



Report to the Chairman, Committee on
Government Reform, House of
Representatives

September 2006

D.C. CHILD AND
FAMILY SERVICES
AGENCY

Performance Has
Improved, but
Exploring Health Care
Options and Providing
Specialized Training
May Further Enhance
Performance



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Highlights of [GAO-06-1093](#), a report to the Chairman, Committee on Government Reform, House of Representatives

Why GAO Did This Study

The District of Columbia's Child and Family Services Agency (CFSA) has a history of serious performance problems. A court case in 1989 set in motion sweeping efforts to improve the District's child welfare system. Since then, CFSA has worked to meet performance requirements ordered by the U.S. District Court. However, recent reports by the court monitor show that CFSA is not meeting performance requirements on many measures. To update Congress, we assessed (1) whether CFSA is likely to meet requirements by December 2006; (2) what factors, if any, hinder the agency from meeting requirements; (3) how CFSA is monitoring its progress; and (4) the extent to which CFSA has implemented initiatives to achieve unmet requirements. To conduct this work, we reviewed reports by CFSA and the court monitor and interviewed stakeholders, including the court monitor and CFSA managers, supervisors, and caseworkers.

What GAO Recommends

GAO recommends that the Mayor of the District of Columbia (1) direct CFSA to provide caseworkers with specialized training that addresses caseload complexities, and (2) explore options for increasing the pool of health care providers. In its comments, CFSA agreed with our findings and recommendations, noting that the agency has made more progress since April 2006.

www.gao.gov/cgi-bin/getrpt?GAO-06-1093.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cornelia Ashby at (202) 512-7215 or ashbyc@gao.gov.

D.C. CHILD AND FAMILY SERVICES AGENCY

Performance Has Improved, but Exploring Health Care Options and Providing Specialized Training May Further Enhance Performance

What GAO Found

CFSA has made progress, but the agency is not likely to meet all of the court-ordered requirements by December 2006, based on the recent court monitor's report and our work. From December 2005 to April 2006, CFSA improved its performance and met some benchmarks. However, CFSA's performance on other requirements remains well below benchmarks, raising questions about the agency's ability to meet all of the court-ordered requirements by December and sustain the improvements it has made. For example, only 29 percent of children in foster care received medical evaluations within 30 days of placement in April 2006, despite a benchmark of at least 90 percent.

Several factors—complex caseloads and shortages of health care providers and qualified foster and adoptive homes—hinder CFSA's ability to meet court-ordered requirements. CFSA's cases are complex, in part because of the high proportion of hard-to-place teenagers and children with medical or mental health needs in the District's child welfare system. Caseworkers reported that they do not have enough specialized training to help them develop the skills they need to address these caseload complexities. CFSA's effort to meet court-ordered time frames is complicated in a small number of cases—those involving severe physical or sexual abuse—by the difficulty of coordinating with the District's Metropolitan Police Department. At the same time, CFSA officials told us there is a shortage of health care providers to serve these children, and the limited number of qualified foster and adoptive homes hinders CFSA's ability to give children the most appropriate and timely placements.

CFSA uses routine reports and qualitative studies to determine whether it is meeting requirements, but current data may not provide an accurate picture of the agency's progress. Implementing the agency's new Web-based case management system has been challenging and caseworkers reported that because of these implementation difficulties, they have not always entered complete and accurate data on their cases into the system. However, CFSA has recently taken a number of steps to resolve these issues, including, for example, issuing frequent system upgrades to address identified problems and developing enhanced system training for caseworkers.

Within the past few years, CFSA has implemented several initiatives to address the challenges it faces and achieve remaining requirements, but it may be too soon to know if they will yield long-term results. CFSA has hired new staff and reorganized existing staff to focus on key areas. In addition, CFSA has implemented new practices, such as a tool to prioritize investigations based on risk. CFSA is also beginning to hold its management staff and private contractors accountable for helping the agency meet specific performance requirements. Many of these initiatives seem reasonable, but it is too soon to tell whether these efforts will help CFSA meet the remaining court-ordered requirements.

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Abbreviations

CFSA	Child and Family Services Agency
CSSP	Center for the Study of Social Policy
QSR	Quality Service Review
STAR	Stabilization and Replacement

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United States Government Accountability Office
Washington, DC 20548

September 28, 2006

The Honorable Tom Davis
Chairman
Committee on Government Reform
House of Representatives

Dear Mr. Chairman:

Over the years, the District of Columbia's (the District) Child and Family Services Agency (CFSA)—the city's agency responsible for protecting children from abuse or neglect and, when necessary, placing them in appropriate foster or adoptive homes—has had serious management and performance problems that have hindered its ability to protect some of the children in its care. In June 1989, a lawsuit was filed in the U.S. District Court for the District of Columbia on behalf of children in the District's foster care system and the thousands of children who had been abused or neglected in the District. The court found that the District failed to (1) investigate reports of abuse or neglect in a timely manner, (2) make appropriate foster care placements, (3) monitor the care children received, and (4) adequately ensure children had permanent homes. This court case set in motion efforts to reform the District's child welfare system, beginning with a federal takeover of the agency. In 1995 the court placed the agency in full receivership, an arrangement in which the court appoints a person with broad authority to temporarily manage the agency. The agency has since been removed from receivership but continues to be monitored by the Center for the Study of Social Policy (CSSP), which has been acting in the capacity of court-appointed monitor since 1991. The monitor is responsible for assessing CFSA's progress in meeting performance requirements that cover the full range of CFSA's work. CFSA is scheduled to exit from the court monitor's supervision in December of this year if it is performing at an acceptable level on these court-ordered requirements. The parties will attempt to agree on an acceptable level of performance in negotiations this fall.

Prior GAO work and recent assessments by the court monitor indicate that while CFSA has made progress in some areas, there remain concerns about whether the agency will be able to meet all court-ordered requirements by December 2006. The monitor reported that as of April 2006, CFSA had not met most of the requirements, and the agency's performance had declined in some areas. Additionally, the monitor was

not able to determine whether CFSA had made progress in several areas because no data were available. In order to provide Congress with an update on CFSA's performance, we assessed (1) whether CFSA is likely to meet court-ordered requirements by December 2006; (2) what factors, if any, hinder the agency from meeting requirements; (3) how CFSA is monitoring its progress toward meeting unmet requirements; and (4) the extent to which CFSA has implemented initiatives or developed plans to achieve unmet requirements.

In conducting this work, we held group interviews with a random sample of CFSA caseworkers and supervisors, and we interviewed CFSA managers, the court-appointed monitor, and other District child welfare experts, including officials from the Consortium for Child Welfare—a coalition of nonprofit service agencies established to improve child welfare services in the District. We also reviewed the court-appointed monitor's progress reports and various CFSA documents, such as handbooks, guidance, and policies. Our review focused on key requirements related to managing child welfare cases that remained unmet as of December 2005. We conducted our work between May and September 2006 in accordance with generally accepted government auditing standards. A complete description of our scope and methodology is in appendix I.

Results in Brief

CFSA has made progress in meeting some of its court-ordered requirements, but the agency is not likely to meet all of its requirements by December 2006, based on the recent court monitor's report and our work. From December 2005 to April 2006, CFSA improved its performance and met benchmarks for a number of requirements, such as ensuring that children under age 12 are not routinely placed in group settings. In some areas, the data show an improvement in performance even though CFSA has yet to meet benchmarks. For example, 61 percent of children who are in out-of-home placements were placed with some or all of their siblings as of April, an improvement of 5 percentage points from December. However, CFSA's performance on several requirements is well below benchmarks. For example, as of April 2006 only 29 percent of children in foster care had received medical evaluations within 30 days of placement despite a court-ordered benchmark of at least 90 percent. This raises questions about the agency's ability to meet all of the court-required benchmarks by December and to sustain the improvement it has made.

