceptable. Additionally, performance on social workers assessment and documentation of safety during visits to children at home with their families or in out-of-home placement remains far below the required target.

In the Monitor's assessment, despite having put critically important building blocks in place, there remains a disconnect between the policy and program directions and the consistent implementation of new services and supports for families and workers, including community-based services and RED Teams, and the integration of these services and supports into practice

with families. At the core of effective interventions with families who come to the attention of the child welfare system and central to CFSA's case practice model is effective engagement with children and families and appropriate assessment of presenting and underlying needs of children, birth parents and substitute caregivers. CFSA needs to and is now appropriately focusing on the consistent application of its strategies with its own staff and with private providers. In order to see steady improvements in performance on the quality case practice measures, it is essential that CFSA continue to focus attention on engagement and assessment strategies to ensure that planning and appropriate supports and services are put in place in ways that can support families to move forward to safe case closure.

Performance data for practices and outcomes with in-home child protective services cases are lower than for cases involving children in out-of-home placement and have not shown improvement in this recent monitoring period. CFSA only partially maintained the Exit Standard for frequency of social worker visits to families and children receiving in-home services; QSR data for case planning and service delivery is lower for in-home service cases than out-of-home cases; and assessment and documentation of safety for in-home service cases declined from an already low performance level.

Finally, CFSA's performance on permanency measures for children in out-of-home care continue to remain a challenge. While current data show improvement in moving children who have been in care more than 12 months toward permanency, CFSA has not met the required level of performance for any of the cohorts within the permanency measure remaining to be achieved.

With these remaining challenges in mind, the 2015 *LaShawn* Strategy Plan was developed through consultation with the Monitor and Plaintiffs' counsel to focus attention on the specific Exit Standards that have not been achieved but within the context of the Agency's overall strategic direction. The Plan includes strategies to address the challenges discussed in this section, including: timely closure of investigations, investigative worker caseloads, quality of investigations, services to families and children, case planning process, distribution of Medicaid cards, assessing and documenting safety during visits and timely permanency. The Strategy Plan was filed with the Court on March 26, 2015 and is attached as Appendix C.

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

Table 1: Outcomes to be Achieved					
Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance ¹²	July – December 2014 Performance ¹³	Exit Standard Achieved ¹⁴	Direction of Change ¹⁵
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 84 – 91%	Monthly range of 83 – 95% ¹⁶	Partially ¹⁷	↑

¹² In most instances, performance data in this column reflects January through June 2014 performance data as reported in the November 2014 monitoring report. CY2013 QSR data and FY2013 permanency cohort data are included in this column for applicable Exit Standards for comparison purposes.

¹³ In some instances where December 2014 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.

¹⁴ "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.

¹⁵ 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 percent; "↓" indicates performance is trending downward generally by at least 3 percent; "↔" 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.

¹⁶ Monthly performance data for timely initiation of investigations are as follows: July, 83%; August, 86%; September, 90%; October, 92%; November, 95%; December, 94%.

¹⁷ CFSA's performance continued to improve this period and met the required level of performance in November and was within 3 percent in October and December.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
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 – 62%	Monthly range of 36 – 56% ^{18, 19}	No	↓
4. <i>Acceptable Investigations</i> : CFSA shall routinely conduct investigations of alleged child abuse and neglect. ²⁰ (IEP citation I.A.2.)	80% of investigations will be of acceptable quality.	67% of investigations of acceptable quality.	69% of investigations of acceptable quality. ²¹	No	↔

¹⁸ Monthly performance data for timely completion of investigations are as follows: July, 36%; August, 42%; September, 44%; October, 56%; November, 39%; December, 43%.

¹⁹ During this monitoring period, CFSA reports the following backlog: July, 190 investigations; August, 140 investigations; September, 88 investigations; October, 107 investigations; November, 145 investigations; December, 131 investigations.

²⁰ 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.

²¹ 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.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
<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. 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: 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. (IEP citation I.A.3.)	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.	51% of cases were acceptable based on CY2013 QSR data.	35% of cases were acceptable based on CY2014 QSR data.²²	No	↓

²² Data collected during QSRs conducted in CY2014 determined that 54% of cases (67 of 125) were acceptable on the Implementation of Supports and Services indicator, 54% of cases (67 of 125) were acceptable on Pathway to Case Closure indicator and 35% (44 of 125) were acceptable on both indicators.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
<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. (IEP citation I.A.4.c.)	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 42 – 58%	Monthly range of 30 – 51% ^{23, 24}	No	↓
<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. (IEP citation I.A.5.d.)	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 40 – 59%	Monthly range of 44 – 72% ^{25, 26}	No	↑

²³ Monthly performance for assessing and documenting safety during visits for in-home cases are as follows: July, 30%; August, 30%; September, 47%; October, 51%; November, 38%; December, 38%.

²⁴ Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the monitoring period. 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 Monthly performance for assessing and documenting safety during visits for out-of-home cases are as follows: July, 44%; August, 52%; September, 72%; October, 60%; November, 72%; December, 60%.

²⁶ Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the monitoring period. 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.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance ¹²	July – December 2014 Performance ¹³	Exit Standard Achieved ¹⁴	Direction of Change ¹⁵
10. <u>Visitation for Children Experiencing a New Placement or a Placement Change:</u> 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. (IEP citation I.A.6.a-d.)	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.	a.-c. Monthly range of 77 – 87% of applicable children had four visits in first four weeks of new placement or placement change. d. Between March – May 2014, a conversation regarding assistance needed by the resource parent occurred with the resource parent in 60% of new placements or placement changes.	a.-c. Monthly range of 66 – 85% of applicable children had four visits in first four weeks of new placement or placement change.²⁷ d. Monthly range of 52 – 82%²⁸	No	↔

²⁷ Monthly performance data are as follows: July, 81%; August, 85%; September, 81%; October, 79%; November, 77%; December, 66%. 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: July, 91%; August, 93%; September, 94%; October, 92%; November, 93%; December, 77%.

²⁸ Performance data are based upon a record review of a non-statistically significant sample of children applicable to this Exit Standard.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
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. (IEP citation I.A.6.e.)	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 10 – 40%	Monthly range of 28 – 58% ^{29, 30}	No	↑

²⁹ Monthly performance for assessing and documenting safety during visits to children experiencing a placement change are as follows: July, 28%; August, 58%; September, 50%; October, 56%; November, 52%; December, 44%.

³⁰ Performance data are based upon a non-statistically significant sample of children applicable to this Exit Standard during the monitoring period. 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.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
18. <u>Visits between Parents and Workers:</u> a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement. b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement. (IEP citation I.B.10.)	80% of parents will have twice monthly visitation with workers in the first three months post-placement. ³¹	Monthly range of 59 – 73%	Monthly range of 74 – 81% ³²	Partially ³³	↑

³¹ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

³² Reported performance includes instances where there was documentation in the record that the parent was unavailable or refuses to cooperate with the Agency despite efforts by the Agency. Monthly performance are as follows: July, 76%; August, 81%; September, 80%; October, 76%; November, 77%; December, 74%.

³³ CFSA met the required level of performance during 2 months this period and was within 3 percent during one additional month. The Monitor considers this Exit Standard to be partially achieved.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
19. <u>Visits between Parents and Children</u>: There shall be weekly visits between parents and children with a goal of reunification unless clinically inappropriate and approved by the Family Court. In cases in which visitation does not occur, the Agency shall demonstrate and there shall be documentation in the case record that visitation was not in the child's best interest, is clinically inappropriate or did not occur despite efforts by the Agency to facilitate it. (IEP citation I.B.11.)	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought. ³⁴	Monthly range of 69 – 82%	Monthly range of 73 – 78% ³⁵	No	↔

³⁴ 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.

³⁵ Reported performance includes instances where there was documentation in the record that visits did not occur because it was not in the child's best interest, was clinically inappropriate or could not occur despite efforts by the Agency. Monthly performance are as follows: July, 78%; August, 76%; September, 75%; October, 76%; November, 73%; December, 76%.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
32. <u>Timely Adoption</u> : 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 FY2012 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, 2013.	As of September 30, 2013, 48% of the children in this cohort achieved permanency.	As of September 30, 2014, 36% of children in this cohort achieved permanency.	No	↔
	ii. Of all children who are in foster care for more than 12 but less than 25 months on September 30, 2011, 45% will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2013.	As of September 30, 2013, 38% of the children in this cohort achieved permanency.	As of September 30, 2014, 40% of children in this cohort achieved permanency.		
	iii. Of all children who are in foster care for 25 months or longer on September 30, 2011, 40% will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2013, whichever is earlier.	As of September 30, 2013, 20% of the children in this cohort achieved permanency.	As of September 30, 2014, 28% of children in this cohort achieved permanency.		

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
33. <u>Case Planning Process:</u> 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. (IEP citation I.B.17.)	80% of cases reviewed through the Quality Service Reviews (QSR) will be rated as acceptable.	61% of cases were acceptable based on CY2013 QSR data.	46% of cases were acceptable based on CY2014 QSR data. ³⁶	No	↓

³⁶ Data collected during QSRs conducted in CY2014 determined that 68% (85 of 125) of the cases were acceptable on the Planning Interventions indicator, 54% (67 of 125) were acceptable on the Pathway to Case Closure indicator and 46% (58 of 125) were acceptable on both indicators.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
39. <i>Health and Dental Care</i>: Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)	95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster care who experience a placement change shall have a replacement health screening.	Initial and re-entries: monthly range of 78 – 100% Replacements: monthly range of 77 – 89%	Initial and re-entries: monthly range of 92 – 100% Replacements: monthly range of 77 – 88%	Partially	↔
40. <i>Health and Dental Care</i>: Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)	85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children in foster care shall receive a full medical evaluation within 60 days of placement.	Within 30 days: monthly range of 77 – 88% Within 60 days: monthly range of 94 – 97%	Within 30 days: monthly range of 82 – 93% Within 60 days: monthly range of 90 – 98%	Yes ³⁷	↑

³⁷ CFSA met the sub-part of this Exit Standard which requires 85% of children in care receive a full medical evaluation within 30 days of placement during the last 5 months of the monitoring period and the sub-part of this Exit Standard which requires 95% of children in care receive a full medical evaluation within 60 days of placement during the last 4 months of the monitoring period.

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
41. <u>Health and Dental Care</u>: Children in foster care shall receive a full dental evaluation within 30 days of placement. (IEP citation I.C.22.b.ii.)	25% of children shall receive a full dental evaluation within 30 days of placement. 50% of children shall receive a full dental evaluation within 60 days of placement. 85% of children shall receive a full dental evaluation within 90 days of placement.	Within 30 days: monthly range of 37 – 54% Within 60 days: monthly range of 64 – 82% Within 90 days: monthly range of 64 – 88%	Within 30 days: monthly range of 47 – 73% Within 60 days: monthly range of 74 – 92% Within 90 days: monthly range of 77 – 92%	Yes	↑

Table 1: Outcomes to be Achieved

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance¹²	July – December 2014 Performance¹³	Exit Standard Achieved¹⁴	Direction of Change¹⁵
43. <u>Health and Dental Care</u>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement. (IEP citation I.C.22.d.)	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.	Monthly range of 57 – 85% of foster parents received the Medicaid number within five days of the child’s placement. Monthly range of 0 – 41% of foster parents received the Medicaid card within 45 days of the child’s placement.	Monthly range of 67 – 87% of foster parents received the Medicaid number within five days of the child’s placement.³⁸ Monthly range of 0 – 39% of foster parents received the Medicaid card within 45 days of the child’s placement.^{39,40}	No	↔

³⁸ Monthly performance data for receipt of the Medicaid number within 5 days of placement are as follows: July, 74%; August, 73%; September, 72%; October, 87%; November, 86%; December, 67%.

³⁹ Monthly performance data for receipt of the Medicaid card within 45 days of placement are as follows: July, 39%; August, 12%; September, 14%; October, 35%; November, 14%; December, 0%.

⁴⁰ 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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
3. <i>Investigations</i>: For families who are subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months, CFSA will conduct a comprehensive review of the case history and the current circumstances that bring the family to CFSA's attention. (IEP citation I.A.1.c.)	90% of the case records for families subject to a new investigation for whom the current report of child maltreatment is the fourth or greater report of child maltreatment, with the most recent report occurring within the last 12 months will have documentation of a comprehensive review.	Monthly range of 80 – 96%	Monthly range of 87 – 97% ⁴¹	Yes ⁴²
6. <i>Worker Visitation to Families with In-Home Services</i>: a. A CFSA social worker or private agency social worker shall make at least one visit monthly to families in their home in which there has been a determination that child(ren) can be maintained safely in their home with services. b. A CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker shall make a second monthly visit at the home, school or elsewhere. (IEP citation I.A.4.a-b.)	95% of families will be visited monthly by a CFSA social worker or private agency social worker and 85% of families will be visited a second time monthly by a CFSA social worker, family support worker, private agency social worker or a Collaborative family support worker.	a. Monthly range of 93 – 95% of families were visited monthly b. Monthly range of 91 – 93% of families were visited twice during the month	a. Monthly range of 90 – 94% of families were visited monthly b. Monthly range of 87 – 91% of families were visited twice during the month	Partially ⁴³

⁴¹ Monthly performance data for comprehensive review of families with four or more reports are as follows: July, 96%; August, 97%; September, 96%; October, 92%; November, 87%; December, 94%.

⁴² CFSA fell below the required level of performance for 1 month this period. The Monitor considers this a temporary deviation and compliance with this Exit Standard maintained.

⁴³ 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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
8. <u>Worker Visitation to Children in Out-of-Home Care:</u> 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.). 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.). c. At least one of the above visits each month shall be in the child's home. (IEP citation I.A.5.a-c.)	95% of children should be visited at least monthly and 90% of children shall have twice-monthly visits.	a. Monthly range of 96 – 98% had monthly visits b. Monthly range of 94 – 96% had twice monthly visits	a. Monthly range of 94 – 98% had monthly visits b. Monthly range of 92 – 97% had twice monthly visits	Yes
12. <u>Relative Resources:</u> CFSA shall identify and investigate relative resources by taking necessary steps to offer and facilitate pre-removal Family Team Meetings (FTM) in all cases requiring removal of children from their homes. (IEP citation I.B.7.a.)	CFSA will take necessary steps to offer and facilitate pre-removal FTMs in 70% of applicable cases requiring child removal from home.	Between January – June 2014, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 90% of applicable cases.	Between July – December 2014, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 92% of applicable cases.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
13. <u>Relative Resources</u> : In cases where a child(ren) has been removed from his/her home, CFSA shall make reasonable efforts to identify, locate and invite known relatives to the FTM. (IEP citation I.B.7.b.)	In 90% of cases where a child(ren) has been removed from his/her home, CFSA will make reasonable efforts to identify, locate and invite known relatives to the FTM.	Of the 117 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 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.	Yes
14. <u>Placement of Children in Most Family-Like Setting</u> : Children in out-of-home care shall be placed in the least restrictive, most family-like setting appropriate to his or her needs. (IEP citation I.B.8.a.)	90% of children will be in the least restrictive, most family-like setting appropriate to his or her needs.	Not newly assessed	Not newly assessed ⁴⁴	Yes
15. <u>Placement of Children in Most Family-like Setting</u> : No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days. (IEP citation I.B.8.b.)	No child shall remain in an emergency, short-term or shelter facility or foster home for more than 30 days.	Between January – June 2014, three children were placed in emergency, short term foster homes for more than 30 days.	Between July – December 2014, one child was placed in emergency, short term foster home for more than 30 days. ⁴⁵	Yes

⁴⁴ 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 may periodically verify performance on this Exit Standard in the future.

⁴⁵ This placement was for 34 days in a short-term foster home. CFSA has provided the Monitor with information regarding the circumstances of this placement and the Monitor has determined that moving the child would not have been in their best interest. The Monitor will continue to assess these placements as they occur.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 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 January – June 2014, a total of 4 children under 12 were applicable to this standard and all met an agreed upon exception.	Between July – December 2014, a total of 4 children under 12 were applicable to this standard and all 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 January – June 2014, 2 children under 6 years of age were placed in a group care non-foster home setting. One of the children met an agreed upon exception.	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.	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 – 97%	Performance ranged between 95 – 96%	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
21. <u>Appropriate Permanency Goals</u>: Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines. (IEP citation I.B.12.b.)	Beginning July 1, 2010, children shall not be given a goal of APPLA without convening a Family Team Meeting (FTM) or Listening to Youth and Families as Experts (LYFE) meeting with participation by the youth and approval by the CFSA Director, or a court order directing the permanency goal of APPLA.	There were 17 youth whose goal changed to APPLA between January – June 2014. Seven of the 17 (41%) had LYFE/FTM conference. The Agency supported the goal change in 6 cases (4 are youth who are unaccompanied minors).	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)⁴⁶.	Yes

⁴⁶ Unaccompanied refugee minors who enter foster care in the District proceed to a dispositional hearing very early in their case and are routinely given APPLA goals as other permanency options are rarely available. Permanency hearings continue to occur throughout their time in care, and if determined appropriate, their goal can later be changed from APPLA to another permanency option.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
22. <i>Appropriate Permanency Goals:</i> Youth ages 18 and older will have a plan to prepare them for adulthood that is developed with their consultation and includes, as appropriate, connections to housing, health insurance, education, continuing adult support services agencies (e.g., Rehabilitation Services Administration, the Department on Disability Services, the Department of Mental Health, Supplemental Security Income (SSI) and Medicaid), work force supports, employment services and local opportunities for mentors. (IEP citation I.B.12.c.)	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.	Between January – June 2014, 95% of youth ages 18 and older had a timely YTP.	Between July – December 2014, 96% of youth ages 18 and older had a timely YTP.⁴⁷	Yes

⁴⁷ 252 out of 264 older youth were eligible for YTPs; 12 youth were excluded due to abscondence, developmental disability or the youth refused an YTP. 241 youth (96%) had an 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. The Monitor verified these data.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
23. <u>Reduction of Multiple Placements for Children in Care:</u> (IEP citation I.B.13.)	a. Of all children served in foster care during the previous 12 months who were in care at least 8 days and less than 12 months, 83% shall have had two or fewer placements.	Monthly range of 81 – 87%	Monthly range of 82 – 88%	Yes
	b. Of all children served in foster care during the previous 12 months who were in care for at least 12 months but less than 24 months, 60% shall have had two or fewer placements.	Monthly range of 60 – 65%	Monthly range of 63 – 65%	
	c. Of all children served in foster care during the previous 12 months who were in care for at least 24 months, 75% shall have had two or fewer placements in that 12 month period.	Monthly range of 76 – 79%	Monthly range of 74 – 78%	

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 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.	74% of foster homes licensed between January – June 2014 received their license within 150 days.	65% of foster homes licensed between July – December 2014 received their license within 150 days.	Yes⁴⁸
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.	93%	88%⁴⁹	Yes⁵⁰

⁴⁸ CFSA newly met this Exit Standard during the previous monitoring period. The Monitor considers current performance to be an insubstantial deviation due to the small number of applicable cases and is not recommending redesignation at this time, however, will continue to closely monitor future performance.

⁴⁹ There were a total of 91 applicable children who had a permanency goal of adoption and required legal action to free them for adoption; 80 had legal action to free them for adoption within 45 days.

⁵⁰ Although this performance is a slight decline from the previous monitoring period, the number of children who are represented in this cohort is small and this variation is small, 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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
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
27. <u>Timely Adoption</u>: Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.i.)	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.	80%	78% ⁵¹	Yes ⁵²

⁵¹ During this monitoring period, 41 children had their permanency goal changed to adoption, 32 of whom were placed in an approved adoptive placement by the end of the ninth month from the goal change to adoption.

⁵² Although this performance is a slight decline from the previous monitoring period, the number of children who are represented in this cohort is small and this variation is small, 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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
28. <u>Timely Adoption</u> : Children with a permanency goal of adoption shall be in an approved adoptive placement within nine months of their goal becoming adoption. (IEP citation I.B.16.a.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. <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. (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. <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. (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

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
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. (IEP citation I.B.16.b.iii.)	90% of children in pre-adoptive homes will have their adoption finalized within 12 months or have documented reasonable efforts to achieve permanence within 12 months of the placement in the approved adoptive home.	From January – June 2014, 97% of adoptions were completed or reasonable efforts were made to complete adoptions within 12 months of child being placed in a pre-adoptive home.	From July – December 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.⁵³	No ⁵⁴
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. (IEP citation I.B.18.)	95% of foster homes and group homes with children placed will have a current and valid license.	Monthly range of 95 – 96%	Monthly range of 94 – 96%⁵⁵	Yes

⁵³ CFSA reports that 38 adoptions were finalized during this monitoring period. Of those 38, 17 were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 12 children.

⁵⁴ The Monitor considers current performance to be an insubstantial deviation due to the small number of applicable cases and is not recommending redesignation at this time, however, will continue to closely monitor future performance.

⁵⁵ Reported performance includes combined compliance for both foster and group homes.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 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 82 – 100% of applicable closed investigations were referred to a Collaborative or community agency.	Monthly range of 95 – 100% of applicable closed investigations were referred to a Collaborative or community agency.⁵⁶	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.	93% of children placed between January – June 2014 with their siblings or within 30 days of their siblings were placed with some of their siblings.	84% of children placed between July – December 2014 with their siblings of within 30 days of their siblings were placed with some of their siblings.⁵⁷	Yes

⁵⁶ Monthly performance for community-based referrals for low and moderate risk families are as follows: July, 100%; August, 95%; September, 100%; October, 100%; November, 100%; December, 100%.

⁵⁷ CFSA also provided data for all children in care at a point in time (not limited to those who entered care between July and December 2014) for this Exit Standard. As of December 31, 2014, 76% of children currently in foster care who entered care with their siblings or within 30 days of their siblings were placed with 1 or more sibling.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
37. <i>Sibling Placement and Visits</i>: Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings unless documented that the visitation is not in the best interest of the child(ren). (IEP citation I.C.20.b.)	80% of children shall have monthly visits with their separated siblings and 75% of children shall have twice monthly visits with their separated siblings.	Monthly range of 80 – 86% with at least monthly visits Monthly range of 69 – 77% with at least twice monthly visits	Monthly range of 83 – 87% with at least monthly visits⁵⁸ Monthly range of 74 – 82% with at least twice monthly visits⁵⁹	Yes
38. <i>Assessments for Children Experiencing a Placement Disruption</i>: 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. (IEP citation I.C.21.)	90% of children experiencing a placement disruption will have a comprehensive assessment and an action plan to promote stability developed.	Monthly range of 83 – 100%	Monthly range of 82 – 100%⁶⁰	Yes ⁶¹

⁵⁸ Monthly performance data are as follows for at least monthly sibling visits: July, 85%; August, 87%; September, 85%; October, 87%; November 84%; December, 83%.

⁵⁹ Monthly performance data are as follows for twice monthly sibling visits: July, 77%; August, 82%; September, 75%; October, 77%; November, 74%; December, 74%.

⁶⁰ Monthly performance data are as follows for assessments for children experiencing a placement disruption: July, 92%; August, 100%; September, 100%; October, 100%; November, 82%; December, 100%.

⁶¹ Performance below the required standard only occurred during one month this monitoring period. The Monitor considers this insubstantial and the Exit Standard is maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
42. <i>Health and Dental Care</i> : Children in foster care shall have timely access to health care services to meet identified needs (IEP citation I.C.22.c.)	80% of cases reviewed through Quality Service Reviews (QSR) will be rated as acceptable.	91% of cases were acceptable based on CY2013 QSR data.	92% of cases were acceptable based on CY2014 QSR data. ⁶²	Yes
44. <i>Resource Development Plan</i> : The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in item 21b of the Outcomes to be Maintained section of the IEP. (IEP citation I.D.23.)	The District shall implement the CFSA Resource Development Plan, which is to be developed by June 30 each year. The Resource Development Plan shall include all of the components listed in Item 21b of “Outcomes to be Maintained” Needs Assessment and Resource Development Plan.	Resource Development Plan was submitted to the Monitor on June 27, 2014.	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.	Yes

⁶² Of the 101 cases reviewed through QSR in CY2014 where the child or youth was placed in foster care at the time of the review, 93 (92%) were rated as acceptable on the Health Status indicator.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
45. <u>Financial Support for Community-Based Services</u>: The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families. (IEP citation I.D.24.)	The District shall provide evidence each year of financial support for community- and neighborhood-based services to protect children and support families.	CFSA reports that in addition to the base funding for the Collaboratives, the Collaboratives received an additional \$170,000 to upgrade the Efforts to Outcomes (ETO) system. In FY2015, CFSA allocated funding to each Collaborative to implement and maintain the Title IV-E waiver services. The Collaboratives will also receive \$200,000 to fund community capacity building grants.	No modifications to FY2015 spending.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
46. <u>Caseloads</u>: a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations. b. The caseload of each worker providing services to children and families in which the child or children in the family are living in their home shall not exceed 1:15 families. c. The caseload of each worker providing services to children in placement, including children in Emergency Care and children in any other form of CFSA physical custody, shall not exceed 1:15 children for children in foster care. d. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases. 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. (IEP citation I.D.25.)	90% of investigators and social workers will have caseloads that meet the above caseload requirements. No individual investigator shall have a caseload greater than 15 cases. No individual social worker shall have a caseload greater than 18 cases. No individual worker conducting home studies shall have a caseload greater than 35 cases.	a. Monthly range of 48 – 100% of investigators met the caseload requirements. Monthly range of 0 – 15 investigators had a caseload of more than 15. b. & c. Monthly range of 96 – 99% of ongoing workers met the caseload requirements. Monthly range of 0 – 1 social workers had a caseload of 18 or more. d. 100% of workers conducting home studies met required performance	a. Monthly range of 72 – 88% of investigators met the caseload requirements.⁶³ Monthly range of 0 – 6 investigators had a caseload of more than 15.⁶⁴ b. & c. Monthly range of 95 – 99% of ongoing workers met the caseload requirements. No social workers had a caseload of 18 or more. d. 100% of workers conducting home studies met required performance of	Partially

⁶³ Monthly performance data for caseload requirements are as follows: July, 77%; August, 87%; September, 88%; October, 78%; November 72%; December, 81%.

⁶⁴ Monthly performance data for investigators with caseloads of more than 15 are as follows: July, 6 workers; August, 2 workers; September, 0 workers; October, 3 workers; November, 4 workers; December, 6 workers.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
		of no greater than 30 cases. e. Monthly range of 26 – 70 (1 – 4% 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 29 – 91 (1 – 5% of total open cases) cases unassigned to a social worker for more than five business days.⁶⁵	
47. <u>Supervisory Responsibilities</u>: a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers. b. No supervisor shall be responsible for the on-going case management of any case. i. Supervisors shall be responsible for no more than five social workers and a case aide or family support worker. (IEP citation I.D.26.a.&b.i.)	90% of supervisors shall be responsible for no more than five social workers and a case aide or family support worker.	Monthly range of 96 – 98% of supervisors met the required standard.	Monthly range of 95 – 98% of supervisors met the required standard.	Yes

⁶⁵ Between July and December, in addition to the cases cited above, a monthly range of between 37 and 67 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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
48. <u>Supervisory Responsibilities</u>: a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aids or family support workers, or five caseworkers. b. No supervisor shall be responsible for the on-going case management of any case. ii. Cases shall be assigned to social workers. (IEP citation I.D.26.a.&b.ii.)	95% of cases are assigned to social workers.	Monthly range of 89 – 94% cases assigned to social workers.	Monthly range of 86 – 94% cases assigned to social workers. ⁶⁶	Partially ⁶⁷
49. <u>Training for New Social Workers</u>: New direct service staff⁶⁸ shall receive the required 80 hours of pre-service training through a combination of classroom, web-based and/or on-the-job training. (IEP citation I.D.27.a.)	90% of newly hired CFSA and private agency direct service staff shall receive 80 hours of pre-service training.	100%	100%	Yes
50. <u>Training for New Supervisors</u>: New supervisors shall complete a minimum of 40 hours of pre-service training on supervision of child welfare workers within eight months of assuming supervisory responsibility. (IEP citation I.D.27.b.)	90% of newly hired CFSA and private agency supervisors shall complete 40 hours of pre-service training on supervision of child welfare worker within eight months of assuming supervisory responsibility.	100%	100%	Yes ⁶⁹

⁶⁶ Monthly performance data for cases assigned to social workers are as follows: July, 92%; August, 94%; September, 92%; October, 94%; November 94%; December, 86%.

⁶⁷ CFSA met sub-part a. of this Exit Standard which requires that supervisors are responsible for no more than six workers. This is the second monitoring period that CFSA has fallen below the performance level for sub-part b. of this standard which requires 95 percent of cases are assigned to social workers. The Monitor will continue to assess performance on this standard to determine if the deviation is temporary prior to recommending redesignation.

⁶⁸ Direct service staff includes social workers, nurse care managers and family supports workers who provide direct services to children, youth and families.

⁶⁹ This Exit Standard applied to 4 supervisors during the period who had received their supervisory clearance 8 months prior to the monitoring period (between October 2013 and May 2014).

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
51. <i>Training for Previously Hired Social Workers</i> : Previously hired direct service staff ⁷⁰ 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.	97%	Not yet due ⁷¹	N/A
52. <i>Training for Previously Hired Supervisors and Administrators</i> : Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training. (IEP citation I.D.28.b.)	80% of CFSA and private agency supervisors and administrators who have casework responsibility shall receive annual in-service training.	98%	Not yet due ⁷²	N/A
53. <i>Training for Foster Parents</i> : CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training. (IEP citation I.D.29.a.)	95% of CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	94%	98%	Yes
54. <i>Training for Foster Parents</i> : CFSA and contract agency foster parents shall receive 30 hours of in-service training every two years. (IEP citation I.D.29.b.)	95% of foster parents whose licenses are renewed shall receive 30 hours of in-service training.	98%	92%	Yes ⁷³

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

⁷¹ Data is collected annually based on a training schedule that begins July 1st and ends June 30th each year.

⁷² *Ibid.*

⁷³ The Monitor considers this an insubstantial deviation from the performance level required and compliance with this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
55. <i>Special Corrective Action</i>: a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the following categories: 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. 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. (IEP citation I.D.30.)	For 90% of children identified in corrective action categories, required reviews will occur and corrective action plans will be developed and implemented as appropriate.	a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable reviews. b. 100% of children requiring a special corrective action plan(s) for one or more special corrective action category had a plan developed.	a. CFSA produces a monthly report that identifies the cases of these children/families that have been flagged for discussion during applicable reviews. b. 85% of required special corrective action plan(s) were developed.	Partially⁷⁴

⁷⁴ CFSA indicates that the 33 plans that were not developed were due to a transition process with at least 1 private agency and that a new process has been developed which will be closely monitored to ensure that all future required special corrective action plans are developed. CFSA maintained the required level of performance for one sub-part of this Exit Standard and fell below the required level for completion of plans when required; the Monitor considers this Exit Standard to be partially maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
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. (IEP citation I.D.31.)	Evidence of functionality and ongoing compliance. Evidence of capacity to monitor contract performance on a routine basis.	Infrastructure for performance based contracting remains in place and CFSA uses data to make decisions about placement and future contracts.	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. During the monitoring period, 6 private agencies were placed on PIPs	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
			and based on utilization and performance, two agency contracts were not renewed. 4 PIPs remain pending.	
57. <i>Interstate Compact for the Placement of Children (ICPC)</i>: CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care. (IEP citation I.D.32.)	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. CFSA is a pilot site for a national project (The National Electronic Interstate Compact Enterprise) to increase efficiency, improve service delivery for children and reduce barriers to interstate placement. Preliminary results show a reduction in ICPC delays.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
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. (IEP citation I.D.33.)	CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.	As of June 2014, 22 of 22 FTE positions for Family-Based Contracts Monitoring were filled. 25 of 27 FTE positions were filled for Family Licensing Division.	As of December 2014, 21 of 22 FTE positions for Family-Based Contracts Monitoring were filled.⁷⁵ 23 of 23 FTE positions were filled for Family Licensing Division.	Yes
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. 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. (IEP citation I.D.34.)	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.	The actual FY2014 budget was \$223.2 million and provides adequate funding for required staffing, services and supports.	The approved FY2015 budget is \$246.3 million and provides adequate funding for required staffing, services and supports. The proposed FY2016 budget is \$244.99 million and provides adequate funding for required staffing, services and supports.	Yes

⁷⁵ Congregate care contracts management is reported within the family-based contract management division.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
60. <u>Federal Revenue Maximization</u>: CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development. (IEP citation I.D.35.)	Evidence of consistent and appropriate claiming of all appropriate and available federal revenue.	CFSA now has a Title IV-E Waiver approved. CFSA will be claiming this federal revenue on a quarterly basis. Additionally, CFSA increased claiming Supplemental Security Income or Social Security Disability Income for eligible children.	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.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
65. <u>Investigations of Abuse and Neglect in Foster Homes and Institutions</u>: Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 35 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days. (IEP citation II.A.5.)	90% of reports of abuse and neglect in foster homes shall be completed within 35 days and within 60 days for investigations involving group homes, day care settings or other congregate settings.	Monthly range of 60 – 100%	Monthly range of 50 – 100% ⁷⁶	Partially ⁷⁷
66. <u>Policies for General Assistance Payments</u>: CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision. (IEP citation II.B.6.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
67. <u>Use of General Assistance Payments</u>: CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect. (IEP citation II.B.7.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

⁷⁶ Reported performance includes combined compliance for both foster homes and congregate care settings. Monthly performance on timely completion of investigations of reported abuse and neglect in foster homes and in institutions are as follows: July, 69%; August, 79%; September, 62%; October, 100%; November, 78%; December, 50%.

⁷⁷ Due to the small number of institutional abuse investigations, performance on this Exit Standard has varied considerably. In December 2014, there were only 14 applicable investigations and 7 were closed timely. The Monitor considers monthly performance below the required standard to be insubstantial and will not recommend redesignation.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
68. <u>Placement of Children in Most Family-Like Setting</u>: No child shall stay overnight in the CFSA Intake Center or office building. (IEP citation II.B.8.)	Ongoing Compliance	In April 2014, four children stayed at CFSA overnight. CFSA reports that this placement was in error and in response, guidance would be provided to staff on roles among different administrations (CPS, in-home, placement, kinship) when families are involved with an in-home case that results in a removal.	CFSA reports that between July – December 2014, no child stayed overnight at CFSA.	Yes
69. <u>Timely Approval of Foster/Adoptive Parents</u>: CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry. (IEP citation II.B.9.)	Ongoing Compliance	Training was offered during the current monitoring period.	Training was offered during the current monitoring period.	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
70. <u>Placement within 100 Miles of the District</u>: No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in college, vocational programs, correctional facilities, or kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.) (IEP citation II.B.10.)	Ongoing Compliance for no more than 82 children.	Monthly range of 21 – 24 children	Monthly range of 13 – 23 children	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
71. <u>Licensing and Placement Standards:</u> a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards. 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. 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. d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits. (IEP citation II.B.11.)	Ongoing compliance for 95% of children.	a. Monthly range of foster and group homes: 95 – 96% b. Monthly range of children over placed in foster homes: 1 – 3% c. Children in group care settings with capacity in excess of eight children – 0% d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.	a. Monthly range of foster and group homes: 94 – 96%⁷⁸ b. Monthly range of children over placed in foster homes: 2 – 3% c. Monthly range of children in group care settings with capacity in excess of 8 children: 0 – 22%⁷⁹ d. No exceptions were provided for the children placed in excess of licensing capacity during this monitoring period.	Yes ⁸⁰

⁷⁸ Reported performance includes combined compliance for both foster and group homes.

