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**Government of the District of Columbia**



**Child and Family Services Agency**

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*Performance Oversight Hearing Fiscal Year 2022-2023*

*“Child and Family Services Agency”*

Responses to Pre-Hearing Questions

**Robert L. Matthews**

Director

Council of the District of Columbia  
Committee on Facilities & Family Services  
Janeese Lewis George, Chair

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<https://www.janeeseward4.com/live>

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# BACKGROUND

## Agency Organization

- 1. Provide a current organizational chart for CFSA and NCCF. Provide a narrative explanation of any organizational changes made during FY22 and any changes made to date in FY23.**

*Attachments Q1, CFSA Organization Chart; and Q1, NCCF Organization Chart*

CFSA made the following organizational changes in FY22:

- Added CPS Weekend Shift: In FY22, there were two units created in CPS to cover the weekends (Friday – Monday). Each unit consists of one Supervisory Social Worker, and five Social Workers.
- Added Kinship-2nd Shift: As the population of foster children decreases, CFSA has an opportunity to strategically improve our work structure to increase the number of children who are being raised with kin and expedite permanency for families. Two dedicated units of cross-disciplinary staff, working until 12:30AM, will manage client needs that occur after the standard tour of duty. Emergency kinship licensing, client engagement and case-management are the focus. Twelve positions were repurposed to create the new shift in the Kinship Division. Each new unit consists of one Supervisory Social Worker, one Licensing Social Worker, two Family Support Workers, and two Resource Development Specialists.

NCCF made the following organizational changes in FY22:

- Added two Mental Health Therapists
- Added an additional Behavioral Therapist (total of three)

CFSA has made the following organizational changes in FY23:

- At the beginning of FY23, three FTE Capital budget positions added to the CISA division and were created to assist in the STAAND project.
- As part of CFSA's efforts to co-design a Child and Family Well-Being System, CFSA will be aligning core functions to reinforce the Agency's focus on Keeping DC Families Together.

NCCF made the following organizational changes in FY23:

- Added an additional Family Support Worker for a total of 10, allowing each case-management team to have two workers per team.
- Added an additional Outreach Worker (total of three)
- Added two Education Specialists
- Added a Transportation Coordinator
- Added an additional Transportation Worker (total of three)
- Added an additional three After Hours On-Call Specialists (total of six)

**2. With respect to employee evaluations, goals, responsibilities, and objectives in FY22 and to date in FY23, describe:**

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

CFSA uses the performance management standards 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. (Specific, Measurable, Achievable, Realistic, Timely) goals, and individual development plans (IDPs), and are geared toward aiding the direction and accomplishment of key functions and tasks assigned to each employee. In addition, the CFSA management team works collaboratively across program administrations to ensure that employee goals align with the organization's strategic goals and mandates under District law.

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

Managers conduct regular supervision check-ins with direct reports to assess current performance. In supervision, managers and employees review either clinical or administrative practice. In addition, managers and staff identify opportunities for improved performance and prioritize key targets, initiatives, and goals. Performance plans and mid-year evaluations are tools we use to assess how well employees are meeting their respective job requirements.

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

Managers address failure to meet goals, responsibilities, or objectives, and a Performance Improvement Plan (PIP) is implemented. This performance management tool is designed to assist the employee in improving performance. The Agency also offers training in the areas of the identified deficiencies through CFSA, DCHR, Skillport, and external vendors, when necessary. Human Resource Administration (HRA or HR) and management can also provide verbal counseling. Where the matter is not performance related (e.g., stress, drug and alcohol, domestic matters) employees are referred to the Employee Assistance Program (EAP).

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

**3. With respect to an employee's ability to file anonymous internal complaints through the Agency's Human Resources department, describe:**

**a. The process by which these complaints are made;**

Employees can file anonymous internal complaints through the Employee Feedback Portal. The portal is located on CFSA's intranet site and accessible to all employees 24/7.

Staff can also contact HR directly via telephone or email to file anonymous internal complaints.

**b. The process by which these complaints are reviewed;**

Complaints that are received via the Employee Feedback Portal are sent directly to an HR Management Supervisory Service (MSS) staff member and an AFSCME union shop steward. Once the complaint is received and reviewed, it is sent to the Deputy Director who heads the specific program for review, response, and resolution.

For complaints brought directly to HR, a member of the HR team works directly with staff to address complaints and come to a resolution. Sexual harassment allegations/complaints are reviewed and handled by the Sexual Harassment Officer (SHO).

**c. The types of complaints received in FY22 and to date in FY23; and**

CFSA received the following types of complaints in FY22 and in FY23:

- Retaliation;
- Sex discrimination;
- Religious discrimination (related to the vaccine mandate, which has been suspended indefinitely);
- Americans with Disabilities Act (ADA) non-compliance; and
- Inappropriate comments

**d. The actions taken to address those complaints.**

When these complaints were received, they were assigned to an HR Specialist/Generalist. The complaints were investigated, and disciplinary action was pursued as deemed appropriate to include the following:

- Suspension
- Training

When the above complaints listed in 3(c) come in as part of an Equal Employment Opportunity (EEO) case, the assigned HR Specialist/Generalist work with attorneys in the Office of the General Counsel (OGC) and the Office of the Attorney General (OAG) to provide a response in the form of a position statement with supporting documentation.

**4. Provide the job description for family support workers and elaborate on their day-to-day functions and responsibilities to the Agency's resource families.**

*Attachment Q4, Family Support Worker Position Description*

The following are some of the duties performed by a family support worker on a daily basis:

- Transportation of youth or parents to school, visits, and other appointments;
- Coordination of placements to include transportation of youth, gathering and delivery of belongings, accompanying youth to screenings; and

- Documentation of all duties and observations into FACES, the Agency's current child welfare information system.
- 5. List all reports (annual or otherwise) published by CFSA, citing statutory authority. Highlight the report deadline as well as the date of actual submission by CFSA for FY22 and to date in FY23.**

The following reports are submitted annually to the D.C. Council. All reports reflect program activity for the previous year.

- *Child and Family Services Agency's Newborn Safe Haven Program Report* is due annually on January 31, 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 of Columbia surrendered under the law within the year. The 2021 Report was transmitted to the D.C. Council on January 28, 2022. The 2022 Report was transmitted to the D.C. Council on January 19, 2023.
- *Child and Family Services Agency's Annual Public Report* is due annually on February 1, under 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 CFSA has taken to implement the federal Adoption and Safe Families Amendment Act of 2000 (ASFA). The Fiscal Year 2021 Report was transmitted to the D.C. Council on January 24, 2022. The Fiscal Year 2022 Report is under review by the Executive Office of the Mayor and will be transmitted to the D.C. Council once review is completed.
- *Child and Family Services Agency's Ombudsman Annual Status Report* is due annually on February 28, under the Foster Youth Statement of Rights and Responsibilities Amendment Act of 2012 (D.C. Law 19-276; D.C. Code § 4-1303.71 et seq.) and the Foster Parents Statement of Rights and Responsibilities Amendment Act of 2016 (D.C. Law 21-217; D.C. Official Code § 4-1303.81 et seq.). The CFSA Office of the Ombudsman Annual Report: Foster Youth and Foster Parent Statements of Rights and Responsibilities Annual Status Report reflects concerns reported by foster youth, resource parents, and concerned parties; outcomes of the investigations; and trends and issues. The 2021 Report was transmitted to the D.C. Council on March 21, 2022. The 2022 Report is expected to be transmitted to the D.C. Council by February 28, 2023.
- *Child and Family Services Agency's Grandparent Caregivers Program and the Close Relative Caregivers Program Annual Status Report* is due annually on February 28, under the Grandparent Caregivers Pilot Program Establishment Act of 2005 (D.C. Law

16-69; D.C. Code § 4–251.01 et seq.); and the Close Relative Caregivers Pilot Program Establishment Act of 2019 (D.C. Law 23-0032; D.C Official Code § 4–251.22 et seq.). The Establishment Acts require an annual report that includes a statistical overview of the number of children and families receiving a monthly subsidy through the Grandparents Caregivers Program and the Close Relative Caregivers Program. The 2021 Report was transmitted to the D.C. Council on March 2, 2022. The 2022 Report is expected to be transmitted to the D.C. Council by February 28, 2023.

## Spending

- 6. Provide the amount budgeted and actually spent in FY22 and to date in FY23 for the agency and its programs and activities, broken out by source of funds, Comptroller Source Group, and Comptroller Object. The Committee’s preference is to receive this as an Excel spreadsheet.**

*Attachments Q6, CFSA Budget and Expenditures FY22 and FY23*

- a. Identify any programs and activities that did not have sufficient funds to meet the needs of each family entitled to, or who applied for, the pertinent resource in FY22, or to date in FY23.**

All programs had sufficient funds to meet the needs of children and families in FY22 and in FY23.

- b. For each program that did not have sufficient funds, how did CFSA respond to the insufficiency?**

Not applicable. Please see response above to part a.

- c. Did waitlists form for any program?**
  - i. If so, for which program(s) did waitlists form?**
  - ii. If so, were the waitlist(s) the product of inadequate funding or delayed processing times?**
  - iii. If so, how did CFSA respond to the formation of waitlists?**

Three programs did experience a delay in service delivery due to staffing issues on the part of the contractors. These programs were Katie Helen's Family Services Program, High Impact Tutoring, and the Fragile Nursing Contract. In each case, CFSA worked with either the contractor or a different relevant provider to ensure clients were connected to services in a timely manner.

7. List any reprogramming, in or out of CFSA, which occurred in FY22 and in FY23, to date. For each reprogramming, list the total amount of the reprogramming, the original purposes for which funds were dedicated, and the reprogrammed use of the funds.

*Attachment Q7, FY22 and FY23 Reprogramming*

8. Provide a list of every purchase order in place for FY22 and FY23. For each purchase order, detail the amount that has been paid against it to date.

*Attachment Q8, CFSA Purchase Orders FY22 and FY23*

9. For Activities (Adoption and Guardianship) and (Guardianship Subsidy Activity), provide the following:
- How much is budgeted in FY23;
  - How much has been obligated and spent in FY23, to date; and

| Program Name                 | Activity | Supply Item Description | FY23 Budget Request    | FY23 Obligation & Expenses | Balance                |
|------------------------------|----------|-------------------------|------------------------|----------------------------|------------------------|
| Adoption subsidy and support | 4010     | Adoption Subsidies      | \$17,802,842.85        | \$4,399,898.17             | \$13,402,944.68        |
|                              |          | <b>TOTAL</b>            | <b>\$17,802,842.85</b> | <b>\$4,399,898.17</b>      | <b>\$13,402,944.68</b> |

| Program Name                     | Activity | Supply Item Description | FY23 Budget Request   | FY23 Obligation & Expenses | Balance               |
|----------------------------------|----------|-------------------------|-----------------------|----------------------------|-----------------------|
| Guardianship Subsidy and Support | 4011     | Guardianship Subsidies  | \$7,275,735.16        | \$1,735,312.79             | \$5,540,422.37        |
|                                  |          | <b>TOTAL</b>            | <b>\$7,275,735.16</b> | <b>\$1,735,312.79</b>      | <b>\$5,540,422.37</b> |

- c. Does CFSA believe that it will fully spend the amount budgeted for these activities? Explain.

For the amount budgeted to 4010, yes - through the first Quarter of FY2023, the agency has spent approximately 25 percent of the fund available for this program.

For the amount budgeted to 4011, yes - through the first Quarter of FY2023, the agency has spent approximately 24 percent of the fund available for this program.



- 10. Provide the amount the agency spent per child in foster care on placement during FY21, FY22, and FY23, to date. Explain your calculations, and include the amounts spent on each of the following:**
- a. Allowance;
  - b. Transportation; and
  - c. Room and board.

*Attachment Q10, Foster Care Placement Spending*

- 11. In regard to Flex Funds:**
- a. How much of the available Flex Funds were spent in FY22?
  - b. How much is currently budgeted for Flex Funds in FY23 and how much has been spent in FY23, to date?

The table below reflects the available flex funds for children and families served by the In-Home Administration and those in foster care.

| Description                 | FY 2022 Expenses    | FY 2023 Approved Budget | FY 2023 to-date Expenses | FY 2023 Available Budget |
|-----------------------------|---------------------|-------------------------|--------------------------|--------------------------|
| Child Care - Other Services | \$550,577.10        | \$687,677.83            | \$128,612.93             | \$559,064.90             |
| Emergency Funds             | \$63,299.71         | \$70,000.00             | \$1,900.00               | \$68,100.00              |
| Food Vouchers               | \$90,669.42         | \$115,000.00            | \$-                      | \$115,000.00             |
| Child Care - Clothing       | \$83,875.00         | \$141,918.00            | \$-                      | \$141,918.00             |
| Child Care - Furniture      | \$128,045.48        | \$177,583.16            | \$-                      | \$177,583.16             |
| <b>Total</b>                | <b>\$916,466.71</b> | <b>\$1,192,178.99</b>   | <b>\$130,512.93</b>      | <b>\$1,061,666.06</b>    |

**Contracting and Procurement**

- 12. List each contract, grant, and procurement (“contract”) awarded or entered into by CFSA during FY22 and FY23, to date. For each contract, 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. 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.**

*Attachments Q12, Grants Reports FY22 and FY23; Q12, Contracts Report FY22 and FY23; and Q12(L), Contracts and Grants Oversight/Monitoring Plan*

**13. List the providers responsible for any CFSA-funded counseling services for foster, adoptive or kin families that require the provider to allow CFSA open access to the therapeutic record.**

- a. Explain the reasoning behind requiring this open access.**

Adoptions Together/Family Works was contracted in FY22 and remains active in FY23 to provide counseling services to foster, adoptive, or kin families. There are no requirements in the contracts for providers to allow open access to the therapeutic record. The provider may be required to produce reports, treatment plans, and updates on progress regarding the provision of services.

- b. Explain in how many instances CFSA has reviewed these types of records in FY22 and to date in FY23.**

In FY22 and FY23, there were no instances in which CFSA had access to an open therapeutic record. There are times that therapeutic records are requested in discovery for a court proceeding, e.g. neglect, adoption, or guardianship trial. There are also times where a mental health evaluation is ordered by the court and conducted by the Department of Behavioral Health (DBH). In these cases, the subject of the evaluation signs a release acknowledging the report will be shared with all parties to the neglect case.

**14. Provide the following information for all contract modifications made during FY22 and to date in FY23:**

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

*Attachments Q14, Contract Modifications Reports FY22 and FY23*

## **Internal Operations, Analysis, and Performance**

- 15. Provide a list of all Memoranda of Understanding (“MOUs”) currently in place and any MOUs planned for the coming year. Provide copies of all such MOUs.**

*Attachment Q15, MOUs 2023*

- a. In particular, please provide an update on the status of any MOUs or MOAs between CFSA and DYRS regarding children involved with both agencies.**

The MOU for the Credible Messenger program was modified to extend the service through FY23.

CFSA has the following Memorandum of Agreements (MOA) existing or in progress:

The 2017 Memorandum of Agreement (MOA) between the Criminal Justice Coordinating Council (CJCC), the Court Services and Offender Supervision Agency (CSOSA), the Superior Court of the District of Columbia’s Court Social Services Division (CSSD), the D.C. Department of Youth Rehabilitation Services (DYRS), the Pretrial Services Agency (PSA), and CFSA serves to define roles, responsibilities, and procedures for case managing youth for them to obtain services and protects the confidentiality of youth information.

CFSA and DYRS are developing an MOA to identify youth involved with the CFSA and DYRS to share outcome data with the CJCC, who will provide an analysis back to the agencies and to the Ombudsperson with the Office of the Ombudsperson for Children. The target date for completion is FY23 Q3.

- 16. Provide a list of all studies, research papers, and analyses (“studies”) the agency prepared, or contracted for, during FY22 and FY23, to date. State the status and purpose of each study.**

*Attachment Q16, Studies, research papers, and analyses*

## **SERVICES**

### **Child Protection Investigations and Differential Response**

- 17. Regarding calls to the Child Abuse Hotline, provide the following for FY21, FY22, and FY23, to date:**
- a. Total number of Hotline calls received;**

| <b>Fiscal Year</b> | <b>Total # of Hotline Calls Received</b> |
|--------------------|--|
| <b>FY21</b>        | 24,504                                   |
| <b>FY22</b>        | 27,433                                   |
| <b>FY23</b>        | 7,561                                    |

**b. Total number of Hotline calls resulting in a referral for Family Assessment, by type of allegation**

CFSA discontinued differential response, and consequently, the use of the Family Assessment track as of April 1, 2019.

**c. Total number of Hotline calls concerning children who are wards of CFSA, by type of allegation;**

**FY2021:**

| <b>Allegation Type Category</b> | <b>Total Hotline Calls</b> |
|---------------------------------|----------------------------|
| Inadequate Supervision          | 4                          |
| Neglect                         | 1                          |
| Physical Abuse                  | 10                         |
| Sexual abuse                    | 2                          |
| Substance Abuse                 | 1                          |
| <b>Total</b>                    | <b>16*</b>                 |

\*Note that a child may be associated with multiple allegations and the allegations in this chart are against the placement provider.

**FY2022:**

| <b>Allegation Type Category</b> | <b>Total Hotline Calls</b> |
|---------------------------------|----------------------------|
| Domestic Violence               | 2                          |
| Educational Neglect             | 1                          |
| Inadequate Housing              | 1                          |
| Inadequate Supervision          | 6                          |
| Medical Neglect                 | 1                          |
| Mental abuse                    | 2                          |
| Neglect                         | 1                          |
| Physical Abuse                  | 11                         |
| Sexual abuse                    | 3                          |
| Substance Abuse                 | 2                          |
| <b>Total</b>                    | <b>19</b>                  |

**FY2023:**

| <b>Allegation Type Category</b> | <b>Total Hotline Calls</b> |
|---------------------------------|----------------------------|
| <b>Total</b>                    | <b>0</b>                   |

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

**FY2021 Investigations:**

| <b>Allegation Type Category</b>   | <b>Total Investigation Hotline Calls</b> |
|---|--|
| Physical Abuse  | 1,421                                    |
| Substance Abuse   | 1,304                                    |
| Inadequate Supervision  | 1,094                                    |
| Domestic Violence   | 850                                      |
| Educational Neglect   | 488                                      |
| Inadequate Housing  | 451                                      |
| Neglect   | 401                                      |
| Sexual Abuse  | 400                                      |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)                  | 361                                      |
| Medical Neglect   | 254                                      |
| Caregiver discontinues or seeks to discontinue care   | 158                                      |
| Mental abuse  | 143                                      |
| Sex Trafficking   | 74                                       |
| Child Fatality  | 12                                       |
| Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused | 6  |
| Medical abuse   | 2  |
| <b>Total Investigation Hotline Calls</b>  | <b>4,308</b>                             |

Note that the totals may not add up as a hotline call may have multiple allegations.

**FY2022 Investigations:**

| <b>Allegation Type Category</b>   | <b>Total Investigation Hotline Calls</b> |
|---|--|
| Physical Abuse  | 1,549                                    |
| Substance Abuse   | 1,148                                    |
| Inadequate Supervision  | 974                                      |
| Domestic Violence   | 774                                      |
| Educational Neglect   | 633                                      |
| Inadequate Housing  | 465                                      |
| Neglect   | 429                                      |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)                  | 368                                      |
| Sexual abuse  | 346                                      |
| Medical Neglect   | 325                                      |
| Caregiver discontinues or seeks to discontinue care   | 149                                      |
| Mental abuse  | 122                                      |
| Sex Trafficking   | 80                                       |
| Child Fatality  | 13                                       |
| Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused | 6  |
| Medical abuse   | 3  |
| <b>Total Investigation Hotline Calls</b>  | <b>4,429</b>                             |

Note that the totals may not add up as a hotline call may have multiple allegations.

**FY2023 Investigations:**

| <b>Allegation Type Category</b> | <b>Total Investigation Hotline Calls</b> |
|---------------------------------|--|
| Physical Abuse                  | 377                                      |
| Substance Abuse                 | 234                                      |
| Inadequate Supervision          | 213                                      |
| Domestic Violence               | 153                                      |
| Educational Neglect             | 117                                      |
| Inadequate Housing              | 108                                      |
| Neglect                         | 90                                       |

**FY2023 Investigations:**

| <b>Allegation Type Category</b>   | <b>Total Investigation Hotline Calls</b> |
|---|--|
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)                  | 83                                       |
| Sexual abuse  | 73                                       |
| Medical Neglect   | 69                                       |
| Caregiver discontinues or seeks to discontinue care   | 39                                       |
| Mental abuse  | 33                                       |
| Sex Trafficking   | 8  |
| Child Fatality  | 2  |
| Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused | 1  |
| Medical abuse   | 1  |
| <b>Total Investigation Hotline Calls</b>  | <b>999</b>                               |

Note that the totals may not add up as a hotline call may have multiple allegations.

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

| <b>FY</b>   | <b>Total # of Hotline Calls Resulting in Agency Providing information and referral</b> |
|-------------|--|
| <b>FY21</b> | 869  |
| <b>FY22</b> | 470  |
| <b>FY23</b> | 218  |

**f. Total number of Hotline calls screened out;**

| <b>FY</b>   | <b>Total # of Hotline Calls Screened Out</b> |
|-------------|--|
| <b>FY21</b> | 11,821                                       |
| <b>FY22</b> | 11,540                                       |
| <b>FY23</b> | 3,783  |

**g. How calls to the Hotline are categorized if there is more than one allegation concerning one child;**

A hotline call may have multiple allegations associated with a given child. The Structured Decision Making (SDM™) tool provides guidance to determine allegation type.

**18. Regarding CPS, provide the following for FY21, FY22 and FY23, to date:**

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

| FY          | Ward of Origin |    |     |     |     |     |     |      |         | Total Investigations |
|-------------|----------------|----|-----|-----|-----|-----|-----|------|---------|----------------------|
|             | 1              | 2  | 3   | 4   | 5   | 6   | 7   | 8    | No Ward |                      |
| <b>FY21</b> | 247            | 56 | 101 | 367 | 542 | 387 | 945 | 1444 | 110     | <b>4,199</b>         |
| <b>FY22</b> | 292            | 88 | 99  | 438 | 571 | 296 | 988 | 1451 | 89      | <b>4,312</b>         |
| <b>FY23</b> | 30             | 14 | 10  | 43  | 72  | 33  | 111 | 162  | 3       | <b>478</b>           |

Note: No Ward means no ward was known at the time of origin. Information received at the hotline may mean the ward is unknown at the time of the call.

**b. The number of investigations substantiated by ward;**

| FY          | Ward of Origin |    |    |    |     |    |     |     |         | Total Substantiated Investigations |
|-------------|----------------|----|----|----|-----|----|-----|-----|---------|------------------------------------|
|             | 1              | 2  | 3  | 4  | 5   | 6  | 7   | 8   | No Ward |                                    |
| <b>FY21</b> | 66             | 12 | 12 | 77 | 147 | 96 | 240 | 364 | 21      | <b>1,035</b>                       |
| <b>FY22</b> | 56             | 20 | 23 | 86 | 130 | 51 | 238 | 359 | 17      | <b>980</b>                         |
| <b>FY23</b> | 2              | 4  | 2  | 9  | 17  | 7  | 21  | 28  | 1       | <b>91</b>                          |

**c. The number of investigations that were not substantiated by ward;**

| FY          | Ward of Origin |    |    |     |     |     |     |      |         | Total Investigations |
|-------------|----------------|----|----|-----|-----|-----|-----|------|---------|----------------------|
|             | 1              | 2  | 3  | 4   | 5   | 6   | 7   | 8    | No Ward |                      |
| <b>FY21</b> | 181            | 44 | 89 | 290 | 395 | 291 | 705 | 1080 | 89      | <b>3,164</b>         |
| <b>FY22</b> | 236            | 68 | 76 | 352 | 441 | 245 | 750 | 1092 | 72      | <b>3,332</b>         |
| <b>FY23</b> | 28             | 10 | 8  | 34  | 55  | 26  | 90  | 134  | 2       | <b>387</b>           |

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

| FY2021   |                     |
|--|---------------------|
| Allegation Type Category   | # of Investigations |
| Domestic Violence  | 254                 |
| Substance Abuse  | 253                 |
| Inadequate Supervision   | 226                 |
| Educational Neglect  | 181                 |
| Physical Abuse   | 159                 |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity) | 99                  |
| Medical Neglect  | 75                  |
| Inadequate Housing   | 63                  |
| Sexual Abuse   | 36                  |
| Caregiver discontinues or seeks to discontinue care  | 35                  |



| FY2022   |                     |
|--|---------------------|
| Allegation Type Category   | # of Investigations |
| Substance Abuse  | 226                 |
| Domestic Violence  | 215                 |
| Educational Neglect  | 180                 |
| Physical Abuse   | 175                 |
| Inadequate Supervision   | 174                 |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity) | 110                 |
| Inadequate Housing   | 69                  |
| Medical Neglect  | 68                  |
| Caregiver discontinues or seeks to discontinue care  | 45                  |
| Neglect  | 36                  |
|  |                     |
|  |                     |
| FY2023   |                     |
| Allegation Type Category   | # of Investigations |
| Physical Abuse   | 19                  |
| Inadequate Supervision   | 18                  |
| Educational Neglect  | 16                  |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity) | 13                  |
| Domestic Violence  | 13                  |
| Substance Abuse  | 13                  |
| Caregiver discontinues or seeks to discontinue care  | 5                   |
| Neglect  | 5                   |
| Medical Neglect  | 4                   |
| Inadequate Housing   | 3                   |

- e. The services and interventions available to families who have had an investigation substantiated and a list of vendors who directly provide these services and interventions;**

See Response to Question 18(g)

- f. For each specific service listed in (e), above, the number of families referred for services in FY22, and in FY23, to date;**

See Response to Question 18(g)

**g. For each specific service listed in (e), above, the number of families served in FY22, and in FY23, to date;**

Tables 1 and 2 below display services and interventions available to all families with an open investigation, In-Home case, Out-of-Home case, or no CFSA involvement (walk-in). CFSA does not track referral source to be able to break out referrals from CPS only. Service/Intervention Target populations are as follows:

**Table 1. FY22 Services and Interventions Families - Referred and Families Served**

| <b>Service/Intervention</b>  | <b>Vendor/Provider</b>                        | <b># of Families Referred</b> | <b># of Families Served</b> |
|--|---|-------------------------------|-----------------------------|
| Parent Education & Supportive Services: Families with an open Healthy Families/Thriving Communities Collaborative case, CFSA Investigation, In-Home case, or Out-of-Home case. | Collaborative Solutions for Communities       | 138                           | 127                         |
|  | East River Family Strengthening Collaborative | 130                           | 122                         |
| Project Connect- Families with an open, In-Home case, or Out-of-Home case with a goal of reunification.  | DC Child and Family Services Agency           | 84                            | 73                          |
| Parent and Adolescent Support Services- Families with an open CFSA investigation or In-Home case (specific cases).   | Department of Human Services                  | 90                            | 55                          |
| Family Peer Coaches- Families with an open In-Home case  | Community Connections                         | 19                            | 34                          |
| LifeSet- CFSA pregnant or parenting youth, Office of Youth Empowerment (OYE).  | DC Child and Family Services Agency           | 54                            | 65                          |
| Transition to Independence (TIP)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.   | Department of Behavioral Health               | 1                             | 0                           |
| Adolescent Community Reinforcement Approach (A-CRA)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.                          | Department of Behavioral Health               | 2                             | 0                           |
| Multi-Systemic Therapy (MST)- Families with an open Collaborative Case, CFSA   | Department of Behavioral Health               | 9                             | 2                           |

| <b>Service/Intervention</b>   | <b>Vendor/Provider</b>              | <b># of Families Referred</b> | <b># of Families Served</b> |
|---|-------------------------------------|-------------------------------|-----------------------------|
| Investigation, In-Home case, or Out-of-Home case.   |                                     |                               |                             |
| Trauma-Focused Cognitive Behavioral Therapy- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.               | Department of Behavioral Health     | 22                            | 3                           |
| Parent Child Interaction Therapy (PCIT)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case                    | Department of Behavioral Health     | 8                             | 0                           |
| Functional Family Therapy- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.                                 | Department of Behavioral Health     | 26                            | 11                          |
| Child Parent Psychotherapy for Family Violence (CPP-FV)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case    | Department of Behavioral Health     | 15                            | 4                           |
| Trauma Systems Therapy (TST)- Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.                              | Department of Behavioral Health     | 10                            | 2                           |
| Neighborhood Legal Services Program (NLSP)- Families with an open Collaborative Case, CFSA Investigation, Investigation, In-Home case, or Out-of-Home case. | Neighborhood Legal Services Program | 89                            | 119*                        |
| Healthy Families America (HFA)/ Parents as Teachers (PAT)- Families with an open CFSA Investigation, open or previous In-Home, Out-of-Home cases.           | Mary's Center                       | 105                           | 33*                         |
| <b>Total</b>  |                                     | <b>788</b>                    | <b>592</b>                  |

*\*FY22 Services and Interventions data consist of FY21 Rollover families enrolled for services*

**Table 2. FY23 Year to Date - Services and Interventions Families -Referred and Families Served**

| <b>Service/Intervention</b>                               | <b>Vendor/Provider</b>                        | <b># of Families Referred</b> | <b># of Families Served</b> |
|---|---|-------------------------------|-----------------------------|
| Parent Education & Supportive Services                    | Collaborative Solutions for Communities       | 11                            | 6                           |
|   | East River Family Strengthening Collaborative | 7                             | 5                           |
| Project Connect   | DC Child and Family Services Agency           | 53                            | 49                          |
| Parent and Adolescent Support Services                    | Department of Human Services                  | 18                            | 24                          |
| Family Peer Coaches                                       | Community Connections                         | 4                             | 15                          |
| YV LifeSet  | DC Child and Family Services Agency           | 25                            | 39                          |
| Transition to Independence (TIP)                          | Department of Behavioral Health               | 1                             | 0                           |
| Adolescent Community Reinforcement Approach (A-CRA)       | Department of Behavioral Health               | 0                             | 0                           |
| Multi-Systemic Therapy (MST)                              | Department of Behavioral Health               | 2                             | 2*                          |
| Trauma-Focused Cognitive Behavioral Therapy               | Department of Behavioral Health               | 4                             | 2*                          |
| Parent Child Interaction Therapy (PCIT)                   | Department of Behavioral Health               | 0                             | 1*                          |
| Functional Family Therapy (FFT)                           | Department of Behavioral Health               | 4                             | 2*                          |
| Child Parent Psychotherapy for Family Violence (CPP-FV)   | Department of Behavioral Health               | 0                             | 4*                          |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health               | 4                             | 3*                          |
| Neighborhood Legal Services Program (NLSP)                | Neighborhood Legal Services Program (NLSP)    | 20*                           | 58*                         |
| Healthy Families American (HFA)/Parents as Teachers (PAT) | Mary's Center                                 | 11                            | 5*                          |

| Service/Intervention | Vendor/Provider | # of Families Referred | # of Families Served |
|----------------------|-----------------|------------------------|----------------------|
| <b>Total</b>         |                 | <b>88</b>              | <b>136</b>           |

*\*FY23 Services and Interventions data consist of FY22 Rollover families enrolled for services*

Tables 3 and 4 specify all CPS referrals made to the Healthy Families/Thriving Communities Collaboratives, including the number of families referred to and served by each Collaborative.

**Table 3. FY22 Collaborative Activity (CPS Only)**

| Collaborative Agency                             | Families Referred | Families Served |
|--|-------------------|-----------------|
| Collaborative Solutions for Communities          | 40                | 43              |
| Georgia Avenue Family Support Collaborative      | 43                | 32              |
| Edgewood/Brookland Family Support Collaborative  | 116               | 90              |
| East River Family Strengthening Collaborative    | 119               | 82              |
| Far Southeast Family Strengthening Collaborative | 190               | 120             |
| <b>Total</b>                                     | <b>508</b>        | <b>367</b>      |

*\*FY22 Services and Interventions data consist of FY21 Rollover families enrolled for services*

**Table 4. FY23 Collaborative Activity (CPS Only)**

| Collaborative Agency                             | Families Referred | Families Served |
|--|-------------------|-----------------|
| Georgia Avenue Family Support Collaborative      | 13                | 12              |
| Collaborative Solutions for Communities          | 19                | 20              |
| East River Family Strengthening Collaborative    | 24                | 29              |
| Edgewood/Brookland Family Support Collaborative  | 27                | 38              |
| Far Southeast Family Strengthening Collaborative | 49                | 47              |
| <b>Total</b>                                     | <b>132</b>        | <b>146</b>      |

*\*FY23 Services and Interventions data consist of FY22 Rollover families enrolled for services*

- h. The total number of families and the total number of children who were referred to services listed in (e), above, broken down by type of allegation;**

Prevention services referrals are not tracked by allegation type. That, coupled with families who may have more than one allegation, means CFSA does not have the ability to report on allegation data by intervention/service referrals.

- i. Of the total number of families and the total number of children who were referred to services listed in (e), above, how many cases were closed in FY22 and FY23, to date, by reason for closure (e.g., case objective achieved, family refused services, etc.);

**Table 5. FY22 - Services and Interventions Families – Case Closures**

| Service/ Intervention                                | Vendor/ Provider                              | # Cases Served | # Cases Closed | Disengaged | Completed |
|--|---|----------------|----------------|------------|-----------|
| Parent Education & Supportive Services               | Collaborative Solutions for Communities       | 104            | 88             | 32         | 56        |
|  | East River Family Strengthening Collaborative | 84             | 75             | 29         | 46        |
| Project Connect                                      | DC Child and Family Services Agency           | 64             | 40             | 13         | 22        |
| Parent and Adolescent Support Services               | Department of Human Services                  | 55             | 65             | 35         | 18        |
| Family Peer Coaches                                  | Community Connections                         | 34             | 24             | 8          | 16        |
| LifeSet  | DC Child and Family Services Agency           | 65             | 36             | 4          | 32        |
| Transition to Independence (TIP)                     | Department of Behavioral Health               | 0              | 0              | 0          | 0         |
| Adolescent Community Reinforcement Approach (A-CRA)  | Department of Behavioral Health               | 0              | 0              | 0          | 0         |
| Multi-Systemic Therapy (MST)                         | Department of Behavioral Health               | 2              | 0              | 0          | 0         |
| Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) | Department of Behavioral Health               | 3              | 0              | 0          | 0         |
| Parent Child Interaction Therapy (PCIT)              | Department of Behavioral Health               | 0              | 0              | 0          | 0         |
| Functional Family Therapy (FFT)                      | Department of Behavioral Health               | 11             | 5              | 3          | 2         |
| Child Parent Psychotherapy for                       | Department of Behavioral Health               | 4              | 1              | 1          | 0         |

| Service/ Intervention                                     | Vendor/ Provider                   | # Cases Served | # Cases Closed | Disengaged | Completed  |
|---|------------------------------------|----------------|----------------|------------|------------|
| Family Violence (CPP-FV)                                  |                                    |                |                |            |            |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health    | 2              | 1              | 0          | 1          |
| Neighborhood Legal Services Program (NLSP)*               | Neighborhood Legal Services (NLSP) | 119**          | 88             | n/a        | n/a        |
| Healthy Families America (HFA)/ Parents as Teachers (PAT) | Mary's Center                      | 33             | 16             | 0          | 16         |
| <b>Total</b>  |                                    | <b>580</b>     | <b>439</b>     | <b>125</b> | <b>209</b> |

\* Due to client attorney privilege, NLSP does not provide data regarding specific client outcomes regarding case closures

\*\* FY22 Services and Interventions data consist of FY21 rollover families enrolled for services

**Table 6. FY23 Year to Date - Services and Interventions Families – Case Closures**

| Service/ Intervention                                | Vendor/ Provider                              | # Cases served | # Cases Closed | Disengaged | Completed |
|--|---|----------------|----------------|------------|-----------|
| Parent Education & Supportive Services               | Collaborative Solutions for Communities       | 17             | 24             | 5          | 19        |
|  | East River Family Strengthening Collaborative | 37             | 9              | 1          | 8         |
| Project Connect                                      | DC Child and Family Services Agency           | 34             | 7              | 2          | 5         |
| Parent and Adolescent Support Services               | Department of Human Services                  | 24             | 13             | 4          | 10***     |
| Family Peer Coaches                                  | Community Connections                         | 15             | 5              | 0          | 5         |
| LifeSet  | DC Child and Family Services Agency           | 39             | 10             | 1          | 8         |
| Transition to Independence (TIP)                     | Department of Behavioral Health               | 0              | 0              | 0          | 0         |
| Adolescent Community Reinforcement Approach (A-CRA)  | Department of Behavioral Health               | 0              | 0              | 0          | 0         |
| Multi-Systemic Therapy (MST)                         | Department of Behavioral Health               | 2              | 0              | 0          | 0         |
| Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) | Department of Behavioral Health               | 2              | 0              | 0          | 0         |

| Service/ Intervention                                     | Vendor/ Provider                           | # Cases served | # Cases Closed | Disengaged | Completed |
|---|--|----------------|----------------|------------|-----------|
| Parent Child Interaction Therapy (PCIT)                   | Department of Behavioral Health            | 1              | 0              | 0          | 0         |
| Functional Family Therapy (FFT)                           | Department of Behavioral Health            | 2              | 0              | 0          | 1         |
| Child Parent Psychotherapy for Family Violence (CPP-FV)   | Department of Behavioral Health            | 4              | 0              | 0          | 1         |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health            | 3              | 0              | 0          | 1         |
| Neighborhood Legal Services Program (NLSP)*               | Neighborhood Legal Services Program (NLSP) | 58**           | 12             | n/a        | n/a       |
| Healthy Families America (HFA)/ Parents as Teachers (PAT) | Mary's Center                              | 5              | 0              | 0          | 0         |
| <b>Total</b>  |  | 243            | 80             | 13         | 58        |

\* Due to client attorney privilege, NLSP does not provide data regarding specific client outcomes regarding case closures.

\*\* FY23 Services and Interventions data consist of FY22 rollover families enrolled for services

\*\*\* Total number reflects participants that are “rollovers” from the previous fiscal year.

**Table 7. FY22 Collaborative Activity. Case Closure Reasons (CPS)**

| Collaborative Agency                | # Served | # of Closures | Family Goals Ad-dressed | Re-quested Services Provided | Unres-ponsive | Family With-drew | Trans-ferred / Moved to Another Area | In-eligible | Safety Concerns |
|-------------------------------------|----------|---------------|-------------------------|------------------------------|---------------|------------------|--------------------------------------|-------------|-----------------|
| East River Family Strengthening     | 85       | 54            | 27                      | 1                            | 13            | 9                | 1                                    | 1           | 2               |
| Far Southeast Family Strengthening  | 111      | 70            | 1                       | 42                           | 16            | 9                | 0                                    | 2           | 0               |
| Georgia Avenue Family Support [1]   | 33       | 24            | 18                      | 2                            | 4             | 0                | 0                                    | 0           | 0               |
| Edgewood / Brookland Family Support | 81       | 44            | 19                      | 9                            | 9             | 5                | 0                                    | 0           | 2               |



| Collaborative Agency                    | # Served   | # of Closures | Family Goals Ad-dressed | Re-quested Services Provided | Unres-ponsive | Family With-drew | Trans-ferred / Moved to Another Area | In-eligible | Safety Concerns |
|---|------------|---------------|-------------------------|------------------------------|---------------|------------------|--------------------------------------|-------------|-----------------|
| Collaborative Solutions for Communities | 38         | 30            | 5                       | 14                           | 6             | 4                | 0                                    | 1           | 0               |
| <b>Total</b>                            | <b>348</b> | <b>222</b>    | <b>70</b>               | <b>68</b>                    | <b>48</b>     | <b>27</b>        | <b>1</b>                             | <b>4</b>    | <b>4</b>        |

**Table 8. FY23 (Oct-Dec) Collaborative Activity. Case Closure Reasons (CPS)**

| Collaborative Agency                             | # Served   | # of Closures | Family Goals Addressed | Requested Services Provided | Unres-ponsive | Family With-drew | Trans-ferred to Another Collabora-tive / Program | In-eligible | Safety Concerns |
|--|------------|---------------|------------------------|-----------------------------|---------------|------------------|--|-------------|-----------------|
| East River Family Strengthening Collaborative    | 48         | 2             | 0                      | 0                           | 0             | 1                | 1  | 0           | 0               |
| Far Southeast Family Strengthening Collaborative | 64         | 1             | 0                      | 1                           | 0             | 0                | 0  | 0           | 0               |
| Georgia Avenue Family Support Collaborative      | 16         | 0             | 0                      | 0                           | 0             | 0                | 0  | 0           | 0               |
| Edgewood/Brookland Family Support Collaborative  | 52         | 15            | 9                      | 0                           | 4             | 2                | 0  | 0           | 0               |
| Collaborative Solutions for Communities          | 15         | 1             | 0                      | 0                           | 0             | 1                | 0  | 0           | 0               |
| <b>Total</b>                                     | <b>195</b> | <b>19</b>     | <b>9</b>               | <b>1</b>                    | <b>4</b>      | <b>4</b>         | <b>1</b>   | <b>0</b>    | <b>0</b>        |

**j. The current number of open investigations by ward;**

| FY   | Ward of Origin |    |    |    |    |    |     |     |         | Total Investigations |
|------|----------------|----|----|----|----|----|-----|-----|---------|----------------------|
|      | 1              | 2  | 3  | 4  | 5  | 6  | 7   | 8   | No Ward |                      |
| FY21 | 36             | 10 | 11 | 36 | 61 | 44 | 98  | 145 | 18      | 459                  |
| FY22 | 35             | 11 | 7  | 49 | 52 | 21 | 78  | 136 | 9       | 398                  |
| FY23 | 43             | 13 | 15 | 58 | 72 | 28 | 118 | 179 | 11      | 537                  |

**k. The total number of backlogged investigations by ward;**

| FY   | Ward of Origin |   |   |    |    |    |    |    |         | Total Investigations |
|------|----------------|---|---|----|----|----|----|----|---------|----------------------|
|      | 1              | 2 | 3 | 4  | 5  | 6  | 7  | 8  | No Ward |                      |
| FY21 | 0              | 0 | 1 | 1  | 2  | 2  | 9  | 7  | 1       | 23                   |
| FY22 | 6              | 2 | 1 | 8  | 8  | 5  | 17 | 23 | 2       | 72                   |
| FY23 | 20             | 5 | 6 | 23 | 29 | 13 | 44 | 74 | 5       | 219                  |

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

**FY2021**

Total Number of Backlogged Investigations = 23

Length of Time of Backlogged Investigations: 36-50 days = 9

Length of Time of Backlogged Investigations: 51-65 days = 6

Length of Time of Backlogged Investigations: 66+ days = 8

| Extension         | Extension Reason                          | Length of Time |            |          | Total Backlogged |
|-------------------|---|----------------|------------|----------|------------------|
|                   |   | 36-50 days     | 51-65 days | 66+ days |                  |
| With Extension    | Delay in receipt of critical information: | 0              | 1          | 0        | 1                |
|                   | Other                                     |                |            |          |                  |
|                   | Law Enforcement                           | 0              | 1          | 0        | 1                |
|                   | Links                                     | 0              | 0          | 2        | 2                |
|                   | Sexual Abuse/CSEC                         | 1              | 0          |          | 1                |
|                   | Unable to identify or locate              | 0              | 0          | 2        | 2                |
|                   | Uncooperative client                      | 0              | 0          | 1        | 1                |
|                   | <b>Subtotal</b>                           | <b>1</b>       | <b>2</b>   | <b>5</b> | <b>8</b>         |
| Without Extension | N/A                                       | 8              | 4          | 3        | 15               |
|                   | <b>Total</b>                              | <b>9</b>       | <b>6</b>   | <b>8</b> | <b>23</b>        |

Note: Institutional Abuse Investigations are not included.

**FY2022**

**Total Number of Backlogged Investigations = 72**

**Length of Time of Backlogged Investigations: 36-50 days = 38**

**Length of Time of Backlogged Investigations: 51-65 days = 14**

**Length of Time of Backlogged Investigations: 66+ days = 20**

| Extension         | Extension Reason                                  | Length of Time |            |           | Total Backlogged |
|-------------------|---|----------------|------------|-----------|------------------|
|                   |   | 36-50 days     | 51-65 days | 66+ days  |                  |
| With Extension    | Delay in receipt of critical information: Medical | 0              | 1          | 1         | 2                |
|                   | Delay in receipt of critical information: Other   | 4              | 1          | 1         | 6                |
|                   | Law Enforcement                                   | 0              | 2          | 0         | 2                |
|                   | Links   | 0              | 1          | 0         | 1                |
|                   | Sexual Abuse/CSEC                                 | 1              | 0          | 1         | 2                |
|                   | Unable to contact client                          | 0              | 0          | 1         | 1                |
|                   | Unable to identify or locate                      | 0              | 0          | 1         | 1                |
|                   | Uncooperative client                              | 1              | 1          | 0         | 2                |
|                   | <b>Subtotal</b>                                   |                | <b>6</b>   | <b>6</b>  | <b>5</b>         |
| Without Extension | N/A   | 32             | 8          | 15        | 55               |
| <b>Total</b>      |   | <b>38</b>      | <b>14</b>  | <b>20</b> | <b>72</b>        |

Note: Institutional Abuse Investigations are not included.

**FY2023**

**Total Number of Backlogged Investigations = 219**

**Length of Time of Backlogged Investigations: 36-50 days = 64**

**Length of Time of Backlogged Investigations: 51-65 days = 65**

**Length of Time of Backlogged Investigations: 66+ days = 90**

| Extension      | Extension Reason  | Length of Time |            |          | Total Backlogged |
|----------------|---|----------------|------------|----------|------------------|
|                |   | 36-50 days     | 51-65 days | 66+ days |                  |
| With Extension | Delay in receipt of critical information: Clinical Consultation | 0              | 1          | 2        | 3                |

|                   |   |           |           |           |            |
|-------------------|---|-----------|-----------|-----------|------------|
|                   | Delay in receipt of critical information: Medical | 0         | 2         | 0         | 2          |
|                   | Delay in receipt of critical information: Other   | 0         | 0         | 4         | 4          |
|                   | Law Enforcement                                   | 0         | 0         | 3         | 3          |
|                   | Links   | 0         | 1         | 2         | 3          |
|                   | Sexual Abuse/CSEC                                 | 0         | 0         | 2         | 2          |
|                   | Unable to identify or locate                      | 0         | 0         | 1         | 1          |
|                   | Uncooperative client                              | 4         | 2         | 2         | 8          |
|                   | <b>Subtotal</b>                                   | <b>4</b>  | <b>6</b>  | <b>16</b> | <b>26</b>  |
| Without Extension | N/A   | 60        | 59        | 74        | 193        |
|                   | <b>Total</b>                                      | <b>64</b> | <b>65</b> | <b>90</b> | <b>219</b> |

Note: Institutional Abuse Investigations are not included.

**m. The number of children being removed by ward;**

| FY          | Ward of Origin |   |   |    |    |    |    |    |         | Total Children Removed |
|-------------|----------------|---|---|----|----|----|----|----|---------|------------------------|
|             | 1              | 2 | 3 | 4  | 5  | 6  | 7  | 8  | No Ward |                        |
| <b>FY21</b> | 18             | 0 | 1 | 6  | 36 | 13 | 30 | 69 | 5       | <b>177</b>             |
| <b>FY22</b> | 2              | 4 | 5 | 14 | 21 | 9  | 28 | 50 | 5       | <b>137</b>             |
| <b>FY23</b> | 1              | 0 | 0 | 2  | 2  | 1  | 2  | 1  | 0       | <b>9</b>               |

**n. The total number of FTEs allocated for CPS;**

|             |     |
|-------------|-----|
| <b>FY21</b> | 215 |
| <b>FY22</b> | 201 |
| <b>FY23</b> | 215 |

**o. The total number of workers assigned to CPS;**

|             |     |
|-------------|-----|
| <b>FY21</b> | 117 |
| <b>FY22</b> | 117 |
| <b>FY23</b> | 115 |

**p. The total number of vacancies in CPS; and**

|             |    |
|-------------|----|
| <b>FY21</b> | 18 |
| <b>FY22</b> | 27 |
| <b>FY23</b> | 49 |

Vacancies reported as of September 30, 2021, January 6, 2022, and December 14, 2022

**q. The number of vacancies the agency plans to fill and the plan for filling these vacancies.**

CFSA plans to fill all vacant positions.