Several factors—including complex caseloads, and shortages of health care providers, and qualified foster and adoptive homes—hinder CFSA's

ability to meet court-ordered requirements, according to CFSA officials, caseworkers, and the court monitor. CFSA's cases are complex, in part because of the high proportion of hard-to-place teenagers and children with medical or mental health needs in the District's child welfare system. Caseworkers reported that they do not have enough specialized training or adequate support from supervisors to help them develop the skills they need to address the complexities of their caseloads, particularly when cases involve children who have behavioral problems or have experienced domestic violence. Furthermore, CFSA's effort to meet time frames is complicated in a small number of cases by difficulty in coordinating with the District's Metropolitan Police Department. At the same time, CFSA officials told us there is a shortage of medical, dental, and mental health care providers. Officials told us this is partly because District reimbursement rates for Medicaid—the joint federal-state health care financing program that covers low-income children, including certain children in foster care and adoptive placements—are lower than the average fees providers charge. Furthermore, a shortage of qualified foster and adoptive homes in the District hinders CFSA's ability to meet some requirements, such as giving children the most appropriate foster care placements, placing siblings together, and ensuring timely adoptions. Several factors, such as the changing demographics of the District, contribute to this shortage, and a lack of border agreements with Maryland and Virginia makes it difficult for CFSA to look across District boundaries to place children with family members or in other homes in the surrounding suburbs.

CFSA uses routine reports and qualitative studies to monitor its progress toward meeting unmet requirements, but current data may not accurately portray the agency's progress. CFSA generates a number of daily and monthly data reports that allow managers to track performance on the court-ordered requirements as well as develop strategies to improve performance. In addition, CFSA uses information from interviews, focus groups, and surveys of caseworkers, managers, and families to get a more complete picture of how the agency is performing. However, the data CFSA uses may not accurately portray progress toward meeting requirements, because of challenges in implementing a new Web-based case management system and caseworkers not always entering accurate and complete data. The agency is working to resolve these issues by offering training and other support for caseworkers and others using the new system. The court monitor recently reported that data issues related to the implementation of the Web-based system should be resolved soon.

Within the past few years, CFSA has implemented a number of initiatives to address the challenges it faces and to help meet court-ordered requirements, but it may be too soon to know if they will yield long-term results. CFSA has hired new staff and reorganized existing staff to focus resources in key areas. For example, CFSA has hired additional caseworkers to improve its ability to conduct investigations in a timely manner, but is not yet meeting benchmarks in this area. CFSA has also implemented new practices, including a standardized process to screen calls to its telephone hotline reporting child abuse or neglect. Caseworkers use established risk factors, such as the number of children involved in a case or the parent's criminal history, to screen calls and prioritize investigations. This approach allows CFSA to better focus its resources on its most urgent cases and refer others to community agencies to provide appropriate services to assist the family. In addition, CFSA is beginning to hold its management staff as well as private contractors accountable for helping the agency meet specific performance requirements. For example, CFSA found that private contractors who manage the cases of about 40 percent of CFSA's children and families were performing at a lower level than CFSA caseworkers on certain requirements, such as making frequent home visits to children and their families. The agency reported that it has taken a number of steps to improve contractors' performance, including holding monthly meetings to review expectations and resolve problems. Agency officials told us they will link contractors' pay to achieving specific outcomes in 2007. Many of these initiatives seem reasonable, but it is too soon to tell whether these efforts will help CFSA meet court-ordered requirements.

We are recommending that the Mayor of the District of Columbia direct CFSA to provide caseworkers with specialized training to help them address the complexities of their caseloads, and explore options for increasing the number of providers for mental health, medical, and dental services. In its written comments, CFSA agreed with our findings and recommendations. Additionally, CFSA suggested several changes to help clarify the report, which we incorporated as appropriate. The comments are shown in appendix II.

Background

CFSA is responsible for ensuring the safety and well-being of children at risk for abuse and neglect in the District, but many children in CFSA's care languished for long periods of time due to managerial shortcomings and long-standing organizational divisiveness in the District. In 1989, the American Civil Liberties Union sued the District on behalf of children who were in foster care and other abused and neglected children over the

quality of services the city was providing to them. In 1991 the U.S. District Court for the District of Columbia heard the case, found the District's child welfare agency liable and issued a remedial order in 1991 to improve performance.¹ When that remedial order and other orders did not result in sufficient improvement, the court placed the agency under full receivership in 1995.² After 6 years under receivership, CFSA was reorganized as a District cabinet-level agency, a change that gave the agency more control over its staff and budget.

The court appointed CSSP to monitor the agency's compliance with the court's orders, including the performance requirements set forth in the court order releasing CFSA from receivership and the related plan for implementing the order. In 2003, a final implementation plan was approved by the District Court and included court-ordered requirements that cover the full range of CFSA's work. Some of the requirements are related to managing child welfare cases, such as initiating and conducting timely and quality investigations of child abuse and neglect allegations, providing a range of services to children and their families, and placing children in appropriate foster or adoptive homes. There also are requirements related to the administration and management of the agency, such as CFSA's information systems and financial management. The implementation plan also established court-ordered benchmarks—or expected performance levels—for CFSA to meet on each requirement and, for most of the requirements, set interim benchmarks that gradually increased over time until reaching full compliance. For example, the court mandated that investigations of abuse or neglect must be completed within 30 days. By June 30, 2003, 60 percent of cases had to meet that time frame. This benchmark gradually increases at 6-month intervals until reaching the benchmark of full compliance by December 30, 2006. However, the court has not yet established a precise performance level that defines full compliance; the court monitor expects these negotiations to begin this fall.

Generally, families become involved with the child welfare system after someone—a neighbor, teacher, or other individual—reports to CFSA through its telephone hotline that the child has been abused or neglected. CFSA then investigates to determine whether the report can be substantiated. If agency investigators determine that it is safe for the child

¹ *LaShawn v. Dixon*, 762 F. Supp. 959 (D.D.C. 1991).

² *LaShawn v. Kelly*, 887 F. Supp. 297 (D.D.C. 1995).

to remain at home with his or her parents or guardians, CFSA relies on community agencies, such as the Healthy Families/Thriving Communities Collaboratives,³ to provide services to help the family, including parenting skills classes, if needed. If required, the child may be removed from the home, necessitating court proceedings.

CFSA caseworkers are responsible for managing foster care cases by developing case plans; visiting the children; participating in administrative review hearings involving CFSA officials, children, parents, attorneys, and other officials; attending court hearings; and working with other District government agencies. CFSA caseworkers are also responsible for documenting in the agency's case management system the steps taken and decisions made related to a child's safety, well-being, and foster care placements, as well as those related to developing the most appropriate goal for permanency. Depending on their circumstances, children leave foster care and achieve permanency by being (1) reunified with their birth or legal parents, (2) adopted, (3) placed in the legal guardianship of a relative, or (4) declared independent at the age of 18. Caseworkers are assigned to various units responsible for providing services to children and families. CFSA program managers and supervisors within those units are responsible for providing the necessary guidance and support needed by caseworkers to manage their cases.

CFSA relies on other District agencies and private organizations to help achieve its mission. For example, CFSA has a contract with Children's National Medical Center, known as DC Kids, to provide medical evaluations for children when they enter CFSA's care and for as long as they remain in the system. In addition, CFSA relies on private dental and mental health care providers to give children dental care and psychological or psychiatric evaluations. Some private organizations, such as Catholic Charities, manage about 40 percent of CFSA's cases, including preparing case plans for children placed in foster care and those that remain in the home, making home visits, or providing for visitations between siblings or parent and child. CFSA also works with agencies in Maryland, Virginia, and other states to arrange for placements for District children. CFSA is responsible for licensing and monitoring organizations

³ Collaboratives are independent nonprofit organizations operating in areas of the District of Columbia with at-risk children, adults, and families. Collaboratives partner with CFSA to provide services and support, such as housing and training, working toward a goal of reducing or eliminating the possibility of children being removed from their families or communities, or reunifying children with their families when removal does occur.

in the District with which it contracts, including group homes that house foster care children. Also, CFSA oversees the licensing and monitoring for organizations outside of the District where children are placed.

CFSA Has Met Some Court-Ordered Requirements, but Is Not Likely to Meet All Requirements by December 2006

CFSA has met some court-ordered requirements, but the agency is not likely to meet all of its requirements by December 2006, according to the recent court-monitor's report and our work. From December 2005 to April 2006, CFSA showed progress, meeting court-required benchmarks in areas such as limiting to five the number of caseworkers assigned to each supervisor, ensuring that children age 12 and under are not routinely placed in group settings, and ensuring that children do not stay in emergency placements for more than 30 days. In addition, the data show an improvement in some requirements, even though CFSA has yet to meet the court-required benchmarks. For example, 61 percent of children who are in out-of-home placements were placed with some or all of their siblings as of April, an improvement of 5 percentage points from December. In other areas, CFSA's performance was stagnant. For example, CFSA is required to initiate all investigations within 48 hours after receiving a report of abuse or neglect. CFSA did so in 70 percent of cases in December, and as of April its performance was still at 70 percent.⁴

However, performance on the majority of requirements still did not meet the court-required benchmarks, and in some cases fell seriously below benchmarks.⁵ For example, despite a benchmark set at 90 percent,⁶ only 29 percent of children in foster care had received medical evaluations as of April 2006, and data were not available for the percentage of children who received dental evaluations. This raises questions about the agency's ability to meet the court-required benchmarks by December and to sustain

⁴ District law sets a stricter time frame for initiating investigations. District law requires CFSA to initiate an investigation within 24 hours of receiving a report of child abuse or neglect not involving immediate danger to the child. However, for the purpose of the court-ordered requirements, CFSA must meet the 48-hour time frame for initiating investigations for the proportion of cases established in the benchmark.