⁷⁹ In the month of September, 22% (9 of 41) of children placed in a group home were in a home that exceed a capacity of 8. This corresponds with 1 group home that was out of compliance. In all other months of the monitoring period, no children were in a group home that exceeded a capacity of 8.

⁸⁰ The Monitor considers performance in September 2014 for sub-part c. of this Exit Standard to be a temporary deviation in performance and this Exit Standard to be maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
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. (IEP citation II.B.12.)	90% of case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter.	Monthly range of 92 – 96%	Monthly range of 90 – 92%	Yes
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. (IEP citation II.B.13.)	Ongoing Compliance	Ongoing Compliance	Ongoing Compliance⁸¹	Yes

⁸¹ As of December 31, 2014, CFSA reports that no child under the age of 12 had a non-court ordered goal of legal custody and 1 child under the age of 12 had a goal of APPLA. This is the same child that was identified in previous monitoring periods.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 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.	100%	95% ⁸²	Yes
75. <u>Post-Adoption Services Notification</u> : Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services. (IEP citation II.B.15.)	Ongoing compliance for 90% of cases.	CFSA continues to report all adoptive families receive notification in a variety of ways.	CFSA continues to report all adoptive families receive notification in a variety of ways.	Yes
76. <u>Family Court Reviews</u> : A case review hearing will be conducted in Family Court at least every six months for every child as long as the child remains in out-of-home placement, unless the child has received a permanency hearing within the past six months. (IEP citation II.D.16.)	Ongoing Compliance for 90% of cases.	As of June 30, 2014, 95% of applicable children had required review.	As of December 31, 2014, 96% of applicable children had required 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 96 – 98%	Monthly range of 95 – 99%	Yes

⁸² Of 22 children whose goal changed to adoption between October 1 and December 31, 2014, 1 child did not have a staffing within 95 days.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 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.	94%	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. Resource Development Plan updates completed June 27, 2014	a. Needs Assessment completed December 2013 b. Updates to Monitor were provided in March 2015. CFSA reports continued to work to strengthen differential response, expand	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
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. (IEP citation II.G.21.)			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.	
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	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
83. <u>Quality Assurance</u>: CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors. (IEP citation II.G.23.)	Ongoing Compliance	Ongoing Compliance The QA unit is fully staffed with 4 full-time QSR reviewers, 6 FTEs assigned to QA/Child Fatality and 2 supervisory case specialists.	Ongoing Compliance The QA unit is fully staffed with 4 full-time QSR reviewers, 6 FTEs assigned to QA/Child Fatality and 2 supervisory case specialists.	Yes
84. <u>Maintaining Computerized System</u>: a. CFSA shall develop and maintain a unitary computerized information system and shall take all reasonable and necessary steps to achieve and maintain accuracy. 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. (IEP citation II.H.24.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes
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. (IEP citation II.H.25.)	Ongoing Compliance	Ongoing compliance	Ongoing compliance	Yes

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
86. <u>Provider Payments</u> : 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 93 – 97% of providers were paid timely	Yes
87. <u>Foster Parent Board Rates</u> : There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south. (IEP citation II.H.27.)	Ongoing Compliance	Ongoing compliance	— — ⁸³	Yes

⁸³ 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 and compliance with this Exit Standard maintained.

Table 2: Outcomes to be Maintained

Implementation and Exit Plan Requirement	Exit Standard	January – June 2014 Performance	July – December 2014 Performance	Exit Standard Maintained
88. <u>Post-Adoption Services</u>: CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA. (IEP citation II.H.28.)	Ongoing Compliance	Funding for FY14 remains unchanged. The proposed FY2015 budget includes \$866,650 for the Post-Permanency Family Center and \$32,236,106 for the Adoption and Guardianship Subsidy Program.	Ongoing Compliance	Yes

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)⁸⁴ or 4) Information and Referral (I&R).⁸⁵ 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 for children between the ages of five and 17 years old from public and charter schools. These referrals are sent utilizing a form developed by CFSA which captures 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 assessment⁸⁶, all critical areas of practice for a child welfare system.

⁸⁴ 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.

⁸⁵ 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.

⁸⁶ CFSA has stated its view that family assessments (FA), which are now part of the District's response to allegations of child abuse and neglect, are not covered by the provisions of the *LaShawn* MFO and IEP. CFSA has argued that since FAs are not "investigations," they are not subject to IEP standards and should be reported on differently by the Monitor than other IEP Exit Standards. The Monitor does not agree with this position; the District implemented the FA pathway as part of a new approach to responding to allegations of child abuse and neglect. While it is true that the practice of differential response and the FA pathway were not contemplated or used by CFSA at the time the IEP was established, it is part of the District's CPS response which is covered by the *LaShawn* MFO and IEP. With the inclusion of FA as an appropriate CPS response, many of the referrals that were previously addressed using the CPS investigation pathway are now directed to the FA pathway. CFSA staff report that FA workers follow the same protocols as investigators with respect to safety assessments. The Monitor has taken the position that the caseload standard for FA workers is the same as for investigative workers as the nature of the work with the family and children is comparable. The Monitor has also taken the position that it is within the purview of the *LaShawn* MFO and IEP that the Monitor fully assess and evaluate FA as an integral part of the District's CPS response.

1. Hotline

Table 3 below shows the number of calls the hotline received between July and December 2014 and specifies the DR pathway selected for each referral. The volume of calls to the hotline this monitoring period ranged between 849 and 1,249 a month. The total calls this period represents a 28 percent decrease over the previous monitoring period (last monitoring period there was a total of 9,217 calls compared to 6,645 calls this period). However, the number of calls are similar to the amount of calls received during this same period in 2013; seasonal fluctuations in call volume are common for child welfare agencies to experience.

An average of 28 percent of hotline calls received each month of this monitoring period were accepted for a CPS investigation or linked to a current investigation and an average of 18 percent of hotline calls each month were accepted for a FA or linked to a current FA. As indicated in Table 3 below, a monthly range of eight to 18 percent of calls were accepted as I&R and a monthly range of 36 to 48 percent of calls were screened out. The percentage of screen outs has increased since the previous monitoring period and continued to rise between July and December 2014. CFSA attributes the increase to the utilization of the Hotline SDM tool which guides consistent decision-making among staff. CFSA also reports that as of December 2014, all educational neglect referrals that are submitted by schools through the automated forms process online are captured as “reports.” These reports are either screened out by the educational neglect triage unit or assigned for CPS investigation or FA based on the facts and circumstances of the educational neglect report.

**Table 3: Number of Calls to
Child Abuse and Neglect Hotline by DR Pathway
July – December 2014**

Month	Total	Information and Referral (I&R)	Investigation		Family Assessment (FA)		Screened Out by Hotline or Hotline RED Team**
		Accepted	Accepted	Linked*	Accepted	Linked*	
July 2014 ⁸⁷	1,045	189 (18%)	274 (26%)	40 (4%)	156 (15%)	10 (1%)	376 (36%)
Aug 2014 ⁸⁸	849	78 (9%)	236 (28%)	33 (4%)	130 (15%)	7 (1%)	365 (43%)
Sept 2014 ⁸⁹	1,175	102 (9%)	327 (28%)	34 (3%)	198 (17%)	6 (<1%)	508 (43%)
Oct 2014 ⁹⁰	1,249	94 (8%)	286 (23%)	49 (4%)	211 (17%)	5 (<1%)	604 (48%)
Nov 2014 ⁹¹	1,130	102 (9%)	282 (25%)	28 (2%)	201 (18%)	5 (<1%)	512 (45%)
Dec 2014 ⁹²	1,197	90 (8%)	267 (22%)	31 (3%)	236 (20%)	9 (1%)	564 (47%)
Total	6,645	655 (10%)	1,672 (25%)	215 (3%)	1,132 (17%)	42 (1%)	2,929 (44%)

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.

⁸⁷ At the time the data were run for July 2014, 11 hotline calls were awaiting approval (6 I&R). These calls are not included in the total denominator.

⁸⁸ At the time the data were run for August 2014, 12 hotline calls were awaiting approval (8 I&R). These calls are not included in the total denominator.

⁸⁹ At the time the data were run for September 2014, 9 hotline calls were awaiting approval (7 I&R). These calls are not included in the total denominator.

⁹⁰ At the time the data were run for October 2014, 17 hotline calls were awaiting approval (14 I&R). These calls are not included in the total denominator.

⁹¹ At the time the data were run for November 2014, 23 hotline calls were awaiting approval (21 I&R). These calls are not included in the total denominator.

⁹² At the time the data were run for December 2014, 7 hotline calls were awaiting approval (6 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. 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.

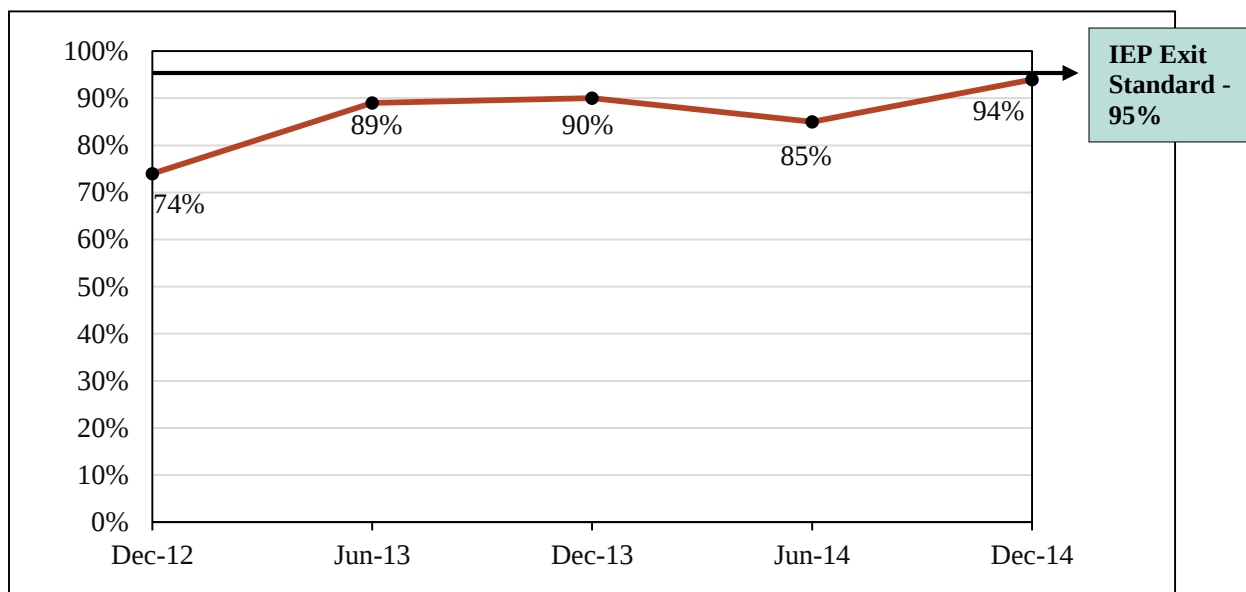
Investigative caseloads improved this monitoring period (between July and December 2014, a monthly range of 72 to 88% of investigators had no more than 12 investigations, up from June 2014 performance of 48%). CFSA partially met the Exit Standard for timely initiation of investigations (within 48 hours of referral to the hotline), performance remained below the required level for timely closure of investigations (within 35 days of referral to the hotline). Additionally, quality of investigations continues to be an area where improvement is needed.

CFSA maintained required performance for the investigations Exit Standards previously designated as Outcomes to be Maintained, including 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. ⁹³

Figure 1: Timely Initiation of Investigations
December 2012 – December 2014



Source: CFSA Administrative Data, FACES.NET report INT052

Performance for the period July 1 through December 31, 2014:

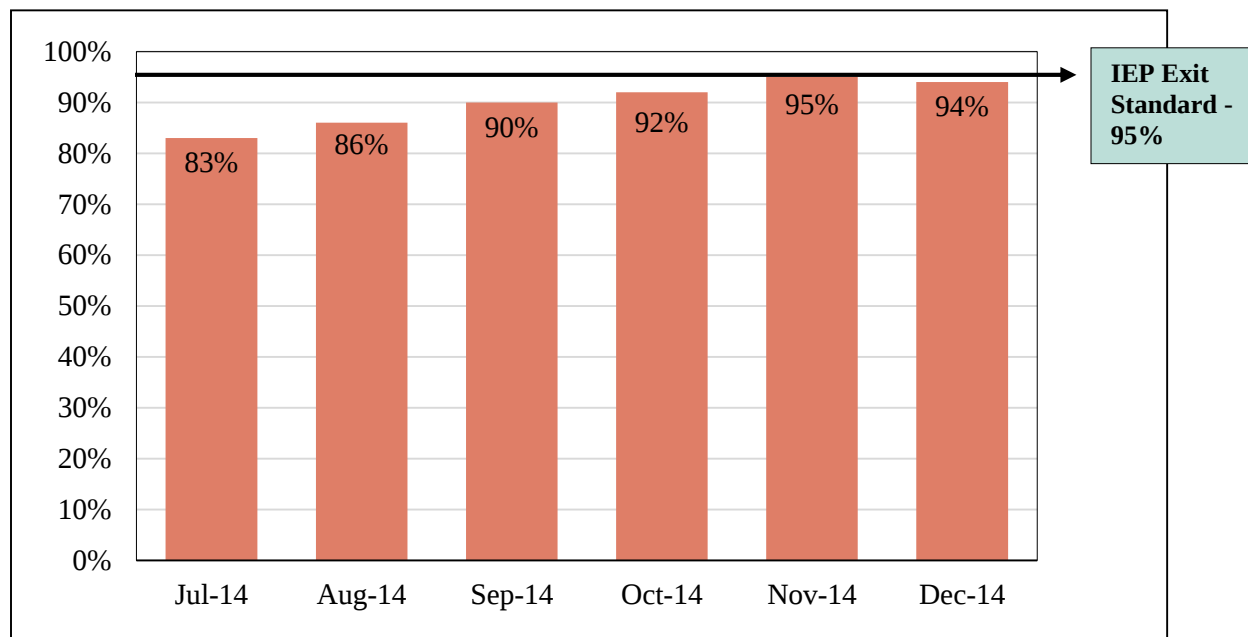
Initiation of an investigation includes seeing all alleged victim children and talking with them outside the presence of the caretaker, or making all applicable good faith efforts to locate all alleged victim children within the 48-hour time frame.⁹⁴ In December 2014, 329 investigations were completed; in 251 (76%) investigations, a social worker saw all alleged victim children within 48 hours of the report to the hotline and in an additional 59 (18%) investigations, there

⁹³ 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.

⁹⁴ For younger and non-verbal children, observation is acceptable.

was documentation that good faith efforts were made to initiate the investigation, for a total of 94 percent of investigations initiated timely. Between July and December 2014, a monthly range of 83 to 95 percent of investigations were initiated timely, either by the social worker seeing and interviewing all alleged victim children outside the presence of the caretaker within 48 hours of the report to the hotline or by documenting completion of all applicable good faith efforts (see Figure 2). Based upon performance during this period, the Monitor considers CFSA to have partially met the required level of performance for this Exit Standard.

**Figure 2: Timely Initiation of Investigations
July – December 2014**



Source: CFSA Administrative Data, FACES.NET report INT052

Performance on Strategy Plan:

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

- *To ensure investigations are initiated timely (inclusive of good faith efforts), effective December 2013, CFSA increased the frequency of the Hotline RED Teams using the group decision-making process framework. Previously, CFSA held two Hotline RED Teams per weekday. Beginning December 2013, the teams were increased to three per weekday to manage the volume of the referrals, assign the referrals to the appropriate pathway, track assignment and response time, and ensure that multidisciplinary membership is a part of the decision-making process (2014 Strategy Plan, #1).*

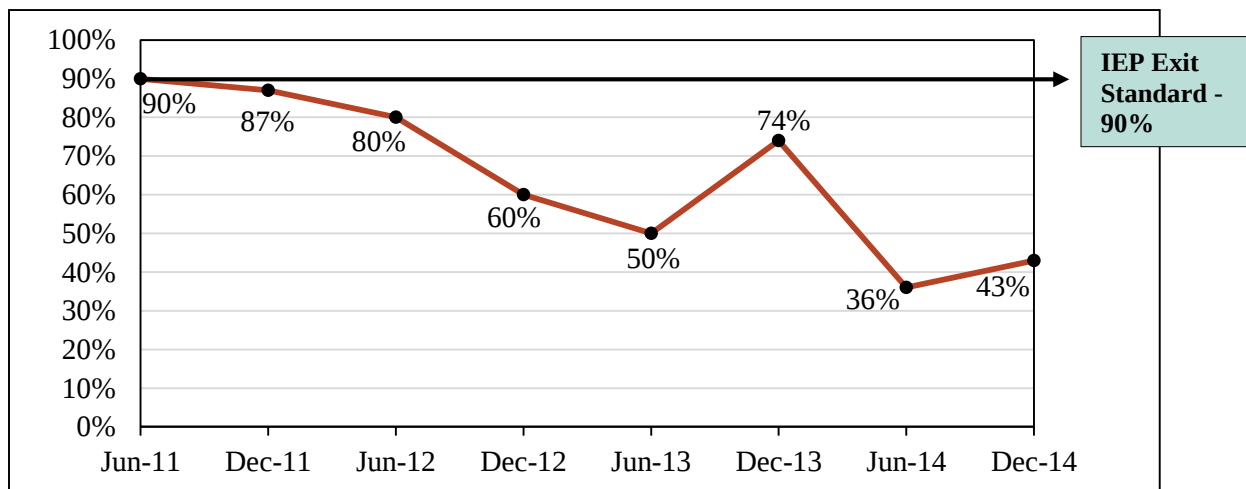
CFSA reports continued implementation of this strategy, with three Hotline RED Teams

occurring daily at 8am, 1pm and 5pm. The weekend schedule may vary depending upon the number of referrals received and availability of staff to provide a multidisciplinary team of decision makers. Monitor staff periodically attend Hotline RED Team meetings to observe the process.

Timely Completion of Investigations

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

**Figure 3: Timely Completion of Investigations
June 2011 – December 2014**



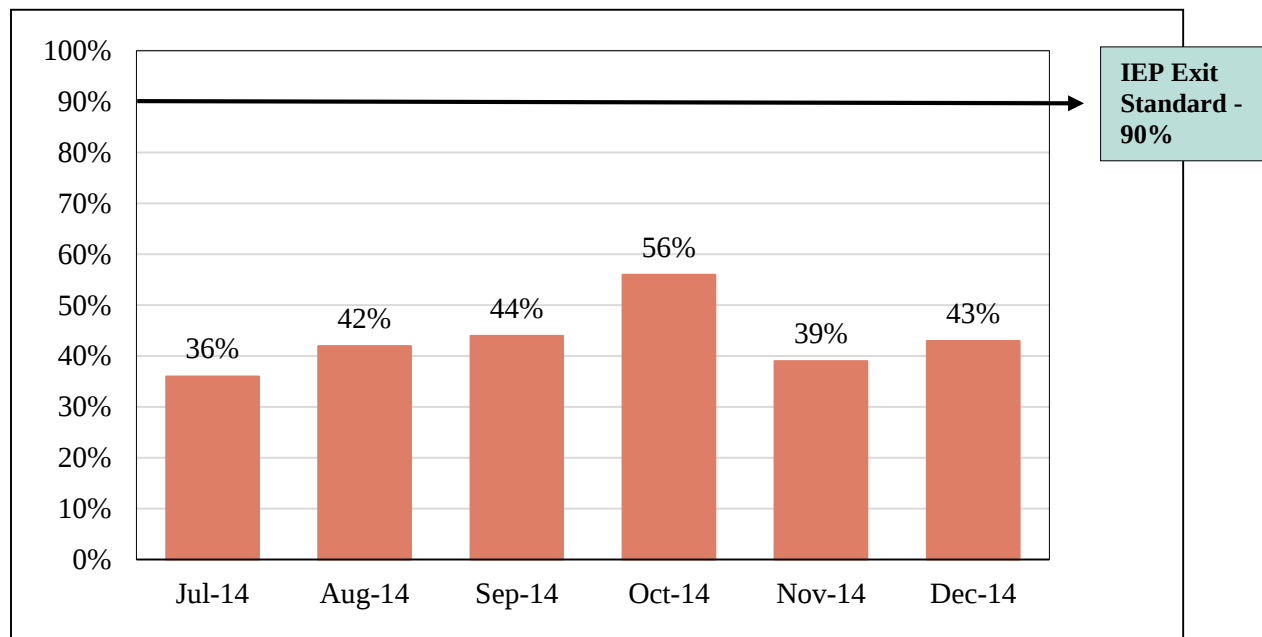
Source: CFSA Administrative Data, FACES.NET report INV004

Performance for the period July 1 through December 31, 2014:

In December 2014, there were 316 non-institutional abuse investigations completed; 137 (43%) were completed and had findings entered in FACES.NET within 35 days after receipt of the report.⁹⁵ As indicated in Figure 4 below, performance started to improve at the beginning of the monitoring period but declined again after October 2014. A monthly range of 36 to 56 percent of investigations were completed timely. Performance does not meet the required level.

⁹⁵ During this monitoring period, CFSA reports the following backlog: July, 190; August, 140; September, 88; October, 107; November, 145; December, 131.

**Figure 4: Timely Completion of Investigations
July – December 2014**



Source: CFSA Administrative Data, FACES.NET report INV004

Performance on Strategy Plan:

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

- *CFSA will continue the 10-Day RED Teams, which will address barriers to timely and effective completion of investigations. In addition, the Big RED Team reviews will be scheduled with supervisors to address investigations open for 35 days or more. The next steps developed in the RED Teams will be documented and shared with social workers and supervisors for follow up. The next steps will be reviewed during supervision (2014 Strategy Plan, #2).*

CFSA reports that 10/15 Day RED Teams have continued during this monitoring period for select investigations. As previously reported, Big RED Team reviews have not been held as intended due to the significant backlog in investigations that are open longer than 35 days. Although the backlog was decreasing between July and September 2014, it started to rise again in October and as of December 2014, 131 investigations were in backlog.

- *To effectively complete investigations, CPS management will continue to equalize the caseloads, remove investigative workers out of rotation as appropriate, and quickly fill social worker vacancies as needed (2014 Strategy Plan, #3).*

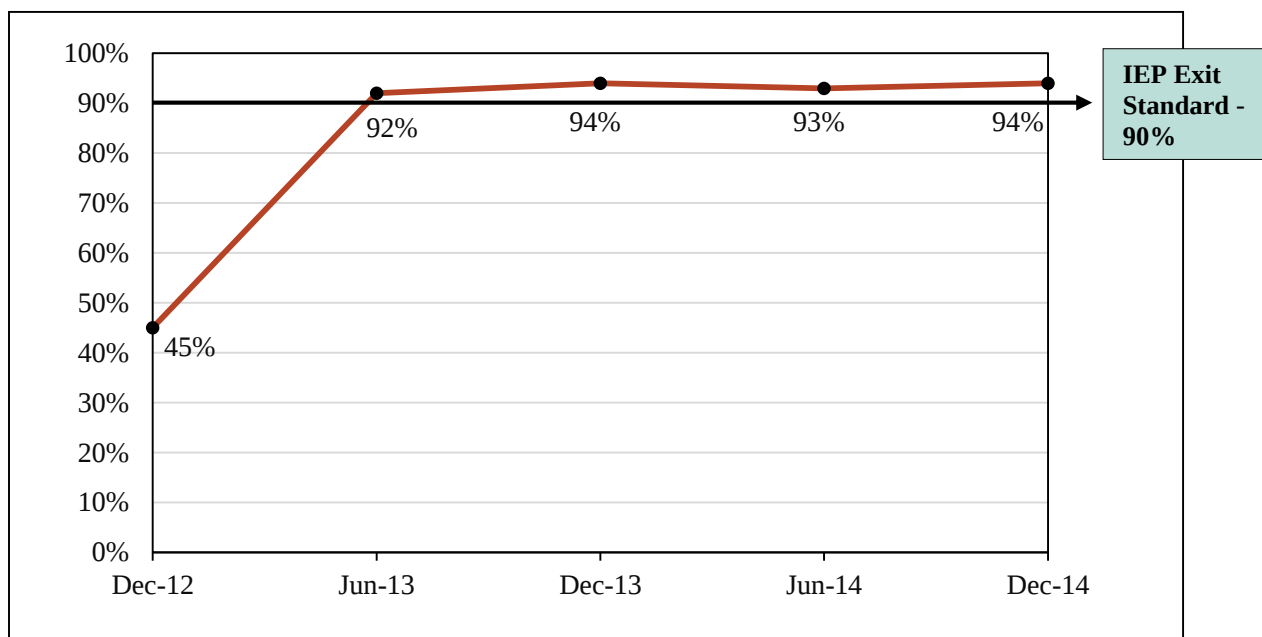
Performance on all of the IEP investigation measures have been negatively impacted by caseload issues. CFSA has employed several strategies to reduce investigative worker caseloads with much of the emphasis this period on filling vacancies and mobilizing additional staff. Between July and December 2014, CFSA hired seven new CPS investigators and as of December 2014, there were no investigative worker vacancies.⁹⁶ It is anticipated that all new hires will be trained by March 2015. Additionally, CFSA has hired a recruiter to implement a comprehensive recruiting strategy and has utilized a contract with a private agency to hire five contract social workers to assist with investigations. By April 2015, CFSA anticipates having a floater unit in place which will be comprised of a team of experienced social workers who will be temporarily deployed within the Agency to fill gaps that may be caused by employees who are on leave or where there are vacancies.

⁹⁶ By the end of April 2015, two of the new hires resigned and their positions are now vacant.

Reviews of Repeat Reports

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

**Figure 5: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
December 2012 – December 2014**



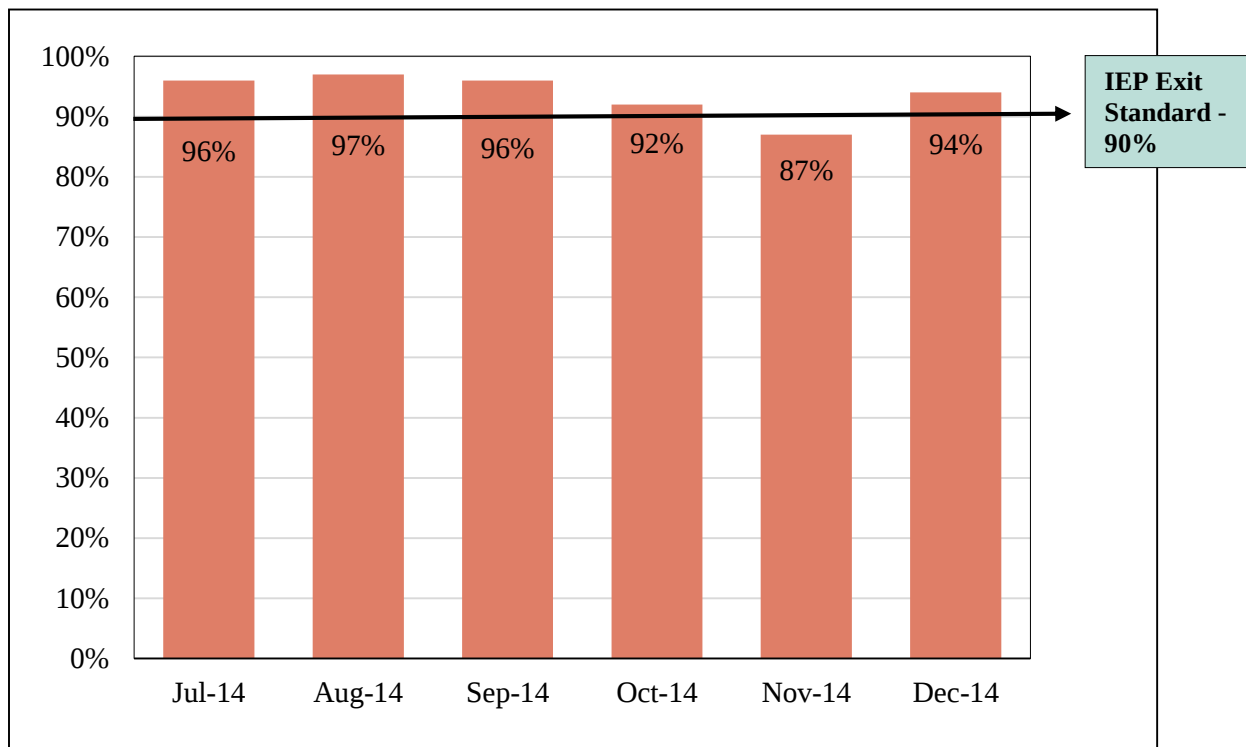
Source: CFSA Manual Data

Performance for the period July 1 through December 31, 2014:

The purpose of this requirement is to ensure a more intensive upfront review of a family's history and current case circumstances when a family has had multiple reports alleging abuse or neglect. In December 2014, there were 78 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; 73 (94%) of these investigations had documentation in FACES.NET indicating that a comprehensive review of the case history and current circumstances that brought the family to CFSA's attention had occurred. Between July and December 2014, monthly performance for this Exit Standard ranged from 87 to 97 percent (see Figure 6). This Exit Standard continues to be maintained.

**Figure 6: Completion of Reviews for Families Subject to a New Investigation for Whom the Current Report is the Fourth or Greater Report Within the Last 12 Months
July – December 2014**

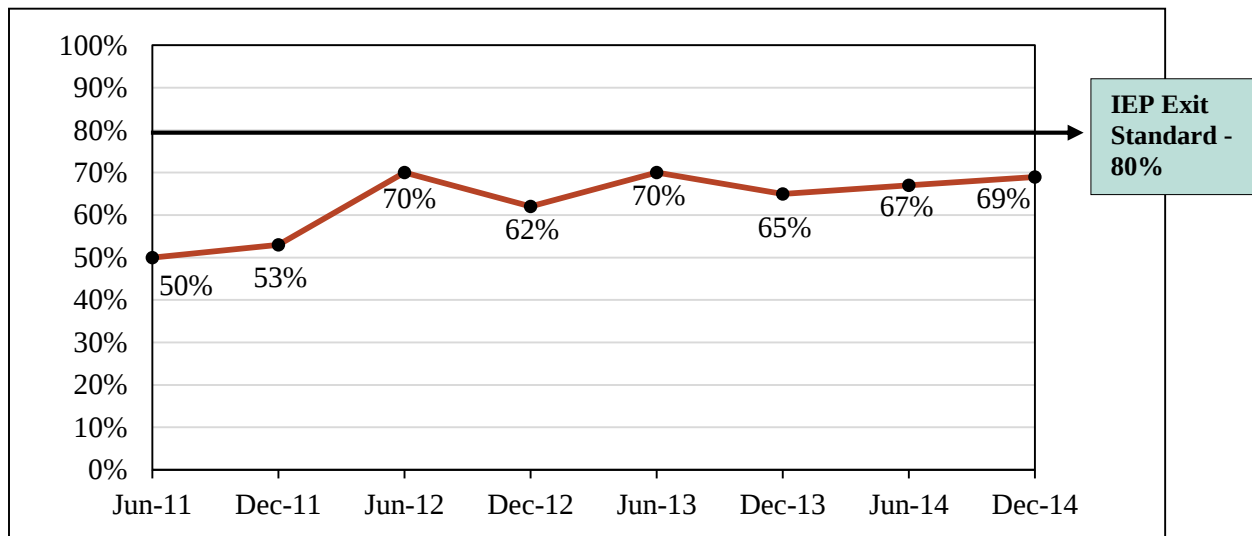


Source: CFSA Manual Data

Quality of Investigations

IEP Requirement	4. <u>Acceptable Investigations</u> : CFSA shall routinely conduct investigations of alleged child abuse and neglect. ⁹⁷ (IEP citation I.A.2.)
Exit Standard	80% of investigations will be of acceptable quality.

**Figure 7: Investigations Determined to be of Acceptable Quality
June 2011 – December 2014**



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.

⁹⁷ Evidence of acceptable investigations includes: (a) Use of CFSA's screening tool in prioritizing response times for initiating investigations; (b) Interviews with and information obtained from the five core contacts – the victim child(ren), the maltreater, the reporting source (when known), medical resources and educational resources (for school-aged children); (c) Interviews with collateral contacts that are likely to provide information about the child's safety and well-being; (d) Interviews with all children in the household outside the presence of the caretaker, parents or caregivers, or documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; (e) Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation, except where a parent refuses to consent to such evaluations. When a parent refuses to consent to such an evaluation, the investigative social worker and supervisor shall consult with the Assistant Attorney General to determine whether court intervention is necessary to ensure the health and safety of the child(ren); (f) Use of risk assessment protocol in making decisions resulting from an investigation; and (g) Initiation of services during the investigation to prevent unnecessary removal of children from their homes.

Performance for the period July 1 through December 31, 2014:

Data for this Exit Standard were provided by CFSA through implementation of a continuing quality improvement practice that is outlined in the 2014 *LaShawn* Strategy Plan. CFSA staff reviewed 132 investigations completed between July and December 2014 using a structured review instrument developed by CFSA and the Monitor that was used in previous case record reviews to determine if an investigation is of acceptable quality. The Monitor then independently reviewed 51 (39%) of these investigations for validity. Of the 132 investigations reviewed, 91 (69%) were assessed to be of acceptable quality. Data were collected on a quarterly basis and data for the third quarter⁹⁸ determined that 40 (62%) of the 65 investigations reviewed were of acceptable quality and in the fourth quarter⁹⁹ 51 (76%) of the 67 investigations reviewed were acceptable, showing an upward trend in performance over the six month period. Performance does not yet meet the level required by the IEP.

