



## **FY09 PERFORMANCE PLAN Child and Family Services Agency**

### **MISSION**

The mission of the Child and Family Services Agency (CFSA) is to improve the safety, permanence and well-being of abused and neglected children and to strengthen troubled families in the District of Columbia.

### **SUMMARY OF SERVICES**

The D.C. Child and Family Services Agency (CFSA) investigates reports of child abuse and neglect and provides child protection. Services include foster care, adoption and supportive community-based services to enhance the safety, permanence and well-being of abused, neglected and at-risk children and their families in the District of Columbia. CFSA seeks to achieve the highest quality of community-based services, to increase the number of families who receive community-based preventive and support services and to expand the network of resources providing services to at-risk children and their families.

### **OBJECTIVE 1: Ensure child/youth safety.**

#### **INITIATIVE 1.1: Improve timeliness of child abuse and neglect investigations.**

CFSA is working to improve the timeliness of investigations, which helps to ensure the safety of children and youth. CFSA's policy is consistent with D.C. Law 15-341, "The Child in Need of Protection Amendment Act of 2004," which requires that accepted reports of alleged child maltreatment (abuse and/or neglect) to be investigated as soon as possible and no later than 24 hours after receipt of the report. In FY09, CFSA will work with the National Resource Center for Child Protective Services (NRCCPS) to implement recommendations around personnel and staffing patterns that will improve the timeliness of response.

#### **INITIATIVE 1.2: Improve the quality of child abuse and neglect investigations.**

CFSA's focus in FY09 will be to continue to improve the quality of child abuse and neglect investigations. CFSA is working with the NRCCPS to review and revise hotline and investigations policies, staffing patterns, training, best practices in the field and quality assurance. In FY09, CFSA will also improve the quality of abuse and neglect investigations through fully integrating the use of Structured Decision Making (SDM) tools into the FACES.net management system. Use of SDM tools helps to reduce subsequent maltreatment of children and expedites permanency for children. Incorporating the SDM tools in the FACES.net will ensure the uniformity and accuracy through online entry requirements (such as required fields and drop-down menus) and by enhancing management's capacity to evaluate the timeliness and content of the information entered on the tools themselves.

#### **INITIATIVE 1.3: Develop a differential response model of child protective services.**

CFSA will develop a differential response model of child protective services. Differential response moves away from an incident-based investigation for all accepted reports of child abuse or neglect to a more family assessment-oriented approach for some reports. These investigations usually involve allegations of neglect only. A family assessment attempts to address the underlying conditions, contributing factors and needs that influence behavior and may result in child maltreatment. Once this assessment is made, services are put into place to fit each family's problems, needs and resources to address those jointly identified issues.

### **OBJECTIVE 2: Expedite permanency for children/youth.**



**INITIATIVE 2.1: Expand available placement resources and supports for children and youth.**

Expanding available placements is critical to decreasing multiple foster care placements and achieving timely permanency for children and youth. Therefore in FY09, CFSA will dedicate resources to:

- Provide additional placement resources for teen parents;
- Establish Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)-affirming homes for youth in foster care and
- Provide additional specialized congregate care beds.

**INITIATIVE 2.2: Expand placements and connections with kin.**

Kinship care helps children and youth maintain family connections and increases the likelihood of achieving permanency. CFSA will:

- Expand its temporary kinship licensure pilot in the State of Maryland to contracted private agencies. The temporary kinship licensure pilot began in February 2008 and allows dually licensed (in MD and in DC) CFSA social workers to temporarily license kinship caregivers in Maryland, thus shortening the time children are placed in non-relative care pending the completion of a home study and licensing process on the kinship caregiver.
- Strengthen family engagement guidelines, which will be readily accessible to staff at all times. The guidelines will provide a conceptual framework for engaging families and enhancing their capacity to meet their children's needs, outlining an Agency philosophy and core practice values. Specific instructions will be provided on a strength-based approach to engagement, early engagement (from the outset of a case) and re-engagement. The guidelines will provide more specificity in carrying out procedures and will result in more immediate changes and application of these new strategies.

**INITIATIVE 2.3: Increase and expedite permanency youth.**

CFSA will work with the Casey Strategic Consulting Group to assess strengths and weaknesses in achieving permanence for youth (reunification, guardianship, adoption, and lifelong connections to caring adults) and to implement recommendations for improvement. This will involve redefining the purpose and desired outcomes of CFSA's Office of Youth Development, establishing specific targets to greatly reduce the use of Alternative Planned Permanent Living Arrangement (APPLA) as a goal for youth in care, reviewing the cases of youth that currently have a goal of APPLA and revisiting CFSA's Permanency Redesign.

**OBJECTIVE 3: Ensure well-being for children/youth.**

**INITIATIVE 3.1 Improve child/youth medical/behavioral pre-placement health screenings through an Agency-based screening center.**

CFSA will begin providing pre-placement and replacement medical and behavioral health screens onsite in order to increase the accessibility of services. An Agency-based pre-placement medical encounter will provide baseline medical, behavioral, educational and family history needed on every child entering CFSA's care. Information obtained through pre-placement medical screenings will inform physicians and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examination and will yield more comprehensive evaluations and recommendations.



