

District of Columbia's Approach to the Program Improvement Plan (PIP)

Introduction

The PIP process occurs amidst significant environmental changes in the District of Columbia's child welfare system. The formerly bifurcated approach to abuse and neglect has been dismantled, and the Child and Family Services Agency now holds responsibility for the investigation of both types of these cases. Since the District's October 2000 Modified Consent Order returned CFSA from Receivership to District of Columbia Government, CFSA has become a cabinet level agency with strong support from the Executive Office of the Mayor. The agency's new management team released its strategic plan in November 2001, and has been working diligently to meet its goals. As a result of the 'District of Columbia Family Court Act of 2001', CFSA has also been collaborating with the Superior Court to establish a new Family Court system that will expedite permanency for children in the District of Columbia. The baseline report submitted by the Court Monitor in December 2001 will be evaluated this month of May 2002, and the agency is preparing its submission of the Title IV-B progress report for June 2002.

The July 2001 Federal Child and Family Services Review (CFSR) of the District of Columbia's child welfare system has provided CFSA with the opportunity to further support its strengths, as well as devise strategies to improve services and outcomes for children and families in response to areas indicated. CFSA's new management team had identified, and in some cases already launched, certain agency strategic initiatives that will serve to improve outcomes in these areas. For example, the strategic plan includes an intensive recruitment, training and retention campaign for social workers; an implementation plan for the unification of abuse and neglect investigations; initiatives to expedite permanency for children; a recruitment and retention campaign for foster, kinship, and adoptive parents; promotion of neighborhood-based support services; information system analysis and reform; and completion of federal Court requirements for ending the Receivership (see Appendix A). While these strategies will improve outcomes in the areas of safety, permanence, and well being for children, the Child and Family Services Review Summary Findings have exacted even further consideration of agency policy, practice and resources to facilitate desired improvement. The District of Columbia is committed to working with the Administration for Children and Families (ACF) to implement and monitor its PIP.

Within this broader context, CFSA has focused on closely linking the Program Improvement Plan (PIP) to the improvement strategies and measures mandated by the federal Court, and the extensive work with internal and external stakeholders that has been part of our reform strategy since the emergence of CFSA from Receivership. Thus, the PIP reflects lessons learned through our strategic planning process, including our Local Advisory Board meetings, a planning retreat with the Healthy Families/Thriving Communities Collaboratives, and our staff Recruitment and Retention Committee. Development of the PIP has been an open and collaborative process that included administrators, staff representing all program areas, technical advisors, and other external stakeholders in the District of Columbia and child welfare community (see Appendix B). CFSA formed work groups charged with the task of determining the goals, action steps, measurable benchmarks and implementation dates, and lead persons responsible for each area needing improvement.

This comprehensive approach to developing the PIP reflects the commitment and collaboration that will be required of all participants to successfully implement the plan. CFSA recognizes that the strategy outlined is part of a long-term plan for improvement, and must link to our strategy for meeting the LaShawn Modified Final Order requirements and the expectations of other stakeholders. Since the PIP is a two-year plan, additional action steps will be addressed in our Title IV-B Annual Report.

Global Themes

In crafting the PIP, work group participants developed overarching goals consistent with the agency's strategic plan framework supported by action strategies and timelines for improvement responding to each item cited in non-conformity. Key agency managers have taken responsibility for each area of improvement. As the workgroups developed these goals and strategies, recurring themes emerged as crucial to the PIP's success. These themes are also consistent with the extensive body of other information available to us regarding CFSA's strengths and needs, including information from the Court Monitor's baseline review, CFSA's strategic planning process, the planning process for Family Court implementation, and feedback from external and internal stakeholders.

Recruitment and Retention of Social Workers

The success of many improvements relies upon CFSA's ability to remedy its shortage of social workers. In 2001, CFSA convened a committee focused on recruitment and retention issues as per its agency strategic plan. Its goals include a staff of 300 licensed social workers by the end of fiscal year 2002, as well as the recruitment of more Spanish speaking social workers. Recruitment efforts include advertisements through key employment publications and professional organizations, job fairs, university partnerships, public relations outreach, and collaboration with the Mayor's Office. A plan to recruit and retain BSW applicants has also been implemented. The committee reports its findings and recommendations to senior management on a regular basis, and assists with the implementation of recruitment and retention initiatives. In the coming weeks we anticipate three additional partnerships to support recruitment and retention with the Labor-Management partnership with our union.

Since the first quarter of fiscal year 2002, CFSA has hired 52 MSW's and 14 BSW's, bringing the total to 260 Master's level social workers, and 16 Bachelor's level social workers. The goal is to carry a staff of 300 licensed social workers by the end of fiscal year 2002, and 340 by the end of 2003. The requirement that CFSA hire only Masters-level social workers served as an impediment to both recruitment and retention of social workers. In the first quarter of FY 2002, CFSA's "BSW Utilization Plan" set forth recruitment of licensed individuals with a Bachelors of Social Work (BSW) degree to manage low to moderate risk cases. Such employment of BSW's is consistent with the hiring practices of virtually all other state child welfare systems.

In 1998, CFSA entered into a contract with Virginia Commonwealth University (VCU) to fulfill competency-based training needs for social work staff. The VCU Training Project provides social workers the opportunity to attend high-quality, competency-based training sessions. Training Project staff adapted relevant training materials produced by child welfare experts in other jurisdictions across the nation, and developed new curricula as needed. CFSA has also developed a Training Academy under the auspices of the Office of Clinical Practice to emphasize the importance of developing competency-based practice skills. All new social work hires will be placed in training units prior to carrying cases. An effective integration plan will ensure that social workers transition into the agency in a manner that enables completion of pre-service training.

Investigate Abuse and Neglect Reports

On April 4, 2000, passage of the Child and Family Services Agency Establishment Amendment Act legislation, among other milestones, ended the bifurcated system of abuse and neglect investigations. The American Humane Association facilitated a team consisting of representatives of the DC Superior Court, CFSA, the Office of Corporation Counsel, the Counsel for Court Excellence, the Court Appointed Monitor and other community stakeholders to develop a transition plan to include:

- CFSA assumption of full case responsibility for abuse cases to include the transfer of the Court Social Services (CSS) staff and functions related to in-home case management of such cases.
- Development of revised policies and a training curriculum that ensures all social work staff understands the protocol of conducting abuse and neglect investigations.
- Compliance with all mandates of the Consent Order necessary to end the bifurcated child welfare system in the District.

Effective October 1, 2001, CFSA assumed responsibility for investigating abuse and neglect, and the responsibility of the Metropolitan Police Department (MPD) became limited to conducting criminal investigations only for those cases involving criminal misconduct - typically cases with alleged sexual abuse and serious physical abuse. CFSA has been working closely with MPD through ongoing meetings between staff at both the senior and direct service levels to ensure closely coordinated investigations. In consultation with MPD, CFSA has developed a core curriculum for investigating abuse, and continues to facilitate joint training with MPD. CFSA has been conducting best practice research in this area to guide the development of the most effective policy and procedures.

As part of the unification plan, all intake workers are trained in a five-part core curriculum regarding abuse investigation that includes modules on the Dynamics of Child Abuse, Abuse Investigation Protocol, Crime Scene Preservation and Photo Documentation, Papering Abuse Cases, and Forensic Interviewing. In addition, CFSA offers a wide variety of ongoing training sessions beyond this core, and has implemented training to support new social workers with investigations. Intake now has a training unit in which six new social workers learn investigation skills under careful supervision. A specialized Intake unit has been created to handle cases involving sexual abuse and serious physical abuse, and these are the cases requiring the closest coordination with MPD. Trainers have included national experts from organizations such as Childhelp USA and the National Resource Center on Maltreatment, as well as local experts from the U.S. Attorney's Office.

Expedite Permanency for Children

The Court Monitor's Baseline Report and ACF's Child and Family Services Review have provided invaluable information regarding barriers to permanency characteristic of CFSA before termination of the Receivership. Barriers cited in these reports relate to issues of practice and staffing, service delivery, legal process, placement options, and the specialized needs of children. CFSA has enacted various strategies to expedite permanency for the District's children.

Clinical Practice. CFSA has created a new Office of Clinical Practice to elevate attention to quality casework and clinical practice. This office oversees administrative review, guides clinical practice, and houses a team of specialists with expertise in substance abuse, housing, education, and domestic violence who are available to social workers for consultation regarding practice and resources. A new case plan format has been designed to remedy problems social workers faced using the planning module in the

agency's information system. Recruitment, retention and training efforts mentioned earlier should lower caseloads, thereby affording social workers more time for quality casework practice.

Previously Fragmented System. The District's previously fragmented abuse and neglect service delivery systems hindered permanence for families served by multiple agencies because a single permanency plan proved difficult to manage. The unification of abuse and neglect services in the newly structured CFSA has remedied such barriers.

Legal Process. The District of Columbia's legal process had not facilitated expeditious permanence. Child welfare cases had been spread across 59 Superior Court judges without sufficient resources and support to manage such difficult cases. In January of 2002, President Bush signed the District of Columbia Family Court Act of 2001 to establish a separate family court system. The legislation appoints 15 judges for a minimum of three years to specialize in family cases. They will receive extensive, specialized training on child welfare topics. A single judge-magistrate team will now be able to handle a case from its inception through permanency. Such continuity will serve to expedite sound permanency decisions despite potential social worker turnover.

In advance of the April 8, 2002 implementation plan due to Congress, CFSA had initiated reform efforts. In November 2001, the Abuse and Neglect section of the Office of Corporation Counsel (OCC) began hiring and training attorneys to facilitate their attendance at each review hearing. Specific Associate Corporation Counsels (ACC's) have now been assigned to specific judges to aid continuity of presentation. These ACC's have been trained in permanency planning, ASFA requirements, and the process for referring cases for Termination of Parental Rights (TPRs). Additionally, forty-two ACC's have been assigned to CFSA to provide legal representation, consultation and oversight to social workers in matters of child abuse and neglect judicial proceedings. Currently, thirty-nine of forty-two positions have been filled, with a projected time frame of July 2002 to fill the remaining three vacancies. Co-location will grant social workers direct access to legal assistance.

Placement Options. Access to viable, permanent placement options in the jurisdictions surrounding the District had been another obstacle to permanency. District families, neighborhoods, and communities often cross into Maryland and Virginia. CFSA is required to complete an Interstate Compact (ICPC) agreement with state jurisdictions each time a foster, kinship or adoption placement is sought in Maryland or Virginia. The District's reliance upon out-of-District placement and the efficiency of the ICPC process has presented challenges. CFSA is working to streamline the process through a series of meetings with the leadership in Maryland and Virginia to expedite placement called for by Congress in the Family Court Act.

Specialized Needs of Children. CFSA is exploring alternatives for children labeled "hard to place" - children with special needs whose care may be more costly or time consuming; and adolescents exhibiting oppositional behavior who may also have some involvement with the juvenile justice system. First, CFSA is strengthening the support services available to families. Second, CFSA is targeting recruitment of families capable of caring for placement of these special groups of children. Third, CFSA is influencing an attitudinal shift in the internal and external community that emphasizes all children's right to permanence.

Often, the front line social worker is confronted with systemic barriers to meeting the clinical needs of a child and family. Many of the difficulties are due to lack of a coordinated system of service delivery, placement disruptions, legal and funding issues. Furthermore, children and families require and deserve a service delivery system responsive to their unique needs. The Clinical Team Staffing (CTS) will serve as forum for clinical input and expertise to achieve viable solutions to clinical problems. At the conclusion

of the staffing, a carefully tailored plan will be developed with the child and/or family, family front line social worker, supervisor, and other pertinent parties to achieve successful clinical outcomes.

CFSA's Office of Clinical Practice will hold primary responsibility for clinical staffings categorized as follows:

- **Crisis Intervention:** An unexpected, sudden event that affects the safety or well being of children. Clinical needs such as coordination of medical care or collaboration among agencies to address deficiencies having immediate impact or potential danger to children.
- **Routine:** A worker exhausts existing options for meeting clinical needs, and requires support from the clinical team to devise a unique, family focused solution to address concerns.

The Intake Administration will also practice clinical staffings. Beginning April 1, 2002, Intake partnered with the Healthy Families/Thriving Communities Collaborative (Collaboratives) to staff referrals and cases. These staffings will occur on a weekly basis, with all of the Collaboratives involved in the process. Cross training exercises between CFSA Intake staff and the Collaboratives will ensure consistent and uniform service delivery.

Recruit and Retain Foster Homes

The recruitment and retention of foster, kinship and adoptive parents is a high priority for the agency. The agency director, Dr. Olivia Golden, has been meeting with foster, kinship and adoptive parents to enlist their support in outreach and recruitment efforts. During the Receivership, foster parent recruitment, training, licensing and placement functions had been scattered throughout the agency among distinct program areas. A key feature of the recent organizational realignment has been the consolidation of these functions.

In FY 2001, CFSA successfully recruited 258 prospective foster and adoptive parents within the District, and 233 from surrounding jurisdictions. CFSA is currently implementing its 2002 recruitment campaign, and we expect more gains in this regard. Special emphasis is focused on recruitment of families within the District, especially in wards 7 and 8 where there is higher incidence of home removal. Other strategies include:

- Reorganization designed to elevate recruitment, training, and licensing of foster and adoptive parents to report directly to senior management; unification of foster and adoptive recruitment and support; and linking recruitment work more closely to the community.
- Optimization of CFSA's new authority to license foster homes (as per April legislation); targeting bottlenecks with strategies such as contracting with multiple lead abatement vendors; enhancing the agency's MOU with the Department of Health regarding home inspections; and expediting fingerprinting and clearance processes.
- Collaboration with the Annie E. Casey foundation on the "My Community My Children" program to increase community-based placement resources.
- Negotiation with Maryland and Virginia to sign border agreements in 2002, as required by the "Sense of the Congress" resolution in the Family Court legislation aimed at simplifying recruitment, training, and licensing of appropriate families in the metropolitan area.

- Partnering with foster, kinship, and adoptive parents as a recruitment strategy. Through responsive engagement with these parents, CFSA hopes their positive experiences will result in promotion of these programs and recruitment of parents.

Promote Agency and Neighborhood-based Resources

Support services are crucial to stabilizing and strengthening families involved with the child welfare system. CFSA directly funds a variety of services for families including rental assistance, utility assistance, therapy, daycare, and furniture and clothing vouchers. Children in foster care are also eligible for a variety of support services, including but not limited to legal fees for adoption, clothing vouchers, school fees, therapy, and summer camp. In FY 2002, CFSA used its resources to fund support services for 1,823 families, encompassing 3,065 children. CFSA also works to link families to community support services such as emergency housing assistance, food banks, mentoring, etc. In the coming years, CFSA hopes to expand the array of services available to families to include such services as quality infant daycare, nighttime daycare, and comprehensive substance abuse treatment.

In February 2002, CFSA co-sponsored a retreat with the Healthy Families/Thriving Communities Collaboratives to explore ways to enhance the community-based services provided to families. The facilitator for the retreat had been provided through technical assistance with the National Resource Center for Family-Based Practice. Through an ongoing process, senior managers and staff from all levels of CFSA and the Collaboratives are meeting on workgroups charged with designing new policy and practice to meet the needs identified by internal and external stakeholders. CFSA plans to engage the Collaboratives in a variety of activities to accomplish the goals set forth in its strategic plan, in areas cited as needing improvement in the Child and Family Services Review findings, and as required by the Court Monitor. A few examples of such activities include: using the Collaboratives for conducting more frequent visits in more “family-like settings” for children and their families; enhancing their provision of supportive services for families; and co-sponsoring events that will promote foster, kinship, guardianship and adoptive placement options. Other activities are outlined in the narrative workplan.

Enhance Information Systems

Improving the reliability of CFSA data is crucial to measuring agency performance and progress. Senior managers now review monthly information system reports as a group to assess agency progress and data issues. Their performance agreements are tied to the accomplishment of goals measured by FACES data indicators. Senior managers in turn monitor data reports for accuracy and as a measure of their program and staff performance. Program managers are responsible for data corresponding to their program areas. This includes transfer of data from isolated databases into FACES, as well as normalizing consistent data entry.

Key program and information system staff convened to generate accurate caseload information by social worker. All social workers and supervisors conducted two rounds of data reconciliation between the automated listing of cases and manual records. One-time “clean-up” efforts have ameliorated data entry backlogs. Plans are underway to map and upload historical data such as family demographics, family goals, administrative review and legal notations, and reasons for exiting foster care for all open and recently closed cases into FACES. One example is the effort of court liaison staff to update the legal status of all cases within the next month.

Review of the agency's performance by ACF served as another opportunity to reconcile automated and manual data. For example, CFSA learned that its intake data had been relatively accurate, but that attention should be paid to the accuracy of data related to placement of children in congregate care facilities. This finding has initiated improvements to the programming of CFSA's automated data reports.

Monitor and Evaluate the Program Improvement Plan

The District of Columbia Child and Family Services Agency will implement a multi-tiered quality assurance system to monitor and evaluate agency progress during the Program Improvement Plan phase. Four primary strategies will be employed to collect and analyze sufficient qualitative and quantitative data to evaluate the CFSA's compliance and progress with the PIP. These include the following:

- supervisory cases record reviews;
- quality assurance validation reviews, including the Administrative Review process for all foster children;
- administrative reports from internal and external entities that will provide data and qualitative information regarding activities such as policy development, training, collaborative services, contracting issues, etc.; and,
- management information system data.

The Quality Assurance and Administrative Review Administration will be primarily responsible for qualitative, child-specific evaluations, while the Office of Planning, Policy and Program Support (OPPPS) will be responsible for ongoing tracking, monitoring and analyzing data and reports generated. OPPPS will assimilate and analyze the findings from the various sources of data and information and identify trends of progress or shortfalls. Additionally, OPPPS will provide guidance and technical support to CFSA staff in areas identified as requiring corrective action when progress falls short of benchmarked objectives. Based on findings throughout this evaluation process, OPPPS will provide quarterly reports to the Region III Office.

OUTCOME AREAS

I. SAFETY OUTCOME S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE.

ITEM 3. SERVICES TO FAMILIES TO PROTECT CHILDREN IN THEIR HOMES AND PREVENT REMOVAL
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A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ The FACES case plan format has not effectively facilitated the identification of needs and documentation of service provision for children and families. Social workers have difficulty writing and printing the case plan in FACES, as well as entering pertinent information that accurately reflects their effort. The absence of an obtainable hard copy makes it challenging for social workers to discuss, identify and deliver services with the family.
- ✓ CFSA has not employed an assessment tool that supports social workers in completing comprehensive and accurate family, safety and risk assessment.
- ✓ CFSA has not provided newly hired social workers with clinical training on family, risk and safety assessments, and other competency areas that will enable the identification of family service needs. Such training has not been provided to tenured social workers to continue to develop these skills.
- ✓ CFSA has not fully utilized its community partners in early intervention efforts that convene family members to identify services to address underlying contributors to abuse/neglect.
- ✓ Families have not been fully engaged in the case planning process.

B. IMPROVEMENT PLAN

CFSA senior managers recognized the need for modification of the FACES case plan format in order to improve, among other aspects, the documentation of needs and service provision. In the fall of 2001, CFSA's Principal Deputy commissioned the Caseload Verification Committee (CVC) to identify FACES application problems. Then in January 2002, the Change Support Committee (CSC) convened to resolve these issues with the goal of enhancing the utility of the application. The CVC discovered that social workers could not make changes to service provision data in FACES for cases with a pending administrative review.

In addition to redesigning the case plan format, CFSA plans to enhance its tool for completing family, risk and safety assessments. Former assessment tools had not been widely utilized because social workers found them lengthy and cumbersome. Social workers will be expected to follow policy guidelines instructing assessment at regular intervals throughout the life of a case to ensure the safety of children in their homes or placements. Streamlining both the risk assessment tools and the case plan will make each

more accurate and user-friendly for social workers. Social workers will utilize the new case plan to engage families in identifying service need during initial assessment and visits, and will be reviewed with families during the administrative review process to monitor service provision and progress. Training will be provided to all staff on these new assessment and case plan tools.

