
Government of the District of Columbia



Child and Family Services Agency

Performance Oversight Hearing Fiscal Year 2023-2024

“Child and Family Services Agency”

Responses to Pre-Hearing Questions

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Director

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

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Overall

Achievements and Priorities

1. Identify the agency's overall mission statement.

The DC Child and Family Services Agency (CFSA) is the public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families.

2. Identify the agency's top achievements in FY 23 and FY 24, to date.

The agency's top achievements in FY23 are as follows:

- Launched the Keeping D.C. Families Together initiative that included the launch of the Kinship Navigator Platform.
- Went live with Release 1 of STAAND, the agency's new comprehensive child welfare information system.
- Launch of the electronic health record for children in foster care.
- Launch of the Bridge Program that provides (6) additional beds to the CFSA placement array for youth ages 12-18.
- Child Protective Services Acceptable Investigations Review Achieved 89% acceptability (exceeded 80% standard).
- Reorganized the Agency organizational structure to align with the agency's strategic direction of Keeping D.C. Families Together.

The agency's top achievement in FY24, to date:

- Soft launch of the 211 Warmline and Community Response

3. Identify the agency's top five overall priorities. Explain how the agency expects to address these priorities in FY 24 and identify the metrics used to track success for each.

CFSA has four overall priorities in FY24:

- 1) Co-design and implementation of the 211 Warmline and community response model in collaboration with people with lived experience, community-based organizations, and DC government agencies, to link individuals, families, and the communities to appropriate resources and supports to Keep DC Families Together. CFSA will continue to meet with the Citywide Advisory Committee, the 211 Warmline and Community Response subcommittee, The Impact subcommittee and DEIB subcommittee on a quarterly basis to further implement, track and measure impact.
- 2) Enhance support to older youth in foster care across all domains of housing, financial wellness, behavioral health supports and education, to ensure their well-being and successful transition to adulthood. The Office of Youth Empowerment (OYE) management staff will meet with the Director monthly, reviewing both quantitative and qualitative data to track progress, identify

needs, gaps and strategies to address areas needing improvement. Occasionally, youth will also be engaged to offer solutions on how to improve the services and supports for older youth in foster care.

- 3) Enhance the well-being of the workforce by prioritizing psychological safety, accountability, and staff retention to boost overall team and organizational well-being. HR will continue to meet monthly with CFSA Program and Administrative areas to provide data on exit interviews and address any personnel matters. CFSA’s Health and Wellness Coordinator will continue to offer wellness supports for staff. CFSA will also partner with the Annie E. Casey Foundation to host a retreat for supervisors.
- 4) Continue to build a modern data system, Stronger Together Against Abuse and Neglect (STAAND), to improve CFSA’s data collection and analysis, data integrity and public transparency through the development of a modernized child information system. CFSA will continue to work with Microsoft through the development and implementation of STAAND.

Each of the priorities listed above have a lead and identified Key Performance Indicators (KPI’s) with incremental deliverables. Reoccurring meetings are established to monitor the progress throughout the year.

4. Describe any new initiatives or programs that the agency implemented in FY 23 and FY 24, to date, to improve the operations of the agency. Describe any funding utilized for these initiatives or program and the results, or expected results, of each initiative.

FY23

Initiative/Program	Results or Expected Results	Funding
<i>Kinship Navigator Platform</i>	Connecting DC residents to supports for kinship families; allowing for children to remain with family in their respective community, and significantly reduce the chances of them entering foster care.	\$200,000 federal grant to be utilized in FY24.
<i>Electronic Health Record</i>	Medical and clinical information, including managing and scheduling appointments and providing prescriptions is captured electronically, eliminating manual data collection and improving privacy and security for patients.	\$100,000

Initiative/Program	Results or Expected Results	Funding
<i>The Bridge Program</i>	Decrease in instances of youth overnight in the building. Increased youth stability through wraparound short term supports in preparation for long term placement.	\$961,630.74 contract value Contract period 9/18/23 through 9/18/24
<i>CPS Acceptable Investigations</i>	March, 2023 – 87% of investigations meet our quality assurance standards. September, 2023 – 86% of investigations meet our quality assurance standards.	<i>None</i>

FY24

Initiative/Program	Results or Expected Results	Funding
<i>211 Warmline & Community Response</i>	Expected results: Dedicated (non-emergency) social services resource and referral line for the district. Reduction in unnecessary calls to the CPS Hotline.	MOU Amount: \$39,170 Staff Cost: \$364,513

5. ***Identify the agency’s Strategic Objectives and Key Performance Indicators (KPIs). Explain why each KPI was selected and how it supports the overall mission of the agency.***
- a. ***Include the outcomes for FY 23 and FY 24, to date for each KPI measure.***
 - b. ***Provide a narrative description of what actions the agency undertook to meet the key performance indicators or any reasons why such indicators were not met.***

The CFSA Mayor’s Plan is structured based on the agency’s strategic framework named the “Four Pillars”.

Strategic Objective #1: Narrowing the Front Door pillar focuses on children having the opportunity to grow up with their families and that children are separated from their families

only when necessary to keep them safe. The agency selected indicators that reflect CFSA's practice and its community support/services and that promote children safely remaining with their families.

Key Performance Indicator (KPI)s

- **Increase acceptable quality of CPS investigations** is a review of FACES.NET documentation, of completed CPS investigations that determines if the quality of services and supports provided by CFSA was acceptable. The review is completed twice annually to determine investigation quality and provide recommendations for strategies of improvement if needed.
- **New entries into foster care** focuses on children entering foster care throughout the fiscal year for the first time.
- **Number of removals from In-Home within one year** indicator reports children entering foster care from CFSA's In Home Services Administration. This strategy focuses on children remaining with their families.

The following two indicators report about services and support given to families through their engagement with CFSA and the collaboratives.

- **Families without substantiated report(s) of abuse/neglect for up to six months post-case closure with the Collaboratives** indicator follows families for six months after their case closes with the Collaboratives. CFSA conducts a review of these cases to determine if the families have had any substantiated reports of abuse or neglect with the agency during this timeframe.
- **Families successfully completing services through primary, secondary, and tertiary prevention services** reports about CFSA referred families who have engaged with the appropriate service level depending upon their needs at the time of CFSA involvement.

Strategic Objective #2: Foster Care as a Temporary Safe Haven pillar focuses on foster care being a temporary safe haven, with planning for permanence beginning the day a child enters care.

KPI's:

- **Percent of foster care placements within the District of Columbia** reflects the agency's desire to keep children geographically close to their families of origin.
- **Percent of placements in family foster homes** reports all foster care children living in the most family like setting, and reflects the importance of children being raised by consistent caregivers (rather than staff completing shifts at a congregate facility such as a group home). This includes children residing with kin.
- **Percentage of children who enter foster care and are placed into kinship care within 30 days** focuses on the strategy of exploring kin when a child is facing foster care entry. When children enter foster care, CFSA explores placement with kin first to minimize the trauma both the child and birth parent experience if children are placed in a stranger's home or congregate care setting where they will not have a consistent caregiver.

