



Child and Family Services Agency CFSA (RL)

MISSION

The mission of the Child and Family Services Agency (CFSA) is to ensure the safety, permanence (permanency planning through finalization of adoption or guardianship), 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, in order to provide child protection services. Services include foster care, adoption, and supportive community-based services to enhance the safety, permanency and well-being of abused, neglected, and at-risk children in the District of Columbia. We seek to provide community-based services of the highest quality, and to increase the number of District families who are in need that receive our services that are in need we serve in need of community-based preventive and support services currently receiving assistance. The agency also seeks to expand the current network of resources for at-risk children and their families.

ACCOMPLISHMENTS

CFSA had three major accomplishments during fiscal year 2012:

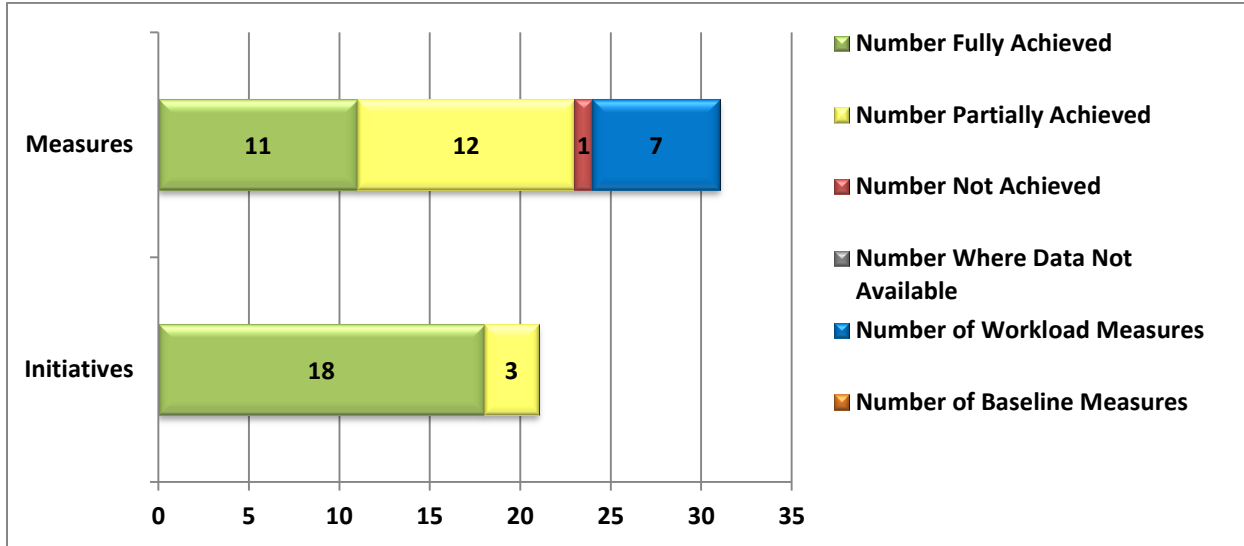
- ✓ Reduction in the number of children in foster care,
- ✓ Increase in the percentage of social worker visits with children in foster care face to face and,
- ✓ An increase in initial health care screenings.

The agency instituted the Four Pillars framework during fiscal year 2012 (Front Door, Temporary Safe Haven, Well-Being and Exit to Permanence) in order to safely reduce the number of children coming into foster care. The agency exceeded its benchmark with social workers visiting foster care children on a monthly basis. The newly created Office of Well-Being works collaboratively with the Clinic Health in ensuring that children in foster care receive appropriate screening such as educational, substance abuse (when appropriate) as well as health care screening.