⁵ CFSA's Web-based case management data system, FACES.net, is the primary, and in some cases the only, source for data to measure the agency's progress in meeting court-ordered requirements. However, FACES.net data have some limitations that we discuss in the third section of this report. See also appendix I for GAO's review of FACES.net data quality.

⁶ This is the last numeric benchmark set before full compliance, established for the period beginning June 30, 2005.

the improvements it has made.⁷ Table 1 shows CFSA's performance on key unmet requirements as of April 2006.

Table 1: Performance on Key Unmet Court-Ordered Requirements, April 2006

Key unmet requirements	April 2006		
	Numeric benchmark	Performance level achieved	Whether met benchmark
Timeliness of investigations			
• Investigations initiated within 48 hours.	90 percent ^a	70 percent	Not met
• Investigations completed within 30 days.	90 percent ^a	39 percent	Not met
Comprehensive investigations of abuse and neglect reports in foster homes and institutions			
	95 percent	62 percent initiated within 48 hours 76 percent closed within 30 days	Not met
Appropriate and timely physical and psychological evaluations			
• Children receive appropriate medical, psychological, or psychiatric evaluations when necessary as part of an investigation of abuse or neglect.	80 percent	53 percent (medical) 40 percent (psychological/psychiatric)	Not met
• Children in foster care receive a full medical and dental evaluation within 30 days of placement.	90 percent	29 percent (medical) ^c	Not met
Appropriate caseloads for case workers and supervisors			
• Workers conducting investigations have no more than 12 investigations at a time.	0 percent of workers have more than 12 cases	40 percent have more than 12 cases	Not met
• Supervisors are responsible for no more than five caseworkers.	95 percent of supervisors	92 percent	Benchmark met ^b
• Supervisors do not manage cases unless a caseworker leaves without providing notice, and in such circumstances, only for a 5-day period.	90 percent of supervisors ^a	55 percent	Not met

⁷ At the end of our review, CFSA provided us with updated performance data as of July 31, 2006. CFSA officials told us that the data show an improvement from April. We did not analyze the data or assess its reliability. The court monitor is currently assessing these data and will be incorporating the data in its final report of CFSA's progress.

Key unmet requirements	April 2006		
	Numeric benchmark	Performance level achieved	Whether met benchmark
Increased visitations for children and families			
• Caseworkers visit homes in which there has been abuse and neglect to ensure children can live with birth parents safely with services.	90 percent (once/month) 40 percent (twice/month)	61 percent (once/month) 20 percent (twice/month)	Not met
• Children placed apart from their siblings visit some or all of their siblings at least two times per month.	70 percent	26 percent	Not met
• Children in foster care and their birth parents visit weekly, if CFSA has a goal to reunify them.	85 percent ^a	13 percent	Not met
Appropriate referrals to community agencies			
• Families who are the subject of a report of neglect/abuse that is determined to be unsubstantiated are referred to an appropriate community agency for services.	70 percent	8 percent	Not met
Children are given the most appropriate out-of-home placements			
• Children in out-of-home placement are placed with some or all of their siblings.	75 percent	61 percent	Not met
• Children under 12 are not routinely placed in congregate care settings.	No more than 20 children	21 children	Benchmark substantially met ^b
• Children under age 6 are not placed in a group setting unless they have exceptional needs.	No more than 5 children ^a	10 children	Not met
• Foster homes, group homes, and independent living facilities have a current and valid license.	95 percent ^a	80 percent (foster homes) 97 percent (group homes) 69 percent (independent living)	Not met
• Children will not stay in emergency facilities for more than 30 days.	No more than 25 children	22 children	Benchmark met
Reduce multiple placements of children in foster care			
• Fewer children in foster care have three or more placements in a 12-month period.	No more than 5 percent	18 percent	Not met
Timely adoptions			
• Children are in approved adoptive placement within 9 months after CFSA sets a goal of adoption.	85 percent	50 percent	Not met

Source: Center for the Study of Social Policy. "An Assessment of The District of Columbia's Progress as of April 30, 2006, in Meeting the Implementation and Outcome Benchmarks for Child Welfare Reform." (Washington, D.C.: July 19, 2006).

^aLast numeric benchmark before full compliance.

^bAs determined by the court monitor.

^cNo data available on dental care.

Several Factors Hinder CFSA's Progress in Meeting Performance Requirements

Complex cases and shortages of health care providers and qualified foster and adoptive homes hinder CFSA's ability to meet court-ordered requirements, according to CFSA officials, caseworkers, and the court monitor. While caseworkers' caseloads have been reduced because of CFSA's efforts to recruit and retain caseworkers, cases are complex, in part because of the high proportion of teenagers and children with medical or mental health needs. CFSA's efforts to meet court-ordered time frames is further complicated in a small number of cases by difficulty in coordinating with the District's Metropolitan Police Department. At the same time, CFSA officials told us that there is a shortage of health care providers to serve these children with health care needs, and the limited number of qualified foster and adoptive homes hinders CFSA's ability to give children the most appropriate and timely placements.

CFSA Managers and Caseworkers Cited Complex Cases and a Shortage of Health Care Providers as Hindrances

The complexity of the caseload is hindering CFSA's efforts to meet court ordered requirements, according to CFSA officials. While caseworkers' caseloads have been reduced as a result of CFSA's efforts to recruit and retain caseworkers, cases are complex for a number of reasons. First, there is a high proportion of older children in the District's child welfare system who are harder to place and may have different needs than younger children. This high proportion is due to the fact that the District serves children in its care until age 21 and, historically, CFSA had not been successful finding permanent homes for these children when they were younger. As a result, there are almost 800 youths aged 16 to 21—almost one-third of the city's current foster child population—many of whom have grown up in foster care. Second, a large proportion of children within the system have complex needs, such as the need for mental health services or for foster parents that are licensed to support children with severe medical conditions.

Caseworkers reported not having enough specialized training or adequate support from supervisors to help them develop the skills they need to address the complexities of their caseloads, including cases involving children with behavioral problems or who have experienced domestic violence. While CFSA has a comprehensive training curriculum, much of the curriculum is focused on developing a base of knowledge, such as understanding how children in foster care develop attachment disorders—which make it difficult for them to develop healthy relationships with primary caregivers—or understanding other separation issues. The court monitor recently recommended that in addition to focusing on what the caseworker should know and understand, the CFSA curriculum needs to

identify what the caseworker should do and help the caseworkers develop a set of applicable skills.

CFSA officials told us there is a shortage of health care providers to give necessary medical, dental, or mental health services to children in the agency's care. These shortages are not unique to the District's child welfare system, but they hinder CFSA's ability to meet a number of court-ordered requirements. For example, caseworkers told us that not having enough doctors and dentists to conduct screenings and examinations made it difficult to complete investigations or provide routine examinations within required time frames. Specifically, they told us that there is not a sufficient number of dentists in the District who provide services to CFSA's children. Furthermore, CFSA told us that in February 2006, the agency did a competitive request for proposals from all District medical providers for a comprehensive medical system of care, but received only one bid. While there may be a number of reasons for the lack of providers, CFSA officials told us that low Medicaid reimbursement rates for children who are residents of the District was a major factor.⁸

In a Small Number of Cases, Coordinating with the Police Department Has Complicated CFSA's Ability to Meet Time Frames

CFSA's ability to meet court-ordered time frames for conducting investigations may be complicated in a small number of cases by difficulty in coordinating with the District's Metropolitan Police Department, which sometimes operates under different time frames and priorities. For example, caseworkers told us that they cannot close out investigations involving severe physical or sexual abuse without a report from the police department. However, the court monitor noted that caseworkers and police officials were not consistently collaborating in a timely manner as required by a memorandum of understanding developed between the two agencies or were not documenting their efforts properly in CFSA's data system. While CFSA and the police department are required to coordinate on these cases, the court monitor reported in February 2006 that, according to CFSA's data, joint investigations were held in only 31 percent of such cases. To assist with coordination, the monitor recommended that CFSA enlist the assistance of the Deputy Mayor for Children, Youth, Families and Elders to ensure joint investigations are performed in a timely manner. CFSA officials told us that they are taking steps to improve

⁸ Most children in foster care or adoptive placements are eligible for Medicaid—the joint federal-state health care financing program that covers certain categories of low-income children. Like each state, the District sets reimbursement rates for its Medicaid providers.

this coordination. Officials of the two agencies have begun holding weekly meetings to discuss and resolve emerging issues, and CFSA has started colocating staff at the police department. However, at this time it is too soon to know whether these steps will be effective in helping CFSA meet investigation time frames.