**19. Regarding caseloads:**

**a. Do CPS-Investigations workers have a max caseload above which the Agency seeks to prevent their work from going?**

Our performance measure is for 90 percent of Investigative Social Workers to have a caseload of 12 or fewer. The Agency actively monitors workers' caseloads and aims to ensure that no individual investigator shall have a caseload greater than 15 cases. The data in response (d) will show that there are instances when caseloads have been greater than 15 due, in part, to vacancies CPS has experienced in FY22 and FY23.

**b. Provide for FY22 and FY23, to date (organized by the unit to which each worker is assigned):**

**i. The average current caseload per worker;**

FY22 Average Caseload Per Worker

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 1      | 8.54                               |
| Social Worker 2      | 9.28                               |
| Social Worker 3      | 8.12                               |
| Social Worker 4      | 7.86                               |
| Social Worker 5      | 10.01                              |
| Social Worker 6      | 8.00                               |
| Social Worker 7      | 3.39                               |
| Social Worker 8      | 11.10                              |
| Social Worker 9      | 7.54                               |
| Social Worker 10     | 4.06                               |
| Social Worker 11     | 2.08                               |
| Social Worker 12     | 1.00                               |
| Social Worker 13     | 6.47                               |
| Social Worker 14     | 9.98                               |

| <b>Social Worker</b> | <b>Average Caseload<br/>per worker</b> |
|----------------------|--|
| Social Worker 15     | 9.58                                   |
| Social Worker 16     | 9.21                                   |
| Social Worker 17     | 5.30                                   |
| Social Worker 18     | 4.87                                   |
| Social Worker 19     | 8.20                                   |
| Social Worker 20     | 5.08                                   |
| Social Worker 21     | 2.71                                   |
| Social Worker 22     | 7.25                                   |
| Social Worker 23     | 1.00                                   |
| Social Worker 24     | 1.00                                   |
| Social Worker 25     | 2.00                                   |
| Social Worker 26     | 1.00                                   |
| Social Worker 27     | 2.00                                   |
| Social Worker 28     | 1.00                                   |
| Social Worker 29     | 1.00                                   |
| Social Worker 30     | 4.40                                   |
| Social Worker 31     | 6.89                                   |
| Social Worker 32     | 7.93                                   |
| Social Worker 33     | 9.49                                   |
| Social Worker 34     | 5.00                                   |
| Social Worker 35     | 5.93                                   |
| Social Worker 36     | 8.30                                   |
| Social Worker 37     | 5.92                                   |
| Social Worker 38     | 5.85                                   |
| Social Worker 39     | 2.28                                   |
| Social Worker 40     | 1.10                                   |
| Social Worker 41     | 2.91                                   |
| Social Worker 42     | 10.82                                  |
| Social Worker 43     | 8.49                                   |
| Social Worker 44     | 8.97                                   |
| Social Worker 45     | 5.98                                   |
| Social Worker 46     | 9.91                                   |
| Social Worker 47     | 6.50                                   |
| Social Worker 48     | 8.26                                   |
| Social Worker 49     | 5.82                                   |
| Social Worker 50     | 5.50                                   |
| Social Worker 51     | 1.00                                   |
| Social Worker 52     | 1.02                                   |
| Social Worker 53     | 4.72                                   |

| <b>Social Worker</b> | <b>Average Caseload<br/>per worker</b> |
|----------------------|--|
| Social Worker 54     | 11.44                                  |
| Social Worker 55     | 1.00                                   |
| Social Worker 56     | 1.11                                   |
| Social Worker 57     | 7.70                                   |
| Social Worker 58     | 7.01                                   |
| Social Worker 59     | 7.01                                   |
| Social Worker 60     | 4.87                                   |
| Social Worker 61     | 6.82                                   |
| Social Worker 62     | 7.65                                   |
| Social Worker 63     | 11.24                                  |
| Social Worker 64     | 8.62                                   |
| Social Worker 65     | 5.24                                   |
| Social Worker 66     | 6.07                                   |
| Social Worker 67     | 9.22                                   |
| Social Worker 68     | 6.52                                   |
| Social Worker 69     | 7.38                                   |
| Social Worker 70     | 6.08                                   |
| Social Worker 71     | 1.22                                   |
| Social Worker 72     | 1.50                                   |
| Social Worker 73     | 1.00                                   |
| Social Worker 74     | 7.55                                   |
| Social Worker 75     | 9.16                                   |
| Social Worker 76     | 7.53                                   |
| Social Worker 77     | 7.82                                   |
| Social Worker 78     | 9.05                                   |
| Social Worker 79     | 6.87                                   |
| Social Worker 80     | 7.42                                   |
| Social Worker 81     | 7.72                                   |
| Social Worker 82     | 9.03                                   |
| Social Worker 83     | 2.05                                   |
| Social Worker 84     | 1.00                                   |
| Social Worker 85     | 1.00                                   |
| Social Worker 86     | 1.00                                   |
| Social Worker 87     | 4.11                                   |
| Social Worker 88     | 6.43                                   |
| Social Worker 89     | 8.08                                   |
| Social Worker 90     | 8.41                                   |
| Social Worker 91     | 6.26                                   |
| Social Worker 92     | 7.22                                   |

| <b>Social Worker</b> | <b>Average Caseload<br/>per worker</b> |
|----------------------|--|
| Social Worker 93     | 7.45                                   |
| Social Worker 94     | 5.02                                   |
| Social Worker 95     | 4.83                                   |
| Social Worker 96     | 3.55                                   |
| Social Worker 97     | 4.70                                   |
| Social Worker 98     | 8.72                                   |
| Social Worker 99     | 1.00                                   |
| Social Worker 100    | 1.00                                   |
| Social Worker 101    | 6.24                                   |
| Social Worker 102    | 6.23                                   |
| Social Worker 103    | 7.82                                   |
| Social Worker 104    | 5.94                                   |
| Social Worker 105    | 8.38                                   |
| Social Worker 106    | 8.98                                   |
| Social Worker 107    | 6.90                                   |
| Social Worker 108    | 6.87                                   |
| Social Worker 109    | 5.00                                   |
| Social Worker 110    | 7.71                                   |
| Social Worker 111    | 1.00                                   |

**FY23 Average Caseload Per Worker**

| <b>Social Worker</b> | <b>Average Caseload<br/>per worker</b> |
|----------------------|--|
| Social Worker 1      | 8.50                                   |
| Social Worker 2      | 12.40                                  |
| Social Worker 3      | 4.70                                   |
| Social Worker 4      | 8.43                                   |
| Social Worker 5      | 12.96                                  |
| Social Worker 6      | 7.35                                   |
| Social Worker 7      | 14.49                                  |
| Social Worker 8      | 7.80                                   |
| Social Worker 9      | 1.50                                   |
| Social Worker 10     | 10.80                                  |
| Social Worker 11     | 11.62                                  |
| Social Worker 12     | 11.84                                  |
| Social Worker 13     | 4.54                                   |
| Social Worker 14     | 10.14                                  |
| Social Worker 15     | 2.37                                   |
| Social Worker 16     | 2.92                                   |



| <b>Social Worker</b> | <b>Average Caseload<br/>per worker</b> |
|----------------------|--|
| Social Worker 17     | 1.00                                   |
| Social Worker 18     | 1.00                                   |
| Social Worker 19     | 1.00                                   |
| Social Worker 20     | 12.07                                  |
| Social Worker 21     | 8.79                                   |
| Social Worker 22     | 2.80                                   |
| Social Worker 23     | 12.88                                  |
| Social Worker 24     | 1.00                                   |
| Social Worker 25     | 2.69                                   |
| Social Worker 26     | 7.37                                   |
| Social Worker 27     | 11.78                                  |
| Social Worker 28     | 10.07                                  |
| Social Worker 29     | 10.71                                  |
| Social Worker 30     | 3.72                                   |
| Social Worker 31     | 8.41                                   |
| Social Worker 32     | 8.59                                   |
| Social Worker 33     | 19.50                                  |
| Social Worker 34     | 12.77                                  |
| Social Worker 35     | 6.96                                   |
| Social Worker 36     | 10.98                                  |
| Social Worker 37     | 6.22                                   |
| Social Worker 38     | 7.67                                   |
| Social Worker 39     | 11.47                                  |
| Social Worker 40     | 2.18                                   |
| Social Worker 41     | 2.19                                   |
| Social Worker 42     | 1.00                                   |
| Social Worker 43     | 1.20                                   |
| Social Worker 44     | 1.00                                   |
| Social Worker 45     | 11.95                                  |
| Social Worker 46     | 8.91                                   |
| Social Worker 47     | 8.55                                   |
| Social Worker 48     | 6.22                                   |
| Social Worker 49     | 13.99                                  |
| Social Worker 50     | 10.24                                  |
| Social Worker 51     | 1.00                                   |
| Social Worker 52     | 2.50                                   |
| Social Worker 53     | 1.20                                   |
| Social Worker 54     | 15.76                                  |
| Social Worker 55     | 11.59                                  |

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 56     | 8.92                               |
| Social Worker 57     | 7.97                               |
| Social Worker 58     | 18.15                              |
| Social Worker 59     | 9.96                               |
| Social Worker 60     | 9.43                               |
| Social Worker 61     | 1.00                               |
| Social Worker 62     | 1.00                               |
| Social Worker 63     | 2.33                               |
| Social Worker 64     | 7.55                               |
| Social Worker 65     | 8.75                               |
| Social Worker 66     | 4.01                               |
| Social Worker 67     | 13.21                              |
| Social Worker 68     | 10.58                              |
| Social Worker 69     | 1.50                               |
| Social Worker 70     | 1.75                               |
| Social Worker 71     | 1.86                               |
| Social Worker 72     | 1.00                               |

**ii. The total number of instances (this could be multiple times in a year per worker) that the caseload has been between 13 and 15;**

FY 2022

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 1      | 1                                |
| Social Worker 2      | 7                                |
| Social Worker 3      | 1                                |
| Social Worker 4      | 1                                |
| Social Worker 5      | 8                                |
| Social Worker 8      | 13                               |
| Social Worker 9      | 7                                |
| Social Worker 14     | 13                               |
| Social Worker 16     | 10                               |
| Social Worker 22     | 7                                |
| Social Worker 31     | 3                                |
| Social Worker 32     | 2                                |
| Social Worker 33     | 2                                |
| Social Worker 42     | 5                                |
| Social Worker 44     | 2                                |
| Social Worker 46     | 5                                |

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 47     | 4                                |
| Social Worker 48     | 6                                |
| Social Worker 54     | 5                                |
| Social Worker 57     | 1                                |
| Social Worker 59     | 2                                |
| Social Worker 61     | 2                                |
| Social Worker 63     | 15                               |
| Social Worker 64     | 1                                |
| Social Worker 65     | 1                                |
| Social Worker 66     | 1                                |
| Social Worker 67     | 1                                |
| Social Worker 74     | 6                                |
| Social Worker 75     | 4                                |
| Social Worker 77     | 5                                |
| Social Worker 79     | 1                                |
| Social Worker 80     | 2                                |
| Social Worker 81     | 1                                |
| Social Worker 82     | 8                                |
| Social Worker 88     | 1                                |
| Social Worker 92     | 2                                |
| Social Worker 93     | 6                                |
| Social Worker 94     | 1                                |
| Social Worker 98     | 6                                |
| Social Worker 103    | 3                                |
| Social Worker 105    | 7                                |
| Social Worker 106    | 5                                |
| Social Worker 108    | 4                                |

FY 2023

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 2      | 4                                |
| Social Worker 5      | 1                                |
| Social Worker 7      | 8                                |
| Social Worker 10     | 3                                |
| Social Worker 11     | 6                                |
| Social Worker 12     | 3                                |
| Social Worker 14     | 2                                |
| Social Worker 20     | 3                                |
| Social Worker 23     | 4                                |

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 26     | 1                                |
| Social Worker 27     | 4                                |
| Social Worker 28     | 2                                |
| Social Worker 29     | 2                                |
| Social Worker 31     | 2                                |
| Social Worker 33     | 2                                |
| Social Worker 34     | 7                                |
| Social Worker 35     | 2                                |
| Social Worker 36     | 3                                |
| Social Worker 39     | 3                                |
| Social Worker 45     | 3                                |
| Social Worker 46     | 1                                |
| Social Worker 47     | 1                                |
| Social Worker 48     | 1                                |
| Social Worker 49     | 2                                |
| Social Worker 50     | 4                                |
| Social Worker 54     | 8                                |
| Social Worker 55     | 2                                |
| Social Worker 57     | 2                                |
| Social Worker 58     | 1                                |
| Social Worker 59     | 1                                |
| Social Worker 60     | 3                                |
| Social Worker 65     | 2                                |
| Social Worker 67     | 1                                |
| Social Worker 68     | 3                                |

**iii. The total number of instances (this could be multiple times in a year per worker) that the caseload has been 16 or more; and**

FY 2022

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 5      | 5                                |
| Social Worker 8      | 5                                |
| Social Worker 14     | 4                                |
| Social Worker 16     | 3                                |
| Social Worker 42     | 3                                |
| Social Worker 46     | 1                                |
| Social Worker 47     | 2                                |

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 48     | 3                                |
| Social Worker 54     | 3                                |
| Social Worker 59     | 1                                |
| Social Worker 63     | 9                                |
| Social Worker 74     | 1                                |
| Social Worker 75     | 1                                |
| Social Worker 77     | 1                                |
| Social Worker 80     | 1                                |
| Social Worker 82     | 4                                |
| Social Worker 93     | 1                                |
| Social Worker 98     | 3                                |
| Social Worker 105    | 1                                |
| Social Worker 106    | 1                                |

The average length of time caseloads has been between 13 and 15 in FY22: 6 days

The average length of time caseloads has been 16 and more in FY22: 9 days

#### FY 2023

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 2      | 1                                |
| Social Worker 5      | 1                                |
| Social Worker 7      | 4                                |
| Social Worker 10     | 1                                |
| Social Worker 11     | 2                                |
| Social Worker 12     | 1                                |
| Social Worker 20     | 1                                |
| Social Worker 23     | 2                                |
| Social Worker 27     | 1                                |
| Social Worker 29     | 1                                |
| Social Worker 33     | 2                                |
| Social Worker 34     | 5                                |
| Social Worker 36     | 1                                |
| Social Worker 45     | 1                                |
| Social Worker 49     | 2                                |
| Social Worker 50     | 1                                |
| Social Worker 54     | 6                                |
| Social Worker 55     | 1                                |

| <b>Social Worker</b> | <b>Total Number of Instances</b> |
|----------------------|----------------------------------|
| Social Worker 58     | 1                                |
| Social Worker 60     | 1                                |
| Social Worker 67     | 1                                |

The average length of time caseloads has been between 13 and 15 in FY22: 7 days

The average length of time caseloads has been 16 and more in FY23: 12 days

- c. For each of the units, provide a monthly breakdown of each worker that exceeded a caseload of 12 with the following information:**
- i. The number of days that the case load was between 13 and 15; and**

FY22

| <b>Social Worker</b> | <b>OCT-21</b> | <b>NOV-21</b> | <b>JAN-22</b> | <b>FEB-22</b> | <b>MAR-22</b> | <b>MAY-22</b> | <b>APR-22</b> | <b>JUN-22</b> | <b>JUL-22</b> | <b>AUG-22</b> | <b>SEP-22</b> | <b>DEC-21</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 1      | 0             | 0             | 0             | 0             | 0             | 7             | 0             | 11            | 0             | 0             | 0             | 0             | 18                          |
| Social Worker 2      | 0             | 0             | 0             | 0             | 0             | 13            | 0             | 11            | 5             | 0             | 0             | 2             | 31                          |
| Social Worker 3      | 0             | 0             | 0             | 0             | 0             | 0             | 1             | 0             | 0             | 0             | 0             | 0             | 1                           |
| Social Worker 4      | 3             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 3                           |
| Social Worker 5      | 0             | 0             | 0             | 0             | 0             | 10            | 17            | 19            | 6             | 0             | 0             | 0             | 52                          |
| Social Worker 8      | 0             | 0             | 0             | 16            | 20            | 0             | 18            | 12            | 18            | 20            | 5             | 0             | 109                         |
| Social Worker 9      | 0             | 0             | 0             | 0             | 2             | 0             | 10            | 0             | 0             | 0             | 13            | 0             | 25                          |
| Social Worker 14     | 0             | 0             | 0             | 0             | 0             | 18            | 25            | 3             | 0             | 1             | 16            | 0             | 63                          |
| Social Worker 16     | 0             | 0             | 0             | 0             | 0             | 19            | 27            | 17            | 2             | 0             | 11            | 0             | 76                          |
| Social Worker 22     | 0             | 0             | 0             | 0             | 0             | 21            | 1             | 24            | 7             | 0             | 1             | 0             | 54                          |
| Social Worker 31     | 0             | 0             | 0             | 0             | 0             | 11            | 9             | 0             | 0             | 0             | 0             | 0             | 20                          |
| Social Worker 32     | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 10            | 0             | 10                          |
| Social Worker 33     | 0             | 0             | 3             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 5             | 8                           |
| Social Worker 42     | 0             | 0             | 0             | 0             | 0             | 3             | 16            | 10            | 4             | 0             | 0             | 0             | 33                          |

| <b>Social Worker</b> | <b>OCT-21</b> | <b>NOV-21</b> | <b>JAN-22</b> | <b>FEB-22</b> | <b>MAR-22</b> | <b>MAY-22</b> | <b>APR-22</b> | <b>JUN-22</b> | <b>JUL-22</b> | <b>AUG-22</b> | <b>SEP-22</b> | <b>DEC-21</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 44     | 0             | 0             | 21            | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 12            | 33                          |
| Social Worker 46     | 0             | 1             | 0             | 0             | 0             | 7             | 2             | 25            | 5             | 0             | 0             | 0             | 40                          |
| Social Worker 47     | 0             | 0             | 0             | 0             | 0             | 8             | 5             | 0             | 0             | 0             | 0             | 0             | 13                          |
| Social Worker 48     | 0             | 0             | 0             | 0             | 0             | 10            | 0             | 6             | 1             | 0             | 0             | 0             | 17                          |
| Social Worker 54     | 0             | 0             | 0             | 0             | 0             | 25            | 0             | 9             | 0             | 0             | 12            | 0             | 46                          |
| Social Worker 57     | 0             | 0             | 0             | 0             | 0             | 3             | 2             | 0             | 0             | 0             | 0             | 0             | 5                           |
| Social Worker 59     | 0             | 0             | 0             | 0             | 0             | 5             | 0             | 2             | 0             | 0             | 0             | 0             | 7                           |
| Social Worker 61     | 0             | 0             | 0             | 0             | 0             | 0             | 13            | 1             | 0             | 0             | 0             | 0             | 14                          |
| Social Worker 63     | 0             | 0             | 13            | 10            | 5             | 12            | 9             | 20            | 0             | 0             | 0             | 0             | 69                          |
| Social Worker 64     | 0             | 0             | 0             | 0             | 0             | 7             | 0             | 1             | 0             | 0             | 0             | 0             | 8                           |
| Social Worker 65     | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 2             | 2                           |
| Social Worker 66     | 0             | 0             | 0             | 0             | 0             | 6             | 0             | 0             | 0             | 0             | 0             | 0             | 6                           |
| Social Worker 67     | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 4             | 4                           |
| Social Worker 74     | 0             | 0             | 0             | 0             | 0             | 16            | 10            | 8             | 0             | 0             | 0             | 0             | 34                          |
| Social Worker 75     | 0             | 0             | 0             | 0             | 0             | 23            | 0             | 27            | 0             | 0             | 0             | 0             | 50                          |
| Social Worker 77     | 0             | 0             | 0             | 0             | 0             | 6             | 2             | 10            | 0             | 0             | 8             | 0             | 26                          |
| Social Worker 79     | 0             | 0             | 2             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 2                           |
| Social Worker 80     | 0             | 0             | 7             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 5             | 12                          |
| Social Worker 81     | 0             | 0             | 0             | 0             | 0             | 12            | 0             | 20            | 0             | 0             | 0             | 0             | 32                          |
| Social Worker 82     | 0             | 0             | 0             | 0             | 0             | 14            | 22            | 13            | 9             | 0             | 0             | 0             | 58                          |
| Social Worker 88     | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 3             | 0             | 0             | 0             | 0             | 3                           |
| Social Worker 92     | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 2             | 0             | 0             | 0             | 0             | 2                           |

| <b>Social Worker</b> | <b>OCT-21</b> | <b>NOV-21</b> | <b>JAN-22</b> | <b>FEB-22</b> | <b>MAR-22</b> | <b>MAY-22</b> | <b>APR-22</b> | <b>JUN-22</b> | <b>JUL-22</b> | <b>AUG-22</b> | <b>SEP-22</b> | <b>DEC-21</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 93     | 0             | 0             | 0             | 0             | 0             | 3             | 4             | 0             | 0             | 0             | 21            | 0             | 28                          |
| Social Worker 94     | 0             | 0             | 0             | 0             | 0             | 0             | 2             | 0             | 0             | 0             | 0             | 0             | 2                           |
| Social Worker 98     | 0             | 0             | 0             | 0             | 2             | 0             | 0             | 15            | 6             | 0             | 0             | 0             | 23                          |
| Social Worker 103    | 0             | 0             | 0             | 0             | 0             | 0             | 4             | 0             | 0             | 0             | 1             | 0             | 5                           |
| Social Worker 105    | 0             | 1             | 0             | 7             | 3             | 0             | 0             | 0             | 0             | 3             | 6             | 0             | 20                          |
| Social Worker 106    | 0             | 0             | 0             | 0             | 0             | 8             | 12            | 7             | 16            | 0             | 0             | 0             | 43                          |
| Social Worker 108    | 0             | 0             | 0             | 0             | 0             | 0             | 4             | 4             | 0             | 0             | 0             | 0             | 8                           |
| <b>Total</b>         | <b>3</b>      | <b>2</b>      | <b>46</b>     | <b>33</b>     | <b>32</b>     | <b>267</b>    | <b>215</b>    | <b>280</b>    | <b>79</b>     | <b>24</b>     | <b>104</b>    | <b>30</b>     | <b>1115</b>                 |

FY23

| <b>Social Worker</b> | <b>DEC-22</b> | <b>NOV-22</b> | <b>OCT-22</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 2      | 4             | 15            | 3             | 22                          |
| Social Worker 5      | 0             | 21            | 0             | 21                          |
| Social Worker 7      | 9             | 25            | 24            | 58                          |
| Social Worker 10     | 0             | 0             | 23            | 23                          |
| Social Worker 11     | 2             | 4             | 19            | 25                          |
| Social Worker 12     | 28            | 0             | 2             | 30                          |
| Social Worker 14     | 0             | 10            | 0             | 10                          |
| Social Worker 20     | 16            | 2             | 5             | 23                          |
| Social Worker 23     | 12            | 10            | 1             | 23                          |
| Social Worker 26     | 2             | 0             | 0             | 2                           |
| Social Worker 27     | 19            | 11            | 0             | 30                          |
| Social Worker 28     | 6             | 0             | 0             | 6                           |



| <b>Social Worker</b> | <b>DEC-22</b> | <b>NOV-22</b> | <b>OCT-22</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 29     | 5             | 15            | 0             | 20                          |
| Social Worker 31     | 12            | 0             | 0             | 12                          |
| Social Worker 33     | 0             | 0             | 15            | 15                          |
| Social Worker 34     | 7             | 11            | 16            | 34                          |
| Social Worker 35     | 0             | 15            | 0             | 15                          |
| Social Worker 36     | 18            | 7             | 0             | 25                          |
| Social Worker 39     | 4             | 15            | 0             | 19                          |
| Social Worker 45     | 1             | 28            | 0             | 29                          |
| Social Worker 46     | 4             | 0             | 0             | 4                           |
| Social Worker 47     | 0             | 1             | 0             | 1                           |
| Social Worker 48     | 0             | 0             | 4             | 4                           |
| Social Worker 49     | 0             | 16            | 0             | 16                          |
| Social Worker 50     | 7             | 15            | 0             | 22                          |
| Social Worker 54     | 25            | 1             | 18            | 44                          |
| Social Worker 55     | 11            | 6             | 5             | 22                          |
| Social Worker 57     | 20            | 0             | 0             | 20                          |
| Social Worker 58     | 0             | 2             | 14            | 16                          |
| Social Worker 59     | 0             | 7             | 0             | 7                           |
| Social Worker 60     | 13            | 0             | 0             | 13                          |
| Social Worker 65     | 0             | 0             | 7             | 7                           |
| Social Worker 67     | 2             | 17            | 0             | 19                          |
| Social Worker 68     | 4             | 14            | 0             | 18                          |
| <b>Total</b>         | <b>231</b>    | <b>268</b>    | <b>156</b>    | <b>655</b>                  |

ii. The number of days that the case load was 16 or more. Anytime that the caseload is 16 or more, provide the maximum number of cases that the affected worker had at one time.

| Social Worker     | JAN-22 | MAY-22 | APR-22 | JUN-22 | JUL-22 | AUG-22 | SEP-22 | Total Number of Days |
|-------------------|--------|--------|--------|--------|--------|--------|--------|----------------------|
| Social Worker 5   | 0      | 21     | 5      | 10     | 6      | 0      | 0      | 42                   |
| Social Worker 8   | 0      | 0      | 8      | 6      | 11     | 11     | 0      | 36                   |
| Social Worker 14  | 0      | 10     | 0      | 25     | 0      | 0      | 3      | 38                   |
| Social Worker 16  | 0      | 0      | 1      | 0      | 0      | 0      | 4      | 5                    |
| Social Worker 42  | 0      | 28     | 1      | 20     | 0      | 0      | 0      | 49                   |
| Social Worker 46  | 0      | 15     | 0      | 0      | 0      | 0      | 0      | 15                   |
| Social Worker 47  | 0      | 3      | 1      | 0      | 0      | 0      | 0      | 4                    |
| Social Worker 48  | 0      | 0      | 0      | 23     | 0      | 0      | 0      | 23                   |
| Social Worker 54  | 0      | 2      | 0      | 21     | 0      | 0      | 18     | 41                   |
| Social Worker 59  | 0      | 16     | 0      | 11     | 0      | 0      | 0      | 27                   |
| Social Worker 63  | 0      | 19     | 21     | 6      | 0      | 0      | 0      | 46                   |
| Social Worker 74  | 0      | 9      | 0      | 6      | 0      | 0      | 0      | 15                   |
| Social Worker 75  | 0      | 3      | 0      | 0      | 0      | 0      | 0      | 3                    |
| Social Worker 77  | 0      | 9      | 0      | 0      | 0      | 0      | 0      | 9                    |
| Social Worker 80  | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 1                    |
| Social Worker 82  | 0      | 0      | 0      | 17     | 16     | 0      | 0      | 33                   |
| Social Worker 93  | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 1                    |
| Social Worker 98  | 0      | 0      | 0      | 8      | 0      | 0      | 0      | 8                    |
| Social Worker 105 | 0      | 0      | 0      | 0      | 0      | 0      | 1      | 1                    |
| Social Worker 106 | 0      | 0      | 13     | 0      | 0      | 0      | 0      | 13                   |

| <b>Social Worker</b> | <b>JAN-22</b> | <b>MAY-22</b> | <b>APR-22</b> | <b>JUN-22</b> | <b>JUL-22</b> | <b>AUG-22</b> | <b>SEP-22</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| <b>Total</b>         | <b>1</b>      | <b>135</b>    | <b>50</b>     | <b>153</b>    | <b>33</b>     | <b>11</b>     | <b>27</b>     | <b>410</b>                  |

FY23

| <b>Social Worker</b> | <b>OCT-22</b> | <b>NOV-22</b> | <b>DEC-22</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 2      | 0             | 0             | 16            | 16                          |
| Social Worker 5      | 0             | 2             | 0             | 2                           |
| Social Worker 7      | 1             | 2             | 22            | 25                          |
| Social Worker 10     | 6             | 0             | 0             | 6                           |
| Social Worker 11     | 10            | 0             | 0             | 10                          |
| Social Worker 12     | 3             | 0             | 0             | 3                           |
| Social Worker 20     | 0             | 0             | 6             | 6                           |
| Social Worker 23     | 0             | 0             | 19            | 19                          |
| Social Worker 27     | 0             | 0             | 4             | 4                           |
| Social Worker 29     | 0             | 0             | 25            | 25                          |
| Social Worker 33     | 13            | 0             | 0             | 13                          |
| Social Worker 34     | 1             | 19            | 0             | 20                          |
| Social Worker 36     | 0             | 0             | 10            | 10                          |
| Social Worker 45     | 0             | 2             | 0             | 2                           |
| Social Worker 49     | 0             | 10            | 0             | 10                          |
| Social Worker 50     | 0             | 0             | 6             | 6                           |
| Social Worker 54     | 13            | 29            | 4             | 46                          |
| Social Worker 55     | 0             | 24            | 0             | 24                          |

| <b>Social Worker</b> | <b>OCT-22</b> | <b>NOV-22</b> | <b>DEC-22</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 58     | 0             | 28            | 0             | 28                          |
| Social Worker 60     | 0             | 0             | 4             | 4                           |
| Social Worker 67     | 0             | 0             | 29            | 29                          |
| <b>Total</b>         | <b>47</b>     | <b>116</b>    | <b>145</b>    | <b>308</b>                  |

The maximum number of cases that the affected worker had at one time when caseload was 16 or more:

**FY22**

| <b>Social Worker</b> | <b>Maximum Number of Cases</b> |
|----------------------|--------------------------------|
| Social Worker 5      | 19                             |
| Social Worker 8      | 18                             |
| Social Worker 14     | 18                             |
| Social Worker 16     | 16                             |
| Social Worker 42     | 21                             |
| Social Worker 46     | 18                             |
| Social Worker 47     | 18                             |
| Social Worker 48     | 17                             |
| Social Worker 54     | 20                             |
| Social Worker 59     | 19                             |
| Social Worker 63     | 19                             |
| Social Worker 74     | 21                             |
| Social Worker 75     | 17                             |
| Social Worker 77     | 20                             |
| Social Worker 80     | 16                             |
| Social Worker 82     | 18                             |
| Social Worker 93     | 17                             |
| Social Worker 98     | 17                             |
| Social Worker 105    | 16                             |
| Social Worker 106    | 17                             |

**FY23**

| <b>Social Worker</b> | <b>Maximum Number of Cases</b> |
|----------------------|--------------------------------|
| Social Worker 2      | 21                             |
| Social Worker 5      | 21                             |
| Social Worker 7      | 19                             |

| <b>Social Worker</b> | <b>Maximum Number of Cases</b> |
|----------------------|--------------------------------|
| Social Worker 10     | 17                             |
| Social Worker 11     | 17                             |
| Social Worker 12     | 17                             |
| Social Worker 20     | 16                             |
| Social Worker 23     | 19                             |
| Social Worker 27     | 16                             |
| Social Worker 29     | 16                             |
| Social Worker 33     | 27                             |
| Social Worker 34     | 19                             |
| Social Worker 36     | 18                             |
| Social Worker 45     | 16                             |
| Social Worker 49     | 22                             |
| Social Worker 50     | 17                             |
| Social Worker 54     | 21                             |
| Social Worker 55     | 17                             |
| Social Worker 58     | 24                             |
| Social Worker 60     | 17                             |
| Social Worker 67     | 19                             |

**20. In FY22 and in FY23, to date, how many child protection reports has the Agency received alleging educational neglect of youth in CFSA custody and not in CFSA custody? 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) children with 26 or more cumulative unexcused absences.**

As of December 31, 2022

| <b>Referral Status</b> | <b>Custody Type</b> | <b>Cumulative Unexcused Absences</b> | <b>SY 2021 - 2022</b> | <b>SY 2022 - 2023 (up to 12/31/22)</b> |
|------------------------|---------------------|--------------------------------------|-----------------------|--|
| Accepted               | Non CFSA Custody    | 0 - 9                                | 17                    | 3                                      |
|                        |                     | 10 - 19                              | 154                   | 51                                     |
|                        |                     | 20 - 25                              | 101                   | 26                                     |
|                        |                     | 26 or more                           | 348                   | 34                                     |
|                        |                     | Not Recorded                         | 103                   | 47                                     |
|                        | CFSA Custody        | Not Recorded                         | 1                     | 0                                      |

| Referral Status | Custody Type     | Cumulative Unexcused Absences | SY 2021 - 2022 | SY 2022 - 2023 (up to 12/31/22) |
|-----------------|------------------|-------------------------------|----------------|---------------------------------|
|                 | <b>Subtotal*</b> |                               | <b>668</b>     | <b>148</b>                      |
| Screened Out    | Non CFSA Custody |                               | 4990           | 1727                            |
|                 | CFSA Custody     |                               | 11             | 4                               |
|                 | <b>Subtotal*</b> |                               | <b>5001</b>    | <b>1730</b>                     |
| Other           | Non CFSA Custody | <b>Subtotal*</b>              | <b>30</b>      | <b>91</b>                       |
|                 | <b>Total*</b>    |                               | <b>5699</b>    | <b>1969</b>                     |

\*Unique Counts

Notes:

1. The 'Other' referral status consists of QB referrals with no Educational Neglect allegation.
2. Accepted Linked referrals are excluded.
3. Non CFSA Custody' represents children who are not a ward of CFSA at the time of the hotline call.
4. The referrals counted under "Not Recorded" consist of alleged educational neglect victims where the number of absences were not documented.

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

As of December 31, 2022

| Custody Type            | Cumulative Unexcused Absences | SY 2021 - 2022 | SY 2022 - 2023 (up to 12/31/22) |
|-------------------------|-------------------------------|----------------|---------------------------------|
| <b>Non CFSA Custody</b> | 0 - 9                         | 1              | 1                               |
|                         | 10 - 19                       | 22             | 16                              |
|                         | 20 - 25                       | 27             | 6                               |
|                         | 26 or more                    | 110            | 10                              |
|                         | Not Recorded                  | 36             | 14                              |
| <b>Total*</b>           |                               | <b>173</b>     | <b>45</b>                       |

\*Unique Counts

Notes:

1. This summary counts closed investigations where the Educational Neglect allegation is substantiated.
2. 'Non CFSA Custody' represents children who are not a ward of CFSA at the time of the hotline call.

3. There were no reports alleging educational neglect of youth in CFSA's custody during this period.
4. The referrals counted under "Not Recorded" consist of alleged educational neglect victims where the number of absences were not documented.

**b. Of the reports that were substantiated, how many led to a child's removal from their home? Break down the answer by the categories (i), (ii), (iii) and (iv) listed above.**

As of December 31, 2022

| Custody Type     | Cumulative Unexcused Absences | SY2021 - 2022       |               | SY 2022 - 2023<br>(up to 12/31/21) |               |
|------------------|-------------------------------|---------------------|---------------|------------------------------------|---------------|
|                  |                               | # of Investigations | # of Children | # of Investigations                | # of Children |
| Non CFSA Custody | 0 - 9                         | 0                   | 0             | 0                                  | 0             |
|                  | 10 - 19                       | 0                   | 0             | 0                                  | 0             |
|                  | 20 - 25                       | 0                   | 0             | 0                                  | 0             |
|                  | 26 or more                    | 3                   | 3             | 0                                  | 0             |
|                  | Not Recorded                  | 3                   | 3             | 0                                  | 0             |
| <b>Total*</b>    |                               | <b>6</b>            | <b>6</b>      | <b>0</b>                           | <b>0</b>      |

\*Unique Counts

Notes:

1. This summary counts closed Investigations where the Educational Neglect allegation is substantiated and removed on/after the hotline referral date.
2. 'Non CFSA Custody' represents children who are not a ward of CFSA at the time of the hotline call.
3. There were no reports alleging educational neglect of youth in CFSA's custody during this period.
4. The referrals counted under "Not Recorded" consist of alleged educational neglect victims where the number of absences were not documented.

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

As of December 31, 2022:

| School Year                               | School Type |       | Total |
|---|-------------|-------|-------|
|   | DCPS        | DCPCS |       |
| <b>SY2021 - 2022</b>                      | 4186        | 1279  | 5465  |
| <b>SY2022 - 2023<br/>(up to 12/31/22)</b> | 1212        | 697   | 1909  |

Notes:

1. This summary considers referrals received from either DCPS and DCPCS only.
2. Referrals received by other independent or private schools or by other sources are not included.

**21. Provide an update on the status of implementing the social work unit dedicated to educational neglect triage and responding to accepted educational neglect referrals.**

All Educational Neglect referrals are assigned to our traditional CPS teams due to increased social worker vacancies in CPS, effective 9/30/2022.

**a. How has the agency adjusted its approach to investigating truancy and educational neglect?**

The traditional CPS social workers partner with CFSA’s Education Neglect Triage Unit and DC schools to investigate reports of educational neglect. The assigned social workers communicate with schools and engage with families to identify the underlying issues that result in children/youth not consistently attending school.

Please note that CFSA does not investigate truancy, those referrals are sent by the LEAs directly to Court Social Services.

**b. In what ways has CFSA worked with DCPS and other LEAs to address concerns around truancy and educational neglect?**

CFSA continues to partner with DCPS, DCPCS, OSSE, and all other involved entities around the subject of educational neglect. Below are some of our strategies to address this issue:

1. Monthly meetings with DCPS/DCPCS leadership
2. Weekly consultation hours for DCPS/ DCPCS attendance staff
3. Participation in EDC Taskforce
4. Annual educational neglect outreach to all LEA’s
5. Automated feedback system regarding CFSA screening



**22. How many children did CFSA remove, by age and reason for removal, in FY21 and FY22? In FY23, to date?**

**Total number of unique children in FY21 = 248 (252 Removals)**

**Total number of unique children in FY22 = 199 (201 Removals)**

**Total number of unique children in FY23 = 41 (41 Removals)**

| Age          | FY 2021    | FY 2022    | FY 2023   |
|--------------|------------|------------|-----------|
| <1 year      | 45         | 49         | 8         |
| 1            | 17         | 12         | 4         |
| 2            | 15         | 11         | 1         |
| 3            | 14         | 4          | 1         |
| 4            | 10         | 13         | 1         |
| 5            | 15         | 7          | 2         |
| 6            | 12         | 9          | 0         |
| 7            | 9          | 8          | 2         |
| 8            | 11         | 6          | 1         |
| 9            | 12         | 9          | 0         |
| 10           | 11         | 9          | 1         |
| 11           | 10         | 10         | 3         |
| 12           | 10         | 8          | 5         |
| 13           | 14         | 11         | 1         |
| 14           | 12         | 8          | 5         |
| 15           | 15         | 10         | 3         |
| 16           | 8          | 6          | 2         |
| 17           | 12         | 11         | 1         |
| 18           | 0          | 0          | 0         |
| <b>Total</b> | <b>252</b> | <b>201</b> | <b>41</b> |

**Note:**

Age is calculated as of the entry date.

| Removal Reason  | FY 2021 | FY 2022 | FY 2023 |
|---|---------|---------|---------|
| Abandonment   | 6       | 7       | 2       |
| Alcohol Abuse (Parent)                                | 10      | 13      | 0       |
| Caretaker ILL/ Unable to Cope                         | 13      | 11      | 1       |
| Caretaker's Alcohol Use                               | 0       | 0       | 1       |
| Caretaker's Drug Use                                  | 0       | 0       | 3       |
| Caretaker's Significant Impairment-Cognitive          | 0       | 0       | 1       |
| Caretaker's Significant Impairment-Physical/Emotional | 0       | 0       | 2       |
| Child's Behavior Problem                              | 10      | 14      | 5       |
| Child's Disability                                    | 1       | 0       | 0       |
| Death of Parent(s)                                    | 2       | 2       | 0       |
| Domestic Violence                                     | 0       | 0       | 4       |

| <b>Removal Reason</b>             | <b>FY 2021</b> | <b>FY 2022</b> | <b>FY 2023</b> |
|-----------------------------------|----------------|----------------|----------------|
| Drug Abuse (Parent)               | 34             | 26             | 3              |
| Educational Neglect               | 0              | 0              | 2              |
| Inadequate Housing                | 2              | 8              | 0              |
| Incarceration of Parent(s)        | 2              | 17             | 1              |
| Medical Neglect                   | 0              | 0              | 2              |
| Neglect (Alleged/Reported)        | 186            | 157            | 25             |
| Physical Abuse (Alleged/Reported) | 38             | 33             | 4              |
| Psychological or Emotional Abuse  | 0              | 0              | 1              |
| Relinquishment                    | 6              | 6              | 3              |
| Sexual Abuse (Alleged/Reported)   | 8              | 0              | 0              |
| Voluntary                         | 2              | 3              | 0              |
| <b>Total</b>                      | <b>252</b>     | <b>201</b>     | <b>41</b>      |

**Note:** Totals not provided as a child may have multiple removal reasons.

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

| <b>FTM held before removal</b> |    |
|--------------------------------|----|
| <b>FY22</b>                    | 63 |
| <b>FY23</b>                    | 11 |

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

| <b>FTMs held within 72 hours of removal</b> |    |
|---|----|
| <b>FY22</b>                                 | 18 |
| <b>FY23</b>                                 | 3  |

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

Our current FACES data system does not track identification of non-custodial parents prior to removal. However, in all removals, CFSA requests the name and contact information of all non-custodial parents and submits a mandatory referral to the Diligent Search Unit requesting information on all prospective parents/kin.

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

The chart below indicates the families that had kin identified prior to removal through the pre-removal/at-risk of removal FTM process. This does not mean, however, that the child went on to be placed with that identified kin or that they were able to be licensed.

| Kin Identified Before Removal |     |
|-------------------------------|-----|
| FY22                          | 116 |
| FY23                          | 26  |

- 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 Calls*               | FY2021     | FY2022     | FY2023    |
|------------------------------|------------|------------|-----------|
| 0                            | 26         | 23         | 8         |
| 1                            | 92         | 69         | 10        |
| 2 - 3                        | 77         | 80         | 10        |
| 4 - 5                        | 38         | 22         | 12        |
| 6+                           | 19         | 7          | 1         |
| <b>Total No. of Removals</b> | <b>252</b> | <b>201</b> | <b>41</b> |

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

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

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

- f. How many pre-removal family team meetings were held in FY22? In FY23, to date?

| # of pre-removal (at-risk) FTMs |     |
|---------------------------------|-----|
| FY22                            | 253 |
| FY23                            | 59  |

- g. How many of these children were placed in emergency or short-term placements in FY22? In FY23, to date?

The total number of children who were placed in emergency or short-term placements in FY22 was 20. The total number in FY23 was five.

**h. What is voluntary removal and relinquishment? Identify the statutory authority for removal on these bases.**

When a parent enters into a “voluntary placement agreement” with CFSA, it is considered a “voluntary removal”. It permits a parent to voluntarily agree for their child to be placed by CFSA for a period of time not to exceed 90 days. See DC Code § 4-1303.03(a)(2). Relinquishment generally refers to the voluntary release or surrender of all parental rights and duties. The D.C. Code outlines two ways for voluntary relinquishment:

- Newborn Safe Haven - D.C. Code § 4-1451.05 - Under the Newborn Safe Haven law, relinquishment of parental rights takes place upon surrender of the child. “Surrender” means to bring a newborn to an Authorized Receiving Facility during its hours of operation and to leave the newborn with personnel of the Authorized Receiving Facility. This surrender does not necessarily constitute a basis for a finding of abuse, neglect, or abandonment. CFSA takes physical custody of the surrendered child. D.C. Code § 4-1451.02.
- Adoption – D.C. Code § 4-1406: When parents voluntarily relinquish their parental rights, the Agency is vested with parental rights and may consent to the adoption of the child pursuant to the statutes regulating adoption procedure.

**a. How many children were the subjects of voluntary placement agreements in FY22? In FY23, to date?**

There were no children who were subjects of voluntary placement agreements in FY22 or in FY23.

**i. How many were reunited with their parents within 90 days?**

Not applicable. Please see answer above to part (a).

**ii. How many ever reunited with their parents?**

Not applicable. Please see answer above to part (a).

**b. Does CFSA routinely encourage parents to enter voluntary placement agreements?**

CFSA effectuates voluntary placement agreements on a case-by-case basis, depending on individual circumstances.

**c. What are the benefits of entry into a voluntary placement agreement?**

The benefits of entering a voluntary placement agreement are as follows:

- Allows for the child/youth, on a short-term basis, to receive mental health and/or behavioral services until a long-term care plan can be developed.
- Parent/caretaker is not placed on the Child Protective Registry as there is no evidence of abuse and/or neglect.
- Has no court involvement.

**d. What services are available to temporary caregivers caring for children pursuant to these agreements?**

The same services that would be available to the biological parent/caregiver.

**e. How do those services compare to the services available to children in foster care?**

Children under a voluntary placement agreement receive the same services as children committed to the care of CFSA. However, these services are provided on a short-term basis of 90 days while CFSA works with the parent and other providers to develop a long-term plan of care.

**f. How does CFSA decide whether to encourage a family to enter into a voluntary placement agreement?**

CFSA assesses the following when deciding whether to encourage a family to enter into a voluntary placement agreement:

1. Whether there any allegations of abuse or neglect against the parent/caregiver;
2. Whether the family came to CFSA's attention because the child needs treatment to stabilize mental health or behavioral challenges; and
3. Would an agreement prevent the child from entering the foster care system but allow for the needed services to be put in place.

Based on the results of this assessment, CFSA would decide next steps.

**23. How many neglect petitions did CFSA file in Family Court in FY21? In FY22? In FY23, to date?**

**a. How many children were the subject of a neglect petition filed by CFSA in Family Court in FY22 and in FY23, to date?**

| <b>FY</b>   | <b>Number of Children</b> |
|-------------|---------------------------|
| <b>FY21</b> | 225                       |
| <b>FY22</b> | 187                       |
| <b>FY23</b> | 36                        |

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

| <b>FY</b>   | <b>Number of Children</b> |
|-------------|---------------------------|
| <b>FY21</b> | 152                       |
| <b>FY22</b> | 112                       |
| <b>FY23</b> | 27                        |

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

| <b>FY</b>   | <b>Number of Children</b> |
|-------------|---------------------------|
| <b>FY21</b> | 73                        |
| <b>FY22</b> | 75                        |
| <b>FY23</b> | 9                         |

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

For all of the children listed, CFSA collects data to identify whether there were subsequent hotline calls, removals, or open In-Home cases. Note that these categories are not exclusive, so children may appear across multiple categories.

In FY21, there were 28 children who were no-papered.

In FY22, 24 children had cases that were no-papered. There were no subsequent hotline calls, removals, or open In-Home cases. Twenty children have not had any further calls to the hotline or any removals. Eight children have an open in-home case which remains open as of January 2023.

In FY23, two children had cases that were no-papered. Neither child had additional referrals or removals, and one has an open in-home case.

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

When a screened-in allegation results in an investigation but does not result in removal or court involvement, the family may be referred to their local Collaborative for services or to the CFSA In-Home administration for services and support.

CFSA tracks the following for families referred to the Collaboratives:

- Service linkage and attendance
- Additional substantiated CPS reports during Collaborative involvement or within six months of Collaborative case closure

CFSA tracks the following for families referred for an In-Home case:

- The average length of time the In-Home cases remain open
- Repeat maltreatment on open In-Home cases
- Whether the families receive court involvement after the In-Home case opening through community papering or a removal. This will allow CFSA to understand better contributing factors that may lead to re-maltreatment and ways to prevent maltreatment from reoccurring.

