

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Child and Family Services Agency's Responses
Performance Oversight Hearing FY 2016 and FY 2017 (First Quarter)
Pre-Hearing Questions
Submitted to the Council of the District of Columbia, Committee on Human Services

February 21, 2017

Agency Organization

- 1. Please provide a current organizational chart for CFSA. Please provide a narrative explanation of any organizational changes made during FY16 and to date in FY17, to date.**

See Attachment Q1, CFSA Organizational Chart

During FY2016, CFSA experienced the following organizational structure changes:

Dissolved the Foster Care Resources Administration and Realigned Core Functions Across CFSA's Program Administrations

In June 2016, CFSA initiated a focused review of several key areas central to the core mission of the Agency. These areas included Foster Care Resources (Licensing and Foster Parent Training), Regulation and Compliance, and Business Resources. Three key program areas were re-aligned to improve the quality of services provided and meet Agency benchmarks.

- Office of Program Operations
- Office of Planning, Policy, and Program Support
- Office of Administration, Business Services Administration

The alignment resulted in the following practice improvements:

- All functions related to foster care services, parents and placement are centralized with the Office of Program Operations, Placement Administration.
- All functions related to staff training, development and family licensing are centralized within the Office of Planning, Policy and Program Support.
- All functions related to contract monitoring are centralized within the Office of the Administration, Business Services Administration.

The change impacted a total of 75 FTEs, and resulted in the separation of one incumbent (Administrator level (MSS-15), due to dissolving the Foster Care Resources Administration. All other staff were retained and reassigned to support the core functions as delineated above.

2. With respect to employee evaluations, goals, responsibilities, and objectives in FY2016 and to date in FY17, please describe:

a. The process for establishing employee goals, responsibilities, and objectives;

CFSA utilizes the performance management standards set forth in Chapter 14 of the District Personnel Regulations to establish employee performance plans for each fiscal year. The plans encompass competencies, S.M.A.R.T. goals and individual development plans (IDPs), each geared at aiding with the direction and accomplishment of key functions and tasks assigned at the level of the staffer. In addition, the CFSA management team works collaboratively across program administrations, to ensure that employee goals map to the strategies and key initiatives set forth for the Agency, ensuring also that they meet mandates as established under District law.

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

Managers conduct supervision with direct reports to assess current performance. In these discussions, managers and employees have an opportunity to review clinical/administrative practice. In addition, managers and staff identify opportunities for improved performance and prioritize key targets, initiatives and goals.

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

If an employee demonstrates sub-optimal performance, managers address this by use of a Performance Improvement Plan (PIP). This is a performance management tool designed to assist the employee in improving performance.

Alternatively, management may also follow corrective and/or adverse action as deemed appropriate for conduct or performance based deficiencies, pursuant to Chapter 16 of the District's Personnel Regulations.

3. Please list all reports (annual or otherwise) published by CFSA, citing statutory authority. Please highlight report deadline as well as date of actual submission by CFSA for FY16 and FY17, to date.

CFSA submits the following required reports annually to the D.C. Council. All reports reflect program activity for the previous year.

- *The Newborn Safe Haven Program Report* is due annually on January 1st as a result of the Newborn Safe Haven Act of 2010 (D.C. Law 18-158; D.C. Code § 4-1451.01 *et seq.*). The law requires an annual status report on the number of newborns in the District surrendered under the law within the year. The 2015 Report was transmitted to the D.C. Council on March 18, 2016. The 2016 Report was transmitted to the D.C. Council on January 25, 2017.
- *The Grandparent Caregivers Program Report* is due annually on January 1st pursuant to the Grandparent Caregivers Pilot Program Establishment Act of 2005 (D.C. Law 16-69; D.C. Code § 4-251.01 *et seq.*). The law requires an annual report that includes a statistical overview on the number of children and families receiving a monthly subsidy through the Grandparent Caregivers Program. The 2015 Report was transmitted to the D.C. Council on March 2, 2016. The 2016 Report is expected to be transmitted to the D.C. Council by February 28, 2017.

- *Child and Family Services Youth Ombudsman Annual Status Report* is due annually on January 31st pursuant to the Foster Youth Statements of Rights and Responsibilities Amendment Act of 2012 (D.C. Law 19-276; D.C. Code § 4–1303.71 *et seq.*). The report reflects concerns reported by foster youth or by a concerned party, outcomes of the investigations, trends and issues. The 2015 Report was transmitted to the D.C. Council on March 18, 2016. The 2016 Report is expected to be transmitted to the D.C. Council by February 28, 2017.
- *Child and Family Services Agency’s Annual Public Report* is due annually on February 1st pursuant to the DC Adoption and Safe Families Act (ASFA) of 2000 (D.C. Law 13-136; D.C. Code § 4–1303.01 *et seq.*). CFSA is required to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions the Agency has taken to implement the federal Adoption and Safe Families Amendment Act of 2000 (ASFA).

The 2015 Report was transmitted to the D.C. Council on April 27, 2016. The 2016 Report was transmitted to the D.C. Council by February 10, 2017.

Upon request, the previous Committee on Health and Human Services and recently the Committee on Human Services has granted the Agency an extension for the reports identified. The extensions are required to allow CFSA sufficient time to analyze data and develop a comprehensive report.

The Executive Office of the Mayor intends to propose amendments to several of the statutes in order to accommodate end of year data collection for completing the reports to resolve this timing issue.

Spending

- 4. Please provide the amount budgeted and actually spent in FY16 and to date in FY17 for the agency and its programs and activities, broken out by source of funds, Comptroller Source, and Comptroller Object.**

See Attachments Q4, FY2016 and FY2017 Budget and Expenditures

- 5. Have any spending pressures been identified for FY16? 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 FY2016. There are no identified spending pressures for CFSA in FY2017, as of the close of the first quarter.

Contracting and Procurement

- 6. Please list each contract, grant, and procurement (“contract”) awarded or entered into by CFSA during FY16 and FY17 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 Q6(a), CFSA Contracts FY2016 and F20Y17; Q6(b), CFSA Grants FY2016 and FY2017; and Q6(L), Contracts and Grants Oversight/Monitoring Plan

7. Please provide the following information for all contract modifications made during FY16 and to date in FY17:

- 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 Attachments Q7, Contract Modifications FY2016 and FY2017

Child Protection Investigations (CPS) and Differential Response

8. Regarding calls to the Child Abuse Hotline, please provide the following for FY16 and for FY17 to date:

- a. **Total number of hotline calls received;**

A total number of 31,827 hotline calls were received for FY2016; and 7,856 hotline calls were received for FY2017 to date.

Total number of hotline calls received in FY2016 was 16,671.

FY2016

Call Type		Total Hotline Calls
Accepted	Investigations	3,712
	Family Assessment	3,300
	Subtotal	7,012
I&R		1,359
Screened Out		8,300
Total Hotline Calls¹		16,671²

¹ Accepted Linked and Awaiting Approval Referrals are excluded. Investigations converted from Family Assessments are not included in the Investigations count, but are counted as Family Assessments.

² In FY2016, the total number of calls received at the hotline was 31,827 and of those calls 16,671 resulted in a hotline report entered in FACES.

Total number of hotline calls received in FY2017 is 4,282.

FY2017

Call Type		Total Hotline Calls
Accepted	Investigations	1,245
	Family Assessment	1,208
	Subtotal	2,453
I&R		271
Screened Out		1558
Total Hotline Calls		4,282³

³ In FY2017, the total number of calls received at the hotline was 7,856 and of those calls 4,282 resulted in a hotline report entered in FACES.

- 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.);**

Family Assessments

Allegation Type⁴	FY2016 Total FA Hotline Calls⁵	FY2017 Total FA Hotline Calls⁶
Caregiver discontinues or seeks to discontinue care	54	15
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	90	61
Domestic Violence	357	134
Educational Neglect ⁷	1,127	458
Inadequate Housing	388	122
Inadequate Supervision	894	308
Medical Abuse	5	1
Medical Neglect	268	81
Mental Abuse	165	57
Neglect	482	176
No Allegations		1
Physical Abuse	716	224
Substance Abuse	159	42
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	30	8
Total Family Assessments Hotline Calls	3,300	1,208

⁴ This summary shows the count of "accepted" family assessments by allegation types.

⁵ The totals may not add up as a hotline call may have multiple allegations; and this summary shows the count of "accepted" family assessments by allegation types.

⁶ The totals may not add up as a hotline call may have multiple allegations; and this summary shows the count of "accepted" family assessments by allegation types.

⁷ Educational neglect calls are primarily received through the educational neglect triage portal. This number does not reflect the full volume of calls.

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

Investigations⁸

Allegation Type	FY2016 Total Investigation Hotline Calls	FY2017 Total Investigation Hotline Calls
Caregiver discontinues or seeks to discontinue care	135	45
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	433	144
Child Fatality	15	5
Domestic Violence	386	136
Educational Neglect	292	120
Failure to protect against human sex trafficking	7	1
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	21	1
Inadequate Housing	370	166
Inadequate Supervision	1,143	369
Medical abuse	8	4
Medical Neglect	292	95
Mental Abuse	182	52
Neglect	405	141
Physical Abuse	1,516	481
Sexual Abuse	692	211
Sexual exploitation of a child by a caregiver	10	3
Substance Abuse	368	133
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	119	41
Total Investigation Hotline Calls	3,712	1,245

⁸ This summary shows the count of "accepted" investigations by allegation types; and totals may not add up as a hotline call may have multiple allegations.

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

Fiscal Year	Hotline Calls Resulting Information and Referral
FY2016	1,359
FY2017	271

- e. **Total number of Hotline calls screened out.**

Fiscal Year	Hotline Calls Screened Out
FY2016	8,300
FY2017	1,558

9. **Please provide a detailed update regarding the Agency’s implementation of its Differential Response system (Family Assessment Unit), including:**

- 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’s Entry Services Administration, which encompasses the CPS- Investigations Unit and the CPS-Family Assessment Unit, are broken down as follows:

Administration Unit	Total # Units	Total # of FTEs
CPS – Family Assessment	9 Units	42
CPS – Investigations	18 Units <ul style="list-style-type: none"> • 9 Day Shift Units • 4 Evening Shift Units • 2 Midnight Shift Units • 3 Hotline Units 	62

b. 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,. [CFSA, Department of Human Services' Strong Families program]
- Referrals and services to assist with 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, CFSA makes 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/Substance Abuse [Department of Behavioral Health (DBH)]

- c. For each specific service listed in c), above, the number of families referred for services in FY16 and in FY17 to date.

FY2016 Family Assessments:

FA Closure Reason	Collaborative / Agency Name	Total Accepted FA Hotline Calls
Service Linkage - Agency	Department of Behavioral Health	7
	Department of Human Services	44
	District of Columbia Public Schools	1
	Subtotal	52
Service Linkage - Collaborative	Collaborative Solutions for Communities	14
	East River	65
	Edgewood/Brookland	53
	Far Southeast	86
	Georgia Avenue/Rock Creek	28
	Subtotal	245
Service Linkage - Other	Subtotal	50
Total Accepted FA Hotline Calls		348

FY2017 Family Assessments:

FA Closure Reason	Collaborative / Agency Name	Total Accepted FA Hotline Calls
Service Linkage - Agency	Department of Behavioral Health	1
	Department of Human Services	8
	Subtotal	9
Service Linkage - Collaborative	Collaborative Solutions for Communities	3
	East River	7
	Edgewood/Brookland	5
	Far Southeast	7
	Georgia Avenue/Rock Creek	1
	Subtotal	23
Service Linkage - Other	Subtotal	6
Total Accepted FA Hotline Calls		38

- d. **The total number of families and the total number of children who CFSA referred to its Family Assessment Units in FY16 and in FY17 to date, broken down by type of allegation.**

FY2016 Family Assessments:

Allegation Type	Total Accepted FA Hotline Calls	Total Victim Children
Caregiver discontinues or seeks to discontinue care	54	62
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	90	132
Domestic Violence	357	630
Educational Neglect	1,127	1,264
Inadequate Housing	388	734
Inadequate Supervision	894	1,385
Medical abuse	5	5
Medical Neglect	268	306
Mental abuse	165	235
Neglect	482	769
Physical Abuse	716	829
Substance Abuse	159	221
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	30	38
Total Accepted FA Hotline Calls⁹	3,300	4,439

⁹ 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.

FY2017 Family Assessments:

Allegation Type	Total Accepted FA Hotline Calls	Total Victim Children
Caregiver discontinues or seeks to discontinue care	15	15
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	61	86
Domestic Violence	134	208
Educational Neglect	458	517
Inadequate Housing	122	216
Inadequate Supervision	308	501
Medical abuse	1	1
Medical Neglect	81	96
Mental abuse	57	80
Neglect	176	287
No Allegations	1	0
Physical Abuse	224	248
Substance Abuse	42	63
Unable or unwilling legal caregiver and current person/entity (non-legal caregiver) who is providing care seeks to discontinue care	8	10
Total Accepted FA Hotline Calls¹⁰	1,208	1,624

¹⁰ 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.

- e. **The total number of families and the total number of children referred/- for Family Assessment whose cases CFSA converted to investigations and referred to Investigation Units in FY16 and in FY17 to date, broken down by type of allegation. How many of these families were substantiated for neglect? How many families ultimately had children removed?**

Fiscal Year ¹¹	Number of Accepted Family Assessment	Total Victim Children	# of FA's Converted to Investigations ¹²	# of Investigations	# of Substantiated Neglect Investigations	# of Substantiated Neglect Investigations with Removals
FY2016	3,300	4,439	351	348	100	22
FY2017	1,208	1,624	112	111	21	5

Fiscal Year	Allegation Type				
	Abuse	Child Fatality	Neglect	Sexual Abuse	Total
FY2016	83	0	233	32	348
FY2017	23	1	74	13	111

- f. **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?**

In FY2016, there were 3,300 family assessments accepted for evaluation; 69 had subsequent investigations; 20 were substantiated; of those seven children were removed. FY2017 data is not available because the timeframe for tracking subsequent referrals has not yet been met (six months - federal standard)¹³.

¹¹ Conversions are completed when additional information is obtained or discovered during the safety assessment, home visits or from other sources that results in an elevated safety concern for the children in the home. Examples include: child injury, police involvement, parents refusing the social worker access to the home, illicit drug use, unable or unwilling caregiver, or disclosures of additional information during interviews that results in elevated concerns.

¹² Represents Family Assessments (FA) closed with a reason of "Open CPS Referral".

¹³ Question 9(f) does not include conversions like the previous response in question 9(e). These numbers involve a subsequent investigation being performed after the FA was closed.

- g. The number of Family Assessment cases closed in FY16 and in FY17 to date, by reason for closure (e.g. case objective achieved, family refused services, etc.)

Fiscal Year	Family Assessment Closure Reason	Total FA Calls
FY2016	Connect to a Closed Case and Re-Open	11
	Connect to an Open Case	5
	Did not meet standards	50
	Family declined services	11
	Link to Open Family Assessment	16
	No service needs identified	1,690
	Open a New Case	10
	Open CPS Referral	351
	Out of Jurisdiction	271
	Pre-existing Services	530
	Service Linkage - Agency	52
	Service Linkage - Collaborative	245
	Service Linkage - Other	51
	Unable to locate	4
		Subtotal
FY2017	Connect to an Open Case	1
	Did not meet standards	29
	Family declined services	40
	Link to Open Family Assessment	7
	No service needs identified	267
	Open CPS Referral	112
	Out of Jurisdiction	45
	Pre-existing Services	100
	Service Linkage - Agency	9
	Service Linkage - Collaborative	23
	Service Linkage - Other	6
	Unable to locate	6
		Total

- h. 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.**

See Attachments Q9(h), CFSA Differential Response Recommendations; and Family Assessment Program Evaluations Final Report Parts 1, 2 and 3

Differential Response Evaluation

CFSA engaged the Institute of Applied Research (IAR) to conduct a two-phase evaluation of Differential Response (DR) in the District. Phase I initiated in the second half of 2014 was a short-term examination of child safety under the CPS-Family Assessment (FA) response. Phase II 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 (SACWIS) for both phases of the evaluation process.

DR Evaluation, Phase I—June 2014 -December 2014

Plan: Phase I was a preliminary examination of the system with specific reference to child safety through the CPS-Family Assessment (FA) process. This informed a more detailed review similarly conducted by IAR.

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, 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: IAR concluded that children in the study and 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 II—January 2015 -December 2015

Plan: Phase II consisted of a 12 month outcome study and an implementation and process study. 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.

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 principal 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 completed Phase II of the evaluation. In addition, to the determination that children in the study and 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 from Phase I; Phase II was completed with recommendations that included:

- Community Collaboratives: Ensure services are maximized and a feedback loop is created to inform the work with families.
- Resource identification and development: Develop a databank of community resources for workers to access and update.
- Training: Inform training by including actual experiences and case examples of FA workers.
- CPS-I to FA conversions: While FA referrals can be converted to CPS-I with cause, consideration should be given to converting at least some CPS-I referrals to FA.

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

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

As of February 2017 there are a total of 50 social workers, 10 family support workers, 10 supervisory social workers, two program managers and one administrator in the In-Home Services Administration serving 366 in-home families.

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.

See response to question 10(c) below.

- c. For each specific service listed in b), above, the number of families referred for services in FY16 and in FY17 to date.

Services/Interventions	Provider/Vendor	# of families referred in FY2016	# of families referred in FY2017 ¹⁴
<p>HOMEBUILDERS® An intensive in-home crisis intervention and family treatment program designed to keep children and families safe and prevent the unnecessary out of home placement of children. Targets children at imminent risk of out-of-home placement.</p>	<p>East River Family Strengthening Collaborative, Edgewood/Brookland Family Support Collaborative, Far Southeast Family Strengthening Collaborative</p> <p>Catholic Charities of the Archdiocese of Washington (CCAQ); and Progressive Life Center (PLC)</p>	189	24
<p>Project Connect An intensive, in-home services model for high-risk families affected by parental substance abuse, mental illness, and/or domestic violence and involved in the child welfare system. Targets families with children in foster care with the goal of reunification who have been affected by substance abuse.</p>	<p>East River Family Strengthening Collaborative, Edgewood/Brookland Family Support Collaborative, Far Southeast Family Strengthening Collaborative</p> <p>Catholic Charities of the Archdiocese of Washington (CCAQ); and Progressive Life Center (PLC)</p>	53	8
<p>Parent Education & Support Services</p>	<p>Collaborative Solutions for Communities</p> <p>East River Family Strengthening Collaborative</p>	46	8

¹⁴ Data provided is for the first quarter of FY2017 (October – December 2016)

Services/Interventions	Provider/Vendor	# of families referred in FY2016	# of families referred in FY2017 ¹⁴
Parent & Adolescent Support Services	Department of Human Services (DHS)	66	17
Family Peer Coaches	Department of Behavioral Health (DBH)	45	7
Infant and Maternal Health Specialist	Total Health Care Solutions ¹⁵	165	50
Co – located DBH Clinicians	Department of Behavioral Health (DBH)	1687	977
Legal Services	Neighborhood Legal Services	144	30

d. The total number of families with new in-home cases in FY16 and in FY17 to date, by type of allegation

Fiscal Year	Abuse	Child Fatality	Neglect	Sexual Abuse	No Allegation Specified	Total In-Home Cases ¹⁶
FY2016	54	2	107	27	12	192
FY2017	19	0	42	3	3	66

¹⁵ Total Health Care Solutions is the contracting agency that manages the recruitment and retention of registered nurses co-located at each Healthy Families/Thriving Communities Collaborative.

¹⁶ These are the unique in-home cases, where a caretaker can be involved in multiple accepted referral allegations.

- e. **The number of in-home cases closed in FY16 and in FY17 to date, broken down by reason for closure.**

Closure Reason	FY2016	FY2017
Child Aged Out	0	1
Child Welfare Services not Needed	208	49
Client's Failure to Cooperate	5	2
Client's Request ¹⁷	37	6
Completion of Treatment Plan	39	6
Court Action	4	0
Moved Out of State	18	3
Other	6	5
Services to be Given by Others	16	4
Services/Service Plan Completed	65	16
Total Cases Closed	398	92

- 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. The QSR is a case-based qualitative review process that requires interviews with 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 child functioning, system performance in support of the child, family, and foster family. Reviewers provide direct feedback to social workers and supervisors as well as a written summary of findings. The following 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.

In FY2016, 34 in-home cases were randomly selected to participate in the process. Twenty-one of the 34 cases (62%) were given an overall practice rating within the “adequate” and “acceptable” range. The remaining 13 cases (38%) were given an overall practice rating within the “unacceptable” range.

¹⁷ This closure reason occurs when a client opts not to work with agency and requests closure of case. This is different from a client's failure to cooperate which is a closure decision made by the agency when a client is uncooperative.

In-home cases are reviewed as part of the overall sample, which includes cases from both CFSA and the private agencies. Trends may be gleaned from this review, however, thirty-four cases is not a statistically significant sample and caution must be used when drawing inference to the larger population.

11. Regarding CPS, please provide the following for FY16 and for FY17 to date:

a. Current number of open investigations

Fiscal Year¹⁸	Open Investigations
FY2016	383
FY2017	386

b. Total number of backlogged investigations

Fiscal Year	Backlogged Investigations¹⁹
FY2016	25
FY2017	75

¹⁸ Unless otherwise indicated throughout document, numbers for FY2016 are point in time as September 30, 2016; and FY2017 (1st quarter) numbers are point in time as of December 31, 2016.