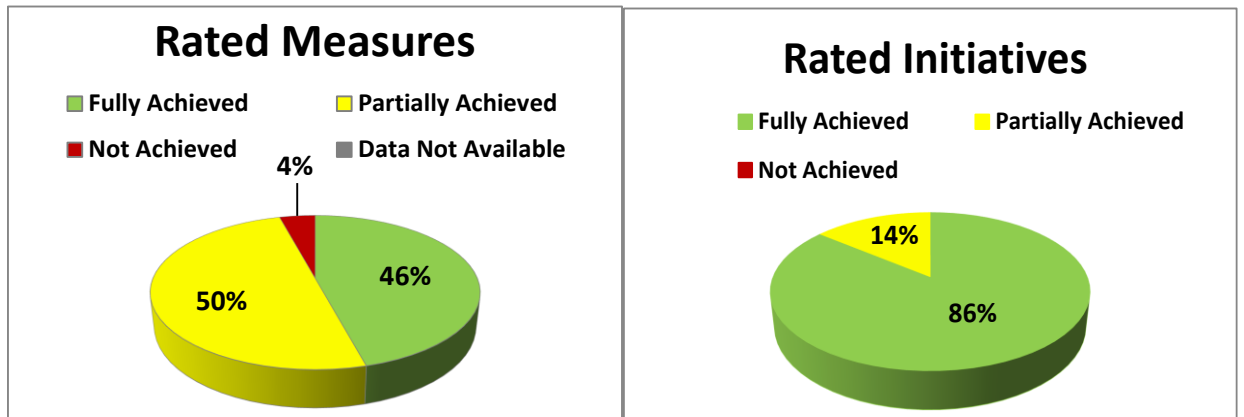


OVERALL OF AGENCY PERFORMANCE

TOTAL MEASURES AND INITIATIVES



RATED MEASURES AND INITIATIVES



Note: Workload and Baseline Measurements are not included

Default KPI Rating:	
$\geq 100\%$	Fully Achieved
75 - 99.99%	Partially Achieved
$< 75\%$	Not Achieved



Performance Initiatives – Assessment Details

Performance Assessment Key:

-  Fully achieved  Partially achieved  Not achieved  Data not reported

Agency Management

OBJECTIVE 1: Ensure child/youth safety.

INITIATIVE 1.1: Ensure quality investigations.

- **Fully Achieved.** The agency continues to provide training to the hotline staff on the policy and procedures manual. The hotline policy was updated and improved based upon trends and qualitative review findings. The CFSA management team closely monitors the performance measure for initiation of timely investigations. As of September 2012, there was a five percent increase in the timeliness of investigations from August 2012.

INITIATIVE 1.2: Continue Implementation of Differential Response

- **Fully achieved.** The evaluation of implementing the additional Family Assessment Units was achieved. We have established a new differential response unit dedicated to educational neglect due to an influx of educational neglect cases. CFSA due to a large influx of educational neglect cases dedicated a special Family Assessment Unit under the Differential Response model. CFSA added an additional Family Assessment unit for other cases during this time period. We have continued our outreach to other community partners to include the various school systems and the Collaborative.

OBJECTIVE 2: Permanency.

INITIATIVE 2.1: Expedite Reunification

- **Fully achieved** by the September 2012 reporting period. CFSA provided the POM training to current direct service staff and supervisors. The cohort of children first entering care in FY 2011 exiting to positive permanency was 45% as of September.

INITIATIVE 2.2: Office of Youth Empowerment Consultation Model.

- **Partially achieved.** CFSA staff documented 62% of the youth having a youth transition plan. CFSA has developed a youth scorecard to better track the youth transition plans but also several key performance indicators such as education, housing stability and employment outcomes for older youth. CFSA program managers have also developed a plan to improve the overall transitional planning for foster care youth. • 21 Jump Start -consist of utilizing a transitional readiness tool which is designed to assist in determining a youth's readiness for the child to transition from foster care into young adulthood. It is to be completed for all youth, age 20, who will be aging out care by October 31, 2012. Completion of this tool is not intended to replace a supervisory review or existing YTP process, but rather to help prepare for those activities. OYE will look at 66 youth individually, on a case-by-case basis, to develop clear action steps to transition them from care. Top priorities include housing, employment and education. The guiding question for this work is "Is this youth ready for their 21st birthday"