**24. Regarding Early Interventions for At-Risk Newborns, provide an update on the Agency’s policies for newborns with positive toxicology results, including the following:**

- a. The number of Hotline calls received regarding newborn toxicology in FY22 and FY23, to date;**

| <b>Fiscal Year</b> | <b>Total number of hotline calls received regarding newborn toxicology (a)</b> | <b>Number of calls that resulted in an in-home wellness visit (b(ii))</b> | <b>Number of calls that resulted in an investigation (b(iii))</b> | <b>Total number of Hotline calls resulting in the agency providing information and referral (d)</b> | <b>The number of these Hotline calls that resulted in removal (e)</b> |
|--------------------|--|---|---|---|---|
| <b>FY22</b>        | 189  | 125   | 189   | 0   | 12  |
| <b>FY23</b>        | 44   | 28  | 44  | 0   | 1   |

- b. The number of calls that resulted in (i) no in-person follow-up; (ii) an in-home wellness visit; (iii) an investigation; or (iv) some other arrangement;**

See response to question 24(a).

- c. The most prevalent reasons for in-home visits and full investigations;**

CFSA currently requires that all positive toxicology reports for newborns be screened to determine if there is a need to open a CPS investigation. All reports require the following:

- Referral to the CFSA Office of Well Being for intervention by the CFSA nursing staff
- Development of an intervention plan
- Completion of home visits to ensure a safe environment

- Establishment of contact with the parent, caregivers, siblings, and other household members to assess safety and risk; and
- Submission of other referrals as needed.

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

See response to question 24(a).

**e. The number of Hotline calls that resulted in removal.**

See response to question 24(a).

**25. Please describe the tools and training provided to investigative social workers that enable them to achieve CFSA’s goal of being culturally responsive to families and address any issues of economic and class bias, particularly when investigating of allegations of “inadequate supervision.”**

Investigative social workers receive information about culturally responsive considerations across many required pre-service (new social worker) training offerings, such as “Family-Centered Practice”, “From Prevention to Permanency”, and “Motivational Interviewing”. The “Cultural Humility” in-service course includes information about the role of poverty, bias, and its relationship to decision-making about allegations. Supervisors may also discuss the impact of poverty on allegations during clinical supervision. During FY22 and into FY23, CFSA staff were required to complete the “Understanding Race Equity in Child Welfare” training. This focuses on understanding implicit personal biases, recognizing their impact, and being culturally responsive while applying a racial equity lens to social work practice. To date, 53 percent of staff have completed this training.

**26. Please explain what factors investigative social workers use to distinguish “Inadequate Housing” and “Exposure to Unsafe living conditions” from the consequences of poverty.**

The role of the investigative social worker is to assess the needs of the family and their ability to access resources to meet those needs. If the family is suffering from inadequate housing and/or exposure to unsafe living conditions, the social worker provides referrals for services to meet the needs and ensure a safe living environment. Neglect might be present only if the parent or guardian does not take proper steps to address those issues after being provided with resources.



## Health and Mental Health Care

**27. Provide the following information regarding medical and dental screenings for children who are entering foster care or who are wards of CFSA:**

- a. The number and percentage of children who entered foster care in FY22 and FY23, to date, that received health screenings prior to placement;**

| <b>Fiscal Year</b> | <b># of Removals</b> | <b># of Youth Requiring Health Screening Prior to Placement</b> | <b># of Youth Receiving a Health Pre-Placement Screening</b> |
|--------------------|----------------------|---|--|
| <b>FY22</b>        | 201                  | 175   | 159 (91%)  |
| <b>FY23</b>        | 41                   | 36  | 31 (86 %)  |

Note: Children who are hospitalized do not require a screening prior to placement; they are medically cleared by the hospital attending physician upon discharge. Other children who may not receive screenings include children in absence or placed in correctional facilities.

- b. The number and percentage of children who entered foster care in FY22 and FY23, to date, that received medical and dental evaluations within 30 days of placement;**

| <b>Fiscal Year</b> | <b># of Removals</b> | <b># of Youth Requiring Medical Evaluation within 30 days of Placement</b> | <b># of Youth Receiving a Medical Evaluation within 30 days of Placement</b> |
|--------------------|----------------------|--|--|
| <b>FY22</b>        | 201                  | 171  | 151 (88%)  |
| <b>FY23</b>        | 41                   | 25   | 22 (88%)   |

  

| <b>Fiscal Year</b> | <b># of Removals</b> | <b># of Youth Requiring Dental Evaluation within 30 days of Placement</b> | <b># of Youth Receiving a Dental Evaluation within 30 days of Placement</b> |
|--------------------|----------------------|---|---|
| <b>FY22</b>        | 201                  | 116   | 17 (15%)  |
| <b>FY23</b>        | 41                   | 19  | 1 (5%)  |

- c. The number and percentage of children who were in foster care in FY22 and FY23, to date, that received health screenings within one year of their most recent screening;**

Currently, CFSA does not track the number and percentage of children in foster care that received health screenings within one year of their most recent screening. However, CFSA is in the process of developing a new child welfare information system and will explore tracking this in the future.

**28. For FY22 and FY23 to date:**

- a. How many medically fragile and developmentally delayed children and youth have entered care?**

| <b>Fiscal Year</b> | <b>Medically Fragile</b> | <b>Developmentally Delayed</b> |
|--------------------|--------------------------|--------------------------------|
| <b>FY22</b>        | 10                       | 8                              |
| <b>FY23</b>        | 3                        | 0                              |

- b. How many medically fragile and developmentally delayed children and youth have been identified in in-home cases?**

| <b>Fiscal Year</b> | <b>Medically Fragile</b> | <b>Developmentally Delayed</b> |
|--------------------|--------------------------|--------------------------------|
| <b>FY22</b>        | 10                       | 18                             |
| <b>FY23</b>        | 0                        | 0                              |

This data represents children who were referred to CFSA community nurses.

**29. For FY22 and FY23, to date, regarding the screening and referral of children age birth to three involved in substantiated cases of abuse and neglect:**

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

| <b>Fiscal Year</b> | <b>Total Children</b> |
|--------------------|-----------------------|
| <b>FY22</b>        | 491                   |
| <b>FY23</b>        | 42                    |

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

| <b>Fiscal Year</b> | <b>Total Children</b> |
|--------------------|-----------------------|
| <b>FY22</b>        | 430                   |
| <b>FY23</b>        | 39                    |

- c. How many of these children aged birth to three not entering foster care were screened for developmental delays and using what instrument(s)?**

Our goal is to screen all children. However, we can only do so with parental consent. In FY22, out of the 430 children not entering foster care, 39 children were screened using the Ages and Stages Questionnaire (ASQ-3). In FY23, out of the 39 children not entering foster care seven were screened using the ASQ-3.

| <b>Fiscal Year</b> | <b>Children Screened Using the Ages and Stages Questionnaire</b> |
|--------------------|--|
| <b>FY22</b>        | 39   |
| <b>FY23</b>        | 7  |

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

In FY22, out of the 39 children that were screened using the ASQ-3, eight children were referred to the Strong Start Early Intervention program for further evaluation (they met the criteria).

For FY23, out of the seven children that were screened using the ASQ-3, zero children were referred to Strong Start for further evaluation (none met the criteria).

| <b>Fiscal Year</b> | <b>Children Screened and Referred to Strong Start</b> |
|--------------------|---|
| <b>FY22</b>        | 8   |
| <b>FY23</b>        | 0   |

**30. Provide the following information regarding mental health services for children in foster care:**

- a. CFSA uses a quarterly tracking report to capture the timeliness of service inception following documented referrals for services. Provide all quarterly reports for each Choice Provider for the entirety of FY22 and all reports completed thus far in FY23.**

CFSA does not track this information quarterly as referrals are sent directly to the Department of Behavioral Health (DBH). However, we partner with DBH who tracks all referrals and services provided. The DBH staff who are co-located at CFSA connect children directly with providers. Enrollment with the provider occurred within an average of one day.

- FY22, CFSA referred 114 children and youth for behavioral health services.
- In FY23, CFSA referred 17 children for mental health services.

**b. What percentage of children entering foster care in FY22 received a mental health screening within 30 days of entry? In FY23, to date?**

| <b>Fiscal Year</b> | <b># of Children Eligible*</b> | <b># Received Mental Health Evaluation</b> | <b># and Percent of Children Received Mental Health Evaluation Within 30 Days of Entry</b> |
|--------------------|--------------------------------|--|--|
| <b>FY22</b>        | 53                             | 47   | 41 (89%)   |
| <b>FY23</b>        | 11                             | 6  | 5 (83%)  |

\*Eligible children represent children ages 5 and over children not currently connected to mental health services.

**i. As a result of these screenings, how many of these children were referred for further mental health evaluations with a mental health professional?**

In FY22 and FY23 Q1, no children were referred for further mental health evaluations because CFSA mental health staff conduct mental health evaluations on-site.

**ii. How many of these children completed the additional evaluations with a mental health professional?**

In FY22 and FY23 Q1, additional mental health evaluations were not required since CFSA conducts the mental health evaluations internally.

**c. What percentage of children who were in foster care in FY22 received the CAFAS/PECFAS every 90 days? In FY23, to date?**

In December 2019, CFSA stopped conducting aggregate tracking of the CAFAS/PECFAS assessment data. In FY22, of the 531 children/youth in foster care requiring case plans, 92 percent had a current case plan. In FY23, of the 531 children/youth in foster care requiring case plans as of Q1, 83 percent have a current plan.

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

In FY22, the average time between mental health evaluations and the delivery of therapy services was 21 days.

In FY23, the average time between mental health evaluations and the delivery of therapy services was 17 days.

**e. In FY22, and in FY23, to date, how many children, broken down by age and gender, had an episode of psychiatric hospitalization?**

In FY22, 21 unique children (eight males, 11 females, and two transgendered youth) had an episode of psychiatric hospitalization.

In FY23, 11 children (four males and seven females) had an episode of psychiatric hospitalization.

**FY22**

| Age          | 1 Episode | 2 Episodes or More | Total Children |
|--------------|-----------|--------------------|----------------|
| 6            | 0         | 0                  | 0              |
| 7            | 0         | 0                  | 0              |
| 8            | 1         | 0                  | 1              |
| 9            | 0         | 0                  | 0              |
| 10           | 1         | 0                  | 1              |
| 11           | 0         | 0                  | 0              |
| 12           | 2         | 0                  | 2              |
| 13           | 1         | 0                  | 1              |
| 14           | 5         | 0                  | 5              |
| 15           | 2         | 2                  | 4              |
| 16           | 0         | 1                  | 1              |
| 17           | 0         | 1                  | 1              |
| 18           | 1         | 1                  | 2              |
| 19           | 2         | 1                  | 3              |
| 20           | 0         | 0                  | 0              |
| <b>Total</b> | 15        | 6                  | 21             |

**FY22**

| Gender       | 1 Episode | 2 Episodes or More | Total Children |
|--------------|-----------|--------------------|----------------|
| Male         | 6         | 2                  | 8              |
| Female       | 8         | 3                  | 11             |
| Transgender  | 1         | 1                  | 2              |
| <b>Total</b> | 15        | 6                  | 21             |

**FY23**

| Age          | 1 Episode | 2 Episodes or More | Total Children |
|--------------|-----------|--------------------|----------------|
| 6            | 0         | 0                  | 0              |
| 7            | 0         | 0                  | 0              |
| 8            | 1         | 0                  | 1              |
| 9            | 0         | 0                  | 0              |
| 10           | 0         | 0                  | 0              |
| 11           | 0         | 0                  | 0              |
| 12           | 1         | 1                  | 2              |
| 13           | 1         | 0                  | 1              |
| 14           | 1         | 0                  | 1              |
| 15           | 2         | 0                  | 2              |
| 16           | 1         | 0                  | 1              |
| 17           | 2         | 0                  | 2              |
| 18           | 1         | 0                  | 1              |
| 19           | 0         | 0                  | 0              |
| 20           | 0         | 0                  | 0              |
| <b>Total</b> | <b>10</b> | <b>1</b>           | <b>11</b>      |

**FY23**

| Gender       | 1 Episode | 2 Episodes or More | Total     |
|--------------|-----------|--------------------|-----------|
| Male         | 4         | 0                  | 4         |
| Female       | 6         | 1                  | 7         |
| <b>Total</b> | <b>10</b> | <b>1</b>           | <b>11</b> |

- f. In FY22, and in FY23, to date, how many, and what percentage of, hospitalized children had more than one episode of psychiatric hospitalization?**

In FY22, six unique children (two males, three females, and one transgendered youth) or 29 percent of hospitalized children, had more than one episode of psychiatric hospitalization.

In FY23, one child (female) or nine percent of hospitalized children, had more than one episode of psychiatric hospitalization. See Q30(e) chart above.

- g. How many, and what percentage of, children in foster care spent time at a Psychiatric Residential Treatment Facility in FY22? In FY23, to date? Please break this information down by age.**

In FY22, 16 children, or two percent of children in foster care, spent time at a PRTF.

In FY23 Q1, four children or .7 percent of children in foster care, spent time at a PRTF. Break down by age at admission is below.

| <b>Age</b>   | <b>FY22 Children placed at a Psychiatric Residential Treatment Facility (PRTF)</b> |
|--------------|--|
| 9            | 0  |
| 10           | 4  |
| 11           | 0  |
| 12           | 0  |
| 13           | 3  |
| 14           | 3  |
| 15           | 2  |
| 16           | 2  |
| 17           | 2  |
| 18           | 0  |
| <b>Total</b> | <b>16</b>  |

| <b>Age</b>   | <b>FY23 Children placed at a Psychiatric Residential Treatment Facility (PRTF)</b> |
|--------------|--|
| 9            | 0  |
| 10           | 1  |
| 11           | 1  |
| 12           | 0  |
| 13           | 1  |
| 14           | 1  |
| 15           | 0  |
| 16           | 0  |
| 17           | 0  |
| 18           | 0  |
| <b>Total</b> | <b>4</b>   |

- h. How many referrals for evidence-based, specialized services (for example, 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 FY22? How many referrals has CFSA made in FY23, to date? For each fiscal year, identify how many referrals were made for cases in which children:**
- i. Had not been removed at the time of referral;**
  - ii. Were in foster care at the time of the referral; and**
  - iii. Were living under protective supervision following a period in foster care at the time of referral.**

In FY22, CFSA made 84 referrals for evidence-based, specialized services to DBH. In FY23, CFSA made 22 referrals for evidenced based, specialized services to DBH.

In FY22, CFSA therapists provided 46 children with evidence-based specialized services and other treatment modalities such as grief and loss or play therapy. In FY23, CFSA therapists provided 15 children with evidence-based specialized services and other treatment modalities such as grief and loss or play therapy.

CFSA made six referrals for evidence-based specialized services to MBI.

All the children were in foster care at the time of the referral.

- i. In FY22 and FY23, to date, how many diagnostic assessments were completed for youth who had an open investigation, family assessment, or abuse and neglect case with CFSA? How many of these assessments resulted in a recommendation for therapy?**

In FY22, 47 youth completed mental health evaluations, of whom 34 were recommended for therapy.

In FY23, eight youth completed mental health evaluations, of which eight were recommended for therapy.

- j. What treatment resources does CFSA offer for children who have attachment disorders?**

Children with attachment disorders can be treated by DBH clinicians, a private counseling agency under a contract with CFSA, or internal CFSA mental health therapists. CFSA therapists are trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT), grief and loss, and Trauma System Therapy (TST) treatment modalities.



**k. What training, if any, does CFSA provide to social workers and foster parents regarding attachment disorders?**

CFSA's Child Welfare Training Academy (CWTA) offers a six-hour course, "Attachment, Grief, and Loss," as an in-service training available to social workers and resource parents. Additionally, CWTA integrates information on attachment and attachment disorders throughout the new social worker pre-service and ongoing in-service training curricula.

**l. Describe the Agency's efforts to improve access to mental health services for children living in Maryland because of Agency action.**

Children in foster care placed in Maryland foster homes continue to be eligible for services in DC, and CFSA also contracts with a service provider in Maryland. In addition, NCCF has partnered with Maryland Family Resources to provide mental health services for District children placed in Maryland.

**m. What treatment resources does CFSA offer for children who have an autism spectrum disorder? What training, if any, does CFSA provide to social workers and foster parents regarding autism spectrum disorders?**

Children diagnosed with autism spectrum disorder (ASD) are enrolled with Health Services for Children with Special Needs (HSCSN) to receive treatment, including behavioral therapy services and medication management as needed. They may also receive speech, language, occupational therapy, and social skills through education programming as indicated on their Individual Education Plan (IEP).

CWTA currently provides social workers, family support workers, resource parents, nurses, and CFSA community partners with a three-hour autism spectrum disorder course. The course includes a review of ASD symptoms and diagnoses according to the Diagnostic and Statistical Manual guidelines of Mental Disorders, Fifth Edition (DSM-5). The course reviews interventions and best practices for children and youth diagnosed with ASD. Also discussed are perspectives on the disorder's impact on service delivery for the families in the District.

**n. Describe the process for connecting children entering foster care with behavioral health services when they come into care, including:**  
**i. Distinctions among mental health evaluations, screenings, and assessments;**

Within the CFSA internal mental health unit:

- A mental health evaluation is a review of the child's overall level of mental health functioning, including current and historical psychiatric and psychological symptoms and behaviors to determine the presence of a clinical diagnosis.
- An initial screening is used to determine if a youth is stable for placement.

- An assessment is a tool that is utilized during mental health evaluations to assist in the diagnostic process.
- ii. The circumstances under which a child will go directly to a CFSA in-house therapist as opposed to directly to DBH; and**

A child will go directly to a CFSA in-house therapist if the child is not already connected to a DBH mental health provider.

- iii. The process for transitioning children from CFSA to DBH (including the process for determining when to make this transition, the average amount of time it takes to make this transition, and whether the transition includes a warm handoff between providers).**

CFSA has a contract with MBI Health Services, LLC, a certified mental health provider, to transition youth for long-term services when the most recent treatment plan identifies goals that require clinical intervention beyond one year.

CFSA initiates most referrals to MBI within one business day of discharge and the mental health supervisor confers directly with the two MBI therapists assigned to this contract to discuss key information needed for the transition and warm hand-off. Furthermore, referral information is discussed with MBI during monthly contract meetings to address additional information or needs.

**31. Please provide an update on the Agency’s mobile crisis stabilization services and a detailed description of all available mobile crisis stabilization services for youth in foster care and resource parents in FY22 and FY23 to date.**

CFSA utilizes a multi-faceted approach to crisis stabilization and increased placement stability for children and youth in foster care. This approach includes:

Resource Parent Support Workers (RPSWs):

- Each CFSA resource home has a dedicated RPSW who provides supportive interventions and parent-coaching needed to manage situations that may result in placement instability or disruption.
- During business hours (at times beyond), RPSWs respond to calls from resource parents for crisis management, either by phone or in-person.
- One RPSW has a tour of duty through 7:30pm to offer resource parent’s short-term, crisis intervention support. This RPSW is available for immediate dispatch to support and resolve situations going on in the home.
- During business hours, these team members collaborate with the assigned Social Worker, Resource Parent and Child (if age appropriate) to strengthen existing supports and provide face-to-face response until the situation has stabilized.

The REACH Support Line-The RPSWs staff the REACH Resource Parent Support Line, which provides after hours telephone consultation and support to help mitigate crises. The line is operational Monday-Friday from 5pm- 1am and Saturday, Sunday, and on holidays from 9am- 1am.

Child and Adolescent Mobile Psychiatric Service (ChAMPS)-an emergency response service operated by Catholic Charities, for children, teenagers and adolescent adults who are having a mental health or behavioral health crisis. This service is provided at no cost to District residents and DC foster children in foster placement in Maryland. The service is available 24 hours a day, seven days a week for children and youth in foster care ages 6-21.

Individual external mental health treatment teams-For some children and youth in care, crisis management is incorporated into their mental health treatment plan. When these children and youth are in a crisis situation, the external mental health team is generally best suited to provide support because they understand the child’s needs and which interventions will be most effective. Resource parents are made aware of this team’s role in the life of the child, and about how to reach them.

**a. During FY22, how many calls for crisis mobilization services has CFSA and/or its vendors received? FY23, to date?**

|             |    |
|-------------|----|
| <b>FY22</b> | 52 |
| <b>FY23</b> | 23 |

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

|             |    |
|-------------|----|
| <b>FY22</b> | 45 |
| <b>FY23</b> | 23 |

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

|             |   |
|-------------|---|
| <b>FY22</b> | 7 |
| <b>FY23</b> | 0 |

**iii. How many of these calls resulted in a dispatch of services to the youth's location?**

|             |   |
|-------------|---|
| <b>FY22</b> | 3 |
| <b>FY23</b> | 3 |

**iv. How many of these calls resulted in the youth being hospitalized?**

|             |   |
|-------------|---|
| <b>FY22</b> | 0 |
| <b>FY23</b> | 2 |

**b. How has the Agency evaluated the effectiveness of mobile crisis stabilization services?**

There is no formal evaluation of CFSA's crisis response supports. CFSA does, however, track performance through indicators related to placement stability on a monthly basis to measure effectiveness.

- i. If an evaluation has been done, provide a summary of the results and attach a copy of the composite results.**
- ii. If no evaluation has been done, 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.**

See response to question 31(b).

**c. Are there any other mental health/crisis supports and services available?**

Catholic Charities currently operates ChAMPS, under a contract with DBH, and these services are offered District wide.

**d. What hours of the day/days of the week are each of the services available and how are they accessed?**

- RPSW support is available during business hours and is accessed by calling the assigned worker or supervisor. There are currently 10 resource parent support workers.
  - An additional dedicated crisis support RPSW is available Monday-Friday from 11am-7:30pm and can be accessed through the assigned RPSW or the REACH line.
- The REACH Resource Parent Support Line is available Monday-Friday 5pm-1am, Saturday, Sunday and on holidays 9am-1am.

- ChAMPS services are available 24 hours a day, seven days a week for children and youth in foster care ages 6-21.
- The members of a child’s mental health team are available in accordance with that child’s individualized treatment plan.

**32. Provide the number of children served by the in-house mental health providers hired by CFSA in FY22 and FY23, to date. Include the following information for each child:**

- Length of service;**
- Type of service; and**
- Whether service was transitioned to an external provider, and if so, what the amount of time was between the cessation of treatment by the CFSA mental health provider and the resumption of treatment by the external provider.**

**FY22**

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|---------------------|-------------------|--------------------------------|
| 1      | 9/12/2022        | Active         | 128                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 2      | 9/12/2022        | Active         | 128                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 3      | 9/6/2022         | Active         | 134                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 4      | 9/5/2022         | Active         | 135                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 5      | 8/18/2022        | Active         | 153                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 6      | 8/16/2022        | Active         | 155                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 7      | 8/15/2022        | Active         | 156                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 8      | 7/26/2022        | Active         | 176                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 9      | 7/18/2022        | 10/25/2022     | 99                       | Individual Therapy | Yes                               | 12/12/2022          | Peace Program     | 35 days                        |
| 10     | 6/30/2022        | 9/14/2022      | 76                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 11     | 6/29/2022        | 9/2/2022       | 65                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|---------------------|-------------------|--------------------------------|
| 12     | 6/28/2022        | 9/14/2022      | 78                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 13     | 6/9/2022         | Active         | 223                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 14     | 6/6/2022         | Active         | 223                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 15     | 5/25/2022        | 10/25/2022     | 226                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 16     | 5/5/2022         | 12/31/2022     | 258                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 17     | 5/4/2022         | 10/25/2022     | 259                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 18     | 4/25/2022        | 6/14/2022      | 268                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 19     | 4/21/2022        | 6/7/2022       | 272                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 20     | 4/7/2022         | Active         | 286                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 21     | 4/6/2022         | Active         | 287                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 22     | 3/30/2022        | Active         | 294                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 23     | 3/29/2022        | 7/1/2022       | 94                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 24     | 3/24/2022        | 4/14/2022      | 21                       | Individual Therapy | Yes                               | 4/14/2022           | MBI               | 15                             |
| 25     | 3/22/2022        | Active         | 302                      | Individual Therapy | N/A                               | N/A                 | N/A               | N/A                            |
| 26     | 3/16/2022        | 12/31/2022     | 290                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 27     | 3/11/2022        | 6/14/2022      | 95                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 28     | 3/9/2022         | 10/25/2022     | 230                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 29     | 3/8/2022         | 4/18/2022      | 41                       | Individual Therapy | Yes                               | 4/20/2022           | Community of Hope | 2 days                         |
| 30     | 3/2/2022         | Active         | 322                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|---------------------|-------------------|--------------------------------|
| 31     | 3/1/2022         | Active         | 323                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 32     | 2/15/2022        | Active         | 337                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 33     | 2/8/2022         | 7/5/2022       | 147                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 34     | 2/8/2022         | 9/30/2022      | 234                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 35     | 2/7/2022         | 9/23/2022      | 228                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 36     | 2/7/2022         | 9/23/2022      | 228                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 37     | 2/1/2022         | 10/25/2022     | 266                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 38     | 1/31/2022        | 9/1/2022       | 213                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 39     | 1/24/2022        | Active         | 359                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 40     | 1/24/2022        | Active         | 359                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 41     | 1/7/2022         | 4/1/2022       | 84                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 42     | 11/24/2021       | 1/19/2022      | 56                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 43     | 11/22/2021       | 3/31/2022      | 129                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 44     | 11/10/2021       | Active         | 434                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 45     | 11/9/2021        | 9/8/2022       | 303                      | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |
| 46     | 9/6/2021         | 11/19/2021     | 74                       | Individual Therapy | No                                | N/A                 | N/A               | N/A                            |

**FY23**

| Client | Start of services | End of service | Length of Service (days) | Type of service    | Transition to external provider | Intake Date | External Provider | Time between transition (days) |
|--------|-------------------|----------------|--------------------------|--------------------|---------------------------------|-------------|-------------------|--------------------------------|
| 1      | 12/28/22          | Active         | 29                       | Individual Therapy | N/A                             | N/A         | N/A               | N/A                            |
| 2      | 11/30/22          | Active         | 57                       | Individual Therapy | N/A                             | N/A         | N/A               | N/A                            |
| 3      | 11/29/22          | Active         | 58                       | Individual Therapy | N/A                             | N/A         | N/A               | N/A                            |
| 4      | 10/28/22          | 12/30/22       | 63                       | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 5      | 10/28/22          | 12/30/22       | 63                       | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 6      | 10/17/22          | Active         | 101                      | Individual Therapy | N/A                             | N/A         | N/A               | N/A                            |
| 7      | 10/12/22          | Active         | 106                      | Individual Therapy | N/A                             | N/A         | N/A               | N/A                            |
| 8      | 10/12/22          | Active         | 106                      | Individual Therapy | N/A                             | N/A         | N/A               | N/A                            |
| 9      | 7/18/22           | 10/25/22       | 99                       | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 10     | 5/25/22           | 10/25/22       | 153                      | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 11     | 5/5/22            | 12/31/22       | 240                      | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 12     | 5/4/22            | 10/25/22       | 174                      | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 13     | 3/16/22           | 12/31/22       | 290                      | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 14     | 3/9/22            | 10/25/22       | 230                      | Individual Therapy | No                              | N/A         | N/A               | N/A                            |
| 15     | 2/1/22            | 10/25/22       | 266                      | Individual Therapy | No                              | N/A         | N/A               | N/A                            |



**33. There are many parents with in-home cases who need immediate mental health services in order to comply with their case plans. What is CFSA doing to increase the supply of needed mental health services for parents and children with in-home cases?**

CFSA In-Home families access mental health services through DBH, whose responsibility is to ensure there are adequate mental and behavioral health support to children and adults in the District. CFSA and DBH work collaboratively to address families' immediate and on-going mental health needs to achieve better outcomes for families. When an In-Home worker has difficulty with linking clients to DBH services, CFSA's Office of Well-Being (OWB) can assist. They act as liaisons between CFSA and DBH, and they can link In-Home clients to CFSA contracted mental health providers when deemed appropriate.

**a. Please provide details regarding CSFA's and DBH's collaborative efforts to provide mental health services to CFSA's in-home families.**

See Response to Question 33

**34. Provide the number of youth who changed mental health care providers as a result of contractual or administrative changes during FY21, FY22, and FY23, to date.**

In FY21, no youth changed mental health providers as a result of contractual or administrative changes.

In FY22, two youth experienced a change in mental health providers as a result of contractual or administrative changes. Community Connections discontinued mental health services to children and youth.

In FY23 Q1, one youth experienced a change in a mental health provider. A youth was transferred to Better Morning for Community Based Intervention (CBI) Services when Outreach Solutions, a specialty provider in the DBH network, stopped providing this service.

**35. Provide the following responses for FY21, FY22, and FY23, to date:**

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

In FY21, 252 youth entered foster care and 66 of those youth were eligible for substance abuse screening. Of those 66 eligible youth, 19 consented to substance abuse screening. Based on the screening administered, the most commonly used drug was THC (marijuana).

In FY22, 201 youth entered foster care and 59 of those youth were eligible for substance abuse screening. Of those 59 eligible youth, 22 consented to substance abuse screening. Based on the screening administered, the most commonly used drug was THC (marijuana).

In FY23 Q1, 41 youth have entered foster care and 20 of those youth were eligible for substance abuse screening. Of those 20 eligible youth, seven consented to a substance abuse screening. Based on the screening administered, the most commonly used drug was THC (marijuana).

**b. 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 at their first scheduled appointments?**

- In FY21, 53 youth were referred for an assessment by an ASTEP provider. Of the 53 youth, 19 youth agreed to an assessment, of which 11 were no shows.
- In FY22, 62 youth were referred for an assessment by an ASTEP provider. Of the 63 youth, 18 agreed to an assessment, of which eight were no shows.
- In FY23, 10 youth were referred for an assessment by an ASTEP provider. Of the 10 youth, two youth agreed to an assessment, of which one youth was a no show.

When youth do not show up to their appointments, CFSA attempts to reach out to the youth to re-engage.

**i. What, if any, common themes did the youth provide in their explanations of not showing up to their assessment appointments?**

Denial of substance use/abuse was the common theme for not attending assessment appointments.

**c. Of the youth assessed, how many successfully linked to services?**

- In FY21, seven of the eight youth assessed were successfully linked to services.
- In FY22, eight of the ten youth assessed were successfully linked to services.
- In FY23, one of the two youth was assessed, no youth were successfully linked to services.

**36. Provide the number of children who suffered fatal incidents while in CFSA care with a breakdown of whether the child was in-home, in foster care, reunified, or otherwise placed.**

In CY22, there were seven fatalities with active CFSA involvement at the time of their death. Two were in foster care, three had an open In-Home investigation, and two had an active CPS investigation.

For CY23, as of 1/26/23, one fatality has been reported with active agency involvement at the time of the fatality; this fatality involved a 20-year-old youth in foster care.

**Identifying, Documenting, and Providing Services to Survivors of CSEC and Trafficking**

**37. How many referrals did CFSA receive from MPD regarding minors alleged to be commercially sexually exploited in FY22 and in FY23, to date?**

| FY      | Accepted   |              |                      |      |               |           |          | Accepted Linked | Total # of Calls |
|---------|------------|--------------|----------------------|------|---------------|-----------|----------|-----------------|------------------|
|         | Incomplete | Inconclusive | Linked Investigation | Open | Substantiated | Unfounded | Subtotal |                 |                  |
| FY 2022 | 1          | 1            | 0                    | 0    | 4             | 5         | 11       | 1               | 12               |
| FY 2023 | 0          | 0            | 1                    | 1    | 1             | 0         | 3        | 0               | 3                |

Note: 'Law Enforcement Officer' as a relationship to report or selected as 'Officer/MPD' checkbox at the hotline screen are considered as referrals received from MPD.

**38. How many referrals did CFSA receive in FY22 and FY23, to date, where an alleged sex trafficker was a parent, guardian, or legal custodian? Provide the outcome of these calls and their corresponding referrals.**

**FY22**

| Allegation Type |                      | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q38) | Sexual exploitation/sex trafficking of a child by a non-caregiver (Q39) | Total Hotline Calls* |
|-----------------|----------------------|--|---|---|----------------------|
| Accepted        | Incomplete           | 1  | 2   | 12  | 13                   |
|                 | Inconclusive         | 0  | 1   | 11  | 12                   |
|                 | Linked Investigation | 0  | 0   | 0   | 0                    |
|                 | Open                 | 0  | 1   | 0   | 1                    |
|                 | Substantiated        | 1  | 1   | 17  | 17                   |
|                 | Unfounded            | 4  | 6   | 31  | 37                   |
| <i>Subtotal</i> |                      | 6  | 11  | 71  | 80                   |
| Accepted Linked |                      | 0  | 2   | 12  | 14                   |

| Allegation Type         | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q38) | Sexual exploitation/sex trafficking of a child by a non-caregiver (Q39) | Total Hotline Calls* |
|-------------------------|--|---|---|----------------------|
| Screened Out            | 0  | 0   | 0   | 0                    |
| <b>Total # of Calls</b> | <b>6</b>   | <b>13</b>   | <b>83</b>   | <b>94</b>            |

\*Note: the totals may not match because a hotline report may have multiple allegations.

**FY23**

| Allegation Type         | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q38) | Sexual exploitation/sex trafficking of a child by a non-caregiver (Q39) | Total Hotline Calls* |
|-------------------------|--|---|---|----------------------|
| Accepted                | Incomplete                                       | 1   | 0   | 1                    |
|                         | Inconclusive                                     | 0   | 0   | 0                    |
|                         | Linked Investigation                             | 0   | 0   | 1                    |
|                         | Open   | 0   | 0   | 1                    |
|                         | Substantiated                                    | 0   | 0   | 3                    |
|                         | Unfounded  | 0   | 2   | 0                    |
|                         | <i>Subtotal</i>                                  | <b>1</b>  | <b>2</b>  | <b>5</b>             |
| Accepted Linked         | 0  | 0   | 5   | 5                    |
| Screened Out            | 0  | 0   | 1   | 1                    |
| <b>Total # of Calls</b> | <b>1</b>   | <b>2</b>  | <b>11</b>   | <b>14</b>            |

\*Note: the totals may not match because a hotline report may have multiple allegations.

**39. How many referrals did CFSA receive in FY22 and FY23, to date, where the alleged trafficker was not a parent, guardian, or legal custodian? Provide outcomes for these calls and their corresponding referrals.**

See response to Question 38 above.

**40. What is the Agency’s plan for handling referrals made to CFSA where the alleged trafficker is a parent, guardian, or legal custodian? How will CFSA ensure that a referred child receives proper services? Provide copies of all updated internal guidance on handling such referrals to ensure referred children receive proper services.**

CFSA hotline workers process referrals using the CFSA Hotline Structured Decision-Making Screening and Assessment Tool. An investigation will occur if the referring source suggests sexual exploitation by a parent, guardian, or legal custodian. For those youth who are CFSA-involved, regardless of whether the alleged trafficker is a parent, guardian, or legal custodian, there is an internal CFSA Commercial Sexual Exploitation of Children (CSEC) case review held weekly. CSEC case reviews have a multidisciplinary team approach that includes the social work team, mental health provider, anti-trafficking agencies, caregiver, guardian ad litem (GAL), and

MPD (if involved). The purpose of these reviews is to discuss the identified risks associated with CSEC and the child's overall functioning and health while developing a plan of care to address any barriers such as mental health, substance abuse, domestic violence, safety, and placement. A representative from Courtney's House participates in CFSA CSEC case reviews to provide updates on their contact with the youth and the status of services being tracked by the youth's social work team.

*Attachments, Q40, AI Commercial Sexual Exploitation and Sex Trafficking Identification and Response; Q40, CSEC CPS Response to Child Sex Trafficking; and Q40, Human Trafficking Guide Updated November 17, 2016*

**41. What is the Agency's plan for handling referrals made to CFSA where the alleged trafficker is not a parent, guardian, or legal custodian? How will CFSA ensure that a referred child receives proper services? Provide copies of all updated internal guidance on handling such referrals to ensure referred children receive proper services.**

CFSA hotline workers process referrals using the CFSA Hotline Structured Decision-Making Screening and Assessment Tool. An investigation will occur if the referring source suggests sexual exploitation in the District of Columbia, for any youth even if alleged trafficker is not a parent, guardian, or legal custodian. For those youth who are CFSA-involved, regardless of whether the alleged trafficker is a parent, guardian, or legal custodian, there is an internal CFSA Commercial Sexual Exploitation of Children (CSEC) case review held weekly. CSEC case reviews have a multidisciplinary team approach that includes the social work team, mental health provider, anti-trafficking agencies, caregiver, guardian ad litem (GAL), and MPD (if involved). The purpose of these reviews is to discuss the identified risks associated with CSEC and the child's overall functioning and health while developing a plan of care to address any barriers such as mental health, substance abuse, domestic violence, safety, and placement. A representative from Courtney's House participates in CFSA CSEC case reviews to provide updates on their contact with the youth and the status of services being tracked by the youth's social work team.

*See Attachments for Q40.*

**42. What kind of screening occurs for youth referred on the basis of alleged commercial sexual exploitation? Provide a copy of the screening tool. Who conducts the screenings?**

There are several assessment approaches used by CFSA to identify victims of sex trafficking. Preliminarily, the social worker uses key indicators and red flags to determine whether a further assessment is needed. See Attachment: Q40 AI - Sex Trafficking Identification and Response.

If the child is the subject of a Child Protective Services report and the preliminary assessment suggests that child has been sexually exploited, a referral is made to one of the designated community resources specializing in commercial sexual exploitation/sex trafficking assessment and intervention.

Please see attachments for Question 40 (AI Commercial Sexual Exploitation and Sex Trafficking Identification and Response).

- a. Which, if any, sister agencies is CFSA coordinating with to properly screen and provide services to these youth? Did CFSA work with other agencies to develop their screening tool?**

CFSA worked with the Court Social Services Division to develop a screening tool. In addition, 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 allege 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): The nurse practitioner may confer with the DBH co-located staff for service referrals if the initial medical screening indicates evidence of sex trafficking.

Court Social Services Division (CSSD): The Child Guidance Clinic of the CSSD developed the Sex-trafficking Assessment Review (STAR), a brief, objective, non-intrusive, quantitative decision-making system for determining a youth's amount of commercial sexual exploitation of children (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 involving a youth impacted or thought to be impacted by sex trafficking.

**b. In FY22 and FY23, to date, how many, and what percentage of, CFSA staff members have been trained on human trafficking issues? How frequently do CFSA staff attend these trainings? What is covered in the training? What additional trainings are planned?**

In FY22, 90 staff members, and in FY23, six staff members received training. Staff must complete human trafficking training within one year of employment with the agency. Providing a percentage will not accurately reflect compliance due to staff members' resignations and hiring.

The Child Welfare Training Academy offers an introductory human trafficking session called "Human Trafficking Part 1" and a more in-depth "Human Trafficking Part 2". The "Human Trafficking Part 1" course explores the history of human trafficking, local and federal policies that guide practice in child welfare, and ways to support victims.

“Human Trafficking Part 2” focuses on recognizing the risk factors and conditions that place children and youth involved in the child welfare system at heightened risk for Commercial Sexual Exploitation of Children (CSEC). By the end of the session, participants can demonstrate best practice approaches in reducing the risk of victimization, engaging children and youth in screening, responding to CSEC indicators, and partnering to develop trauma-informed and strengths-based plans to promote safety and empowerment.

Both part 1 and part 2 of the Human Trafficking training are offered at least once per quarter. In FY22, the Child Welfare Training Academy (CWTA) updated the curriculum to be consistent with best practices as local and national trends changed and did not offer the session as frequently.

In addition to the trainings offered by CWTA above, the Child Protective Services administration identified a need to create a specialized training component for those social workers who are assigned CSEC referrals for investigation. In FY22, 30 CPS social workers were trained and for FY23 there are planned trainings in January and February. The course description is as follows:

CPS CSEC Training Course Description:

All CPS social workers and supervisors must have the knowledge and skills to respond to allegations of the Commercial Sexual Exploitation of Children (CSEC). This training is designed to educate CPS social workers on procedures and best practices for investigating CSEC allegations. Participants will learn what constitutes CSEC and the various laws which allow social workers to investigate these allegations. This training will include an overview of CFSA CSEC investigation data and will provide tools for identifying youth experiencing, or at risk of, CSEC. Trainees will learn the steps to take when completing a joint investigation with the Metropolitan Police Department (MPD) Youth Division and will hear best practices for addressing CSEC allegations from various members of the CSEC Multi-Disciplinary Team (MDT) to include MPD, CNMC, and the OAG. Participants will be trained in best practices when engaging youth and caregivers involved in CSEC investigations and effective approaches for addressing non-caregiver CSEC allegations will be explored. Community-based and internal

services for children and families experiencing CSEC will be reviewed to include a presentation from the National Center for Missing and Exploited Children (NCMEC). Symptoms of Secondary Traumatic Stress (STS) will be discussed as well as STS services. Finally, resources for further CSEC training opportunities will be provided.

**c. How many youth in CFSA’s care are survivors of sex trafficking? In which jurisdictions did the sex trafficking of those youth occur?**

See response to Question 44 below for data on youth in CFSA’s care that are survivors of sex trafficking. CFSA does not aggregate data on youth who have been exploited or trafficked in other jurisdictions. We do follow federal data point requirements which track if sex trafficking was a reason for/occurring at removal, if it occurred before care and/or while youth was in care, whether law enforcement was contacted when sex trafficking is found (include date of contact), and what the placement type may have been when youth was trafficked.

**d. Describe how the Agency is coordinating with law enforcement and child welfare agencies in other jurisdictions when youth in foster care are suspected to be trafficked outside of the District. Identify the number of cases where CFSA engaged in such coordination in FY22 and in FY23, to date.**

When there are youth suspected of being trafficked outside of the District, CFSA can utilize DC MPD to assist with coordinating with other law enforcement agencies. CFSA’s focus is on the child, not the alleged perpetrator. Investigations of perpetrators who are not family members is a criminal matter and outside of the scope of CFSA’s authority, regardless of jurisdiction.

CFSA does not specifically track or report on the number of times the Agency coordinates with law enforcement or child welfare agencies in other jurisdictions for the sole reason of a youth in the District’s care being trafficked outside of the District. CFSA does track how many referrals came from law enforcement directly (as the reporter), and how many required CFSA to notify law enforcement when they were not the reporter.

**43. Provide an update on the placement options CFSA currently has to house youth who have been identified as, or are at-risk of, being trafficked.**

**a. How many of these placements currently exist and what is the capacity of each existing placement?**

CFSA does not have placements exclusively for youth who have been identified as, or are at-risk of, being trafficked. The Agency continues to work with community partners who have expertise in this area to provide support in the youth’s existing resource home or congregate placement. CFSA has also developed and implemented training for resource parents so that they are better able to manage the specific needs of this population.



**b. What plans does CFSA have to increase or improve placement options?**

CFSA continues to recruit resource parents with the ability to meet the needs of the youth in care, including individuals who may be interested in working with this specific population. In FY22, CFSA entered into a contract with PSI for Intensive Foster Care for up to 36 children/youth. Many of the youth who have experienced trafficking would be appropriate for intensive foster care, which includes highly skilled parents, additional training, and some home settings that are further from the District that allow for safety. In FY23, we anticipate entering into a contract for a therapeutic group home and a contract for an enhanced short-term emergency placement which we are calling “The Bridge”, both in DC, who will serve this population.

**c. Provide an update on CFSA’s Placement Administration’s efforts to identify resource families with special training as placement options for youth who have been identified as, or are at-risk of, being trafficked.**

All CFSA Resource Parents are mandated to complete annual training which includes instruction on supporting children and youth at high risk of being trafficked.

The Child Welfare Training Academy (CWTA) has also developed a four-module training for the agency’s new Trauma Informed Professional Parents (TIPP) to support development of competence and confidence in providing care to children and youth who have experienced trauma.

**44. In FY22 and in FY23, to date, how many children and youth under the care or supervision of the state has CFSA identified as being sex trafficked or at-risk of being sex trafficked?**

| <b>FY</b>   | <b>Foster Care</b> | <b>In-Home</b> | <b>Total # of Children</b> |
|-------------|--------------------|----------------|----------------------------|
| <b>FY22</b> | 8                  | 2              | 10                         |
| <b>FY23</b> | 0                  | 1              | 1                          |

**45. What is CFSA doing to prevent youth under the care or supervision of the state (including in foster care) from being commercially sexually exploited?**

- a. Has CFSA contracted with any community-based service providers to offer services to survivors of child sex trafficking and children at risk of being sex trafficked? Identify the providers with whom CFSA works and the services they offer.**

CFSA contracts with Courtney’s House to provide trauma recovery services to survivors of child sex trafficking and children at risk of being sex trafficked. The contract is designed to

support youth who have an active case with CFSA. Courtney's House's Survivor Hotline provides 24-hour crisis intervention services; and its drop-in center provides a safe environment for youth, support groups, workshops, and other therapeutic activities.

CFSA also contracted with FAIR Girls to provide support services to survivors of child sex trafficking and children at risk of being sex trafficked. FAIR Girls provides 24-hour crisis intervention services through its hotline, and it has a survivor support center. CFSA's contract with FAIR Girls was a preventive grant designed to support youth who are not in foster care. This grant ended in March 2022 and was not renewed.

**b. What services can CFSA provide to parents, guardians and caregivers who want assistance addressing a child's risk for being trafficked?**

Courtney's House provides support groups to parents, guardians and caregivers who want assistance addressing a child's risk for sex-trafficking. Courtney's House offers tips for parents, guardians, caregivers and children on what to look for and how to prevent sex trafficking.

CFSA refers caregivers to FAIR Girls, which provides supportive case management and educational services to parents and guardians who want assistance addressing their child's risk for sex-trafficking. This support includes tips for parents, guardians, and children on what to look for and how to prevent sex trafficking.

**c. In last year's oversight responses, the Agency stated that it would explore how other jurisdictions approach raising awareness in schools about the signs and risk factors of commercial sexual exploitation and make a recommendation. Please provide an update on this or plans to address raising awareness in DCPS or DCPCS.**

We have reached educators through our partnership with OSSE and our mandated reporter training which includes information on commercial sexual exploitation of children.

**46. CFSA has implemented a Multi-disciplinary Team to review cases that have a trafficking component.**

**a. List all MOAs, MOUs, and statutes that guide the Agency's information sharing practices during meetings of that team. Have there been any changes in the past year?**

There have been no changes in the past year. Currently, there are no other MOAs or MOUs in effect for the Multi-Disciplinary Team. However, revisions to the sexual abuse MOA are in the process and CFSA is working with MPD, OAG, Children's National Health System, and Safe Shores to complete the agreement during FY23.

- b. List all memoranda of understanding entered into by CFSA during FY22 and during FY23, to date, concerning the sharing of the personal information of children who have allegedly been commercially sexually exploited, as well as any memoranda of understanding currently in effect.**

CFSA does not have an MOA to share personal information; however, CFSA continues to collaborate with our partners to thoroughly investigate any report of sexual abuse or trafficking in Washington, DC.

CFSA and Court Social Services entered into a MOA in FY18 regarding CFSA’s use of the Sex-trafficking Assessment Review (STAR) assessment tool developed by Child Guidance Clinic.

- 47. Describe the involvement that CFSA has in DC Superior Court’s HOPE Court.**
  - a. How many cases did the Hope Court hear in FY22 and in FY23, to date?**

|             |          |
|-------------|----------|
| <b>FY22</b> | 21 cases |
| <b>FY23</b> | 18 cases |

- b. What further resources does CFSA need in order to effectively implement its role in the HOPE Court?**

CFSA is exploring with other D.C. health and human service agencies the need for local, specialized mental and behavioral health services.

**Education**

- 48. In FY22 and FY23, to date, provide the following information regarding foster youth school stability and continuity:**

- a. How many children who were removed and entered foster care changed schools within 1 month of their removal? 3 months? 6 months? 1 year?**
- b. How many children who changed foster care placements changed schools within 1 month of the placement change? 3 months? 6 months? 1 year?**

CFSA tracks school changes of foster youth by academic year. Of the 369 children in foster care who were enrolled in K-12th grade or a school-based pre-K (preschool) program at the end of School Year 2021-22, 61 (17%) experienced a change of school during the academic year.

Of the 61 youth who changed schools, 13 youth (21%) changed schools following a foster care placement change. The other 48 youth changed schools due to residential placement/detention, service needs, or child/guardian school choice or election.