¹⁹ CFSA has 35 days to complete an investigation. A backlogged investigation is defined as an investigation open for 36 or more days.

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

FY2016				
Extension	Extension Reason	Length of Time		Total Backlogged
		36-60 Days	61+ Days	
With Extension	Delay in receipt of critical information	5	3	8
	Law Enforcement	1	2	3
	Links	1	2	3
	Out of jurisdiction	1	1	2
	Unable to contact client	1	0	1
	Unable to identify or locate	2	1	3
	Uncooperative client	0	3	3
	Subtotal	11	12	23
Without Extension	N/A	2	0	2
	Total	13	12	25

FY2017				
Extension	Extension Reason	Length of Time		Total Backlogged
		36-60 Days	61+ Days	
With Extension	Delay in receipt of critical information	13	2	15
	Law Enforcement	2	1	3
	Links	7	3	10
	Out of jurisdiction	1	1	2
	Partnering Together Conference	0	0	0
	Unable to contact client	4	1	5
	Unable to identify or locate	0	3	3
	Uncooperative client	3	2	5
	Subtotal	30	13	43
Without Extension	N/A	26	6	32
Total		56	19	75

d. Total number of FTEs allocated for CPS

All FTEs Allocated	FY2016	FY2017
CPS- Investigations	116	116
CPS- Family Assessment	70	70
Total FTEs	186	186

e. Total number of workers assigned to the CPS

Case Carrying Social Workers Assigned	FY2016	FY2017
CPS- Investigations	62	62
CPS- Family Assessment	42	42
Total	104	104

f. Total number of vacancies in CPS

Vacancies²⁰	FY2016	FY2017
CPS- Investigations	2	5
CPS- Family Assessment	4	0
Total	6	5

g. Number of vacancies the agency plans to fill and the plan for filling these vacancies

CFSA plans to fill all vacant positions for CPS in April 2017.

In FY2016, CFSA's Human Resources Administration established a pipeline for recruiting social worker positions. We have established a social worker job vacancy announcement which posts continuously throughout the year in 45-day intervals. This allows individuals who have the requisite knowledge, skills, abilities and credentials to apply for positions with the Agency and receive consideration for current and/or future needs. Individuals remain on a waitlist for appointment to the Agency. This pro-active recruitment strategy enables CFSA to ensure that social worker vacancies, not only in CPS, but those throughout the Agency are expeditiously filled, eliminating extended time to fill gaps for this particular function.

²⁰ Numbers reflect social worker vacancies.

12. Regarding CPS, please provide the following for FY16 and FY 17.

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

Fiscal Year	Ward of Origin									
	1	2	3	4	5	6	7	8	No Ward	Total Investigations ²¹
FY2016	211	17	15	254	399	253	750	1,110	571	3,580
FY2017	66	7	10	71	126	64	192	342	160	1,038

b. Number of investigations substantiated;

Fiscal Year	Ward of Origin									
	1	2	3	4	5	6	7	8	No Ward	Total Substantiated Investigations
FY2016	44	5	2	57	95	52	190	310	131	886
FY2017	16	1	0	10	31	12	56	94	39	259

²¹ This number represents investigations accepted and closed in the fiscal year. These numbers differ from those reported in question 8(c) because the remaining investigations were opened at the close of the fiscal year.

- c. **Identify the top ten factors that led to an investigation being substantiated;**

FY20 16	
Maltreatment Type	# of Investigations
Inadequate supervision	202
Physical abuse	165
Caregiver incapacity (due to incarceration, Educational	157
Exposure to domestic violence in the home	149
Medical neglect	114
Exposure to unsafe living conditions	64
Unable or unwilling legal caregiver and current	52
Sexual abuse	49
Exposure to illegal drug-related activity in the home	44
	43
FY20 17	
Maltreatment Type	# of Investigations
Inadequate supervision	50
Physical abuse	49
Educational	44
Caregiver incapacity (due to incarceration,	39
Exposure to domestic violence in the home	35
Medical neglect	25
Unable or unwilling legal caregiver and current	18
Exposure to unsafe living conditions	16
Exposure to illegal drug-related activity in the home	11
Positive toxicology of a newborn	10

- d. **Identify the wards from which the highest number of investigations;**

See response to question 12(a) above.

- e. **Identify neighborhoods (or another unit smaller than ward) in which the highest number of substantiated investigations;**

See response to question 12(b) above.

- f. Identify neighborhoods (or another unit smaller than ward) that have the highest number of open child abuse and neglect investigations;**
 CFSA tracks neighborhoods by ward and does not identify any other unit smaller than ward.

FY2016 ²²	
Ward of Origin	Total Open Investigations
8	131

FY2017 ²³	
Ward of Origin	Total Open Investigations
8	114

- g. Identify neighborhoods (or another unit smaller than ward) that have the highest number of children being removed; and**

CFSA tracks neighborhoods by ward and does not identify any other unit smaller than ward.

Fiscal Year	Ward of Origin								No Ward ²⁴	Total Children Removed ²⁵
	1	2	3	4	5	6	7	8		
FY2016	18	0	1	23	32	10	64	89	58	294
FY2017	10	0	0	2	12	0	19	28	7	78

²²This is a point in time number for FY2016 as of September 30, 2016.

²³This is a point in time number for FY2017 as of December 31, 2016.

²⁴No ward could be attributed to homelessness, unknown address or staff entry error.

²⁵These numbers represent children removed based on CPS investigations reported in question 12a. The shortfall represents removals from in-home and out-of-home cases. The total number of removals is represented in question 16.

- h. Identify neighborhoods (or another unit smaller than ward) that have the highest number of investigations that were not substantiated.**

CFSA tracks neighborhoods by ward and does not identify any other unit smaller than ward.

Fiscal Year	Ward of Origin									Total Not Substantiated Investigations
	1	2	3	4	5	6	7	8	No Ward ²⁶	
FY2016	167	12	13	197	304	201	560	800	440	2,694
FY2017	50	6	10	61	95	52	136	248	121	779

13. 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 to question 13(c) below.

²⁶ No ward could be attributed to homelessness, unknown address or staff entry error.

- 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.**

FY2016 Intake & Investigation Caseload:

Current caseload per investigation worker	6 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	1 day

FY2016 Family Assessment (FA) Caseload:

Current caseload per FA worker	9 FA/worker (average)
Number of Workers over the required FA caseload of 12	2 workers
Average Length of time caseloads exceeded the required number of 12	10 days

FY2016 Ongoing Caseload:

Current Caseload per Ongoing Worker	9 cases/worker (average)
Number of Workers over the required Ongoing Caseload of 15	1 worker
Average Length of time caseloads exceeded the required number of 15	15 days

FY2017 Intake & Investigation Caseload:

Current caseload per investigation worker	7 investigations/worker (average)
Number of Workers over the required Investigation caseload of 12	5 workers
Average Length of time caseloads exceeded the required number of 12 was	8 Days

FY2017 Family Assessment (FA) Caseload:

Current caseload per FA worker	13 FAs/worker (average)
Number of Workers over the required FA caseload of 12	19 workers
Average Length of time caseloads exceeded the required number of 12	13 Days

FY2017 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

14. In FY16 and in FY17 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.

School Year	Referral Status	Referral Type	Cumulative Unexcused Absences					Total*
			0 - 9	10 - 19	20 - 25	26 or more	Not Recorded	
SY2015 - 2016 <i>(August 24, 2015 - July 31, 2016)</i>	Accepted	Investigations	8	86	11	29	32	161
		Family Assessments	40	683	125	91	32	942
		Screened Out	20	464	25	13	2218	2734
	Total							3837
SY2016 - 2017 <i>(August 01, 2016 - December 31, 2016)</i>	Accepted	Investigations	15	58	4	5	15	87
		Family Assessments	26	321	27	4	27	396
		Screened Out	3	0	0	0	229	232
	Total							715

Note: Accepted Linked referrals are excluded. The accepted referrals only include those children within the "5 - 13" age group. These numbers are measured by school year and therefore are different from prior responses measuring by fiscal year.

- 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*
SY2015 - 2016 (August 24, 2015 - July 31, 2016)	4	49	12	22	22	106
SY2016 - 2017 (August 01, 2016 - December 31, 2016)	9	30	4	5	6	50

Note: This summary counts closed Investigations where the Educational Neglect allegation is substantiated and the victims are within "5- 13" age group.

- 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											
	0 - 9		10 - 19		20 - 25		26 or more		Not Recorded		Total	
	# of Investigations	# of Children	# of Investigations	# of Children	# of Investigations	# of Children	# of Investigations	# of Children	# of Investigations	# of Children	# of Investigations	# of Children
SY2015 - 2016 (August 24, 2015 - July 31, 2016)	0	0	1	1	0	0	3	5	2	3	6	9
SY2016 - 2017 (August 01, 2016 - December 31, 2016)	2	2	0	0	1	1	0	0	1	1	4	4

Note: This summary counts closed Investigations where the Educational Neglect allegation is substantiated and the victims are within the "5-13" age group and removed on/after the hotline referral date.

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

	SY 2015- 2016 <i>Time Period: August 24, 2015- July 31, 2016</i>	SY 2016-2017 <i>Time Period: August 1, 2016- December 31, 2016</i>
DCPS	1951	424
DCPCS	1304	171

Note: This summary counts by LEA only and considers referrals from either DCPS or DCPCS and no other independent or private schools or referrals by other sources.

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

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

A total of 60 families and 201 children are currently being served by DC Cross-Connect as of January 31, 2017.

- b. How many children and how many families were served by Cross-Connect in FY16? FY17 to date?**

During FY2016, a total of 64 families and 214 children were served by DC Cross-Connect. In FY2017, a total of 61 families and 205 children have been served to date. Three cases were closed in FY2016, and one case has been closed in FY2017.

16. How many children did CFSA remove, by age and reason for removal, in FY16? In FY17 to date?

Age	FY2016	FY2017
<1 Year	60	19
1	26	8
2	23	6
3	31	3
4	19	2
5	20	6
6	22	5
7	18	4
8	20	3
9	15	1
10	13	4
11	13	0
12	21	3
13	17	4
14	16	8
15	23	10
16	27	6
17	17	1
18	2	0
19	1	0
20	1	0
Total Removals²⁷	405	93

²⁷ This chart represents the total number of removals. This differs from question 12 which specifically represents CPS-I removals. All removals do not involve a CPS investigation.

Removal Reason	FY2016	FY2017
Abandonment	7	1
Alcohol Abuse (Parent)	12	4
Caretaker ILL/ Unable to Cope	20	3
Child's Behavior Problem	8	0
Death of Parent(s)	11	2
Drug Abuse (Child)	1	0
Drug Abuse (Parent)	41	8
Inadequate Housing	5	7
Incarceration of Parent(s)	24	2
Neglect (Alleged/Reported)	299	57
Physical Abuse (Alleged/Reported)	78	26
Relinquishment	9	2
Sexual Abuse (Alleged/Reported)	25	4
Voluntary	7	0
Total Removals²⁸	405	93

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

A total of 108 children were removed after CFSA opened an in-home case in FY2016; and 23 children were removed in FY2017. Family team meetings were held in these former in-home cases as shown below.

Fiscal Year	# of Children	# of Families
FY2016	50	21
FY2017	10	4

²⁸ The totals may not add up because a child may have multiple removal reasons.

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

Fiscal Year	# of Children	# of Families²⁹
FY2016	18	6
FY2017	9	3

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

Currently the Agency does not track the number of non-custodial parents contacted prior to a removal. Our policy indicates that when a removal is imminent and the child’s parents do not reside in the same home, the Agency make efforts to engage the non-custodial parent to alert them of the situation, garner supports for the child, and possibly divert the removal.

- d. How many of these children had kinship resources identified prior to removal?**

In FY2016, 13 out of 50 children had a kinship resource identified at the Family Team Meeting (FTM) for children at-risk of removal; in FY2017, six out of 10 children had a kinship resource identified at the FTM

²⁹ 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.

- e. **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 Calls³⁰	FY2016	FY2017
0	54	12
1	144	31
2 - 3	136	41
4 - 5	53	6
6+	18	3
Total # of Removals	405	93

- f. **How many of these children were removed after participating in Family Assessment?**

A total of 74 children were removed after participating in Family Assessment in FY2016; a total of 20 children were removed after participating in Family Assessment in FY2017.³¹

- g. **How many pre-removal family team meetings were held in FY16? In FY17 to date?**

Fiscal Year	At-Risk Removals (pre-removals) FTM	#of Children
FY2016	178	505
FY2017	38	86

³⁰ 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.

³¹ Includes FAs that included the child in last 12 months of his/her date entered care.

- h. How many of these children were placed in emergency or short-term placements in FY16? FY17 to date?**

A total of 33 children were placed in emergency or short-term placements in FY2016. A total of 13 children were placed in emergency or short term placements in FY2017.

17. How many neglect petitions did CFSA file in Family Court in FY16? FY17 to date?

The Office of the Attorney General files neglect petitions on behalf of CFSA.

Fiscal Year	Petitions Filed
FY2016	429
FY2017	124

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

Fiscal Year	Children Removed
FY2016	369
FY2017	100

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

Fiscal Year	Community Papered³²
FY2016	60
FY2017	24

³² Community papering occurs when CFSA seeks court intervention, and OAG determines there is a legal basis to file a petition, but an emergency removal has not occurred. The child(ren) remains in the home at the time of petitioning as it has been determined that the child(ren) are not in imminent danger.

c. What, if any, data does CFSA collect on outcomes for children whose cases are no-papered?

There were nine children (from six different families) who were no-papered in FY2016. For these families, CFSA collects the following information: whether there are any further referrals to the hotline and findings of these referrals, and whether there are any further removals and/or open cases. For the nine children in FY2016, five children (three families) had an open in-home case that resulted from the initial referral that was no-papered in court. One case (two children) closed within 30 days of opening because the family moved out of DC. Another case (two children) was successfully closed in January 2017. The final case remains open at this time because there was an additional referral to the hotline shortly after the in-home case opened. The allegations of physical abuse were unfounded, and there have been no further calls. For the remaining eight children (five families), there have not been any further calls to the hotline, removals, or open cases.

In FY2017, there have been two children who were no-papered. For one child, there have been no further calls or removals. An in-home case was initially opened, but it was closed within 10 days due to the child being placed with his adoptive mother (he had been removed from his legal father). For the other child, there have been three additional calls to the hotline. Two were screened out at the hotline, and one is an open I&R where courtesy information and actions are being provided to support the family needing assistance. This child also has an open in-home case.

d. What, if any, data does CFSA collect on outcomes for children where the allegations do not result in removal or court involvement?

A screened-in allegation results in either a referral for investigation or a referral for Family Assessment. In the event that the investigation or assessment does not result in removal or court involvement, the family may be referred to their local community collaborative for services or referred to the Community Partnerships administration for in-home services. Overall, CFSA is able to track outcomes for families that continue to have contact with CFSA either through a new referral or an open case where services are being provided.

Health and Mental Health Care

18. 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 FY16 that received health screenings prior to placement. In FY17 to date?

Fiscal Year	# of Children Entering Care	# of Youth Requiring Health Screening Prior to Placement³³	# and % of Youth Receiving a Health Pre-Placement Screening
FY2016	405	380	361 (95%)
FY2017	93	79	78 (99%)

b. The number and percentage of children who entered foster care in FY16 that received medical and dental evaluations within 30 days of placement. In FY17 to date?

Fiscal Year	# of Children Entering Care	# of Youth Requiring Health Screening Prior to Placement	# and % of Youth Receiving a Health Pre-Placement Screening³⁴
FY2016	405	380	361 (95%)
FY2017	93	79	78 (99%)

³³ Children who are hospitalized do not require a screening prior to placement; they are medically cleared by the hospital attending physician upon discharge.

³⁴ The number of children entering foster care and the number of children requiring a 30 day medical is fluid since some children are returned home within 30 days and the children entering care at the end of the fiscal year have not reached their 30 day threshold.

19. For FY16 and FY17 to date:

- a. How many medically fragile and developmentally delayed children and youth have entered care in FY 2016 and FY 2017, 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 skilled health care provider; they may also be at risk for experiencing an unpredictable life-threatening incidence. 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 FY2016, eight children met the criteria for a diagnosis of being medically fragile, and four children met the criteria for a diagnosis of developmental delay. In FY2017, five children met the criteria for a medically fragile diagnosis. No children met the criteria for developmental delays.

- b. How many medically fragile and developmentally delayed children and youth have been identified in in-home case in FY 2016 and FY 2017, to date?**

In FY2016, 38 children met the criteria for medically fragile while no children met the criteria for developmental delays. In FY2017, no children met the criteria for the diagnosis of being medical fragile, and no children met the criteria for a diagnosis of developmental delays.

20. Regarding screening and referral of children age birth to three involved in substantiated cases of abuse and neglect for IDEA Part C/Strong Start/DC Early Intervention Program:

- a. How many children age birth to three were involved in substantiated cases of abuse and neglect?**

Fiscal Year	Total Children
FY2016	628
FY2017	215

b. How many of these children did not enter foster care?

Fiscal Year	Total Incidents Substantiated³⁵	Total # of Unique Children
FY2016	529	386
FY2017	182	132

c. How many of these children age birth to three not entering foster care were screened for developmental delays and using what instrument?

In FY2016, there were 529 incidents of substantiated cases of abuse and neglect. Some caregivers were substantiated for the same child multiple times as a result, there were 386 unique children involved in substantiated cases of abuse and neglect, of which 253 were between birth and three years old. Of the 253, 42 were screened, (16%) for a developmental screening the Ages and Stages Questionnaire (ASQ) by CFSA nurses. The nurses received referrals for 68 children, of the 68 children referred, 42 children (62%) were screened. The other 26 children cases were closed prior to completion of the screens. The other 185 children cases were close prior to the referral to the nurses for a developmental screen.

In FY2017, there were 182 substantiated cases of abuse and neglect. There were a total of 132 unique children substantiated for abuse and neglect, of which 101 were between birth and three years old. Of the 101, 16 were screened, (15 %) for a developmental screening the Ages and Stages Questionnaire (ASQ) by CFSA nurses. The nurses received referrals for 32 children, of the 32 children referred, 16 children (50%) were screened. The other 16 children cases were closed prior to completion of the screens. The other 69 children cases were closed prior to the referral to the nurses for a developmental screen.

³⁵ Some caregivers were substantiated for the same child multiple times as a result.

d. How many of these children were referred to Strong Start/DC Early Intervention Program (DC's IDEA Part C program)?

- Of the 34 children between birth and three years old assessed using the ASQ screening in FY2016, 10 children needed additional evaluation (24 passed) and were referred to the Strong Start/DC Early Intervention Program (DC's IDEA Part C Program).
- Of the 10 children between birth and three years old ages assessed using the ASQ screening in FY2017, one child needed additional evaluation (nine passed) and was referred to the Strong Start/DC Early Intervention Program (DC's IDEA Part C Program).

21. 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 FY16 and all reports completed thus far in FY17.**

See Attachment Q21(a), Choice Provider Quarterly Reports FY2016-FY2017

The Department of Behavioral Health (DBH) Choice providers are a group of six specific providers within the DBH network that specifically serve CFSA children. The alternative provider is a contracted provider with CFSA to provide mental health services or a DBH non-Choice Provider. A non-DBH Choice Providers are utilized because the service required by the child is not offered by one of the Choice Providers or the child reside so far away that we need to contract with a non-choice provider closer to the child's home. In FY2016, CFSA referred 281 children and youth for mental health assessments and treatment. DBH staff co-located at CFSA connects children directly with DBH Core Service Agency (CSA) Choice Providers and other CSAs within the DBH network. Of the 281 referrals, 215 were referred to a Child Choice Provider/Core Services Agency. Enrollment with the provider occurred within an average of 1.2 days. The remaining children were referred and connected to private providers.

In FY2017 first quarter, CFSA referred 65 children for mental health assessment and treatment.

Of the 65 children, 30 were referred to a Child Choice Provider/Core Service Agency and the remaining 35 children were enrolled with alternative DBH providers (Hillcrest, Family Matters, Contemporary Family Services, Howard Road and LAYC). Enrollment with the provider occurred within an average of 0.6 days.

b. What percentage of children entering foster care in FY16 received a mental health screening within 30 days of entry? In FY17 to date?

In FY2016, out of 202 eligible children, (eligible means two years or older) 160 (79%) children entering foster care received mental health screenings within 30 days of entry.

In FY2017, out of 46 eligible children, 40 (87%) children entering foster care received mental health screenings within 30 days of entry.

c. What percentage of children experiencing a foster care placement change in FY16 received a mental health screening within 30 days of the change? In FY17 to date?

All children entering foster care are supposed to receive a mental health assessment. A standardized instrument, the CAFAS/PECFAS is administered every 90 days thereafter. Three of the domains in the CAFAS/PECFAS assess for on-going mental health concerns. The three domains that measures for mental health are thinking and communication, moods and emotions and self-harm. A placement change meeting is administered for every child experiencing a placement change. At the placement change meeting, the CAFAS/PECFAS is reviewed by the placement worker and the team which includes looking at the mental health needs of the child along with the other four domains completed by the social worker: school, community, behavior towards others, and home. Another mental health screen is not administered within 30 days since as per policy a CAFAS/PECFAS is performed every 90 days and upon discharge throughout the child's involvement with CFSA.

- 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?**

The average time between the mental health screening and delivery of services for FY2016 was 39 days.

The average time between the mental health screening and delivery of services for FY2017 is 25 days.