Strategic Objective #3: Child Well Being pillar purports that every child is entitled to a nurturing environment that supports healthy growth and development, good physical and mental health, and academic achievement while in foster care.

KPI's:

- **Percentage of children in foster care receiving a full medical evaluation within 60 days of placement and Percentage of children receiving a full dental evaluation within 60 days of placement** monitors CFSA's performance in providing health services and support immediately to children upon their foster care entry. This also assists with appropriate case management to address children's needs.

The following indicators focus on older children in foster care and CFSA's support with ensuring children gain the skills needed for adulthood.

- **Percent of youth in foster care who graduate from high school** reports the graduation rate for CFSA's high school seniors and GED recipients during the fiscal year. The denominator for this measure consists of all children who are seniors in high school during the fiscal year and children who pass the GED Test. CFSA utilizes this methodology rather than looking at rates of 9th graders who complete high school within a certain timeframe since many youth who start 9th grade while in foster care will exit foster care prior to being expected to complete high school, or they may enter foster care several years after beginning high school.
- **Share of youth in foster care who complete vocational training and/or receive industry certification** reports about CFSA children who enroll in and attend vocational training. These children are followed to determine their engagement and completion rate concerning their vocational training. CFSA supports older youth with vocational training by assisting in identifying programs, advocating for children when needed, and encouraging the completion of vocational training once a child is enrolled.
- **Increase graduation within 5 years for youth who start college while in foster care** focuses on children who entered into college five years prior to the current fiscal year and have completed their college education. Staff in the Older Youth Empowerment Administration under the Office of Wellbeing are assigned to children to support their academic, social, and financial needs.

Strategic Objective 4: Exit to Positive Permanency pillar focuses on every child and youth exiting foster care as quickly as possible for a safe, well-supported family environment or life-long connection. This pillar also reports on older youth having the skills and support for a successful adulthood.

KPI's

The following three indicators report out how and when children exit foster care and support the Federal reporting for the Adoption and Foster Care Analysis and Reporting System (AFCARS) data requirements:

- **Children who achieve permanency within 12 months after entry (Children who enter foster care during a 12-month period)**

- **Children who achieve permanency within 12 months of the first day of a 12 month period (Children in foster care 12 to 23 months as of the first day of the fiscal year)**
- **Children who achieve permanency within 12 months of the first day of a 12 month period (Children in foster care 24 or more months as of the first day of the fiscal year)**
- **Increase youth aged 18 years and older to have an employment/internship experience** focuses on foster care youth age 18 and older having an employment/internship experience during the fiscal year that they're able to maintain and/or begin their career.
- **Increase engagement of youth in after-care services** focuses on preparing older youth to exit foster care successfully and with needed support from CFSA and other community resources.

Strategic Objective 5: Create and maintain a highly efficient, transparent, and responsive District government.

KPI's: The Office of the City Administrator selected and analyzed the following indicators during FY23:

- Percent of new hires that are District residents
- Percent of new hires that are District resident graduates
- Percent of employees that are District residents
- Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years.
- Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time.

a. Include the outcomes for FY 23 and FY 24, to date for each KPI measure.

Key Performance Indicators (KPIs) ¹⁴	FY23 Target	FY23	FY23 KPI Achievement	FY24 Target	FY24 (Q1)
Increase acceptable quality of CPS investigations	No Target Set for FY23	88.6%	N/A	80%	Annual Measure
New entries into foster care	185	147	Target Met	185	36
Number of removals from In-Home within one year	100	58	Target Met	100	9
Families without substantiated report(s) of abuse/neglect for up to six months post-case closure with the Collaboratives	No Target Set for FY23	90.7%	N/A	90%	Annual Measure
Families successfully completing services through primary, secondary, and tertiary prevention services	No Target Set for FY23	302	N/A		
Percentage of children in foster care receiving a full	95%	96.8%	Target Met	95%	97%

Key Performance Indicators (KPIs) ¹⁴	FY23 Target	FY23	FY23 KPI Achievement	FY24 Target	FY24 (Q1)
medical evaluation within 60 days of placement					
Percentage of children receiving a full dental evaluation within 60 days of placement	60%	43.9%	Target Unmet	60%	58%
Percent of youth in foster care who graduate from high school	70%	72.7%	Target Met	70%	Annual Measure
Share of youth in foster care who complete vocational training and/or receive industry certification	70%	61.5%	Target Unmet	70%	Annual Measure
Increase graduation within 5 years for youth who start college while in foster care	20%	33.3%	Target Met	20%	Annual Measure
Percent of foster care placements within the District of Columbia	55%	49.2%	Target Unmet	55%	
Percent of placements in family foster homes	85%	77.8%	Target Unmet	85%	76%
Percentage of children who enter foster care and are placed into kinship care within 30 days	30%	16.9%	Target Unmet		
Children who achieve permanency within 12 months after entry (Children who enter foster care during a 12-month period)	No Target Set for FY23	Not Available	N/A	24%	Annual Measure
Children who achieve permanency within 12 months of the first day of a 12 month period (Children in foster care 12 to 23 months as of the first day of the fiscal year)	No Target Set for FY23	Not Available	N/A	44%	Annual Measure
Children who achieve permanency within 12 months of the first day of a 12 month period (Children in foster care 24 or more months as of the first day of the fiscal year)	No Target Set for FY23	Not Available	N/A	37%	Annual Measure

Key Performance Indicators (KPIs) ^u	FY23 Target	FY23	FY23 KPI Achievement	FY24 Target	FY24 (Q1)
Increase youth aged 18 years and older to have an employment/internship experience	No Target Set for FY23	54.4%	N/A	56%	Annual Measure
Increase engagement of youth in aftercare services	95%	94.7%	Target Nearly Met	95%	Annual Measure
Percent of new hires that are District residents	No Target Set for FY23	40.4%	N/A	No Target Set for FY24	Annual Measure
Percent of new hires that are District resident graduates	No Target Set for FY23	24.4%	N/A	No Target Set for FY24	Annual Measure
Percent of employees that are District residents	No Target Set for FY23	31.1%	N/A	No Target Set for FY24	Annual Measure
Percent of agency staff who were employed as Management Supervisory Service (MSS) employees prior to 4/1 of the fiscal year that had completed an Advancing Racial Equity (AE204) training facilitated by ORE within the past two years	No Target Set for FY23	Not Available	N/A	No Target Set for FY24	Annual Measure
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	No Target Set for FY23	57.1%	N/A	No Target Set for FY24	Annual Measure

^u Darkened cells in this table indicate that the KPI was removed or changed in the FY24 Mayor’s Plan. Indicators labeled as “Annual Measure” will be available at the close of the fiscal year. The indicators labeled as “Not Available” did not have data available prior to the finalization of this report. CFSA continues to engage with Federal and Intra-Agency partners to secure data for analysis and/or reporting. Indicators without a target set for FY23 are new indicators to CFSA’s Mayor’s Plan.