In its reorganization, CFSA has centralized the clinical service specialists within the Office of Clinical Practice. Clinical service specialists focus on assisting social workers access and provide services to children and families in the areas of domestic violence, housing, substance abuse, and education. The specialists also counsel social workers on proper identification of the underlying issues contributing to abuse and neglect. Consolidating and centralizing the specialists in the Office of Clinical Practice enables more efficient delivery of their support services to social workers.

The newly created Training Academy (TA) will provide competency-based, clinical training that will include intensive instruction on family risk and safety assessment. All new social workers will be assigned to the Training Academy for approximately three months of “pre-service” training before assuming a regular caseload. Training will address CFSA policy and procedures, assessment of families, identification of problems, and appropriate and effective service strategies in a family-centered approach. In this phase, each social worker will be assigned to a veteran supervisor enlisted for his or her superior clinical skills and pedagogic abilities (also reference Items 32 and 33). Ongoing, “in-service” clinical training requirements will ensure that existing supervisors and social workers are trained on innovative family-centered practice methodology that includes such topics as family involvement in case planning, and appropriate assessment of risk, service needs and provision.

CFSA plans to decrease the period of time between the referral for an investigation of abuse/neglect and its completion. Through recruitment and retention efforts, the number of investigations staff will increase, thereby reducing their caseloads to facilitate the completion of investigations within 30 days. More experienced social workers will be transferred to the Investigations Unit to improve CFSA’s ability to make assessments and determinations. Supervisors will monitor reports on “response time” between referral and completion of an investigation to ensure investigations are being conducted in a timely manner. CFSA plans to utilize the Healthy Families/Thriving Communities Collaboratives to assist in completing required family visits and review of risk and safety factors in the home.

Commencing in the summer of 2001 as a Casey initiative, the Return/Diversion program helps prevent the removal of children. The program addresses service needs to prevent children’s placement in out-of-District care, and can facilitate their return from out-of-District care. The program accomplishes this by promoting the social functioning and informal support networks of the entire family through a wraparound service model. The program currently serves 30 children, and CFSA is in the process of creating a permanent Return/Diversion Coordinator position in the agency as a commitment to this work.

Finally, CFSA plans to expand utilization of the Emergency Assessment Program (EAP) to establish early intervention and community support services to families with children at risk of out-of-home placements. The EAP is a family preservation strategy that deploys social workers to prevent children from entering the child welfare system. After Intake staff determine that the family is an appropriate candidate for EAP intervention, social workers are deployed to further assess the family and its ability to identify underlying contributors to abuse/neglect and develop a strategy for protecting children in their homes. The EAP convenes family members to identify issues and craft a safety and service plan. CFSA has contracted with two community Collaboratives for EAP services, but has not fully utilized their capacity. Expansion of EAP efforts will effectively prevent removal of children from their homes (or plan the expeditious return home of children who were initially removed), engage family members in service planning, and improve the opportunity for placing children with family members when appropriate.

The plans for Items 17, 21, 22, and 23 should also be referenced as they relate to services provided to children and families.

ITEM 4. RISK OF HARM TO CHILD

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ CFSA has not employed an assessment tool that supports social workers in completing comprehensive and accurate family, safety and risk assessment.
- ✓ CFSA has not provided newly hired social workers with clinical training on family, risk and safety assessment and other competency areas such as identification of the underlying causes of abuse/neglect. Such training has not been provided to tenured social workers to continually develop these skills.
- ✓ CFSA has not ensured that services have been provided to families as per case planning, and that change has occurred as a result of service provision.
- ✓ Families have not been fully engaged in the case planning process.
- ✓ Management of high caseloads has inhibited investigations staff from completing investigations in a timely manner.
- ✓ Social workers have not been able to complete required home visits due to high caseloads. Safety and risk assessments have not been conducted on a periodic basis throughout the life of the case.

B. IMPROVEMENT PLAN

As mentioned in Item 3, CFSA is revising its family, risk and safety assessment tools to facilitate comprehensive and accurate assessments. Former assessment tools had not been widely utilized because social workers found them lengthy and cumbersome. Social workers will be expected to follow policy guidelines instructing assessment at regular intervals throughout the life of a case to ensure the safety of children in their homes or placements. Streamlining both the risk assessment tools and the case plan will make each more accurate and user-friendly for social workers. Social workers will utilize the new case plan to engage families in identifying service need during initial assessment and visits, and will be reviewed with families during the administrative review process to monitor service provision and progress. Training will be provided to all staff on these new assessment and case plan tools.

The newly created Training Academy (TA) will provide competency-based, clinical training to include intensive instruction on family risk and safety assessment. All new social workers will be assigned to the Training Academy for approximately three months before assuming a regular caseload. The first phase of “core” training will address CFSA policy and procedures. Subsequent instruction will include training on the assessment of families, identification of problems, and appropriate and effective service strategies to

remedy these problems. In this phase, each social worker will be assigned to a veteran supervisor enlisted for his or her superior clinical skills and pedagogic abilities (also reference Items 32 and 33). Ongoing clinical training will be provided to all social workers to continually refresh and develop additional expertise in the identification of underlying contributors to abuse and neglect, and engagement of families in service planning and provision to address these issues. Social workers will also be clinically trained in topic areas such as substance abuse, mental health, domestic violence, and other underlying causes of abuse and neglect.

CFSA has placed a multidisciplinary team of specialists in the areas of substance abuse, sexual abuse, housing, education, and domestic violence in the Office of Clinical Practice to support social workers in making determinations of the underlying issues contributing to abuse/neglect. The domestic violence position is newly created to respond to client needs and CFSR findings. CFSA has also been meeting with Department of Mental Health representatives to develop a collaborative working relationship that will improve assessment and service delivery to children and families with mental health needs. The CFSA substance abuse specialist has developed a resource listing of substance abuse resources, and is capable of counseling social workers on individual cases. The Healthy Families/Thriving Communities Collaboratives will also assist CFSA in accessing services responsive to the housing, substance abuse, mental health, tutoring, mentoring, social and recreational enrichment needs of children and families.

In addition to support in accessing resources, CFSA will be developing and implementing clinical case staffings to provide social workers a forum for presenting challenging cases requiring clinical consultation and expertise. These staffings will also provide a forum for formulating intervention strategies when critical events threaten the safety or well being of children. Clinical case staffing policy and procedure will be developed, and social workers from CFSA, the Collaboratives, and the private care provider agencies will be trained on utilization of these staffings. Such clinical support will assist social workers in making accurate assessments and recommending appropriate services to address family needs.

The capacity of social workers to make accurate assessments and construct appropriate service plans will also be enhanced by CFSA improvements to its case plan and its assessment tool for completing family, risk and safety assessment. Former assessment tools had not been widely utilized because social workers found them lengthy and cumbersome. Social workers will be expected to follow policy guidelines instructing assessment at regular intervals throughout the life of a case to ensure the safety of children in their homes or placements. Streamlining both the risk assessment tools and the case plan will make each more accurate and user-friendly for social workers. Social workers will utilize the new case plan to engage families in identifying service need during initial assessment and visits, and will be reviewed with families during the administrative review process to monitor service provision and progress. Training will be provided to all staff on new assessment and case plan tools, as well as family involvement in case planning. CFSA is incorporating family-centered practice methodology in its training curriculum to be delivered in both its pre-service and in-service training.

CFSA supervisors will promote and ensure inclusion of families in safety and service planning, and the need to continually conduct safety and risk assessments for children on a periodic basis throughout the life of the case. Supervisory case reviews will be used to monitor completion of assessment instruments, particularly for in-home service cases to ensure that children are being safely maintained in their homes. Supervisors will also conduct qualitative assessment of cases to ensure that social workers are monitoring service delivery and family progress in meeting case plan objectives. CFSA plans to utilize the Healthy Families/Thriving Communities Collaboratives to improve the capacity to make required family visits and review risk and safety factors. Supervisors will be responsible for monitoring visits and assessment of the risk of harm to child, especially for in-home cases.

CFSA plans to decrease the period of time between an investigation referral and its completion. Through recruitment and retention efforts, the number of investigations staff will increase, thereby reducing their caseloads to facilitate the completion of investigations within 30 days. More experienced social workers will be transferred to the Investigations Unit to improve CFSA's ability to make assessments and determinations.

II. PERMANENCY OUTCOME P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.

ITEM 5. FOSTER CARE RE-ENTRIES

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3 Documentation of re-entries reports a higher incidence of foster care re-entries than accurate due to erroneous documentation of “re-entries”. The application often inappropriately enters children into the database as “removed from home”, “entered into foster care”, “removed from placement”, and then re-entered as “entered into foster care”. This application flaw erroneously documents two foster care episodes for a child instead of one.
- 3 Social workers and supervisors have not properly assessed risk, safety, and achievement of case plan objectives prior to reunification to prevent possible re-entry of children.
- 3 CFSA’s aftercare policy has not included guidelines for “pre-planning” and “post-discharge” support services for reunification, kinship care, permanent guardianship, adoption, return diversion, and independent living situations to prevent foster care re-entry.
- 3 CFSA has not fully utilized community partners to assist in promoting and providing supportive services in “aftercare” situations of reunification, kinship care, permanent guardianship, adoption, return diversion, and independent living.
- 3 Permanency options for children have not been expeditious due to CFSA’s limited social worker and legal resources.

B. IMPROVEMENT PLAN

CFSA continues to investigate and resolve application and computer logic issues causing erroneous “re-entry” data. An example of such an error includes kinship foster care placements classified in FACES as “home removal and exit”. Such data inaccuracies have negatively impacted CFSA’s performance rating in terms of the baseline standards for the Court Monitor, and the federal Child and Family Services Review. Agency workgroups comprised of staff from FACES, program units and the Office of Planning have been formed to address such issues as inappropriate data definition. FACES data will be used to monitor the status of foster care re-entries and to inform program and practice improvements to achieve permanency goals.

Improvements in the areas of risk and safety assessment, family inclusion in planning decisions, the case transfer process, and the placement disruption process, will effectively reduce the foster care re-entry rate. CFSA is in the process of revising the risk and safety assessment tools. Supervisors will ensure that social workers utilize these assessment tools on an ongoing basis, and emphasize their use prior to reunification, kinship care, adoption, return diversion, and independent living to be certain that the new living

arrangement for the child/youth is safe and viable. Including family members in the case planning process will contribute to making sound permanency decisions. CFSA plans to incorporate family conferencing into its training curriculum, and promote such techniques in clinical practice. Re-engineering the case transfer and placement disruption processes will improve communication and decisionmaking among CFSA social workers, private provider agency staff, and pertinent family members and caregivers.

CFSA's aftercare policy will be revised to enhance permanency staffings for all children before exiting the system for reunification, kinship care, permanent guardianship, independent living, return/diversion, and adoption. Engaging families in the pre-discharge case planning and post-discharge support services will make these permanency options successful and prevent foster care re-entry. Appropriate support services will be recommended during the last permanency staffing to prepare the child and/or family for their aftercare experience. CFSA plans to expand its partnership with the Healthy Families/Thriving Communities Collaboratives to provide aftercare services that will provide the support needed to ensure permanency plans are successful. This effort will enhance the activity of CFSA's Post Adoption Unit that currently provides aftercare services to families after adoptions are finalized. This unit assists the child and family with transition their new home situation.

Specifically, post-reunification services will be strengthened to ensure that children who are reunified with their families do not result in re-entry into care. The Healthy Families/Thriving Communities Collaboratives will work with neighborhood-based foster families in supporting birth families while children are in foster care and after they return home through the My Community/My Children program. This program pairs birth parents with the foster parents caring for their children to help foster parents better understand the children's personalities and needs. For example, a birth mother may know that her son becomes irritable when he is not fed at a particular time. Exchanging such pertinent information with the new caregiver helps foster parents successfully meet the needs of the child, thereby reducing possible placement disruptions. Such involvement by the birth parent also helps sustain a relationship between children and their biological parents, thereby increasing the possibility of reunification - the most preferred permanency option.

CFSA has launched an aggressive recruitment and retention campaign for foster, adoptive, and kinship families. Publicity initiatives include radio announcements, newspaper and yellow page inserts, local television ads, as well as collaborative recruitment efforts with other District government agencies. CFSA has recently launched a website that will include information about becoming a foster, adoptive, and kinship parent. For the upcoming fiscal year, CFSA contracts with the Healthy Families/Thriving Communities Collaboratives and other private providers in the community include specific goals for providing supportive services to foster, adoptive and kinship parents in order to improve their retention and the stability of children in their placement setting. The HFTC Collaboratives will also assist in promoting community awareness of foster care, kinship care, and adoption. A Foster/Adoptive Recruitment Advisory Committee will ensure training and mentoring will be enhanced for parents, supervisors, and social workers, and that customer satisfaction surveys and data analysis will inform planning activities for ongoing recruitment and retention improvements. Technical assistance will be sought from the Annie E. Casey Foundation and the Child Welfare Institute.

ITEM 6. STABILITY OF FOSTER CARE PLACEMENTS

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ FACES program logic for “placements” did not coincide with that of AFCARS definitions and interpretations.
- 3 The lack of foster homes available in the District of Columbia leads to placement of children in areas distant from their communities of origin. The lack of specialized foster homes in general contributes to disruption because children may be placed in homes that are not an appropriate match, or lack the skills to meet the needs of children with special needs.
- ✓ Specialized services and placement options have not been available for younger children with developmental disabilities or delays.
- ✓ CFSA policy did not mandate disruption staffings to potentially prevent placement disruptions.

B. IMPROVEMENT PLAN

CFSA’s definition of disruptive placement has differed from that defined by federal guidelines. Data discrepancies occur when data is defined and collected uniquely. Policy and program logic defining and tracking placement disruptions will be modified in accord with the AFCARS definition and interpretation. This may yield more positive CFSA results in this area.

CFSA is developing an array of appropriate placement options for children with multiple mental, emotional and/or behavioral needs. CFSA will enhance utilization of proctor home providers, therapeutic foster homes, and return diversion program services. The proctor home program is underway creating homes for children ages 15 to 21 with a history of placement disruptions. Proctor parents attend monthly sessions that include the support of a clinician. Plans also include an increase in the number of therapeutic foster homes, and efforts will continue to improve foster parent training and support services enabling them to more effectively meet the needs of children. Additionally, the development of a Memorandum of Understanding (MOU) with MRDDA will also enhance the availability of services and placement options for younger children with mental retardation or developmental disabilities.

Commencing in the summer of 2001 as a Casey initiative, the Return/Diversion program helps prevent the removal of children. The program addresses service needs to prevent the placement of children in out-of-District care, and return those already in placement outside the District. The program accomplishes this by promoting the social functioning and informal support networks of the entire family through a wraparound service model. The program currently serves 30 children, and CFSA is in the process of creating a permanent Return/Diversion Coordinator position in the agency as commitment to this work.

New agency policy requires a disruption staffing for every placement at imminent risk of disrupting. A Disruption Intervention Plan (DIP) will be developed, and employ a wraparound service model. Participants in the case staffing will include the placement service provider, family members, the CFSA social worker, and representatives from community-based agencies. Implementation of the DIP should decrease the incidence of placement disruption. Training on this policy will be provided to staff and

placement service providers. A baseline will be established on cases at risk of disruption to measure progress in this area.

ITEM 7. PERMANENCY GOALS FOR CHILDREN

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3 Limited legal counsel and assistance has hindered achievement of permanency goals for children. Coordination between attorneys and social workers has not facilitated effective case planning and presentation of permanency plans at court hearings. The filing of Termination of Parental Rights (TPR) petitions has been delayed by insufficient legal resources.
- 3 Judges had not consistently been assigned to cases. Judges hearing a case when opened often were not the same judges hearing the case for the filing of the termination of parental rights (TPR) petition.
- 3 Many of the 60 judges assigned to family cases employed a unique format for court reports. This inconsistency of format created confusion among social workers and delayed the submission of court reports, which ultimately delayed permanency for children.
- 3 CFSA has not facilitated purposeful permanency planning. Social workers have not effectively employed permanency staffings to examine permanency options and plans. The consistency of permanency goals and services has been compromised in the transfer of cases from Intake to the program areas.
- 3 Concurrent permanency planning has not been incorporated into case planning for reunification cases.

B. IMPROVEMENT PLAN

The establishment of a Family Court in the District of Columbia will serve to focus legal attention on judicial reviews and permanency planning. Congress enacted the "District of Columbia Family Court Act of 2001" in January 2001, which establishes a separate family court system and appoints at least fifteen (15) judges for a minimum of three years. The legislation also calls for extensive training for judges, as well as cross-training among judges, attorneys, social workers and other child welfare experts. Secondly, one out of every two cases will be referred to the Child Protection Mediation Program to facilitate active involvement and participation of the family, CFSA and the Court in permanency planning activities prior to the adjudication of the child(ren). Third, since last year, CFSA and the Office of Corporation Counsel have partnered to assign Assistant Corporation Counsels (ACC's) to CFSA to provide direct oversight and legal representation and consultation for each child's case under the supervision of the Court. Finally, the legislation requires the Mayor of the District of Columbia to integrate the computer data base systems of the Court and CFSA to enhance compliance with the six month permanency hearing requirement, and provide for better tracking and analysis regarding other ASFA requirements.

CFSA and the Superior Court will make improvements to expeditiously terminate parental rights when reunification has been deemed inappropriate. In November 2001, the Abuse and Neglect section of the Office of Corporation Counsel (OCC) began hiring and training attorneys to facilitate their attendance at

each review hearing. Specific Associate Corporation Counsels (ACC's) have now been assigned to specific judges to aid continuity of presentation. These ACC's have been trained in permanency planning, ASFA requirements, and the process for referring cases for Termination of Parental Rights (TPR's). In January and February 2002, CFSA trained five ACC's in TPR court process, and diminished their Review Hearing responsibilities in order to focus on TPR petitions. This TPR team has the goal of filing 250 TPR petitions by May 2003.

Additionally, the Superior Court has instituted an ASFA Case Tracking System to monitor timelines for moving a case through the adjudication process. The Office of Corporation Counsel created a tracking form that must be updated by ACC's after each hearing, and submitted to the TPR coordinator for review and action. CFSA is in the process of establishing a methodology for identifying and prioritizing cases requiring TPR petitions. This would include generating a FACES report highlighting those children with the goal of adoption for whom no legal action has been initiated, in order to prioritize filing of TPR petitions for children.

CFSA intends to re-institute the policy and practice of permanency staffings to minimize the duration of permanency planning efforts. Implementation of transfer staffings as cases are transferred from Intake to an ongoing program area, and from one program to another, will also emphasize consistency of goals and services. Additionally, concurrent permanency planning will serve to expedite the achievement of permanency goals and reduce time spent in temporary foster care arrangements. These revised policies and practice will be incorporated into the new case plan format, and staff will be trained on all aspects of staffings and permanency planning.

ITEM 8. INDEPENDENT LIVING SERVICES
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A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3 Licensing standards had not been established for independent living programs.
- 3 Teens have not been included in the development of their Independent Living Plans.
- 3 CFSA has not ensured a well-coordinated Independent Living Plan developed between CFSA and the Independent Living Providers for each teen with this permanency goal.
- 3 CFSA aftercare policy did not ensure a pre-discharge planning process that included all pertinent parties in the youth's life, and the provision of post-discharge supportive services as youth transition from care to independent living.
- 3 Independent living services have been initiated as youth reach 17 years of age. Such a delay in services results in an ill-prepared exit from care.
- 3 CFSA has not adequately trained foster parents to assist youth in fully meeting their developmental needs as they prepare for independent living.

- 3 CFSA did not have a mechanism through which foster parents could seek counsel and support for youth preparing for Independent Living.

B. IMPROVEMENT PLAN

In its reorganization, CFSA developed the Office of Licensing and Monitoring (OLM) to investigate institutional abuse and neglect, and promulgate and implement regulations for the licensure and monitoring of youth residential facilities, private agency foster homes, foster care providers, group homes, and independent living programs. OLM is expanding its authority and staffing to ensure that the care and programs provided to children, youth and families meet established guidelines. Independent living service providers will now be held to licensing and performance standards. All staff will be trained in new policy and protocol.

