

Progress Report in Preparation for  
*LaShawn A. v. Fenty*  
Status Hearing on April 1, 2008

March 21, 2008

Center for the Study of Social Policy  
1575 Eye Street, NW, Suite 500  
Washington, DC 20005

March 21, 2008

The Honorable Thomas F. Hogan  
Chief Judge of the U.S. District Court  
for the District of Columbia  
333 Constitution Avenue, NW, Room 4012  
Washington, DC 20001

Dear Judge Hogan,

This letter is provided in preparation for the *LaShawn A. v. Fenty* status hearing on April 1, 2008. The hearing was originally scheduled to provide the Court with an update on recent progress and to present the results of joint work between CFSA, Plaintiffs and the Monitor to develop a Strategy Plan for 2008. Since the Court hearing was scheduled, recent developments have presented new challenges to CFSA operations and to *LaShawn* compliance and have altered the scope and work on the 2008 plan. As will be mentioned in several of the updates below, the tragic death of four District children in January 2008 has created a sustained crisis at CFSA that threatens ongoing progress in several key areas.

The deaths of Banita Jack's children have brought to the forefront many of the practice weaknesses, particularly in child protective services, that our monitoring had previously identified. The combined impact of the deaths and the following media attention has destabilized the Investigations' workforce at the same time the volume of calls directed to the District's child abuse and neglect Hotline has dramatically increased.

As a result of these events, CFSA must focus now on stabilizing basic operations. In the course of negotiations on the 2008 strategy plan, it became apparent to CFSA leadership, *LaShawn* Plaintiffs and the Court Monitor that commitments to fully implement additional reform strategies in 2008 were not feasible at this time. Additionally, there has been a joint decision by the Parties to extend by six months the currently agreed upon compliance date for achieving *LaShawn* outcomes and benchmarks until June 30, 2009. The parties accepted that rather than propose a 2008 Strategy Plan, the Court would be asked to approve a six-month stabilization plan (covering January 1 to June 30, 2008). Between now and June 30<sup>th</sup>, the Parties and the Monitor will work together to develop a 12-month plan that will cover the time period from July 1, 2008 to June 30, 2009 on the key areas where District progress has been insufficient. This plan will be presented to the Court by the Monitor no later than July 1, 2008.

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Included in this letter are: a current assessment of District performance in priority areas; a summary of data as of November 30, 2007 on the LaShawn Amended Implementation Plan (AIP) outcomes and benchmarks (Appendix A); and the Six Month Crisis Stabilization Plan as accepted upon by the Parties (Attachment B).

**1. Issues Surrounding the Deaths of the Jack's Children and Its Impact on Child Protective Services Practice**

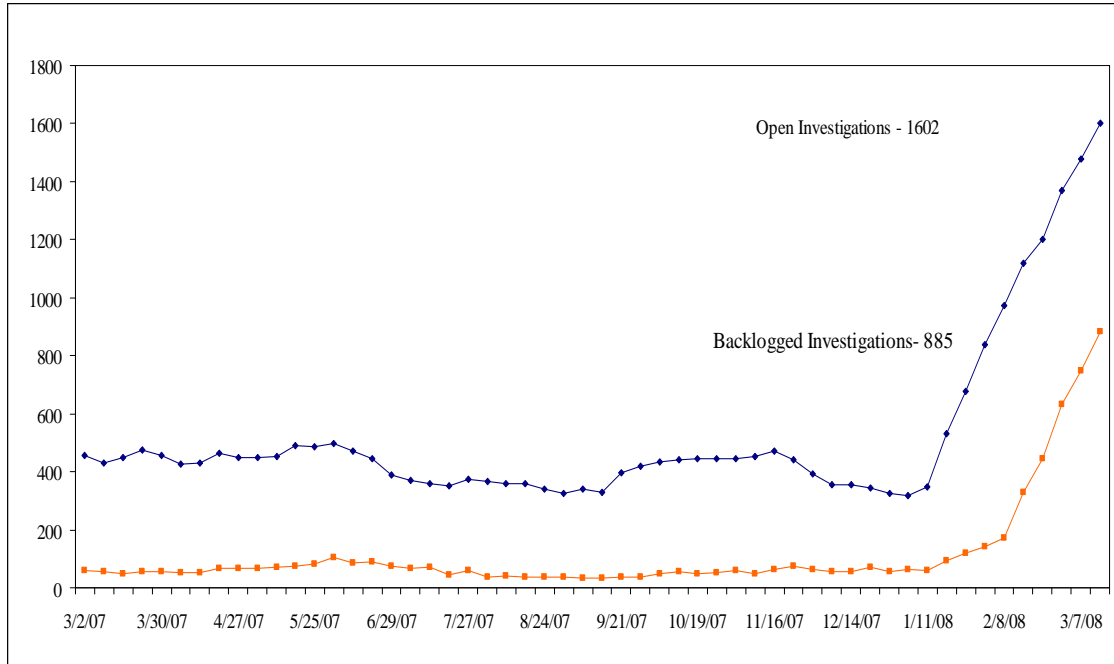
On January 9, 2008, the four children of Banita Jacks were discovered dead their home and it is believed that the children had been deceased for many months while their mother continued to reside in the home. These deaths prompted a comprehensive review by Mayor Adrian Fenty, a District Council review and hearing, and extensive inquiry and comment by the local and national media. While a range of interagency systemic issues involving the Police, the Public and Charter School systems, the Family Court and CFSA were identified in those reviews, the impact on CFSA has been the most profound. Deficiencies in CFSA's hotline and investigative practices were revealed, prompting the dismissal of six employees and stimulating a series of planned corrective actions relating to policy, training and practice. Many of the issues regarding CFSA's protective services policy and practices had been previously identified in special monitoring reports by CSSP on the quality of child protective services (in February 2006 and November 2007<sup>1</sup>) and were already identified by CFSA as priority areas for their work.

The effect the fatalities have had on CFSA and the District as a whole cannot be underestimated. The horrific nature of the children's deaths and the media coverage has led to increased reports to the Hotline, a huge increase in on-going investigations of child abuse and neglect and an increase in the number of incomplete investigations. As of March 14, 2008, there were 1602 open investigations and 885 investigations open for more than 30 days. This "backlog" of 885 investigations far exceeds the 685 backlog cases in July 2004 when the Monitor insisted upon immediate action to reduce the number of incomplete CPS investigations. (See Figure 1). Caseloads are also increasing. Currently, 50 of 84 (60%) workers assigned to Investigations are carrying more than the required 12 investigations. There are 30 workers carrying 30 or more investigations and 43 investigations are not currently assigned to a worker. These increases are driven in part by a community that is more aware of their responsibility to report concerns of child abuse and neglect and an Agency that is far more likely to assign a case for investigation out of a need to exercise the utmost caution in decision-making. The District's experience is similar to that of other jurisdictions where a child's death has resulted in high media coverage.

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<sup>1</sup> *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia.* Center for the Study of Social Policy, November 2007 and *An Assessment of the Quality of Child Protective Services in the District of Columbia.* Center for the Study of Social Policy, February 2006.

**Figure 1: Open Investigations and Backlog of Investigations  
March 2007 – March 2008**



Source: CFSA administrative data

Since January, the Intake and Investigations Administration has been struggling to meet the demands placed upon it. The CPS Administrator was replaced in the aftermath of the tragedy and this position is temporarily filled by the Associate Deputy for Program Operations. The high caseloads have caused a slowdown in completion of investigations as workers prioritize and triage their work. To address the high volume of new investigations, staff are working overtime and workers have been detailed from other parts of the Agency to fill in. CFSA is also exploring hiring contract workers.

CFSA has also employed additional strategies to deal with the increased demand including obtaining additional support from the Healthy Families Thriving Communities Collaboratives to respond to the increased need for Family Team Meetings, increasing the availability of cars for Investigations staff and changing policy and protocol related to truancy cases and case closures when families are not located. The Agency is monitoring the implementation of these strategies on a daily basis. CFSA had already enlisted the help of the National Resource Center for Child Protective Services (NRC) to address the Monitor's previously identified concerns and recommendations regarding the quality of investigations and the NRC has recently begun to work with the Agency to develop a comprehensive plan.

The current context is important because of its implications for the District's ability to successfully complete reform plans related to achieving the on-going requirements and outcomes of the *LaShawn* Modified Final Order and the AIP. As Agency leaders, managers, supervisors and workers struggle to adequately staff the Intake and Investigations Administration and conduct many new investigations, important Agency initiatives and reform efforts have been temporarily put on hold. Much progress has been made by the District in the past five years

toward the *LaShawn* outcomes, but there is now a heightened risk of that work being derailed and increased concern about falling backwards. The current spike in Hotline calls and open investigations is already having a significant impact on the overall functioning of the Agency – increased caseloads and a greater number of children entering out of home placement. This is placing additional strains on an already under-resourced and fragile placement system. A “ripple effect” is likely if the number of children in foster care continues to increase significantly; performance may decline on other *LaShawn* requirements related to in-home services and foster care caseloads, visitation, appropriate placement and service provision, for example.

## **2. Overall Performance on the AIP Benchmarks**

CFSA continues to show mixed progress on performance of benchmarks set by the AIP. For the most part, with the exception of the outcomes on timeliness of investigation, CFSA has maintained performance on those areas designated in the AIP as “Outcomes to be Maintained.” With respect to “Outcomes to be Achieved,” in several areas improvements have continued, but more often than not performance has reached a plateau and remains relatively unchanged from our previous assessment. In some instances, for example, social work visits with parents and legal action to free children for adoption performance has declined since we last reported to the Court. Specific data related to performance on AIP benchmarks is found in Appendix A. Please also note that most of the data used for Appendix A is as of November 30, 2007 and does not reflect the possible impacts of the Jacks/Fogle case.

## **3. Need for Increased Focus on Quality Practice with Children, Youth and Families**

We have previously reported our concerns about the quality of frontline practice at CFSA and its private agency partners. Assessments of direct practice (i.e., the daily interactions and decision-making by public and private agency workers with the children and families on their caseloads) reveal that much work remains to be done. While there are many individual examples of high quality case work, too many children and families are not helped consistently to secure services and supports to meet their needs in a timely manner and to ensure permanency.

In addition, our monitoring has identified multiple instances of CFSA developing sound initiatives, pilots or projects to address practice and performance concerns, but these efforts remain partially implemented with only limited or unrealistic plans for going to scale. Specific examples include 1) the Permanency Redesign, which is now on hold given the staffing demands for investigations, 2) the use of Family Team Meetings, and 3) infusion of a Practice Model. These are all core strategies designed to help CFSA become a high functioning public child welfare agency. As we have recently seen, limited implementation of even the best ideas will not produce the desired result of furthering children and families’ well-being and increasing the number of children achieving permanency.

On a positive note, solid planning has occurred with the Collaboratives in advance of co-locating CFSA social workers with Collaborative staff later this spring. The work has been directed toward developing and training on a joint Practice Model for work with children living at home under protective supervision.