The following Key Performance Indicators have been added to CFSA’s FY24 Mayor’s Plan. There is no target set for them in FY24, with the exception of a **Percent of children who enter foster care and are placed into kinship care within 90 days**, which has a target of 30%.

Key Performance Indicators (KPIs)	FY24 Q1
Percent of youth who exit care by aging out with stable housing in place	100%
Number of 211 calls successfully connected to relevant DC social services	486
Percentage of referrals accepted/rejected within three business days when supportive services for the Front Yard population (through Family Success Centers, 211 or Collaborative walk-ins) are through CFSA funded organizations	85%
Percentage of clients who express high level of satisfaction (e.g., 4+) after service navigation, linkage or completion	100%
Percentage of clients who report higher level of well-being (Cantrell Ladder) after service navigation, linkage or completion	50%
Percentage of children who enter foster care and are placed into kinship care within 90 days	17% (Note: 90-day period has not expired for all children, this could increase)
Percentage of User Stories (i.e., technology requirements) built, tested, and approved for the overall STAAND end product	11%
Percentage of CFSA’s MSS Staff who have completed the required DCHR MSS trainings	0%
Number of activities initiated from the Equity Action Plans for the Keeping DC Families Together (KDCFT) Initiative	Data not available, in development stage
Number of completed Equity Action Plans for the Keeping DC Families Together Initiative	Data not available, in development stage

b. Provide a narrative description of what actions the agency undertook to meet the key performance indicators or any reasons why such indicators were not met

Efforts CFSA use to meet the KPI’s under the objective Narrowing the Front Door include the functions from the Office of Thriving Families (formerly the Community Partnerships Administration), In-Home Administration, and the Child Protection Services Administration. The Office of Thriving Families leads CFSA’s prevention efforts in the Community. They serve as the liaison of CFSA to the Collaboratives, Family Success Centers and other community stakeholders. By servicing and supporting children and families in the communities, fewer children are removed and placed into foster care. The In-Home Administration provides case management to families at risk of their children entering foster care. Licensed social workers are assigned to all families. In-home services are a continuum of prevention-related supports and programs designed to enhance the protective capacity of caregivers and improve the conditions that may contribute to safety and risk concerns for children. The Hotline and Investigations Administration continues to investigate inquiries of abuse/neglect and provide referrals to

address needs and findings when appropriate. Children are only removed by CPS when needed to address immediate safety concerns.

Efforts CFSA uses to accomplish the KPI's under the objective **Foster Care as a Temporary Safe Haven** include the following: utilizing the KinFirst initiative to place children with kin when able. Kin is explored to determine if children can be placed directly or through foster care support and make plans to establish a long-term placement for children upon exiting from CFSA's care. The Placement Services Administration provides supports and services directly to foster parents and caregivers to maintain placements for children and support the planning process of children exiting care. Supports and services include training, subsidy, monitoring, and other services needed for temporary placement of children.

Efforts to support the KPI's under the objective **Child Well Being** are carried out by the Office of Well Being and Office of In-Home and Out-of-Home Care (OIOC) to ensure the care and support of all foster care children. The Office of Well Being houses the Health Services Administration that provides mental and physical services to children and families directly. The Office of Well Being supports all needs children have in care through direct staff support or by monitoring providers of needed services. This includes accepting/submitting referrals and monitoring the services rendered to children and families. OIOC is responsible for the full case management of all children in home and in foster care. Children and families are assigned to licensed social workers and receive full support from CFSA concerning their needs. Various initiatives are employed and assist with children exiting foster care timely. Services are tailored to older youth in foster care to better prepare them in exiting foster care. Services to address nine life domains through the Youth Transition Planning process and the Jumpstart process supports and assist with planning successful foster care exits for older youth.

Efforts CFSA utilizes to accomplish the KPI's under the objective **Exit to Positive Permanency** begin, for every child, when they enter foster care. Social workers lead the planning of permanency for each child and make efforts, through the child's time in foster care. Various efforts previously mentioned are also used to support the exit of children from foster care into stability and lifelong connections. Tailored services for older youth in after care services that support the planning of older youth's foster care exit and their first two years after exiting foster care (Up to the age of 23). Post permanency support services are housed inside the Placement Services Administration for children who achieve positive permanence. Children and families are able to gain supports and services to maintain permanence.

Please see the response to question 7 to see specific information regarding indicators where the performance target was not met and barriers to meeting those indicators.

6. List each policy initiative of the agency during FY 23 and FY 24, to date. For each initiative provide:

Shoring up the Kinship Navigator Program

- a. **Program Description:** The Kinship Navigator Program is designed to provide supports to children and their relative caregivers. Through the program, Kinship caregivers can access a variety of resources, including support, community resource directory, advisory committees,

and support groups. Additionally, District residents can also use the Kinship Navigator platform to apply to the Grandparent and Close Relative Caregiver Programs.

- b. **Responsible Employee:** Natalie Craver
- c. **Number of FTEs Assigned:** 5
- d. **Budgeted amount:** On 9/14/23, CFSA received notice of award of a one-year \$200,000 federal grant to be utilized during FY24 (10/1/2023-9/30/2024).

Streamlining Electronic Medical Records

- a. **Program Description:** In FY23, we streamlined our medical and clinical records electronically, including managing appointments, providing prescriptions, and improving privacy and security for patients. This move enables safer, more reliable prescribing; reduces costs; enables timely data and patient record sharing with other medical providers, increases Medicaid revenues and ensures Medicaid billing compliance measures.
- b. **Responsible Employee:** Nicole Gilbert
- c. **Number of FTEs Assigned:** A shared task between the nurse care managers. No FTEs specifically assigned for this program.
- d. **Budgeted Amount:** \$100,000

Diversifying the Placement Array Through the Bridge Program

- a. **Program Description:** The Bridge Program is a nurturing group home environment that will provide immediate short-term placement support, 24-hour board and care, social service supports (wholistic health and education, assessments to help inform long-term placement options). The Bridge Program is available for up to eight youth (male and female) between the ages of 12-17.
- b. **Responsible Employee:** Ann Reilly
- c. **Number of FTEs Assigned:** A shared task between placement workers. No FTEs specifically assigned to this program.
- d. **Budgeted Amount:** \$919,115.54

Conducting the CPS Acceptable Investigations Review

- a. **Program description:** This review process is conducted to ensure that we are gathering thorough information through caregiver/child interviews and collateral contacts to address the allegation(s) and assess for child safety and family's needs prior to disposition and closure. The benchmark for this measure is, 80% of investigations are acceptable and safe closures.
- b. **Responsible Employee:** Michele Rosenberg
- c. **Number of FTEs Assigned:** A shared task between workers. No FTEs specifically assigned for this program.
- d. **Budgeted Amount:** N/A

Soft Launching the 211 Warmline & Community Response Model

- a. **Program description:** On October 30, 2023, CFSA successfully partnered with the Office of Unified Communications (OUC) and the Healthy Families, Thriving Communities Collaboratives (Collaboratives) to begin operations of the 211 Warmline and community response model in a “soft launch” format. As part of the soft launch, four dedicated call agents and one supervisor are triaging social service-related calls that come into 211, providing accurate and timely information to callers, and making referrals to community responders and other community-based organizations, as needed. The caller’s needs range from housing and shelter to food assistance, income support, employment, and utilities, with housing and shelter receiving the most requests with 314.