Independent living skills goals will be addressed in the case plan with identifiable steps and strategies. Case staffings will ensure that CFSA, independent living providers, care providers, and youth collaboratively define these independent living goals. A joint planning effort between CFSA and the Healthy Families/Thriving Communities Collaboratives identified the need for revisions to CFSA's aftercare policy. Such revisions will place emphasis on a pre-discharge planning process to include all pertinent parties in the youth's life, and will be conducted with ample time to build the support mechanisms youth need as they transition into independent living. A post-discharge period would also include supportive and community services to ensure successful achievement of this permanency goal, and the community Collaboratives can assist in this regard. Including youth in the development of their Independent Living Plan will make such plans more attuned to the needs of the youth, as well as begin to educate youth on incremental goals that they must meet in order to prepare for emancipation.

The Independent Living Program will be enhanced to target independent living activities for youth fourteen years of age and older. CFSA will identify additional service providers for this younger population of foster care youth. Through the Foster Parent Association, monthly meetings will be held with foster parents to address training and assistance needs in facilitating independent living skills and education to youth in their care. In addition, joint activities will be planned for foster parents and youth to teach, model and coach. Independent Living Program staff will work with designated foster parents, youth and social workers to develop the curriculum, activities and schedule. Foster parent association representatives and agency staff have identified the need to clearly define the role, responsibilities, and expectations of foster parents.

ITEM 9. ADOPTION

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3 The lack of concurrent planning for reunification and adoption has caused delays in the planning for and achievement of the goal of adoption. The backlog in petitions for and completion of Termination of Parental Rights (TPR) also causes delays in achieving adoption permanency.

- 3 A significant number of adoptive families live across state lines, and the Interstate Compact on the Placement of Children (ICPC) approval process also delays adoption.
- 3 The lack of dual certification as foster parents and adoptive parents adds another layer of required approvals and delays in adoption finalization.
- 3 The lack of adoptive families creates challenges for CFSA in achieving its adoption goals.

B. IMPROVEMENT PLAN

The establishment of a Family Court in the District of Columbia will serve to focus legal attention on judicial reviews and permanency planning. Congress enacted the "District of Columbia Family Court Act of 2001" in January 2001, which establishes a separate family court system and appoints at least fifteen (15) judges for a minimum of three years. The legislation also calls for extensive training for judges, as well as cross-training among judges, attorneys, social workers and other child welfare experts. Secondly, one out of every two cases will be referred to the Child Protection Mediation Program to facilitate active involvement and participation of the family, CFSA, and the Court in permanency planning activities prior to the adjudication of the child(ren). Third, since last year, CFSA and the Office of Corporation Counsel have partnered to assign Assistant Corporation Counsels (ACC's) to CFSA to provide direct oversight and legal representation and consultation for each child's case under the supervision of the Court. Finally, the legislation requires the Mayor of the District of Columbia to integrate the computer data base systems of the Court and CFSA to enhance compliance with the six month permanency hearing requirement, and provide for better tracking and analysis regarding other ASFA requirements.

In November 2001, the Abuse and Neglect section of the Office of Corporation Counsel (OCC) began hiring and training attorneys to increase their attendance at each review hearing. Specific Associate Corporation Counsels (ACC's) have now been assigned to specific judges to aid in the continuity and expediency of permanency planning activities. The ACC's have been trained in permanency planning, ASFA requirements, and the process for referring cases for Termination of Parental Rights (TPR's). In January and February 2002, CFSA trained five ACC's in the TPR court process while diminishing their Review Hearing responsibilities. CFSA is in the process of generating FACES data to identify children with the goal of adoption for whom no legal action has been initiated in order to prioritize these for filing of TPR petitions. This TPR team has the goal of either filing or joining in the petition of 150 TPR's.

In March 2000, the Superior Court instituted use of the ASFA Case Tracking System. This system monitors timelines for moving a case through the adjudication process. The Office of Corporation Counsel created a tracking form that must be updated by ACC's after each hearing, and submitted to the TPR coordinator for review and action. This system is being more fully implemented with the hiring of the additional ACC's. In April 2002, ACC's joined social workers in the main CFSA building. This proximity and focus will improve collaboration and coordination between social workers and ACC's in the preparation of cases and timely movement through the court process.

CFSA will identify any additional MD or VA homes for which ICPC approval has not been received, and will refer these for home studies. Private providers will be utilized to conduct home studies of Maryland and Virginia families to expedite approvals. Contracts will include strict performance measures to ensure timely completion of these home studies. Meetings are currently being held among senior managers in the District of Columbia, Maryland and Virginia's child welfare systems to reach agreements that will remove barriers to placement in these states. CFSA anticipates that these agreements will improve adoptive placement for children.

The District has not required dual certification of families as foster and adoptive parents. If a licensed foster parent decides to adopt the child, he or she must then seek certification as an adoptive parent. This delays the adoption process. CFSA plans to establish protocols to dually and concurrently license all appropriate families for both foster care and adoption. Families will be dually licensed as part of the licensure process.

CFSA has launched an aggressive recruitment and retention campaign for foster, adoptive, and kinship families. Publicity initiatives include radio announcements, newspaper and yellow page inserts, local television ads, as well as collaborative recruitment efforts with other District government agencies. CFSA has recently launched a website that will include information about becoming a foster, adoptive, and kinship parent. For the upcoming fiscal year, CFSA contracts with the Healthy Families/Thriving Communities Collaboratives and other private providers in the community include specific goals for providing supportive services to foster, adoptive and kinship parents in order to improve their retention and the stability of children in their placement setting. The HFTC Collaboratives will also assist in promoting community awareness of foster care, kinship care, and adoption. A Foster/Adoptive Recruitment Advisory Committee will ensure training and mentoring will be enhanced for parents, supervisors, and social workers, and that customer satisfaction surveys and data analysis will inform planning activities for ongoing recruitment and retention improvements. Technical assistance will be sought from the Annie E. Casey Foundation and the Child Welfare Institute.

<p>ITEM 10. PERMANENCY GOALS OF OTHER PLANNED PERMANENT LIVING ARRANGEMENTS</p>
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A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3 Lack of legal resources available to CFSA social workers has hindered permanency planning.
- 3 Lack of documentation of compelling reasons in court orders.
- 3 Limited resources for "Other Planned Living Arrangements".

B. IMPROVEMENT PLAN

The establishment of a Family Court in the District of Columbia will serve to focus legal attention on judicial reviews and permanency planning. Congress enacted the "District of Columbia Family Court Act of 2001" in January 2001, which establishes a separate family court system and appoints at least fifteen (15) judges for a minimum of three years. The legislation also calls for extensive training for judges, as well as cross-training among judges, attorneys, social workers and other child welfare experts. Secondly, one out of every two cases will be referred to the Child Protection Mediation Program to facilitate active involvement and participation of the family, CFSA and the Court in permanency planning activities prior to the adjudication of the child(ren). Third, since last year, CFSA and the Office of Corporation Counsel have partnered to assign Assistant Corporation Counsels (ACC's) to CFSA to provide direct oversight and legal representation and consultation for each child's case under the supervision of the Court. Finally,

the legislation requires the Mayor of the District of Columbia to integrate the computer database systems of the Court and CFSA to enhance compliance with the six month permanency hearing requirement, and to provide for better tracking and analysis regarding other ASFA requirements.

CFSA launched an aggressive campaign to review cases with a goal of “Other Planned Living Arrangements” to ensure the appropriateness of the goal, and is establishing protocol for the documentation of compelling reasons in the Court order to accomplish this. Staff will be trained in this process. CFSA has also implemented the “Helping Families Stay Together” Kinship Care Permanent Guardianship Subsidy Program designed to provide financial assistance to help kinship families provide permanency for the children in their care. Policy and procedure has been written, and social workers in CFSA and in the private contract agencies will be trained in this regard to promote this program.

III. PERMANENCY OUTCOME P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN.

ITEM 13. VISITING WITH PARENTS AND SIBLINGS IN FOSTER CARE

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ CFSA has not fully utilized community partners and their locations for the purpose of family visits.
- ✓ Visitation data has not been consistently and thoroughly collected from Healthy Families/Thriving Communities Collaboratives and the Consortium for Child Welfare Agencies.
- ✓ Multiple FACES screens have been used to document visitation.
- ✓ Time frame for documenting visits has been left to the discretion of the supervisor and social worker.
- ✓ CFSA policy does not specifically address procedures for initiating and completing diligent search on absent parents at the Intake level (see Item 16).

B. IMPROVEMENT PLAN

Recruitment and retention of social workers is one of CFSA's seven agency strategic plan goals. As recruitment and retention efforts ameliorate workload constraints, social workers will have more time for quality casework to include frequent visitation with children, parents, and caregivers. The goal is to ensure a minimum of two visits per month for children with the goal of reunification. CFSA policy requires that the case plan include a visitation schedule for all children in foster care. The social worker is to coordinate the schedule to ensure that parents and siblings are provided an opportunity for consistent visitation. Visits may be either supervised or unsupervised. New policy will also require that diligent search procedures be initiated during Intake, as well as throughout the continuum of care as appropriate. As soon as Intake social workers exhaust their diligent efforts to locate parents, they will be expected to refer cases to the Diligent Search Unit. Social work supervisors will review all Disposition and Permanency court reports to ensure that information regarding diligent search is included when necessary.

CFSA contracts with the Healthy Families/Thriving Communities Collaboratives and the Consortium for Child Welfare Agencies to perform a variety of case management activities that include visitation with parents and siblings in foster care. Contracts with these agencies for the upcoming fiscal year will specify measurable results in regard to facilitation and completion of visits with parents and siblings in foster care. These Collaboratives and Consortium agencies operate community-based sites that will be utilized for family visits in an environment less "office-like" and more "family-friendly", as well as more closely situated to the family's location. Contract specifications will also include a structured format for visits that will promote positive interaction among family members. The CFSA Training Academy will be provided to ensure innovative, family-centered practice is incorporated into the visit format.

CFSA social workers have encountered three different screens for the documentation of visits: the Client Contact screen, and two Visitation Logs (one connected to the Case Plan screen, and the other to Court screens). This has led to inaccurate documentation of family visits, as well as difficulty tracking compliance. Additionally, visits between social workers and children and parents have not been adequately documented in FACES. CFSA has evaluated 1) in which data fields social workers routinely enter data on the visits made with children and parents, and 2) from which data fields the Information Management Team (IMT) pull data to report compliance of social worker visits made with children and parents.

To improve case record documentation of visits, the CFSA Case Plan Committee has recommended the elimination of both Visitation Logs, and the redesign of the Client Contact screen. CFSA will ensure social workers consistently enter data into the appropriate data fields from which the IMT pulls visit data. FACES will have one contact/visit icon made available to social workers in order to streamline the process of documenting visitation. CFSA supervisors will be provided monthly management reports tracking the number and frequency of visits between children in foster care and their parents and siblings. Supervisors will closely monitor the documentation practices of their social workers, and will assist staff in developing improved time management and prioritization skills as necessary.

CFSA has not been successful in obtaining all of its visitation information from the Healthy Families/Thriving Communities Collaboratives and other contracted providers. Such visits have not been fully documented due to lack of training and other barriers. Efforts are being made to improve FACES access and usability for these social workers as well. Training on clinical practice, policy, protocol and FACES utilization will be provided for all social workers from CFSA and external agencies as it relates to conducting and documenting visits. Family dynamics and facilitating family-like visits name two of the specific clinical practice topics to be addressed.

ITEM 16. RELATIONSHIP OF CHILDREN IN CARE WITH THEIR PARENTS
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A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Currently, cases are often referred to the Diligent Search Unit at the time of adoption or guardianship proceedings rather than at the point of intake or any earlier point in the case when a parent cannot be located. While CFSA policy provides clear instructions on diligent search procedures at the adoption stage, it does not specify initiation of such procedures during the Intake process.
- ✓ Social workers have not been sufficiently trained on family interview techniques that could be utilized during initial interviews and assessments, as well as ongoing investigations and assessments.
- ✓ Social work supervisors have not emphasized the inclusion of birth fathers in assessment.
- ✓ Diligent search information is not presently documented in FACES due to a lack of screens to capture the data, and the Diligent Search Unit (DSU) having read-only access. The DSU also lacks access to a criminal record database to assist in locating parents.

B. IMPROVEMENT PLAN

Short-term goals will focus on improving attempts to locate birth parents, facilitate visitation between children in foster care and their fathers, and document visitation efforts. CFSA policy in the court section, “Handling of Child Support Referral” requires the social worker to obtain all identifying information on both parents within five days following the initial court hearing during face-to-face contact with the mother, father, or extended family members. The Diligent Search Unit will develop training for social workers that will instruct them in gathering information on birth parents during initial investigations and contact with families. Training will also instruct on the process of establishing paternity, as well as family assessment and treatment planning. Through technical assistance from the Virginia Commonwealth University, the training curriculum “Dad’s Making Changes” is being developed to increase the role fathers play in the planning process. This mandatory training will address the importance of locating fathers, facilitating father and child(ren) visitation, and fathers’ inclusion in planning for their children.

New policy will also require that diligent search procedures be initiated during Intake, as well as throughout the continuum of care as appropriate. As soon as Intake social workers exhaust their diligent efforts to locate parents, they will be expected to refer cases to the Diligent Search Unit. Social work supervisors will review all Disposition and Permanency Hearing Court reports to ensure that information regarding diligent search is included when necessary.

Enhanced tracking of visits between children in foster care and their parents and siblings will ensure visits are being scheduled and completed. Supervisors will receive newly designed monthly management reports tracking the number and frequency of visits. Supervisors will also closely monitor and evaluate case record content to ensure that the father is included in the planning process, and that addresses are documented for both parents. Efforts to visit with fathers will be discussed during social work supervision, and supervisors will provide feedback and strategies on how to facilitate visitation when there are barriers.

CFSA contracts with the Healthy Families/Thriving Communities Collaboratives and the Consortium for Child Welfare Agencies to perform a variety of case management activities that include visitation with parents and siblings in foster care. Contracts with these agencies for the upcoming fiscal year will specify measurable results in regard to facilitation and completion of visits with parents and siblings in foster care. These Collaboratives and Consortium agencies operate community-based sites that will be utilized for family visits in an environment less “office-like” and more “family-friendly”, as well as more closely situated to the family’s location. Contract specifications will also include a structured format for visits that will promote positive interaction among family members. The CFSA Training Academy will ensure innovative, family-centered practice is incorporated into the visit format.

IV. CHILD AND FAMILY WELL-BEING OUTCOME WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS.

ITEM 17. NEEDS AND SERVICES OF CHILDREN, PARENTS, & FOSTER PARENTS

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ CFSA social workers have had difficulty documenting service provision in hard copy and electronically (FACES). Community partners have not consistently used FACES to document the services provided to families in the community.
- ✓ CFSA social workers have not fully partnered with Healthy Families/Thriving Communities Collaboratives and Consortium for Child Welfare Agencies staff to coordinate service provision. Often, social workers with these community partners have not been involved in the case planning activity nor made aware of the foster parents caring for children of families with whom they were involved.
- ✓ The Collaboratives hold an initial case staffing after receiving a referral for services from CFSA, but do not assess and monitor service provision in subsequent staffings. These social workers have not adequately documented services.
- ✓ Lack of a uniform needs assessment tool to document service needs, service gaps and services provided.
- ✓ Case plan format has limited social workers' ability to document information regarding service provision.

B. IMPROVEMENT PLAN

The goal is to improve the coordination of service planning and service provision among CFSA social workers, social workers in the community agencies, foster parents, and families. Engaging the family early in the case planning process will improve the assessment of service needs and development of an effective case plan. CFSA will institute a comprehensive needs assessment tool and integrated case plan format to more effectively address the needs of children and families and the provision of services. Streamlining the case plan format and other FACES service screens will improve documentation of service provision to children and families. All social workers at CFSA and the community partner agencies will receive FACES training, and be expected to input information regarding service referrals and progress.

Enhanced partnering between CFSA and community and private providers will improve communication and planning regarding needs assessment and service provision. CFSA will begin to work more closely with the Collaboratives and Consortium agencies to facilitate effective case planning and review.

Additionally, the District of Columbia Government is in the process of developing a city-wide plan for improving service access and coordination across its health, human services, and child welfare agencies.

CFSA will also broadly disseminate information regarding available services by publishing a Resource Directory and a Foster Parent Handbook with an overview of programs and available services. In addition, foster parents will receive training on case and service planning to inform them of available services and to enhance their participation in facilitating service provision.

ITEM 18. CHILDREN AND FAMILY INVOLVEMENT IN CASE PLANNING

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Managing extremely high caseloads has hindered social workers from fully engaging families in the case planning process.
- ✓ Social workers have not been adequately trained on case plan techniques or the FACES case plan application.

B. IMPROVEMENT PLAN

Current CFSA policy instructs that case plans be developed with the participation and involvement of families and children in both cases of in-home services and foster care. The plan must be developed within thirty (30) days of the case's entry into foster care, and updated every 180 days thereafter. Further, policy requires case plans be developed with the participation of the family, children and other pertinent parties. The caseworker should document on the case plan the efforts made to engage the family and children, and state the reasons for any missing signatures. Additionally, case plans should be updated for the purpose of administrative reviews conducted every 180 days for children in foster care. Parents, children, attorneys, foster parents and other significant partners in the case planning process are to be notified prior to the case review.

Over a year ago, CFSA established a case plan workgroup charged with redesigning the MIS/FACES case plan screens and report. The National Resource Center for Family-Centered Practice provided technical assistance to the agency, and the workgroup made the following recommendations:

- Develop a preliminary case plan during the intake/investigation period;
- Streamline FACES screens and data fields for more efficient completion of the plan;
- Develop a separate plan for the family, and for each child in foster care;
- Summarize the case plan objectives and tasks as a hard copy service agreement to be signed by the family and children.
- Prior to approving the plan, supervisors will ensure social workers have documented reasonable efforts to engage the family in the planning process.

Training and staff development will emphasize a family-focused approach to case planning activity. The Office of Clinical Practice has established eight training units that will provide intensive training and

supervision to new social workers prior to their assimilation into program units. Prior to managing cases, social workers must complete a pre-service, competency-based training. New social workers will initially manage a caseload of five, and this will gradually increase to a caseload maximum of seventeen. Initially, staff will only be assigned cases with low or moderate levels of risk of harm to child(ren). Enhanced training, lower caseloads, and closer supervision will enable social workers to concentrate attention on visiting with the family and including them in case planning activity. Social workers, supervisors, and program managers will also receive training prior to the implementation of the modified FACES case plan screens, report and service agreement.

CFSA's Office of Clinical Practice will be emphasizing increased family involvement and participation in the decision-making and planning process. Family involvement will begin at the intake/investigation stage. Emergency Assessment Program services provided by the Healthy Families/Thriving Communities Collaboratives will employ early intervention efforts to prevent removal of children from their homes through engaging family members in the assessment and service planning process. CFSA will also enhance family involvement in the planning process for foster care and aftercare cases. CFSA will broaden its community partners' capacity to provide assistance in this regard.

CFSA also plans to divert 50% of Court-supervised cases to the Child Protection Mediation Program. Under the auspices of the Superior Court of the District of Columbia, this grant-funded program includes the participation of the family, social worker, and Assistant Corporation Counsel to address the legal basis for Court jurisdiction, the case plan and goals, and, if appropriate, a permanency placement for the child(ren). The court mediation process is conducted after the initial hearing, and prior to the dispositional hearing/trial. Parents are notified beforehand, and diligent efforts are made to locate parents with unknown whereabouts. Children may participate in the mediation process at the request of the guardian *ad litem* and approval of the mediation program manager. While the scope of the grant includes 50% of court-supervised cases, CFSA hopes to increase this rate to 75% by September 2004.

The newly created Training Academy (TA) will provide competency-based, clinical training that will include intensive instruction on family risk and safety assessment. All new social workers will be assigned to the Training Academy for approximately three months of "pre-service" training before assuming a regular caseload. Training will address CFSA policy and procedures, assessment of families, identification of problems, and appropriate and effective family-centered service strategies. In this phase, each social worker will be assigned to a veteran supervisor enlisted for his or her superior clinical skills and pedagogic abilities (also reference Items 32 and 33). Ongoing, "in-service" clinical training requirements will ensure that existing supervisors and social workers are trained on innovative family-centered practice methodology that includes such topics as family involvement in case planning, and appropriate assessment of risk, service needs and provision.