#### *Quality Service Review Results*

The Quality Service Review (QSR) is one way the Monitor and CFSA measure the success of interventions and the quality of practices and services with children and families. Overall, QSR results have improved annually since the first reviews were completed. In 2007, QSRs were conducted on 76 child and family cases. These reviews included 40 cases of children managed by the private provider agencies and 36 cases of children managed by CFSA workers. Through the QSR, the Agency found overall child status was in the acceptable range in 83% of cases and the overall system status was judged in the acceptable range in 75% of cases. The Monitor is concerned about the low performance in the following indicators:

- Permanency prospects in the near future for children and youth (58%)
- Life skills development for youth (51%)
- Parent Participation and Engagement in Planning and Decision-making (53%)
- Birth Family's Progress toward Safe Case Closure (47%)

#### *Federal Child and Family Services Review Results*

In June 2007, CFSA completed the Federal Child and Family Services Review (CFSR), another measure of system performance and quality, and has recently received the findings from that review. The findings noted substantial systemic or infrastructure improvements since the 2001 CFSR. The District was in "substantial conformity" with all seven systemic factors:

- Statewide Information System Capacity
- Case Review System
- Quality Assurance System
- Staff and Provider Training
- Service Array and Resource Development
- Agency Responsiveness in the Community
- Foster and Adoptive Home Licensing, Approval, and Recruitment

While CFSA should be commended for these improvements, performance in the seven CFSR outcome areas was not in conformity with the Federal standards. These include:

#### **Safety Outcomes**

- Children are first and foremost protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.

#### **Permanency Outcomes**

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

#### **Well-being Outcomes**

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Although conformity was not reached on any of the Federally required outcomes, CFSA's performance was close to the standards in the areas of providing services to meet children's educational needs, physical and mental health needs and maintaining children safely in their homes when possible and appropriate.

The investment in the Healthy Families Thriving Communities Collaboratives was noted by the Federal reviewers as an important contributor to the progress made as the Collaboratives provide community-based prevention services. CFSA is currently finalizing its Federal Program Improvement Plan in response to the findings of the CFSR.

#### **4. Dental, Medical and Mental Health Care**

The Federal CFSR findings related to physical and mental health needs notwithstanding, progress in meeting the *LaShawn* requirements on the provision of comprehensive medical care assessment and follow-up treatment and on the routine provision of dental care for children in foster care remain lacking.<sup>2</sup> CFSA is now working with a consultant from the Annie E. Casey Foundation to explore better ways to provide and coordinate health care in order to meet the needs of children in foster care and achieve the benchmarks set by the AIP.

While a new health care case management contract (DC Kids) was finalized in late 2007, there has been only minimal improvement towards the *LaShawn* health and dental benchmarks. Less than 10% of children entering foster care receive a dental evaluation within 30 days. Children also do not consistently receive comprehensive medical evaluations within 30 days of entering care due to systemic problems with appointment scheduling and lack of foster parent follow-up with scheduled visits. These issues must be resolved so that children can receive the medical and dental care they need in a timely fashion.

On a more positive note, required health screenings prior to initial placement are occurring after children are removed from their homes.

There has been considerable effort towards building the capacity to meet the mental health needs of children in foster care. The Department of Mental Health (DMH) continues to actively support CFSA to provide clinical consultation during investigation, and to plan to meet the needs of children in CFSA custody and to support those children returning home. DMH has established additional staffing to support enhanced children's mental health services and has filled all agreed upon positions. DMH also issued a Request for Proposals for preferred providers of services as well as for crisis intervention services and a wraparound services pilot program. Service expansions are expected to begin to occur in late 2008. DMH's able Director for Children's Services has recently resigned. Filling that position with a highly skilled and dedicated person needs to be a top priority for DMH in order to continue to provide quality services to children.

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<sup>2</sup> A portion of the poor performance may be attributed to documentation and data issues, but the magnitude of the data problem is not known.

CFSA has convened a mental health workgroup to begin planning for the range services identified in the Mental Health Needs Assessment conducted last year by CFSA and DMH. The Needs Assessment identified serious gaps in the range of mental and behavioral health services available and the number of qualified providers in the District. Barriers to increased service include local funding resources and Medicaid reimbursement levels as well as capacity building to develop and sustain additional types and providers of services. The workgroup is charged with identifying the types and volume of services to be created, as well as the range of providers and funding needed to successfully create a children's mental health system, which is an essential component of compliance with *LaShawn* outcomes.

## **5. Placement and Permanency**

### *Interstate Compact for the Placement of Children – Emergency Approval of Relative Caretakers*

After many years of unproductive dialogue, the District of Columbia and Maryland have agreed to a new process to address the longstanding problems related to placing children in foster care from the District into kinship homes in Maryland. Both the District and Maryland should be recognized for the success of their renewed efforts to meet the needs of District children and their extended families residing in Maryland.

In February, Maryland waived specific requirements that have historically prevented or seriously delayed the emergency placement of children with their relatives. As a result of this waiver, CFSA can immediately begin emergency placements of children with relatives after both a safety inspection and police and child protection services clearances have been obtained. Within 60 days of each placement, the temporarily approved kinship home must undergo a home-study and receive certification as a foster parent through one of the licensed Child Placement Agencies in Maryland. Implementation of the new policies and procedures has begun.

CFSA has agreed to track the number of children placed, the number of homes receiving temporary approval and the number of homes receiving certification. The Monitor is looking forward to the full and successful implementation of the waivers. This important development, if properly implemented, should result in fewer children being placed in stranger foster care when their relatives are available in neighboring Maryland jurisdictions.

### *Permanency for Children in Foster Care*

- Alternative Planned Permanent Living Arrangement (APPLA)

CFSA continues to lag behind expectations in achieving the permanency outcomes for the children in its care. This is particularly true for children with the permanency goals of Alternative Planned Permanent Living Arrangement (APPLA) and Adoption. The increasing overuse of the permanency goal APPLA for youth aged 14 and older impacts the Agency's ability to achieve permanency for the majority of the youth in care. As of November 30, 2007, 833 children (37%) in foster care had a permanency goal of APPLA, a number and proportion of the caseload which has been growing since 2005. (See Figure 2.) Historically, assignment of an APPLA goal has ended the Agency's efforts to search for a permanent family for a youth.

**Figure 2: Children with a Goal of APPLA  
FY 2005 – November 2007**

	<i>FY2005</i>	<i>FY2006</i>	<i>FY2007</i>	<i>Nov-07</i>
<i>Total Children with a Goal of APPLA</i>	791	782	825	833 (37%)
<i>Children Under 14 with a Goal of APPLA</i>	32	29	17	18

Source: CFSA Administrative data

In an effort to address the permanency and other needs of the significant number of older youth in foster care, CFSA and the Annie E. Casey Foundation’s Strategic Consulting Group are working together to develop and implement a strategic plan to increase the likelihood that youth entering care will be connected permanently with a family. In addition, CFSA will also sponsor a “Youth Permanency Convening” in May for public and private stakeholders to come together to determine what more can be done collectively.

- Adoption

In 2007, 132 children exited foster care through adoption. This is a decrease from 2006 when 196 children were adopted and continues a trend of fewer adoptions over the past several years. Far too many children with a goal of adoption - over 500 children - are still waiting for a permanent family or for their adoptions to be finalized.

In addition to this decrease in the total number of children adopted, performance on other AIP requirements related to timely adoption is lacking. For example, between January and November 2007, 49 of 155 (32%) of children with a goal change to adoption were placed in a pre-adoptive home within nine months. CFSA has made some improvement in the timeliness of adoption as measured by the Federal CFSR although the Agency remains far from the federal standard. The percentage of children exiting care to adoption within 24 months has increased from 7.5% in FY 2005 to 13.2% in FY 2007 (CFSR median = 26.8%) and the median length of stay in care for children exiting to adoption has decreased from 50.8 months in FY 2005 to 35.7 months in FY 2007.<sup>3</sup>

- Exits from Foster Care and Permanency Trends

Figure 3 below shows the total number and percent of children who exited foster care in 2007. Over half of children (55%) exited within 12 months of coming into care; reunification to parents or relatives remains most likely permanency exit for children (40%). However, CFSA continues to have declining performance on many of the Federal CFSR requirements related to timeliness and permanency of reunification. For example, the percentage of children who were reunified within 12 months of entering care fell from 71% in FY 2005 to 55% in FY 2007. The percentage of children re-entering foster care within 12 months of discharge improved, declining from 12.7% in FY 2006 to 9.2% in FY 2007. Additionally, the overall number of children exiting care

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<sup>3</sup> The District of Columbia Child and Family Services Review Data Profile: December 14, 2007.

to permanency is decreasing; 242 fewer children exited in 2007 compared to 2006 (566 children exited to reunification, adoption or guardianship in 2007 compared to 808 children in 2006). During the same time period, there were 116 fewer children total in foster care (2193 in 2007 compared to 2309 in 2006), which may explain a portion, but not all, of this decrease in performance on permanency outcomes for children.

**Figure 3: Children Exiting Care by Type of Exit and Length of Stay in Care  
January to December 2007 (2006 data)**

<i>Length of Stay in Care</i>	<i>Number and Percent of Exits</i>	
	<i>#</i>	<i>%</i>
<b>3 Months</b>	124	16%
<b>4 to 6 Months</b>	44	6%
<b>7 to 12 Months</b>	251	33%
<i>Subtotal</i>	<i>419</i>	<i>55%</i>
<b>13 to 24 Months</b>	146	19%
<b>2 to 5 Years</b>	62	8%
<b>5 to 10 Years</b>	104	14%
<b>10 or more years</b>	32	4%
<i>Subtotal</i>	<i>344</i>	<i>45%</i>
<b>Total</b>	<b>763</b>	
<i>Type of Exit</i>	<i>Number and Percent of Exits</i>	
	<i>#</i>	<i>%</i>
<b>Reunification &amp; children living with relatives</b>	<b>307 (435)</b>	<b>40%</b>
<b>Adoption</b>	<b>132 (196)</b>	<b>17%</b>
<b>Guardianship</b>	<b>127 (177)</b>	<b>17%</b>
<b>Emancipation</b>	<b>168 (182)</b>	<b>22%</b>
<b>Other</b>	<b>29 (33)</b>	<b>4%</b>
<b>Total</b>	<b>763 (1023)</b>	
<b>Total number of children in foster care at the end of the year</b>	<b>2193 (2309)</b>	

