

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Child and Family Services Agency (CFSA)
Performance Oversight Hearing - Responses to Questions
Fiscal Years 2015 and 2016 (1st quarter, October 1, 2015 to December 31, 2015)

Submitted to the Council of the District of Columbia
Committee on Health and Human Services – Chairperson Yvette M. Alexander
February 16, 2016

Agency Organization

- 1. Please provide a current organizational chart for CFSA. Please provide a narrative explanation of any organizational changes made during FY15 and to date in FY16.**

In FY15, CFSA reviewed its organizational structure and upon evaluating its divisional functions at the leadership level, determined that it was necessary to realign the Agency Performance Unit under the Planning, Policy and Program Support Administration.

The Clinical and Health Services Division was realigned under the Well Being Administration. In addition, the Entry Services Administration, Program Operations Administration, Community Partnerships Administration, and the Well Being Administration were then all aligned under the oversight of one Principle Deputy Director.

The noted changes allow for greater efficiency and effectiveness with regard to the management of key agency initiatives, functions, and outcomes.

See Attachment Q1, CFSA Organizational Chart.

- 2. Please provide a list of all FY15 and to date in FY16 full-time equivalent (FTE) positions, by program and activity.**

See Attachments Q2i, CFSA FTEs by Program and Activity FY15; and Q2(ii,) CFSA FTEs by Program and Activity FY16.

- a. Please indicate the number of full time equivalents (FTEs) at each organizational level.**

See Attachment Q2a, CFSA by Organizational Level FY15-16.

- b. The employee responsible for the management of each program and activity.**

See Attachments Q2b, CFSA Employee Management by Program and Activity FY15; and CFSA Employee Management by Program and Activity FY16.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- c. For each position, please note if the position is filled (provide the name of the employee) or vacant.**

See Attachment Q2c, CFSA Filled and Vacant Positions by Program and Activity FY15-16.

- 3. Please provide a current list of all vacant positions. For each vacant position please indicate:**
- a. If and when the position was posted;**
 - b. How long the position has been vacant;**
 - c. Why the position became vacant; and**
 - d. Steps that were taken to fill the position.**

See Attachment Q3a-d, CFSA Vacancy Status Report FY16.

- 4. With respect to employee evaluations, goals, responsibilities, and objectives in FY15 and to date in FY16, please describe:**
- a. The process for establishing employee goals, responsibilities, and objectives;**

Performance plans are developed pursuant to Chapter 14 of the District Personnel Manual (DPM). A performance plan sets forth the performance expectations and development objectives that each covered employee is expected to accomplish during the performance management period. A Performance Plan includes all of the following: (a) Competencies; (b) S.M.A.R.T (Specific, Measurable, Attainable, Realistic, Time-Related) Goals; and (c) An Individual Development Plan (IDP).

Employee goals, responsibilities, and objectives are determined by several components, including the employee's position description, as well as the strategic goals and the mission of the agency. The director establishes and sets the strategic goals for the agency and these goals are filtered through the deputy directors to the administrations of the agency. At the supervisory level, the strategic goals of the agency, inclusive of other responsibilities and objectives, are incorporated into annual performance plans of employees through the development of mutually agreed upon S.M.A.R.T. goals, which are a part of employees' performance measurement criteria. Additionally, supervisors collaborate with the employee to prepare an IDP, which identifies areas for growth and development for the employee, including specific objectives for ongoing professional development and objectives that address areas in which an employee received a "marginal performer" rating or below during the preceding review year. The IDP is included in employee's Performance Plan for developmental purposes, and is not considered for the employee's performance management evaluation.

- b. The steps taken to ensure that all CFSA employees are meeting individual job requirements; and**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



CFSA employs a multi-layered strategy for ensuring that its employees are meeting individual job requirements. The agency implements safeguards at several levels, including local supervisor-employee, the broader administration, and agency-wide. At the supervisor-employee level, each manager and supervisor is responsible for meeting with their direct reports on a regular basis to review performance and to discuss the status of objectives and deliverables. Supervisors also highlight areas of success and provide feedback regarding areas that may require improvement. Based on these meetings, management can adjust objectives and deliverables as needed. CFSA encourages management to facilitate these one-on-one meetings weekly. Doing so ensures that managers are alerted as quickly as possible to challenges and/or barriers to the successful accomplishment of individual job requirements. In addition, each supervisor is charged with holding mid-year discussions with each employee to discuss whether employees are accomplishing the mutually agreed upon goals that are delineated in their Performance Plan.

At the administration level, program managers and administrators ensure that employees are meeting individual job requirements by communicating policy, practice, and system updates impacting job performance requirements. These updates are disseminated in administration staff meetings and via written communiqués. Management may also provide administration-specific practice tools to employees for use as additional reference points in job performance. These practice tools may include, but are not limited to, work plan templates that are useful for the organization of an individual employee's daily and weekly tasks, and work flow process overview sheets that delineate essential steps for a given work function or task.

At the agency-wide level, the agency ensures that employees are effectively trained in industry-specific skill sets through the CFSA Child Welfare Training Academy (CWTA). CFSA also addresses individual performance through the Human Resources (HR) Partners Initiative. Through this initiative, the HR Administration monitors the agency's emerging trends in employee performance and disciplinary concerns, and provides strategic recommendations to agency deputy directors and administrators for forward movement on these concerns. Using the data disseminated in these quarterly HR Partners meetings, deputies are empowered to appropriately allocate resources and support to address concerns that reveal systemic or widespread barriers to achieving individual job requirements.

c. The remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.

If at any time during the year it is determined by the supervisor that an employee is not meeting his or her goals, objectives, or job-related responsibilities, the supervisor has multiple options that can be utilized to address performance deficiencies. Initially,

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



supervisors are encouraged to have an informal discussion with the employee to address any performance challenges or deficiencies. Supervisors may also develop a performance improvement plan (PIP), as a more formalized process of aiding the employee with increasing their performance level. Pursuant to Chapter 14 of the District Personnel Manual (DPM), a PIP is a performance management tool designed to offer the employee an opportunity to demonstrate improvement in his or her performance. A PIP issued to an employee lasts for an initial period of 30 days with opportunities for an extension up to 90 days, depending on the employee's rate of improvement. Essentially, any remedial steps taken by a manager or supervisor to improve their employee's individual performance should be done in such a way as to provide concrete, measurable action steps that an employee can follow to improve their performance.

As certain concerns require a formal corrective or adverse response from the agency, CFSA also follows the District's progressive disciplinary process delineated in DPM' Chapter 16 – General Discipline and Grievances, subject to applicable collective bargaining agreements. This course of action is utilized on a case-by-case basis and may be administered for performance and/or conduct-related causes.

In addition to the tools available to the agency through the progressive discipline process, the agency also remediates employees who have failed to meet employee goals, responsibilities, and objectives. This is accomplished by mandating enrollment in training courses offered through the Center for Learning and Development (CLD), in addition to increased supervision, and in some instances, re-enrollment in the pre-service training program facilitated by the CFSA Child Welfare Training Academy.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Spending

- 5. Please provide the amount budgeted and actually spent in FY15 and to date in FY16 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.**

See Attachments Q5(i), CFSA Budget and Expenditures FY15; and Q5(ii), CFSA Budget and Expenditures FY16.

- 6. Have any spending pressures been identified for FY15? If so, please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize its impact of the budget.**

There were no identified spending pressures for CFSA in FY15 or in FY16, first quarter.

- 7. Please identify any re-programmings received by or transferred from CFSA during FY15 and to date in FY16, and include a description of the purpose of the transfer and which CFSA programs, activities, and services were affected.**

There were no re-programmings that resulted in CFSA receiving funds from other agencies or transferring funds to other agencies in FY15 or in FY16, first quarter.

- 8. Please identify any intra-district transfers received by or transferred from CFSA during FY15 and to date in FY16, and include description as to the purpose of the transfer and which CFSA programs, activities, and services were affected.**

See Attachment Q18, CFSA MOUs and MOAs for FY15 and FY16.

Grants and Revenue

- 9. Provide a complete accounting of all CFSA's Special Purpose Revenue Funds for FY15 and to date in FY16. Please include the following:**
- a. Revenue source name and code;**

Revenue Source Name:	Social Security and Supplemental Security Income Reimbursement
Revenue Code:	US Code, Title 42, Section 1383

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



b. Description of the program that generates the funds;

The purpose of the fund is to serve as a depository for funds received from the U.S. Social Security Administration on behalf of children under the care of CFSA who receive Social Security survivors' benefits or Supplemental Security Income benefits. If there is no family member or relative to manage the funds on behalf of a child, a state agency such as CFSA can act as the child's "representative payee." CFSA uses the money to pay for residential and other services on behalf of the child.

c. Activity that the revenue in each special purpose revenue fund supports;

The fund serves as a depository for funds received from the U.S. Social Security Administration on behalf of children under the care of CFSA who receive Social Security survivors' benefits or Supplemental Security Income benefits. If there is no family member or relative to manage the funds on behalf of a child, a state agency such as CFSA can act as the child's "representative payee." CFSA uses the money to pay for residential and other services on behalf of the child.

d. Total amount of funds generated by each source or program in FY15 and FY16 to date;

	FY15	FY16
Revenue (Budget)	\$1,200,000	\$1,200,000
Expenditures	\$1,200,000	\$ 300,000

e. FY15 and to date FY16 expenditure of funds, including purpose of expenditure.

See response to question 9d (chart above).

10. Please provide the following information for all grants awarded to CFSA during FY15 and to date in FY16:

- a. Grant Number/Title;**
- b. Approved Budget Authority;**
- c. Expenditures;**
- d. Purpose of the grant;**
- e. Grant deliverables;**
- f. Grant outcomes, including grantee performance;**
- g. Any corrective actions taken or technical assistance provided;**
- h. Funding source;**
- i. Is the grant a result of federal health care reform;**
- j. Program and activity supported by the grant; and**
- k. Employee responsible for grant deliverables.**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



See Attachments Q10(i), Federal Grants Awarded FY15; and Q10(ii), Federal Grants Awarded FY16.

- 11. For each grant lapse the occurred in FY15, please provide:**
- a. A detailed statement on why the lapse occurred;**
 - b. Any corrective action taken by CFSA; and**
 - c. Whether the funds were carried over into FY16.**

See Attachment Q11, CFSA Grant Lapse FY15.

Fixed and Capital Budgets

- 12. Please provide CFSA’s capital budgets for FY15 and FY16 and include the following information:**
- a. The amount budgeted and actually spent;**
 - b. Impact on operating budget; and**
 - c. Programs funded by the capital budget.**

CFSA has no capital budget.

- 13. If the agency uses purchase cards to acquire supplies or services, identify:**
- a. Any changes to the safeguards has your agency put in place to prevent waste, fraud, and abuse;**

CFSA follows and enforces the PCard policy established by the Office of Contracts and Procurement (9/2014). Below is a description of the safeguards that are currently in place at CFSA.

Safeguard	Frequency
Revise/update processes and procedures with CFSA Cardholders and their support staff.	As the Office of Contracts and Procurement updates their processes and procedures
Conduct purchase card training for all cardholders and their support staff.	Bi-Annually
Cardholders complete thorough reconciliations of all purchases (two-step process; the cardholder is the reviewer and there is an approving official who confirms the charges).	Monthly
Agency review team (ART) meets to review	Monthly

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Safeguard	Frequency
designated JP Morgan PaymentNet reports to ensure purchases are compliant with governmental standards and that they support the agency's mission.	
During the reconciliation process, the ART reviews all transactions and confers with cardholders when questions regarding transactions arise.	Monthly
Disciplinary actions determined by the ART are taken when cardholders are in violation of PCard procedures.	Monthly

b. The number of purchase cards that were issued in FY15 and to date in FY16;

Fiscal Year	PCards Issued
FY 15	25
FY 16	24

c. The persons who received or are authorized to use a card;

James Murphy	Justin Kopca	Lisa Edelen
Sarah Thankachan	Ella Roberson	John Simmons Jr.
Shamika Place	Cheryl Durden	Ritu Atwal
Valerie Douglas	Karen Fenton-LeShore	Tanya Trice
Trista Davis	Nicole Gilbert	Ann Reilly
Jeremiah Hawkins	D' Andrea Walker	Aisha Williams
Kevin Ward		

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



d. Maximum amount that can be purchased with a card;

Per the Purchase Card Policy 9000.02, effective September 2, 2014, the maximum amount that can be purchased with the purchase card is:

- \$2,500 or less for services per transaction (industrial services, security services, etc.)
- \$5,000 or less for goods per transaction (office supplies, equipment, etc.)
- \$20,000 cycle/monthly limit

e. Limitations on items purchased.

The limitations include individual and monthly thresholds of \$2,500 (services), \$5000 (goods), and \$20,000 (monthly). In addition, all purchases must support the programmatic function. Below is a list of prohibited merchant codes that should be automatically declined if a purchase of an item listed below is attempted:

• 0000 - convenience checks
• 4411 - steamship/cruise lines
• 4829 - wire transfer-money orders
• 4900 - utilities
• 5411 - 5499 - food, restaurants, groceries
• 5932 - antique shops
• 5933 - pawn shops
• 5937 - antique reproductions
• 5944 - jewelry stores
• 5960 - direct marketing insurance
• 6010 - financial institutions manual cash advance
• 6011 - financial institutions automatic cash advance
• 6051 - non-financial institutions-foreign currency, money orders, travelers checks
• 6211 - security brokers/dealers
• 6760 - savings bonds
• 7012 - timeshares
• 7273 - dating and escort services
• 7995 - betting, casino gaming chips, off-track betting
• 8651 - political organizations
• 9211 - court costs, alimony, child support
• 9222 - fines

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- | |
|---|
| <ul style="list-style-type: none"> • 9223 - bail and bond payments |
| <ul style="list-style-type: none"> • 9700 - automated referral service |

14. Please provide a current list of all properties supported by the CFSA budget. Please indicate whether the property is owned by the District or leased and which CFSA program utilizes the space.

CFSA Property	Leased By	Owned By	Purpose
200 I Street, SE	Leased by the Department of General Services	MOU with Department of General Services	Headquarters
3700 10th Street, NW	MOU with the Department of General Services	Department of General Services	Office of Youth Empowerment
429 O Street, NW	MOU with the Department of General Services	Department of General Services	Safe Shores CPS Investigative Unit
150 Wayne Place, SE	MOU with the Department of General Services	Department of General Services	Apartment Units for Transitioning CFSA Youth

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



15. Please provide CFSA’s fixed costs budget and actual dollars spent for FY15 and to date in FY16, and include the following information:

- a. Source of funding;**
- b. Narrative explanation for changes; and**
- c. Steps the agency has taken to identify inefficiencies and reduce costs.**

Fixed Item and Funding Source	FY 2015 Budget and Expenditures		FY 2016 (1st Quarter) Budget and Expenditures		Narrative for Change	Steps to Identify Inefficiencies/Reduce Costs
Water/Electricity/Gas					Under funded for FY15; DGS mandated adjustment	N/A
Local Funds	\$ 837,667.00	\$ 595,351.46	\$ 878,138.00	\$ 878,138.00		
Telecommunications						
Federal Funds	\$ 55,083.91	\$ 55,083.91	\$ -	\$ -	Reduced costs associated with telecommunication activities	N/A
Local Funds	\$ 1,304,417.06	\$ 1,217,491.02	\$ 1,054,510.54	\$ 753,226.40		
Rent						
Local Funds	\$ 5,702,035.00	\$ 5,520,160.28	\$ 7,347,095.00	\$ 7,347,095.00	Fixed cost determined by DGS	N/A
Janitorial Services						
Local Funds	\$ 100,000.00	\$ 51,165.91	\$ 100,000.00	\$ 50,000.00	No Change	N/A
Security						
Local Funds	\$ 2,048,943.00	\$ 2,048,943.00	\$ 1,925,411.00	\$ 1,702,321.00	Number of Guards Reduced from FY15 to FY16; MOU being adjusted to add an additional guard in FY16 due to increased hostile behavior by clients	Conducted a security assessment after receiving feedback from staff/management regarding several incidents that occurred onsite.
Occupancy						
Local Funds	\$ 1,954,951.00	\$ 1,788,127.50	\$ 1,170,998.00	\$ 1,170,998.00	Fixed cost determined by DGS	N/A

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Contracting and Procurement

16. Please list each contract, grant, and procurement (“contract”) awarded or entered into by CFSA during FY15 and FY16 to date. For each contract, please provide the following information, where applicable:

- a. **Name of the provider;**
- b. **Approved and actual budget;**
- c. **Funding source(s);**
- d. **Whether it was competitively bid or sole sourced;**
- e. **Purpose of the contract;**
- f. **The term of the contract;**
- g. **Contract deliverables;**
- h. **Contract outcomes;**
- i. **Any corrective action taken or technical assistance provided;**
- j. **Program and activity supported by the contract;**
- k. **Employee responsible for overseeing the contract; and**
- l. **Oversight/Monitoring plan for the contract.**

See Attachments Q16, CFSA Contracts FY15-16; Q16, CFSA Grants FY15-16; Q16(i)(l), CFSA Oversight Monitoring Plan (Contract Monitoring Division), and Q16(i)(l), CFSA Oversight Monitoring Plan (Contracts Office).

17. Please provide the following information for all contract modifications made during FY15 and to date in FY16:

- a. **Name of the vendor;**
- b. **Purpose of the contract;**
- c. **Modification term;**
- d. **Modification cost, including budgeted amount and actual spent;**
- e. **Narrative explanation of the reason for the modification; and**
- f. **Funding source.**

See Attachment Q17, CFSA Contract Modifications FY15 and FY16.

18. Please provide a list of all MOUs currently in place and any MOUs planned for the coming year. Please provide copies of all such MOUs.

See Attachments Q18, CFSA MOUs and MOAs.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Federal Title IV-E Revenue

19. Please provide an update regarding implementation of programs under the Title IV-E waiver. Please include:

a. An update on the implementation of HOMEBUILDERS[®] and Project Connect;

HOMEBUILDERS[®] is a nationally recognized evidence-based model that provides short-term, intensive services in the home to families facing imminent removal of a child to foster care. The intent is to prevent the removal while maintaining child safety, if possible. Project Connect is a promising practice from Rhode Island that gives parents recovering from substance abuse the extra support needed to reunify with their children who are in foster care. A team of professionals works with the parent in their home for several hours each week for up to 12 months. As part of the Safe and Stable Families program, CFSA chose to use HOMEBUILDERS[®] with in-home families at risk of a removal and Project Connect to help parents in recovery succeed in reunifying with their children.

In FY14, CFSA launched HOMEBUILDERS[®] with one team in Ward 7 and Project Connect with one team in Ward 8. East of the River Family Strengthening Collaborative (ERFSC) (Ward 7) and Far Southeast Family Strengthening Collaborative (FSFSC) (Ward 8) solicited and subcontracted with a local provider so that the services would be neighborhood-based. Both Collaboratives awarded contracts to Catholic Charities of the Archdiocese of Washington (CCAW) to deliver services under the models. These Collaboratives have also contracted with the parent organizations for each of the models for technical assistance during the implementation process to ensure fidelity and effective implementation. These teams are fully established and continued to work with the consultants to receive ongoing guidance and training to further strengthen their skills and ensure fidelity to the models.

In FY15, CFSA expanded capacity of the HOMEBUILDERS[®] and Project Connect models from one to three teams for each of the models. As with the first teams, the expansion teams were implemented in partnership with the Collaboratives. Three of the Collaboratives (FSFSC, ERFSC and Edgewood/Brookland Family Support Collaborative [EBFSC]) have each awarded contracts to community providers to administer the services. These Collaboratives were chosen because their service areas have the highest representation of families involved with CFSA. FSFSC and ERFSC also contracted with CCAW for their expansion teams (totaling two contracts for each Collaborative, one for each model). EBFSC contracted with Progressive Life Center (PLC) to provide services under both models. Thus, CCAW has a total of four teams (two for each model) and PLC has two teams (one for each model). The services are administered District-wide. Information on capacity and utilization of these services is included in the response for question 20.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



b. An update on the installation and utilization of behavioral health specialists at the Healthy Families/Thriving Communities Collaboratives;

CFSA entered into an MOU with the District's Department of Behavioral Health to co-locate four behavioral health clinicians at the Healthy Families/Thriving Communities (HFTC) Collaboratives. The clinicians were hired and began working with families in October 2014. Based on need, two Collaboratives (Georgia Avenue Family Support Collaborative and Collaborative Solutions for Communities) share one clinician and the remaining three Collaboratives each have one clinician assigned to work with them. The clinicians are fully established at each of the Collaboratives.

The clinicians conduct substance abuse screenings for parents and youth, along with mental health screenings and assessments for children, youth, and parents. Clinicians also link families with behavioral health services as needed. The clinician is also available to consult with CFSA or Collaborative staff regarding concerns they may have about a child, youth, or parent/caregiver and to facilitate case reviews of families with behavioral health concerns.

Information on capacity and utilization of these services is included in the response for question 20.

c. An update on the installation and utilization of infant-maternal health specialists at the Healthy Families/Thriving Communities Collaboratives;

CFSA has five co-located infant and maternal health specialists at each of the Collaboratives. Each specialist is a registered nurse who conducts health and trauma screenings and coordinates comprehensive nursing care and case management to children with identified or suspected health needs. The primary focus of these services is families with young children (under age six) who are receiving in-home services from CFSA or from one of the HFTC Collaboratives.

CFSA worked to establish this resource in FY15 and was able to locate nurses at three of the Collaboratives (FSFSC in October 2014, ERFSC in September 2014 and EBFSC in May 2015). We experienced challenges with identifying qualified candidates for these positions, specifically nurses with community and pediatric experience. In addition, the nurses located at ERFSC and EBFSC resigned in August 2015. To address these challenges, CFSA revised and re-issued the solicitation and issued a contract to a new vendor in August 2015. The agency brought on four nurses, three started in November 2015, and one is scheduled to start in February 2016.

Information on capacity and utilization of these services is included in the response for question 20.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



d. Any new IV-E Waiver programming that was not discussed in the Agency's FY14-15 Oversight responses last year; and

CFSA has entered into an MOU with the D.C. Department of Behavioral Health (DBH) to implement a peer-coaching model for families involved with both DBH and CFSA. DBH has contracted with Community Connections to hire four part-time peer coaches to provide support to families receiving in-home services and who have mental health issues. Coaches provide in-home support to parents to help them build and apply parenting skills into their daily lives. The coaches were hired in November 2015, and started receiving referrals in December 2015.

CFSA also contributed funds to the following innovative, supportive housing initiatives, using Title IV-E funds in FY15.

Wayne Place

Wayne Place is a collective effort among CSFA, DBH, and the Far Southeast Collaborative to provide transitional supportive housing for youth aging out of the foster care system or transitioning from psychiatric residential centers. The target population is highly functioning male and female youth ages 18 to 25. The program focus is to provide a micro-community experience so that the youth are prepared to positively and successfully engage and participate in the larger community. The basis of the program is the evidence-based Transition to Independence Program (TIP) model, which includes educational and employment preparation; and support services. CFSA and DBH are working closely with FSFSC to coordinate daily services and programs for the residents.

Project Genesis

Project Genesis is a new-construction apartment building within the service area of the Georgia Avenue Family Support Collaborative. Through Genesis, a nationally known developer of multigenerational communities (Generations of Hope) brought their model to the District of Columbia. Mi Casa, Inc., a local non-profit that provides housing opportunities for low and moderate income people in the District and Baltimore, developed the property. The Project Genesis community provides supporting housing to young mothers aging out of foster care with their children, and to low-income seniors. All residents must be willing and interested in connecting with and supporting other residents across generational lines.

Additional information on Wayne Place and Project Genesis can be found in the response to question 114.

DC CrossConnect was another initiative that CFSA supported with Title IV-E funds in FY15. It launched a protocol for a unified case-planning protocol and team service

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



response for families simultaneously involved with CFSA, the District's Department of Human Services, and DBH. Additional information on DC CrossConnect is provided in the response to question 31.

e. Any changes during FY15 or FY16 to date regarding how funds will be allocated among IV-E Waiver-funded programs.

After evaluating utilization of the early intervention services (e.g. Father-Child Attachment, Parent Education and Support, Teen/Young Parent Empowerment, and Home Visitation), CFSA decided to re-evaluate the need for these services (details on utilization is included in the response to question 20). CFSA is seeing more families with complex needs who would benefit from intensive services and supports. In FY16, CFSA is ending contracts for one of the parent education and support programs, Father-Child Attachment services, and Teen/Young Parent Empowerment. The agency is maintaining these services in the wards that have shown the most need through the continuation of contractual agreements with East River Family Strengthening Collaborative and Collaborative Solutions for Communities to provide the services.

CFSA staff has met with the DC Department of Health (DOH) regarding utilization of their home visitation services through the Mary's Center. DOH funds this program through their federal Maternal, Infant and Early Childhood Home Visitation (MIECHV) grant. We recognized both agencies are targeting the same population and are likely working with the same clients. Thus, we decided to combine resources to better utilize the available slots. DOH and CFSA are developing a memorandum of agreement (MOA) to prioritize referrals for CFSA-involved mothers. We reallocated funding for these programs to the supportive housing services described above.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



20. For each program under CFSA’s Safe and Stable Families/Title IV-E Waiver initiative, please provide: (a) the program’s current capacity; (b) the program’s current enrollment; (c) the number of families and the number of children served by each program in FY15 (d) the number of families and the number of children served by each program in FY16 to date. Please provide this information for the specific programs listed below, as well as any other programming that is part of the agency’s Safe and Stable Families/Title IV-E Waiver initiative:

- a. HOMEBUILDERS
- b. Project Connect
- c. Safe Families for Children
- d. Behavioral Health Services
- e. Legal Services
- f. Parent Education and Support
- g. Project Connect
- h. Father-Child Attachment
- i. Home Visitation
- j. Infant and Maternal Health Services
- k. Teen/Young Parent Empowerment
- l. Parent-Adolescent Support Services

Program	Program Capacity¹ (# of families)	Enrollment (families) (as of 12/31/16)	# of children & families served in FY2015	# of children & families served in FY2016 (as of 12/31/15)
HOMEBUILDERS®	12	5 families	68 children* 25 families*	49 children** 17 families**
Project Connect	38	21 families	50 children* 26 families	77 children** 28 families
Safe Families for Children	10	3 families	3 children 3 families	3 children 3 families
Co-located DBH Clinicians	TBD ²	Fluid	1210 children/youth 1056 parents ³	355 children/youth 350 parents
Infant and Maternal Health Specialists	TBD	25	235 children/ families	25 children

¹ Capacity information for HOMEBUILDERS® and Project Connect is based on the number of families that they can serve at a point in time. Capacity information for Neighborhood Legal Services, Parent Education & Support, Home Visitation, Father-Child Attachment, Teen/Young Parent Empowerment and Parent Adolescent & Support Services is based on the target number of families to be served in a year.

² The behavioral health clinicians and the infant and maternal health specialists that are co-located at the HFTC Collaboratives were newly established resources in FY15. CFSA and DBH are in the process of determining the full capacity for this resource. Thus far, no families have been denied the resource due to lack of capacity.

³ Referrals are for individuals (e.g. child, youth or parent/caregiver) and not by family.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Program	Program Capacity¹ (# of families)	Enrollment (families) (as of 12/31/16)	# of children & families served in FY2015	# of children & families served in FY2016 (as of 12/31/15)
Neighborhood Legal Services Program	41	23	190 children 94 families	23 families
Parent Education & Support	150	18	88 children 40 families	18 children 9 families
Home Visitation	85	25	77 children 34 families	60 children 25 families
Father-Child Attachment ^{***}	60	n/a	14 children 9 fathers	14 children 9 fathers
Teen/Young Parent Empowerment ^{***}	25	n/a	19 children 17 families	n/a
Parent & Adolescent Support Services	70	15	40 youth/families	15 youth/families

*FY15 data reflects utilization of one team.

**FY16 data reflects utilization of three teams.

***CFSA has ended the contract for these services (additional details provided in the response to Question 19)

21. Please provide any evaluations or assessments that have been conducted regarding the effectiveness of individual Title IV-E Waiver Programming, or the Safe and Stable Families initiative as a whole. Please describe what efforts the agency is making to assess the effectiveness to IV-E Waiver programming.

CFSA has contracted with independent evaluators to assess the effectiveness of programs funded under the Title IV-E Waiver. The evaluation plan was approved by the federal officer in June 2014. The baseline year was 2015 for the evaluation; the initial analysis will begin in 2016, so more information on the evaluation will be available next year.

Child Protection Investigations (CPS) and Differential Response

22. Regarding calls to the Child Abuse Hotline, please provide the following for FY15 and for FY16 to date:

a. Total number of Hotline calls received;

In FY15, CFSA received 25,091 Hotline calls; in FY16, CFSA received 6,111 calls.

b. Total number of Hotline calls resulting in a referral for Family Assessment, by type of allegation (e.g. educational neglect, parental substance abuse, etc.);

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY15 Family Assessments (FA)	
Allegation Type⁴	Total FA Hotline Calls
Caregiver discontinues or seeks to discontinue care	12
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	2
Domestic Violence	268
Educational Neglect	1,020
Inadequate Housing	241
Inadequate Supervision	742
Medical abuse	2
Medical Neglect	212
Mental abuse	70
Mental Health	111
Neglect	423
Physical Abuse	636
Substance Abuse	144
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	16
Total FA Hotline Calls	2,770

⁴ Summary shows the count of "accepted" family assessments by allegation types. The totals may not add up as a Hotline call may have multiple allegations.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY16 Family Assessments (FA)	
Allegation Type	Total FA Hotline Calls
Caregiver discontinues or seeks to discontinue care	14
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	6
Domestic Violence	87
Educational Neglect	205
Inadequate Housing	80
Inadequate Supervision	184
Medical Neglect	51
Mental abuse	45
Neglect	93
Physical Abuse	175
Substance Abuse	37
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	11
Total FA Hotline Calls⁵	708

- c. **Total number of Hotline calls resulting in the opening of an investigation, broken down by type of allegation;**

FY15 Investigations	
Allegation Type⁶	Total Investigation Hotline Calls
Caregiver discontinues or seeks to discontinue care	39
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	135
Child Fatality	20
Domestic Violence	314
Educational Neglect	224

⁵ The totals may not add up as a Hotline call may have multiple allegations.

⁶ The totals may not add up as a Hotline call may have multiple allegations.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY15 Investigations	
Allegation Type⁶	Total Investigation Hotline Calls
Failure to protect against human sex trafficking	5
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	7
Inadequate Housing	279
Inadequate Supervision	1,204
Medical abuse	4
Medical Neglect	294
Mental abuse	66
Mental Health	127
Neglect	328
Physical Abuse	1,361
Sexual Abuse	592
Substance Abuse	309
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	71
Total Investigation Hotline Calls	3,339

FY16 Investigations	
Allegation Type	Total Investigation Hotline Calls
Caregiver discontinues or seeks to discontinue care	25
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	70
Child Fatality	6
Domestic Violence	86
Educational Neglect	32
Failure to protect against human sex trafficking	1

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY16 Investigations	
Allegation Type	Total Investigation Hotline Calls
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	10
Inadequate Housing	73
Inadequate Supervision	222
Medical Neglect	68
Mental abuse	53
Neglect	79
Physical Abuse	318
Sexual abuse	159
Substance Abuse	71
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	34
Total Investigation Hotline Calls⁷	780

d. Total number of Hotline calls resulting in the agency providing information and referral;

	FY15	FY16
Hotline Calls Resulting in Information and Referral	1,270	278

e. Total number of Hotline calls screened out.