- e. **In FY16, and in FY17 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?**

FY2016 by Age

AGE	1 EPISODE	2 EPISODES	3 EPISODES	Total³⁶
6	1	3	0	4
7	2	1	3	6
8	7	4	7	18
9	11	1	2	14
10	2	0	3	5
11	7	1	1	9
12	9	6	3	18
13	9	3	4	16
14	11	2	9	22
15	6	5	6	17
16	4	3	2	9
17	5	1	4	10
18	3	3	1	7
19	0	0	0	0
20	0	0	0	0
Total	77	33	45	155

³⁶ "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.

FY2016 by Gender

Gender	1 EPISODE	2 EPISODES	3 EPISODES	Total
Male	26	13	15	54
Female	51	20	30	101
Total	77	33	45	155

FY2017 by Age

AGE	1 EPISODE	2 EPISODES	3 EPISODES	Total
6	0	0	0	0
7	0	0	0	0
8	1	0	0	1
9	1	1	0	2
10	1	0	0	1
11	0	0	0	0
12	2	0	0	2
13	5	1	0	6
14	2	0	0	2
15	4	1	1	6
16	3	1	0	4
17	0	0	0	0
18	0	0	0	0
19	0	0	0	0
20	0	0	0	0
Total	19	4	1	24

FY2017 by Gender

Gender	1 EPISODE	2 EPISODES	3 EPISODES	Total
Male	7	2	0	9
Female	12	2	1	15
Total	19	4	1	24

- f. **What percentage of children in foster care spent time at a Psychiatric Residential Treatment Facility (PRTF) in FY16? In FY17 to date? Please break down by age.**

**FY2016
YOUTH PLACED IN PRTF**

Age	Number³⁷
7	1
10	2
12	1
13	2
14	3
15	4
16	6
17	10
18	4
19	1
Total	34

**FY2017
YOUTH PLACED IN PRTF**

Age	Number
10	2
14	1
15	3
16	5
17	3
18	2
Total	16

³⁷ Some of the youth captured in FY2016 are likely to be captured in the data for FY2017 as the youth may still be in treatment, which means the numbers are not exclusive.

- 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 FY16? How many referrals has CFSA made in FY17 to date? For each fiscal year, please identify how many referrals were made for cases in which children:**

CFSA’s process for referring children to specialized evidence-based services is a team approach which begins with a referral to DBH for a full diagnostic assessment. The assessment identifies which evidence-based therapy would best meet the needs of the client. DBH will then submit the referral to the designated provider.

In FY2016, a total of 198 CFSA children received Evidence-Based Therapy. Of that total, 186 were referred via DBH and 12 were referred by CFSA. The following charts demonstrate the number of Evidence-Based Therapy referrals made by CFSA and those via DBH.

In FY2017, there were 124 CFSA involved children referred through DBH and 10 referred via CFSA. CFSA continues to work with DBH towards development of a tracking system that will be consistent amongst both agencies.

	A-CRA	CPP-FV	FFT	MST	MST-PSB	PCIT	TF-CBT	TIP	TST	Total
Total Cases Seen in FY2016	183	51	267	108	13	75	98	634	55	1484
Cases Known to be Affiliated w/ CFSA	41	26	27	17	5	5	26	22	17	186
	22%	51%	10%	16%	38%	7%	27%	3%	31%	13%

	A-CRA	CPP-FV	FFT	MST	MST-PSB	PCIT	TF-CBT	TIP	TST	Total
Total Cases Seen in Q1 FY2017	89	32	78	27	2	46	43	618	62	997
Cases Known to be Affiliated w/ CFSA	9	20	5	3	1	5	2	69	10	124

- EBPs – Evidence Based Practices
- A-CRA- Adolescent Community Reinforcement Approach
- CPP-FV-Child Parent Psychotherapy for Family Violence
- FFT- Family Functional Therapy
- MST- Multisystemic Therapy
- MST-PSB- Multi-systemic Therapy for Youth with Sexual Behavior Problem
- PCIT-Parent Child Interaction Therapy
- TF-CBT-Trauma Focused Cognitive Behavioral Therapy
- TIP-Transition to Independence
- TST- Trauma System Therapy

- i. Had not been removed at the time of referral;**
- ii. Were in foster care at the time of the referral;**
- iii. Were living under protective supervision following a period in foster care at the time of referral.**

Referrals made for evidenced based services before removal are made by the biological parent or legal guardian directly to DBH. CFSA has not historically captured these evidenced-based specialized services by placement status.

- 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?**

Children with attachment disorders related or due to trauma are treated either by DBH clinicians or a private counseling agency under a contract with CFSA. The private agency therapists have training and expertise in Trauma Focused Cognitive Behavioral Therapy (TFCBT) and Trauma System Therapy (TST) treatment modalities.

CFSA Child Welfare Training Academy (CWTA) offers a quarterly six hour course, “*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 the new social worker pre-service and ongoing social worker in-service training curricula.

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

Foster children placed in Maryland foster homes are eligible for services in DC and can be connected to services through CFSA. In FY2014, CFSA executed a contract with JMD Counseling and Therapeutic Services for District children placed in Maryland foster homes. CFSA continues to contract with JMD to service children placed in Maryland.

CFSA is also able to access mental health services for children placed in Maryland foster homes with Maryland Family Resource which is one of DBH's Choice Providers.

22. 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 FY16, how many calls for crisis mobilization services has CFSA and/or its vendors received? FY17 to date?

Mobile Crisis Stabilization is a crisis response service that can respond to the foster home for services. The Stabilization Support Line is a crisis support phone line for foster parents that is available 24 hours a day. In FY2016, 194 referrals were made for Mobile Crisis Stabilization services; 62 calls were made to the Stabilization Support Line. Mobile Crisis Stabilization is a crisis response service that can respond to the foster home for services. The Stabilization Support Line is a crisis support phone line for foster parents that is available 24 hours a day.

In FY2017, 39 referrals were made for Mobile Crisis Stabilization services; 74 calls were made to the Stabilization Support Line. The CFSA foster parents continue to have access to DBH Children Mobile Psychiatric services along with the Agency Mobile Crisis Stabilization service provided by CFSA.

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

In FY2016, 105 calls were made from foster parents and providers located in DC to Mobile Crisis Stabilization. In FY2016, 38 calls were made to

Stabilization Support Line by D.C. foster parents and providers. In FY2017, 25 calls were received from DC foster parents and providers. A total of 44 calls were made to the Stabilization Support Line by DC foster parents and providers.

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

In FY2016, 89 calls were made from foster parents and providers located in Maryland to Mobile Crisis Stabilization. In FY2016, 22 calls were made to Stabilization Support Line Maryland foster parents and providers.

In FY2017, 14 calls were received from Maryland foster parents and providers to the Mobile Crisis Stabilization. A total of 25 calls were made to the Stabilization Support Line by Maryland foster parents and providers.

b. 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 surveyed a random selection of social workers and foster parents regarding their experience with the Mobile Stabilization Team using the following methodology to evaluate the effectiveness of mobile crisis stabilization services:

- A telephone questionnaire and survey monkey was administered to 60 foster parents and social workers of children where Mobile Crisis Stabilization referrals were received during the period of August 1, 2016 to October 31, 2016.

Overall, foster parents seemed satisfied with the response from the service with 93% of the participants indicating that the Mobile Stabilization Crisis Team was very responsive to their calls.

Seventy three percent of the foster parents said that the Mobile Stabilization Team was able to deescalate the situation with the child. When asked if they would use the service again 60% of foster parents indicated yes.

23. 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.**

A trauma-informed system is one in which all parties involved recognize and respond to the impact of traumatic stress on the well-being of individuals who have contact with the child welfare system including children, caregivers, and service providers. CFSA chose the Trauma Systems Therapy (TST) model to build a trauma-informed service delivery system.

CSFA continues to lay a foundation for trauma-focused practice, both within the Agency and the larger child welfare system. Social workers administer the trauma screen, Child Stress Disorders Checklist-Child Welfare (CSDC-CW), to children and their biological parents. The completion of the CSDC-CW informs social workers about a child's history of exposure to potential adverse or traumatic childhood experiences, and to gain an understanding about behaviors and/or emotions that may result from the trauma they have experienced. Social workers incorporate this information into their assessment of the child's history and current clinical presentation to develop trauma informed services which are included in the integrated case plan. Social workers receive training on how to administer the CSDC-CW assessment during pre-service or in-service training.

In FY2016, CFSA integrated 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 into the FACES.NET management information system. In August 2016, CFSA began a system-wide user training of the functional assessments and case plan integrations that will continue through the spring of 2017.

The assessment tools assist the social workers in making clinically sound decisions and in creating a behaviorally-based, trauma-informed case plan which strives for better outcomes for children and families.

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

Since the fall of 2015, CFSA has implemented a clinical consultation model, with the social work staff, that integrates a trauma-informed approach into group supervision. Through the group supervision process, social workers discuss access to trauma-informed evidence-based practices, behavioral health services for all children and families with trauma exposure, and overall pathways to permanence and safe case closure.

CFSA in partnership with KVC, Systems Inc. and New York University launched phase II of the trauma-informed training series which includes the book review of the Trauma Systems Therapy for Children and Teens (2nd Ed.) and the Practice Guidance on Resilience, Adversity and Trauma Training; Understanding the Foundation of a Trauma Informed Child Welfare Practice (PGRAT). The PGRAT includes two day trauma training, a booster training for the Child and Adolescent Functional Assessment Scale (CAFAS) to maintain continued fidelity to its implementation and finally the "Integration Now What" training which focusses on how to integrate the trauma training and the functional assessments into service plans.

Additionally, trauma informed training will be provided to all of our foster parents starting in the spring of 2017. In FY 17, the CFSA Child Welfare Training Academy will be fully trained through a train the trainer model to fully deliver the PGRAT training and the foster parent training creating the sustainability for the system to train future staff and provide refresher for current staff.

Since 2106, in partnership with DBH, five core service agencies have been trained and certified in the clinical model of Trauma Systems Therapy (TST) which has significantly enhanced the service array of trauma informed evidenced based practices available to children and families in the District of Columbia, including CFSA children impacted by Trauma.

Finally, as child welfare professionals, increasing our understanding of Trauma Systems therapy (TST), both as a clinical model and an organizational model, enhances our capacity to partner with our clinical providers to more effectively serve vulnerable children and families in a trauma-informed way that supports resiliency and post-traumatic growth. This grant has provided us the funding to educate our staff on trauma inform care and improve clinical outcome for our children.

- 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?**

Quality assurance and sustainability efforts are conducted in the same way for both CFSA and private agencies. Ongoing qualitative evaluations and model fidelity checks provide information about performance and practice consistency. CFSA has conducted focus groups with administrators, supervisors, direct service staff, and stakeholders to obtain perspective on the successes and challenges with TST implementation.

A part of the ongoing evaluation and monitoring of implementation, CFSA facilitates pre and post assessments with the contractor administering TST. These assessments are performed to ensure the organization's capacity for being trauma-informed at a service provider, agency and system level.

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

CFSA implements individual screening and assessment, including the CAFAS and PECFAS assessment scores, to determine the appropriateness of the services and interventions provided to children and youth. If a child is linked to a non TST provider, their social work team along with the DC Department of Behavioral Health clinical staff will evaluate their service needs at the initial 30 day case planning meeting. The parent(s) are invited to attend this meeting in order to participate in the development of the 30 day case plan.

In addition, TST evaluators are conducting a formal analysis of cross-matched data between CFSA and DBH to assess the screening rate for children entering care and timely access to behavioral health services. This evaluation will review children who have entered care from January 2015 to July 2016. This report will be completed by the spring of 2017.

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

CFSA has been assessing and evaluating the effectiveness of TST since FY2013. The effectiveness of the interventions will be determined by the degree of operationalizing of trauma systems therapy within the Child Welfare system, and the incorporation of the TST Guiding Principles into CFSA and private agency practice.

Fidelity instruments have been created by CFSA’s trauma team in partnership with the evaluators to measure TST fidelity, and to provide feedback to ensure ongoing fidelity to the process. CFSA and private agency staff have already been trained in this process to build internal capacity to evaluate the effectiveness of TST beyond the conclusion of the trauma grant.

CFSA staff responsible for delivering TST screening and assessments will be asked to complete the fidelity measures on a regular basis. The results of the analysis of scores will identify the degree to which screenings and assessments were delivered with fidelity to the model or as intended; and to what degree did the treatments spread with fidelity to their intended scale.

- 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.**

From August 16, 2016 - September 29, 2016, CFSA's Office of Well Being (OWB) and DBH partnered with the trauma-informed training vendor, KVC, to conduct a six week "Trauma Informed Caregiving" training of the trainer (TOT) module for 12 individuals from the following agencies across the District:

- DBH
- Children's National Medical Center
- Homes for Hope
- Collaborative Solutions for Communities
- East River Family Strengthening Collaborative
- Georgia Avenue Family Support Collaborative
- Far South East Family Strengthening Collaborative
- Community Connections
- Office of the Deputy Mayor for Planning & Economic Development

The focus of this training was to provide trauma knowledge and the conceptual framework of trauma to staff working or interacting with families and youth that may or may not have been served by CFSA. In addition, since many youth participate in various after school programs in the District, it is beneficial for the Department of Parks and Recreation's (DPR) Roving Leaders to receive the caregiving training so they are better equipped with the knowledge and skills needed to better serve this population.

The goals for this training effort were:

- To develop a pool of trainers within the District of Columbia, who are competent in presenting information to, and coaching community caregivers on managing the emotional and behavioral dysregulation that often accompanies trauma exposure in children and youth.

- To assist agencies involved in the project with organizational planning, so that training efforts are sustained past the initial implementation.
- To build an integrated, effective, and sustainable community of trauma informed professionals and community caregivers.

As of September 30, 2016, 117 community caregivers in the DC area had received training on the curriculum. CFSA’s goal is to train 500 community caregivers by spring 2017. The community caregivers who have received training so far included participants from child welfare, mental health, employment opportunities, police, clergy, after- school providers, teen pregnancy staff, and a host of others.

24. The Patient Protection and Affordable Care Act (ACA) created a new Medicaid eligibility category to cover former foster youth up to age 26. In its written responses to the Committee’s 2015-2016 Performance Oversight Questions, the agency discussed the process for enrolling and maintaining former foster youth in DC Medicaid. Please provide the following:

- a. Any changes during FY16 of FY17 to date to the District’s policies and procedures for ensuring that former foster youth are appropriately enrolled and maintained in DC Medicaid following emancipation.**

Of the 91 youth who emancipated in FY2016, 90 had District Medicaid coverage. In FY2017, 18 (out of a total 19) emancipated youth had District Medicaid coverage.

CFSA worked diligently to ensure that former foster youth are enrolled in DC Medicaid following emancipation. There have been no changes during FY2016 to date to the District’s policies and procedures in this area.

- b. Of the youth who emancipated from foster care in FY16, how many were provided with documentation that they are eligible to remain enrolled in DC Medicaid following emancipation? FY17, to date? Please provide copies of this documentation.**

The District’s Medicaid policy for former foster youth stipulates that all youth aging out of foster care receive the Medicaid Transition Fact Sheet as part of the Youth Transition Planning (YTP) process.

CFSA policy requires that all applicable youth in care participate in youth

transition planning beginning at the age of 15. However, while the Agency is confident that all youth who participated in youth transition planning received documentation of their Medicaid eligibility, at this time, CFSA is unable to provide documentation to reflect the number of youth who were provided that documentation. Effective March 1, 2017, the Office of Youth Empowerment (OYE) will manage the process of documenting emancipating youth's receipt of their Medicaid eligibility as part of its Jump Start Review, in which all youth aging out of foster care participate. OYE will require all social workers to complete and submit the Aftercare Form 30B, which is the form that provides for the extension of DC Medicaid up to the age of 26. OYE will maintain an electronic version of the 30B forms as proof of submission, and track the submissions monthly.

- c. The number of foster youth who emancipated from foster care in FY16 who were placed in Maryland at the time of their emancipation? FY17, to date?**

In FY2016, 31 youth resided in Maryland at the time of their emancipation from foster care; and in FY2017 that number is five³⁸. Please note that CFSA does not place youth after emancipation.

- d. How does CFSA ensure that youth who emancipate from foster care from Maryland placements, move to Maryland after emancipation, or cross the border between Maryland and the District regularly obtain and/or maintain health coverage?**

For former foster youth who inform CFSA that they plan to reside in Maryland, CFSA provides them with Medicaid information for Maryland. CFSA is also available to provide technical assistance and support with completing the Medicaid application for Maryland, either via the Maryland's Medicaid online portal, or accompanying the youth to a Maryland Department of Human Resources branch office to complete the application in person.

³⁸ This report is the total number of emancipated youth residing in MD. A total of 91 youth emancipated in 2016 and 18 youth in 2017.

Substance Abuse Services

25. Please provide the following responses for FY16 and FY17, 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 Global Appraisal of Individual Needs Short Screen (GAIN-SS) and 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 FY2016, 91 youth aged 11 and older had a GAIN-SS and three had a 10-panel urine screen. In FY2017, 19 youth ages 11 and older had a GAIN-SS and zero 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?**

A total of 95 youth were referred from CFSA to an APRA ASTEP provider for assessment and linkage to treatment, of those referred, 48 were no shows.

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 FY2016, 95 youth were referred for substance use assessment of whom 71% entered treatment. During the first quarter of FY2017, 83% of screened youth entered treatment. A significant number of youth did not engage in services despite multiple attempts. Although assessments occur where it is convenient for the youth, nearly 50% of the youth scheduled for assessments failed to appear. To improve this outcome, during the last quarter of FY2016, CFSA implemented a protocol that includes regular on-site hours for the Youth Assessor to collaborate with social workers, attend RED teams, etc. We anticipate that more youth who are reluctant to engage in the treatment process will be assessed as result of this robust collaboration with social workers.

In the first quarter of FY2017, the number of no-shows to date is less than 20%. CFSA will continue to monitor its new protocol and work to improve engagement and follow through with services.

The charts below provide specific statistical snapshot of answers to 25b and 25c.

Youth Referrals - FY16	
Referred to APRA ASTEP Program for an assessment	95
Assessments Completed	32
Assessments Pending	0
Did not complete assessments	63 (Reasons: refused 5, multiple attempts to engage the youth or family-48, case closure-2, private insurance-1, no shows-5, in a long term residential placement-2)
No Shows for assessments	5
Youth recommended for treatment	28 (18 A-CRA Model, 5 Intensive Outpatient, 1 Outpatient, 4 Inpatient)
Youth not recommended for treatment	4
Youth who entered treatment	20 (15 A-CRA Model, 2 Intensive Outpatient, 3 Inpatient)
Youth who have not entered treatment	8 (includes case closure, detained youth and youth in abscondence)
Youth who completed treatment	4 (1 Intensive Outpatient, 3 Inpatient)
Youth who remain in treatment	5 (4 A-CRA, 1 Intensive Outpatient)
Youth who did not complete treatment	11

Youth Referrals - FY2017	
Referred to APRA ASTEP Program for an assessment	40
Assessments Completed	15
Assessments Pending	30
Did not complete assessments	7 (Reasons: refused-1, no shows-2, incarcerated-1, abscondence-3)
No Shows for assessments	2
Youth recommended for treatment	12 (6 A-CRA Model,4 Intensive Outpatient, 2 Inpatient)
Youth not recommended for treatment	3
Youth who entered treatment	10(6 A-CRA Model,4 Intensive Outpatient, 2 Inpatient)
Youth pending to enter treatment	1 (Intensive Outpatient)
Youth who have not entered treatment	1 (ACRA)
Youth who completed treatment	0
Youth who remain in treatment	8 (7 A-CRA, 1 Intensive Outpatient)
Youth who did not complete treatment	3 (1 A-CRA, 2 Inpatient)

Identifying, Documenting, and Providing Services to Trafficked Victims

- 26. 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 update on the law.**

CFSA has made significant progress in the development and implementation of several provisions of each law, and is advancing the implementation of the remaining provisions.

See Attachment Q26a: DC Sex Trafficking of Minors Prevention Amendment Act of 2014 Implementation Plan

See Attachment Q26b: Federal Prevention Sex Trafficking and Strengthening Families Act of 2014 Implementation Plan

- a. What is the Agency’s plan for handling referrals made to CFSA where the alleged trafficker is a parent, guardian, or legal custodian?**

CFSA Hotline workers process referrals by using the CFSA Hotline Structured Decision Making (SDM™) Screening and Assessment Tool to determine the response. An investigation will occur if the referring source suggests sexual exploitation by a parent, guardian, or legal custodian.

- b. What is the Agency’s plan for handling referrals made to CFSA where the alleged trafficker is not a parent, guardian, or legal custodian?**

Currently, if there is alleged sex trafficking without an individual acting in *loco parentis*, the CFSA Hotline worker screens the call as an "Information and Referral" (I&R), enters it into FACES.NET and refers it to the Metropolitan Police Department, when MPD is not the referral source. With the passage of the Justice for Victims of Trafficking Act (2015), CFSA is developing protocols to screen and accept all referrals for minor sex trafficking without regard to the identity of the maltreater.

The Mayor will be proposing legislation in FY2017 to amend the D.C. Code to include sex trafficking and severe forms of trafficking as forms of neglect and sexual abuse. The proposed amendments will bring the District into compliance with the new Child Abuse Prevention and Treatment Act (CAPTA) sex trafficking requirements enacted in the Justice for Victims of Trafficking Act. The District must amend the definitions of neglect and sexual abuse by May 29, 2017. We look forward to working with the Committee on passage of the legislation.