Performance on Strategy Plan:

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

- *As a continuing quality improvement practice, the process for completing, reviewing, and reporting on acceptable investigations will continue in 2014 with the assistance of the Office of Agency Performance. The revised process, which began in February 2014, includes peer reviews within CPS management, an increased sample size and frequency of the reviews and reporting out. Each supervisor will conduct a review on two closed investigations per month for review by the program manager. The results will be shared monthly and will include detailed information to allow for targeted training and coaching by supervisor (2014 Strategy Plan, #4).*

As discussed above and in the previous monitoring report, CFSA staff have reviewed completed investigations throughout the year to assess for acceptable quality. CFSA reports that findings from these reviews are shared in CPS all-staff meetings, during leadership huddles and are incorporated into an Entry Services scorecard that is used for internal management purposes.

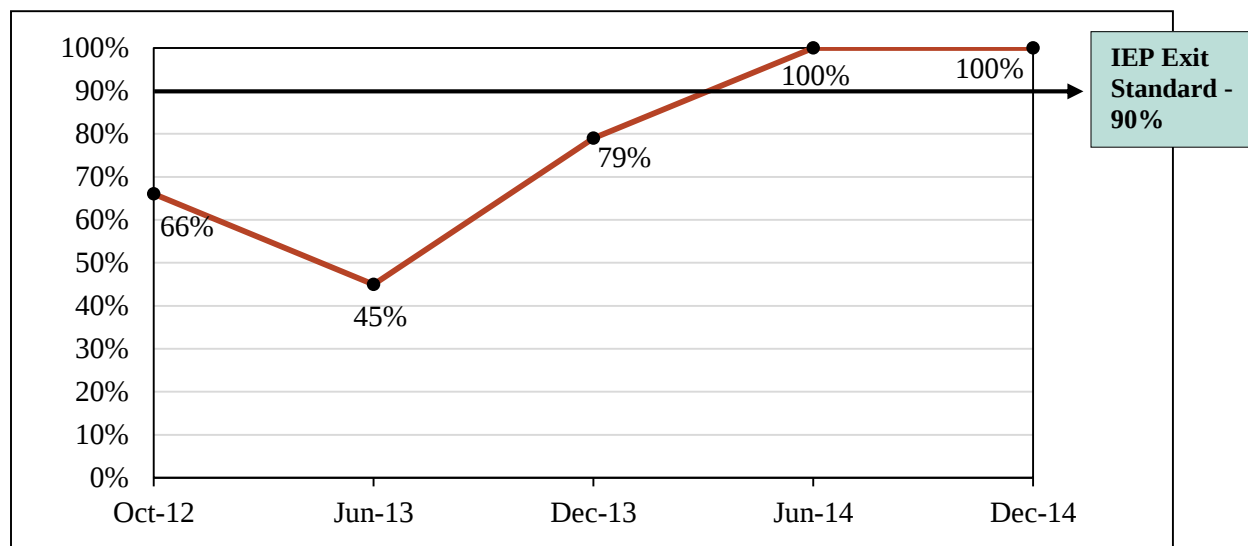
⁹⁸ Between July – September 2014

⁹⁹ Between October – December 2014

Community-based Service Referrals for Low & Moderate Risk Families

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

**Figure 8: Community-based Services Referrals for Low and Moderate Risk Families
October 2012 – December 2014**



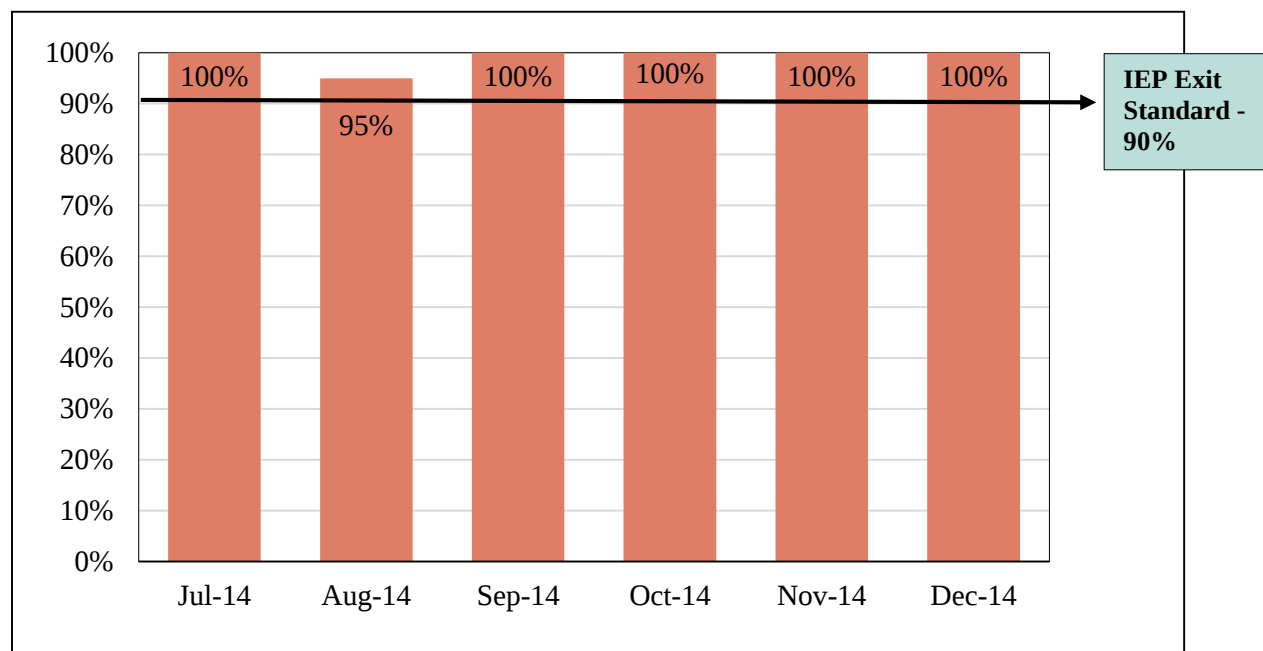
Source: October 2012 performance data collected during case record review of a statistically significant sample of investigations closed in October 2012. Sampling represents a $\pm 5\%$ margin of error with 95% confidence in the results. Data presented for June 2013, December 2013, June 2014 and December 2014 from FACES.NET report INV089.

Performance for the period July 1 through December 31, 2014:

During December 2014, 316 investigations were completed of which 138 investigations had a risk rating of low or moderate. Of these 138 investigations, four were connected to an open case, three were opened as an ongoing case for services, four were already receiving needed services, six did not require a referral for additional supports or services and in 84 investigations, the family demonstrated service needs but declined a referral. Of the remaining 37 investigations, all 37 (100%) families received a referral to a Collaborative or community agency for follow-up. Between July and December 2014, monthly performance for this Exit Standard ranged between 95 and 100 percent (see Figure 9). CFSA newly met this Exit Standard during the previous

monitoring period and continued to meet the required level of performance during the current monitoring period.

**Figure 9: Community-based Services Referrals for Low and Moderate Risk Families
July – December 2014**



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. CFSA has been using the FA pathway as part of its Differential Response (DR) system since September 2011.

CFSA is working with IAR Associates to evaluate the FA response pathway within CFSA's DR system. There are two phases to this evaluation. The first phase was a preliminary safety analysis of children whose families were served through the FA pathway to assess whether there was any evidence that children in families who received a FA were any less safe than they would have been had their families received a CPS investigation. During this phase, the evaluation 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 investigation. Using several indicators of child safety – including subsequent child maltreatment reports, quantity of new reports, allegations in later reports and child removals and placement – the evaluation determined that children in the

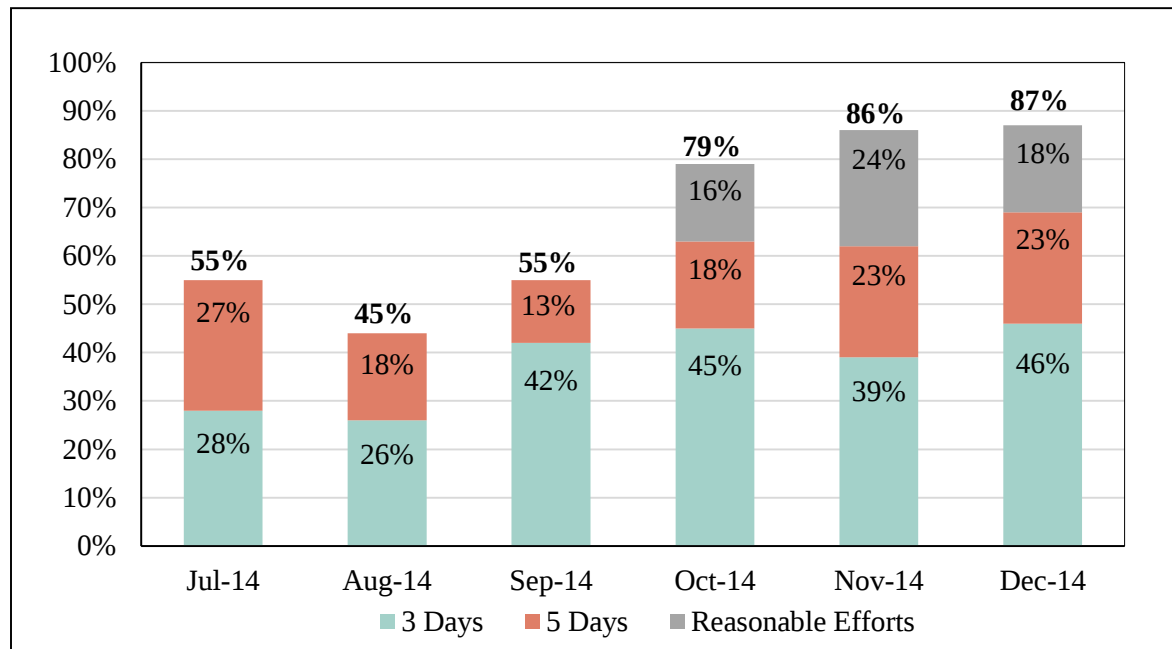
families who received a FA were no less safe than they would have been had their families received a CPS investigation response. The second phase of the evaluation is scheduled to occur between January and December 2015 and will more fully examine child and family outcomes as part of the assessment of the District's DR model and its implementation.

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. Regular monthly reports for this practice became available in March 2014. In October 2014, CFSA added the capacity within FACES.NET that allows workers to indicate whether reasonable efforts had been made to initiate the FA if the child(ren) had not been seen within the designated timeframes. This is similar to how data are collected for timely initiation of investigations.

Between July and December 2014, a monthly range of 26 to 46 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 13 to 27 percent each month were contacted within five days. In total and inclusive of those FAs where reasonable efforts were made (for October through December 2014 only), a monthly range of 45 to 87 percent of families had their FA case initiated within five days (see Figure 10).

**Figure 10: Initiation of FA within 3 and 5 Days
July – December 2014¹⁰⁰**



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 FA 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 as 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.

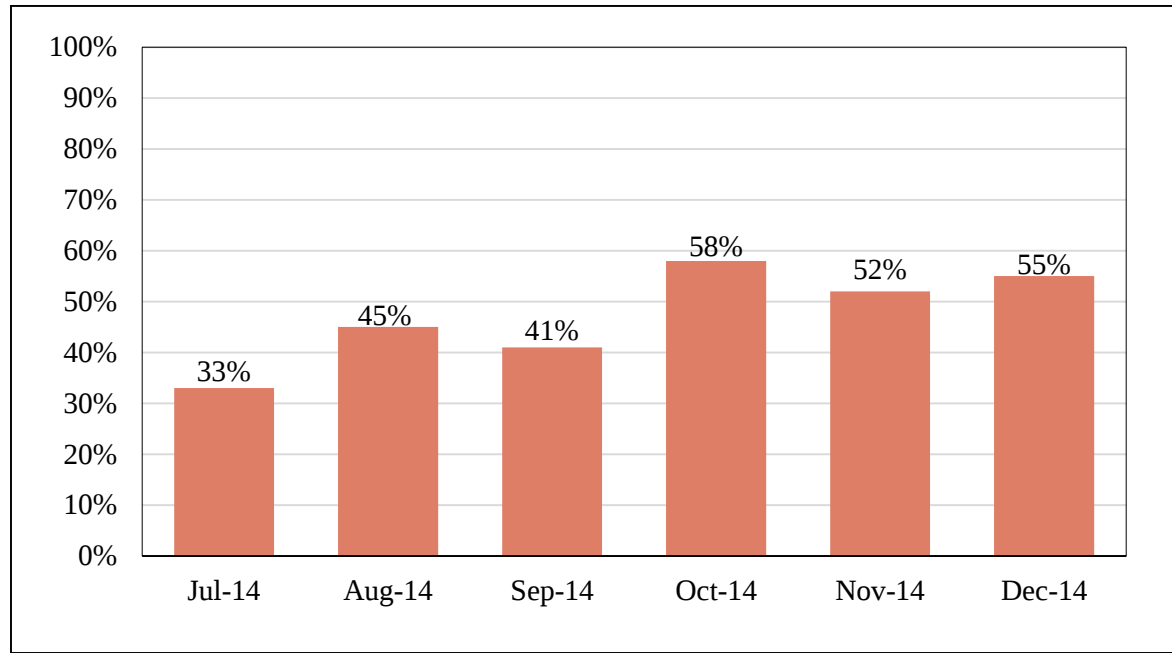
Between July and December 2014, a monthly range of 33 to 58 percent of FAs were closed within 45 days of referral to the hotline. Specifically, as of December 31, 2014, 229 FAs were closed and 127 (55%) were closed within 45 days. Of the FAs that were open longer than 45 days, 54 (24%) were closed within 46 to 59 days; 39 (17%) were closed within 60 to 89 days; and the remaining nine (4%) were closed in 90 days or longer.

Data are collected for reason for FA closure – the top cited reasons in December 2014 for all FAs completed that month are family declined participation (99 families/43%); no further action needed (48 families/21%); family referred to a Collaborative or other community-based agency

¹⁰⁰ Documentation of reasonable efforts became available in October 2014.

(32 families/14%); open CPS referral (19 families/8%); and family out of jurisdiction (19 families/8%).

**Figure 11: Closure of FA within 45 Days of Referral to Hotline
July – December 2014**



Source: CFSA Administrative Data, FACES.NET report INV140

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 July and December 2014, a monthly range of six to 14 percent of families with a closed FA were referred to a Collaborative or other community agency.¹⁰¹ Table 4 below details the Collaboratives to which families were referred. CFSA has indicated that while the FA approach encourages the use of community resources to help families, the model also supports the families' right to choose whether or not to engage in services and families may choose not to engage because they plan to utilize their own natural supports, the family may already be connected to services in the community or the family prefers to explore other options without CFSA involvement. Phase II of the DR evaluation report is expected to provide additional insight into these engagement and service utilization issues.

¹⁰¹ The monthly percentage of closed FAs referred to a Collaborative or community-based agency are as follows: July, 8%; August, 6%; September, 10%; October, 10%; November, 10%; December, 14%.

**Table 4: Service Referrals to Collaborative or
Community-based Agency for Family Assessments
July – December 2014**

Collaborative or Community-Based Agency	Total Referrals
Columbia Heights/Shaw Collaborative	8
East River Collaborative	33
Edgewood/Brookland Collaborative	16
Far Southeast Collaborative	32
Georgia Avenue Collaborative	8
Other Community-Based Agency	13
Total	110

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 1,137 children with a closed FA during the monitoring period between January 1 and June 30, 2014; 39 children (3%) had a substantiated investigation within six months of FA closure. Additionally, there were 462 children with a closed FA between July 1 and December 31, 2013; 37 (8%) had a substantiated investigation within 12 months of FA closure. These data are part of what will be more fully analyzed in the previously referenced evaluation of DR and FA practice.

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

IEP Requirement	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. 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: 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. (IEP citation I.A.3.)
Exit Standard	In 80% of cases, appropriate services, including all services identified in a child's or family's safety plan or case plan shall be offered along with an offer of instruction or assistance to children/families regarding the use of those services. The Monitor will determine performance-based on the QSR Implementing Supports and Services and Pathway to Case Closure indicators.

As required by the IEP, two indicators from the QSR protocol are used to measure CFSA's performance on the Exit Standard pertaining to appropriate service provision 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 contained within the QSR protocol.

Figure 12: QSR Implementing Supports and Services Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance¹⁰²

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.

¹⁰² *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 Performance¹⁰³

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?

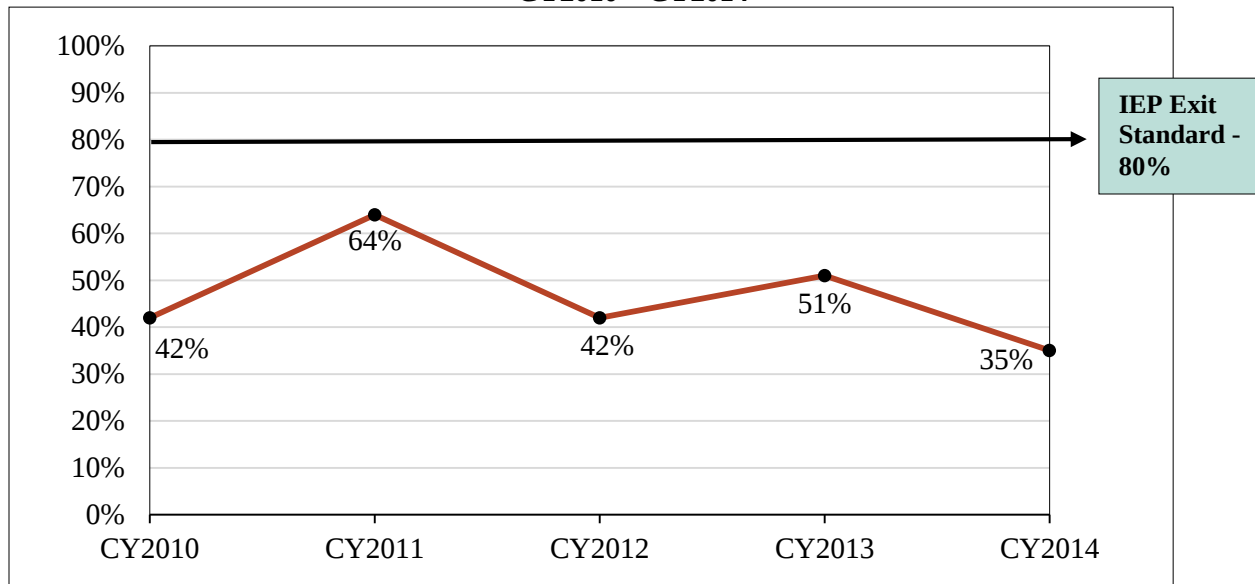
- *Description of Acceptable/Unacceptable Performance:*

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.

¹⁰³ *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 Families and Children
to Promote Safety, Permanency and Well-Being
CY2010 – CY2014**



Source: QSR Data

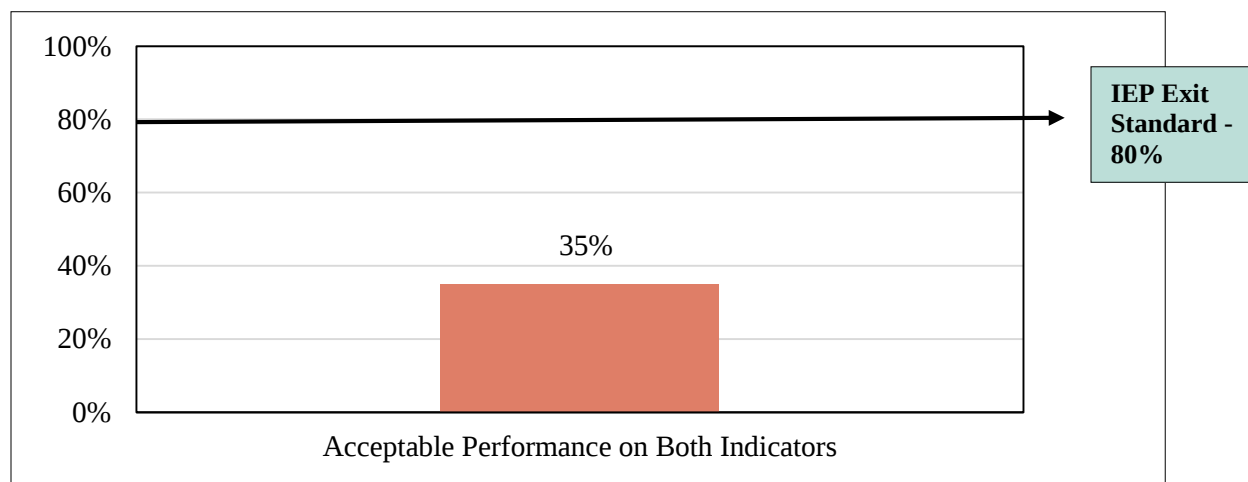
Performance for calendar year 2014:

A total of 125 cases were reviewed using the QSR methodology from January to December 2014. Of these cases, 24 of the cases involved a child receiving in-home services and 101 cases were of children placed in out-of-home care.

As Figure 15 indicates, approximately one-third of the cases reviewed (35%; 44 of 125) were rated as acceptable on *both* the Implementing Supports and Services and Pathway to Case Closure indicators. Slightly more than half (54%; 67 of 125) of the cases reviewed were rated acceptable on the Implementing Supports and Services indicator and 54 percent of the cases (67 of 125) were rated acceptable on the Pathway to Case Closure indicator. During the current monitoring period, CFSA's performance decreased and is 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 indicate a gap in matching supports and services with pathway to case closure as significantly fewer cases (23) were rated acceptable on both indicators as compared to cases that rated acceptable on just one of these select indicators. One key element of the pathway to case closure indicator is ensuring that all team members, including family members, are on the same page and understand the direction the case is moving and what is required to move the case to closure. One key theme from the QSR case narratives and additional analyses is that the formation, functioning and coordination of the team is critical to acceptable performance on the Pathway to Case Closure and Implementing Supports and Service indicators.¹⁰⁴ While CFSA's use of RED Teams has provided additional opportunities for increased teaming and critical thinking, it is important that this information sharing and consultation framework be used in all teaming opportunities with the birth family, foster family and professionals across agencies working with the family. Additionally, the engagement and assessment of key team members – including the child, mother, father and substitute caregiver, as applicable – impact the team's ability to properly plan and implement the necessary supports and services to move the case to safe case closure. A second theme from the QSR case narratives and regression analyses highlight significant impact of some key elements in the service delivery process – specifically, engagement with the child; assessment of the child; and assessment of the mother.¹⁰⁵

**Figure 15: QSR Findings on Services to Children and Families
to Promote Safety, Permanency and Well-Being
CY2014
N=125**



Source: QSR Data, January – June 2014

¹⁰⁴ Regression analyses were run to determine the significance of engagement, assessment and teaming indicators on pathway to case closure and implementing supports and services while controlling for placement type, agency and age of youth. Findings from these analyses indicate that team formation and functioning are significant predictors of acceptable pathway to case closure ($p < .05$) and team coordination is a significant predictor of acceptable implementation of supports and services ($p < .05$).

¹⁰⁵ Regression analyses indicate these findings are significant at $p < .05$. Findings also indicate the significant impact of the engagement of the father on pathway to case closure ($p < .10$) and of the assessment of the child and caregiver on acceptable implementation of supports and services ($p < .10$).

Critical to CFSA's performance on this Exit Standard is its success in providing appropriate in-home services and supports for families. Of the cases reviewed where the focus child was receiving in-home services, 25 percent (6 of 24) were rated acceptable on Implementing Supports and Services compared to 60 percent (61 of 101) of cases rated acceptable where the focus child was placed in out-of-home care (see Table 5). Additionally, only 46 percent (11 of 24) of in-home cases were rated acceptable on Pathway to Case Closure compared to 55 percent (56 of 101) of out-of-home cases. The difference in the percentage of acceptable in-home cases compared to out-of-home cases is significant¹⁰⁶ and suggest the need for additional emphasis on effective case practice and services within in-home cases.

Table 5: Acceptable Performance on QSR Indicators Used to Assess Services to Children and Families to Promote Safety, Permanency and Well-Being

In-Home Cases N=24	Out-of-Home Cases N=101
Implementing Supports and Services	
25% (6)	60% (61)
Pathway to Case Closure	
46% (11)	55% (56)
Both Indicators	
17% (4)	40% (40)

Source: QSR Data, CY2014

Performance on Strategy Plan:

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

- *By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home. Full implementation of the tool is expected by July 31, 2014 (2014 Strategy Plan, #5).¹⁰⁷*

CFSA has delayed the implementation of the Caregivers Strength and Needs Assessment, as integration into FACES.NET has taken longer than anticipated due to the complex changes being made to link this and other assessments to the case planning screen and document. CFSA now expects full integration into FACES.NET and a roll-out of the tool by July 2015.

¹⁰⁶ Analyses indicate this difference is significant at a level of $p < .05$.

¹⁰⁷ This strategy was modified in June 2014 and changed the full implementation date from May 1, 2014 to July 31, 2014 as additional time was needed to complete testing and training on the tool.

5. Visitation

The 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 reunification will occur. They also allow social workers to assess safety, progress on case plans and link children and families to needed services as appropriate.

During this monitoring period, CFSA continued to maintain required performance on frequency of worker visits to children in out-of-home care¹⁰⁸ and partially met the Exit Standard for visits between workers and parents in the first three months after a child's placement in care.

Improvements were also noted in the assessment and documentation of safety for children in out-of-home care and for children newly placed or replaced during the month. Performance declined in both frequency of visits to children receiving in-home services¹⁰⁹, which is only partially maintained this period as an Outcome to be Maintained, and assessing and documenting safety during worker visits in in-home services cases.

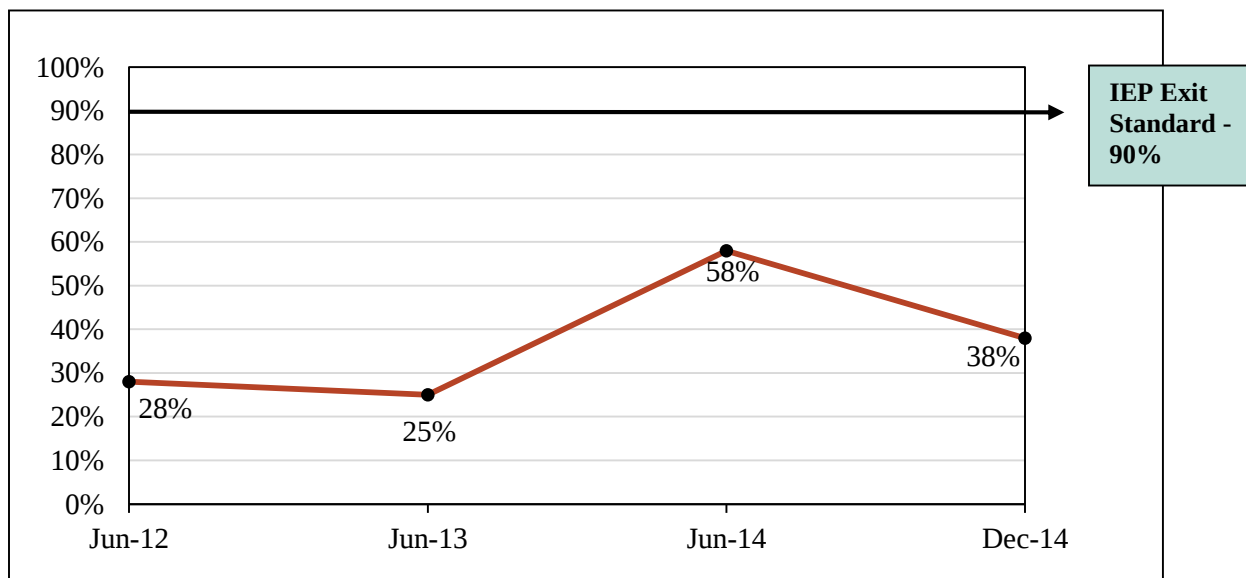
¹⁰⁸ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.A.5.a.-c. during this monitoring period.

¹⁰⁹ 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	<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. (IEP citation I.A.4.c.)
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 – December 2014**

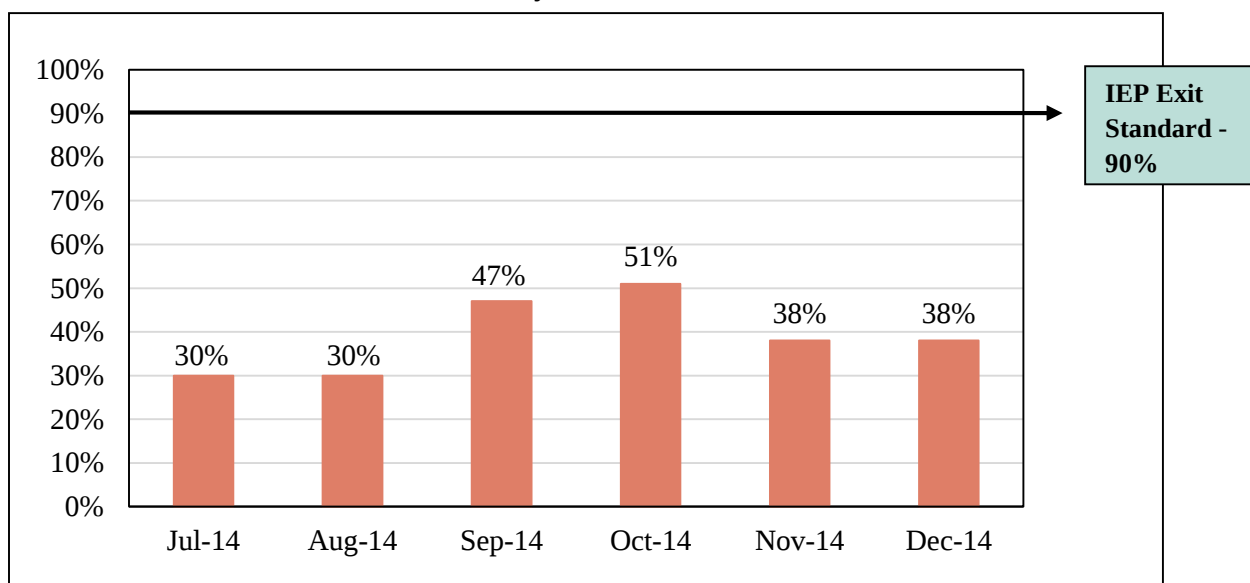


Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June and December 2014)

Performance for the period July 1 through December 31, 2014:

During the current monitoring period, CFSA reviewed the documentation of 45 to 50 children each month who were receiving in-home services.¹¹⁰ In December 2014, of the 50 cases reviewed, 19 (38%) cases had documentation that safety was fully assessed at two or more visits during the month. Between July and December 2014, reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 30 to 51 percent of the cases reviewed each month (see Figure 17). CFSA continues to fall far 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
July – December 2014**



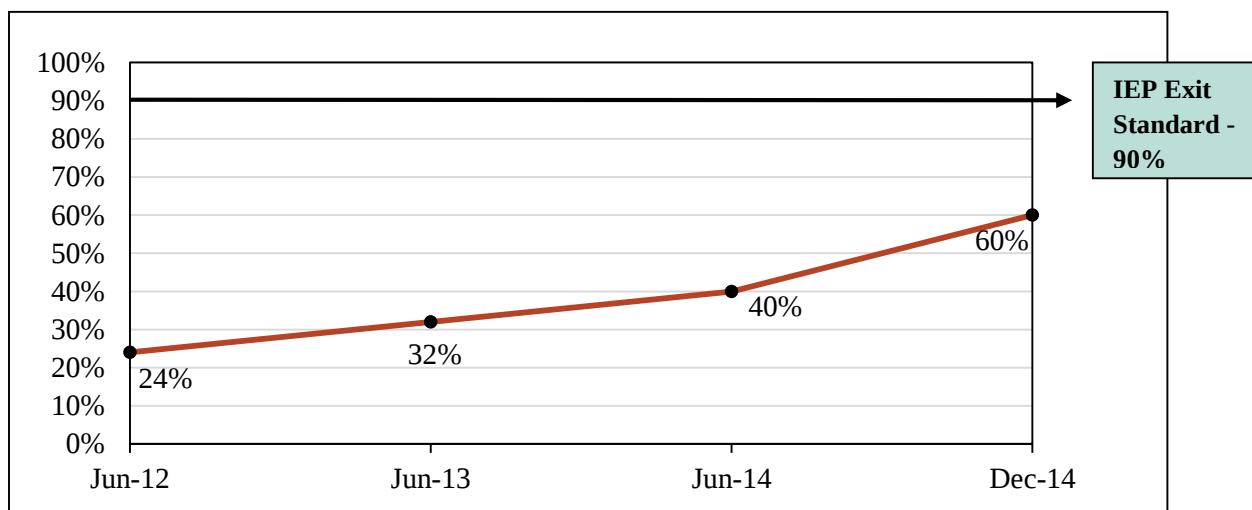
Source: CFSA Manual Data

¹¹⁰ In September and October 2014, documentation for 45 children were reviewed and for the remaining months, documentation for 50 children were reviewed.

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

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

**Figure 18: Children in Out-Of-Home Care:
Safety Fully Assessed at Two or More Visits
June 2012 – December 2014**

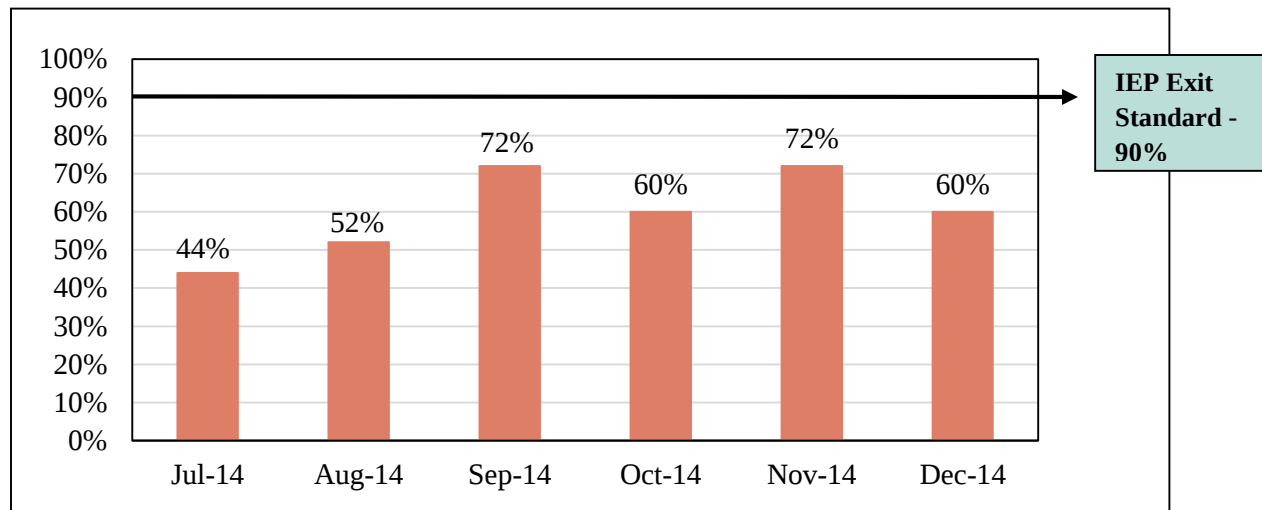


Source: Case Record Review Data (June 2012 and June 2013) and CFSA Manual Data (June and December 2014)

Performance for the period July 1 through December 31, 2014:

CFSA reviewed the documentation of 25 children each month who were placed in out-of-home care during this monitoring period. Of the 25 cases reviewed in December 2014, in 15 (60%) cases it was determined that safety was fully assessed at two or more visits during the month. Reviewers determined that documentation indicated that safety was fully assessed at two or more visits in 44 to 72 percent of the cases reviewed each month this period (see Figure 19). CFSA's performance on this Exit Standard continues to improve but does not yet meet the required level of 90 percent.