ITEM 19. WORKER VISITS WITH CHILDREN

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3** Management of high caseloads impedes social workers' ability to complete and document social worker visits with children and parents.

- 3 The computer logic guiding the documentation of visit information in FACES may be systematically flawed. At least three different fields capture information on visits. Social workers routinely enter data into the contact screen, yet the information management team (IMT) pulls visit information from the two visitation logs.
- 3 Visits between the Healthy Families/Thriving Communities Collaboratives and Consortium for Child Welfare social workers, children and parents have not been well documented due to network access and other usability issues. CFSA did not mandate documentation in FACES, nor provide adequate training on the system.
- 3 CFSA has not fully employed the Healthy Families/Thriving Communities Collaboratives and other contracted private providers to complete required visits.

B. IMPROVEMENT PLAN

Recruitment and retention of social workers is one of CFSA's seven agency strategic plan goals. As recruitment and retention efforts ameliorate workload constraints, social workers will have more time for quality casework to include frequent visitation with children, parents, and caregivers. As mentioned earlier, CFSA will improve efforts to have these visits occur in more family-like settings as close to the family's neighborhood as possible.

Visits between social workers and children and parents are not adequately documented in FACES. CFSA has evaluated 1) in which data fields social workers routinely enter data on the visits made with children and parents, and 2) from which data fields the Information Management Team (IMT) pull data on visits made with children and parents. CFSA social workers have encountered three different screens for the documentation of visits: the Client Contact screen, and two Visitation Logs (one connected to the Case Plan screen, and the other to Court screens). This has led to inaccurate documentation of family visits, as well as difficulty tracking compliance.

To improve case record documentation of visits, the CFSA Case Plan Committee has recommended the elimination of both Visitation Logs, and the redesign of the Client Contact screen. CFSA will ensure social workers consistently enter data into the appropriate data fields from which the IMT pulls visit data. FACES will have one contact/visit icon made available to social workers in order to streamline the process of documenting visitation. Social workers with the Healthy Families/Thriving Communities Collaboratives and other private provider agencies will also be expected to increase the number of visits they monitor and/or supervise, and improve their documentation of visits with children. Efforts are being made to improve FACES access and usability for these social workers. Training on policy, protocol and use of FACES will be provided for all social workers from CFSA and external agencies as it relates to conducting and documenting visits. Supervisors will monitor social worker progress in meeting visit compliance, and visit data will be presented to senior staff via monthly management reports.

CFSA contracts with the Healthy Families/Thriving Communities Collaboratives and the Consortium for Child Welfare Agencies to perform a variety of case management activities that include social worker visits with children. Contracts with these agencies for the upcoming fiscal year will specify measurable results in regard to facilitation and completion of visits. Contract specifications will also include a structured format for visits that will ensure appropriate clinical practice methodology is utilized in visits with children to appropriately review child safety, permanency, and well being indicators. CFSA will ensure training is provided to promote such practice.

ITEM 20. WORKER VISITS WITH PARENTS

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- 3 High caseloads and social worker turnover has caused lapses in case coverage and limited or sporadic contact between CFSA social workers and parents.
- 3 CFSA has not fully utilized contracted Healthy Families/Thriving Communities Collaboratives and other private providers to complete required visits.
- 3 Visits made between parents and the social workers with the Healthy Families/Thriving Communities Collaboratives and private child welfare agencies have not been well documented due to network access and other usability issues. CFSA has not effectively mandated these agencies' documentation of visits in FACES, nor provided adequate training on FACES.
- 3 The computer logic guiding the documentation of visit information in FACES may be systematically flawed. At least two different fields capture information on visits. Social workers enter data into the contact screen, yet the information management team (IMT) pulls visit information from the visitation log.
- 3 CFSA has not expeditiously referred cases to the Diligent Search Unit at the point of intake. While CFSA policy provides clear instructions on diligent search procedures at the adoption stage, it does not specify initiation of such procedures during the Intake process.
- 3 Social work supervisors have not emphasized the inclusion of birth fathers in assessment, visits, and reunification efforts.

B. IMPROVEMENT PLAN

As recruitment and retention efforts ameliorate workload constraints, social workers will have more time for quality casework to include frequent visitation with children, parents, and caregivers. CFSA plans to utilize the Healthy Families/Thriving Communities Collaboratives to assist in meeting visitation requirements with parents and children. Hosting these visits in more family-like settings as close to the family's community as possible will also improve the quality of visits. Supervisory oversight will ensure that social workers in CFSA and the Collaboratives are meeting the requirements for visits with parents and children, especially for in-home cases.

CFSA contracts with the Healthy Families/Thriving Communities Collaboratives and the Consortium for Child Welfare Agencies to perform a variety of case management activities that include visitation between parents and social workers. Contracts with these agencies for the upcoming fiscal year will specify measurable results in regard to facilitation and completion of visits with parents. These Collaboratives and Consortium agencies operate community-based sites that will be utilized for family visits in an environment less "office-like" and more "family-friendly", as well as more closely situated to the family's location. Contract specifications will also include a structured format for visits that will promote positive interaction among family members. CFSA will facilitate training is provided to ensure innovative, family-centered practice is incorporated into the visit format.

Visits between social workers and children and parents have not been adequately documented in FACES. CFSA has evaluated 1) in which data fields social workers routinely enter data on the visits made with children and parents, and 2) from which data fields the Information Management Team (IMT) pull data on visits made with children and parents. CFSA social workers have encountered three different screens for the documentation of visits: the Client Contact screen, and two Visitation Logs (one connected to the Case Plan screen, and the other to Court screens). This has led to inaccurate documentation of family visits, as well as difficulty tracking compliance.

To improve case record documentation of visits, the CFSA Case Plan Committee has recommended the elimination of both Visitation Logs, and the redesign of the Client Contact screen. CFSA will ensure social workers consistently enter data into the appropriate data fields from which the IMT pulls visit data. FACES will have one contact/visit icon made available to social workers in order to streamline the process of documenting visitation. Social workers with the Healthy Families/Thriving Communities Collaboratives and other private provider agencies will also be expected to improve their documentation of visits with parents. Efforts are being made to improve FACES access and usability by these social workers. Training on policy, protocol and use of FACES will be provided for all social workers from CFSA and external agencies as it relates to conducting and documenting visits. Supervisors will monitor social worker progress in meeting visit compliance, and visit data will be presented to senior staff via monthly management reports.

CFSA policy guidance requires the social worker to obtain all identifying information on both parents within five days following the initial court hearing during face-to-face contact with the mother, father, or extended family members. Former practice has employed diligent search efforts at the point of adoption, rather than emphasizing such efforts at the point of intake. The Diligent Search Unit will develop training for social workers that will instruct in gathering information on birth parents during initial investigations and contact with families. Training will also instruct on the process of establishing paternity, as well as family assessment and treatment planning. Through technical assistance from the Virginia Commonwealth University, the training curriculum “Dad’s Making Changes” is being developed to increase the role fathers play in the planning process. This mandatory training will address the importance of locating fathers, facilitating father and child(ren) visitation, and fathers’ inclusion in planning for their children. Supervisors will monitor cases to ensure that fathers are included in visitation efforts.

V. CHILD AND FAMILY WELL-BEING OUTCOME WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET EDUCATIONAL NEEDS.

ITEM 21. EDUCATIONAL NEEDS OF CHILDREN

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Educational data had been maintained in a separate database not integrated with FACES. Due to heavy caseloads, social workers have not had the time to submit educational data to CFSA educational specialists.

- ✓ Educational planning had not been included as part of the case plan making it difficult to track needs and services.
- ✓ Social workers do not receive training that prepares them to identify educational needs and to facilitate appropriate services.
- ✓ CFSA foster parents located in Maryland did not complete the surrogate parent training program, thereby making it difficult to participate in educational planning and advocacy for their foster children. Often, children removed from the District of Columbia Public Schools for transfer to Maryland schools experienced complicated transfers due to educational plans developed in another jurisdiction.

B. IMPROVEMENT PLAN

The goal is to develop a well-being status report for every child in care that summarizes educational indicators and associated services. FACES will be adapted to integrate educational reporting in the system. A new case plan format is being developed that will include educational planning and services. This integration of data will enable social workers and educational specialists to improve tracking of children's needs, service provision to meet those needs, and progress as per the services.

CFSA has centralized a multidisciplinary team of resource specialists in the Office of Clinical Practice to improve social workers' access to their support services. The Educational Unit has two educational specialists that support the general and special education needs of children with open CFSA cases. The specialists serve as the liaison between CFSA social workers and the District of Columbia Schools (DCPS) to ensure that children receive the appropriate education in the least restrictive environment. The Educational Unit has partnered with the DCPS Division of Special Education to review, develop, and implement viable solutions to problematic cases. CFSA collaborates with DCPS and other contracted vendors to provide links to surrounding schools, information and other support services. Referrals for service include tutoring to address delays in primary subjects, and transportation to educational placement for children ineligible for DCPS transportation. The Educational Unit also coordinates tuition contracts for student transfer to schools outside the District of Columbia.

CFSA will ensure that training modules developed for social workers, supervisors, and care providers include policy, procedures, and service planning related to education. Revisions in the case plan format have been made to address educational needs and service planning. These topics will also be included in foster parent training. Additionally, surrogate parent training will be integrated into the foster parent licensing process to improve the ability of foster parents located in areas outside the District of Columbia to directly advocate on behalf of their foster children.

VI. CHILD AND FAMILY WELL-BEING OUTCOME WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS

ITEM 22. PHYSICAL HEALTH OF CHILDREN

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Social workers have not adequately documented health service needs and provision due to time constraints of their workload.
- ✓ Health service information has not been fully integrated in FACES.
- ✓ CFSA has experienced difficulties facilitating health services for children with inadequate or no health insurance coverage. Many of these difficulties relate to in-home cases.
- ✓ CFSA had no formal mechanism for sharing medical information among health providers, social workers, foster care providers, and parents.
- ✓ CFSA's Health Services Unit had limited capacity for supporting social workers and care providers in meeting the health needs of children.

B. IMPROVEMENT PLAN

As with all information related to service need and provision, CFSA has faced data challenges due to the time constraints of social workers. Social workers are managing workloads that hinder their ability to document and exchange pertinent information regarding health needs and service provision. As per the agency's strategic plan, recruitment and retention efforts will effectively reduce workload thereby affording social workers the time needed to address health needs assessment, service provision, and documentation of health information in FACES. To ensure accurate and current medical information of children, CFSA will develop a comprehensive assessment tool to be completed during the investigative stage that incorporates health and dental information for both in-home service and foster care cases. CFSA will also develop a mechanism allowing for period data entry of DC KIDS information into FACES. Existing health screens in FACES will be modified to allow ease for social workers in documenting this information.

Training will make supervisors and their social workers aware of policy and procedures related to medical needs assessment, provision of services, exchange of health information among pertinent parties in the child's life, and proper documentation of health needs and service provision. Emphasis will be placed on policy and procedures for in-home service cases. Supervisors will review social worker compliance with protocol for ensuring health services are being properly assessed and services provided.

The Health Services Unit will increase staff number to six in order to provide more support and oversight to social workers and care providers. An additional nurse will be incorporated to ensure medical services have been adequately provided. The unit will have an on-line health service request process made available to CFSA staff. A comprehensive checklist tool will be developed to assess health, dental and mental health service needs for all new cases. Once children have their initial medical screening, a medical clearance report will be prepared to accompany the child home (in the case of reunification) or to placement that summarizes essential medical information. Provision of such a report will address findings that CFSA had not effectively shared medical information with foster parents at the time of the child's placement.

After securing a release-of-information form, the Health Services Unit will identify, connect and coordinate services through the Medicaid HMO providers to ensure provision of services. CFSA will maintain a comprehensive health care system of providers to ensure a full array of health care services for children. Birth parents and all pertinent caregivers will be expected to share pertinent medical information with the Health Services Unit and the child's social worker.

The 1999 implementation of DC KIDS has assisted CFSA in making remarkable progress in the coordination of health services for our children. A network of health service providers has been identified to enhance the ability of social workers, parents, and all foster care providers in obtaining appropriate health services to meet the needs of children. CFSA has continued the full enforcement of completing an initial health screening prior to placing children, and has achieved a 77% completion rate. CFSA has recently partnered with the Georgetown Pediatric Mobile Clinic to assist with health screening, immunization, minor treatment, and health service referrals. The Clinic is able to provide free health services to those children lacking health insurance coverage.

ITEM 23. MENTAL HEALTH OF CHILDREN

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Time constraints limit social workers' ability to document mental health service needs and provision of services.
- ✓ Social workers' have limited access to Medicaid certified mental health service providers in the District of Columbia.
- ✓ CFSA had not effectively partnered with the Department of Human Services' Mental Retardation and Developmental Disabilities Administration.
- ✓ The District of Columbia had not established a comprehensive case management approach that ensured inter-agency collaboration in meeting the service needs of families and children.
- ✓ Social workers have not been adequately trained to assess mental health needs and to facilitate service provision.

B. IMPROVEMENT PLAN

By reducing caseload size, CFSA's recruitment and retention plan will allow social workers more time to facilitate the appropriate mental health assessments, referrals, and service provision. As mentioned, CFSA is in the process of revising the family assessment tool and developing training that will better prepare social workers to determine the underlying causes of family distress. Social workers will be able to access the CFSA Health Services Unit on-line service request, and the Unit will assist workers in the process of identification, referral and follow-up for mental health services. CFSA will enhance performance and case record review to verify that mental health needs are appropriately identified and services are provided to children, youth and families.

In addition to workload barriers, social workers have faced limited availability and accessibility of mental health services in the District of Columbia. CFSA will be collaborating with the DC Department of Mental Health to improve the quality of service provision through a certification process for providers. The establishment of a core group of certified mental health providers should facilitate easier access to reliable services. Focus groups with staff and providers will assist in determining additional mental health resource needs. Finally, the newly created Training unit will enhance the clinical skill of the workers by improving their clinical assessment of mental health issues, treatment modalities, and recommended courses of action.

CFSA is finalizing a Memorandum of Understanding with the Mental Retardation and Developmental Disabilities Administration (MRDDA) to establish guidelines for staff in both agencies to provide appropriate and coordinated services to children and families with developmental delays or disabilities. CFSA will provide MRDDA profile information concerning children and parents in CFSA custody, ages 14-20, who may be eligible for services. CFSA will send this information to the MRDDA intake branch as it is obtained, and update each profile annually. MRDDA will convert this information to database form and utilize for appropriate planning for persons who may utilize MRDDA-affiliated services as they age out of the neglect system. MRDDA will conduct Individual Habilitation Plan meetings within an established time frame following a meeting of the Case Review Team. CFSA and MRDDA will ensure that all staff working with youth/parents will receive training regarding policy and protocol.

CFSA is participating in a Deputy Mayor for Children, Youth, Family, and Elders initiative to develop a "Child Safety Net" model that will enhance inter-agency collaboration in service need assessment and provision. CFSA, Department of Mental Health, Department of Health, and Department of Human Services are all participating on a task force to design a model that will ensure accountability for assessing and meeting the service needs presented by high-risk, complex cases. CFSA will be developing policy and protocol for clinical case staffings to include a multi-agency approach to assessment and service delivery. An integrated information system will share pertinent information across agencies. Specifically, the Department of Mental Health is in the process of pioneering major reform efforts in their outreach efforts and case management approaches. CFSA is crafting a Memorandum of Understanding with DMH, and will continue its partnering efforts to improve mental health assessment and services for children and families. CFSA expects that this inter-agency model and agreement with DMH will improve the delivery of mental health and all other health and human services for the city's most vulnerable children and families through reengineering a fragmented service system, and enhancing accountability for adequate service provision.

SYSTEMIC FACTORS

ITEM 24. The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Implementation of the new FACES system presented CFSA with a multitude of system and usability challenges.
- ✓ CFSA lost a significant amount of historical data on cases during the conversion from the former information system (FOCUS) to the current system (FACES).
- ✓ CFSA caseworkers and external community partner staff have not consistently entered data in FACES due to workload, lack of training, and other system access and usability issues. In some cases, individual staff and entire program units have documented data on paper or isolated electronic files that do not supply information to FACES.
- ✓ Insufficient technical support and lack of training contributed to caseworker difficulties with printing information and reports. Specifically, court and case plan reports would generate multiple, blank pages creating a document several times larger than the actual report.
- ✓ FACES training and use had not been mandatory for internal staff and external provider partners. CFSA had not implemented a quality assurance strategy to ensure consistent, accurate input of data in the system.

B. IMPROVEMENT PLAN

CFSA's strategic plan has prioritized the improvement of the District's statewide child welfare information system as one of its seven goals. Senior managers will begin to review monthly information system reports as a group to assess agency progress and data issues. Their performance agreements will be linked to the accomplishment of goals measured by FACES data indicators. Consequently, senior managers will be monitoring data reports for accuracy and as a measure of their program and staff performance. Program managers will be held responsible for their program data, and will be expected to transfer data from existing, isolated databases into FACES. Their staff will be expected to consistently enter appropriate data.

A significant organizational shift has been that of the Superior Court's Social Services Division merger into CFSA. This shift will enable previously isolated case information to be transferred and maintained in FACES. The unification of abuse and neglect cases will also serve to ameliorate information gaps. CFSA

will be investigating both abuse and neglect cases, and the Metropolitan Police Department will only become involved in criminal cases involving criminal misconduct and prosecution.

In the early stages of implementation, internal CFSA staff and external partners faced network access and usability issues further exacerbating their hesitancy to fully utilize the new system. CFSA did not mandate FACES training or have quality assurance mechanisms in place to ensure accurate and timely input of data. Additionally, caseworkers faced significant time constraints prohibiting adequate data entry. These barriers, coupled with the loss of historical case data in the conversion from FOCUS to FACES, have affected the reliability and validity of CFSA data for the last couple of years. While FACES is still a relatively new system, ongoing improvements are being made to enhance its usability and reliability as the agency information system serving to collect and provide accurate data. The implementation of recovery systems will prevent a loss of data such as that sustained in the 1999 FOCUS to FACES conversion.

CFSA will take advantage of the Court Monitor and federal reviews as an opportunity to reconcile automated and manual data with an eye for improvement. For example, in these reviews CFSA learned that its intake data had been relatively accurate, but not the data regarding placements of children in congregate care facilities. FACES staff will make improvements in the programming of automated reports in response to this finding. This is one of numerous examples of changes to be made in program logic and data fields to collect and present data in a manner more responsive to internal and external data needs.

CFSA now requires staff to be trained on FACES, and the agency will provide ongoing training on FACES applications to both internal staff and external community partners. Many of the other “usability” complaints will also be addressed. CFSA now provides onsite support to staff in the form of technicians assigned to each floor at the 400 6th St. location, and 24-hour help desk availability. A FACES help desk log will document the progress and status of technical issues. Technical support will also be available to off-site users, and the technicians will be equipped with cellular phones to provide an expedient response.

CFSA will be converting from Windows 95 to Windows 98. The agency has also taken steps to improve network access for internal and external users. The entire IT environment has been upgraded with new servers installed to improve the network flow and reduce system “downtime”. System downtime is usually controlled for maintenance and upgrade purposes. Information to users regarding system “downtime” and application enhancements has improved user confidence in the system. “Buy-in” will also be accomplished through the creation of a “Change Support Committee” established to process staff priorities for the system. Printing problems will be ameliorated through system modifications such as power building scripts to eliminate blank pages. Court and case plan reports will print faster and contain user instruction in case of an error.

Several initiatives will be employed to identify and modify data discrepancies. A series of meetings attended by key program and information system staff has defined the need to generate accurate caseload information by social worker. Having information staff in attendance at meetings has aided in quickly determining next steps for modifications to data elements and screens. One strategy requires all social workers and supervisors to conduct two rounds of data reconciliation between the automated listing of cases and manual records. Another strategy is a one-time “clean-up” effort for data entry backlogs. Plans are also underway to map and upload historical data such as family demographics, family goals, administrative review and legal notations, and reasons for exiting foster care for all open and recently closed cases into FACES. Finally, the Court liaison staff will be given the primary responsibility of updating the legal status of all cases.