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

Healthy Horizons Assessment Center (HHAC) nurse practitioners conduct initial and 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 further questions to assess risk of or actual involvement in sex trafficking.

Social workers also administer the trauma assessment Child Stress Disorder Checklist (CSDC-CW) on all new entry cases within 20-28 days of removal. Additional questions on sex trafficking exposure risk have been added to the CSDC-CW for children and youth aged 11 and older and will be administered by the social worker unless a DBH or other clinical provider has already administered it. The CSEC questions embedded in the trauma screen can be administered independently of the entire trauma screen.

See Attachments Q26c: 1) Child Stress Disorder Checklist (CSDC-CW) Screening Tool; 2) Child Stress Disorder Checklist-DC (Screener and Assessment) Caregiver Report; 3) Healthy Horizons Assessment Center Initial/Reentry and Comprehensive Screening Tool 11 years to 16 Years of Age; 4) Healthy Horizons Assessment Center Initial/Reentry and Comprehensive Screening Tool 17 years to 21 Years of Age; 5) Healthy Horizons Assessment Center Replacement and Respite Care Screening Tool 11 Years to 21 Years of Age; and 6) History Screening Questionnaire

d. 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?

CFSA coordinates with the following agencies to screen and provide services to youth impacted or thought to be impacted by sex trafficking.

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 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. CFSA is in consultation with DBH to train core service providers in CSEC. The training is scheduled to begin in spring 2017.

Court Social Services (CSS): The Child Guidance Clinic of the CCSD developed the Sex-trafficking Assessment Review (STAR), a brief, objective, non-intrusive, quantitative decision making system for determining a youth's amount of CSEC risk. The STAR is intended to screen and triage children's needs therefore, the STAR is typically not used to confirm a CSEC suspicion, but rather to assess whether or not a youth should be provided with a thorough CSEC assessment.

Office of the Attorney General (OAG): The CFSA 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 service provision. These meetings also serve as opportunities to coordinate services and resources with sister agencies such as OAG, DBH, DYRS, and CSS.

CFSA researched several nationally recognized screening tools for sex trafficking, and selected a tool developed by Shared Hope International. CFSA worked with the developer of the tool to incorporate it into existing screening tools, 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.

- e. **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.

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 FY2015. Eighty-nine percent of CFSA staff members have completed the training. For FY2017, 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. The human trafficking training is offered once a month.

Since 2014, a total of 810 participants have been trained (as of 2/7/2017) including:

Participants	# Trained
CFSA and Private Agency Direct Service Workers and Supervisor	305
CFSA Non-direct Social Workers and Supervisor	144
Total Congregate Care Staff	105
Total Private Agency Staff (excludes count of agencies already in congregate count)	59
Total Resource Parents	157
Total Collaborative Staff	21
Other Contracted Agency Staff	9
External Participants	8
Employer Unknown	2

27. 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, CFSA’s response is for the Hotline worker to enter the report into FACES.NET as an Information and Referral (I&R) labeled “Commercial sexual exploitation of children (sex trafficking of minors)” and immediately refer to MPD (if MPD is not the referral source). CFSA is developing protocols to screen and accept all referrals for minor sex trafficking without regard to the identity of the maltreater and will be in compliance with the federal law.

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.

28. What kind of placement options does CFSA currently have to house youth who have been identified or are at-risk of being trafficked? How many of these placements currently exist and what is the capacity of each existing placement? What plans does CFSA have to increase placement options? How are the placement options prepared to handle the needs of this population?

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.

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. CFSA continues to explore provider capacity and work with other district and community agencies to provide services.

CFSA’s Placement Administration will identify resource families who have participated in the agency’s human trafficking training for possible placement options for youth at risk of or involved in sex trafficking.

29. 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?

	FY2016	FY2017
# of CFSA Children Identified as being Sex Trafficked or At-Risk	29	5
# of Information Referrals	18	0

30. What services can CFSA provide to parents, guardians and caregivers who want assistance addressing a child's risk for sex-trafficking?

CFSA may refer a parent, guardian or caregiver to the National Human Trafficking Resource Center Hotline (1-888-373-7888) and provide them CFSA's Human Trafficking Resource Guide and the District of Columbia Human Trafficking Task Force resource guide. If the child is in the care of CFSA, the social worker will team with the parents, guardians and caregivers to link the child to services, and create a plan to decrease or eliminate any identified risk(s) of sex trafficking.

31. How has CFSA partnered with DCPS and DCPCS to raise awareness of the signs and risk factors of the commercial sexual exploitation of students?

The DC Human Trafficking Task Force, led by the Office of the United States Attorney for the District of Columbia, has conducted prevention discussions in several schools. In addition, community agencies (i.e., FAIR Girls, Courtney's House) conduct prevention sessions at some schools. The DC Human Trafficking Task Force policy subcommittee is working to strengthen coordination with DCPS and DCPCS and determine how best to provide awareness training to the educators, administration, and staff of the schools.

32. During FY16, how many hotline calls did CFSA receive concerning allegations of the commercial sexual exploitation of a child by someone who is not the child's parent, guardian, or legal custodian? FY17 to date?

In FY2016, CFSA received 11 hotline calls concerning allegations of commercial sexual exploitation of a child by someone who is not the child's parent, guardian, or legal custodian. In FY2017, CFSA received seven hotline calls concerning allegations of commercial sexual exploitation of a child by someone who is not the child's parent, guardian, or legal custodian.

33. What resources does CFSA need in order to meet the case management needs of children who have been allegedly commercially sexually exploited by people who are not their parents, guardians, or legal custodians?

The Mayor's budget will address all resource needs for CFSA.

34. Please list all memoranda of understanding (MOU) entered into by CFSA during FY16 and FY17 to date concerning the sharing of personalized information of children who have been allegedly commercially sexually exploited, as well as any memoranda of understanding currently in force. For each, indicate the date entered and the termination date.

There were no memoranda of understandings (MOUs) entered into by CFSA during FY2016 and FY2017 to date concerning the sharing of personalized information of children who have been allegedly commercially sexually exploited.

The DC MOU on Child Sexual Abuse Investigation, Prosecution, and Prevention updated on May 2011 and still in effect covers the sharing of information within the Multidisciplinary Team (MDT) participants. Information about children who have been allegedly commercially sexually exploited is discussed in this forum.

Specific Programs and Services

35. 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 Attachment Q24, Four Pillars Scorecard FY2016 and FY2017, Quarter 1

Office of Youth Empowerment (OYE)

36. 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.

Activity Name	Activity	NPS/PS	Obj	CSG	Supply Item Description	FY 2017 Fund	FY 2017 Grant/Phase	FY 2017 Budget
Office of Youth Empowerment	2030	PS	0011	0011	REGULAR PAY - CONT FULL TIME	0100		\$ 2,977,099.12
Office of Youth Empowerment	2030	PS	0011	0011	REGULAR PAY - CONT FULL TIME	8200	FOST71/17	\$ 59,879.06
Office of Youth Empowerment	2030	PS	0011	0011	REGULAR PAY - CONT FULL TIME	8200	INDL72/17	\$ 388,199.72
Office of Youth Empowerment	2030	PS	0125	0012	REGULAR PAY - OTHER	8200	ADOP71/17	\$ 48,375.86
Office of Youth Empowerment	2030	PS	0147	0014	FRINGE BENEFITS - CURR PERSONNEL	0100		\$ 765,114.44
Office of Youth Empowerment	2030	PS	0147	0014	FRINGE BENEFITS - CURR PERSONNEL	8200	FOST71/17	\$ 15,388.92
Office of Youth Empowerment	2030	PS	0147	0014	FRINGE BENEFITS - CURR PERSONNEL	8200	INDL72/17	\$ 99,767.33
Office of Youth Empowerment	2030	PS	0147	0014	FRINGE BENEFITS - CURR PERSONNEL	8200	ADOP71/17	\$ 12,432.59
					Total Personal Services			\$ 4,366,257.04
Office of Youth Empowerment	2030	NPS	0201	0020	Office Supplies - ILP Grant	8200	INDL72/17	\$ 9,624.98
Office of Youth Empowerment	2030	NPS	0402	0040	Travel and Training - ILP Grant	8200	INDL72/17	\$ 5,833.46
Office of Youth Empowerment	2030	NPS	0409	0041	ILP Training Grant	8200	INDL72/17	\$ 31,163.56
Office of Youth Empowerment	2030	NPS	0411	0040	Printing - ILP Grant	8200	INDL72/17	\$ 3,000.00
Office of Youth Empowerment	2030	NPS	0501	0050	Youth transitional living services Grant	8200	INDL72/17	\$ 635,042.00
Office of Youth Empowerment	2030	NPS	0501	0050	Carryover - ILP Grant	8200	INDL62/16	\$ 1,000.00
Office of Youth Empowerment	2030	NPS	0502	0050	MOU with DOES (Develop of subsidized work program)	0100		\$ 150,000.00
Office of Youth Empowerment	2030	NPS	0507	0050	Tuition Assistance - ETV Grant	8200	EVT572/17	\$ 207,052.00
Office of Youth Empowerment	2030	NPS	0507	0050	Carryover EVTS	8200	EVT562/16	\$ 1,000.00
Office of Youth Empowerment	2030	NPS	0702	0070	Equipment - ILP Grant	8200	INDL72/17	\$ 7,000.00
					Total Non-Personal Services			\$ 1,050,716.00
					TOTAL FY 2017 OYE Budget			\$ 5,416,973.04

37. Please provide the number of youth, by age, who are enrolled in youth development enrichment programming provided by CFSA through OYE.

Below is a breakdown of the number of participants for each enrichment program offered in FY2016 and FY2017 first quarter.

Support and Enrichment Programming ³⁹	FY2016	FY2017	Age Range
Education and Career Units	225	334	9 th grade through college graduation 14-23
Making Money Grow (MMG)	33	27	15-21
Transportation Subsidy ⁴⁰	140 per month	140 per month	18-21
Youth Holiday Gala	150	0	15-21
Youth Recognition Ceremony	100	0	15-23
Ackerman Teen Mother Training	29	20	15-21
Rapid Housing ⁴¹	45	12	21-23

³⁹ The total number of youth age 14-21 is 394 and the number of youth age 21-23 is 31.

⁴⁰ The number of youth who received the Transportation Subsidy is higher during the summer during the Summer Youth Employment Program (SYEP).

38. Regarding youth in high school and GED programs, please provide:

- a. The number of youth in foster care currently attending high school by grade (9th, 10th, 11th, 12th)**

Grade	# of Youth⁴²
9 th	50
10 th	58
11 th	57
12 th	57
TOTAL	222

- b. The number of youth in foster care who graduated high school in FY16.**

A total of 34 youth graduated at the end of the 2015-2016 academic year.

- c. The high school graduation rate for youth in foster care as of the end of the 2015-2016 school year, including an explanation of how this rate was calculated.**

Seventy-six percent (34 out of 45) of youth graduated high school in SY2015-2016. The high school graduation rate at the end of 2015-2016 academic year was calculated by dividing the number of youth who graduated from the 12th grade (34) by the end of school year by the number of foster youth who were in the 12th grade (45) at the beginning of the year.

- d. The number of youth currently enrolled in GED programs**

A total of 15 youth are currently enrolled in a GED program.

⁴¹ The Rapid Housing numbers include youth who applied for Rapid Housing funds, but were not approved.

⁴² Original data source FACES EDU11 as of 9.30.16. Current numbers reflect manual data clean up.

39. Regarding college preparation and college attendance, please provide:

- a. The number of youth currently participating in OYE’s pre-college services program, the number of youth served by this program in FY16, and the number served to date in FY17.

	9 th	10 th	11 th	12 th	Total
FY2016	0	0	37	41	78
FY2017	25	23	24	28	100

- b. Any changes to CFSA’s college preparation programming, including changes pursuant to recommendations made in the agency’s *Current Educational Services and Career Planning* report of December, 2015.

In September 2016, CFSA began individualized career and college preparation work with youth in the 8th-10th grades. See question 44 below for a detailed accounting on the current progress.

40. Regarding enrollment in 4-year college, please provide:

- a. The number of youth who were enrolled at a 4-year college during the 2015-2016 academic year, broken down by year (freshman, sophomore, junior, and senior);

	Freshman	Sophomore	Junior	Senior	Total
FY2016	16	6	9	9	40

- b. The number of youth described in a) who enrolled in summer classes during the summer of 2016, broken down by year (freshman, sophomore, junior, senior).

	Freshman	Sophomore	Junior	Senior	Total
FY2016	7	0	0	1	8

- c. The number of youth described in a) who dropped out of college at any point prior to the start of the 2016-2017 academic year, broken down by last year (freshman, sophomore, junior, and senior), if any, completed.

	Freshman	Sophomore	Junior	Senior	Total
FY2016	4	0	0	0	4

- d. The number of youth who were enrolled at a 4-year college during the fall semester of the 2016-2017 academic year.

	Freshman	Sophomore	Junior	Senior	Total
FY2017	14	10	7	8	39

41. Regarding enrollment in 2-year college, please provide:

- a. The number of youth who were enrolled in a 2-year college during the 2015-2016 academic year, broken down by year;

	First Year	Second Year	Total
FY2016	18	3	21

- b. The number of youth described in a) who enrolled in summer classes during the summer of 2016;

	First Year	Second Year	Total
FY2016	5	0	5

- c. The number of youth described in a) who dropped out of college at any point prior to the start of the 2016-2017 academic year. How many of these students completed their first year?

	First Year	Second Year	Total
FY2016	12	0	12

- d. The number of youth who were enrolled at a 2-year college during the fall semester of the 2016-2017 academic year.

	First Year	Second Year	Total
FY2017	14	5	19

42. The number of youth who received a bachelor's degree during or at the end of the 2015-2016 academic year? The number of youth who received an associate degree during or at the end of the 2015-2016 academic year? The number of youth who completed the required coursework for each of these degrees at the end of fall semester, 2016?

	Associate's Degree	Bachelor's Degree
FY2016	2	6
FY2017	0	2
TOTAL	2	8

43. Does CFSA maintain any data regarding college graduation rates or year-to-year retention for foster youth who enroll in 2-year or 4-year colleges? If so, please provide this data, as well as an explanation of how any graduation rates are calculated.

FY2015	FY2016	FY2017
8%	12%	TBD

Graduation rates are a measure of students who enter college and graduate within a certain number of years. The college graduation rate is calculated by determining the number of college graduates entering college versus the number of youth who graduate four years later.

Education

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

- a. How many children who were removed and entered foster care during FY16 changed schools within 1 month of their removal? 3 months? 6 months? 1 year?**

Information regarding school stability is tracked by academic year. Of the 73 school age youth who have entered care since the beginning of school year 2016-2017, only six youth have subsequently changed schools:

- Two youth changed schools within six months of entering care.
- Four youth changed schools within three months of entering care.

- b. How many children who changed foster care placements during FY16 changed schools within 1 month of the placement change? 3 months? 6 months? 1 year?**

CFSA tracks school changes on an *Education Information Change Form* which is collected from social workers anytime a youth changes schools. The form however does not currently capture months since removal. Out of 626 children and youth in CFSA's care who are enrolled in K-12th grade or a school-based pre-K (preschool) program, a total of 33 school changes (6%) have occurred thus far in this 2016-2017 academic year.

- c. For how many foster children who were removed and entered foster care during FY2016 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 FY2016, there were a total of 308 requests for school stability transportation for children who were removed and entered foster care. The educational transportation specialist reviews the request and work with the social work team to triage the request which includes exploring other options, for example accessing transportation from the LEA.

Below is a breakdown of the disposition of the children who did not receive private transport from CFSA. Of that total, 135 children received the requested transportation. School stability transportation was provided for an average of 155 days. CFSA has not been tracking the number of trips per student.

For those children that did not receive school stability transportation, the reasons are as follows:

- 68 youth were transported by the resource parent or caretaker team
- 53 youth were able to access public transportation using the DC One Card
- 25 youth were approved for transportation via the IEP and DCPS provided services
- 8 youth were returned home before services began
- 6 youth were too young for services under the current private transportation contract
- 9 youth changed school placements before services could begin
- 4 youth were without school placement at the time of referral

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

CFSA's Administration of Clinical, Educational and Family Services (ACEFS) under the Office of Well Being (OWB) gives presentations and updates to foster parents and other stakeholders on a full range of supportive services including transportation, to support school stability. In August 2016, ACEFS included information about school stability transportation services in a presentation to both CFSA and private agency foster parents at CFSA's annual Health and Wellness Fair. In December 2016, the ACEFS also gave a presentation to The Children's Law Center staff on CFSA's educational services, including transportation services. In addition, ACEFS created a school transportation tip sheet that reviews the specific criteria to qualify for and receive school stability transportation which is posted on the CFSA website.

ACEFS continues its outreach to individual foster families about transportation services upon a new entry into care. If school stability is an issue, a CFSA transportation specialist is notified.

The transportation specialist contacts the social worker and foster parent(s) to discuss transportation options.

Similarly, upon receipt of a referral from a social worker for transportation in ongoing cases, the transportation specialist contacts both the social worker and foster parent(s) to ensure they are aware that school transportation services are available.

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

In addition to the individual case outreach to social workers regarding school stability transportation services, ACEFS advertised school transportation and other educational support services at an agency wide resource fair which is open to CFSA and private agency social workers.

In FY2015, the ACEFS also created Education Tip Sheets and FAQs for social workers to include one specifically on the School Stability and School Transportation Services provided by the agency. These tip sheets have been distributed at multiple times and are accessible on the Education and Child Care Resources page on CFSA's website at <http://cfsa.dc.gov/page/educationresources>.

The ACEFS is currently working to develop an education training series that will be available to CFSA and private agency social workers which will include information on school stability transportation.

f. Describe the agency's efforts in FY16 and FY17 to date, to improve school stability and continuity for youth who enter foster care or change foster care placements while in care.

CFSA worked consistently in FY2016 to improve school stability and continuity for the youth in its care and custody. CFSA has collaborated with the Office of the State Superintendent of Education (OSSE) and the local education agencies to implement the new provisions of the *Every Student Succeeds Act* (ESSA) which support foster youth's school stability. For example, in accordance with the law, CFSA identified a foster care point of contact ("POC") for the Agency.

In August of 2016, CFSA sent a letter to every local education agency in the DC Metropolitan area that may enroll our foster youth identifying CFSA's POC and what they can do to assist them in serving the needs of foster youth enrolled at their school.

We also collaborated with OSSE staff to develop a joint guidance document on the ESSA foster care provisions that included a model transportation agreement which local education agencies ("LEAs") can use to meet their legal obligation to develop school stability transportation procedures with CFSA. As a result of those efforts, CFSA has now had approximately 10 LEAs utilize these procedures to cooperatively plan and fund transportation for foster children who require transportation services to maintain school stability.

CFSA has continued its efforts to improve internal processes for supporting foster children in maintaining school stability and ensuring that educational decisions are in each child's best interests. Education Specialists attend 30-day case planning meetings to identify and help resolve any educational issues or barriers, including those related to school stability.

The Agency has updated its Best Interest Decision-Making Guide, a tool developed to assist social workers in evaluating the various factors to consider in making best-interest determinations regarding the choice of school whenever a child first comes into care or moves foster home placements. To increase compliance monitoring, social workers are now required to complete and submit a Best Interest Decision-making Guide form with any school stability transportation request.

Finally, CFSA is in the final stages of updating the Educational Services policy to align with the foster care school stability provisions of the ESSA. This policy will clarify guidance on when and how best interest determinations should be made with respect to school stability.

45. What efforts has CFSA made to gather aggregate data regarding the academic performance of the foster youth population?

CFSA has negotiated agreements with DCPS and PGPCS to access the standardized test scores of DC foster youth attending their schools, a little more than 65% of our overall school-age foster population. The Partnership for Assessment of Readiness for College and Careers (PARCC) test is the new standardized test both Maryland and DC schools adopted to administer to its students in the 2015-2016 school year.

PARCC scores provide an indicator of the youth’s reading and math proficiency levels and the agency will be analyzing these data on an annual basis to get a snapshot of how our youth’s academic skill level compares to their grade-level peers.

- 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.**

The following chart provides a breakdown of the PARCC scores provided to CFSA by Prince George’s County Schools and the Office of the State Superintendent for Education⁴³.

MATH PERFORMANCE	Grades 3-8		Grades 9-12	
	Number of Youth with Score	Percent of Youth with Score	Number of Youth with Score	Percent of Youth with Score
Overall Performance Score				
Level 1: Did not meet expectations	122	47%	68	51%
Level 2: Partially met expectations	94	36%	53	40%
Level 3: Approached expectations	30	12%	10	8%
Level 4: Met expectations	12	5%	2	2%
Level 5: Exceeded Expectations	0	0%	0	0%
TOTAL	258	--	133	--

⁴³ This data set is for the CFSA students in care attending DCPS and PGCPS schools during the 2015-2016 school year. Question 48 reports on the number of students in CFSA care enrolled in those schools as of January of this school year (2016-2017). The number for question 45 accounts for more students than in response to question 48 because CFSA had a greater number of students in DCPS and PGCPS schools last year than this year.

- 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.**

See below for a breakdown of the PARCC scores identifying English and literacy performance levels for foster children. These data are provided to CFSA by Prince George’s County Schools and the Office of the State Superintendent for Education⁴⁴.