**INITIATIVE 3.2 Improve monitoring, tracking and coordination of initial EPSDT, dental and developmental evaluations through the co-location of DC KIDS contracted staff to the CFSA office.**

In an effort to improve EPSDT and dental evaluation compliance for children coming into care, two staff members from the contracted provider, DCKIDS, will be co-located at the CFSA office. The staff members will ensure that all children coming into care for the first time or returning into care, receive an EPSDT, dental and developmental evaluation (if needed). The staff members will also schedule, confirm and track on-going appointments for compliance, as well as coordinate any needed follow-up appointments. Through the co-location, CFSA will be able to quickly identify barriers to compliance and remedy those barriers to ensure that children receive critical evaluations within 30-days of coming into or returning to care.

**INITIATIVE 3.3: Expand the array of mental and behavioral health services to CFSA-involved children and youth.**

In partnership with the Department of Mental Health (DMH), CFSA completed a mental and behavioral health needs assessment of CFSA-involved children and youth. In response, DMH issued and successfully completed competition of an RFP to provide all mental and behavioral health services for foster care child clients through four vendors that have been approved as Child Service Providers. Children currently within and those newly entering child clients into the foster care system will be assigned to one Child Provider 'home.' Children will be connected to and receive all mental health services through this sole provider group. These providers will increase capacity over time to be able to provide newly identified best practice services. Further, CFSA will continue to increase training around specialized best practice services and attract providers into the DC Medicaid system to supply these innovative and needed service types. Core service providers will be required to establish rigorous and sound data monitoring systems to track service use, quality of care, and progression of child client goal achievement through service provision.

**OBJECTIVE 4: Ensure system accountability.**

**INITIATIVE 4.1: Adopt a performance-based contracting model for out-of-home care services.**

In FY09, CFSA will implement a performance-based contracting system (PBC) that (a) develops procurements for identified resource needs; (b) issues contracts in a timely manner and to qualified service providers in accordance with District laws and regulations and (c) monitors contract performance on a routine basis. The use of fiscal incentives and disincentives will be linked to performance several months after contract awards are made.

**INITIATIVE 4.2: Implement the Student Training and Education-to-Practice Program to increase recruitment and retention.**

In partnership with the schools of social work at Howard University, Catholic University, and the University of the District of Columbia, CFSA has developed a Child Welfare Student Training and Education-to-Practice (STEP) program. It will offer full payment of tuition and fees and field placement for graduate-level social work to students committed to practice in child welfare in the District. Upon graduation, new social work professionals, who complete the STEP Program, will be hired and committed to carry cases for CFSA or one of our private providers for two years.



## PROPOSED KEY PERFORMANCE INDICATORS

Measure	FY07 Actual	FY08 Target	FY08 YE Actual	FY09 Projection	FY10 Projection	FY11 Projection
Rate of substantiated child abuse/neglect per 1,000 children in DC	N/A	N/A	N/A	N/A	N/A	N/A
Total CFSA population	4557	N/A	3979	N/A	N/A	N/A
<b>Objective 1</b>						
Percent of CFSA children/youth in foster care	50.5%	N/A	55.9%	N/A	N/A	N/A
Percent of CFSA children/youth receiving in-home services	48.1%	N/A	43.2%	N/A	N/A	N/A
Percent of investigations attempted or initiated within 24 hours of being accepted	48.6%	65%	55.3%	65%	75%	80%
Percent of investigations closed within 30 days	56.3%	100%*	37.6%	100%*	100%*	100%*
Percent of children/youth in foster care receiving at least 2 visits per month from the social worker	74.8%	100%*	86.3%	100%*	100%*	100%*
Percent of children/youth in-home receiving at least 2 visits per month from the social worker	46.7%	100%*	71.5%	100%*	100%*	100%*
<b>Objective 2</b>						
Percent of children/youth in foster care placed with kin	17.5%	16%	14.7%	20%	22%	25%
Percent of children/youth with a permanency goal of adoption in an approved adoptive placement within 9 months of their goal becoming adoption	57.7%	100%*	54.4%	100%*	100%*	100%*
Percent of children/youth in foster care who achieve permanency	46.9%	45% <sup>1</sup>	40.6%	48% <sup>2</sup>	50% <sup>2</sup>	52% <sup>2</sup>
<b>Objective 3</b>						
Percent of children/youth who were victims of substantiated or indicated abuse or neglect during the first 6 months of the reporting year, who did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period (Federal Benchmark: 94.6% or higher)	N/A <sup>2</sup>	N/A	N/A	100%*	100%*	100%*
<b>Objective 4</b>						
Total number of licensed foster homes <sup>3</sup>	903	920	912	930	940	955
Average caseload per worker	10	11	11	15	15	15



<sup>1</sup> The rate of child abuse/neglect is based on the number of substantiations in FY06 (2,889), divided by the child population (114,881), multiplied by 1,000. Source: 2006 Population Estimate, U.S. Census Bureau; FACES INV086, CFSA.

\*FY08 projection reflects *LaShawn v. Fenty* Amended Implementation Plan (AIP) which requires 100% compliance by the end of 2008.

<sup>2</sup> Multi-composite national standard measure calculating the percentage of youth that have exited care at the end of the fiscal year with the following exit reasons: adoption, guardianship and reunification.

<sup>3</sup> This measure is reported to CFSA by the ACF. The latest numbers reported are 2006. CFSA submitted data to the National Child Abuse and Neglect Data System (NCANDS) on March 31, 2008. The data should be available in September 2008.

<sup>4</sup> This measure is only of licensed foster homes with children placed, not all CFSA licensed foster homes