The 211/Warmline and Community Response Model is integral to creating a Child and Family Well-Being System in the District of Columbia. By FY25, CFSA aims to publicly launch the 211/Warmline and Community Response Model to serve as a comprehensive, unified, social services resource and referral Call Center for all District residents.

- b. **Responsible Employee:** Natalie Craver
c. **Number of FTEs Assigned:** 5
d. **Budgeted Amount:** The non-personnel budget includes an MOU with the Office of Unified Communications (OUC) for \$39,169.54 in FY24.

7. ***Did the agency meet the objectives set forth in the performance plan for FY 23? Provide a narrative description of what actions the agency undertook to meet the objectives or any reasons why such objectives were not met.***

CFSA’s strategic objectives guide the critical functions of the agency and are considered ongoing practice. Please refer to 5b to see specific information regarding efforts to meet each of the objectives. Overall, CFSA utilizes ongoing clinical supervision, training, and continuous quality improvement to ensure that ongoing practice is meeting the objectives. During FY23, five of the total 23 KPI’s showed that the performance target was met or exceeded. Two measures were nearly met, and four KPI’s had performance below the target. The remaining 12 measures were new to the Mayor’s Performance Plan in FY23 and did not have a designated performance target. Please see question 5(a) for data on targets and performance.

The measures that were nearly met or unmet had the following barriers to being able to meet the goal performance:

- **Increase youth engagement in after-care services** (nearly met):

This indicator was missed by less than 1%. CFSA continues to provide after-care services to older youth upon their exit from foster care. The after-care services for older youth are administered through OYE. Older youth participate in the Youth Transition Planning process throughout their time in care. Prior to exiting foster care as an older youth (adult), the JumpStart process is completed to provide a review of each child in all life areas. Accomplishments and challenges are presented to the supporting team of each child to infuse supports and services where needed. For older youth who are considered “unstable” for this measure, they are still able to access after-care services should they make an effort to do so.

- **Increase percentage of placements in family foster homes** (nearly met):

This indicator was missed by 7.2%. CFSA continues to place children in the most appropriate family like setting when possible. CFSA strives to meet the needs of children concerning placement that is best for their care and needs.

- **Share of youth in foster care who complete vocational training and/or receive industry certification** (unmet):

This indicator was missed by 8.5%. CFSA continues to provide support for children and their vocational endeavors. However, participation in vocational programming continues to have low participation. CFSA continues to provide a variety of support to children with their educational, employment, and vocational endeavors by allowing the children to select and partake in the most appropriate programming for their interests. There are more youth focusing on their education, paid employment, or internships than those participating in vocational training, which leads to a very small number of children being included in this indicator. CFSA supports older youth with vocational training by assisting in identifying programs, advocating for children when needed, and encouraging the completion of vocational training once a child is enrolled.

- **Percentage of youth receiving a full dental evaluation within 60 days of placement** (unmet):

This indicator was missed by 16.1%. In FY23, CFSA, has shown improvement with monitoring this indicator. During each month, the Health Services Administration tracks the number of children who have entered/re-entered care and is in communication with the assigned social worker about whether the child has completed the full dental evaluation and provides assistance with overcoming barriers, as necessary. CFSA continues to work with dental providers to improve service delivery and compliance for the needs of all children. This includes providing more support to social workers and foster parents to ensure dental care is provided to all children served.

- **Percent of foster care placements within the District of Columbia** (unmet):

This indicator was missed by 5.8%. CFSA continues to place foster care children appropriately. While the majority of foster care children remain in Washington, D.C., Maryland is the next largest provider where foster children are placed. It should be noted that the majority of foster care children remain local to the Washington, D.C. area. A challenge with children being placed in the District is licensing regulations for number of bedrooms and available homes and apartments within D.C. The majority of occupied housing units in the District had between one and three bedrooms. One-bedroom homes accounted for 30 percent of housing units while two-or-three-bedroom homes combined to account for 47 percent. Depending on the size of the family wanting to be licensed, their home may not meet licensing requirements for children in foster care to be placed in their home.

- **Percentage of children who enter foster care and are placed into kinship care within 30 days** (unmet):

This indicator was missed by 13.1%. CFSA continues its KinFirst efforts by making placement with kin a priority for children served and needing placement. Data analysis shows that there are frequently logistical or clinical barriers to immediate placement with kin, and the CFSA kinship

unit provides support to identified kinship families with purchasing needed new furniture, resolving concerns raised during the fire or lead inspection within the home, and preparing identified kin for collaborating with the agency and birth parents to ensure the children's safety within their home. CFSA saw in the data that frequently kin placements were occurring after the 30-day mark, and therefore this KPI has been amended for FY24 to look at placement in kinship care within 90 days of entry into foster care. Kin is also explored throughout a child's time in foster care as well. CFSA continues the work of keeping families together and providing support in the best placement setting possible.

Organization and Staffing

8. Provide a current organizational chart for the agency and NCCF, including the number of vacant and filled positions in each division or subdivision. Include the names and titles of all personnel and note the date that the information was collected on the chart.

a. Include an explanation of the roles and responsibilities for each division and subdivision.

See Attachment Q8a for description of agency divisions and subdivisions.

b. Provide a narrative explanation of any organizational changes made during the previous year.

The agency underwent a realignment to improve the efficiency and operations of Agency business. All division moves and name changes are included below.

- The Grandparent Caregiver Program/Close Relative Caregiver Program, Engage & Connect, and The Mayors Service Liaison Office has been realigned to the Office of Thriving Families.
- The Office of Youth Empowerment has been realigned under the Office of Well-Being.
- The Resource Parent Recruitment Program has been realigned under the Office of Planning, Policy, Program Support.
- The Subsidy unit has been realigned under Business Services Administration.
- In-Home has been realigned under Out-of-Home Support.

New Division Names Effective 10/31/2023:

- Out of Home Support -> Office of In-Home and Out-of-Home Care
 - Office of Youth Empowerment -> Older Youth Empowerment Administration
 - Clinical Case Management and Support -> Out-of-Home Clinical Case Management and Support Administration
 - In Home -> In-Home Clinical Case Management and Support Administration
- Office of Well-Being
 - Office of Well-Being Administration -> Program Services and Supports Administration
- Office of Entry Services -> Office of Hotline and Investigations
 - CPS Investigations -> Investigations Administration
 - CPS Hotline and Support Services -> Hotline and Support Services Administration
- Office of Community Partnerships -> Office of Thriving Families

9. How many vacancies were posted during FY 23 and FY 24, to date? Identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.