Source: CFSA Administrative Data

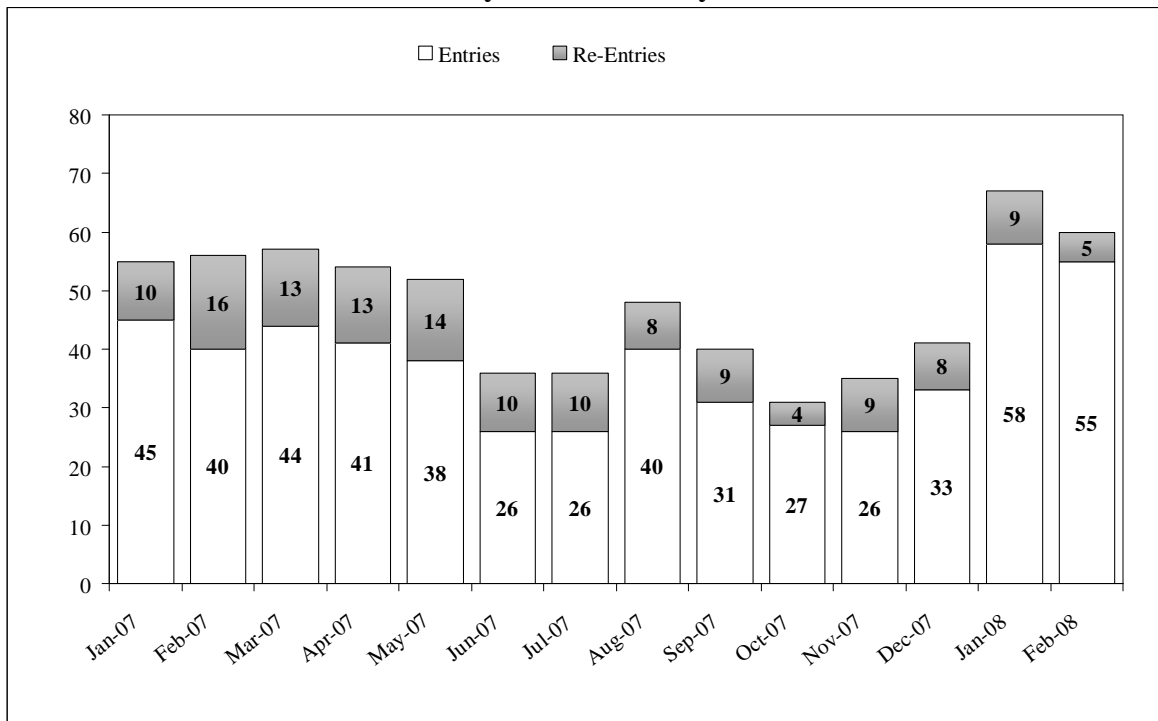
Along with ensuring child safety, permanency for children through reunification, permanent guardianship and adoption is the most important goal of child welfare. More must be done District-wide to 1) support families so their children do not need to enter foster care, 2) ensure reunification happens safely and as quickly as possible when children are removed from their homes, and 3) to expeditiously identify and support permanent homes for those children who cannot return to their families.

## 6. Appropriate Placement Resources

CFSA continues to lack an appropriate array of placements for children. There is insufficient diversity in placement options in terms of skill, geographic location and treatment level to meet the needs of children in foster care. The Monitor is concerned about and has been closely watching increases over the past year in the number of children placed more than 100 miles away from the District in order to receive treatment services. Additionally, since January, there has been an increase each month in the number of children being removed from their homes. (See Figure 4.) These increases are straining the already inadequate placement pool.

More must be done to increase adequate placement resource capacity to include setting internal targets for increasing the number of foster homes in the District of Columbia in 2008. CFSA has reached out to the Child Placement Agencies, congregate care providers and the foster parent community to brief them on current needs and to solicit their help in rapidly developing strategies for increasing placement resources. Quick action must be taken to avoid returning to a situation that the District has worked hard over many years to rectify -- of over-placed foster homes, young children in congregate care and children waiting in office buildings for appropriate placements.

**Figure 4:**  
**Foster Care Entries and Re-Entries, by Month**  
**January 2007 – February 2008**



Source: CFSA FACES

## **7. Provider Payments, Contracting Functioning and Performance Based Contracting**

### *Provider Payments*

The Court has been regularly tracking the considerable progress made by the District to improve its provider payments. CFSA has successfully developed a tracking system to determine how and when payments are made to contractors. The Invoice Tracking System, which began in late 2007, is operational and is being utilized by finance and program staff to track and process invoices for foster and congregate care payments in a timely manner. Between September 14, 2007 and January 13, 2008, 49% of payments were made within 10 days of invoice receipt, 88% were made within the 30 days and 98% were made within 50 days. In data provided to the Court on March 17, 2008, the District reports that between February 14 through March 14, 2008, 91% of placement invoices were paid within 39 days.<sup>4</sup>

Going forward, CFSA needs to continue its work to track and improve the percentage of payments made within 30 days. Additionally, evidence suggests that payments for supplies and materials made through the PASS system are not as timely as those for placement providers. The Agency must now implement an Invoice Tracking System for invoices for materials and supplies paid through the PASS system, which will require training for program management staff.

### *Contracting and Procurements*

An independent review of the Contracting and Procurement Administration (CPA) was completed in January 2008 by Ashlin, Inc. This review found that the administration and its staff are operating at a minimum level of productivity. Key findings of the report reflect major gaps in staff competencies (such as needed personnel certifications), a high rate of staff absenteeism, a lack of adherence to standard operating procedures or job descriptions, and the absence of a functional system (automated or otherwise) for organizing and tracking procurement documents.

A high functioning contracting operation is imperative for ensuring the success of the broad range of initiatives underway or planned at CFSA. To address the serious concerns raised by Ashlin, Inc., CFSA management is recruiting a new Contracting and Procurement Director, updating procedures, launching a training program, and examining options for developing a new data system for tracking procurement documents. The need for an automated tracking system is particularly acute and this will likely require more urgent attention and additional resources.

In addition to the Ashlin, Inc. assessment, which was commissioned by CFSA, the Council of the District of Columbia has recently requested an audit of CFSA's contracting functions by the D.C. Auditor. The Office of the Inspector General is also continuing its on-going review of compliance issues. The Monitor will provide an update to the Court of the findings of these reviews once they are completed.

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<sup>4</sup> The District's Quick Payment Act requires that payments be made within 30 days.

### *Performance-based Contracting*

The much anticipated Request for Proposals for Performance Based Contracting has again been delayed. CFSA now expects to release the Performance Based Contracting Request for Proposals in April 2008 with contracts to be awarded in October 2008 and services under the new contracts to begin in February 2009.

In the interim, CFSA has continued to use monthly Scorecards to monitor performance from the Private Agencies providing case management services and foster care placements. The current contracts for family-based foster care contain modest performance-based fiscal disincentives for failure to achieve specific *LaShawn* benchmarks. The benchmarks being measured include current case plans, social worker visits to children and parents and visits between children and their parents.

We will be closely monitoring the progress in releasing the Performance Based Contracting RFP and executing the contracts. This has long been an important strategy for improving system-wide performance and outcomes for children.

## **8. FACES Validation and Additional Monitoring Work**

Over the past several years, CSSP's monitoring of quantitative benchmarks has increasingly relied on data from CFSA's FACES information system. We periodically verify the data through case record review and other mechanisms. As part of that process, the Monitor has recently been conducting a study of social work practice for children in the first four weeks of a new placement with a goal of verifying FACES data on the number of social work visits and in order to collect information on the quality of work to support a new placement. This review included telephone interviews with foster parents regarding specific *LaShawn* requirements including the number of visits social workers made to children during the first four weeks of the placement, the provision of Medicaid numbers and Medicaid cards to foster parents, and the sharing of information related to the child's needs and the plans in place for supporting the child. A detailed report on this review is forthcoming. As part of this review, foster parents we have called have reported fewer visits from social workers during the first four weeks than was expected given recent FACES data provided on a monthly basis to the Monitor. Subsequent conversations with FACES staff and CFSA have revealed the possibility that the current FACES "logic" to extract data and produce management reports on social work visits may be overstating performance. It appears that face-to-face visits in the first four weeks from case aides and possibly others are being counted as a visit from the social worker responsible for the case. This may create an inflated assessment of progress on the visitation requirement using FACES data. CFSA is currently reviewing the logic and has committed to providing additional information to the Monitor by April 1, 2008.

However, as a result of these findings, the Monitor is undertaking in April a full scale re-review of the logic for each of the FACES reports used for reporting progress towards the *LaShawn* requirements to determine if other requirement areas are affected by current FACES logic. The Monitor will provide an interim report to the Court once this review has been completed.

In addition, throughout the coming year, the Monitor will be conducting focus groups with a range of District stakeholders – including youth, birth families, both current foster parents and those who have stopped fostering in the last six months, attorneys representing children and parents, CFSA staff, private agency staff from the Collaboratives, and medical and mental health providers – to assess current strengths and challenges for the child welfare system. The goal is to ensure that the LaShawn monitoring work provides as comprehensive and independent an assessment as possible of the District’s progress towards the *LaShawn* outcomes. We are currently scheduling these meetings, which will occur between April and August 2008.

## **9. Proposed FY 2009 Budget**

The Mayor’s proposed FY 2009 budget was released yesterday and the District Council will hold hearings on the CFSA budget in mid-April. We have not had time to prepare a complete analysis of the impact of the proposed budget but will do so prior to the Status Hearing on April 1. The proposed CFSA budget for FY 2009 is \$292,026,866, representing a 3.9 percent increase over the approved 2008 budget and a 2 percent increase over actual unaudited FY 2007 expenditures.

The budget reduces the number Full-Time Equivalent staff by 16 positions all of which are currently unfilled. According to the CFSA Director, this reduction should not affect staffing for core social work and other functions.

The budget does not appear to have funding for several important activities that needed “enhancement” funding. This includes sufficient funding for all FY 2009 costs associated with co-locating in-home services staff in community offices with the Collaboratives. Funds appear to have been provided for the co-location for only half a year, which would make sustaining this important activity difficult. In addition, there does not appear to be funds allocated in the budget to support a Title IV-E Training Initiative currently under development with the schools of social work at Howard University, Catholic University and the District of Columbia. This Child Welfare Student and Education to Practice training partnership is a critical worker recruitment strategy as it would provide tuition reimbursement to graduate social work students who commit to working for CFSA or one of its contractors for a minimum of two years post graduation. Finally, the budget does not appear to provide for “practice coaches” who are intended to work closely with supervisors and staff to teach, coach and mentor towards the skills necessary to implement the Practice Model. These funds will be needed to supplement funding that is expected to be provided by a national foundation.

As part of our review of the District’s budget, we will also identify whether sufficient funds are available within the Department of Mental Health to continue with the planned service expansion and within the office of the Attorney General to fully support the number of Deputy Attorney Generals needed for child welfare legal practice. We will report to the Court on this analysis at the April 1 hearing.

## **10. The Six-Month Stabilization Plan for January - June 2008**

Section III of the *LaShawn A. v. Fenty* Amended Implementation Plan, dated February 2007, requires that CFSA develop and implement an Annual Strategy Plan with identified action steps to achieve safety, permanence and well-being for children and to reach and sustain the performance goals of *LaShawn*. The action steps in the plan are enforceable by the Court but can be changed or deleted with approval of the Court Monitor. The agreement further specifies that the Strategy Plan will be updated annually in consultation with the Plaintiffs and the Court Monitor and is subject to approval by the Court Monitor.

Appendix B is the approved Strategy Plan for the six-month period January – June 30, 2008. As previously stated, the Parties accepted to put forth a six-month plan which will be followed by a 12-month plan extending to June 30, 2009.

The plan was developed following extensive consultation between the District, plaintiffs and the Court Monitor. The plan and its strategies and action steps are organized around 7 goals:

1. Improve the quality of hotline functioning and investigations
2. Strengthen practice with children and families
3. Achieve and expedite permanency, especially for older youth
4. Expand placement capacity
5. Enhance the mental and behavioral health status of children and youth in care
6. Improve the performance of child-placing agencies
7. Implement strategic plan for operationalizing the Practice Model and quality improvement strategies

For each goal, the plan identifies anticipated results by June 2008; strategies to resolve current problems and Action Steps with timelines for completion and assigned responsibility. CSSP will monitor completion of the identified strategies between now and June 30, 2008 and the results achieved.