**Figure 19: Children in Out-of-Home Care:
Safety Fully Assessed at Two or More Visits
July – December 2014**

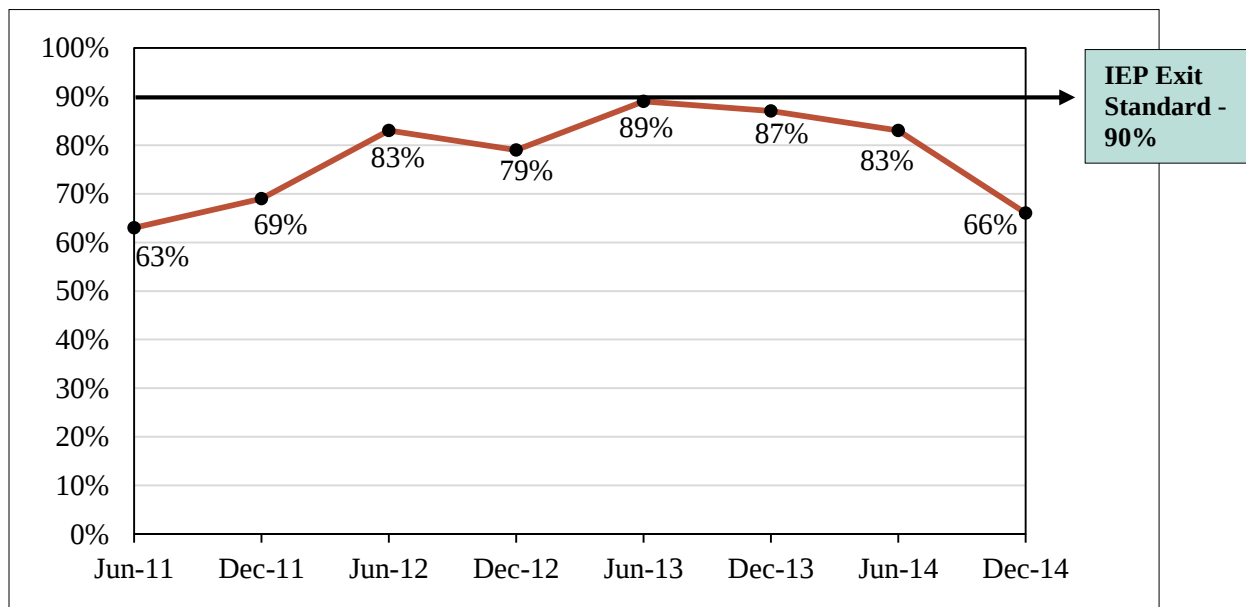


Source: CFSA Manual Data

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

IEP Requirement	10. <u>Visitation for Children Experiencing a New Placement or a Placement Change:</u> 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. (IEP citation I.A.6.a-d.)
Exit Standard	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.

**Figure 20: Required Number of Visits to Children in New Placements
June 2011 – December 2014**



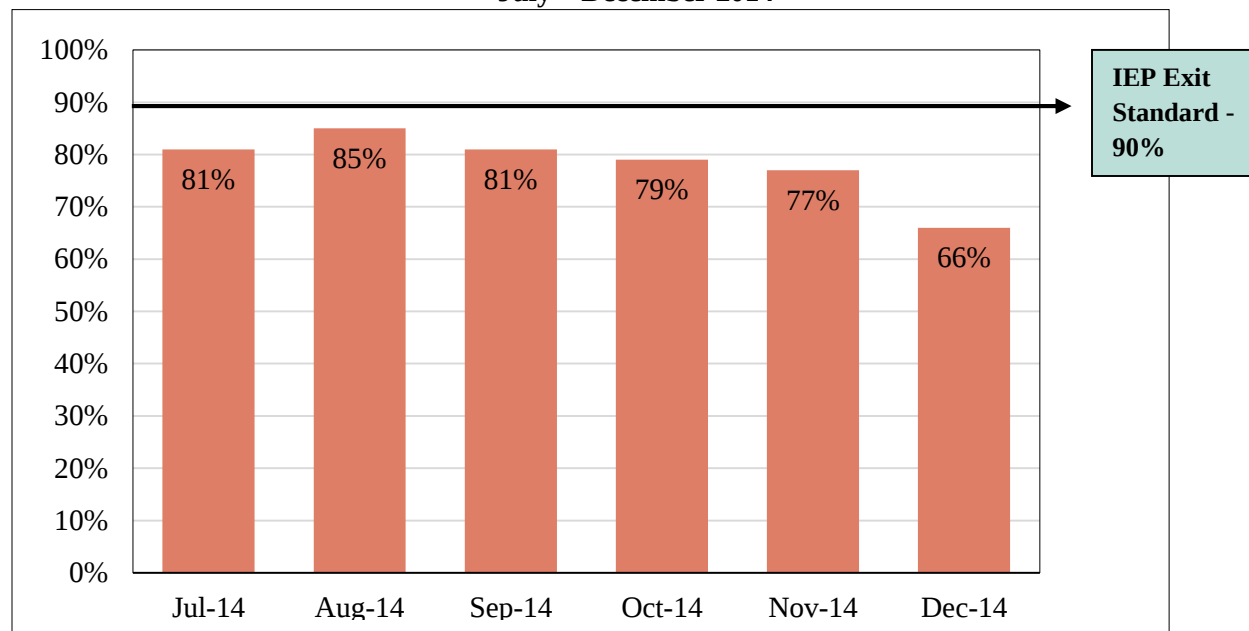
Source: CFSA Administrative Data, FACES.NET report CMT014

Performance for the period July 1 through December 31, 2014:

During the month of December 2014, there were 113 individual child placements applicable to this measure; 75 (66%) 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.¹¹¹ Between July and December 2014, monthly performance ranged between 66 and 85 percent of children who were newly placed or experienced a placement change had the required number of visits (see Figure 21).

As seen in Figure 21 below, CFSA's performance declined in the final months of the monitoring period and does not yet meet the required performance level of 90 percent.

**Figure 21: Required Number of Worker Visits to Children in New Placements
July – December 2014**



Source: CFSA Administrative Data, FACES.NET report CMT014

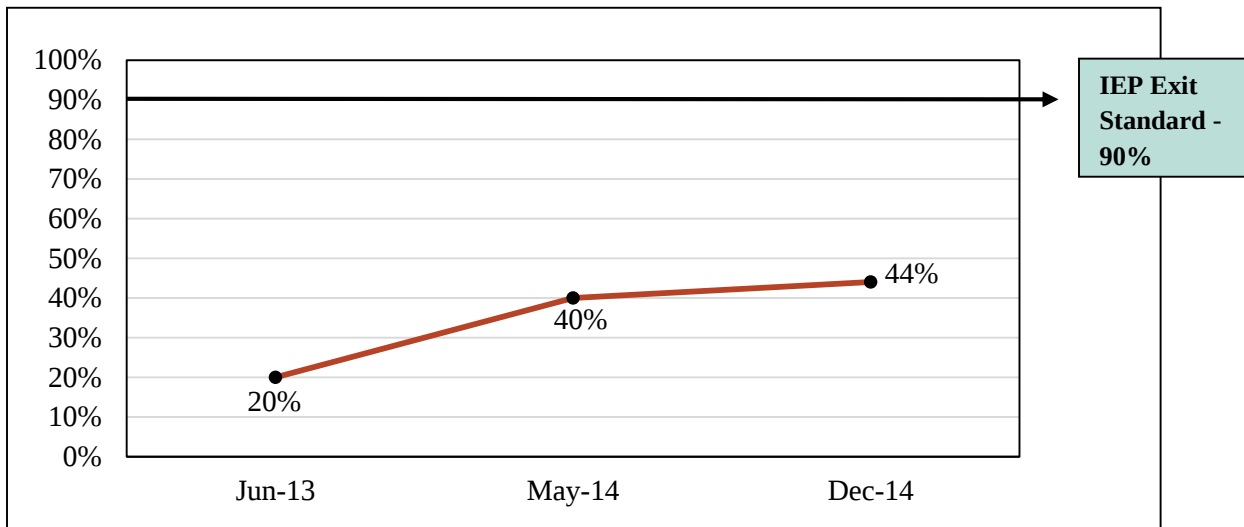
The Exit Standard also requires that at least one of the visits during the first four weeks of a new placement or a placement change include a conversation between the social worker and the resource parent to determine what, if any assistance is needed from the Agency. CFSA collected data for this sub-part of the standard when reviewing case records to determine if safety was assessed during visits. Between July and December, 52 to 82 percent of new placements or

¹¹¹ Additional data were provided which indicate that of all children who had been in a new placement for 4 weeks, a monthly range of 77 to 94% of children received at least 3 or more worker visits this monitoring period. 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: July, 91%; August, 93%; September, 94%; October, 92%; November, 93%; December, 77%.

placement changes each month included a conversation between the social worker and resource parent to determine what assistance was needed from the Agency.

IEP Requirement	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. (IEP citation I.A.6.e.)
Exit Standard	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.

**Figure 22: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
June 2013 – December 2014**

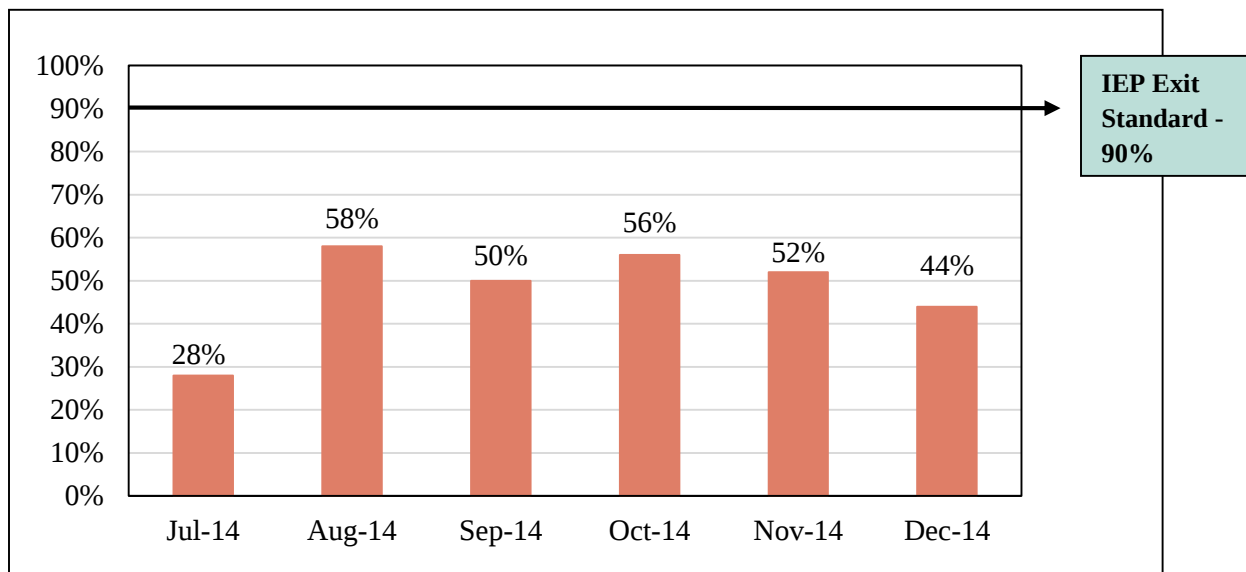


Source: Case Record Review Data (June 2013) and CFSA Manual Data (May and December 2014)

Performance for the period July 1 through December 31, 2014:

CFSA reviewed the documentation of 24 to 25 children who experienced a new placement or placement change each month between July through December 2014. In December 2014, reviewers determined that safety was fully assessed during all visits that month in 11 of the 25 (44%) cases reviewed.¹¹² Between July and December 2014, reviewers determined that documentation indicated that safety was fully assessed at all visits during the month in 28 to 58 percent of the cases reviewed each month. CFSA's performance is showing some improvement but continues to fall far below the level of performance required by the IEP.

**Figure 23: Children Experiencing a Placement Change:
Safety Fully Assessed during All Required Visits in the Month
July – December 2014**



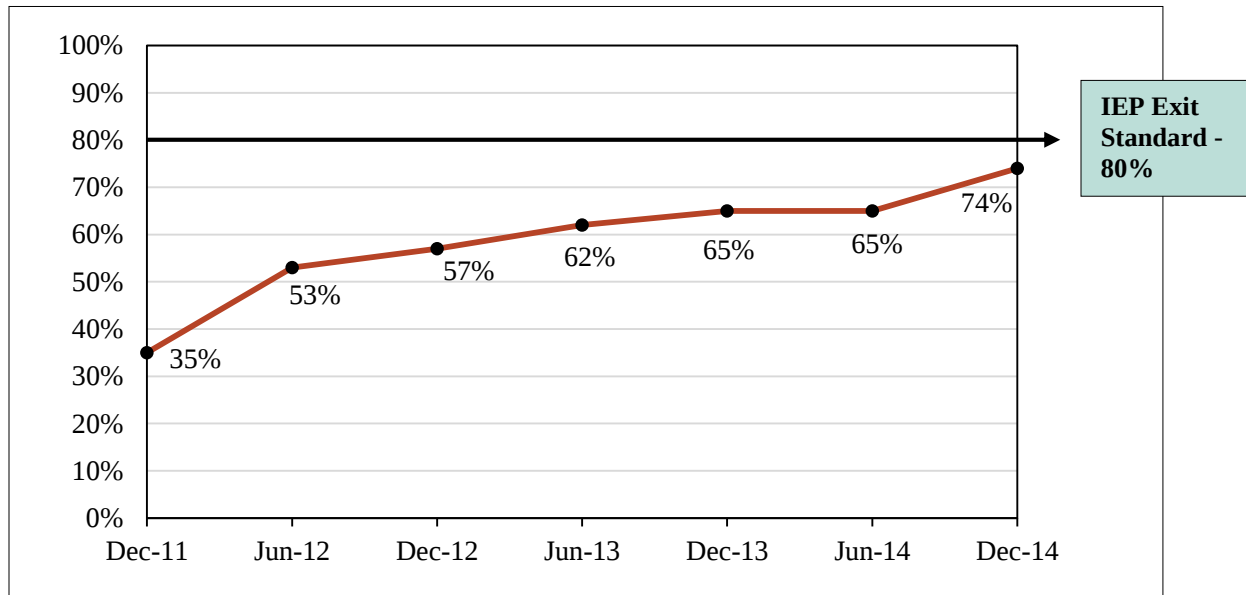
Source: CFSA Manual Data

¹¹² 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.

Visits between Parents and Workers

IEP Requirement	18. <u>Visits between Parents and Workers:</u> a. For children with a permanency goal of reunification, in accordance with the case plan, the CFSA social worker or private agency social worker with case-management responsibility shall visit with the parent(s) at least one time per month in the first three months post-placement.¹¹³ b. A CFSA social worker, nurse care manager or family support worker shall make a second visit during each month for the first three months post-placement. (IEP citation I.B.10.)
Exit Standard	80% of parents will have twice monthly visitation with workers in the first three months post-placement.

**Figure 24: Percentage of Households with Twice Monthly Visits between Workers and Parents with Goal of Reunification
December 2011 – December 2014**



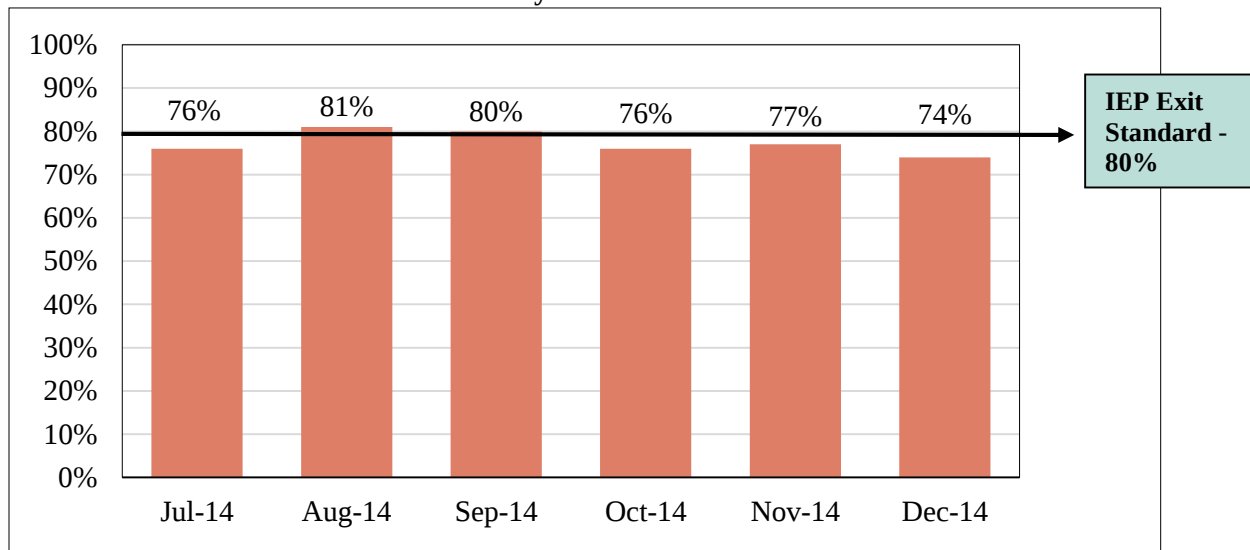
Source: CFSA Administrative Data, FACES.NET report CMT267; performance data from June and December 2014 include instances where there was documentation in the record that the parent was unavailable or refused to cooperate despite Agency efforts.

¹¹³ This Exit Standard is also satisfied when there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.

Performance for the period July 1 through December 31, 2014:

In December 2014, there were 50 households of children with a goal of reunification applicable to this measure; parents in 34 households received two worker visits and for an additional three 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 74 percent in compliance with this Exit Standard. Between July and December 2014, monthly performance on this measure ranged between 74 and 81 percent (see Figure 25). Performance has improved since the previous period and met the required level of performance during two months this period and was within three percent during one additional month. The Monitor considers this Exit Standard to be partially achieved.

**Figure 25: Percentage of Households with Twice Monthly Visits
between Workers and Parents with Goal of Reunification
July – December 2014**

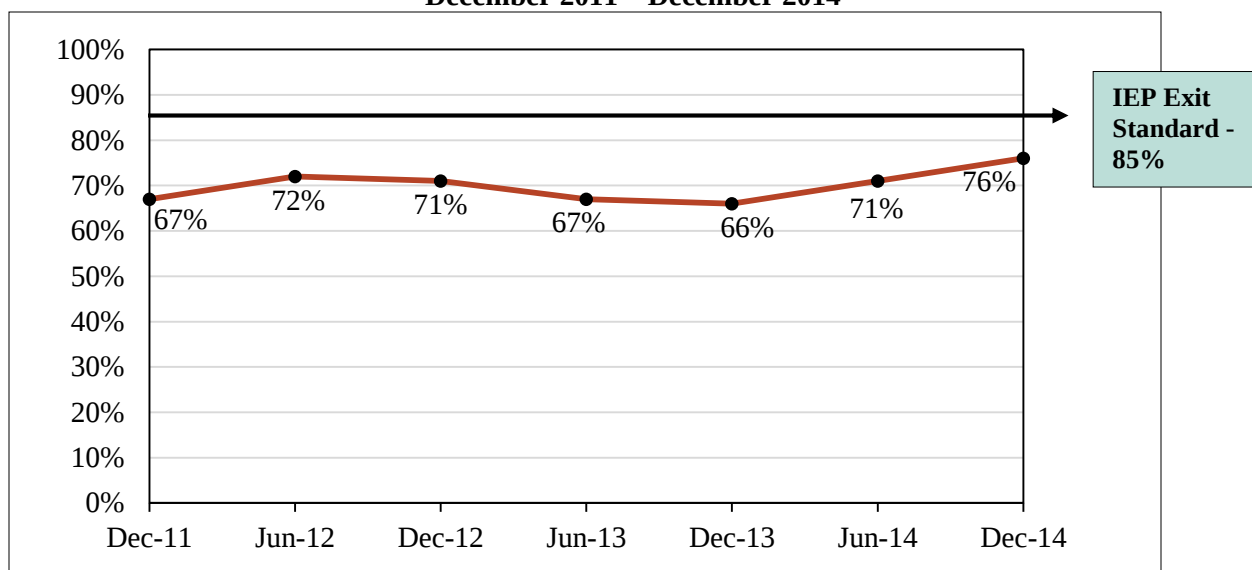


Source: CFSA Administrative Data, FACES.NET report CMT267 and findings from internal audit of missed visits efforts

Visits between Parents and Children

IEP Requirement	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. (IEP citation I.B.11.)
Exit Standard	85% of children with the goal of reunification will have weekly visitation with the parent with whom reunification is sought. ¹¹⁴

**Figure 26: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
December 2011 – December 2014**



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

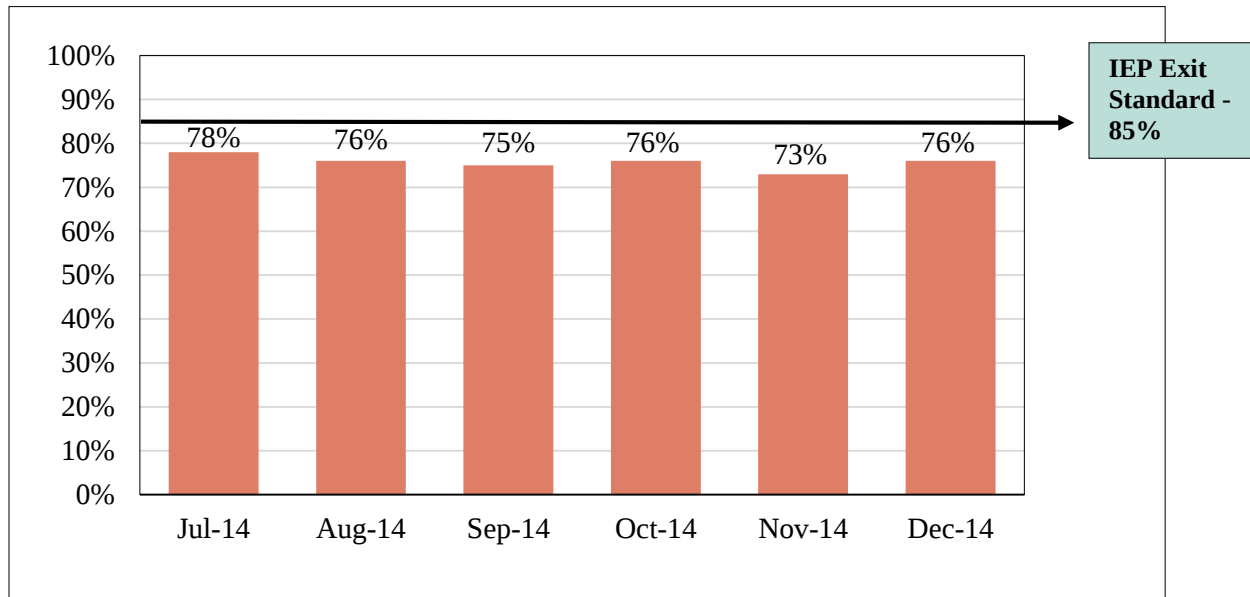
Performance for the period July 1 through December 31, 2014:

In December 2014, 327 children were applicable to this measure; 243 had weekly visits with the parent with whom reunification is sought and for an additional five children, there was documentation in the record that visits could 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,

¹¹⁴ 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.

for a total of 76 percent in compliance with this Exit Standard during the month.¹¹⁵ Between July and December 2014, monthly performance on this measure ranged between 73 and 78 percent (see Figure 27). This performance is below the level required by the IEP.

**Figure 27: Percentage of Children with Goal of Reunification who Visit Weekly with the Parent with whom Reunification is Sought
July – December 2014**



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:

- *By March 1, 2014, CFSA will implement Icebreaker meetings following the initial FTM. The Icebreaker meetings will include the attendance of birth parents and foster parents to begin building a relationship. This engagement strategy will assist parents in connecting quicker with the foster parents and begin to develop a line of communication to better support the children. The process will also allow social workers to schedule and coordinate visits with parents and children from the beginning of the case (2014 Strategy Plan, #11).*

CFSA partnered with the Foster and Adoptive Parent Advocacy Center (FAPAC) to implement Family Icebreakers in 2014 and between January and June 2014, six Icebreaker meetings were

¹¹⁵ Of the total children who may have been included in this measure, 10 were excluded due to suspended visits by court order; 13 were excluded due to being classified as in abscondence for the whole month; and 21 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.

held.¹¹⁶ Beginning in the fall of 2014, CFSA's Kinship and Placement Resource Development Specialists took on responsibility for coordinating and facilitating the Icebreakers. There was some increase in Icebreakers during the current period, with 15 Icebreaker meetings being completed between July and December 2014.¹¹⁷ CFSA reports that data are not available measuring the impact of Icebreakers on family visitation and engagement.

Beginning in April 2015, CFSA plans to offer Icebreaker meetings not only to parents at the time of removal but also to parents and resource parents of children who have a goal of reunification and experience a placement change.

- *CFSA has revised its placement policy effective March 1, 2014, which identifies that temporary situations such as respite and planned extended visits with relatives and/or parents are not counted as placement moves. By March 1, 2014, CFSA will operationalize the policy into FACES.NET. This system update will have a direct impact on the performance on weekly visits during a child's first four weeks of a new placement because these temporary situations will no longer be incorrectly identified as placement changes that require weekly visits (2014 Strategy Plan, #12).*

CFSA reports that the revised policy was implemented and operationalized into FACES.NET in 2014. Data for 2014 do not indicate much change in performance on the Exit Standard related to worker visits to children within the first four weeks of initial placement or a placement change.

- *Effective September 2013, CFSA constructed and fully implemented a case transfer process that occurs no later than the initial Family Team Meeting (FTM) following the removal of a child from the home. This parental engagement process requires the assigned on-going social worker (CFSA and private agency) to attend a Removal RED Team meeting (prior to the initial FTM), the initial FTM, and the initial court hearing. This requirement is designed to allow the social worker to complete the initial worker/parent visits and engage the parent(s) in scheduling the visitation with the child(ren) and ongoing visits with the worker (2014 Strategy Plan, #13).*

CFSA reports that Removal RED Teams, which are required as part of the transfer of a case from the investigator to the ongoing worker, are occurring 100 percent of the time and allow for better coordination among workers. No additional updates since the previous monitoring period were provided regarding this strategy.

- *Beginning February 2014, CFSA will conduct a monthly data analysis for the*

¹¹⁶ Data from FACES.NET indicate that 170 children were initially placed in foster care during this same time period.

¹¹⁷ Data from FACES.NET indicate that 163 children were initially placed in foster care during this same time period.

required parent-child and parent-worker visits to determine barriers to meeting the standards. Findings from the analysis will be shared with CFSA and private agencies monthly (2014 Strategy Plan, #14).

CFSA regularly conducts further analysis of data available in FACES.NET regarding performance on visits between parents and workers and visits between parents and children. Although these reports have been amended to allow a worker to specify when the parent is unavailable or refuses to cooperate with the Agency, or when there is documentation to indicate that a visit is not in the child's best interest or clinically inappropriate, CFSA has found that some workers struggle to accurately enter the necessary information into FACES.NET. CFSA has provided workers and supervisors with a tip sheet which specifies the efforts a worker should make to facilitate visitation and where this information should be captured in FACES.NET. CFSA reports that in addition to documentation issues, some workers have difficulty engaging uncooperative or unavailable parents and that this effects visitation performance.

To increase performance on these Exit Standards, workers and supervisors are encouraged to plan visits in advance and identify when support is needed.

- *Beginning February 20, 2014, and continuing on a quarterly basis, the Deputy Directors for Community Partnerships and Program Operations will institute and formalize a quality assurance process for assessing safety during visits for in-home and out-of-home cases. CFSA supervisors and contract monitoring staff will conduct 20 case reviews to determine whether safety was assessed and documented during visits. Findings from these reviews will be shared with workers, supervisors and management and will be used to inform ongoing worker training and coaching (2014 Strategy Plan, #25).*

As indicated by the data discussed earlier in this section, during this monitoring period CFSA continued to implement the quality assurance process to review workers' assessment and documentation of safety during visits with children. CFSA reports that findings are periodically shared with permanency supervisors during supervisor management meetings and with in-home staff during staff meetings or during group supervision. Current data indicate performance has improved for children in out-of-home placement, however, performance declined on this measure for in-home cases. CFSA has engaged the University of Iowa and the National Resource Center for In-Home Services to provide training to workers on a framework for the completion of quality visits. Trainings were held on March 23 and 24, 2015 and completion of quality visits is a part of staff performance benchmarks.

B. GOAL: PERMANENCY

1. Relative Resources

CFSA continues to implement strategies to support 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. 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.¹¹⁸ 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.¹¹⁹ Specifically, of the 104 families at-risk of having their children removed between July and December 2014, CFSA took necessary steps to offer/facilitate pre-removal FTMs in 96 cases (92%). Additionally, 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 96 cases (97%).

2. Placement of Children

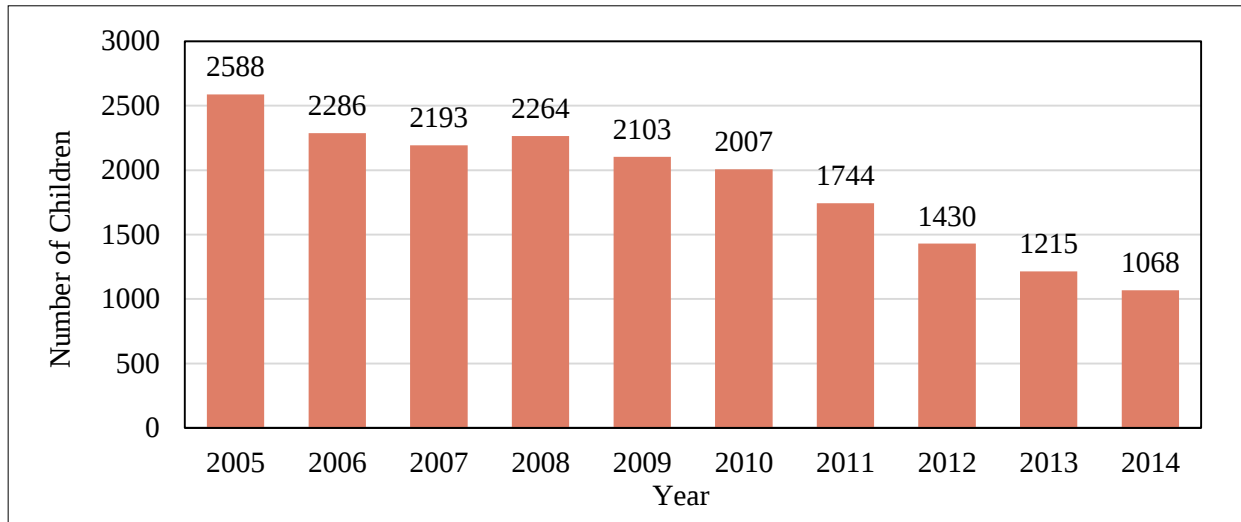
Children enter foster care when they cannot be kept safely in their own homes. The *LaShawn* IEP has multiple requirements regarding the placement of children in out-of-home care to ensure their safety, permanency and well-being.

Figure 28 below shows the number of children in out-of-home placement in the District of Columbia between December 31, 2005 and December 31, 2014. The number of children in foster care continues to decline, with a 12 percent reduction since the same time in 2013.

¹¹⁸ 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.

¹¹⁹ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.B.7.a.-b. during this monitoring period.

**Figure 28: Number of Children in Out-of-Home Placements by Year
CY2005 – CY2014**



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 December 31, 2014 with basic demographic information. There were 1,068 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 (25%) or age 15 or older (45%) (see Table 6).

**Table 6: Demographics of Children in Out-of-Home Placement
as of December 31, 2014
N=1,068**

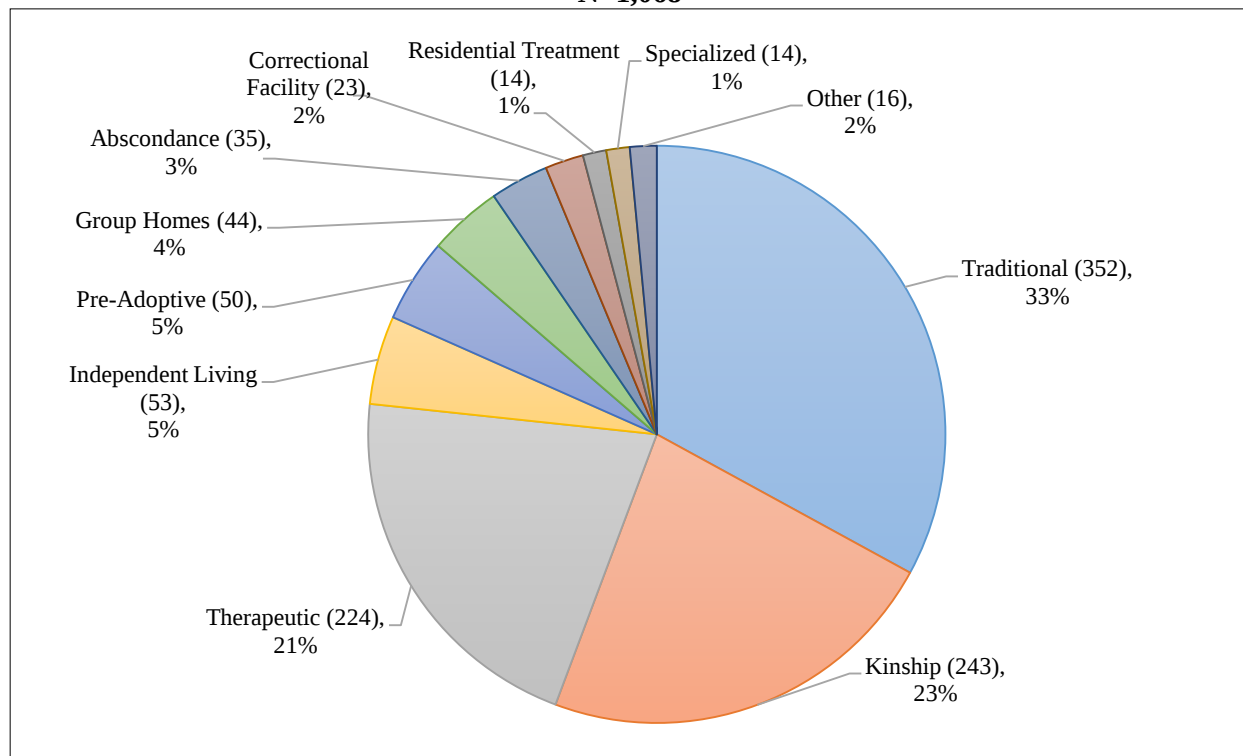
Gender	Number	Percent*
Male	554	52%
Female	514	48%
Total	1,068	100%
Race	Number	Percent
Black or African American	1,018	95%
White	37	3%
Asian	4	<1%
Unable to Determine/Unknown	1	<1%
No Race Data Reported	8	<1%
Total	1,068	100%
Ethnicity	Number	Percent
Hispanic	101	9%
Non-Hispanic	957	90%
Unable to Determine	3	<1%
Unknown	7	<1%
Total	1,068	100%
Age	Number	Percent
1 year or less	91	9%
2-5 years	176	16%
6-8 years	115	11%
9-11 years	93	9%
12-14 years	116	11%
15-17 years	208	20%
18-20 years	269	25%
Total	1,068	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 1,068 children in out-of-home care on December 31, 2014, 883 (83%) were placed in family-based settings, including 243 (23%) in kinship homes. Figure 29 below displays the placement types for children in out-of-home care as of December 31, 2014.