	FY15	FY16
Hotline Calls Screened Out	8,939	1,686

23. Please provide a detailed update regarding the Agency's implementation of its Differential Response system, including:

⁷ This summary shows the count of "accepted" investigations by allegation types. The totals may not add up as a Hotline call may have multiple allegations.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



-
- a. The number of Family Assessment Units that are currently operational, the number of Investigation Units that are currently operational, and how many staff are within each unit.**

CFSA Entry Services has nine Family Assessment (FA) units and one Educational Neglect Triage unit. At full capacity, each direct-service unit is composed of one supervisory social worker and five social workers. We also have six day-shift Investigation units, four evening shift units, and two midnight shift units for a total of 12 units. At full capacity, staffing patterns in these units are:

- One supervisory social worker per each unit regardless of shift
- Five social workers per each day shift unit
- Four social workers per each evening shift unit
- Three social workers per each midnight shift unit

- b. The Agency's current implementation plan for Differential Response. Please also describe how the Agency has worked with other agencies of the District government and private service providers to design and implement the system.**

In 2009, CFSA submitted a Differential Response model to the City Administrator and related partner agencies. The model was a product of three core subcommittees: Family Engagement, Interagency Alerts and Lead Identification, and Differential Response Conference. These three subcommittees were composed of our District partners to support the implementation process: Department of Human Services; Department of Health Care Finance; Department of Health, Addiction, Prevention and Recovery Administration; Department of Mental Health (now Department of Behavioral Health); Department of Youth Rehabilitation Services; Deputy Mayor for Education; District of Columbia Public Schools; Metropolitan Police Department; and the Office of Victim Services. The workgroups planned and developed interagency procedures in the areas of practice, technology, staffing, community outreach, training, and evaluation. In 2011, CFSA implemented its first Family Assessment unit. The agency added an additional unit in 2012, and expanded to 10 units in July 2013.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



c. The services and interventions available to families who have been referred for Family Assessment and a list of vendors who directly provide these services and interventions.

- Safety assessments [CFSA]
- Emergency assistance (rent, utilities, hotel, security deposit, food, furniture, funeral/burial, transportation, prescriptions, infant supplies) [CFSA, Healthy Families/Thriving Communities Collaboratives]
- Family assessments to determine strengths, needs and supports and inform ongoing services, if applicable. [CFSA]
- Partnering Together conference (a face-to-face handoff of families to community partners for case management services) [CFSA, Healthy Families/Thriving Communities Collaboratives, Department of Human Services’ Strong Families program]
- Intervention plans to address service needs including educational neglect issues (follow up with school personnel, parents, and child and implement a plan to address barriers to school attendance) [CFSA]
- For families who accept ongoing services, we make referrals to community partners for case management support to address identified needs. [Healthy Families/Thriving Communities Collaboratives, Department of Human Services’ Strong Families, HOMEBUILDERS[®], Project Connect, Sasha Bruce, Victim Services, Mary’s Center]
- Legal Support [Neighborhood Legal Services, Children’s Law Center]
- Department of Human Services’ (DHS) Family and Adolescent Support [Parent and Adolescent Support Services (PASS)]
- Mental health [Department of Behavioral Health (DBH)]

d. For each specific service listed in c), above, the number of families referred for services in FY15 and in FY16 to date.

At the time of FA referral closure, CFSA captures all referrals to providers under two categories: “Referred to Agency” (Mary’s Center, DHS, DBH, Catholic Charities, PASS, Family Advocacy Center, Children’s Law Center, Victim Services, HOMEBUILDERS[®], Project Connect, Sasha Bruce) and “Referred to Collaborative”.

	FY15	FY16 Q1
Referred to Agency	27	18
Referred to Collaborative	227	48

As shown from the referral numbers, all families do not need services. CFSA uses a risk assessment to support the decision to refer families to community resources. In addition,

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



we make referrals if we have concerns outside of the risk assessment. For many families, the family assessment process is the intervention they need to remedy identified risks. The Family Assessment social workers can offer immediate tangible services/supports to CFSA families with no need for ongoing community services. Furthermore, many of our families are already connected to community or faith-based services and supports and want to continue those connections rather than accept a referral to another organization. Finally, we also have to respect the families' decisions. Unless CFSA identifies serious safety issues that warrant ongoing CFSA intervention, CFSA cannot force services on families. In those instances, where safety is not an issue, CFSA offers and encourages referrals to community-based services but accepts the family's decision whether to agree.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- e. The total number of families and the total number of children who CFSA referred to its Family Assessment Units in FY15 and in FY16 to date, by type of allegation.

FY2015 Family Assessments:		
Allegation Type	Total Accepted FA Hotline Calls	Total Victim Children
Caregiver discontinues or seeks to discontinue care	12	14
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	2	3
Domestic Violence	268	458
Educational Neglect	1020	1141
Inadequate Housing	241	490
Inadequate Supervision	742	1232
Medical abuse	2	2
Medical Neglect	212	226
Mental abuse	70	87
Mental Health	111	170
Neglect	423	708
Physical Abuse	636	773
Substance Abuse	144	213
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	16	25
Total Accepted FA Hotline Calls	2770	3795

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY2016 Family Assessments:		
Allegation Type	Total Accepted FA Hotline Calls	Total Victim Children
Caregiver discontinues or seeks to discontinue care	14	16
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	6	10
Domestic Violence	87	160
Educational Neglect	205	228
Inadequate Housing	80	166
Inadequate Supervision	184	284
Medical Neglect	51	54
Mental abuse	45	61
Neglect	93	160
Physical Abuse	175	194
Substance Abuse	37	52
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	11	13
Total Accepted FA Hotline Calls	708	995

Notes: The totals may not add up as a Hotline call may have multiple victims/allegations. This summary shows the count of "accepted" family assessments by allegation types.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- f. **The total number of families and the total number of children initially referred for Family Assessment who CFSA referred to Investigation Units in FY15 and in FY16 to date, broken down by type of allegation. How many of these families were substantiated for neglect? How many families ultimately had children removed?**

FY	Number of Accepted Family Assessment	Total Victim Children	# of FA's Converted to Investigations *	# of Investigations	Total Victim Children	# of Substantiated Neglect Investigations	Total Victim Children	# of Substantiated Neglect Investigations with Removals	Total Victim Children
FY 2015	2770	3795	331	328	505	86	138	17	22
FY 2016	708	995	67	67	100	7	8	1	1

- g. **Of the families referred for Family Assessment in each FY above, the number who were subsequently referred for investigation. How many of these families were substantiated for neglect? How many of these families ultimately had children removed?**

FA Closed during October 2014 - March 2015 (Six months)				Subsequent Investigations					
Referral Type	FA Closure Reasons	Total Referrals	*Total Victim Children	# of referrals subsequently referred to Investigation	# of Victim Children	# of Substantiated Neglect referrals	# of Victim Children	# of families had children removed	# of Victim Children
FA	Connect to a Closed Case and Re-Open	1	1	0	0	0	0	0	0
	Did not meet standards	4	4	2	2	0	0	0	0
	Family declined participation	254	363	45	59	10	13	0	0
	No further action needed	76	90	19	17	3	3	0	0
	Open a New Case	1	1	1	1	0	0	0	0
	Out of Jurisdiction	37	45	4	4	1	1	0	0
	Referred to Agency	7	10	5	5	3	4	0	0
	Referred to Collaborative	44	64	9	13	2	2	2	2
	Unable to engage family	2	2	0	0	0	0	0	0
Total		426	579	85	101	19	23	2	2

* Total Victim Children may not add up as a child can be counted in multiple referrals with different closure reasons.

Notes:

- FA Referrals that have a closure reason of "Open CPS Referral" and "Link to Open Family Assessment" are excluded from the universe of this report.
- The universe is family assessment referrals that were closed during the first six months of FY 2015, and had a subsequent investigation within six months of the family assessment's closure date.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



h. The number of Family Assessment cases closed in FY15 and in FY16 to date, by reason for closure (e.g. case objective achieved, family refused services, etc.)

Fiscal Year	FA Closure Reason	Total FA Calls
FY 2015	Connect to a Closed Case and Re-Open	5
	Connect to an Open Case	3
	Did not meet standards	20
	Family declined participation	1398
	No further action needed	455
	No service needs identified	14
	Open a New Case	9
	Out of Jurisdiction	234
	Pre-existing Services	7
	Service Linkage - Agency	29
	Service Linkage - Collaborative	230
	Unable to engage family	23
	Subtotal	2427
FY 2016	Did not meet standards	12
	No further action needed	1
	No service needs identified	276
	Open a New Case	4
	Out of Jurisdiction	69
	Pre-existing Services	114
	Service Linkage - Agency	10
	Service Linkage - Collaborative	49
	Service Linkage - Other	7
Subtotal	542	

i. Please provide any evaluations or assessments that have been conducted regarding the differential response. Please describe what efforts the agency is making to assess the effectiveness of differential response; including the timelines for any evaluation(s), the methods that will be used, and an explanation of the types of data that will be collected as part of the evaluation process.

CFSA engaged the Institute of Applied Research (IAR) to conduct a two-phase evaluation of Differential Response (DR) in the District. Phase 1, which was initiated in the second half of 2014, was a short-term examination of child safety under the CPS-Family Assessment (FA) response. Phase 2 was initiated in 2015 as a comprehensive evaluation of the District's Family Assessment program policy, model fidelity, and practice. IAR developed an Oracle® database server specifically to store and retrieve data extracted from the District's statewide automated child welfare information system

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



(SACWIS, known to CFSA employees as FACES) for both phases of the evaluation process.

DR Evaluation, Phase 1—June 2014 -December 2014

Plan: Phase 1 examined child safety under the CPS-Family Assessment (FA) response and developed a research design and instrumentation for a more comprehensive independent evaluation of the District's DR program during Phase 2.

Methodology: The study methodology was an outcome analysis based on examining program evidence from the first 24 months of the District's DR program gathered from administrative data available in the SACWIS system. The research method used a matched pair variable design, in which each FA family in the study pool was matched with a CPS-Investigations family with similar characteristics. The matching procedure was multi-variable, involving subsets that required an exact match. This method was used to ensure comparability between the two study groups; the analysis was also group to group. The design of this phase of the evaluation was retrospective, and safety-related outcomes were determined by information collected through administrative data.

Data Analysis: IAR evaluators identified data sets necessary to examine initial safety assessments and requested data from up to two years before District implementation of DR. Data collected by family included the number of reports, allegations of subsequent reports, the quantity of new reports, subsequent removal, and placement of children. Matched families were analyzed according to three distinct time periods examining a family's historical involvement in CPS through the present.

Outcome: Phase 1 of the evaluation process has been completed. IAR concluded that children in the study families who were directed to FA services were no less safe than they would have been had their families been investigated via the traditional investigation pathway.

DR Evaluation, Phase 2—January 2015 -December 2015

Plan: Phase 2 consisted of an outcome study and an implementation and process study. Duration of the evaluation was 12 months. It included collection of feedback from client families and direct-service social workers; in-depth review of a sample of cases; and a broad program review (history, planning, organizational structure, policies, procedures, and training). The goal was to provide policy-makers in the District with a reliable empirical basis for understanding the effects of introducing the DR approach and, in the process, provide a data-driven guide for improving the child protection system in the District.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Methodology: The methodology of this phase focused on how fully and consistently the DR logic model was operationalized and put into practice. Through use of the data tools, it examined the manner in which families are approached following a maltreatment report and how assistance and services are provided. The Phase 1 short-term evaluation and certain practice related issues were retained and addressed with fuller data during this phase.

Data Analysis: The research methodology relied on the following five principle data sources aside from the District's SACWIS system: (1) direct service staff interviews, (2) social worker case-specific surveys, (3) family feedback surveys, (4) general social worker surveys, and (5) stakeholder surveys. SACWIS data was collected monthly to include intake, assessment/investigation, social worker case activities, services offered, assessment tools, and child removals. Specific research questions were based on the quantitative/qualitative data collected during the evaluation process, including an investigation of program practice, program outcomes, and policy/practice recommendations.

Outcome: IAR will complete the Phase 2 report by the end of February 2016.

24. Please provide a detailed update regarding the Agency's in-home cases:

a. The number of staff currently serving in-home cases.

A total of 42 social workers, 10 family support workers, 10 supervisory social workers, two program managers and one administrator serve in-home cases.

b. The services and interventions available to families who have in-home cases and a list of vendors who directly provide these services and interventions.

The table below responds to questions 24b and c. Also refer to question 20, for more information on Title IV-E services.

c. For each specific service listed in b), above, the number of families referred for services in FY15 and in FY16 to date.

The table below responds to questions 24 b and c. Also refer to question 20, for more information on Title IV-E services.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Services/Interventions	Provider/Vendor	# of families referred in FY2015 ¹	# of families referred in FY2016 ²
HOMEBUILDERS®	Catholic Charities of the Archdiocese of Washington (CCAW) and Progressive Life Center (PLC)	70	47
Safe Families for Children	DC127	28	14
Co-located DBH Clinicians	Department of Behavioral Health (DBH)	2,204	154
Infant and Maternal Health Specialists	Total Health Care Solutions ³	235	25
Legal Services	Neighborhood Legal Services Program	153	40
Parent Education & Support	CentroNia, East River Family Strengthening Collaborative, Collaborative Solutions for Communities (CSC)	70	6
Home Visitation	Mary's Center	28	1
Father-Child Attachment	Mary's Center	1	N/A
Teen/Young Parent Empowerment	Healthy Babies Project	20	N/A
Parent & Adolescent Support Services	Department of Human Services (DHS)	51	27

¹ Data provided here on title IV-E funded services (e.g. HOMEBUILDERS® through Peer Coaches) is based on referral numbers, which differs from that provided in the response to Question Number 20, which asked for data on the number of children and families served.

² Data provided is for the first quarter of FY2016 (October – December 2015)

³ Total Health Care Solutions is a hiring agency that CFSA contracted with to hire the register nurses co-located at each HFTC Collaborative.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- d. **The total number of families with new in-home cases in FY15 and in FY16 to date, by type of allegation.**

FY	Abuse	Child Fatality	Neglect	Sexual Abuse	Total In-Home Cases*
FY 2015	78	2	150	24	248
FY 2016	8	1	21	7	37

* These are the unique In-home cases, where a caretaker can be involve in multiple accepted referral allegations.

Note: For the purpose of this report, In-Home cases are defined as cases opened in the respective reporting period with a family assignment to In-Home & Reunification Services Divisions A2 or D2.

- e. **The number of in-home cases closed in FY15 and in FY16 to date, broken down by reason for closure.**

Total Number of unique cases closed during FY2015 that were assigned to In-Home & Reunification Services Divisions A2 or D2 = 521

Total Number of unique cases closed during FY2016 that were assigned to In-Home & Reunification Services Divisions A2 or D2 = 110

Closure Reason	FY 2015	FY 2016
Cannot locate	1	0
Child aged out	3	0
Child Welfare services not needed	261	55
Client's failure to cooperate	12	3
Client's Request	42	8
Completion of Treatment Plan	35	11
Court Action	4	2
Moved out of state	27	6
Other	11	0
Services not available	1	0
Services to be given by others	22	6
Services/Service Plan Completed	106	19
Total Cases Closed	525	110

Note: 1) For the purpose of this report, In-Home cases are defined as those cases with a family assignment to In-Home & Reunification Services Divisions A2 or D2.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



f. Please provide any evaluations or assessments that have been conducted to assess the effectiveness of its efforts with families with in-home cases.

CFSA utilizes the Quality Service Review (QSR) process to assess the effectiveness of its practice efforts for families receiving either in-home or out-of-home services. The QSR is a case-based qualitative review process that requires interviews with all of the key persons who are familiar with the child and/or family whose case is under review. Using a structured protocol, trained QSR reviewers synthesize the information gathered and rate how well the child is functioning and how well the system is performing to support the child, family, and foster family (as applicable). Reviewers provide direct feedback to social workers and supervisors as well as a written summary of findings to expand and justify QSR ratings. The following practice performance indicators are assessed: 1) Responsiveness to Cultural Identity and Need, 2) Engagement, 3) Teamwork & Coordination, 4) Assessment & Understanding, 5) Pathway to Case Closure, 6) Planning Interventions, 7) Implementing Supports & Services, 8) Medication Management, 9) Managing Chronic Health Concerns, and 10) Tracking & Adjustment.

Using the protocol, all cases are given an overall rating for practice performance. In FY15, 20 in-home cases were randomly selected to participate in the process. Twelve of the 20 cases (60%) were given an overall practice rating within the “adequate” and “acceptable” range. The remaining eight cases (40%) were given an overall practice rating within the “unacceptable” range.

In-home cases are reviewed as part of the overall sample, which includes cases from both CFSA and the private agencies. Twenty cases are representative but not a statistically significant sample. Reviews have not been completed for FY16, however 30 cases will be reviewed prior to the end of FY16.

25. Regarding CPS, please provide the following for FY15 and for FY16 to date:

a. The number of open investigations;

Fiscal Year	Open Investigations
FY15 (as of September 30, 2015)	371
FY16 (as of December 31, 2015)	379

b. The number of backlogged investigations;

Fiscal Year	Backlogged Investigations
FY15 (as of September 30, 2015)	59
FY16 (as of December 31, 2015)	126

c. For the backlogged investigations, the length of time each has remained open, and the reasons for the backlog;

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



The length of time that a case is open is demonstrated between 0-61+ days open as noted below. Extension reasons are listed within the chart. Investigations without extensions are not applicable to justifiable extension reasons. See FY15 and FY16 charts below.^[1]

FY15 (September 30, 2015)

Allegation	Extension	Extension Reason	Length of Time				Total Open Investigations
			0-30 Days	31-35 Days	36-60 Days	61+ Days	
Non-Institutional Abuse	With Extension	Delay in receipt of critical information	0	0	2	3	5
		Law Enforcement	0	0	0	3	3
		Links	1	0	0	1	2
		Partnering Together Conference	0	0	0	1	1
		Unable to contact client	1	0	1	2	4
		Unable to identify or locate	0	1	1	3	5
		Uncooperative client	0	0	1	1	2
	Subtotal			2	1	5	14
Without Extension	N/A		297	12	18	22	349
Subtotal			299	13	23	36	371

FY16 (December 31, 2015)

Allegation	Extension	Extension Reason	Length of Time				Total Open Investigations
			0-30 Days	31-35 Days	36-60 Days	61+ Days	
Non-Institutional Abuse	With Extension	Child fatality	0	0	1	1	2
		Delay in receipt of critical information	2	1	12	9	24
		Law Enforcement	0	0	0	2	2
		Links	2	1	7	5	15
		Partnering Together Conference	0	0	0	1	1
		Unable to contact client	0	0	1	3	4
		Unable to identify or locate	0	0	3	6	9
		Uncooperative client	0	0	1	0	1
	Subtotal			4	2	25	27
Without Extension	N/A		238	9	47	27	321
Subtotal			242	11	72	54	379

d. The number of FTEs allocated for CPS;

FTEs Allocated	FY15	FY16
CPS – Investigations	106	106
CPS – Family Assessment	79	79

^[1] Institutional Abuse and Family Assessments are not included.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



e. The number of workers assigned to the CPS;

Workers Assigned	FY15	FY16
CPS – Investigations	99	104
CPS – Family Assessment	73	75

f. The number of vacancies in CPS;

Vacancies	FY15	FY16
CPS – Investigations	7	2
CPS – Family Assessment	6	4

g. The number of vacancies the agency plans to fill;

Vacancies Planned to Fill	FY15	FY16
CPS – Investigations	7	2
CPS – Family Assessment	6	4

h. The plan for filling these vacancies.

CFSA’s Human Resources Administration will follow the recruiting and staffing process to fill all social worker vacancies. The positions will be posted on the DC Department of Human Resources careers.dc.gov website and all other external job posting websites that the HR team finds will be beneficial in producing quality social worker candidates.

26. Regarding CPS, please provide the following for FY13, FY14, and FY15.

a. The number of CPS investigations for child abuse and neglect.

See chart below for question 26b.

b. Identify neighborhoods from which the highest number of investigations;

FY	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY 2013	373	82	55	492	696	490	1361	1833	610	5992
FY 2014	201	34	27	266	445	246	855	1138	553	3765
FY 2015	166	13	20	225	340	209	626	931	963	3493

Notes: 1. This summary represents closed non-institutional abuse investigations. 2. Ward 8 is the neighborhood with the highest number of closed investigations during the reporting FY.

c. Number of investigations substantiated.

See chart below for question 26d.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



d. Identify neighborhoods in which the highest number of substantiated investigations;

FY	Ward of Origin									Total Substantiated Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY 2013	72	19	4	74	142	89	330	426	116	1272
FY 2014	48	10	4	75	112	53	225	299	143	969
FY 2015	34	4	2	38	92	65	171	249	224	879

Notes: 1. This summary represents closed non-institutional abuse investigations. 2. Ward 8 is the neighborhood with the highest number of substantiated investigations during the reporting FY.

e. Identify the top ten factors that led to an investigation being substantiated;

FY13	
Maltreatment Type	# of Investigations
Educational	241
Substance Abuse (impacts parenting)	233
Domestic Violence	218
Unwilling or Unable to Provide Care	204
Inadequate or Lack of Supervision	183
Hitting	179
Medical Neglect	89
Inadequate or Dangerous Shelter	79
Left Alone	58
Kicking/Punching/Shoving	55

FY14	
Maltreatment Type	# of Investigations
Unable caregiver	157
Educational	118
Unwilling or Unable to Provide Care	106
Substance Abuse (impacts parenting)	92
Medical Neglect	86
Hitting	75
Non-accidental physical injury	70
Caregiver action could cause injury	62
Domestic Violence	59
Inadequate supervision	59

FY15	
Maltreatment Type	# of Investigations

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Unable caregiver	153
Educational	149
Inadequate supervision	145
Exposure to domestic violence in the home	120
Non-accidental physical injury	95
Medical neglect	86
Exposure to unsafe living conditions	64
Physical abuse	62
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	43
Exposure to illegal drug-related activity in the home	41

f. Identify neighborhoods that have the highest number of open child abuse and neglect investigations;

Ward of Origin	Total Open Investigations
8	116
No Ward	75

g. Identify neighborhoods that have the highest number of children being removed;

The chart below represents victims who were removed from substantiated non-institutional investigations. Ward 8 is the neighborhood with the highest number of children removed during the investigations.

FY	Ward of Origin	
	Ward 8	No Ward
FY13	111	38
FY14	85	53
FY15	133	83

h. Identify neighborhoods that have the highest number of investigations that were not Substantiated

CFSA does not capture investigations data by neighborhoods.

FY	Ward of Origin	
	Ward 8	No Ward

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY13	1407	494
FY14	839	410
FY15	682	739

This summary represents closed non-institutional abuse investigations. Ward 8 is the neighborhood with the highest number of non-substantiated investigations during the reporting FY.

27. For the following data points, please indicate on separate geomaps or cluster maps

of the District for FY13, FY14, and FY15:

- a. Number of child abuse and neglect investigations;**
- b. Number of substantiated investigations;**
- c. Number of open child abuse and neglect cases;**
- d. Number of children being removed; and**
- e. Number of investigations that were not substantiated**

CFSA does not have the technology to provide this data. The agency does not collect data using geomaps or cluster maps. CFSA will coordinate with other District agencies to explore the utilization of this resource.

28. Regarding caseload requirements under *LaShawn A. v. Bowser*.

- a. What is the required investigation/caseload for Investigations Workers? For On-going Workers?**

The *LaShawn* Implementation and Exit Plan contains the following caseload standards: 12 investigations per investigator and 15 cases per ongoing social worker. The exit standard provides that 90% of investigators and social workers will have caseloads that meet these caseload requirements and that no individual investigator shall have caseloads greater than 15 investigations and no individual ongoing social worker shall have a caseload greater than 18 cases.

- b. What is the current caseload per Investigation Worker? On-going Worker?**

See response for question 28c.

- c. Please provide the number of workers that have caseloads above the required number, length of time that caseloads have been above the required number, and the unit each worker is assigned.**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY2015 (As of September 30, 2015)	
Intake & Investigation Caseload:	
Current caseload per investigation worker	7 investigations/worker (average)
Number of Workers over the required Investigation caseload of 12	0 workers
Average Length of time caseloads exceeded the required number of 12	0 days
Family Assessment (FA) Caseload:	
Current caseload per FA worker	8 FA/worker (average)
Number of Workers over the required FA caseload of 12	1 worker
Average Length of time caseloads exceeded the required number of 12	7 days
Ongoing Caseload:	
Current Caseload per Ongoing Worker	10 cases/worker (average)
Number of Workers over the required Ongoing Caseload of 15	3 workers
Average Length of time caseloads exceeded the required number of 15	34 days

FY 2016 (As of December 31, 2015)	
Intake & Investigation Caseload:	
Current caseload per investigation worker	7 investigations/worker (average)
Number of Workers over the required Investigation caseload of 12	1 worker
Average Length of time caseloads exceeded the required number of 12 was	16 days
Family Assessment (FA) Caseload:	
Current caseload per FA worker	8 FA/worker (average)
Number of Workers over the required FA caseload of 12	1 worker
Average Length of time caseloads exceeded the required number of 12	5 days
Ongoing Caseload:	
Current Caseload per Ongoing Worker	9 cases/worker (average)
Number of Workers over the required Ongoing Caseload of 15	0 workers
Average Length of time caseloads exceeded the required number of 15	0 days

29. In FY15 and in FY16 to date, how many child protection reports has the Agency received alleging educational neglect? Please break down the response for reports involving (i) children with 0-9 cumulative unexcused absences, (ii) children with 10-19 cumulative unexcused absences, (iii) children with 20-25 cumulative unexcused absences; and (iv) 20 or more cumulative unexcused absences.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



School Year	Referral Status	Cumulative Unexcused Absences					
		0 - 9	10 - 19	20 - 25	26 or more	Not Recorded	Total
SY2014 - 2015 <i>(August 25, 2014 - August 23, 2015)</i>	Accepted	39	754	112	87	135	1090
	Screened Out	29	554	89	32	2171	2858
	Subtotal	68	1308	201	119	2306	3948
SY2015 - 2016 <i>(August 24, 2015 - December 31, 2015)</i>	Accepted	10	168	25	13	27	237
	Screened Out	6	71	3	0	211	291
	Subtotal	16	239	28	13	238	528

a. How many of these reports were substantiated? Please break down the answer by the categories (i), (ii), (iii) and (iv) listed above.

School Year	Substantiated Reports by Cumulative Unexcused Absences					
	0 - 9	10 - 19	20 - 25	26 or more	Not Recorded	Total
SY2014 - 2015	6	36	11	22	45	110
SY2015 - 2016 <i>(August 24, 2015 - December 31, 2015)</i>	0	10	1	1	4	16

b. Of the reports that were substantiated, how many led to a child's removal into foster care? Please break down the answer by the categories (i), (ii), (iii) and (iv) listed above.

School Year	Substantiated Reports with Removal by Cumulative Unexcused Absences					
	10 - 19		Not Recorded		Total	
	# of Investigations	# of Children	# of Investigations	# of Children	# of Investigations	# of Children
SY2014 - 2015 <i>(August 25, 2014 - August 23, 2015)</i>	1	3	3	4	4	7
SY2015 - 2016 <i>(August 24, 2015 - December 31, 2015)</i>	0	0	1	1	1	1

c. How many reports were received from DCPS? From charter schools? Please provide the number of reports attributable to each LEA.

School Year	# of Educational Neglect Referrals	DCPS	DC Public Charter Schools
SY2014-2015	3948	2379	1555
SY2015-2016	528	381	141

This summary counts by LEA only and considers referrals from either DCPS or DCPCS and not other independent or private schools or referrals by other sources.

30. Regarding homeless families:

a. In FY15 and in FY16 to date, how many referrals did CFSA receive from the Virginia Williams Center?

CFSA does not collect data on CPS referrals where families are homeless or in the shelter. However, CFSA does partner with DHS to do a cross-match to identify families

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



with an open-ongoing CFSA case and who are in the DHS shelter system to ensure that there is coordination of service delivery between the family and the two agencies. The social workers onsite at Virginia Williams do not take Hotline reports; they are there to identify CFSA families with an open case in FA, or with the In-Home or Out-of-Home administrations. These social workers also act as liaisons to their assigned CFSA or private agency social worker to ensure that they are aware of the families need for services and to put the requisite services in place.

	Total Number of Referrals received from Virginia Williams
FY15	17
FY16	3

b. In FY15 and in FY16 to date, how many referrals did CFSA receive in which the family was homeless?

By itself, homelessness does not meet the legal standard of child abuse or neglect in the District. As a result, CFSA does not track referrals for homelessness in isolation. When a caller to the Hotline presents homelessness as the primary concern, the Hotline worker seeks information to assess the child’s safety and well-being to determine if child abuse or neglect are also of concern.

c. What resources does CFSA have available to assist homeless families?

For families not already involved with CFSA and not presenting issues of child abuse/neglect, CFSA refers them to community resources such as DHS shelters and the Healthy Families/Thriving Communities (HFTC) Collaboratives. On occasion, CFSA will house a family in a hotel for the night until they can connect with community resources the next day—but our mission continues to be addressing child abuse/neglect, not homelessness in general.

CFSA has limited resources to assist client families who are homeless or experiencing housing instability. The Rapid Housing Program provides short-term rental assistance to prevent children from entering care, help families reunify when housing is a barrier, or allow foster (and former foster) youth to establish a stable place to live after leaving care. CFSA has also implemented a flexible family services fund to help client families with one-time assistance to address urgent housing issues such as eviction prevention or security deposits.

31. Regarding the Cross-Connect Program for families served by multiple agencies among CFSA, DHS, and DBH:

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



a. Please provide an update regarding the program's implementation.

- Completed and tested protocol for cross-agency management.
- Completed tri-agency cross match, which is running monthly.
- Selected and trained four of the six lead case coordinators (two with CFSA and two with DHS). Additional training for the coordinators on cross-agency screening and assessment tools, data systems, and other resources is ongoing.
- Completed technology scope of work, including framework for sharing data across systems and designing technology system.
- Final review of technology MOU is underway, to culminate in signatures by DHS, CFSA and DBH agency directors.
- Completed the tri-agency privacy framework, which allows cross-systems information sharing.
- Established Cross-systems Oversight Committee to provide DC CrossConnect oversight and to address policy and practice issues.
- Developed an evaluation logic model, outcome measures, and surveys and trained staff, and also created a family profile and documentation process.
- Completed a brochure and slide deck that explains the program. Translated a brochure into Spanish.

CFSA is exploring inclusion of additional District agencies, including DDA, New Communities, DYRS and DC Housing Authority (DCHA).

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



b. Are there any limits on program capacity?

DC CrossConnect currently has four lead case coordinators assigned to the project, and each will add families to their caseload on a monthly basis to a maximum case capacity of 30 families per coordinator. Total number of families to be served is 120 in FY16.

c. How many children and how many families are currently being served by Cross-Connect?

Lead case coordinators began in FY16. Twenty families were selected for the first cohort, which started service delivery in January 2016. The agency will add 20 families on a monthly basis to reach the first-year target.

d. How many children and how many families were served by Cross-Connect in FY15? FY16 to date?