In conclusion, this is a difficult time for the District's child welfare system and its leaders. Tragedies like the Jacks/Fogle case have the potential to knock any system off balance and particularly a system still engaged in a rigorous change process. Without immediate and forceful efforts to stabilize the Agency and focus on the remaining challenges, progress achieved through years of hard work could erode. Further, while performance in some areas had continued to slowly improve over the past year, it has declined or leveled off in others. It is clear that the Agency has not progressed sufficiently to a high functioning child welfare system as should be expected at this point in the reform process. We will be closely examining efforts to stabilize the Agency in the next six months and look forward to working with the Parties on the 2008-2009 strategy plan.

Please let us know if you have any questions prior to the hearing on April 1. We look forward to seeing you.

Sincerely,

A handwritten signature in black ink that reads "Judith W. Meltzer". The signature is written in a cursive style with a long horizontal flourish at the end.

Judith W. Meltzer  
Court-appointed Monitor, LaShawn A. v. Fenty

Attachments

cc: Sharlynn Bobo, Director, CFSA  
Richard Love, OAG  
Peter Nickles, EOM  
Garrett Lee, EOM  
Roseana Bess, CFSA  
Loren Ganoë, CFSA  
Marcia Lowry, CR  
Jeremiah Frei-Pearson, CR  
Clare Anderson, CSSP  
Gayle Samuels, CSSP  
Rachel Joseph, CSSP

**APPENDIX A:  
SUMMARY TABLE OF OUTCOMES TO BE ACHIEVED**

<b>Outcomes to be Achieved AIP Requirement</b>	<b>Interim Benchmark<sup>5</sup></b>	<b>November 2007 Performance</b>	<b>Benchmark Achievement</b>
1. <i>Investigations</i>			
a. Investigations of alleged child abuse and neglect shall be initiated within 48 hours. Initiation of an investigation includes seeing the child and talking with the child outside the presence of the caretaker. When children are not immediately located, documented good faith efforts to see the child within the first 48 hours shall include visiting the child's home, school and day care in an attempt to locate the child as well as contacting the reporter, if known, to elicit additional information about the child's location; contacts with the police shall be made for all allegations that involve moderate and high risk cases.	90%	71%	No
b. Investigations of alleged child abuse and neglect shall be completed within 30 days.	90%	55%	No
c. Reports of abuse and neglect in foster homes and institutions shall be comprehensively investigated; investigations in foster homes shall be completed within 30 days and investigations involving group homes, day care settings or other congregate care settings shall be completed within 60 days.	95%	80% <sup>6</sup>	No

<sup>5</sup> These interim benchmarks were established in the *LaShawn* Implementation Plan dated April 2003 and were originally to be achieved by December 2006 with compliance 6 to 12 months later. Final benchmarks for compliance have never been established by the parties.

<sup>6</sup> Due to the public's response to the highly publicized children's fatalities in January 2008, the number of requests for child abuse and neglect investigations has grown substantially and benchmark performance on 1.a. b. and c. have declined significantly in January and February 2008.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
<p><i>2. Acceptable Investigations</i> CFSA shall routinely conduct investigations of alleged child abuse and neglect. Evidence of acceptable investigations shall include:</p> <p>a. Use of CFSA’s screening tool in prioritizing response times for initiating investigations, and use of risk assessment protocol in making decisions resulting from an investigation;</p>	80%	<p>4 of 18 cases in an in-depth CPS review had appropriate evidence of risk assessment<sup>7</sup></p> <p>The Monitor’s Nov. 2007 review of CPS practice identified several challenges in risk assessment related in part to FACES and SDM implementation<sup>8</sup></p>	No
<p>b. A full and systematic analysis of a family’s situation and the factors placing a child at risk;</p>	80%	1 of 4 risk assessments were judged to be of quality	No
<p>c. Appropriate interviews with needed collateral contacts and with all children in the household outside the presence of the caretaker, parents or caregivers, or shall include documentation, by the worker, of good-faith efforts to see the child and that the worker has been unable to locate the child; and</p>	80%	<p>30 of 40 investigation records included sufficient information</p> <p>20 of 40 investigation records included all five required collateral contacts</p>	No

<sup>7</sup> Data for acceptable investigations come from the Monitor’s November 2007 Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia.

<sup>8</sup> The Monitor’s assessment of the quality and acceptability of investigations was completed in 2007. Items 2. a.-d. and 7. refer to data in the following report, which has previously been provided to the Court: *An Assessment of the Quality of Child Abuse and Neglect Investigative Practices in the District of Columbia*. November 2007. Center for the Study of Social Policy.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
d. Medical and mental health evaluations of the children or parents when the worker determines that such evaluations are needed to complete the investigation.	80%	10 of 12 investigations documented that medical evaluations were obtained when needed	Yes
3. <i>Services to Families and Children</i> Appropriate services, including all services identified in a child or family's case plan, shall be offered and children/families shall be assisted to use services, to support child safety, permanence and well-being	80%	70% (Based on 2007 QSR reviews Implementation Indicator <sup>9</sup> )	No
4. <i>Social Worker Visits to Families with In-Home Services</i> A CFSA worker or a qualified worker from a service provider authorized by CFSA shall make twice-monthly visits to families in which there has been substantiated abuse or neglect, with a determination that each child can be maintained safely in the home with services. At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere. Workers are responsible for assessing the safety of each child at every visit and each child must be separately interviewed at least monthly outside of the presence of the caretaker.	50% 2x monthly  90% monthly <sup>10</sup>	73% 2x monthly  88% monthly	No <sup>11</sup>

<sup>9</sup> The Quality Service Review Plan Implementation indicator was used for measuring performance in this area. The Implementation indicator explores how well the actions, timelines and resource planned for each of the change strategies are being implemented to help the parent/family meet conditions necessary for safety permanency and safe closure and the youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions.

<sup>10</sup> The Monitor believes targets for twice monthly and monthly visits need to be reviewed and changed as the benchmarks were initially set low to be feasible in relation to the 2001 baseline. It was always intended that a subsequent benchmark closer to compliance levels would be established. The Monitor will work with Plaintiffs and CFSA prior to the next Court hearing to determine more appropriate benchmarks.

<sup>11</sup> The Monitor will be undertaking a study this year to ensure the visitation data being reported by FACES is an accurate reflection of the visits occurring.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
<p>5. <i>Social Worker Visits to Children in Out-of-Home Care</i></p> <p>a. CFSA or contract social workers with case management responsibility shall make twice-monthly visits to each child in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.). At least one visit per month shall be in the home, but the second can be at the child's school, day care or elsewhere.</p>	80% <sup>12</sup>	87%	No
<p>6. <i>Social Worker Visits to Children Experiencing a New Placement or a Placement Change</i></p> <p>a. CFSA or contract agency social workers with case responsibility shall make weekly visits during the first four weeks of placement and twice monthly visits thereafter to each child newly placed in out-of-home care (foster family homes, group homes, congregate care, independent living programs, etc.) or moved to a new placement.</p>	80% <sup>13</sup>	Unable to Determine due to Data Discrepancies <sup>14</sup>	Unable to Determine
<p>7. <i>Relative Resources</i></p> <p>CFSA shall investigate relative resources in all cases requiring removal of children from their homes.</p>	75%	4 of 8 (Nov. 2007 CPS Review: Relative resources were explored in 4 of 8 cases in which children were removed from their homes)	No
<p>8. <i>Placement of Children in Most Family-like Setting</i></p> <p>a. Children in out-of-home placement shall be placed in the least restrictive, most family-like setting appropriate to his or her needs.</p>	80%	71% of children in family based settings	No

<sup>12</sup> The Monitor believes targets for twice monthly and monthly visits need to be reviewed and changed as the benchmarks were initially set low to be feasible in relation to the 2001 baseline. It was always intended that a subsequent benchmark closer to compliance levels would be established. The Monitor will work with Plaintiffs and CFSA prior to the next Court hearing to determine more appropriate benchmarks.

<sup>13</sup> The Monitor believes targets for visits during the first four weeks of placement need to be reviewed and changed as the benchmarks were initially set low to be feasible in relation to the 2001 baseline. It was always intended that a subsequent benchmark closer to compliance levels would be established. The Monitor will work with Plaintiffs and CFSA prior to the next Court hearing to determine more appropriate benchmarks.

<sup>14</sup> The Monitor will be working with CFSA to ensure the visitation data being reported by FACES are an accurate reflection of the visits occurring.

<b>Outcomes to be Achieved AIP Requirement</b>	<b>Interim Benchmark<sup>5</sup></b>	<b>November 2007 Performance</b>	<b>Benchmark Achievement</b>
b. No child shall stay overnight in the CFSA Intake Center or office building.	Full Compliance	Full Compliance	Yes
c. No child shall remain in an emergency, short-term, or shelter facility or foster home for more than 30 days.	No more than 25 children	6 children	Yes
<i>9. Placement of Young Children</i>			
a. Children under 12 shall not be placed in congregate care settings for more than 30 days unless the child has special treatment needs that cannot be met in a homelike setting and unless the setting has a program to treat the child's specific needs.	No more than 20 children	5 children	Yes
b. 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.	No more than 5 children	5 children	Yes
<i>10. Visits Between Parents and Workers or Providers</i> For children with a permanency goal of reunification, in accordance with the case plan, the assigned worker or designated family services provider should meet with the parent(s) no less frequently than twice a month in the first three months post-placement unless there is documentation that the parent(s) is(are) unavailable or refuses to cooperate with the Agency.	80%	37%	No
<i>11. 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.	85%	46%	No

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
12. <i>Appropriate Permanency Goals</i> Children shall have permanency planning goals consistent with the Federal Adoption and Safe Families Act (ASFA) and District law and policy guidelines.	90%	90% of children have goals meeting ASFA categories; however Monitor remains concerned about increased inappropriate use of APPLA	Unable to Determine <sup>15</sup>
13. <i>Reduction of Multiple Placements for Children in Care</i> a. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care at least 8 days and less than 12 months, 88 percent shall have two or fewer placements.	88%	74%	No
b. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 12 months but less than 24 months, 65% shall have had two or fewer placement settings.	65%	57%	No
c. Of all children served in foster care during the fiscal year (2007 and subsequent years), and who were in care for at least 24 months, 50% shall have had two or fewer placement settings since October 1, 2004 or entry into care (if entry was after October 1, 2004).	50%	40%	No
14. <i>Timely Approval of Foster/Adoptive Parents</i> a. CFSA shall have in place a process for recruiting, studying and approving families interested in becoming foster or adoptive parents that results in the necessary training, home studies, and decisions on approval being completed within 120 days of beginning training.	85%	54% of Foster/Adoptive Parents who completed training and licensing were licensed in 120 days	No
b. CFSA should ensure training opportunities are available so that interested families may begin training within 30 days of inquiry.		Multiple training opportunities available within 30 days of inquiry	Yes

<sup>15</sup> The Monitor and CFSA believe that many youth may have inappropriate APPLA goals. Work to review these children's history and permanency plans will be an intensive focus for CFSA this year.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
15. <i>Legal Action to Free Children for Adoption</i> Children with a permanency goal of adoption shall have legal action initiated to free them for adoption within 45 days of their permanency goal becoming adoption.	75%	50%	No
16. <i>Timely Adoption</i> a. Children with a permanency goal of adoption should be in an approved adoptive placement within nine months of their goal becoming adoption.	85%	30%	No
b. 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.	90%	100%	Yes
c. CFSA shall make all reasonable efforts to ensure that children placed in an approved adoptive home have their adoptions finalized within twelve (12) months of placement in the approved adoptive home.	85%	21% of 136 children adopted in FY2007 were adopted within 12 months of being placed in a pre-adoptive home <sup>16</sup>	No