ENGLISH AND LITERACY PERFORMANCE	Grades 3-8		Grades 9-12	
	Number of Youth with Score ⁴⁵	Percent of Youth with Score	Number of Youth with Score	Percent of Youth with Score
Overall Performance Score				
Level 1: Did not meet expectations	148	56%	85	64%
Level 2: Partially met expectations	83	31%	26	20%
Level 3: Approached expectations	21	8%	15	11%
Level 4: Met expectations	10	4%	7	5%
Level 5: Exceeded Expectations	2	1%	0	0%
TOTAL	264	--	133	--

46. How many youth received tutoring in FY16 and to date in FY17?

In FY2016, a total of 145 youth received individual in-home tutoring from CFSA’s privately contracted tutoring vendors.

To date in FY2017, a total of 199 youth have been connected to CFSA’s privately contracted tutoring vendors for tutoring. Of those youth, 163 are currently receiving tutoring services and 36 have been discontinued from service due to non-utilization of the approved service hours, achievement of the tutoring goal or case closure.

⁴⁴ This number differs from the total number of reported math PARCC scores above because CFSA received more test results of students’ English and Literacy for students in Grades 3-8 than Math scores from our data sources.

a. What is the total funding in the FY17 budget for tutoring? Explain any variance from FY16?

CFSA's FY2017 tutoring budget is \$1,000,000, the FY2015 tutoring budget was \$500,000. The funding doubled CFSA's commitment to close the achievement gap noted in our foster youth's academic performance and basic skills level compared to their grade level peers. The increased budget for tutoring is allowing CFSA to connect more at-risk students to tutoring service in an effort to remediate academic deficiencies, increase their college and career readiness and give youth a higher chance of postsecondary success.

b. Please identify the each tutoring provider and the amount allocated in FY17? Explain any variance from FY16?

Since June 2015, CFSA has worked with two contracted tutoring providers: *A Plus Success, LLC* and *Soul Tree, LLC*. *A Plus Success* has been allocated a total of \$482,040 to provide tutoring service through June 2017 compared to its \$352,500 maximum contract amount last year. *Soul Tree, LLC* has been allocated a total of \$329,880.722 for its services through June 2017, compared to its contract amount of 117,255.72 last year.

The contract allocations are significantly larger in FY2017 compared to FY2016 due to additional funding designated towards improving the educational progress of our children.

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

CFSA is able to measure student's progress from tutoring service by comparing the results of students' pre-service assessment diagnostic test results with the students' post-service assessment (a re-assessment of the student using the same diagnostic tool). The post-service assessments are generally administered every six months.

A comparison of the pre-service assessment and post-service assessment for 68⁴⁶ of the youth that have received tutoring service from one of our two tutoring vendors for six months to a year during FY2016 revealed the following measures of improvement in student's academic skills:

Improvement in Reading Skills after at least six months of tutoring service:

- 13% have improved their reading by two or more full grade levels
- 18% have improved their reading by a full grade level up to two grade levels
- 25% have improved their reading by a ½ grade up to a full grade level
- 18% have improved their reading by a ½ grade level or less

Improvement in Math Skills after at least six months of tutoring service:

- 10% have improved their math skills by two or more full grade levels
- 29% have improved their math skills by a full grade level up to two grade levels
- 18% have improved their math skills by a ½ grade level up to a full grade level
- 15% have improved their math skills by ½ grade or less

⁴⁶ These are the children who have received assessments based on their length of time in service. The total number of students who were eligible for assessments is noted in question 46. The percentage of students not identified, in each category, are those students who made no significant improvements in their post assessments, for that particular category. These youth were identified as ones who were not available to reap the full benefits of tutoring services due to a variety of circumstances, including periods of detention, hospitalization, or absconding, periods of emotional or placement instability that interfered with their ability to be available for tutoring service, and/or the youth's persistent resistance or refusal to make themselves available for the service or fully cooperate with the post assessment test administration.

For children who have received tutoring for a year or more, a second post-service assessment is given to the youth. For the current monitoring period, there are 30⁴⁷ youth who fall in that category and have received scores which revealed the following results:

Improvement in Reading Skills after one year, or more, of tutoring service:

- 27% have improved their reading by two or more full grade levels
- 17% have improved their reading by a full grade level up to two grade levels
- 23% have improved their reading by a ½ grade up to a full grade level
- 17% have improved their math skills by ½ grade or less

Improvement in Math Skills after one year, or more, of tutoring service:

- 17% have improved their reading by two or more full grade levels
- 30% have improved their reading by a full grade level up to two grade levels
- 6% have improved their reading by a ½ grade up to a full grade level
- 20% have improved their math skills by ½ grade or less

⁴⁷ These are the children who have received assessments based on their length of time in service. The total number of students who were eligible for assessments is noted in question 46. The percentage of students not identified, in each category, are those students who made no significant improvements in their post assessments, for that particular category. These youth were identified as ones who were not available to reap the full benefits of tutoring services due to a variety of circumstances, including periods of detention, hospitalization, or absconding, periods of emotional or placement instability that interfered with their ability to be available for tutoring service, and/or the youth's persistent resistance or refusal to make themselves available for the service or fully cooperate with the post assessment test administration.

47. How many youth received mentoring services in FY16 and to date in FY17?

At the closing of FY2016, there were 85 youth receiving mentoring services. At the end of the 1st Quarter of FY2017 there were 92 youth receiving mentoring services.

a. What is the total funding in the FY17 budget for mentoring? Explain any variance from FY16?

The total funding budgeted for mentoring services in FY2017 remains at \$500,000. There is no variance from the FY2016 budgeted amount.

b. Please identify each mentoring provider and the amount allocated in FY17? Explain any variance from FY16?

In 2015, CFSA transferred all of its mentoring services to Best Kids, LLC and increased the budget to include evidence-based mentoring services. In January 2017, CFSA renewed its contract with Best Kids, LLC in the amount of \$496,095.45 to continue mentoring services. That contract obligates them to continue providing evidence based mentoring service for up to 115 youth in care from December 2016 through December 2017. There are no variances with mentoring services from FY2016.

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

Outcomes of mentoring services are reported quarterly and are based on two different pre and post assessment tools: a self- evaluation by the youth and a survey administered to the caregiver. In FY2016, Best Kids, LLC, advanced their pre-assessment and post assessment tools towards outcomes that could be more directly correlated to mentoring services versus other services that the youth may be receiving simultaneously. The tools ask questions that assess the student's functioning in six different domains identified by the Agency:

- 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 their caregiver (including following directions and cooperating with home rules)

Based on the last quarterly report submitted to CFSA by Best Kids, Inc. on January 18, 2017, CFSA youth receiving mentoring services reported the following outcomes:

- **Cognitive Functioning:** 92.9% of surveyed youth have increased their scholastic competence and educational expectations. 81.52% of surveyed youth have increased their grades.
- **Emotional/Behavioral Functioning:** 94.51% of surveyed caregivers report youth have increased their feelings of empowerment. 86.84% of surveyed caregivers report youth have increased their self-esteem and self-expectations.
- **Social Functioning:** 86.5% of surveyed youth report increased feelings of parental trust. 85.4% of surveyed youth report increased social acceptance and relationships with their peers.
- **Risky Behaviors:** 88.5% of surveyed youth report 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.

48. Regarding youth in high school and GED programs, please provide the following for the 2015-2016 school year and the 2016-2017 year to date:

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

See response to question 38(a).

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

See response to question 38(b).

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

See response to question 38(d).

- d. The number of youth who received their GED;**

A total of four youth received their GED.

- e. The number of youth who received graduation certificates;**

A total of 34 youth graduated at the end of the 2015-2016 academic year.

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

Based on its data-sharing agreements, CFSA now has access to GPA information for youth enrolled in DCPS and PGCPs high schools (grades 9-12).

For the 2015-2016 school year, CFSA had access to the grade point average (GPA) for 170 youth enrolled in DCPS and PGCPs schools as of the last day of the school year. The range of GPAs included a low of 0.283 to a high of 4.05, with an average GPA of 1.62 and a median GPA of 1.54.

For the current year, through access to DCPS data, CFSA has GPA information current through term two of the 2016-2017 school year for 62 CFSA youth (25.4% of all CFSA youth enrolled in high school). The range of GPA included a low of 0.11 to a high of 4.106, with an average GPA of 1.90 and a median GPA of 1.74.

CFSA has not yet received term two grades for PGCPS. To date, CFSA has GPA information through term one of this school year for 27 CFSA youth (11% of all CFSA youth enrolled in high school). The range of GPA included a low of 0 to a high of 3.7 with an average GPA of 1.84 and a median GPA of 2.0.

g. The number of youth who dropped out;

Twenty-three youth have dropped out of school, seven of whom are currently working or engaged in internship programs.

h. The high school graduation rate for youth in foster care as of the end of the 2015-2016 school year, including an explanation of how this rate was calculated; and

See response to question 38(c).

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

CFSA had 626 youth in care enrolled in K-12 or in a school-based Pre-K Program across several jurisdictions and states beyond the District of Columbia. The analysis of location and school type is included below, with the specific school breakdown following.

School Type / Location	Number of Youth
District of Columbia Public Schools	250
District of Columbia Public Charter Schools	137
Prince George's County Public Schools	106
Other Surrounding Counties Public or Charter Schools (Anne Arundel, Baltimore, Charles, Montgomery County, Virginia)	32
Residential Programs	13
Non-Public Special Education Schools	77
Private Schools	8
Other States Public or Charter Schools (<i>Schools not identified below due to confidentiality; states include: Michigan, Illinois, Ohio, Texas & Delaware</i>)	3
Total Youth in K-12 or School Based Pre-K Program	626

CFSA Youth Enrolled in DCPS and DC Charter Schools by Ward of School

Ward	# of Youth	% of Youth
1	33	8.5%
2	4	1.0%
3	3	0.8%
4	29	7.5%
5	81	20.9%
6	60	15.5%
7	87	22.5%
8	90	23.3%
Total	387	

See Attachment Q48, List of Schools Attended by Foster Youth

49. Regarding college preparation and college attendance, please provide the following for the 2015-2016 school year and the 2016-2017 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 FY16, and the number served to date in FY17;**

See response to question 39(a).

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

See response to question 40(a).

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

See response to question 41(a).

d. The number of youth enrolled in graduate school;

There are no youth currently enrolled in graduate school.

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

	Associate’s Degree	Bachelor’s Degree
FY2016	2	6
FY2017	0	2
TOTAL	2	8

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;

FY2016

Mental Health Issues	2
Employment	12
Abscondence	2
TOTAL	16

FY2017

Academic Dismissal	3
Mental Health Issues	3
Pregnant/Parenting	1
TOTAL	7

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

FY2016	14
FY2017	13

ii. The number of youth who received ETV funding.

FY2016	42
FY2017	43

50. Regarding vocational programs, please provide the following for FY16 and FY17 to date:

- a. The number of youth participating in OYE’s Career Pathways program;**

FY2016	106
FY2017	84

- b. The number of youth enrolled in vocational programs;**

FY2016	50
FY2017	8

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

Program	FY2016 # of Youth Enrolled	FY2017 # of Youth Enrolled
Job Corps	4	1
UDCCC-Workforce Development	10	0
DC Career Connection	2	0
Bennett (Cosmetology)	2	1
VMT (CNA/HHA)	15	2
MedTech (Medical Assistant)	3	0
Colorado Security Agency	0	1
Film Connection	1	0
Westlink Career Institute (EMT)	0	1
Northern VA School of Therapeutic Massage	1	0
PGCC-Workforce development	1	0
YearUp	1	0
Nurse One	1	0
LAYC	2	0
Career Technical Institute	1	0
Montgomery College Community College	1	0
OIC/A+	1	0
UPO	1	0
Food for Life	1	0
CMS Protective Services	1	0
Goodwill/Strayer	1	0
Maya Angelou YALC	0	1
Now Works	0	1
TOTAL	50	8

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

FY2016	24
FY2017	0

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

See response to question 50(f) below.

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

Reasons not completed	FY2016 # of youth	FY2017 # of youth
Still enrolled	4	7
Withdrawn	12	0
Other	1	0
Youth gained employment	9	0
Altercation with other program attendee	0	1
TOTAL	26	8

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

CFSA and DDS signed a data sharing agreement in FY2017 and began conducting a monthly cross match of clients served. DDS serves youth aged 18 and older. A total of 23 family caregivers were involved with both CFSA and DDS and 5 OYE youth received DDS RSA services.

52. On December 31, 2015, CFSA released the Current Educational Services and Career Planning at the Child and Family Services Agency Comprehensive Analysis. This report contained recommendations to improve education and career planning services for youth in foster care. Please provide:

- a. The agency’s plan for implementing the report’s recommendations;**
- b. All steps that the agency has taken in FY16 and FY17, to date to implement these recommendations;**

See response to question 44.

Employment

53. How many youth participated in OYE’s subsidized employment program in FY16? FY17 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.

FY2016	43
FY2017	13

Employer	FY2016 # of youth	FY2017# of youth
DC Office of Human Rights	1	1
Urban Alliance	10	6
DC Career Connect	5	0
Providence Hospital	8	1
Department of Public Works	8	1
Child and Family Services Agency	1	0
Bennett Babies	3	0
TJ Maxx	1	0
Red Robin Learning Center	1	0
Department of Parks and Recreation	1	1
Bennett Career Institute	1	0
Boys & Girls Club	1	0
Skateboard Shop	1	0
Unique Residential Care Center	1	0
C. Allan Signature Salon	0	1
Busy Bee Nutty & Fruity	0	2
	43	13

54. Regarding youth employment and training, please provide the following for FY16 and FY17 to date:

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

	Local (Subsidized Employment funds)	Federal (Chafee Grant funds)
FY2016	\$84,962	\$86,699
FY2017	\$40,451	\$37,869

- 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 and FY2016 youth participants	Funding Received in FY2016 ⁴⁸	# Served	Funding Received in FY2017	# Served
Bennett Career Institute	\$1,625	1	0	0
CMS Security Training	\$533	1	0	0
IN Northern VA	\$5,140	1	0	0
NOW-HVAC	0	0	\$1,200	0
Paints INS	\$4,200	3	0	0
Other (program related fees)	\$918	4	0	0
VMT	\$5,321	7	\$2,344	2
Urban Alliance	\$68,962	10	\$29,555	6
Westlink	0	0	\$4,770	1
TOTAL	\$86,699	27	\$37,869	9

⁴⁸ Funding provided by Federal Chafee grant dollars. Local funding is not used for employment training.

55. Regarding youth between the ages of 18 and 21, please indicate the following for FY16 and FY17 to date:

a. The number of youth between the ages of 18 and 21.

FY2016	231
FY2017	187

b. The number of youth between the ages of 18 and 21 who are employed full-time and part-time.

FY2016	
Full-Time	49
Part-Time	42
TOTAL	91

FY2017	
Full-Time	23
Part-Time	26
TOTAL	49

c. What types of jobs have been obtained?

Type of Job	FY2016	FY2017
Medical/Healthcare (CNA, HHA,EKG, GNA, EMT etc.)	13	2
Food Service	26	19
Retail	19	9
Childcare	4	2
Administrative	12	8
Security	2	2
Trucking/Construction	4	1
Hospitality	6	1
Government	5	2
IT	0	2
Other	0	1
Total	91	49

- 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?

Status	Number of Youth
Enrolled in HS	67
Enrolled in College	38
Enrolled in GED Program	15
Enrolled in Vocational / Technical Program	8
Employed ¹	17
Participating in Internship	6
Participating in Job Readiness Program through CPU	6
Substance Abuse Program	1
Not Connected to CPU / Employment Status Unknown / Disconnected	31
Total	189

- 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.

FY2016	18-21
Full-Time	20
Part-Time	1
TOTAL	21

FY2017	18-21
Full-Time	20
Part-Time	0
TOTAL	20

- 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.**

FY2016	18-21
Full-Time	11
Part-Time	6
TOTAL	17

FY2017	18-21
Full-Time	10
Part-Time	5
TOTAL	15

- g. **The number of youth between the ages of 18 and 21 who are enrolled in vocational training.**

There are currently eight 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 67 youth currently attending high school.

- i. **The number of youth between the ages of 18 and 21 who are enrolled in a GED program.**

There are currently 15 youth currently enrolled in a GED program.

Youth Aftercare Program

56. **Regarding youth aftercare services, please indicate the following for FY16 and FY17 to date:**

- a. **The number of youth who turned age 19 ½.**

FY2016	85
FY2017	16

- 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 19½ years old	Referred longer than 12 months of turning 19 ½ years old	Total Referred for Youth Aftercare Services
FY2016	21	25	7	3	1	9	66
FY2017	4	4	4	0	0	0	12

- c. How many of the youth described in (b), above, have been assigned an aftercare provider?

FY2016	66
FY2017	12

	FY2016	FY2017
Reason not referred to a After Care Provider		
More than 25 miles outside of DC	1	1
DDS	12	1
Abscondence	4	1
College out of state	2	1
TOTAL	19	4

- 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 for those youth who used the services. The Healthy Families/Thriving Community Collaboratives are currently using the Efforts to Outcomes (ETO)™ system which captures the providers for FY2016 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.

57. Regarding youth who aged out of foster care, please indicate the following for FY16 and FY17 to date:

a. The number of youth who aged out of foster care.

FY2016	75
FY2017	16

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?

FY2016	
Full-Time	12
Part-Time	27
Unemployed	36
Total:	75

FY2017	
Full-Time	3
Part-Time	4
Unemployed	9
Total:	16

Reasons for not working	FY2016	FY2017
Abscondence	5	1
College	4	3
DDS	10	1
Job Corps	0	1
Enrolled in Vocational Training	3	0
Incarceration	1	0
Pregnant/New Mother	1	0
Subsidized Work	2	1
Not engaged	6	1
Seeking Employment	2	1
Military	1	0
Mental Health	1	0
TOTAL	36	9

- 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 with Stable Housing	# of Youth Who Aged Out with Unstable Housing	Total
FY2016	80 ⁴⁹	9	89
FY2017	14	3	17

⁴⁹ Number also reflects early case closures.

Type of Living Arrangements	FY2016	FY2017
Stable		
College Dorm/Job Corps	2	2
DDS Placement	12	1
Family	22	2
Former Foster Parent	12	4
Own Apartment	17	2
Staying with Mentor/friend	5	3
Transitional Housing	10	0
Unstable Housing		
Abscondence	5	1
Shelter/homeless	0	1
Between Friends/Family	0	0
Incarcerated	3	1
Extended foster care	1	0
TOTAL	89	17

Placements and Providers

58. Provide the following by age, gender, race, provider, location, daily rate and time in care:
- Total number of foster children and youth;
 - Total number of foster children and youth living in foster homes;
 - Total number of foster children and youth living in group homes;
 - Total number of foster children and youth living in independent living programs;
 - Total number of foster children and youth living in residential treatment centers; and
 - Total number of foster children and youth in abscondance, and the length of time they have been in abscondance.

FY2016⁵⁰

Age	Foster Homes			Group Settings					Other ¹	Total Children
	Kinship	Non-Kinship Foster Family ⁺⁺	Subtotal	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment	Subtotal		
0	16	23	39	0	0	0	0	0	0	39
1	16	31	47	0	0	0	0	0	0	47
2	18	32	50	0	0	0	0	0	0	50
3	19	39	58	0	0	0	0	0	1	59
4	8	35	43	0	0	0	0	0	0	43
5	10	36	46	0	0	0	0	0	0	46
6	12	35	47	0	0	0	0	0	0	47
7	11	34	45	0	0	0	0	0	1	46
8	15	24	39	0	0	0	0	0	0	39
9	7	25	32	0	0	0	1	1	0	33
10	8	25	33	0	0	0	2	2	0	35
11	5	19	24	0	0	0	0	0	0	24
12	9	26	35	0	0	0	0	0	0	35
13	7	29	36	1	1	0	0	2	0	38
14	7	22	29	1	5	0	1	7	5	41
15	8	32	40	0	2	0	3	5	4	49
16	5	27	32	1	9	0	4	14	1	47
17	8	36	44	0	9	2	3	14	15	73
18	8	31	39	0	13	8	2	23	9	71
19	8	37	45	0	5	7	0	12	10	67
20	2	30	32	0	9	10	0	19	9	60
Total	207	628	835	3	53	27	16	99	55	989

⁵⁰ All charts for these questions, reflect point in time data for FY2016 as of September 30, 2016; and for FY2017 as of December 31, 2016.

FY2017⁵¹

Age	Foster Homes			Group Settings				Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Group Homes	Independent Living	Residential Treatment	Subtotal		
0	17	25	42	0	0	0	0	0	42
1	19	30	49	0	0	0	0	0	49
2	15	31	46	0	0	0	0	0	46
3	18	35	53	0	0	0	0	0	53
4	8	26	34	0	0	0	0	1	35
5	7	31	38	0	0	0	0	0	38
6	12	41	53	0	0	0	0	0	53
7	10	32	42	0	0	0	0	1	43
8	10	25	35	0	0	1	1	0	36
9	11	23	34	0	0	0	0	0	34
10	7	23	30	0	0	2	2	0	32
11	6	21	27	0	0	0	0	0	27
12	11	22	33	0	0	0	0	0	33
13	8	27	35	2	0	1	3	0	38
14	7	19	26	6	0	0	6	3	35
15	9	36	45	2	0	2	4	6	55
16	3	28	31	6	1	3	10	5	46
17	6	35	41	13	2	5	20	10	71
18	5	32	37	8	8	2	18	11	66
19	5	34	39	7	7	0	14	8	61
20	0	28	28	8	11	0	19	13	60
Total	194	604	798	52	29	16	97	58	953

FY2016

Gender	Foster Homes			Group Settings				Other*	Total Children	
	Kinship	Non-Kinship Foster Family**	Subtotal	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment			Subtotal
Female	97	303	400	1	26	22	8	57	16	473
Male	110	325	435	2	27	5	8	42	39	516
Total	207	628	835	3	53	27	16	99	55	989

FY2017

Gender	Foster Homes			Group Settings				Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Group Homes	Independent Living	Residential Treatment	Subtotal		
Female	93	293	386	24	25	7	56	19	461
Male	101	311	412	28	4	9	41	39	492
Total	194	604	798	52	29	16	97	58	953

⁵¹ All charts for these questions reflect point in time data for FY2016 as of September 30, 2016; and for FY2017 as of December 31, 2016.