Of the 366 children in foster care who are currently enrolled in K-12th grade or a school-based pre-K (preschool) program to date in School Year 2022-23, 21 (6%) have experienced a change of school since the start of the new academic year.

Of the 21 youth who changed schools, 4 youth (19%) changed schools following a foster care placement change. The other 17 youth changed schools due to residential placement/detention, service needs, or child/guardian school choice or election.

- c. How many children who were removed and placed into kinship care via safety plans changed schools within 1 month of their removal? 3 months? 6 months? 1 year?**

CFSA does not currently track how many children were removed and placed into kinship care via safety plans changed schools.

- d. How many foster children who were removed and entered foster care requested school stability transportation? 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 the requested transportation, explain why not.**

In FY22, there were 86 youth referred for school stability transportation. Of that total, 84 youth received the requested transportation. School stability transportation was provided for an average of 103 days. There were two youth referred for school stability transportation who did not receive the service in FY22. The reasons are as follows:

- One youth opted to self-transport to school.
- One youth refused to utilize the transportation support.

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

CFSA's OWB works with internal and external partners to ensure that transportation to support school stability is a priority. We offer informational forums to stakeholders and provide resource information. In addition, CFSA has a school transportation tip sheet that reviews specific criteria to qualify for and receive school transportation. The tip sheet is available on the CFSA website for resource parents and other stakeholders. Lastly, the transportation program specialist provides ongoing support to social workers and resource parents to notify them of changes, answer questions, or address concerns about transportation services.

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

In addition to the individual case outreach to social workers regarding school stability transportation services, OWB participates in staff and management team meetings, as well as provides pre-service training for new social workers to provide information and training about the transportation resource. The agency also has education tip sheets and FAQs including one specifically on the school stability and school transportation services provided by the Agency. These tip sheets are distributed at trainings and staff meetings, and they are accessible on the Education and Child Care Resources page on CFSA's website at <http://cfsa.dc.gov/page/educationresources>.

**g. Describe the agency's efforts in FY22 and FY23, to date, to improve school stability and continuity for youth who enter foster care or who change foster care placements while in care.**

In FY22 and FY23, to date, CFSA maintained its commitment to improve school stability and continuity for the youth in its care. CFSA continues to collaborate with the OSSE and various local education agencies to implement the provisions of Every Student Succeeds Act (ESSA) that support foster youth's school stability. In addition, CFSA continued to participate in monthly meetings convened by the Prince George's County schools to promote better coordination of services for DC youth enrolled in its schools and ensure legal compliance with ESSA school stability provisions.

**h. Describe the agency's efforts in FY22 and FY23, to date, to improve school stability and continuity for youth who enter into kinship care via safety plans.**

See question 48(g). CFSA offers the same services to improve school stability and continuity for all youth in care and does not delineate kinship care.

**How many children who entered foster care were assigned an IEP?**

In FY22, 23 youth entering foster care were assigned an IEP. In FY23 Q1, nine youth entering foster care were assigned an IEP.

**49. Provide a copy of the agreements negotiated by CFSA with the Office of the State Superintendent and Prince George's County Public Schools to access the standardized test scores of all District foster youth attending DC Public Schools Public Charter Schools and PGPCS who are required to take standardized tests. Indicate whether any of these agreements are new or have been altered since last year's performance oversight.**

CFSA attached its current data-sharing agreements with OSSE and the Prince George's County Public Schools (PGCPS) for accessing the standardized test scores of all District foster youth attending DC Public Schools (DCPS), Public Charter Schools (DCPCS) and PGPCS who are required to take standardized tests. The standardized tests scores provide an indicator of each

youth’s reading and math proficiency levels. No changes have been made to these documents since last year’s performance oversight.

*Attachments Q49, OSSE-CFSA Data Sharing Agreement, PGCPSS-CFSA Data Sharing Agreement*

- a. 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 data the agency has obtained on assessments of math proficiencies for foster care youth during SY 2021-22. This information was accessible to CFSA due to the data sharing agreements established with DC’s Office of the State Superintendent for Education and Prince George’s County Public Schools.

| <b>MATH PERFORMANCE</b>             | <b>Grades 3-8</b>                 |                                    | <b>Grades 9-12</b>                |                                    |
|-------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|
|                                     | <b>Number of Youth with Score</b> | <b>Percent of Youth with Score</b> | <b>Number of Youth with Score</b> | <b>Percent of Youth with Score</b> |
| Level 1: Did not meet expectations  | 49                                | 54%                                | 32                                | 73%                                |
| Level 2: Partially met expectations | 29                                | 32%                                | 4                                 | 18%                                |
| Level 3: Approached expectations    | 12                                | 13%                                | 2                                 | 9%                                 |
| Level 4: Met expectations           | 0                                 | 0%                                 | 0                                 | 0%                                 |
| Level 5: Exceeded expectations      | 0                                 | 0%                                 | 0                                 | 0%                                 |
| <b>TOTAL</b>                        | <b>90</b>                         | <b>100%</b>                        | <b>22</b>                         | <b>100%</b>                        |

Note: Due to rounding the totals may not add up to 100 percent. This data represents only school aged youth in care in grades 3–8 that were enrolled in Algebra I, Geometry, and English I and II who took PARCC test. As such, the number of youth with results for Math performance and English and literacy performance are not the same. Youth took the tests based on which course they were enrolled in last school year.

- b. 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.**

The following chart provides data the agency has obtained on assessments of English and literacy proficiencies for foster care youth during SY 2021-22. This information was accessible to CFSA due to the data sharing agreements established with DC’s Office of the State Superintendent for Education and Prince George’s County Public Schools.

| ENGLISH AND LITERACY 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 |
| <b>Overall Performance Score</b>           |                            |                             |                            |                             |
| <b>Level 1: Did not meet expectations</b>  | 51                         | 54.8%                       | 17                         | 65.4%                       |
| <b>Level 2: Partially met expectations</b> | 23                         | 24.7%                       | 4                          | 15.4%                       |
| <b>Level 3: Approached expectations</b>    | 14                         | 15.1%                       | 3                          | 11.5%                       |
| <b>Level 4: Met expectations</b>           | 5                          | 5.4%                        | 1                          | 3.8%                        |
| <b>Level 5: Exceeded expectations</b>      | 0                          | 0%                          | 1                          | 3.8%                        |
| <b>TOTAL</b>                               | 93                         | 100%                        | 26                         | 100%                        |

Note: Due to rounding the totals may not add up to 100 percent. This data represents only school aged youth in care in grades 3–8 that were enrolled in Algebra I, Geometry, and English I and II who took PARCC test. As such, the numbers of youth with results for Math performance and English and literacy performance are not the same. Youth took the tests based on which course they were enrolled in last school year.

**50. How many youths received tutoring in FY22 and to date in FY23?**

|             |     |
|-------------|-----|
| <b>FY22</b> | 103 |
| <b>FY23</b> | 46  |

- a. What is the total funding in the FY23 budget for tutoring? Explain any variance from FY22.**

CFSA’s FY23 tutoring budget was \$30,000. This represents a budget decrease of \$460,000, which is a result of CFSA transitioning foster care youth to the District’s high impact and academic acceleration programs in their schools and community funded by federal ESSR dollars.

- b. Identify each tutoring provider and the amount allocated in FY23. Explain any variance from FY22.**

Katie Helen’s Family Services was CFSA’s tutor vendor through October 2022. The FY23 budget for tutoring services is \$30,000. This represents a budget decrease in \$460,000 from FY22 due to the transition of tutoring services to school and community-based tutoring services and academic supports.

**c. How has tutoring affected impacted children’s 1) academic performance; 2) school stability; 3) ability to progress on to the next grade at school; and 4) ability to graduate from high school?**

1. Academic Performance: CFSA has data sharing agreements for students attending DCPS and PGPCS schools. Of the 103 students who received tutoring services last year, we can only access individual student level performance data on a little more than a quarter (26.2%) or 27 of the students, while the remaining students were enrolled in surrounding county public school districts (i.e., Montgomery or Charles County Public Schools) or private schools with whom we do not have data-sharing agreements. Based on our review of the 27 students’ academic performance in 61 courses (including Math, English or Reading) completed during the school year, 37.5 percent of youth achieved an increase in course grades, 37.5 percent of youth remained the same in course grades, and 25 percent of youth experienced a decline in grades.
2. School Stability: CFSA enrolls youth in tutoring services to improve youth’s academic performance. CFSA had a tutoring contract with a community provider, and we will be utilizing high impact school and community-based tutoring and academic services to support youth at their schools or in their communities.
3. Ability to progress on to the next grade at school: Of the 103 students who received tutoring service last year, CFSA was able to access data on student’s promotion status for 80 of the students. Of the 80 students, 67 (84%) were able to progress to the next grade in school, nine (11%) were retained, and four (5%) were in ungraded classrooms, GED programs, or other settings where grade progression does not apply.
4. Ability to graduate from high school: Of the students who received tutoring service while in the 12th grade last school year, two out of the four (50%) were able to graduate high school at the conclusion of the academic year.

**51. How many youth received mentoring services in FY22 and to date in FY23?**

In FY22, 98 youth received mentoring services. In FY23 Q1, 17 youth received mentoring services.

| <b>Mentoring Provider</b> | <b>FY22</b> | <b>FY23</b> |
|---------------------------|-------------|-------------|
| Best Kids                 | 54          | 0           |
| Credible Messenger        | 44          | 17          |
| <b>Total</b>              | <b>98</b>   | <b>17</b>   |



**a. What is the total funding in the FY23 budget for mentoring? Explain any variance from FY22.**

CFSA’s FY23 mentoring budget is \$242,000, which represents a budget decrease of \$262,868. The budget decrease is a result of CFSA not executing the option year contract with Best Kids, LLC.

**b. Identify each mentoring provider and the amount allocated in FY23. Explain any variance from FY22.**

Best Kids, Inc. was CFSA’s mentoring provider for youth (ages 6-15). In FY23, the option year contract was not executed, which represents a \$297,868 decrease from the FY22 allocation.

DYRS’ Credible Messenger initiative is a mentoring program for older youth (ages 14-21). The FY23 Credible Messenger budget is \$242,000, which represents an increase of \$35,000 from FY22 to reflect an increase in the number of youth to be served from 16 to 24 youth.

**c. What data is available to CFSA about how mentoring impacts the children who receive it?**

The following data is available to demonstrate the impacts of children in their program:

1. annual outcomes survey completed by participating youth and caregivers which measures social functioning, cognitive functioning, emotional/behavioral functioning, and the avoidance of risk behaviors;
2. monthly reports on goals for individual mentoring matches and progress towards those goals; and
3. qualitative information collected by Best Kids, such as mentoring success stories.

## **IN-HOME SERVICES & PREVENTION**

### **In-Home Visiting**

**52. Provide a detailed update regarding the Agency’s in-home cases, including:**

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

In-Home consists of 70 staff and is made up of 10 units that are located throughout the District within the communities of the families that we serve. The breakdown of staffing is as follows:

| <b>Position</b>            | <b>Filled</b> | <b>Vacant</b> |
|----------------------------|---------------|---------------|
| Administrator              | 1             | 0             |
| Program Managers           | 2             | 0             |
| Supervisory Social Workers | 9             | 1             |

|                        |           |          |
|------------------------|-----------|----------|
| Social Workers         | 40        | 5        |
| Family Support Workers | 8         | 2        |
| Administrative Staff   | 2         | 0        |
| <b>TOTAL</b>           | <b>62</b> | <b>8</b> |

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

See Response to Question 18(g).

**c. The additional services and interventions that have been or will be made available in FY23 under the Family First Prevention Services Act and Families First DC;**

See Response to Question 18(g) for services available under the Family First Prevention Services Act. In addition to the services outlined in Question 24(g), In-Home families can access the 11 Family Success Centers (FSCs) within their neighborhoods. The FSCs provide an array of services including:

- Parent Cafés
- Concrete Support (food, clothing, diapers)
- Family Fun Night
- Restorative Justice
- Physical & nutritional health (fitness, dance, health eating & wellness checks)
- Trauma and Community Violence groups
- Personal and Professional Development
- Work Readiness
- Books & Breakfast
- Nurturing Parenting Program
- Knowledge of Child Development
- Economic Development
- Fatherhood/Men/Boys sessions
- Creative Arts
- Mental Health and Wellness

**d. For each specific service listed in (b), above, the number of families referred for services in FY22 and in FY23, to date;**

See Question 18(g), Tables 1 and 2 for services and interventions available to all families with an open investigation, In-Home case, Out-of-Home case, or no CFSA involvement (walk-in).

The number of In-Home families referred to and served by the Healthy Families/Thriving Communities Collaboratives are shown in the tables below displaying FY22 and FY23 Services and Interventions.

**FY22 Collaborative Activity. Families Referred and Served (In-Home Only)\*:**

| <b>Collaborative Agency</b>                       | <b># of Families Referred from In-Home</b> | <b># of Families Served from In-Home</b> |
|---|--|--|
| Collaborative Solutions for Communities           | 23   | 21                                       |
| Edgewood/Brookland Family Support Collaborative** | 35   | 39                                       |
| East River Family Strengthening Collaborative     | 45   | 31                                       |
| Far Southeast Family Strengthening Collaborative  | 60   | 41                                       |
| Georgia Avenue Family Support Collaborative       | 12   | 9  |
| <b>Total</b>                                      | <b>175</b>                                 | <b>141</b>                               |

\*Data Sources: The number of referrals comes from the Community Portal. Front Porch families served data comes from CFSA’s Community Portal while Front Door families served data comes from the year-to-date tab of the September 2022 Collaborative report.

\*\*Edgewood/Brookland Family Support Collaborative’s Families Served count is higher than Families Referred because 13 cases from FY21 rolled over to FY22 and are included in the FY22 Families Served calculation, and 9 FY22 referrals were rejected/withdrawn prior to services and are excluded from the FY22 Families served calculation. (35+13-9= 39).

**FY23 Year to Date Collaborative Activity. Families Referred and Served (In-Home Only):**

| <b>Collaborative Agency</b>                      | <b># of Families Referred from In-Home</b> | <b># of Families Served from In-Home</b> |
|--|--|--|
| Collaborative Solutions for Communities          | 0  | 2  |
| Edgewood/Brookland Family Support Collaborative  | 2  | 9  |
| East River Family Strengthening Collaborative    | 8  | 17                                       |
| Far Southeast Family Strengthening Collaborative | 21   | 14                                       |
| Georgia Avenue Family Support Collaborative      | 1  | 0  |
| <b>Total</b>                                     | <b>32</b>                                  | <b>42</b>                                |

\*Data Sources: In-Home referral data is provided by CFSA Community Portal. Families served data is provided by ETO.

East River Family Strengthening Collaborative’s Families Served count is higher than Families Referred because 9 cases from FY22 rolled over to FY23 and are included in the FY23 Families Served calculation.

Edgewood/Brookland Family Support Collaborative’s Families Served count is higher than Families Referred because 7 cases from FY22 rolled over to FY23 and are included in the FY23 Families Served calculation.

Collaborative Solutions for Communities' Families Served count is higher than Families Referred because 2 cases from FY22 rolled over to FY23 and are included in the FY23 Families Served calculation.

**e. The total number of families with new in-home cases in FY22 and in FY23, to date, by type of allegation;**

| FY          | Abuse | Child Fatality | Neglect | Sex Trafficking | Sexual Abuse | Investigation Remains Open | Total Cases Assigned to In-home Units A2/D2 |
|-------------|-------|----------------|---------|-----------------|--------------|----------------------------|---|
| <b>FY22</b> | 111   | 1              | 337     | 2               | 16           | 0                          | <b>467</b>                                  |
| <b>FY23</b> | 25    | 0              | 54      | 0               | 4            | 0                          | <b>83</b>                                   |

Note: This report includes all new and re-opened cases transferred from CPS to In-Home Units A2/D2 during the reporting period.

Prevention services referrals are not tracked by allegation type. That, coupled with families who may have more than one allegation, means CFSA does not have the ability to report on allegation data by intervention/service referrals.

**f. The number of in-home cases closed in FY22 and in FY23, to date, broken down by reason for closure;**

Total Number of unique cases closed during FY2022 that were assigned to In-Home & Reunification Services Divisions A2 or D2 is 473.

Total Number of unique cases closed during FY2023 that were assigned to In-Home & Reunification Services Divisions A2 or D2 is 120.

| Closure Reason                          | FY 2022    | FY 2023    |
|---|------------|------------|
| Child aged out                          | 3          | 0          |
| Child Welfare services not needed       | 283        | 60         |
| Client's failure to cooperate           | 5          | 1          |
| Client's Request                        | 1          | 0          |
| Completion of Treatment Plan            | 53         | 16         |
| Court Action                            | 9          | 0          |
| Death of Client                         | 5          | 0          |
| Moved out of state                      | 22         | 8          |
| Other                                   | 9          | 3          |
| Services to be given by others          | 14         | 9          |
| Services to be Received in Another Case | 1          | 0          |
| Services/Service Plan Completed         | 68         | 23         |
| <b>Total Cases Closed</b>               | <b>473</b> | <b>120</b> |

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

- g. Provide any evaluations or assessments that have been conducted to assess the effectiveness of CFSA’s efforts with families with in-home cases. Describe what efforts the agency is making to assess the effectiveness of its efforts with families with in-home cases; including the timelines for any evaluation(s), the methods that will be used, and an explanation of the types of data that will be collected as part of the evaluation process.**

CFSA uses the Quality Service Review (QSR) process to assess the effectiveness of practice with families receiving either In-Home or Out-of-Home services. The agency conducts 143 reviews annually, of which 56 percent are Out-of-Home cases and 44 percent are In-Home cases. The QSR is a case-based qualitative review process that requires interviews with all the key people familiar with the child and/or family whose case is under review. Using a structured protocol, trained QSR reviewers synthesize the information gathered and rate how well the child is functioning and how well the system is performing to support the child, family, and foster family (as applicable). Reviewers provide direct feedback to social workers and supervisors, conduct case presentations with program leadership to provide case-specific findings on strengths and challenges in practice, as well as a written summary of findings. The 2021 evaluation results are included in the QSR annual report posted on the CFSA website: <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/QSR%202021%20Annual%20Report%20%28FINAL%29.pdf>.

As part of evaluation and continuous quality improvement (CQI) activities in alignment with the Family First Prevention Services Act, the Community Partnerships’ Evaluation and Data Analytics (EDA) team will continue to work closely with the In-Home Administration and the Agency at large to assess key factors contributing to the overall effectiveness of the Motivational Interviewing model for prevention-eligible (candidate) families, including families receiving In-Home services.

CFSA’s In-Home supervisory staff, and supervisory staff across the Agency, are responsible for conducting quarterly reviews of the use of Motivational Interviewing in case practice to ensure fidelity to the model. Outcome measures are in the process of being refined and will continue to include reports of maltreatment and entries into foster care following the provision of services.

**53. Please describe CFSA funding for early childhood home visiting in FY 22. Include:**

- a. the amount of local funding for home visiting;**

See Response to Question 53(d).

- b. the amount and sources of federal funding used for home visiting;**

See Response to Question 53(d).

- c. how home visiting dollars were spent in FY22, including local and federal funding by program; and**

See Response to Question 53(d).

**d. changes in local funding for home visiting in recent years.**

See Table 1 below.

**Table 1 – CFSA Funding for Early Childhood Home Visiting Service Providers in FY2022**

| <b>Service Provider</b>               | <b>Target Population</b>   | <b>Program Model</b>        | <b>Funding (\$)<br/>Amount</b> | <b>Federal \$</b>   | <b>Local \$</b> | <b>Changes -<br/>Local \$</b>     |
|---------------------------------------|--|-----------------------------|--------------------------------|---------------------|-----------------|-----------------------------------|
| CSC – HIPPY                           | Young Latino (or immigrant) Mothers aged (17 – 25) with Children (0-6) | Home Visiting               | \$50,000                       | \$50,000            | -               | Federal CBCAP Grant used in FY22. |
| Community Family Life Services (CFLS) | Homeless, DV and Incarcerated Mothers                                  | Home-visiting/<br>Parenting | \$160,000                      | -                   | \$160,000       | No Changes in FY22.               |
| DC Health (HFA/PAT)                   | Parents of children (0-5)  | Home Visiting               | \$160,471                      | MIECHV/Family First | \$160,471       | No changes in FY22.               |
| Mary’s Center                         | Fathers with Children (0-5)  | Home-Visiting               | \$150,000                      | -                   | \$150,000       | No Changes in FY22                |

**54. Please describe CBCAP funding for home visiting in FY22. Include:**

**a. the amount of funding CFSA received;**

CBCAP Funds are not specific to home visiting programs. CBCAP funds are designated for primary (universal) prevention activities, including home visiting programs. CFSA’s federal FY22 award amount was \$188,432.

**b. how CBCAP dollars were spent;**

**Table 1 – CBCAP Funding for Home Visiting in FY22**

| <b>Prevention Service (Provider)</b>                         | <b>Target Population</b>   | <b>Program Model</b> | <b>Projected Slot Allocation</b> | <b>FY21 Funded Amount</b>           |
|--|--|----------------------|----------------------------------|-------------------------------------|
| <b>Collaborative Solutions for Communities (CSC) – HIPPY</b> | Young Latino (or immigrant) Mothers aged (17 – 25) with Children 0-6 | Home Visiting        | 50 Families                      | \$50,000.00 (Federal CBCAP Funding) |
| <b>Mary’s Center (Father Child Attachment)</b>               | Fathers with children (0-5) deemed at risk                           | Home Visiting        | 50 Fathers                       | \$150,000.00* (Local Funding)       |

| <b>Prevention Service (Provider)</b>         | <b>Target Population</b>                                      | <b>Program Model</b>     | <b>Projected Slot Allocation</b> | <b>FY21 Funded Amount</b>     |
|--|---|--------------------------|----------------------------------|-------------------------------|
| <b>Community Family Life Services (CFLS)</b> | Homeless, Domestic Violence impacted and Incarcerated Mothers | Home Visiting/ Parenting | 75-125 Families                  | \$160,000.00* (Local Funding) |
| <b>Total</b>                                 |   |                          |                                  | <b>\$360,000</b>              |

\* CFSA received one-time enhancements to our local budget, which contributed to CFSA’s 20 percent match requirement. CFSA has historically contributed far beyond the 20 percent match requirement to support primary/universal prevention services for families in the District.

**c. any changes to CBCAP funding;**

There was a slight increase in CFSA’s federal CBCAP award in FY22 from \$186,060 in FY21 to \$186,432. The year-to-year federal award changes are set by formula.

**d. when and how CBCAP funding changes were communicated to grantees;**

CBCAP funding for FY22 remained consistent for all home visiting providers with the previous year. If funding reductions are necessary, in the future – this will be an ongoing conversation with each grantee. Community Partnerships’ grant monitors receive monthly reports from each grantee and hold quarterly review meetings to discuss utilization and progress. Any changes to individual grant amounts would be discussed during the annual review process/ in determining the scope of work and funding allocation for each subsequent year.

**e. any efforts CFSA made to reduce the impact of funding changes on families; and**

Despite overall federal grant reductions that took place in FY20, CFSA strives to ensure programming that shows promise of effectiveness and demonstrates meaningful impacts for our priority populations who receive funding. Creative use of federal and local funding was also employed to offset minor reductions from the CBCAP award first experienced in FY21.

**f. future plans for CBCAP funding.**

CFSA, via the Office of Community Partnerships, will continue to assess CBCAP grantee performance and strive to fund all programming that continues to show promise of effectiveness and demonstrates meaningful impacts for our priority populations. As CFSA continues our work under Thriving Families, Safer Children to transform from a child welfare system to a child and family well-being system, we will work with our community partners, providers, and families and youth with lived experience to assess primary prevention funding needs.

**55. Please describe the efforts CFSA made to involve stakeholders and community members in decisions made about funding for early childhood home visiting.**

The process to make decisions about current early childhood home visiting programs began in FY18 as CFSA began its work to shift from the Title IV-E Waiver to the Family First Prevention Services Act (Family First). CFSA endeavored to take a thoughtful and informed approach that would involve substantial community/stakeholder input.

In June 2018, CFSA created a CBCAP/Primary Prevention subcommittee as part of the City-Wide Family First Prevention Work Group responsible for determining the target populations and evidence-based service interventions to be included in the District's five-year prevention plan. Work Group and subcommittee participants included leadership and program staff from across DC government and local community-based organizations, including DC's Health and Human Services cluster agencies, DC Council, the Executive Office of the Mayor, Family Court, CFSA's court monitor, MACCAN, advocacy organization partners, and CFSA's community-based child-abuse prevention partners: the Healthy Families Thriving Communities Collaboratives (Collaboratives).

The CBCAP Subcommittee reviewed data from the CFSA Needs Assessment and synthesized it with information about priority populations across the District. The selected target populations and evidence-based services selected for primary, secondary, and tertiary prevention populations are still used to date.

Early childhood home visiting programs are one of the three key service interventions allowable under family first (in-home parenting, mental health, and substance use disorder services) and continue to be an important part of the District's preventions services array.

**a. What were some of the key outcomes and recommendations from these engagement activities?**

- Evidence-based early childhood home visiting programs were determined to be an important array of service interventions as part of the District's comprehensive service array. The priority primary prevention target populations and services determined by the CBCAP/Primary Prevention subcommittee are listed below:
  - ***Target Populations: (1) young parents with young children (parents under age 24), (2) parents and their teens with behavioral challenges, and (3) homeless families*** as the primary target populations for upstream prevention services. While it was recommended that services are targeted to these populations, families who are not part of the target populations should not be excluded.
  - In addition, the subcommittee identified the following priority subgroups within the target populations: ***(a) families with complexities (e.g., homeless families with young children, young parents with mental health needs), (b) incarcerated parents, and (c) fathers***. It was the subcommittee's recommendation that services be designed and delivered in a manner that is well-adapted to the priority subgroups, such as the use of targeted recruitment



or retention mechanisms, a focus on service accessibility, and the removal of existing barriers to serving these subgroups.

- **Service Interventions:** The subcommittee selected **(1) Home Visiting, (2) Parenting, and (3) Intensive Therapeutic Interventions** as the key services. Within these categories, and in alignment with the Protective Factors Framework, the subcommittee selected six evidence-based interventions to be used with the selected target populations. See Table 1.0, below, for each selected intervention and that model’s target population(s). Two additional interventions were noted as complementary services, (1) Parent Cafes and (2) Flexible Dollars, that could be used in tandem with the other interventions to meet families’ immediate needs and bolster parental resilience and social supports.

**Table 1.0 CBCAP Subcommittee Evidence-Based Intervention Recommendations**

| <b>Protective Factors</b>  | <b>Evidence-Based Intervention</b>                                     | <b>Target Population</b>   |
|--|--|--|
| Knowledge of child development<br>*<br>Social and emotional competence of children<br>*<br>Parental resilience | <i>Home Visiting</i>   |  |
|  | Health Families America  | Parents or caregivers of children ages 0-5.<br>*Requires enrollment prenatally or by third month after birth.  |
|  | Parents As Teachers  | Families with an expectant mother or parents with children up to kindergarten entry (usually 5 years).<br>*Allows enrollment at any time   |
|  | <i>Parenting</i>   |  |
|  | Effective Black Parenting  | African-American families at risk for child maltreatment with children age 0-17.   |
|  | Nurturing Parent Program   | Families who had been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect. Curricula are available to address the need of families with children ages 0-17. |
|  | <i>Intensive Therapeutic Interventions</i>                             |  |
|  | Parent Child Interaction Therapy (PCIT) (young children)               | Children ages 2-7 with behavior and parent-child relationship problems.  |
|  | Functional Family Therapy (FFT) (older youth)                          | 11–18-year-olds with very serious problems such as conduct disorder, violent acting-out, and substance abuse.  |
| Social support<br>*<br>Parental resilience   | <i>Other Protective Factor Interventions</i>                           |  |
|  | Parent Cafes   | Parents with children of all ages.   |
| Concrete support in times of need  | Flexible dollars (e.g., housing, support, utility assistance, diapers) | Parents with children of all ages.   |

- The Family First candidate populations and evidence-based home visiting programs recommended by the broader City-Wide Prevention Work Group are listed in the District’s approved Title IV-E five-year prevention plan on pages 7-8 (candidate target populations) and pages 16-21 (evidence-based services), here: <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan>
- By leveraging Family First and other federal funds to provide agency- involved families with critical services, including early childhood home visiting programs, CFSA has created the space for sister agencies and community partners to think about their core work differently. The District’s continuum of family-centered prevention services for children and families at the front door, front porch and front yard, blend local and federal resources to contract services with private agencies, non-profit organizations and sister agencies to serve families at home and in their communities.

**56. Please describe any MOUs/MOAs with other agencies related to home visiting, including the amount of the related funds, the purpose of the MOU/MOA, and any associated outcome data.**

CFSA has one MOU with a sister agency, DC Health, for the purpose of providing home visiting services to parents with young children using the Parents as Teachers (PAT) and Healthy Families America (HFA) evidence-based models. Both models are funded by DC Health through federal MIECHV dollars. The MOU pays for 40 slots of the PAT model to specifically serve the candidate families defined in CFSA’s Title IV-E Prevention Plan. In addition to these 40 PAT slots of, the MOU also outlines how CFSA, and DC Health will partner to ensure the child welfare agency is referring families to HFA and PAT whenever appropriate, regardless of candidate eligibility under Family First.

| <b>Provider</b>     | <b>Target Population</b>  | <b>FY22 Funded Amount</b> | <b>Purpose MOU/MOA</b> | <b>Data Tool</b> |
|---------------------|---------------------------|---------------------------|------------------------|------------------|
| DC Health (HFA/PAT) | Parents of children (0-5) | \$160,471                 | Home Visiting          | Parent Survey    |

Outcomes reported for FY22 – DC Health reports on the following HRSA performance measures:

- 1) Preterm Birth, 2) Breastfeeding, 3) Depression Screening, 4) Well Child Visits, 5) Postpartum Care, 6) Tobacco Cessation Referrals, 7) Safe Sleep, 8) Child Injury, 9) Child Maltreatment, 10) Parent-Child Interaction, 11) Early Language and Literacy Activities, 12) Developmental Screenings, 13) Behavioral Concerns, 14) Intimate Partner Violence Screenings, 15) Primary Caregiver Education, 16) Insurance Coverage, 17) Completed Depression Referrals, 18) Completed Developmental Referrals, and 19) Intimate Partner Violence Referrals.

These performance measures and the outcome data DC Health collects are calculated for all Healthy Families American and Parents As Teachers referrals, inclusive of the slots managed by this MOU.

**57. Which other DC govt agencies did CFSA coordinate with to support a cross-cutting and intentional family support infrastructure for DC? Please describe these efforts and the outcomes.**

- **Department of Behavioral Health (DBH):** CFSA partnered with DBH to continue providing intensive therapeutic interventions to youth and their families as a key primary prevention service for CFSA-involved families. CFSA partners with DBH to ensure that all DBH behavioral health services are offered to CFSA-involved families (prevention services array) through a streamlined referral process using CFSA’s system of record – FACES. DBH has a dedicated liaison that processes these referrals and works with CFSA staff to improve referral connections. CFSA also continued to partner with DBH under its Community Based Child Abuse Prevention (CBCAP) Primary Prevention efforts to continue Functional Family Therapy (FFT) services for youth and their families by maintaining the number of FFT providers in the District.
- **DC Health:** CFSA partnered with DC Health to continue the established referral pathway between CFSA and DC Health for the Parent as Teachers (PAT) and Healthy Families America (HFA) evidence-based home visiting programs to support family first candidate populations, including pregnant or parenting youth in care (primary prevention for the children). The CFSA – DC Health MOU agreement, established in FY19, became the first federally-approved claimable service under the District’s Title IV-E Family First Prevention Plan and work completed in FY22 to refer families to these services was, and will continue to be, analyzed to determine ongoing service needs for Family First target populations.
- **Department of Human Service (DHS): CFSA partnered with DHS in FY22 to offer specific services and supports to families.**
  - **Parent & Adolescent Support Services (PASS):** Continuing the ongoing partnership, PASS provides early intervention and supportive services to reduce the number of youth who are exhibiting status offending behaviors and prevent new or additional involvement in the child welfare or juvenile justice systems. PASS assists families that are in need of the following three services: Crisis Stabilization, Functional Family Therapy, and Intensive Case Management. CFSA social workers can make referrals to PASS for eligibility and determination of which of the three services are appropriate for the youth/family. PASS is part of CFSA’s comprehensive prevention services array under our Title IV-E five-year prevention plan.
  - **Front Yard families (no CFSA involvement) –** DHS and CFSA continued the partnership to refer families experiencing housing instability to the Collaboratives for community-based case management services. These DHS referrals are considered community prevention/walk in cases (self-referral). Families were primarily identified by the Virginia Williams Family Resource Center. The targeted length of service for this case type (Front Yard) is 180 days (six months) or less. In FY23, CFSA removed this population as a stand-out category in their contracts, but families are still able to be referred as part of this front yard population.

- **DC Public Library:** CFSA and DCPL have formed a strategic partnership to advance the goals and objectives of Families First DC (“FFDC”), and to promote and partner with programs at the neighboring DC Public Library specifically, as well as those throughout the District. The collaboration between DCPL and CFSA ensures that FFDC grantees (Family Success Centers) have a seamless connection with important resources and supports available through DCPL, and residents are informed of DCPL services. The partnership also includes possible co-location and co-programming services and opportunities.
- **DC Public Schools:** Early Stages is a DCPS program that conducts “child find” activities for children ages two (2) years eight (8) months through five (5) years ten (10) months, meaning it locates, identifies, and evaluates these children in order to determine eligibility for special education and related services under the Americans with Disabilities Act (the “ADA”) and the Individuals with Disabilities Education Improvement Act (“IDEA”). The Family Success Center partners with Early Stages to be able to refer children who may need evaluations to determine eligibility for special education and related services. Select FSCs will additionally complete a preliminary screening known as the Ages and Stages Questionnaire (“ASQ-3”) to include in referral documentation for Early Stages in the child find process. The partnership has also included cross coordination and onsite services of Early Stages at the Family Success Centers.
  - Connected Schools is a DCPS program, also under the Mayor’s Families First Initiative, that transforms specific DCPS schools into full-service community schools. Connected Schools take a whole child, whole school, whole community approach by making schools spaces that support not only a student’s academic development, but a family’s overall well-being through access to resources related to health, employment, housing, and more. The partnership with Connected Schools and FSCs is to collaborate in 1) connecting students and families to services, resources and programming, 2) continuing to explore possible co-location opportunities and school/center-based services, and 3) identifying areas for further collaboration in serving communities.

## **Family First Prevention Services Act**

### **58. Explain any budgetary changes that the agency made in FY22 and FY23 in anticipation of, or otherwise due to, funding from the Family First Prevention Services Act.**

Since receiving our Title IV-E Family First Five-year Plan approval in FY20, CFSA has funded an array of evidence-based and evidence-informed services to support children, youth, and their families. CFSA maintained funding in both FY22 and FY23 for services that are federally reimbursable through title IV-E Prevention Services funding from the Family First Prevention Services Act.

- Motivational Interviewing based case management provided by CFSA’s In Home units (began claiming in FY 2021).
- Motivational Interviewing based case management via contracts with the Healthy Families, Thriving Communities Collaboratives (will begin claiming in FY 2023).

From a CFSA budget perspective, Title IV-E reimburses CFSA under Family First for these allowable expenses. During the execution of the FY 2022 budget, CFSA established the Prevention Services Grant. The final FY 2022 budget for this grant was \$7.4 million. The FY 2023 budget for this Grant is \$1.9 million. This budget will be adjusted based on actual claims made against this grant for eligible prevention services during the course of the year.

**59. What services have been offered under the FFPSA Prevention Plan since its inception?**

Services offered under the FFPSA Prevention Plan since its inception have been broken down in the following categories:

- In-home parenting/skill building services
- Mental health services
- Substance-use disorder services
- Cross-cutting interventions (Motivational Interviewing-based case management)

Note: The comprehensive array of prevention services available under our Title IV-E five-year prevention plan is listed on pages 16-25 of the plan. The fully approved plan is available for review at the following link: <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan>. In addition to this service array, the five-year plan, also highlights the forthcoming Families First DC family success centers which as of FY22, are now open and fully operational in Wards 5, 7 and 8.

**60. How many DC families have been served through the Plan?**

The following programs are a part of CFSA’s comprehensive prevention services array, inclusive of the Health Families Thriving Communities Collaborative agencies (Collaboratives), evidence-based services provided by DBH, DC Health, and DHS (EBPs), Parent Education Support Programs offered by the Collaboratives (PESP), the Families First DC Family Success Centers (FFDC), and the Community-Based Child Abuse Prevention (CBCAP) primary prevention grantees.

Note: Families are eligible to participate in more than one program. Families may be served over several fiscal years. Some of the families included in the data reported by the FSCs may be duplicates. CFSA is in the process of adopting a new referral platform that will allow the Agency and its partners to increase the quality of the data reported by the FSCs.

| <b>Fiscal Year</b> | <b>Collaboratives</b> | <b>EBPs</b> | <b>PESP</b> | <b>FFDC</b> | <b>CBCAP</b> |
|--------------------|-----------------------|-------------|-------------|-------------|--------------|
| <b>FY21</b>        | 787                   | 203         | 215         | 16,038      | 411          |
| <b>FY22</b>        | 810                   | 276         | 249         | 11,859      | 365          |
| <b>FY23</b>        | 146                   | 119         | 44          | 4,903       | 118          |

*\*All data provided may also include Rollover participants from the prior fiscal year under each service category.*

**61. What are the outcomes to date?**

Of the Prevention Services listed in our five-year plan, CFSA is directly responsible for performing continuous quality improvement (CQI) and fidelity monitoring activities for the two programs approved for claiming in our five-year plan: Motivational Interviewing (MI) and Parents as Teachers (PAT).

**Motivational Interviewing:**

The Healthy Families Thriving Communities Collaboratives (Collaboratives) provide evidence-based case management to families using MI. Outcomes for Collaborative Case Management have historically, and currently are assessed based on the following indicators: a) Substantiation after six months and b) Successful Collaborative case closure.

**Substantiation after six months:**

CFSA assessed that only eight percent of all Front Porch and Front Door families who had a Collaborative case closure between October 1, 2020 and September 30, 2021 also had a CPS referral and substantiation within 6 months of Collaborative case closure.

| <b>Collaborative Name</b>                                | <b>FY21 Case Closures</b> | <b>Substantiation within 6 months</b> | <b>Ratio substantiation/case closures</b> |
|--|---------------------------|---------------------------------------|---|
| East River Family Strengthening Collaborative (ERFSC)    | 76                        | 7                                     | 9%  |
| Far Southeast Family Strengthening Collaborative (FSFSC) | 141                       | 14                                    | 10%                                       |
| Edgewood/Brookland Family Support Collaborative (EBFSC)  | 78                        | 4                                     | 5%  |
| Collaborative Solutions for Communities (CSC)            | 37                        | 2                                     | 5%  |
| Georgia Avenue Family Support Collaborative (GAFSC)      | 48                        | 3                                     | 6%  |
| <b>Total</b>   | <b>380</b>                | <b>30</b>                             | <b>8%</b>                                 |

*Note: Because this analysis is time-based, current data is specific to cases closed in FY21 to assess if they came to CFSA's attention during FY22.*

**Successful Collaborative case closures.** Collaborative case closures are considered successful if a family's goals are addressed; if no further services are needed; and/or if the services requested were provided by the Collaboratives. Case closures are not considered successful if a family becomes unresponsive, ineligible or moves out of the service area before all services are provided, and/or if the family voluntarily withdraws from services. The table below shows the number and percentage of successful Collaborative case closures for all Front Porch, Front Door, and Front Yard families in FY22.

| <b>Collaborative Name</b> | <b>FY22 Case Closures</b> | <b>Number of Successful FY22 Case Closures</b> | <b>FY22 Case Closure Success Rate</b> |
|---------------------------|---------------------------|--|---------------------------------------|
| CSC                       | 58                        | 36   | 62%                                   |
| ERFSC                     | 52                        | 29   | 56%                                   |
| EBFSC                     | 90                        | 56   | 62%                                   |
| FSFSC                     | 138                       | 88   | 64%                                   |
| GAFSC                     | 38                        | 32   | 84%                                   |
| <b>Total</b>              | <b>376</b>                | <b>241</b>                                     | <b>66%</b>                            |

**62. In what percentage of families with a Prevention Plan did the plan arrange for children to live with relatives?**

A prevention plan is a child-specific plan that documents evidence-based prevention services. A child’s living arrangements are not coordinated within this process.

**63. How have the types of referrals (such as the issues involved, the complexity of those issues, etc.) to the Collaboratives under the FFA Plan changed compared to the referrals CFSA historically made to the Collaboratives prior to the implementation of the Prevention Plan?**

Prior to Family First (FY20), CFSA referrals to the Collaboratives focused in large part on the need to provide concrete community-based supports in the areas of (housing, utility payments, food, clothing, etc.). In addition, the Title IV-E Waiver implementation from 2014-2019 began to emphasize and direct focus to evidence-based parenting and behavioral health supports. Family First reinforced the value of evidence-based case management and clinical prevention services to support the entire household by addressing areas of need around parenting education, behavioral and therapeutic services, substance abuse services, and employment services. With the implementation of Family First, Motivational Interviewing in and of itself became a critical intervention provided by the Collaboratives.

Under the District’s Prevention Plan, the establishment of key target populations (candidates) focused-in on the populations that would be referred to the Collaboratives. The candidate populations can be found on pages 7-8 of the Prevention Plan:

[https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan.](https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan)

## DC FAMILY SUCCESS CENTERS

### 64. Since the opening of the Success Centers:

#### a. How many families have been served at each location?

| Ward | Provider   | Family Success Center            | # Served since inception |
|------|--|----------------------------------|--------------------------|
| 7    |  |                                  |                          |
|      | East River Family Strengthening Collaborative    | Benning Terrace/Benning Park FSC | 2,820                    |
|      | East River Family Strengthening Collaborative    | Benning Rd/Minnesota Ave FSC     | 3,438                    |
|      | Sasha Bruce                                      | Clay Terrace FSC                 | 556                      |
|      | North Capital Collaborative                      | Mayfair/Paradise FSC             | 5,871                    |
|      | Life Deeds                                       | Stoddert/37 <sup>th</sup> FSC    | 1,516                    |
| 8    |  |                                  |                          |
|      | Community of Hope                                | Bellevue FSC                     | 3,949                    |
|      | Martha's Table                                   | Anacostia FSC                    | 1,056                    |
|      | Smart from the Start                             | Woodland Terrace FSC             | 1,453                    |
|      | Life Deeds                                       | Washington Highland FSC          | 599                      |
|      | Far Southeast Family Strengthening Collaborative | Congress Heights FSC             | 2,812                    |
| 5    | Smart from the Start                             | Carver/Langston FSC              | 50                       |
|      | <b>Total</b>                                     |                                  | <b>24,120</b>            |

Note: Families can participate in more than one Family Success Center. The data reported in the above table is self-reported by the Grantees. Some of the families included in the data reported by the FSCs may be duplicates. CFSA is in the process of adopting a new referral platform that will allow the Agency and its partners to increase the quality of the data reported by the FSCs.



**b. What services are based out of each location?**

|                            | <b>Concrete Supports</b>  | <b>Parental Resilience</b>   | <b>Social and Emotional Competence</b>  | <b>Knowledge of Parenting</b>  | <b>Social Connections</b>  |
|----------------------------|---|--|---|--|--|
| <b>Anacostia</b>           | <ul style="list-style-type: none"> <li>• Baby Sprinkle</li> <li>• McKenna’s Wagon - Food pantry</li> <li>• Diaper Bank</li> </ul>   |  | <ul style="list-style-type: none"> <li>• Parent Cafes</li> </ul>                              | <ul style="list-style-type: none"> <li>• Baby &amp; Me</li> <li>• Chicago Parenting</li> </ul> | <ul style="list-style-type: none"> <li>• Fathers to the Front</li> <li>• Go Go Fitness</li> <li>• Senior Fitness,</li> <li>• WeFitD</li> <li>• Yoga</li> <li>• Meditation</li> <li>• Quilters Corner</li> <li>• Art as Healing</li> <li>• Book Club</li> </ul> |
| <b>Bellevue</b>            | <ul style="list-style-type: none"> <li>• Mask Giveaway</li> </ul>   |  | <ul style="list-style-type: none"> <li>• Living the Protective Factors</li> </ul>             |  | <ul style="list-style-type: none"> <li>• Let’s Get It</li> <li>• Teen Night</li> <li>• Family Arts</li> </ul>  |
| <b>Congress Heights</b>    | <ul style="list-style-type: none"> <li>• Cooking Class</li> <li>• Job Readiness</li> </ul>  |  |   | <ul style="list-style-type: none"> <li>• Parent Cafe</li> </ul>                                | <ul style="list-style-type: none"> <li>• LIT Teens</li> <li>• Braiding 1 on 1</li> <li>• Coffee Tea &amp; Credit</li> <li>• Sacred Sister Circle</li> <li>• Men’s Mental Wellness Huddle</li> <li>• Family Game Night</li> </ul>                               |
| <b>Woodland Terrace</b>    | <ul style="list-style-type: none"> <li>• GED</li> <li>• Professional Development</li> <li>• Economic Development</li> <li>• Digital Literacy</li> <li>• CDL</li> <li>• Nutrition</li> </ul> | <ul style="list-style-type: none"> <li>• Address the Stress</li> </ul> | <ul style="list-style-type: none"> <li>• Zoomies</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Parenting Workshops</li> </ul>                        | <ul style="list-style-type: none"> <li>• Find Your Fitness</li> <li>• Family Fun Night</li> <li>• Justice 4 All</li> <li>• Hip Hop &amp; Contemporary Dance</li> </ul>   |
| <b>Washington Highland</b> |   |  | <ul style="list-style-type: none"> <li>• Exodus House</li> <li>• Computer Literacy</li> </ul> |  | <ul style="list-style-type: none"> <li>• Music Studio</li> <li>• Mentoring</li> </ul>  |

|   | <b>Concrete Supports</b>   | <b>Parental Resilience</b>   | <b>Social and Emotional Competence</b>  | <b>Knowledge of Parenting</b>   | <b>Social Connections</b>  |
|---|--|--|---|---|--|
| <b>Stoddert Terrace / 37th</b>            | <ul style="list-style-type: none"> <li>• Weekly Daily Lunch Distribution</li> <li>• Community Saturday Brunch</li> <li>• DCHA Weekend Meal Distribution</li> <li>• Computer Literacy</li> <li>• Work Readiness Program</li> <li>• Community Hair Cutz</li> <li>• Entrepreneurship Program</li> <li>• Malaziahs Closet</li> <li>• Wellness</li> </ul> | <ul style="list-style-type: none"> <li>• Wellness Wednesday Support for Families</li> <li>• Sisters on Deck Support Group</li> <li>• MBI Individual Mental Health Assessments</li> </ul> | <ul style="list-style-type: none"> <li>• Glow Girls Mentoring Program</li> <li>• Right Direction Boys mentoring Program</li> <li>• Story Time with Friends</li> </ul> | <ul style="list-style-type: none"> <li>• 24:7 Dad-Fatherhood Program</li> </ul> | <ul style="list-style-type: none"> <li>• Zumba w/Ladera</li> <li>• Low Impact Fitness</li> <li>• Monday Movie Matinee</li> </ul> |
| <b>Benning &amp; Minnesota</b>            | <ul style="list-style-type: none"> <li>• Grocery Giveaway</li> <li>• Workforce Readiness with VMI Solutions</li> <li>• Food Handlers Certification</li> </ul>  | <ul style="list-style-type: none"> <li>• Wellness Wednesday Talk Therapy w/Crawford Solutions</li> </ul>   | <ul style="list-style-type: none"> <li>• Motivation Monday Talk Therapy</li> </ul>  | <ul style="list-style-type: none"> <li>• Sister to Sister Circle</li> </ul>     | <ul style="list-style-type: none"> <li>• Yoga</li> <li>• EYL-365</li> </ul>  |
| <b>Benning Park &amp; Benning Terrace</b> | <ul style="list-style-type: none"> <li>• Grocery Giveaway</li> <li>• Clothing Closet</li> <li>• Workforce Readiness with VMI Solutions</li> <li>• Job Finders</li> <li>• Food Handlers</li> <li>• Certification</li> </ul>   | <ul style="list-style-type: none"> <li>• Wellness Wednesday Talk Therapy w/Crawford Solutions</li> </ul>   |   |   | <ul style="list-style-type: none"> <li>• EYL-365</li> </ul>  |

|                           | <b>Concrete Supports</b>   | <b>Parental Resilience</b>  | <b>Social and Emotional Competence</b>  | <b>Knowledge of Parenting</b>  | <b>Social Connections</b>  |
|---------------------------|--|---|---|--|--|
| <b>Mayfair / Paradise</b> | <ul style="list-style-type: none"> <li>• Diaper Bank</li> <li>• Healthy Eating and Living Weekly</li> <li>• Grocery Giveaway</li> <li>• Navigate your life</li> <li>• Job Readiness</li> <li>• Resume Workshops</li> <li>• Kids Café</li> </ul>                              | <ul style="list-style-type: none"> <li>• Chat and Chew for Successful Parenting</li> <li>• Life Enhancements Counseling Services</li> </ul> | <ul style="list-style-type: none"> <li>• Pain Serves a Purpose: Mental Health Group for Youth and Young Adults</li> <li>• Big Dreams Thrive Here, Youth Empowerment Brunch</li> <li>• Parenting, Parent/Child Cooking Class</li> <li>• Play and Thrive Story Time</li> <li>• Dream Academy</li> </ul> | <ul style="list-style-type: none"> <li>• Chat and Chew For Successful Parenting</li> </ul> | <ul style="list-style-type: none"> <li>• Shoot Hoopz Not Guns</li> <li>• Family Game Night</li> <li>• Football training Program for youth</li> <li>• Dance Visions of Art</li> <li>• Box don't Blast</li> <li>• EYL-365</li> </ul> |
| <b>Clay Terrace</b>       | <ul style="list-style-type: none"> <li>• Saturday Breakfast</li> <li>• Monthly Family Dinner</li> <li>• Community Food Pantry</li> <li>• Emergency Bill Assistance Program</li> <li>• Clothing Closet</li> <li>• Goal Progression Group</li> <li>• Computer Class</li> </ul> | <ul style="list-style-type: none"> <li>• Experience in Relaxation</li> <li>• Parents helping Parents Group</li> </ul>                       | <ul style="list-style-type: none"> <li>• Group Art Therapy</li> <li>• Girls Group</li> <li>• Men's Group</li> </ul>   | <ul style="list-style-type: none"> <li>• Parent Café</li> </ul>                            | <ul style="list-style-type: none"> <li>• Family Game Night</li> <li>• Family karaoke</li> <li>• Family Movie Night</li> </ul>  |
| <b>Carver / Langston</b>  | <ul style="list-style-type: none"> <li>• Economic Development Classes</li> <li>• GED Class</li> <li>• Nutrition Workshop</li> <li>• Professional Development</li> <li>• CDL Class</li> </ul>   | <ul style="list-style-type: none"> <li>• Address the Stress w/Sasha Bruce</li> <li>• Health and Wellness with Dr. Beatty</li> </ul>         |   | <ul style="list-style-type: none"> <li>• Early Stages Smart to School</li> </ul>           | <ul style="list-style-type: none"> <li>• Family Fun Night</li> </ul>   |

**65. How is CFSA avoiding redundancy between the Success Centers and existing programs?**

The voice of each neighborhood-based Community Advisory Council (CAC) is important. Each Family Success Center has a CAC. Each CAC is comprised of a majority of members from the targeted neighborhood in which the FSC is located. The members' knowledge of services and

programming is critical to the decision-making process about what programs and services are offered at the FSC to ensure programming caters to and meets the needs of the community. The CFSA FFDC team is in constant communication and collaboration with the FSCs, CACs, and government and community-based organizations to ensure coordination and break-down silos.