- Lead case coordinators came aboard and began serving families in FY16.
- The 20 families CFSA is currently serving have a collective total of 69 children.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



32. How many children did CFSA remove, by age and reason for removal, in FY15? In FY16 to date?

Total number of unique children in FY 15 = 450 (457 Removals)		
Total number of unique children in FY 16 = 106 (106 Removals)		
Age	FY 2015	FY 2016
<1 Year	63	16
1	39	4
2	30	8
3	24	5
4	24	5
5	28	7
6	25	5
7	19	6
8	20	6
9	19	5
10	14	3
11	15	4
12	15	5
13	26	6
14	19	5
15	25	7
16	29	5
17	21	3
18	2	0
19	0	1
Total Removals	457	106
Note:		
1) Age is calculated as of the entry date.		

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Removal Reason	FY 2015	FY 2016
Abandonment	17	0
Alcohol Abuse (Child)	1	0
Alcohol Abuse (Parent)	9	0
Caretaker ILL/ Unable to Cope	24	2
Child's Behavior Problem	25	5
Child's Disability	4	0
Death of Parent(s)	3	2
Drug Abuse (Child)	5	0
Drug Abuse (Parent)	53	4
Inadequate Housing	6	0
Incarceration of Parent(s)	55	7
Neglect (Alleged/Reported)	316	65
Physical Abuse (Alleged/Reported)	88	28
Relinquishment	5	4
Sexual Abuse (Alleged/Reported)	8	7
Voluntary	4	2
Total Removals	457	106

Note:

1) The totals may not add up as a child may have multiple removal reasons.

- a. How many of these children were removed pursuant to a court order? How many were removed without a court order, or before a court order was issued?**

The general practice is that after CFSA removes children, the Office of the Attorney General will file neglect petitions pursuant to Title 16 of the DC Code. It is standard practice for a child to be removed from their home prior to a court order being issued. Rarely is a child removed pursuant to a court order when initiating a neglect court case. Once CFSA conducts a removal, the Office of the Attorney General (OAG) has 72 hours to make a determination on whether to proceed with a petition alleging neglect. In addition, OAG may file a community papering petition when CFSA is working with the family but has not removed the children. In FY15, 361 neglect petitions (post removal) and 74 community papering petitions were filed by the Office of the Attorney General. In FY16, 104 petitions (post removal) and 11 community papering petitions were filed.

- b. How many of these children were removed after CFSA opened an in-home case? What is the mean, median, mode, and range of the length of time an in-home case was open before child removal?**

- Total number of removals in FY15 = 457 (450 unique children)
- Total number of removals in FY16 = 106 (106 unique children)
- Total number of removals in FY15 after CFSA opened an In-home case = 97 (94 Unique Children)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- What is the mean of the length of time an In-home case was opened before child removal? 393 days
- What is the median of the length of time an In-home case was opened before child removal? 195 days
- What is the mode of the length of time an In-home case was opened before child removal? 336 (in days)
- What is the range of the length of time an In-home case was opened before child removal? 551 days
- Total number of removals in FY16 after CFSA opened an In-home case = 36 (36 Unique Children)
- What is the mean of the length of time an In-home case was opened before child removal? 291 days
- What is the median of the length of time an In-home case was opened before child removal? 257 days
- What is the mode of the length of time an In-home case was opened before child removal? 364 days
- What is the range of the length of time an In-home case was opened before child removal? 884 days

c. How many of these children had a family team meeting held before removal?

	# of Children	# of Families
FY15	27	11
FY16	13	4

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



d. How many of these children had a family team meeting held within 72 hours of removal?

	# of Children	# of Families ⁸
FY15	156	48
FY16	28	18

e. How many of these children had a non-custodial parent identified prior to removal?

CFSA does not capture the requested data. CFSA’s practice requires that reasonable efforts are made to identify the non-custodial parent prior to a removal and to document all efforts. In the event the non-custodial parent is unable to be located, the social worker consults with his or her supervisor to determine if the CFSA’s Diligent Search Unit should conduct an in-depth search for the family member.

f. How many of these children had kinship resources identified prior to removal?

In FY15, 11 out of 27 children had a kinship resource identified at the Family Team Meeting (FTM) for children at-risk of removal; in FY16, three out of 13 children had a kinship resource identified at the FTM.

g. How many of these children were removed after CFSA received just one hotline call regarding the child? After 2-3 calls? After 4-5 calls? After more than 5 calls?

Hotline Calls*	FY2015	FY2016
0	42	7
1	189	42
2 - 3	160	36
4 - 5	43	15
6+	23	6
Total No. of Removals	457	106

*Hotline Calls include Investigations, FA’s and Screened Out calls that came for the child within 12 months prior to his/her entry into care.

Note: Removals with no Hotline Calls are due to referrals not being counted if they fall under the following scenarios:

1. Client ID in the Referral and Case are different.
2. No allegations are entered in the referral for the child that was removed.
3. Investigations that were opened subsequent to a closed FA with a reason of “Open CPS Referral” are not being counted.

⁸ Barriers to having FTM within 72 hours include: Parent(s) are incarcerated or hospitalized, difficulty locating parent(s) and criminal investigation and/or CAC preventing FTM coordination and engagement of family.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



h. How many of these children were removed after participating in Family Assessment?

	Children Removed after participating in a Family Assessment
FY15	79
FY16	19

i. How many pre-removal family team meetings were held in FY15? In FY16 to date?

	At-Risk Removals (pre-removals) FTM	#of Children
FY15	157	496
FY16	40	107

j. How many of these children were placed in emergency or short-term placements in FY15? FY16 to date?

	Children Placed in Emergency or Short-term Placements
FY15	16
FY16	5

33. How many neglect petitions did CFSA file in Family Court in FY15? FY16 to date?

The OAG files neglect petitions on behalf of CFSA.

	Petitions Filed
FY15	435
FY16	115

a. How many of the children subject to those petitions were removed by CFSA prior to the filing of those petitions?

Generally, CFSA removes children prior to OAG filing a neglect petition. The petitions are filed within 72 hours of the removal. There were 361 children removed by CFSA prior to the filing of these petitions in FY15; and 104 children were removed prior to the filing of these petitions in FY16.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



b. **How many of the children subject to those petitions were community papered?**

	Children Petitioned through the Community Papering Process
FY15	74
FY16	11

34. What, if any, data does CFSA collect on outcomes for children whose cases are no-papered? What, if any, data does CFSA collect on outcomes for children where the allegations do not result in removal or court involvement?

After a determination is made to not paper a case, not conduct a removal, or not initiate court involvement, CFSA can track reports of subsequent referrals to the CFSA Hotline and accept referrals resulting in open in-home services. During FY15, there were nine children who were not papered. In FY15, of the nine children who were not papered, two of these children had one additional referral to the Hotline. The remaining seven children had no additional referrals to the Hotline. Two children continue to have an open in-home case with the agency. Five children initially had a case opened, but the case was closed by CPS. No children experienced a removal. During FY16 to date, there have been two children who were not papered. The case was opened and closed at CPS for both children. There have not been any additional referrals to the Hotline.

Health and Mental Health Care

35. Provide the following information regarding medical and dental screenings for children entering foster care:

a. The number and percentage of children who entered foster care in FY15 that received health screenings prior to placement. In FY16 to date?

Of the 457 entries in FY15, 415 required a pre-placement screening. Of these, 392 (94%) received a pre-placement screening. Of the 106 entries in FY16, 101 required a pre-placement screening; 95 (94%) received such a screening.

b. The number and percentage of children who entered foster care in FY15 that received medical and dental evaluations within 30 days of placement. In FY16 to date?

Medical Evaluations

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



In FY15, of the 388 children requiring a medical evaluation, 330 (85%) received a medical evaluation within 30 days of placement. An additional 36 children received an evaluation within 60 days of placement, i.e., 94% of children received medical evaluations within 60 days of entering care.

In FY16, of the 84 children requiring a medical evaluation, 68 (81%) received a medical evaluation within 30 days of placement. An additional 12 children received an evaluation within 60 days of placement, i.e., 95% of children received medical evaluations within 60 days of entering care.

Dental Evaluations

In FY15, of the 326 children requiring a dental evaluation, 115 (35%) received a dental evaluation within 30 days of placement. An additional 25 children received an evaluation within 60 days of placement, i.e., 43% of children received dental evaluations within 60 days of entering care.

In FY16, of the 54 children requiring a dental evaluation, 16 (30%) received a dental evaluation within 30 days of placement. An additional 13 children received an evaluation within 60 days of placement, i.e., 54% of children received dental evaluations within 60 days of entering care.

36. For FY15 and FY16 to date:

- a. Has CFSA continued to conduct pre-placement screenings to identify medically fragile and developmentally delayed children entering or re-entering foster care? What screening methods were used?**

All children entering or re-entering foster care are required to have a pre-placement health screening and an Early Periodic Screening, Diagnosis and Treatment (EPSDT) evaluation (called DC HealthCheck) within 30-days of entering care. These comprehensive evaluations allow nurse practitioners in the CFSA Healthy Horizons Assessment Center (HHAC) to identify children who are diagnosed as medically fragile or with physical and/or developmental concerns that may need additional testing and services.

The Ages and Stages Questionnaire (DC Early Intervention Strong Start program screening tool) and HHAC's Medicaid-based instruments are used to screen children entering or re-entering foster care.

- b. How many medically fragile and developmentally delayed children and youth have entered care in FY 2015 and FY 2016, to date?**

“Medically fragile” includes children and youth at risk for medical vulnerability. These individuals’ chronic health-related dependence may require 24-hour supervision by a

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



skilled health care provider; they may also be at risk for experiencing an unpredictable life-threatening incidence. Without appropriate monitoring and the availability of licensed, certified, or registered providers, their condition could deteriorate and the intensity of their medical needs increase.

Children diagnosed with developmental delays may demonstrate a delay in one or more areas of cognitive development; physical development (including fine motor, gross motor, vision, and hearing); communication development; social or emotional development; or adaptive development.

In FY15, seven children met the criteria for a diagnosis of being medical fragile, and 16 children met the criteria for a diagnosis of developmental delays. In FY16, one child met the criteria for a medically fragile diagnosis but as of this writing, none have met the criteria for developmental delays.

- c. In in-home cases, has CFSA screened to identify medically fragile and developmentally delayed children? If not, why not? If yes, what screening methods were used?**

For in-home families, social workers submit referrals to the Health Services Administration's infant maternal health specialist (IMHS), who is a registered nurse for children diagnoses as medically fragile and/or developmentally delayed. The IMHS uses the Ages and Stages Questionnaire (DC Early Intervention Strong Start program screening tool) to identify children with developmental delays.

- d. How many medically fragile and developmentally delayed children and youth have been identified in in-home case in FY 2015 and FY 2016, to date?**

In FY15, zero children referred met the criteria for medically fragile while six met the criteria for developmental delays. HHAC has yet to receive any referrals for children receiving in-home services and also determined to be medically fragile or developmentally delayed.

- 37. Please provide the following information regarding mental health services for children in foster care:**

- a. CFSA uses a quarterly tracking report reflecting the timeliness of service inception following a documented referral for services. Please provide all quarterly reports for each Choice Provider for the entirety of FY15 and all reports completed thus far in FY16.**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE

CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE									
FY15	Community Connections	Family Matters	First Home Care	Hillcrest	MD Family	Universal Healthcare	Other Providers (Non-Choice)	Total	AVG Days from Referral to Linkage
Oct-14	2	3	10	1	4	3	1	24	2.3
Nov-14	8	4	9	3	3	0	0	27	3.2
Dec-14	3	1	6	5	5	1	4	25	1.3
Q1 Total	13	8	25	9	12	4	5	76	2.2
Jan-15	0	1	5	4	11	0	1	22	2.1
Feb-15	2	4	9	0	4	0	2	21	4.9
Mar-15	1	3	7	3	3	0	3	20	1.9
Q2 Total	3	8	21	7	18	0	6	63	2.9
Apr-15	5	0	14	2	2	1	5	29	1.0
May-15	5	1	3	1	1	0	9	20	0.3
Jun-15	4	0	3	2	6	0	2	17	2.7
Q3 Total	14	1	20	5	9	1	16	66	1.3
July-15	2	6	10	1	1	0	4	24	0.8
Aug-15	3	2	4	3	3	0	1	16	1.1
Sep-15	0	1	8	1	2	0	9	21	0.6
Q4-Total	5	9	22	5	6	0	14	61	0.8
FYTD	35	26	88	26	45	5	41	266	1.8

DEFINITIONS/IDENTIFICATION: Children and Youth referred for mental health services via DMH are children/youth who are involved with the Child and Family services Agency (CFSA) ages 0 to 21 who were referred to a Core Service Agency (CSA) through CFSA's Clinical Health Services Administration.

INTERPRETATION: This table shows the number of CFSA children/youth linked to a DMH CSA and the average number of days between CFSA referral and linkage to CSA.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY16	Community Connections	Family Matters	First Home Care	Hillcrest	MD Family	Universal Healthcare	Other Providers (Non-Choice)	Total	AVG Days from Referral to Linkage
Oct-15	0	1	8	1	4	0	5	19	1.3
Nov-15	0	4	16	0	3	0	11	34	0.4
Dec-15	1	5	3	1	5	0	3	18	1.6
Q1 Total	1	10	27	2	12	0	19	69	1.1

In FY15, CFSA referred 266 children and youth for mental health assessments and treatment. DBH staff co-located at CFSA connects those children directly with mostly DBH Core Service Agency Choice Providers. Of the 266 referrals, 225 (85%) were referred to a Choice Provider/Core Service Agency. Linkage (first face-to-face meeting) with the provider occurred within an average of 1.8 days. The chart below provides detailed information from the quarterly reports.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



-
- b. What percentage of children entering foster care in FY15 received a mental health screening within 30 days of entry? In FY16 to date?**

In FY15, 85% of children who entered foster care received a mental health screening within 30 days of entry. For the first quarter of FY16, 89% of children who entered foster care received a mental health screening within 30 days of entry.

- c. What percentage of children experiencing a foster care placement change in FY15 received a mental health screening within 30 days of the change? In FY16 to date?**

Children who experience a foster care placement disruption receive a Child Needs Assessment (CNA) conducted by the child's assigned resource development specialist. CFSA implemented the CNA protocol in February 2013.

CNAs are used to assist with placement stability; the assessment documents placement history, medical information, diagnostic information (if applicable), and other pertinent chronological information of the child. The CNA has seven domains: (1) Mental Health/Behavioral/Special Needs (2) Interventions to Manage Mental Health Needs (3) Medical/Physical Characteristics (4) Personal Care (5) Psychology and Counseling (6) Educational Intervention and (7) Cultural/Linguistic Needs.

In FY15, there were 273 placement changes for children in foster care. For these children, 233 of them had CNAs completed within 30 days (85%). In the first quarter of FY16 to date, there have been 61 disruptions, of which 58 CNAs (95%) were completed the child within 30 days.

- d. For children who received mental health services in each of these time periods, what is the average time between the mental health screening and delivery of services?**

In FY15, the average time between mental health screening and service delivery (intake) was 39 days.

- e. In FY15, and in FY16 to date, how many children, broken down by age and gender, had an episode of psychiatric hospitalization? During each fiscal year, how many hospitalized children had more than one episode of psychiatric hospitalization?**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY2015				
Age	1 Episode	2 Episodes	3 Episodes	Total
7	1	0	0	1
10	1	0	0	1
13	2	0	1	3
14	2	1	1	4
15	1	0	0	1
16	6	0	0	6
17	2	0	0	2
18	1	0	0	1
19	3	0	0	3
20	2	0	0	2
Total	21	1	1	23

FY2015				
Gender	1 Episode	2 Episodes	3 Episodes	Total
Female	13	1	1	15
Male	8	0	0	8
Total	21	1	1	23

FY2016				
Age	1 Episode	2 Episodes	3 Episodes	Total
5	1	0	0	1
14	1	0	0	1
17	2	0	0	2
19	1	0	0	1
Total	5	0	0	5

FY2016				
Gender	1 Episode	2 Episodes	3 Episodes	Total
Female	4	0	0	4
Male	1	0	0	1
Total	5	0	0	5

1. "Age" is calculated at the time of placement at the Psychiatric Institute of Washington.
2. "Total" is a unique count of children. The subtotals may not add up because a child may experience multiple episodes at multiple ages during the reporting period.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- f. **What percentage of children in foster care spent time at a Psychiatric Residential Treatment Facility (PRTF) in FY15? In FY16 to date? Please break down by age.**

Total number of children served in Foster Care for at least a day in FY15 = 1543

Total number of children served in Foster Care for at least a day in FY16 = 1166

Fiscal Year	Age	Children placed at Psychiatric	%
FY 2015	7	1	0.06%
	9	2	0.13%
	10	1	0.06%
	12	2	0.13%
	13	5	0.32%
	14	2	0.13%
	15	4	0.26%
	16	6	0.39%
	17	8	0.52%
	18	1	0.06%
	19	1	0.06%
	20	2	0.13%
	Total	33	2.14%
FY 2016	7	1	0.09%
	12	2	0.17%
	13	5	0.43%
	15	4	0.34%
	16	2	0.17%
	17	7	0.60%
	19	1	0.09%
		Total	21

1. "Age" is calculated at the time of placement in the PRTF.
2. "Total" is a unique count of children. The subtotals may not add up because a child can be placed in a PRTF multiple times during the reporting period.

- g. **How many referrals for evidence-based, specialized services (Multi-Systemic Therapy, Functional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy, Child Parent Psychotherapy for Family Violence, and Parent Child Interaction Therapy) did CFSA make in FY15? How many referrals has CFSA made in FY16 to date? For each fiscal year, please identify how many referrals were made for cases in which children:**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



i. Had not been removed at the time of referral;

Referrals made for evidenced-based services to DBH before removal are made directly to DBH by the biological parent or legal guardian. CFSA and DBH will work on coordinating a system where that data can be captured in the future.

ii. Were in foster care at the time of the referral;

Below is the number of referrals processed by the CFSA clinical team for Evidence Based practices for FY15 and FY16.

Evidence Based Referrals for Children in Foster Care		
Service	FY15	FY16
Multi-Systemic Therapy	2	3
Multi-Systemic Therapy for Problem Sexual Behaviors	3	0
Functional Family Therapy	3	0
Trauma Focused-Cognitive Behavioral Therapy	5	2
Child Parent Psychotherapy for Family Violence	0	1
Parent Child Interaction Therapy	32	4
Total	45	10

Below is the total number of CFSA involved youth enrolled in evidence-based practice services as reported by DBH. The data is not currently being captured by placement status. CFSA will explore the feasibility of maintaining this data by the specific categories requested.

	FFT	TF-CBT	PCIT	CPP-FV	MST (Std)	MST-PSB	Total
Total Cases Seen FY 15	386	126	69	33	139	21	774
Cases Known to Be Affiliated w/ CFSA	31	32	6	10	36	5	120
	8%	25%	9%	30%	26%	24%	16%

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



iii. Were living under protective supervision following a period in foster care at the time of referral.

CFSA does not currently capture data on evidence-based services by placement status. See above answer for total number of CFSA youth enrolled in evidence-based services.

h. What treatment resources does CFSA offer for children who have attachment disorders? What training, if any, does CFSA provide to social workers and foster parents regarding attachment disorders?

Each quarter, the Child Welfare Training Academy (CWTA) offers a six-hour course, entitled Attachment, Grief, and Loss, as an in-service training for social workers and resource parents. CWTA also integrated information about attachment and attachment disorders throughout both the new social worker pre-service and ongoing social worker in-service training curriculum. Specifically, attachment is discussed in the following courses: Child-Centered Practice (12-hour pre-service course), Understanding and Preventing Human Trafficking in Child-Welfare (six-hour in-service course for social workers and resource parents), Childhood Disorders (six-hour in-service course for social workers and resource parents), Child and Adolescent Development (six-hour course for social workers and resource parents), and Rebuilding the Emotionally Broken Child (three-hour in-service for social workers and resource parents).

i. Please describe the Agency's efforts to improve access to mental health services for children living in Maryland.

CFSA entered into an MOU with DBH that allows DBH providers to travel to Maryland to serve the needs of CFSA children who reside there. In FY13, CFSA solicited for mental health providers in Maryland. In FY14, we executed a contract with JMD Counseling and Therapeutic Services for District children placed in Maryland foster homes. CFSA is still contracting with JMD to serve the children in MD.

38. Please provide a detailed update regarding the Agency's implementation of mobile crisis stabilization services for youth in foster care, including the following information:

a. During FY15, how many calls for crisis mobilization services has CFSA and/or its vendors received? FY16 to date?

In FY15, 109 calls were received. In FY16 to date, 19 calls were received.

b. How many of these calls have been from foster parents and providers located in DC?

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



In FY15, 56 calls were from foster parents and providers located in the District; in FY16, eight calls were received.

c. How many of these calls have been from foster parents and providers located in Maryland?

In FY15, 52 calls were from foster parents and providers located in Maryland; in FY16, 11 calls were received.

d. How has the Agency evaluated the effectiveness of mobile crisis stabilization services? If no evaluation has been done, please describe the Agency's plans to evaluate the effectiveness of this program, including timelines for evaluation, methods of evaluation, and the types of data that will be collected.

CFSA evaluates the effectiveness of mobile stabilization services by determining if a child or youth has remained in the current placement for a minimum of 30 days after the service has been provided. In FY16, CFSA will also conduct customer satisfaction surveys with foster parents and social workers to obtain feedback on their opinion of the quality of the service. These surveys will be conducted 14 days after the initiation of service and then again 14 days after the service has been completed. For FY15, the placement stability rate for this service was 75%; for FY16 to date, it is 74%.

39. Please provide a detailed update regarding the Agency's implementation of Trauma Systems Therapy ("TST"), including:

a. The role that TST plays in the Agency's day-to-day operations, programming, services, and case management.

CSFA continues to lay a widespread foundation of trauma-focused knowledge, both internally and throughout our private providers. TST is steadily becoming integrated into social work in day-to-day practice and service delivery. TST continues to nurture an environment where we seek to know what has happened to children and families. At the system level, it continues to foster an environment of continuous quality improvement where we address systematic challenges both for those we serve and our workforce.

CFSA is working to sustain trauma knowledge and to infuse skills into its organizational structure, culture, policies, and practices. Social workers now administer the trauma screen, Child Stress Disorders Checklist-District of Columbia (CSDC-DC), to children and their biological parents when appropriate. It informs social workers about a child's history of exposure to potential adverse or traumatic experiences and provides insights into behaviors and/or emotions that may result from these traumas. Social workers then incorporate this enhanced understanding of a child's history and current clinical presentation to develop informed trauma services that are then included in an integrated

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



case plan. In FY15, 279 social workers received training to administer the CSDC-DC assessment. Of these social workers, 252 were from CFSA and private agencies, and 27 were therapists from DBH. During FY15, 127 children and youth were screened for trauma using the CSDC-DC.

During FY15, CFSA completed the functional assessment system build out which included integration of the Child and Adolescent Functional Assessment Scale (CAFAS)[®], the Pre-school and Early Childhood Functional Assessment Scale (PECFAS)[®], and the Structured Decision Making (SDM) Caregiver Strengths and Barriers Assessment (CSBA) into the FACES management information system. In April 2015, CFSA began a system-wide user training of the functional assessments and case plan integrations, which occurred through the end of June of 2015. These now continue during pre-service training for new social workers from both CFSA and the private agencies.

In an effort to continuously improve case practice, and to improve the quality of services and outcomes for children and families, CFSA launched the CAFAS/PECFAS, SDM CSBA, and newly integrated case plan in July 2015. The assessment tools assist social workers in making clinically sound decisions while also aiding them in creating a behaviorally-based, trauma-informed case plan. The integrated case plan is data driven, ensuring that all information gathered from the assessments will inform practice and encourage family engagement. Increasing family engagement will not only provide families with a voice and sense of inclusion during the creation of the case plan but will also facilitate collaborations among other agencies that provide services to our children and kin.

CFSA trained 321 employees on administering the CAFAS/PECFAS assessment, including 87 employees from the private agencies (Boys Town, Family Matters, Latin American Youth Center, Lutheran Social Services, National Center for Children and Family, PSI, and SERAAJ). CFSA also trained 195 employees to administer the SDM CSBA.

b. The Agency's implementation plan for TST and any progress the Agency has made in achieving the implementation plan's goals.

In the fall of 2015, CFSA implemented a clinical consultation model that integrates a trauma-informed approach into group supervision with the agency's social workers, based on the Information and Consultation Sharing Framework inherent in the RED team best practice. The goals of the clinical consultation are to co-facilitate group supervision with the Office of Well Being clinical staff and the supervisor of each social work unit.

Through the group supervision process, social workers discussed access to trauma-informed evidence-based practices, behavioral health services for all children and

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



families with trauma exposure, and overall pathways to permanence and safe case closure.

In year three of the grant, CFSA has incorporated all of the screening instruments into practice and is assessing for trauma. The agency created a new integrated case plan that is trauma informed. It's also been incorporated into the statewide automated child welfare information system (SACWIS) system. CFSA is now integrating the group supervision work into day-to-day practice. Lastly, the agency is launching phase two of the trauma grant that will create sustainability for the whole system.

Significant gains have been made in implementing the selected screening and assessment tools, and the work is nearly complete; CFSA is in the improvement and refining stage of implementation. The trauma assessment tool and all mental and behavioral health screening tools were implemented into practice. The CSDC-DC and SDQ have been built into FACES (CFSA's SACWIS), and the GAIN-SS and ASQ-3 and ASQ-SE will be built in by spring 2016. The CAFAS/PECFAS and CSBA have been built and implemented into FACES and training of existing staff occurred from April-July 2015. The training has been incorporated into pre-service training for all new staff.

c. How CFSA monitors implementation of TST for cases managed by private agencies. How CFSA ensures uniform quality of services across all agencies that provide placement and/or case management to children in foster care?

CFSA has a continuous quality improvement plan for both CFSA and private agencies. Ongoing qualitative evaluations and model fidelity checks provide information about performance and practice consistency across all agencies. In addition, CAFAS/PECFAS and CSBA will provide cumulative functional outcome data for the children being served by both CFSA and the private agencies.

At the TST clinical level, DBH continues to monitor the fidelity of the trauma-based, evidenced based practices as prescribed by each model.

d. What is CFSA's plan for integrating TST into cases in which children are already receiving mental health services under other models?

CFSA uses the CAFAS/PECFAS assessment scores to determine the appropriateness of services and interventions provided to all children and youth. If a child is already linked to a non-TST provider, his/her social work team, along with DBH clinical staff, re-evaluates his/her service needs at the initial 30-day case-planning meeting. Both DBH and CFSA use the CAFAS/PECFAS.

In addition, social workers discuss and review the trauma and functional assessments with caregivers to identify the service needs of children and youth and next steps. If these

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



assessments indicate a child or youth is not benefitting from the current array of services and interventions, the social worker makes adjustments, such as determining if TST treatment would be more effective.

e. What is CFSA's plan for assessing and evaluating the effectiveness of TST?

The evaluators conducted a baseline focus group in 2015 and another focus group in January 2016 to assess how the agency has been TST-informed. Moving forward in FY16, the agency is going to be training on the actual TST fidelity measures for on-going assessment and evaluation on TST integration in day-to-day practice. The fidelity portion will launch in FY17 once CWTA assesses the fidelity of TST. The agency is also measuring on a monthly basis whether the screens are happening or not in partnership with its evaluators. The interdisciplinary trauma team made up of the District's child-serving agencies, (DBH, DYRS, DHS, OSSE), CFSA staff and its private providers to monitor progress and opportunities for improvements.

The process of assessing and evaluating the effectiveness of TST has been occurring since FY13. For example, questions on training surveys inquire about the following factors related to TST: readiness to implement, perspectives on potential usefulness to practice, cultural competency of TST, and other needs for an effective implementation process. In addition, CFSA's trauma team has created fidelity tools in partnership with the evaluators to measure TST fidelity, instituting a continuous quality improvement process. CWTA along with champions for CFSA programs and private agencies will be trained this spring (FY16) by the evaluators and by the TST model developers on the fidelity measures. This training will ensure that CFSA builds internal capacity to evaluate the effectiveness of TST well beyond the conclusion of the TST grant.

f. Our understanding is that CFSA has been working with other agencies to help make them trauma informed. Please describe all the collaborative efforts. How many trainings has CFSA conducted for other agency's staff? Please provide information on the trainings including the number of participants, type of training and agencies participating.

CFSA continues to lay a widespread foundation for trauma-focused knowledge within the agency, as well as throughout the District child-serving system and in the community. Trauma training has been fully sustained at CFSA by incorporating it into the CWTA training structure.

DBH conducted a second round of TST trainings in FY15. The trainings were provided to 13 employees at Maryland Family Resources, and 19 employees at First Home Care. In FY16, CFSA in partnership with DBH will provide a Train the Trainer (TOT) trauma-training model to several District and community organizations, including the Collaboratives, District recreations centers, and diverse family organizations. This

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



training model will help to ensure capacity for on-going trauma training within the DC community.

CFSA has worked collaboratively with DHS, DBH, DYRS and OSSE to ensure that each agency has adopted the CAFAS/PECFAS tools. The agencies are continuing to meet with each other to develop a data warehouse so the CAFAS and the PECFAS can be shared electronically across the agencies. OSSE has also started training their staff on the CAFAS and the PECFAS to see if it can be useful to identify and measure functional assessments and trauma for the children they serve.

CFSA is continuing its collaboration with its sister agencies within the District's human services cluster, alongside the District's Office of the Chief Technology Officer to conceptualize a data-sharing framework. Through this framework, the cluster agencies will share CAFAS/PECFAS data on the children and youth being served by one or more agencies. In March 2015, the participating agencies brought on a business analyst to gather business and system requirements and propose system solutions to the cluster. The analyst is currently assessing the data storage, sharing, analysis, and reporting needs of each for the purpose of developing the data-sharing framework.

40. The Patient Protection and Affordable Care Act (ACA) created a new Medicaid eligibility category to cover former foster youth up to age 26. How are youth enrolled in the former foster youth category when they age out? Are they automatically enrolled or do they have to enroll themselves?

Youth are automatically enrolled when they age out.

a. How is a youth enrolled in this provision if they are a former foster youth who aged out of care prior to January 1, 2014?

Former foster youth who aged out of care prior to January 1, 2014 would enroll through DC Health Link via the following steps:

1. Former foster care youth who reside in the community may apply for Medicaid coverage using the DC Health Link application. When the applicant indicates that he or she was formerly in the District's foster care system, eligibility under the former foster care category will be determined.
2. DC Health Link will automatically verify the youth's involvement with the foster care system and the District's Medicaid program by using electronic data sources.
3. If information is not available from electronic data sources, the youth will need to provide documents verifying that he or she was enrolled in the District's foster care system and/or was enrolled in the District's Medicaid program as a foster child.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



CFSA assists youth with obtaining the required documents.

See Attachments Q40a(i), Former Foster Care Medicaid Eligibility Policy and Procedures and Q40a(ii), Medicaid Transition Fact Sheet.

b. Are former foster youth automatically enrolled in the former foster youth category or are they first screened for eligibility in other Medicaid categories in the hierarchy first?

Former foster youth are automatically enrolled in the Medicaid former foster group coverage. If the youth elects to apply for coverage under another Medicaid coverage group, the youth will be enrolled in the Medicaid former foster care coverage group until eligibility under the other coverage group(s) is determined.