FY2016⁵²

Race	Foster Homes			Group Settings					Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment	Subtotal		
Asian	0	5	5	0	0	2	0	2	0	7
Black or African American	182	524	706	2	50	21	14	87	44	837
Hispanic	14	63	77	1	3	4	2	10	11	98
White	3	2	5	0	0	0	0	0	0	5
Unable to Determine/Unknow	0	1	1	0	0	0	0	0	0	1
No Race Data Reported	8	33	41	0	0	0	0	0	0	41
Total	207	628	835	3	53	27	16	99	55	989

FY2017

Race	Foster Homes			Group Settings				Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Group Homes	Independent Living	Residential Treatment	Subtotal		
Asian	0	6	6	0	2	0	2	0	8
Black or African American	170	500	670	47	20	13	80	46	796
Hispanic	12	58	70	3	7	3	13	11	94
White	3	3	6	0	0	0	0	0	6
Unable to Determine/Unknown	0	1	1	0	0	0	0	0	1
No Race Data Reported	8	35	43	1	0	0	1	1	45
American Indian/Alaskan Native	1	0	1	1	0	0	1	0	2
Unable to Determine	0	1	1	0	0	0	0	0	1
Total	194	604	798	52	29	16	97	58	953

FY2016

Provider Location	Foster Homes			Group Settings					Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment	Subtotal		
DC	105	225	330	3	48	27	0	78	45	453
MD	97	398	495	0	4	0	0	4	5	504
VA	3	3	6	0	1	0	6	7	4	17
Other States	2	2	4	0	0	0	10	10	1	15
Total	207	628	835	3	53	27	16	99	55	989

⁵² All charts for these questions reflect point in time data for FY2016 as of September 30, 2016; and for FY2017 as of December 31, 2016.

FY2017⁵³

Provider Location	Foster Homes			Group Settings				Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Group Homes	Independent Living	Residential Treatment	Subtotal		
DC	99	214	313	45	29	0	74	47	434
MD	93	386	479	5	0	0	5	6	490
VA	1	2	3	2	0	2	4	3	10
Other States	1	2	3	0	0	14	14	2	19
Total	194	604	798	52	29	16	97	58	953

FY2016

Time in Care	Foster Homes			Group Settings					Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment	Subtotal		
0-3 Months	32	72	104	2	3	1	0	6	2	112
4-6 Months	18	51	69	0	4	2	0	6	2	77
7-12 Months	46	80	126	0	10	0	4	14	7	147
13-24 Months	73	170	243	0	7	2	3	12	9	264
25+ Months	38	255	293	1	29	22	9	61	35	389
Total	207	628	835	3	53	27	16	99	55	989

FY2017

Time in Care	Foster Homes			Group Settings				Other*	Total Children
	Kinship	Non-Kinship Foster Family**	Subtotal	Group Homes	Independent Living	Residential Treatment	Subtotal		
0-3 Months	24	67	91	3	1	0	4	6	101
4-6 Months	25	40	65	3	1	1	5	1	71
7-12 Months	33	92	125	8	3	2	13	4	142
13-24 Months	80	157	237	12	1	4	17	9	263
25+ Months	32	248	280	26	23	9	58	38	376
Total	194	604	798	52	29	16	97	58	953

⁵³ All charts for these questions reflect point in time data for FY2016 as of September 30, 2016; and for FY2017 as of December 31, 2016.

FY2016⁵⁴

Time in Abscondance	Total Children
0-3 Months	16
4-6 Months	1
7-12 Months	2
13-24 Months	0
25+ Months	0
Total	19

FY2017

Time in Abscondance	Total Children
0-3 Months	21
4-6 Months	1
7-12 Months	0
13-24 Months	0
25+ Months	0
Total	22

⁵⁴ All charts for these questions reflect point in time data for FY2016 as of September 30, 2016; and for FY2017 as of December 31, 2016.

Placement Type	Home Type	Provider	FY2016 (09/30/2016)	FY2017 (12/31/2016)
Foster Homes	Non-Kinship Foster Family	Boys Town Of Washington (Program)	36	29
		Family Matters Of Greater Washington	40	45
		Latin American Youth Center (Program)	13	5
		Lutheran Social Services	63	60
		Natl Center/Children&Families (Baptist Home)	111	116
		Psi Family Services (Program)	106	100
		Seraaj Family Homes	86	86
	Foster Home Total			455
Group Settings	Diagnostic and Emergency Care	Sasha Bruce Youthworks	3	0
		Subtotal	3	0
	Group Homes	Boys Town Of Washington (Program)	11	11
		Gang Yif	12	12
		Latin American Youth Center (Program)	5	0
		Maximum Quest Residential Care Facilities, Inc.	13	13
		Umbrella	6	6
		Subtotal	47	42
	Independent Living	Catholic Charities	6	2
		Family Matters Of Greater Washington	7	8
		Latin American Youth Center (Program)	5	8
		The Elizabeth Ministry, Inc.	9	11
		Subtotal	27	29
Group Settings Total			77	71
Contracted Agencies Total			532	512

59. Provide number and percentage of foster children who, during FY16 and FY17 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 2016⁵⁵					
Age	Placement Episodes				Total
	1	2	3-4	5+	
1	15	5	0	0	20
2	25	10	1	0	36
3	28	9	0	0	37
4	22	5	1	0	28
5	22	7	2	0	31
6	18	10	0	0	28
7	23	5	4	0	32
8	18	2	2	0	22
9	15	5	4	0	24
10	17	3	1	2	23
11	6	3	3	2	14
12	12	5	4	1	22
13	11	5	5	2	23
14	16	6	3	5	30
15	13	9	6	4	32
16	13	4	7	5	29
17	23	7	11	12	53
18	17	17	16	12	62
19	28	17	11	6	62
20	30	11	12	4	57
Total	372	145	93	55	665
Percentage	55.94%	21.80%	13.98%	8.27%	100.00%

⁵⁵ 1. The universe of this report is 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. 2. 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. 3. Chart reflects point in time data for FY2016 as of September 30, 2016.

FY 2017 ⁵⁶					
Age	Placement Episodes				Total
	1	2	3-4	5+	
<1 Year	20	4	0	0	24
1	40	3	1	0	44
2	38	4	1	0	43
3	45	4	1	0	50
4	30	5	0	0	35
5	32	1	0	0	33
6	44	3	0	0	47
7	40	1	0	0	41
8	25	4	3	0	32
9	27	4	1	1	33
10	20	6	1	1	28
11	25	2	0	0	27
12	24	3	1	2	30
13	28	3	4	0	35
14	25	4	2	0	31
15	35	5	4	1	45
16	30	6	3	3	42
17	47	17	3	2	69
18	46	15	5	0	66
19	49	9	3	0	61
20	46	13	1	0	60
Total	716	116	34	10	876
Percentage	81.74%	13.24%	3.88%	1.14%	100.00%

60. Please provide the following information regarding kinship placements for FY16 and FY17 to date:

a. What percentage of foster children is currently placed with kin?

In FY2016, 22% of foster children were placed with kin. In FY2017, 21% of children were placed with kin.

⁵⁶ Chart reflects point in time data for FY2017 as of December 31, 2016.

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;
- Utilization of kinship support funds to assist relatives in obtaining larger/appropriate housing and furniture (i.e. cribs, beds, etc.);
- Reinforcing with staff the need for ongoing connection to kin throughout the time a child is in care; reviewing the kinship licensing pathways; and
- Consultation and collaboration with ongoing social workers and participation in various case staffings (to include, removal RED Teams and FTMs).

c. What percentage of foster children does the agency project will be placed with kin by the end of FY17?

CFSA projects 25%⁵⁷ of foster children will be placed with kin at the end of FY2017.

61. Regarding the availability of beds/placements for children and youth in foster care, please provide the following for FY16 and FY17 to date and for DC:

a. The number of foster home beds;

DC traditional foster care beds in FY2016 total 241.⁵⁸
DC traditional foster care beds in FY2017 total 237.

b. The number of foster home beds that are currently vacant;

DC traditional foster beds vacant in FY2016 total 25.
DC traditional foster beds currently vacant in FY2017 total 28.

⁵⁷ This projection is based on CFSA's increased focus on kinship placement.

⁵⁸ Data reflects the availability of beds/placements for children in DC only.

62. 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 continues to refine the process of matching children entering care to available foster care homes. As of September 2016, CFSA utilizes an automated placement matching system. This allows bed availability to be updated on a daily basis for both CFSA and provider homes to determine potential vacancies and confirm availability in order to ensure appropriate utilization. Utilizing trend data the agency continues to recruit foster parents and contract with private and residential providers to ensure an appropriate array and number of homes.

63. Regarding recruitment of foster parents:

- a. 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?**

The FY2017 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.

CFSA recognizes that the changing demographics of the city demand new approaches to recruit from a diverse group of District residents. As part of our new Safe Haven Redesign, CFSA will eliminate the traditional and therapeutic designations and ensure that the entire system is trauma-informed and based on national treatment foster care standards so that all our children and youth receive high quality care and positive outcomes. Throughout FY2016 and continuing this year, we initiated and continue the following new strategies.

- Continue with social media presence with 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 (www.fosterdckids.org) provides data, frequently asked questions, the criteria and process to become a foster parent in 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. Forty two percent of those who attended foster parent orientation indicated that they visited our website to learn more about becoming a foster parent.

Dedicated the CFSA Facebook page to recruitment, growing followers to over 1200, and live streaming of bi-monthly information session. 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, Civic Associations, Teachers, Nurse and Coah Associations.
- Posted information on the websites and newsletter of numerous community partners, stakeholders, organizations, and faith-based organizations 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. Monthly email blast to existing resource parents regarding opportunities for recruitment and reinforcement of incentive program.

b. 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 FY17?

In FY2016, the number of teenagers (13+) served through foster care decreased. Although the population needs are shifting, the Agency recognizes the continued need to have appropriate foster homes for teenagers.

- **Effort:** During FY2016 and 2017 CFSA has continued to expand the Specialized Opportunities for Youth (SOY) program. An additional 10 beds have been created, currently serving 8 youth. These parents receive 25-30 additional hours of specialized training, including Trauma 101 and 102, De-escalation, Managing Adolescent Behaviors, and Youth Mental Health First Aid. Placements are planned placements, meaning the SOY parents and youth meet before placements are finalized.

- **Barriers:** Despite extensive recruitment efforts, a smaller number of foster parents have expressed an interest in parenting teens or in participating in this program.
- **FY2017 Target:** During FY2017 CFSA intends to develop 5 more beds for this age range, including a respite home for SOY providers.

c. 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 FY16?

Recruitment activities targeted at locating homes for LGBTQ foster youth:

- Conducted two focus groups with LGBTQ resource parents to aid in recruiting additional LGBTQ resource parents.
- Facilitated informational sessions with LGBTQ community providers, such as the DC Center, Rainbow Families, HRC, Community District Church to increase the pool of LGBTQ resource parents.
- Facilitated matching opportunities to find stable placements and life-long connections with LGBTQ youth of OYE and LGBTQ resource parents.
- Trained LGBTQ resource parents to serve as mentors and coaches to resource parents.
- As a result of CFSA's efforts, seven additional beds have been created for LGBTQ youth.
- The LGBTQ community was the second highest community visiting CFSA's website landing page. African-American individuals and families were the first highest.

64. During FY16, how many youth in out-of-home care stayed in a hotel while awaiting a licensed placement? FY17 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.**

One youth stayed in a hotel in FY2016 (October 2015- September 2016).

- a. Age: 18
- b. Length of time in the hotel: One night in the hotel
- c. Efforts made to identify a placement: The youth was in the hospital for a period of time. The former foster parent refused to allow the youth to return to her home. The hospital agreed to keep the youth for an additional two days to allow more time for the private agency to identify a placement; however, the hospital could no longer hold the youth voluntarily. The private agency provider made a clinical decision to place the youth in a hotel.
- d. Initial placement after the overnight hotel stay: The youth was placed in a therapeutic foster home.

No youth placed in foster care stayed in a hotel while awaiting placement during FY2017.

65. For youth who stayed in hotels during FY16 and FY17 to date, please explain what steps the agency took to provide supervision for the youth.

CFSA staff members provided age-appropriate supervision for the youth who stayed at a hotel in FY2016. The youth who experienced a hotel stay was monitored and/or accompanied by a minimum of one CFSA staff person at all times during evening and nighttime hours to ensure safety. The youth was able to attend school, walk to nearby restaurants, and attend appointments independently using public transportation.

66. During FY16, how many youth in out-of-home care slept overnight at CFSA’s offices while awaiting a licensed placement? FY17 to date? 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.**

FY2016

Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb-June 2016	July 2016	Aug 2016	Sep 2016	Total # Children
0	3	0	1	0	1	3	3	11

Clients#1, #2 and #3

- a. Ages: 16, 12 and 8
- b. Length of time youth remained at CFSA’s Office: One night in the building
- c. Efforts made to identify placement: All efforts were made to identify and place the siblings with relatives. Relatives were identified through the Diligent Search Office. The relatives were not viable placement options, i.e., fathers had deportation issues.
- d. Initial placement of youth after the stay in the office: The siblings were placed together in a traditional group home.

Client #4

- a. Age: 16
- b. Length of time youth remained at CFSA’s Office: One night in the building
- c. Efforts made to identify placement: Placement was identified for the teen. However, the teen refused placement.
- d. Initial placement of the youth after the stay in the office: The youth was returned to Boystown

Client#5

- a. Age: 6
- b. Length of time youth remained at CFSA's Office: One night in the building
- c. Efforts made to identify placement: youth required an extensive medical evaluation prior to placement. Youth is wheelchair bound. Additional support services were needed in the foster home once medical evaluation was completed.
- d. Initial placement of the youth after the stay in the office: The youth was placed in special medical needs foster home.

Client#6

- a. Age: 14
- b. Length of time youth remained at CFSA's Office: One night in the building
- c. Efforts made to identify placement: A placement was identified. However, the youth refused placement. The youth was medically screened taken to the foster home, but he refused to get out of the car. Social worker counseled youth. Social worker sought assistance of a relative and MPD to no avail. Additional placement was identified, again the youth refused placement.
- d. Initial placement of the youth after the stay in the office: The youth was later placed at Boystown. He is currently placed with DYRS.

Clients #7 and # 8

- a. Ages: 18 and 21
- b. Length of time youth remained at CFSA's Office: One night in the building
- c. Efforts made to identify placement: Both youth witnessed a violent crime. Placement was identified for both youth outside of the District of Columbia. The youth were traumatized and initially refused the identified placement. CFSA provided on-going support and counseling services.
- d. Initial placement of the youth after the stay in the office: Both youth were placed outside of the District of Columbia for security purposes. One youth is in a therapeutic placement. The other youth later exited care, but is receiving support services outside of the District of Columbia.

Client#9

- a. Age: 15
- b. Length of time the youth remained at CFSA’s Office: One night in the building
- c. Efforts made to identify placement: The youth foster care placement disrupted. A placement was identified at an emergency group home. However, the youth left the building. He returned several hours later.
- d. Initial placement of the youth after the stay in the office: The youth was placed at the emergency group home upon his return to the building. The next day he was placed in therapeutic foster home.

Client# 10

- a. Age: 13
- b. Length of time the youth remained at the CFSA’s Office: One night in the building
- c. Efforts made to identify placement: the youth arrived at the CFSA building at 12:30 am as a replacement. The youth was supported by his social worker while placement was located. Additionally, he received behavioral health support from CHAMPS. The youth was later admitted to CNMC psychiatric services.
- d. Initial placement of the youth after the stay in the office: The youth was initially placed with CNMC for psychiatric services. The youth is in a therapeutic foster home.

Client#11

- a. Age: 16
- b. Length of time the youth remained at the CFSA’s Office: One night in the building
- c. Efforts made to identify placement: The agency first sought relatives for possible placement after the youth’s removal from the home. The youth was diagnosed with Autism and ADHD. He was initially placed in a traditional foster home with supportive services to include a one on one behavioral aide. The foster parent requested replacement. The youth was returned to CFSA at around 11:45 pm. The support for the youth was provided throughout the night. He attended school the following morning.
- d. Initial placement of the youth after the stay in the office: The youth was placed with a special needs foster parent. The foster parent has experienced with providing placement for Autistic children. The foster parent is receiving behavioral health supportive services.

FY2017

Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Total # Children
3	0	0	3	0	6

Clients #1 and #2

- a. Ages 9 and 12
- b. Length of time the youth remained at the CFSA's Office: One night in the building
- c. Efforts made to identify placement: Both youth were replaced from the same foster home after disrupting the prior foster home. The disruptive activity included physical aggression. The foster parent brought both youth to CFSA at approximately 7:15 pm. The placement administration continued to locate appropriate placements throughout the night while the youth received behavioral health services. The youth required additional behavioral health services through CHAMPS prior to placement. The youth was medically screened and cleared for placement.
- d. Initial placement of the youth after the stay in the office: Both youth were placed in separate therapeutic foster homes.

Client #3

- a. Age: 15
- b. Length of time the youth remained at the CFSA's Office: One night in the building
- c. Efforts made to identify placement: At approximately 12 midnight, the youth arrived in the CFSA building. Placement efforts were initiated prior to the youth entering the building at approximately 11:30 pm. The on-call Placement RDS worker explored all possible options for this youth through potential kinship options, DC CFSA providers, contracted agency providers, and teen bridge programs. The family-based providers were not able to make contact with their foster parents during the late night and early morning hours. A placement was ultimately identified through a teen bridge program but it took some time to get approval as this youth is only 15 years of age and the program is for children who are 16 – 20 years old. There were numerous efforts to locate placement for youth throughout the night and early morning.
- d. Initial placement of the youth after the stay in the office: The youth was placed at a Teen Bridge Program.

Client #4

- a. Age: 7
- b. Length of time the youth remained at the CFSA's Office: One night in the building
- c. Efforts made to identify placement: The youth was brought into care due to his father stating that he was no longer able to care for him. The youth has been diagnosed with Autism and ADHD, is non-verbal, not potty-trained, and his aggressive behaviors are escalating. The youth was in the office briefly and then placed in a CFSA traditional foster home after exploration of specialized/therapeutic foster homes were unsuccessful. The placement team put Mobile Stabilization Services in place but the foster parent stated that she did not feel she could meet the needs of the youth so the child came back to the CFSA building a couple hours after being placed. The youth was then placed in a contract agency foster placement a few hours after he got out of school. One-to-one services were put in place and the youth was successfully placed.
- d. Initial placement of the youth after the stay in the office: Special needs foster home

Client #5

- a. Age: 20
- b. Length of time the youth remained at the CFSA's Office: Two nights in the building
- c. Efforts made to identify placement: The youth was replaced from a prior foster care placement, after the youth was involved in a criminal matter. This incident resulted in a stay away order from his prior placement. Temporary placement was identified for the youth. However, the youth refused to stay at the placement. At 8:41 pm the social worker and youth returned to CFSA and the social worker called CHAMPS for an assessment. The youth refused to cooperate with CHAMPS. The youth was not in an immediate crisis to require acute hospitalization. The youth spent the night at the CFSA building. Oversight was provided by OYE and CPS staff. The youth was later taken to a complete a Comprehensive Psychiatric Emergency assessment. The Comprehensive Psychiatric Emergency Program (CPEP) provides emergency psychiatric services, mobile crisis services and extended observation beds for individuals 18 years of age or older. The youth refused to complete the assessment. The supervisor called the Metropolitan Police Department and the Community Intervention Officer who were able to convince the youth to complete the assessment. At 3:00 am, the team attempted to take the youth back to the temporary foster home. The foster parent did not respond. Due to the youth's extensive mental health history, special arrangements were made for the youth on 1/12 for a crisis bed through Department of Behavioral Health (Crossings Place) as there was great concern regarding the youth's mental health stability. The youth rejected the placement and services. At approximately 11:30 pm, a CFSA foster home was identified and the youth agreed to be placed. However, once he arrived at the foster home, the youth refused to stay. The youth spent the night in the CFSA building for a second night on

January 12th. Oversight was provided by OYE and CPS staff. The youth continued to reject other placement options to include therapeutic foster homes.

- d. Initial placement of the youth after the stay in the office: The youth was placed at Wayne Place with enhanced DBH support.

Client #6

- a. Age: 20
- b. Length of time youth remained in at CFSA's Office: One night in the building
- c. Efforts made to identify placement: The youth came to CFSA office on the night of January 16, 2017 at approximately 8pm refusing to return to the foster home that he had been placed with a private provider. Placement On-Call was notified by CPS that the youth was in the building. On-Call staff reached out to CFSA and Private Provider Agencies to identify a placement.
- d. Initial placement of the youth after the stay in the office: The youth was placed in a group home.