The agency has established partnerships with organizations to attract highly skilled individuals. We actively participated in career fairs alongside other district agencies and college institutions. Additionally, we used external job boards to enhance visibility and generate interest in the available CFSA positions.

See Attachment Q9 for the vacancy report.

10. Provide a current Schedule A for the agency which identifies each position by program and activity, with the salary, fringe benefits, and length of time with the agency. Note the date that the information was collected. The Schedule A should also indicate if the position is continuing/term/temporary/contract or if it is vacant or frozen. Indicate if any position must be filled to comply with federal or local law.

See Attachment Q10 for the Schedule A.

11. List all employees detailed to or from the agency, if any. Provide the reason for the detail, the detailed employee's date of detail, and the detailed employee's projected date of return.

CFSA does not have any employees detailed to or from the Agency.

12. With respect to employee evaluations, goals, responsibilities, and objectives in FY 23 and to date in FY 24, 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, Percipio, and external vendors, when necessary. Human Resources 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).

13. 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;

The Agency launched a survey where employees could submit anonymous complaints and feedback, regarding their employee experience with the agency. The survey was heavily promoted by leadership to gain both positive and negative feedback and areas where the agency could improve.

Staff can also contact HR directly via telephone or email to file anonymous internal complaints. Specifically for sexual harassment complaints, Mayor's Order 2023-131 issued on October 31, 2023 provides guidance to District agencies and outlines the process for and handling of such complaints.

See Attachment Q13a Mayor's Order 2023-131.

b. The process by which these complaints are reviewed;

In FY23, CFSA hosted a weeklong retention analysis session with employees from across the agency in which anonymous feedback from the survey referenced above was reviewed and analyzed. The session participants spoke with all levels of staff to receive suggestions on how to address issues where we saw a reoccurring theme.

For complaints brought directly to HR, a member of the HR team works directly with staff and all relevant parties to address complaints and come to a resolution. Union shop stewards are included if applicable.

Sexual harassment, Equal Employment Opportunity (EEO), and Office of Human Rights (OHR) cases are reviewed and handled by the HR team in partnership with the CFSA Office of General Counsel (sexual harassment cases also include review by the Sexual Harassment Officer (SHO)). *See Attachment Q13a.*

c. The types of complaints received in FY 23 and to date in FY 24; and

- Allegation of hostile work environment

- Sexual harassment complaint

d. The actions taken to address those complaints.

- Hostile Work Environment-The accused employees resigned or were terminated from their positions.
- Sexual Harassment-The matter was investigated and was deemed unsubstantiated and closed.

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

- Transportation of youth or parents to school, visits, and other appointments;
- Serve as the backup for completion of home assessments;
- 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

Attachment 14 for the job description for Family Support Workers.

15. List and describe any investigations, audits, or reports on the agency or any employee of the agency that were completed during FY 23 and FY 24, to date. For statutorily required reports, provide the statutory deadline of submission and the actual date of submission.

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 2022 Report was transmitted to the D.C. Council on January 19, 2023. The 2023 Report was transmitted to the D.C. Council on February 2, 2024.
- *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 FY22 Report was transmitted to the D.C. Council on February 27, 2023. The FY23 Report was transmitted to the D.C. Council on February 15, 2024.

- *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 2022 Report was transmitted to the D.C. Council on March 14, 2023. The 2023 Report is expected to be transmitted to the D.C. Council by February 28, 2024.
- *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 2022 Report was transmitted to the D.C. Council on April 3, 2023. The 2023 Report is expected to be transmitted to the D.C. Council by February 28, 2024.
- *Child and Family Services Agency Social Security Income Benefit Conservation Annual Status Report* is due annually on February 28, under the Preserving Our Kids' Equity Through Trusts and Fostering Stable Housing Opportunities Amendment Act of 2022 (D.C. Law 24-309; D.C. § 4-1303.12 et seq.). The law requires an annual report to the Council on efforts by CFSA to conserve the Social Security benefits of children under its care. The Law became effective on March 10, 2023. The 2023 Report will be the first published under the new law.
- *Child and Family Services Agency Fostering Stable Housing Opportunities Housing for Youth Aging out of Agency Custody Annual Status Report* is due annually on February 28, under the Preserving Our Kids' Equity Through Trusts and Fostering Stable Housing Opportunities Amendment Act of 2022 (D.C. Law 24-309; D.C. § 4-1303.03g et seq.). The law requires an annual report to the Council on efforts by CFSA to support that no aging-out youth becomes homeless. The Law became effective on March 10, 2023. The 2023 Report will be the first published under the new law.
- *Child and Family Services Agency's Annual Progress and Services Report* is due to the Children's Bureau annually on June 30th. The report submission complies with legislative and other information requested through the [Program Instruction for the June 30, 2023 State submission of: \(1\) the fourth Annual Progress and Services Report \(APSR\); \(2\) the Child](#)

[Abuse Prevention and Treatment Act \(CAPTA\) State Plan update; and \(3\) the CFS-101s \(hhs.gov\)](#). The FY24 APSR was submitted on June 30, 2023 to the Children’s Bureau.

16. Provide a copy of all studies, research papers, reports, and analyses that the agency prepared or funded during FY 23 and FY 24, to date.

Report	Purpose	Frequency	Status
Annual Public Report	Local report on the implementation of the Adoption and Safe Families Amendment Act of 2000.	Annual	FY23 report submitted to Council on February 1, 2024
Annual Progress and Service Report (APSR)	Federal report on progress made on each goal and objective from the five-year Child & Family Services Plan (CFSP).	Annual	FY23 report was submitted to the Children’s Bureau on June 30, 2022 FY24 report was submitted to Children’s Bureau on June 30, 2023
Internal Child Fatality Report (CFR)	Trends, findings, and practice recommendations from the reviews of deaths of children known to CFSA.	Annual	CY21 comprehensive report completed January 30, 2023 CY22 comprehensive report completed February 2024
Children’s Justice Act (CJA) Annual Application and Report	Required federal review and evaluation of the investigative, administrative, and judicial handling of cases of child abuse and neglect including training and policy recommendations.	Annual	FY22 report and application was submitted to the Children’s Bureau May 31, 2022 FY23 report and application was submitted to the Children’s Bureau May 31, 2023
Children’s Justice Act (CJA) Three Year Assessment	Required federal review and evaluation of the investigative, administrative, and judicial handling of cases of child abuse and neglect including training and policy recommendations.	Every Three Years	FY22 report submitted to the Children’s Bureau May 31, 2022
Comprehensive Addiction and Recovery Act (CARA) and Positive Tox Analysis Report	Monitoring of compliance with federal CARA legislation to promote newborn safety and reduce infant deaths.	Annual	Submitted within the Annual Progress and Services Report to the Children’s Bureau submitted June 30, 2023.
Educational Neglect Referrals by CFSA	To monitor the frequency of educational neglect referrals for submission to the District Truancy Task Force, DC Council, Criminal Justice Coordinating Council.	Quarterly every school year; no longer requested after SY 2022-2023 Q1	School Year (SY) 22-23 Q1 submitted March 2023
Needs Assessment and Resource	A comprehensive assessment of prior fiscal year activities that inform resource needs for the upcoming	Annual	FY22 Needs Assessment and FY24 Resource Development Plan