A qualified former foster care youth who is eligible under a mandatory coverage group will be enrolled in that mandatory coverage group under the following circumstance:

- Enrollment in the mandatory coverage group would result in a gap in coverage of the qualified former foster care youth.
- If the youth cannot be enrolled immediately under a mandatory Medicaid coverage group, the qualified former foster care youth will be enrolled in the Medicaid former foster care coverage group until eligibility under the other coverage group(s) is determined.

c. Is it a streamlined process for youth who are enrolled in the former foster youth category until age 26 or do youth have to reapply every year?

Medicaid coverage under this policy affords seamless initial enrollment of all District former foster care youth and is effective for 12 months. At each annual renewal, DC Health Link automatically verifies using electronic data sources that the youth is a District resident. Former foster care youth are not required to verify any other eligibility factors, including income. If DC Health Link is not able to renew the individual's Medicaid eligibility using electronic data sources, the youth will need to provide documents verifying District residency.

d. Do you provide exiting youth with documentation that they are eligible for this provision in the District of Columbia but not necessarily elsewhere as part of their transition planning?

During the youth's Comprehensive Assessment/Transition Planning meeting, the transition team provides the youth with a copy of his or her Medicaid card or Medicaid identification number. During the meeting, the social worker reviews the Medicaid Transition Information Sheet with the youth.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



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- e. **Do you provide youth aging out of care with information about what other states cover or do not cover out of state youth? If youth move to a state that does not cover out of state youth, do you provide them with information about other Medicaid eligibility categories and the marketplace/exchanges of that state (if they do not have health insurance elsewhere)?**

For former foster youth who inform CFSA that they plan to reside in a bordering jurisdiction, CFSA provides them with Medicaid information for Maryland and Virginia.

- f. **The District of Columbia does not currently cover former foster youth who have aged out in another state. Why does DC not currently cover former foster youth who aged out in another state and is CFSA open to finding a way to cover out of state youth?**

The District was given the option to expand the former foster care youth category to cover individuals who were in foster care and Medicaid in any state. The District elected to cover only those individuals who were in foster care in the District and enrolled in DC Medicaid. In order to be determined eligible for Medicaid under this category, the youth's former foster care status must be verified by the District, and only District data are available at this time.

Currently, there is no nationwide data source to verify former foster care status. It would be administratively burdensome and would require additional resources from the District in order to manually verify former foster status for non-District former foster care individuals. As noted, the District is able to verify former foster care status of individuals who exited the District foster care system by the use of an electronic interface with CFSA. While the District elected to cover only individuals who were former foster care youth in the District of Columbia, DC Medicaid provides coverage to childless adults with incomes up to 210% of the federal poverty limit, and low-income former foster care youth from other states who become residents of the District would still be eligible for Medicaid.

The District's Department of Health Care Finance (DHCF) is not planning to extend Medicaid coverage to all children who age out of the foster care system.

- g. **How does CFSA ensure coverage for youth that age out of foster care in DC but move to or already live in Maryland, or cross the border regularly?**

For former foster youth who inform CFSA that they plan to reside in a bordering jurisdiction, CFSA provides them with Medicaid information for Maryland and Virginia.

It is the policy of DHCF and the Economic Security Administration (ESA) to provide

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Medicaid coverage to all qualified former foster care youth. A qualified former foster care youth is a former foster care youth who meets all of the following criteria:

1. The youth is 18 to 26 years old;
2. Was in foster care under the responsibility of the District until the youth exited at age 18 or older;
3. Was enrolled in Medicaid under the District's Medicaid State Plan or 1115 Demonstration Waiver when the youth exited out District foster care at age 18 or older; and
4. Is currently a resident of the District of Columbia.

DHCF and ESA coordinates with CFSA to ensure that Medicaid coverage under these guidelines affords seamless enrollment of all qualified former District foster care youth. There is no income threshold for eligibility for Medicaid as a qualified foster care youth.

If a District foster care child ages out of the District and resides in Maryland, the child is not eligible for District Medicaid. However, Maryland has expanded Medicaid coverage to childless adults, age 19-64, with income up to 138% of the federal poverty level. If they are not eligible for Medicaid under the former foster care group, Maryland will screen the individual to determine if they are eligible under a different category.

h. How many former foster youth are enrolled in the former foster youth Medicaid category? Please break this down by age.

In FY15, 133 former foster youth were enrolled in the Medicaid coverage group of former foster care children in the District of Columbia.

The table below outlines former foster youth enrolled in Medicaid by age for FY15.

Age	Number enrolled
19	2
20	1
21	41
22	42
23	14
24	16
25	7
26	10

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- i. **What outreach does CFSA do or plan to do for youth who have already aged out but are not currently enrolled in the former foster youth Medicaid category or have any other health insurance?**

CFSA plans to work with DHCF and community stakeholders on a communication strategy to reach youth who have already aged out but are not currently enrolled in the former foster youth Medicaid category.

- j. **Has CFSA trained its employees on the former foster youth Medicaid category and other health insurance options? If so, what is this training and how many CFSA employees have completed this training?**

For staff in the Office of Youth Empowerment, CFSA conducted a presentation on the policy and procedures associated with Medicaid for former foster youth. In addition, CFSA provided all social workers with the policies and procedures for the Medicaid coverage group of former foster care children in the District of Columbia. CFSA will continue its presentations and information sharing efforts with CFSA and private agency social workers, as well as with our community partners.

Substance Abuse Services

- 41. Please provide the following responses for FY15 and FY16, to date:**

- a. **Of the number of youth who entered foster care, how many received substance abuse screenings through the Healthy Horizon's Clinic? Based on the screenings administered, what are the most commonly used drugs?**

Youth aged 11 and older who consent are screened for substance use at the Healthy Horizons Assessment Center (HHAC) upon entry into foster care and before moving to a new foster home. The HHAC conducts two screens. The first screen is the Global Appraisal of Individual Needs Short Screen (GAIN-SS). The second is a 10-panel urine screen that tests for cocaine, morphine, methamphetamine, marijuana, amphetamine, PCP, oxazepam, secobarbital, methadone, and ecstasy. The most commonly used drug is marijuana (THC).

In FY15, 150 youth ages 11 and older came into care. Of those, 70 had a GAIN-SS and 27 had a 10-panel urine screen. In the first quarter of FY16, 36 youth ages 11 and older came into care. Of those, 24 had a GAIN-SS and two had a 10-panel urine screen.

- b. **How many youth were referred to Addiction Prevention and Recovery Administration (APRA) for assessment? Of the youth referred, how many were no shows?**

See chart below in question 42c.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



c. How many youth were referred to an Adolescent Substance Abuse treatment Expansion Program (ASTEP) provider for treatment? Of the youth referred, how many were no shows?

In FY15, 117 youth were referred for substance use assessment. During FY14, CFSA created a substance use mobile assessment program through a contract with Hillcrest Children and Family Services, an ASTEP provider. All referrals for youth substance use assessments are done through the youth mobile assessment program.

In the 1st quarter of FY16, 20 youth were referred for substance use assessments. Before the mobile assessment unit in FY14, only 24 youth were referred for a substance use assessment because they refused to go to an ASTEP provider. During FY15, 117 youth were referred, a 79% increase. The youth prefer the mobile assessment because of the flexibility of the service location; the service can be provided at an office, home or in school. See the charts below for the number of referrals, no shows and completions.

The charts below provide specific statistical snapshot of answers to 41b and c.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Youth Referrals – FY15	
Referred to APRA for assessment (Hillcrest Youth Mobile Assessor)	117
Assessments Completed	59
Assessments Pending	0
Did not Complete assessments	54 Reasons: refused-36, multiple attempts to contact-8, case closed at referral-2, incarcerated- 2, in abscondence-2, already enrolled in treatment-2, referral made to outside treatment because of private insurance-1, in a long-term residential program RTC-1.
No Shows for Assessments	4
Youth Recommended for Treatment	49 (29 ASTEP expansion using the A-CRA model, 9 Inpatient, 11 Intensive Outpatient)
Youth not Recommended for Treatment	10
Youth who Entered Treatment	29 (19 ASTEP expansion using the A-CRA model, 7 Inpatient, 3 Intensive Outpatient)
Youth who have not Entered Treatment	20 (includes pending youth entries, refusals, detained youth and youth in abscondence)
Youth who Completed Treatment	5 (1 ASTEP expansion using the A-CRA model , 2 Inpatient, 2 Intensive Outpatient)
Youth who did not Complete Treatment	16
Youth who Remain in Treatment	8

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Youth Referrals – FY 16	
Referred to Hillcrest Youth Mobile Assessor (APRA assessment)	20
Assessments Completed	9
Assessments Pending	11
No Shows for Assessments	0
Youth Recommended for Treatment	7 (6 ASTEP expansion using the A-CRA model, 1 Inpatient)
Youth not Recommended for Treatment	0
Youth who Entered Treatment	2 (ASTEP expansion using the A-CRA model)
Youth who have not Entered Treatment	11 (includes pending youth entries, refusals, detained youth and youth in abscondence)
Youth who Completed Treatment	0
Youth who did not Complete Treatment	0
Youth who Remain in Treatment	2

42. How many youth entered care as a result of parental substance abuse for FY15 and FY16, to date? What was the drug of choice? Please provide the number of referrals made for parents to APRA for substance abuse treatment. Of the parents referred, how many were no shows?

Comparing FY15 first quarter removals to FY16 first quarter removals, there are 29 more removals for the same reporting period. Several reasons could explain the increase in removals. CFSA is witnessing an increase in PCP, K-2 and methamphetamine usage among parents whose children have been removed in FY16. PCP and K-2 are known to cause significant behavior changes among its users, potentially increasing the risk of harm to the children in the care of those parents. Another factor that may contribute to the increase in removals is the increase in parents with untreated mental health and substance abuse conditions.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Removals as a result of parental substance use		
FY15	FY16 Q1	Total
103	43	146

Number of Clients referred to APRA and the Drug of Choice

The chart below indicates the total referrals for both FY15 and the first quarter of FY16 along with the types of drug used by the parents as reported by the social workers to be the primary drug of choice (which may be a duplicated number).

	# of referrals made for parents for substance abuse treatment	Assessment completed	No shows	Primary drug(s) of choice for those assessed*	Treatment referral
FY 15	257	97 (An additional 43 clients showed but did not provide release of information for us to determine if the proper information to assist with the completion of the assessment)	No shows- 30 Refused -52 Unable to contact after several attempts- 35	Marijuana- 88 Alcohol- 63 PCP -58 Cocaine- 18 K-2 -7 Heroin- 4 Rx pills -3 Ecstasy- 1 Not indicated -15	86 (4- early intervention, 44 Outpatient, 22 intensive outpatient, 16- inpatient)
FY 16 (through Dec. 2015)	115	41	No shows- 25 Refused- 13 Unable to contact after several attempts- 30 Pending -6 Other reason- 1	PCP- 32 Marijuana- 30 Alcohol- 24 K2- 8 Cocaine- 6 Meth- 2 Rx pills (other)-1 Heroin- 1 Oxycodone- 1 Not indicated -10	41 (14- no recommendation, 9- outpatient, 8- inpatient, 7- IOP; 2-early intervention)
Totals	372	138			127

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



The partnership between CFSA and DBH to co-locate an adult mobile assessor at CFSA has yielded better communication and coordination of care for families impacted by substance abuse. The two agencies continue to work together to reduce barriers and as a result have facilitated more of CFSA clients being assessed, entering treatment and obtaining releases of information (ROIs). For example, in the first quarter of FY15, CFSA obtained ROIs for only 66% of the clients referred for a substance use assessment. In FY16, CFSA obtained ROIs for 100 % of the clients referred for a substance use assessment. CFSA receives quarterly aggregate data from DBH regarding assessment, treatment entry, and treatment completion. CFSA’s contract with Family Recovery Program (FRP) has helped CFSA to engage parents as early as possible after a child has been removed, so that reunification can occur as quickly as possible. By assigning a recovery specialist to each substance use affected parent whose child has been removed, parents are provided tangible support to facilitate immediate assessment completion and treatment entry.

Identifying, Documenting, and Providing Services to Trafficked Victims

- 43. Under the recently-passed “Sex Trafficking of Minors Prevention Amendment Act of 2014”, the Metropolitan Police Department is required to refer children and families to CFSA when there is a suspicion that children might be involved in trafficking. Additionally, the federal “Preventing Sex Trafficking and Strengthening Families Act of 2014” requires that CFSA identify, document, and determine services for children and youth under the care or supervision of the state, who the state has reasonable cause to believe are victims, or are at risk of becoming a victim, of sex trafficking or a severe form of trafficking in persons. Please provide an updated Agency plan for implementation of these laws.**

In 2014, CFSA created an ongoing internal, multi-disciplinary committee to guide its planning and implementation of DC L20-276 and PL 113-183. Committee membership includes direct and non-direct services staff, supervisory and non-supervisory staff, a sex trafficking survivor, and a representative from the Office of the Attorney General. CFSA has made significant progress in the development and implementation of several sections of each law, and is advancing the implementation of the remaining sections.

See Attachment Q43(i), DC Sex Trafficking of Minors Prevention Amendment Act of 2014 Implementation Plan.

See Attachment Q43(ii), Federal Prevention Sex Trafficking and Strengthening Families Act of 2014 Implementation Plan.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



a. What is the Agency's plan for handling referrals made to CFSA?

CFSA Hotline workers will process referrals by using the CFSA Hotline Structured Decision Making (SDM™) Screening and Assessment Tool to determine the pathway of a referral alleging sex trafficking. If the screening suggests sexual exploitation by a parent, guardian, or legal custodian, an investigation will occur; if there is alleged sex trafficking without an individual acting in *loco parentis*, the call is screened as an "Information and Referral" (I&R), entered into CFSA's SACWIS and referred to the Metropolitan Police Department.

See attachment Q43a, DC Sex Trafficking of Minors Prevention Amendment Act of 2014 Implementation Plan.

b. What kind of screening for sex trafficking will occur? Please provide a copy of the screening tool and who will conduct the screenings?

HHAC nurse practitioners conduct initial/re-entry medical pre-placement screenings and routine physical examinations. Based on the answers to questions on the Healthy Horizons Screening Form, nurse practitioners determine the appropriateness of asking specific questions to assess risk of or actual involvement in sex trafficking. In addition, children and youth are administered behavioral health screenings through the Strengths and Difficulty Questionnaire (SDQ) and the GAIN-SS. Social workers also administer the trauma assessment Child Stress Disorder Checklist (CSDC-DC) on all new entry cases within 20-28 days of removal. Additional questions on sex trafficking exposure risk have been added to the CSDC-DC for children and youth aged 11 and older. This modified version of the trauma assessment will be administered to children/youth already in CFSA's care or when returning from abscondence when there are concerns of sex trafficking. This version of the trauma assessment will be integrated into the SACWIS (known to staff as FACES) in FY16. Pending this integration, CFSA's trauma implementation consultant has administered this portion of the CSDC-DC, as deemed appropriate.

See Attachment Q43b, Healthy Horizons Assessment Center Screening Tool.

c. How is CFSA coordinating with other sister Agencies to properly screen and provide services to these youth? Did CFSA work with other agencies to develop their screening tool?

Metropolitan Police Department (MPD): CFSA and MPD have reciprocal agreements regarding screening and the provision of services to this population. CFSA's procedures require all reports that indicate alleged sex trafficking to be reported to MPD immediately and no later than 24 hours after the information is received. MPD is required to report to CFSA when MPD has knowledge, information, or suspicion that a child is engaging in

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



behaviors related to sex trafficking. CFSA collaborates with MPD to ensure the child is referred to one of the designated community resources specializing in sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources.

Department of Behavioral Health (DBH): If the initial medical screening indicates evidence of sex trafficking, the nurse practitioner may confer with the DBH co-located staff for service referrals.

Office of the Attorney General (OAG): The social worker coordinates with the assigned assistant attorney general (AAG) from the Office of the Attorney General regarding legal matters.

In addition, CFSA staff members are active in the U.S. Attorney-led District of Columbia Human Trafficking Task Force and the District of Columbia's Family Court Commercial Sex Exploitation of Children (CSEC) workgroups. During these meetings, members share information about the needs of youth victims and resources, and continue dialogue with organizations regarding the capabilities of providing services to the youth population. These meetings also serve as opportunities to coordinate services and resources with sister agencies such as OAG, DBH, Department of Youth Rehabilitation Services, and Court Social Services.

CFSA researched several nationally recognized screening tools for sex trafficking, and selected a screening tool developed by Shared Hope International. CFSA worked with the developer of the tool to best incorporate it into existing screening tools, namely the HHAC pre-placement screening tool and the Child Stress Disorders Checklist. CFSA purchased the rights to the Shared Hope screening tool and incorporated questions from the tool into its screening instruments.

d. How many CFSA staff members have been trained or will be trained on human trafficking issues? How frequently do CFSA staff attend these trainings? What is covered in the training?

CFSA's Child Welfare Training Academy (CWTA) has met the training requirements noted in DC L20-276. CWTA developed a curriculum and training entitled, *Understanding and Preventing Human Trafficking in Child Welfare*. The training is an in-service training (six hours) for CFSA and private agency social workers, family support workers, and resource parents. The training course introduces participants to current federal and local laws and policies regarding the Commercial Exploitation of Children (CSEC), terminology related to CSEC, and best practice guidelines for identifying and preventing CSEC. In addition, the training provides participants the opportunity to explore ethical and cultural considerations including beliefs and values.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



While the *Understanding and Preventing Human Trafficking* course was not offered during a new hire's pre-service, this course was identified as a mandatory course during FY15. Eighty-nine percent (89%) of CFSA staff members have completed the training. For FY16, information about human trafficking is being discussed during new social worker pre-service training with the mandate that new hires complete the full training within six months of their start date. Compliance with this federal mandate will be tracked by CWTA as with past mandatory trainings. At this time, 20 staff members are scheduled to attend Human Trafficking in the coming months (February-March 2016). The human trafficking training is offered once a month.

Since the first class was offered in 2014, a total of 573 participants have been trained including:

- CFSA and private agency direct service social workers and supervisors: 300
- CFSA non-direct social workers and supervisors: 135
- Congregate care staff: 104
- Collaborative staff: 21
- Other contracted agencies (Children's Choice, Progressive Life): 8
- External participants: 5

44. If the alleged trafficker of the child is not the parent, guardian, or legal custodian, please describe CFSA's response. How will CFSA ensure that this child receives proper services?

If the alleged perpetrator is not the parent, guardian, legal custodian, or other adult member of the household, the Hotline worker will enter the report into FACES as an Information and Referral (I&R) labeled "Commercial sexual exploitation of children (sex trafficking of minors)" and immediately referred to MPD.

- When a child has been brought to CFSA by MPD because of knowledge or suspicion that the child has been engaged in sex trafficking, efforts will be made to conduct a preliminary fact-finding interview to ensure child safety and well-being with a goal of reuniting the youth with their family.
- Depending on the results of the interview and/or MPD's conclusions, a referral is made to one of the designated community resources specializing in sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources.

45. What kind of placement options does CFSA currently have to house youth who have been identified or are at-risk of being trafficked? What plans does CFSA have to increase placement options? How are the placement options prepared to handle the needs of this population?

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



CFSA focuses on a placement process that strives to match a child's needs with a placement prepared and able to meet those needs. If a child is presented for placement and sex trafficking is one of the placement needs to be addressed, the issue is discussed with the provider and clinical team.

The *Understanding and Preventing Human Trafficking in Child Welfare* training is offered to all resource parents. This training gives resource parents a basic understanding of human trafficking and how they can assist these youth if placed in their homes. CFSA is also researching the provision of a more in-depth training module for resource parents and congregate care providers that the states of Florida and Connecticut offer.

At this time, CFSA does not contract with a specific provider that has a program for youth at risk of or involved in sex trafficking. Since this is a newer area, CFSA will explore providers and work with other district and community agencies to provide services.

- 46. Beginning on September 29, 2014, the federal “Preventing Sex Trafficking and Strengthening Families Act of 2014” requires that CFSA report data on the annual number of children in foster care who are identified as sex trafficking victims either before or while they were in foster care to the Adoption and Foster Care Analysis and Reporting System (AFCARS). Please provide an update on CFSA’s data gathering methods and how many youth have been identified thus far?**

The U.S Department of Health and Human Services’ Administration of Children, Youth and Families (ACYF) must publish program instructions of how to track and monitor the numbers of children in foster care who are sex trafficking victims for the AFCARS submission to the federal government. The program instructions’ release date is still pending based on CFSA’s frequent inquiries with ACYF.

- 47. How will CFSA partner and coordinate with other DC government agencies to ensure that victims of trafficking who are referred to CFSA receive the supports and services they need, regardless of whether the child or youth is under the care or supervision of the state?**

CFSA has identified the following DC government partners to ensure that victims of trafficking who are referred to CFSA receive the supports and services they need: Metropolitan Police Department (MPD) - MPD refers youth to CFSA who are believed to be at risk of or are currently being trafficked and without a safe place to live for emergency placement. At the time of intake, a referral is assessed to the appropriate decision pathway; pathways are determined by the degree of abuse and neglect and whether or not the maltreater is someone acting in *loco parentis*.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Department of Behavioral Health (DBH) - DBH is partnering with CFSA's Office of Well Being to explore building capacity within DBH providers to assist in the provision of therapeutic services to sex trafficked youth victims.

Department of Youth and Rehabilitation Services (DYRS) - CFSA partners with DYRS on cases involving youth involved with both agencies. CFSA and DYRS are members of the Multi-Disciplinary Team case review (see explanation below in question 48) and coordinate the provision of services and supports to victims of sex trafficking who are involved with both agencies.

Office of the Attorney General (OAG) - CFSA has established a partnership with the OAG to co-chair the Children's Justice Act (CJA) task force and a representative of the OAG office is a member of the CFSA Internal Human Trafficking Committee.

48. What efforts does CFSA plan to undertake to ensure that there is an adequate range of community-based services available to youth referred to CFSA, that the services provided are effective and appropriate for the specialized needs of CSEC, and that there is adequate capacity among providers?

CFSA is a member of the DC-Human Trafficking Task Force, the DC Family Court Commercial Sex Exploitation of Children (CSEC) Committee, and the PG - Human Trafficking Task Force. During these task force meetings, CFSA staff representatives participate in dialogue to ascertain the capacity of community-based resources and services, to identify gaps in services for this population, and to determine where and how to obtain needed resources. CFSA representatives seek those community-based organizations that can provide resources and services to our client population and encourage other organizations to develop services for this population. CFSA is committed, along with our community partners and sister agencies to spearheading the effort to ensure a comprehensive range of services are available to both identify and provide therapeutic intervention to these vulnerable children and youth.

49. What is CFSA currently doing to ensure the educational needs of trafficked youth are met? How is CFSA monitoring these youth's educational progress and ensuring that youth who need additional services are appropriately referred?

CFSA has adopted several new practices to better monitor and address the educational needs of youth in CFSA's custody. For example, the agency has started analyzing the aggregate grades and attendance data it is receiving on its youth to identify the youth that are most educationally at risk, which often includes those youth who are victims of trafficking. The Office of Well Being (OWB) is sharing that data directly with the social worker and OWB educational specialists follow up and convene educational planning meetings or provide specific referrals to resources or services that can support that youth

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



in improving their educational performance. In this way, students with the poorest attendance records will be getting more attention and CFSA will be more proactive in getting those youth the interventions and supports they need to succeed.

50. What community-based providers will CFSA partner with to ensure that victims of trafficking who are referred to CFSA receive the supports and services they need, regardless of whether the child or youth is under the care or supervision of the state?

CFSA has collaborated with community-based partners and subject matter experts around general supports and services for victims of trafficking in the District as well as for specific needs of youth in care. CFSA primarily refers youth to Courtney's House and FAIR Girls, the two local organizations who work with youth victims of sex trafficking. CFSA collaborated with these organizations below to begin building infrastructure to support this population.

FAIR Girls – This local advocacy group provided consultation during the development of CWTA's sex trafficking training, and also provided a data report on their clientele base along with the types of services available to their clients. CFSA has also discussed the possibility of FAIR Girls conducting and participating in second-level assessment interviews with Agency social workers and youth who are suspected of being exposed to sex trafficking.

Polaris Project – A national resource center for sex trafficking, Polaris also provided consultation during the development of CFSA's training and also provided information on clinical and information resources, including a donation center that they offer to those victims who have left their trafficking situation. Polaris has also shared a curriculum developed for young girls on self-esteem and awareness.

Shared Hope International – Shared Hope International collaborated with CFSA and provided resources for an inter-agency training session on sex trafficking.

National Center for Missing and Exploited Children (NCMEC) – NCMEC provided CFSA with an outline of NCMEC's services, policies, and search procedures; provided resources to determine appropriate legality of posting photos of children in foster care; and discussed types of data collection NCMEC would need from CFSA and a process for information sharing through CFSA's SACWIS.

Courtney's House – A comprehensive advocacy organization, Courtney's House also provided consultation during the development of CFSA's training and shared information on services and supports they can provide to CFSA youth.

Latin American Youth Center (LAYC) – One of the CFSA's contracted agency partners, LAYC also consulted on development of CFSA's training curricula.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Nationally-recognized experts on domestic minor sex trafficking – CFSA consulted with experts in the area of domestic minor sex trafficking on the development of assessment tools for determining a youth’s risk in exposure to sex trafficking.

a. Which community-based providers has CFSA partnered with in the past? How many youth has CFSA referred to these community-based providers?

CFSA has partnered with two nationally-recognized community-based providers in the metropolitan Washington DC area that offer services to our client population, FAIR Girls, and Courtney’s House. FAIR Girls provides crisis intervention, case management, court advocacy, prevention education, and support groups. Courtney’s House provides awareness, assessments, counseling, support groups, mentors and academic tutoring. Currently, CFSA has not tracked exact numbers of youth referred to either provider. Youth may self-refer to either organization.

b. What is CFSA’s current understanding of the capacity of these community-based providers? How many total beds are available to CFSA?

These community-based organizations provide a variety of services to children and youth within the District of Columbia, Maryland, and northern Virginia. They may also rely on grant funding which may limit capacity to serve this population. At this time, CFSA does not license any beds that may be available through these organizations. CFSA will continue to leverage existing services and explore placement options for this population.

c. What is CFSA’s understanding of the services offered at these community-based providers?

In 2014, CFSA began an inventory of agencies providing services to victims/survivors of sex trafficking in the metropolitan Washington DC area. Staff contacted agencies to determine services, population served, referral information, and contact information. CFSA then developed a Human Trafficking Resource Guide on sex trafficking services and information resources with the lens of the child welfare population. The Resource Guide is intended to provide a central source of resource information for direct service social workers. Services offered by these providers include case management, hotline services, counseling, support groups, crisis intervention, assessments, court advocacy, drop-in centers, and tutoring/mentoring. CFSA provides regular updates to the Resource Guide as appropriate.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



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- d. If the capacity of these community-based providers is unknown or not sufficient to meet the need, what is CFSA’s plan to ensure these services are rendered in compliance with local and federal law?**

CFSA is in discussions with the DC Human Trafficking Task Force to explore applying for federal funding from the Department of Justice and under the Justice for Victims of Trafficking Act of 2015.

- 51. How many children and youth under the care or supervision of the state has CFSA identified as being sex trafficked or at-risk of sex trafficked?**

For FY15 and the first quarter of FY16, CPS reported that 14 out of 21 Hotline allegations identified as “sexual exploitation of a child by a caregiver” fit the definition of sexual exploitation for human sex trafficking (HST) or At Risk of HST.

The Office of Youth Empowerment has reported six youth involved in sex trafficking for the first quarter of FY16.

- 52. Please provide the names and contact information for any and all Trafficking Liaisons in CFSA and their roles and responsibilities.**

CFSA has designated “points of contact” from each administration to be liaisons to CFSA’s internal human trafficking committee.

- Trista Davis, Administrator, Child Protective Services Administration
- Ellen Walker, Program Manager, Child Protective Services Administration
- Jeremiah Hawkins, Administrator, Community Partnerships Administration
- Charmene Johnson, Supervisory Nurse Practitioner, Health Services Administration
- Nadya Richberg, Program Manager, Office of Youth Empowerment
- Kim Ray, Supervisor, Permanency Administration
- Erin Cullen, Acting Deputy Attorney General for Family Services Division-Office of the Attorney General
- Deborah Wilder, Project Management Specialist, Office of Planning, Policy and Program Support

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



53. CFSA has implemented a Multi-Disciplinary Team to review cases that have a trafficking component. Please explain the purpose of these meetings, what is discussed, what is the goal, who attends the meetings, and any outcomes from these meetings? How many MDT's have occurred? What is CFSA doing to comply with confidentiality mandates for DYRS and CFSA youth?

The purpose of the Multi-Disciplinary Team (MDT) case reviews is to bring together government and non-government agencies involved in the juvenile and neglect systems to see which, if any, entity is already involved with a child suspected of being involved in trafficking or who is at risk for trafficking. The members of the MDT include Court Social Services, CFSA, OAG (Juvenile and Child Protection Sections), MPD (Youth and Family Services Division), DYRS, Safe Shores (the DC Children's Advocacy Center), Children's National Medical Center (Child and Adolescent Protection Center), DBH, and FAIR Girls. Each agency identifies a child to be discussed at case review.

Typical cases brought before MDT include any of the warning signs for trafficking – i.e., frequent runaways or missing persons, truancy issues, or involvement in a sexual act for value. An agenda is sent out a week in advance for each agency to research if it has been or is involved with that particular child. At case review, MDT members discuss the reason for referral, involvement or non-involvement of each agency, and suggestions for service referrals or next steps. If there are next steps, the case is brought back the next month for an update. The MDT has met monthly since September 2015 (January to be rescheduled due to weather).

To address any potential confidentiality concerns, a MOA is being drafted to include confidentiality requirements for the non-governmental agencies or agencies outside the MDT (as described in §4-1301.51).

54. DC's recently passed "Sex Trafficking of Children Prevention Amendment Act of 2014" protects minor trafficking victims from criminal prosecution for prostitution. However, the Metropolitan Police Department may still arrest for prostitution a young adult between the ages of 18 to 21 who are under the care or supervision of the CFSA. Please explain CFSA's plan to work with the Metropolitan Police Department to properly protect and provide services to trafficked victims between 18 and 21 who are under the care or supervision of CFSA?

Through relationships established with representatives of the MPD on the DC Human Trafficking Task Force, CFSA will continue the dialogue to ensure that young adults who are trafficked between the ages of 18-21 are identified and referred to CFSA for services. MPD can arrest anyone over the age of 18 for prostitution. Criminal cases are investigated by MPD and prosecuted by the US Attorney's Office. The decision to prosecute involves determining the level of involvement the youth had in the trafficking enterprise. CFSA is

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



partnering with advocates to service youth who are involved in sex trafficking to ensure that none of the trafficked persons are arrested.

- 55. The federal “Preventing Sex Trafficking and Strengthening Families Act of 2014” authorizes a state, at its option, to identify, document, and provide services to any individual under age 26, without regard to whether the individual is or was in foster care under state responsibility, who the state has identified as being sex trafficked or is at-risk of being sex trafficked. Does CFSA plan to take up this option? Why or why not?**

This section of the law was reviewed by CFSA’s general counsel and reported to be an optional consideration. CFSA does not plan to take up this option at this time so that it can focus on the population that it currently serves.