**66. Does each FSC now have a Community Advisory Board? If so, how many members are on each FSC Board and how often does each Board meet?**

Each Family Success Center (FSC) has a CAC. There are a minimum of nine members on each CAC. Each CAC meets at least twice a month.

**67. Are the services tailored to and utilized by families that are identified as needing services to prevent child abuse and neglect? If so, what percentage of families that receive FSC services are those identified as needing prevention services?**

The services are intentionally tailored to families in the targeted neighborhoods. The neighborhoods where the Family Success Centers are located were specifically identified based on key data points: a) high incidence of substantiated reports of child abuse and neglect, b) social determinants of health, and c) crime and violence data. The overlay of these data highlighted these neighborhoods as particularly under-resourced and vulnerable.

The services provided by the Family Success Centers are an ecosystem of authentic, responsive programs, centered around strength-based strategies to increase the protective factors and mitigate risk factors for child abuse and neglect. A core goal of the FFDC initiative is to provide upstream/primary prevention –and thus services are intended for families before they come to the attention of the child welfare agency and strengthen families and communities so that child welfare agency involvement is never warranted.

CFSA does not currently collect data that would identify if a family is also involved with CFSA prevention services.

**68. Are evaluations conducted of the FSCs? If so, what do these entail and who conducts them? Please provide any evaluations conducted by the FSCs and/or CFSA with respect to the services provided.**

Each FSC conducts their own needs assessments, data analyses, and evaluation activities as part of their organization's FFDC grant. In addition, CFSA has developed a robust Families First FDC (FFDC) network-wide evaluation framework in partnership with the FFDC staff, CFSA Evaluation and Data Analytics unit (EDA), and the Family Success Center (FSC) provider network (including their evaluation leads). The framework includes family, program, and community level indicators. At this time, only family and program level data are being collected/analyzed. Community-level data will be analyzed as part of a more longitudinal analysis to assess the impact of FSCs on their broader communities.

**69. Are the FSC services intended to serve all wards? If so, how is that being communicated to other wards?**

The Family Success Centers are open and welcoming to all District residents. However, the FSCs were purposely designed to serve the neighborhoods identified within Wards 5, 7, and 8. These neighborhoods were selected based upon data overlays highlighting the communities with the highest need for community-driven supports (substantiated reports of child abuse and neglect, social determinants, and crime and violence data).

**70. How has CFSA measured the effectiveness of the Success Centers?**

Since the FSCs launched in October 2020, CFSA has measured the success of the FSCs across four performance management indicators:

- 1) Reach – The number of families served and referred to services.
- 2) Protective Factors Surveys – Surveys are being administered and analyzed after a minimum of 12 hours of service.
- 3) Family Satisfaction Surveys – Capturing families’ satisfaction with programming and services.
- 4) Program & Self-Assessment Tool - Used by each FSC to assess their progress in the implementation of the Standards of Quality for Family Strengthening and Support (Nationally adopted standards used as a blueprint for family strengthening and support programs to promote quality practice, peer learning, and mutual support).

The Families First DC program conducts Family Satisfaction surveys to gauge the experience of participants using a Net Promoter Score. Each individual Family Success Center also uses the Protective Factors Survey -2 to assess client level program outcomes after 12 hours of service.

In addition to the quantitative data, CFSA has captured the success of the Family Success Center through qualitative/anecdotal reports.

Finally, the FSCs perform continuous quality improvement cycles using Active Contract Management (ACM), an approach the CFSA FFDC team was trained on in FY21 and FY22 by the Harvard University Kennedy School Government Performance Lab as part of their government accelerator program.

As part of regular CQI activities, the FSCs measure their effectiveness through the following monthly Data Dashboard Metrics:

- Families Served (Quantitative data collection of attendance and participation)
- Service Requests Met (Requests made directly by participants)
- Connected to External Services (Referrals to Partnering agencies and organizations)
- Family Satisfaction (Net Promoter Score of Family Satisfaction Survey)
- Protective Factors (Protective Factors Survey)

# PLACEMENT AND PERMANENCY

## Kinship Care

**71. Please provide an update on CFSA’s policies and practices regarding kinship diversion and any policy changes.**

The Administrative Issuance CFSA-20-1 regarding the “Diversion Process at Investigations” is no longer in effect. Please see attached Administrative Issuance CFSA-22-2, “Informal Family Planning Arrangements” (IFPA) dated July 18, 2022.

*See Attachment Q71, Administrative Issuance on Informal Family Planning Arrangements*

**72. How many children were placed through a kinship diversion in FY22 and in FY23, to date?**

- a. How many children were returned to their parent within three months, six months, and one year after a relative took custody of them (and/or a safety plan was signed)?**

IFPA are facilitated by CFSA and agreed to by the family, after which there is no CFSA involvement.

- b. How many children were the subject of a Hotline call within three months, six months, and one year after the relative took custody of the child (and/or the safety plan was signed)? How many of these hotline reports were screened in? For those investigated, how many resulted in a substantiated finding of abuse or neglect?**

CFSA does track if a family who was involved in an IFPA came back to the attention of the Agency via a call to the Hotline.

In FY22 there have been four IFPA, and there was one hotline call regarding a family with an IFPA. That call was not regarding the focus child of the initial IFPA. There have been no IFPAs in FY23.

- c. If any of the data requested here is not currently tracked by CFSA, what are the reasons for not tracking this data?**

There are ad hoc reports that CFSA could pull to provide this data.

**73. Do diversion arrangements provide a relative with legal rights to care for the child?**

IFPAs do not provide a relative with legal rights to care for the child(ren) since the families makes the decisions regarding the care of their child(ren). The children are not in foster care so this process does not require court involvement that would result in a change of custody or termination of parental rights.

**74. What training has been provided to social workers on these arrangements?**

The Child Welfare Training Academy partnered with Entry Services to develop training on the agency's updated Safety Planning Policy and IFPA Administrative Issuance. Entry Services' supervisors and program managers received a training of trainers' course to ensure all Entry Services personnel were trained on the policy and administrative issuance. Supervisors and program managers were equipped to provide clinical supervision and facilitate discussions regarding safety planning and IFPAs.

**75. Is there a review of whether social workers are properly identifying diversion arrangements and properly tracking and recording them?**

See attachment in Q71 that outlines the tiered consultation and reconciliation process when a family is approved for an IFPA.

**76. Does CFSA require parental consent in connection with diversion arrangements? If so, how is the consent memorialized, and is the parent offered legal representation before providing consent?**

Since the family makes the decision regarding the care of their children, parental consent is required for all IFPAs. CFSA has made an exception for parental consent in the case of the unexpected death of a parent. Consent is memorialized and documented within our FACES system. The Investigative social worker is required to provide service options to the family and the identified caretaker. Legal support is offered and if requested, a referral to Neighborhood Legal Services is made.

**77. Have there been any instances of diversion arrangements in CYs 2021, 2022 and to date in 2023 in which CFSA has not obtained parental consent? If so, how many, and why was parental consent not obtained?**

In FY21, one IFPA was made due to the death of the child's mother, and in FY22 one arrangement was made when the child's caregiver was on life support and a family member had already filed for guardianship of the child when the family came to attention of the agency. There have been none in FY23.

**78. At a meeting where a diversion arrangement is contemplated, does CFSA notify the parent and proposed relative placement that they can have a lawyer represent them at the meeting? Is the parent or relative allowed to have a lawyer or other advocate attend the meeting?**

It is important to note that during the process of authorizing an IFPA the family is making a plan for the child(ren) whereby any alleged safety threats to the child have been ruled out. Also, the process does not require any court involvement nor any formal intervention. CFSA helps to facilitate a discussion with family members and offers services as needed. If the parent requests to have an attorney present to represent them, CFSA would allow it and would also have Agency counsel present.

**79. Who must be present at a meeting where a diversion is contemplated? Can it occur without the parent? Without the relative? If so, why?**

The parent, the identified caregiver and social worker are present during the contemplation of an IFPA. Pursuant to the Administrative Issuance, an IFPA cannot take place without the parent or the identified caretaker. The only exception is if the parent is deceased and therefore, CFSA works with the family to facilitate the plan of care for the child(ren).

**80. Is there any assessment of the safety of the relative or the relative's home by CFSA in connection with a diversion arrangement? (e.g., are there criminal or child protection registry checks? Is there a home study?)**

CFSA does not conduct criminal or child protection registry check or conduct a home study of relatives that are identified through an IFPA. The process is informal process by which the family plans for the care of child(ren) and where safety threats have been ruled out by the clinical social worker.

**81. Does CFSA track what happens to the child or family in a diversion arrangement? If so, what information is tracked, at what time intervals, who is contacted, and where is it recorded?**

Pursuant to the Administrative Issuance, once an IFPA is initiated, there is a six-month data reconciliation to determine if there were any subsequent hotline calls or if the child(ren) have come into care. CFSA does not monitor families as there is no formal involvement with the agency.



**82. How long does each diverted child stay with a relative? If a child is returned home, how long after the diversion does this occur and under what circumstances? Have the identified issues in the home been resolved at the time of return?**

CFSA does not monitor families involved in IFPAs as there is no formal involvement with the agency. Families will make decisions on the care of the child(ren) and if additional support or services are needed, they can contact the Collaboratives, Family Success Centers, or CFSA's 24-hour Hotline.

**83. For those children who go to live with relatives pursuant to a diversion arrangement, how many received a caregiver subsidy within one year of when the arrangement was established? Does CFSA know many relatives in these arrangements are able to obtain a custody order, TANF, WIC, or a child care subsidy, or to add children to their housing vouchers?**

Of the IFPAs in FY21 and FY22, none received a subsidy. It is also unknown if any of these relatives obtained a custody order, TANF, WIC, or a childcare subsidy as there is no formal involvement with CFSA in the allocation of those resources. Please note that in consultation with the social worker, if there are any immediate and/or emergency needs of the family, CFSA will provide assistance, but for any on-going support, families are referred to the Collaboratives for assistance.

**84. Does CFSA use Voluntary Placement Agreements in connection with any of its kinship diversion arrangements? If not, why not?**

No, CFSA does not use a Voluntary Placement Agreement (VPA) in connection with IFPAs because after the family makes its plan for the child(ren) there is no need for additional agency involvement.

**85. With respect to safety plans that prevent children from entering care, describe:**  
**a. How many individual safety plans were developed in FY22 and to date in FY23?**

| <b>FY</b> | <b>Total Safety Plans</b> |
|-----------|---------------------------|
| 2022      | 374                       |
| 2023      | 48                        |

**b. How does the Agency manage, and oversee compliance with, safety plans once a child has been routed to a home?**

1. The action steps of the safety plan are family-driven, but it is the responsibility of the assigned social worker to establish the schedule for review of the plan and to monitor and direct progress on all aspects of it.
2. Following the enactment of the safety plan, a referral for an At Risk FTM must be submitted.
3. The safety plan may be resolved and closed if the action steps have been completed and if, following a safety assessment, the family demonstrates the protective capacity to ensure the child's safety without it.

**c. What kind of supports do individuals caring for children under a safety plan receive?**

The supports offered are based on the individual circumstances of each family. Supports can include, but are not limited to, referrals for transportation; vouchers for food, clothing, and furniture; housing and utility assistance.

**d. For children who remain long-term with the caregiver under a safety plan, what steps are taken to assist these caregivers with facilitating medical and educational rights without a formal custody arrangement?**

Safety plans are intended to be short term (generally 30 days) whereby the social worker works with the family to resolve any immediate safety threats. The social worker works with the caregiver to ensure that educational and medical needs are met.

**e. For children who are placed with a kin caregiver under a safety plan, what are their options should they feel in the future that they need assistance?**

There are instances in which CFSA facilitates a short-term living arrangement with an identified caregiver through the consent of the parent to ensure the child's safety. CFSA works with the family to develop a long-term plan of care for the child. Within that plan, CFSA provides information on community-based organizations that the family can access if future assistance is needed.

**86. In FY22, and to date in FY23, how many children placed with resource families were returned to a kin placement after 6 months? After 9 months? After 12 months? After 18 months? After 2 years? After 3 years or more?**

There were 223 children who entered or re-entered foster care from FY22 to FY23. Of the 223 entries, a total of 78 were placed with kin. Among those placed with kin, 43 (55%) children were first placed with kin. The other 35 (45%) were initially placed with a non-kin resource before

later being placed with kin. The table below outlines the timeframes by which the ultimate placement with kin occurred.

| FY22         |           | FY23     |
|--------------|-----------|----------|
| Timeframe    | Children  | Children |
| < 1 month    | 53        | 6        |
| 1-3 months   | 15        | 0        |
| 4-6 months   | 3         | 0        |
| 7-9 months   | 1         | 0        |
| 10-12 months | 0         | 0        |
| <b>TOTAL</b> | <b>72</b> | <b>6</b> |

**87. For each instance in FY22, and to date in FY23, wherein a youth was transferred to non-biological “kin” from a resource parent, identify the type of non-biological relationship between the kin caregiver and the youth.**

In FY22, 18 children and in FY23, one child were placed with non-biological kin. CFSA does not track the specific relationship between child and non-biological kin.

**88. In FY22 and to date in FY23, provide the number of children transferred from a resource family placement to kin care whose placement disrupted, resulting in a return to care. Provide the following:**

**a. How long the child was in the resource home;**

Five youth were in the home for 30 days or less.

**b. How many months after transfer to kin the placement disrupted; and**

**c. How many of those children were returned to the resource home they were in previously and how many were placed in a new home.**

There were five youth who disrupted from their kinship provider during FY22 through FY23 (all five during FY22). The disruption reasons and kin placement durations are as follows:

| Disruption Reason                              | Children | Kin Placement Duration    |
|--|----------|---------------------------|
| Placement temporarily unable to care for child | 1        | 1 month                   |
| Placement temporarily unable to care for child | 1        | 18 days                   |
| Child requested change of placement            | 1        | 2 months                  |
| Placement contracted ended                     | 1        | 5 months                  |
| Provider requested change of placement         | 1        | 4 months                  |
|  | <b>5</b> | <b>Average 2.5 months</b> |

None of the youth returned to their previous home, two youth were placed in congregate settings, two youth in a foster home and one returned to their birth family.

**89. In FY22 and FY23, to date, what percentage of children living in foster care (both in Maryland and in DC) were in kinship foster care and what percentage were in foster homes without a relative caretaker?**

**FY 2022 (As of September 30, 2022)**

| Placement Type           | Total Children | Percent     |
|--------------------------|----------------|-------------|
| Kinship Foster Homes     | 131            | 24%         |
| Non-Kinship Foster Homes | 284            | 53%         |
| Group Settings           | 54             | 10%         |
| Other                    | 68             | 13%         |
| <b>Total</b>             | <b>537</b>     | <b>100%</b> |

**FY 2023**

| Placement Type           | Total Children | Percent     |
|--------------------------|----------------|-------------|
| Kinship Foster Homes     | 138            | 26%         |
| Non-Kinship Foster Homes | 288            | 53%         |
| Group Settings           | 45             | 8%          |
| Other                    | 70             | 13%         |
| <b>Total</b>             | <b>541</b>     | <b>100%</b> |

Note: CFSA also tracks Kinship placements by entry. In FY22, there were 200 entries. Of the 200, 183 were in care at least 8 days. Of the 183, 72 (39 percent) were placed with kin.

**a. How do these number compare to the national percentages?**

In 2019 (the most recent data available, published in March 2021), the national average of kinship placement was 32 percent (<https://www.childwelfare.gov/pubPDFs/foster.pdf>).

**b. How does CFSA account for the difference between the local and national percentages?**

CFSA tracks kinship placements in two ways: 1) by entry cohort (i.e., for children who entered care in a given timeframe, what percent were placed with kin); 2) by full population (i.e., among all children in care today, what percent are placed with kin)

Using an entry cohort of FY22 the rate of children placed with kin is 39 percent.

Using population cohorts, as of September 30, 2022, the rate was 24 percent (see tables above). As of December 31, 2022, the rate was 26 percent.

The factors that impact CFSA’s ability to meet the national average include:

- When a case is closed to permanency with kin, that kinship home is no longer available in the placement array. As the population of children in care decreases, the kinship placement rate will decrease accordingly.
- Many children in foster care with CFSA have identified kin who reside in Maryland, and whose residences do not meet the Code of Maryland Regulations (COMAR) requirements for licensing. CFSA does not have authority to utilize licensing waivers in Maryland as it does in the District.
- For DC-based kin, the ongoing lack of affordable housing in the District continues to impact the families’ ability and/or willingness to provide licensed kinship care.

**c. What efforts did CFSA make to increase the percentage of foster children placed with kin?**

The following efforts are utilized to increase the percentage of children placed with kin:

- Contingency Planning-During the course of an investigation, the CPS social worker seeks to build a contingency or safety plan with the family, to include the identification of kin who can serve either as a supportive resource or as a potential placement option.
- Concurrent Kin Plans-When working with a family, the In-Home social worker creates “Concurrent Kinship Plans” to identify viable kinship resources in the event of a separation. If a separation does occur, the out-of-home team can then use this information as a starting point for further kin exploration.
- 30 Days to Kin-When a kinship placement resource is not identified at the time of separation, the Kinship Licensing team continues efforts to identify, locate and engage perspective providers for an additional 30 days. If kin need additional time and/or agency support to prepare for their family member to be placed in their home, Kinship Licensing is responsible for these efforts.

**d. What percentage of foster children does the agency project will be placed with kin by the end of FY23?**

CFSA projects that, on a monthly basis, 30 percent of children will be placed with kin.

**90. Describe the policies and procedures with respect to how the Agency decides:**

**a. When kin may go through the expedited licensing process, and when they must go through the full licensing process;**

When a child enters foster care, CFSA seeks to identify a kinship placement and, after assessing the home, issue a temporary kinship license. Once a temporary kinship license is issued, the child can be placed in the home, and the full licensing process begins.

If kin are not identified at the time of entry into foster care, and there are safety or capacity concerns preventing immediate placement with identified kin, the kin are engaged, and asked to attend pre-service training and to begin full licensure process prior to placement.

**b. If adoption planning with a foster parent is in process, at what point the Agency stops searching for kin; and**

CFSA practices concurrent permanency planning from the beginning of a case: assessing all permanency options to the extent possible. When it becomes clinically apparent that reunification may not be a viable permanency option, CFSA begins adoption planning: either with kin who have been identified early in the case; through additional kin searches and exploration; and/or with the current resource parent.

When a child's goal has changed to adoption:

- If an adoptive resource has been identified, no additional searches for kin are conducted.
- If an adoptive resource has not been identified, additional searches for kin and specialized recruitment efforts may be undertaken.

**c. How the relationship/attachment a child has with a non-relative placement is weighed when there emerge late-arriving kin.**

If kin present themselves "late" in the life of a case, they will be assessed, and a clinical decision made in the best interest of the child.

Every case is different, and a child's bonding and attachment is always considered. As needed, the Court may order an Interaction Study through the Department of Behavioral Health Assessment Center. This assessment explores the attachment, impact of separation from current caregiver, and impact of severing birth family connections.

**91. Please provide an update on the status of CFSA’s Kinship Navigator Program.**

**a. How many calls did the helpline receive in FY22 and in FY23, to date?**

|             |     |
|-------------|-----|
| <b>FY22</b> | 430 |
| <b>FY23</b> | 82  |

**b. How many staff, or staff hours, supported the work of the helpline in FY22 and in FY23, to date?**

|             |       |
|-------------|-------|
| <b>FY22</b> | 1 FTE |
| <b>FY23</b> | 1 FTE |

**c. How many kinship caregivers were served by the Kinship Navigator in FY 2022? How many kinship caregivers have been served by the Kinship Navigator in FY 2023 thus far?**

|             |     |
|-------------|-----|
| <b>FY22</b> | 343 |
| <b>FY23</b> | 101 |

The majority of kinship navigator connected families reach out through the Helpline, but not all. Families have been connected during in-person events, referrals from CPS and In Home teams at CFSA and sister agencies.

**d. Is the Kinship Navigator Warm Line answered in real time or does the individual have to leave a message and be called back? Once an individual requests help from the warm line, how are services identified for them? (e.g., is there a database, referral list, or some other explanatory resource that lists available services?)**

The support line is operational Monday – Friday, 8:15am to 4:45pm. The support line is answered either in real time or by callback. Services are identified for families through the online resource directory that has a real time list of services and resources in the District of Columbia.

**e. Is there a kinship navigator website or mobile phone app where kinship caregivers can obtain information and services?**

Yes, DC residents can obtain information by visiting the dedicated website at [www.kinshipdc.org](http://www.kinshipdc.org).

**f. What is the menu of services offered through the Kinship Navigator? Where can the menu of services be found?**

The Kinship Navigator program's current menu of services includes:

- Grandparent Caregiver Program (GCP)
- Close Relative Caregiver Program (CRCP)
- Whole family enrichment and educational events
- Support groups focused on providing emotional support to kinship families/caregivers
- Referrals to community resources for ongoing services, i.e., Family Success Centers and Collaboratives.
- Temporary Financial Assistance, including:
  - Rental Assistance
  - Utility Assistance
  - Walmart Gift Cards (Food, Household Supplies, Clothing)
  - LYFT (Transportation)
  - Metro Cards

Services can be found on the website at [www.kinshipdc.org](http://www.kinshipdc.org)

**g. How does a kinship caregiver request Kinship Navigator services?**

Services can be requested via the application portal or by calling the support line.

**h. What specific services were provided by the Kinship Navigator in FY 2022 and to date in 2023?**

Please see (f)

**i. Does the Kinship Navigator help constituents with applying for TANF, SNAP or WIC, adding children to housing vouchers, or applying for childcare subsidies? If so, which of the above supports does it provide, and how is this help provided?**

The Kinship Navigator can assist the caregiver with linking them to DHS when applying for all of the above-listed benefits. The Navigator may also assist the caregiver with completing online applications, as needed.



**j. What evaluations, needs assessments, focus groups, and the like are conducted with respect to the Kinship Navigator? Please provide copies of the same.**

In FY22, kin caregiver support groups began and will continue through FY23, additional feedback will be secured through these groups.

With respect to more formal evaluations and needs assessments, CFSA will be increasing its ability to quantitatively assess Kinship Navigator in two ways and will aggregate the findings to inform practice:

- In January 2022, the agency applied for Kinship Navigator to be part of the Harvard University Government Performance Lab Accelerator to develop a survey to provide information on caregiver needs, which will provide an opportunity for more rigorous evaluation of the program.
- Our NowPow automated referral system is currently undergoing an expansion of its data management capacity (as a result of being acquired by Unite Us), which will allow for further insights into Kinship Navigator program needs and utilization rates.
- Focus groups were conducted in FY22 to ensure that the website was responsive the needs of families and met expectations of advocates and community supporters.

**k. How many Kinship Whole Family Enrichment Events were held in FY22, and have been held in FY23, to date?**

|             |          |
|-------------|----------|
| <b>FY22</b> | 9 events |
| <b>FY23</b> | 2 events |

**l. How have Kinship Flex Funds been used in FY22 and in FY23, to date?**

Kinship Flex Funds are used to support identified kin for foster care licensure. These funds have been used to buy furniture and minor household repairs to support safe housing, and other concrete supports for families needed for immediate placement with kin.

**m. What is the status of the Educational Groups?**

In FY22 education groups were held with community partners to include Martha's Table, DPR, and the Department of Aging and Community Living, Office of Aging focused on physical and

emotional wellness. Families in need of parenting support are referred to the Collaboratives for parenting classes.

There are plans in FY23 to hold wellness focused education groups virtually and in person.

**n. What specific efforts is CFSA engaged in to ensure affected community members know about the Kinship Navigator Program?**

The Kinship Navigator program is partnering with the Family Success Centers and Collaboratives to increase public awareness about this resource. The program is listed as a provider in the online resource directory available to all CFSA employees.

**o. How much federal funding did CFSA receive in FY22 for the Kinship Navigator Program? How much does it expect to receive in FY23?**

Federal funding for kinship navigator program, Promoting Safe and Stable Families Kinship Navigator operated on a two-year grant cycle. In FY20, CFSA received a \$200,000 grant that had to be expended by September 30, 2022. In FY21, CFSA received a \$200,000 grant that has to be expended by September 30, 2023 (and we are on track to do so). We do not anticipate receipt of any further federal Kinship Navigator funding.

CFSA intends to continue the Kinship Navigator work despite the expiration of the federal grant program. Most of the cost-intensive programmatic components (e.g., the website, the mobile app) will be completed by the end of the grant period. CFSA is currently developing strategies for sustaining the on-going program components.

**p. What was the amount expended in FY22, and in FY23, to date, to establish and operate the Kinship Navigator Program?**

In FY22, we expended \$182,923. In FY23, we have expended \$20,000.

**q. What services are provided through the Kinship Navigator Program?**

The Kinship Navigator program's current menu of services includes:

- Grandparent Caregiver Program (GCP)
- Close Relative Caregiver Program (CRCP)
- Whole family enrichment and educational events
- Support groups focused on kinship families/caregivers
- Referrals to community resources for ongoing services.
- Temporary Financial Assistance, including:
  - Rental Assistance

- Utility Assistance
- Walmart Gift Cards (food, household supplies, clothing)
- LYFT (transportation)
- Metro Cards

Services can be found on the website at [www.kinshipdc.org](http://www.kinshipdc.org)

**a. What is the status of the online Community Services Resource Directory?**

The resource directory is actively utilized by the program to provide resource connections within the community.

**b. What are the statuses of the relationships with community-based partners to staff and facilitate emotional support groups in the neighborhoods where kinship caregivers reside?**

Support Groups for caregivers began in March 2022 and have been meeting monthly with an average participation number of eight caregivers. These support groups are facilitated by the Foster and Adoptive Parent Advocacy Center (FAPAC). The groups have been held virtually at the request of the participants.

**c. What is the status of Kinship Advisory Committee?**

KinPAC meets quarterly with caregivers, community organizations, advocacy groups and sister agencies. The next meeting is scheduled for April 2023. KinPAC member organizations are:

- CFSA’s Community Partnership Administration
- DC Department of Human Services (DHS)
- DC Department of Aging and Community Living (DACL)
- DC Department of Health (DOH)
- Foster and Adoptive Parents Advocacy Center (FAPAC)
- KinCare Alliance
- DC Office of the State Superintendent of Education (OSSE)
- Caregivers
- Youth

**r. Are there any plans to expand the types of services offered? Explain.**

During FY23, there will be a focus on connecting families to community resources and programming that can benefit the whole family to include financial wellness, nutrition, parenting supports, and school enrollment.

- s. **To date, how many persons (youth, families, or most appropriate metric) have contacted the Kinship Navigator Program, and how many have participated in its programming?**

See Response to Question 91(c).

- t. **How does the Kinship Navigator Program interact with the Close Relative Caregiver and Grandparent Caregiver Programs?**

Information for both programs listed above can be accessed 24/7 by going to the dedicated website <https://www.kinshipdc.org/>

**92. Provide a detailed report on the Grandparent Caregiver Program, including:**

- a. **In FY22 and FY23, to date, how many families were and are in the program?**

|             |     |
|-------------|-----|
| <b>FY22</b> | 481 |
| <b>FY23</b> | 465 |

- b. **In FY22 and FY23, to date, how many children were and are served by the program?**

|             |     |
|-------------|-----|
| <b>FY22</b> | 737 |
| <b>FY23</b> | 710 |

- c. **In FY22 and FY23, to date, what is the average benefit received?**

|             |                                   |
|-------------|-----------------------------------|
| <b>FY22</b> | \$639 per month (\$21.03 per day) |
| <b>FY23</b> | \$640 per month (\$21.33 per day) |

- i. **How does this differ from the subsidy awarded to resource families?**

The benefit is approximately \$17 per day less than the subsidy awarded to resource families.

- ii. **If such a change were to be funded, would CFSA support increasing the benefit provided by this Program to match the benefits provided resource families?**

There are significant differences between the roles and responsibilities of resource parents and program participants. Resource families are subject to an extensive home study; fulfilling

ongoing licensing requirements; and participating in agency-led case management activities including, but not limited to, frequent home visits. By contrast, program participation requirements are limited to an initial application and clearances.

Given these differences, CFSA believes that differential payment is warranted. However, a potential increase in the rate (like a COLA) could be considered if funding is available in the agency budget.

**d. In FY22 and FY23, to date, were any children or families on the waiting list? If so, how many?**

There are currently no children or families on the waiting list.

**i. How many children and families are currently on the waiting list?**

There are currently no families on the waiting list.

**ii. Are funds sufficient to ensure that we do not have a waiting list for the program for the remainder of the current fiscal year? How is this determined?**

Yes, the funds are sufficient. The program uses projections to determine funds needed to sustain the budget.

**e. In FY22 and FY23, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason?**

| Reason                    | FY22 | FY23 |
|---------------------------|------|------|
| Failure to recertify      | 25   | 0    |
| Aged-out                  | 56   | 3    |
| Relocated out of District | 3    | 0    |
| Returned to parent        | 3    | 0    |
| Over income               | 3    | 0    |
| Death of child            | 0    | 0    |
| Death of Caregiver        | 1    | 0    |

**f. What specific efforts are CFSA engaged in to ensure affected community members know about the Grandparent Caregiver Program?**

CFSA partners with the Family Success Centers and Collaboratives to provide information and support referrals. CFSA has launched a Kinship Navigator marketing website and will launch a mobile phone app in FY23 that will help inform the affected community about the GCP. In addition, CFSA staff and social workers make referrals to the program.

- g. What is the average length of time between when an applicant submits a complete subsidy application and the issuance of a subsidy card?**

The average length of time is 15 business days, depending on bank and post office timing.

- h. What are the things on CFSA’s side that hold up processing of an application or issuance of the subsidy card?**

The subsidy cards are issued by Wells Fargo. The agency requests that an account be set up and a card be issued the day that the applicant signs the agreement that details the effective date and amount subsidy. There are occasional processing and mail delays. The cards are delivered to 200 I Street, SE., and applicants are called and asked to come in, or cards can be delivered to their home.

- i. What is the average length of time from applicant submission of a complete subsidy application to when CFSA contacts the applicant to come in for fingerprinting?**

Applicants should be contacted within a week of having a complete application to come in for fingerprinting.

- j. Why does an applicant now have to wait to be contacted by CFSA to come in for fingerprinting as opposed to calling CFSA to schedule a fingerprinting appointment, as used to be the case?**

There has been no change in practice related to fingerprints. All fingerprinting requires appointments to ensure confidentiality of those being printed in the building; the appointments are scheduled during the applicant process with the applicants.

- k. What is the average length of time between an applicant being fingerprinted and approval of the applicant?**

The average length of time is 14 business days.

**93. Provide a detailed report on the Close Relative Caregiver program, including:**

- a. In FY22 and FY23, to date, how many families were and are in the program?**

|             |    |
|-------------|----|
| <b>FY22</b> | 41 |
| <b>FY23</b> | 45 |

**b. In FY22 and FY23, to date, how many children were and are served by the program?**

|             |    |
|-------------|----|
| <b>FY22</b> | 66 |
| <b>FY23</b> | 70 |

**c. In FY22 and FY23, to date, what is the average benefit received?**

|             |                               |
|-------------|-------------------------------|
| <b>FY22</b> | \$658/month (\$21.93 per day) |
| <b>FY23</b> | \$661/month (\$22.03 per day) |

**d. How does this differ from the subsidy awarded to resource families?**

The benefit is approximately \$16-17 per day less than the subsidy awarded to resource families.

**i. If such a change were to be funded, would CFSA support increasing the benefit provided by this Program to match the benefits provided resource families?**

There are significant differences between the roles and responsibilities of resource parents and program participants. Resource families are subject to an extensive home study; fulfilling ongoing licensing requirements; and participating in agency-led case management activities including, but not limited to, frequent home visits. By contrast, program participation requirements are limited to an initial application and clearances.

Given these differences, CFSA believes that differential payment is warranted. However, a potential increase in rate (like a COLA) could be considered if funding is available in the agency budget.

**e. In FY22 and FY23, to date, were any children or families on the waiting list? If so, how many?**

There are currently no children or families on the waiting list.

**i. How many children and families are currently on the waiting list?**

There are currently no families on the waiting list.

**ii. Are funds sufficient to ensure we do not have a waiting list for the program for the remainder of the current fiscal year? How is this determined?**

Yes, the funds are sufficient. The program uses projections to determine funds needed to sustain the budget.

- f. In FY22 and in FY23, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason?**

| Reason                   | FY22 | FY23 |
|--------------------------|------|------|
| Failure to recertify     | 1    | 0    |
| Child returned to parent | 1    | 0    |
| Aged-out                 | 0    | 0    |

- g. The total budget for and the number of families that benefited from the program in FY22 and in FY23, to date, and the estimated total number of families that will benefit from the program in FY23;**

| Year | Total Budget | # of families served |
|------|--------------|----------------------|
| FY22 | \$401,310    | 41                   |
| FY23 | \$401,310    | 45                   |

- h. The average benefit provided per family in FY22, and the average benefit provided per family in FY23 to date;**

|      |                 |
|------|-----------------|
| FY22 | \$1,001 / month |
| FY23 | \$906 / month   |

- i. What specific efforts is CFSA engaged in to ensure affected community members know about the Close Relative Caregiver Program?**

CFSA partners with the Family Success Centers and Collaboratives to provide information and support referrals. CFSA has launched a Kinship Navigator marketing website and will launch a mobile phone app in FY23 that will help inform the affected community about the CRCP. In addition, CFSA staff and social workers make referrals to the program.

- j. What is the average length of time between when an applicant submits a complete subsidy application and the issuance of a subsidy card?**

The average length of time is 15 business days, depending on bank and post office timing.



- k. Are applicants offered financial support or services while waiting for their applications to be processed? If so, what types of support do applicants receive, and how many receive these supports?**

Yes. While waiting for processing, applicants are connected to the Kinship Navigator program to assess areas of needs. If a need is identified, the applicant is connected with resources and/or provided financial support.

- l. Is the new portal for submitting applications mobile phone friendly? What if an applicant is unable to use the portal because of limited technology or limited reading or writing ability?**

The new portal is mobile friendly and is setup to adapt to all forms of technology. Individuals who struggle to apply for the program can contact CFSA for support and technical assistance.

**CFSA’s Partnerships with NCCF and Children’s Choice**

- 94. Please describe an update of the collaboration with Children’s Choice, including the following information:**

- a. What are the key terms and current status of CFSA’s contract with Children’s Choice?**

The Children’s Choice contract ended on March 31, 2022.

- b. How many children were placed with Children’s Choice in FY22, and how many have been placed with Children’s Choice in FY23, to date?**

|             |    |
|-------------|----|
| <b>FY22</b> | 10 |
| <b>FY23</b> | 0  |

- c. How do Children’s Choice and CFSA ensure that practices are consistent between CFSA and Children’s Choice?**

The Children’s Choice contract ended on March 31, 2022.

- d. How do CFSA and Children’s Choice coordinate placement??**

The Children’s Choice contract ended on March 31, 2022.

- e. What are the performance metrics CFSA applies to Children’s Choice?**

The Children’s Choice contract ended on March 31, 2022.

**f. How does CFSA monitor Children’s Choice performance?**

The Children’s Choice contract ended on March 31, 2022.

**g. How has Children’s Choice performed in FY22, and in FY23, to date?**

The Children’s Choice contract ended on March 31, 2022.

**95. Has CFSA created or amended any procedures and policies to ensure parity between CFSA and NCCF?**

CFSA has not created or amended any policy to specifically address parity between the two agencies. CFSA promulgates policy to ensure consistent application of procedures for children/families regardless of where they receive services.

**96. How many Maryland foster families connected to NCCF are currently licensed to provide placement to DC children and youth?**

As of 12/31/22, NCCF had 203 licensed resource homes (total of 384 beds).

**97. Describe the status of the collaboration with NCCF, including the following information:**

CFSA’s ongoing collaboration with NCCF remains strong and productive. See section 97(b) below for more detail on this collaboration.

**a. How many children have been placed with NCCF in FY22 and in FY23, to date?**

|             |     |
|-------------|-----|
| <b>FY22</b> | 362 |
| <b>FY23</b> | 237 |

**b. How do NCCF and CFSA ensure consistent practices between CFSA and NCCF?**

CFSA leads monthly Permanency Goal Review meetings with the NCCF team and the assigned Assistant Attorney General and OAG Section Chief to review case barriers to permanency and ensure alignment of practice.

NCCF participates in CFSA’s monthly Finish Line meetings with the Director and senior staff, during which system-wide performance metrics are reviewed and practice strategies evaluated and discussed.

The Deputy Director for Out of Home, and the Division's leadership team, hold monthly partnership meetings with the NCCF management team to share CFSA guidance and practice directives. In FY23, we will continue to focus on identifying and resolving barriers to best practice and achieving permanency.

NCCF is supported by CFSA to use the online Permanency Tracker to provide case-level data that can be used to improve practice and expedite permanency. NCCF and CFSA managers receive monthly dashboards of their permanency progress metrics.

**c. How does CFSA monitor NCCF's performance?**

The Contracts Monitoring Division is responsible for assessing the delivery of contract requirements, including:

- Personnel matters
- Placement capacity
- Licensing and training of resource parents
- Delivery of case management services to children, youth, and families
- Follow-up with unusual incidents and child protection services reports
- COMAR compliance maintenance
- Addressing resource parent and community provider concerns

CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) conducts Quality Services Reviews (QSRs) assessing a sample of cases through review of case documentation and interviews with multiple stakeholders involved in cases. Quality Service Review findings inform CFSA and NCCF of challenges and strengths to support individual and systemic case practice. The CFSA Data Outcomes Unit assesses NCCF performance against system level benchmarks.

**d. How has NCCF performed in FY22 and in FY23, to date?**

- The CFSA Contracts Monitoring Division audited 82 NCCF child case records in FY22. Documentation in the case records indicated that services were initiated or put into place based on identified case needs for all applicable cases. Engagement and interventions were addressed for all cases with identified safety concerns. Approximately 15 percent of cases were missing assessments or did not have updated service plans.
- NCCF submitted 146 unusual incidents (UI) during FY22. The primary UIs were absent or missing youth, positive COVID results, reports of allegations of abuse, allegations of neglect and psychiatric hospitalizations. Absent and missing UIs were primarily teenage youth leaving placements for short periods over the weekend and returning to their resource homes. After several months of absence from placement, a critical incident involving one youth led to his death. NCCF made diligent attempts to identify the whereabouts of the youth and encourage his return to the resource home.

- Of the 109 resource parent records audited, 96 percent were found in compliance. Minor deficiencies with required documentation were identified in the areas of resource parent training and expired clearances for a backup home. In FY22, NCCF achieved full compliance with their personnel records, including documentation of annual employee evaluations, current licenses, background clearances, and completion of trainings.
- NCCF was understaffed for case carrying social workers for the entirety of FY22. By the end of the fiscal year, NCCF had 65 percent of the social worker positions the agency was budgeted to staff. Staff resignations were primarily in response to the COVID-19 pandemic and social workers leaving the field of child welfare for more flexible schedules in the fields of mental health and education. Due to challenges with staff turnover, NCCF implemented a staffing plan that included the hiring, and transition of contract social workers to carry cases until permanent full-time social workers were hired and trained. NCCF continued to make efforts with staffing, through marketing the program to local universities and contracting agencies. While NCCF social workers generally carried cases above COMAR's ratio of 1:10, the total number of cases managed by the agency averaged 245 cases. This was about twenty percent below the contract capacity of 300 cases.
- Joint monitoring activities with the State of Maryland demonstrated NCCF compliance with documentation based on MD compliance monitoring tools. Joint monitoring visits to a kin and professional resource home demonstrated that the resource parents were appropriately trained and their homes were well suited to care for DC children and youth.
- For FY23, NCCF case management capacity and social worker staffing was reduced. By the end of the first quarter, NCCF was staffed with 24 out of 25 social workers the agency was budgeted to have. A total of 29 child case record reviews were completed in the first quarter of FY23. A few missing or late assessments and service plans were identified in these audits. The first quarter resource parent case record reviews showed full compliance with licensing and contract requirements. Joint monitoring with the State of Maryland is planned to resume in the new calendar year.

**98. Youth placed in foster homes contracted with NCCF in Maryland still, in many cases, come to DC for school and for other services and activities.**

**a. In FY22 and in FY23, to date, who has been responsible for paying for transporting youth placed in Maryland?**

In FY22 and FY23, CFSA has been primarily responsible for paying for transportation for youth placed in Maryland.

**b. If there was a change, explain why the change was made.**

There has been no change.

**c. How many youths placed in NCCF Foster Homes have received transportation services that were funded by NCCF or CFSA in FY22 and in FY23 to date?**

In FY22, 63 unique youth placed in NCCF foster homes received transportation services that were funded by CFSA.

In FY23, 45 unique youth received transportation services that were funded by CFSA.

In addition to transportation funded by CFSA, NCCF provided transportation to 24 youth who reside in NCCF Maryland homes to schools and other services and activities in FY22 and 15 youth in FY23.

**d. How much was spent on transporting youth in NCCF Foster Homes in FY22 and in FY23, to date? Include the total amount spent as well as the average amount spent per youth.**

CFSA does not track expenditures by agency. In FY22, CFSA spent \$879,809 transporting youth in foster homes, an average of \$13,965 per youth.

In FY23, CFSA spent \$287,915 transporting youth in foster homes, an average of \$4,173 per youth.

In addition to the above, In FY22, NCCF had two transportation workers budgeted and the total salaries and fringe were \$113,100.00.

In FY23, NCCF has three transportation workers, and one transportation coordinator budgeted, and the total salaries and fringe are \$257,745.00.

**99. What is your role in preventing CFSA involvement? There were heightened cases during the pandemic, namely related to families not sending their students to school. How has CFSA worked to support these families and close pandemic-related cases?**

CFSA continues to receive reports of educational neglect, for students ages five to thirteen who miss 10 or more full unexcused school days. The intake process is conducted via the Child Protective Services Administration. CFSA employs investigative social workers with the job responsibility of partnering with CFSA's Educational Neglect Triage Unit and DC schools to investigate reports of educational neglect. This Triage Unit facilitates improved communication with schools and engagement with families to identify the underlying issues that result in children/youth not consistently attending school. In many cases, the triage unit is able to resolve the attendance concern and no educational neglect referral will need to be opened on the family for investigation.

In addition to the Triage Unit, The Engage and Connect Unit (ECU) expands CFSA's preventative measures to address educational neglect. The ECU assists schools with family wellness checks and outreach related to attendance, enrollment, and re-engagement of students. The unit engages with schools, families, and community-based resources. The unit assists schools and families by responding face-to-face to referrals with the following barriers to attendance (including but not limited to): transportation, housing insecurity, navigating immunization needs, enrollment support, distance/virtual learning applications, linkage to community resources, and providing education to school personnel and families surrounding attendance reporting.

**100. What is CFSA's policy about investigating reports of abuse and neglect at foster homes managed by NCCF and Children's Choice?**

All investigations of abuse and neglect at foster homes managed by NCCF and Children's Choice are conducted by Child Protective Services in the appropriate jurisdiction (e.g., in Maryland, the county in which the foster home is located). The Children's Choice contract ended on March 31, 2022.

- a. Are there ever instances in which CFSA will receive a report of abuse and neglect and permit NCCF and/or Children's Choice to investigate the issue and close the complaint? Explain.**

The contracts require all private agencies to make a report to the DC CFSA hotline for awareness. There are never instances in which CFSA responds to reports of abuse or neglect that occur outside of the District of Columbia.

- b. If there are written CFSA procedures or policies in place that explicitly state NCCF and/or Children's Choice's obligation to report allegations of abuse and neglect to CFSA, please provide them. If there are not, explain why not.**

The Children's Choice contract ended on March 31, 2022. NCCF is required to adhere to the following contract clause(s) on reporting allegations of abuse and neglect per their contract:

**C.6.5.1** The Provider must report any alleged child abuse, neglect or other risk to residents' health and safety to the CFSA Hotline (202-671-SAFE) and the local jurisdiction.