<sup>16</sup> There are 38 children for whom no data are available regarding pre-adoptive home placements prior to adoption.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
<p>17. <i>Case Planning Process</i></p> <p>a. CFSA shall, with the family, develop timely, comprehensive and appropriate case plans in compliance with District law requirements and permanency timeframes, which reflect family and children’s needs, are updated as family circumstances or needs change, and CFSA shall deliver services reflected in the current case plan.</p> <p>b. Every reasonable effort shall be made to locate family members and to develop case plans in partnership with youth and families, the families’ informal support networks, and other formal resources working with or needed by the youth and/or family.</p> <p>c. Case plans shall identify specific services, supports and timetables for providing services needed by children and families to achieve identified goals.</p>	90%	<p>61% QSR Case Planning Process Indicator</p> <p>61% QSR Pathway to Safe Case Closure Indicator<sup>17</sup></p>	No
<p>d. Case plans shall be developed within 30 days of the child entering care and shall be reviewed and modified as necessary at least every six months thereafter, and shall show evidence of appropriate supervisory review of case plan progress.</p>	95%	96%	Achieved
<p>18. <i>Placement Licensing</i> Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards and have a current and valid license</p>	Full Compliance	<p>90% foster homes with children placed are licensed</p> <p>97% congregate care with children placed are licensed</p>	No

<sup>17</sup> The Quality Service Review Case Planning Process and Pathway to Safe Case Closure indicators were used for measuring performance in this area. The Case Planning Process indicator explores how well the case plan addresses the child and family needs, the degree to which the child and family are involved in the development of the plan and whether all service providers are aware of and working towards the plan goals. The Pathway to Safe Case Closure indicator explores if there is a reasonable and attainable goal and plan for achieving the goal and whether sufficient progress is being made by the child and family to ensure success.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
19. <i>Community-based Service Referrals for Low &amp; Moderate Risk Families</i> Families who have been the subject of a report of abuse and/or neglect that is determined to be low or moderate risk and needing additional supports shall be referred to an appropriate Collaborative or community agency for services and supports.	70%	62%	No
20. <i>Sibling Placement and Visits</i> a. Children in out-of-home placement should be placed with some or all of their siblings.	80%	57%	No
b. Children placed apart from their siblings should have at least twice monthly visitation with some or all of their siblings.	75%	59%	No
21. <i>Placement within 100 Miles of the District</i> No more than 82 children shall be placed more than 100 miles from the District of Columbia. (Children placed in kinship or pre-adoptive family-based settings under the ICPC shall be exempt from this requirement.)	No more than 82 children	136	No
22. <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.	85%	Methodology under development	Unable to Determine

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
<p>23. <i>Services to Promote Stability</i> CFSA shall provide for or arrange for services required by the MFO through operational commitments from District 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 been returned from foster care to parents or relatives to remain with those families and avoid replacement into foster care; (c) services to avoid disruption of an adoptive placement that has not been finalized and avoid the need for replacement; and (d) services to prevent the disruption of a beneficial foster care placement and avoid the need for replacement.</p>	80%	<p>a., c., and d. 70% 2007 QSR Implementation Indicator rating<sup>18</sup></p> <p>b. Methodology under development</p>	No
<p>24. <i>Health and Dental Care</i> a. Children in foster care shall have a health screening prior to placement.</p>	90%	59% of children had health screening prior to entering care or a placement change <sup>19</sup>	No
<p>b. Children in foster care shall receive a full medical and dental evaluation within 30 days of placement.</p>	90%	Available data are not accurate	No
<p>c. CFSA shall provide caregivers with documentation of Medicaid coverage within 5 days of every placement and Medicaid cards within 30 days.</p>	95%	<p>5 of 15 foster parents received Medicaid number within 5 days</p> <p>4 of 15 foster parents received Medicaid card within 30 days<sup>20</sup></p>	No
<p>d. Medicaid coverage shall remain active for the entire time a child is in foster care.</p>	95%	Unable to Determine	Unable to Determine

<sup>18</sup> The Quality Service Review Plan Implementation indicator was used for measuring performance in this area. The Implementation indicator explores how well the actions, timelines and resource planned for each of the change strategies are being implemented to help the parent/family meet conditions necessary for safety permanency and safe closure and the youth achieve and maintain adequate daily functioning at home and school, including achieving any major life transitions.

<sup>19</sup> Data are from October 2007. Data are from manual counts.

<sup>20</sup> Preliminary data from Monitor's special study on new placements and re-placements made in January 2008. Study to be completed in April 2008.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
<p>25. <i>Financial Support for Community-Based Services</i> The District shall provide evidence of financial support for community- and neighborhood-based services to protect children and support families.</p>		\$15,600,293 for FY 2008	
<p>26. <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 15b of the Outcomes to be Maintained section of this document.</p>		Forthcoming (June 2008) as required by AIP	
<p>27. <i>Post-Adoption Services</i> CFSA shall make available post-adoption services necessary to preserve families who have adopted a child committed to CFSA.</p>		Budget \$866,808 (5/01/07 through 4/30/08)	
<p>28. <i>Caseloads</i><sup>21</sup> a. The caseload of each worker conducting investigations of reports of abuse and/or neglect shall not exceed the MFO standard, which is 1:12 investigations.</p>	12 investigations per worker	44 of workers 51 (86%) with more than 12 investigations  0 of 16 Trainees with more than 12 investigations  (as of February 14, 2008 <sup>22</sup> )	No

<sup>21</sup> Caseload data are for period ending November 30, 2007, with the exception of investigation caseloads which are as of February 14, 2008.

<sup>22</sup> Caseloads in Investigations have increased dramatically as a result of the community's response to the recent deaths of the Jacks/Fogle children. The caseload impact from the increased investigations on the ongoing units is expected to be reflected in March and April data.

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
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.	15 families per worker	36 of 280 workers (13%) with more than 15 total cases	No
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.	15 children per worker	Highest number of cases per worker (Private Agency): 31  Highest number of cases per worker (CFSA): 23	No
d. The caseload of each Permanency Specialist shall not exceed 30 children with the goal of adoption/guardianship. An implementation assessment shall be completed to determine effectiveness.	30 children per worker	Implementation of Permanency Redesign is on hold	No
e. The caseload of each worker having responsibility for conducting home studies shall not exceed 30 cases.	30 home studies per worker	Initial Licensing and Home Study Workers 10 workers total: 5 workers with 17 or fewer cases; 4 workers with 20-29 cases and 1 worker with 35 cases  Relicensing and Home Assessment Workers 7 workers with caseloads between 39 and 61	No

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
f. 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.	No unassigned cases for more than 5 days	53 cases in on-going units unassigned for more than 24 hours  42 cases in Intake unassigned (as of February 14, 2008)  7 cases in Intake awaiting transfer to In-home services for more than 5 business days (as of February 21, 2008)	No
29. <i>Supervisory Responsibilities</i> a. Supervisors who are responsible for supervising social workers who carry caseloads shall be responsible for no more than six workers, including case aides, or five caseworkers.	No more than 5 workers and a case aide	1 of 90 supervisors is responsible for more than 5 caseworkers	Yes
b. No supervisor shall be responsible for the on-going case management of any case.	Supervisors or Managers are not to carry cases	Total: 36 of 98 (37%) supervisors and managers carrying cases  3 of 16 (19%) Intake supervisors carrying cases	No
30. <i>Training for New Workers and Supervisors</i> a. New workers shall receive the required 80 hours of pre-service training through a combination of classroom and on-the-job training in assigned training units.	90%	52%	No
b. New supervisors shall receive a minimum of 40 hours of pre-service training on supervision of child welfare workers within three months of assuming supervisory responsibility.	95%	27%	No

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
31. <i>Training for Previously Hired Workers, Supervisors and Administrators</i> a. Previously hired workers 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.	85%	36%	No
b. Supervisors and administrators shall receive annually a minimum of 24 hours of structured in-service training.	85%	52%	No
32. <i>Training for Foster Parents</i> a. CFSA and contract agency foster parents shall receive a minimum of 15 hours of pre-service training.	95%	Foster parents cannot be licensed prior to completing 30 hours of pre-service training  Available data are not accurate	Unable to Determine
b. CFSA and contract agency foster parents shall receive annually a minimum of 15 hours of in-service training	90%	Available data are not accurate	Unable to Determine
33. <i>Quality Assurance</i> CFSA shall have a Quality Assurance system with sufficient staff and resources to assess case practice, analyze outcomes and provide feedback to managers and stakeholders. The Quality Assurance system must annually review a sufficient number of cases to assess compliance with the provisions of the MFO and good social work practice, to identify systemic issues, and to produce results allowing the identification of specific skills and additional training needed by workers and supervisors.	Development of QA system to meet agency needs	Quality Assurance restructuring to begin in 2008	No
34. <i>Special Corrective Action</i> a. CFSA shall produce accurate monthly reports, shared with the Monitor, which identify children in the special corrective action categories	Case review process and implementation	CFSA has committed to review of special corrective action categories – see 2008 strategy plan	No

Outcomes to be Achieved AIP Requirement	Interim Benchmark <sup>5</sup>	November 2007 Performance	Benchmark Achievement
b. CFSA shall conduct a child-specific case review by the Director or Director's designee for each child identified and implement a child-specific corrective action plan, as appropriate.	Case review process and implementation	CFSA is committing to review of special corrective action categories – see strategy plan	No
<p><i>35. Performance Based Contracting</i></p> <p>CFSA shall have in place a functioning performance based contracting (PBC) 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 monitors contract performance on a routine basis.</p>	PBC system in place	<p>RFP due 4/2008</p> <p>Contracts to be awarded 10/2008</p> <p>Case management to begin 2/2009</p>	No
<p><i>36. ICPC</i></p> <p>CFSA shall continue to maintain responsibility for managing and complying with the ICPC for children in its care.</p>	Comply with ICPC	253 children in the backlog	No
<p><i>37. Licensing Regulations</i></p> <p>CFSA shall have necessary resources to enforce regulations effectively for original and renewal licensing of foster homes, group homes, and independent living facilities.</p>	Necessary resources to license and monitor	<p>15 monitors for 19 private agencies; 8 corrective actions taken</p> <p>10 monitors for 18 congregate care providers</p>	
<p><i>38. Provider Payments</i></p> <p>CFSA shall ensure payment to providers in compliance with DC's Quick Payment Act for all services rendered.</p>	Comply with DC Quick Payment Act	88% of payments to providers made within 30 days	No