- 56. Please provide details on CFSA’s implementation of the “reasonable and prudent parent standard,” as required by the federal “Preventing Sex Trafficking and Strengthening Families Act of 2014.” How many foster parents and kinship care providers have been trained to help them use the “reasonable and prudent parenting standard”?**

CFSA’s response to ensure compliance with PL-113-183 Preventing Human Trafficking, Strengthening Families Act involves updating the resource parent policy to reflect criteria and language related to the reasonable and prudent parenting standard (in process). CFSA also developed an agency philosophical statement on reasonable and prudent parenting to meet the definition requirement of the legislation.

The standard is discussed in pre-service training for resource parents. All resource parents who completed pre-service training in FY15 received training specific to the prudent parenting standard. External in-service training on reasonable and prudent parenting standards has been presented to Resource Parents through Seraaj Family Services. CFSA will develop a comprehensive training on Reasonable and Prudent Parenting during FY16 to include working with Seraaj to adapt this three-hour training to present to CFSA resource and kinship providers through in-service training.

- 57. Please provide details on CFSA’s implementation of the requirement that foster youth have an opportunity to engage in “regular, ongoing opportunities to engage in age- or developmentally-appropriate activities”? Does CFSA plan to dedicate funding to ensure this happens? Will CFSA support these youth by providing transportation to these activities?**

The D.C. Municipal Regulations section 6002.1 states as a part of the foster parent responsibility they provide or arrange transportation to and from normal daily activities, including school, appointments, sports, family visitation, social, religious, ethnic, and

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



cultural events, and other appointments as necessary and as set forth in the foster child's case plan. Portions of the foster parent's room and board payment are dedicated to incidental costs a foster parent may incur to support these activities.

Specific Programs and Services

- 58. Please provide an update on CFSA's Four Pillars initiative and the most up-to-date outcome data in each category (front door, temporary safe haven, well-being and exit to permanence).**

See Attachments Q58(i), CFSA Four Pillars Scorecard FY15; and Q58(ii), CFSA Four Pillars Scorecard FY16 Quarter1.

- 59. Please provide a detailed report on the Grandparent Caregiver Program, including:**
- a. The number of families currently in the program;**

In 2015, the Grandparent Caregiver Program served 480 families.

- b. The number of children currently served by the program; and**

In 2015, the Grandparent Caregiver Program served 785 children total.

- c. The average benefit received.**

A full subsidy payment (without offsets) is \$24.79/day for children under age 12 and \$27.92/day for children older than 12. The average daily rate, including offsets, is \$19.68. This rate has remained consistent since 2012 and represents an average of \$590.40 for a 30 day month per child.

See Attachment Q59, Grandparent Caregivers Program Annual Report 2015.

- 60. How many youth in FY15 and FY16 to date participated in the Bank on DC Financial Literacy Program? How many completed the entire training program?**
- a. In FY15 and FY16 to date, how many youth created matched saving accounts?**

See chart in question 60b.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



b. What was the average amount saved by youth enrolled in matched savings accounts in FY15?

	Started Online Financial Literacy Program	Opened Matched Savings Account	Averaged Amount Saved
FY15	63	32	\$238
FY16: Q1	15	20	\$174

Office of Youth Empowerment (OYE)

61. Please provide a breakdown of the OYE's budget. Please indicate what amount of OYE's total budget supports services to youth and what amount is used to support staffing.

Program Name	FY 2016 Activity #	FY 2016 Administration	PS/NPS	Obj	CSG	Supply Item Description	Fund	Grant No.	FY 2016 Approved Budget
2000: Program Operations	2030	Office of Youth Empowerment	PS	11	11	REGULAR PAY - CONT FULL TIME	0100		2,759,151.25
2000: Program Operations	2030	Office of Youth Empowerment	PS	12	12	REGULAR PAY - OTHER	0100		154,362.99
2000: Program Operations	2030	Office of Youth Empowerment	PS	14	14	FRINGE BENEFITS - CURR PERSONNEL	0100		707,983.95
2000: Program Operations	2030	Office of Youth Empowerment	PS	11	11	REGULAR PAY - CONT FULL TIME	8200	FOST61/16	47,072.71
2000: Program Operations	2030	Office of Youth Empowerment	PS	14	14	FRINGE BENEFITS - CURR PERSONNEL	8200	FOST61/16	11,438.65
2000: Program Operations	2030	Office of Youth Empowerment	PS	11	11	REGULAR PAY - CONT FULL TIME	8200	INDL62/16	365,780.27
2000: Program Operations	2030	Office of Youth Empowerment	PS	14	14	FRINGE BENEFITS - CURR PERSONNEL	8200	INDL62/16	88,884.60
Personnel Services Total									4,134,674.42
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0201	0020	Office Supplies - ILP Grant	8200	INDL62/16	9,624.98
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0402	0040	Travel and Training - ILP Grant	8200	INDL62/16	5,833.46
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0409	0041	ILP Training Grant	8200	INDL62/16	31,163.56
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0411	0040	Printing - ILP Grant	8200	INDL62/16	3,000.00
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0501	0050	Youth transitional living services Grant	8200	INDL62/16	500,000.00
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0501	0050	Carryover - ILP Grant	8200	INDL52/15	1,000.00
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0502	0050	MOU with DOES (Develop of subsidized work program)	0100		250,000.00
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0507	0050	Tuition Assistance - ILP Grant	8200	INDL62/16	80,329.75
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0507	0050	Tuition Assistance - ETV Grant	8200	EVT562/16	207,052.00
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0507	0050	Carryover EVTS	8200	EVT552/15	1,000.00
2000: Program Operations	2030	Office of Youth Empowerment	NPS	0702	0070	Equipment - ILP Grant	8200	INDL62/16	7,000.00
Non-Personnel Services Total									1,096,003.75
OYE FY 2016 Total Budget									5,230,678.17

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



62. Please provide the number of youth, by age, who are enrolled in youth development enrichment programming provided by CFSA through OYE. How many hours of programming were completed?

Support and Enrichment Programming	FY15 Served	FY16:Q1 Served	Age Range
Education Unit*	200	117	11 th grade through college graduation
Career Pathways	121	75	18-21
Generations Unit	22	32	15-21
Making Money Grow (MMG)	32	20	15-21
Transportation Subsidy**	140 per month	140 per month	18-21
Youth Holiday Gala	150	0	15-21
Youth Recognition Ceremony	100	0	15-23
Teen Mother Training	27	22	15-21
Rapid Housing***	36	7	21-23
Youth Advocacy Group	10	10	15-21

*The Education Team in OYE provides support to youth beginning in the 11th grade and continuing through college graduation; their ages vary across all grades. OYE does not track the number of hours completed in each program because hours vary widely for each youth.

** The number of youth who received this subsidy increased in the summer months due to involvement with the District’s Summer Youth Employment Program involvement.

*** The Rapid Housing (RH) numbers include youth who applied for RH funds but were not approved. We provide counseling on budgeting in addition to help with finding appropriate housing, based on individual budgets. We also conduct an interview for all applicants.

Education

63. What data does the Agency currently track regarding the educational performance and outcomes of children in foster care? What, if any, plan does the Agency have to track additional data regarding the education of children in foster care?

CFSA tracks the following educational data as a part of monitoring foster youth educational status and performance:

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



-
- School enrollment (pre-k through college as well as alternative school enrollment such as GED programs), including the current school of enrollment, jurisdiction or school district in which the school is located, and any school changes that occur for youth in pre-k through 12th grade during the academic year and the reason for those changes.
 - Youth who qualify for special education services and have individual education plans (IEPs)
 - Youth who receive agency-provided transportation to and from school to support their school stability
 - Youth in foster care who graduate from high school
 - Youth in foster care who complete vocational training and/or receive industry certification
 - Youth in foster care currently attending college
 - Youth in foster care who complete college
 - Youth attending trade/vocational/technical or post-secondary school settings
 - Information on the legal education decision maker for both general and special education purposes for youth in pre-k through 12th grade
 - Referral outcomes for youth referred by CFSA to DC's Re-Engagement Center

In FY16, CFSA's Office of Well Being (OWB) started tracking the educational progress of students receiving tutoring services through its contracted provider. The provider is now required to perform pre- and post-service educational assessments and must also report on proficiency levels in reading and math from those assessments. In addition, social workers track individual student progress through the review of report cards and through contacts with youth, school personnel, resource parents, and biological families.

In FY15, OWB worked with several of the primary educational agencies serving DC's foster youth (OSSE, DCPS and Prince George's County Public Schools) to increase our access to children's baseline educational data (e.g., attendance information, grades, standardized test scores, and special education records). As a result of those efforts, CFSA now has limited access (for CFSA-enrolled children and youth only) to the following educational databases, which provide additional key educational data to use in monitoring youth's educational status and performance:

- SLED (DC's State Longitudinal Education Data System, maintained by OSSE, which contains enrollment and other demographic information for all youth in foster care attending DC schools)
- SEDS (DC's Special Education Data System which contains IEPs for all foster youth enrolled in DCPS or DC public charter schools)
- Quickbase (one of DCPS' student database systems that contains attendance and enrollment information)
- DCPS excel spreadsheets with grade and attendance data for youth enrolled in DCPS at the completion of every term

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- IEPs (in PDF form) for youth attending Prince George’s County Public Schools (PGCPS) through ad-hoc requests at the start of the school year

CFSA also completed a data-sharing agreement with PGCPS in FY15. This agreement allows CFSA to access education information for students attending PGCPS on a regular reporting basis. Information includes attendance, grades, and standardized test results. CFSA and PGCPS are currently working through the technical steps necessary to securely receive this data in accordance with confidentiality requirements.

64. Please provide the following information regarding foster youth school stability and continuity:

a. How many children who were removed and entered foster care during FY15 changed schools within 1 month of their removal? 3 months? 6 months? 1 year?

CFSA tracks student enrollment and school changes for all CFSA-served school-age children by reconciling data from FACES, SLED, and other information shared by DCPS and PGCPS on a bi-monthly basis.

Seventeen youth who were removed and entered foster care during the 2014-2015 academic year and changed school placements.

- Seven changed schools within one month of their removal.
- Nine changed schools within three months of their removal.
- One changed schools within six months of his/her removal.

For the 2015-2016 academic year, based on the most recent data, seven children who entered care also experienced a change in school placements.

- Two changed schools within one month of their removal.
- Five changed schools within three months of their removal.

b. How many children who changed foster care placements during FY15 changed schools within 1 month of the placement change? 3 months? 6 months? 1 year?

As of the 2015-2016 academic year, CFSA has started tracking school changes on an *Education Information Change Form* which is collected from social workers anytime a youth changes schools. That form now requires the social worker to identify the reason for the school change, including the proximity to the new placement as a result of the placement change. Out of 662 children and youth in CFSA’s care who are enrolled in K-12th grade, or a school based pre-k program, a total of 30 school changes (4%) are

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



reported for this academic year. See below for the reasons for school change reported by the on-going social worker for the 30 youth who changed schools this year^[1]:

Reason for School Change	# of Times Reported
Proximity to Placement	16
Child Request (<i>not related to placement proximity</i>)	8
Parent / Guardian Request (<i>not related to placement proximity</i>)	4
Attend Same School as Siblings	1
Enrolled in a Quality Pre-K Setting (formally in daycare)	1
Services / Programming Available (school of origin unable to meet special education services through IEP)	1
Residential Facility	5
Alternative School Placement (as a result of school disciplinary action)	1

OWB is currently working on establishing a means by which to track the proximity of the school change to the exact date of the change in foster care placement.

- c. For how many foster children who were removed and entered foster care during FY15 was school stability transportation requested? How many children received the requested transportation? For each child who received school stability transportation, for how long was transportation provided? For each child who did not receive requested transportation, please explain why not.**

In FY15, transportation requests were received for 107 children and youth who entered foster care. Of these requests, 38 received private transportation services through a CFSA contractor. The average length of time that school transportation was provided was 137 days. The other requests were resolved as follows:

- 47 children and youth were able to receive transportation from their resource parents.
- 16 children and youth used public transportation.
- 6 children and youth were connected to DCPS' special education transportation services.

In the first quarter of FY16, transportation requests were received for 76 children and youth who entered foster care. Of these requests, 32 received school transportation provided by CFSA's private contractor. The average length of time school transportation

^[1] Multiple reasons for a school change could be selected, and thus the total numbers do not add to 30.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



has been provided thus far in the 2015-2016 academic year has been 32 days. The other requests were resolved as follows:

- 25 of the children and youth received transportation from resource parents.
- 15 of the children and youth were able to use public transportation.
- 4 of the children and youth were connected to DCPS' special education transportation services.

In FY15, transportation requests were received for 144 children and youth currently in care to maintain school stability for a number of circumstances. Of these requests, 115 children and youth received private transportation services through a CFSA contractor. The other requests were resolved as follows:

- 12 children and youth received transportation from resource parents.
- 13 children and youth were connected to DCPS' special education transportation services.
- 4 of the children and youth were able to use public transportation.

In the first quarter of FY16, transportation requests to maintain school stability were received for 29 children and youth. Of these requests, 17 of the children and youth were connected to private transportation services through a CFSA contractor. The other requests were resolved as follows:

- 6 of the children and youth received transportation from resource parents.
- 2 of the children and youth were connected to DCPS' special education transportation services.
- 4 of the children and youth were able to use public transportation.

d. How does the Agency inform foster parents and other stakeholders of the availability of school stability transportation?

OWB provides updates and presentations on its full range of family supportive services to its various stakeholders, including foster parents. These presentations include information on school transportation that is specifically scheduled to support school stability. During FY15, in-service training was provided for each of CFSA's social work units to provide reminders about the availability of school transportation and other educational support services to be shared with foster parents. In the spring of 2015, OWB collaborated with the Foster and Adoptive Parent Advocacy Center (FAPAC) to offer specific education training to foster parents, including the availability of school transportation. At the removal staffing meetings, which occur within 24 hours following each removal, an OWB staff representative is in attendance and connects the transportation specialist to the assigned social worker to address school stability as an

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



issue. The transportation specialist will also reach out directly to the social worker and resource parents to discuss transportation options.

e. How does the Agency train CFSA social workers regarding the availability of school stability transportation? How does it train private agency social workers regarding this topic?

Providing more training on the availability of the agency's educational services and supports is one of the primary goals of CFSA's Blueprint for Change education strategy. In FY15, as a part of its strategy implementation, OWB began to develop various Education Tip Sheets and FAQs for social workers on different key topics in education. One tip sheet covers School Stability and one covers the School Transportation Services provided by the agency. These tip sheets are available on the newly developed Education Resources Page on CFSA's website at <http://cfsa.dc.gov/page/educationresources> which is accessible to both internal and private agency social workers. The sheets are also emailed directly to all CFSA and private agency social workers.

In September 2015, CFSA conducted a series of *Back to School* Brown Bags for CFSA and private agency social workers and family support workers, providing them with key information they may need to support educational goals of children in foster care throughout the year. One of the primary topics covered during the presentation was school-based transportation services and the criteria the agency uses to determine who qualifies for those services. OWB also advertised its school-based transportation and other educational support services at an agency-wide resource fair, which was open to all private agency social workers.

f. Describe the agency's efforts in FY15 and FY16 to date, to improve school stability and continuity for youth who enter foster care or change foster care placements while in care.

CFSA is doing several things to enhance our strong processes of supporting school stability and continuity. For example, CFSA continues to ensure that school stability is discussed during Removal RED team meetings. In addition, the agency has recently instituted a practice of having an OWB education specialist attend each case's 30-day case planning meeting to help spot and resolve any educational issues or barriers, including those related to school stability. The agency is updating its Educational Services policy, which includes clear guidance on when and how best interest determinations should be made with respect to school stability. There are also updates to the School Placement Decision-Making Guide, a tool the agency developed to assist social workers in evaluating various factors in making best-interest determinations regarding the choice of school when a child first comes into care or changes a foster home placement. Changes to the Decision-Making Guide are aimed to make the form more user-friendly and to better guide social workers on how to weigh the various factors

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



to be considered in the decision-making process. OWB also works with the Placement Services Administration to ensure that proximity to the school of origin is taken into account when a child is removed and an initial placement is being determined. Finally, OWB continues to review all school transportation requests to ensure they are based on best-interest decision-making and an appropriate use of resources.

% On grade level	% Above grade level	% Below grade level
1.8 (or 2 students)	0.9 (or 1 student)	97.3 (or 110 students)

65. Since it discontinued educational A+ Learning Link educational assessments in March, 2014, what efforts has CFSA made to gather aggregate data regarding the academic performance of the foster youth population?

CFSA has recently gained more direct access to students' academic performance data from the agency's primary educational partners. In March 2014, for example, CFSA gained access to all DCPS students' standardized test scores (then the DC-CAS) via SLED, and in May 2015, PGCPs agreed to share the standardized test scores of CFSA-committed students enrolled in their schools. At present, approximately 42% of children and youth enrolled in pre-k through 12th grade are enrolled in DCPS and 19% are enrolled in PGCPs. Thus these agreements secure the agency's access to educational data for roughly 62% of school-age children and youth in CFSA's care.

During the 2014-2015 academic year, both DCPS and all schools in Maryland transitioned from their former standardized assessments (i.e., DC-CAS and the MD-HSA Assessment, respectively) to the more nationally recognized, PARCC (Partnership for Assessment of Readiness for College and Careers) assessment. CFSA has requested access to the PARCC scores of every school-age child and youth who was enrolled in either a DCPS or PGCPs for the 2014-2015 academic year. This information will provide better insights into the academic performance of CFSA's population. CFSA is also working with OSSE to obtain an analysis of how children and youth in care performed on those assessments in comparison to their grade-level peers who are not involved with the child welfare system.

a. Please provide any aggregate data the agency has available regarding the percentage of children in foster care who are at, above, or below grade level in math.

CFSA is awaiting the 2014-2015 standardized test data that reports on academic proficiency levels in the aggregate. CFSA does require diagnostic testing for all students connected to CFSA's tutoring vendors for tutoring service. In FY16 thus far, 113 students have received assessments as indicated below. Of those students, 92% were below grade

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



level in math and 97% were below grade level in reading. Please note that CFSA generally receives tutoring referrals for the students who are most academically at-risk. As a result, the academic proficiency levels listed below represent only 10% of the population and should not be taken to be representative of the academic achievement level of all youth in care.

The pre-service diagnostic assessments for the 113 students who have been referred to tutoring services since June of 2015 revealed the following grade level proficiencies in math:

% On grade level	% Above grade level	% Below grade level
1.8 (or 2 students)	6.2 (or 7 students)	92 (or 104 students)

- b. Please provide any aggregate data the agency has available regarding the percentage of children in foster care who are at, above, or below grade level in reading.**

Pre-service diagnostic assessments of the 113 students (10% of the population) receiving tutoring services since June of 2015 revealed the following grade level proficiencies in reading:

66. How many youth received tutoring in FY15 and to date in FY16?

In FY15, 104 youth received one-on-one in-home tutoring from CFSA’s tutoring vendors.

In FY16 to date, 145 youth have been connected to CFSA’s tutoring vendors. Of these, 114 youth are currently receiving tutoring regularly, while 32 have been discontinued from service due to non-utilization of the approved service hours for various reasons, including achievement of the tutoring goals or case closure.

- a. What is the total funding in the FY16 budget for tutoring? Explain any variance from FY15?**

CFSA’s FY16 budget for tutoring is \$500,000. In FY15, CFSA budgeted \$427,370 for tutoring. CFSA increased the budget for tutoring from FY15 to FY16 in order to provide more children and youth in care with tutoring services. The educational assessments CFSA conducted in 2014 revealed that more than half of the 557 school-age students (kindergarten to 12th grade) in foster care who were assessed were performing below grade level in reading and math.

- b. Please identify each tutoring provider and the amount allocated in FY16? Explain any variance from FY15?**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



In June 2015, CFSA signed contracts with two new tutoring vendors: A Plus Success, LLC and Soul Tree, LLC. These vendors were selected based on their research-based instructional techniques and forms of assessment that enable them to monitor progress on students' academic achievement. A Plus Success has been allocated a total of \$167,000 to provide tutoring services through the end of its first contract year in June 2016. Soul Tree, LLC has been allocated a total of \$164,255.72 for its services through June 2016. CFSA has \$168,744.28 remaining in its FY16 budget, which we intend to use to renew the contracts to cover the remaining portion of FY16.

c. What have been the outcomes of youth in tutoring?

CFSA is able to measure students' progress from tutoring services by comparing pre-service assessment diagnostic test results with post-service assessments (a re-assessment of the student using the same diagnostic tool). The post-service assessments are generally administered every six months. In this first quarter of service, however, CFSA asked vendors to conduct a post-service assessment on any child or youth who has received tutoring services for three months or more in order to have earlier indicators of student progress.

A comparison of pre- and post-service assessments for 34 of the children and youth who have received tutoring services from one of our two new tutoring vendors for three to six months (connected to service anytime between July 2015 and September 30, 2015) revealed the following measures of improvement:

Improvement in Reading Skills in the first 3-6 months of tutoring service:

- 5.9% (or 2 students) have improved their reading by two or more full grade levels.⁹
- 26.5% (or 9 students) have improved their reading by a full grade level or more.
- 32.3% (or 11 students) have improved their reading by a ½ grade to full grade level.
- 35.3% (or 12 students) have improved their reading by a ½ grade level or less.

Improvement in Math Skills in the first 3-6 months of tutoring service:¹⁰

- 6.0% (or 2 students) have improved their math skill by two or more full grade levels.¹¹
- 21.2% (or 7 students) have improved their math skill by a full grade level or more.

⁹ One student went from a 4.1 grade level equivalency to a 6.9 grade level equivalency and the other went from a 4.2 grade level equivalency to a 7.2 grade level equivalency in reading.

¹⁰ One student's math post-assessment diagnostic test was ungraded since the student tested above the 12th grade, so it was not included in the count for students' Improvement in Math Skills.

¹¹ One went from a 2.9 grade level equivalency in math to a 6.6 grade level equivalency, and the other went from a 3.7 grade level equivalency to a 6.5 grade level equivalency in math.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- 36.4% (or 12 students) have improved their math skills by a ½ grade to full grade level.
- 36.4% (or 12 students) have improved their math skills by ½ grade or less.

67. How many youth received mentoring services in FY15 and to date in FY16?

In FY15, 72 children and youth received mentoring services from CFSA's mentoring vendors.

In FY16, 74 children and youth are receiving mentoring services, and 10 are awaiting assignments of their mentors.

a. What is the total funding in the FY16 budget for mentoring? Explain any variance from FY15?

CFSA's FY16 budget for mentoring is \$500,000. In FY15, CFSA budgeted \$460,000 for mentoring. CFSA increased its budget for mentoring from FY15 to FY16 because we learned that it costs more to provide evidence-based mentoring services. CFSA also allocated more funds to mentoring due to the high demand for mentoring services for our children and youth.

b. Please identify each mentoring provider and the amount allocated in FY16? Explain any variance from FY15?

In November of 2014, CFSA entered into new contracts with two evidence-based mentoring providers. Life Deeds, LLC was allocated \$114,982.00 to provide mentoring services to up to 25 of our children and youth aged 16 and older. Best Kids, Inc. was allocated \$323,158 to provide service to up to 80 children and youth in care, ages 5-21.

On June 4, 2015, CFSA transferred all of its mentoring services from Life Deeds, LLC to Best Kids LLC. As a result, Best Kids LLC is presently CFSA's only mentoring provider in FY16. CFSA renewed its contract with Best Kids LLC for \$465,403.08 on January 12, 2016. The contract obligates them to provide mentoring services for up to 115 children and youth in care from December 2015 through December 2016.

c. What have been the outcomes of youth in mentoring?

CFSA measures a student's progress from mentoring services by comparing the student's reported functioning on two different pre-service assessment tools (a self-evaluation completed by the student and a survey administered to the caregiver). Functioning is then reported again six months post-service delivery. Both tools ask questions that assess the student's functioning in six different domains identified by the agency:

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



-
- Cognitive Functioning (including school engagement/attendance and academic performance)
 - Emotional/Behavioral Functioning (including pro-social behavior, positive outlook, self-esteem)
 - Social Functioning (including relationships with adults, peer relationships, social connections, social competence)
 - Risky Behaviors (including reduction/cessation of substance abuse and/or delinquent behaviors)
 - Involvement with Caregiver (including following directions and cooperating with home rules)

Based on the last quarterly report submitted to CFSA by Best Kids, Inc. on January 15, 2016, the students receiving mentoring services reported the following outcomes:

Cognitive Functioning: 83.33% of the surveyed students increased their scholastic competence and educational expectations. 77.78% increased their grades.

Emotional/Behavioral Functioning: 78.26% of surveyed caregivers reported that the children and youth in their care increased their feelings of empowerment. 82.61% of surveyed caregivers reported that the children and youth in their care increased their self-esteem and self-expectations.

Social Functioning: 66.67% of the surveyed students reported increased feelings of parental trust. 72.22% reported increased social acceptance and relationships with their peers.

Risky Behaviors: 86.11% of the surveyed students reported increased feelings of risk avoidance.

Involvement of Caregiver: Each mentoring pair involves the caregiver in the mentoring plans and keeps them updated on progress made towards goals.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



68. Regarding youth in high school and GED programs, please provide the following for the 2014-2015 school year and the 2015-2016 year to date:

a. The number of youth currently attending high school by grade (9th, 10th, 11th, 12th);

Grade	Number of Youth
Ninth	86
Tenth	67
Eleventh	53
Twelfth	39

b. The number of youth who graduated with a high school diploma;

In FY15, 64 youth graduated high school.

c. The number of youth currently enrolled in GED programs;

Twenty youth are currently enrolled in GED programs.

d. The number of youth who received their GED;

In July of 2015, 13 youth were reported by social workers to have completed their GED.

e. The number of youth who received graduation certificates;

In FY15, 64 youth received graduation certificates.

f. The median grade point average for youth ages 15-21;

CFSA has access to grade point average (GPA) information for youth enrolled in high school (grades 9-12) through DCPS only. CFSA anticipates receiving GPA level data from PGCPSS during FY16. The technical aspects for transferring the data are currently being worked on by our respective IT departments.

For the 2014-2015 academic year, CFSA has GPA access for 122 youth who were committed to CFSA's care and enrolled in DCPS on the last day of the school year. The range of GPA included a low of 0.125 to a high of 4.025 with an average GPA of 1.53 and a median GPA of 1.40.

Through access to DCPS data, CFSA has GPA information (current through the first term of the 2015-2016 academic year) for 62 youth (25.3% of all CFSA youth enrolled in high school). The range of GPA included a low of 0.125 to a high of 4.025 with an average GPA of 1.63 and a median GPA of 1.46.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



g. The number of youth who dropped out;

Based on the data collected, 37 youth in care were reported by social workers not to have completed high school and not known to be enrolled in any other educational or vocational program. CFSA has formed a working relationship with the Re-Engagement Center (REC) and is currently working to connect these youth to services.

As of the latest reconciliation (completed in January 2016) 24 youth in care (through age 21) were reported not to have completed high school and not known to be enrolled in any other educational or vocational program. CFSA continues to work with the Re-Engagement Center (REC) and are currently in the process of connecting these youth to services.

h. The number of youth who graduated on time (within 4 years);

This is not information that CFSA is currently tracking since many of the youth have aged out during their tenure in college. Nevertheless, the agency is working on determining an accurate means to track this information in the coming year as a part of CFSA's Education Blueprint strategy.

i. The number of youth who were suspended or expelled due to behavioral issue;

CFSA is not able to accurately report this information at present because we have not been successful in determining a way to access foster students' school disciplinary data in the aggregate. CFSA is presently in conversations with DCPS, the DC Public Charter School Board, and PGCPS to determine if there is a way that we can access this information in real-time. At present, each school district tracks school disciplinary information in several different database systems so they have not been able to determine a way to easily transmit this information to CFSA. CFSA will continue to make efforts to access this information in the year to come as a part of CFSA's Education Blueprint strategy.

j. The high school graduation rate for youth in foster care as of the end of the 2014-2015 school year, including an explanation of how this rate was calculated;

CFSA's high school graduation rate is 60%. The high school graduation rate at the end of the 2014-2015 academic year was calculated by dividing the number of foster youth in the 12th grade (106) at the beginning of the year by the total number of foster youth who graduated by the end of the school year (64).

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



k. A list of schools attended by foster youth, by ward, and the number of youth in each school.

As of OWB’s most recent data reconciliation, completed in January 2016, CFSA had 662 children and youth in care enrolled in kindergarten through 12th grade or in a school-based pre-k program. This data included students across several jurisdictions and states beyond the District of Columbia. The breakdown of location or school type is included below, with the specific school breakdown following.