ITEM 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ High staff turnover and caseloads hinder social workers from adequately preparing case plans with families.
- ✓ Social workers have encountered difficulties managing the case plan screens and printed reports in FACES.
- ✓ The Healthy Families/Thriving Communities Collaboratives and Consortium for Child Welfare agencies have not consistently used FACES, thereby limiting the consistency of case planning practice.

B. IMPROVEMENT PLAN

CFSA has been working diligently over the past year to address the issues that hinder compliance with case planning requirements. As one of the agency's seven strategic plan goals, a comprehensive recruitment and retention plan is underway to reduce social worker caseloads. Additionally, negotiations with the Court Monitor and Children's Rights have allowed CFSA to hire Bachelor of Social Work-level social workers. Once managing appropriate caseload numbers, social workers will have more time to conduct quality case planning practice.

CFSA established a Case Plan workgroup charged with the responsibility of redesigning the MIS/FACES Case Plan screens and report. The Committee has made the following recommendations: a preliminary case plan be developed during the intake/investigation period; screens and data fields be streamlined in the FACES system for more efficient completion of the plan; a separate plan be developed for the family, and for each child in foster care; and the plan's objectives and tasks be summarized as a hard copy service agreement requiring the signatures of the family and children, whenever possible.

Intake staff will begin developing a preliminary case plan within thirty days of a substantiated abuse or neglect case with CFSA. After the case is transferred from Intake, the assigned program social worker will complete a more comprehensive assessment with the family's participation to formulate the initial case plan within another thirty days. There will be two separate plans: one will be utilized for all in-home services cases to encompass all the members of the family, and the other will be completed for each individual child in foster care. The case plan must be updated every six months. In addition, policy and training curricula for the case planning process will be revised to place more emphasis on the family-centered process of case planning. Prior to approving the case plan, supervisors will ensure that social workers have documented their efforts to engage the family in the planning process, and that reasonable efforts have been made to solicit the family and children's input.

CFSA will intensify its training and staff development efforts to ensure that case planning will include the involvement and participation of the family and children. Supervisors, program managers, and direct service staff will receive training prior to the implementation of the modified FACES Case Plan screens, report and service agreement. The training will emphasize the family-focused, process-oriented approach to the case planning activity. Such training will also be provided to external agency partners. Through the modifications of RFP's and contract negotiations, all contracted agencies will be required to utilize FACES for the development of the Case Plan. This will ensure uniformity and consistency of the case planning document and process.

With the establishment of eight training units, through the auspices of the Office of Clinical Practice, all newly hired direct services staff will be provided with intensive training and supervision prior to their assimilation into the agency's program units. The new staff will not be provided cases until they have completed pre-service, competency-based training. Initially, staff will only be assigned cases in which the risk of harm has been evaluated at the low or moderate levels. With the increased level of supervision and training available to new staff, as well as the assignment of smaller caseloads, social workers will be able to utilize more process-oriented approaches in the case planning activity.

A current case plan report will be attached to court reports and provided to the Court at the time of mediation, disposition and all subsequent permanency hearings and reviews. This will also be provided to the Office of Administrative Review prior to the biannual administrative reviews.

ITEM 26. Provides a process for the periodic review of the status of each child, no less frequently than once every six (6) months, either by a court or by administrative review.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ High workloads and social worker turnover has hindered their ability to complete case plans prior to the administrative review, and to enter accurate data into FACES. Inaccurate data causes incorrect scheduling of administrative reviews.
- ✓ Managers have not held social workers, supervisors, and program managers accountable for adhering to administrative review policy guidelines.
- ✓ The notification system has been a manual process, thereby causing a delay in the invitation of key parties involved in the case.

B. IMPROVEMENT PLAN

CFSA policy requires that an administrative review be conducted every six months for each child in the agency's physical or legal custody, regardless of the frequency of judicial reviews. This section will discuss the issues related to administrative review requirements (judicial review is addressed in Item 27).

As of March 2002, CFSA has achieved a 56% administrative review compliance rating marking progress over former rates. CFSA is confident that its recruitment and retention plan coupled with case plan and other FACES modifications will accomplish further gains in this regard.

CFSA policy requires that the social worker's supervisor, or the supervisor's program manager, attend scheduled administrative reviews, especially if the social worker is unable to attend. CFSA policy also requires the social worker to submit an approved, current case plan prior to each administrative review. Additionally, social workers will be required to incorporate the recommendations of the administrative review into their updated case plans, and report progress at the next scheduled review. Monthly reports will be generated to determine compliance with these requirements to enhance accountability.

Modifications of the FACES case planning screens and case plan report will streamline the number of screens social workers must navigate, and reduce the number of data fields to be completed. A preliminary case plan will be developed by Intake staff for all substantiated neglect and abuse cases during the course of their investigation, ensuring that permanency planning commences within the first thirty days of the life of the case. Separate plans will be completed for each child in foster care, allowing more autonomy to the foster care worker in cases with two or more workers assigned to the same family. The primary, or family, worker will have the responsibility of completing the Family Case Plan, and coordinating with each of the secondary, or foster care workers, in the overall planning process.

An automated, electronic notification will be developed to ensure that required parties are notified in advance of the scheduled review (See Item 29). In the meantime, social workers will complete "Participant Lists" and forward them to the Office of Administrative Review, to be responsible for the manual notification of the key parties. Within two weeks after each administrative review, the administrative review specialists will complete the summary screens in FACES. This will not only provide timely feedback to the social worker regarding permanency and planning issues, but will also ensure accurate FACES information via its monthly compliance reports.

ITEM 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than twelve (12) months from the date the child entered foster care and no less frequently than every twelve (12) months thereafter.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ The District of Columbia did not have a Family Court until passage of the recent "District of Columbia Family Court Act of 2001". Judges handled family cases without any continuity of case/family judgement.
- ✓ Lack of a common understanding of child welfare legislation, policy and practice among social workers, attorneys and judges.
- ✓ CFSA and the Court's databases have not been integrated, thereby impeding timely and proper notification to key parties of permanency hearings.

B. IMPROVEMENT PLAN

While the Code of Federal Regulations requires that permanency hearings occur every twelve months for children after the date of entry into foster care, D.C. Code requires that these hearings occur every six (6) months after a child is adjudicated. This more stringent requirement presents a great challenge to CFSA and the court system. However, over the past year, significant events have occurred to ameliorate many of the deficiencies identified in the CFSR findings.

First, Congress enacted the "District of Columbia Family Court Act of 2001" in January 2001, which establishes a separate family court system and appoints at least fifteen (15) judges for a minimum of three years. The legislation also calls for extensive training for judges, as well as cross-training among judges, attorneys, social workers and other child welfare experts. Secondly, one out of every two cases will be referred to the Child Protection Mediation Program to facilitate active involvement and participation of the family, CFSA and the Court in permanency planning activities prior to the adjudication of the child(ren). Third, since last year, CFSA and the Office of Corporation Counsel have partnered to assign Assistant Corporation Counsels (ACC's) to CFSA to provide direct oversight and legal representation and consultation for each child's case under the supervision of the Court. Finally, the legislation requires the Mayor of the District of Columbia to integrate the computer data base systems of the Court and CFSA to enhance compliance with the six month permanency hearing requirement, and provide for better tracking and analysis regarding other ASFA requirements.

Forty-two Assistant Corporation Counsels (ACC's) have been assigned to CFSA to provide legal representation, consultation and oversight to social workers in matters of child abuse and neglect judicial proceedings. Currently, thirty-nine of the forty-two positions have been filled, with a projected time frame of July 2002 to fill the remaining three vacancies. Assistant Corporation Counsels are housed within

CFSA to provide direct access and availability to social workers. The city's Corporation Counsel and the CFSA Deputy General Counsel jointly supervise ACC's.

Judges, attorneys and other appropriate court personnel will receive ongoing training in family law and program information, including permanency planning principles, risk factors of child abuse, child development, family dynamics and relevant federal and local laws. Additionally, the Family Court is required to utilize a model of cross-training to bring together legal representatives, CFSA staff, and other child welfare experts to enhance the relationship between CFSA and court systems, as well as to provide clarity regarding their distinct and specific roles and responsibilities.

The Court and the CFSA will integrate their data base systems to provide for access and sharing of information regarding the families and individuals they mutually serve. This will also improve both systems' abilities to ensure timely and proper notification to key parties of permanency hearings, and to enhance tracking and analysis of other processes related to compliance with ASFA regulations (TPRs, etc.)

Current case plans will be submitted to the court for each court hearing, beginning with the Dispositional Hearing. With the Court Mediation Program, this will ensure that approximately half of the plans presented to the court have initially been developed in mutuality with the family, Court and CFSA, to promote permanency efforts for children in out-of-home placements. CFSA's Court Liaison Office will be responsible for entering all data into FACES information system related to court proceedings, including but not limited to, dates, participants, changes in legal statuses and permanency options for children, special court-ordered requirements, and outcomes of hearings.

<p>ITEM 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.</p>

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ Lack of legal resources to file TPR petitions.
- 3 Lack of substantive knowledge on the part of social workers regarding TPR process.
- 3 Lack of coordination among CFSA staff, external community partner staff, and legal representatives regarding TPR proceedings.

B. IMPROVEMENT PLAN

In November 2001, the Abuse and Neglect section of the Office of Corporation Counsel (OCC) began hiring and training attorneys to facilitate their attendance at each review hearing. Specific Associate Corporation Counsels (ACC's) have now been assigned to specific judges to aid in the continuity of presentation. These ACC's have been trained in permanency planning, ASFA requirements, and the process for referring cases for Termination of Parental Rights (TPR's). In January and February 2002, CFSA trained five ACC's in TPR court process while diminishing their Review Hearing responsibilities.

CFSA is in the process of generating FACES data to identify children with the goal of adoption for whom no legal action has been initiated in order to prioritize these for the filing of TPR petitions. This TPR team has the goal of either filing or joining in the petition of 150 TPR's.

In March 2000, the Superior Court instituted use of the ASFA Case Tracking System. This system implements timelines for moving a case through the adjudication process. The Office of Corporation Counsel created a tracking form that must be updated by ACC's after each hearing, and submitted to the TPR coordinator for review and action. This system is being more fully implemented with the hiring of the additional ACC's. In April 2002, ACC's joined social workers in the main CFSA building. This proximity and focus will improve collaboration and coordination between social workers and ACC's in the preparation of cases and timely movement through the court process.

Establishment of the Family Court has assigned 15 judges to hear only family cases, allowing them to specialize in family matters. In the previous system, a judge may have heard only one or two family cases each day, which meant that the remainder of his/her time was spent on other types of cases. In addition, the judges will be assigned to a family when the case is opened. Judges follow the same family during the tenure of a case, creating continuity. The same judge will be involved with the same family despite social worker turnover, and is expected to expedite legal proceedings and permanence for children.

As of January 1, 2002, CFSA has worked diligently with the District's new Adoptions/TPR judge to eliminate barriers preventing expeditious TPR's. CFSA identified 647 cases of children in care with a goal of adoption for whom there had been no legal activity to free the child. CFSA is investigating the issues preventing legal activity to enable the TPR attorney to file the appropriate motions and petitions to initiate the TPR process. CFSA plans to implement an ASFA case tracking system and utilization of a tracking form by CFSA and community social workers. A TPR coordinator will advise and train CFSA staff on the legal aspects of permanency planning and TPR petitions.

ITEM 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ CFSA and the Court's notification process do not interface.
- ✓ FACES has the capacity to electronically notify key parties of administrative reviews, but has not been utilized due to glitches in its functionality and insufficient data entry by social workers. A manual notification system has been utilized instead.
- ✓ Lack of legal resources has hindered effective judicial review.

B. IMPROVEMENT PLAN

CFSA recognizes that notification and involvement of key parties is crucial to the overall achievement of permanency for children in out-of-home care. Several planned and ongoing initiatives will ameliorate many of the current deficiencies. These include the establishment of the Family Court system and integration of CFSA and court's computer systems; the planned automation of the administrative review notification; and the placement of Assistant Corporation Counsels within CFSA.

Program Operations staff will receive a FACES generated report listing all children in foster care scheduled for administrative reviews. For each case, the social worker will complete a "Notification List" to include the names, current addresses and relationship to the case; and upon supervisory approval, forward the lists to the Office of Administrative Review. Simultaneously, social workers will enter the same information into FACES.

The Office of Administrative Review will send out notification letters within six weeks of the scheduled review to all participants that have been identified on the Notification Lists by Program Operations staff. For all letters returned for non-delivery, the Office of Administrative Review will request that the social worker make diligent efforts to update the participant's current address on an updated Notification List and in FACES.

FACES will generate monthly reports, identifying the following information: child to be reviewed; date of review; names, addresses and relationship to the case for participants required to be notified. Social workers are to review the report, and complete or update any information related to participant notification in FACES and on the hard copy Notification Lists. Completion and updating of information will be overseen by unit supervisors, based upon established time frames set by the Deputy of Program Operations. This process will continue on a monthly basis, for both the manual and automated systems.

Simultaneously, FACES staff will begin the process of defining business processes for Administrative Review and Program Operations as a precursor to developing an automated, electronic system for notification. Upon approval by the Agency's Change Support Committee, FACES staff will begin design and production tasks. Program Operations and Administrative Review staffs will work closely with FACES staff during this process, including acceptance testing prior to implementation.

Program Operations staff will continuously be held accountable for the monthly entries of participant information into FACES and completing/updating Notification Lists. They will receive a report that includes both new entries into foster care during the month, as well as one that lists children who continue to remain in foster care. Integration of CFSA and the Court's information system will ensure automated notification to key parties regarding judicial hearings.

As mentioned in various Items, forty-two Assistant Corporation Counsels (ACCs) have joined CFSA to provide legal representation, consultation and oversight to CFSA social workers on matters of child abuse and neglect judicial proceedings. Currently, thirty-nine of the forty-two positions have been filled.

ITEM 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ The pre-service training calendar has not been coordinated with the recruitment schedule for new social workers resulting in significant time lags between the date of hire and provision of pre-service training.
- ✓ A high social worker turnover rate causes supervisors to assign cases to new social workers despite the policy of mandatory completion of 80 hours of pre-service training. Supervisors are forced to interrupt pre-service training to have new social workers tend to caseload duties.
- ✓ CFSA has not adequately trained social workers in casework practice or agency policy and procedures.

B. IMPROVEMENT PLAN

CFSA has made training an integral part of the agency's strategic plan. Training goals address services required under Titles IV-B and IV-E, as well as "baseline standards" required by the Court Monitor to avoid return to receivership status. In the agency reorganization, training has been placed in the Office of Clinical Practice to focus attention on its importance in developing the skills social workers need to conduct competent casework practice. The goal is to create a model Training Academy that will implement competency-based child welfare training programs. A multi-disciplinary Training Advisory Board will provide oversight to ensure improvements in content, structure and delivery of pre-service training.

CFSA's plan to enhance both pre-service and ongoing competency-based, clinical skills training for social workers and supervisors required selection of a nationally recognized child welfare training model. CFSA has contracted with the Virginia Commonwealth University (VCU) Training Project to develop a seamless "training-to-practice" model. VCU has successfully networked with other national model programs to develop the training plan. VCU has identified and developed core competency training modules that improve the content, format and delivery of pre-service and in-service training. Training accommodates Masters and Bachelors level case-carrying social workers, as well as social work supervisors.

Critical to the success of the improvement plan is the close collaboration between the Office of Clinical Practice and the Office of Human Resources to ensure coordination of recruitment and retention efforts with those of training. Since the federal review, the recruitment and retention of MSW-level social workers has been supported by a policy change enabling the hiring of BSW-level workers. A comprehensive social worker utilization and integration plan ensures that qualified caseworkers enter the

agency in a manner that allows their participation in pre-service training. Over the calendar year, an increased number of hiring cycles will be coordinated with pre-service training offerings to eliminate significant time lags between hiring and training. New social workers will be placed in training units for up to six months, supervised by specially selected training supervisors, and will be expected to complete 80 hours of pre-service training. Supervisors and the Training Advisory Board will monitor completion of training, and program managers will ensure that supervisors do not interrupt social worker training for casework duties.

Like the training project, the development of CFSA's Office of Planning, Policy and Program Support is fairly recent. The Planning Unit has conducted best practice research with other jurisdictions to inform training and human resource development. The Policy Unit continues to develop policy on casework practice, and agency staff can now access this information online. The Policy and Planning Units have conferred with senior CFSA staff and program unit supervisors to identify training needs. Workgroups comprised of representatives from the Offices of Policy and Planning, Clinical Practice, Training, Human Resources, and FACES will continue to identify policy and legislation, practice and information systems that need to be developed into components of the training curriculum.

In addition to pre-service training, CFSA will require ongoing competency-based, clinical practice training to ensure social workers and supervisors are adequately prepared for clinical and casework practice. Mandatory in-service core training will include risk assessment, case planning, permanency, family-centered practice, among other skill areas. All staff will be trained on policy, procedures, and use of FACES. Such training will also be made available, and in some cases will be mandatory, for social workers with the Healthy Families/Thriving Communities Collaboratives and other private provider agencies.

<p>ITEM 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.</p>
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A. FACTORS CONTRIBUTING TO NON-CONFORMITY

- ✓ CFSA has not mandated competency-based training for supervisors and social workers.
- ✓ Supervisors do not facilitate social worker attendance at in-service training due to caseload management issues.
- ✓ CFSA's training curricula has not included specialized training on the use of risk assessments, case planning, permanency, and engaging families in the child welfare process.
- ✓ CFSA's training curricula has not included training on pertinent legislation such as the Adoption and Safe Families Act (ASFA) for its own staff or external stakeholders.

B. IMPROVEMENT PLAN

As noted in the narrative for Item 32, CFSA staff has conducted best practice research on training models nationwide to inform development of a model Training Academy. New policy will mandate in-service, competency-based training for supervisors and social workers. All supervisors will be expected to attend a 12-session training on “Mastering the Art of Child Welfare Supervision” within their first six months in the position. The Virginia Commonwealth University (VCU) Training Project will identify a set of mandatory, in-service core training that will include risk assessment, case planning, permanency, and family engagement issues among its competency modules.

A recent retreat between CFSA and Healthy Families/Thriving Communities Collaboratives pointed to several areas of specialized training needs. Training will be enhanced for staff of the Collaboratives and other stakeholders on policy, procedures and important legislation such as ASFA. The hiring of Assistant Corporation Counsels will enable the agency to provide this legislative training.

The Training Academy will continue to disseminate quarterly training calendars to both internal CFSA staff and external partners and stakeholders. Training staff will record supervisory interruptions, and also monitor training attendance through a training tracking and learning management system to be developed or purchased. CFSA recruitment and retention efforts should alleviate the caseload burden that has impeded completion of training. Also being considered is an alternate caseworker system that would ensure that each case is known by at least one other co-worker. This will also reduce training interruptions, as well as improve administrative review and court appearance rates. All new social work hires will be placed in training units prior to managing cases. A comprehensive social worker utilization and integration plan ensures that social workers enter the agency in a manner that enables them to complete this pre-service training.

