CFSA Fact Sheet

Understanding CFSA's
Performance-Based Contracting Initiative

Core Philosophy and Values
All of us who serve the District's abused and neglected children and troubled families have the desire and obligation to . . .

- Improve our clients' safety, stability, and well being and
- Help them achieve measurable, lasting positive outcomes.

Those we serve need the most effective assistance we can provide—and the community has a right to expect a good return on its investment of public funds.

Contracting Necessary, Improvements Essential
Like public child protection agencies around the country, the District's child welfare program has a long history of contracting with outside organizations to meet the service needs of our children and families. Today, CFSA maintains contracts for . . .

- Case management and child placement in family foster homes. (Outside providers have full case-management responsibility for over half of CFSA's current foster care caseload.)
- Group home and Independent Living settings.
- Residential treatment.
- Health care.
- Mental and behavioral health assessment and treatment.
- A broad range of support services, such as tutoring, mentoring, homemaking, and home renovation/repair.

In the past, the District's overburdened and underfunded child welfare program focused on maintaining a sufficient supply of options to meet high demands for placement settings and other services. The court often ordered use of specific providers, resulting in rapid establishment of contracts with little negotiation and few standards. To meet the high demand for placement settings for children and teens, numerous organizations sprang up with few standards governing the quality of their facilities or services.

Need for System-wide Child Welfare Reform

Aggressive implementation of child welfare reform means that all organizations serving the District's abused and neglected children and troubled families must function as a performance-based system. In 2001, publication of regulations requiring licensing and monitoring of District-based, private-provider foster and group homes and independent living programs represented a major step forward in ensuring the quality of placement settings for children and teens. Now, CFSA is working to extend performance requirements to outside providers through our contracts. Over a projected four-year period, which began in 2002, CFSA is seeking to:

- Reflect the District's child welfare reform philosophy, values, and requirements by negotiating new contracts with outside child-placing agencies, group home and independent living providers, and health-care providers. These contracts require more—and better continuity of—service for children and families.

- Develop a basis for establishing fair, measurable performance standards and reasonable rates for a variety of placement settings and services.

- Establish contracts that (1) include clear, measurable performance standards and (2) offer financial incentives and rewards for outstanding achievement and penalties for failure to attain standards.

Impact

- **Children and Families:** Improved quality of services, including greater access to community-based services, and better outcomes—notably, speedier permanence

- **Providers:** Clearly defined expectations and standards of performance, greater accountability, enhanced opportunities to achieve positive outcomes for children and families, recognition and rewards for achieving desired results

- **Social Workers:** Clearly defined expectations and standards of performance, greater accountability, enhanced opportunities to achieve positive outcomes for children and families

- **Assistant Attorneys General (AAGs):** Enhanced ability to make effective legal decisions on behalf of children as a result of clarified expectations of providers

- **Family Court:** Clearly defined expectations and standards of performance and greater accountability among providers, ability to make more effective legal decisions on behalf of children

- **City Council and Others with CFSA Oversight Responsibilities:** Trust in more equitable use of public funding, enhanced ability to hold CFSA accountable for achieving positive outcomes for children and families

Understanding CFSA's New
Family-Based Foster Care Contracts

What is family-based foster care?

In addition to recruiting, training, and licensing foster and kinship parents, CFSA purchases family foster homes and case-management services from a number of private organizations known as child-placing agencies (CPAs). This helps to meet our goal of placing children in the least-restrictive, most family-like settings that can meet their needs. This privatization means that social workers from outside agencies have case management responsibility equal to that of CFSA social workers and may also have comparable responsibilities for families on their caseload.

Old versus New Contract Requirements

Previous Contracts	*New Contracts*
Core Values	
None	Emphasis on: • Providing community-based, integrated, family focused, culturally competent services. • District families caring for District children. • Responsiveness to specific needs of foster children/teens • Quality of care. • Achieving permanence for children. • Provider accountability.
Family/Child Focus	
Providers encouraged, but not required, to involve birth families.	Must give birth families opportunities to participate in decisionmaking about children's stay in care
Providers determined characteristics of children they would accept and recruited and trained foster parents accordingly.	Must increase number of foster homes available to meet needs of children/youth CFSA typically serves: primary school-age children, teens, and teen parents under age 16
Local Focus	
No limitations on provider location	Awards available only to child placement agencies licensed in the District
No limitations on foster parent location within 25 miles of the District	Must develop foster homes in the District
Providers encouraged, but not required, to place children in or near the District.	Children in foster homes can be no more than 25 miles outside the District.
Performance Standards	
No requirements to meet court-ordered performance standards. Final Implementation Plan not yet in place when contracts awarded.	Must meet practice standards and outcomes required of CFSA in court-ordered Final Implementation Plan. Includes data collection in first year to enable start of incremental performance-based contracting in second year.
No specific standards for achieving permanence	Must achieve children's permanency goals in accordance with Federal and District laws and best practice standards
No systematic control of number of children in more intensive, expensive settings	Must place more children with intensive special needs in family foster homes with caregivers trained to meet those needs. Community-based services must be available to traditional foster parents prepared to care for children with more intensive needs.
Provider had independent responsibility for step down after 15 months of therapeutic care.	Must justify more than 12-month stays in specialized settings.