**SUMMARY TABLE OF OUTCOMES TO BE MAINTAINED**

<b>Outcomes to be Maintained AIP Requirement</b>	<b>Status as of November 30, 2007</b>	<b>Outcome Maintained</b>
<p><i>1. Entering Reports into Computerized System</i>            CFSA shall immediately enter all reports of abuse or neglect into its computerized information systems and shall use the system to determine whether there have been prior reports of abuse or neglect in that family or to that child.</p>	<p>CFSA immediately enters all reports of abuse or neglect into FACES</p>	<p align="center">Yes</p>
<p><i>2. Maintaining 24 Hour Response System</i>            CFSA shall staff and maintain a 24-hour system for receiving and responding to reports of child abuse and neglect, which conforms to reasonable professional standards.</p>	<p>CFSA maintains a 24-hour Hotline in its Child Protective Services (CPS) Administration to receive reports of alleged child maltreatment.</p>	<p align="center">Yes</p>
<p><i>3. Checking for Prior Reports</i>            Child abuse and/or neglect reports shall show evidence that the investigator checked for prior reports of abuse and/or neglect</p>	<p>FACES automatically performs a search for prior reports.</p>	<p align="center">Yes</p>
<p><i>4. Reviewing Child Fatalities</i>            The District of Columbia, through the City-wide Child Fatality Committee, and an Internal CFSA Committee, shall conform to the requirements of the MFO regarding the ongoing independent review of child fatalities of members of the plaintiff class, with procedures for (1) reviewing child deaths; (2) making recommendations concerning appropriate corrective action to avert future fatalities; (3) issuing an annual public report; and (4) considering and implementing recommendations as appropriate.</p>	<p>Both a City-wide Child Fatality Committee and an Internal CFSA Committee are operational as required</p>	<p align="center">Yes</p>
<p><i>5. Policies for General Assistance Payments</i>            CFSA shall have in place policies and procedures for appropriate use of general assistance payments for the care of children by unrelated adults, including provision of any applicable oversight and supervision.</p>	<p>The Amended Implementation Plan requirements related to Emergency Care and General Assistance have been met.</p>	<p align="center">Yes</p>

<p align="center"><b>Outcomes to be Maintained AIP Requirement</b></p>	<p align="center"><b>Status as of November 30, 2007</b></p>	<p align="center"><b>Outcome Maintained</b></p>
<p><i>6. Use of General Assistance Payments</i> CFSA shall demonstrate that District General Assistance payment grants are not used as a substitute for financial supports for foster care or kinship care for District children who have been subject to child abuse or neglect.</p>	<p>CFSA demonstrates that general assistance payments are not used as a substitute for financial supports for foster care or kinship care</p>	<p align="center">Yes</p>
<p><i>7. Licensing and Placement Standards</i></p> <p>a. Children shall be placed in foster homes and other placements that meet licensing and other MFO placement standards.</p> <p>b. Children in foster home placements shall be in homes that (a) have no more than three foster children or (b) have six total children including the family’s natural children; (c) Have no more than two children under two years of age, or (d) have more than three children under six years of age. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed these limits.</p> <p>c. No child shall be placed in a group-care setting with a capacity in excess of eight (8) children without express written approval by the Director or designee based on written documentation that the child’s needs can only be met in that specific facility, including a description of the services available in the facility to address the individual child’s needs.</p> <p>d. Children shall not be placed in a foster care home or facility in excess of its licensed capacity. The sole exception shall be those instances in which the placement of a sibling group, with no other children in the home, shall exceed the limits.</p>	<p>a. 5% children in foster homes in excess of licensed capacity; 29% of children in group homes in excess of licensed capacity</p> <p>b. 0 children placed in home with more than 6 children</p> <p>c. less than 1% of children are in homes with more than two children under age two</p> <p>d. less than 1% of children are in homes with more than three children under age six</p>	<p>a. Yes for foster homes; No for group homes</p> <p>b. Yes</p> <p>c. Yes</p> <p>d. Yes</p>

<p align="center"><b>Outcomes to be Maintained AIP Requirement</b></p>	<p align="center"><b>Status as of November 30, 2007</b></p>	<p align="center"><b>Outcome Maintained</b></p>
<p><i>8. Appropriate Permanency Goals</i> No child under the age of 12 shall have a permanency goal of legal custody with permanent caretakers unless he or she is placed with a relative who is willing to assume long-term responsibility for the child and who has legitimate reasons for not adopting the child and it is in the child's best interest to remain in the home of the relative rather than be considered for adoption by another person. No child under the age of 12 shall have a permanency goal of continued foster care unless CFSA has made every reasonable effort, documented in the record, to return the child home, to place the child with an appropriate family member, and to place the child for adoption, and CFSA has considered and rejected the possibility of the child's foster parents assuming legal custody as permanent caretakers of the child.</p>	<p align="center">No children 12 and younger with a goal of legal custody or continued foster care.</p>	<p align="center">Yes</p>
<p><i>9. Post-Adoption Services Notification</i> Adoptive families shall receive notification at the time that the adoption becomes final of the availability of post-adoption services.</p>	<p align="center">Post-Permanency Center is open and operational. In November 2007, 10 children were matched with services.</p>	<p align="center">Yes</p>
<p><i>10. Administrative Reviews</i></p>	<p align="center">99%</p>	<p align="center">Yes</p>
<p><i>11. Permanency Hearings</i> CFSA shall make every reasonable effort to ensure that children in foster care have a permanency hearing in Family Court no later than 14 months after their initial placement.</p>	<p align="center">92% within 14 months</p>	<p align="center">Yes</p>
<p><i>12. Use of MSWs and BSWs</i> Unless otherwise agreed, all social worker hires at CFSA shall have an MSW or BSW before being employed as trainees.</p>	<p align="center">CFSA hires only social workers with an MSW or BSW</p>	<p align="center">Yes – CFSA  Unable to Determine – Private agencies</p>
<p><i>13. Social Work Licensure</i> All social work staff shall meet District of Columbia licensing requirements to carry cases independently of training units.</p>	<p align="center">CFSA social work staff meet D.C. licensing requirements</p>	<p align="center">Yes</p>

Outcomes to be Maintained AIP Requirement	Status as of November 30, 2007	Outcome Maintained
<p>14. <i>Training for Adoptive Parents</i> Adoptive parents shall receive a minimum of 30 hours of training, excluding the orientation process.</p>	<p>Unable to Determine</p>	<p>Unable to Determine</p>
<p>15. <i>Needs Assessment and Resource Development Plan</i> a. CFSA shall complete a needs assessment every two years, which shall include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO.  b. The Resource Development Plan shall: (a) project the number of emergency placements, foster homes, group homes, therapeutic foster homes and institutional placements that shall be required by children in CFSA custody during the upcoming year; (b) identify strategies to assure that CFSA has available, either directly or through contract, a sufficient number of appropriate placements for all children in its physical or legal custody; (c) project the need for community-based services to prevent unnecessary placement, replacement, adoption and foster home disruption; (d) identify how the Agency is moving to ensure decentralized neighborhood and community-based services; and (e) include an assessment of the need for adoptive families and strategies for recruitment, training and retention of adoptive families based on the annual assessment. The Plan shall specify the quantity of each category of resources and services, the time period within which they shall be developed, and the specific steps that shall be taken to ensure that they are developed. CFSA shall then take necessary steps to implement this plan.</p>	<p>Achieved CFSA has developed the necessary internal capacity to perform a needs assessment and has completed a thorough analysis of the information gathered  2007 Resource Development Plan update completed as required</p>	<p>Yes</p>
<p>16. <i>Foster Parent Licensure</i> CFSA shall license relatives as foster parents in accordance with District law, District licensing regulations and ASFA requirements.</p>	<p>CFSA licenses relatives as foster parents</p>	<p>Yes</p>

<p align="center"><b>Outcomes to be Maintained AIP Requirement</b></p>	<p align="center"><b>Status as of November 30, 2007</b></p>	<p align="center"><b>Outcome Maintained</b></p>
<p><i>17. Maintaining Computerized System</i>  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 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.</p>	<p align="center">CFSA maintains a web-based computerized system and produces monthly management reports</p>	<p align="center">Yes</p>
<p><i>18. Contracts to Require the Acceptance of Children Referred</i>  CFSA contracts for services shall include a provision that requires the provider to accept all clients referred pursuant to the terms of the contract, except for a lack of vacancy.</p>	<p align="center">Each of CFSA’s family based contracts contains a clause stating: “The Contractor shall accept all children referred for placement by CFSA when a vacancy exists in one of its licensed homes.</p>	<p align="center">Yes</p>
<p><i>19. Federal Revenue Maximization</i>  CFSA shall demonstrate compliance with Sections A and B of Chapter XVIII of the Modified Final Order concerning federal revenue maximization and financial development.</p>	<p align="center">Achieved</p>	<p align="center">Yes</p>
<p><i>20. Foster Parent Board Rates</i>  There shall be an annual adjustment at the beginning of each fiscal year of board rates for all foster and adoptive homes to equal the USDA annual adjustment to maintain rates consistent with USDA standards for costs of raising a child in the urban south.</p>	<p align="center">Rates adjusted annually to keep current with U.S. Department of Agriculture standards for raising a child in the urban south. Latest rate increase in January 2007.</p>	<p align="center">Yes</p>

## **APPENDIX B**

### ***LaShawn A. v Fenty 2008 Six Month Strategy Plan January – June***

The Parties agree that Defendant's strategy plan and action steps are a means to achieving compliance with the required outcomes. The action steps are enforceable by the Court but can be changed or deleted with the approval of the Court Monitor.

#### **Goal 1: Improve the quality of hotline functioning and investigations**

##### **Anticipated Results by 6/30/08:**

- Immediate changes to CFSA's Child Protective Services' (CPS) investigation closure policy, particularly when children are not located.
- Completed review of 309 incomplete investigations and recommendations based on these findings.
- Completed review of sample of hotline calls categorized as information and referral.
- Additional staff in CPS to address continued spike in hotline calls and meet investigations caseload ratio.
- Training for hotline workers and supervisors.
- Selection of a CPS administrator.
- Additional resource support from the District's Department of Mental Health (DMH) during an investigation.
- Recommendations for improved hotline functioning.
- Hotline policy and procedure revisions based on recommendations from the National Resource Center for Child Protective Services (NRCCPS).
- Practice manual to guide hotline functioning.
- Development and implementation of comprehensive plan to improve CPS quality based on all the informal and external CPS assessments.
- Selection of new automated phone system and estimate of fiscal resources needed to implement.

##### **Strategy to resolve Current Problem:**

1. Immediate response activities to address recent crisis and stabilize CPS.
2. Technical assistance from NRCCPS.
3. Comprehensive plan to improve CPS quality.
4. Continuous quality improvement process for hotline recordings and investigations.
5. Explore options for updating automated Hotline phone system.

## **Goal 1: Improve the quality of hotline functioning and investigations (Continued)**

### **Action Steps:**

#### February

1. Initiated engagement with NRCCPS to craft overarching work plan for the technical assistance – Program Operations.
  - Organize a workgroup inclusive of staff from Program Operations, Office of Planning Policy and Program Support (OPPPS), Quality Improvement (QI), Office of Training Services (OTS), Office of Clinical Practice (OCP), and the Office of the Director to lead the engagement with NRCCPS – OPPPS and Program Operations.
  - Finalize work plan and timelines for technical assistance from NRCCPS – CPS workgroup.
2. Reviewed 309 investigations closed in 2007 as incomplete to assess safety risks of alleged victims – OPPPS.
3. Release an administrative issuance changing requirements for investigation closure, particularly when alleged victims are not located – OPPPS.
4. Detail staff to CPS to address continued spike in hotline calls and meet investigations caseload ratio – Human Resources.
5. Mental health resources and supports were made available by phone to supplement the psychologist and special worker co-located with CPS – OCP.