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p align="center">Safety</p> <p>Outcome 2: <i>Children are safely maintained in their homes whenever possible and appropriate.</i></p>			Baseline: 70.21% of children were protected from abuse & neglect. By September 2003 73% and by June 2004 75% will be protected.			
<p>Item 3: Services to Families to Protect Children in their Homes and Prevent Removal</p>			Baseline: 59.26% of families had services to protect the child in his or her home to prevent removal. By September 2003 62% and June 2004 65% will have these services.			
<p align="center">Identify the underlying contributors of child abuse/neglect and ensure adequate service provision.</p>		Creation of a multidisciplinary team centralized in clinical services with specialists in domestic violence, housing, substance abuse, health services and education.		Administrative Report	Team created by May 2002	Deputy Directors for Clinical Practice and Program Operations
		Enhance clinical skills of social workers to identify issues such as substance and sexual abuse through the implementation of competency-based, clinical practice training.		Pre/Post Test	Training developed, initiated by September 2002, & thereafter ongoing	Deputy Director for Clinical Practice
		Enhance and implement a more family-friendly case plan tool to identify and plan for service provision (also see Item 18).		Supervisory Case Record Review/ MIS Report	Tool developed by September 2002	Deputy Director for Program Operations
		Increase social worker assessment capacity through improvement of risk assessment tool.		Supervisory Case Record Review/ MIS Report	Risk assessment tool developed by September 2002	Deputy Director for Program Operations
		Provide training to all staff on the risk assessment tool.		Administrative Report	75% of social workers will be trained by June 2003	Deputy Director for Clinical Practice

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Identify the underlying contributors of child abuse/neglect and ensure adequate service provision (continued)	Fully implement revised case plan and incorporate in case reviews (also see Item 18).		Supervisory Case Record Review/ MIS Report	New case plan tool will be implemented with family members by September 2002	Deputy Director for Clinical Practice
		Supervisors evaluate that services are being provided for identified needs (also see Items 17, 21, 22, and 23).		Supervisory Case Record Review	50% of cases reviewed will reflect appropriate service provision by December 2003	Deputy Director for Program Operations and CISA Administrator
	Promote parental engagement in the case planning process.	Competency-based training required for social workers, supervisors and program managers that includes family-centered practice.		Administrative Report	25% trained by December 2003; 50% by March 2003; 90% by September 2004; ongoing	Deputy Directors for Program Operations, Clinical Practice, and Office of Human Resources
		Improve case planning tool and process to ensure family involvement.		Supervisory Case Record Review/ MIS Report	50% of cases reviewed will reflect parental involvement in the planning process	Deputy Director for Program Operations
	Resolve the time lapse between referral and investigation of abuse/neglect.	Program managers review monthly reports to monitor "response time".		MIS Report	Monthly monitoring initiated by December 2002; ongoing	Deputy Directors for Program Operations
		Increase the number of Investigations staff to reduce social worker caseload, and thereby increase the number of completed investigations.		Completed	Completed	Deputy Director for Program Operations
		Transfer social workers to Investigations who are more experienced in assessment and can make more expeditious and accurate determinations.		Completed	Completed	Deputy Director for Program Operations
	Formalize risk and safety assessment procedures.	Enhance assessment capacity of social workers through competency-based, clinical training and improved risk and safety assessment tools.		Supervisory Case Record Review	Risk assessment tool developed by September 2002	Deputy Director for Program Operations

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Formalize risk and safety assessment procedures (continued).	Increase utilization of the Emergency Assessment Program (EAP) to reduce risk of harm to children in their own homes and establish community links to prevent placement.		MIS Report	EAP fully implemented by March 2003, and utilization increased 20% by December 2003	Deputy Directors for Clinical Practice and Program Operations
		Supervisors to ensure completion of risk and safety assessments.		Supervisory Case Record Review/ MIS Report	Supervisors will ensure that 25% of cases have completed risk and safety assessments by December 2003	Deputy Director for Program Operations
Item 4: Risk of Harm to Child			Baseline: 70.21% of families had assessment of risk & services to reduce the risk. By September 2003 73%; and June 2004 75%.			
	Address underlying causes of family risk.	Creation of a multidisciplinary team centralized in the Office of Clinical Practice with specialists in domestic violence, housing, substance abuse, health services and education.		Administrative Report	Team created by May 2002	Deputy Directors for Clinical Practice and Program Operations
		Enhance the clinical skills of social workers to identify issues such as substance and sexual abuse through the implementation of competency-based, clinical practice training.		Pre/Post Test	Training developed, initiated by September 2002, & thereafter ongoing	Deputy Director for Clinical Practice
		Enhance and implement a more family-friendly case plan tool to identify and plan for service provision (also see Item 18).		MIS Report	Tool developed by September 2002	Deputy Director for Program Operations
		Increase social worker assessment skills through the enhancement of the risk assessment tool. (also see Item 3)		Supervisory Case Record Review	Risk assessment tool developed by September 2002	Deputy Director for Program Operations
	Continuously assess risk of harm for in-home placements.	Strengthen supervisory oversight in all in-home cases.			Supervisory Case Record Review/ MIS Report	Supervisory conferences for 25% cases by June 2003; 50% by December 2003; 75% by June 2004

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step	
	Continuously assess risk of harm for in-home placements (continued).	Increase the use of community Collaboratives for in-home service cases.		Administrative Report/MIS Report	Increase use of Collaboratives for supportive cases by 10% by September 2003	Deputy Directors for Clinical Practice and Program Operations	
	Monitor service provision.	See Items 3, 17, 21, 22, and 23					
	Conduct risk assessments throughout the life of the case.	See Item 18					
		Increase social worker assessment skills through improvement of risk assessment tool (also see Item 3).		Supervisory Case Record Review	Assessment tool developed by September 2002	Deputy Director for Program Operations	
		Enhance clinical skills of social workers to identify issues such as substance and sexual abuse through the implementation of competency-based, clinical practice training.		Supervisory Review & Quality Assurance Case Record	Training developed, initiated by September 2002, & thereafter ongoing	Deputy Director for Clinical Practice	
Permanency Outcome 1: <i>Children have permanency and stability in their living situations.</i>			CFSA will substantially achieve conformity in 75% of the cases reviewed. 2001 on-site review found 53% in substantial conformity.				
Item 5: Foster Care Re-entries			Baseline: 22.26% children re-entered foster care. By September 2003 18.26%; and by September 2004 14.26%.			Deputy Director for Program Operations	
	Improve program logic, data accuracy, and reporting of foster care re-entries.	Modify existing placement/removal screens in FACES.		CFSA Change Support Committee	Implementation of proposed modifications by December 2002	Deputy Directors for Program Operations and Licensing, Monitoring & Placement Support	
		Ensure FACES programming & logic is consistent with federal guidelines.		Supervisory Case Record Review	New reporting logic implemented by December 2002	CISA Administrator	

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: The District does not meet the National Standard for Foster Care Re-entries. The Agency re-ran the 1999 FOCUS data and determined the percentage had not changed. They then ran additional 2000 FACES data and determined they would meet the national standard if the 2000 FACES data was substituted for the 1999 FOCUS data. The Agency was required to submit AFCARS data for 2000 based on the 2000 FACES data. However, the data appeared to be incomplete or inaccurate. Since programmatic explanations for the data could not be provided, this indicator was rated as an area in need of improvement.</p>						
<p>Area Needing Improvement: Children are maintained in foster care for long periods of time without achieving their permanency goals and, consequently did not experience frequent multiple entries into foster care.</p>	<p>Prevent re-entry of children into foster care</p>	<p>Utilize risk/safety assessment tool prior to reunification to decrease foster care re-entry.</p>		<p>Supervisory Case Record Review/ MIS Report</p>	<p>Increase use of risk/safety assessment tool to 73% by September 2003; and 75% by June 2004</p>	<p>Deputy Director for Program Operations</p>
		<p>Improve existing case transfer process for cases transferred from one ongoing service unit to another to ensure timeliness in the achievement of permanency goals.</p>		<p>MIS Report</p>	<p>50% of cases transferred will have transfer conferences by March 2003; 60% by December 2003</p>	<p>Deputy Director for Program Operations</p>
		<p>Unify the District's bifurcated system of abuse and neglect.</p>		<p>Administrative Report</p>	<p>Completed</p>	<p>Completed</p>

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Prevent re-entry of children into foster care (continued).	Conduct best practice research on principles of family group decisionmaking.		Automated family conferencing folder	A folder containing family conferencing research will be readily available to CFSA through the agency network by December 2002	Deputy Director for Clinical Practice
		Draft model including principles of family empowerment, involvement, and decisionmaking, and the case planning process.		Model/policy developed	All CFSA staff and offsite providers will be notified of family conferencing policy and protocols by May 2002	Deputy Director for Clinical Practice
		Incorporate new model/principles into training curriculum.		Curricula review	Training implemented by May 2003	Deputy Director for Clinical Practice
		Train direct service staff and supervisors on the new case planning process.		Review of monthly training reports	50% of all case carrying staff will be trained by June 30, 2003	Deputy Director for Clinical Practice
		Strengthen post-reunification (aftercare) services.		MIS Report	10% decrease in re-entries post-discharge by December 2003	Deputy Director for Clinical Practice
	Coordinate service provision with Healthy Families/Thriving Communities Collaboratives.	Utilize Collaboratives for post-discharge, aftercare services.		Administrative Report/Supervisory Case Record Review	By September 2003, Healthy Families/Thriving Communities Collaboratives will provide post-discharge, aftercare services to 10% of families reunified	Deputy Directors for Clinical Practice and Program Operations
		Revise CFSA aftercare policy to address service planning and post-discharge service provision for children and youth exiting care for reunification with family, kinship, guardianship, adoption, or independent living situations.		Administrative Report	Draft completed policy by June 30, 2003	Deputy Directors for Licensing, Monitoring & Placement Support and Office of Policy, Planning & Program Support
		Promote the use of kinship, guardianship and adoption placement options through community forums in partnership with Collaboratives.		Contract Revisions	10% increase in the number of proctor home providers by September 30, 2004	Deputy Director for Licensing, Monitoring & Placement Support/Collaboratives Partners
		Conduct community workshops on abuse and neglect.		Administrative Report	MC/MC Community meeting conducted quarterly	Deputy Director for Licensing, Monitoring & Placement Support /My Community, My Children Unit

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Promote neighborhood-based foster families to support birth families while children in foster care and after they return home through the My Community/My Children initiative.	Coordinate city-wide activities with Collaboratives in celebration of Foster Parent Appreciation Month. Train neighborhood-based foster families so they can provide services to foster children and birth families.		Administrative Report	By December 2002, increase foster parent participation in recruitment activities by 10%.	Deputy Director for Licensing, Monitoring & Placement Support /My Community, My Children Unit
		License neighborhood-based foster families so they can provide services to foster children and birth families.		Administrative Report	Increase the number of foster/kinship parents who have completed training and licensing from a baseline of 50 to 100 by September 2003	Deputy Director for Licensing, Monitoring & Placement Support /My Community, My Children Unit
Item 6: Stability of Foster Care Placements			Baseline: 71.43% of children had stability in foster care placements. CFSA will achieve 73% by September 30, 2003; and 76% by September 30, 2004.			Deputy Director for Program Operations
Area Needing Improvement: Agency does not routinely assess the appropriateness of a placement on a continuous basis to assure the placement continues to meet the needs of the child.	Stabilize placements of children in foster care.	Align existing policies and FACES programming logic on placement disruption , in accordance with federal regulations.		Administrative Report	Definition of placement disruption and policies will be completed by December 30, 2002	Deputy Directors for Licensing, Monitoring & Placement Support, Office of Policy, Planning & Program Support and CISA Administrator
Area Needing Improvement: Which children were moved a number of times before the review period. For example, in one case a child had eight different placements in three years.		Modify existing policies and FACES programming logic on placements, in accordance with federal regulations.		On-line Policy Review	Definition of placement disruption and policies will be completed by December 30, 2002	Deputy Directors for Licensing, Monitoring & Placement Support, Office of Policy, Planning & Program Support and CISA Administrator
		Train foster parents and staff to work in collaboration to prevent unplanned disruptions.		Pre - and post-test evaluation	All new foster parents and staff will be trained in the prevention of placement disruption by June 30, 2003	Deputy Directors for Clinical Practice and Licensing, Monitoring & Placement Support
		Conduct disruption conferences.		MIS Report/Supervisory Case Record Review	By September 2004, 10% of cases reviewed will have disruption conferences to prevent re-placement	Deputy Director for Program Operations

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: Children with mental health needs and emotional/behavioral problems generally experienced more placement disruptions than children without these issues.</p>	<p>Stabilize placements of children in foster care (continued).</p>	<p>Enhance the matching process of foster parents/child to better meet children's needs.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>5% decrease in placement disruptions by September 30, 2003; and 10% by September 30, 2004</p>	<p>Deputy Directors for Licensing, Monitoring & Placement Support</p>
		<p>Develop an array of appropriate placement options to include proctor home providers.</p>		<p>MIS Report</p>	<p>10% increase in proctor homes by September 30, 2003</p>	<p>Deputy Directors for Licensing, Monitoring & Placement Support</p>
		<p>Increase utilization of existing therapeutic foster homes.</p>		<p>MIS Report</p>	<p>20% increase in the utilization of existing therapeutic foster homes by September 30, 2003</p>	<p>Deputy Directors for Program Operations and Licensing, Monitoring & Placement Support</p>
		<p>Increase contractual capacity of therapeutic foster homes.</p>		<p>Contract Review</p>	<p>10% increase in capacity of therapeutic foster homes by December 2003</p>	<p>Deputy Director for Licensing, Monitoring & Placement Support</p>
		<p>Expand capacity of return diversion service network.</p>		<p>MIS Report</p>	<p>2% increase in capacity by September 30, 2003</p>	<p>Deputy Director for Clinical Practice</p>
	<p>Promote use of placement disruption staffings.</p>	<p>Train foster parent workers and licensed child placing agencies on placement disruption staffings and conduct placement disruption staffings on cases at risk of disrupting.</p>		<p>MIS Report</p>	<p>30% of private agencies cases identified as at risk of disruption will be staffed by September 30, 2003</p>	<p>Deputy Director for Clinical Practice</p>
	<p>Expand foster parent support services and groups to enhance ability of all foster parents to meet the needs of children.</p>	<p>Establish more foster parent support groups.</p>		<p>Administrative Report</p>	<p>15% of all foster parents will participate in a foster parent support group by June 2003; 30% by December 2003; and 45% by September 2004. Foster care placement disruptions will decrease 10% by September 2004.</p>	<p>Deputy Director for Licensing, Monitoring & Placement Support/Family Services Division</p>
	<p></p>	<p>Enhance process of matching children with foster parents to better meet the needs of the child.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>5% decrease in placement disruptions by September 30, 2003; and 10% by September 30, 2004</p>	<p>Deputy Directors for Licensing, Monitoring & Placement Support</p>

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Expand foster parent support services and groups to enhance ability of all foster parents to meet the needs of children (continued).	Strengthen foster parent in service training.		Administrative Report	15% of all foster parents will participate in a foster parent support group by June 2003; 30% by December 2003; and 45% by September 2004. Foster care placement disruptions will decrease 10% by September 2004.	Deputy Director for Licensing, Monitoring & Placement Support/Family Services Division
	Implement Memorandum of Understanding with the Mental Retardation and Developmental Disabilities Administration.	Draft and implement MOU with MRDDA.		Finalized MOU	All CFSA staff will be notified of MOU by November 2003	CFSA Director, Deputy Directors for Clinical Practice and Office of Policy, Planning & Program Support
Item: 7 Permanency Goals for Children			Baseline: 60.71% children had permanency goals . CFSA will improve this item to 65% by September 30, 2003; and 71% by September 30, 2004			
		Draft protocol		Administrative Report	Draft will be completed by June 30, 2003	Deputy Directors for Program Operations, Clinical Practice and Office of Planning, Policy, & Program Support
Area Needing Improvement: Little evidence was found in the cases reviewed that showed the Agency is consistently petitioning to terminate the parental rights of parents of children who have been in foster care for 15 of the last 22 months. Of the foster care cases reviewed, 54 percent of the children who were in care longer than 15 months did not have parental rights terminated and compelling reasons for not terminating parental rights were not documented in the case plan or court order.	Conduct permanency planning staffings for cases of children for whom reunification is no longer viable.	Distribute protocol to staff.		Administrative Report	Inform staff of procedures by September 30, 2003	Deputy Director for Office of Policy, Planning & Program Support

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Conduct permanency planning staffings in cases of children for whom reunification is no longer viable (continued).	Implement new permanency staffing procedures.		Supervisory Case Record Review/MIS Report	30% of foster care cases reviewed will have permanency staffing by September 2003; an additional 30% by September 2004	Deputy Directors for Clinical Practice and Office of Policy, Planning & Program Support
Area Needing Improvement: Little evidence was found in the cases reviewed that showed the Agency is consistently petitioning to terminate the parental rights of parents of children who have been in foster care for 15 of the last 22 months.	Expediently terminate parental rights when reunification deemed inappropriate.	CFSA will increase the number of lawyers and co-locate them with social workers to increase the number of TPR petitions.		Administrative Report	250 TPR petitions filed by December 2003	Deputy Director of the Office of General Counsel
		Establish a methodology for identifying cases requiring TPR petitions.		MIS Report	All children with the goal of adoption without a TPR petition filed will be identified by June 2003	Deputy Director for Program Operations
		Identify children with the goal of adoption without a TPR filed.		Administrative Report	Methodology established by December 2002	CISA Administrator
Area Needing Improvement: Although many children had reunification as their permanency goal, prior to the period under review, only three children whose cases were reviewed had reunification as their permanency goal as of the July 2001 review.	Implement transfer staffings for cases of children newly removed as case is transferred from Intake to an ongoing program area to ensure consistency of goals and services.	Draft policy and procedures.		Administrative Report	Policies and procedures drafted and reviewed by Senior Management by June 30, 2003	Deputy Directors for Program Operations, Clinical Practice and Office of Policy, Planning & Program Support

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: Independent living became the permanency goal for 13 children over 17 years of age who had been in the system for several years so that adoption was no longer appropriate. There was no explanation in many of these cases as to why another permanency option such as adoption had not occurred at an earlier date.</p>	<p>Implement transfer staffings for cases of children newly removed as case is transferred from Intake to an ongoing program area to ensure consistency of goals and services (continued).</p>	<p>Provide ongoing training for staff on transfer and permanency staffing procedures.</p>		<p>Administrative Report</p>	<p>50% of staff will be trained by December 30, 2002; 75% by September 2003; 90% by June 2004</p>	<p>Deputy Directors for Clinical Practice and Office of Policy, Planning & Program Support</p>
<p>Area Needing Improvement: Overall, the case record review found a general lack of permanency planning. Permanency planning appeared to be something that took place whenever there was a court hearing or administrative review. It did not seem to be integrated as an ongoing process in working with children and families.</p>		<p>Develop policy and procedures for hearing contacts and consultation between ACC's and social workers.</p>		<p>Administrative Report</p>	<p>Policy and procedures completed by December 31, 2002</p>	<p>Deputy Directors for the Office of General Counsel and Policy, Planning & Program Support</p>
	<p>Revise policy and protocol to facilitate communication between CFSA and Court, legal representatives and social workers.</p>	<p>Disseminate policy and procedures to staff.</p>		<p>Online policy</p>	<p>Dissemination of policy and procedures will be completed by February 2003</p>	<p>CFSA Director and Senior Management</p>
		<p>Develop uniform format for Court report.</p>		<p>Completed</p>	<p>Completed</p>	<p>CFSA Director and Senior Management</p>

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Improve quality of hearings through implementation of Family Court and training for judges.	Collaborate with the District's Superior Court to establish a Family Court.		Administrative Report	Family Court implemented by September 2003	CFSA Director and Senior Management
		Develop a system to train judges on issues of abuse/neglect.		Administrative Report	Ongoing	CFSA Director and Senior Management
Area Needing Improvement: Concurrent planning did not occur in cases where children had the permanency goal of reunification. Children often lingered in the system for years while waiting for their parents to improve rather than the Agency moving toward termination of parental rights and adoption at the 15 month mark.	Document concurrent permanency planning in case plan.	New case plan drafted and approved.		Administrative Report	Policies and procedures drafted by December 2003	Deputy Directors for Policy, Planning & Program Support
Area Needing Improvement: Children were in care an average of approximately 65 months before they achieved their permanency plan or were still in placement as of the July 2001 review.		Case plan format entered into the FACES system.		Administrative Report	New case plan format template in FACES by September 30, 2002	CISA Administrator
		Train staff	Administrative Report	25% by December 2003; 50% by March 2003; 75% by June 2003; 90% by September; ongoing 2004	Deputy Director for Clinical Practice and CISA Administrator	