Previous Contracts	*New Contracts*
Link to Community Services	
Free to choose services, except in cases of court orders	Must establish links with Community Collaboratives, other neighborhood-based service providers, and District child-serving agencies (such as Department of Health) to ensure continuity of care and enhance potential for reunification
Continuity	
Required three months of after care post-reunification only. If child moved to more restrictive setting, case management returned to CFSA.	Requires six months of after care post-permanency (reunification, adoption, etc.). Must retain case management of children temporarily moved to more restrictive settings.
Family case management ended when child's case was closed (and sometimes before).	Must accept and maintain family case management for entire life of case.
Emergency Placement/No Reject	
No emergency placement capability required	Must establish emergency foster homes that accept children 24/7
Must accept all children referred for placement, but insufficient staff and trained family providers limited ability to reach full capacity	Must accept all children referred for placement if vacancies available. Expect providers to reach increased capacity.
Funding	
Used contract funding to pay for behavioral health and some medical services	Must use Medicaid to pay for necessary behavioral health and medical services
Daily rates for assuming family case management responsibility regardless of actual service delivery	Negotiated daily rates for continuing child and family case management billable only when services are actually rendered
Reporting	
Mandatory reporting of Unusual Incidents, narrative and statistical reports, FACES data entry possible but not enforced	Mandatory reporting of Unusual Incidents. FACES data entry required—only acceptable vehicle for documenting case actions

Understanding CFSA's New Congregate Care Contracts

What is congregate care?

CFSA purchases placement settings for teens in group homes and independent living programs.

Old versus New Contract Requirements

Previous Contracts	***New Contracts***
Core Values	
None	Focus on: • Limiting congregate care in favor of family-based care. • More family-like congregate care settings. • Links with neighborhood and community-based services. • Specific quality standards. • Provider accountability and performance.
Routine placement of children and youth of all ages long-term and in emergencies	Children age 12 and under placed in congregate care for short-term assessment or in emergencies only
Routine placement of children and youth ages 9-21 with no limits on facility capacity	Use of traditional group homes for youth ages 13-17 only with limits on length of stay. Facility capacity limited to no more than eight residents at a time.
Routine placement of teen parents of all ages and their children in group homes and independent living facilities	Placement of pregnant teens/teen parents and their children according to regulatory requirements: 16-17 years in independent living main facilities, age 18 and over in apartments. Placement of younger pregnant teens/teen parents only in foster homes.
Safety	
Provider facility required to have Certificate of Occupancy	Awards available only to providers with current licenses under District Youth Residential Facility/Independent Living Program regulations
Staff: resident ratios for youth residential facilities providing emergency and/or continuing care: 1:4 during evening hours, one additional counselor for emergencies. No staff: resident ratios of independent living or teen parent programs.	No fewer than two staff on site whenever a resident present, all settings. One staff: two residents at all times for providers of diagnostic and/or emergency services to children age 12 and under. One staff: two residents during waking hours, one staff: three residents during sleeping hours for all providers of diagnostic and or emergency services to youth age 13 and older. One staff: four residents during waking hours, one staff: eight residents during sleeping hours in traditional group homes. One staff: 10 residents during the day, one staff: six residents during the evening, and one staff: 15 residents at night in independent living main facilities. One staff: 15 residents in independent living apartment facilities. One staff: three residents during the day, one staff: four residents at night, and one additional staff person for every two infants/young children in teen parent programs.
Indiscriminate discharge and return of youth to CFSA at any time of day or night when infractions occurred.	Only planned discharges permitted except when youth represent harm to themselves or others within the facility. Provider staff must be trained to de-escalate conflict, redirect youth, and prevent discharge.
No restrictions on who administered medication.	Only medical professionals can administer medication. Other staff members must be licensed social workers or other professionals.
Performance Standards	
None	Collect data in base year to enable full implementation of performance-based contracting in option years. Performance standards to reflect requirements of the final Implementation Plan under the *LaShawn* lawsuit.

Previous Contracts	*New Contracts*
Performance Standards (continued)	
None	Must participate in achieving permanency goals for youth in care
None	Must participate in developing and implementing case plans, reviews, and individual transitional living plans (for youth). Partnership with CFSA social workers expected.
Link to Community Services	
No requirements	Must establish links with Community Collaboratives, other neighborhood-based service providers and networks, and District child-serving agencies (such as DOH) to ensure continuity of care and enhance potential for reunification. Independent living programs must refer youth to CFSA's Center for the Keys for Life (CKL) program for teens in long-term care.
No requirements	Must use District DMH System of Care for mental and behavioral health services for children and youth
Emergency Placement/No Reject	
Frequent subjective refusals to place youth with whom providers had previous difficulties. Emergency placement routinely expected	Previous difficult placement experiences insufficient as single justification for refusal to admit. Expectation that youth CFSA present will be admitted on planned basis. Use of congregate settings in emergencies limited. CFSA will review provider placement/discharge histories as part of contract monitoring.
Funding	
Used contract funds to pay behavioral health and medical services of all kinds	Must use Medicaid to pay for necessary behavioral health and medical services, except in emergencies when Medicaid reimbursement is unavailable
Variable cost items and one-time costs (such as furniture and office equipment) included in per-diem rates	Variable and one-time costs reimbursable only (excluded from per-diem rates)
Reporting	
Mandatory reporting of Unusual Incidents	Mandatory reporting of Unusual Incidents. Mandatory monthly narrative and statistical reports with CFSA verification in FACES