#### March – June

6. Complete review of a sample of hotline calls categorized as information and referral – CSSP.
7. One-day hotline training with emphasis on skill development and role-playing
8. Select CPS administrator – Program Operations.
9. With NRCCPS, review best practices and findings from review of 309 incomplete investigations – CPS workgroup.
10. Develop policies, procedures, and practice for Hotline functioning – CPS workgroup
11. Complete revisions to CPS policies and procedures – CPS workgroup.
12. Complete and disseminate Hotline Practice Manual – CPS workgroup.
13. Complete and begin implementation of comprehensive plan for improving CPS quality – Deputy Director for Program Operations Written plan to be submitted to the Monitor and Plaintiffs by June 1, 2008; Implementation to begin by June 15, 2008.
14. Research available options for automated hotline phone systems – Facilities Management Administration.
15. Complete work (cost estimate, additional funding and procurement) to have a new automated hotline telephone system operational by no later than the first quarter of FY 2009 – Facilities Management and Office of the Director.

#### **Related strategies impinging on or ensuring success**

- Resumption of the grand rounds in April.
- Implementation of DC ChildStat.

## **Goal 2: Strengthen practice with children and families**

### **Anticipated Results by 6/30/08:**

- CFSA in-home social workers and supervisors will be co-located with each of the Healthy Families/Thriving Community Collaboratives.
- Selection of organization to develop coaching/mentoring capacity of in-home supervisors.

### **Strategy to resolve Current Problem:**

1. Co-locate all in-home social workers and supervisors (60 FTEs) in the community with the Collaboratives.
2. Implement the Partnership for Community-Based Services Practice Model.
3. Develop supervisory capacity for coaching/mentoring practice skills in CFSA in-home units.

### **Action Steps:**

#### **March**

1. Secure City Council approval for the reprogramming of funds.
2. Begin monthly meetings of CFSA and Collaborative supervisors to discuss the Practice Model and support their coaching of the Practice Model – CFSA and Collaborative Program Directors/Managers.
3. Execute co-location contracts with the Collaboratives to transfer funding for renovations, furniture, and technology upgrades – Contracts and Procurement Administration.
4. Contracted with vendor to move CFSA staff to Collaboratives in phases based on preparedness of each Collaborative – Facilities Management.
5. Execute intra-district MOU with the District’s Office of the Chief Technology Officer to transfer funds for IT solutions at each Collaborative site that will house CFSA staff – CFSA’s Child Information Services Administration.
6. Finalize agreement with Casey Family Programs for practice coaches’ funding – Office of the Director.

## **Goal 2: Strengthen practice with children and families (Continued)**

### **Action Steps Continued:**

#### April – June

7. CFSA to prepare an Administrative Issuance setting forth the specific roles and responsibilities to be assumed by CFSA and Collaborative staff at the co-located offices. Administrative Issuance to be furnished to the Monitor and Plaintiffs by May 15, 2008.
8. Prior to co-locating, train CFSA and Collaborative staff as teams in phases on the Practice Model and roles and responsibilities – OTS and Collaborative Council.
9. Schedule vendor to move CFSA staff to Collaboratives in phases based on preparedness of each Collaborative – Facilities Management. CFSA currently expects the moves to occur in three phases:
  - Phase 1—target 45 days after contract execution:
    - Far Southeast - 3 units
    - Columbia Heights-Shaw - 1 unit
    - Georgia Avenue Rock Creek - 1 unit
  - Phase 2—target 60 days after contract execution:
    - North Capitol / South Washington - 1 unit
    - Edgewood-Brookland - 2 units (2 sites)
  - Phase 3—target 90 days after contract execution:
    - East River – 2 units (3 sites)
10. Select and engage organization to serve as practice coaches by June 30, 2008 – OTS with Office of the Director.

#### **Related strategies impinging on or ensuring success**

- Response to the CPS crisis, including mandatory staff details and the availability of resources (cars, people, and technology) for planning and implementation, may impact the execution timelines as the Agency prioritizes providing multiple resources to CPS.

### **Goal 3: Achieve and expedite permanency, especially for older youth**

#### **Anticipated Results by 6/30/08:**

- Make public commitment to achieve quantitative targets for increased permanency, decreased use of congregate care, and improved timeliness to permanency.
- Conduct local Youth Permanency Convening.
- Establish timeframe for restructuring Office of Youth Development (OYD) to prioritize permanency.

#### **Strategy to resolve Current Problem:**

1. Deepen stakeholder and community understanding of their roles and responsibilities for achieving permanency through a local Youth Permanency Convening.
2. Initiate activities for expanding youth permanency recommended by Casey Strategic Consulting Group (CSCG), including restructuring the youth services system.
3. Maintain PPSW role to accelerate permanency, wherever possible.
4. Assign experienced adoption workers to cases that were previously teamed.
5. Redefine purpose and desired outcomes for OYD.

#### **Action Steps:**

##### Ongoing

1. PPSWS team with case-carrying social workers in their units, wherever possible – program operations [5 current PPSWs will team on 40 cases].

##### January – February

2. Assisted CSCG to complete its assessment of current strengths and challenges, employing analysis of quantitative and interviews and focus groups with CFSA staff, youth, contracted providers, and other stakeholders – Office of the Director.
3. Identified co-sponsors of Youth Permanency Convening: Freddie Mac Foundation and KidSave.

##### March – April

4. Continue planning for local permanency convening – OYD and Public Information Officer.
5. Hold case transfer staffings for planned transfers to more experienced adoptions staff – program operations.
6. Adopt quantitative targets for improving youth permanency – Executive Office of the Mayor and Office of the Director, with CSCG. Plaintiffs and the Monitor to review the identified quantitative targets in advance of public announcement.
7. Plan strategies for improving youth permanency agency-wide, in consultation with the Monitor – Office of the Director.

### **Goal 3: Achieve and expedite permanency, especially for older youth (Continued)**

#### **Action Steps Continued:**

##### May

1. Conduct local Youth Permanency Convening (May 20<sup>th</sup>).
2. Publicly announce quantitative targets for improving youth permanency – Executive Office of the Mayor and Office of the Director, with CSCG.
3. Introduce and initiate strategies for improving youth permanency agency-wide – Office of the Director. CFSA youth permanency strategies to be furnished in writing to Plaintiffs and the Monitor by May 15, 2008.

##### June

4. Propose reorganization of OYD and secure staff buy-in – Deputy Director for Program Operations and CSCG CFSA to furnish written plan for OYD reorganization to Monitor and Plaintiffs by June 30, 2008.
5. Establish methodology for reviewing all cases of youth with APPLA goals – Deputy Director for Program Operations and CSCG.
6. Strengthen family search skills of OYD social workers through training in diligent search techniques – Deputy Director for Program Operations.

#### **Related strategies impinging on or ensuring success**

- Improvements in foster parent recruitment may also positively affect this goal as increase in the number of foster parents willing to care for older youth may also lead to permanency for these youth.

## **Goal 4: Expand placement capacity**

### **Anticipated Results by 6/30/08:**

- The percent of children in care placed with kin will increase. The rate achieved by June 2008 will be used to establish a baseline for a longer term target.
- Foster parent recruitment targets for remainder of 2008.
- Reduction in current foster home vacancy rate (25 percent).
- Design of a targeted social marketing campaign within the District.
- Creation of a strengthened infrastructure for recruiting and retaining foster parents.
- Vendor selected and contract awarded to conduct the Wraparound Pilot Initiative, with an estimated start date no later than August 2008.
- Full availability of four additional Teen Bridge beds for males and six for females.
- Full availability of four additional congregate beds for medically fragile children, and four for those with developmental disabilities.

### **Strategy to resolve Current Problem:**

1. Use the Maryland waiver authority to place children with kin in Maryland licensed by CFSA staff on a temporary, emergency basis.
2. Negotiate with Maryland to gain authority for CFSA itself to fully license kin in Maryland.
3. Reduce barriers to full licensure.
4. Utilize social marketing techniques to expand the pool of available District foster parents. Dependent on amount and release of funds, to be determined week of 3/24/08.
5. Explore innovative methods for enhancing the retention of current foster parents. Dependent on amount and release of funds, to be determined week of 3/24/08.
6. Unify foster home recruitment, licensing and support functions.
7. Build support for public/private foster parent recruitment.
8. Identify and implement steps to use available, vacant foster homes.
9. Additional transitional services beds for older youth not yet developmentally ready for independent living.
10. Placement services for children/youth with special needs, particularly those with acute or chronic medical conditions and developmental disabilities.
11. Wraparound Pilot Initiative providing a facilitated, team-based service and support planning process for 18 CFSA children/youth with intensive and complex emotional and behavioral needs and their families.

## **Goal 4: Expand placement capacity (Continued)**

### **Action Steps:**

#### January

1. Convened proposal review panel for Wraparound Pilot Initiative – DMH.

#### February

2. Finalize contracts with providers for transitional living services and placement for medically fragile and developmentally disabled children – Contracts and Procurement.
3. Met with private agency directors to build support for public/private foster parent recruitment – Office of the Director.
4. Met with private agency staff to identify and implement steps to reduce vacancy rate in current foster home pool – Office of Licensing and Monitoring.
5. Met with foster parent community to identify and implement steps to reduce vacancy rate in current foster home pool – permanency and family resources administration and placement services administration.

#### March

6. Finalize process with Maryland for kin to complete Maryland Criminal Justice Information System (CJIS) clearances – Licensing and Office of External and Interagency Affairs.
7. Finalize communication to CFSA staff and other stakeholders about the availability of this pilot – Licensing and Office of External and Interagency Affairs.
8. Initiate new Teen Bridge services – Placement Services Administration.
9. Start transition from current to new providers of services for medically fragile and developmentally disabled children – Program Operations.

#### April

10. Initiate new services for children with medically fragile and developmentally disabled children – Placement Services Administration.
11. Award contract for Wraparound Pilot Initiative to serve 18 CFSA youth – OCP, DMH and the Districts Department of Youth Rehabilitative Services.
12. Ensure that data regarding overall placement array and total capacity (number of beds in each placement category) is accurate and submit verified data to the Monitor and Plaintiffs – Placement Services Administration.

## **Goal 4: Expand placement capacity (Continued)**

### **Action Steps Continued:**

#### **March – June**

13. Track the implementation of kin pilot, sharing data with the State of Maryland – Licensing and ICPC unit.
14. Convene further discussions with the State of Maryland to negotiate authority for CFSA itself to fully license kin residing in Maryland – CFSA Director.
15. Use a \$100,000 Federal appropriation to address barriers to full licensure including helping kin purchase fire extinguishers, paying for CPR/First Aid training, and fingerprinting fees, and to provide dedicated staff supports to kin caregivers – Program Operations.
16. Develop and implement a kin support model that includes concrete resources and dedicated support workers – Program Operations/Permanency and Family Resources Administration.
17. Continue identifying potential relative placements during family team meetings – Program Operations.
18. Survey District residents to identify attitudes toward fostering and adopting – True Insight Marketing.
19. Assess the experiences of current and former District foster parents – True Insight Marketing with support from Casey Family Services and Casey Family Programs
20. Develop a marketing campaign that targets District residents likely to become foster parents or to engage with children in care in other ways – True Insight with Program Operations.
21. Establish foster parent recruitment targets – True Insight Marketing, Plaintiffs and the Monitor to review the identified target population(s) for recruitment purposes before they are made public.
22. Integrate foster home recruitment, licensing, and retention functions – Office of the Director.