67. For youth who stayed at CFSA during FY16 and FY17 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 FY2016 and FY2017. 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.

68. During FY16, 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? FY17 to date? For each youth, please provide:

a. The age of the youth;

FY2016

Age⁵⁹	Total Placement Episodes	Total Unique Children
<1 Year	3	3
0	5	4
1	1	1
2	2	1
3	2	2
4	1	1
6	4	4
7	1	1
8	5	3
9	3	3
10	2	2
11	12	9
12	13	7
13	14	9
14	11	9
15	14	10
16	12	10
17	16	9
18	9	6
19	5	3
20	3	3
Total	138	100

⁵⁹ Age is calculated as of start of the reporting fiscal year.

FY2017

Age ⁶⁰	Total Placement Episodes	Total Unique Children
2	5	4
4	3	2
7	1	1
9	3	3
10	2	2
11	1	1
12	2	2
13	2	2
14	4	4
15	2	2
16	4	4
17	3	3
Total	32	30

b. A description of the type of placement;

FY2016

Placement Category	Placement Type	Home Type	Total Placement Episodes	Total Unique Children
Emergency Placement	Foster Homes	Traditional Foster Family Emergency (STAR Home)	72	50
		Subtotal	72	50
	Group Settings	Diagnostic and Emergency Care	27	24
		Subtotal	27	24
	Total Emergency Placements			99
Respite Placement	Foster Homes	Therapeutic	3	3
		Traditional	36	32
		Subtotal	39	34
	Total Respite Placements			39
Total			138	100

⁶⁰ Age is calculated as of start of the reporting fiscal year.

FY2017

Placement Category	Placement Type	Home Type	Total Placement Episodes	Total Unique Children
Emergency Placement	Foster Homes	Traditional Foster Family Emergency (STAR Home)	9	9
		Subtotal	9	9
	Group Settings	Diagnostic and Emergency Care	9	9
		Subtotal	9	9
	Total Emergency Placements			18
Respite Placement	Foster Homes	Kinship	1	1
		Therapeutic	1	1
		Traditional	12	10
		Subtotal	14	12
	Total Respite Placements			14
Total			32	30

- c. The length of the youth's stay in the emergency, short-term, respite, or otherwise temporary placement;

FY2016

Length of Stay in Emergency/Respite Placements	Total Placement Episodes	Total Unique Children
0-2 days	17	13
3-5 days	37	34
6-10 days	44	40
11-20 days	19	18
21-30 days	17	16
31+ days	4	4
Total	138	100

FY2017

Length of Stay in Emergency/Respite Placements	Total Placement Episodes	Total Unique Children
0-2 days	5	5
3-5 days	7	7
6-10 days	10	10
11-20 days	4	4
21-30 days	5	5
31+ days	1	1
Total	32	30

d. The efforts made to identify an appropriate placement; and

FY2016

Placement Type	Home Type	Subsequent Placements																No subsequent Placements	Total Placement Episodes	
		Foster Homes						Group Settings					Other							
		Kinship	Pre-Adoptive	Therapeutic	Traditional	Traditional Foster Family Emergency (STAR Home)	Total	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment	Total	Abscondance	Correctional Facility	Developmentally Disabled	Hospitals	Not in Legal Placement			Total
Foster Homes	Therapeutic	0	2	1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
	Traditional	8	3	0	25	0	36	0	0	0	0	0	0	0	0	0	0	0	0	36
	Traditional Foster Family Emergency (STAR Home)	2	0	8	25	3	38	1	6	1	1	9	16	1	0	4	3	24	1	72
	Subtotal	10	5	9	50	3	77	1	6	1	1	9	16	1	0	4	3	24	1	111
Group Settings and Emergency Care	Diagnostic and Emergency Care	1	0	3	5	2	11	0	6	0	0	6	3	0	1	3	1	8	2	27
	Subtotal	1	0	3	5	2	11	0	6	0	0	6	3	0	1	3	1	8	2	27
Total Placement		11	5	12	55	5	88	1	12	1	1	15	19	1	1	7	4	32	3	138

FY2017

Placement Type	Home Type	Subsequent Placements											No subsequent Placements	Total Placement Episodes
		Foster Homes					Group Settings			Other				
		Kinship	Pre-Adoptive	Therapeutic	Traditional	Total	Group Homes	Independent Living	Total	Correctional Facility	Not in Legal Placement	Total		
Foster Homes	Kinship	0	0	0	1	1	0	0	0	0	0	0	0	1
	Therapeutic	0	0	1	0	1	0	0	0	0	0	0	0	1
	Traditional	3	1	0	5	9	0	0	0	0	0	0	3	12
	Traditional Foster Family Emergency (STAR Home)	0	0	2	4	6	0	1	1	1	1	2	0	9
	Subtotal	3	1	3	10	17	0	1	1	1	1	2	3	23
Group Settings	Diagnostic and Emergency Care	0	0	0	2	2	5	0	5	0	1	1	1	9
	Subtotal	0	0	0	2	2	5	0	5	0	1	1	1	9
Total Placement		3	1	3	12	19	5	1	6	1	2	3	4	32

e. The type of placement the youth was moved to following his/her stay in the emergency, short-term, respite, or otherwise temporary placement.

During FY2016, there were 100 youth in out-of-home care who stayed in an emergency, short-term, respite, or otherwise temporary placement while awaiting a long-term placement. In FY2017, to date there were 30 youth in out-of-home care who stayed in an emergency, short-term, respite, or otherwise temporary placement while awaiting a long-term placement for a total of 229. It is important to note that there were youth who had multiple occurrences within this cohort.

69. Please explain the factors that led to youth staying in hotels and at CFSA’s offices during FY16.

There were several factors which resulted in youth staying in hotels and at the CFSA office building during FY2016. Over the last several years CFSA has experienced a steady decline in the number of children entering foster care, leading to under-utilization of contracted foster care beds, 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. The closure of the two agencies resulted in the use of surplus homes in the system during the same period. CFSA experienced an unforeseen increase in the number of children entering foster care.

The difficulties surfaced at this time demonstrated deficiencies within the existing system most notably the lack of an automated system to track actual placement capacity. It was during this time that capacity issues resulted in children staying overnight at CFSA's office building or in hotels.

70. 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 FY17

CFSA continues to ensure that no youth in out of home care will stay in a hotel or at CFSA offices overnight by the establishment of a business process that begins with early identification of potentially challenging placements resulting in a Critical Placement Event Staffing. Criterion for these staffings will include the following: youth who enter care with large sibling groups, youth who are known frequent absconders, youth who are abruptly released from detention or correctional facilities, youth who are medically fragile/physically disabled, and youth who have a strong history of placement disruption. This staffing will mobilize the resources within and external to the agency to identify and problem solve issues which might prevent placement. An escalation protocol has been established which ensures senior staff, including the Director are informed of the potential placement issues.

71. During FY16, how many youth in out-of-home care stayed at Sasha Bruce shelter beds while awaiting a non-short-term placement? FY17 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 a Sasha Bruce shelter bed;**
- d. What efforts were made to identify a non-short-term placement;**
- e. What type of placement the youth was moved to following his/her stay at Sasha Bruce?**

In FY2016, there were 28 youth in out-of-home care who stayed at Sasha Bruce shelter beds while awaiting a non-short-term placement. In FY2017, to date there were 9 youth in out-of-home care stayed at Sasha Bruce shelter beds while awaiting a non-short-term placement for a total of 38. It is important to note that there were youth who had multiple occurrences within this cohort.

FY2016

Age⁶¹	Total Placement Episodes	Total Unique Children
12	1	1
13	6	6
14	7	5
15	8	7
16	6	5
17	3	3
18	1	1
Total	32	28

Placement Type	Home Type	Total Placement Episodes	Total Unique Children
Group Settings	Diagnostic and Emergency Care	27	24
Foster Homes	Traditional	5	5
Total		32	28

Length of Stay in Emergency/Respite Placements	Total Placement Episodes	Total Unique Children
0-2 days	2	2
3-5 days	6	6
6-10 days	12	11
11-20 days	4	4
21-30 days	5	4
31+ days	3	3
Total	32	28

⁶¹*Age is calculated as of Start of Reporting Fiscal year i.e. October 1, 2015

Placement Type	Home Type	Subsequent Placements											No subsequent Placements	Total	
		Foster Homes					Group Settings		Other						
		Kinship	Therapeutic	Traditional	Traditional Foster Family Emergency (STAR Home)	Total	Group Homes	Total	Abscondance	Developmentally Disabled	Hospitals	Not in Legal Placement			Total
Foster Homes	Traditional	1	1	1	0	3	1	1	1	0	0	0	1	0	5
Group Settings	Diagnostic and Emergency Care	1	3	5	2	11	6	6	3	1	3	1	8	2	27
Total		2	4	6	2	14	7	7	4	1	3	1	9	2	32

FY2017

Age ⁶²	Total Placement Episodes	Total Unique Children
13	1	1
14	2	2
15	1	1
16	2	2
17	3	3
Total	9	9

Placement category	Placement Type	Home Type	Total Placement Episodes	Total Unique Children
Emergency Placement	Group Settings	Diagnostic and Emergency Care	9	9

Length of Stay in Emergency/Respite Placements	Total Placement Episodes	Total Unique Children
3-5 days	1	1
6-10 days	2	2
11-20 days	2	2
21-30 days	4	4
Total	9	9

⁶² Age is calculated as of start of reporting fiscal year.

Placement Type	Home Type	Subsequent Placements			No Subsequent Placements	Total
		Foster Homes	Group Settings	Other		
		Traditional	Group Homes	Not in Legal Placement		
Group Settings	Diagnostic and Emergency Care	2	5	1	1	9

72. During FY16, how many youth in out-of-home care stayed in a STAR home placement while awaiting a non-short-term placement? FY17 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 STAR home;
- d. What efforts were made to identify a non-short-term placement;
- e. What type of placement the youth was moved to following his/her stay in the STAR home?

In FY2016, 50 youth in out-of-home care stayed in a STAR home placement while awaiting a permanent placement. In FY2017, nine youth in out-of-home care stayed in a STAR home placement while awaiting a permanent placement for a total of 65 youth. It is important to note that there were youth who had multiple occurrences within this cohort.

FY2016

Age	Total Placement Episodes	Total Unique Children
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	5	4
12	10	5
13	6	4
14	4	4
15	7	5
16	6	5
17	13	6
18	8	6
19	5	3
20	3	3
Total	72	50

Placement category	Placement Type	Home Type	Total Placement Episodes	Total Unique Children
Emergency Placement	Foster Homes	Traditional Foster Family Emergency (STAR Home)	72	50

Length of Stay in Emergency/Respite Placements	Total Placement Episodes	Total Unique Children
0-2 days	15	11
3-5 days	16	16
6-10 days	18	17
11-20 days	9	8
21-30 days	12	12
31+ days	2	2
Total	72	50

Placement Type	Home Type	Subsequent Placements														No subsequent Placements	Total Placement Episodes	
		Foster Homes					Group Settings					Other						
		Kinship	Therapeutic	Traditional	Traditional Foster Family Emergency (STAR Home)	Subtotal	Diagnostic and Emergency Care	Group Homes	Independent Living	Residential Treatment	Subtotal	Abscondance	Correctional Facility	Hospitals	Not in Legal Placement			Subtotal
Foster Homes	Traditional Foster Family Emergency (STAR Home)	2	8	25	3	38	1	6	1	1	9	16	1	4	3	24	1	72

FY2017

Age	Total Placement Episodes	Total Unique Children
9	1	1
10	1	1
12	2	2
13	1	1
14	1	1
15	1	1
16	2	2
Total	9	9

Placement category	Placement Type	Home Type	Total Placement Episodes	Total Unique Children
Emergency Placement	Foster Homes	Traditional Foster Family Emergency (STAR Home)	9	9

Length of Stay in Emergency/Respite Placements	Total Placement Episodes	Total Unique Children
0-2 days	4	4
3-5 days	1	1
6-10 days	3	3
11-20 days	1	1
Total	9	9

Placement Type	Home Type	Subsequent Placements								Total Placement Episodes
		Foster Homes		Group Settings			Other			
		Therapeutic	Traditional	Total	Indep Living	Total	Correct Facility	Not in Legal Placement	Total	
Foster Homes	Traditional Foster Family Emergency (STAR Home)	2	4	6	1	1	1	1	2	9

73. During FY16, how many youth in out-of-home care stayed in an Interval home placement while awaiting a non-short-term placement? FY2017 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 Interval home;**
- d. **What efforts were made to identify a non-short-term placement;**
- e. **What type of placement the youth was moved to following his/her stay in the Interval home?**

In FY2016, eight youth in out-of-home care stayed in an Interval home placement⁶³ while awaiting a permanent placement. In FY2017 to date, there was one youth in out-of-home care who stayed in an Interval home placement while awaiting a placement, for a total of nine youth.

⁶³ An Interval home is a Mockingbird family home that agrees to act as a short-term placement option to avoid youth spending extended periods at the CFSB building while the agency is working to license a kinship placement.

Age	Type of Placement	Length of Stay	Type of Placement Youth Moved	Efforts Made To Identify Placement
20	Respite (Interval)	3 days	Temporary	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, independent living, and kinship resources.
15	Respite (Interval)	1 day	Temporary	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, and kinship resources.
13	Respite (Interval)	5 days	Temporary	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, and kinship resources.
16	Respite (Interval)	1 day	Long Term Foster Home (FH)	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, and kinship resources.
15	Respite (Interval)	3 days	Long Term FH	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, and kinship resources.
12	Respite (Interval)	2 days	Long Term FH	All potential options were pursued, including CFSA foster homes, private agency foster homes, and kinship resources.
16	Respite (Interval)	1 day	Abscondence	This youth absconded from the interval respite home prior to the identification of a long term placement option.
17	Respite (Interval)	1 day	Sasha Bruce	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, and kinship resources.
14	Temporary-Interval	1 day	Long Term FH	All potential options were pursued, including CFSA foster homes, private agency foster homes, congregate care placements, and kinship resources.

74. 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.

Unusual Incident (UI) reports must be reported to the Hotline and the Contract Monitoring Division (CMD) monitor within twenty-four (24) hours of the incident. The monitor is responsible for receiving, assessing and providing follow up for unusual incident reports.. For contract violations the monitor will review with their Supervisor to discuss further action. CMD tracks incidents on a spreadsheet based on seven categories: abuse, child fatality, contraband, medical/hospitalization, neglect, sexual assault & suicidal.

See Attachment Q74, Unusual Incident Reports FY2016 and FY2017

75. Please provide a detailed update regarding the agency's efforts to reduce the number of children in group care, including:

CFSA continues to seek the least restrictive, appropriate placement for youth in care. The first choice is always a kinship home, followed by a family-based foster home. There are a small number of youth for whom a family foster placement is not appropriate. Those youth require a more structured group home setting. Currently fewer than 5% of our foster youth are in group homes.⁶⁴

a. A description of any reduction in the number of children placed in group homes;

Our group care population has remained consistent in FY2016 and is expected to remain consistent for FY2017.

b. A description of where children who would have been living in group homes are living instead;

Group home placements are considered a higher level of care. Rarely is a group home placement used for an initial entry. Most youth placed in group homes have disrupted from a family-based foster home, are discharged from a detention facility, or have a history of chronic abscondance.

⁶⁴ The Children's Bureau reports the national average for congregate care is 13%. A National Look at the Use of Congregate Care in Child Welfare U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau (May 2015) State averages range between 5% to 37% making CFSA one of the top performers in the country with regard to this measure. https://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf

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 FY2016, the following Group Homes contracts were terminated.

- Catholic Charities – Effective December 31, 2016, Catholic Charities voluntarily terminated their Teen parent and Independent Living Program Contract with CFSA, effective December 31, 2016.
- Latin American Youth Center (LAYC) - Effective December 31, 2016, LAYC voluntarily terminated their Teen Bridge Contract.
- Integrated Community Services (ICS) – Effective November 30, 2016, ICS voluntarily terminated their contract for the girls group home, In addition, CFSA did not renew the contract with ICS for their boys home, due to several reports of abuse and or neglect.

Permanency

76. 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 FY2017 ⁶⁵						Total
	Adoption	APPLA	Guardianship	Legal Custody	Reunification	No Goal	
0	2	0	0	0	40	0	42
1	15	0	0	0	30	4	49
2	21	0	1	0	23	1	46
3	20	0	5	0	23	5	53
4	17	0	1	0	17	0	35
5	15	0	1	0	18	4	38
6	23	0	4	0	23	3	53
7	9	0	2	0	30	2	43
8	10	0	5	1	20	0	36
9	7	0	8	0	19	0	34
10	6	1	5	0	18	2	32
11	7	1	5	0	13	1	27
12	8	1	5	0	19	0	33
13	10	0	4	0	22	2	38
14	9	1	8	0	15	2	35
15	8	3	20	0	21	3	55
16	10	1	14	0	20	1	46
17	4	7	39	0	20	1	71
18	5	22	21	0	15	3	66
19	1	41	14	0	3	2	61
20	4	38	15	0	3	0	60
Total	211	116	177	1	412	36	953

Gender	Permanency Goal FY2017						Total
	Adoption	APPLA	Guardianship	Legal Custody	Reunification	No Goal	
Female	91	52	85	1	215	17	461
Male	120	64	92	0	197	19	492
Total	211	116	177	1	412	36	953

⁶⁵ Charts for these questions, reflects point in time data for FY2017 as of December 31,2016.

77. 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. It is important to note that the DC Family court has the authority to change a goal outside of the Agency's recommendation.

In FY2016 and FY2017, there are four youth under the age of 16 with a goal of APPLA. Three of the four youth are unaccompanied refugee minors.

One youth age 12 has had a goal of APPLA since April 3, 2008 and is case managed by National Center for Children and Family (NCCF).

78. 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 invites and encourages youth ages 14 years and older to participate in monthly team meetings during which areas such as permanence, education, finances and money management, life skills, transportation and other transition areas are addressed. The family-involved meetings are held monthly.

79. How many adoptions were finalized in FY16? FY17 to date? What was the average length of time from filing of an adoption petition to finalization of such adoptions?

In FY2016, 104 adoptions were finalized. Average length of time from filing of an adoption petition to finalization for FY2016 was 13.19 months.

In FY2017, 35 adoptions were finalized. Average length of time from filing of an adoption petition to finalization for FY2017 is 14.28 months.

80. 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	FY2016	FY2017
0 - 9	103	81
10 – 12	3	4
13 – 18	9	7
19 – 23	3	1
24+	15	10
Not in Pre-Adoptive Home	92	108
Not in Pre-Adoptive Home with Court Ordered Recruitment Exemption	6	10
Total	225	211

81. How many guardianships were finalized in FY16? FY17 to date? What was the average time from filing of a guardianship petition to finalization of such guardianships?

Fiscal Year	Total Children⁶⁶
FY2016	57
FY2017	9

⁶⁶ CFSA does not track average time for filing of guardianship petitions, there are no statutorily mandated timelines for guardianship filings.

82. Please provide the number of children who have a permanency goal of guardianship and were placed with an identified candidate for guardianship 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;
- d. 24 months or longer of the goal being set;

Months	Total Children (FY2016 as of 09/30/2016)
0 - 9	32
10 - 12	3
13 - 18	2
19 - 23	1
24+	2
Total	40

Months	Total Children (FY2017 as of 12/31/2016)
0 - 9	8
10 - 12	1
Total	9

- e. The number of children with a permanency goal of guardianship that are not currently placed with an identified candidate for guardianship.

Fiscal Year	Total Children
FY2016	138
FY2017	168

83. How many children remain in foster care after being the subject of a termination of parental rights (TPR) order? How many of such children have stayed in foster for:
- a. 6 months following a TPR;
 - b. 12 months following a TPR;
 - c. 18 months following a TPR; and
 - d. 24 months or longer following a TPR?

Months	Total Children (FY2016 as of 9/30/16)
0 - 6	5
7 - 12	0
13 - 18	0
19 - 23	0
24+	4
Total	9

Months	Total Children (FY2017 as of 12/31/16)
0 - 6	0
7 - 12	0
13 - 18	0
19 - 23	0
24+	2
Total	2

Private Agency Performance

84. For each private agency that places and/or case manages youth in foster care, please provide the Committee with the following for FY16 and FY17, 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?

FY2016

Agency	Total Children	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc.	36	534
Family Matters	47	557
Latin American Youth Center	21	315
Lutheran Social Services	72	524
National Center for Children and Family	111	503
PSI Services	115	597
Seraaj Family Homes	92	578
Private Agency	494	541
CFSA	495	388
Total	989	465

FY2017

Agency	Total Children	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc.	28	447
Family Matters	52	590
Latin American Youth Center	14	440
Lutheran Social Services	66	544
National Center for Children and Family	111	552
PSI Services	112	605
Seraaj Family Homes	91	568
Private Agency	474	561
CFSA	479	382

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?