Report	Purpose	Frequency	Status
Development Plan	fiscal year. The FY 2022 Needs Assessment focused on Placement Stability.		completed January 2023
Performance Accountability Report (PAR)	Agency top accomplishments, goals, objectives, strategic initiatives, and key performance indicators (KPIs) for the new fiscal year, submitted to the Office of the Mayor.	Annual	FY23 report submitted October 2023
Mayor’s Performance Plan	Agency goals, objectives, strategic initiatives and key performance indicators (KPIs) for the new fiscal year, submitted as part of the Performance Accountability Report to the Office of the Mayor.	Quarterly	FY23 submitted January 2023 Q1; April 2023 Q2; July 2023 Q3; October 2023 Q4 FY24 Q1 update submitted January 2024
Four Pillars Public Performance Report (Phase 1)	Progress on achieving 35 measures and LaShawn V. Bowser Settlement Commitments for the calendar year 2021	Annual	FY22 report submitted June 30, 2023.
Quality Services Review (QSR) Annual Report	Review of cases to assess effectiveness of organizational practices, identify trends, and review status of previous recommendations.	Annual	FY22 submitted June 1, 2023

Contracting and Procurement

- 17. List each contract, procurement, lease, and grant (“contract”) awarded or entered into by the agency during FY 23 and FY 24, to date. For each contract, provide the following information, where applicable:**
- a. The name of the contracting party;**
 - b. The nature of the contract, including the end product or service;**
 - c. The dollar amount of the contract, including budgeted amount and actually spent;**
 - d. The term of the contract;**
 - e. Whether the contract was competitively bid or not;**
 - f. The name of the agency’s contract monitor and the results of any monitoring activity; and**
 - g. Funding source.**

See Attachment Q17a for the contracts report. See Attachment Q17b for the grants report.

18. Provide the following information for all contract modifications made in FY 23 and FY 24, to date:

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

See Attachment Q18 for the contract modifications report.

19. Provide a list of any contractors or consultants performing work within the agency, including job description, salary, and length of contract and city of residence.

See Attachment Q19 for list of contractors.

20. For FY 23 and FY 24, to date, provide the number of contracts and procurements executed by the agency. Indicate how many contracts and procurements were for an amount under \$250,000, how many were for an amount between \$250,000-\$999,999, and how many were for an amount over \$1 million.

FY23

Contract in an amount under \$250,000.00 – 104 contracts

Contracts in the amounts between \$250,000-\$999,999 – 26 contracts

Contracts in the amount over \$1 million. – 13 contracts

FY24

Contract in an amount under \$250,000.00 – 30 contracts

Contracts in the amounts between \$250,000-\$999,999 – 15 contracts

Contracts in the amount over \$1 million. - 11 contracts

21. Provide the typical timeframe from the beginning of the solicitation process to contract execution for:

- a. Contracts and procurements under \$250,000;**
 - 60-70 days
- b. Contracts and procurements between \$250,000-\$999,999; and**
 - 90-120 days
- c. Contracts and procurements over \$1 million.**
 - 180+ days

22. In cases where you have been dissatisfied with the procurement process, what have been the major issues?

One of the major issues CFSA encounters with the procurement process is requesting the insurance requirements from Office of Risk Management (ORM). The prescribed insurance requirements most often have very high limits and contractors are not willing to obtain the additional insurance due to the cost. This often results in CFSA having a limited number of vendors for specialized services to support the children and families in care. Small businesses like SBEs/CBEs, which we are required to utilize, cannot obtain the insurance because brokers won't write a policy for them and/or the additional cost is a burden on the business.

Another issue is the DSLBD waiver process. It takes approximately 2-5 days to conduct the market research before entering the information in the DES system. There is also a 10-day posting period in which DSLBD solicits the same SBEs and CBEs the agency solicited previously. These steps are all required prior to solicitation. Once an award is made, DSLBD requires the agency to request a modification to the previous waiver based on the tentative award information. This process adds another 3-10 days to the review and award process for Council packages and standard contract awards. The Agency is also required to send a copy of the awarded contract to DSLBD, making the process redundant. CFSA will continue to have on-going discussions with DSLBD on potential ways to lean the process.

23. What changes to contracting and procurement policies, practices, or systems would help the agency deliver more reliable, cost-effective, and timely services?

Agencies should be able to request class DSLBD Waivers for contracts with the same scope of work that have proven over time not to be subject to SBE/CBE subcontracting (i.e. PRTF's, Congregate Care contracts) or are for not-for-profit companies who are not eligible to become a CBE.

Contracts over a million dollars with option year pricing included in the executed contract should not require council approval of each option year at the time of execution unless there is a material change, or the contract increases by an additional million dollars.

Racial Equity

24. The District defines racial equity as “the elimination of racial disparities such that race no longer predicts opportunities, outcomes, or the distribution of resources for residents of the District, particularly for persons of color and Black residents.” What are three areas, programs, or initiatives within the agency that have the most opportunity to make progress toward racial equity?

In 2021, the Agency implemented the Diversity, Equity, Inclusion, and Belonging Steering Committee with the mission to address disproportionate and disparate practices within the child welfare system and internal equity issues. This steering committee's focus has been on the

internal workings of the Agency while the Keeping DC Families Together DEIB Subcommittee has worked to ensure DEIB was central in the development of the 211 Warmline.

The following areas, programs, and initiatives within the agency have already begun to work toward racial equity:

- The creation of the Development and Equity Administration in 2022 and the appointment of a Chief Development and Equity Officer. The Chief Development and Equity Officer oversees the agency's work related to diversity, equity, inclusion, and belonging.
- The Agency's Quality Service Review (QSR) is working in partnership with the Chief Development and Equity Officer to incorporate DEIB focused questions into the Agency's Quality Assurance processes.
- The Keeping DC Families Together (KDCFT) DEIB Subcommittee played an integral part in setting the tone and context for the vision of diversity, equity, inclusion, and belonging, the role of the child welfare agency, and the role of the Community Response Model. This group worked to ensure the application of an equity lens on CFSA's practices as the 211 Warmline was developed with a specific focus on understanding the key roles of mandated reporters and mandated supporters. The 211 Warmline established a resource for community responders to identify necessary supports for families that aligned with an understanding of their generational experience of disproportionality and disparity. The development of the 211 Warmline removes a barrier for District residents to access support without bringing their family to the attention of the Agency when not necessary. In addition, the DEIB Steering Committee's Training Subcommittee updated the agency's mandated reporter training to include a module focused on understanding and addressing implicit bias for the District's mandated reporter. Recognizing implicit bias in mandated reporting is a national focus for addressing racial inequity in child welfare.