Shortage of Qualified Foster and Adoptive Homes Limits CSFA's Ability to Place Children

A shortage of qualified foster and adoptive homes is also hindering CFSA's ability to meet some requirements, such as giving children the most appropriate foster care placements, placing siblings together, and ensuring timely adoptions. Several factors are contributing to this shortage. The demographics of the District are changing and there are fewer qualified homes, according to CFSA and other officials we interviewed. They cited an influx of young professionals who are less likely to serve as foster parents or adopt children from the child welfare system. Officials also reported that the average size of houses in the District has decreased over time, with new condominium developments that have fewer rooms, and these homes will not readily meet accommodation guidelines, particularly when trying to keep siblings together. They noted that older houses that are large enough to meet standards may require significant investment of resources to remove lead paint, which would be a danger for young children.

In addition, there is a shortage of facilities within the District to care for children with special medical or mental health needs. The court monitor's recent progress report notes that in April 2006, CFSA had placed 82 children in residential settings more than 100 miles away from the city for medical or mental health treatment.⁹ The court monitor reported that for 29 children in these facilities, CFSA had no plans to bring the children back to the District because of the lack of homes and limited availability of specialized services, including medical and mental health care services. The court monitor recommended that CFSA explore the possibility of developing additional resources in the District to serve children with special needs.

Many children in the District's child welfare system have family members living in neighboring states willing to take them in, but challenges exist

⁹ As of June 2005, CFSA was required to have no more than 35 children living in foster care more than 100 miles from the District. In June 2006, the requirement is no more than 25 children.

with placing children across state lines. Because of the District's proximity to Maryland and Virginia, many of the children in CFSA's care have relatives in these other states. However, even when children are placed with relatives, the homes must be licensed for foster care if the relatives are to be compensated by the District, and CFSA does not have agreements with Maryland and Virginia that would remove barriers to licensing homes and placing these children. For example, the state in which the child would be placed would be required to expend its resources to oversee the placement and manage the case, including conducting timely home visits and providing services. Because the District lacks a border agreement with Maryland and Virginia that would speed placements for children with family members across state lines, these children may experience multiple placements while waiting for the necessary paperwork, including background checks, to be completed. CFSA reported that they have recently presented new proposals to facilitate interstate placements in Maryland and Virginia, and is awaiting a response.

Recent legislation, signed into law July 3, 2006, and intended to expedite the placement of children across state lines, may provide some needed assistance to the District. The Safe and Timely Interstate Placement of Foster Children Act of 2006 requires both the receiving state and the requesting state to act within specified time frames (generally 60 days for the receiving state to conduct a study of the potential adoption or foster care home and 14 days for the requesting state to determine whether making a decision relying on the report would be contrary to the welfare of the child).¹⁰ Also, the act would provide a \$1,500 incentive payment to a state for every interstate study of an adoption and foster care home completed within 30 days.

¹⁰ Pub. L. No. 109-239 (2006).

CFSA Uses Routine Reports and Qualitative Studies to Monitor Its Progress toward Meeting Court-Ordered Requirements, but Current Data May Not Provide an Accurate Picture

CFSA is generating a number of daily and monthly reports to show its progress in meeting court-ordered requirements. In addition, CFSA is using qualitative information from interviews, focus groups, and surveys of caseworkers, managers, and families to get a more complete picture of how the agency is performing and to address ongoing challenges. However, the data CFSA uses may not accurately portray progress toward meeting performance requirements, in part because caseworkers do not always enter information completely and accurately in the case management data system. CFSA provides training and other support for using the new Web-based version of the data system and has begun to take steps to address early implementation issues with the new system.

CFSA Generates Daily and Monthly Reports to Track Progress toward Meeting Requirements

CFSA generates a number of daily and monthly reports to track cases and monitor progress toward meeting court-ordered requirements using information from FACES, the agency's automated child welfare information system. Daily reports allow managers to review the agency's performance on cases on a daily basis and contain information such as the number of cases in the backlog awaiting investigation, as well as the number of children that caseworkers were able to place and the nature of those placements. In addition, CFSA produces monthly trend reports as required by the court monitor to track progress toward meeting court-ordered benchmarks detailed in the Implementation Plan. CFSA uses data from the monthly trend reports to develop performance scorecards, which use graphics to provide a snapshot of the performance of contract agencies and departments within the agency. Each year, CFSA compiles these reports and other information into an annual report addressing CFSA's progress and some of the challenges faced in implementing the court-ordered requirements. As CFSA develops new data reports, top CFSA managers told us they have begun to focus less on simply complying with the court-ordered requirements and more on using the data to develop strategies for program improvement. This approach is consistent with that of many high-performing organizations, which, as we have reported, continuously assess performance against benchmarks and use this information to improve performance.¹¹

¹¹ GAO, *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, [GAO-05-927](#) (Washington, D.C.: Sept. 9, 2005).

Qualitative Studies Help CFSA Identify and Address Ongoing Challenges

CFSA also collects qualitative data through interviews, focus groups, and surveys of caseworkers, supervisors, managers, and families that are designed to provide insight as to why some court-ordered requirements remain unmet. For example, data show that CFSA has been unable to meet the requirement that children placed apart from their siblings visit some or all of their siblings at least two times per month. CFSA examined the issue further in a sibling placement report that used information from interviews and focus groups of placement staff and siblings' families to augment data on the number of children placed with siblings and how many times they visited each other. The report helped CFSA learn some of the underlying reasons that such visits may not be taking place—for example, siblings were not placed in proximity to each other to easily facilitate a visit. CFSA used the report to create strategies to address these issues, such as placing children in the same or nearby neighborhoods, and assigning one caseworker for all siblings whenever possible. In addition, CFSA issues a Needs Assessment Report every 2 years that uses interviews with foster parents and CFSA caseworkers to identify and provide strategies for addressing the most urgent needs of CFSA clients.

Similarly, CFSA conducts Quality Service Reviews (QSR) twice a year, which involve examining a sample of case files and interviewing as many people involved in the cases as possible, including parents, children, caseworkers, teachers, and others. The fall 2005 QSR, which examined 39 cases and included nearly 300 interviews, revealed that overall, the children in the cases reviewed were safe, healthy, and living in appropriate placements. However, the QSR report identified a number of areas in need of improvement, many of which were related to court-ordered requirements that CFSA has had difficulty meeting. For example, reviewers found that sibling and parental visits were not consistently documented in FACES. In response, CFSA developed a number of strategies to address these areas, such as creating a caseworker peer review system in which caseworkers review each other's work for overall quality.

Data Used to Report Agency Performance May Not Accurately Portray Actual Progress Made toward Meeting Court-Ordered Requirements

The data that CFSA uses to monitor its progress in meeting the court's requirements may not provide an accurate picture of the agency's current performance. CFSA released a new, Web-based version of FACES in February 2006—FACES.net—to update its older case management system, and there have been some challenges with the transition. Caseworkers told us that they had found it frustrating to enter information in the system and that it could take up to 4 hours to enter the data for a single case. Caseworkers, as well as supervisors and CFSA's chief information officer,

told us that when the FACES.net system was initially implemented, it would often crash, resulting in a loss of data or in delays in entering the data. Caseworkers commented that because of these issues, they often entered less than fully detailed case data into the system. These implementation issues may have implications for the accuracy and completeness of data that have been recorded in the system to date.