**C.6.5.2** The Provider shall follow the procedures and requirements outlined in 29 DCMR Chapter 60 licensing regulations for mandatory reporting of unusual incidents, abuse, neglect or other risks to the foster child's health or safety and in accordance with CFSA policy on unusual incidents and critical events.

**C.6.5.3** When a Hotline report is made regarding one of the Contractor’s homes, or a child or youth in the care of the Contractor, the Contractor will determine the disposition of the report and of any investigation into the report. This includes collaborating with CFSA and seeking information in the SACWIS and includes Hotline reports being investigated by either DC CFSA or Maryland DHS. The contractor shall make a report of the findings to the Contract Administrator (CA) for Monitoring and the appropriate local authorities.

**C.6.5.4** When an unusual incident report requires follow-up information in order to demonstrate that the incident is resolved, the Contractor shall provide the follow-up information to CA within 24 hours of the resolution of the incident.

- c. How many allegations of abuse and neglect at foster homes managed by NCCF or Children’s Choice have been reported to CFSA in FY21, FY22, and FY23, to date? Of these, how many were substantiated?**

| <b>Children’s Choice Resource Homes</b> |                    |                        |
|---|--------------------|------------------------|
| <b>FY</b>                               | <b>Allegations</b> | <b>Substantiations</b> |
| <b>FY21</b>                             | 5                  | 0                      |
| <b>FY22</b>                             | 2                  | 0                      |
| <b>FY23</b>                             | 0                  | 0                      |
| <b>TOTAL</b>                            | <b>7</b>           | <b>0</b>               |

| <b>NCCF Resource Homes</b> |                    |                        |
|----------------------------|--------------------|------------------------|
| <b>FY</b>                  | <b>Allegations</b> | <b>Substantiations</b> |
| <b>FY21</b>                | 20                 | 0                      |
| <b>FY22</b>                | 15                 | 2                      |
| <b>FY23</b>                | 5                  | 0                      |
| <b>TOTAL</b>               | <b>50</b>          | <b>2</b>               |

**Placements & Providers**

- 101. Provide the following by age, gender, race, provider, location, daily rate, and time in care during FY22 and FY23, to date:**
  - a. Total number of foster children and youth;**
  - b. Total number of foster children and youth living in foster homes;**
  - c. Total number of foster children and youth living in group homes;**
  - d. Total number of foster children and youth living in independent living programs;**

- e. Total number of foster children and youth living in residential treatment centers; and
- f. Total number of foster children and youth in abscondence, and the length of time they have been in abscondence.

Note that in the below tables, the headers are abbreviated as follows:

- Developmentally Disabled / Congregate Care: DD/CC
- Developmentally Disabled/Family Based: DD/FB
- Diagnostic and Emergency Care: D&E
- Independent Living: IL
- Residential Treatment Center: RTC

| FY22 Age     | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|--------------|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|              | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| <1 Year      | 15           | 9           | 24         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 24             |
| 1            | 14           | 24          | 38         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 38             |
| 2            | 10           | 20          | 30         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 30             |
| 3            | 7            | 8           | 15         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 15             |
| 4            | 6            | 21          | 27         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 27             |
| 5            | 7            | 10          | 17         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 17             |
| 6            | 8            | 16          | 24         | 0              | 0        | 0        | 0           | 0        | 1         | 1         | 0         | 25             |
| 7            | 8            | 10          | 18         | 0              | 0        | 0        | 0           | 0        | 1         | 1         | 0         | 19             |
| 8            | 5            | 9           | 14         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 14             |
| 9            | 6            | 10          | 16         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 1         | 17             |
| 10           | 5            | 15          | 20         | 0              | 0        | 0        | 0           | 0        | 2         | 2         | 2         | 24             |
| 11           | 3            | 12          | 15         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 2         | 17             |
| 12           | 6            | 13          | 19         | 0              | 0        | 0        | 0           | 0        | 1         | 1         | 0         | 20             |
| 13           | 6            | 10          | 16         | 0              | 0        | 1        | 0           | 0        | 2         | 3         | 1         | 20             |
| 14           | 6            | 13          | 19         | 0              | 0        | 0        | 0           | 0        | 1         | 1         | 4         | 24             |
| 15           | 1            | 11          | 12         | 0              | 0        | 2        | 2           | 0        | 2         | 6         | 6         | 24             |
| 16           | 5            | 13          | 18         | 0              | 0        | 0        | 2           | 0        | 2         | 4         | 9         | 31             |
| 17           | 3            | 13          | 16         | 0              | 0        | 0        | 3           | 0        | 0         | 3         | 11        | 30             |
| 18           | 4            | 20          | 24         | 1              | 1        | 0        | 9           | 2        | 1         | 14        | 11        | 49             |
| 19           | 3            | 15          | 18         | 0              | 0        | 0        | 6           | 2        | 1         | 9         | 13        | 40             |
| 20           | 3            | 12          | 15         | 1              | 1        | 0        | 3           | 4        | 0         | 9         | 8         | 32             |
| <b>Total</b> | <b>131</b>   | <b>284</b>  | <b>415</b> | <b>2</b>       | <b>2</b> | <b>3</b> | <b>25</b>   | <b>8</b> | <b>14</b> | <b>54</b> | <b>68</b> | <b>537</b>     |

| FY22 Gender  | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|--------------|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|              | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| Female       | 74           | 158         | 232        | 0              | 0        | 2        | 9           | 7        | 6         | 24        | 35        | 291            |
| Male         | 57           | 126         | 183        | 2              | 2        | 1        | 16          | 1        | 8         | 30        | 33        | 246            |
| <b>Total</b> | <b>131</b>   | <b>284</b>  | <b>415</b> | <b>2</b>       | <b>2</b> | <b>3</b> | <b>25</b>   | <b>8</b> | <b>14</b> | <b>54</b> | <b>68</b> | <b>537</b>     |



| FY22 Race                                 | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|---|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|   | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| Asian                                     | 0            | 2           | 2          | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 2              |
| Black or African American                 | 108          | 221         | 329        | 2              | 2        | 2        | 22          | 7        | 11        | 46        | 52        | 427            |
| Hispanic                                  | 13           | 52          | 65         | 0              | 0        | 1        | 3           | 1        | 3         | 8         | 13        | 86             |
| White                                     | 2            | 1           | 3          | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 2         | 5              |
| Native Hawaiian or Other Pacific Islander | 1            | 0           | 1          | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 1              |
| No Race Data Reported                     | 7            | 8           | 15         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 1         | 16             |
| <b>Total</b>                              | <b>131</b>   | <b>284</b>  | <b>415</b> | <b>2</b>       | <b>2</b> | <b>3</b> | <b>25</b>   | <b>8</b> | <b>14</b> | <b>54</b> | <b>68</b> | <b>537</b>     |

| FY22 Provider Location | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|------------------------|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|                        | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| DC                     | 62           | 117         | 179        | 2              | 2        | 3        | 25          | 7        | 1         | 40        | 65        | 284            |
| MD                     | 69           | 153         | 222        | 0              | 0        | 0        | 0           | 0        | 7         | 7         | 2         | 231            |
| VA                     | 0            | 2           | 2          | 0              | 0        | 0        | 0           | 1        | 3         | 4         | 1         | 7              |
| Other States           | 0            | 12          | 12         | 0              | 0        | 0        | 0           | 0        | 3         | 3         | 0         | 15             |
| <b>Total</b>           | <b>131</b>   | <b>284</b>  | <b>415</b> | <b>2</b>       | <b>2</b> | <b>3</b> | <b>25</b>   | <b>8</b> | <b>14</b> | <b>54</b> | <b>68</b> | <b>537</b>     |

| FY22 Time in Care | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|-------------------|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|                   | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| 0 - 3 Months      | 17           | 19          | 36         | 0              | 0        | 0        | 2           | 0        | 0         | 2         | 1         | 39             |
| 4 - 6 Months      | 20           | 28          | 48         | 0              | 0        | 1        | 0           | 0        | 0         | 1         | 3         | 52             |
| 7 - 12 Months     | 28           | 45          | 73         | 0              | 0        | 0        | 4           | 0        | 1         | 5         | 4         | 82             |
| 13 - 24 Months    | 37           | 75          | 112        | 0              | 0        | 0        | 4           | 1        | 6         | 11        | 15        | 138            |
| 25+ Months        | 29           | 117         | 146        | 2              | 2        | 2        | 15          | 7        | 7         | 35        | 45        | 226            |
| <b>Total</b>      | <b>131</b>   | <b>284</b>  | <b>415</b> | <b>2</b>       | <b>2</b> | <b>3</b> | <b>25</b>   | <b>8</b> | <b>14</b> | <b>54</b> | <b>68</b> | <b>537</b>     |

Note: Other includes Abscondence, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement.

| <b>Time in Abscondence<br/>(As of September 30,<br/>2022)</b> | <b>Total<br/>Children</b> |
|---|---------------------------|
| 0 - 3 Months  | 17                        |
| 4 - 6 Months  | 3                         |
| 7 - 12 Months   | 4                         |
| 13 - 24 Months  | 1                         |
| 25+ Months  | 2                         |
| Others  | 0                         |
| <b>Total</b>  | <b>27</b>                 |

| FY23 Age     | Foster Homes |                |            | Group Settings |          |          |                |          |           |               | Other     | Total<br>Children |
|--------------|--------------|----------------|------------|----------------|----------|----------|----------------|----------|-----------|---------------|-----------|-------------------|
|              | Kinship      | Foster<br>Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group<br>Homes | IL       | RTC       | Sub-<br>total |           |                   |
| <1 Year      | 15           | 8              | 23         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 23                |
| 1            | 16           | 23             | 39         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 39                |
| 2            | 10           | 18             | 28         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 28                |
| 3            | 8            | 8              | 16         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 16                |
| 4            | 7            | 18             | 25         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 25                |
| 5            | 6            | 14             | 20         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 20                |
| 6            | 9            | 10             | 19         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 19                |
| 7            | 10           | 13             | 23         | 0              | 0        | 0        | 0              | 0        | 2         | 2             | 0         | 25                |
| 8            | 7            | 10             | 17         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 17                |
| 9            | 6            | 8              | 14         | 0              | 0        | 0        | 0              | 0        | 0         | 0             | 0         | 14                |
| 10           | 7            | 13             | 20         | 0              | 0        | 0        | 0              | 0        | 1         | 1             | 2         | 23                |
| 11           | 5            | 11             | 16         | 0              | 0        | 0        | 0              | 0        | 1         | 1             | 2         | 19                |
| 12           | 5            | 16             | 21         | 0              | 0        | 0        | 0              | 0        | 1         | 1             | 2         | 24                |
| 13           | 3            | 11             | 14         | 0              | 0        | 0        | 0              | 0        | 2         | 2             | 2         | 18                |
| 14           | 4            | 18             | 22         | 0              | 0        | 0        | 0              | 0        | 1         | 1             | 7         | 30                |
| 15           | 1            | 15             | 16         | 0              | 0        | 0        | 2              | 0        | 1         | 3             | 2         | 21                |
| 16           | 4            | 14             | 18         | 0              | 0        | 0        | 3              | 0        | 1         | 4             | 10        | 32                |
| 17           | 4            | 14             | 18         | 0              | 0        | 0        | 1              | 0        | 1         | 2             | 9         | 29                |
| 18           | 5            | 21             | 26         | 0              | 1        | 0        | 5              | 2        | 1         | 9             | 12        | 47                |
| 19           | 3            | 12             | 15         | 0              | 0        | 0        | 7              | 0        | 2         | 9             | 13        | 37                |
| 20           | 3            | 13             | 16         | 1              | 1        | 0        | 5              | 3        | 0         | 10            | 9         | 35                |
| <b>Total</b> | <b>138</b>   | <b>288</b>     | <b>426</b> | <b>1</b>       | <b>2</b> | <b>0</b> | <b>23</b>      | <b>5</b> | <b>14</b> | <b>45</b>     | <b>70</b> | <b>541</b>        |

| FY23 Gender  | Foster Homes |                |            | Group Settings |          |          |                |          |           |               | Other     | Total<br>Children |
|--------------|--------------|----------------|------------|----------------|----------|----------|----------------|----------|-----------|---------------|-----------|-------------------|
|              | Kinship      | Foster<br>Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group<br>Homes | IL       | RTC       | Sub-<br>total |           |                   |
| Female       | 76           | 168            | 244        | 0              | 0        | 0        | 11             | 5        | 6         | 22            | 24        | 290               |
| Male         | 62           | 120            | 182        | 1              | 2        | 0        | 12             | 0        | 8         | 23            | 46        | 251               |
| <b>Total</b> | <b>138</b>   | <b>288</b>     | <b>426</b> | <b>1</b>       | <b>2</b> | <b>0</b> | <b>23</b>      | <b>5</b> | <b>14</b> | <b>45</b>     | <b>70</b> | <b>541</b>        |

| FY23 Race                                 | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|---|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|   | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| Asian                                     | 0            | 2           | 2          | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 2              |
| Black or African American                 | 116          | 221         | 337        | 1              | 2        | 0        | 20          | 4        | 10        | 37        | 56        | 430            |
| Hispanic                                  | 12           | 51          | 63         | 0              | 0        | 0        | 3           | 1        | 4         | 8         | 10        | 81             |
| White                                     | 2            | 2           | 4          | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 2         | 6              |
| Native Hawaiian or Other Pacific Islander | 1            | 0           | 1          | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 0         | 1              |
| No Race Data Reported                     | 7            | 12          | 19         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 2         | 21             |
| <b>Total</b>                              | <b>138</b>   | <b>288</b>  | <b>426</b> | <b>1</b>       | <b>2</b> | <b>0</b> | <b>23</b>   | <b>5</b> | <b>14</b> | <b>45</b> | <b>70</b> | <b>541</b>     |

| FY23 Provider Location | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|------------------------|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|                        | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| DC                     | 60           | 112         | 172        | 1              | 2        | 0        | 23          | 5        | 1         | 32        | 67        | 271            |
| MD                     | 78           | 165         | 243        | 0              | 0        | 0        | 0           | 0        | 8         | 8         | 2         | 253            |
| VA                     | 0            | 2           | 2          | 0              | 0        | 0        | 0           | 0        | 2         | 2         | 1         | 5              |
| Other States           | 0            | 9           | 9          | 0              | 0        | 0        | 0           | 0        | 3         | 3         | 0         | 12             |
| <b>Total</b>           | <b>138</b>   | <b>288</b>  | <b>426</b> | <b>1</b>       | <b>2</b> | <b>0</b> | <b>23</b>   | <b>5</b> | <b>14</b> | <b>45</b> | <b>70</b> | <b>541</b>     |

| FY23 Time in Care | Foster Homes |             |            | Group Settings |          |          |             |          |           |           | Other     | Total Children |
|-------------------|--------------|-------------|------------|----------------|----------|----------|-------------|----------|-----------|-----------|-----------|----------------|
|                   | Kinship      | Foster Home | Subtotal   | DD/CC          | DD/FB    | D&E      | Group Homes | IL       | RTC       | Sub-total |           |                |
| 0 - 3 Months      | 12           | 29          | 41         | 0              | 0        | 0        | 3           | 0        | 0         | 3         | 3         | 47             |
| 4 - 6 Months      | 15           | 15          | 30         | 0              | 0        | 0        | 1           | 0        | 0         | 1         | 0         | 31             |
| 7 - 12 Months     | 39           | 42          | 81         | 0              | 0        | 0        | 0           | 0        | 0         | 0         | 8         | 89             |
| 13 - 24 Months    | 41           | 81          | 122        | 0              | 0        | 0        | 5           | 0        | 5         | 10        | 16        | 148            |
| 25+ Months        | 31           | 121         | 152        | 1              | 2        | 0        | 14          | 5        | 9         | 31        | 43        | 226            |
| <b>Total</b>      | <b>138</b>   | <b>288</b>  | <b>426</b> | <b>1</b>       | <b>2</b> | <b>0</b> | <b>23</b>   | <b>5</b> | <b>14</b> | <b>45</b> | <b>70</b> | <b>541</b>     |

Note: Other includes Abscondence, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement.

| <b>Time in Abscondence<br/>(As of December 31, 2020)</b> | <b>Total<br/>Children</b> |
|--|---------------------------|
| 0 - 3 Months   | 11                        |
| 4 - 6 Months   | 8                         |
| 7 - 12 Months  | 3                         |
| 13 - 24 Months   | 3                         |
| 25+ Months   | 1                         |
| <b>Total</b>   | <b>26</b>                 |

**102. How many placement changes did youth in CFSA care experience in FY22 and in FY23, to date, including their age and the reason for the change?**

**FY 2022**

| <b>Age at End of FY22</b> | <b>Placement Episodes</b> |               |               |               | <b>Total</b>   |
|---------------------------|---------------------------|---------------|---------------|---------------|----------------|
|                           | <b>1</b>                  | <b>2</b>      | <b>3-4</b>    | <b>5+</b>     |                |
| <1 Year                   | 9                         | 13            | 2             | 0             | 24             |
| 1                         | 32                        | 4             | 2             | 0             | 38             |
| 2                         | 17                        | 7             | 5             | 1             | 30             |
| 3                         | 7                         | 6             | 2             | 0             | 15             |
| 4                         | 20                        | 4             | 3             | 0             | 27             |
| 5                         | 10                        | 5             | 1             | 1             | 17             |
| 6                         | 15                        | 5             | 4             | 1             | 25             |
| 7                         | 13                        | 4             | 1             | 1             | 19             |
| 8                         | 10                        | 1             | 3             | 0             | 14             |
| 9                         | 11                        | 5             | 1             | 0             | 17             |
| 10                        | 15                        | 3             | 4             | 2             | 24             |
| 11                        | 7                         | 6             | 3             | 1             | 17             |
| 12                        | 8                         | 3             | 5             | 4             | 20             |
| 13                        | 11                        | 2             | 3             | 4             | 20             |
| 14                        | 11                        | 2             | 5             | 6             | 24             |
| 15                        | 4                         | 5             | 5             | 10            | 24             |
| 16                        | 14                        | 9             | 5             | 3             | 31             |
| 17                        | 8                         | 6             | 10            | 6             | 30             |
| 18                        | 23                        | 10            | 8             | 8             | 49             |
| 19                        | 17                        | 5             | 13            | 5             | 40             |
| 20                        | 20                        | 5             | 5             | 2             | 32             |
| <b>Total</b>              | <b>282</b>                | <b>110</b>    | <b>90</b>     | <b>55</b>     | <b>537</b>     |
| <b>Percentage</b>         | <b>52.51%</b>             | <b>20.48%</b> | <b>16.76%</b> | <b>10.24%</b> | <b>100.00%</b> |

| Age at End of FY23 | Placement Episodes |              |              |              | Total          |
|--------------------|--------------------|--------------|--------------|--------------|----------------|
|                    | 1                  | 2            | 3-4          | 5+           |                |
| <1 Year            | 21                 | 2            | 0            | 0            | 23             |
| 1                  | 37                 | 2            | 0            | 0            | 39             |
| 2                  | 27                 | 1            | 0            | 0            | 28             |
| 3                  | 15                 | 1            | 0            | 0            | 16             |
| 4                  | 21                 | 3            | 1            | 0            | 25             |
| 5                  | 19                 | 1            | 0            | 0            | 20             |
| 6                  | 18                 | 1            | 0            | 0            | 19             |
| 7                  | 22                 | 3            | 0            | 0            | 25             |
| 8                  | 14                 | 1            | 2            | 0            | 17             |
| 9                  | 13                 | 1            | 0            | 0            | 14             |
| 10                 | 19                 | 2            | 1            | 1            | 23             |
| 11                 | 14                 | 2            | 2            | 1            | 19             |
| 12                 | 20                 | 3            | 1            | 0            | 24             |
| 13                 | 17                 | 0            | 0            | 1            | 18             |
| 14                 | 19                 | 5            | 6            | 0            | 30             |
| 15                 | 14                 | 2            | 3            | 2            | 21             |
| 16                 | 27                 | 5            | 0            | 0            | 32             |
| 17                 | 25                 | 3            | 1            | 0            | 29             |
| 18                 | 39                 | 6            | 2            | 0            | 47             |
| 19                 | 32                 | 5            | 0            | 0            | 37             |
| 20                 | 31                 | 3            | 1            | 0            | 35             |
| <b>Total</b>       | <b>464</b>         | <b>52</b>    | <b>20</b>    | <b>5</b>     | <b>541</b>     |
| <b>Percentage</b>  | <b>85.77%</b>      | <b>9.61%</b> | <b>3.70%</b> | <b>0.92%</b> | <b>100.00%</b> |

**103. Regarding the availability of beds/placements for children and youth in foster care, provide the following for FY22 and FY23, to date:**

**a. The current number of foster home beds available in the District and in Maryland.**

| State        | FY22 (As of September 30, 2022) | FY23 (As of December 31, 2022) |
|--------------|---------------------------------|--------------------------------|
| District     | 267                             | 258                            |
| Maryland     | 355                             | 320                            |
| <b>Total</b> | <b>622</b>                      | <b>578</b>                     |

- b. The number of foster home beds that are currently vacant in the District and in Maryland.**

| State        | FY22 (As of September 30, 2022) | FY23 (As of December 31, 2022) |
|--------------|---------------------------------|--------------------------------|
| District     | 88                              | 86                             |
| Maryland     | 133                             | 77                             |
| <b>Total</b> | <b>221</b>                      | <b>163</b>                     |

- c. The current total number of group home beds in the District and in Maryland.**

| Provider                      | Bed#      |
|-------------------------------|-----------|
| God's Anointed New Generation | 12        |
| Innovative Life Solutions     | 5         |
| Maximum Quest                 | 14        |
| Sasha Bruce                   | 4         |
| The Mary Elizabeth House      | 12        |
| Umbrella                      | 6         |
| Youth for Tomorrow (VA)       | 3         |
| <b>Total</b>                  | <b>56</b> |

- d. The total number of group home beds that are currently vacant in the District and in Maryland.**

There are 19 group home beds currently vacant in the District and in Maryland.

- e. The current total number of independent living program beds in the District's foster care system.**

There are 13 independent living program beds (one from Innovative Life Solutions and 12 from The Mary Elizabeth House).

- f. The number of independent living program beds that are currently vacant.**

There are seven independent living program beds currently vacant (all seven are from The Mary Elizabeth House).

- g. The current total number of teen parent program beds in the District’s foster care system.**

There are 12 beds strictly dedicated to teen parents in the District’s foster care system. CFSA resource families, in addition to contracted family-based providers (NCCF and PSI) and congregate care provider (Youth for Tomorrow), are also able to serve pregnant and parenting teens.

- h. The number of teen parent program beds that are currently vacant in the District and in Maryland.**

There are seven independent living program beds currently vacant (all seven are from The Mary Elizabeth House).

- i. The total number of beds in the District’s foster care system that do not fall into any of the above categories.**

All available beds fall into the above categories.

- j. The current total number of foster home beds in the District’s foster care system (DC and Maryland) that have expressed a willingness to accept teens, and number ranges for FY21, FY22, and FY23, to date**

| <b>Total Number of Foster Home Beds Willing to Accept teens (age 13+)</b> |             |             |             |
|---|-------------|-------------|-------------|
|   | <b>FY21</b> | <b>FY22</b> | <b>FY23</b> |
| <b>MD – NCCF</b>  | 84          | 37          | 84          |
| <b>MD-PSI</b>   | N/A         | 8           | 8           |
| <b>DC</b>   | 96          | 65          | 55          |

- k. The current total number of foster home beds in the District’s foster care system (DC and Maryland) hat that have expressed a willingness to accept children between the ages of zero and five, and number ranges for FY21, FY22, and FY23, to date.

| <b>Total Number of Foster Home Beds Willing to Accept Ages 0-5</b> |             |             |             |             |
|--|-------------|-------------|-------------|-------------|
|  | <b>FY20</b> | <b>FY21</b> | <b>FY22</b> | <b>FY23</b> |
| <b>MD – NCCF</b>   | 111         | 79          | 82          | 43          |
| <b>MD-PSI</b>  | N/A         | N/A         | 2           | 2           |
| <b>DC</b>  | 95          | 104         | 99          | 91          |

**104. Describe CFSA’s placement matching process:**

- a. Provide a list of the child-specific and foster parent-specific factors taken into consideration when:
- i. A child is initially removed from their home of origin;

When a child is separated from their family, the following factors are taken into consideration to determine the best placement:

| <b>Child-Specific Factors</b>              | <b>Resource Parent-Specific Factors</b>  |
|--|--|
| Current school location                    | Location of the resource home  |
| Birth family residential home/ward         | Availability and capacity for placement  |
| Proximity to family/lifelong connections   | Ability to support/parent older teens  |
| Siblings in care                           | Willingness to take sibling(s) of children currently in placement                        |
| Medical/health/allergies/behavioral issues | Ability and willingness to support special needs and take child to frequent appointments |
| Age  | Open to accepting all ages   |
| Sexual/Gender Identity                     | Open to accepting all sexual/gender identities   |



**ii. A child is moved from one foster home to another foster home; and**

The same matching factors outlined above are used to identify a new foster home with the additional knowledge of the child's strengths, behavior patterns, and any other needs.

To further prepare the new resource parent where possible, the former and current resource parents are provided the opportunity to meet and share information regarding the child.

**iii. A child is moved from a congregate/group home setting to a foster home.**

Moving from a congregate/group setting to a foster home generally indicates a positive move for a child. CFSA strives for all youth to be in family-based care whenever possible and appropriate for the needs of the youth.

The same factors listed in the response to Question 104(a)(i) are considered for the matching process. The social worker, congregate provider, and other team members provide as much information as possible to the resource home.

**b. 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.**

Bed availability and utilization are impacted by the number and needs of children entering the system. CFSA monitors bed utilization on a daily basis to keep abreast of trends and predict needs. This monitoring involves working closely with partner agencies to assess their array and utilize a joint placement matching process.

**c. Describe the joint placement matching activities in which NCCF and CFSA engage during the placement matching process.**

CFSA and NCCF speak daily on placement needs, and the placement management teams meet twice each month for a formal review of youth, referral process issues, and challenges/strengths recently discovered in the resource family array.

An individual child's placement matching process starts with the full universe of available homes across CFSA and NCCF, and uses the factors outlined in response to Question 112(a)(i) to match a child or youth to a placement. Once a match is confirmed, CFSA and NCCF:

- Verify that the matching results are valid through direct confirmation with the resource parent
- Provide as much additional information to the resource parents as possible

**105. Regarding the retention and recruitment of foster parents:**

- a. What was the agency’s foster parent yearly retention rate in FY22, and what has that rate been in FY23, to date?**

FY22: On October 1, 2021, CFSA had 146 licensed traditional foster homes. CFSA licensed 29 new foster homes between October 1, 2021, and September 30, 2022. Of those 175 homes, 140 remained licensed through September 30, 2022, and 34 were closed, for an FY22 retention rate of 80 percent.

FY23: On October 1, 2022, there were 140 traditional foster homes. As of December 31, 2022, seven were closed, leaving 133 licensed homes and a current retention rate of 95 percent.

- b. What are the agency’s recruitment targets for increasing the total number of foster homes in the District’s foster care system (i) in general and (ii) geographically within the District? What strategies have been implemented to reach these targets?**

One of CFSA’s long standing priorities is to increase the number of foster homes within the District of Columbia, especially in the areas of the city from which children are most frequently removed. In FY22, 76 percent of children came into foster care from Wards 8 (30%), 7 (26%), and 5 (20%).

CFSA’s FY22 foster home creation target was 40 new traditional resource home beds. By the end of FY22, the agency had achieved its goal, creating 43 beds for youth in foster care (in 29 new homes). CFSA developed at least two homes in each of the Wards, except for Wards 2 & 3. Sixty-two percent of the newly licensed homes were in the Wards (5,7 & 8) from which children originated when coming into foster care.

| <b>Ward</b>  | <b># homes created in<br/>FY 22</b> | <b>Percentage<br/>of total</b> |
|--------------|-------------------------------------|--------------------------------|
| 1            | 2                                   | 7                              |
| 2            | 0                                   | 0                              |
| 3            | 0                                   | 0                              |
| 4            | 4                                   | 14                             |
| 5            | 7                                   | 24                             |
| 6            | 5                                   | 17                             |
| 7            | 7                                   | 24                             |
| 8            | 4                                   | 14                             |
| <b>Total</b> | <b>29</b>                           | <b>100%</b>                    |

The Recruitment strategies include:

- Expanding strategic outreach across the District via virtual and social media platforms including Facebook, Google, and Eventbrite. This referral source yielded 20 percent of applicants that participated in an information session during FY22.
- Collaborating with faith-based organizations, such as DC127 and LGBTQ Churches, to facilitate shared information sessions (four were held in FY22 and two in FY23). Collaboration with DC127 has resulted in 17 applicants who participated in the information session and 40 percent who are currently in the process of becoming licensed.
- Using online communications platforms with community partners to collaboratively host virtual events. In FY22, recruitment collaborated and participated in 42 virtual events with community partners, including Rainbow Families, Jewish Community Center Adoption, National Association of Adoptions, Barker Foundation, Council of Government (COG), Professional Parents Information Sessions, Mayor’s Office of LGBTQ+, Covenant House of Greater Washington, Community of Hope Church, Anacostia Council, and several sister government agencies.
- Participated in over 30 community events, with such partners as Capital Riverfront/ Friday Night Concert at Navy Yard, DC Park and Recreation events, including Movie Night, and Jazz in the Park, Coffee and Chat at Lott 38, DC Government Open Enrollment, etc. These types of events resulted in 10 percent of bed development.
- Conducted over 90 virtual “At-Home” consultations with prospective foster parents.
- Posted promotional information about upcoming informational and orientation sessions in 100 newsletters and/or community calendars within the District including through the Mayor’s Office of Volunteerism; Rainbow Families, Southeast Neighborhood Library, Anacostia Council Committee; Georgia Avenue Collaborative; and My Community Listserv, etc.
- Enhanced the fosterdckids.org landing page by adding infographics, parent success stories, and an interactive calendar that allows for online registration for information sessions.
- Intentionally and consistently driving prospective resources to the website is vital in increasing the pool of resource parents. In FY2022, Fosterdckids.org was the highest referral source for the number of homes and beds developed (40%).

- Expanding (and streamlining) offerings by fosterdckids.org to help promote recruitment and retention of resource parents. For example:
  - Applicants can complete and submit documents online, including the Foster Care Application and Pre-screening Assessment Form
  - Maintaining an updated events page
  - Archiving relevant policies
  - Listing important staff contacts
  - Providing a portal for training registration
  - Streamlining the process for existing resource parents to access and generate referrals to apply for services for children in care.
  - Increasing distribution of electronic materials to community partners for inclusion in their calendars, newsletters, and websites.
  - Facilitating two virtual “Family Match Nights” and participated in three shared “Matching Events” with 20 other jurisdictions. Three youths were matched to a family via these events.

In FY23, these strategies will continue, along with the following;

- Bus shelter Ads w/Target Audiences (ie, Latinx, African American, General Awareness).
- Extending Digital Advertisement

**c. What percentage of current foster homes are located geographically within the District? What percentage of youth are placed geographically within the District?**

| <b>Total Foster Homes in the District</b> |                   |
|---|-------------------|
| <b>Number</b>                             | <b>Percentage</b> |
| 170                                       | 48%               |

| <b>Total Children Placed in the District</b> |                   |
|--|-------------------|
| <b>Number</b>                                | <b>Percentage</b> |
| 271  | 50%               |

**d. What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for teenagers? What have been the barriers? Did the Agency achieve its target for FY22? What are the agency's targets for FY23?**

- The target for FY22 was to develop 10 additional beds for teenagers. By the end of FY22, 7 homes and 10 beds had been developed for teenagers. The goal was achieved.
- The target for FY23, is to develop 10 additional beds for teenagers. To date, two beds have been developed.
- The primary barrier in recruiting for resource homes for this population continue to be fear of the unknown and believing that teenagers are difficult to manage and will not do well in their homes. To respond to this challenge, CFSA and NCCF's foster parent training program (New Generation PRIDE) speaks specifically to working with teens and provides resources parents can employ to support them.

In addition, CFSA Recruitment will partner with teenagers themselves to help dispel myths and reinforce the importance of belonging in a family setting. Strategies planned for FY22, included the following:

- Collaborating with the CFSA Office of Youth Empowerment (OYE) to create a public service announcement dispelling the myth that teenagers do not want to join a family.
- Working with CFSA's Youth Council to develop video messages that can be disseminated to community partners, stakeholders, and social media platforms on "The Top Ten Reasons to Adopt a Teen"
- Showing the video "Worthy of Belonging" during virtual information sessions for prospective resource parents
- Partnered with Multi-Media Personality and Foster Care Alumni, Poet Taylor, and produced a Public Service Announcement promoting the importance of fostering teens.
- Launched targeted Social Media Campaign with Link Strategies, LLC to increase the pool of LGBT, Latinx, Professional, and African American resource parents in the District to foster teenagers.

**e. What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for pregnant and parenting youth? What have been the barriers? Did the Agency achieve its target for FY22? What are the agency's targets for FY23?**

During the first quarter of FY22, the number of teen parents in foster care increased from 18 to 23. As a result, the recruitment team strategized to develop at least four additional beds for this population. At the end of FY22, there were 25 pregnant and parenting youth in foster care. Three homes with a total capacity of six beds indicated an interest in providing placements for pregnant and parenting teens.

In FY22, the following outreach efforts helped achieved the goal:

- Hosted information sessions with existing resource parents, potential parents in the pipeline, and referrals from CFSA Resource Parent Support and community-based Foster Parent Associations.
- Developed a public service announcement with DJ Poet Taylor of WPGC 95.5 FM, articulating the need and how individuals and families can make the difference in successful outcomes for this population.

DC and Maryland face similar barriers in finding homes that are able to support both a mother and child. In DC, Chapter 60 regulations require separate bedrooms for parents and children older than 18 months. In Maryland, COMAR regulations require separate bedrooms after the child is 6 months old.

- f. What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for children with special needs? What have been the barriers? Did the Agency achieve its target for FY22? What are the agency's targets for FY23?**

CFSA recruited three homes and five beds in FY22 for this population through the following efforts:

- Conduct outreach and partner with groups and organizations that serve this population of children, including Children's Hospital, National Alliance on Mental Illness, Psychiatric Institute of Washington DC, and the DC Chapter of Retired Nurses.
- Facilitate “Lunch and Learns” with Kaiser Permanente, United Health, and the Black Nurses Association
- Profile this population of children on various adoption sites
- Host virtual "Family Match Nights" exclusively for medically fragile children

In FY23, to achieve a target of four additional resource families for this population, CFSA will continue the efforts described above.

Barriers to developing resource homes for this population include the following:

- Limited desire in the community to serve this population
- Lack of time to devote to the care and often demanding schedules of these children
- A perceived inconvenience in utilizing in-home nursing and other associated services required to be in the home with the children

- g. What has been the agency's progress in identifying homes and placements that will provide a safe and positive space for LGBTQ foster youth? What have been the barriers? Did the Agency achieve its target for FY22? What are the agency's targets for FY23?**

In FY22, maintaining current homes and increasing the pool of resource parents for LGBTQ foster youth continued to be a priority, especially for transgender youth. Against a target of five, eight resource homes developed in FY22 were comprised of LGBTQ individuals, families, and/or LGBTQ allies willing to provide a temporary or permanent haven for this population.

Training on understanding and working with LGBTQ youth (including review of a new agency policy for gender expression among youth) was offered to the entire pool of resource parents to increase awareness and encourage more placements for this population.

In FY23, to achieve a target of five additional homes for this population, the recruitment team's efforts will continue, dedicated to ensuring that outreach strategies are affirming and inclusive.

The agency is not experiencing any current barriers recruiting for this population.

- h. What percentage of current foster homes licensed by CFSA and NCCF have adults who speak Spanish and are culturally competent to care for Latinx children and youth? What percentage of Hispanic foster youth live in foster homes where the adults speak Spanish?**

In FY22, Latinx children comprised approximately 15 percent of the District's foster care population (N=82/537). For 77(N=62/82) percent of these children, their primary language was English; for 23 (N=20/82) percent it was Spanish. CFSA recognizes the importance of placing children with families who share their language and cultural identity. Combined, CFSA and its partner agencies are meeting these needs, as follows:

| <b>Provider</b>       | <b># of children whose primary language is Spanish</b> | <b># of Spanish-speaking homes</b> |
|-----------------------|--|------------------------------------|
| CFSA                  | 7  | 9                                  |
| NCCF                  | 5  | 5                                  |
| LAYC                  | 5  | 5                                  |
| Lutheran Social Svcs. | 3  | 3                                  |
| <b>Total</b>          | <b>20</b>  | <b>22</b>                          |

- i. What are the Agency’s recruitment targets for increasing the total number of foster homes where the adults speak Spanish and other non-English languages frequently spoken among children in foster care? What have been the barriers? What strategies have been implemented to reach these targets for FY22? What are the Agency’s targets for FY23?**

CFSA’s FY22 target for recruiting language-appropriate families was three families, and we were able to recruit six and licensed four families. Our FY23 target is also to recruit four families.

To reach targets, CFSA will continue engaging in community-based outreach and trust-building efforts, including messaging the need to the Mayor’s Office of Latino Affairs (MOLA), Latin American Youth Center (LAYC), Rainbow Families, and Mary’s Center. CFSA has also updated its fosterdckids.org website to include translation into Spanish and has upcoming paid social media advertisements targeting Latinx individuals and families and messaging in bus shelters in two Spanish-speaking neighborhoods of the District.

Although the Human Rights Law of 1977 prohibits discriminating against a person based on their immigrant status, fears regarding immigration status, and a general lack of trust for public child welfare agencies, remain significant barriers for creating new resource homes from this community.

- j. How may foster families closed their homes in FY22 and in FY23, to date? What were the reasons given for closing their homes? If COVID was given as a reason, how did CFSA assist?**

| <b>CFSA Home Closure Reason</b> | <b>FY22</b> | <b>FY23</b> |
|---------------------------------|-------------|-------------|
| Permanency                      | 7           | 2           |
| Clinical/Regulatory             | 14          | 0           |
| Resource Parent Request         | 18          | 0           |
| <b>Total</b>                    | <b>39</b>   | <b>2</b>    |

- k. What are the Agency’s recruitment targets for increasing the total number of foster homes where the adults are experienced with caring for children who are medically fragile or have serious developmental or physical disabilities? What have been the barriers? What strategies have been implemented to reach these targets in FY22? What are the Agency’s targets for FY23?**

In FY22, against a target of two homes, two homes (total of three beds) were created for this population. In FY23, our target is two more homes. The following efforts will continue:



- Partnering with multiple DC and Maryland medical care providers and hospitals to profile medically fragile children for potential adoptive resources
- Spotlighting these children in the monthly CFSA Foster Parent Newsletter
- Partnering with organizations serving children on the autism spectrum, including Autism Speaks, and hosting recruitment events/Family Match Nights (two held in FY22)
- Collaborating with foster parents who are caring for this population so they can speak to their experiences during at least one orientation session annually

Barriers include a lack of desire in the community to serve this population; lack of time to devote to the care these children require; and the perceived inconvenience of using the required in-home nursing and other associated services.

**1. What are the Agency’s recruitment targets for increasing the total number of foster homes where the adults are experienced with caring for children after diagnostic and emergency care? What have been the barriers? What strategies have been implemented to reach these targets? What are the Agency’s targets for FY23?**

In FY22, CSFA’s recruitment target four foster homes in which the adults were experienced with caring for children after diagnostic and emergency care. These providers became “Trauma Informed Professional Parents” (TIPPs). TIPP parents are skilled to provide care 24 hours per day, seven days per week on an on-going basis. TIPP homes are for children/youth ages eight and up (with a focus on eight-to-12-year-olds), whose mental health and behavioral concerns have made traditional placements difficult.

The following strategies were implemented to achieve outcomes.

- Disseminated marketing materials in effort to promote TIPP to existing resource parents (CFSA & NCCF), resource parents in the pipeline, the Foster and Adoptive Parent Advocacy Center (FAPAC), DC Metropolitan Foster Adoptive Parent Association (DCMFAPA), Fostering Connections Newsletter.
- FosterDCKids.org Website + landing page developed.
- Web Enhancements for Professional Parents – Developed a landing page and social media websites via: [cfsa.recruitment-retention@dc.gov](mailto:cfsa.recruitment-retention@dc.gov)
- Listed “The Professional Parent” job posting on Indeed.
- Licensed Recruiters contacted, screened in or out applicants/resumes and enrolled skilled candidates to a Professional Parent Information Session.
- CFSA Recruitment Hosted nine Professional Parent information sessions. -Each of the sessions had an existing Professional Parents sharing their lived experiences with prospective applicants.
- Designated the Program Specialist to monitor and coordinate staff to achieve targeted outcomes.

In FY23, CFSA seeks to develop four additional professional parents to serve this population.

- Still actively listing “The Professional Parent” job posting on Indeed and we receive regular emails from HR with newly submitted resumes.
- The CFSA recruitment team is hosting quarterly Professional Parent Information Sessions in FY23 (next session is Jan 2023).
- The FosterDCKids.org website is updated with the Professional Parent landing page and includes links to register for the quarterly sessions.
- Recruiters are also actively recruiting in the community and continue messaging the need when engaging with community partners.

Finding people with the appropriate skill set and time to care for this population of youth remains a barrier.

**m. What supports do you have in place to help foster families and to encourage them to continue to serve in that role?**

Professional Support. The Resource Parent Support Worker (RPSW) unit is a vital and valuable partner in recruiting and retaining resource parents. The RPSW:

- Provides ongoing support, coaching, and assistance to licensed resource families to address issues that may impact their ability to provide optimal foster care services.
- Educates and empowers resource parents to effectively advocate on behalf of children, in partnership with all team members.
- Receives a minimum of 30 hours annually of continuing education training hours that help keep them abreast of social, cultural, and child welfare trends relevant to the District’s child welfare population.

Peer-to-Peer Support. The BOND program (Bridge, Organize, Nurture, and Develop) is a single, cohesive, and more comprehensive resource providing resource parents with strong, consistent support; reliable respite opportunities; socializing and network-building; peer-to-peer guidance and help during challenging moments.

Childcare. Successful recruitment and retention of resource homes for children under school-age requires attention to the need for childcare if both parents are working:

- The RPSW begins development of a childcare plan before a family accepts any placements. The plan includes identifying reliable backup options.
- The RPSW collaborates with social workers to connect families to CFSA’s early education specialist for assistance in identifying childcare services.
- Families are encouraged and supported to be aware of nearby community resources (e.g., childcare and recreation centers).

Linkage with Community Supports. CFSA encourages all resource families to become active participants in community organizations such as the DC Metropolitan Foster Adoptive Parent Association (DCMFAPA) and the Foster and Adoptive Parent Advocacy Center (FAPAC).

Weekly/Monthly Benchmark Review. There is a direct correlation between the resource parent experience and retention rates. If regular contact is made with resource families, attrition becomes less likely. CFSA tracks progress on key resource parent support benchmarks, such as:

- The number of home visits, phone calls, and emails exchanged between resource parents and their assigned support workers.
- Provision of supportive services such as respite care.

In addition to informing resource allocation, monitoring allows CSFA to assess service utilization, identify gaps, and project future needs.

**106. During FY22, how many youths in out-of-home care stayed in a hotel while awaiting a licensed placement? In FY23, to date? For each youth who stayed in a hotel, provide:**

- a. The age of the youth;**
- b. The length of the youth's stay in a hotel;**
- c. The efforts made to identify a licensed placement;**
- d. The type of placement the youth was moved to following his/her hotel stay;**
- e. Steps the agency took to provide supervision for the youth;**
- f. The factors that led to the youth staying in a hotel; and**
- g. Steps the agency has taken to ensure that no youth in out-of-home care will stay in a hotel during the remainder of FY22.**

No youth in care stayed in a hotel while awaiting a placement in FY22, or to date in FY23.

**107. During FY22, how many youths in out-of-home care stayed overnight at CFSA's offices while awaiting a licensed placement? In FY23, to date? For each youth who stayed at CFSA, provide:**

There has been a reduction in general, in youth staying in the CFSA offices over the last few years. In FY22, there were a total of 34 youth staying at CFSA over 40 nights. In FY23 Q1, there were four youth at CFSA for a total of seven nights.

- 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;**
- d. The type of placement the youth was in before staying at CFSA's offices and following the stay at CFSA's offices;**

| <b>Month</b> | <b>Age</b> | <b>Placement prior to overnight</b> | <b>Placement following overnight</b>    | <b># of days in the building</b> |
|--------------|------------|-------------------------------------|---|----------------------------------|
| November 21  | 15         | Night of separation                 | CFSA Group Home                         | 1                                |
| November 21  | 16         | CFSA Resource Home                  | Returned to Family                      | 1                                |
| November 21  | 17         | CFSA Resource Home/SOAR             | CFSA Resource Home/BOND                 | 2                                |
| December 21  | 14         | CFSA Resource Home                  | CFSA Resource Home/BOND                 | 1                                |
| December 21  | 14         | Night of separation                 | Returned to Family/<br>case not papered | 1                                |
| January 22   | 15         | CFSA Resource Home                  | NILP*                                   | 1                                |
| January 22   | 15         | Missing Child Status                | NCCF Resource Home                      | 1                                |
| January 22   | 15         | Hospital                            | NILP                                    | 1                                |
| January 22   | 15         | CFSA Resource Home/<br>SOY          | CFSA Resource Home/<br>TIPP             | 1                                |
| February 22  | 16         | CFSA Emergency Shelter              | SOY CFSA Resource Home                  | 1                                |
| February 22  | 13         | CFSA Initial Separation             | CFSA Resource Home                      | 2                                |
| February 22  | 15         | Group Home                          | CFSA Resource Home/BOND                 | 1                                |
| February 22  | 15         | CFSA Initial Separation             | CFSA Emergency Shelter                  | 1                                |
| February 22  | 13         | Missing Child Status                | Hospital                                | 1                                |
| February 22  | 15         | CFSA Resource Home                  | NILP                                    | 2                                |
| March 22     | 13         | Missing Child Status                | NCCF Resource Home                      | 1                                |
| March 22     | 17         | CFSA Resource Home/<br>TIPP         | Teen Parent                             | 1                                |
| April 22     | 15         | NILP                                | CFSA Resource Home/<br>SOY              | 1                                |
| April 22     | 13         | CFSA Resource Home                  | CFSA Resource Home                      | 2                                |
| April 22     | 17         | Group Home                          | Group Home                              | 1                                |
| May 22       | 14         | NILP                                | CFSA Resource Home                      | 1                                |
| May 22       | 14         | Night of separation                 | Returned to Family/<br>case not papered | 1                                |
| May 22       | 13         | Night of separation                 | Returned to Family/<br>case not papered | 1                                |

| Month        | Age | Placement prior to overnight | Placement following overnight | # of days in the building |
|--------------|-----|------------------------------|-------------------------------|---------------------------|
| June 22      | 12  | CFSA Resource Home/ SOY      | CFSA Resource Home            | 1                         |
| June 22      | 8   | Night of separation          | CFSA Resource Home            | 1                         |
| June 22      | 9   | Night of separation          | CFSA Resource Home            | 1                         |
| June 22      | 14  | CFSA Resource Home           | CFSA Resource Home            | 1                         |
| July 22      | 14  | CFSA Emergency Shelter       | NILP                          | 1                         |
| July 22      | 19  | NILP                         | NCCF Resource Home            | 1                         |
| July 22      | 13  | CFSA Resource Home/ TIPP     | CFSA Resource Home/ PPY       | 1                         |
| August 22    | 12  | Night of separation          | Hospital                      | 3                         |
| August 22    | 15  | CFSA Resource Home/ TIPP     | CFSA Resource Home            | 1                         |
| September 22 | 14  | Missing Child Status         | CFSA Resource Home            | 1                         |
| September 22 | 15  | Missing Child Status         | Missing Child Status          | 1                         |
| October 22   | 18  | Group Home                   | NILP                          | 2                         |
| October 22   | 18  | NILP                         | Group Home                    | 1                         |
| October 22   | 15  | PSI Resource Home            | PSI Resource Home             | 3                         |
| November 22  | 14  | Night of separation          | CFSA Resource Home/ TIPP      | 1                         |

\*Note: NILP = Not in Legal Placement

**e. Steps the agency took to provide supervision for the youth;**

Efforts to identify a placement for each youth included:

- Contacting all available licensed resource homes
- Discussions with CPS and Permanency/OYE Social Workers as applicable to identify an appropriate relative resource
- Researching and vetting Kin/Fictive Kin
- Contacting Congregate Care Providers and/or an emergency shelter

**f. The factors that led to youth staying in the CFSA office overnight; and**

The following factors led to youth staying at CFSA's offices overnight during FY22 and FY23:

- Placement disruptions or separations from birth families occurred late in the evening or early morning hours, and resource families were not available to answer or receive placement due to the timing and planning necessary to maintain the youth.