**Figure 29: Placement Service Type for Children
in Out-of-Home Care as of December 31, 2014
N=1,068**



Source: CFSA Administrative Data, FACES.NET report CMT232 and CMT389
Other includes college/vocational, hospitals and not in legal placement.

CFSA has previously achieved both Exit Standards related to placement of children in the most family-like setting¹²⁰ and maintained required performance during the current period.¹²¹

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

¹²⁰ IEP citations I.B.8.a&b.

¹²¹ 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 34 days in a short-term foster home. CFSA has provided the Monitor with information regarding the circumstances of this placement and the Monitor has determined that moving the child would not have been in their best interest. The Monitor will continue to assess these placements as they occur.

met in a home-like setting.¹²² These Exit Standards are Outcomes to be Maintained and, 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 July and December 2014, four children under the age of 12 were placed in congregate care settings for more than 30 days. CFSA and Monitor staff reviewed these placements and all were determined to have specialized needs that required placement within those settings.

IEP citation I.B.9.b. requires that no child under the age of six be placed in group care, non-foster home settings without appropriate justification. During the current monitoring, two children under the age of six were placed in hospital settings and, after review by CFSA and Monitor staff, both were determined to have specialized needs that required placement in that setting. Also during this monitoring period, three of the six children discussed above were discharged into family-like placements that are able to meet their needs and potentially provide permanency for each child.

3. Reduction of Multiple Placements for Children in Care

The Exit Standard on placement stability has different required performance levels based on the length of time children are in care, due to the different placement trajectories 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 are harmed by multiple placements.

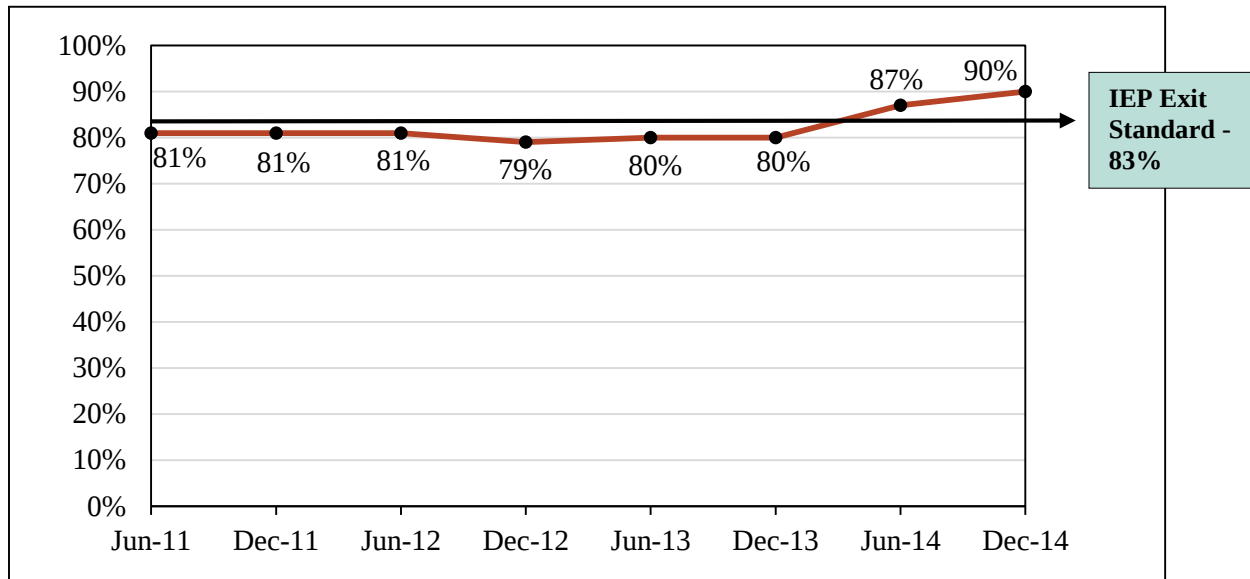
During the previous monitoring period, CFSA met the required level of performance for all three sub-parts of this Exit Standard (IEP citation I.B.13.a.-c.), which was redesignated as an Outcome to be Maintained, and continued to meet these performance levels during the current monitoring period (see Figures 30 – 35).

¹²² Placement exceptions were agreed upon in July 2011 and include: 1) medically fragile needs where there is evidence in the child's record and documentation from the child's physician that the child's needs can only be met in a hospital or skilled nursing facility or another highly specialized treatment facility; 2) developmentally delayed or specialized cognitive needs where there is evidence that the child's condition places the child in danger to himself or others and that 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.

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 – December 2014**

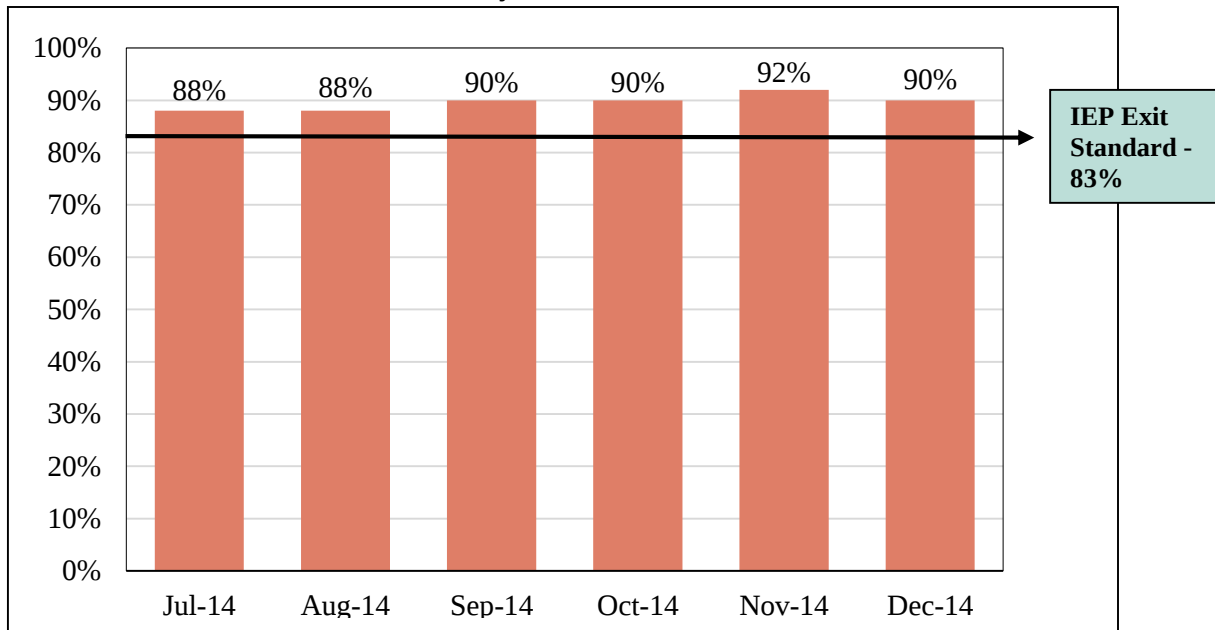


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period July 1 through December 31, 2014:

As of December 31, 2014, there were 328 children in foster care during the previous 12 months who were in care at least eight days and less than 12 months; 296 (90%) had two or fewer placements (see Figure 31). As illustrated in Figure 31 below, between July and December 2014, a monthly range of 88 to 92 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
July – December 2014**

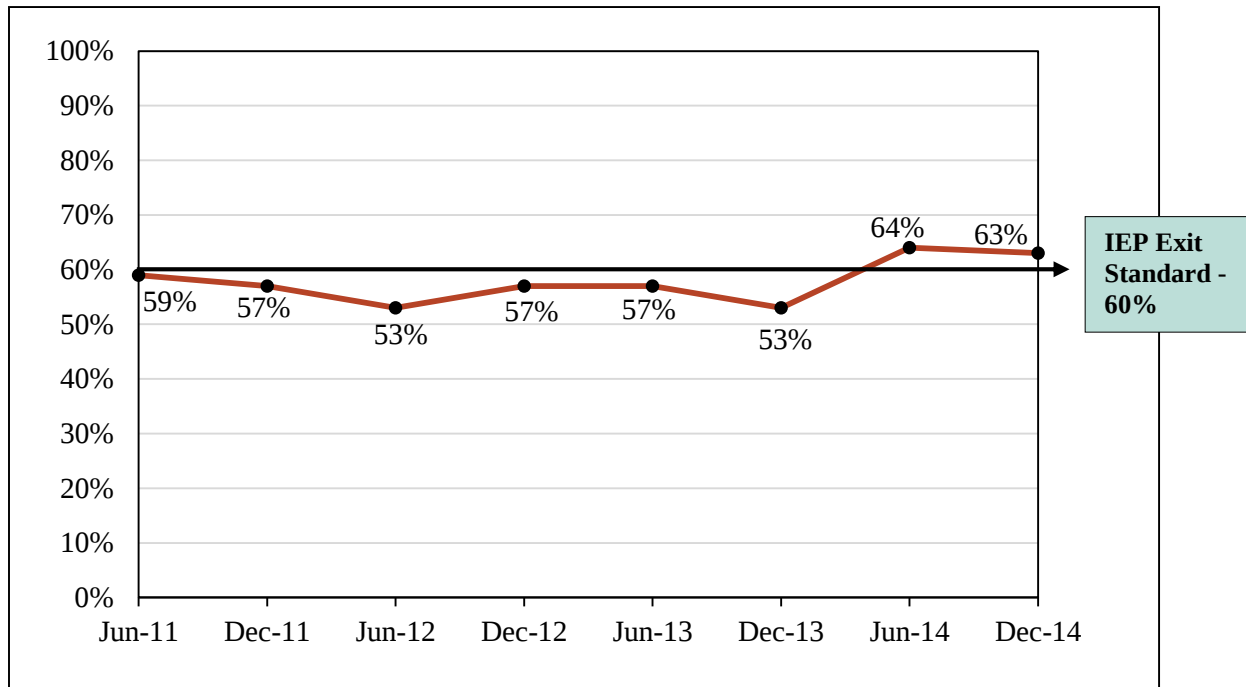


Source: CFSA Administrative Data, FACES.NET report PLC234

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 – December 2014**

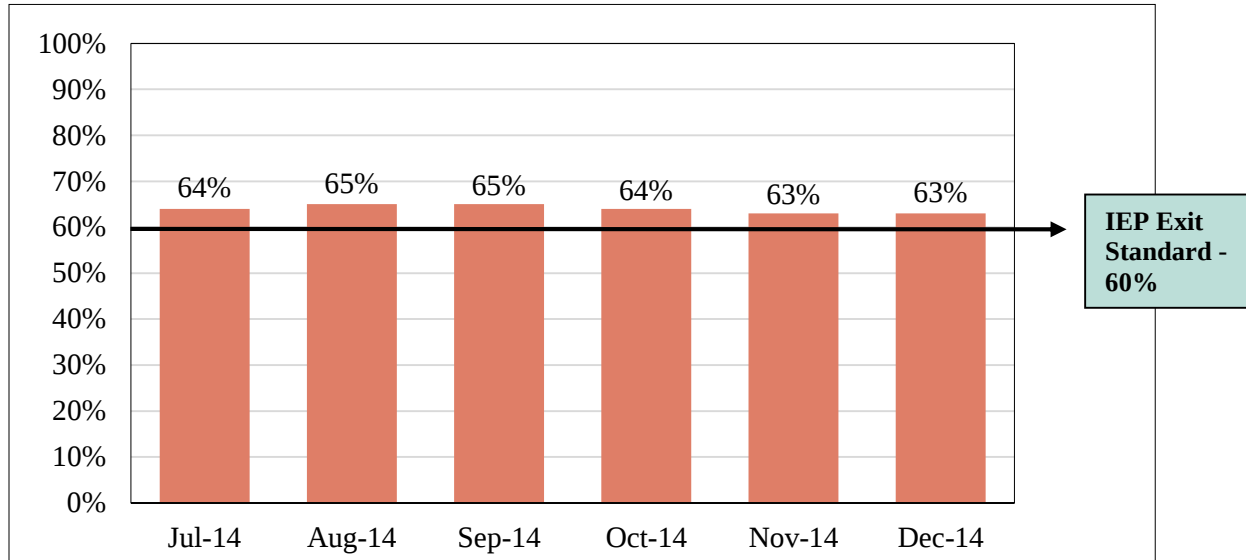


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period July 1 through December 31, 2014:

As of December 31, 2014, there were 264 children in foster care during the previous 12 months who were in care for at least 12 months, but less than 24 months; 165 (63%) had two or fewer placements (see Figure 33). Between July and December 2014, a monthly range of 63 to 65 percent of children in foster care for 12 to 24 months had two or fewer placements (see Figure 33). Performance for this sub-part of the Exit Standard continued to meet the required level each month.

**Figure 33: Children in Foster Care at Least 12 Months but Less than 24 Months with 2 or Fewer Placements
July – December 2014**

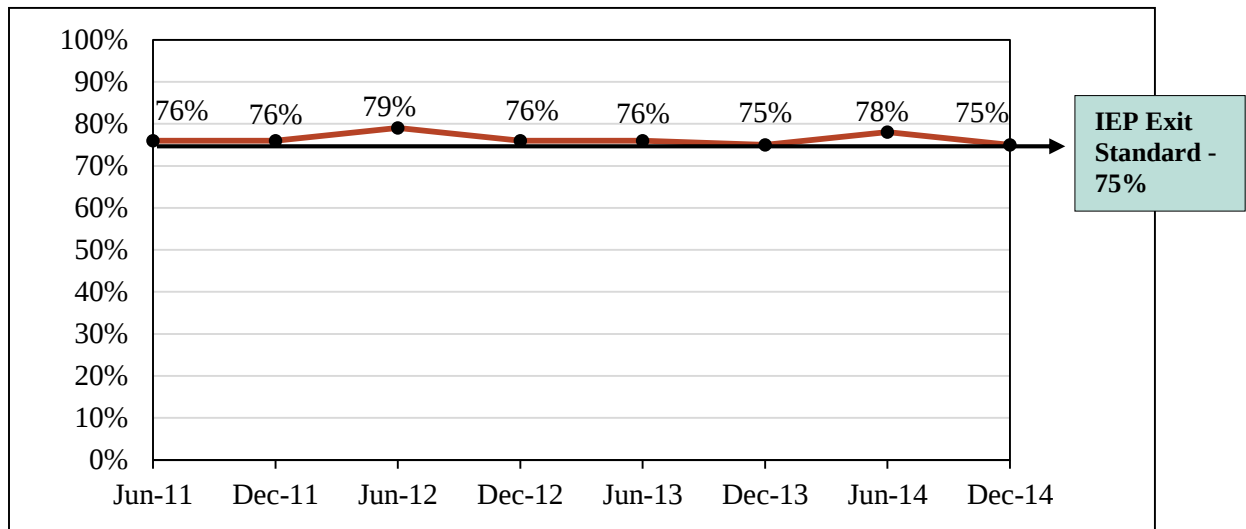


Source: CFSA Administrative Data, FACES.NET report PLC234

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 – December 2014**

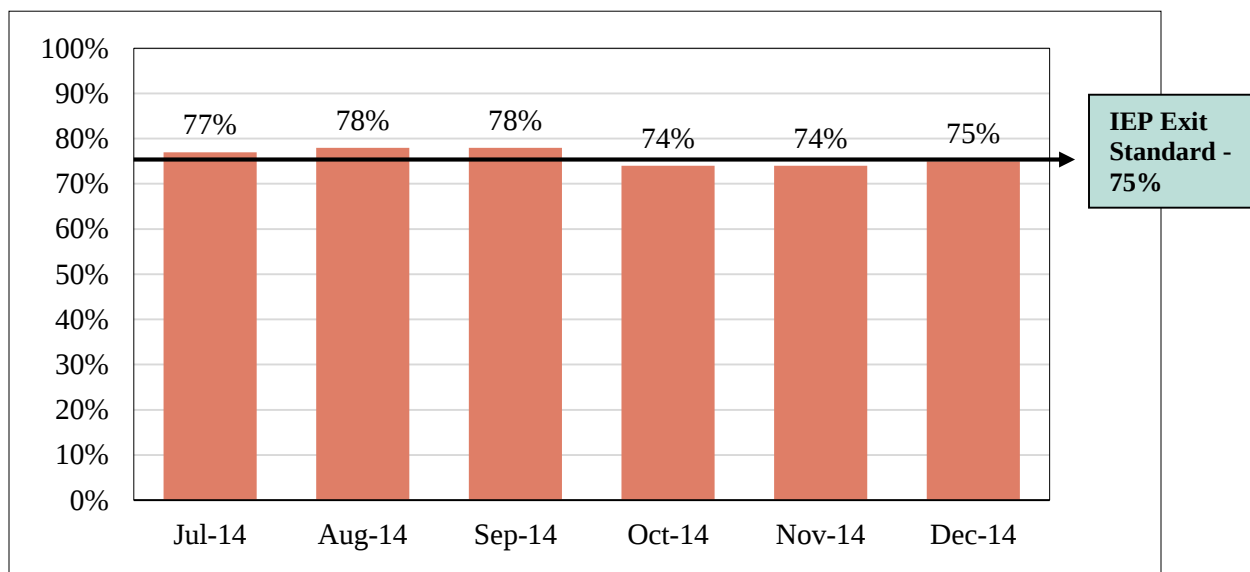


Source: CFSA Administrative Data, FACES.NET report PLC234

Performance for the period July 1 through December 31, 2014:

As of December 31, 2014, there were 600 children served in foster care during the previous 12 months who were in care for at least 24 months; 449 (75%) had two or fewer placements during the previous 12 months (see Figure 35). Between July and December 2014, a monthly range of 74 to 78 percent of children in care for at least 24 months had two or fewer placements within the past 12 months (see Figure 35).¹²³ 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
July – December 2014**



Source: CFSA Administrative Data, FACES.NET report PLC234

Performance on Strategy Plan:

CFSA has employed the following strategy to increase performance on reduction of multiple placements:

- *CFSA will continue to utilize a behavioral crisis stabilization support service for foster parents and kinship foster parents. CFSA will continue to utilize a management process that reinforces the integrated teaming approach to identify, coordinate, and link appropriate supports/services to meet the needs of children currently in, or at risk of, a restrictive level of care (2014 Strategy Plan, #15).*

¹²³ In October and November 2014, performance for this sub-part was 74%, which is 1% below the required level. The Monitor considers this an insubstantial deviation and compliance with this Exit Standard maintained.

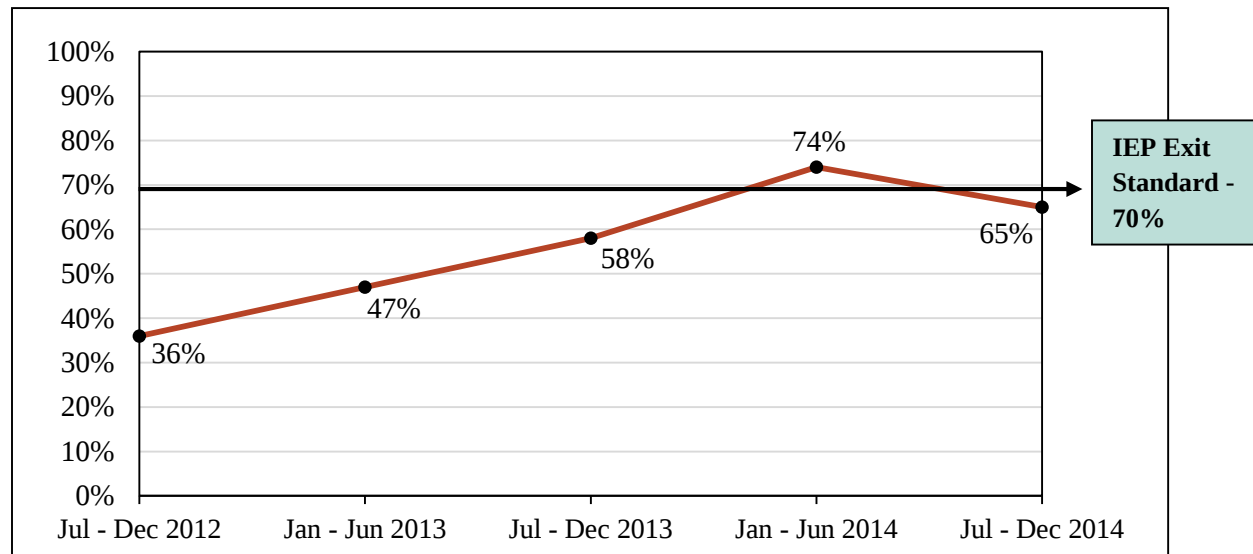
Behavioral crisis stabilization services have been available to CFSA foster parents since November 2013 and to private agency foster parents since January 2014. CFSA reports that in FY2014, there were 151 referrals for mobile crisis stabilization services and 72 percent of the children involved in these referrals remained stable in their placement. As of the first quarter in FY2015, 35 referrals have been made for mobile crisis stabilization services and 91 percent of the children involved in these referrals remained stable in their placement.

The data discussed in this section suggest that the crisis stabilization services have contributed to CFSA's ability to meet and maintain required performance for this Exit Standard in 2014.

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. This Exit Standard (IEP citation I.B.14.), which was newly achieved during the previous monitoring period, 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 – December 2014**



Source: CFSA Administrative Data, FACES.NET report PRD202

Performance for the period July 1 through December 30, 2014:

Between July and December 2014, CFSA and private agencies licensed 119 family foster homes; 77 (65%) of these homes were licensed with the required number of pre-service training hours and within the 150 day timeframe.¹²⁴ Performance on this Exit Standard declined during this monitoring period; the Monitor currently considers the decline to be a temporary deviation and is not recommending redesignation at this time, however, will continue to closely monitor future performance.

Performance on Strategy Plan:

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

- *By September 30 2014, four CFSA staff members will receive Approved Training (Master Trainer) status. CFSA currently utilizes the PS-MAPP training curriculum. The Approved Trainers will have the flexibility to offer the PS-MAPP training to foster parents more frequently and with flexibility of location, to include foster parents' homes (2014 Strategy Plan, #21).*

As reported in the monitoring report for the January through June 2014 monitoring period, all licensing staff were trained in Trauma Informed Partnering for Permanence and Safety: Model Approach to Partnerships in Parenting (PS-MAPP) and five staff are trained as Approved Trainers to ensure PS-MAPP is consistently administered to all foster parents. This training is co-facilitated with existing foster parents, which enables new foster parents to learn from first-hand experience what to expect when working with children in care, and better understand their role prior to deciding whether or not to follow through with licensing requirements.

- *CFSA will continue to utilize the services of the KVC consultant to implement solutions to timely licensing of foster homes, including challenges around kin, worker delays, data entry issues, family delays with scheduling, rescheduling fire inspections (2014 Strategy Plan, #22).*

CFSA's contract with a KVC consultant concluded during the current monitoring period after CFSA licensing staff received key tools and support to provide technical assistance to private agencies to address barriers to timely licensure. CFSA reports that the consultation and technical assistance provided by the consultant improved CFSA's capacity and ability to license foster and adoptive homes in a timely manner.

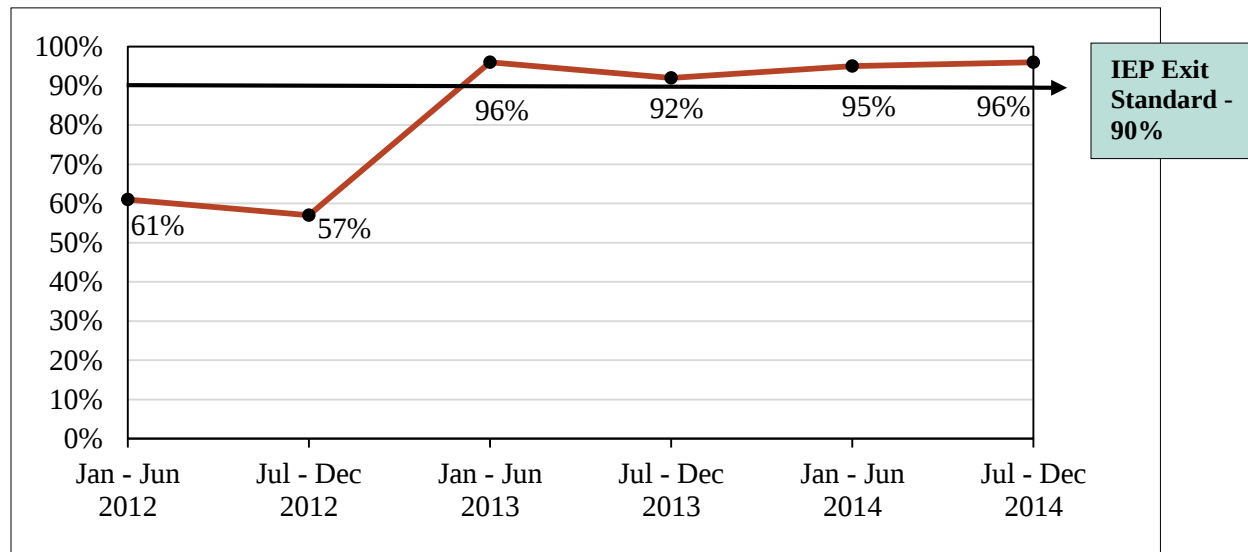
¹²⁴ Of the 77 homes that were licensed in the current monitoring period, 10 homes whose licensure took longer than 150 days were considered compliant due to circumstances that were beyond the District's control.

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.¹²⁵

Discussion in this section also includes CFSA's current performance on the Exit Standard (achieved during the last monitoring period) that requires youth transitioning out of care to have a transition plan developed that summarizes work to date 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.

**Figure 37: Youth Ages 18 and Older with a Youth Transition Plan
January 2012 – December 2014**



Source: CFSA Manual Data and FACES.NET report CMT391

Performance for the period July 1 through December 31, 2014:

CFSA has worked to enhance practice with adolescents to support earlier and ongoing engagement and planning with youth around their transition from foster care. CFSA reports that of the 264 youth ages 18 and older under CFSA care between July and December 2014, 12 youth were in abscondence, developmentally disabled or refused to participate in the development of a

¹²⁵ 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.-c. during this monitoring period.

YTP and were excluded from analysis. Thus, out of 252 applicable youth, 241 (96%) had a YTP plan.

The Monitor considers performance on this Exit Standard to be maintained.

Performance on Strategy Plan:

CFSA has used the following the strategy to ensure quality youth transition planning occurs for older youth:

- *Beginning February 2014, CFSA will monitor and validate the creation and implementation of youth transition plans using the Foster Care Club toolkit. Each month CFSA will review a 20 percent sample of YTPs completed during the performance period to determine if youth was involved in the plan development. CFSA will also review the YTPs for all youth who age out during each month to ensure that the plans include the appropriate connections (2014 Strategy Plan, #20).*

For youth ages 20.5 and older, CFSA continued to utilize a tool to review the quality of transition planning for each youth. Monitor staff previously participated in these reviews and is satisfied with the validity of the tool and that transition planning is occurring for nearly all older youth exiting foster care.

CFSA reports that the Foster Care Club toolkit, the new version of the YTP, became available online as of October 2014. A team of Office of Youth Empowerment (OYE) social workers and supervisors tested this online toolkit through December to ensure its quality and ease of use prior to making the toolkit available online to all workers and youth. CFSA reports that the online version of the toolkit is again delayed and will be available to all workers beginning at the end of October 2015. An electronic (pdf) version of the tool is being used by workers and youth until it is available online.

6. Timely Adoption and Permanency

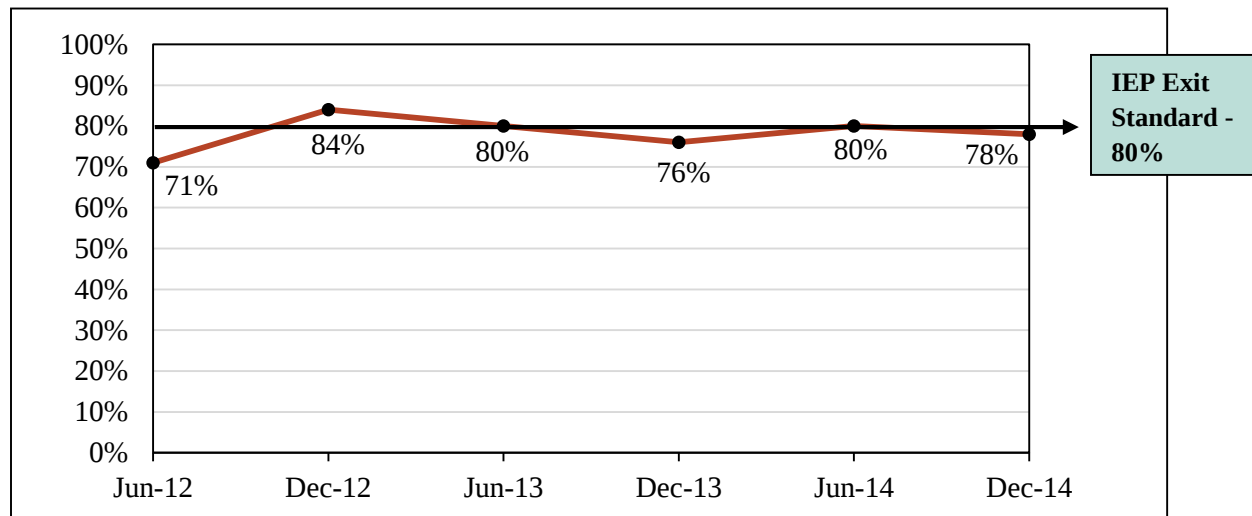
There are a number of IEP outcomes that track processes that are designed to facilitate timely achievement of permanency goals for children. These include:

- Placing children in approved adoptive homes within nine months of their 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 goal becoming adoption.¹²⁶ 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.¹²⁷ 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
January 2012 –December 2014**



Source: CFSA Administrative Data, FACES.NET report ADP070

¹²⁶ 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.

¹²⁷ 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 July 1 through December 31, 2014:

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 July through December 2014, 32 (78%) of 41 eligible children were placed in an approved adoptive placement by the end of the ninth month from the goal change. Although this performance is a slight decline from the previous monitoring period, the number of children who are represented in this cohort is small and this variation is so small that in the Monitor's judgement, this performance is insubstantial and the requirement continues to be maintained.

Reasonable Efforts to Finalize Adoptions

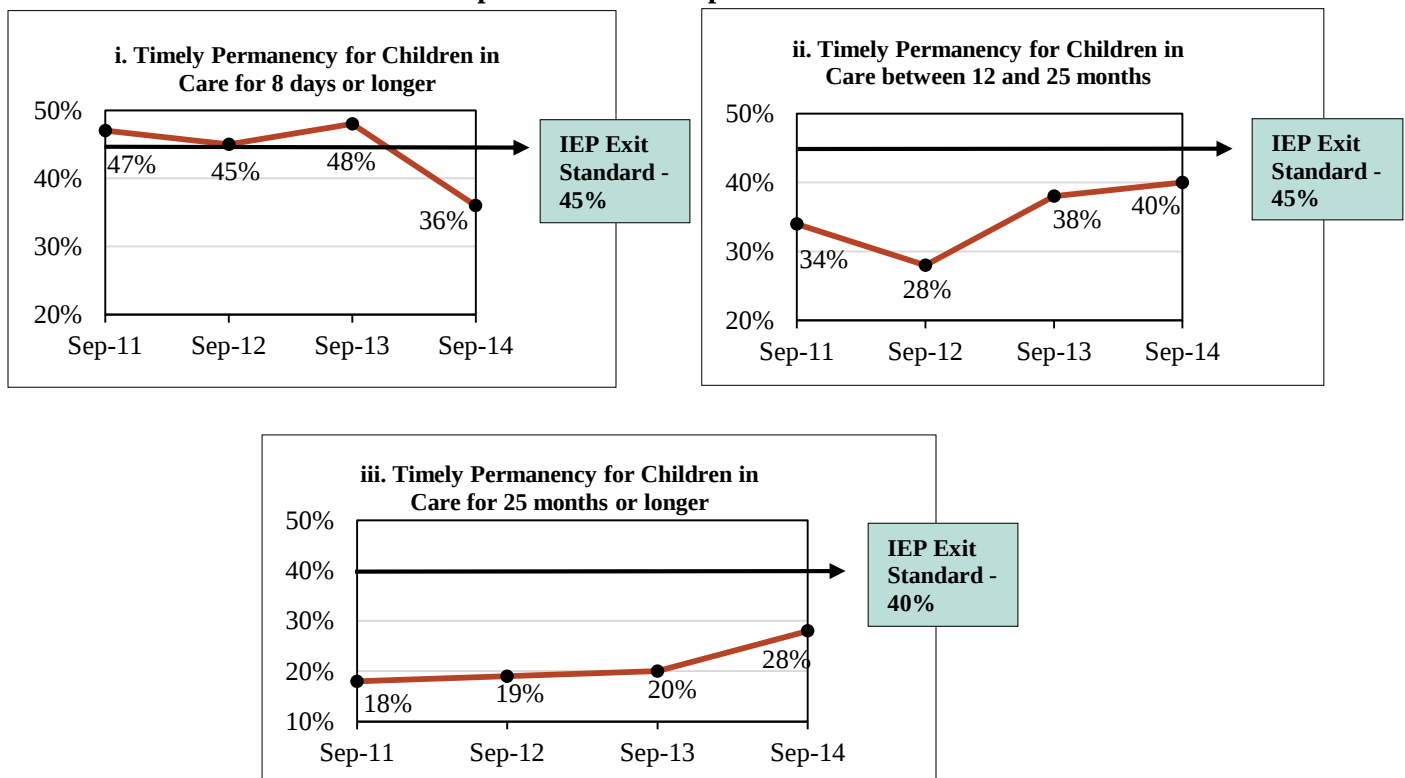
CFSA is required to ensure that 90 percent of children are adopted, or reasonable efforts are made to have them adopted, within 12 months of being placed in a pre-adoptive home (IEP citation I.B.16.b.iii.). This Exit Standard is currently designated as an Outcome to be Maintained.