School Type / Location	Number of Youth
District of Columbia Public Schools	286
District of Columbia Public Charter Schools	120
Prince George’s County Public Schools	126
Other Surrounding Counties Public or Charter Schools (Anne Arundel, Baltimore, Charles, Montgomery County, Virginia)	27
Residential Programs	27
Non-Public Special Education Schools	64
Private Schools	5
Other States Public or Charter Schools (<i>Schools not identified below due to confidentiality; states include: Michigan, Illinois, Ohio, Texas & Delaware</i>)	6
Home School	1
Total Youth in K-12 or School Based Pre-K Program	662

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



District of Columbia Public and Charter School Breakdowns

Ward	# of Youth	% of Youth
One	28	6.9
Two	2	0.5
Three	5	1.2
Four	25	6.2
Five	75	18.5
Six	70	17.2
Seven	93	22.9
Eight	97	23.9
Multiple Wards (KIPP schools campuses exist across multiple wards)	11	2.7
Total	406	100

**CFSA
 Youth
 Enrolled in
 DCPS and
 DC
 Charter
 Schools by
 Ward**

District of Columbia Public Schools

DCPS School Name	# of Youth	Ward
Aiton ES	3	7
Amidon Bowen ES	5	6
Anacostia HS	10	8
Ann Beers ES	3	7
Ballou HS	5	8
Ballou STAY	3	8
Barnard ES	6	7
Brookland Educational Campus at Bunker Hill	4	5
Brookland MS	3	5

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



DCPS School Name	# of Youth	Ward
Browne EC	4	5
Burroughs ES	4	5
Burrville ES	2	7
Cardozo HS	9	1
C.H.O.I.C.E. Academy	1	5
Columbia Heights EC	6	1
Coolidge HS	1	4
CW Harris ES	10	7
Deal MS	2	3
Drew ES	1	7
Duke Ellington School for the Arts	1	1
Dunbar HS	4	5
Eastern HS	17	6
Eaton ES	1	3
Eliot-Hine MS	6	6
Garfield ES	2	8
H.D. Woodson HS	16	7
Hart MS	1	8
HD Cooke ES	1	1
Hearst ES	1	3
Hendley ES	3	8
Houston ES	4	7
Jefferson MS Academy	4	6
Johnson MS	3	8
Kelly Miller MS	2	7
Ketcham ES	6	8
Kimball ES	7	7
Langdon EC	1	5
Langley ES	7	5
LaSalle Backus EC	5	4
Luke C. Moore HS	8	5
Malcolm X ES	1	8
McKinley Middle School	5	5
McKinley Tech HS	1	5
Miner ES	3	6
Moten ES	8	8
Nalle ES	3	7

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



DCPS School Name	# of Youth	Ward
Noyes ES	3	5
Orr ES	3	8
Patterson ES	3	8
Payne ES	9	6
Phelps Architecture Construction and Engineering HS	3	5
Plummer ES	4	7
Randle Highlands ES	2	7
Raymond EC	1	4
River Terrace EC	1	7
Roosevelt HS	6	4
Savoy ES	4	8
School Within a School at Goding	2	6
School Without Walls HS	1	2
Simon ES	1	8
Smothers ES	3	7
Sousa MS	1	7
Stanton ES	1	8
Thomas ES	1	7
Thomson ES	1	2
Truesdell ES	5	4
Tubman ES	3	1
Turner ES	8	8
Tyler ES	2	6
Walker Jones EC	7	6
Washington Metropolitan HS	1	1
West EC	2	4
Wheatley EC	2	5
Whittier EC	2	4
Wilson HS	1	3
Total	286	

District of Columbia Charter Schools

Charter School Name	# of Students	Ward
Achievement Preparatory Academy PCS	3	8
Bridges Charter School	1	5
Cedar Tree Academy PCS	2	8

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Charter School Name	# of Students	Ward
Center City PCS	3	8
Cesar Chavez PCS	11	7
Community Academy PCS -Amos III	1	4
Creative Minds International PCS	2	5
DC Prep PCS	7	5
DC Scholars PCS	2	7
Democracy Prep PCS	4	8
Eagle Academy PCS	5	8
Excel Academy PCS	4	8
Friendship PCS	7	8
Harmony DC PCS -School of Excellence	4	5
Hope Community PCS - Tolson Campus	2	5
Howard University MS Math & Science PCS	1	1
IDEA PCS	4	7
Kingsman Academy PCS	2	6
KIPP DC	11	Multiple
Mary McLeod Bethune Day Academy PCS	1	7
Maya Angelou PCS	6	1
Monument Academy PCS	3	6
National Collegiate Prep PCS	1	8
Paul PCS	1	4
Perry Street Prep PCS	3	5
Richard Wright PCS for Journalism and Media Arts	3	6
SEED PCS	4	7
St. Coletta PCS	7	6
The Children's Guild PCS	2	7
Thurgood Marshall Academy PCS	6	8
Washington Latin PCS	1	4
Washington Math Science and Technology PCS	2	5
William E. Doar Jr. PCS	4	5
Total	120	

Other Surrounding County and School Jurisdictions

Prince George's County Public Schools

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



PG County Public School Name	# of Youth
Accokeek Academy	5
Allenwood ES	1
Arrowhead ES	1
Avalon ES	2
Baden ES	2
Barack Obama ES	2
Barnaby Manor ES	2
Benjamin Stoddert MS	1
Bladensburg HS	2
Bowie HS	5
Bradbury Heights ES	1
Brandywine ES	2
C. Elizabeth Rieg Regional School	1
Carrollton ES	1
Central HS	2
Charles Carroll MS	1
Charles Herbert Flowers HS	2
Cora L. Rice ES	1
Croom HS	1
Crossland HS	6
District Heights ES	1
Doswell ES	1
Drew Freeman MS	1
DuVal HS	2
Fairmont Heights HS	1
Forestville HS	1
Francis Scott Key ES	2
Friendly HS	5
Glenridge ES	1
Gwynn Park HS	3
Gwynn Park MS	2
Henry Wise Sr. HS	6
High Bridge ES	1
High Point HS	1
James H Harrison ES	1
James Madison MS	4
James Ryder Randall ES	1

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



PG County Public School Name	# of Youth
John Hanson Montessori School	1
Kenmoore MS	1
Kettering ES	1
Kettering MS	2
King, M L ES	1
Largo HS	5
Longfields ES	1
Magnolia ES	1
Melwood ES	3
North Forestville ES	1
Oxon Hill HS	4
Oxon Hill MS	4
Parkdale HS	1
Perrywood ES	1
Pointer Ridge ES	1
Potomac HS	3
Potomac Landing ES	1
Princeton ES	1
Robert Frost ES	1
Robert Gray ES	1
Rosaryville ES	1
Rose Valley ES	1
Samuel Chase ES	1
Stephen Decatur MS	3
Suitland ES	2
Surrattsville HS	1
Thurgood Marshall MS	2
Walker Mill MS	1
William Beanes ES	1
William W. Hall Academy	1
William Paca ES	2
Total	126

Other Surrounding Counties Public or Charter Schools

Other Counties School Name	# of Youth
Anne Arundel County, MD	2

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Other Counties School Name	# of Youth
Crofton MS	1
Meade Heights ES	1
Baltimore County, MD	2
Villa Coestar ES	2
Charles County, MD	12
C. Paul Barnhart ES	1
General Smallwood MS	1
JP Ryon ES	1
Mary B. Neal ES	1
Mathew Hinson MS	1
Maurice J. McConnough HS	1
North Point HS	1
Samuel Mudd ES	1
William Diggs ES	4
Montgomery County, MD	8
Benjamin Banneker MS	1
Cedar Grove ES	1
Magruder HS	1
Montgomery Blair HS	2
Montgomery Knolls ES	2
Quince Orchard HS	1
Virginia	3
Falls Church HS	1
Kecoughtan HS	1
Kilmer MS	1
Total	27

Non-Public Special Education Schools

Non-Public Special Education School Name	# of Youth
Accotink Academy	5
Foundation School	6
Frost School - Oakmont Program	1
High Road Academy	21
Kingsbury Center	1
Kingsbury Day School	2

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Non-Public Special Education School Name	# of Youth
Kingsbury HOPE Program	1
Lt. Joseph P. Kennedy Institute	1
Maryland School for the Blind	1
National Center for Children and Family	1
National Children's Center	3
Pathways School	2
Phillips School	10
The Children's Guild (<i>excludes DC Charter School</i>)	6
Village Academy of DC	3
Total	64

Private Schools

Private School Name	# of Youth
Cornerstone Schools of Washington	1
Episcopal Center	1
Riverdale Baptist School	1
St. Francis of Xavier Academy	1
Washington Waldorf	1
Total	5

Residential Programs

Residential Programs School Name	# of Youth
Cheltenham	2
Correctional Treatment Facility	2
Devereux Residential Treatment Facility	7
Harbor Point Behavioral Health	1
KVC Residential Facility	1
Laurel Heights Academy	1
Liberty Point PRTF	1
Millcreek Behavioral	1
New Beginnings	3
North Spring Behavioral Health Care	1
Regional Institute for Child & Adolescents	1
Resource RTC	1

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Residential Programs School Name	# of Youth
The Kennedy School	1
Youth Services Center	4
Total	27

69. Regarding college preparation and college attendance, please provide the following for the 2014-2015 school year and the 2015-2016 year to date:

a. The number of youth served by OYE's pre-college services program, the number of youth served by this program in FY15, and the number served to date in FY16;

	Freshman	Sophomore	Junior	Senior	Total
FY15	22	11	9	10	52
FY16: Q1*	12	10	7	12	41

b. The number of youth enrolled in a 4-year college by year (freshman, sophomore, junior, and senior);

	Freshman	Sophomore	Junior	Senior	Total
FY15	22	11	9	10	52
FY16	12	10	7	12	41

* FY15 reflects data for the entire school year (fall, spring and summer semesters). FY16 data only accounts for the fall semester. We will have the total number of youth in college at the end of the fiscal year once all semesters for the fiscal years have been completed.

c. The number of youth enrolled in a 2-year college by year;

	First Year	Second Year	Total
FY15	31	6	37
FY16	21	4	25

d. The number of youth enrolled in graduate school;

There are no youth currently enrolled in graduate school.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- e. The number of youth who received an associate's degree, bachelor's degree, or master's degree;

	Associate's Degree	Bachelor's Degree
FY15	0	5
FY16: Q1	1	2
TOTAL	1	7

- f. Number of youth who dropped out of college. If known, please provide the reasons that youth did not stay in school and the highest level the youth completed;

Academic Dismissal	3
Mental Health Issues	2
Employment	12
Pregnant/Parenting	1
Incarceration	1
Vocational Program	5
TOTAL	24

FY16: Q1

Academic Dismissal	7
Health Issues	2
Mental Health Issues	3
Employment	14
Pregnant/Parenting	1
Vocational Program	4
Abscondence	1
TOTAL	32

- g. The number of youth who took college remedial classes; and

FY15	32
FY16: Q1	13

- h. The number of youth who received ETV funding.

FY15	93
FY16: Q1	77

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



70. Regarding vocational programs, please provide the following for FY15 and FY16 to date:

a. The number of youth participating in OYE's Career Pathways program;

FY15	121
FY16: Q1	75

b. The number of youth enrolled in vocational programs;

FY15	51
FY16: Q1	21

c. The names of vocational programs in which youth are enrolled;

Program	FY15 # of Youth Enrolled	FY16 # of Youth Enrolled
Job Corps	3	1
UDCCC-Workforce Development	6	7
Career Technical Institute	1	1
Bennett (Cosmetology)	4	2
VMT (CAN/HHA)	15	5
MedTech (Medical Assistant)	2	1
CMS Protective Services (Security)	2	0
United Planning Organization	1	0
LAYC Career Academy	3	0
PGCC-Workforce development	1	2
ATSSA, Flagger Program	1	0
FamTreats	1	0
Film Connections	0	1
DYRS Career Development Programs	6	0
Hospitality Training	2	0
CCBC-Workforce Development	1	0
DC Central Kitchen	1	0
Year Up	1	1
TOTAL	51	21

d. The number of youth who successfully completed vocational programs; and

FY15	41
FY16: Q1	6

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



e. The number of youth who enrolled but failed to complete vocational programs.

FY15	10
FY16: Q1	15

f. For youth who failed to complete vocational programs, what reasons were provided for not completing programs?

Reasons not completed	Fy15 # of youth	FY16 # of youth
Still enrolled	0	10
Withdrawn	7	5
Failed Drug test/Criminal Background	1	0
Youth gained employment	1	0
Altercation with staff	1	0
TOTAL	10	15

71. How many youth receive education support and services through the Department of Disability Services?

CFSA has eight youth receiving services through DDS Rehabilitation Services Administration (RSA) from OYE. CFSA is meeting with DDS in March 2016, on the agenda is to discuss a formal process to track all CFSA youth receiving services through DDS.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Employment

72. How many youth participated in OYE’s subsidized employment program in FY15? FY16 to date? Please provide the employers with which CFSA partnered for this program, and the number of youth who took part in an internship with each provider.

FY15	55
FY16: Q1	16

Employer	FY15 # of youth	FY16 # of youth
Providence Hospital	16	2
Department of Public Works	9	5
Child and Family Services Agency	1	0
DC City Council	2	0
DC Office of Human Rights	1	1
Marshalls	1	0
SoulWingz	2	0
Bennett Babies	3	2
TJ Maxx	10	1
Whaler’s Creations	1	0
Department of Parks and Recreation	1	2
DC Department of Employment Services	1	0
Bravehearts	1	0
National Alliance on Mental Illness	2	0
Bennett Career Institute	0	1
Red Robin Learning	0	1
Fan Youth Development Program	1	0
Miller and Long	1	0
Rockville Recreational Center	1	0
Sports IQ Advantage	1	0
Skateboard Shop	0	1
TOTAL	55	16

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



73. Regarding youth employment and training, please provide the following for FY15 and FY16 to date:

- a. How much funding (local and federal) is the agency spending on training and employment opportunities for foster youth?

	Local (Subsidized Employment dollars)	Federal (CHAFEE Grant Dollars)
FY15	\$104,479	\$16,931
FY16: Q1	\$19,943	\$1,196

- b. The names of organizations receiving funding from the agency to provide employment training to foster youth, the amount of funding allocated to each organization, and the number of youth served by each organization.

Program	FY15	FY16:Q1
VMT-Healthcare Training (15 youth)	\$15,073	\$35
CMS- Security Training (2 youth)	\$759	\$0
Bennett-Cosmetology (1 youth)	\$199	\$0
AMP-Flagger Training (4 youth)	\$500	\$0
Nurse One- Healthcare (1 youth)	\$400	\$0
PGCC (1 youth)	\$0	\$1,161
TOTAL	\$16,931	\$1,196*

Youth participated in many free vocational programs in FY15 and FY16. Additionally, we are still waiting for invoices for programs in FY16.

74. Regarding youth between the ages of 18 and 21, please indicate the following for FY15 and FY16 to date:

- a. The number of youth between the ages of 18 and 21.

FY15	226
FY16: Q1	211

- b. The number of youth between the ages of 18 and 21 who are employed full-time and part-time.

FY15	
Full-Time	55
Part-Time	55
TOTAL	110

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY16: Q1	
Full-Time	39
Part-Time	50
TOTAL	89

c. What types of jobs have been obtained? What are the average salaries received?

CFSA did not track average salaries received. Beginning in February 2016, OYE will begin to track starting wages for youth when they start their employment. See chart below for breakdown of types of jobs.

Type of Job	FY15	FY16
Medical/Healthcare (CNA, HHA,EKG, GNA, etc.)	20	1
Food Service	37	32
Retail	13	21
Childcare	5	1
Administrative	14	20
Security	2	2
Trucking/construction	5	2
Hospitality	7	5
Cosmetology	1	0
EMT	2	1
Recreation centers	4	4
TOTAL	110	89

d. Of the youth ages 18 to 21 who are not employed, how many are currently attending high school? A GED program? College? A vocational program? None of these?

18-21 who are not employed	FY16: Q1
High School	49
GED	20
College	15
Ungraded Classroom/Special Education	11
Vocational Program	10
Disconnected*	48
Abscondence	4
Connected to DDS	1
Career Pathways Involved	16
Deceased	1
Incarcerated	5
DC Career Connection Internship	6
MH Concerns	4
Not engaged in any service	11
TOTAL	153

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- e. **The number of youth between the ages of 18 and 21 who are enrolled in a 4-year college full-time and part-time.**

FY15	18-21	Over 21
Full-Time	37	12
Part-Time	2	1
TOTAL	39	13

FY16: Q1	18-21	Over 21
Full-Time	21	12
Part-Time	4	4
TOTAL	27	16

- f. **The number of youth between the ages of 18 and 21 who are enrolled in a 2-year college full-time and part-time.**

FY15	18-21	Over 21
Full-Time	16	1
Part-Time	9	1
TOTAL	25	2

FY16: Q1		18-21	Over 21
Full-Time		13	0
Part-Time		10	2
TOTAL		25	2

- g. **The number of youth between the ages of 18 and 21 who are enrolled in vocational training.**

There are currently 10 youth in vocational training programs.

- h. **The number of youth between the ages of 18 and 21 who are attending high school.**

There are currently 49 youth currently attending high school.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- i. **The number of youth between the ages of 18 and 21 who are enrolled in a GED program.**

There are currently 20 youth currently enrolled in a GED program.

Youth Aftercare Program

75. Regarding youth aftercare services, please indicate the following for FY15 and FY16 to date:

- a. **The number of youth who turned age 19 ½.**

FY15	95
FY16: Q1	21

- b. **Of the youth who turned 19 ½, how many were referred for aftercare services? How many were referred within 1 month of turning 19 ½? Within 3 months? 6 months? 9 months? 12 months? Longer than 12 months?**

	Referred within 1 month of turning 19 ½ years old	Referred within 3 months of turning 19 ½ years old	Referred within 6 months of turning 19 ½ years old	Referred within 9 months of turning 19 ½ years old	Referred within 12 months of turning 19 ½ years old	Referred longer than 12 months of turning 19 ½ years old	Total Referred for Youth Aftercare Services
FY15	23	13	16	11	3	3	69
FY16: Q1	2	8	2	2	1	2	17

- c. **How many of the youth described in (b), above, have been assigned an aftercare provider?**

- DC CASA provided aftercare services for 30 youth in FY15. The Agency ended the contract with DC CASA in FY16 and 19 of the 30 youth were referred to the Healthy Families/Thriving Communities Collaboratives (included in the numbers above).
- The remaining 11 DC CASA youth were not referred to the Healthy Families/Thriving Communities Collaboratives for the following reasons: two referred to DDS, one was referred to DBH, six moved more than 25 miles away or were not interested in aftercare services, and two were incarcerated.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- d. **What data does CFSA collect regarding the aftercare services provided to youth after they turn 21, the effectiveness of these services, and the outcomes for youth who receive aftercare services?**

CFSA offers after-care services to youth who age out of foster care, collecting data directly from the provider (i.e., the Healthy Families/Thriving Communities Collaboratives) for those youth who used the services. The Collaboratives are currently using the Efforts to Outcomes (ETO)™ system which captures quantitative and qualitative information in a uniform manner to determine outcomes and to track progress. In addition to capturing the total number of youth aftercare clients served, ETO also captures data related to housing, vocational, education, and training and employment links.

76. **Regarding youth who aged out of foster care, please indicate the following for FY15 and FY16 to date:**

- a. **The number of youth who aged out of foster care.**

FY15	95
FY16: Q1	21

- b. **The number of youth who were employed full-time at the time they aged out? Employed part-time. For those youth who were not employed, what was the reason?**

FY15	
Full-Time	20
Part-Time	9
Unemployed	66
Total:	95

FY16: Q1	
Full-Time	2
Part-Time	6
Unemployed	13
Total:	21

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Reasons for not working	FY15	FY16
Abscondence	5	0
College	8	1
DDS	5	4
Enrolled in GED/HS	11	1
Job Corps	1	0
Enrolled in Vocational Training	4	1
Incarceration	7	0
Pending Employment	2	1
Pregnant/New Mother	1	0
Subsidized Work	0	2
Not engaged ¹²	13	1
Seeking Employment	9	2
TOTAL	66	13

c. Among youth who aged out, at the time of their 21st birthday, how many had stable post-emancipation housing in place? Please provide a breakdown of the types of anticipated living arrangements (e.g. own apartment, apartment with roommate, college dorm, staying with former foster parent, staying with biological parent, staying with other family member, staying with friends, abscondance, incarcerated, shelter system, no housing identified, etc.).

	# of youth who aged out w/ stable housing	# of youth who aged out with unstable housing	Total
FY15	81	19	100
FY16	26	2	28

¹² Not engaged means the young person is not engaging with the Career Pathways Unit or in any type of employment service but it does not mean that the agency is not making attempts to engage with the youth

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Type of Living Arrangements	FY15	FY16 Q1
Stable		
College Dorm	6	1
DDS Placement	6	4
Family	17	7
Former Foster Parent	8	2
Own Apartment	15	3
Staying with Mentor/friend	8	0
Transitional Housing	21	9
Unstable Housing		
Abscondence	6	1
Shelter/homeless	2	0
Between Friends/Family	5	0
Incarcerated	6	1
TOTAL	100	28

Note: These numbers include youth who aged out or exited during this time period and are consistent with what was reported in the Older Youth Score Card.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Placements and Providers

77. Provide the following by age, gender, race, provider, location, daily rate and time in care:

- a. Total number of foster children and youth;
- b. Total number of foster children and youth living in foster homes;
- c. Total number of foster children and youth living in group homes;
- d. Total number of foster children and youth living in independent living programs;
- e. Total number of foster children and youth living in residential treatment centers; and
- f. Total number of foster children and youth in abscondance, and the length of time they have been in abscondance.

See Attachment Q77, Children Served in Foster Care at end of FY15.

78. Provide number and percentage of foster children who, during FY15 and FY16 to date had (a) 1 placement; (b) 2 placements; (c) 3-4 placements; (d) 5 or more placements. Please also break this information down by age of the child.

FY	Age at End of FY	Placement Episodes				Total
		1	2	3-4	5+	
FY 2015	1	23	2	1	0	26
	2	28	4	2	0	34
	3	23	6	1	0	30
	4	15	6	0	0	21
	5	18	8	1	0	27
	6	15	8	1	0	24
	7	18	7	3	1	29
	8	18	6	3	0	27
	9	12	1	3	0	16
	10	11	3	1	0	15
	11	14	2	7	1	24
	12	9	9	3	1	22
	13	12	8	4	2	26
	14	17	11	3	2	33
	15	7	7	7	4	25
	16	13	8	18	6	45
	17	9	14	13	8	44
	18	22	19	17	16	74
	19	31	14	14	7	66
	20	39	17	21	6	83
	Total	354	160	123	54	691
	Percentage	51.23%	23.15%	17.80%	7.81%	100.00%

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY	Age at End of FY	Placement Episodes				Total
		1	2	3-4	5+	
FY 2016	<1 Year	22	3	0	0	25
	1	40	1	0	0	41
	2	51	5	0	0	56
	3	40	1	0	0	41
	4	30	1	0	0	31
	5	44	4	0	0	48
	6	36	1	0	0	37
	7	37	3	0	0	40
	8	31	3	0	0	34
	9	27	4	1	0	32
	10	20	1	0	0	21
	11	31	3	0	0	34
	12	22	7	0	0	29
	13	27	2	1	1	31
	14	45	7	3	0	55
	15	21	9	3	0	33
	16	42	9	2	2	55
	17	47	18	3	1	69
	18	59	5	3	0	67
	19	56	9	3	0	68
	20	62	5	4	0	71
	Total	790	101	23	4	918
	Percentage	86.06%	11.00%	2.51%	0.44%	100.00%

Note: The universe of this report includes all children who were in placement on the first day of each fiscal year and still in placement on the last day of the fiscal year. If a child exited during the fiscal year and re-entered foster care during the same fiscal year, they are excluded from the universe for that fiscal year

79. Please provide the following information regarding kinship placements for FY15 and FY16 to date:

a. What percentage of foster children is currently placed with kin?

Twenty-two percent of foster children are placed with kin.

b. What efforts did CFSA make to increase the percentage of foster children placed with kin?

CFSA efforts are as follows:

- On call (24/7) kinship licensing staff to expedite temporary kin licensure at time of removal;
- Utilization of the Diligent Search Unit to locate kin;
- Exercising the right to waive certain licensing criteria for kin; and

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- Utilization of kinship support funds to assist relatives in obtaining larger/appropriate housing and furniture (i.e. cribs, beds, etc.)

c. What percentage of foster children does the agency project will be placed with kin by the end of FY16?

CFSA projects 25% of foster children will be placed with kin at the end of FY16.

80. Regarding the availability of beds/placements for children and youth in foster care, please provide the following for FY15 and FY16 to date and for DC and MD:

a. The number of foster home beds;

DC traditional foster care beds in FY15: 281

DC traditional foster care beds as of Jan 2016: 234

CFSA is not able to provide data on the availability of beds/placements for children and youth in MD.

b. The number of foster home beds that are currently vacant;

DC traditional foster care beds currently vacant (Jan. 2016): 25

c. The number of group home beds;

d. The number of group home beds that are currently vacant;

e. The number of independent living program beds;

f. The number of independent living program beds that are currently vacant;

g. The number of teen parent program beds;

h. The number of teen parent program beds that are currently vacant; and

i. The number of beds that do not fall into any of the above categories.

j. Of the beds described in (i), above, please indicate the type of bed and how many are vacant.

CFSA does not track the availability of beds/placements in the above categories and cannot provide the data requested.

81. Please explain what steps CFSA is taking to ensure that the number of available beds in the District's foster care system are appropriately matched to the number of children in need of placement, and that vacant beds are appropriately utilized.

CFSA needs to ensure that the District's child welfare system is using the most current and effective practices for making placement-matching decisions, in addition to having a continuum of foster care placements available for the children and youth entering into the

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



system. Using data from prior years in conjunction with analyses of national trends and predictive analytics, we develop annual projections of bed need and then we contract accordingly. Decisions about where to place a child must be made with the best information available from a robust placement continuum. The agency also needs to match the child with the best placement to meet his/her needs. That can happen only when CFSA has sufficient placement options and a quality placement matching database system.

Since 2013, the number of District children/youth entering foster care has decreased and reflects a national trend of decreasing entries into care. CFSA currently has a total of 764 beds. This includes 10 emergency short-term shelter beds. The agency works closely with private provider partners to project the number and types of placements that will be needed and work towards meeting those needs.

CFSA plans to accomplish the following during FY16 to streamline and improve the placement matching process:

- Improve the process used to identify, track, and project need.
- Establish a real-time database of placement options and preferences.
- Monitor and track private provider recruitment efforts to ensure they reflect current needs.
- Improve communication and strengthen relations with existing providers to obtain up to date vacancy information and expedite placements.
- Survey private providers, CFSA resource parents, and youth to identify what is/isn't currently working and solicit collaborative solutions.

82. Regarding recruitment of foster parents:

- a. What are the agency's recruitment targets for increasing the total number of foster homes in the District's foster care system? What strategies have been implemented to reach these targets?**

The FY16 recruitment plan states that CFSA will create 80 new District-based foster care beds in order to meet the placement needs of children in foster care. Of these 80 beds, at least 40% will be licensed for teenagers. Note that CFSA directs recruitment specifically within the District, so these responses also pertain to part c of this question.

CFSA has recognized that the rapidly changing demographics of the city demand new approaches from us to bring the idea and opportunity for fostering to a different group of District residents. Throughout FY15 and continuing this year, we initiated the following new strategies.

- Designed and implemented DC Families for DC Kids, which includes a web-based "landing page" exclusively for developing and recruiting foster homes in the District. The landing page (<http://www.fosterdckids.org/>) provides data, frequently asked questions, the criteria and process to become a foster parent in

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



the District, and stories from foster parents who know firsthand the importance of serving as a resource parent.

- Initiated digital marketing that included paid advertising on various social media outlets such as Google, Facebook, Twitter, and others. People who responded went to our dedicated landing page.
- Initiated paid advertising in carefully selected community-based media outlets, including the Blade, Washington Informer, and Northwest Current. In the case of the Blade and Washington Informer, our paid efforts led to additional earned coverage of foster care.
- Dedicated the CFSA Facebook page to recruitment, growing followers from less than 100 to over 800 in FY15. A lively conversation is now underway among District residents in various stages of engagement with the topic—from thinking about fostering to starting our pre-service training program. Existing foster/adoptive parents also weigh in. With many of these people, we have succeeded in drawing attention to a topic that likely was not on their radar before. Partnered and targeted District residents and community stakeholders in the Wards with the highest number of foster parents presently caring for the District’s children in Wards 4, 5, 7, and 8.
- Increased outreach and partnerships through event sharing and presentations with faith-based organizations (FBOs).
- Posted information on the websites and newsletter of numerous community partners, stakeholders, organizations, and FBOs about the need for fostering, including demographics on the number of children in foster care (e.g., age, ethnicity and Wards of origin), and how these entities can assist the District’s children.
- Collaborated with existing resource parents to serve as recruiters in spreading the word on the need to keep children in the community via increasing the number of foster homes. Created and implemented an incentive system for existing resource parents who provide a referral when their referee becomes licensed and accepts placement of a child in their home.
- Reviewed/improved Foster/Adoptive Parent Informational Sessions. Sessions offer current demographics on children in foster care, the importance of shared parenting, and the role of resource parents in the District. Sessions outline the variety of supports offered to foster parents, such as respite and monthly socialization activities with other foster and adoptive parents, and includes presentations by existing resource parents and teens sharing their experience through the licensing and placement process. The agency also began making house calls to recruit interested individuals who wanted that convenience.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- Conducted vigorous outreach in the community, establishing relationships with community partners (e.g., District government agencies, FBOs, corporations, local stores, schools, hospitals, social work organizations, sororities, organizations serving adolescents, and other providers), which resulted in 46% of the attendees in the informational sessions during the first quarter of FY16.

b. What percentage of current foster homes are located geographically within the District? What percentage of foster youth are placed geographically within the District? What percentage of foster youth ages 15 through 21 are placed geographically within the District?

CFSA does not currently have the ability to create geomaps or cluster maps for the District. We are working with other District agencies to obtain the ability to perform this task.

c. What are the agency's recruitment targets for increasing the total number of foster homes located geographically within the District? What strategies have been implemented to reach these targets?

- Highly effective recruiters target businesses, government agencies, corporations, and residents of the District to educate them on the need of children in the District's foster care system and how they can become foster parents to keep children in their community.
- Digital marketing and advertising to District residents through social media.
- Based on research of visitors frequently viewing CFSA's social media pages and data on existing resource parents, recruitment intentionally enhances messaging on websites that caters to professional women (ages 31-54), single men and men's associations, and the LGBT community. Recruitment also formulates partnerships with District providers of these groups and conducts presentations at venues sponsored by this targeted audience.
- Partnered with District residents and community stakeholders in all Wards of the District.
- Created and tailored factsheets that provide statistical information per Ward on the origin of children coming into care from their Ward, the number of foster parents currently serving as foster parents, and outlining how they can help in being a part of the solution for children and families of their Ward.
- Increased outreach and partnerships through event sharing and presentations at over 100 FBOs.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



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- Posting of information on websites and newsletters with District community partners, stakeholders, organizations, government organizations, and FBOs about the need for fostering, and including demographics on the number of children in foster care (e.g., age, ethnicity, and Wards of origin), and how these entities can assist the District's children.
 - Offering incentives up to \$250 to existing DC resource parents to refer other District residents to become licensed foster parents.
 - Current District foster parents provide information during monthly sessions about how only District residents can serve as foster parents for the District's children in foster care, how CFSA and other District foster parents provide different types of the support on a continuing basis, and how this experience has enriched their lives.
 - Licensed social work recruiters provide individual informational sessions in the home of District residents.

d. What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for teenagers? What have been the barriers? What are the agency's targets for FY16?

The agency has made considerable progress in recruiting homes to provide appropriate settings for teenagers. In FY15, the CFSA team procured 83 additional foster and adoptive beds for the District's children in foster care. Out of those 83 beds, 35 were designated for teenagers between the ages of 12-20, which represents 42% of bed development in FY15.

For FY16, we are implementing the following strategies for developing homes for teens:

- Conduct one-on-one informational sessions with District residents emphasizing the need for homes for teens.
- Present data about teenagers in foster care at community events and scheduled presentations.
- Identify and present to different groups and organizations currently serving teenagers in the District.
- Created a program, Specialized Older Youth (SOY), that consists exclusively of resource parents who provide placement for older youth between the ages of 15-20. The program provides incentives, additional clinical training, wraparound support, and services to resource parents with the skill set and experience to work with this population of youth. Resource parents in SOY commit to two years in this program.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



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- Promote and share a video on SOY through social media outlets, community partners' websites, and organizations servicing teens.
 - Collaborate with the Youth Ombudsman and "Peer Plug In" members (who are foster care teens) to jointly recruit in the community to dispel the myth of working with teens and to allow teens to share their perspectives of effective resource parents.
 - Collaborate with Youth Ombudsman and CFSA's Foster Care Alumni leader to host "meet and greet" events with teenagers, resource parents, mentoring organizations, foster care alumni, and host parents to build relationships and resources for teens.
 - Utilized members from "Peer Plug In" to provide feature articles for multiple websites.
 - Designed an "Older Youth Tool Kit" for presentation and information sharing purposes.
 - Paid advertising for a radio and social media campaign, highlighting the need for foster parents who will care for teens.

In FY16, requests for proposals were made for family-based foster care to include traditional, therapeutic and specialized homes. In preparation for this process, the scope of services was revised to include child-specific recruitment efforts for children in need of placement when the resource is not readily available. This will include recruiting placements for all children /youth but especially parenting and pregnant youth, youth with specialized needs (medically fragile or developmentally disabled), older youth etc. In February 2016, business proposals submitted in response to the request will begin to be reviewed. At the conclusion of this process family-based providers will be awarded human care agreements to provide foster homes for children/youth in care. The Placement Services Administration will continue to partner with the Recruitment Unit to ensure that ongoing recruitment is targeted for the needs of our current population. In addition, ongoing discussions regarding targeted recruitment will be a standard agenda item at the monthly private provider meetings.