INITIATIVE 2.3: CFSA Permanency Strategy

Fully achieved. CFSA has reconfigured the adoptions unit or OHPA. The OHPA unit was merged into out of home and in-home units. The goal is to focused on permanency outcomes for the foster care child from the first date of entry into foster care. The agency developed an aggressive permanency plan for children in foster care based upon three cohorts of children (children who have been in care for more than 25 months, children in care between 12 to 25 months and children in care for less than one year). Specific staff has been assigned to the CFSA in-home and out of home units, older youth division and private agencies to monitor every thirty days the permanency progress of children in care. Under the OHPA format: Sixty-five children were reviewed from Foundations for Home & Community Agency. The recommendations have resulted in the following outcomes: • 28 children are in the permanency process(for example preparing for the initial visit between the child and the identified adoptive family) • 26 children are in recruitment where child-specific recruitment activity is currently in process • 4 children have relatives identified and are being explored as permanency resources • 2 children have been placed with relatives who are pursuing permanency • 4 children are receiving adoption centered therapy and counseling.

Community Services

OBJECTIVE 1: System Accountability

INITIATIVE 1.1: Conduct Evaluation of the Partnership for Community-Based Services after Year One

Fully achieved. CFSA has incorporated language in its FY 13 contracts with the Healthy Families/Thriving Communities Collaborative and the Healthy Families/Thriving Communities Collaborative Council that enhance data collection and outcome measurement on PCBS and other types of cases the HFTC Collaborative manages, team, and to which they provide supportive services. Planning meetings took place in August/September 2012 to address reporting, documentation and IT improvements, as well as data sharing issues between CFSA FACES.NET and the HFTC Efforts to Outcome system. Performance monitoring will include quantitative and qualitative methodology for assessing the effectiveness of social work practice with all cases the HFTC Collaborative are involved with, inclusive of PCBS cases teamed with CFSA.

INITIATIVE 1.2: Placement Services Evaluation.

Fully achieved. The staff from the Division of Entry Services and Contract Management worked together to develop a protocol for the private agencies to consistently request prior approvals before a child is moved from one foster care placement to another. Entry Services (Placement Unit) has a specific tracking system for the number of requests, basis for the request and efforts to resolve any placement issues in an effort to prevent additional foster care placements.

INITIATIVE 1.3: Finalize Performance Scorecards for private providers of congregate care.

Fully achieved. Scorecards and quarterly assessments are utilized to rate contractors' performance. CFSA has decided not to re-new two contracts and seven congregate care providers resulting in a total of 14 congregate care contracts. The decision not to re-new these contracts were based upon CFSA's decreased need for foster care beds, bed space utilization, and an evaluation of the agencies' performance in meeting certain outcomes for children to include but not limited to placement stability, safety, and expediting positive permanency (reunification, adoption and guardianship) goals for children. CFSA is placing more emphasis on increasing placement with relatives and



moving children closer to the District of Columbia.

INITIATIVE 1.4: Develop Therapeutic Foster Care Standards

Fully achieved. DMH convened a working group in collaboration with the Child and Family Services Administration (CFSA) to develop the list of competencies that will be used to develop the curriculum. The group was comprised of foster parents, advocates and staff members from CFSA and DMH. These competencies are consistent with best practice research which emphasizes that effective therapeutic programs require both foster parents and social workers to possess know and skills on a variety of clinical and therapeutic treatment topics and techniques. Thus, the curriculum will be developed and made available to all three groups. The working group identified five major core competencies therapeutic foster parents and agency staff and social workers. Specific, measurable learning objectives were formulated for each core competency area. Curriculum modules will be developed that address each of these objectives. DMH and CFSA are currently working on the curriculum. It is anticipated that the curriculum will be completed by the end of the second quarter of FY13. Additionally, CFSA has collaborated with the Department of Mental Health on several projects. The District was awarded two major grants from the Department of Health and Human Services (systems of care and trauma improved practice for foster care children).

Office of the Director

OBJECTIVE 1: System Accountability.

INITIATIVE 1.1: Provide safe and productive workspace solutions to meet current and anticipated needs for Agency employees

Fully achieved. The Facilities Management Administration team successfully negotiated the move of CFSA personnel and necessary equipment to the new location on 200 I Street SE. The move was conducted in three phases during the month of September.