In addition to experiencing problems with the implementation of the new system, caseworkers have not always entered some information into the correct fields in the database, preventing data from being captured in CFSA's progress reports. For example, the court monitor's most recent report indicated that of the 444 children in foster care as of April 2006 with a goal of reunification with their families, more than half did not have any documented visits with their parents. However, based on the Quality Service Reviews, CFSA concluded that the visits were occurring, but the caseworkers were not entering the information into FACES.net. In addition, CFSA officials told us that some caseworkers have been entering information into narrative case notes rather than the appropriate discrete fields in the FACES.net screens. For example, a caseworker may visit a child in the family's home and then take him or her to visit the doctor. When entering this information in the database, the caseworker may record only the family visit in the required screen and write up the medical visit in the case notes, which cannot be captured in the progress reports. As a result, reports would not indicate that the medical visit had occurred.

CFSA is working to resolve issues with inaccurate or incomplete data in FACES.net, and administrators meet monthly to discuss challenges and potential resolutions. In addition, the chief information officer told us there are several training measures in place for caseworkers and contract agencies to receive assistance and training in recording data and using the new FACES.net system. For example, CFSA created four teams to assist caseworkers with recording case data, and to ensure that data are recorded accurately and used appropriately in reports. The Child Information Systems Administration also conducts FACES.net workdays for CFSA and contract agency employees. These are regularly scheduled opportunities for caseworkers to enter data into the FACES.net system with the assistance of an information systems employee, who can ensure that caseworkers are entering data in the correct fields. The Child Information Systems Administration has also posted tip sheets for using FACES.net and distributed training manuals to caseworkers.

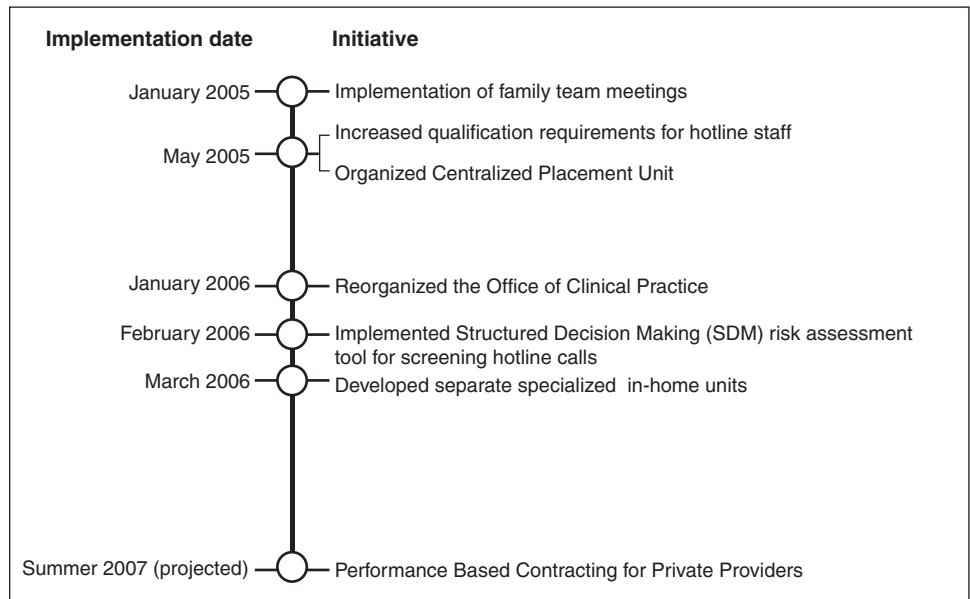
In addition to training, CFSA is taking additional steps to improve FACES.net that may help address some of the earlier implementation

issues. CFSA issues system upgrades to address identified problems every 2 to 3 weeks, and is developing a process to fully test these upgrades before implementing them. In addition, CFSA has identified individuals from each department within CFSA to act as liaisons between the system users and the technical staff so that the system can be tested, and problems can be identified early and quickly resolved. Officials now report that the volume of help desk calls is below previous levels. Based on this progress, the court monitor's most recent report anticipates that data issues related to early system implementation should be resolved soon.

CFSA Has Implemented Several Initiatives to Help Achieve Unmet Requirements, but It May Be Too Soon to Know if They Will Yield Long-term Results

In the last 2 years CFSA has implemented a number of initiatives to help address hindrances in meeting court-ordered requirements. CFSA has hired new staff and reorganized existing staff to focus resources in key areas. For example, CFSA has hired additional caseworkers to ease caseloads, reduce backlogs, and improve the timeliness of investigations of child abuse or neglect. CFSA also has implemented new practices to better serve children and families, such as holding family team meetings that bring all parties together to make decisions about a child's care. In addition, CFSA is beginning to take steps to hold its management staff as well as private contractors accountable for helping the agency meet specific performance requirements. Because many of these initiatives have been implemented only recently, it is too soon to know whether the efforts will yield success over time. Figure 1 shows the initiatives CFSA implemented or plans to implement between January 2005 and summer 2007.

Figure 1: Timeline of CFSA's Key Initiatives



Source: CFSA documents and Interviews with CFSA officials.

CFSA Has Increased Staff and Reorganized to Help Improve Performance in Key Areas

CFSA has hired additional caseworkers to improve its ability to conduct investigations in a timely manner. Historically, CFSA has not been able to conduct prompt investigations because it did not have enough caseworkers to manage all of its cases. According to a CFSA report, in September 2002 there was a backlog of 807 cases awaiting investigation. As we previously reported, CFSA began a number of recruitment activities in fiscal year 2003 and has recently focused on recruiting staff to conduct investigations.¹² As of July 2006, CFSA officials reported only 1 vacancy in the unit that is responsible for conducting investigations, down from 15 in January 2006, and 84 cases in the backlog, down from 318 cases in January 2006. CFSA officials told us that having fewer cases has allowed caseworkers to focus more attention on improving the quality of investigations.

¹² GAO, *D.C. Child and Family Services Agency: More Focus Needed on Human Capital Management Issues for Caseworkers and Foster Parent Recruitment and Retention*, [GAO-04-1017](#) (Washington, D.C.: Sept. 24, 2004).

While these efforts may have a positive impact on the way investigations are conducted, CFSA still struggles to meet many of its court-ordered requirements related to investigations. A review of CFSA investigation case files conducted by the court monitor in June 2005 revealed that investigations were not meeting quality standards, such as workers routinely ensuring that families receive the services they need. Another report in July 2006 showed little progress in this area. Moreover, in this report the court monitor noted that leadership within the investigation units has changed frequently as CFSA has tried to implement comprehensive improvements in this area, and the agency has not been successful in either fully implementing recommendations made by consultants to improve operations or in sustaining advancements made.

In addition to hiring new staff, CFSA has reorganized existing staff to focus resources and attention on key unmet requirements. Caseworkers have told us that they did not always have support from their supervisors to help them make decisions, such as those related to obtaining the appropriate placement for children in their care. To address this, in 2005 CFSA created a centralized unit of employees to make decisions on the placement of children. These staff members are on call around the clock to help caseworkers match children with the placements that best meet their needs. Staff in this unit are knowledgeable about various placement options, such as placing children across state lines, finding foster care placements for children needing medical attention, and arranging for independent living services for older children. In 2006, the new placement unit recruited six licensed District emergency foster homes with seasoned foster parents, referred to as Stabilization and Replacement (STAR) homes. These homes will be available at any time of the day to provide emergency foster care for children for up to 5 days regardless of age, gender, or behavioral difficulty. STAR foster parents will provide basic services for children while caseworkers determine the child's needs, and placement specialists will match the child with an appropriate, stable placement. Although CFSA has made some progress in improving the placement process for children, it is too soon to determine whether these efforts will yield long-term success. According to the monitor's progress report, as of April 2006, placement issues remain in a crisis mode at CFSA—placements are still too often based on bed space availability, rather than child need, and too many children experience multiple placements during their time in foster care.

CFSA has dedicated a number of caseworkers to specialize in making home visits to ensure the safety of children living at home with their birth parents. Previously, caseworkers could be assigned to provide services to

children who remained in-home along with those who were placed outside of the home, such as with a foster family. However, in May 2006, after a study found that children placed at home were not being visited frequently by caseworkers, CFSA created a separate unit of caseworkers to focus on these children. CFSA officials expect this unit to improve the frequency and quality of caseworker's visits to children at home, and allow caseworkers to thoroughly assess family situations, engage parents, and diligently monitor and influence a family's stability and progress so that the child can remain safely in the home. Although it is too soon to assess the impact of this arrangement, the court monitor reported that as of April 2006, CFSA had not met requirements for making in-home visits, but the data show an improvement.