CFSA has enough DC homes to accommodate the younger population, however, we are challenged with finding homes for specific populations, such as teens and sibling groups due to the following barriers:

- Based on an environmental scan conducted by a communication and marketing consultant, it was determined that there were a limited number of large homes in the District that could accommodate siblings of 3 or more.
- The scan also highlighted the fact that the demographics of the District have changed from family household composition to young single professionals who may not be ready to commit to fostering.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- Professional adults primarily serving the youth population emphasized their reluctance to work with that population as foster parents; they did not want to commit to caring for them on a 24/7 basis.
- There is a perception that teens with behavioral issues are difficult to manage and supervise, especially if they are involved in multiple systems, such as juvenile justice, child welfare, mental health and substance abuse.

For FY16, the target for recruitment is to achieve 80 new beds in the District of Columbia of which 40% or more will be licensed for teenagers.

- e. **What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for pregnant and parenting youth? What have been the barriers? What are the agency's targets for FY16?**

See response to 82d.

- f. **What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for children with special needs? What have been the barriers? What are the agency's targets for FY16?**

See response to 82d.

- g. **What has been the agency's progress in identifying homes and placements that will provide a safe and positive space for LGBTQ foster youth? What have been the barriers? What are the agency's targets for FY15?**

CFSA has set a target to procure 15 new beds for the LGBTQ foster youth in FY16.

In FY16, targeted recruitment efforts for LGBTQ youth will consist of continuing with the FY15 strategies, and the following additions:

- Enhancing audience-specific marketing collateral and complementary messaging.
- Continue focusing social media advertisement toward the LGBTQ community and residents.
- Hosting a LGBTQ Youth Resources Fair with LGBTQ faith based organizations and providers in the District.
- Quarterly focus group with LGBTQ resource parents to strategize on additional recruitment efforts to increase the pool of LGBTQ resource parents in the District.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



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- New data collection survey to capture an accurate account of LGBTQ youth in child welfare.
 - LGBTQ coaching and mentoring training will also be offered to LGBTQ resource parents.
 - See response to 82d.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



83. During FY15, how many youth in out-of-home care stayed in a hotel while awaiting a licensed placement? There were FY16 to date? For each youth who stayed in a hotel, please provide:

- a. The age of the youth;**
- b. The length of the youth's hotel stay;**
- c. The efforts made to identify a licensed placement; and**
- d. The type of placement the youth was moved to following his/her hotel stay.**

There were four children who stayed in a hotel during FY15 and another four children staying in a hotel in early FY16. The last time a child stayed in a hotel was November 2015.

Age of Youth	Length of Hotel Stay	Efforts Made to identify Placement	Placement Type After Hotel Stay
19	17 nights	All potential placement options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, independent living, and kinship resources	Foster Home
19	2 nights	All potential placement options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, independent living, and kinship resources	Foster Home
14	1 night	Emergency kinship license issued	Kinship Home
14	1 night	Emergency kinship license issued	Kinship Home
11	6 hours	This child was one of a sibling group of 3 who were removed at 3am and taken to the hotel until a foster home could be identified. The child was placed by 9am.	Foster Home
9	6 hours	This child was one of a sibling group of 3 who were removed at 3am and taken to the hotel until a foster home could be identified. The child was placed by 9am.	Foster Home
17	1 night	The youth was evaluated by Hillcrest and received an emergency psychological examination. He has a history of substance abuse, ADHD, mood disorder and a prior criminal charge. Once evaluated, he was placed with a previous foster parent.	Foster Home
18	1 night	Lutheran Social Services contacted all vacant agency foster homes until a resource family was identified.	Foster Home

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



84. For youth who stayed in hotels during FY15 and FY16 to date, please explain what steps the agency took to provide supervision for the youth.

CFSA staff members provided age appropriate supervision for all youth who stayed in hotels during FY15 and FY16 to date. Every youth who experienced an overnight stay at a hotel was accompanied by a minimum of one CFSA staff person at all times during evening and nighttime hours to ensure safety. Older youth were able to attend school, walk to nearby restaurants, and attend appointments independently using public transportation when deemed clinically appropriate. Younger children received constant adult supervision at all times during their hotel stays.

85. During FY 15, how many youth in out-of-home care slept overnight at CFSA's offices while awaiting a licensed placement?

Eleven children slept overnight in the building. This includes two sibling groups, with one sibling group consisting of six children and another consisting of three children.

FY16 to date?

Five children stayed overnight at the CFSA office building including a sibling group of three children.

For each youth who stayed at CFSA, please provide:

- a. The age of the youth;
- b. The length of the youth's stay at CFSA's office;
- c. The efforts made to identify a licensed placement; and
- d. The type of placement the youth was moved to following his/her stay at CFSA's offices.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Age of Youth	Length of Stay @ CFSA Office	Efforts Made to Identify Placement	Placement Type
19	1 night	There were no CFSA or Contract Agency beds available for immediate placement. This youth is case managed by a contract agency which has the responsibility of identifying placement for any replacements/disruptions. The contract agency did not respond timely to assist in placement exploration. The youth reported that he wanted to be in a LGBTQ-friendly setting and CFSA was able to reach out to a resource family that gladly accepted him.	Foster Home
12, 9, 8, 6,3,1	1 night	The barriers to placement dealt with trying to explore possible kin options and traditional foster home options for all 6 of the siblings that were removed. CFSA wanted to ensure that all of the youth were placed with kin, placed together in the same home, placed together under the same agency, or appropriately placed with a sibling that he or she had a good relationship with. There was collaboration with a few RDS workers on identifying a placement simultaneously while Kinship was exploring Kin options for all 6 of the children. Placement was identified and available through a private agency for all 6 youth pending the need for the homes if Kinship Licensing was unable to approve kin. Four of the six youth went to family members and only one home was needed for the 12 and 9 year old youth through a private agency.	Foster Home (2 siblings) Kinship Home (4 siblings)
18	1 night	All traditional and therapeutic options were explored to no avail. The only option that was available for this youth was a group home setting but it was not available until 8am the next day.	Group Home
14	1 night	All therapeutic and traditional options through CFSA and contracted agencies were explored to no avail. There were no options available and due to length of time in the building this youth was placed in a hotel and then we placed the youth at a group home.	Group Home
18	1 night	All therapeutic and traditional options through CFSA and contracted agencies were explored to no avail. There were no options available and due to length of time in the building this youth was placed in a hotel and then we placed the youth at a group home.	Group Home

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



86. For youth who stayed at CFSA during FY15 and FY16 to date, please explain what steps the agency took to provide supervision for the youth.

CFSA staff members provided age-appropriate supervision for all youth who stayed at CFSA offices overnight during FY15 and FY16 to date. Every youth who experienced an overnight stay at CFSA was monitored and/or accompanied by a minimum of one CFSA staff person at all times during evening and nighttime hours to ensure safety. Older youth were able to attend school, walk to nearby restaurants, and attend appointments independently using public transportation when deemed clinically appropriate. Younger children received constant adult supervision at all times during their stay at CFSA offices.

87. During FY15, how many youth in out-of-home care stayed in an emergency, short-term, respite, or otherwise temporary placement while awaiting a long-term placement? FY16 to date? For each youth, please provide:

- a. The age of the youth;
- b. A description of the type of placement;
- c. The length of the youth's stay in the emergency, short-term, respite, or otherwise temporary placement;
- d. The efforts made to identify an appropriate placement; and
- e. The type of placement the youth was moved to following his/her stay in the emergency, short-term, respite, or otherwise temporary placement.

See Q87, Emergency and Respite Placements During FY15.

88. Please explain the factors that led to youth staying in hotels and at CFSA's offices during FY15.

There were several factors that led to the placement shortage which resulted in the need for CFSA youth to stay in hotels and at CFSA office buildings during FY15. For example, over the last several years CFSA has experienced steady decreases in the number of children entering foster care, leading to under-utilization of contracted foster care beds, budget surpluses, and a need to right-size agency contracts for efficiency and fiscal accountability. These circumstances influenced CFSA's decision to end contracts with two private agencies in early 2015, temporarily resulting in a shortage of foster care placements. In two previous right-sizing efforts, a number of contracted foster parents elected to move to another provider, with no disruption to the District children in their homes. In 2015, a number of contracted providers did not accept this option, resulting in a need to find new placements for a large number of CFSA youth. During the same period, CFSA experienced an unforeseeable increase in the number of children entering foster care. The day-to-day difficulties that CFSA staff had in identifying appropriate placements for children and youth resulted in the uncovering of other challenges, including the lack of an automated system to track actual placement capacity. It was during this time that

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



capacity issues resulted in children staying overnight at CFSA's office building or in hotels, a reoccurrence of an unacceptable practice that had not appeared for many years.

89. What steps has the agency taken to ensure that no youth in out-of-home care will stay in a hotel or at CFSA's offices during the remainder of FY16?

CFSA has identified several strategies to ensure that there are sufficient placements for children/youth entering the system in FY16 and to eliminate the need for youth in out-of-home care to stay in a hotel or at CFSA's offices during the remainder of FY16:

- Robust data analysis to determine type and location of open placements
- Recruitment strategy targeting specific populations that are difficult to place – e.g., older youth and youth with behavioral or medical challenges
- Increased communication with provider agencies to develop collaborative plans to minimize placement disruptions
- Ongoing verification of real-time capacity, both internally and with private agencies
- Increased number of specifically-identified respite homes
- Use of Sasha Bruce as an emergency placement provider
- Use of interval homes through Mockingbird clusters for short-term respite placements
- Work with Lutheran Social Services to identify additional resources for the Unaccompanied Refugee Minor population
- Use of Mobile Crisis Stabilization services to improve placement stability

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



90. Provide the number of unusual incident reports in foster homes, group homes and residential treatment facilities by category of report and by each specific provider.

FY 2015	Provider Programs														
	BFutures TPP	BTown TGH	Catholic ILP-RU	Catholic TPP	CGuild ThrGH	Ech ILP-MF	Ech ILP-RU	Eliz Ministry	GANG TBP	ICS DDS	LAYC TBP	LAYC ILP-RU	MaxQuest TBP	Umbrella TGH	Annual Aggregate
Abscondence	210	29	1	0	21	7	1	41	104	14	171	1	142	3	745
Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arrest of child	1	3	0	1	1	5	0	1	11	0	4	0	4	4	35
Assault w/o injury	4	4	0	2	5	4	0	1	11	4	5	0	0	0	40
Contraband	1	2	0	0	0	1	3	4	3	0	4	4	0	4	26
Curfew Violations	134	0	0	0	14	469	0	28	234	0	168	0	167	67	1281
Destruction of Property	1	0	2	1	1	2	2	2	6	1	6	0	1	2	27
Drugs	0	2	0	0	0	0	0	0	0	0	0	0	2	0	4
Fatality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire Hazard	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Medical	20	4	0	9	3	38	0	14	9	2	9	2	7	0	117
Neglect	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	12	0	5	1	9	0	3	1	0	5	2	2	1	41
Personal Injury	0	1	0	0	1	0	0	1	2	2	1	2	0	0	10
Physical Assault	1	1	0	1	1	3	0	3	2	0	1	1	6	6	26
Resident Ill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School Incidents	0	7	0	0	2	1	0	0	1	0	0	0	0	3	14
Sexual Assault	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
Sexualized Behavior	0	6	0	0	0	1	0	0	0	0	0	0	0	0	7
Suicidal	2	0	0	0	4	1	0	0	1	0	1	0	0	1	10
Theft	0	8	0	2	0	0	0	0	6	0	1	0	1	2	20
Unauthorized Guest	0	1	3	5	0	0	1	4	0	0	0	4	0	0	18
Verbal Threat (Res)	3	8	0	0	2	14	1	4	4	2	16	0	4	3	61
Verbal Threat (Staff)	1	2	0	0	0	0	0	0	4	0	0	0	2	1	10
Violent Behavior	0	0	0	0	0	1	0	0	2	2	0	0	0	0	5
Program Totals	378	90	6	27	57	556	8	107	401	27	392	16	338	97	2500
Provider Totals	378	90	33		57	564		107	401	27	408		338	97	2500

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY 2016	Provider Programs													
	BFutures TPP	BTown TGH	Catholic ILP-RU	Catholic TPP	CGuild ThrGH	Eliz Ministry	GANG TBP	ICS DDS	LAYC TBP	LAYC ILP-RU	MaxQuest TBP	Sasha Bruce D&E	Umbrella TGH	Annual Aggregate
Abscondence	43	0	0	0	0	8	0	2	46	0	45	4	20	168
Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Alcohol	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arrest of child	0	0	0	0	0	0	2	0	0	0	4	0	3	9
Assault w/o injury	0	0	0	0	0	0	1	1	0	1	0	0	2	5
Contraband	0	0	0	0	0	0	1	0	2	1	0	0	0	4
Curfew Violations	33	0	0	0	2	16	121	2	64	0	77	0	75	390
Destruction of Property	2	1	1	0	0	0	0	0	0	0	1	0	2	7
Drugs	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Fatality	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire Hazard	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical	7	0	0	0	0	11	2	0	1	1	0	0	0	22
Neglect	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	0	0	2	0	0	3	0	0	8	0	0	0	2	15
Personal Injury	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Physical Assault	0	0	0	0	0	0	0	1	0	0	2	0	0	3
Resident Ill	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School Incidents	0	0	0	0	0	0	0	0	0	0	0	0	28	28
Sexual Assault	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sexualized Behavior	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Suicidal	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Theft	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unauthorized Guest	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Verbal Threat (Res)	4	0	0	0	0	0	0	0	3	2	1	0	0	10
Verbal Threat (Staff)	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Violent Behavior	0	0	0	0	0	0	0	0	2	0	0	0	0	2
Program Totals	92	2	3	0	2	38	127	6	127	6	130	4	132	669
Provider Totals	92	2	3		2	38	127	6	133		130	4	132	669

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Family Based Unusual Incidents for FY15 - By Agency and Category									
Council Hearing Q.90									
	Abuse	Child Fatality	Contraband	Medical/Hospitalization	Neglect	Sexual Assault	Suicidal	TOTAL	
Boys Town of Washington	4	0	0	0	0	0	0	4	
Family Matters of Greater Washington	12	0	1	7	1	3	2	26	
Foundations for Home and Community	1	0	1	25	2	0	0	29	
KidsPeace	1	0	0	1	1	1	1	5	
Latin American Youth Center	1	0	0	0	0	0	1	2	
Lutheran Social Services	10	0	1	18	1	2	0	32	
National Center for Children and Families	4	0	0	8	12	4	4	32	
PSI Family Services	4	1	2	7	1	2	0	17	
Seraaj Family Homes	9	0	2	23	5	1	1	41	
TOTAL	46	1	7	89	23	13	9	188	

Family Based Unusual Incidents for FY16(10-1-2015 to 12-31-2015)- By Agency and Category									
Council Hearing Q.90									
	Abuse	Child Fatality	Contraband	Medical/Hospitalization	Neglect	Sexual Assault	Suicidal	TOTAL	
Boys Town	0	0	0	0	0	0	0	0	
Family Matters of Greater Washington	1	0	1	5	0	0	0	7	
Latin American Youth Center	1	0	0	0	0	0	0	1	
Lutheran Social Services	3	0	0	2	1	0	0	6	
National Center for Children and Families	1	0	0	0	0	0	0	1	
PSI Family Services	2	0	0	2	0	0	0	4	
Seraaj Family Homes	3	0	0	8	0	0	0	11	
TOTAL	11	0	1	17	1	0	0	30	

91. Please provide a detailed update regarding the agency’s efforts to reduce the number of children in group care, including:

a. A description of any reduction in the number of children placed in group homes;

In FY15-16, five percent of CFSA’s youth are in a group home setting. This represents 49 youth. In FY14, 43 youth were placed in group home settings and in FY13 57 youth were placed in group home settings. National data documents that the national average is 14 percent of foster youth are placed in group homes. Efforts to reduce the number of children in group care include: identifying kin as a first placement option, increasing the number of DC foster homes, identifying and providing need based services, and reviewing permanency options.

b. A description of where children who would have been living in group homes are living instead; and

We have the following types of homes available to our children and youth: kinship and family based foster care, group homes, and independent living facilities. Most of the children and youth are placed with kin and family based foster home providers, which is our preference.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



- c. **Any group home or foster care agency contracts that have been terminated, including what services were being provided, when each contract was terminated, and the reason for termination.**

In FY 2015 three contracts ended: one was for independent living services and two were family based foster care.

Independent Living Services: Echelon Community Services

Echelon Community Services

Echelon Community Services contracted with CFSA to provide services for youth residing in independent living programs (ILPs) both in a main facility (MF) and in residential units (RUs), which are “scattered sites”. The ILP-MF housed females ages 16 – 21 and the ILP-RU housed both males and females, ages 18 – 21 who were committed wards of the District. The stated program goals were to provide services and guidance to youth to enable them to gain personal, educational, social, career and basic life skills that would prepare them to live independently upon exiting the child welfare system. Care and supervision was provided on a 24/7 basis to youth residing in a licensed congregate care setting. The Echelon Community Services contracts with CFSA ended September 30, 2015. This was a voluntary decision made by Echelon.

Family-Based Foster Care: Kids Peace and Foundations for Homes and Community

Kids Peace

Kids Peace (KP) was contracted with CFSA as a child placing agency to provide full case management services to DC youth. CFSA had two contracts with Kids Peace, one to serve children in therapeutic foster care homes and another for traditional foster care homes. Kids Peace was notified on November 13, 2014 that CFSA was terminating the two existing contracts, which took effect on March 31, 2015 when CFSA right-sized its foster care system to address a low (66%) bed utilization rate for foster care. KP was one of two low performing agencies.

Foundations for Homes and Community

Foundations for Homes and Community (FHC) contracted with CFSA as a child-placing agency to provide full case management services to wards of the District. CFSA had two contracts with Foundations, one to serve children in therapeutic foster care homes and a limited contact for traditional foster care homes that would allow them to “step down” children and youth from a higher level of care. FHC was notified on November 13, 2014 that CFSA was terminating the two existing contracts, which took effect on May 31, 2015 when CFSA right-sized its foster care system to address a low (66%) bed utilization rate for foster care. FHC was one of two low performing agencies.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Permanency

92. Provide the total number of youth, by age and gender, who have a permanency goal of:

- a. Adoption;
- b. Guardianship;
- c. Custody; and
- d. Another Planned Permanent Living Arrangement (APPLA).

Age	Permanency Goal						Total
	Adoption	APPLA	Guardianship	Legal Custody	No Goal	Reunification	
0	6	0	0	1	2	28	37
1	13	0	0	2	4	40	59
2	22	0	1	0	3	31	57
3	23	0	1	0	2	26	52
4	10	0	3	1	4	23	41
5	15	0	4	0	2	27	48
6	15	0	5	0	3	24	47
7	13	0	6	2	2	23	46
8	12	0	8	0	4	19	43
9	8	0	5	0	3	18	34
10	2	0	6	0	2	13	23
11	14	1	8	0	1	17	41
12	12	0	4	0	2	15	33
13	10	0	14	0	4	14	42
14	14	0	16	0	2	25	57
15	11	0	14	0	1	10	36
16	10	5	29	0	4	18	66
17	10	11	23	0	3	26	73
18	6	27	29	1	1	12	76
19	8	38	18	0	0	3	67
20	4	57	20	0	1	1	83
Total	238	139	214	7	50	413	1061

Gender	Permanency Goal						Total
	Adoption	APPLA	Guardianship	Legal Custody	No Goal	Reunification	
Female	110	65	117	4	21	202	519
Male	128	74	97	3	29	211	542
Total	238	139	214	7	50	413	1061

93. Beginning on September 29, 2015, the federal Preventing Sex Trafficking and Strengthening Families Act of 2014 prohibits the use of APPLA as a permanency goal for children under the age of 16. What is CFSA’s plan to implement this law and are there any CFSA youth with an APPLA permanency goal who is under 16 years of age?

Prior to the 2014 legislation, CFSA’s policies and procedures prohibited the use of the Alternative Planned Permanent Living Arrangement (APPLA) as a goal for youth under 16 years old. The requirements below must be met for any youth with a goal change request to

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



APPLA, and the CFSA director must approve the request with the exception that the DC Family Court has the authority to change a goal to APPLA outside of the agency's recommendation.

CFSA's policy, *Establishing a Goal of Alternative Planned Permanent Living Arrangement*, lists the eligibility criteria for determination of APPLA as a permanency option. The following requirements must be fulfilled prior to requesting the goal of APPLA for any youth:

1. The youth is 16 years of age or older;
2. There must be documented evidence that the 4 priority permanency goals (reunification, adoption, guardianship, and legal custody) have been exhausted;
3. There must be documented evidence of attempts to solicit youth and family involvement in the decision to change the goal;
4. There must be input and approval of the goal change by the program manager;
5. A life-long connection must be identified; and
6. The youth's strengths and needs must have been assessed, and he or she must have a plan for ongoing achievement of independent living skills.

When APPLA is deemed to be the best permanency option for a youth, the social worker is required to have at least one Listening to Youth and Families as Experts (LYFE) conference in which the youth is involved, prior to requesting APPLA. The goal of this meeting is to explore and document all reasonable efforts to finalize one of the preferred permanency goals. Following the LYFE meeting, the social worker must complete a "Request for APPLA goal change Approval" form to justify the plan in consultation with your supervisor. The form must be submitted up the chain of command for approval. Final approval will come from the Agency director. If the court establishes a goal of APPLA prior to the approval from CFSA, the social worker must notify their supervisor immediately in order to discuss the court's order and host a LYFE meeting to ensure all options have been assessed.

In FY15, there were two youth under the age of 16 with an APPLA goal.
In the first quarter of FY16, there was one youth under the age of 16 with an APPLA goal.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



94. The federal Sex Trafficking and Strengthening Families Act of 2014 allows children ages 14 and older to participate in transition planning for successful adulthood. Describe CFSA’s efforts to expand its current transition planning efforts to begin at age 14.

CFSA currently begins transition planning for youth when they reach age 15. CFSA is aligning its policy with this federal requirement and will begin transition planning with children at age 14 during the third quarter of FY16.

95. How many adoptions were finalized in FY15? FY16 to date? What was the average length of time from filing of an adoption petition to finalization of such adoptions?

FY 2015	Foster Care Adoptions
Oct 2014	6
Nov 2014	26
Dec 2014	4
Jan 2015	6
Feb 2015	6
Mar 2015	4
Apr 2015	3
May 2015	11
Jun 2015	8
Jul 2015	11
Aug 2015	10
Sep 2015	8
Total	103

FY 2016	Foster Care Adoptions
Oct 2015	2
Nov 2015	20
Dec 2015	6
Total	28

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



96. Please provide the number of children who have a permanency goal of adoption and were placed in an approved adoption placement within:
- a. 9 months of the goal being set;
 - b. 12 months of the goal being set;
 - c. 18 months of the goal being set; and
 - d. 24 months or longer of the goal being set.

Months	FY2015	FY2016
0 - 9	112	100
10 - 12	7	6
13 - 18	9	6
19 - 23	9	8
24+	22	20
Not in Pre-Adoptive Home*	80	87
Total Children	239	227

97. How many guardianships were finalized in FY15? FY16 to date? What was the average time from filing of a guardianship petition to finalization of such guardianships?

FY	Total Children
FY 2015	72
FY 2016	17

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- 98. Please provide the number of children who have a permanency goal of guardianship and were placed with an identified candidate for guardianship within:**
- 9 months of the goal being set;**
 - 12 months of the goal being set;**
 - 18 months of the goal being set;**
 - 24 months or longer of the goal being set; and**

Months	Total Children as of 09/30/2015
0 - 9	20
10 - 12	5
13 - 18	8
19 - 23	4
24+	10
Total Children	47

Note: For purpose of this report, "Identified Candidate" for guardianship is defined as the placement provider being a kinship provider or a non-kinship provider with a relative relationship with child who have a permanency goal of guardianship.

- The number of children with a permanency goal of guardianship who are not currently placed with an identified candidate for guardianship.**

The number of children with a permanency goal of guardianship are not currently placed with an identified candidate for guardianship in FY2015 = 167

- 99. How many children remain in foster care after being the subject of a termination of parental rights (TPR) order?**

Months	Total Children
0 - 6	3
7 - 12	2
13 - 18	0
19 - 23	1
24+	5
Total	11

How many of such children have stayed in foster care for:

- 6 months following a TPR;**
- 12 months following a TPR;**
- 18 months following a TPR; and**
- 24 months or longer following a TPR?**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Months	Total Children
0 - 6	2
7 - 12	0
13 - 18	0
19 - 23	0
24+	4
Total	6

Private Agency Performance

100. For each private agency that places and/or case manages youth in foster care, please provide the Committee with the following for FY15 and FY16, to date:

- a. The most current data on the average time a child remains in foster care when his/her case is managed by that agency. How does this data compare to children whose cases are managed by CFSA?**

FY2015

Agency	Total Children	Total Length of Stay with Agency (in Days)	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc	41	23335	569
Family Matters	56	29517	527
Latin American Youth Center	18	6156	342
Lutheran Social Services	73	35135	481
National Center for Children and Family	122	53358	437
PSI Services	111	71627	645
Seraaj Family Homes	81	47591	588
Private Agency	502	266719	531
CFSA	559	194476	348
Total	1061	461195	435

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY2016

Agency	Total Children	Total Length of Stay with Agency (in Days)	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc	39	24334	624
Family Matters	49	28264	577
Latin American Youth Center	18	4836	269
Lutheran Social Services	78	37829	485
National Center for Children and Family	116	53760	463
PSI Services	104	70022	673
Seraaj Family Homes	86	44824	521
Private Agency	490	263869	539
CFSA	527	186230	353
Total	1017	450099	443

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



b. Data on the timely achievement of permanency outcomes for each private agency. How does this data compare to children whose cases are managed by CFSA?

Agency	Permanency/Non-Permanency	Exit Reason	Total Children	Total Length of Stay with Agency in Days	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc	Permanency	Adoption	1	992	992
		Reunification	2	1550	775
		Subtotal	3	2542	847
	Non-Permanency	Emancipation	2	1064	532
		Subtotal	2	1064	532
Agency Subtotal			5	3606	721
Family Matters	Permanency	Adoption	4	5307	1327
		Guardianship	5	2134	427
		Reunification	17	3704	218
		Subtotal	26	11145	429
	Non-Permanency	Emancipation	3	1080	360
		Subtotal	3	1080	360
Agency Subtotal			29	12225	422
Foundation for Home and Community	Permanency	Adoption	3	2783	928
		Guardianship	7	3465	495
		Reunification	3	1439	480
		Subtotal	13	7687	591
	Non-Permanency	Emancipation	6	5812	969
		Subtotal	6	5812	969
Agency Subtotal			19	13499	710
Latin American Youth Center	Permanency	Reunification	6	1265	211
		Subtotal	6	1265	211
	Agency Subtotal			6	1265
Lutheran Social Services	Permanency	Adoption	7	3375	482
		Guardianship	1	845	845
		Reunification	8	4758	595
		Subtotal	16	8978	561
	Non-Permanency	Emancipation	4	5058	1265
		Subtotal	4	5058	1265
Agency Subtotal			20	14036	702
National Center for Children and Family	Permanency	Adoption	3	2954	985
		Reunification	16	8699	544
		Subtotal	19	11653	613
	Non-Permanency	Emancipation	8	4855	607
		Subtotal	8	4855	607
	Agency Subtotal			27	16508
PSI Services	Permanency	Adoption	5	5002	1000
		Guardianship	6	10274	1712
		Reunification	17	4885	287
		Subtotal	28	20161	720
	Non-Permanency	Death of Child	1	34	34
		Emancipation	15	21623	1442
		Placement/Custody to	1	380	380
Subtotal			17	22037	1296
Agency Subtotal			45	42198	938
Seraaj Family Homes	Permanency	Adoption	5	2731	546
		Guardianship	6	5111	852
		Reunification	3	887	296
		Subtotal	14	8729	624
	Non-Permanency	Emancipation	3	2591	864
		Subtotal	3	2591	864
Agency Subtotal			17	11320	666
CFSA	Permanency	Adoption	75	56578	754
		Guardianship	46	40098	872
		Reunification	129	35269	273
		Subtotal	250	131945	528
	Non-Permanency	Emancipation	66	54770	830
		Subtotal	66	54770	830
	Agency Subtotal			316	186715
Total			484	301372	623

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Source: Ad hoc report (Run on December 31, 2015)

Agency	Permanency/Non-Permanency	Exit Reason	Total Children	Total Length of Stay with Agency in Days	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc	Non-Permanency	Emancipation	1	356	356
		Subtotal	1	356	356
	Agency Subtotal		1	356	356
Family Matters	Permanency	Adoption	2	2388	1194
		Guardianship	1	270	270
		Reunification	1	239	239
	Subtotal		4	2897	724
	Non-Permanency	Emancipation	1	1129	1129
		Subtotal	1	1129	1129
Agency Subtotal		5	4026	805	
Foundation for Home and Community	Non-Permanency	Emancipation	1	1516	1516
		Subtotal	1	1516	1516
	Agency Subtotal		1	1516	1516
Latin American Youth Center	Permanency	Guardianship	1	722	722
		Reunification	5	400	80
		Subtotal	6	1122	187
	Non-Permanency	Emancipation	1	1822	1822
		Subtotal	1	1822	1822
Agency Subtotal		7	2944	421	
Lutheran Social Services	Permanency	Guardianship	2	2854	1427
		Reunification	5	656	131
		Subtotal	7	3510	501
	Non-Permanency	Emancipation	1	263	263
		Subtotal	1	263	263
Agency Subtotal		8	3773	472	
National Center for Children and Family	Permanency	Adoption	1	247	247
		Guardianship	1	614	614
		Reunification	13	4633	356
	Subtotal		15	5494	366
	Non-Permanency	Emancipation	5	3794	759
		Subtotal	5	3794	759
Agency Subtotal		20	9288	464	
PSI Services	Permanency	Adoption	3	2936	979
		Reunification	11	2297	209
		Subtotal	14	5233	374
	Non-Permanency	Emancipation	3	2893	964
		Subtotal	3	2893	964
Agency Subtotal		17	8126	478	
Seraaj Family Homes	Permanency	Guardianship	2	3424	1712
		Reunification	1	659	659
		Subtotal	3	4083	1361
	Non-Permanency	Emancipation	4	5444	1361
		Subtotal	4	5444	1361
Agency Subtotal		7	9527	1361	
CFSA	Permanency	Adoption	27	25040	927
		Guardianship	11	7255	660
		Reunification	35	9383	268
		Subtotal	73	41678	571
	Non-Permanency	Death of Child	1	862	862
		Emancipation	11	7112	647
		Subtotal	12	7974	665
Agency Subtotal		85	49652	584	
Total			151	89208	591

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



- c. For each private agency, the number and percentage of foster homes in D.C. versus Maryland and Virginia. How does this data compare with CFSA foster homes?