25. In the past year, what are two ways the agency has addressed racial inequities internally or through the services you provide?

The Child Welfare Training Academy, within the Development and Equity Administration (DEA), has facilitated 24 cohorts of the Race Equity in Child Welfare curriculum to Agency staff of all levels and within each administration to lay the foundational work to begin addressing racial inequity. This curriculum was developed in response to the Mayor's Office of Racial Equity training requirement with the goal of adding a child welfare specific focus to ensure its relevancy to the work of Agency staff. As of 7/6/2023, 422 (60%) of CFSA staff have completed the Race Equity in Child Welfare curriculum.

As a part of the Mayor's Racial Equity Action Team, CFSA completed an agency internal racial equity scan and developed a workplan to address the gaps identified. The scan and workplan will be incorporated into the Agency's Racial Equity Action Plan along with other DEIB initiatives to ensure a continued focus on addressing racial inequities internally.

26. Consider one area where the agency collects race information. How does the agency use this data to inform decision-making?

At the time of initial contact with the agency, race information is collected by both hotline workers and investigative social workers. Race information is aggregated to understand the racial make-up of families who are reported to the Agency, the racial make-up of children entering care, and the racial make-up of children exiting care to permanent living arrangements. This data is used across the Agency to identify service needs, service area gaps, and to identify ways to decrease the impact of implicit bias on the District's families of color.

Within the District of Columbia, economic prosperity is threatened by inequity with “the median wage for workers of color being \$26, compared to \$40 for white workers” (National Equity Atlas). Barriers to higher education continue to lead to workforce inequities with only 27% of the District's Black population having a bachelor's degree or higher. Both factors lead to unnecessary calls for child welfare involvement due to systemic issues that lead to the experience of poverty. “While poverty does not equate to abuse or neglect, it is a risk factor that can interfere with a parent's ability to care for their children by restricting access to basic needs, such as housing, food, and health care” (Child Welfare Gateway, 2021, p. 5). Additionally, mandated reporters tend to contact the child welfare hotline for situations of “poverty and other vulnerabilities experienced by families of diverse racial and ethnic backgrounds” (Child Welfare Gateway, 2021). In FY22, of the 10,804 calls to the CFSA hotline regarding children and families in Wards 5, 7, and 8 of the District (wards with the highest poverty rate), 67% were screened out. This means 7,228 calls to the hotline did not meet the requirements for an investigation, but these calls potentially lead to an increase in these children's and families' exposure to social services systems.

In FY23, the Agency's Diversity, Equity, Inclusion, and Belonging (DEIB) Steering Committee utilized this data to inform the development of the Implicit Bias and the Mandated Reporter training module as an addition to the District's current mandated reporter training to be implemented in FY24. The purpose of this module is to provide mandated reporters with insight to the impact of implicit bias and strategies to address these biases in a way that will not negatively impact the District's families of color.

Additionally, in FY23, this race information was used to inform the development of the Enhancing Equity through Community-Based Assessment initiative. The goal of the Enhancing Equity through Community-Based Assessment is to increase the capacity of the Collaboratives and Family Success Centers to identify equity/inclusion challenges and to develop specific Equity Action Plans to address areas of opportunity. Equity Action Plan activities may include training, consultation, and more comprehensive assessments. Activities will be identified in close partnership with Keeping DC Families Together (KDCFT) DEIB Subcommittee members and Lived Experience Council (Lex) members. CFSA's Development and Equity Administration (DEA) and KDCFT Initiative will finalize the KDCFT Equity, Inclusion, and Belonging (EIB) Assessment and dissemination plan. Finalization of these plans will mean a fully reviewed and approved EIB Assessment tool is available to provide to the 33 community-based organizations with a contractual partnership with CFSA through Family First Prevention funds.

Finally, through an assessment of current race information, the Agency recognized the need to focus on efforts to enhance data quality and has begun development on strategies to better capture the full picture of identity for children and families engaged with CFSA to include race/culture and sexual orientation, and gender identity/expression.

27. How are communities of color engaged or consulted when the agency considers changes to programs or services? Provide one specific example from the past year.

In FY22, the Agency created the Lived Experience (Lex) Advisory Council, which is comprised of residents of the District of Columbia who have committed to partnering with CFSA to co-design a child and family well-being system that meets families where they are in their communities. Currently, there are fifteen active members on the council. This membership rotates annually to allow for greater participation of individuals with lived expertise. The Lex Advisory Council serves as a crucial platform for amplifying the voices of individuals who have firsthand knowledge of the challenges, biases, and inequities within the system. Their expertise and perspectives are invaluable in providing insights into the realities faced by families and individuals impacted by racial disparities.

In FY23, the Lex Advisory Council co-created the KDCFT Logo, KDCFT Vision Statement, partnered with other DC Government Agencies, and envisioned the 211 Warmline and Community Response Model.

Sexual Harassment

28. Describe the agency's procedures for investigating allegations of sexual harassment or misconduct committed by or against its employees. List and describe any allegations received by the agency in FY 23 and FY 24, to date, and whether and how those allegations were resolved.

CFSA is committed to maintaining a safe work environment free from harassment, abuse, and intimidation for all its employees. Alleged victims of sexual harassment are encouraged to report the harassing behavior to one of the following individuals within

CFSA as soon as possible:

- The alleged victim's manager or supervisor, or the manager or supervisor of the alleged harasser;
- Sexual Harassment Officer (SHO);
- Alternate SHO or
- General Counsel

If victims require assistance or are not able to report to one of the individuals above, they may contact the Sexual Harassment Officer Program Coordinator at the D.C. Department of Human Resources at dchr.sho@dc.gov.

Witnesses to Sexual Harassment

Employees have a responsibility to report incidents of sexual harassment or behavior that may create an intimidating, hostile, or offensive work environment. Witnesses can report incidents to the following individuals within CFSA:

- Witness' manager or supervisor, or the manager or supervisor of the alleged harasser;
- Sexual Harassment Officer;
- Alternate SHO; or
- General Counsel

Sexual Harassment Officer

The role of the SHO is to accept, review, and investigate sexual harassment claims by gathering information and preparing a written report outlining the investigation, the facts gleaned from the investigation, and any recommendations within 60 days after a claim is reported. Upon receiving a report of potential sexual harassment, the SHO must:

1. Gain a full understating of the complaint.
2. Immediately notify the General Counsel, who notifies the Director of the Mayor's Office of Legal Counsel within 3 days.
3. Acknowledge receipt of complaint, notify the complainant that the matter is being investigated, and contact the complainant to gather more information.
4. Make any additional required communications to gather relevant facts through documentation and interviews.
5. Investigate the claim.
6. Prepare and deliver a report to the General Counsel and the agency Head.