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step						
Item 8: Independent Living Services			Baseline: 53.8% of children over 16 had an independent living plan and commensurate services. CFSA will improve this item to 58% by September 30, 2003; and 60% by September 30, 2004.									
							Promulgate and implement protocols for licensing of independent living programs.	Finalize regulations.		Completed	Completed	Deputy Director for Office of General Counsel
								Train private provider agencies on independent living licensure guidelines.		Administrative Report	50% trained by December 2002; and 75% trained by June 2003	Deputy Director for Licensing, Monitoring & Placement Support
								Train relevant staff on new procedures.		Administrative Report	30% trained by September 2002; and 60% trained by June 2003	Deputy Director for Program Operations
								License independent living providers and target program to appropriate youth.		Administrative Report	10% increase in the number of existing independent licensed providers by June 2003	Deputy Director for Licensing, Monitoring & Placement Support
							Include all pertinent parties in case planning.	Revise CFSA aftercare policy to address service planning and post-discharge service provision for children and youth exiting care for reunification with family, kinship, guardianship, adoption, or independent living situations.		Administrative Report	Draft completed policy June 2003. Revisions incorporated by September 30, 2003	Deputy Directors for Licensing, Monitoring & Placement Support and Office of Policy, Planning & Program Support
								Include teens in the development and implementation of their ILP.		Supervisory Case Record Review	By September 30, 2003, 10% of cases reviewed will indicate teen inclusion in the development and implementation of their Independent Living Plan; and by September 30, 2004, 20% of cases reviewed	Deputy Director for Program Operations
							Expand ILP for youth in foster care.	Draft a procedure to target population younger than 16.		On-line policy manual	Complete procedures and implement by March 30, 2003	Deputy Directors for Program Operations and Office of Policy, Planning & Program Support
								Train foster parents on independent living skills.		Administrative Report	By Sept. 2004, 10% increase in foster parents trained on Independent Living Skills	Deputy Directors for Clinical Practice and Licensing, Monitoring & Placement Support

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: The case record review found that only one foster parent was engaged in helping to teach independent living skills to the youth in their care.</p>	<p>Expand ILP for youth in foster care (continued).</p>	<p>Identify additional service providers for youth in foster care.</p>		<p>Contract Review</p>	<p>September 30, 2003</p>	<p>Deputy Director for Program Operations</p>
<p>Area Needing Improvement: Five of the cases reviewed did not have an individual independent living plan for the youth and in two cases no independent living services were provided.</p>	<p>Through permanency planning process, ensure that every teen with a goal of independent living has an Independent Living Plan.</p>	<p>Conduct 90 day review staffings.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>Permanency staffing procedures will be fully implemented by September 30, 2003</p>	<p>Deputy Director for Program Operations</p>
		<p>Complete Independent Living Plan for all children with a goal of independent living.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>By September 30, 2003, 50% of cases reviewed will have a completed IL plan; by September 2004, 75% completion rate</p>	<p>Deputy Director for Program Operations</p>
<p>Item 9: Adoption</p>			<p>Baseline: 62.50% of children with a goal of adoption have an adoptive home identified or have legal activity to free them. By Sept. 2003, CFSA will improve this item to 67.5%; and by Sept. 2004 to 72.5%.</p>			
	<p>Utilize private agencies for home studies.</p>	<p>Revise private provider contracts to include performance measures that will ensure timely completion of MD and VA home studies.</p>		<p>Contract modifications</p>	<p>30% of children placed in MD or VA will have ICPC approval by June 2003; 60% by June 2004; and 90% by December 2004</p>	<p>Deputy Director for Program Operations</p>

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: The process involved in implementing the Interstate Compact on the Placement of Children between the Agency and its neighboring states of Virginia and Maryland have created delays in the timely finalization of adoption for children placed outside the District.</p>	<p>Utilize private agencies for home studies (continued).</p>	<p>Identify any additional MD or VA homes for which ICPC approval has not been received for children placed, and refer these to private agencies for home studies.</p>		<p>MIS Report</p>	<p>50% MD or VA homes without an approved ICPC agreement will be identified and referred to private agencies for home studies by June 2003; 70% by December 2003; 90% by September 2004</p>	<p>Deputy Director for Licensing, Monitoring & Placement Support</p>
		<p>Extend the number of contracts offered to providers conducting home studies.</p>		<p>Administrative Report</p>	<p>10% increase in the number of contracts extended to private providers conducting home studies by June 2003</p>	<p>Deputy Director for Administration</p>
<p>Area Needing Improvement: Because District and Maryland foster parents are not certified as adoptive parents at the same time they are certified as foster parents, they must go through another approval process if they wish to adopt a child placed in their home. This secondary approval process creates numerous delays in the adoption process.</p>	<p>Dually certify all appropriate foster care providers for both foster care and adoption.</p>	<p>Implement dual and concurrent certification of foster homes and adoptive homes.</p>		<p>MIS Report</p>	<p>5% of foster families will have been dually certified by March 2003; 10% by December 2003</p>	<p>Deputy Director for Licensing, Monitoring & Placement Support</p>
		<p>Establish procedures for dual certification.</p>		<p>Administrative Report</p>	<p>Procedures drafted and finalized by December 2002</p>	<p>Deputy Directors for Licensing, Monitoring & Placement Support Administration and Policy, Planning & Program Support</p>

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: Many judges in the District require that an adoptive parent must be available and ready to adopt the child before they will consider terminating parental rights. Because the adoption proceeding often takes place at the same time as the termination of parental rights action, the child's biological parents still have the right to appeal the termination of parental rights ruling after the adoption is finalized. According to stakeholders, some adoptive parents are unwilling to pursue adoption because of this risk.</p>	<p>Dually certify all appropriate foster care providers for both foster care and adoption (continued).</p>	<p>Establish procedures for dual certification.</p>		<p>Administrative Report</p>	<p>Procedures drafted and finalized by December 2002</p>	<p>Deputy Directors for Licensing, Monitoring & Placement Support Administration and Policy, Planning & Program Support</p>
<p>Area Needing Improvement: The length of time to exhaust appeals of termination of parental rights actions created delays of up to two years in some of the adoption cases reviewed.</p>						
<p>Area Needing Improvement: Adoption was not always considered soon enough in some cases where it was readily apparent that children could not be reunified with their families. This caused some children to wait an extended period of time before an adoptive family was sought or adoption was ruled out because the child was older. In one case reviewed it took six years for an adoption to be finalized.</p>						
<p>Area Needing Improvement: Concurrent planning did not occur in cases where children had the permanency goal of reunification. Children often lingered in the system for years while waiting for their parents to improve rather than the Agency moving toward termination of parental rights and adoption at the 15 month mark.</p>						

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
Item 10: Permanency Goals of Other Planned Permanent Living Arrangement			Baseline: 73.34% of children with the permanency goal of other planned living arrangements were provided services to assist in goal attainment. By September 30, 2003, 77% will be provided such services; and 79% by September 30, 2004.			
Area Needing Improvement: In four cases reviewed, there was no indication that adoption, kinship care, or legal guardianship were considered as permanency options or appropriately ruled out for children. In some cases, reunification should have been dismissed early on as not an appropriate permanency goal so that another goal could have been achieved rather than simply letting children age out of the system.	Implement programmatic enhancements to address permanency goals of Other Planned Living Arrangements.	Review cases with a goal of "Other Planned Living Arrangement" to determine appropriateness of goal.		Supervisory Case Record Review	By March 30, 2003, 10% of the cases with "other planned living arrangement" goal will be reviewed; 50% will be reviewed by September 30, 2004	Deputy Directors for Program Operations and Clinical Practice
		Implement Guardianship Program.		Administrative Report	Program implemented by September 2003	Deputy Directors for Program Operations and Clinical Practice
		Finalize policies and procedures for Guardianship Program.		Administrative Report	Policies and procedures revised and finalized by September 30, 2003	Deputy Directors for Program Operations and Office of Policy, Planning & Program Support
		Establish procedures for documentation of compelling reasons in court order.		Administrative Report	Procedures completed by March 2003	Deputy Directors for Program Operations and Office of Policy, Planning & Program Support
Area Needing Improvement: No compelling reasons were documented for pursuing another planned permanency goal other than reunification, adoption, kinship care, or legal guardianship as required before seeking a different permanency plan in four of the cases reviewed.	Ensure documentation of compelling reasons in court orders.	Train staff on new procedures.		Training pre- and post-testing	50% of staff will be trained by June 2003; 75% by March 2004	Office of the General Counsel and Deputy Director for Clinical Practice

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Ensure documentation of compelling reasons in court orders (continued).	Implement procedures.		Supervisory Case Record Review	By March 30, 2003, 10% of cases reviewed will have documentation of compelling reasons in court reports; 20% by September 2003; 30% by March 2004.	Office of Court Services and Deputy Director for Clinical Practice
Item 13: Visiting with children and parents in foster care			Baseline: 75% of parents have made visits to their children in foster care. By September 2003, 77% will meet required visits; and 79% by September 2004.			
	Improve case record documentation of visits between parents and siblings in foster care when the permanency goal is reunification.	Social workers will be trained on appropriate procedures for recording contact information in FACES.		Supervisory Case Record Review/ MIS Report	By June 1, 2003, 20% increase in documentation of 2 or more visits between children and parents per month; 40% increase by June 2004	CISA Administrator and Deputy Director for Program Operations
	Improve practices of locating parents.	CFSA will develop policy and procedures on diligent search for absent parents.		Administrative Report	Policy revised by March 2003	Deputy Director for the Office of Policy, Planning and Program Support
	Improve practices of locating parents.	Intake investigators will receive specialized training on techniques for obtaining and gathering information on birth parents and other significant family members.		Training report	90% of Intake investigators will be trained by December 2003	Deputy Director for Clinical Practice
	Improve frequency of visits between parents and children.	Simplify and streamline FACES screens used by social workers to enter contacts into FACES.		Supervisory Case Record Review/MIS Report	By June 2003, documented visits between parents and children will be made at least every two weeks in 40% of cases reviewed	CISA Administrator and Deputy Director for Program Operations
	Improve frequency of visits between parents and children.	Re-train social workers on proper utilization of contact screens and data entry in FACES.				
	Improve frequency of visits between parents and children.	Revise RFPs and contracts with Collaboratives and Consortium agencies to facilitate visits in family-like settings with close proximity to the child's neighborhood of origin.		Supervisory Case Record Review/MIS Report	By June 2003, documented visits between parents and children will be made at least every two weeks in 40% of cases reviewed	CISA Administrator, Deputy Directors for Program Operations and Clinical Practice

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
Item 16: Relationship of Children in Care with their Parents.			Baseline: 80% of children in care had a strong attachment with their parents. By September 2003, CFSA will achieve 82%; and by September 2004, 84% will have strong attachments with their parents.			
	Improve efforts made to facilitate visitation/contact between foster children and their fathers.	Develop training for staff & providers to increase awareness and strengthen the role fathers play.		Training curricula	10% of staff trained by June 2003; 50% trained by June 2004	Deputy Directors for Program Operations and Clinical Practice
		Supervisors will educate social workers on the importance of locating fathers, including fathers in planning for their children, and facilitating visitation.		Supervisory Case Record Review	20% of cases reviewed will indicate documentation of visits with active fathers by December 2003	Deputy Director for Clinical Practice
	Ensure attempts are made to locate all parents whose whereabouts are unknown.	Supervisors will monitor social work practice of referring cases to Diligent Search Unit as appropriate.		MIS Report/Supervisory Case Record Review	30% of all cases will be referred to the Diligent Search Unit at Intake, when the whereabouts of the parents are not known by June 2003	Deputy Director for Program Operations
	Utilize community facilities for visitation.	Modify contracts with Collaboratives and other private provider agencies.		Contract Review	December 2002 and ongoing	Deputy Director for Program Operations
Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs.			Baseline: 48% of families had enhanced capacity to provide for their children's needs. By September 2003, 50% will have such capacity; and by June 2004, 53% with capacity.			
Item 17: Needs and Services of Children, Parents, & Foster Parents			Baseline: 52% of children, parents, & foster parents' needs and services have been identified. By September 2003, 57% identification rating; and June 2004, 62% identified.			
	Develop child well-being status report for each child in care summarizing service provision.	Status report will summarize identification of service need and provision of services to meet the need.		Supervisory Case Record Review/MIS Report	Three case record reviews per supervisor per month, beginning March 2003	Deputy Directors for Program Operations and Clinical Practice
	Ensure service provision adequately meets the needs of children and families.	Increase involvement of children and families in assessment and planning.		Supervisory Case Record Review	By December 31, 2002, supervisors will complete reviews of 3 cases per month; ongoing	Deputy Directors for Program Operations and Clinical Practice

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
Item 18: Children and Family Involvement in Case Planning			Baseline: 45% of family involvement in the children's case planning. By September 2002, 55% will be involved, and by September 2003, 65% family involvement rate in case planning.			Deputy Director for Licensing, Monitoring & Placement Support
	Ensure that children and families are actively involved in the case planning process.	Modification of case plan and policies to address family involvement.		Administrative Report	Case plan screens/report will be fully operational and implemented by Program Operations staff by December 30, 2002	Deputy Directors for Program Operations, Office of Policy, Planning & Program Support and CISA Administrator
		Mandatory training of direct service staff, supervisors and program managers on process, policy and documentation requirements.		Administrative Report	25% trained by December 2003; 50% by March 2003; 75% by June 2003; 90% by September 2004; ongoing.	Deputy Directors for Program Operations, Clinical Practice and Office of Human Resources
		New hires will be provided practical/hands-on supervision via training units.		Administrative Report	100% of newly hired staff will be placed in Training Units by September 2002; on-going	Deputy Director for Program Operations and Clinical Practice
		Modify CFSA's core and in-service training to incorporate a competency-based approach.		Pre-test and post-test for pre-service training.	By December 2002, CFSA will provide competency-based pre-and in-service training on case planning and documentation process	Deputy Director for Program Operations and Clinical Practice
				Administrative Report	By December 2002, CFSA will provide competency-based pre-and in-service training on case planning and documentation process	Deputy Director for Program Operations and Clinical Practice
		Children in foster care will have current case plans that include documentation of efforts to involve family members in the planning process.		Supervisory Case Record Review/ MIS Report	By December 30, 2002, 60% of case plans will be completed	Deputy Director for Program Operations and Clinical Practice
				Supervisory Case Record Review/ MIS Report	By December 30, 2003, 75% of case plans will be completed	Deputy Director for Program Operations and Clinical Practice
Item 19: Worker Visits with Children			Baseline: In 58% of cases, social workers visited with children in care. By Sept. 2003, CFSA will improve to 61%; and by September 2004 to 63%.			Deputy Directors for Program Operations and Clinical Practice

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
		Ensure visit data is being reported from the appropriate data fields in which social workers are entering data.		Evaluation of screens and data fields.	Completed	CISA Administrator
<p>Area Needing Improvement: Fifty-five percent of the in-home cases reviewed showed that Agency staff made contact with children in their caseloads less frequently than the policy requires. Only one in-home case had another Agency staff member, volunteer or service provider visit the child.</p>	<p>Improve documentation of home visits to ensure that all data is captured (continued).</p>	Streamline FACES screens into a single client contact screen for visits.		Screen (icon) developed.	September 30, 2002	CISA Administrator
<p>Area Needing Improvement: Thirty-five percent of the foster care cases reviewed reported contact between the worker and the child was less than monthly. Forty-five percent of these cases had another Agency staff member, volunteer or service provider visit the child in care.</p>		Social workers from the Collaboratives and private provider agencies will make appropriate home visits and document visit information in FACES.		Administrative Report	10% increase by September 2003; 20% increase by September 2004	Deputy Directors for Program Operations
<p>Area Needing Improvement: Thirty-five percent of the foster care cases reviewed reported contact between the worker and the child was less than monthly. Forty-five percent of these cases had another Agency staff member, volunteer or service provider visit the child in care.</p>		Train CFSA, Collaborative and private provider agency staff on new icon/screen used for entry of visit data.		Administrative Report	25% of staff trained by September 2003	Deputy Director for Program Operations and CISA Administrator
<p>Area Needing Improvement: Thirty-five percent of the foster care cases reviewed reported contact between the worker and the child was less than monthly. Forty-five percent of these cases had another Agency staff member, volunteer or service provider visit the child in care.</p>		Implement supervisory control to monitor documentation of visits and/or contacts.		Supervisory Case Record Review/MIS Report	Fully implemented by March 30, 2003	Deputy Director for Program Operations
<p>Item 20: Worker Visits with Parents</p>			<p>Baseline: In 43.75% of the cases reviewed social workers visited with parents. By Sept. 2003, CFSA will improve this item to 48%; and by September 2004 to 52%.</p>			Deputy Directors for Program Operations and Clinical Practice

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Area Needing Improvement: Some cases reviewed had no worker assigned to the case for various periods of time due to such factors as worker turnover and high caseloads, which accounted for very limited or sporadic contact between the Agency and the family.</p>	<p>Improve efforts to locate and include parents in assessment, visits, and reunification efforts.</p>	<p>Social workers will be trained on: gathering information on birth parents, establishing paternity, family assessment, and treatment planning. "Dad's Making Changes" is being developed to emphasize inclusion of fathers.</p>		<p>Administrative Report</p>	<p>50% of social workers trained by September 2003</p>	<p>Deputy Directors for Program Operations and Clinical Practice</p>
<p>Area Needing Improvement: The inability of staff to locate some parents in the cases reviewed was also a factor in worker contacts with the family. The Agency did not aggressively search for these parents in an effort to engage them in their children's lives.</p>		<p>Cases with parental whereabouts unknown will be expeditiously referred to the Diligent Search Unit at the point of Intake.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>25% of cases reviewed will reflect Diligent Search referral when parental whereabouts is unknown by December 2003</p>	<p>Deputy Director for Program Operations and Clinical Practice</p>
<p>Area Needing Improvement: In 68 percent of the in-home cases and 60 percent of the foster care cases reviewed, in which this item was applicable, visitation between the worker and the parents was made less than monthly. In 66 percent of the in-home cases and 83 percent of the foster care cases there were no other Agency staff members, volunteers, or service providers who had contact with the parents.</p>	<p>Enhance supervisory oversight of worker visits with parents</p>	<p>Supervisor will conduct 3 case record reviews per month.</p>		<p>Supervisory Case Record Review/Administrative Report</p>	<p>Beginning December 2002</p>	<p>Deputy Directors for Program Operations and Clinical Practice</p>
<p>Well Being Outcome 2: <i>Children receive appropriate services to meet their educational needs</i></p>			<p>Baseline: 78.57% of children receive appropriate services to meet their educational needs. By September 2003 80%; and June 2004 83% will have received services to meet educational needs.</p>			
<p>Item 21: Children receive appropriate services to meet their educational needs.</p>		<p>Creation of a multidisciplinary team centralized in the Office of Clinical Practice with specialists in education.</p>		<p>Administrative Report</p>	<p>Team created by May 2002</p>	
	<p>Develop child well-being status report for every child in care that summarizes education indicators and associated services.</p>	<p>CFSA will appropriately refer identified children for educational assessments.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>3 case record reviews per supervisor per month, beginning December 2002</p>	<p>Deputy Directors for Program Operations and Clinical Practice</p>

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
<p>Well Being Outcome 3: <i>Children receive adequate services to meet their physical and mental health needs</i></p>			<p>Baseline: 55.1% of children receive adequate services to meet their physical & mental health needs. By September 2003, 57% will receive adequate services; and by June 2004, 60% adequate services.</p>			
<p>Item 22: Physical Health of Children</p>			<p>Baseline: 65.31% of children in foster care received initial health screening. By September 2003, 68%; and by Sept. 2004, 70% will have received health screening.</p>			
	<p>Ensure accurate and current medical information on children.</p>	<p>Develop a comprehensive assessment tool to be completed during the investigative stage that incorporates health and dental information for both in-home service and foster care cases.</p>		<p>Completed</p>	<p>Completed</p>	<p>Deputy Director of Program Operations</p>
		<p>Develop mechanism allowing periodic data entry of DC KIDS information into FACES.</p>		<p>Administrative Report</p>	<p>System integration by September 2003</p>	<p>CISA Administrator</p>
	<p>Ensure appropriate and comprehensive health care services are provided to children at home and in care.</p>	<p>Maintain a comprehensive health care system of providers to ensure a full array of health care services for children.</p>		<p>Contract Review</p>	<p>Beginning September 2002; ongoing</p>	<p>Deputy Director of the Office of Clinical Practice</p>
		<p>Provide essential medical information to foster parents when children are initially placed, and to birth parents upon reunification.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>Beginning December 2002; ongoing</p>	<p>Deputy Director of the Office of Clinical Practice</p>
<p>Item 23: Mental Health of Children</p>			<p>Baseline: 65.31% of children have received mental health screening. By September 2003, 67% will have received screening; and by June 2004 a 70% screening completion rate.</p>			
	<p>Improve mental health service provision for all children in care.</p>	<p>Develop legislation with the Department of Mental Health to develop certification for providers which will enhance the quality of service provision.</p>		<p>Completed</p>	<p>Completed</p>	<p>Completed</p>
		<p>Develop and utilize a core of mental health providers certified through the Department of Mental Health to ensure quality care for children.</p>		<p>Administrative Report</p>	<p>Initiate process with providers September 2002, core group certified by December 2003</p>	<p>Principal Deputy Director</p>