From July through December 2014, 76 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 38 adoptions were finalized during this monitoring period. Of those 38, 17 cases were finalized within 12 months and reasonable efforts were made to finalize adoptions within 12 months for an additional 12 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's performance is below the required level; however, due to the small number of applicable cases, the Monitor considers this an insubstantial deviation and will not recommend redesignation.

Permanency Exits through Adoption, Guardianship and Reunification

IEP Requirement	32. <u>Timely Adoption</u> : Timely permanency through reunification, adoption or legal guardianship. (IEP citation I.B.16.c.)
Exit Standard	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 – September 2014**



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

Performance for the period September 30, 2013 through September 30, 2014:¹²⁸

The IEP requires CFSA to achieve an agreed upon percentage of timely permanent exits for children to a permanent family through adoption, guardianship or reunification. This Exit Standard has three sub-parts that must be met before compliance can be reached for the entire Exit Standard, with different compliance percentages for entry cohorts of children based on their length of stay in foster care. The sub-parts are measured annually as of the end of the fiscal year, so performance on this Exit Standard is measured as of September 30, 2014 and reported as of that month.

The first part of the Exit Standard requires that of all children who entered foster care for the first time in FY2013 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, 2014. Of the 289 children who entered foster care in FY2013 and remained in foster care for eight days or more, 103 (36%) exited to positive permanency by September 30, 2014, representing a decline in performance. Last year at this time, 48 percent of the FY2012 cohort had exited care.

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, 2013, 45 percent will be discharged from foster care to permanency (reunification, kinship guardianship, adoption or non-relative guardianship) by September 30, 2014. Of the 233 children who were in care more than 12 months and less than 25 months on September 30, 2013, 92 (40%) achieved positive permanency by September 30, 2014. Performance improved over last monitoring period, but does not reach the Exit Standard.

The third and last part of the Exit Standard requires that of all children who are in foster care for 25 months or longer on September 30, 2013, 40 percent will be discharged through reunification, adoption, legal guardianship prior to their 21st birthday or by September 30, 2014, whichever is earlier. For the 730 children who had been in care 25 or more months on September 30, 2013, 201 (28%) achieved permanency by September 30, 2014. Performance has improved since this same time last year but remains far below the Exit Standard requirement.

¹²⁸ This timeframe differs from other sections as performance on this Exit Standard is measured through the fiscal year.

Table 7:
Children and Youth Exiting to Permanency by Cohort as of September 30, 2014

Length of time in out of home care during FY2013	Total number of children/youth in cohort	Exit to Reunification	Exit to Guardianship – Kin	Exit to Guardianship – NonKin	Adoption	Total exits to permanency by September 30, 2014
8 days – 12 months	289	92 (32%)	2 (<1%)	0 (0%)	9 (3%)	103 (36%)
12 – 24 months	233	25 (11%)	19 (8%)	15 (6%)	33 (14%)	92 (40%)
25 months or more	730	29 (4%)	52 (7%)	61 (8%)	59 (8%)	201 (28%)

Sources: FACES.NET reports CMT384 and CMT385

The number of children in cohorts for 12-24 months and 25 months or more changed since the last monitoring report due to “backdated data entries”; i.e., data clean up by CFSA.

Percentages have been rounded.

Performance on Strategy Plan:

CFSA has worked with the National Resource Center for Permanency and Family Connection (NRCPFC) on a number of strategies to increase performance on timely permanency for children and youth. In addition, CFSA has used 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:

- *Throughout 2014, CFSA will work with the National Resource Center for Permanency and Family Connections (NRCPFC) and the CRC to develop alerts for concurrent planning discussions during the RED Team meetings (2014 Strategy Plan, #16).*

Historically, all CFSA cases were supposed to involve concurrent planning with a “Plan A” to support reunification and a “Plan B”, to be simultaneously implemented in the event reunification failed. This past year, the NRCPFC worked with CFSA 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.” The NRCPFC and Children’s Research Center (CRC) consultants worked with CFSA RED Team facilitators to identify criteria of cases to be considered for concurrent planning based on an analysis of cases that re-entered the child welfare system and cases that led to adoption and

guardianship. The criteria for cases in which concurrent planning is appropriate and required are children under eight years old entering care with any of the following concerns:

- In-home services have been provided prior to placement
- Re-entry into foster care
- Siblings currently in care
- Trauma history of parent and child/youth (attention focused on pattern and history of drug use, unexplained injuries, serious and persistent trauma, inability to self-regulate, impulsivity, mood swings, PTSD)
- Child/youth's parents currently or formerly in foster care

CFSA reports that permanency workers were required to attend a concurrent planning training in September 2014 and, as of January 2015, concurrent planning practice is occurring on all eligible cases. Further, in January a complementary course focused on “full disclosure”—talking with parents at the beginning of the case about concurrent planning and the consequences of having their parental rights terminated if they cannot be safely reunified with their child(ren).

- *Throughout 2014 the NRCPFC and National Center on Data and Technology will work with CFSA to further analyze and examine reunification prognosis indicators and re-entry data based on the concurrent planning framework (2014 Strategy Plan, #17).*

CFSA reports no further update on this strategy. Last monitoring period, CFSA provided information from a report examining poor prognoses for reunification that analyzed cases involving children who initially entered care and those who re-entered between January and August 2013. CFSA examined data elements such as placement type, allegation type and permanency goals. In November 2013, CFSA and the NRCPFC shifted the focus of the analysis to children who had reunified in FY2011 or later and had re-entered care in FY2013 or later. CFSA reported a similar study was being conducted on re-entries into care for children who had been in legal guardianships.¹²⁹

- *By August 1, 2014, CFSA, working with the National Resource Center for Adoptions, will develop a scope of work for redesigning guardianship practices with a goal of promoting more timely permanency (2014 Strategy Plan, #18).*

As previously reported, NRCPFC consultants worked with CFSA staff and attorneys to revisit how to best use guardianship as a permanency option. One goal of this work was to improve collaboration between CFSA and the D.C. Superior Court to minimize re-entry of guardianship

¹²⁹ There were 5 children who exited to legal guardianship and re-entered care who were examined in this study. The length of time between exiting and re-entering care ranged from 7 to 33 months. Of these children, 2 were removed due to physical abuse, 2 were removed due to neglect and one child had a removal reason of child's behavior problem.

cases into foster care. A D.C. Superior Court Judge involved staff from the Office of the Attorney General (OAG) in a Rules Committee working group to revisit guardianship rules. Additionally, representatives from CFSA and OAG participated in the Family Court Abuse and Neglect Subcommittee which was working to amend the guardianship administrative order which governs guardianship process and protocols.

CFSA reports that work with these partners has ended and that the number of children exiting to permanency through guardianship continues to increase – in FY2012, 111 children exited to guardianship; in FY2013, 139 children exited to guardianship; in FY2014, 163 children exited to guardianship; and through May 7, 2015 of FY2015, 22 children have exited to guardianship so far.

- *Throughout 2014, CFSA will continue to utilize the RED teams at various phases of the permanency process and will use RED teams to facilitate decisions and timely action about case transfer, placement matching, guardianship, and adoption (2014 Strategy Plan, #19).*

CFSA reports, and the monitoring team has observed, continued use of RED Teams to provide collaborative consultation and decision making at multiple points during the life of a case. In addition, CFSA reports that the consultation and information sharing framework should be used on an ongoing basis by workers and supervisors to analyze the complexity of cases and ensure that children and families get the support they need so that children can remain at home, return home or be in another permanent home in a safe and timely manner.

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 plans¹³⁰; the remaining 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	33. <u>Case Planning Process</u>: 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. (IEP citation I.B.17.)
Exit Standard	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.

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.

¹³⁰ 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 Performance¹³¹

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
 - 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.

¹³¹ *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013. p. 62-65.

Figure 41: QSR Pathway to Case Closure Indicator Parameters to Consider and Description of Acceptable/Unacceptable Performance¹³²

Pathway to Case Closure

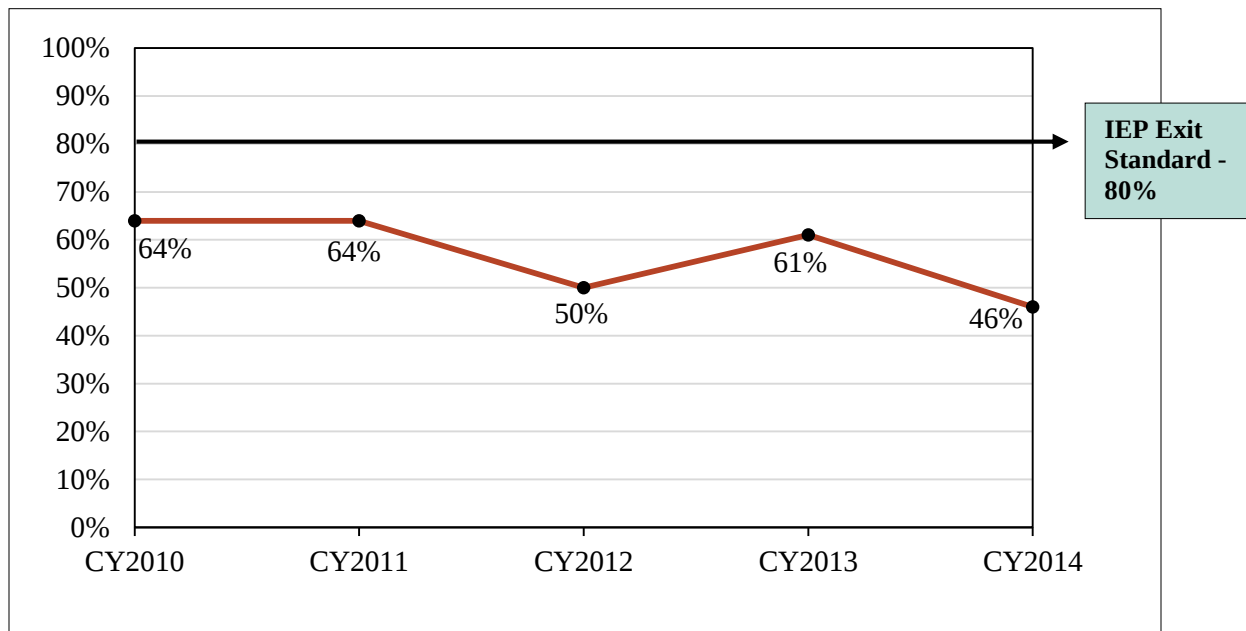
- *Parameters Reviewers Consider:* To what degree: (1) Is there a clear, achievable case goal including concurrent and alternative plans? (2) Does everyone involved, including family members, know and agree on what specific steps need to be achieved in order to achieve the case goal and close the case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

¹³² *Quality Service Review Protocol for a Child and Family: Reusable Protocol for Examination of Child Welfare and Mental Health Services for a Child and Family*, Shared Practice Protocol. Human Services and Outcomes, November 2013. p. 58-59.

**Figure 42: QSR Findings on Case Planning Process
CY2010 – CY2014**



Source: QSR Data

Performance for calendar year 2014:

During CY2014, 125 cases were reviewed using the QSR methodology; in 101 cases the focus youth was living in out-of-home placement and in 24 cases the focus youth was receiving services through an in-home case. As Figure 43 indicates, 46 percent (58 of 125) 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 in the other area was unacceptable. Specifically, 68 percent of cases (85 of 125) were rated acceptable overall on the Planning Interventions indicator and 54 percent of cases (67 of 125) were rated acceptable on the Pathway to Case Closure indicator. CFSA's performance of 46 percent does not meet the Exit Standard requirement of 80 percent.

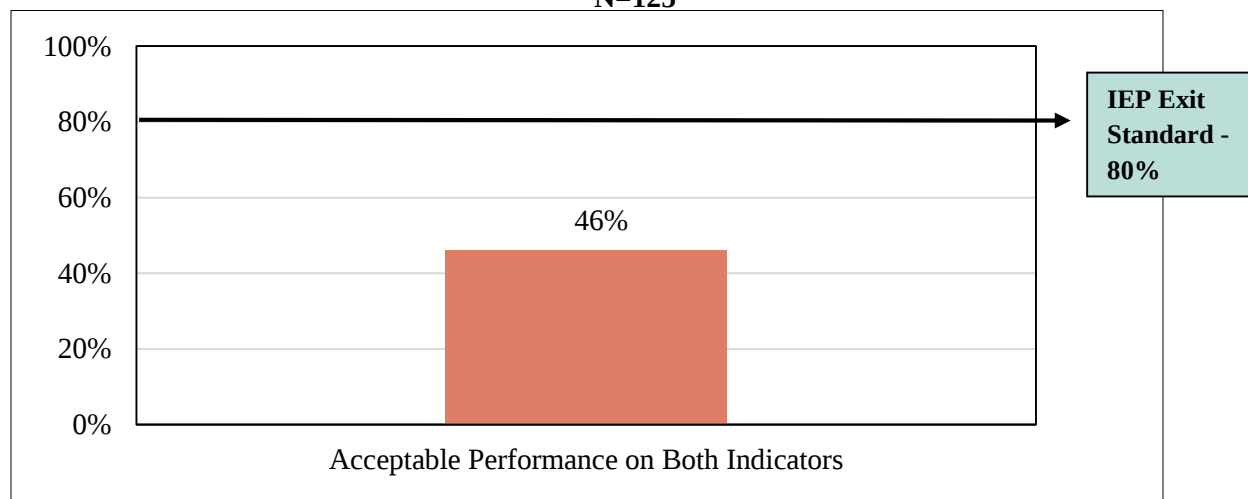
Despite multiple interventions that are aimed at improving case planning and decision making, CFSA's performance on case planning in calendar year 2014 declined from calendar year 2013. Furthermore, this is CFSA's lowest performance on this Exit Standard over the past five years, which makes the decline in performance particularly concerning. Over the past five years, CFSA has reduced the number of children in out-of-home care and now serves more children, youth and families through in-home cases. Anecdotal evidence suggests that those investigations that do lead to a child's removal are more complex and the pathway to case closure may also be more difficult. While CFSA's assessments of family needs and knowledge of the impact of trauma have become more nuanced and informative, it appears that there remains a gap in the consistent quality of planning to address the needs and well-being of the children, youth and families served by the Agency.

As discussed previously in this report, one key theme from the QSR case narratives and additional analyses is that performance on the QSR indicators which assess team formation and functioning, engagement of the child, assessment of the child and assessment of the mother are all critical to acceptable performance on the Pathway to Case Closure indicator.¹³³ A second theme from the QSR case narratives and regression analyses of the data highlight the significant impact of engagement with the child and assessment of the child on overall acceptable Planning Interventions.¹³⁴

Figure 43: QSR Findings on Case Planning Process

CY2014

N=125



Source: QSR Data CY2014

Similar to CFSA's performance on *Services to Children and Families to Promote Safety, Permanency and Well-Being*, performance on this Exit Standard was lower in cases reviewed where the focus child was receiving in-home services compared to those receiving out-of-home services. In those cases where the focus child was receiving in-home services, 50 percent (12 of 24) were rated acceptable on Planning Interventions compared to 72 percent (73 of 101) of cases where the focus child was placed in out-of-home care. Additionally, 46 percent (11 of 24) of in-home cases were rated acceptable on Pathway to Case Closure compared to 55 percent (56 of 101) of out-of-home cases. These differences in the percentage that are acceptable for in-home compared to out-of-home is significant¹³⁵ and suggest the disparate outcomes for these two

¹³³ Regression analyses were run to determine the significance of engagement, assessment and teaming indicators on Pathway to Case Closure and Planning Interventions while controlling for placement type, agency and age of youth. Findings from these analyses indicate that team formation and functioning, child engagement, assessment of the child and assessment of the mother are significant predictors of acceptable Pathway to Case Closure ($p < .05$).

¹³⁴ Regression analyses indicate these findings are significant at $p < .05$. Findings also indicate the significant impact of the team coordination on acceptable Planning Interventions ($p < .10$).

¹³⁵ Analyses indicate this difference is significant at a level of $p < .05$.

groups of children receiving services and indicate the need for continued focus on improving case practice for in-home cases.

Table 8: Acceptable Performance on QSR Indicators Used to Assess Case Planning Process

In-Home Cases N=24	Out-of-Home Cases N=101
Planning Interventions	
50% (12)	72% (73)
Pathway to Case Closure	
46% (11)	55% (56)
Both Indicators	
25% (6)	51% (52)

Source: QSR Data CY2014

Performance on Strategy Plan:

CFSA has employed the following strategies to increase performance on the services provided to children and families to improve the case planning process:

- *Based on QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and a review of five percent of the foster care cases. The findings will be completed and shared with management in March and April 2014 and will be used to modify practice, policy, and trainings, as needed (2014 Strategy Plan, #6).*¹³⁶

As a result of the findings from the case plan review, supervisors from both Community Partnerships and Program Operations developed action teams to identify additional strategies regarding case planning and team formation. These strategies include increased participation of in-home staff at 10/15 day RED Teams held during an investigation or FA, holding regular CPS to In-Home Case Transfer RED Teams and integrating the information consultation and sharing framework into group supervision and ongoing practice.

- *CFSA will continue to provide immediate feedback on the QSR findings and practice examples about the case to the supervisor and social worker and discuss next steps. The QSR team will follow up with the supervisor and social worker within 30 days. A permanency Big RED Team will be scheduled 60 days following the QSR to review the findings and follow up. The case practice specialist will*

¹³⁶ This strategy was modified in June 2014 to change the percentage of foster care cases for review from 10 to 5% as CFSA determined that a review of 5% was sufficient to document themes. Additionally, the date of completion was changed to include April 2014 to provide additional time to complete the analysis.

track the steps identified through the QSR and permanency Big RED and will report to the permanency Big RED Team if the steps are not occurring (2014 Strategy Plan, #7).

CFSA continues to identify substance abuse, mental health and housing issues as on-going challenges families are facing and having difficulty resolving. To address challenges related to substance abuse, CFSA has contracted with a provider for mobile assessments for older youth and adults who are struggling with substance abuse in order to engage youth and adults, obtain needed assessments and link those in need to ongoing services in a more timely manner.

To improve planning and support in cases where the youth and/or adult is struggling with mental health, CFSA is planning to repurpose the DBH co-located staff in a more clinical role. The DBH co-located staff will now be available to consult on cases on an as-needed basis and will be conducting training on mental health services available in the community for all units within CFSA. Additionally, mental health screenings will now be conducted by staff at Healthy Horizons for youth in out-of-home placement in order to initially identify the need for mental health services that may be able to support the youth.

One of CFSA's principle tools to assist families and older youth with housing challenges is the Districts' Rapid Housing program. In February 2015, the Rapid Housing Application became available online in order to expedite referrals to the program. CFSA staff also continue to work with partners at the Collaboratives to refer families and older youth as appropriate to identify and assist with exploring housing options. The limited availability of affordable housing in the District remains a huge barrier.

- *Within six months of receiving approval from the Children's Bureau, CFSA will integrate the Child and Adolescent Functional Assessment Scale (CAFAS) into FACES.NET. Thereafter, staff will be trained and begin using the tool (2014 Strategy Plan, #8).*

In July 2014, CFSA received the necessary approvals to build the CAFAS¹³⁷, the tool that will be used to assess a youth's daily functioning across key domains and changes in functioning over time, into FACES.NET. As was previously discussed regarding the integration of the Caregivers Strengths and Barriers Assessment, full integration of the tools into FACES.NET continues to be delayed and is now expected to be completed by July 2015.

- *Beginning February 1, 2014, the Choice Providers will participate in case transfer RED Team at the point of removal and the initial Family Team Meeting (FTM) to enhance family engagement and improve the identification of and timely*

¹³⁷ Child and Adolescent Functional Assessment Scale.

referral to services needed for children and families (2014 Strategy Plan, #9).

The goal of this strategy is to connect families more quickly to appropriate mental health providers. CFSA data indicate that attendance of Choice Providers¹³⁸ at Removal RED Teams for children entering care remains consistent and that partners are available to attend other teaming meetings including Family Team Meetings.

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. As discussed in the paragraph below, 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 December 31, 2014, 84 percent of children who entered care with their siblings or within 30 days of their siblings between July and December 2014 were placed with some or all of their siblings. Current performance exceeds the required performance of 80 percent. Regarding sibling visitation, during this monitoring period a monthly range of 83 to 87 percent of siblings had at least monthly visits and 74 to 82 percent of siblings had at least twice monthly visits with their brothers and/or sisters.¹³⁹

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

¹³⁸ The Choice Providers include Community Connections, Family Matters, First Home Care, Hillcrest Children and Family Center, Maryland Family Resources, Universal Healthcare Management Services and Parent Infant Early Childhood Enhancement Program.

¹³⁹ The IEP Exit Standard requires 75% of children have twice monthly visits with their separated sibling groups. In November and December 2014, performance was at 74%. The Monitor considers this to be an insubstantial deviation and compliance with this Exit Standard to be maintained.

Development Specialist completes this tool which assists staff within the Placement Services Administration identify appropriate placements.

During the current monitoring period, between nine and 21 placement disruptions occurred each month and between 82 and 100 percent of children experiencing a disruption had a CNA completed within 30 days of notification of the need for a placement change. In November 2014, performance was 83 percent, below the required level of 90 percent. There were 11 applicable placement disruptions that month and a sibling group of two had their assessments completed within 35 days of placement change, just slightly over the 30 day requirement. The Monitor considers this an insubstantial deviation in performance and this Exit Standard continues to be maintained.

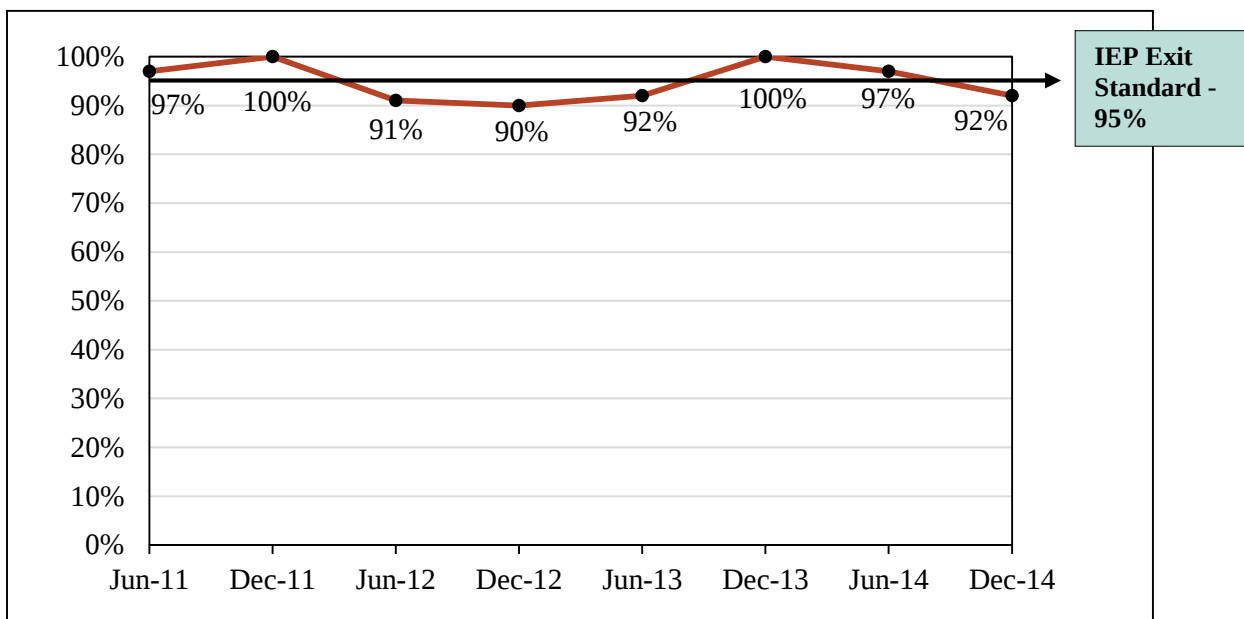
3. Health and Dental Care

Health Screening Prior to Placement

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

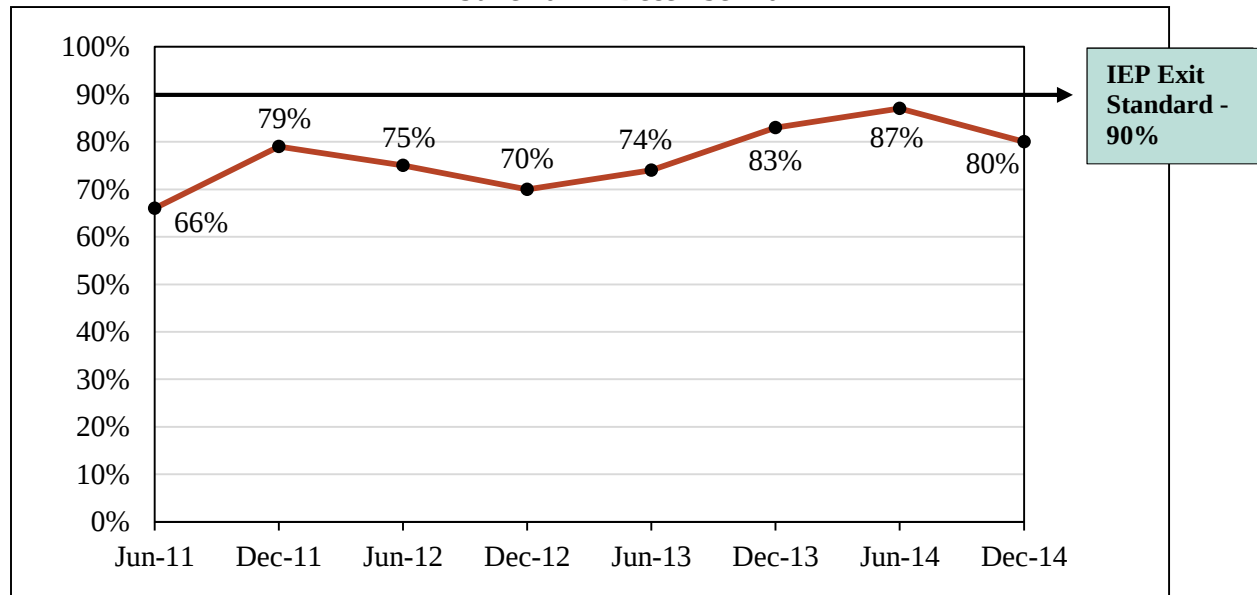
IEP Requirement	39. <u>Health and Dental Care</u> : Children in foster care shall have a health screening prior to placement. (IEP citation I.C.22.a.)
Exit Standard	95% of children in foster care shall have a health screening prior to an initial placement or re-entry into care. 90% of children in foster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

**Figure 44: Percentage of Children who Received a Health Screening Prior to Placement
(Initial or Re-Entries)
June 2011 – December 2014**



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 – December 2014



Source: CFSA Administrative Data, FACES.NET report HTH004

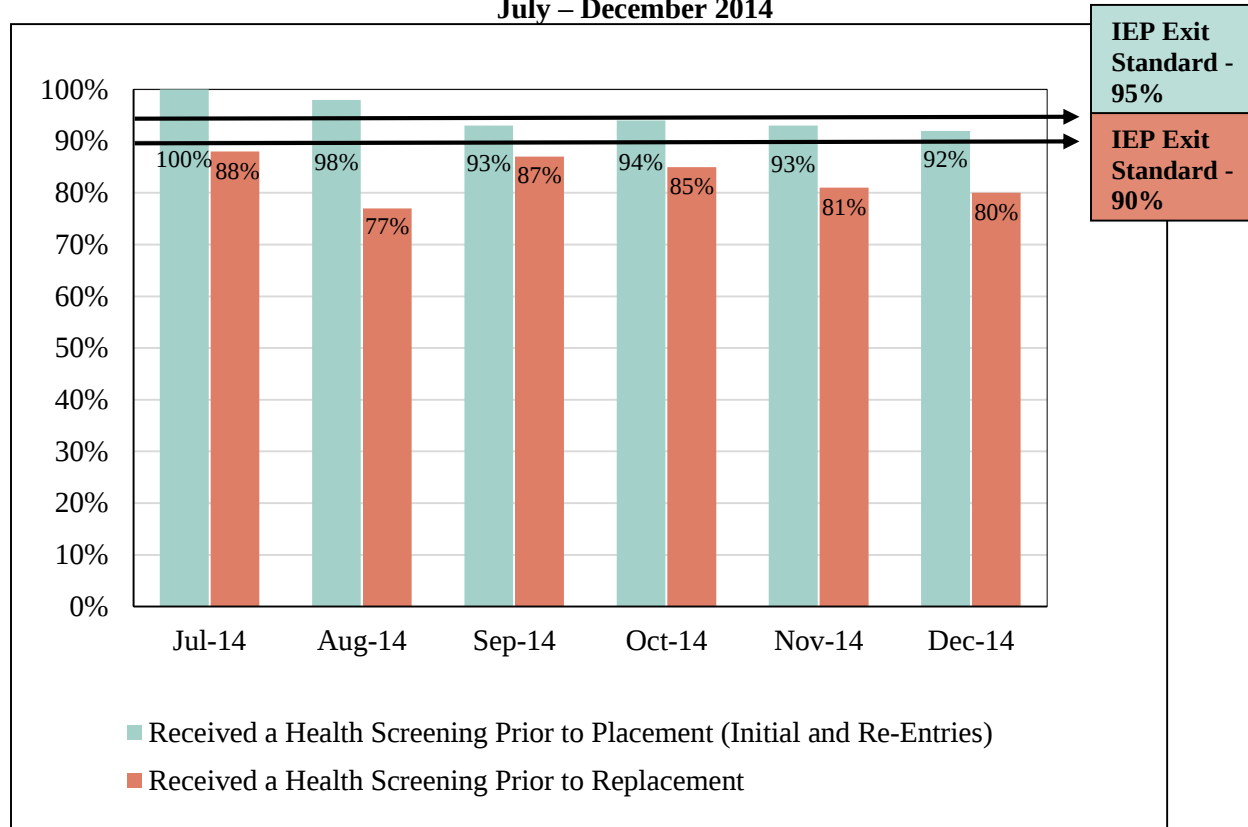
Performance for the period July 1 through December 31, 2014:

In December 2014, of the 13 children who were initially placed or re-entered foster care, 12 (92%) received a health screening prior to being placed (see Figure 46). Between July and December 2014, performance on this measure ranged between 92 and 100 percent monthly, meeting or exceeding this sub-part of the Exit Standard requirement for three of the six months of the monitoring period.

During the month of December 2014, there were 97 child placement change activities that required the child be medically screened prior to placement. In 78 (80%) of the 97 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 77 and 88 percent monthly from July through December 2014 (see Figure 46).

Based on these data, while CFSA fully met or fell just short of the performance required by the IEP on initial health screenings prior to placement, CFSA did not meet the required performance for health screenings prior to a placement change in any month. The Monitor considers this Exit Standard partially met.