- Youth presented with significant mental health and behavioral issues, and an appropriate mental health response was unavailable, e.g., sub-acute psychiatric beds and partial hospitalization.
- Youth refused to leave the building despite being offered a placement.
- Closing of a group home contract for 24 beds in FY22
- Closing of a traditional foster care agency for 10 beds in FY22
- Closing of the intensive foster care agency for 36 beds in FY22

**g. Steps the agency has taken to ensure that no youth in out-of-home care will stay in a CFSA office overnight during the remainder of FY23.**

CFSA continues to strengthen its provision of support to resource parents to enhance their capacity to parent all youth in care, including those with extremely challenging behaviors. Three new professional parents joined in FY22 and three more are slated to be in contract by the Spring 2023. A new contract was awarded in October 2022 for Intensive Foster Care services, and it is anticipated also by Spring 2023 that the Therapeutic Group Home will be in place. Lastly, final planning is occurring for the Bridge program- an enhanced therapeutic short term, emergency placement.

**108. During FY22, how many youths in out-of-home care stayed at Sasha Bruce shelter beds while awaiting a non-short-term placement? In FY23, to date? For each youth, provide:**

- The age of the youth;**
- A description of the type of placement;**
- The length of the youth’s stay in a Sasha Bruce shelter bed; and**

FY22

| <b>Age*</b>  | <b>Total Unique Children</b> |
|--------------|------------------------------|
| 10           | 1                            |
| 11           | 2                            |
| 12           | 4                            |
| 13           | 5                            |
| 14           | 9                            |
| 15           | 7                            |
| 16           | 4                            |
| 17           | 3                            |
| <b>Total</b> | <b>35</b>                    |

\*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2021

| <b>Length of Stay in<br/>Emergency/Respite<br/>Placements</b> | <b>Total Unique Children</b> |
|---|------------------------------|
| 0-2 days  | 3                            |
| 3-5 days  | 10                           |
| 6-10 days   | 7                            |
| 11-20 days  | 8                            |
| 21-30 days  | 9                            |
| 31+ days  | 6                            |
| <b>Total</b>  | <b>35</b>                    |

FY23

| <b>Age*</b>  | <b>Total Unique Children</b> |
|--------------|------------------------------|
| 12           | 1                            |
| 13           | 1                            |
| 14           | 2                            |
| 15           | 3                            |
| 17           | 1                            |
| <b>Total</b> | <b>8</b>                     |

\*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2022

| <b>Length of Stay in<br/>Emergency/Respite<br/>Placements</b> | <b>Total Unique Children</b> |
|---|------------------------------|
| 0-2 days  | 2                            |
| 3-5 days  | 4                            |
| 6-10 days   | 1                            |
| 11-20 days  | 2                            |
| 21-30 days  | 2                            |
| <b>Total</b>  | <b>8</b>                     |

**d. The efforts made to identify a non-short-term placement.**

CFSA makes the same efforts for any youth requiring a placement, whether it be an initial separation or a re-placement for youth already in foster care. When a youth is placed in an emergency setting, it is because all other opportunities have been exhausted or there's a clinical decision that is made given what the next plan for placement that is not quite ready. Additionally, when the Placement Resource Development Specialist secures this emergency setting placement, they immediately begin the search for their permanent opportunity; seeking the best match across the range of options.

Sasha Bruce has the ability to observe and assess youth. As a long-standing community-based provider, Sasha Bruce is frequently familiar with youth who enter foster care, based on previous community stabilization efforts. As a result, Sasha Bruce is a critical partner with CFSA in identifying placement needs and features that will increase their likelihood of sustainability.

When Sasha Bruce assumes care of a youth, a period of assessment and stabilization is often necessary to support identification of a placement that will be successful. Using this information, the team seeks the best match across the full range of options available.

**109. 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 for FY21, FY22 and FY23, to date.**

*Attachment Q109, Unusual Incident Reports Data Summary*

**110. In recent years, the country has seen a large number of youths entering the United States alone (Unaccompanied Refugee Minors, or “URMs”) or with parents. Provide an update on the following:**

Unaccompanied Refugee Minors (URMs) are granted refugee status before entering the United States and enter via the Office of the United Nations High Commissioner for Refugees (UNHCR). This process and designation are separate and apart from youth who cross the border independently. However, some youth who are detained following an independent border crossing may subsequently gain URM status.

**a. How many URMs entered CFSA’s care in FY22 and have entered CFSA’s care in FY23, to date?**

In FY22, one youth entered care. In FY23, two youths entered care.

**b. Provide any additional relevant details.**

The youth that entered the URM program were from Guatemala, Mexico, and Somalia.

## **Standby Guardianship**

**111. What steps has CFSA taken to educate families about their right to designate a standby guardian?**

In 2019, CFSA published an Administrative Issuance (AI) entitled *Immigration Status of Clients* and an accompanying tip sheet regarding standby guardianship for immigrant families. These were posted on the CFSA website (<https://cfsa.dc.gov/publication/ai-immigration-status-clients>), shared with staff and sent to external partner organizations.



Please note that for standby guardianship, the parent must designate the guardian and initiate the process. CFSA has no role in the standby guardian designation process if the family does not have an open CFSA case. CFSA only becomes involved when we receive a hotline call to report children alleged to be abused or neglected, or unattended. Once children are brought to the Agency’s attention and are in need of care, we conduct a “diligent search” to identify kin if the family has not made other arrangements already. In 2019, when legislation amending the Standby Guardianship statute was first introduced to allow parents to designate a standby guardian if they were subject to an adverse immigration event, community-based legal and advocacy organizations took the lead in conducting direct outreach and education to families potentially impacted. These community organizations are much better situated to support families because of the trusted relationships they have established over time. CFSA as an entity is perceived as “taking children” from families, and is therefore, not an effective messenger on this subject.

Since the enactment of the Standby Guardianship Amendment Act of 2020, CFSA drafted a second tip sheet more broadly applicable to all families. The tip sheet and the AI have been translated into the following languages: Amharic, Chinese, French, Korean, Spanish, and Vietnamese and are posted on our website. Information about the Act, with links to the CFSA AI and tip sheets, were announced in the CFSA Today and Fostering Connections newsletters in February 2021.

## Permanency

- 112. Provide the total number of youths, by age and gender, who in FY22 and FY23, to date, have a permanency goal of:**
- a. Adoption;**
  - b. Guardianship;**
  - c. Custody; and**
  - d. Another Planned Permanent Living Arrangement (“APPLA”).**

| Age       | FY22 Permanency Goal |       |              |               |         | Total     |
|-----------|----------------------|-------|--------------|---------------|---------|-----------|
|           | Adoption             | APPLA | Guardianship | Reunification | No Goal |           |
| <b>0</b>  | 4                    | 0     | 0            | 19            | 1       | <b>24</b> |
| <b>1</b>  | 9                    | 0     | 0            | 29            | 0       | <b>38</b> |
| <b>2</b>  | 15                   | 0     | 0            | 15            | 0       | <b>30</b> |
| <b>3</b>  | 8                    | 0     | 1            | 6             | 0       | <b>15</b> |
| <b>4</b>  | 9                    | 0     | 1            | 17            | 0       | <b>27</b> |
| <b>5</b>  | 6                    | 0     | 1            | 10            | 0       | <b>17</b> |
| <b>6</b>  | 14                   | 0     | 1            | 10            | 0       | <b>25</b> |
| <b>7</b>  | 4                    | 0     | 1            | 13            | 1       | <b>19</b> |
| <b>8</b>  | 4                    | 0     | 0            | 10            | 0       | <b>14</b> |
| <b>9</b>  | 10                   | 1     | 0            | 6             | 0       | <b>17</b> |
| <b>10</b> | 9                    | 0     | 1            | 14            | 0       | <b>24</b> |
| <b>11</b> | 8                    | 0     | 1            | 8             | 0       | <b>17</b> |

| Age          | FY22 Permanency Goal |            |              |               |          | Total      |
|--------------|----------------------|------------|--------------|---------------|----------|------------|
|              | Adoption             | APPLA      | Guardianship | Reunification | No Goal  |            |
| 12           | 5                    | 0          | 3            | 12            | 0        | 20         |
| 13           | 8                    | 0          | 2            | 10            | 0        | 20         |
| 14           | 8                    | 0          | 4            | 12            | 0        | 24         |
| 15           | 6                    | 0          | 7            | 10            | 1        | 24         |
| 16           | 7                    | 4          | 9            | 10            | 1        | 31         |
| 17           | 3                    | 5          | 9            | 13            | 0        | 30         |
| 18           | 2                    | 31         | 8            | 8             | 0        | 49         |
| 19           | 2                    | 33         | 4            | 1             | 0        | 40         |
| 20           | 1                    | 29         | 1            | 0             | 1        | 32         |
| <b>Total</b> | <b>142</b>           | <b>103</b> | <b>54</b>    | <b>233</b>    | <b>5</b> | <b>537</b> |

| Gender       | FY22 Permanency Goal |            |              |               |          | Total      |
|--------------|----------------------|------------|--------------|---------------|----------|------------|
|              | Adoption             | APPLA      | Guardianship | Reunification | No Goal  |            |
| Female       | 74                   | 57         | 30           | 127           | 3        | 291        |
| Male         | 68                   | 46         | 24           | 106           | 2        | 246        |
| <b>Total</b> | <b>142</b>           | <b>103</b> | <b>54</b>    | <b>233</b>    | <b>5</b> | <b>537</b> |

| Age | FY23 Permanency Goal |       |              |               |         | Total |
|-----|----------------------|-------|--------------|---------------|---------|-------|
|     | Adoption             | APPLA | Guardianship | Reunification | No Goal |       |
| 0   | 4                    | 0     | 0            | 17            | 2       | 23    |
| 1   | 12                   | 0     | 0            | 27            | 0       | 39    |
| 2   | 12                   | 0     | 0            | 16            | 0       | 28    |
| 3   | 6                    | 0     | 0            | 10            | 0       | 16    |
| 4   | 8                    | 0     | 3            | 14            | 0       | 25    |
| 5   | 8                    | 0     | 0            | 12            | 0       | 20    |
| 6   | 11                   | 0     | 1            | 7             | 0       | 19    |
| 7   | 8                    | 0     | 3            | 14            | 0       | 25    |
| 8   | 4                    | 0     | 1            | 12            | 0       | 17    |
| 9   | 8                    | 0     | 0            | 6             | 0       | 14    |
| 10  | 8                    | 1     | 1            | 13            | 0       | 23    |
| 11  | 6                    | 0     | 0            | 12            | 1       | 19    |
| 12  | 5                    | 0     | 5            | 13            | 1       | 24    |
| 13  | 7                    | 0     | 1            | 10            | 0       | 18    |
| 14  | 7                    | 0     | 6            | 17            | 0       | 30    |
| 15  | 5                    | 0     | 4            | 12            | 0       | 21    |

| Age          | FY23 Permanency Goal |            |              |               |          | Total      |
|--------------|----------------------|------------|--------------|---------------|----------|------------|
|              | Adoption             | APPLA      | Guardianship | Reunification | No Goal  |            |
| 16           | 8                    | 4          | 11           | 7             | 2        | 32         |
| 17           | 4                    | 10         | 6            | 9             | 0        | 29         |
| 18           | 1                    | 26         | 9            | 10            | 1        | 47         |
| 19           | 2                    | 31         | 2            | 2             | 0        | 37         |
| 20           | 0                    | 35         | 0            | 0             | 0        | 35         |
| <b>Total</b> | <b>134</b>           | <b>107</b> | <b>53</b>    | <b>240</b>    | <b>7</b> | <b>541</b> |

| Gender       | FY23 Permanency Goal |            |              |               |          | Total      |
|--------------|----------------------|------------|--------------|---------------|----------|------------|
|              | Adoption             | APPLA      | Guardianship | Reunification | No Goal  |            |
| Female       | 71                   | 54         | 28           | 130           | 7        | 290        |
| Male         | 63                   | 53         | 25           | 110           | 0        | 251        |
| <b>Total</b> | <b>134</b>           | <b>107</b> | <b>53</b>    | <b>240</b>    | <b>7</b> | <b>541</b> |

**113. How many adoptions were finalized in FY22 and FY23, to date? What was the average length of time from the filing of an adoption petition to the finalization of an adoption?**

| FY 2022 | FY 2023 |
|---------|---------|
| 98      | 10      |

| Fiscal Year | Average length of time from filing |
|-------------|------------------------------------|
| FY 2022     | 9 Months                           |
| FY 2023     | 9 Months                           |

**114. How many guardianships were disrupted in FY22 and in FY23, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.**

| Fiscal Year | Total | Kin | Non-Kin |
|-------------|-------|-----|---------|
| <b>FY22</b> | 4     | 3   | 1       |
| <b>FY23</b> | 2     | 2   | 0       |

**115. How many adoptions were disrupted in FY22 and in FY23, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.**

| Fiscal Year | Total | Kin | Non-Kin |
|-------------|-------|-----|---------|
| FY22        | 9     | 2   | 7       |
| FY23        | 0     | 0   | 0       |

### Fair Hearings and Program Administrator’s Review

**116. How many fair hearings for Child Protection Register expungement were held in FY21, FY22 and FY23, to date?**

| Fiscal Year | # of Fair Hearing Requests Received for CPR Expungement <sup>1</sup> | # of Expungement Requests Approved <sup>2</sup> | # of Expungement Requests Denied <sup>3</sup> |
|-------------|--|---|---|
| FY 2021     | 96   | 86 (211 allegations)                            | 28  |
| FY 2022     | 129  | 94 (257 allegations)                            | 15  |
| FY 2023*    | 39 <sup>4</sup>  | 1   | 0   |

*\*As of 1/27/2023*

**Note 1:** Not all requests go to a fair hearing as some cases are denied for eligibility reasons, withdrawn, dismissed, or mediated through a Program Administrative Review (PAR) which is held prior to a formal fair hearing.

**Note 2:** One request can include one or more adults from the same family, one or more substantiated findings for each adult in that family, and for maltreatment of one or more children. For example, a two-parent household may have parent one substantiated for two allegations and parent two substantiated for three allegations of maltreatment of child one and several more allegations for maltreatment of child two.

**Note 3:** When a petitioner has multiple substantiated findings, they may prevail in their appeal of some but not all, and therefore, would have their name remain on the Register for the substantiated findings that were not overturned at the fair hearing.

**Note 4:** Fair hearings must be scheduled within 45 days of the request. Once the hearing is held, the hearing examiner has 30 days to provide the decision. Of the 39 requests made in FY23 as of January 27, 2023, only one has had the hearing completed and the decision made.

**117. How many fair hearing matters challenging placement on the CPR resulted in expungement in FY21, FY22 and FY23, to date? How many were sustained?**

See response to question 116.

**118. How many requests were made for Child Protection Register expungement in FY21, FY22 and FY23, to date?**

See response to question 116.

**119. Does the Agency consider its fair hearings to be subject to any rules of procedure, such as the DC Superior Court Rules of Civil Procedure?**

The fair hearings are conducted pursuant to 29 DCMR, Chapter 59.

**120. Does the Agency consider itself required to produce discovery when requested by parties to fair hearings?**

The Petitioner has the right to his or her case record upon which the CFSA action is based, except any information that CFSA is required by law to keep confidential. The Petitioner has the right to request any CFSA employee to testify at the hearing and present documents and witnesses. In addition, the Hearing Examiner may require the parties to exchange documents and witness lists before the hearing.

**121. How many PARs were provided as compared to fair hearings in FY21, FY22 and FY23, to date?**

| PARs & Hearings Held<br>by Appeal Type | FY21      |           | FY22       |           | FY23*    |          |
|--|-----------|-----------|------------|-----------|----------|----------|
|  | PAR       | Hearing   | PAR        | Hearing   | PAR      | Hearing  |
| Child Protection Register (CPR)        | 85        | 38        | 98         | 33        | 4        | 1        |
| Foster Home License                    | 1         | 0         | 0          | 0         | 0        | 0        |
| Foster Child Removal from Home         | 1         | 0         | 4          | 0         | 0        | 0        |
| Services                               | 1         | 0         | 0          | 0         | 0        | 0        |
| Subsidy                                | 1         | 0         | 1          | 0         | 1        | 0        |
| <b>Total</b>                           | <b>89</b> | <b>38</b> | <b>103</b> | <b>33</b> | <b>5</b> | <b>1</b> |

\*As of 1/27/2023

**Note:** The number of PARs and fair hearings do not equal the number of requests. This is because some requests result in a PAR only, a fair hearing only, or both a PAR and a fair hearing. All fair hearing petitioners are offered a PAR prior to the fair hearing. In some cases, the issue is resolved in favor of the petitioner at the PAR and a fair hearing is not needed. When the petitioner does not prevail at the PAR, in most cases it goes forward to

a fair hearing. In some cases, requests go straight to a fair hearing when scheduling of a PAR might delay the fair hearing beyond the required 45-day timeframe.

**122. Do Agency attorneys consider themselves subject to principles of discovery in litigation before the Agency's Fair Hearing Office?**

See response to question #120.

**Safety Planning, Informal Family Plans, and Right to Counsel**

**123. What is the agency's practice when parents involved in the safety planning process request access to counsel?**

A referral is made to Neighborhood Legal Services on their behalf.

**124. How many referrals to outside counsel were provided to parents by CFSA staff who participated in safety plans and informal family plans in FY21, FY22 and FY23, to date?**

CFSA does not track this in Safety Planning data. For Informal Family Planning Arrangements (IFPAs), there were none in FY21, two referrals made in FY22, and there have not been any IFPAs in FY23.

**125. Are parents always given referrals to legal counsel when the agency enters into a safety plan with a parent?**

Referrals to legal counsel are not offered as a part of safety planning. However, if requested, CFSA would refer the individuals to Neighborhood Legal Services.

**126. How many diversion cases in FY21, FY22 and FY23, to date involve matters that are also before the DC Superior Court Domestic Relations Branch (DRB)? How many diversion cases with the Agency go before the DC Superior Court Domestic Relations Branch (DRB) as custody matters subsequently?**

The Agency does not have diversion cases. CFSA does not monitor the families that were involved in an IFPA, as there is no formal involvement with the Agency.

**127. Do CFSA social workers or other staff testify at DRB custody hearings for families that had diversion cases?**

The Agency does not have diversion cases. CFSA does not monitor the families that were involved in an IFPA, as there is no formal involvement with the Agency.

**128. What is the protocol for investigation and case management of investigations into neglect allegations around failure to protect that is due to the parent’s status as a Domestic Violence survivor? How many of these cases were opened? How many closed? How many resulted in removal? In reunification? In adoption?**

CFSA does not track data as it relates to the parent’s status as a domestic violence survivor. CFSA’s Procedural Operations Manuals provide practice guidance for social workers working with families where domestic violence is an allegation or concern in an open case.

Please see pages 82-86 of CFSA’s Investigations Procedural Operations Manual (IPOM), titled “Identifying and Responding to Domestic Violence”

Investigations POM - <https://cfsa.dc.gov/publication/investigations-pom-pdf>

Please see pages 74-79 of CFSA’s In-Home Procedural Operations Manual, titled “Special Circumstances- Domestic Violence”

In Home POM <https://cfsa.dc.gov/publication/home-pom>

**OLDER YOUTH ISSUES**

**129. In FY22 and in FY23, to date, provide the number of youth, by age, who are enrolled in youth development enrichment programming provided by CFSA through OYE.**

| <b>Support and Enrichment Programming</b> | <b>FY22</b> | <b>FY23</b> | <b>Age Range</b> |
|---|-------------|-------------|------------------|
| Education Units (includes workshops)      | 168         | 148         | 14-23            |
| Making Money Grow (MMG)                   | 174         | 175         | 15-23            |
| Financial Literacy Workshops              | 60          | 29          | 14-21            |
| Rapid Housing/FUP/Housing Flex            | 37          | 5           | 21-23            |
| LifeSet                                   | 65          | 39          | 17-21            |
| Youth Council                             | 9           | 5           | 18 -23           |
| Credible Messenger                        | 44          | 17          | 16-21            |

**130. What positions in OYE specifically support youth exiting care who have housing needs?**

CFSA does not have any positions dedicated solely to addressing housing needs. As part of a holistic case management approach, the assigned Social Worker assesses a youth’s future housing needs while they are in foster care, and housing is discussed in all Youth Transition Planning (YTP) meetings. In addition, through the Jump Start meeting process, the OYE Aftercare Services supervisor closely monitors housing instability for youth between 20.5 years old and 21 years old.

**a. When do these staff start working with youth on their housing needs?**

Staff begin working with youth on housing as soon as it is identified as a need, and it is also discussed during each Youth Transition Planning meeting (YTP), which begin at 15 and occur every 6 months until the age of 20, at which time they occur more frequently until the youth ages out of foster care at age 21. Housing is further explored at the 21 JumpStart review that is held when a youth turns 20.5 years old.

**b. How many youths did this position(s) assist in FY22 and in FY23, to date?**

As noted above, while no specific positions focus solely on housing, the following is an accounting of the number of youth with housing as an identified need in their YTP.

| Year | Youth Provided Housing Support |
|------|--------------------------------|
| FY22 | 38                             |
| FY23 | 7                              |

**c. What other responsibilities do these positions have?**

Case carrying Social Workers are responsible for case management and transition planning for all youth on their assigned caseload.

**131. How many youths are currently in care between the ages of 13 and 20, by age and gender?**

**FY22**

| Age | Female | Male | Total Children |
|-----|--------|------|----------------|
| 13  | 10     | 10   | 20             |
| 14  | 10     | 14   | 24             |
| 15  | 17     | 7    | 24             |
| 16  | 19     | 12   | 31             |
| 17  | 16     | 14   | 30             |



|              |            |            |            |
|--------------|------------|------------|------------|
| 18           | 27         | 22         | 49         |
| 19           | 24         | 16         | 40         |
| 20           | 20         | 12         | 32         |
| <b>Total</b> | <b>143</b> | <b>107</b> | <b>250</b> |

**FY23**

| Age          | Female     | Male       | Total Children |
|--------------|------------|------------|----------------|
| 13           | 10         | 8          | 18             |
| 14           | 13         | 17         | 30             |
| 15           | 14         | 7          | 21             |
| 16           | 18         | 14         | 32             |
| 17           | 16         | 13         | 29             |
| 18           | 26         | 21         | 47             |
| 19           | 19         | 18         | 37             |
| 20           | 19         | 16         | 35             |
| <b>Total</b> | <b>135</b> | <b>114</b> | <b>249</b>     |

**132. How many youths remained in care past the age of 21 in FY21, FY22 and FY23 to date?**

During FY21, 36 youth remained in care past the age of 21 due to the Public Health Emergency (PHE). Eleven youth successfully transitioned out of extended care during FY21. The remaining 25 youth exited care on October 25, 2021 (FY22), 90 days after end of the PHE as the District law required. No additional youth remained in care for the remainder of FY22 or FY23.

**133. What is the number of youth in CFSA’s care who are DYRS/juvenile justice system involved? Provide a breakdown by age and gender.**

**FY 22**

| Dual-Jacketed Youth |          |          |
|---------------------|----------|----------|
| Age                 | Male     | Female   |
| 17                  | 1        | 1        |
| 18                  | 3        | 0        |
| <b>Total</b>        | <b>4</b> | <b>1</b> |

**FY 23**

| <b>Dual-Jacketed Youth</b> |             |               |
|----------------------------|-------------|---------------|
| <b>Age</b>                 | <b>Male</b> | <b>Female</b> |
| 17                         | 1           | 1             |
| <b>Total</b>               | 1           | 1             |

**134. Please explain what steps CFSA is taking to obtain feedback regarding OYE Programming directly from youth who are engaged in those services.**

CFSA holds focus groups and issues surveys for youth about the effectiveness of programs and their recommendations for improvement. In addition:

- The Citizens Review Panel (CRP) interviews youth to gather feedback on OYE programming and provides their findings and recommendations.
- The Youth Council conducts focus groups with youth and collects information on program impact. Based on this input, they provide recommendations.

**135. Please provide a comprehensive update on LifeSet DC. Include in your response:**

**a. How many youth participated in the program in FY22 and FY23 to date?**

|             |    |
|-------------|----|
| <b>FY22</b> | 65 |
| <b>FY23</b> | 39 |

**b. What are the eligibility requirements for youth to participate in LifeSet?**

LifeSet is a voluntary program for youth in foster care between the ages of 17-21. Participating youth agree to weekly sessions with a LifeSet specialist.

**c. How does OYE communicate the availability of the program to eligible foster youth?**

LifeSet staff frequently meet with social workers, social worker supervisors, foster parents, and congregate care staff to discuss program benefits and recruitment for youth who may benefit from programming.

**d. What is the average length of stay in the program overall? Average length of stay for youth you complete the program?**

On average, youth participate in the program for 242 days.

- e. **How many youth in FY22 and FY23 to date left a LifeSet placement prior to completion of the program?**

LifeSet is not a placement. LifeSet is an individualized, evidence-informed community-based program that is highly intensive.

- f. **What wraparound services are currently offered to youth in the program? What, if any, changes to these services have occurred in FY22?**

LifeSet specialists meet with youth participants weekly. Specialists assist youth with building healthy relationships, maintaining safe housing, education, and employment opportunities. To help youth learn self-advocacy, LifeSet educates youth on CFSA resources and accessing community resources such as the Department of Employment Services (DOES), District of Columbia Public Schools (DCPS), DC Re-Engagement Center, community housing resources and mental health resources.

- g. **How does the Agency track outcomes (e.g., employment and earnings, housing stability, health and safety, education, criminal legal system involvement) of the LifeSet DC program? Please also include a copy of any outcome tracking or reporting that has been completed for FY22 and FY23, to date.**

LifeSet outcomes are tracked through the Youth Villages, a nationally recognized organization, data team. CFSA imports all activities into their system for monthly reporting and monitoring. Outcome areas include employment, housing, education, and avoidance of arrest while in the program. Outcome data is tracked on a quarterly basis.

*Attachment Q135(g) LifeSet Outcome Data*

**Education**

- 136. **Regarding youth in high school and GED programs, provide the following for the 2021- 22 school year and the 2022-23 school year to date:**
  - a. **The number of youths in foster care currently attending high school by grade (9th, 10th, 11th, 12th);**

| <b>Grade</b> | <b># of youth, school year 2021-2022</b> | <b># of youth, school year 2022-2023</b> |
|--------------|--|--|
| 9            | 53                                       | 65                                       |
| 10           | 41                                       | 26                                       |
| 11           | 24                                       | 29                                       |

| <b>Grade</b> | <b># of youth, school year 2021-2022</b> | <b># of youth, school year 2022-2023</b> |
|--------------|--|--|
| 12           | 43                                       | 21                                       |
| <b>Total</b> | <b>161</b>                               | <b>141</b>                               |

**b. The number of youths in foster care who graduated high school in 2022;**

| <b>Fiscal Year</b> | <b># of youth graduated</b> |
|--------------------|-----------------------------|
| <b>FY22</b>        | 26                          |

**c. The number of youths who received their GED;**

| <b>Fiscal Year</b> | <b># of youth who received their GED</b> |
|--------------------|--|
| <b>FY22</b>        | 1  |
| <b>FY23</b>        | 1  |

**d. The number of youths who received graduation certificates;**

| <b>Fiscal Year</b> | <b># of youth who received graduation certificates</b> |
|--------------------|--|
| <b>FY22</b>        | 0  |
| <b>FY23</b>        | 0  |

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

Based on data-sharing agreements, CFSA has access to grade point average (GPA) information for DC wards enrolled in DCPS and PGCPs high schools. For the 2021-22 school year, CFSA had access to GPAs for 86 youth in grades 9-12 enrolled in DCPS and PGCPs schools as of the last day of the school year. The range of GPAs included a low of 0 to a high of 3.85, with an average GPA of 2.08 and a median GPA of 2.

For the first term of 2022-2023 school year, CFSA had access to the grade point averages (GPAs) for 58 youth in grades 9-12 enrolled in DCPS and PGCPs schools at the end of the first quarter. The range of GPAs included a low of 0 to a high of 4.04, with an average GPA of 1.60 and a median GPA of 1.5.

f. The number of youths who dropped out in FY22 and FY23, to date;

| Grade       | # of youth dropped out as of the end of SY21-22 | # of youth dropped out as of 12/31/22 |
|-------------|---|---------------------------------------|
| 9           | 3   | 2                                     |
| 10          | 4   | 2                                     |
| 11          | 3   | 2                                     |
| 12          | 1   | 0                                     |
| GED classes | 6   | 0                                     |
| Ungraded    | 1   | 0                                     |

g. The high school graduation rate for youth in foster care as of the end of the 2021-22 school year, including an explanation of how this rate was calculated; and

| School Year | Graduation Rate |
|-------------|-----------------|
| 2021-2022   | 87%             |

The high school graduation rate at the end of the academic year was calculated by dividing the number of youth who graduated from High School and received a General Education Diploma (27) by the end of the school year by the number of foster youth who were in the eligible to graduate (31) at the beginning of the school year.

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

CFSA has 366 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.

*Attachment Q136(h) List of schools attended by foster youth.*

137. Regarding vocational programs, provide the following for FY22 and FY23, to date:

a. The number of youths enrolled in vocational programs;

|      |   |
|------|---|
| FY22 | 9 |
| FY23 | 7 |

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

| <b>Vocational Training Program Names</b>   | <b>FY22 # of Youth Enrolled</b> | <b>FY23 # of Youth Enrolled</b> |
|--|---------------------------------|---------------------------------|
| Phlebotomy Program Specialists             | 1                               | 0                               |
| Lash Academy                               | 2                               | 9                               |
| Prestige Barber College                    | 1                               | 1                               |
| Dynamic Phlebotomy & CPR Program           | 1                               | 0                               |
| Job Corp                                   | 1                               | 2                               |
| Ballou Stay                                | 1                               | 1                               |
| UDCC/Medical Assistant                     | 1                               | 0                               |
| Montgomery Community College Workforce Dev | 1                               | 1                               |
| Prospect College                           | 0                               | 1                               |
| LAYC Academy                               | 0                               | 1                               |
| <b>Total</b>                               | <b>9</b>                        | <b>7</b>                        |

**c. The number of youths who successfully completed vocational programs;**

| <b>Vocational Training Program Names</b>   | <b>FY22 # of Successful Completion</b> | <b>FY23 # of successful completion</b> |
|--|--|--|
| Phlebotomy Program Specialists             | 1                                      | 0                                      |
| MD Lash Academy                            | 2                                      | 0                                      |
| Prestige Barber College                    | 0                                      | 0                                      |
| Dynamic Phlebotomy & CPR Program           | 1                                      | 0                                      |
| Job Corp                                   | 0                                      | 0                                      |
| Ballou Stay                                | 0                                      | 0                                      |
| UDCC/Medical Assistant                     | 1                                      | 0                                      |
| Montgomery Community College Workforce Dev | 0                                      | 1                                      |
| <b>Total</b>                               | <b>5</b>                               | <b>1</b>                               |

- d. The number of youths who enrolled in, but failed to complete, vocational programs; and

| Vocational Training Program Name | FY22 # of Youth who did not complete programs | FY 23 # of youth who did not complete programs |
|----------------------------------|---|--|
| Ballou Stay                      | 1   | 1  |
| Prestige Barber College          | 1   | 1  |
| Job Corp                         | 1   | 2  |
| Montgomery Community College     | 1   | 0  |
| LAYC Academy                     | 0   | 1  |
| Prospect College                 | 0   | 1  |
| <b>Total</b>                     | <b>4</b>                                      | <b>6</b>                                       |

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

| Reasons for Non-Completion   | FY22 # of Youth | FY23 # of Youth |
|------------------------------|-----------------|-----------------|
| Attendance/Behavioral Issues | 0               | 1               |
| <b>Still Enrolled</b>        | <b>4</b>        | <b>5</b>        |
| <b>Total</b>                 | <b>4</b>        | <b>6</b>        |

138. Regarding enrollment in 4-year college, provide:

- a. The number of youths who were enrolled at a 4-year college during the 2021-22 academic year, broken down by year (freshman, sophomore, junior, and senior);

| School Year      | Freshman  | Sophomore | Junior    | Senior   | Total     |
|------------------|-----------|-----------|-----------|----------|-----------|
| <b>2021-2022</b> | <b>14</b> | <b>3</b>  | <b>10</b> | <b>5</b> | <b>32</b> |

- b. The number of youths described in (a) who dropped out of college at any point prior to the start of the 2021-22 academic year, broken down by last year (freshman, sophomore, junior, and senior), if any, completed;

| School Year | Freshman | Sophomore | Junior | Senior | Total |
|-------------|----------|-----------|--------|--------|-------|
| 2021-2022   | 3        | 2         | 1      | 0      | 6     |

- c. The number of youths who received a bachelor’s degree during or at the end of the 2021-22 academic year.

| School Year | Bachelor’s Degree |
|-------------|-------------------|
| 2021-2022   | 3                 |

**139. What is CFSA’s current college preparation programming? Has it changed within the last calendar year?**

CFSA provides college preparation support in a number of ways:

- Utilizing the Check & Connect Model to provide support for youth who have attendance, academic and behavior risks
- Connecting youth with tutoring assistance, academic resources and in-school support services
- Hosting monthly virtual “Educational Kickback Power Hours,” with various university and College Board EOC representatives, for youth in high school and college on a range of topics including:
  - College Admissions
  - Financial Aid
  - Scholarships
  - Transitioning from high school to college
  - Student Success Strategies
  - College Resources and Connections
  - Maintaining Mental Health and Wellness
  - Vocational Programs
  - Job/Internship Interviewing and Soft Skills
  - Financial Literacy
- Engaging with high school students in full college cost planning discussions to identify affordable college options and decrease student loan debt.



- Providing a positive youth engagement workshop series aimed at recognizing and enhancing youth strengths, life skills, teambuilding, opportunities for cultural experiences and generally positive outcomes.
- Partnering with Capital Area Asset Builders (CAAB), to host virtual financial literacy workshops to help youth develop a stronger understanding of basic financial concepts.
- Hosting Fall and Spring Fest/Resource Fairs at OYE and CFSA, respectively comprised of specialized services for young adults in the areas of education, life skills, mental health, substance abuse and employment.
- Conducting spring and fall college tours to local college and universities.
- Connecting youth with college tour programs to visit out-of-state colleges and universities.
- Connecting to free SAT preparation.
- Providing application essay support.

**140. Regarding college preparation and college attendance, provide the following for the 2021-22 school year and the 2022-23 school year to date:**

**a. The number of youths enrolled in graduate school;**

| School Year | Graduate Degree |
|-------------|-----------------|
| 2021-2022   | 3               |
| 2022-2023   | 2               |

**b. The number of youths who received an associate degree, bachelor's degree, or master's degree; and**

| Fiscal Year | Associate Degree | Bachelor's Degree | Master's Degree |
|-------------|------------------|-------------------|-----------------|
| FY22        | 0                | 3                 | 0               |
| FY23        | 0                | 1                 | 0               |

**c. The number of youths who dropped out of college. If known, provide the reasons that youths did not stay in school and the highest level of education each youth completed.**

| FY21 Reason Youth Left College | # of Youth |
|--------------------------------|------------|
| Mental Health Issues           | 1          |
| Employment/Vocational Programs | 1          |
| Judicial                       | 1          |
| Miscellaneous                  | 1          |
| <b>Total</b>                   | <b>4</b>   |

| <b>FY22 Reason Youth Left College</b> | <b># of Youth</b> |
|---------------------------------------|-------------------|
| Mental Health Issues                  | 1                 |
| Employment/Vocational Programs        | 5                 |
| Academic Dismissal                    | 2                 |
| Judicial                              | 0                 |
| Miscellaneous                         | 3                 |
| <b>Total</b>                          | <b>11</b>         |

**141. Please identify all financial literacy programs and classes offered to foster youth and provide the following details:**

- a. How many youths in FY22 and FY23, to date, have participated in a financial literacy program or class?**

| <b>Fiscal Year</b> | <b>Youth Participation Number</b> |
|--------------------|-----------------------------------|
| <b>FY22</b>        | 65                                |
| <b>FY23</b>        | 29                                |

- b. How many youths created matched saving accounts?**

| <b>Fiscal Year</b> | <b>New Accounts Created</b> |
|--------------------|-----------------------------|
| <b>FY22</b>        | 29                          |
| <b>FY23</b>        | 1                           |

- c. What outreach or training has been done in FY22 and FY23, to date, to ensure that youth are aware of available financial literacy opportunities?**

OYE coordinates with case-carrying social workers, resource parents and group home staff so youth can be alerted to the availability of financial literacy sessions. Finally, the CAAB program manager reaches out to youth who have a matched savings account to ensure they are aware of workshops and other information. During FY22 and FY23, the following courses were offered:

- Credit and Cash management
- Setting financial goals
- Savings and investments
- CFSA’s Match Savings Program Overview
- Real Estate Ownership
- The Importance of Budgeting
- Financial Literacy and Why It Is Needed
- Financial Literacy Series III and IV
- Credit Coaching and the Importance of Being Debt Free

- Navigating Distance Learning and Financial Literacy
- College Workshop: Financial Aid and Scholarship

**d. What, if any, goals have been established for each of these programs? How are these programs evaluated? What metrics are used to measure progress toward established goals?**

The goal of CFSA’s financial literacy outreach and training is to ensure that youth are exposed to the importance of saving and investment; learn about sound financial decision-making; and build an understanding of how to navigate credit and financial pitfalls. To evaluate the program: OYE managers regularly reviews curriculum and “drops-in” to observe and assess the classes, and work with the provider on needed improvements, such as increasing alignment with youths’ level of understanding and vernacular. As with all OYE programming, participants are provided with surveys and focus group opportunities to gather their feedback. OYE monitors account balances to troubleshoot any individual or systemic issues that emerge.

**e. Please describe how the digital divide has impacted youth in foster care.**

**i. How many foster youth do not have cell phones? Laptops? Access to Wi-Fi or high-speed internet?**

All youth ages 12 and over are provided with an agency smart phone and service. In FY22, 124 cellphones were distributed and in FY23, 86 cellphones were distributed. CFSA supports all youth in accessing laptops available to them through school. Computers are available at group homes and in the vast majority of foster homes. If youth have a technology need that is unmet in their placements, it is managed case by case and the agency will provide what is needed.

| FY22 | FY23 |
|------|------|
| 124  | 86   |

**ii. How many foster youth did not have access to a laptop, tablet, or similar device by the start of digital instruction in SY21-22? By the start of SY22-23?**

All youth enrolled in school who needed laptops or tablets had them.

## Employment

**142. How many youths participated in OYE’s subsidized employment program in FY22 and FY23, to date? Provide the employers with which CFSA partnered for this program, and the number of youths who took part in an internship with each provider.**

| <b>Employer</b>                           | <b>FY22</b> | <b>FY23</b> |
|---|-------------|-------------|
| The Mary Elizabeth House                  | 6           | 1           |
| Office of Youth Empowerment               | 4           | 5           |
| Twisted at the Wharf                      | 1           | 0           |
| CAAB                                      | 2           | 2           |
| DC Public Library                         | 3           | 2           |
| Finland Property Management               | 3           | 0           |
| Medical Lincs                             | 1           | 1           |
| Atlantic Services                         | 3           | 1           |
| Studio Muze                               | 1           | 0           |
| CFSA/Partners for Kids in Care            | 1           | 1           |
| Professional Education Enrichment Program | 11          | 12          |
| Bread for the City                        | 3           | 2           |
| Sam’s Car Wash                            | 1           | 1           |
| Hospital for Sick Children                | 1           | 0           |
| Smart Tech Nexus                          | 2           | 0           |
| Covenant House                            | 1           | 0           |
| Open School of Business                   | 1           | 1           |
| <b>TOTAL</b>                              | <b>45</b>   | <b>29</b>   |

**143. Regarding youth employment and training, provide the following for FY22 and FY23, to date:**

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

| <b>Fiscal Year</b> | <b>Local<br/>(Subsidized<br/>Employment<br/>Dollars)</b> | <b>Federal<br/>(CHAFEE Grant<br/>Dollars)</b> |
|--------------------|--|---|
| <b>FY22</b>        | 0  | 398,733                                       |
| <b>FY23</b>        | 0  | 61,503  |

- b. Please provide 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 youths served by each organization.

| FY22                 | # of Youth | Expenditures    |
|----------------------|------------|-----------------|
| Phlebotomy Training  | 1          | \$3,288         |
| Lash Academy         | 2          | \$3,873         |
| Barbizon             | 1          | \$1,810         |
| Montgomery Coll CNA  | 1          | \$2,556         |
| Prestige Barber Coll | 1          | \$8,625         |
| <b>Total</b>         | <b>6</b>   | <b>\$20,152</b> |

- c. Please provide the number of youths who are age 21 and are employed or enrolled in a vocational program.

| Fiscal Year | Employed | Vocational Program |
|-------------|----------|--------------------|
| FY22        | 15       | 14                 |
| FY23        | 3        | 4                  |

144. Regarding youth in foster care between the ages of 18 and 21, indicate the following for FY22 and FY23, to date:

- a. The number of youths between the ages of 18 and 21;

**FY 2022**

| Age          | Female     | Male       | Total Youth |
|--------------|------------|------------|-------------|
| 13           | 10         | 10         | 20          |
| 14           | 10         | 14         | 24          |
| 15           | 17         | 7          | 24          |
| 16           | 19         | 12         | 31          |
| 17           | 16         | 14         | 30          |
| 18           | 27         | 22         | 49          |
| 19           | 24         | 16         | 40          |
| 20           | 20         | 12         | 32          |
| <b>Total</b> | <b>143</b> | <b>107</b> | <b>250</b>  |

**FY 2023**

| Age          | Female     | Male       | Total Youth |
|--------------|------------|------------|-------------|
| 13           | 10         | 8          | 18          |
| 14           | 13         | 17         | 30          |
| 15           | 14         | 7          | 21          |
| 16           | 18         | 14         | 32          |
| 17           | 16         | 13         | 29          |
| 18           | 26         | 21         | 47          |
| 19           | 19         | 18         | 37          |
| 20           | 19         | 16         | 35          |
| <b>Total</b> | <b>135</b> | <b>114</b> | <b>249</b>  |

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

| Fiscal Year | Total Full-Time | Total Part-Time |
|-------------|-----------------|-----------------|
| <b>FY22</b> | 14              | 34              |
| <b>FY23</b> | 5               | 27              |

- c. The types of jobs that have been obtained;**

| Job Type                         | FY22      | FY23      |
|----------------------------------|-----------|-----------|
| Administrative                   | 2         | 3         |
| Security                         | 1         | 1         |
| Retail                           | 13        | 5         |
| Food Service                     | 18        | 16        |
| Customer Service/<br>Hospitality | 5         | 0         |
| Entertainment                    | 2         | 3         |
| IT                               | 1         | 1         |
| Facility Maintenance             | 2         | 4         |
| Hospitality                      | 2         | 0         |
| Childcare                        | 2         | 0         |
| <b>Total</b>                     | <b>48</b> | <b>32</b> |

- 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 in SY22-23                        | # of youth |
|--|------------|
| Enrolled in HS                           | 45         |
| Enrolled in College                      | 16         |
| Enrolled in GED                          | 9          |
| Enrolled in Vocational/Technical Program | 7          |
| Participating in Internship              | 21         |
| <b>Total</b>                             | <b>98</b>  |

- 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;

| 4-year college status | FY22      | FY23      |
|-----------------------|-----------|-----------|
| Full-Time             | 17        | 26        |
| Part-Time             | 0         | 1         |
| <b>TOTAL</b>          | <b>17</b> | <b>27</b> |

- 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;

| 2-year college status | FY22     | FY23     |
|-----------------------|----------|----------|
| Full-Time             | 5        | 5        |
| Part-Time             | 1        | 1        |
| <b>TOTAL</b>          | <b>6</b> | <b>6</b> |

- g. The number of youth between the ages of 18 and 21 who are enrolled in vocational training; h. The number of youth between the ages of 18 and 21 who are attending high school;

| FY   | Enrolled in vocational training |
|------|---------------------------------|
| FY22 | 9                               |
| FY23 | 7                               |

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

| <b>FY</b>   | <b># enrolled in GED</b> |
|-------------|--------------------------|
| <b>FY22</b> | 15                       |
| <b>FY23</b> | 9                        |

- i. Number of youth participating in Urban Alliance internship program;**

Urban Alliance is no longer a program utilized by CFSA/OYE.

- j. Number of youth participating in the Summer Youth Employment Program (SYEP);**

|             |     |
|-------------|-----|
| <b>FY22</b> | 138 |
|-------------|-----|

- k. Number of youth participating in Department of Employment Services (DOES) year-round programs (including Career Connections); and**

| <b>Program</b>        | <b>FY22</b> | <b>FY23</b> |
|-----------------------|-------------|-------------|
| DC Career Connections | 0           | 1           |
| YEALP                 | 0           | 0           |
| 1K                    | 0           | 0           |
| <b>Total</b>          | <b>0</b>    | <b>1</b>    |

- l. Number of youth participating in Career Pathways training and programs.**

The Career Pathways program transitioned to the OYE Internship Program effective January 2020.

### **Youth Aftercare Program**

- 145. What is the status of the Youth Aftercare program? Describe the current programming, including the following information:**

- a. The number of youths being served;**

|             |    |
|-------------|----|
| <b>FY22</b> | 79 |
| <b>FY23</b> | 77 |



**b. The services being offered;**

The Youth Aftercare program (YAP) includes case management services centered on fostering independence by connecting youth with community resources. The YAP provides youth with both individual support and group opportunities that offer support in the following domains:

- Housing
- Medical/mental health
- Education/vocational training preparation
- Employment assistance
- Budget & financial management
- Life-skills development
- Accessing public services and Benefits
- Transportation stipend; and limited Emergency support

During FY22, the YAP provided virtual workshops in several areas to include:

- Money management
- Life skills
- Navigating securing government resources
- Wellness series
- Employment/education opportunities
- Career readiness

The program also created the Youth Aftercare Advisory Board (YAAB), which is designed to teach self-advocacy, boost self-esteem, provide team building, leadership and public speaking skills opportunities. The OYE internship program was extended to youth falling under the YAP age range of 21-23.

**c. Are any services being provided by outside contractors? If so, identify them.**

No. While there are no services currently contracted for Aftercare Services, the team works closely with various nonprofit and sister agencies to meet the needs of the young people.