CFSA also reorganized the office that assists caseworkers with arranging medical and mental health services for children and their families. CFSA hired additional nurses and psychologists in its Office of Clinical Practice to provide advice and counsel to caseworkers with cases requiring medical expertise. CFSA officials expect that this will help the agency meet requirements to provide appropriate physical and psychological evaluations, since caseworkers are now able to seek professional guidance on their cases and the services children might need.

CFSA Has Implemented New Practices Designed to Improve Services to Children and Families

CFSA has implemented several new practices to improve services. It changed how telephone hotline staff prioritize calls reporting child abuse or neglect to improve the overall quality and timeliness of investigations and to help them make appropriate referrals to community agencies. In February 2006, CFSA implemented a standardized risk assessment tool for screening hotline calls in order to better focus their resources by helping caseworkers quickly assess the urgency of the case and whether or not a referral to a community agency would meet the family's needs. The tool prompts caseworkers to ask each caller a series of structured questions to identify the level of risk to the child's safety and the appropriate intervention based on certain risk factors, such as number of prior investigations, number of children involved, and whether or not the parent has a criminal history or a history of drug use. Cases are ranked based on these factors and designated as either high, moderate, or low risk. All high-risk cases are to be retained by CFSA and assigned to a CFSA investigator. For those cases assessed to be of low or moderate risk, children and their families are to be referred to one of CFSA's community partners for intervention and support services, including housing and employment information, parenting workshops, and referrals to other services. CFSA has not yet met the court-ordered requirement to refer more families to

community agencies, and it is too soon to know whether the initiative will improve its performance in this area.

CFSA also recently began using family team meetings, which bring together immediate and extended family members and other support for the family to discuss the child's needs and strategies for overcoming family problems and to develop a plan for the child's safety. These meetings are held in cases where children have been removed or are at risk of being removed from their homes because of abuse or neglect. According to a June 2005 CFSA report,¹³ family team meetings may play a role over time in reducing the number of children who are removed from their homes, placed in nonfamily foster care, or placed in multiple foster homes. The court monitor's April 2006 report indicates that CFSA is still not meeting the requirement to reduce the number of children in foster care who have been in three or more homes within a 12-month period, but the data show improvement. However, the court monitor also cautioned that strategies such as the family team meetings have not always been implemented at the level of intensity needed to achieve the desired outcomes, saying relatively few of the cases that might benefit from the approach have actually used it.

CFSA Is Holding Management, Foster Care Providers, and Contractors Accountable for Meeting Performance Requirements

CFSA is holding all unit managers and supervisors accountable for helping caseworkers meet court-ordered requirements. The quality of supervision has been a long-standing issue for CFSA. As we previously reported, many CFSA caseworkers told us that supervisors had not fulfilled their responsibilities to provide the guidance and support needed to help them better perform their jobs, and agency officials told us that CFSA supervisors were not held accountable for performing their supervisory duties.¹⁴ To address this issue, CFSA requires supervisors to document in FACES.net each time they interact with a social worker on a particular case. In addition, CFSA has contracted with the Child Welfare Institute to help provide management training for managers and supervisors.

CFSA is also holding external partners, such as foster care providers, accountable for helping it meet court-ordered requirements. Although it is the agency's policy not to place children in unlicensed homes, we

¹³ CFSA Quality Assurance Report, CFSA Quality Improvement Administration. (Washington, D.C.: June 2005)

¹⁴ [GAO-04-1017](#).

previously reported that about 22 percent of foster children in CFSA's care were residing in unlicensed homes as of May 2004. To address this issue, CFSA officials reported that they recently reviewed all unlicensed foster homes to check for their compliance with basic health and safety standards and are no longer placing children in unlicensed homes. As a result of this review, CFSA licensed most homes and reduced the number of unlicensed foster homes to 17, or 5 percent, by July 2006. While the most recent court monitor's report found that CFSA had not met the requirement that all foster homes, group homes, and independent living facilities have a current and valid license, the data showed an improvement.

CFSA has also begun to take steps to hold private contractors—who manage the cases of approximately 40 percent of CFSA's children and families—accountable for their performance. In June 2006, CFSA reported that contractors managing cases were performing at a lower level than CFSA caseworkers on certain requirements, such as making frequent in-home visits. CFSA has taken a number of actions designed to improve the care provided by contractors. CFSA officials told us that its contract monitors meet with private agency staff on a monthly basis to review expectations and resolve issues. And in March 2006, CFSA began to post monthly scorecards on the Internet for the public to view that detail each contracted agency's performance on the court-ordered requirements. CFSA also reported that it sends each month's report directly to the executive leadership of each contracted agency and secures corrective action plans from private agencies that are not in compliance with the contract and other performance requirements.

In addition, after lengthy delays, CFSA will soon begin to hold private contractors accountable for meeting performance requirements by linking contractor payments to specific outcomes for children and families through performance-based contracting. Under the new performance-based contracting agreements, contractors will be expected to attain specific outcomes for children and families and will be financially rewarded for meeting the outcomes and penalized for falling short. Moving toward performance-based contracting has been difficult, and it has taken several years. While CFSA began this process in 2003, it now anticipates awarding the first performance-based contracts by spring 2007, and services under these contracts are expected to begin by summer 2007.

See table 2 for a summary of CFSA's key unmet performance requirements as of April 2006 and the initiatives developed to address them.

Table 2: CFSA Initiatives Addressing Key Unmet Court-Ordered Requirements

Key unmet requirements	Initiatives to address unmet requirements
Timeliness of investigations	• Hire more caseworkers to lower caseloads • Improve coordination with police department and other investigative stakeholders • Implement standardized tool for assessing risk and prioritizing hotline calls
Quality of investigations	• Increase qualification requirements for hotline staff • Hold supervisors accountable for helping caseworkers with challenging cases • Use Family Team Meetings to bring all relevant parties to the table
Comprehensive investigations of reports of abuse and neglect in foster homes and institutions	• Reduce caseloads to seven investigations per worker in the unit handling institutional cases • Develop the capacity to initiate investigations during the weekend hours as necessary
Appropriate and timely physical and psychological evaluations	• Reorganize Office of Clinical Practice to coordinate resources and services • Seek additional health care providers to provide services
Increased visitations for children and families	• Dedicated social worker staff to focus on visiting children living with birth parents
Appropriate referrals to community agencies	• Uses hotline screening tool to refer low and moderate-risk cases to appropriate community agencies
Children are given the most appropriate out-of-home placements	• Create Placement Services Administration to centralize placement decision making • Develop new licensing and monitoring standards for contract providers and foster parents and expedited the licensing process for homes located in D.C. • Retained short-term emergency foster homes where families agree to take children at any time while CFSA identifies permanent placement
Reduce multiple placements in foster care	• Require family team meeting before moving a child • Uses mobile crisis support and stabilization service to help child and foster family
Timely adoptions	• Reconfigure case management teams to include a permanency specialist early in the case when children have adoption as a goal • Developing new recruitment strategies to increase their pool of available adoptive parents

Source: GAO analysis based on reviews of CFSA documents and interviews with officials.

Conclusions

The District of Columbia’s Child and Family Services Agency has had a troubled history in its efforts to care for the city’s abused and neglected children—one that led the U.S. District court to step in and take control of the agency. In the 5 years since CFSA left court-ordered receivership, it has made considerable progress toward meeting the court’s requirements. But it has sometimes lost ground, too, perhaps because its focus shifted away from sustaining the achievements, toward meeting other pressing requirements. Current leadership, however, seems to be focused on addressing the problems head on, with innovative approaches and strategic use of data to resolve ongoing areas of concern. We are encouraged by the progress made and the initiatives implemented in the last 2 years. Of particular note are the efforts to build a collaborative

relationship with the police department and to use performance data to focus on program improvement, not just on meeting the requirements imposed by the court. However, continued success will require an unrelenting focus, not just on requirements that remain unmet, but on sustaining the achievements already in place. It will also require that efforts now in the pipeline, such as family team meetings and performance-based contracting, are implemented swiftly and sufficiently to ensure the maximum results.

There remain two issues of critical concern regarding CFSA's ability to meet ongoing requirements and to provide needed services. First, caseworkers may not have the specialized training they need to meet the complex needs of the children they work with, particularly teenagers and children with special medical or mental health needs. Without such training, caseworkers may not have the skills and the tools they need to make the best possible decisions for those in their care within established time frames.

Second, adequately serving the children under the agency's care—and meeting certain court-ordered requirements—necessitates sufficient medical, dental, and mental health care. However, increasing the number of providers willing to serve children in the District's child welfare system will require help. In the absence of new solutions to the health care problem, CFSA will be unable to achieve the court-mandated requirements. Worse yet, the children who depend on CFSA's help will be unable to get the care they need.