**Figure 46: Percentage of Children who Received a Health Screening Prior to Placement (Initial and Re-Entries) and Replacement
July – December 2014**

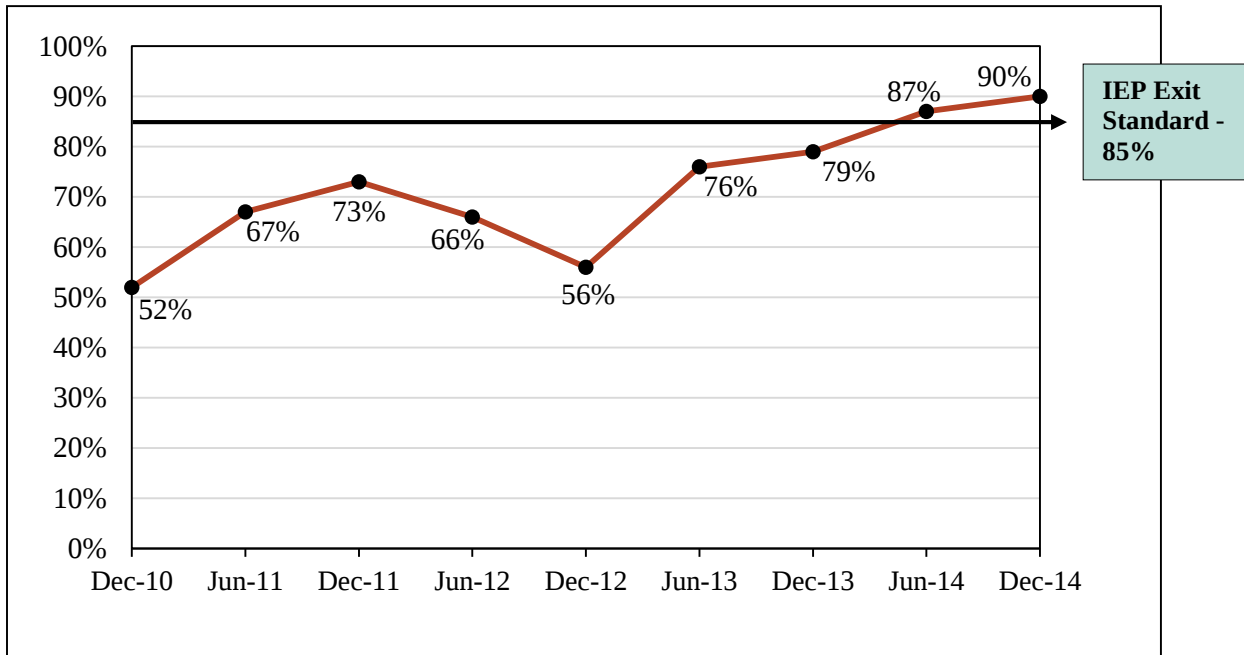


Source: CFSA Administrative Data, FACES.NET report HTH004

Full Medical Evaluation within 30 and 60 Days of Placement

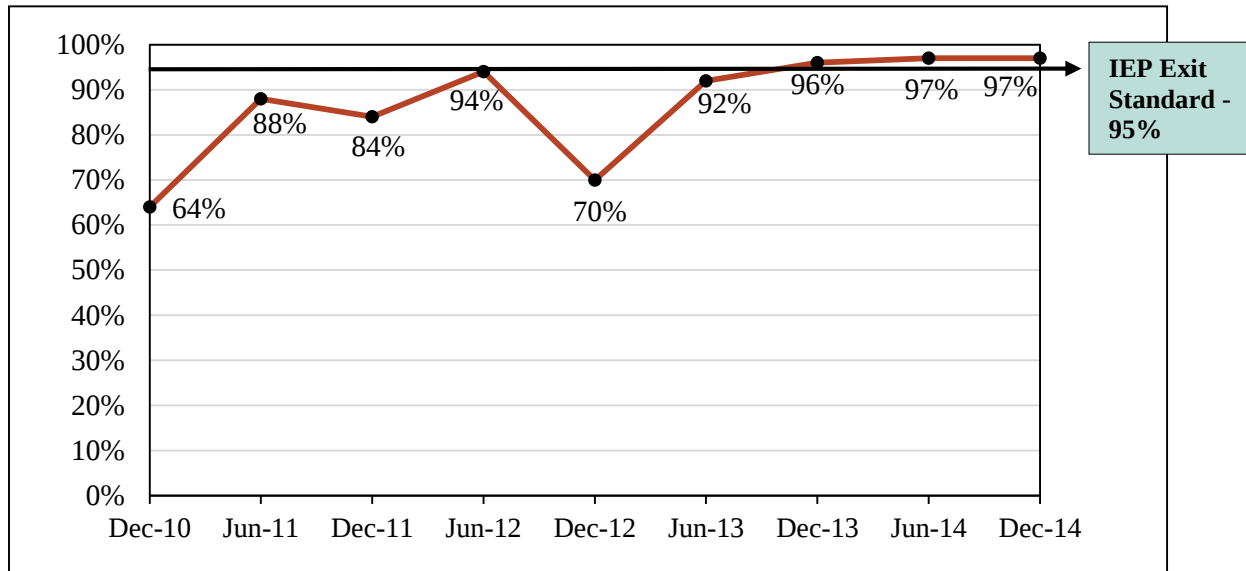
IEP Requirement	40. <u>Health and Dental Care</u> : Children in foster care shall receive a full medical evaluation within 30 days of placement. (IEP citation I.C.22.b.i.)
Exit Standard	85% of children in foster care shall receive a full medical evaluation within 30 days of placement. 95% of children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

**Figure 47: Percentage of Children who Received a Full Medical Evaluation
Within 30 Days of Placement
December 2010 – December 2014**



Source: CFSA Administrative Data, FACES.NET report HTH005

**Figure 48: Percentage of Children who Received a Full Medical Evaluation
Within 60 Days of Placement
December 2010 – December 2014**



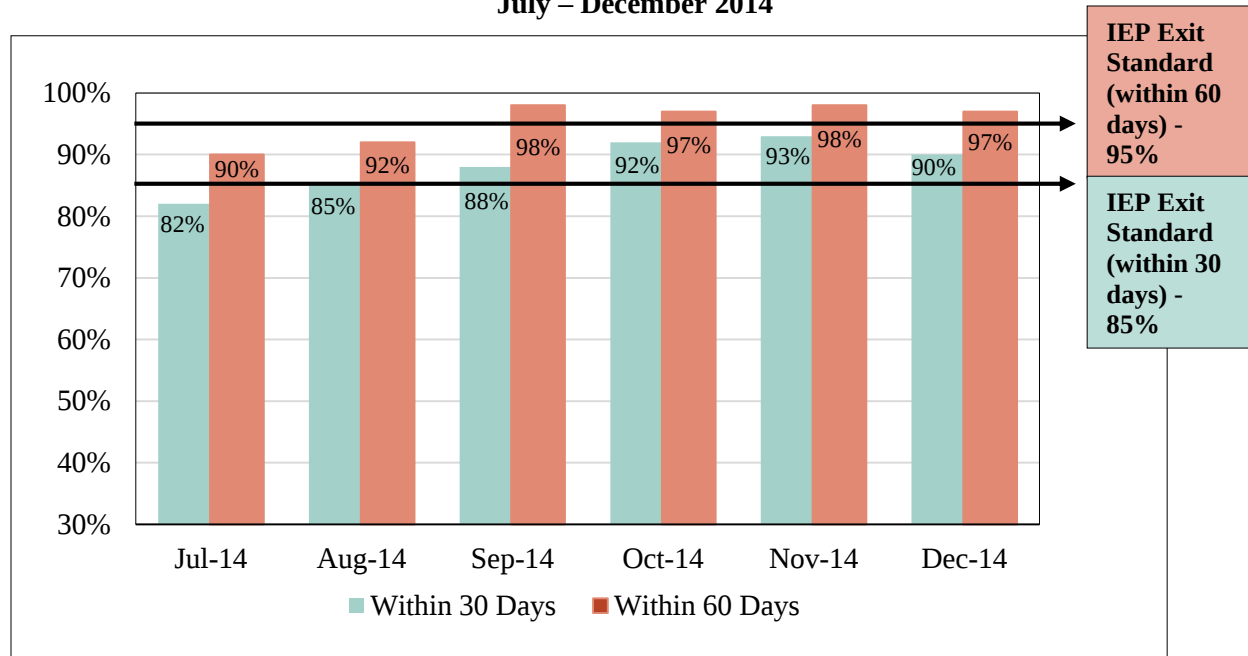
Source: CFSA Administrative Data, FACES.NET report HTH005

Performance for the period July 1 through December 31, 2014:

In December 2014, there were 89 children applicable to this measure; 80 (90%) had a medical evaluation within 30 days of placement and an additional six (7%) had a medical evaluation within 60 days of placement. Between July and December 2014, a monthly range of 82 to 93 percent of children in foster care received a full medical evaluation within 30 days of placement and by 60 days post-placement, 90 to 98 percent of children per month had received the required evaluation (see Figure 49).

CFSA performance on both sub-parts of this Exit Standard, requiring that 85 percent of children entering foster care receive a full medical evaluation within 30 days of their placement in care and requiring that 95 percent of children entering foster care receive a full medical evaluation before 60 days, increased during the monitoring period. CFSA met the 85 percent standard in the final five months of the monitoring period and met the 95 percent requirement in the final four months of the monitoring period. Therefore, this Exit Standard is considered achieved.

**Figure 49: Percentage of Children who Received a Full Medical Evaluation
Within 30 and 60 Days of Placement
July – December 2014**

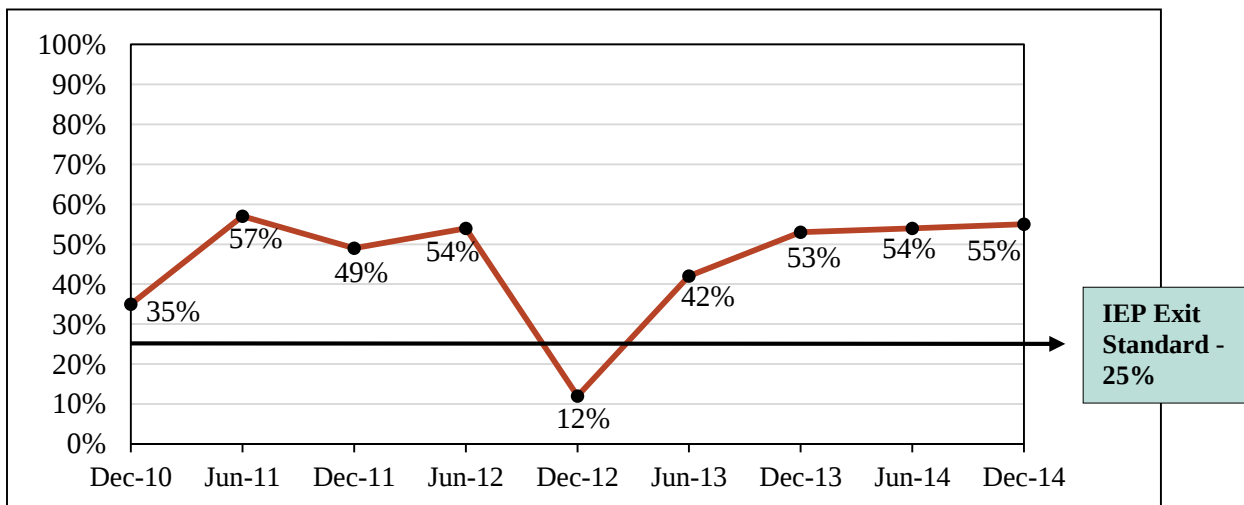


Source: CFSA Administrative Data, FACES.NET report HTH005

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

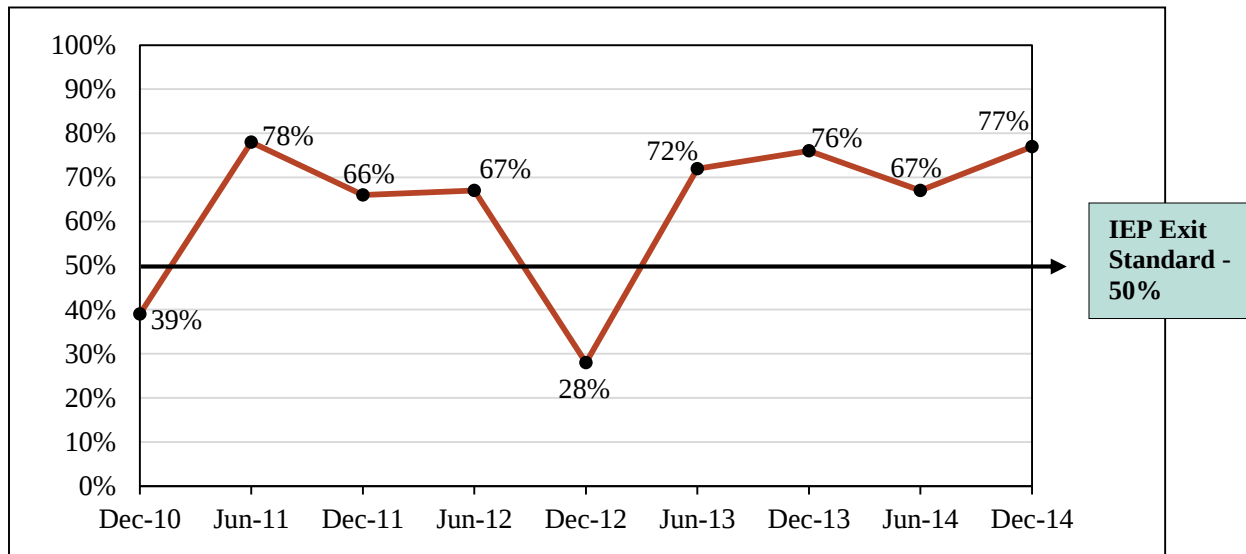
IEP Requirement	41. <u>Health and Dental Care</u> : Children in foster care shall receive a full dental evaluation within 30 days of placement. (IEP citation I.C.22.b.ii.)
Exit Standard	25% of children shall receive a full dental evaluation within 30 days of placement. 50% of children shall receive a full dental evaluation within 60 days of placement. 85% of children shall receive a full dental evaluation within 90 days of placement.

**Figure 50: Percentage of Children who Received a Full Dental Evaluation Within 30 Days of Placement
December 2010 – December 2014**



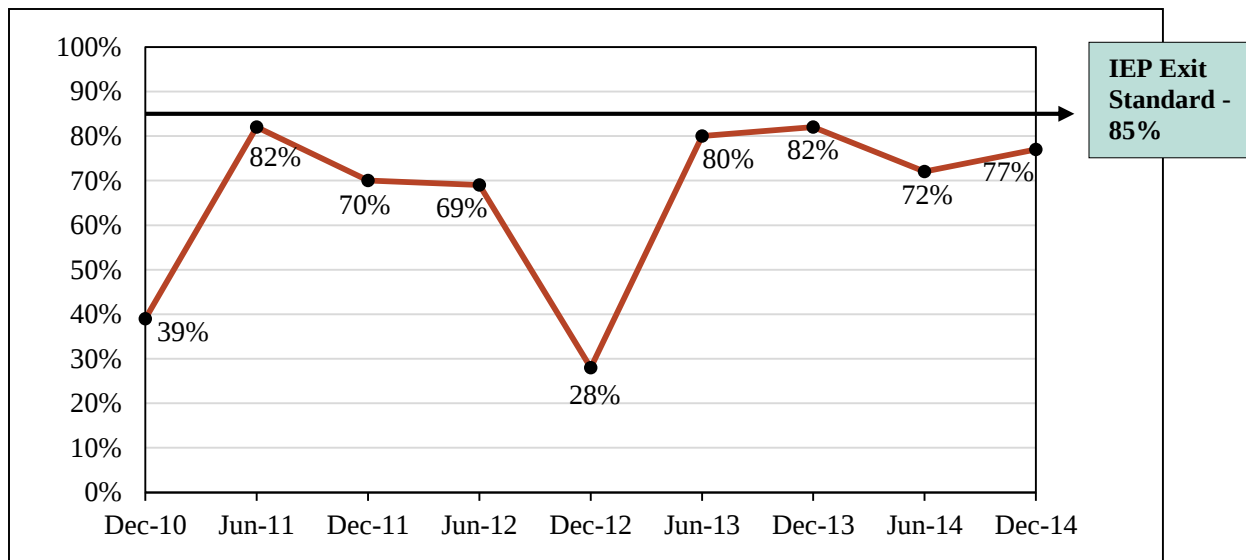
Source: CFSA Administrative Data, FACES.NET report HTH005

**Figure 51: Percentage of Children who Received a Full Dental Evaluation
Within 60 Days of Placement¹⁴⁰
December 2010 – December 2014**



Source: CFSA Administrative Data, FACES.NET report HTH005

**Figure 52: Percentage of Children who Received a Full Dental Evaluation
Within 90 Days of Placement¹⁴¹
December 2010 – December 2014**



Source: CFSA Administrative Data, FACES.NET report HTH005

¹⁴⁰ Data include children who received full dental evaluation within 30 days.

¹⁴¹ Data include children who received full dental evaluation within 30 and 60 days.

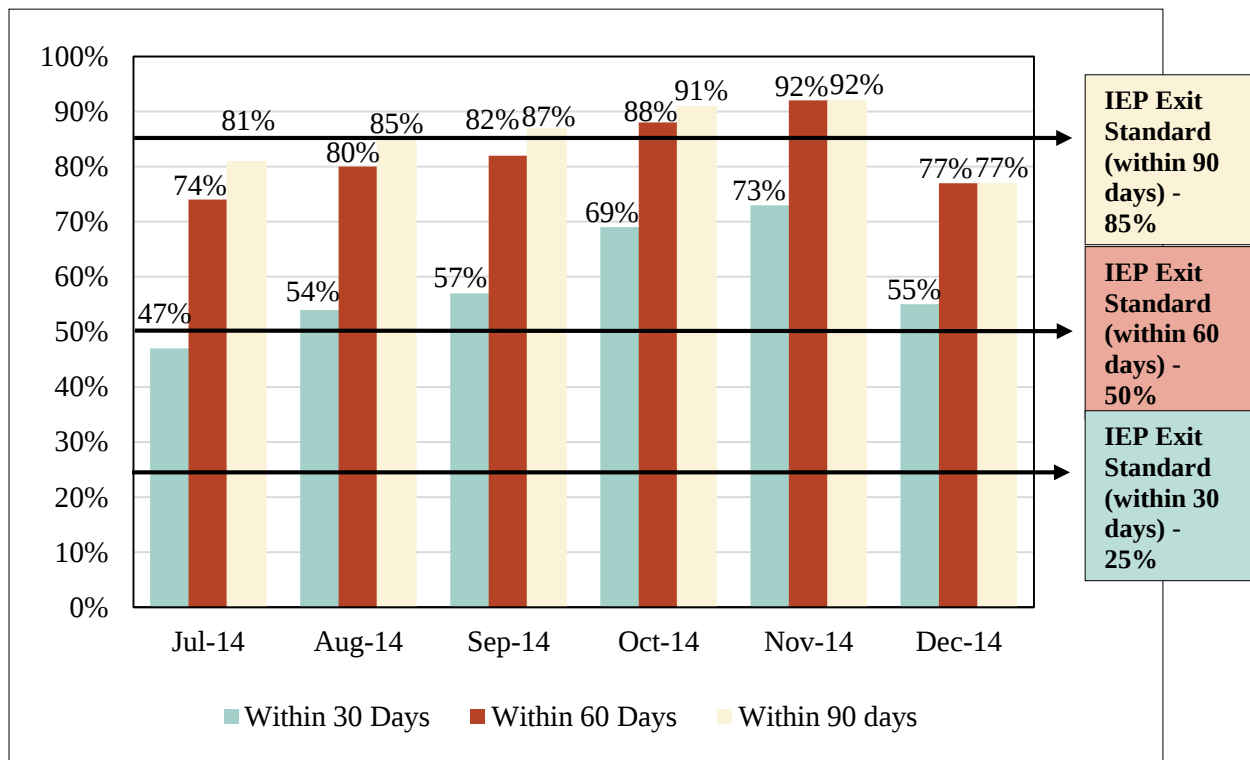
Performance for the period July 1 through December 31, 2014:

In December 2014, this Exit Standard applied to 62 children; 34 (55%) had a dental evaluation within 30 days of placement and an additional 14 (22%) had a dental evaluation within 60 days of placement. The remaining 14 children did not receive a full dental evaluation within 90 days of placement.

From July through December 2014, between 47 and 73 percent of children per month received a full dental evaluation within 30 days of placement (see Figure 53). A total of between 74 and 92 percent of children per month received a full dental evaluation within 60 days and between 77 and 92 percent of children per month received a full dental within 90 days.

CFSA continues to meet the performance level required by the IEP for the sub-part requiring 25 percent of children to receive a full dental evaluation within 30 days of placement and the sub-part requiring 50 percent of children to receive a full dental evaluation within 60 days of placement. CFSA met the performance level required by the IEP for the sub-part requiring that 85 percent of children receive a full dental evaluation within 90 days of placement during four months of the current monitoring period, therefore, this Exit Standard is considered achieved.

**Figure 53: Percentage of Children who Received a Full Dental Evaluation
July – December 2014**

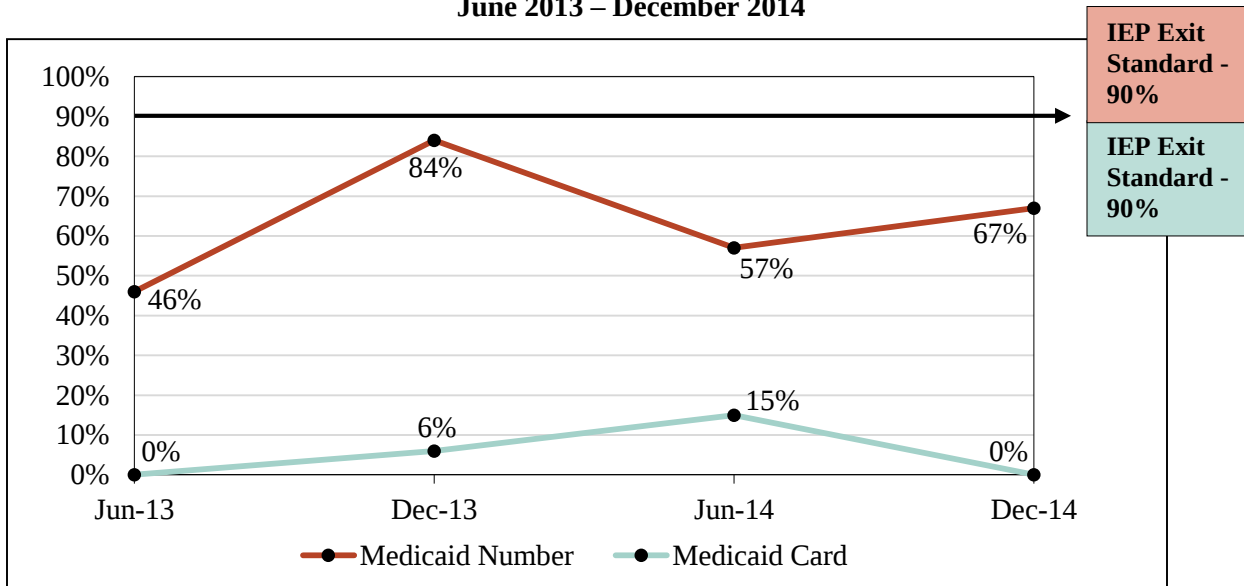


Source: CFSA Administrative Data, FACES.NET report HTH005

Medicaid Coverage

IEP Requirement	43. <u>Health and Dental Care</u>: CFSA shall ensure the prompt completion and submission of appropriate health insurance paperwork, and shall keep records of, e.g., Medicaid application dates, HMO severance dates, and enrollment dates. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 45 days of placement. (IEP citation I.C.22.d.)
Exit Standard	90% of children's caregivers shall be provided with documentation of Medicaid coverage within 5 days of placement and Medicaid cards within 45 days of placement.

Figure 54: Medicaid Number and Medicaid Card Distribution to Foster Parents
June 2013 – December 2014



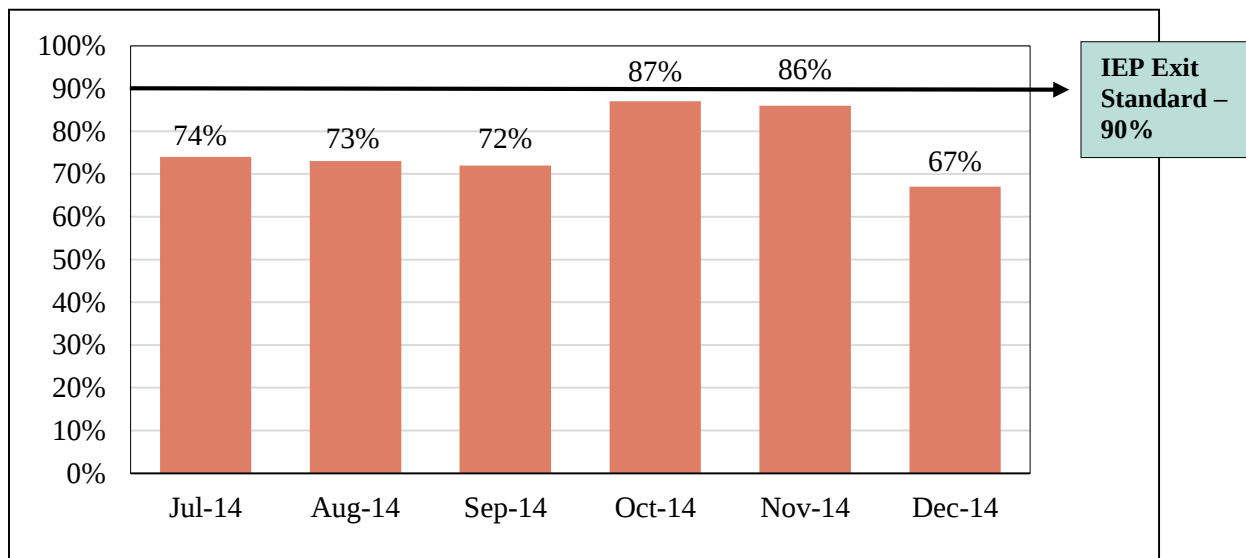
Source: CFSA Manual Data

Performance for the period July 1 through December 31, 2014:

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 December 2014, 15 children experienced a placement activity and remained in that placement for at least five days. Of these 15 children, CFSA was able to verify that 10 foster parents (67%) received the child's Medicaid number within five days of their placement. Between July and December 2014, performance ranged from 67 to 87 percent per month (see Figure 55).¹⁴²

Between July and December 2014, CFSA was able to verify that between zero and 39 percent of foster parents each month received the child's Medicaid card within 45 days of the child's placement (Figure 56). CFSA's performance on this Exit Standard continues to fall below the performance level of 90 percent required by the IEP. CFSA has since instituted a new strategy to centralize the management of Medicaid number and card distribution through the Business Services Administration in order to successfully ensure foster parents are provided with both the Medicaid number and Medicaid card in a consistent and timely manner.

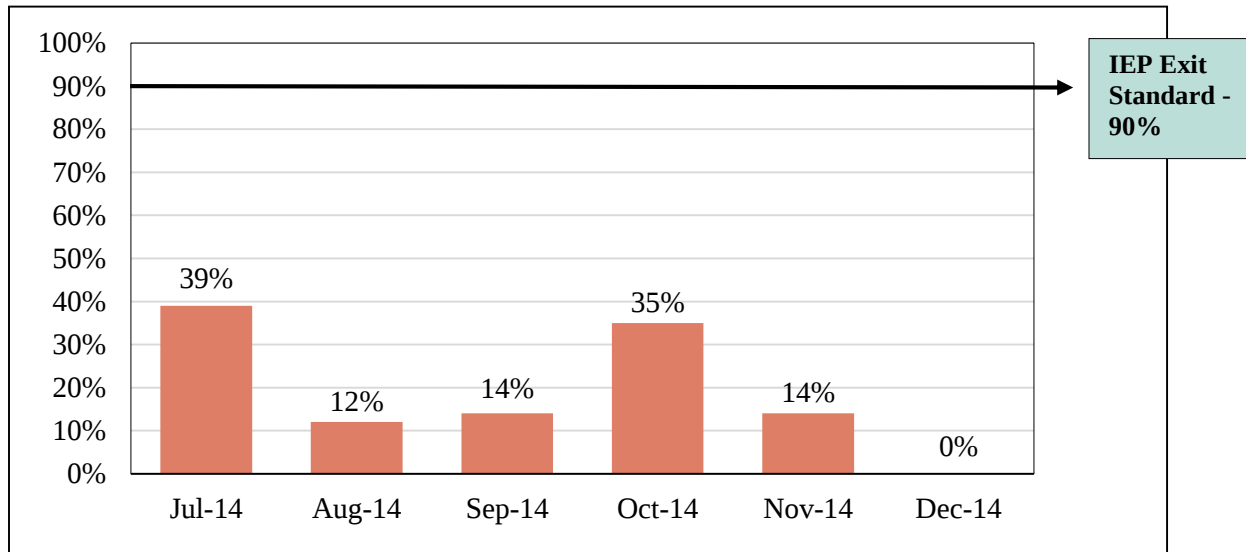
**Figure 55: Percentage of Foster Parents who Received Child's Medicaid Number within Five Days of the Child's Placement
July – December 2014**



Source: CFSA Manual Data

¹⁴² 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 56: Percentage of Foster Parents who Received Child's Medicaid Card within 45 Days of the Child's Placement
July – December 2014**



Source: CFSA Manual Data

Performance on Strategy Plan:

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

- *CFSA, in conjunction with the Office of the Deputy Mayor, will continue to work with the Department of Health Care Finance to streamline the process for sending Medicaid cards to foster parents. By June 30, 2014, the group will provide CSSP with a written business process for distributing Medicaid cards to foster parents with an explanation of how the process has been streamlined (2014 Strategy Plan, #10).*

CFSA has taken steps to streamline the process in order to provide foster parents with Medicaid information for children and youth in their care in a timely manner. The Business Services Administration within CFSA, which was and continues to be responsible for determining each child's Title IV-E eligibility, is now also responsible for submitting all necessary documentation to the Department of Human Services (DHS). Further, CFSA and DHS continue to engage in discussions to enable CFSA to issue temporary Medicaid cards. One barrier identified through these conversation is CFSA's lack of access to specific technology that would allow CFSA to issue the cards.

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. Overall, CFSA's caseloads meet *LaShawn* standards with the notable and important exception of caseloads for Investigations and Family Assessment workers, which remain too high. Stabilizing the workforce and reducing caseloads for these workers is a high priority for remedial action.

Caseloads for permanency social workers and workers conducting home studies

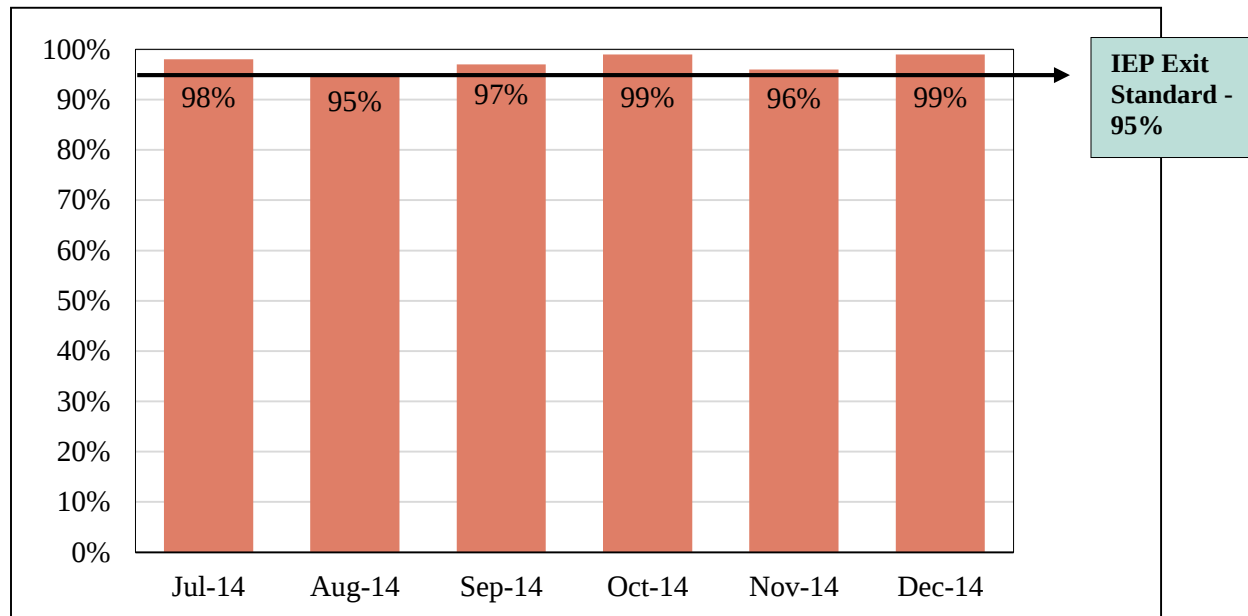
The IEP requires that 90 percent of workers have caseloads that meet the requirements. For in-home and permanency workers, the standard is 15 cases per worker and no individual worker with a caseload greater than 18. For workers conducting home studies, the standard is 30 cases per worker and no individual 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 (95 – 99%) (see Figure 57).¹⁴³ The number of in-home and permanency cases unassigned for more than five days ranged each month, from 29 and peaked at 91 in December 2014.¹⁴⁴

¹⁴³ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.D.25. during this monitoring period.

¹⁴⁴ *Ibid.*

**Figure 57: Caseloads for Permanency and In-home Social Workers
July – December 2014**



Source: CFSA Administrative Data, FACES.NET report CMT328

Supervisory responsibilities

This Exit Standard requires that supervisors are responsible for 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 95 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 86 to 94 percent monthly this period.¹⁴⁵ In December 2014, when the number of unassigned cases for more than five days peaked at 91, CFSA performance on supervisory caseloads was also at its lowest with only 86 percent of the cases were assigned to a social worker in December 2014. The Monitor believes these data are directly related and highlight the importance of continuing to focus on appropriate staffing and ensuring the workforce, including supervisors, has the tools and time necessary to support families.

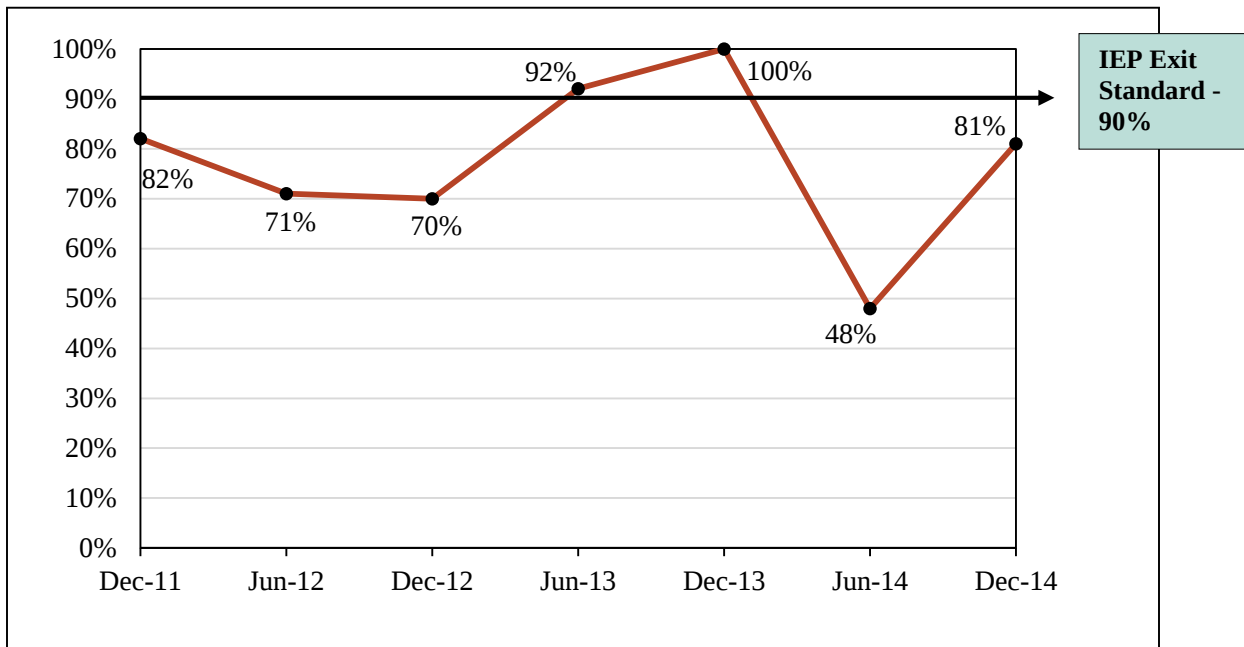
¹⁴⁵ See Table 2: *Performance on IEP Exit Standards for Outcomes to be Maintained*, of this report for performance on IEP citation I.D.26.b. during this monitoring period.