INITIATIVE 1.2: Create Data Dashboards in FACES.NET.

Fully achieved. CFSA under the direction and guidance of the CISA team established a data dashboard for the front line staff. The dashboard is based upon several key indicators related to safety, permanency and well-being.

INITIATIVE 1.3: Conduct Functional Analysis.

Fully achieved. CFSA undertook a strategic planning process that included an assessment of divisions and staff. The planning session included the implementation of the Four Pillars framework (Front Door, Temporary Safe Haven, Well-Being and Exit to Permanence). Therefore, the staff assignments and capacity were assessed. The agency reduced the number of Deputy Directors by one. The Office of Agency Performance and Well-Being were created in order to support the Four Pillars framework. Internal programs such as Structured Progress Reviews, Clinical Practice and Out of Home Program units were integrated with existing staff to support the Four Pillars framework.

OBJECTIVE 2: Improve federal claim processes and implement quality assurance practices

INITIATIVE 2.1: Develop a Medicaid work plan

Partially achieved. The state amendment to the Medicaid plan was submitted to the Department of Health and Human Services – Medicaid Division. CFSA has frequent meetings with the Medicaid Division to resolve questions regarding the state plan amendment.



INITIATIVE 2.2: Improve Title IV-E Penetration Rate.

- **Fully achieved.** CFSA has received approval on June 17, 2012 from the Administration for Children and Families to claim IV-E under Fostering Connections. CFSA has met its Title IV-E penetration rate increase of 3%.

INITIATIVE 2.3: Title IV-E Rate Setting Methodology

- **This initiative was fully achieved.** CFSA has received final approval for the IV-E rate methodology for congregate care from the Administration and Children and Families (ACF). CFSA has submitted a similar rate setting plan for family based foster care providers.

Planning, Policy, Program Support

OBJECTIVE 1: System Accountability

INITIATIVE 1.1: Complete Quality Service Reviews

- **Partially achieved.** The QSR unit completes 65 reviews during the calendar year and is on track to meet this target by the end of 2012 (December). CFSA completed a total of 62 QSRs for Fiscal Year 2012.

INITIATIVE 1.2: Implement new training tool to enhance tracking, monitoring and reporting

- **Fully achieved.** In FY12, with the use of Management Reports provided by FACES.net, the Child Welfare Training Academy (CWTA) was able to provide twice monthly updates to agency and private agency program managers and supervisors on the status of staff meeting the requisite pre-service training hours (80 hours). Similarly, those management reports were also used for monthly reporting to agency and private agency program managers and supervisors on the status of staff meeting the requisite in-service training hours (30 hours). Private agencies are also provided with twice yearly (April and November) written notification of training requirement hours for both pre-service and in-service. These notifications are sent to the agency CEOs and include comprehensive information on accessing and registering for courses offered through CWTA. The training for new social workers reported 99% performance in June exceeding the 90% benchmark. Training for previously hired social workers reported 95% performance, exceeding the 80% benchmark. Training for previously hired supervisors and administrations reported 94% performance exceeding the 80% benchmark.

INITIATIVE 1.3: Ensure timely licensing of facilities serving the CFSA client population

- **This initiative was fully achieved.** CFSA continues to ensure timeliness in re-licensure of congregate care facilities through internal methods including an office calendar and tracking system which alerts Office of Facility Licensing staff of annual licensing dates and deadlines, as well as utilization of a management report which indicates which children are placed in facilities without a valid license. At the beginning of the renewal period, OFL staff also communicates with the CEOs of the congregate care facilities via written correspondence to remind them of the timeframes and requirements for license renewal. During the re-licensure period, OFL staff conducts the necessary renewal licensing activities of assigned Youth Residential Facilities and Independent Living Program (ILP) facilities to determine compliance with all legal mandates for the purpose of licensure. Specifically, upon acceptance of a renewal application, staff review all submitted documentation to determine the facility's compliance with the relevant regulations, including policies and procedures, financial information, staffing patterns, staff criminal background and safety checks, CPR checks,



driving records, educational records, medical reports, documentation of CPR & First Aid certification, training documentation, etc. for all employees of the facility. In addition, staff conducts site visits to review documentation of resident and staff records and files and conducts interviews with licensees, facilities' staff and youth to determine quality of care and services, and to ensure that programmatic operations are in compliance with required regulations. Finally, OFL staff conducts comprehensive initial and renewal sanitation and environmental inspections of all Youth Residential Facilities and Independent Living Programs located in the District of Columbia to determine compliance with all legal mandates for the purpose of licensure.