Recommendations for Executive Action

To improve CFSA's ability to serve the District's children and to help meet court-ordered requirements, we recommend that the Mayor of the District of Columbia:

- direct CFSA to provide caseworkers with specialized training to help them develop the skills needed to address the complexities of their caseloads and
- explore options for increasing the pool of providers for mental health, medical, and dental services.

Agency Comments

We provided a draft of this report to CFSA for its review and comment. In its comments, CFSA agreed with our findings and recommendations, noting that the agency has made even greater progress since April 2006, the time frame used for this report. At the same time, CFSA

acknowledged that some performance gaps remain that must be closed. CFSA also provided technical comments, which were incorporated as appropriate. A copy of CFSA's formal response is in appendix II.

As arranged with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution of this report until 30 days from the date of this report. At that time, we will send copies of this report to the Honorable Anthony A. Williams, Mayor of the District of Columbia, and other District officials, relevant congressional committees, and others who are interested. Copies will also be made available to others upon request. The report is also available at no charge on GAO's Web site at <http://www.gao.gov>.

Please contact me at (202) 512-7215 if you or your staff have any questions about this report. Key contributors to this report are listed in appendix III.



Cornelia M. Ashby, Director
Education, Workforce, and
Income Security Issues

Appendix I: Scope and Methodology

To conduct our review, we focused on court-ordered requirements that remained unmet as of December 2005. We limited our scope to requirements related to managing child welfare cases such as initiating and conducting timely and quality investigations of child abuse and neglect allegations, providing a range of services to children and their families, and placing children in appropriate foster or adoptive homes. We did not review requirements related to administration and management of the agency, nor did we review requirements that were not tracked using FACES.net.

To assess whether the Child and Family Services (CFSA) is likely to meet court-ordered requirements by December 2006, we reviewed the court monitor's July 2006 progress report. To understand the hindrances that may prevent CFSA from meeting its court-ordered requirements, we conducted interviews with CFSA managers, supervisors, and caseworkers. To gain an understanding of staff views on the hindrances in meeting performance requirements, we conducted separate group interviews with caseworkers and supervisors randomly selected to represent a cross section of CFSA divisions and employment tenures. We also interviewed CFSA officials responsible for recruiting and retaining foster and adoptive parents to learn about the hindrances that CFSA faces with recruiting an adequate number of foster and adoptive homes. Finally, we interviewed the court-appointed monitor and other D.C. child welfare experts to get their perspectives on what they believe to be CFSA's hindrances to meeting the performance requirements.

Our sampling strategy for the group interviews included randomly selecting participants to help ensure that they represented cross sections of the organization. Attendance on the part of the invited participants was voluntary. For our four discussion groups, we interviewed supervisors and caseworkers whose work involved initiating and completing investigations of child abuse and neglect, placing children through the use of adoptions or foster care, and monitoring children at home or in out-of-home care with a goal of returning to their family. The supervisors and caseworkers from each group were randomly selected and included those who had been at CFSA for 0-2 years, 2-6 years, and 6 or more years. A trained discussion group moderator led the discussions while our analysts took notes. We developed a discussion group guide to assist the moderator in leading the discussions.

To learn how CFSA monitors its progress in meeting the court-ordered requirements, we reviewed CFSA data and reports that CFSA managers use to assess the agency's performance in meeting its requirements. We

also interviewed (1) CFSA managers to learn about the strategies the agency has used to help guide its decisions on what data to gather and how to use these data; (2) CFSA's Chief Information Officer to learn about CFSA's automated child welfare information system, FACES, and its capacity for informing CFSA managers on the agency's progress in meeting its performance requirements; and (3) the court-appointed monitor, the Center for the Study of Social Policy (CSSP), to gain its perspective on what CFSA has done and where it might improve in its efforts to develop data needed to assess its performance.

To gather information on the extent to which CFSA has implemented initiatives or developed plans to achieve unmet requirements, we reviewed the court monitor's reports and identified key requirements related to managing child welfare cases that had not been met as of December 2005. We reviewed CFSA documents, handbooks, and guidance to document any new or planned initiatives designed to satisfy unmet requirements. We also interviewed CFSA managers, the court-appointed monitor, and other D.C. child welfare experts to determine what initiatives CFSA plans to take or has taken to meet these requirements.

Appendix II: Comments from D.C. Child and Family Services Agency

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Office of the Director

September 25, 2006

Cornelia M. Ashby
Director
Education, Workforce and Income Security
United States Government Accountability Office
441 G Street, N.W., Room 5928
Washington, D.C. 20548

Re: Draft Report Number GAO 06-1093

Dear Ms. Ashby:

Thank you for the opportunity to respond to the draft report GAO-06-1093, titled "D.C. Child and Family Services Agency: Performance Has Improved, but Exploring Health Care Options and Providing Specialized Training May Further Enhance Performance." Before providing our specific technical comments, we thought it would be helpful to provide some overall comments.

We are pleased that the report recognizes the significant, measurable progress that we have made to date and that we have achieved or made significant progress on many of the benchmarks. But we too recognize that some gaps remain that must be closed. We are about to enter into negotiations with the *LaShawn* plaintiffs regarding an exit strategy - - in other words, exactly what the District must do to leave court oversight of child welfare. This discussion is possible only because improvement strategies we purposefully implemented are achieving tangible results. CFSA is steadily becoming a high-performing child welfare agency that consistently achieves positive outcomes for children and families.

In reporting on CFSA's progress, we think it is important to emphasize how much we have progressed since the end of the receivership. In her most recent report, the *LaShawn* Court Monitor compared the functioning of the child welfare system at key points in time - - at the time of the *LaShawn* trial, at the time the *LaShawn* receivership ended, and as of April 30, 2006, which is the data that is reflected in this report. Yet, as of today, the April data no longer portrays an accurate picture of CFSA. For example, the report at page 8 states that 39% of investigations were completed within 30 days. We are proud to report that as of August 31, 2006, the percent of investigations closed within 30 days is

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70%. Similarly, unlike April, 2006 when 40% of investigators had caseloads exceeding 12, now no investigator is carrying more than 12 investigations, and only 10 social workers throughout the Agency have caseloads exceeding court ordered limits. There has also been dramatic improvement in our visitation rates. Ninety percent of foster children had monthly visits in August, and 66 percent were visited twice in August. In home visitation rates are also improving, as 79% of children in home were visited monthly and 43% were visited twice in August. The Court Monitor once observed that the pace of change often made monitoring reports out of date even before they were issued. That has never been more true than today. We believe this to be the result of the new initiatives, focused strategies and management investments we have been making these past six months.

We agree with GAO's recommendations relating to training. We appreciate the recognition that our cases are highly complex and that our high percentage of older youth pose particular challenges. Our semi-annual Quality Service Review in spring 2006 found that half the families in the sample of 40 in-home cases were struggling with severe, multiple issues that included lack of appropriate, affordable housing; untreated mental health problems; untreated substance abuse; and domestic violence. We are seeing more children with significant mental health and medical needs. Thus, we created an Office of Clinical Practice that includes nurses, a pediatrician, psychologists, domestic violence and substance abuse specialists and other support staff that are available to consult and go out on visits with staff. As you know, the vast majority of our social workers hold Masters of Social Work degrees, and thus have many of the tools needed to work with our children and families. Despite their high qualifications and the clinical support available in the Agency, we are aware that we must ensure our workers and foster parents have the kind of specialized training that equips them to make appropriate assessments and recommendations. Our Office of Training Services plans to include more specialized courses in upcoming months.

We also agree that increasing and strengthening the provider network of mental health, medical, dental and vision care for foster children is critical. CFSA and our partners must continue to strengthen practice to meet these needs, and the District must rise to the challenge of developing and improving local resources to serve struggling residents. We are currently working with the Department of Mental Health as well as the Department of Health in an attempt to identify creative and appropriate solutions to these issues.

Specific comments

- (page 6, 3rd paragraph, sentence 1-2) The report mistakenly states that the Department of Health does the medical evaluations for children in foster care. That is not correct. CFSA has a contract with Children's National Medical Center (CNMC), to do this service. Known as DC Kids, the contract provides that CNMC will conduct medical and behavioral health screening evaluations when a

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child enters foster care and between placements while in care, conduct comprehensive medical and behavioral health evaluations in the form of the Early Periodic Screening Diagnostic Treatment (EPSDT) evaluation within 30 days of a child's entry into care and subsequently coordinate care for prescribed subspecialty medical services, and routine well child care as determined by the EPSDT periodicity schedule.