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

Investigative Caseloads

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

**Figure 58: Percentage of Investigative Workers who Met Exit Standard Requirements for Caseloads
December 2011 – December 2014**



Source: CFSa Administrative Data, FACES.NET report INV068

Performance for the period July 1 through December 31, 2014:

Between July and December 2014, a monthly range of 72 to 88 percent of investigative workers met the required caseload standard by not exceeding 12 investigations per month (see Table 9). Additionally, during this same time period, a monthly range of zero to six investigators had a caseload exceeding 15 investigations each month, which is above compliance levels. This represents a decrease from the previous monitoring period where the number of workers carrying over 15 investigations ranged from zero to 15 workers between January and June 2014. Due to the problematic performance on investigative caseloads, the Monitor considers the overall caseload Exit Standard to be partially maintained. Table 9 below illustrates investigative worker caseloads by month.

Table 9: Investigative Social Worker Caseloads
July – December 2014

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
July (N=47)	36 (77%)	6 (13%)	5 (11%)	11 (23%)
August (N=47)	41 (87%)	4 (9%)	2 (4%)	6 (13%)
September (N=49)	43 (88%)	6 (12%)	0 (0%)	6 (12%)
October (N=45)	35 (78%)	6 (13%)	4 (9%)	10 (22%)
November (N=43)	31 (72%)	8 (19%)	4 (9%)	12 (28%)
December (N=42)	34 (81%)	2 (5%)	6 (14%)	8 (19%)

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.¹⁴⁶

Percentages may not equal 100% due to rounding.

¹⁴⁶ Between two and seven CPS supervisors, managers and administrators were collectively responsible for between two to 25 investigations each month. CFSA decreased the number of FA workers responsible for a split CPS and FA caseload and FA supervisors responsible for carrying CPS investigations from zero to two over the course of the monitoring period.

Family Assessment Caseloads

Caseloads for FA workers improved from the previous monitoring period and the number of FA workers carrying no more than 12 FAs ranged from 88 to 100 percent between July and December 2014 (see Table 10).

Table 10: Family Assessment Social Workers Caseloads*
July – December 2014

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
July (N=34)	30 (88%)	4 (12%)	0 (0%)	4 (12%)
August (N=35)	35 (100%)	0 (0%)	0 (0%)	0 (0%)
September (N=34)	34 (100%)	0 (0%)	0 (0%)	0 (0%)
October (N=34)	33 (97%)	1 (3%)	0 (0%)	1 (3%)
November (N=38)	36 (95%)	0 (0%)	2 (5%)	2 (5%)
December (N=35)	31 (89%)	4 (11%)	0 (0%)	4 (11%)

Source: CFSA Administrative Data, FACES.NET INV068

N does not include the FA supervisors or investigative workers who carried FAs.¹⁴⁷

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.).

Based on feedback from leadership, supervisors and other CFSA staff, CFSA's Child Welfare Training Academy (CWTA) implemented a modified pre-service training curriculum in January 2015. Previously, pre-service training occurred over the course of 35.5 days, for a total of 235 classroom hours. The revised curriculum now occurs over 11.5 days, for a total of 80 classroom hours, at which point frontline staff participate in applied training in the field. CFSA reports that

¹⁴⁷ Between 1 and 4 FA supervisors were collectively responsible for carrying between 1 and 20 FAs and between 0 and 3 investigators were also responsible for collectively carrying 0 to 3 FAs each month.

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.

Phase 1 of the revised training curriculum includes a focus on the foundations of child welfare practice, child centered practice and Trauma Systems Therapy (TST) which takes one week to complete. After completion of the classroom training, staff receive job-specific training related to either entry services (hotline, investigations and FA) or ongoing case management (in-home and out-of-home) and training in FACES.NET. After completing these modules, staff are then eligible to begin the applied training portion of the curriculum in the field. The applied training portion of the curriculum allows new social workers to engage in real-time learning and takes six to seven weeks, with an extension in time as necessary. CFSA reports that trainee social workers are closely supervised and supported throughout this process, working on a reduced caseload and sharing all responsibilities with seasoned staff.

CFSA is planning to implement Phase 2 of the training curriculum in the near future, which will add a focus that allows workers to better understand the life of the case. It will also include CFSA's new assessment tools and provide opportunities for practice using these tools with a training case. It is anticipated that the implementation of this piece of the overall training curriculum will add an additional 5.5 days to the classroom training portion of pre-service training.

During the current monitoring period, CFSA maintained required performance on pre-service training for social workers (100%)¹⁴⁸ and pre-service training for supervisors (100%).¹⁴⁹

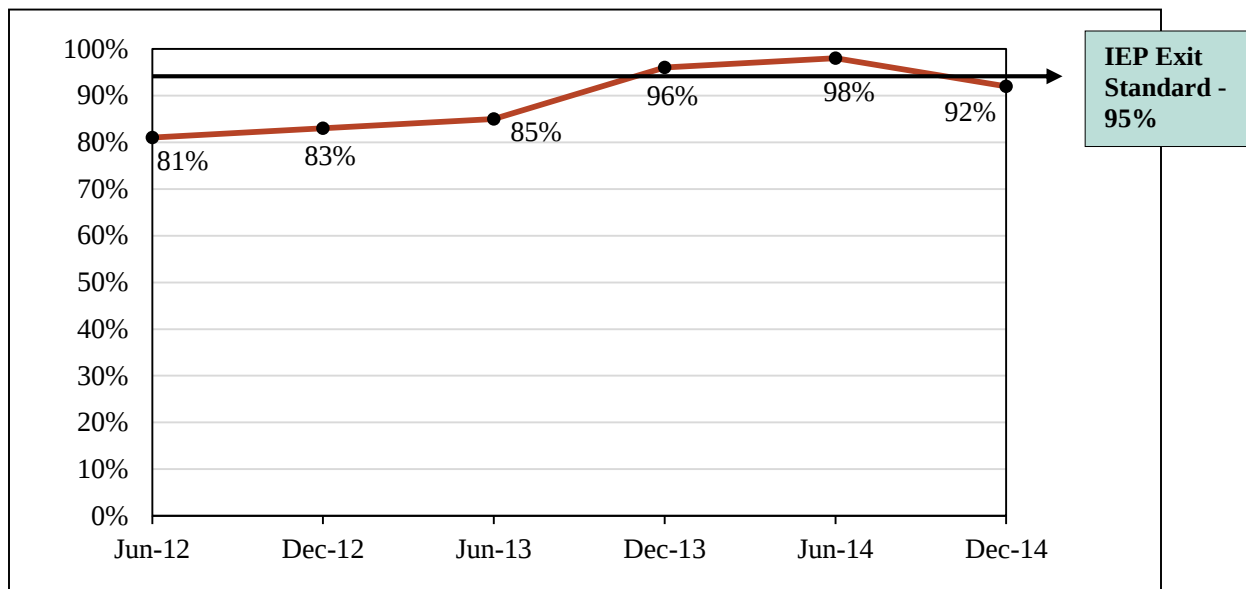
3. Training for Foster and Adoptive Parents

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 92 percent (204 of 222) of foster parents completed the required number of in-service training hours.

¹⁴⁸ Of the 50 direct service staff hired between July 1 and December 31, 2014, 40 completed the required training, 8 were in the process of completing training within the given timeframe and 2 are inactive.

¹⁴⁹ This Exit Standard applied to 4 supervisors during the period who had received their supervisory clearance 8 months prior to the monitoring period (between October 2013 and May 2014).

**Figure 59: Percentage of Foster/Adoptive Parents with
30 hours of In-Service Training
June 2012 - December 2014**



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

CFSA has previously met 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 partially maintained required compliance with this Exit Standard during the current period. The number of children within each category remained relatively unchanged each month this period with the exception of two placement categories where reductions are noted – children with four or more placements with placement change in the last 12 months and children in facilities more than 100 miles from DC. Data on the number of children in special corrective action categories between July and December 2014 are presented in Table 11 below.

Between July and December 2014, 275 children newly entered at least one special corrective action category and 316 special corrective action plans were considered.¹⁵⁰ Of the 316 possible plans, CFSA reports that after review, 98 plans were not required¹⁵¹ and 185 plans (85%) were

¹⁵⁰ Individual children may be in more than one category and require more than one plan to address the issues specific to each category.

¹⁵¹ Reasons for a plan not being required 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.

completed. CFSA indicates that the 33 plans that were not developed were due to a transition process with at least one private agency and that a new process has been developed which will be closely monitored to ensure that all future required special corrective action plans are developed.

**Table 11: Number of Children in Special Corrective Action
Categories by Month*
July – December 2014**

Special Corrective Action Category	July 2014	Aug 2014	Sept 2014	Oct 2014	Nov 2014	Dec 2014
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	306	293	293	282	273	268
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	50	66	45	55	52	53
Children in Facilities More than 100 Miles from DC	22	20	17	15	13	12
Permanency Categories						
Children with the Goal of Adoption for More than 12 Months who are not in an Approved Adoptive Home	61	60	57	55	58	58
Children in Care who Returned Home twice and Still have the Goal of Reunification	3	2	2	2	2	2
Children under 14 with a Goal of APPLA	2	2	2	2	2	2
Children with the Goal of Reunification for More than 18 Months	42	38	39	35	39	37

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.¹⁵² 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. The Committee is required to be composed of representatives from the 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, Department of Housing and Community Development, Office of the Corporation Counsel, 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.¹⁵³ The Committee review examines past events and circumstances surrounding the child's death through a review of documentation of public and private agencies responsible for serving children and families in order to determine systemic, legal or policy and practice deficits and to make recommendations for improvement. 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 was newly redesignated as an Outcome to be Maintained during the previous period and required performance was maintained during this period. Further discussion of Committee activities during the monitoring period are discussed below.

¹⁵² D.C. Code §4-1371

¹⁵³ Since the initial creation of the Fatality Review Committees, consistent with the MFO, the Monitor has served as a member of both the City-wide and Internal Child Fatality Review Committees. In June 2014, the Monitor and staff were appointed by Mayoral Order to the City-wide Committee.

Performance for the period July 1 through December 31, 2014:***City-wide Child Fatality Committee:***

Membership of the City-wide Committee has previously been a struggle, however, there are currently 23 individuals appointed by the Mayor participating on the Committee. During the current monitoring period, there were four new appointees representing the Mayor's Committee on Child Abuse and Neglect, the Department of Human Services, the Office of the Attorney General and the Department of Housing and Community Development. Also during this period, the Committee formally adopted operating rules and procedures. The Committee is scheduled to submit the 2014 Annual Report by September 30, 2015.

The City-wide Committee met every month this monitoring period and reviewed 41 cases involving infant and child fatalities. Seventy percent of the cases reviewed involved infants who died of natural causes. The City-wide Committee adopted 10 recommendations this period; nine of these recommendations address issues related to collaborative communication among District agencies, addressing risk factors associated with interfamily violence, gang intervention, nutrition counseling and family planning counseling for women of child bearing age.

Internal Child Fatality Committee:

CFSA's Internal Child Fatality Committee met every month during the monitoring period except for October and December 2014. CFSA reports that at the end of the review period, one child fatality was in backlog and was reviewed internally on January 22, 2015.

During the Committee meetings this period, 11 child fatalities were reviewed. In August 2014 Committee meeting, three recommendations were made: 1) social workers explore the trauma history of families involved in the child welfare system; 2) CFSA continue to develop a policy regarding the appointment of medical guardians for special needs children and youth who have experienced medical emergencies; and 3) CPS examine the process for documenting discussions of physical discipline with caretakers and ensure that staff are trained to ask pertinent questions when there are discrepancies during interviews. CFSA reports that these recommendations are in process of being addressed.

Performance on Strategy Plan:

CFSA has employed the following strategy to increase compliance toward reviewing child fatalities:

- *By March 31, 2014, CFSA will work with the Office of the Deputy Mayor to meet with the newly appointed Chief Medical Examiner to review the status of the City-*

wide Child Fatality Committee (CFRC) and its requirements and to identify actions/resources needed to bring the CFRC into compliance (2014 Strategy Plan, #26).

Representatives of the Deputy Mayor for Health and Human Services Office and CFSA's director and other representatives met with the Chief Medical Examiner throughout 2014. In late 2014, the City-wide Child Fatality Committee was brought into compliance with the requirements of the *LaShawn* MFO and IEP and this Exit Standard was redesignated as an Outcome to be Maintained.

6. Quality Assurance

Quality Assurance

Continuous quality assurance is essential to CFSA's practice improvement and system functioning. CFSA's leaders have a strong interest in 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 with whom they work. The Monitor continues to work with CFSA as it takes actions to improve its overall CQI plan and CQI implementation.

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:

- *Throughout 2014, CFSA will continue the weekly Big RED process to address the barriers to timely case closure. Participants include program administrators, managers and supervisors. The RED Team framework includes concrete next steps to case closures (2014 Strategy Plan, #23).*

CFSA continues to conduct Big RED Team meetings for children who are placed in out-of-home care. Big RED Teams are held to address any barriers to permanency and outline the next steps to achieve permanency; supervisors present cases to attendees which include upper-level management and administrators, attorneys and service providers. The key barriers to permanency identified during Big RED Team meetings include lack of mental health services, access to substance abuse services and limited options for stable housing. CFSA has implemented strategies to address these challenges including contracting for mobile substance abuse assessments for youth and adults, working closely with co-located DBH partners and launching an online application process for Rapid Housing. To further address and understand the mental health challenges and connection to appropriate services, the Office of Well-Being is planning to

modify the role of the co-located DBH staff by increasing their availability to provide support and mental health consults to social workers on specific cases.

- *Throughout 2014, CFSA Program Operations will continue to implement a quality assurance process to include a review of supervisors' work in permanency on a regular basis through the Big RED, a coaching and mentoring model for supervisors, based on the length of time a child is in foster care (2014 Strategy Plan, #24).*

As discussed in the previous strategy, the consultation and information sharing framework provides CFSA and the private agencies with a supportive infrastructure for CFSA's Four Pillars¹⁵⁴ strategic agenda and continues to be used throughout CFSA's system within RED Team meetings, group supervision and individual case consultations. CFSA and the private agencies continue to hold Big RED Team meetings to identify barriers to permanency and develop concrete next steps to move the case toward safe case closure.

In the spring of 2015, the Office of Agency Performance will lead a multi-stakeholder workgroup to develop a performance-based outcome report for each RED Team, based on data captured in FACES.NET, which will provide data to drive decisions regarding continuous quality improvement.

Data and Technology

CFSA continue to use 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 clarify and make more useful current data reports.

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 continuing to update and include additional templates in FACES.NET, including its case plan document and other screening and assessment tools.

CFSA has also implemented a "data visualization system", which is being first introduced to staff in Entry Services, that provides a daily picture of the overall status of investigations and FAs open in Entry Services. 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 investigations and FAs. Administrators, managers

¹⁵⁴ CFSA's strategic agenda is focused on practice in four key areas, also known as the Four Pillars: Front Door, Temporary Safe Haven, Well Being and Exit to Permanence.

and supervisors have all been trained on the data visualization system and there is a plan to roll-out the training to front-line staff in the coming months.

7. **Financing**

Federal Revenue

CFSA continues to demonstrate its ability to maximize Title IV-E revenue. CFSA submits quarterly claims for Title IV-E claiming as well as providing documentation to support claiming under the Title IV-E Waiver.¹⁵⁵ CFSA reports efforts to support the Collaboratives in budgeting and expenditure reporting to ensure proper documentation of the Waiver programs. Further, CFSA reports accurately claiming Medicaid for the Healthy Horizon Assessment Clinic. Although revenue maximization work is a continuous activity, the Monitor previously determined that CFSA's multi-year efforts to maximize federal revenue were sufficient to meet the IEP requirement and that CFSA now has the infrastructure and direction to continue this work. This Exit Standard is an Outcome to be Maintained, and CFSA has sustained performance on this standard.

Table 12 presents the actual, approved or proposed Title IV-E federal resources used to support services to children and families involved with CFSA. For July through December 2014, CFSA reports its Title IV-E penetration rate of 63 percent for foster care cases and 79 percent for adoption cases.

¹⁵⁵ The District of Columbia's federal Title IV-E Waiver plan was approved in September 2013 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 (proposed)	\$61.9	\$246.3

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 funding 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 has produced surpluses which the Mayor has in some cases repurposed for other activities. CFSA reports that even after repurposing some funds in this current year, the FY2015 budget is still expected to show a slight surplus due to reduced expenditures as a result of fewer children in foster care than were estimated in the budget process and an increase in management efficiencies.

Mayor Bowser's proposed FY 2016 budget for CFSA is slightly decreased from the FY2015 budget (.5% net decrease) and is currently under deliberation by the District Council. 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 the decrease in foster care placements, 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.

The CFSA proposed FY2016 budget is \$244,990,996 of which \$165,349,000 (67%) is local funding.¹⁵⁶ 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 proposed 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.

Reallocation of Local Funds

Over the past two years, the number of children and youth in out-of-home placement and congregate care settings have declined substantially producing a surplus of budgeted CFSA funds associated with placement and management costs. Some of these funds were reprogrammed to other District agencies to cover programmatic and administrative costs. During FY2014, \$8,533,000 of local funds were reprogrammed from CFSA's budget to other District agencies – specifically, \$7,000,000 to the Children and Youth Investment Collaborative to support events and activities of the District's One City Summer initiative including the Summer Youth Employment Program and \$1,083,000 to the DHS to support the New Heights program, which works to prevent teen pregnancy and support teen parents attending school. CFSA reports that the reprogramming has not affected their ability to move forward to implement new services for children and families particularly in the areas of substance abuse, education and services for older youth.

Between July and December 2014, there were no additional reprogramming requests related to the FY2015 budget.

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. The two principal service programs funded through the waiver are Homebuilders (an intensive family preservation model) and Project Connect (a service to support families with children transitioning home from foster care). The ramp up to service delivery has been slow. As of March 2015, contracts have been executed with

¹⁵⁶ FY2016 Proposed Budget and Financial Plan, Child and Family Services Agency.

providers to begin accepting referrals for both Homebuilders (based in Ward 7, East River Family Strengthening Collaborative) and Project Connect (based in Ward 8, Far Southeast Family Strengthening Collaborative) with plans to expand to two additional Collaboratives in the coming months. Services provision remains very low under these contracts as providers focus on testing program fidelity and building the referral process. Additional preventive services currently funded through the Title IV-E waiver include capacity grants issued to small, local organizations identified by the Collaboratives and pre-court legal services¹⁵⁷ for families in areas that include housing and custody.

District Agency Partnerships

CFSA reports that through improved partnerships with other District agencies, social workers are now able to provide children and families with services and support more efficiently. For example, CFSA has partnered with the Office of the State Superintendent of Education (OSSE) to provide day care vouchers for children placed in out-of-home care and the Department of Behavioral Health (DBH) to provide housing for transition aged youth receiving DBH services. Additionally, CFSA is working with the Department of Health Care Finance to enroll children and youth in Medicaid more efficiently in order to reduce ad hoc costs borne by the agency to pay for medical services that could be appropriately paid for through Medicaid.

Office of Well Being

The FY 2015 budget is supporting CFSA's work to improve the educational success and stability of children and youth in care. CFSA has invested in providing transportation for youth entering foster care or changing placements to ensure school placement stability as well as \$500,000 in tutoring and \$500,000 in mentoring services.

Housing

Securing affordable housing for low income families remains a significant challenge for CFSA and the District as a whole. Many of the families CFSA serves struggle with stable, appropriate and affordable housing and sometimes the lack of housing is a barrier for children remaining and/or returning to live with their families. Housing is also a key need of older youth transitioning from foster care who often need significant help in order to avoid homelessness. CFSA is able to support families and older youth through Rapid Housing funds, vouchers through the federal Family Unification Program and a new program for teen parents supported through Title IV-E waiver funding. However, these resources are not sufficient to solve the extensive housing challenges faced by CFSA families and older youth. While the District

¹⁵⁷ CFSA reports that through the first half of FY2015, there have been 78 referrals for pre-court legal services compared to 24 referrals in six months prior.

attempts to work on a city-wide plan to address the gap in housing, it is essential for CFSA to continue to innovate and partner with DBH and the Department of Human services to support families and older youth find stable, affordable housing.

APPENDIX A

Glossary of Acronyms Used in Monitoring Report

ACEDS: Automated Client Eligibility Determination System	FTM: Family Team Meeting
APPLA: Another Planned Permanent Living Arrangement	FY: Fiscal Year
ASFA: Adoption and Safe Families Act	HMO: Health Maintenance Organization
BSW: Bachelor of Social Work	ICPC: Interstate Compact for the Placement of Children
CAFAS: Child and Adolescent Functional Assessment Scale	IEP: Implementation and Exit Plan
CFRC: Child Fatality Review Committee	I&R: Information and Referral
CFSA: Children and Family Services Agency	LYFE: Listening to Youth and Families as Experts
CNA: Child Needs Assessment	MFO: Modified Final Order
CPS: Child Protective Services	MSW: Master of Social Work
CQI: Continuous Quality Improvement	NRCFPC: National Center for Permanency and Family Connections
CRC: Children's Research Center	OAG: Office of the Attorney General
CSSP: Center for the Study of Social Policy	OCME: Office of the Chief Medical Examiner
CWTA: Child Welfare Training Academy	OYE: Office of Youth Empowerment
CY: Calendar Year	PECFAS: Preschool and Early Childhood Functional Assessment Scale
CYIC: Children and Youth Investment Collaborative	PS-MAPP: Partnering for Permanence and Safety: Model Approach to Partnerships in Parenting
DBH: Department of Behavioral Health	PTSD: Posttraumatic stress disorder
DHS: Department of Human Services	QA: Quality Assurance
DR: Differential Response	QSR: Quality Service Review
DYRS: Department of Youth Rehabilitation Services	RED: Review, Evaluate and Direct
FA: Family Assessment	SDM: Structured Decision Making
FACES.NET: CFSA's automated child welfare information system	SSI: Supplemental Security Income
FAPAC: Foster and Adoptive Parent Advocacy Center	STARS: Student Tracking and Reporting System
FTE: Full Time Employment	TST: Trauma Systems Therapy
	USDA: United States Department of Agriculture
	YTP: Youth Transition Plan

APPENDIX B

2014 LaShawn Strategy Plan

LaShawn A. v. Gray

Implementation and Exit Plan

Section IV:

2014 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 2014 Strategy Plan. The strategies and action steps in the 2014 Plan relate to outcomes and exit standards in the Outcomes to be Achieved section (as modified) in the Exit Plan. The 2014 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 2014 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, 2014, 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 2015.

As described in the 2012 and 2013 Plans, the 2014 Plan is presented in the context of CFSA's overall strategic framework, which is comprised of four pillars.

LaShawn A. v. Gray
Implementation and Exit Plan
Section IV:
2014 Strategy Plan

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
Front Door	Initiation of Investigations [Exit Standard 1(a)] Timely Closure of Investigations [Exit Standard 1 (b)] Acceptable Investigations [Exit Standard 2]	CFSA is focused on improving performance in timely initiation of investigations; collecting sufficient information from core and collateral contacts; conducting adequate risk assessments; and monitoring initiation of services to prevent unnecessary removals. Throughout 2014, CFSA will adopt and incorporate the following: 1. To ensure investigations are initiated timely (inclusive of good faith efforts), effective December 2013, CFSA increased the frequency of the Hotline RED teams using the group decision-making process framework. Previously, CFSA held two Hotline RED teams per weekday. Beginning December 2013, the teams were increased to three per weekday to manage the volume of the referrals, assign the referrals to the appropriate pathway, track assignment and response time, and ensure that multidisciplinary membership is a part of the decision-making process. 2. CFSA will continue the 10-Day RED Teams, which will address barriers to timely and effective completion of investigations. In addition, the Big RED Team reviews will be scheduled with supervisors to address investigations open for 35 days or more. The next steps developed in the RED Teams will be documented and shared with social workers and supervisors for follow up. The next steps will be reviewed during supervision. 3. To effectively complete investigations, CPS management will continue to equalize the caseloads, remove investigative workers out of rotation as appropriate, and quickly fill social worker vacancies as needed. 4. As a continuing quality improvement practice, the process for completing, reviewing, and reporting on acceptable investigations will continue in 2014 with the assistance of the Office of Agency Performance. The revised process, which began in February 2014, includes peer reviews within CPS management, an increased sample size and frequency of the reviews and reporting out. Each supervisor will conduct a review on two closed investigations per month for review by the program manager. The results will be shared monthly and will include detailed information to allow for targeted training and coaching

Strategic Framework ("Four Pillars")	LaShawn Requirements	LaShawn Strategies
		by supervisor.
Well Being	Services to families and children to promote safety, permanency and well- being [Exit Standard 3] Case planning process [Exit Standard 17]	The Functional Family Assessment tool is designed to identify the appropriate needs and services for parents and caregivers. 5. By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home cases. Full implementation of the tool is expected by May 1, 2014. During the grand review in November 2013, the Office of Policy, Planning and Program Support presented the QSR findings to CFSA management. The findings highlighted strengths and areas of improvement. 6. Based on the QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and foster care cases. The findings will be completed and shared with management in March 2014 and will be used to modify practice, policy, and trainings, as needed. 7. CFSA will continue to provide immediate feedback on the QSR findings and practice examples about the case to the supervisor and social worker and discuss next steps. The QSR team will follow up with the supervisor and social worker within 30 days. A permanency big RED team will be scheduled 60 days following the QSR to review the findings and follow up. The case practice specialist will track the steps identified through the QSR and permanency Big RED and will report to the permanency Big RED team if the steps are not occurring. The Child and Adolescent Functioning Assessment Scale (CAFAS) is a tool used for assessing a youth's day-to-day functioning across critical life subscales and for determining whether a youth's functioning improves over time. CFSA has requested approval from the Children's Bureau (submitted October 31, 2013) to use this tool as part of its work under the federal grant on trauma-informed practice. 8. Within six months of receiving approval from the Children's Bureau, CFSA will integrate

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn Strategies</i>
		the CAFAS into FACES.NET. Thereafter, staff will be trained and begin using the tool. The Department of Behavioral Health maintains a network of Choice Providers within the District for the timely and coordinated access to all clinically necessary behavioral health services and supports. 9. Beginning February 1, 2014, the Choice Providers will participate in the case transfer RED team at the point of removal and the initial family team meeting (FTM) to enhance family engagement and improve the identification of and timely referral to services needed for children and families.
	Health and Dental Care (distribution of Medicaid cards) [Exit Standard 22(d)]	10. CFSA, in conjunction with the Office of the Deputy Mayor, will continue to work with the Department of Health Care Finance to streamline the process for sending Medicaid cards to foster parents. By June 30, 2014, the group will provide CSSP with a written business process for distributing Medicaid cards to foster parents with an explanation of how the process has been streamlined.
Temporary Safe Haven	Visitation [Exit Standards 4(c), 5(d), 6, 10, and 11]	The goal of Icebreaker meetings is to build a relationship between the birth and foster parents to support a child who has just entered out-of-home care. While other meetings may focus on making decisions, Icebreaker meetings focus on initiating a relationship between a child's parents and the person serving as his or her out-of-home caregiver. 11. By March 1, 2014, CFSA will implement Icebreaker meetings following the initial FTM. The Icebreaker meetings will include the attendance of birth parents and foster parents to begin building a relationship. This engagement strategy will assist parents in connecting quicker with the foster parents and begin to develop a line of communication to better support the children. The process will also allow social workers to schedule and coordinate visits with parents and children from the beginning of the case. 12. CFSA has revised its placement policy effective March 1, 2014, which identifies that temporary situations such as respite and planned extended visits with relatives and/or parents are not counted as placement moves. By March 1, 2014, CFSA will operationalize

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		the policy into FACES.NET. This system update will have a direct impact on the performance on weekly visits during a child's first four weeks of a new placement because these temporary situations will no longer be incorrectly identified as placement changes that require weekly visits. 13. Effective September 2013, CFSA constructed and fully implemented a case transfer process that occurs no later than the initial Family Team Meeting (FTM) following the removal of a child from the home. This parental engagement process requires the assigned on-going social worker (CFSA and private agency) to attend a Removal RED team meeting (prior to the initial FTM), the initial FTM, and the initial court hearing. This requirement is designed to allow the social worker to complete the initial worker/parent visits and engage the parent(s) in scheduling the visitation with the child(ren) and ongoing visits with the worker. 14. Beginning February 2014, CFSA will conduct a monthly data analysis for the required parent-child and parent-worker visits to determine barriers to meeting the standards. Findings from the analysis will be shared with CFSA and private agencies monthly.
	Reduction of Multiple Placements for Children in Care [Exit Standards 13(a) and 13(b)]	15. CFSA will continue to utilize a behavioral crisis stabilization support service for foster parents and kinship foster parents. CFSA will continue to utilize a management process that reinforces the integrated teaming approach to identify, coordinate, and link appropriate supports/services to meet the needs of children currently in, or at risk of, a restrictive level of care.
Exit to Permanence	Timely adoption (Timely Permanence to include reunification, adoption and guardianship) [Exit Standard 16] Appropriate Permanency	CFSA is modifying the approach to concurrent planning by incorporating the resources and framework provided by the National Resource Center on Permanency and Family Connections (NRCPRC). 16. Throughout 2014 CFSA will work with the National Resource Center (NRCPRC) and the CRC to develop alerts for concurrent planning discussions during the RED team meetings. 17. Throughout 2014 the NRCPRC and National Center on Data and Technology will work with

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
	Goals (Youth Transition Plans) [Exit Standard 12(c)]	CFSA to further analyze and examine reunification prognosis indicators and re-entry data based on the concurrent planning framework. 18. By August 1, 2014, CFSA, working with the National Resource Center for Adoptions, will develop a scope of work for redesigning guardianship practices with a goal of promoting more timely permanency. 19. Throughout 2014, CFSA will continue to utilize the RED teams at various phases of the permanency process and will use RED teams to facilitate decisions and timely action about case transfer, placement matching, guardianship, and adoption. 20. Beginning February 2014, CFSA will monitor and validate the creation and implementation of youth transition plans using the Foster Care Club toolkit. Each month CFSA will review a 20 percent sample of YTPs completed during the performance period to determine if the youth was involved in the plan development. CFSA will also review the YTPs for all youth who age out during each month to ensure that the plans include the appropriate connections.
Organizational Capacity Organizational Capacity	Timely Approval of Foster/ Adoptive Parents [Exit Standard 14]	21. By September 30, 2014, four CFSA staff members will receive Approved Trainer (Master Trainer) status. CFSA currently utilizes the PS MAPP foster parent training curriculum. The Approve Trainers will have the flexibility to offer the PS MAPP training to foster parents more frequently and with flexibility of location, to include foster parents' homes. 22. CFSA will continue to utilize the services of the KVC consultant to implement solutions to timely licensing of foster homes, including challenges around kin, worker delays, data entry issues, family delays with scheduling, and rescheduling fire inspections.
	Continuous Quality Improvement (CQI)	In accordance with the guidance received from the Administration of Children and Families, CFSA will continue to measure the quality of services and outcomes for children and families through the following Continuous Quality Improvement (CQI) processes:

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn Strategies</i>
		23. Throughout 2014, CFSA will continue the weekly "Big RED" process to address the barriers to timely case closure. Participants include program administrators, managers and supervisors. The RED team framework includes concrete next steps to case closures. 24. Throughout 2014, CFSA Program Operations will continue to implement a quality assurance process to include a review of supervisors' work in permanency on a regular basis ("BIG RED," a coaching and mentoring model for supervisors) based on the length of time a child is in foster care. 25. Beginning February 20, 2014, and continuing on a quarterly basis, the Deputy Directors for Community Partnerships and Program Operations will institute and formalize a quality assurance process for assessing safety during visits for in-home and out-of-home cases. CFSA supervisors and contract monitoring staff will conduct 20 case reviews to determine whether safety was assessed and documented during visits. Findings from these reviews will be shared with workers, supervisors and management and will be used to inform ongoing worker training and coaching.
	City-Wide Child Fatality Review Committee [Exit Standard II(4)]	26. By March 31, 2014, CFSA will work with the Office of the Deputy Mayor to meet with the newly appointed Chief Medical Examiner to review the status of the City-wide Child Fatality Committee (CFRC) and its requirements and to identify actions/resources needed to bring the CFRC into compliance.

CFSA'S MODIFICATIONS TO THE 2014 STRATEGY PLAN
SUBMITTED TO CSSP JUNE 9, 2014

<i>LaShawn</i> Requirement	Current Strategy	Modified Strategy (changes noted)	Reason for the Modification
Services to families and children to promote safety, permanency and well-being [Exit Stand. 3] Case planning process [Exit Stand. 17]	5. By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home cases. Full implementation of the tool is expected by May 1, 2014.	5. By April 1, 2014, CFSA will test the Functional Family Assessment tool for in-home and out-of-home. Full implementation of the tool is expected by <u>May 1, 2014, July 31, 2014.</u>	CFSA was unable to complete the testing by April 1; additional time was needed and testing continues through May. We anticipate that the training will be completed by June 30 and implementation by July 31.
	6. Based on the QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and foster care cases. The findings will be completed and shared with management in March 2014 and will be used to modify practice, policy, and trainings, as needed.	6. Based on the QSR findings, Agency Performance is conducting an analysis on case plans and services. The analysis will include a review of ten percent of the in-home and <u>a review of five percent of the</u> foster care cases. The findings will be completed and shared with management in <u>March and April 2014</u> and will be used to modify practice, policy, and trainings, as needed.	Agency Performance has completed a random review of ten percent of the in-home case plans (reviewed 69 case plans out of 602 families) and five percent of the foster care case plans (reviewed 69 cases plans out of 1368 cases). When CFSA selected ten percent for in-home and foster care cases, it was based an educated guess of how many case plans needed to be reviewed to capture data and themes. After completing a review of approximately five percent of the foster care case plans and ten percent for in-home families, Agency Performance was able to document themes and data, which were shared with managers, supervisors, and workers in the relevant units. Additional review of case plans for foster care cases is unnecessary to complete the objective of the strategy.

APPENDIX C
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	Initiation of Investigations [Exit Standard 1(a)] Timely Closure of Investigations [Exit Standard 1(b)] Acceptable Investigations [Exit Standard 2] Caseloads [Exit Standard 25(a)]	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. 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. Caseloads: 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
		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. 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.
Well Being	Services to families and children to promote safety, permanency and well-being [Exit Standard 3] Case planning process [Exit Standard 17]	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: 8. Initiation of case planning will begin at the FTM to address acute needs. 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). 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. 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. 12. By September 30, 2015, CFSA will develop with a national expert method of monitoring fidelity to the RED team process.

Strategic Framework ("Four Pillars")	<i>LaShawn</i> Requirements	<i>LaShawn</i> Strategies
		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: 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. 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. 16. CFSA introduced the community papering protocol in January and will continue to implement the protocol through training and supervision.
	Health and Dental Care (distribution of Medicaid cards) [Exit Standard 22(d)]	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)]	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. 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.
Exit to Permanence	Timely adoption (Timely Permanence to include reunification, adoption and guardianship) [Exit Standard 16]	In 2014, CFSA worked with the National Resource Center on Permanency and Family Connections (NRC-PFC) 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. 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. 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.