OBJECTIVE 2: Permanency

INITIATIVE 2.1: Ensure timely completion of Structured Progress Reviews for children in foster care ages 0-17.

- **This initiative was partially achieved.** In FY12, Structured Progress Reviews were held for all eligible children within the required timeframes. During the last quarter of FY12, the Structured Progress Review unit was reconfigured and employees were re-assigned to the Family Team Meeting (FTM) unit under Entry Services to support an increase in the Agency's capacity to conduct FTMs.

Office of Clinical Practice (OCP)

OBJECTIVE 1: Ensure well-being for children/youth.

INITIATIVE 1.1: Implement Quality Assurance System for Healthy Horizons Programs.

- **Fully achieved.** Clinical and Health Services Administration established an internal quality assurance process for proper and accurate documentation prior to submission to Medicaid billing. A secondary review is conducted by staff from the Business Services Administration prior to final submission to Medicaid for claims and billing.

INITIATIVE 1.2: Ensure children aged 3-5 are screened for developmental delays/

- **This initiative was partially achieved.** CFSA underwent a strategic planning effort to focus on performance outcomes. The agency established the four pillars as a strategic framework. The Office of Well-Being was created as the result of that framework. The Office of Well-Being is led by the Chief of Staff for the agency. The Office of Well Being includes programs such as Domestic Violence, substance abuse and educational services including developmental outcomes for children zero to 5. The Office of Well-Being has established several performance indicators that are highlighted in the Agency's 2013 Performance Plan. 15 individuals were trained in 2011. Office of Well Being has funding to conduct additional training for end of this fiscal year. The office of Clinical Practice was re-aligned based upon the needs of children when they come into foster care. The Office of Clinical Practice is now housed with Entry Services.



Performance Initiatives – Assessment Details

Performance Assessment Key:

- Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported
 ● Workload Measure
● Baseline Measure

	KPI	Measure Name	FY2011 YE Actual	FY2012 YE Target	FY2012 YE Revised Target	FY2012 YE Actual	FY2012 YE Rating	Budget Program
Agency Programs								
	● 1.1	Percent of investigations initiated or attempted within 48 hours	92%	90%		85.53%	95.03%	AGENCY PROGRAMS
	● 1.2	Percent of investigations closed within 35 days	89.8%	90%		80.86%	89.84%	AGENCY PROGRAMS
	● 1.3	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	93.8%	94.6%		93.81%	99.17%	AGENCY PROGRAMS
	● 2.1	Percent of children/youth in foster care receiving at least 2 visits per month	90.8%	90%		93.24%	103.6%	AGENCY PROGRAMS
	● 2.2	Percent of children/youth in-home receiving at least 2 visits per month	94.2%	85%		93.34%	109.81%	AGENCY PROGRAMS