		Develop focus groups with staff & providers to determine additional mental health resource needs.		Administrative Report	Initiate focus groups by December 2002	Deputy Director for Office of Policy, Planning & Program Support
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Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Increase mental health service provision for all children in care (continued)	Provide additional training for social workers to enhance their ability to assess and provide appropriate services to meet the mental health needs of children.		Administrative Report	Training curricula developed & implemented by June 2003; ongoing	Deputy Director for Clinical Practice
		Identify children and parents with mental health issues and make appropriate referrals for services.		Supervisory Case Record Review/MIS Report	3 cases per supervisor per month beginning December 2002	Deputy Directors for Program Operations and Clinical Practice
Systemic Factor: <i>Statewide Information System Factors</i>						
Item 24: The State is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.	Operate Statewide Information system.					
Area Needing Improvement: Historical Information on cases is not captured in FACES.	Upload historical data into FACES application.	Identify the relevant historical information and design a strategy to enter information into FACES system for cases that are open or closed within 12 months.		Administrative Report	Missing historical data will be identified and a strategy designed by December 2002	CISA Administrator and Deputy Director for Program Operations
	Upload historical data into FACES application (continued).	Enter identified information into FACES system.		MIS Report	(1) Current percentage of children in foster care without goals, or with inappropriate goals is 36%. By September 2003, reduce to 26%; and by September 2004, reduce to 21%. (2) Current percentage of children in foster care without legal status or with inappropriate legal status is 4%. By September 2003, reduce this percentage to 3%; and by Sept. 2004 to 2%.	CISA Administrator and Deputy Director for Program Operations
Area Needing Improvement: Staff does not consistently input data, which contributes to inaccuracies in cases and unreliable information.	Accurately enter data into FACES application.	Identify and resolve system constraints via the existing Change Support Committee.		Administrative Report	Change Support Committee/Ongoing	Principal Deputy Director

Outcome or Systemic Factors, Item (s) Contributing to Non-Conformity, and Areas Needing Improvement	Plan	Action Steps	Goal % of Improvement	Method of Measuring Improvement	Measurable Benchmarks and Dates	Responsible Party For Item and/or Action Step
	Accurately enter data into FACES application (continued).	Provide ongoing training to staff.		Administrative Report	See Item 33	Deputy Director for Clinical Practice
		Provide on-site support to staff.		Administrative Report	By September 2003, increase access to on-site support by reducing waiting time by 5%; and an additional 5% by September 2004	CISA Administrator
		Provide usability review and enhancement.		MIS Report	Change Support Committee/Ongoing	CISA Administrator
		Provide timely information to supervisors on the performance of their unit.		MIS Report	Beginning December 2002, monthly management reports prepared & distributed by the 4th business day after the end of the month.	CISA Administrator
		Incorporate comprehensive FACES training into general social worker training (also see Item 32).		Administrative Report	Training incorporated by June 1, 2003	CISA Administrator and Deputy Director for Clinical Practice
Area Needing Improvement: Workers identified problems with printing information and reports from the system.	Improve printing information & reports from the system.	Provide 24 hours technical support for all users (includes off-site contract agencies).		Administrative Report	Reduce the number of printing related reports from 60 help desk calls to 40 by September 2003 and to 25 calls by September 2004	CISA Administrator
Equip technicians with cellular phones to provide immediate response time.		Administrative Report		Phones to be provided by 1st quarter 2003	CISA Administrator	
Train direct service staff on the system.		Administrative Report		Training incorporated by June 1, 2003	CISA Administrator and Deputy Director for Clinical Practice	
Area Needing Improvement: Access to the system is often difficult.	Improvement of system access internally and externally.	Upgrade IT environment.		Administrative Report	Reduce IT downtime 10% from 13.3 hours per month to 11.6 hours per month by September 2003 and an additional 10% by September 2004 to 10 hours per month	CISA Administrator
Train direct service staff on the system.		Administrative Report		Training incorporated by June 1, 2003.	CISA Administrator and Deputy Director for Clinical Practice	

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Area Needing Improvement: Court Social Services do not have access to FACES, which creates gaps in information for some cases.	Integrate court information into FACES system.	Map & upload cases into FACES system.		Administrative Report	Completed	Completed
Area Needing Improvement: Some staff do not use the computerized system but maintain a paper record.		Enter identified information into FACES system.		MIS Report	See section (within this item) on historical information on cases.	CISA Administrator and Deputy Director for Program Operations
		Develop report indicating social workers not utilizing FACES & forward report to Senior Management for action.		MIS Report	Report due on December 31, 2002	CISA Administrator and Deputy Director for Program Operations
Area Needing Improvement: Throughout the review process, great difficulty was encountered in obtaining accurate data to use in the review, including generating the data profiles used in the statewide assessment and attempts to resolve discrepancies between information in the statewide assessment and the findings of the onsite review. While the data often appeared to be incomplete or inaccurate, programmatic explanations for the data could not be provided.	Provide accurate data to use in the review.	See section (within this item) on historical information on cases.		MIS Report	See section (within this item) on historical information on cases.	CISA Administrator and Deputy Director for Program Operations
Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.	Ensure direct service staff are provided skills and knowledge to conduct the case planning process with families.	Modification of case plan and policies.			Administrative Report	Case plan screens/report will be fully operational and implemented by Program Operations staff by September 2002
		Training of Program Operations direct service staff, supervisors and program managers on case planning process, policy and documentation requirements.	Administrative Report		25% trained by December 2003; 50% by March 2003; 75% by June 2003; 90% by September 2004; ongoing.	Deputy Director for Clinical Practice

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	Ensure direct service staff are provided skills and knowledge to conduct the case planning process with families (continued).	New hires will be provided practical/hands-on supervision including case planning activities via training units.		Administrative Report	Beginning October 1, 2002, 100% of newly hired staff will be placed in Training Units	Deputy Director for Clinical Practice
		Modification of CFSA's core and in-service training to incorporate a competency-based approach.		Administrative Report	By June 2003, CFSA will provide competency-based pre- and in-service training for the case planning process and documentation requirements	Deputy Director for Clinical Practice
		Program Operations will develop current case plans with family and children's involvement, and complete documentation in FACES; plans will include discussion of the involvement of the parents/children, or the reasonable efforts of the social worker to involve the family.		Supervisory Case Record Review/ MIS Report	45% of foster care and in-home cases will have current case plans by September 30, 2002	Deputy Director for Program Operations and CISA Administrator
				Supervisory Case Record Review/ MIS Report	50% of foster care and in-home cases will have current case plans December 31, 2002	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
				Supervisory Case Record Review/ MIS Report	60% of foster care and in-home cases will have current case plans June 30, 2003; 90% of foster care and 75% of in-home cases will have current case plans June 30, 2004	Deputy Director for Program Operations and CISA Administrator
				MIS Reports	75% of foster care and in-home cases will have current case plans June 30, 2004	Deputy Director for Program Operations and CISA Administrator
		CFSA will revise contract requirements, as necessary, to ensure uniform utilization of the FACES system.		Revised RFP/Contracts	Revised contracts by September 30, 2004	Deputy Directors for Planning, Policy & Program Support and Contracts & Procurement

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	Ensure direct service staff are provided skills and knowledge to conduct the case planning process with families (continued).	MIS will coordinate with private agencies and Collaboratives to install and connect the FACES system in their agencies (see above).		Administrative Report	Installation and connectivity of FACES system with private agencies and Collaboratives	CISA Administrator
Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.						
	Ensure administrative review is conducted for children in foster care no less frequently than every six months.	Program Operations direct service staff will complete current case plans documents prior to each scheduled administrative review.		Administrative Report	50% of case plans will be completed for administrative reviews by June 2003, and 75% by September 30, 2004	Deputy Directors for Program Operations and Clinical Practice
Supervisory and/or program manager will attend scheduled administrative reviews when the assigned social worker is not available.		Administrative Report		25% attendance improvement by program staff at scheduled administrative reviews by January 2003	Deputy Director for Clinical Practice	
Administrative reviews will be conducted for foster children no less frequently than every six months.		MIS Reports		70% of administrative reviews will occur, minimally, every six months for foster children June 30, 2004	Deputy Directors for Clinical Practice and Program Operations	
Administrative Review summaries will be completed and entered into FACES within two weeks of the scheduled review.		MIS Reports		70% will be completed and entered into FACES by December 31, 2003	Deputy Directors for Clinical Practice and Program Operations	

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<p>Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court/administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.</p>						
	<p>Ensure cases involving children in foster care have a judicial permanency hearing no later than twelve months after the child enters foster care, and every six months thereafter.</p>	<p>Establish a Family Court system in the District of Columbia that will provide greater continuity of Court oversight of children's cases.</p>		<p>Court tracking/monitoring phase one of the Family Court system</p>	<p>Implementation of phase one of the Family Court system June 2002</p>	<p>Judge Lee Satterfield, Agency Director, Principal Deputy Director, & Deputy Director of the Office of the General Counsel</p>
		<p>CFSA and the Court will integrate computer systems to facilitate tracking and monitoring the timeliness of permanency hearings.</p>		<p>Court tracking/monitoring systems and CFSA MIS Reports</p>	<p>Implementation of phase IV (coordinated system of tracking Permanency Hearings) will be implemented June 2004</p>	<p>Presiding Judge of Family Court, Agency Director, Principal Deputy Director, & Deputy Director of the Office of the General Counsel</p>
		<p>Permanency hearings will be conducted every six months for each foster child after twelve months in care.</p>		<p>Supervisory Case Record Review/MIS Report</p>	<p>70% of foster children have permanency hearings within twelve months of entry into care, and every six months thereafter June 30, 2003</p>	<p>CISA Administrator</p>
		<p>The District of Columbia will place 42 Assistant Corporation Counsels within CFSA to provide consultation and individual case consultation for judicial hearings.</p>		<p>Administrative Report</p>	<p>42 attorneys hired and placed at CFSA by December 31, 2002</p>	<p>Deputy Directors for Program Operations & the Office of the General Counsel</p>
		<p>CFSA and Court will develop and participate in joint training to improve dialogue, understanding and practices between social workers, attorneys, and judges.</p>		<p>Administrative Report</p>	<p>Training sessions and other forums to improve the relationship, and enhance understanding of roles and responsibilities March 2003 & every six months thereafter</p>	<p>Deputy Directors for Clinical Practice, Program Operations & Deputy Director of the Office of the General Counsel</p>

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<p>Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.</p>						
	<p>Enhance knowledge of TPR process in accordance with the provisions of ASFA</p>	<p>Incorporate TPR requirements into Orientation to Child Welfare training for new social workers.</p>		<p>Administrative Report</p>	<p>Incorporation completed by March 31, 2003</p>	<p>Deputy Director of the Office of General Counsel and Deputy Director for Clinical Practice</p>
<p>Align existing policies with ASFA provisions.</p>		<p>Administrative Report</p>		<p>Review & modify (if required) TPR policy to ensure consistency with ASFA by March 31, 2003</p>	<p>Deputy Directors of the Office of General Counsel and Policy, Planning & Program Support</p>	
<p>Require attendance of TPR attorneys at unit meetings.</p>		<p>Administrative Report</p>		<p>TPR attorneys will attend unit meeting twice per year by April 31, 2002; ongoing 2003 and 2004</p>	<p>Deputy Director of the Office of General Counsel</p>	
	<p>Implement ASFA case tracking system and use of tracking form.</p>	<p>Inform CFSA staff, Collaboratives, and Consortium agencies through staff correspondence and/or meetings.</p>		<p>Administrative Report</p>	<p>Notification completed by March 30, 2002</p>	<p>Deputy Director of the Office of General Counsel</p>
<p>Submit completed form to TPR coordinator when appropriate.</p>		<p>Administrative Report</p>		<p>ASFA case tracking form will be developed and implemented for court hearings by September 30, 2003</p>	<p>Deputy Director of the Office of General Counsel</p>	
	<p>Enhance collaboration between TPR Coordinator and Adoptions/TPR Judge.</p>	<p>Conduct monthly meetings between TPR coordinator and adoption judges.</p>		<p>Administrative Report</p>	<p>One meeting will be scheduled per month by March 2003</p>	<p>Deputy Director of the Office of General Counsel</p>
<p>Inform CFSA staff, Collaboratives and Consortium agencies through all staff correspondences and/or meetings.</p>		<p>Administrative Report</p>		<p>Notification completed by September 2002</p>	<p>Deputy Director of the Office of General Counsel</p>	
	<p>Increase number of Termination of Parental Rights petitions filed.</p>	<p>ACC's to file or join in petitions for TPR for 150 children by May 31, 2002.</p>		<p>MIS Report</p>	<p>250 TPR petitions filed by December 2003</p>	<p>Deputy Director of the Office of General Counsel</p>

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	Increase number of Termination of Parental Rights petitions that are filed (continued).	Establish a methodology of identifying cases requiring TPR petitions as they mature.		MIS Report	All children with the goal of adoption without a TPR petition filed will be identified by May 30, 2003	Deputy Director for Planning, Policy & Program Support and CISA Administrator					
		Identify children with the goal of adoption without a TPR filed.		Administrative Report	Methodology established by September 30, 2002	Deputy Director of the Office of General Counsel					
Item 29: Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review hearing held with respect to the child.											
							Strengthen the interface between program and administrative review to ensure identification of participants for notification.	By June 2002, social workers will receive monthly reports outlining children requiring administrative reviews. Using the reports, relevant Program Operations staff will identify administrative review participants for the scheduled hearing.	MIS Report	70% of Administrative Reviews will have participants identified by Program Operations within two months of the scheduled hearing by September 30, 2003	Deputy Directors for Program Operations and Clinical Practice
							Automate Administrative Review notification process.	Program Operations staff will enter the following information into FACES: participant to be notified; relationship to the case; and the current address of the participant.	MIS Report	70% of Administrative Reviews will have participants identified by Program Operations within two months of the scheduled review September 30, 2003	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
								MIS will issue reports, on a unit basis, which will indicate the gaps in data entry completed by Program Operations staff.	MIS Report	Effective September 30, 2003 70% of identified participants will be notified by the Office of Administrative Review within six weeks of the scheduled review, and thereafter until the system is fully automated	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
								Administrative Review will notify all participants within six weeks of the scheduled review.	MIS Report/Supervisory Case Record Review	Effective September 30, 2003 70% of identified participants will be notified by the Office of Administrative Review within six weeks of the scheduled review, and thereafter until the system is fully automated	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
	Define business process and workflow of administrative review process by September 30, 2002.	Administrative Report	Report completed by December 31, 2002	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator							

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	Automate Administrative Review notification process (continued).	Gain approval and prioritization from Change Support Committee to redesign FACES Administrative Review notification functionality.		Administrative Report	Approval and prioritization by December 2002	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
		Design notification process in FACES based on the business flow.		Administrative Report	Notification process designed in FACES by March 2003	Deputy Directors for Program Operations and Clinical Practice
		Program Operations and Administrative Review will test new FACES functionality.		Acceptance Testing	Functionality tested by June 2003	Deputy Directors for Program Operations and Clinical Practice
		Release redesign in FACES build.		Administrative Report	Build completed by July 2003	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
		Program Operations staff will complete input and/or update of Administrative Review participant information in FACES.		MIS Report	Updating completed by December 31, 2003	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
		FACES will generate notification letters for all scheduled hearings for March 2003, and thereafter.		MIS Report	Notification will be provided by the automated MIS to 100% of all identified participants March 2004, and thereafter	Deputy Directors for Program Operations, Clinical Practice and CISA Administrator
Item 32: The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.	Improve content, structure, and delivery of pre-service training.	Use multi-disciplinary Training Advisory Board (TAB) to ensure relevance/direction of Training Academy.		Administrative Report	Members selected and quarterly meeting schedule established by December 31, 2002	Deputy Director for Clinical Practice
	Eliminate time lag between job start date for new social workers and initiation of their pre-service training.	Coordinate social worker hiring and pre-service training.		Administrative Report	50% of new social work hires begin pre-service training within three days of job start date by January 2003	Deputy Director for Clinical Practice

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<p>Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.</p>	<p>Ensure social workers have the knowledge and skills required to perform their jobs competently through implementation of a model Training Academy.</p>	<p>Research nationally-recognized, competency-based child welfare training (CBT) programs to ensure implementation of model curricula and maximize transfer of learning.</p>		<p>Administrative Report/Training Curricula</p>	<p>Complete written report on research findings by May 15, 2002</p>	<p>Deputy Director for Clinical Practice</p>
		<p>Train Training Unit supervisors on universe of child welfare competencies.</p>		<p>Administrative Report</p>	<p>50% of staff pass post-test by January 1, 2003</p>	<p>Deputy Director for Clinical Practice</p>
		<p>Train all levels of staff on universe of child welfare competencies.</p>		<p>Training Curricula</p>	<p>50% of staff pass post-test by January 1, 2003</p>	<p>Deputy Director for Clinical Practice</p>
		<p>Continue to offer social work Continuing Education Contact hours for training.</p>		<p>Administrative Report</p>	<p>50% of eligible workshops provide Continuing Education contact hours by December 2002</p>	<p>Deputy Director for Clinical Practice</p>
		<p>Use multi-disciplinary Training Advisory Board (TAB) to ensure relevance/appropriate direction of Training Academy.</p>		<p>Administrative Report</p>	<p>Members selected and quarterly meeting schedule established by December 2002</p>	<p>Deputy Director for Clinical Practice</p>
		<p>All supervisors attend 12-session training on Mastering the Art of Child Welfare Supervision within first six months in position.</p>		<p>Administrative Report</p>	<p>100% of supervisors attend 12-session training on Mastering the Art of Child Welfare Supervision within first six months in position December 2002</p>	<p>Deputy Director for Clinical Practice</p>
		<p>Identify set of mandatory in-service core training that includes risk assessment, case planning, permanency, and family engagement.</p>		<p>Administrative Report</p>	<p>First series of mandatory in-service core training on quarterly calendar by March 2003</p>	<p>Deputy Director for Clinical Practice</p>
		<p>Provide training agendas to supervisors.</p>		<p>Administrative Report</p>	<p>Evidence of fewer interruptions by March 2003 Gather baseline by December 2002</p>	<p>Deputy Director for Clinical Practice</p>

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	Implement effective recruitment strategy to reduce high caseloads and staff turnover rate.	Research nationally- recognized child welfare agency recruitment and retention systems (e.g., Univ. of Nebraska).		Administrative Report	Complete draft of written report on research findings by December 2002	Deputy Director for Clinical Practice
		Consider eliminating “rolling admission” and set limited number of hiring dates (e.g., five per year) that coordinate with start dates of pre-service training cycles (KY & PA models).		Administrative Report	Schedule meeting with HR administrators at KY and PA public child welfare agencies December 2002	HR Director
		Establish HR and Training Academy linkage to ensure coordination of worker assignment, re-assignment and hire dates.		Administrative Report	HR and Training Academy staff meet to plan coordination strategy December 2002	HR Director
		Track and evaluate staff hiring and attrition patterns.		Administrative Report	HR and Training Academy staff meet to plan coordination strategy December 2002	Deputy Director for Clinical Practice
		Review all training curriculum to ensure the inclusion of critical learning components—policy/legislation, practice, and data system training (FACES).		Curriculum Content	Training Advisory Board (TAB) and appropriate staff meet to plan review strategy March 2003	Deputy Director for Clinical Practice
		Training Academy continues to disseminate quarterly training calendars to CFSA, Collaboratives, and Consortium Agency staff.		Administrative Report	Quarterly Report beginning March 2003	Deputy Directors for Clinical Practice and Office of Human Resources