FY2015										
<i>Source: PRD141 (Ad hoc September 30, 2015)</i>										
Non Contracted Homes	Licensed Homes									
	State									
	DC	MD		VA		Other		Total		
CFSA Foster Homes	293	37.8%	102	13.1%	4	0.5%	5	0.6%	404	52.06%
Contracted Homes	Licensed Homes									
	State									
	DC	MD		VA		Other		Total		
Boys Town Of Washington (Program)	7	0.9%	25	3.2%	0	0.0%	0	0.0%	32	4.12%
Family Matters Of Greater Washington	6	0.8%	33	4.3%	0	0.0%	0	0.0%	39	5.03%
Foundations For Home And Community	5	0.6%	27	3.5%	0	0.0%	0	0.0%	32	4.12%
Latin American Youth Center (Program)	11	1.4%	0	0.0%	0	0.0%	0	0.0%	11	1.42%
Lutheran Social Services	2	0.3%	32	4.1%	0	0.0%	0	0.0%	34	4.38%
Natl Center/Children&Families (Baptist Home)	19	2.4%	66	8.5%	0	0.0%	0	0.0%	85	10.95%
Psi Family Services (Program)	12	1.5%	67	8.6%	0	0.0%	0	0.0%	79	10.18%
Seraaj Family Homes	17	2.2%	48	6.2%	0	0.0%	0	0.0%	65	8.38%
Private Agencies Subtotal	78	10.1%	294	37.9%	0	0.0%	0	0.0%	372	47.94%
Total	371	47.8%	396	51.0%	4	0.5%	5	0.6%	776	100.00%

Note: Foster Homes that are licensed and with or without children placed, are included in the total.

FY2016										
<i>Source: PRD141 (Ad hoc December 31, 2015)</i>										
Non Contracted Homes	Licensed Homes									
	State									
	DC	MD		VA		Other		Total		
CFSA Foster Homes	292	38.0%	98	12.7%	4	0.5%	4	0.5%	398	51.76%
Contracted Homes	Licensed Homes									
	State									
	DC	MD		VA		Other		Total		
Boys Town Of Washington (Program)	8	1.0%	24	3.1%	0	0.0%	0	0.0%	32	4.16%
Family Matters Of Greater Washington	7	0.9%	35	4.6%	0	0.0%	0	0.0%	42	5.46%
Latin American Youth Center (Program)	14	1.8%	0	0.0%	1	0.1%	0	0.0%	15	1.95%
Lutheran Social Services	7	0.9%	36	4.7%	0	0.0%	0	0.0%	43	5.59%
Natl Center/Children&Families (Baptist Home)	23	3.0%	69	9.0%	0	0.0%	0	0.0%	92	11.96%
Psi Family Services (Program)	16	2.1%	68	8.8%	0	0.0%	0	0.0%	84	10.92%
Seraaj Family Homes	18	2.3%	47	6.1%	0	0.0%	1	0.1%	66	8.58%
Private Agencies Subtotal	92	12.0%	277	36.0%	1	0.1%	1	0.1%	371	48.24%
Total	384	49.9%	375	48.8%	5	0.7%	5	0.7%	769	100.00%

Note: Foster Homes that are licensed and with or without children placed, are included in the total.

- d. Please list the foster care subsidies paid by CFSA and each private agency, distinguishing “regular” from “therapeutic” rates, and listing the number of regular and therapeutic rates paid by each agency.

See rates below for response to question 100e.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



e. The cost per bed of each private agency contract. How does the per bed cost of these contracts compare to the per bed cost of cases managed by CFSA?

Private Agency Rates:

CFSA standardized foster care rates in 2015 for all private agencies are stated below.

- Traditional Care rate is \$37.92
- Therapeutic Care rate is \$42.01
- Specialized Care rate is \$49.50

See information below for answers to 100d and e for standardized foster care rates for calendar years 2014 and 2015.

CFSA Foster Care and Subsidy Rates:

CHILD AND FAMILY SERVICES AGENCY
Foster Care Rates Effective January 1, 2015
Children age 11 and under

<u>Level</u>	<u>Daily</u>	<u>30 Day Month</u>	<u>31 Day Month</u>
I - Regular	\$33.69	\$1,010.70	\$1,044.39
II – Special	\$34.36	\$1,030.80	\$1,065.16
III – Handicapped	\$36.53	\$1,095.90	\$1,132.43
IV – Multi-handicap	\$42.87	\$1,286.10	\$1,328.97

Children age 12 and over

<u>Level</u>	<u>Daily</u>	<u>30 Day Month</u>	<u>31 Day Month</u>
I - Regular	\$37.92	\$1,137.60	\$1,175.52
II – Special	\$39.29	\$1,178.70	\$1,217.99
III – Handicapped	\$42.01	\$1,260.30	\$1,302.31
IV – Multi-handicap	\$49.50	\$1,485.00	\$1,534.50

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Foster Care Rates Effective January 1, 2014 – December 31, 2014

Children age 11 and Under

<u>Level</u>	<u>Daily</u>	<u>30 Day Month</u>	<u>31 Day Month</u>
I - Regular	\$33.04	\$991.20	\$1,024.24
II – Special	\$33.69	\$1,010.70	\$1,044.39
III – Handicapped	\$35.81	\$1,074.30	\$1,101.10
IV – Multi-handicap	\$42.03	\$1,260.90	\$1,302.93

Children age 12 and over

<u>Level</u>	<u>Daily</u>	<u>30 Day Month</u>	<u>31 Day Month</u>
I - Regular	\$37.23	\$1,116.90	\$1,154.13
II – Special	\$38.56	\$1,156.80	\$1,195.36
III – Handicapped	\$41.23	\$1,236.90	\$1,278.13
IV – Multi-handicap	\$48.58	\$1,457.40	\$1,505.98

- f. Describe CFSA’s outreach and training for private agency social workers regarding changes in CFSA policy. What data does CFSA collect regarding private agency compliance with CFSA policy?**

CFSA employs several methods of communication when policies are updated or changed. These include presentations during new employee orientations that review CFSA’s online policy manual, as well as the agency’s Child Welfare Training Academy (CWTA) webinars. The webinars are readily accessible by CFSA and private agency social workers and foster parents, informing them on any updates to policies, as well as implementation of new policies. All policy changes are sent via email in addition to being discussed at the private and CFSA monthly partnership meetings. All social workers are notified of policy webinar training dates via the CWTA publication the SOURCE, along with electronic mail advertisements sent to the executive director of each private agency.

CFSA's contract monitors are responsible for ensuring that contracted agency family based and congregate care providers are in compliance with CFSA policy.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Transportation

**101. How many youth have received funds through the transportation subsidy program?
How many youth requested funds?**

An average of 140 youth receive the transportation subsidy each month.

102. What youth are eligible to receive funds through the transportation subsidy program?

Youth ages 18-21 who are participating in education, vocation, or employment activities are eligible to receive funding through the program funded through the DC Council.

103. What was the average monthly allocation received by youth in DC? MD? VA?

Prior to December 2015, youth who resided in DC received an unlimited monthly student paper card while youth living in MD and VA received \$50 in metro paper cards. Beginning January 2016, regardless of where they live, all youth receive a \$50 a pre-loaded Metro Smart Trip card as Metro will no longer sell or accept paper cards.

Aftercare subsidies will be incorporated into the contracts for Healthy Families/Thriving Community Collaboratives (HFTCs) for youth who age out of foster care. Youth who are actively engaged with the HFTCs to complete their aftercare plans will be allocated \$100 dollars per month or \$1,200 dollars per year. The modifications for these contracts will be completed by the second quarter of 2016.

104. What is the outreach plan for promoting the transportation subsidy program and ensuring youth have access to it?

The Office of Youth Empowerment staff has provided outreach to private agencies, congregate care providers, and foster parent advocacy groups to inform them of the program.

105. Right now the subsidy is being disbursed using paper cards. When will an electronic system be established for disbursement of transportation funds?

CFSA anticipates moving to an electronic system by the end of the third quarter of FY16. The agency is working with the District's Department of Transportation and the Washington Metropolitan Area Transit Authority (WMATA) to ensure a smooth transition to the electronic system.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Clothing Vouchers

106. In 2015 how many youth received the monthly clothing allowance and the back to school allowance?

During monthly visits in the foster home, the social worker will discuss clothing needs and budget in the presence of both the youth and the foster parent. If the foster parent has receipts, the social worker will take pictures of the receipts, print them out at the office, and put them in the hard copy of the case record. If the foster parent gives the youth cash to purchase clothes, the social worker will recommend that the cash amount be documented in writing, signed by the youth, and again photographed or a copy given to the social worker.

If the youth brings to the social worker's attention an issue with clothing, the social worker will meet with the youth and foster parent in the home to discuss the issue. The social worker, youth, and foster parent will develop a contract in line with policy to ensure that the youth receives the clothing allowance contingent on their compliance with the regulations laid out per policy. All parties will sign the contract and revisit it on a monthly basis or as needed.

All social worker discussions regarding clothing are entered into the contact notes section of the agency's statewide automated child welfare information system (FACES).

107. What are the reasons that youth have not received this allowance? What is being done to address those issues?

Youth who are incarcerated, in abscondence, and in independent living placements do not receive the clothing allowance. When youth are released from jail, and/or return from abscondence, their social workers are able to make youth-specific requests through their supervisor and program manager. The youth in independent living programs receive monthly clothing allowances through those programs/contracts in amounts that exceed CFSA policy (more than \$1,300 per year). Social workers are always able to request a clothing gift card (up to twice a year) for youth with special circumstances; this request is reviewed with the social worker's supervisor and program manager, as well as the contract administrator for clothing vouchers.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



108. What is the outreach plan for notifying caregivers and youth about the new clothing voucher?

CFSA has issued annual back-to-school allowances (\$300) since 2013. Foster parents and youth who have been involved with the agency since 2013 are aware of the policy and reach out to social workers and foster parent support workers to inquire about changes and/or updates. The Monthly Clothing Allowance policy was issued in 2013, detailing the foster parent's responsibilities and the amounts allowed for monthly clothing allowances. The policy has been provided to foster parents, foster parent support workers, and social workers. In addition, the policy is posted on the agency website for the public. Social workers discuss the monthly clothing allowance with foster parents and youth during monthly placement visits. Information about the clothing vouchers has also been shared in the agency's Child Welfare Training Academy (CWTA) newsletter for foster parents and social workers (the SOURCE), as well as with CFSA's partner, the Foster and Adoptive Parent Advocacy center (FAPAC). CWTA includes the same information in foster parent pre-service and in-service training.

Youth Bill of Rights

109. What is the status for full implementation of the Foster Youth Rights and Responsibilities Act 2012?

Following is the status on actions the law requires:

- Amended existing rules in 29 DCMR §§ 6004, 6203, and 6303 on August 21, 2015, to incorporate youth rights.
- Procured in February 2016, printed copies of a Youth Bill of Rights in plain language that incorporates specific information the law requires—such as the process for reporting rights violations to CFSA.
- Developed a communication plan for informing social workers, foster parents, and other resource providers of the content and intent of the Youth Bill of Rights and began implementation in February 2016.
- Developed a distribution plan for ensuring that all children and youth currently in District foster care and entering care receive a copy of the Youth Bill of Rights (implementation began February 2016).
- Developed a training plan to introduce the Youth Bill of Rights to social workers and foster parents; implementation has begun.
- Established a Youth Ombudsman in January 2013.
- In January 2014, began submitting to the Committee on Health and Human Services an annual report regarding Youth Ombudsman activities and trends; the report is posted on the CFSA website.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



110. What has been done or what materials have been developed to educate youth about their rights and responsibilities?

Using 29 DCMR §§ 6004, 6203, and 6303 as the basis, CFSA developed a plain-language Youth Bill of Rights. Based on the regulations, it groups individual items that were randomly listed into eight topical sections (How I'm Treated, My Team, etc.). Further, it lowers the Flesch-Kincaid Grade Level readability test from an average of 16.2 to a much more accessible reading level of 5.6, on average. It also incorporates all the information required in the Foster Youth Rights and Responsibilities Act—for example, how youth can voice a concern or complaint. CFSA's Office of the General Counsel approved the document for legal sufficiency. CFSA had the document designed and printed, as well as posting the Youth Bill of Rights on the agency website, along with the associated law and regulations.

In February 2016, we initiated the distribution plan that engaged CFSA and private-provider social workers in providing a hardcopy of the Youth Bill of Rights to all children and youth over age 14 who are in foster care, in addition to distribution to the guardian *ad litem* of younger children. CFSA has also initiated procedures to ensure that from now on, every child/youth entering District foster care gets a copy of the document. The salient factor in the distribution is that the social worker explains to the child/youth what the document means. For tracking purposes, a youth or the guardian *ad litem* (for children under age 14) must sign for the document, and the signed sheet becomes part of the case file.

CFSA requires group home providers to post copies of the document in their facilities and will ensure that this has taken place as part of routine facility monitoring. The Youth Ombudsman is also highlighting the Youth Bill of Rights during his periodic visits to congregate care facilities and other meetings with youth.

111. What outreach has been done to resource providers to educate them about the Foster Youth Rights and Responsibilities Act of 2012?

This step was actually the precursor to distributing the document to children/youth. In keeping with our communication plan in February 2016, CFSA announced the Youth Bill of Rights to the local child-serving community. This was a joint email blast from the Agency director and the administrator of the CFSA Office of Youth Empowerment to CFSA staff, family-based foster care providers, congregate care providers, CFSA foster parents, Family Court judges, guardians *ad litem*, child advocates, and other stakeholders. It emphasized the intent of the Youth Bill of Rights, clarified that everyone involved with children and youth in care is expected to uphold these rights, and described distribution procedures going forward.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



The CFSA Child Welfare Training Academy (CWTA) will announce and initiate training about the Youth Bill of Rights in FY16 Quarter 2.

Housing & Rapid Housing

112. Please provide a detailed status report on the usage of Rapid Housing in FY15 and in FY16 to date, including:

- a. The number of parents who applied for Rapid Housing to keep children out of foster care. How many children were within these families?**

In FY15, 95 parents representing 415 children applied for Rapid Housing to keep children out of care. In FY16, 50 parents representing 125 children applied for Rapid Housing to keep children out of care.

- b. The number of parents who received Rapid Housing to keep children out of foster care. How many children were within these families?**

In FY15, 81 parents representing 389 children received Rapid Housing to keep children out of care. In FY16 to date, 30 parents representing 110 children received Rapid Housing to keep children out of care.

- c. The number of reunification cases in which families applied for Rapid Housing.**

In FY15, 55 reunification cases were presented to the Rapid Housing program for consideration. In FY16 to date, 10 reunification cases were presented to the Rapid Housing program for consideration.

- d. The number of reunification cases in which families received Rapid Housing.**

In FY15, the Rapid Housing Program assisted 27 families receiving a Rapid Housing subsidy. In FY16 to date, the Rapid Housing Program has assisted 10 receiving Rapid Housing subsidy.

- e. The number of youth emancipating from care who applied for Rapid Housing.**

In FY15, 43 youth aging out of the foster care system applied for Rapid Housing. In FY16 to date, 11 exiting youth applied for Rapid Housing.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



f. The number of youth emancipating from care who received Rapid Housing.

In FY15, the Rapid Housing program assisted a total of 28 young adults as they transitioned out of the child welfare system. In FY16, the Rapid Housing Program assisted 6 young adults.

g. Did the Rapid Housing program run out of funds at any time in FY15? If so, what was the reason for that?

The Rapid Housing Program did not run out of funds at any time in FY15.

h. Were there any changes to the Rapid Housing program? If yes, what were the changes and the reasons for these changes?

In FY15, changes to the Rapid Housing Program included the opening of two housing initiatives (Wayne’s Place and Project Genesis) to support youth transitioning out of foster care. These programs are described in detail in question 114. CFSA also funded slots for CFSA families at three transitional housing facilities (So Others Might Eat, Hope and a Home, and New Day). These programs provide on-site case management for families facing a housing crisis. The additions came as a result of CFSA’s observation that many families experience challenges not only with their housing, instability, or homelessness, but also with mental health, substance use, domestic violence, and unemployment. Recognizing these complex needs, these housing initiatives support families who may have a history of difficulty complying with the current transitional housing programs. Case management helps to build the capacity of parents to nurture and care for their children.

In FY16, CFSA and Department of Human Services (DHS) are developing an Memorandum of Understanding (MOU) that addresses the housing support needs for CFSA-involved families seeking shelter through DHS due to homelessness. In addition to allowing families to become connected to the DHS network, the MOU would also result in the transitional services described above to be added to the current DHS continuum of providers and will ensure that the services are offered to the families during a joint intake process by CFSA and DHS.

i. What was the average award for each population of Rapid Housing recipients?

In FY2015, the average amount of rapid housing award per family ranged from \$4,051-\$8,483. These figures are based on the total amount of awards distributed divided by the number of families.

Type of Case	Average per family/client (FY15)
Preservation	\$8,483
Reunification	\$8,051

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



Guardianship/Kinship	\$6,844
Youth Aftercare/Emancipating Youth	\$4,051

113. How many of these youth, who aged out of care, used Rapid Housing funding to subsidize housing with relatives or former foster parents? How many used the funds to support independent housing?

	Independent Housing	Former Foster Parent	Living with Relatives	College Housing	TOTAL
FY15	15	2	0	5	22
FY16: Q1	3	1	0	1	5

114. Other than Rapid Housing, what type of financial housing support does the agency provide youth who age out of care?

CFSA recognizes that many young adults aging out of foster care may experience challenges with their housing, instability, or even homelessness. In response to this, CFSA has implemented two supportive housing programs specifically focused on youth who have transitioned out of the foster care system. These programs are outlined below and implemented in partnership with other District agencies and community partners.

The Wayne Place Project is a joint effort between CFSA, Department of Behavioral Health and the Far Southeast Family Strengthening Collaborative to provide transitional supportive housing for youth aging out of the foster care system or youth transitioning from psychiatric residential centers and who require intensive services to stabilize them in a community environment. The program focus is to provide a real life community experience so that the youth are prepared to positively and successfully engage and participate in the community environment. A major component of the program is the evidence-based model, Transition to Independence Program (TIP). The TIP model contains educational and employment preparation and support services. Wayne Place opened in March 2015 and is currently at full capacity with 40 youth residing there.

Project Genesis is a 27-unit newly constructed apartment building developed by Mi Casa, Inc. It is located within the service area of the Georgia Avenue Family Support Collaborative. Using the Generations of Hope model, this project focuses on partnering seniors with young mothers who are aging out of foster care. The seniors support the young mothers and their children, helping the mothers to develop a greater purposefulness in life. The goal of this project is to reduce the isolation of seniors and young families by creating a community of caring among residents through building community capacity and informal support networks across households and ages.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



In addition to the initiatives described above, CFSA has also made referrals to organizations such as Sasha Bruce and Covenant House that provide shelter and supportive services for youth in the District. The youth referred to these programs are youth who have exited the child welfare system and have been connected through the CFSA Mayor’s Services Liaison Office.

115. Are there special housing or financial programs for parenting youth? If yes, how many youth received this assistance? What was the total amount of assistance provided?

Project	FY15	FY16
Generations of Hope (Genesis)	\$ 188,500 (Project Genesis) \$ 329,163 (Planning Expenses)	\$ 439,458 (Project Genesis) \$ 0 (Planning Expenses)
Elizabeth Ministries ¹³	N/A	N/A

Pregnant/Parenting Youth

116. Regarding pregnant or parenting youth, please provide the following for FY15 and FY16, to date:

- a. The number of youth who are pregnant or who are parents;**
- b. A breakdown of the types of placements (e.g. foster homes, teen parent programs) which in known pregnant or parenting youth are placed and how many youth are placed in each type of placement;**

¹³ Funding of this project began at the end of FY14 with a grant in the amount of \$434,448. No additional funding was needed in FY15 or FY16 but the proposed support for FY17 is \$228,085.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



FY2015				
Total Teen Mothers served in Foster care as of September 30, 2015 = 40				
Placement Type	Home Type	Service	Total Teen Mothers	
Foster Homes	Therapeutic	Therapeutic FC Teen Parent - 1 Child	8	
		Therapeutic Foster Family	3	
		Subtotal	11	
	Traditional		Non Therapeutic Foster Care	2
			Refugee Minor Foster Family	1
			Traditional FC Teen Parent - 1 Child	3
			Traditional FC Teen Parent - 2 Children	1
			Traditional Foster Family	4
			Subtotal	11
	Total Foster Homes			22
	Group Settings	Independent Living	Teen Parents Program	17
Subtotal			17	
Total Group Settings			17	
Other	Abscondance	Abscondance	1	
		Subtotal	1	
		Total Other		
Total Teen Mothers			40	

FY2016				
Total Teen Mothers served in Foster care as of December 31, 2015 = 38				
Placement Type	Home Type	Service	Total Teen Mothers	
Foster Homes	Therapeutic	Therapeutic FC Teen Parent - 1 Child	8	
		Therapeutic Foster Family	3	
		Subtotal	11	
	Traditional		Refugee Minor Teen Parent - 1 Child	1
			Traditional FC Teen Parent - 1 Child	2
			Traditional FC Teen Parent - 2 Children	1
			Traditional Foster Family	3
			Subtotal	7
	Traditional Foster Family Emergency (STAR Home)		Traditional Foster Family Emergency (STAR Home)	1
			Subtotal	1
	Total Foster Homes			19
Group Settings	Independent Living	Teen Parents Program	19	
		Subtotal	19	
		Total Group Settings		
Total Teen Mothers			39	

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



c. The number of youth who currently have case-carrying social workers through the Generations Unit;

The Generations Unit directly case manages 30 youth.

d. For those youth who are pregnant or parenting, but do not have a Generations Unit social worker, the reasons they do not have one; and

A total of 15 pregnant and parenting youth (PPY) are currently managed by the private agency providers because these PPY are placed in foster homes in Maryland that are licensed through those private agencies and COMAR regulations restrict CFSA social workers from managing those cases.

Youth who are not receiving direct case management support from the Generations Unit are eligible for the same services. Support is provided to the private agencies to ensure that PPY are connected to the appropriate supports needed to parent their children while also meeting their own transitional goals.

e. A description of any efforts to evaluate the effectiveness of the Generations Unit (including case-carrying Generations Unit social workers) in meeting the needs of pregnant or parenting youth.

The Generations Unit has developed its own set of outcomes as outlined below:

1. Decrease # of PPY in foster care

2012	2013	2014	2015
73	60	65	51

*As of 9/30/15

2. Decrease repeat births to youth in foster care

2012	2013	2014	2015
14	11	10	6

3. Increase number of PPY in foster care who complete high school or obtain their GED per academic year

2012	2013	2014	2015
14	29	38	29

Note: there are 3 PPY on track to graduate from high school this academic year.

4. Increase the number of PPY in foster care who enroll in post-secondary education

	2012	2013	2014	2015
College	2	5	7	9
Vocation	Did not track	Did not track	27	16

GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Child and Family Services Agency Performance Oversight FY15-16



117. What is the total number of births to youth in care in FY15 and FY16 to date? How does that break down by age?

FY2015				
Age of Teen Mother	Number of Children of Teen Mothers			Total Teen Mothers
	1	2	3	
15	0	1	0	1
17	6	3	0	9
18	7	3	0	10
19	7	0	0	7
20	9	3	1	13
Total Teen Mothers	29	10	1	40
FY2016				
Age of Teen Mother	Number of Children of Teen Mothers		Total Teen Mothers	
	1	2		
16	0	1	1	
17	7	1	8	
18	4	4	8	
19	10	1	11	
20	8	2	10	
Total Teen Mothers	29	9	38	

118. How many second time births to youth occurred in FY15 and FY16 to date?

Total Number of second time births to youth occurred in FY15 = 4
 Total Number of second time births to youth occurred in FY16 = 0

119. What programming is provided to reduce unplanned pregnancies and assist youth with family planning?

The Healthy Horizons Health Clinic provides condoms, sexual health counseling, and testing for all youth who are initially screened or rescreened for placement. In addition, nurse care managers are available to all youth in care. Youth can also receive further information about safe sex practices through their nurse care manager. In addition, social workers use a youth transition toolkit that has a section dedicated to a young person's health, and specifically speaks to pregnancy prevention.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



For those youth who are already pregnant or parenting and living in a congregate care facility, the Personal Best and Bright Beginnings parenting courses have been implemented. The Personal Best curriculum focuses on goal setting, self-esteem, decision making, and the teen mothers as adolescence and not just parents. Bright Beginnings are “mommy and me” groups that focus on understanding appropriate developmental milestones, temperament of the children, and attachment. As these elements are developed in our teen parents, they are able to make more informed decisions around family planning and understand the importance of focusing on the child(ren) they already have and not on expanding their families.

120. What specific programming does CFSA provide for teen mothers? Teen fathers?

As previously mentioned, teen mothers residing in congregate care facilities receive the Personal Best and Bright Beginnings parenting courses. Teen mothers and teen fathers are also eligible for linkage to all community resources pertaining to parenting youth such as Women, Infants & Children (WIC), Safe Sleep, Healthy Babies, and Mary’s Center. Presently, CFSA does not track teen fathers. However, if a young man does identify as a father he is eligible to receive the same supportive services.

121. How many teen mothers have participated in these programs? Teen fathers?

A total 34 teen mothers have participated in the previously mentioned parent trainings. CFSA does not track all referrals made to community resources for teen parents.

122. What were the program outcomes?

The Personal Best and Bright Beginnings courses began in March 2015 and will continue through June 2016. The following program outcomes have been established:

- Increase the pregnant/parenting youth’s ability to build a positive attachment with their child.
- Understand temperament and how to deal with children’s negative behavior.
- Understand the difference between over and under-stimulation.
- Understand the importance of providing a safe and appropriately stimulating environment.
- Understand developmental milestones of their children.
- Promote the youth’s self-efficacy and personal growth.
- Assist the youth to identify their sources of stress and develop positive coping mechanisms.
- Develop parenting and co-parenting skills goals.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



These outcomes will be measured through the pre/post course assessments that are administered to the participants as well as through the overall outcomes for the Generations Unit.

123. How many teen parents are being served by the Generations Unit?

The Generations Unit directly case manages 30 youth.

124. What additional support or resources (financial or other types) are youth parents provided for the care of their children?

Both congregate care and foster home placement providers receive additional funding in the amount of half the standard board rate to assist with the costs of the youths' children. PPY are also eligible to apply for WIC. Daycare vouchers are provided to those who are engaged in employment or educational activities. Car seats and breast pumps are available to youth at a discounted at local hospitals. Additionally, the Safe Sleep program provides a free pack-n-play, and the Generations Unit provides referrals to the DC Diaper Bank where PPY can receive diapers, wipes, formula, and other infant needs.

125. How many teen mothers/fathers received daycare vouchers?

FY15	52
FY16: Q1	5

126. How does the agency support the involvement of fathers of children born to young women in care?

Co-parenting is encouraged as a regular part of case-management. Teen mothers are counseled on the importance of having the father involved in the upbringing of their child's life despite their relationship status. Teen mothers are also encouraged to invite the fathers of their children to transition planning meetings.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



LaShawn A. v. Bowser

127. Please provide a status update on the class action lawsuit *LaShawn A. v. Bowser*.

As of June 30, 2015, of the 88 Exit Standards included in the *LaShawn A. v. Bowser* Implementation and Exit Plan, the District met 73 (83%). During the most recent monitoring period, January through June 2015, the Agency newly achieved the Exit Standard on health screenings for children prior to placement. CFSA did not maintain four Exit Standards related to placement during this period. Two of those Exit Standards (related to placement) were re-designated as outcomes to be achieved.

In regards to the placement standards, CFSA experienced an increase in the number of children entering foster care over a three-month period, April through August, which stretched the agency's placement resources. Since that time, we have worked diligently to increase capacity and ensure that the resources are available as needed. There is still work to be done in this area; we need to increase the pool of homes available in DC, and we need more foster parents who are willing to take older teens.

Accordingly, CFSA has developed a new placement strategic plan to specifically address many of these placement issues. This plan includes short-term and long-term strategies related to foster parent recruitment, licensing, training, placement, placement support, and continuous quality improvement.

The Court Monitor noted that during the January to June 2015 period, performance improved on several of the remaining standards, including the following:

- Timely completion of investigations—the monthly performance ranged from 42% to 60%, up from a range of 36% to 56% in the previous period.
- Visits between parents and children—the monthly performance ranged from 73% to 83%, up from a range of 73% to 78% in the previous period.
- Distribution of Medicaid numbers and cards—the monthly performance ranged from 25% to 77%, up from a range of zero to 39% in the previous period.

CFSA is focusing on improving the quality of investigations and case planning related to services to families and children. Performance in these areas has been below the required performance levels; however, CFSA will continue its pattern of evaluation of performance and action planning to improve performance. The Monitor believes that CFSA continues to aspire to be a high performing and self-correcting organization and that performance data has demonstrated achievement in several areas.

In addition, CFSA is in the process of finalizing a 2016 LaShawn Strategy Plan.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



The strategy plan will focus on improving key areas within investigations (initiation of investigations and quality of investigations), placement, visitation, permanency, and continuous quality improvement process throughout the Agency.

See Attachment Q127, LaShawn v Bowser Progress Report (Jan. – June 2015).

Budget and Policy Directives

128. Please provide a status update on the agency’s compliance with the committee’s FY16 budget and policy directives. When reports or other documents are indicated, please provide those documents.

Fiscal Year 2016 Operating Budget Recommendations

The Committee recommends approval of the Mayor’s proposed FY16 operating budget for the Child and Family Services Agency with the following changes:

- Transfer **\$204,000** in recurring funds from the Agency Programs Division (2000), Child Placement (Activity 2066), CSG 50 to the Department of Behavioral Health (RMO), Community Health Administration (8500), Children Adolescent and School Health (Activity 8514) CSG 50. The purpose of this funding is to support teen pregnancy prevention programming.
- Transfer **\$100,000** in recurring funds from the Agency Management Division (1000), Property Management (Activity 1030) CSG 32 as follows:
 - **\$69,000** to the Department of Human Services (JAO), Family Services Administration (5000), Domestic Violence Services (Activity 5020) CSG 50
 - **\$31,000** to the Department of Behavioral Health (RMO), Community Health Administration (8500), Children Adolescent and School Health (Activity 8514) CSG 50. The purpose of this funding is to support teen pregnancy prevention programming.
- Accept **\$150,000** in recurring funds from the Committee on the Judiciary to Community Services (3000), Child Protective Services – Investigations (Activity 3087 – Safe Shores) CSG 50.

CFSA met the deadline for all transfers and acceptance of recurring funds as identified.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency Performance Oversight FY15-16



Policy Recommendations

- The Committee directs CFSA to provide a comprehensive analysis of its current educational services to ensure that it includes pre-college advising and related services for youth in the 8th grade or above committed to CFSA's temporary care and custody. This analysis should include various types of services such as one-on-one counseling and group information sessions covering all topics related to academic preparation for college (including high school course selection and academic support), researching colleges, the college admissions process, preparing for standardized tests (including the PSAT, SAT I, ACT, and SAT II subject matter exams), the college application process, financial aid, and transitioning to college. Many of these services are currently offered to youth, but only once they reach 11th or 12th grade. However, this is often too late for youth to make meaningful decisions related to preparing to apply to college or building the academic foundation necessary for college success. The analysis should include the costs associated with the program implementation and be submitted to the Committee by December 31, 2015.
- The Committee directs CFSA to provide a comprehensive analysis on how the Agency supports career planning and exploration, as well as advising for youth interested in part-time employment, internships, volunteer opportunities, post-secondary vocational training, or post-secondary full-time employment for every youth in the 9th grade or above committed to CFSA's temporary care and custody. Many of these services are currently offered to youth, but only youth who are age 18 or older, meaning that youth often do not receive career planning information until the end of their high school careers. The analysis should include the costs associated with program implementation and be submitted to the Committee by December 31, 2015.

See Attachment Q128, CFSA Education and Career Planning Services Analysis 12-29-15.