	KPI	Measure Name	FY2011 YE Actual	FY2012 YE Target	FY2012 YE Revised Target	FY2012 YE Actual	FY2012 YE Rating	Budget Program	
	●	2.3	Children who enter foster care for the first time in FY2010 and who remain in foster care for 8 days or longer, the percentage discharged to permanency (reunification, guardianship, adoption)	46.7	45		45.26%	100.58%	AGENCY PROGRAMS
	●	2.4	Percent of children with twice monthly sibling visits	70.9%	80%		79.67%	99.59%	AGENCY PROGRAMS
	●	2.5	Percentage of on-going social workers carrying under 15 cases.	95.4%	90%		97.35%	108.17%	AGENCY PROGRAMS
Community Services									
	●	1.1	Completion of foster home licensing within 150 days	79.2	70		42.98%	61.40%	COMMUNITY SERVICES
	●	1.2	Percentage of foster homes with valid and current licenses	93%	95%		94.75%	99.74%	COMMUNITY SERVICES
	●	1.3	Percentage of group homes with a valid and current license.	100%	95%		98.90%	104.11%	COMMUNITY SERVICES
The Office of Clinical Practice (OCP)									
	●	1.1	Percent of children/youth entering or re-entering placements who receive a timely pre-placement health screening	80%	95%		91.72%	96.55%	CLINICAL PRACTICE
	●	1.2	Percent of children/youth who experience a placement change shall have a replacement health screening	65%	90%		77.03%	85.59%	CLINICAL PRACTICE



	KPI	Measure Name	FY 2011 YE Actual	FY 2012 YE Target	FY 2012 YE Revised Target	FY 2012 YE Actual	FY 2012 YE Rating	Budget Program
●	1.3	Percent of children receiving a full medical evaluations within 30 days of entering foster care	66.3%	85%		69.60%	81.88%	CLINICAL PRACTICE
●	1.4	Percent of FTM's completed prior to or within 72 hours of child entering foster care	77.2%	65%		80.43%	123.73%	CLINICAL PRACTICE
Planning, Policy, Program Support								
●	1.1	Timely completion of Structured Progress Reviews for youth between the ages of 0-17	81.3	90		81.70%	90.78%	POLICY AND PLANNING
●	1.2	Critical Event Staffing regarding fatalities of children known to CFSA will be held within 24 hours of QI notification	94.4	95		100%	105.26%	AGENCY PROGRAMS
●	1.3	Child Fatality Case Review Backlog	NA	0.01		0.01	100%	POLICY AND PLANNING
●	1.4	Completion of Quality Service Reviews	NA	65		62	123.73%	POLICY AND PLANNING
Office of the Director								
●	1.1	Average Case Carrying Social Worker vacancy rate	11.9	12		12.18%	98.54%	AGENCY MANAGEMENT PROGRAM
●	1.2	Average CFSA FTE vacancy rate	12.3	13.5		11.91%	113.39%	AGENCY MANAGEMENT PROGRAM
●	1.3	In-House Fleet Availability rate >90%	95	91		112.62%	123.76%	AGENCY MANAGEMENT PROGRAM



	KPI	Measure Name	FY2011 YE Actual	FY2012 YE Target	FY2012 YE Revised Target	FY2012 YE Actual	FY2012 YE Rating	Budget Program	
	●	1.4	Response to facilities work order requests within 72 business hours	89.5	90		81.87%	90.96%	AGENCY MANAGEMENT PROGRAM
	●	1.5	Title IV-E Foster Care Penetration Rate	54.6	50		59.14%	118.27%	AGENCY MANAGEMENT PROGRAM
	●	1.6	Title IV E Adoption Subsidy Penetration Rate	90	87		84.08%	96.64%	AGENCY MANAGEMENT PROGRAM
Agency Management									
	●	1.1	Rate of substantiated child/abuse and neglect per 1000 children in DC	16.4	0		21.4	Workload measure	AGENCY MANAGEMENT PROGRAM
	●	1.2	Total CFSA population	3,640	0		371,540	Workload measure	AGENCY MANAGEMENT PROGRAM
	●	1.3	Total CFSA population receiving out-of-home of services	1,827	0		6,739	Workload measure	AGENCY MANAGEMENT PROGRAM
	●	1.4	Total CFSA families receiving in-home services	551	0		2,267	Workload measure	AGENCY MANAGEMENT PROGRAM
	●	1.5	Total number of children served in-home	1,808	0		7,678	Workload measure	AGENCY MANAGEMENT PROGRAM
	●	1.6	Total number of hotline calls	12,444	0		13,028	Workload measure	AGENCY MANAGEMENT PROGRAM
	●	1.7	Number of hotline calls accepted for investigation	6,656	0		7,308	Workload measure	AGENCY PROGRAMS