FY2016				
Agency	Permanency/Non-Permanency	Exit Reason	Total Children	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc	Permanency	Guardianship	1	48
		Reunification	2	1,644
		Subtotal	3	1,112
	Non-Permanency	Emancipation	2	726
		Subtotal	2	726
	Agency Subtotal		5	958
Family Matters	Permanency	Adoption	4	969
		Guardianship	4	596
		Reunification	5	224
		Subtotal	13	568
	Non-Permanency	Emancipation	5	1,527
		Subtotal	5	1,527
Agency Subtotal		18	834	
Foundation for Home and Community	Non-Permanency	Emancipation	2	1,747
		Subtotal	2	1,747
	Agency Subtotal		2	1,747
Latin American Youth Center	Permanency	Guardianship	2	753
		Reunification	7	159
		Subtotal	9	291
	Non-Permanency	Emancipation	2	1,453
		Subtotal	2	1,453
	Agency Subtotal		11	502
Lutheran Social Services	Permanency	Adoption	2	2,162
		Guardianship	5	1,021
		Reunification	12	440
		Subtotal	19	774
	Non-Permanency	Emancipation	7	1,271
		Subtotal	7	1,271
Agency Subtotal		26	908	
National Center for Children and Family	Permanency	Adoption	10	702
		Guardianship	8	527
		Reunification	26	352
		Subtotal	44	463
	Non-Permanency	Emancipation	12	829
		Subtotal	12	829
Agency Subtotal		56	541	

FY2016				
Agency	Permanency/Non-Permanency	Exit Reason	Total Children	Average Length of Stay with Agency (in Days)
PSI Services	Permanency	Adoption	5	1,310
		Guardianship	2	363
		Reunification	27	317
		Subtotal	34	466
	Non-Permanency	Emancipation	9	1,385
		Placement/Custody to be provided by another District agency	1	816
		Subtotal	10	1,328
Agency Subtotal		44	662	
Seraaj Family Homes	Permanency	Adoption	1	879
		Guardianship	6	1,420
		Reunification	9	212
		Subtotal	16	707
	Non-Permanency	Emancipation	8	1,400
		Subtotal	8	1,400
Agency Subtotal		24	938	
CFSA	Permanency	Adoption	88	830
		Guardianship	30	848
		Reunification	140	307
		Subtotal	257	551
	Non-Permanency	Death of Child	1	862
		Emancipation	44	1,028
		Subtotal	45	1,025
Agency Subtotal		302	621	
Total			487	661

FY2017				
Agency	Permanency/Non-Permanency	Exit Reason	Total Children	Average Length of Stay with Agency (in Days)
Boys Town Washington DC Inc.	Permanency	Adoption	2	272
		Reunification	4	87
		Subtotal	6	149
	Non-Permanency	Emancipation	1	1,533
		Subtotal	1	1,533
Agency Subtotal		7	347	
Latin American Youth Center	Permanency	Reunification	6	176
		Subtotal	6	176
	Agency Subtotal		6	176
Lutheran Social Services	Permanency	Adoption	5	1,298
		Reunification	1	645
		Subtotal	6	1,190
	Non-Permanency	Emancipation	1	632
		Subtotal	1	632
Agency Subtotal		7	1,110	
National Center for Children and Family	Permanency	Adoption	3	325
		Reunification	4	182
		Subtotal	7	243
	Agency Subtotal		7	243
PSI Services	Permanency	Adoption	3	1,510
		Reunification	5	489
		Subtotal	8	872
	Non-Permanency	Emancipation	2	405
		Subtotal	2	405
Agency Subtotal		10	779	
Seraaj Family Homes	Permanency	Adoption	3	601
		Reunification	4	18
		Subtotal	7	268
	Non-Permanency	Emancipation	2	1,637
		Subtotal	2	1,637
Agency Subtotal		9	572	
CFSA	Permanency	Adoption	28	948
		Guardianship	9	878
		Reunification	32	206
		Subtotal	69	594
	Non-Permanency	Emancipation	12	1,021
		Subtotal	12	1,021
Agency Subtotal		81	658	
Total			127	623

- 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?**

FY2016

Non Contracted Homes	Licensed Homes									
	State									
	DC		MD		VA		Other		Total	
CFSA Foster Homes	287	38.5%	96	12.9%	6	0.8%	3	0.4%	392	52.55%
Contracted Homes	Licensed Homes									
	State									
	DC		MD		VA		Other		Total	
Boys Town Of Washington (Program)	6	0.8%	20	2.7%	0	0.0%	0	0.0%	26	3.49%
Family Matters Of Greater Washington	6	0.8%	34	4.6%	0	0.0%	0	0.0%	40	5.36%
Latin American Youth Center (Program)	9	1.2%	0	0.0%	1	0.1%	0	0.0%	10	1.34%
Lutheran Social Services	6	0.8%	41	5.5%	0	0.0%	1	0.1%	48	6.43%
Natl Center/Children&Families (Baptist Home)	19	2.5%	59	7.9%	0	0.0%	0	0.0%	78	10.46%
Psi Family Services (Program)	18	2.4%	68	9.1%	0	0.0%	0	0.0%	86	11.53%
Seraaj Family Homes	20	2.7%	46	6.2%	0	0.0%	0	0.0%	66	8.85%
Private Agencies Subtotal	84	11.3%	268	35.9%	1	0.1%	1	0.1%	354	47.45%
Total	371	49.7%	364	48.8%	7	0.9%	4	0.5%	746	100.00%

FY2017

Non Contracted Homes	Licensed Homes									
	State									
	DC		MD		VA		Other		Total	
CFSA Foster Homes	276	38.3%	102	14.1%	6	0.8%	2	0.3%	386	53.54%
Contracted Homes	Licensed Homes									
	State									
	DC		MD		VA		Other		Total	
Boys Town Of Washington (Program)	3	0.4%	20	2.8%	0	0.0%	0	0.0%	23	3.19%
Family Matters Of Greater Washington	7	1.0%	33	4.6%	0	0.0%	0	0.0%	40	5.55%
Latin American Youth Center (Program)	8	1.1%	0	0.0%	1	0.1%	0	0.0%	9	1.25%
Lutheran Social Services	9	1.2%	40	5.5%	0	0.0%	0	0.0%	49	6.80%
Natl Center/Children&Families (Baptist Home)	15	2.1%	61	8.5%	0	0.0%	0	0.0%	76	10.54%
Psi Family Services (Program)	12	1.7%	61	8.5%	0	0.0%	0	0.0%	73	10.12%
Seraaj Family Homes	17	2.4%	48	6.7%	0	0.0%	0	0.0%	65	9.02%
Private Agencies Subtotal	71	9.8%	263	36.5%	1	0.1%	0	0.0%	335	46.46%
Total	347	48.1%	365	50.6%	7	1.0%	2	0.3%	721	100.00%

Clothing Vouchers

85. In 2016 how many youth received the monthly clothing allowance and the back to school allowance?

The monthly clothing allowance is provided to all youth ages 15-21 placed in a foster home or congregate care setting. Funds for the monthly clothing allowance are included in the existing foster care board payment or the CFSA-approved contractual funding provided to private agencies. The foster home or congregate care provider are responsible for appropriately allocating funds to ensure the youth's clothing needs are met. In FY2016, 350 children received the annual CFSA issued back-to-school clothing voucher.

86. 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 ensure they are provided with funds for clothing. 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 may 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.

87. What is the outreach plan for notifying caregivers and youth about the new clothing voucher?

Since 2013, CFSA has issued annual back-to-school allowances (\$300). 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

88. What is the status for full implementation of the Foster Youth Rights and Responsibilities Act 2012?

Full implementation of the Foster Youth Rights and Responsibilities law has been completed. A monthly reconciliation occurs with program operations and the private agencies to assess receipt and completion of the Youth Bill of Rights form.

89. What has been done or what materials have been developed to educate youth about their rights and responsibilities?

CFSA developed a plain-language Youth Bill of Rights. The Youth Bill of Rights is posted on the Agency's website, along with the associated law and regulations.

In 2016, the Agency initiated a distribution plan that mandated CFSA and private-provider social workers to provide a hardcopy of the Youth Bill of Rights to all children and youth over age 14 in foster care. or to the guardian ad litem of children under 14 years of age.

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 periodic visits to congregate care facilities and other meetings with youth.

90. 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 the Agency's communication plan in 2016, CFSA announced the Youth Bill of Rights to the local child-serving community. This was accomplished through 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.

Since executing the communication and distribution plan in 2016, CFSA developed and disseminated a webinar presented by the CFSA Youth Ombudsman to train CFSA and private agency social workers, family support workers and resource parents on the Youth Bill of Rights.

Housing & Rapid Housing

91. Please provide a detailed status report on the usage of Rapid Housing in FY16 and in FY17 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 FY2016, 82 parents representing 257 children applied for Rapid Housing to prevent children entering foster care. In FY2017, 20 parents representing 58 children applied for Rapid Housing to prevent children from entering foster 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 FY2016, 77 parents representing 244 children were approved for Rapid Housing to prevent children from entering foster care. In FY2017, 19 parents representing 56 children were approved.

- c. The number of reunification cases in which families applied for Rapid Housing.**

In FY2016, 35 reunification cases were presented to the Rapid Housing program for consideration. In FY2017 to date, 21 cases were presented to the Rapid Housing program for consideration.

- d. The number of reunification cases in which families received Rapid Housing.**

In FY2016, the Rapid Housing program assisted 31 families with Rapid Housing subsidy. In FY2017 to date, the Rapid Housing Program assisted 18 families reunifying.

- e. **The number of youth emancipating from care who applied for Rapid Housing.**

FY2016	45
FY2017	12

- f. **The number of youth emancipating from care who received Rapid Housing.**

FY2016	35
FY2017	7

- g. **Did the Rapid Housing program run out of funds at any time in FY16? If so, what was the reason for that?**

The Rapid Housing Program did not run out of funds at any time in FY2016.

- h. **Were there any changes to the Rapid Housing program? If yes, what were the changes and the reasons for these changes?**

There were no changes made to the Rapid Housing Program.

- i. **What was the average award for each population of Rapid Housing recipients?**

Type of Case	Average per family/client⁶⁷ (FY2016)	Average per family/client (FY2017)
Preservation	\$6,667.41	\$5,501.82
Reunification	\$5,251.52	\$6,154.55
Youth Aftercare/Exiting Youth	\$3,927.83	\$2,997.98

⁶⁷ Determining the average award amount per family for Rapid Housing varies based on the case type, family size, length of assistance, location of housing, and unique circumstance of the family.

92. 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?

Fiscal Year	Independent Housing	Former Foster Parent	College Housing	TOTAL
FY2016	20	2	13	35
FY2017	6	0	1	7

93. Other than Rapid Housing, what type of financial housing support does the agency provide youth who age out of care?

CFSA continues to recognize the ongoing need of young adults aging out of the foster care system. CFSA funds three 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. Since its opening in March 2015, Wayne Place has served 59 young adults.

Project Genesis is a 27-unit apartment building developed by Mi Casa, Inc. and located on Georgia Avenue across from Walter Reed. 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. This is a permanent supportive housing program where the eight young mothers have transitioned to a subsidized rental program to sustain their residence.

In addition to the initiatives described above, CFSA has also continued its partnership with The Elizabeth Ministries (TEM) program for young mothers. TEM program provides intensive case management intensive case management to ensure their success in the program, and will be supported with supports in education, recreation, life skills training, health navigation, and mentors to further ensure their success in meeting their personal goals. This support also includes individual and group therapy as well as access for their children to the TEM AsA Early Learning Academy.

94. 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	FY2016	FY2017
Generations of Hope (Genesis)	\$537,756	\$284,458
Elizabeth Ministries ⁶⁸	N/A	\$345,638

Pregnant/Parenting Youth

95. Regarding pregnant or parenting youth, please provide the following for FY16 and FY17, to date:

a. The number of youth who are pregnant or who are parents;

FY2016

Pregnant	9
Parenting	40
Total	49

FY2017

Pregnant	7
Parenting	40
Total	47

⁶⁸ Funding of this project began in FY2014 with a 2 year grant that continued throughout FY2016. The proposed funding for FY2017 is noted as \$345, 638 which includes adding two additional units for young mothers.

- 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;**

FY2016

Teen Parent Program	18
Foster Home	30
Youth for Tomorrow	1
Total	49

FY2017

Teen Parent Program	18
Foster Home	28
Youth for Tomorrow	1
Total	47

96. What programming is provided to reduce unplanned pregnancies and assist with sex education?

The Healthy Horizons Health Clinic provides condoms, sexual health counseling and testing. There is a section of the youth transition plan that is dedicated to a young person’s health that specifically speaks to pregnancy prevention, therefore, sexual health is an ongoing discussion between social workers and youth. Congregate care facilities and OYE have condoms on-site. Congregate care facilities also offer life skills classes dedicated to healthy sexual behavior.

Additionally, REALTalkDC, formerly Metro Teen Aids (now with Whitman Walker), attended larger OYE events where they held break-out sessions on proper condom usage, sexual transmitted infections (STIs), signs and symptoms, and they also provided vans for youth to do confidential STI testing. As mentioned above, discussion related to sex education and family planning is done quite frequently on an individual level between youth and their social workers.

The Generations Unit also provides educational support around family planning to our teen mothers through our parenting groups. Young mothers are given the opportunity to work on their self-esteem, and building it up so that they can get to a place where they are not seeking validation through unprotected sexual activity. Young mothers also work on connectedness; the groups are structured so our teen mothers can support each other and learn to rely on supports outside sexual relationships.

Finally, our parenting groups encourage young mothers to get involved in positive activities to help them engage in meaningful opportunities that alleviate the desire to seek unhealthy relationships.

97. What specific programming does CFSA provide for teen mothers/fathers? How many teen mothers/teen fathers have participated in these programs? What were the program outcomes?

Teen mothers in congregate care facilities are offered substance abuse groups, financial literacy, sewing classes, home maintenance classes, healthy cooking classes, field trips, movie nights, and “mommy read to me” activities, they are also able to participate in the Personal Best and Bright Beginnings curricula which are focused on the mothers both as adolescents and parents. These curricula also strongly encourage co-parenting.

Personal Best and Bright Beginnings have assisted teen moms in understanding developmental stages and in increasing co-parenting. Twenty six teen mothers participated in the course and it will be available to all parenting youth in care beginning in March 2017.

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, Mary’s Center, and the DC Diaper Bank. We do not track teen fathers in care or linkage to community resources. However, if a young man does identify as a father he is eligible to receive the same supportive services.

98. How does the agency support the involvement of fathers of children born to young women in care?

CFSA supports the involvement of fathers of children born to young women in care by encouraging their participation in all aspects of their children’s lives. Young mothers in care are consistently counseled on the importance of co-parenting and are encouraged to allow fathers to visit regularly with their children and participate in parenting curriculum.

99. Please provide an update regarding CFSA’s progress in implementing the recommendations of its Youth Aftercare Workgroup.

Below are the recommendations presented by the Youth Aftercare Workgroup and the update of progress in each area:

1. Designate Leadership and Staffing for the program

The Office of Youth Empowerment and the Office of Community Partnerships will champion the YAC efforts within the Agency. Both Administrations will work closely to ensure the seamless processing of referrals and monitor the progress of the youth being served.

2. Establish expanded, uniformed outcome measures

CFSA will utilize Transition-to-Adulthood outcomes and benchmarks to measure progress of youth participating in youth aftercare services. These outcomes demonstrate a vehicle for achieving two critical goals for youth and young adults ages 14-23: day-to-day stability and broad adult competencies. The domains within this model also center around key areas that we have learned are most critical for youth transitioning such as housing, parenting, education, employment and financial stability.

3. Change program model

CFSA recognizes that youth transitioning to adulthood and setting goals should start at an earlier age. The Agency realizes the goals set at age 14 will likely change by age 21, therefore the outcomes and benchmarks proposed will be used in that spirit. They will be used to determine whether each young person has the needed capacity to stay on track towards fulfilling his or her own objectives, or whether additional support and training is needed. Each level provides the foundation for progressing and is essential for success at the next one. If an objective or benchmark is not achieved within one timeframe, it continues to the next.

One of the recommendations from the aftercare workgroup was to change the existing program model. In response to this recommendation, CFSA issued a new scope of work for FY2017 aftercare services, and awarded a contract to a new provider for the fiscal year. The use of the Positive Youth Development framework is one of the requirements of the new program model, which the new contractor will be required to use.

4. Start substantive transition to adulthood work earlier

CFSA recognizes the need to think about transitioning to adulthood and setting goals needing to start at an earlier age. We realize the goals set at age 14 will likely change by age 21, therefore the outcomes and benchmarks proposed will be used in that spirit. They will be used to determine whether each young person has the needed capacity to stay on track towards fulfilling his or her own objectives, or whether additional support and training is needed. Each level provides the foundation for progressing and is essential for success at the next one. If an objective or benchmark is not achieved within one timeframe, it continues into the next.

5. Make feasible, priority program improvements prior to FY2017

As a result of the Youth Aftercare workgroup, two distinct actions were taken: (1) CFSA developed a new Youth Aftercare Scope of Work/contract which is reflective of the agreed upon best practices; and (2) there was an Agency-wide collaboration around the creation and implementation of a transition planning curriculum and benchmarks for youth age 14-23. The collaboration also included input from community stakeholders as well as youth. Another program shift was moving away from five providers serving youth to one single provider. The thought behind this is to provide youth with more streamlined access to services, equity of service provision to youth throughout the District and improved management and consistency.

6. Ensure strong intra-agency transitions and communication

As a result of the multi-agency workgroup, CFSA completed a competitive RFP process to select a provider who demonstrated an understanding of the outcomes and benchmarks set forth by the workgroup. On February 1, CFSA began the process of transitioning youth aftercare participants from the five Healthy Families Thriving Communities Collaboratives to the newly selected provider, The Young Women's Project. All active YAC participants have been informed of the new provider and instructions on what to expect from them. CFSA will continue to support the youth and staff in this transition by scheduling information sessions and transition meetings as needed. During this transition and throughout the contract period, CFSA will work to ensure the recommendations brought forth by the Youth Aftercare Workgroup are considered to improve practice for youth.

LaShawn A. v. Bowser

100. Please provide a status update on the class action lawsuit *LaShawn A. v. Bowser*.

LaShawn v. Bowser is a class action filed in 1989 on behalf of all children in the care of the District's public child welfare program and all children who are the subject of a report of abuse or neglect. There are 88 Exit Standards to be achieved. The court monitoring period is every six months. As of June 30, 2016, of the 88 Exit Standards included in the *LaShawn A. v. Bowser* Implementation and Exit Plan, the District met 72 (82%) Exit Standards.

During the January to June 2016 monitoring period, the Court Monitor, noted that performance improved on several of the remaining Exit Standards, including:

- Visits between parents and children—the monthly performance ranged from to 77% to 86%, up from a range of 78% to 82% in the previous period.
- Distribution of Medicaid numbers and cards—the monthly performance ranged from 82% to 98%, up from a monthly range of 78 to 86% for the Medicaid numbers and for Medicaid cards a monthly range increase from 71-100% up from a monthly range of 14-71% in the previous period.

There is a status hearing scheduled for March 23, 2017. We anticipate that the next monitoring report will be released by the end of May 2017.

Budget and Policy Directives

101. Please provide a status update on the agency's compliance with the committee's FY17 budget and policy directives. When reports or other documents are indicated, please provide those documents.

CFSA has complied with all budget and policy recommendations.

Fiscal Year 2017 Operating Budget Recommendations

The Committee recommends approval of the Mayor's proposed FY 2017 operating budget for the Child and Family Services Agency with the following changes:

- Accept \$300,000 from the Committee on the Judiciary to Community Services (3000); Child Protective Services – Investigations (Activity 3087 – Safe Shores); CSG 50 to restore the funding reduction for Safe Shores – The DC Children's Advocacy Center
- Accept \$500,000 from the Department of Health Care Finance – Vacancy Saving to Community Partnerships (Program 8000); Community Partnership Services (Activity 8010); CSG 50; to increase Rapid Housing stipends for youth emancipating from foster care and other supportive services.
- Accept \$250,000 from the following sources to Clinical Practice (Program 7000); Well Being (Activity 7020); CSG 50; to increase the amount allocated for tutoring contracts:
 - \$61,216 from Medicaid Collections – 3rd Party Liability Fund
 - \$188,784 from Healthy DC Fund

Policy Recommendations

The Committee directs CFSA to provide an analysis of the Subsidized Employment Program to include program utilization and program improvements. Additionally, the analysis should highlight the various citywide resources available to youth aged 18-24 involving workforce introductory programs. The Subsidized Employment Program began with a \$1 million Committee allocation approved by the Council in the FY2013 budget. While the agency continued the program in FY2014, the funding was reduced to \$500,000. In FY2016, the budget was again reduced to \$250,000. The proposed FY2017 budget includes a further reduction to \$150,000. The Committee has been concerned

about these continued reductions to the program. The agency has stated that the reductions in local funding will be offset with federal Chaffee funding the agency is able to leverage for youth employment support for youth in foster care. The Committee is pleased that the agency is maximizing federal resources to support youth employment. However, the Committee wants to ensure that the maximum number of eligible foster youth are enrolled in this valuable program, which serves as an introduction for youth to the workforce. The analysis should be submitted to the Committee by December 1, 2016.

See Attachment Q101, CFSA Subsidized Employment Analysis

Internal Operations, Analysis, and Performance

102. Please list each contract, procurement, lease, and grant (“contract”) awarded or entered into by CFSA during FY2016 and FY2017 to date. For each contract, please provide the following information, where applicable:

- a. The name of the contracting party
- b. The nature of the contract, including the end product or service
- c. The dollar amount of the contract, including budgeted amount and actually spent
- d. The term of the contract
- e. Whether the contract was competitively bid or not
- f. The name of the agency’s contract monitor and the results of any monitoring activity
- g. Funding source

See response to question 6.

103. 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 Attachment Q103, CFSA MOUs