#### **Related strategies impinging on or ensuring success**

- Timely identification of kin—maternal and paternal—prior to the FTM or soon thereafter is key to the success of increasing placement with kin.
- Revisiting the possibility of a kinship placement for children/youth that have been in care for several years may also have a positive impact on the long-term goal.
- Reorganize foster parent licensing and training. Efforts will also be made to better screen potential foster parents during the recruitment phase to ensure that prospective foster parents will not move forward through the training process if it appears during the recruitment phase that the foster parent will not likely pass the background clearances.
- Increased availability of services through the crisis intervention contract and the Children’s Choice provider contracts should positively affect the ability of kin and non-kin to care for the children placed by enhancing the children’s mental and behavioral health, thereby reducing the likelihood for placement disruptions. These contracts are to be awarded in April 2008.

## **Goal 5: Enhance the mental and behavioral health status of children and youth in care**

### **Anticipated Results by 6/30/08:**

- Completion of a multi-year, comprehensive plan that prioritizes service needs identified in the 2007 mental health needs assessment and, based on the completed cost analysis, estimates the funding needed to begin or expand the prioritized services in each fiscal year.
- Contracts awarded for crisis intervention services.
- Contracts awarded for children's choice providers.

### **Strategy to resolve Current Problem:**

1. Develop a comprehensive, multi-year plan to address the findings of the 2006 mental health needs assessment.
2. Contract for crisis intervention services to provide timely, flexible, and accessible assessments of children/youth in crisis and to serve as an alternative to psychiatric, inpatient hospitalization.
3. Contracts for children's choice providers to serve CFSA-involved children (in-home and out-of-home) ages 5 to 21 and their families.

### **Action Steps:**

#### November 2007

1. CFSA and DMH submitted funding requests totaling \$11.05 million for FY2009 to continue or expand existing services and support the creation of new services. Availability of the funds is based upon City Council approval.

#### January – February

2. Completed cost estimate for local and federal dollars to begin or expand services identified as needed in the 2007 mental health needs assessment. Cost estimate not only assessed additional funding needed, but proposed how current resources may be re-allocated to meet needs – OCP through consultant from Innovations Institute with funding from Annie E. Casey Foundation (AECF).
3. Convened proposal review panel for crisis intervention services in January – DMH.
4. Proposals for children's choice providers were due to DMH by January 15, 2008.
5. Convened proposal review panel for children's choice providers – DMH.

#### January – April

6. Convene workgroup meetings with CFSA, DMH, the District's Medical Assistance Administration, and other child welfare stakeholders to prioritize service needs and complete multi-year, comprehensive plan – OCP in consultation with AECF.

**Goal 5: Enhance the mental and behavioral health status of children and youth in care**  
**(Continued)**

**Action Steps Continued:**

April

7. Award contracts for children's choice providers – DMH.
8. Award contract for crisis intervention services – DMH.
9. With children's choice providers awardees and based on approved FY09 budget, plan for implementation or expansion of prioritized services – DMH and OCP.

**Related strategies impinging on or ensuring success**

- Work to secure approval of the additional funding requested by CFSA to expand current services or implement needed services.
- Seek approval from CMS to increase its Medicaid rates to attract an array of service providers and decrease local expenditures for services that are otherwise Medicaid-eligible.
- Review internal payment coding that may be negatively affecting the ability to fully claim Medicaid for services at the appropriate rate for each service.

## **Goal 6: Improve the performance of child-placing agencies**

### **Anticipated Results by 6/30/08:**

- Modified scorecards posted on the CFSA website monthly.
- Reduced payments, when appropriate, for poor performance tied to additional practice standards.
- Selection of contracts and procurement administrator.
- Improved contracts operations.
- Contract actions, when appropriate, for noncompliance with practice standards.
- Recommendations for resolution to systemic practice issues.
- RFP for Performance Based Contracting is released.

### **Strategy to resolve Current Problem:**

1. Continue to publish modified scorecards, tie payment to performance, and ranking agencies quarterly on performance accomplished.
2. Explore opportunities for district government support for contracts and procurement.
3. Implement Ashlin Management Group recommendations.
4. Expand use of CFSA's contract compliance authority.
5. Enhance the capacity of CFSA's monitors to assist agencies to improve the quality of services through organizational interventions and a Continuous Quality Improvement approach.
6. Engage in structured communication with private agency leadership to discuss systemic practice issues and propose joint solutions.
7. Solicit proposals for performance-based contracts for family-based foster care.

### **Action Steps:**

#### Ongoing

1. Continue monthly review and release of scorecards – OLM.
2. Continue assessing payment based on performance of scorecard measures – OLM
3. Rank providers quarterly by performance – OLM.
4. Use available contract compliance activities, as necessary – Contracts and Procurement Administration.

#### February

5. Revise scorecard beginning with presentation of February data to highlight additional practice standards – Office of the Director and OLM.
6. Revise Standard Operating Procedures to comply with district regulations – Deputy Director for Administration.

## **Goal 6: Improve the performance of child-placing agencies (Continued)**

### **Action Steps Continued:**

#### March

7. Convene workgroup meetings to discuss recent Quality Service Review (QSR) findings and recommend case practice solutions – Quality Improvement Administration.
8. Finalize scope of work and revised performance incentives/disincentives analysis – Office of the Director Plaintiffs and the Monitor to receive scope of work and revised performance incentives/disincentives analysis by March 31.
9. Review RFP for legal sufficiency – Office of the Attorney General.
10. Train contracts staff on revised Standard Operating Procedures – Deputy Director for Administration with consultation from Ashlin Management Group.

#### April

11. Release solicitation – contracts and procurement administration.
12. Select contracts and procurement administrator – Office of the Director.

#### June

13. Initiate transition from solely monitoring compliance and administrative functions to capacity building and quality improvement – Office of the Director and OLM.
14. CFSA to provide a written strategy statement to the Monitor and Plaintiffs by June 30, 2008 for (1) capacity building and (2) achieving quality improvement within the private foster care provider community.

### **Related strategies impinging on or ensuring success**

The heightened emphasis on meeting practice standards and improving outcomes, particularly those reviewed by the Federal government, has more recently focused the leadership of the private agencies. The continued use of the QSR and implementation of the DC ChildStat case review process in combination with these activities will also influence private agency performance. Further, the periodic studies of emergent practice performance issues also examine private agency practice and result in recommendations for practice improvement. As well, long-term changes in training delivery models for private agency staff should have a positive effect on the provision of common core competencies, in turn leading to improved performance. Finally, the award and implementation of the crisis intervention services contract and children's choice provider contracts should have a positive effect on private performance by supporting children in their current placements, enhancing their mental and behavioral health, and thereby reducing the likelihood for placement disruptions and increasing the likelihood for permanency.

## **Goal 7: Implement strategic plan for operationalizing the Practice Model and quality improvement priorities**

### **Anticipated Results by 6/30/08:**

- Evidence of improvement in child, caregiver and system QSR ratings.
- Evidence of 15 percent improvement in family and collateral participation for administrative reviews held in the first six months of 2008.
- Status report on and next steps for implementation of internal child fatality review recommendations in 2007.
- Reviews of and recommendations for action steps to improve practice and outcomes in 14 cases through the DC ChildStat case review process.
- Reviews of half (253 of 505 as of March 7, 2008) of the children in special corrective action categories other than multiple placement and identified action steps to correct their situation.
- Identification of QA/QI priorities and plan for reorganization of CQI functions.
- Enhanced ability to conduct QSR without additional support from cssp.
- Selection of organization to develop coaching/mentoring capacity of in-home supervisors.
- Building on workgroups created to address QSR findings, expand the charge and continue work on operationalizing the Practice Model with private agencies and CFSA.
- Reduction in social worker vacancy rate (48 of 292 or 16% as of Feb. 7).

### **Strategy to resolve Current Problem:**

1. Continue unit-based Quality Service Reviews of cases managed by CFSA and annual QSRs of cases managed by private agencies.
2. Continue systematic administrative reviews for children in foster care.
3. Monthly internal child fatality reviews and high-level participation in the Citywide Child Fatality Review Process; follow-up on recommendations from both.
4. Implementation of DC ChildStat: a bi-weekly case review process.
5. Ongoing mechanism to review cases of children in special corrective action categories and actions to correct their situation.
6. Reorganization of CFSA functions to better integrate data analysis activities and raise the visibility of quality improvement activities and integration of the Practice Model.
7. Allocate additional staff resources to QSR unit.
8. Develop supervisory capacity for coaching/mentoring practice skills in CFSA in-home units.
9. Establish CFSA/private agency practice improvement workgroup.
10. Recruit to fill social worker vacancies.

**Goal 7: Implement strategic plan for operationalizing the Practice Model and quality improvement priorities (Continued)**

**Action Steps:**

Ongoing

1. Monthly unit-based QSRs within CFSA – Quality Improvement Administration (QIA)/QSR unit.
2. Semi-annual QSRs of cases managed by private agencies – QIA/QSR unit. Plaintiffs and the Monitor to attend presentations of review findings.
3. Continued refinement of the advance notification process to increase the rate of participation by family members in administrative reviews – QIA.

January

4. Social worker career fair held on January 16 – Human Resources.

February

5. Follow-up with internal child fatality review recommendations made in 2007 to determine implementation status and next steps – QIA.

March

6. Implementation of DC ChildStat process – QIA.
7. Finalize agreement with Casey Family Programs for practice coaches' funding – Office of the Director.
8. Identify positions for potential reassignment to core social work functions – Office of the Director. CFSA to submit reassignment plan to Monitor and Plaintiffs by March 31, 2008.

April

9. Social worker career fair April 29 – Human Resources.

May

10. Identification of children in special corrective action categories and intentional project to hold reviews for all children in 2008 – ODPI.
11. Get private agency leadership buy-in for participation on practice improvement workgroup – Office of the Director.
12. Reallocate positions to core social work functions by May 31, 2008 – Office of the Director and Human Resources.

**Goal 7: Implement strategic plan for operationalizing the Practice Model and quality improvement priorities (Continued)**

**Action Steps Continued:**

June

1. Finalize plans for and begin implementation of restructuring within CFSA - Office of the Director.
2. Allocate staff resources to QSR unit – Office of the Director and Human Resources
3. Select and engage organization to serve as practice coaches – OTS with Office of the Director.
4. Identification of QA/QI priorities and plan for reorganization of CQI functions submitted to the Monitor and Plaintiffs by June 30, 2008.

**Related strategies impinging on or ensuring success**

Periodic studies of emergent practice performance issues also result in recommendations for practice improvement. These studies highlight gate keeping and data quality control issues, in addition to frontline practice issues. In combination with the strategies listed above, it is possible for the system to have continuous information of practice challenges and strengths and use these findings to further improve practice. Further, long-term changes in training delivery models and better integration of the Practice Model in mandatory pre-service and in-service training should also have an impact on CFSA and private agency performance.

Recently identified spending pressures may impact reorganization plans.