- (Page 10, 2nd paragraph and page 23): The report states that "*This high proportion [of older children] is due to the fact that the District serves children . . . until age 21 and CFSA has not been successful in finding permanent homes for these children when they were younger.*" We think it is important to note that this was truer in the past than today, as more children are reaching permanence that historically was the case. The past failures to get children to permanent homes is a factor in the age demographics of our system, but our success in getting children adopted (we had the third highest adoption incentive award nationwide in 2005) shows that we are addressing the issue.
- (page 11, paragraph 1, sentence 6) The report states "*CFSA told us that in February 2006, the agency requested proposals for medical services from additional providers, but received only one bid.*" CFSA did a competitive Request for Proposals for a comprehensive medical system of care that was available to all District medical providers. It was not directed to "additional providers" but was available to all health care providers.
- (page 11, paragraph 1, sentence 4) The report states: "*Specifically, they told us that there is only one dentist in the District who provides services to CFSA's children.*" This is not wholly accurate - DC KIDS schedules dental appointments for CFSA children with several DC Medicaid dental providers of care. However, there are not a sufficient number of dental providers.
- (Page 13): The report states: "*CFSA does not have agreements with Maryland and Virginia that would remove barriers . . .*" This statement is accurate, but we have worked very hard to achieve this, but our neighboring states have no incentive to enter such an agreement with us. Recently we presented a new proposal to Maryland and Virginia, and are awaiting a response.
- (Page 14, 2nd paragraph): The report states that "*CFSA generates a number of daily and monthly reports . . .*" CFSA actually produces hundreds of reports that reflect all aspects of our practice. We do a monthly report of key indicators for the court monitor, which is also provided to the Council's Human Services Committee, but that report is only a snapshot of our system's capacity.

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Cornelia M. Ashby, Director
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- Pp. 16 (first and third paragraphs) and page 17: The report identifies a number of implementation issues that resulted with FACES. Net implementation. As you may recall, CFSA recently upgraded its FACES system to enhance its capacity so that workers could access FACES from remote locations with internet access and review or enter data. Not surprisingly with a project this large, there were “bugs” that needed to be worked out once the system went live. We completed several upgrades to stabilize the system soon after it was implemented and the system downtime was reduced dramatically within 30 – 60 days of implementation – around March/April, 2006. In addition to fixing “bugs”, during this same period our Information Systems staff also made minor enhancements which were requested from Program Operations. Finally, Program Operations staff at CFSA will identify qualified staff to act as liaisons to our FACES staff.
- (Page 16, 2nd paragraph): The report states that visits are undercounted because “caseworkers were not entering the information into FACES.net”. While that is true in some cases, in other cases, we are not entering visits that are occurring informally, such as when children in kinship care may attend family gatherings on weekends at which their parents or siblings are present. These visits can be appropriate when the court has permitted parental visits and the caregiver is supervising. But the caseworker doesn't always know about these arrangements.
- (Page 17-19) – We appreciate the recognition that we have made great strides in filling critical social worker vacancies. It is important to note that now that we have caseloads at court ordered standards, we still must assess whether the caseloads will allow workers to complete their workloads. Both the plaintiffs and CFSA are currently evaluating whether the current workload (i.e., visitation requirements, assessment standards, case plans) as stated in the IP is manageable with the recommended caseloads. Given the past five years of implementation we believe that there might need some adjustments to achieve each of the benchmarks or the Implementation Plan.
- (Page 21). The information about Family Team Meetings is a bit confusing. Our FTMs in cases at the initial removal stage began in January, 2005 and early evaluations are indicating it is effective in protecting children and in reducing lengths of stay. We recently expanding FTMs for cases at which a child is at risk of replacement, but we have not been as successful in enforcing the requirement of FTMs given the often emergent nature of some replacements.
- (page 24, 2nd paragraph, sentence 1-2) As noted, CFSA employs a highly trained workforce of staff who graduated with a specialized skill set resulting from receiving a Masters in Social Work, but we recognize the unique needs of our children and families require specialized and targeted training. Currently, CFSA provides training geared toward new social workers **and** experienced social

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workers and management staff. The new social worker training program is a comprehensive 4 month training program where new social workers alternate between classroom and on-the-job training while in specialized units with training supervisors. The new social workers gradually receive cases and graduate from the program with a caseload of 12, having a variety of experiences and specialized child welfare skills. The new worker training program includes specialized training in positive youth development as well as a variety of other child welfare related topics including engaging families in the process of change, assessment, case planning, domestic violence, substance abuse and mental health issues.

CFSA provided targeted training toward its staff who work with youth in FY06. These trainings included: "Effective Strategies with Today's Difficult Adolescents: Effective Interventions with Oppositional, Defiant and Challenging Behaviors". CFSA mandated this training to its staff and offered it to the group home provider staff who work directly with the youth on a day-to-day basis. This training provided skill-based sessions where social workers and group home providers learned assessment strategies and effective interventions on how to work with youth who have complex needs. We provided 30 hour training on positive youth development, where at the completion of the training, the social workers are certified in positive youth development from a local organization whose vision is that each child in the District of Columbia is given every opportunity to develop and grow into healthy, caring and productive adults. This training focused on Developmental Youth Outcomes, Cultural Assumptions, Best Practices and Youth Participation. CFSA also provided training on youth development and permanency for older youth through the University of Oklahoma.

CFSA provides mandatory training for all social work staff and also offers specialized elective training. Mandatory training included training on Structured Decision Making. During FY07, CFSA will provide mandatory training on "Leading Effective Service Delivery Teams" and "Realizing Permanency for Children". CFSA offered 29 different elective training classes during FY06, these included: Suicidal Behavior in African-American Children and Adolescents, Clinical Interventions with African-American Men and Boys, Borderline Personality Disorder in Child Protection Cases, and Children and Adolescents in the Child Welfare System and the DSM-IV (see attachment for full course listings).

To assess training needs, CFSA conducted a training needs assessment through a web-based survey system and found that social workers are requesting more training on mental health issues. This year CFSA plans to incorporate more specialized training in this area and also do more targeted on-the-job application since practice change most fully results from a classroom training followed by support of the while on the job.

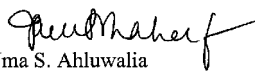
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Once again, we thank you for your comments and thoughtful recommendations. Feel free to contact me at 442-6177 or Janet Maher, my Chief of Staff at 442-6160 if you have any questions.

Sincerely,


Uma S. Ahluwalia
Interim Director, CFSA

Attachment (1)

USA/jwy

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Appendix III: GAO Contact and Acknowledgments

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Anjali Tekchandani, Analyst-in-Charge

In addition, the following staff made major contributions to this report: Vernetta Shaw, Jacqueline Harpp, and Lisa McMillen served as team members; Walter Vance advised on design and methodology issues and conducted group interviews; Rachael Valliere advised on report preparation; James Rebbe advised on legal issues; Kevin Kumanga, Lise Levie, and Katharine Leavitt verified our findings.

Related GAO Products

District of Columbia: Federal Funds for Foster Care Improvements Used to Implement New Programs, but Challenges Remain. [GAO-05-787](#). Washington, D.C.: July 22, 2005.

D.C. Child and Family Services Agency: More Focus Needed on Human Capital Management Issues for Caseworkers and Foster Parent Recruitment and Retention. [GAO-04-1017](#). Washington, D.C.: September 24, 2004.

D.C. Child and Family Services: Better Policy Implementation and Documentation of Related Activities Would Help Improve Performance. [GAO-03-646](#). Washington, D.C.: May 27, 2003.

D.C. Child and Family Services: Key Issues Affecting the Management of Its Foster Care Cases. [GAO-03-758T](#). Washington, D.C.: May 16, 2003.

District of Columbia: Issues Associated with the Child and Family Services Agency's Performance and Policies. [GAO-03-611T](#). Washington, D.C.: April 2, 2003.

Foster Care: Recent Legislation Helps States Focus on Finding Permanent Homes for Children, but Long-Standing Barriers Remain. [GAO-02-585](#). Washington, D.C.: June 28, 2002.

District of Columbia Child Welfare: Long-Term Challenges to Ensuring Children's Well-Being. [GAO-01-191](#). Washington, D.C.: December 29, 2000.

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