**146. Regarding youth who aged out of foster care, indicate the following for FY22 and FY23, to date:**

**a. The number of youths who aged out of foster care;**

|             |    |
|-------------|----|
| <b>FY22</b> | 38 |
| <b>FY23</b> | 7  |

- b. The Number of youths who have aged out of foster care in the last calendar year;

|             |     |
|-------------|-----|
| <b>CY22</b> | 31  |
| <b>CY23</b> | n/a |

- c. The number of youths who were employed full-time at the time they aged out, and the number of youths who were employed part-time. For those youth who were not employed, what was the reason?

| <b>Employment at the time of aging-out</b> | <b>FY22</b> | <b>FY23</b> |
|--|-------------|-------------|
| Full-Time                                  | 9           | 2           |
| Part-Time                                  | 6           | 1           |
| Unemployed                                 | 23          | 4           |
| <b>Total*</b>                              | <b>38</b>   | <b>7</b>    |

| <b>Reasons for not being employed</b>                    | <b>FY22</b> | <b>FY23</b> |
|--|-------------|-------------|
| Whereabouts unknown, unable to confirm employment status | 2           | 0           |
| College  | 4           | 1           |
| Disabled (connected to DDS)                              | 2           | 0           |
| Not engaged  | 1           | 0           |
| Seeking Employment                                       | 14          | 3           |
| <b>Total</b>   | <b>23</b>   | <b>4</b>    |

- d. Among youths who aged out, at the time of their 21st birthday, how many had stable post-emancipation housing in place? 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, absence, incarcerated, shelter system, no housing identified, etc.);

| Type of Anticipated Living Arrangements          | FY22      | FY23     |
|--|-----------|----------|
| College Dorm/Job Corps                           | 3         | 1        |
| DDS Placement                                    | 2         | 0        |
| Family   | 8         | 2        |
| Former Foster Parent                             | 7         | 2        |
| Own Apartment                                    | 3         | 1        |
| Staying with Mentor/friend                       | 3         | 0        |
| Transitional Housing                             | 11        | 1        |
| Whereabouts unknown on 21 <sup>st</sup> birthday | 1         | 0        |
| Shelter/homeless                                 | 0         | 0        |
| <b>Total</b>                                     | <b>38</b> | <b>7</b> |

- e. What resources, referrals, or support did CFSA offer when youth who aged out had no housing identified at the time of their 21st birthday?

CFSA makes referrals to transitional housing programs throughout the city and funds Wayne Place for youth between 21 and 23 years of age. Youth are also referred to the Mayor’s Services Liaison Office (MSLO) and CFSA’s housing support programs such as Rapid Housing program and Family Unification program (FUP) for a housing voucher. The Aftercare Program plays a vital role in continuing to support youth in identifying stable housing options post 21.

- f. The number of youths that were homeless within a year of aging out of foster care.

While CFSA does not track this information, in an effort to combat homelessness in the aging-out population, CFSA serves on the DBH Interagency Committee on Homelessness and uses insights gleaned to make adjustments to our Aftercare Program. CFSA Aftercare Specialists also partner with local nonprofit agencies to identify and help address barriers in employment, vocational training, education and transitional living.

In addition, if individual youth reach-out to CFSA following their emancipation, the team explores use of CFSA housing supports (including Rapid Housing, FUP vouchers and Wayne Place), as well as community housing resources.

**147. Regarding pregnant or parenting youth, provide the following for FY22 and FY23, to date:**

**a. The number of youths who are pregnant or who are parents; and**

| Status                 | FY22      | FY23      |
|------------------------|-----------|-----------|
| Pregnant               | 1         | 1         |
| Parenting              | 23        | 19        |
| Pregnant and Parenting | 2         | 2         |
| <b>Total</b>           | <b>26</b> | <b>22</b> |

**b. A breakdown of the types of placements (e.g. foster homes, teen parent programs, etc.) in which known pregnant or parenting youth are placed and how many youths are placed in each type of placement.**

| Program Type               | FY22<br># of youth | FY23<br># of youth |
|----------------------------|--------------------|--------------------|
| Independent Living Program | 7                  | 6                  |
| Foster Home                | 9                  | 8                  |
| Professional Foster Home   | 2                  | 1                  |
| Group Home (child removed) | 0                  | 1                  |
| Unlicensed Placement       | 8                  | 6                  |
| <b>Total</b>               | <b>26</b>          | <b>22</b>          |

**148. Regarding teen parent programs, describe:**

**a. The training that program staff receive to work with teen parents;**

Teen parent program staff are required to meet the same training requirements as staff in other congregate care programs (as outlined in DCMR Chapter 62, Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities and Youth Group Homes).

Program staff must complete at least 20 hours of pre-service training and 40 hours of annual in-service training. These required training hours include content specific for:

- Pregnant and Parenting Youth (PPY) through the Effective Black Parenting Model
- Trauma informed practice
- Working with LGBTQ youth

- De-escalation of conflict
- Human trafficking
- Ethics

**b. How CFSA monitors teen parent programs to ensure the safety of and quality of services provided to pregnant and parenting youth;**

To ensure the safety and quality of services for pregnant and parenting youth, CFSA:

- Conducts announced and unannounced visits
- Completes physical facility checks
- Reviews youth and staff records
- Interviews youth

**c. The programming CFSA provides for teen mothers/fathers;**

**Teen parents (both mothers and fathers) are offered:**

- Parenting classes
- Nurse Care Managers
- Daycare Vouchers
- Partnership with DC 127 for mentoring and respite

In addition, teen parents are eligible for linkage to all community resources for parenting youth such as: Women, Infants and Children (WIC); Safe Sleep; Healthy Babies; Mary’s Center; and the DC Diaper Bank.

**d. The number of teen mothers/teen fathers that have participated in these programs; and**

| <b>Program</b>               | <b># of Participants in FY22</b> |
|------------------------------|----------------------------------|
| Budget/ Financial Literacy   | 12                               |
| Parenting Classes            | 8                                |
| Core Service Agency          | 6                                |
| Daycare Voucher              | 15                               |
| DC 127 mentoring and respite | 1                                |
| Nutrition/Meal Prep          | 5                                |

**e. Any available program outcomes from FY22 and FY23, to date.**

CFSA monitors the impact of teen parent programs by assessing individual youth outcomes across a number of critical domains, such as: education, vocation, mental health, daily living skills and crisis management. Individual youth outcomes in these areas are reviewed in alignment with a youth's developmental stage and functional abilities, by the social worker and youth through ongoing case management and the Youth Transition Planning (YTP) process. In addition, program/population outcomes in similar domains are tracked through monthly reports from the Mary Elizabeth House and YTP meetings. At the population level, in FY22:

- Four teen parents participated in internships.
- Nine teen parents actively engaged in mental health services via a community support worker, Community Based Intervention (CBI) worker, or therapist.
- Two teen parents obtained their own apartments in the community, and four obtained FUP vouchers.
- There was an increase in subsequent births.

**149. What, if any, changes did the Agency make to the support offered to fathers of children born to young women in care? For young fathers who are in foster care?**

There are no changes in the supports offered to fathers of children born to young women in care and/or of young fathers in foster care themselves. CFSA continues to be focused on permanency and family connections to increase the natural supports of young parents. There remains a focus on identifying fathers and ensuring connectivity and access to available community resources. This includes linkage to the Healthy Families/Thriving Communities Collaboratives for participation in the fatherhood initiative programs through the Family First Program.

**150. Provide an update regarding CFSA's progress in implementing the recommendations of its Youth Aftercare Workgroup. What, if any, recommendations remain to be implemented?**

There are no outstanding recommendations from the Youth Aftercare Workgroup. This body has not convened in more than three years as the contract for aftercare ended in FY19. In-house management of Aftercare through OYE went into effect on October 1, 2019.

**151. What barriers exist to creating placement options for foster youth over the age of 18 who desire to cohabitate with their partners and children?**

CFSA does not currently have a placement option for foster youth over the age of 18 who desire to cohabitate with their partners and children, and there are no other resources in the District that provide such arrangements. However, co-parenting is encouraged and supported by some placement providers and also through the visitation process.

## MISCELLANEOUS

### Housing & Rapid Housing

**152. What tool does the agency use to assess youth housing needs?**

Currently, CFSA does not utilize a standardized tool to assess youth housing needs. Housing needs are assessed during each Youth Transition Planning meeting as well as during the 21 JumpStart review. CFSA holds weekly Housing Review Committees (HRC), comprised of CFSA leadership and relevant clinical and programmatic staff, to review all youth housing support applications and accompanying materials. Applications include a youth's current housing, housing history, employment information, finances, education, history of mental health, etc. Along with clinical judgement, the HRC uses the housing scoring matrix, a tool CFSA created and continues to refine, to quantify acuity of resource needs and assess the type of housing supports needed for youth exiting foster care.

**153. How much is budgeted for housing in FY22?**

A total of \$550,000 was budgeted in FY22.

**a. How much has been spent on housing in FY23, to date?**

A total of \$123,987 has been spent.

**b. What vendors are receiving housing funds?**

- District of Columbia Housing Authority (DCHA)
- East River Family Strengthening Collaborative (ERFSC)

**c. How does the agency plan to spend down these funds in FY23 (including how much will be allocated to each vendor)?**

CFSA allocated \$50,000 to East River Family Strengthening Collaborative to provide financial assistance to youth and families who are currently engaged with CFSA. CFSA has allocated \$500,000 to DCHA to act as the fiscal manager for the Rapid Housing Assistance Program (RHAP). Through both vendors, CFSA will spend housing funds to provide emergency and short-term rental assistance to prevent children from entering care, help families reunify when housing is a barrier, or allow youth transitioning from foster care (or former foster youth) to establish a stable place to live after emancipation. RHAP funds may also be used to support college room & board costs for students and first month's rent and security deposit for youth/families leasing up with the FUP program (not provided by the FUP voucher).

**154. Provide a detailed status report on the usage of Rapid Housing in FY22 and in FY23, 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?**

See Table 1.

**b. The number of parents who received Rapid Housing to keep children out of foster care. How many children were within these families?**

See Table 1.

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

See Table 1.

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

See Table 1.

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

See Table 1.

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

See Table 1.

**Table 1. Rapid Housing Assistance Program (RHAP) Status Report – FY22 and FY23 YTD**

|          | Case Type     | FY22    |          |                 | FY23    |           |                 |
|----------|---------------|---------|----------|-----------------|---------|-----------|-----------------|
|          |               | Applied | Received | # of Children** | Applied | Received* | # of Children** |
| Families | Preservation  | 0       | 0        | 0               | 1       | 0         | 0               |
|          | Reunification | 4       | 1        | 2               | 0       | 0         | 0               |
| Youth    | Exiting Youth | 42      | 14       | 1               | 0       | 0         | 0               |
|          | <b>Totals</b> | 46      | 15       | 3               | 1       | 0         | 0               |

\*Families approved for assistance have 90 days from the date of approval to locate housing and submit documentation for assistance. Families and youth approved in FY23 to date may still be in the process of looking for housing to meet their family’s needs.

\*\*# of children for recipients of RHAP only



- g. **Did the Rapid Housing program run out of funds at any time in FY22? If so, what was the reason for that?**

The Rapid Housing Program did not run out of funds in FY22.

- h. **Were there any changes to the Rapid Housing program in FY22 or FY23, to date? If yes, what were the changes and the reasons for these changes?**

There were no changes to the Rapid Housing program in FY22, or FY23 to date.

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

|        | Type of Case                      | Average Total* Award per recipient (FY22)          | Average Total* Award per recipient (FY23) |
|--------|-----------------------------------|--|---|
| Family | Preservation                      | \$0  | \$0                                       |
|        | Reunification                     | \$18,050.00 (no average; one family received RHAP) | \$0                                       |
| Youth  | Youth Aftercare/<br>Exiting Youth | \$11,468.75  | \$0                                       |

\*Note: Award averages are calculated annually.

155. **For FY22 and FY23, to date, how many of the youth, who (1) emancipated and (2) aged out of care, used Rapid Housing funding to:**

- a. **Subsidize housing with relatives or former foster parents?**  
 b. **To support independent housing?**

**Table 1 – Youth Housing Outcomes via Rapid Housing Assistance Program (RHAP)**

| Fiscal Year | Independent Housing | Relative/Formal Foster Parent | College Housing | TOTAL |
|-------------|---------------------|-------------------------------|-----------------|-------|
| FY22        | 3                   | 0                             | 0               | 3     |
| FY23        | 10                  | 1                             | 0               | 11    |

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

- a. **Describe the capacity of these supports to assist youth in foster care who haven't accessed them before.**

**Wayne Place**

The Wayne Place Project is a joint effort between CFSA and DBH 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 in a community environment. Ran by a core service agency, the program focus is to provide a real-life community experience, with additional supportive services, to help youth transition to living independently. 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 supportive services.

**Genesis**

Launched in November 2015, Genesis is an intergenerational community residence based on the national model of intergenerational communities where older adults provide meaningful mentorship and social support to individuals and families facing vulnerabilities, who in turn, promote the well-being of the elders as they age. At Genesis, young moms who grew up in foster care live alongside seniors living on fixed incomes and other community-minded families. Genesis is housed in a 27-unit affordable rental in which eight of the apartments are designated for former foster youth. While the program remains at capacity, when apartments become vacant, CFSA OYE refers pregnant or parenting youth to this program.

**Chaffee**

Chaffee Aftercare supports are available for any former foster youth residing in the District with extenuating circumstances after all other resources have been exhausted. Chaffee supports are used to support youth with obtaining independent housing who have exhausted other DC resources or are not eligible for them.

**Family Unification Program (FUP)/Fostering Youth to Independence (FYI) Vouchers**

CFSA continues to partner with DCHA, The Community Partnership for the Prevention of Homelessness (TCP), and the Interagency Council on Homelessness (ICH) to provide Family Unification Program (FUP) vouchers to youth who are between the ages of 18-24 who have left foster care after the age of 16, or who will leave foster care within 90 days and are homeless or at risk of becoming homeless. These FUP vouchers are time-limited (36 months) and are designed to provide assistance to youth who need additional time and support to transition with safe housing. Recent federal policy/programmatic changes have extended the FUP and FYI programs for an additional two years (total of 5 years) if certain criteria or exemptions are met.

**b. How many youths started accessing these supports in FY22 and in FY23, to date?**

|                                  | <b>Total Youth Served in FY22</b> | <b>Total Youth Served in FY23</b> |
|----------------------------------|-----------------------------------|-----------------------------------|
| <b>Wayne Place</b>               | 33                                | 15                                |
| <b>Genesis</b>                   | No new referrals in FY22          | No new referrals in FY23          |
| <b>Chafee Aftercare Supports</b> | 5                                 | 0                                 |
| <b>FUP/FYI Vouchers</b>          | 21                                | 7                                 |
| <b>Total</b>                     | <b>59</b>                         | <b>22</b>                         |

**c. For how long would youth access these supports (at least include the average length of time, and the two longest cases)?**

- Wayne Place is an 18-month transitional housing program.
- Genesis is a permanent, project-based voucher program. Youth can stay at the Genesis residence indefinitely.
- Chaffee Aftercare supports - the average length of support is 12 months up until age 23.
- FUP/FYI vouchers are time-limited to 36 months, with the ability to request an extension for two additional years (total of 60 months) if certain work, educational, or exemption criteria are met.

**157. Are there special housing or financial programs for parenting youth? If yes, how many youths received the assistance? What was the total amount of assistance provided?**

Parenting youth are eligible for the Rapid Housing Assistance Program (RHAP), Family Unification Program (FUP) vouchers, and various transitional housing programs that exist in the community, including Mi Casa’s Genesis program which CFSA supported in its initial development. As openings become available, CFSA refers appropriate parenting youth to this housing program. See Q156(c) for supports provided.

In FY22 and FY23 to date there were 10 parenting youth who received housing assistance through FUP vouchers or the RHAP. There were no new youth referred to Mi Casa’s Genesis program in FY22 or FY23 to date. See table below for breakdown of parenting youth who received assistance by program and FY.

|      | <b>Program</b> | <b>Parenting Youth Received Assistance</b> | <b># of Children</b> | <b>Amount of assistance</b> |
|------|----------------|--|----------------------|-----------------------------|
| FY22 | FUP            | 7  | 7                    | n/a                         |
|      | RHAP           | 1  | 1                    | \$16,089                    |
| FY23 | FUP            | 2  | 3                    | n/a                         |
|      | RHAP           | 0  | 0                    | \$0                         |

**158. How many of HUD’s Family Unification Program (“FUP”) Housing Choice Vouchers (“HCV”) were made available to eligible DC parents with children in foster care in FY22 and in FY23, to date?**

At the start of FY22, CFSA had an allocation of 36 HCV remaining under the FUP program. In FY22, four FUP vouchers were allocated to DC parents with children in foster care to support reunification. In FY23, covering the period of October 2022 – December 2022, one FUP voucher has been allocated to support this population.

**159. How many of HUD’s Family Unification Program Housing Choice Vouchers were made available to eligible DC parents when the family was at risk of homelessness, the child was in the home, and a case was open in FY22 and in FY23, to date?**

HUD originally awarded CFSA 48 vouchers under the FUP program. In FY22 and FY23, one family was allocated a voucher due to the risk of homelessness with a child in the home and an open CFSA case.

**160. What are CFSA’s policies and practices for selecting eligible families for FUP HCV?**

There are two parts to the process of selecting families who will be determined eligible to receive a FUP voucher:

Part I

- CFSA social workers complete an internal application process to request housing supports for a family with whom they are working. This housing support application includes a narrative application about the family’s needs and requires a budget form to detail the family’s financial situation.
- CFSA staff review the housing application and schedule a Housing Review Committee (HRC) meeting, made up of CFSA leadership/management staff. The HRC meeting is a time for the CFSA social worker to present the family’s need for housing assistance and discuss the completed application.
- After reviewing the application, the HRC will complete a housing matrix\* developed by CFSA (quantitative tool designed to assess housing program needs) and make a recommendation.

Note: \*The housing matrix takes into consideration federal FUP eligibility requirements.

See *Attachment Q160, Federal FUP Eligibility Requirements*.

Part II

- Once CFSA has determined that a family is eligible/appropriate for FUP, CFSA will send the family’s information to the DC Housing Authority (DCHA) to complete the Housing Choice Voucher Program (HCVP) application process which involves completing additional documents and eligibility requirements for the HCVP. If deemed eligible by DCHA, the family will be issued a HCVP voucher.

**161. How many children were separated from their parents by CFSA due to lack of stable housing?**

CFSA does not separate families based on their housing status. Per D.C. Code 16-2301(24), neglect allegations would not be substantiated due to the lack of financial means of a child’s

caregiver, guardian, or other custodian. The role of the investigative social worker is to assess the needs of the family and their ability to access resources to meet those needs. If the family is suffering from poverty/experiencing poverty that has led to inadequate housing or exposure to unsafe living conditions, the social worker provides referrals for services to meet the needs and ensure a safe living environment.

**162. How many children were separated from their parents by CFSA due to lack of electricity and/or running water?**

CFSA does not separate families due to lack of electricity or running water. See response to Question 161 for additional context.

**163. Provide an update on CFSA’s “Front Yard Strategy” in partnership with DHS:  
a. Provide a summary of the data CFSA has collected regarding referrals of families experiencing homelessness from Virginia Williams in FY22 and FY23, to date.**

CFSA has partnered with DHS to prevent the occurrence of maltreatment by linking families experiencing housing instability with community-based prevention services and supports that improve family stability and well-being. DHS assesses, identifies, and refers families to the five Healthy Families Thriving Communities Collaboratives (Collaboratives) in the District of Columbia throughout all eight wards. Referrals received from DHS are classified as Family Rehousing & Stabilization Program (FRSP) and Virginia Williams Family Resource Center (VWFRC) referrals and have targeted young families with young children as the primary population for referrals. All services are voluntary for families in the District of Columbia. This category of families are walk-ins served in the Front Yard case type which means there is no known current or active involvement with CFSA at the time of service initiated with the Collaboratives.

For the VWFRC Referrals:

Homeless Prevention Program (HPP) includes families who are assigned to one of DHS’s four Homeless Prevention Programs (MBI, Wheeler Creek, Community of Hope, and Everyone Home DC) and/or Overflow include families who are placed in one of DHS’s hotel sites (Days Inn, Quality Inn, or Howard Johnson).

For the FRSP Referrals:

The Family Service Administration (FSA)/Family Rehousing & Stabilization Program (FRSP) includes families who are in FRSP and in need of housing support or Unassigned Youth who are in FRSP and have not been assigned to a vendor.

The following chart represents the count of families who were referred from DHS via the VWFRC and FRSP.

| <b>Fiscal Year</b>    | <b>Total number of Referrals from VWFRC</b> | <b>Total number of Referrals from FRSP</b> |
|-----------------------|---|--|
| <b>FY22</b>           | 0   | 3  |
| <b>FY23 (Oct-Nov)</b> | 0   | 0  |

- b. **Is the agency collecting data on families experiencing homeless from homeless shelter providers other than Virginia Williams? If so, provide this data.**

Currently, the Agency does not collect data on families experiencing homelessness from homeless shelter providers. CFSA, DHS, and the Interagency Council on Homelessness (ICH) are collaborating to assess the needs of youth and families experiencing homelessness and housing instability to determine the best services, supports, and housing interventions to support youth and families in their communities as part of our Child and Family Well Being System design.

### **Disability**

- 164. In last year’s responses, the Agency stated that it would explore tracking information about children and family members with disabilities or families that engage with DDS through FACES. Please provide an update on FACES and any tracking explored in FY22 and FY23 to date.**

Information about children and family members with disabilities or engaging with DDS continues to be captured qualitatively (i.e., in case notes and service plans). CFSA’s legacy child welfare information system database (FACES) is not set up to track the data quantitatively through an aggregate report. The new child welfare information system database, STAAND (Stronger Together Against Abuse and Neglect DC) is still in development.

### **Cash Assistance**

- 165. How many parents did the Agency assist in filing for the 2022 Child Tax Credit (“CTC”)**

While CFSA does not have a formal program or initiative to assist parents with applying for the Child Tax Credit (CTC), CFSA staff partner with organizations across our child and family well-being system to share information and support families with completing their taxes and filing for the CTC.

**166. What is the Agency’s plan to conduct outreach to parents with open cases to facilitate their registration in the IRS non-filer tax portal or to enable them to file a full tax return to claim the 2022 Child Tax Credit?**

CFSA promotes opportunities for assistance to our case-carrying administrations (In-Home Administration in particular) to support parents with open cases who require assistance with tax preparation. Should a parent request assistance from CFSA, their social worker would assist in finding community resources, such as working with the Collaboratives, Family Success Centers, partnering with DHS, or another appropriate agency to assist them with this issue.

**167. Did CFSA file for the 2022 CTC for children in foster care? Does it plan to do so?**

No, CFSA did not file for the CTC in 2022 and it does not plan to do so.

**a. Can CFSA elaborate on the circumstances in which it would claim the CTC?**

The circumstances in which CFSA might claim the CTC are based on IRS criteria such as:

- Under the age of 17
- Being in foster care
- A U.S. resident for six months or greater
- Financial support is provided for six months or more

**168. Did CFSA file for Social Security Disability benefits in FY22 and in FY23, to date, for children in foster care? Does it plan to do so going forward?**

CFSA routinely reviews the circumstances of children entering care to discern whether they would qualify for SSI benefits, and if so, we prepare and submit applications on their behalf.

**169. How many families who had open cases in FY22 and in FY23, to date, also receive TANF cash assistance?**

**a. Of those, how many received the child-only benefit?**

CFSA’s collection of financial data on the families we serve is limited. We do so only when family income and asset information is needed to determine a child’s eligibility for certain federal (such as title IV-E foster care) or local (such as the grandparent caregiver program) benefit programs that CFSA administers. We neither require nor track this information for the families served through our Entry Services administration.

**Critical Events (Child Fatality and Near-fatality) Reporting**

**170. CFSA’s 2021 Child Fatalities Review Data Snapshot states that CFSA’s comprehensive Annual Child Fatalities Review (CFR) Reports are published on September 30th of each year. See <https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/2021%20>**

**Child%20Fatalities%20-%20Data%20Snapshot%20vF%20-%202004.20.22.pdf. Why wasn't the 2021 Report issued on September 30, 2022, and when will it be issued?**

There was a delay in finalizing the report due to staffing changes within this unit. CFSA published the comprehensive Annual Child Fatalities Review report on January 30, 2023: [2021 Annual Child Fatality Review Report](#).

**171. Do the CFSA Internal Annual Child Fatality Review Reports address fatalities of children known to CFSA, but for whom CFSA does not receive a hotline call regarding the fatality (e.g., only the police are called because the child was the only child in the home; a child known to CFSA dies of a cause that is not identified as child abuse or neglect; or a DC child dies in another jurisdiction)?**

Yes, if the child's death is known to CFSA and the child's family had involvement with the Agency within five years of the child's death.

**172. The federal Child Abuse Prevention and Treatment Act ("CAPTA") requires that each state, including DC, "develop procedures for the release of information including, but not limited to: the cause of and circumstances regarding the fatality or near fatality; the age and gender of the child; information describing any previous reports of child abuse or neglect investigations that are pertinent to the child abuse or neglect that led to the fatality or near fatality; the result of any such investigations; and the services provided by and actions of DC on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality." Do the current public reports (CFRC and CFSA Child Fatality Reports) provide this level of detail for each child fatality? If not, why not? Are there any public reports or information provided on near fatalities? If not, why not?**

The annual child fatality report includes aggregate information related to cause and manner of death, age, gender, removals of other children in the home due to the fatality, number of previous reports of alleged abuse or neglect, and also select details related to the circumstances regarding deaths. To protect the confidentiality and anonymity of surviving family members, family-specific information, including descriptions of previous reports, investigation results, and any other services provided by and actions of CFSA related to the fatality, are not included to limit the information that could identify the parent and the decedent's name since these fatalities often are publicized in the media. Under [DC Code § 4-1303.06\(a\)](#), "[i]nformation acquired by staff of the Child and Family Services Agency that identifies individual children reported as or found to be abused or neglected or which identifies other members of their families or other persons shall be considered confidential" but can be used for the purposes of conducting internal reviews and informing reviews conducted by the CFRC.

According to the CFSA [Critical Event Policy](#), a near-fatality is "any act, as defined by a medical or other qualified professional (police, fire, mental health professional, private agency child



welfare professional, etc.), that threatens the life of a child.” CFSA does not publish reports on near fatalities; however, critical event meetings are held within five days of the critical event to discuss the circumstances of the near fatality and how the Agency can address the needs of the family and the child.

**173. What are the total number of child fatalities or near fatalities (broken down for each) from abuse or neglect in DC for CYs 2020, 2021, 2022, and to date 2023?**

In CY20, there were three confirmed fatalities attributed to abuse or neglect. Of these three fatalities, two were attributed to abuse and one was a fatality attributed to neglect. None of the families had active involvement with CFSA at the time of the child’s death. In CY20, near fatalities were not tracked.

In CY21, there were three confirmed fatalities attributed to neglect and no fatalities attributed to abuse. All three were involved with CFSA at the time of the death. In CY21, near fatalities were not tracked.

Information on CY22 fatalities attributed to abuse or neglect is unavailable due to incomplete information on cause and/or manner of death. CY22 confirmed abuse or neglect fatalities will be included in the “2022 Child Fatalities Review: Data Snapshot,” which has an anticipated publishing date of March 31, 2023.

As of January 26, 2023, there are no reported fatalities attributed to abuse or neglect for CY23.

**174. What are the total number of fatalities and near fatalities (broken down for each) of children in foster care at the time of death in CYs 2020, 2021, 2022, and to date 2023?**

| <b>Calendar Year</b> | <b># Children in Foster Care at Time of Fatality</b> |
|----------------------|--|
| <b>2020</b>          | 3  |
| <b>2021</b>          | 2  |
| <b>2022</b>          | 2  |
| <b>2023</b>          | 1  |

CFSA began tracking near-fatalities in October 2022. From October 1, 2022, to December 31, 2022, there have been two near-fatalities of youth in foster care. There have been no near fatalities reported related to youth in foster in CY23, to date.

**175. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022 and to date 2023 of children who were in foster care within 4 years of the child’s death?**

| <b>Calendar Year</b> | <b># Children in Foster Care within 5 Years of Fatality</b> |
|----------------------|---|
| <b>2020</b>          | 6   |
| <b>2021</b>          | 2   |
| <b>2022</b>          | Unavailable   |
| <b>2023</b>          | Not applicable  |

CFSA began tracking near-fatalities in October 2022. Information on children with foster care history within five years of their death in CY22 will be available in the *2022 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2023.

**176. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022, and to date 2023 of children with an in-home case at the time of the child’s death?**

| <b>Calendar Year</b> | <b># Children in In-Home Cases at Time of Death</b> |
|----------------------|---|
| <b>2020</b>          | 0   |
| <b>2021</b>          | 5   |
| <b>2022</b>          | 3   |
| <b>2023</b>          | Not applicable                                      |

CFSA began tracking near-fatalities in October 2022. From October 1, 2022, to December 31, 2022, there have been no near-fatalities with open in-home cases. There have been no near fatalities reported related to in-home in CY23, to date.

**177. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022, and to date 2023 of children with an in-home case within 4 years of the child’s death?**

| <b>Calendar Year</b> | <b># Children in In-Home Cases within 5 Years of Fatality</b> |
|----------------------|---|
| <b>2020</b>          | 6   |
| <b>2021</b>          | 6   |
| <b>2022</b>          | Unavailable   |
| <b>2023</b>          | Not applicable  |

CFSA began tracking near-fatalities in October 2022. Information on children with In-Home case history within five years of their death in CY22 will be available in the *2022 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2023.

**178. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022, and to date 2023 of children who had an open CFSA investigation at the time of the child’s death?**

| Calendar Year | # Children Identified as Alleged Victim Children in an Open CPS Investigation at Time of Death |
|---------------|--|
| 2020          | 2  |
| 2021          | 0  |
| 2022          | 2  |
| 2023          | Not applicable   |

CFSA began tracking near-fatalities in October 2022. From October 1, 2022, to December 31, 2022, there were no near-fatalities with an open CPS investigation. There have been no near fatalities reported in CY23, to date.

**179. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022, and to date 2023 of children who had a CFSA investigation within 4 years of the child’s death?**

| Calendar Year | # Children Identified as Alleged Victim Children in a CPS Investigation within 5 Years of Fatality |
|---------------|--|
| 2020          | 17   |
| 2021          | 13   |
| 2022          | Unavailable  |
| 2023          | Not applicable   |

CFSA began tracking near-fatalities in October 2022. Information on children with CPS investigation history within five years of their death in CY22 will be available in the *2022 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2023.

**180. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022, and to date 2023 of children who had a hotline call within 4 years of the child’s death? Was the hotline call investigated? If so, was it substantiated? If so, what services were provided to the family?**

The data presented below reflects the number of children who died during CY20 or CY21 who were identified as an alleged victim child in a CFSA Hotline call within five years of their death. In alignment with CFSA practice, a Hotline call is screened using the *Structured Decision Making (SDM™) Child Abuse and Neglect Screening Assessment* to determine whether reported allegations should be accepted for investigation. The person who contacted the Hotline to make a report of abuse or neglect (the “reporter”) may report multiple allegations during a single Hotline call.

At the conclusion of an investigation, a disposition is made on each of the reported allegations. Multiple allegations may be substantiated in a single investigation. Services and supports are provided to families based on the substantiated allegations, the risk level of the family, and the family’s acceptance of service recommendations. Please refer to the [Hotline Procedural Operations Manual](#) and the [Investigations Procedural Operations Manual](#) for more information on the investigative process.

| Calendar Year | # Children with One or More Hotline Calls within 5 Years of Fatality | # Children with One or More Hotline Calls Investigated within 5 Years of Fatality | # Families with One or More Substantiated Allegations at Investigation Closure |
|---------------|--|---|--|
| 2020          | 27   | 19  | 7  |
| 2021          | 16   | 13  | 8  |
| 2022          | Unavailable  | Unavailable   | Unavailable  |
| 2023          | Not applicable   | Not applicable  | Not applicable   |

**181. What are the total number of fatalities and near fatalities (broken down for each) in CYs 2020, 2021, 2022, and to date 2023 of children who had a hotline call within one year before the child’s death? Was the hotline call investigated? If so, was it substantiated? If so, what services were provided to the family?**

The data presented below reflects the number of children who died during CY 2020 or CY 2021 who were identified as an alleged victim child in a CFSA Hotline call within one year of their death. In alignment with CFSA practice, a Hotline call is screened using the Structured Decision Making (SDM™) Child Abuse and Neglect Screening Assessment to determine whether reported allegations should be accepted for investigation. The person who contacted the Hotline to make a report of abuse or neglect (the “reporter”) may report multiple allegations during a single Hotline call.

At the conclusion of an investigation, a disposition is made on each of the reported allegations. Multiple allegations may be substantiated in a single investigation. Services and supports are provided to families based on the substantiated allegations, the risk level of the family, and the family’s acceptance of service recommendations. Please refer to the [Hotline Procedural](#)

[Operations Manual](#) and the [Investigations Procedural Operations Manual](#) for more information on the investigative process.

| Calendar Year | # Children with One or More Hotline Calls within One Year of Fatality | # Children with One or More Hotline Calls Investigated within One Year of Fatality | # Families with One or More Substantiated Allegations at Investigation Closure |
|---------------|---|--|--|
| 2020          | 12  | 9  | 1  |
| 2021          | 9   | 6  | 5  |
| 2022          | Unavailable   | Unavailable  | Unavailable  |
| 2023          | Not applicable  | Not applicable   | Not applicable   |

**182. For any of the above, if CFSA does not have the information available, why not and where can this information be obtained?**

Information on CY22 fatalities will be shared in CFSA’s CY22 annual child fatality reports. Data on CY22 confirmed abuse or neglect homicides will be included in the *2022 Child Fatalities Review: Data Snapshot*, which has an anticipated publishing date of March 31, 2023. All other requested data related to CY22 fatalities will be available in the *2022 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2023.

### **Budget and Policy Directives**

**183. Provide a status update on the agency’s compliance with the committee’s FY22 budget and policy directives. When reports or other documents are indicated, provide those documents.**

#### *Policy Recommendations*

1. CFSA’s safety planning and diversion practices raise due process and outcome tracking concerns that must be addressed as soon as possible. Although the Committee is heartened that the Agency is seeking to reform its safety planning practice and that a new safety planning policy is forthcoming, to seize this moment most fully, the Committee strongly urges CFSA to use the new safety planning policy to replace not only its current safety planning practices, but also its current diversion policy. There is no reason for there to be two distinct guidance and sets of internal processes governing out-of-home placements designed to avoid entry into foster care via the facilitation of temporary physical relocation outside the home. The potential for confusion, missing data, and inconsistent practices weighs in favor of making the new “safety planning” policy the “diversion” policy as well. No child should fail to benefit from improvements to “safety planning” because they were “diverted.” Additionally, any changes to safety planning and diversion policies

**must, at minimum, to protect the due process of parents and to allow CFSA and the Council to evaluate outcomes, do the following:**

- a. **Prohibit caseworkers from using threats, misrepresentations, coercion, or undue influence to encourage or induce a family or proposed identified caretaker to arrive at a particular decision;**

CFSA does not have a diversion policy. CFSA included within the IFPA Administrative Issuance information that informed relatives of their options so they can make decisions for children in their care. It is CFSA's expectation that workers are not engaging in coercive or threatening behavior towards parents or caregivers.

- b. **Require caseworkers, at any meeting at which diversion or safety planning is discussed, to identify and offer any supports and services applicable to a family's needs;**

Both the IFPA and Safety Planning policies require workers to assess the needs of a family and offer services.

- c. **Require caseworkers to explicitly state that any arrangement agreed to by a parent and proposed identified caretaker will be voluntary and that consent to any agreement can be revoked by the parent or proposed identified caregiver at any time, as well as require caseworkers to convey how the revocation of consent is to be communicated to the Agency;**

Both policies are voluntary in nature and can be revoked at any time by a parent or proposed caregiver.

- d. **Require caseworkers to invite parents to sign a Custodial Power of Attorney and to invite parents to provide a child's birth certificate and any documents necessary for the child to access medical care and for the child and proposed identified caregiver to access social welfare benefits;**

CFSA is not opposed to parents entering into a Custodial Power of Attorney with the child's caregiver. We would need to look at how to assist parents and caregivers in their effective use of the Custodial Power of Attorney to receive needed benefits for a child.

- e. **Provide for the ascertainment of any information that will allow the Agency to evaluate the efficacy of its safety planning practice, including being able to provide, each fiscal year, the following information:**
  - i. **The number of safety plans into which families entered;**
  - ii. **The duration of the effective period of each safety plan;**
  - iii. **The number of children for whom the immediate safety issues addressed in the safety plan were resolved;**
  - iv. **The number of children for whom the immediate safety issues addressed in the safety plan were not resolved;**

- v. **The number of children for whom the immediate safety issues addressed in the safety plan were not resolved and whose investigations or cases remained open;**
- vi. **The number of children for whom the immediate safety issues addressed in the safety plan were resolved, but the child was later the subject of a report of suspected abuse or neglect;**
- vii. **The number of children for whom the immediate safety issues addressed in the safety plan were not resolved, and the child was later the subject of a report of suspected abuse or neglect;**
- viii. **The number of children for whom the immediate safety issues addressed in the safety plan were resolved, but the child was later removed;**
- ix. **The number of children for whom the immediate safety issues addressed in the safety plan were not resolved, and the child was later removed; and**
- x. **The reasons for which the immediate safety issues addressed in any safety plan were not resolved.**

**Although outcome tracking should be conducted through data reconciliation alone to the greatest extent possible, and although care should be taken not to unduly surveil children outside of care, the Agency—and the Council—must be able to tell how many and how long children are living under safety plans, and whether safety planning protects against future abuse and neglect.**

CFSA’s Safety Planning policy was enacted on October 1, 2022. CFSA will be prepared to provide the following information in future years for FY23. The following is data identified in the areas below for the period October 1 to December 1, 2022, which allows for reporting on outcomes after 30 and 60 days.

As of December 1, 2022, CFSA has implemented 33 Safety Plans in FY 2023.

- 28 cases for Child Protective Services
- Five cases for In-Home Program Services

The duration of the effective period for each safety plan is 30 days.

For children involved in a safety plan, CFSA tracks the following:

- whether the child experienced a separation within 30 and 60 days;
- whether the child had a subsequent hotline call within 30 and 60 days, if the call was screened in, and the result of the investigation; and
- whether the child has a case currently open with CFSA.

Of the 66 children involved in the 33 safety plans developed:

- Six children experienced a separation within 60 days of the plan taking effect, of whom, three children experienced a separation within 30 days and three children experienced a separation between 31-60 days.

- 12 children were involved in a new hotline call within 60 days of the safety plan. Eleven of the 12 were screened out. The one screened in was linked to an ongoing investigation. The investigation was ultimately substantiated and resulted in a separation.
- 37 have a case open with CFSA as of February 9, 2023. Of these children, 31 are In-Home and six are in an Out-of-Home placement.

**Removals following the safety plan:**

| <b>Timeframe</b>  | <b># children removed</b> |
|-------------------|---------------------------|
| within 0-30 days  | 3                         |
| within 31-60 days | 3                         |
| <b>Total</b>      | <b>6</b>                  |

**Children involved with a hotline calls following the safety plan:**

| <b>Timeframe</b>   | <b>Screened In?</b> |           | <b>Total</b> |
|--------------------|---------------------|-----------|--------------|
|                    | <b>Yes</b>          | <b>No</b> |              |
| between 0-30 days  | 0                   | 1         | <b>1</b>     |
| between 31-60 days | 1                   | 10        | <b>11</b>    |
| <b>Total</b>       | <b>1</b>            | <b>11</b> | <b>12</b>    |

**Children with an open case as of 2/10/23:**

| <b>Case Type</b> | <b># children</b> |
|------------------|-------------------|
| In-Home          | 31                |
| Out of Home      | 6                 |
| <b>Total</b>     | <b>37</b>         |

2. **The Committee recommends that CFSA collaborate with DCHA to use the Family Unification Program vouchers distributed through the Foster Youth to Independence Initiative to end homelessness for youth aging out of care who are prepared to live independently. Youth can, upon or before aging out, temporarily reside in supportive or transitional housing arrangements, or even in college dormitories, and still be eligible for an FYI FUP voucher up to age 24. This is the case even if they are pregnant or parenting. Increased reliance on the FYI program does not preclude the exercise of clinical discretion in individual case management or the determination that some youth, perhaps those with developmental disabilities, are not prepared to live independently. CFSA and DCHA should work to achieve the 90 percent utilization of FUP vouchers that will allow them to request additional individual vouchers, optimizing the District’s ability to end homelessness for system-involved families and youth.**

CFSA continues to partner with the DC Housing Authority (DCHA) and the homeless services Continuum of Care (CoC) to implement a coordinated approach to accessing and utilizing US Department of Housing and Urban Development (HUD)-funded Family Unification Program



(FUP) vouchers for youth and families. CFSA and DCHA are already doing the recommended work to support youth's ongoing access to Fostering Youth to Independence Initiative (FYI) vouchers.

CFSA continues to work with DCHA to expeditiously utilize our existing allocation of FUP vouchers. At this time, FUP vouchers are still available for use by both youth and families. We have proactively partnered with DCHA and the CoC to update our existing FUP MOU to support applying for non-competitive FYI vouchers when applicable. In addition, we continue to meet with DCHA on a monthly basis to review the status of all families and youth who have been recommended for FUP. We continue to analyze and refine our processes in collaboration with our partners to ensure we are supporting youth to access, utilize, and take advantage of the supportive services made available through the FUP and FYI vouchers. At present, we are working with the CoC data leads at the Interagency Council on Homelessness and The Community Partnership for the Prevention of Homelessness (TCP) to implement a youth data match to further support the early and timely identification of youth in the community who are eligible to apply for a FUP/FYI voucher.

**3. The Committee also recommends that CFSA incorporate Courtney's House, a community-based organization that provides holistic wraparound services to survivors of child sex trafficking, into the bridge program it is developing to ensure that youth have a safe place to stay when they enter care or return from abscondence. At the Agency's budget oversight hearing, Tina Frundt, the founder and Executive Director of Courtney's House, testified that more youth could be retained in care and kept out of coerced sex work if Courtney's House could offer them a place to stay for a few nights when they are entering or reentering care. The development of the bridge program presents an opportunity to support trafficked youth that should not be missed.**

The Bridge Program is a short-term assessment setting for youth in need of immediate support while a foster home is secured. This includes youth returning from abscondence, or youth who are experiencing unplanned placement disruptions. While this is a temporary placement for youth, it does not fit the typical home for youth suspected of being sex trafficked. Most CSEC homes are protected spaces with confidential addresses and high security to protect victims. The Bridge Program is not intended for this use.

**4. Finally, the Committee recommends that CFSA partner with CASA D.C. ("CASA"), a court-appointed volunteer child advocacy organization, to draw down additional Title IV-E funding and to supplement its mentoring, mental health, and educational support services. The Committee was pleased to see that the Agency had eliminated programming redundancies by partnering with OSSE and DYRS to re-envision its tutoring and mentoring services, but CFSA could offer additional supports to youth at no cost to itself by working with CASA. CASA's youth average a GPA six subpoints higher than the CFSA average, and CASA has just hired an educational specialist and ventured into the provision of clinical services. What's more, CFSA would be able to retain 25% of the Title IV-E funds it drew down because of a potential contractual relationship with CASA D.C. There is no reason**

**to miss out on this unprecedented opportunity to expand the services and resources available to District children at little, if any, local cost.**

CFSA is currently partnering with CASA by referring children for tutoring services and supports.

**Budget Recommendations:**

CFSA confirms that all the Committee budget recommendations have been implemented.

**184. Does your agency have any discretionary fund or cash set aside for emergency cash to families, or individuals in distress, and what is the process for deploying that emergency fund?**

CFSA maintains a set of discretionary funds (also known as flex funds) to provide emergency cash assistance (concrete supports) to meet the urgent, emergent needs of individuals and families who are engaged with the Agency, or to prevent ongoing engagement with the Agency.

The process includes the following:

- CFSA staff submit a simple Flex Fund request form to the Office of Community Partnerships.
- Office of Community Partnerships staff review and if approved, assign to the neighborhood-based Collaborative based on the family's address.
- The Collaborative assigned has 24-48 hours to process the emergency assistance request.

**Future Plans**

**185. What changes to DC child welfare laws and policies is CFSA currently considering?**

- CFSA is considering the expansion of the Child Protective Services Investigative time frame.
- CFSA is considering reforms to the neglect statute.
- CFSA is considering updating Chapter 60 Licensing Regulations for foster homes.

**186. How does CFSA see its role or services changing over the next 5 years?**

In 2021, CFSA joined many other cities and states around the country in becoming a Thriving Families, Safer Children (TFSC) jurisdiction focused on systems transformation. Since that time, we have embarked on a path to thoughtfully and inclusively transform the District's child welfare system into a child and family well-being system in partnership with the families we serve. This effort has required CFSA to take a hard and direct look at the role of the District's child welfare agency relative to the District's other health and human services agencies, helping organizations, businesses, and communities. Far too often, families are coming to the attention of the CFSA for reasons other than child safety. What families in these instances often need is

information, community, resources, and assistance navigating complex and often bureaucratic processes.

Over the next five years, CFSA sees its role right-sized within the health and human services array in the District – with the broad goal of Keeping DC Families Together. CFSA will continue to address the needs of children, youth, and their families when child safety is at risk, or present, and serve as the Title IV-E foster care agency for the District. CFSA will continue to play the role of an active and collaborative partner agency, child and family well-being system co-designer, and community-convenor of families with lived expertise with the child welfare agency. CFSA will look to its District agency partners, community-based organizations, helping-organizations, neighborhoods, individuals, and families to play a larger role in preventing child abuse and neglect by addressing the important social determinants of health and overall well-being to support children and families to thrive. This work will take time, and the efforts implemented over the next five years, including the creation of a warmline and community response model in FY24, will be pivotal to this system’s transformation and ultimate realignment of responsibilities to support child and family well-being in the District.

**187. Is there a strategic plan for CFSA that lays out its planning for the next 5 years?**

CFSA is responsible for completing multiple federal planning documents to maintain federal Title IV-B and Title IV-E funding as the District’s child welfare agency. Specifically, Title IV-B funding requires CFSA to submit a 5-Year Child and Family Services Plans (CFSP) and subsequent, yearly Annual Progress and Services Reports (APSRs) documenting our Agency’s goals and objectives. This federal document serves as a strategic plan to the federal government and is used to guide the Agency’s overall goals and objectives to support the well-being of children and their families, timely permanence for children in foster care, and the array, scope, and effectiveness of CFSA and its partners’ array of child and family social services and supports. The Children’s Bureau’s website details the goals and objectives of the CFSP and APSRs, as summarized above: <https://www.acf.hhs.gov/cb/child-family-services-plans>. Every five years, CFSA is required to submit a new five-year plan summarizing the outcomes and building upon the accomplishments of the previous five-year CFSP and APSRs. CFSA submitted the FY 2020 – 2024 CFSP to the Children’s Bureau on June 30, 2019. CFSA will develop the FY 2025 – 2029 CFSP plan for the June 30, 2024, submission. CFSA adapts strategic planning as necessary to support shifting priorities and needs.

Additionally, starting in 2019, CFSA began submitting a five-year Title IV-E Family First Prevention Services Act Plan. This plan requires CFSA to identify the specific target populations and Title IV-E Clearinghouse approved-evidence based services that the Agency will utilize to prevent child abuse and neglect using Title IV-E dollars. CFSA submitted the first five-year Title IV-E Family First Prevention Services Act Plan on April 10, 2019.

Combined, the CFSP and the FFPSA Prevention Plan serve as five-year look-ahead planning documents and support CFSA’s internally crafted annual Strategic Initiatives that operationalize both local and federal priorities.

As CFSA and the District-at-large have committed to becoming a child and family well-being system as part of the national movement called Thriving Families, Safer Children, CFSA has developed its FY23 Strategic Priorities with this larger vision in mind: Keeping DC Families Together. In FY23, CFSA has four key agency priorities to keep families together and multiple office specific strategies and objectives to achieve these goals. These strategic initiatives, goals, and objectives are both system and agency focused, reviewed and refined quarterly, and drive the agency's day-to-day work.

CFSA's FY23 Strategic Initiatives:

1. Connect kinship families to community-based resources through launch and utilization of Kinship Navigator marketing site and mobile app.
2. Lay the groundwork to launch a community response model and warm line to better keep families together by working with the Thriving Families, Safer Children Steering Committee.
3. Launch STAAND to improve CFSA and partners effectiveness in keeping DC families together, reduce staff administrative time, and replace FACES.
4. Enhance CFSA's recruitment and retention effectiveness to ensure well-equipped social work teams can keep DC families together.