Sexual Harassment Investigation

Once the SHO has received a complaint of sexual harassment, the SHO immediately begins the investigation process, which must be completed within 60 days of the complaint. The following are nine steps that are part of the investigation:

Define the Scope of the Investigation:

- The SHO takes all allegations of sexual harassment seriously and conducts a thorough and complete investigation.
- Recommend immediate action to the General Counsel (such as temporary employee reassignments, administrative leave), if needed:
- Pending the conclusion of a sexual harassment investigation, the SHO consults with the General Counsel to recommend immediate workplace changes necessary to prevent further harm and to ensure the investigation is free from disruption.
- Conflict of Interest Determination: In the event of a conflict of interest, or of a claim of bias that could reasonably be raised against the impartiality of the assigned SHO, the SHO immediately notifies CFSA General Counsel to assist with identifying another SHO to conduct the investigation.
- Plan the Investigation: After establishing the general nature of the complaint, and before contacting additional witnesses or gathering any documentary evidence, a draft investigation plan is completed.

- **Conduct Interviews:** Once an investigation plan is in place, the SHO directs their focus to interviewing witnesses. During the interview, a second person who is trained in investigations is present. Witnesses are interviewed separately.
- **Gather Documents and Other Evidence:** The SHO obtains evidence before, during and immediately following the interview process.
- **Evaluate the Evidence:** Once the SHO has completed all interviews and obtained as much physical evidence as is available, the SHO weighs the evidence and determines what happened based on the evidence.
- **Document the Investigation:** Having fully investigated the matter, evaluated the evidence, and listed the facts pertaining to the allegation(s), the SHO reduces the totality of the investigation into a written investigation report. The SHO issues an investigation report to CFSA General Counsel and the agency head within 60 days after a claim is reported.
- **Report to General Counsel and Agency head on the investigation:** The SHO shares the investigation report with the agency head and CFSA General Counsel for the agency to issue its Notice of Findings and Conclusions. If the SHO is unable to complete the investigation report within the 60-day period, the SHO immediately notifies CFSA General Counsel.

Complaints in FY23 to Date:

In the FY23 to date, CFSA received one (1) complaint of sexual harassment. The complainant alleged that she witnessed a manager interact with another employee in a sexually suggestive manner. After the SHO’s investigation, the complaint was deemed unsubstantiated due to lack of evidence and lack of corroboration from other witnesses present.

29. Has CFSA identified a primary and alternate sexual harassment officer (“SHO”) as required by Mayor’s Order 23-131 (“Sexual Harassment Order”)? If no, why not? If so, provide the names of the primary and alternate SHOs.

CFSA has identified Keren Bakoua as the Sexual Harassment Officer and Keyana McNeil as the alternate Sexual Harassment Officer as required by Mayor’s Order 23-131.

30. Has CFSA received any requests from staff in an otherwise prohibited dating, romantic, or sexual relationship for a waiver of provisions of the Sexual Harassment Order? What was the resolution of each request? If a waiver has been granted, are there limitations on the scope of the waiver?

CFSA has not received any requests from staff who are participating in a prohibited dating, romantic or sexual relationship to waive the provisions of the Sexual Harassment Order. No employee has reported being in a prohibited relationship.

Other

31. Explain any significant impacts on the agency, if any, of legislation passed at the federal or local level during FY 23 and FY 24, to date.

Legislation Passed at the Local Level:

Educator Background Check Streamlining Amendment Act of 2022 (D.C. Law 24-317). Repealed the Child Protection Register check (CPR) as a required step in the educator background check process.

OSSE, daycare facilities, schools, and private organizations working with children will have access to substantiated reports for current and prospective contractors, employees, and volunteers if the request is accompanied with a: (1) signed consent for release of information signed by the individual for whom the CPR check is being requested; and (2) government-issued photo identification.

The letter sent by CPS notifying individuals of their placement on the CPR must include the following statements: (1) THIS IS A VERY SERIOUS MATTER; and (2) a person may be prevented from working in an organization serving children or in a public or private school” if the person’s name remains in the Child Protection Register.”

The CPR expungement statute is amended to a three-tiered approach where an individual’s name can be expunged after one, three or five years for certain substantiated and inconclusive reports of child abuse and neglect. More serious substantiations (serious physical abuse, child fatality, sexual abuse, sex trafficking) can never be expunged.

Preserving Our Kids’ Equity Through Trusts & Fostering Housing Opportunities (POKETT) Amendment Act of 2022- CFSA is to screen all children in foster care for Social Security Benefit eligibility, apply for benefits on their behalf, and conserve these benefits in a savings account for the child’s benefit once the child ages out of foster care. In addition, the bill requires CFSA to provide aging-out youth with a housing plan with potential housing options for when they exit care and makes administrative changes to CFSA’s Grandparent Caregiver (GCP) and Close Relative Caregiver (CRCP) programs to update the management and disbursement of funds to kinship caregiver recipients.

Legislation passed at the Federal Level:

Trafficking Victims Prevention and Protection Reauthorization Act of 2022

The Trafficking Victims Prevention and Protection Reauthorization Act of 2022 amended 42 USC 672(a)(35)(B) to require states to maintain regular communication with law enforcement agencies and NCMEC in efforts to provide a safe recovery of a missing or abducted child or youth, including by sharing information pertaining to the child’s or youth’s recovery and circumstances related to the recovery, and that the State report submitted to law enforcement agencies and NCMEC shall include where reasonably possible

- i. a photo of the missing or abducted child or youth;
 - (ii) a description of the child’s or youth’s physical features, such as height, weight, sex, ethnicity, race, hair color, and eye color; and
 - (iii) endangerment information, such as the child’s or youth’s pregnancy status, prescription medications, suicidal tendencies, vulnerability to being sex trafficked, and other health or risk factors;

32. Provide the number of FOIA requests received for FY 23, and FY 24, to date. Include the number granted, partially granted, denied, and pending. In addition, provide the average response time, the estimated number of FTEs required to process requests, the estimated number of hours spent responding to these requests, and the cost of compliance.

FY23:

Status	Number
Received	20
Granted	3
Partially Granted	0
Denied	11
Closed Due to No Response for Clarity	2
Closed Due to No Responsive Records	2
Pending	2

The average days spent on FOIA Request: 24

FY24:

Status	Number
Received	7
Denied	7
Partially Granted	0
Closed Due to No Responsive Records	2
Pending	2

The average days spent on FOIA Requests: 8

CFSA has not historically tracked hours spent on each inquiry. One (1) FTE is dedicated to processing all requests, in addition to other functions or her position.

Inter-Agency Coordination

33. List and provide a copy of all memoranda of understanding (“MOU”) or other written agreements between CFSA and other District agencies during FY 23 and FY 24, to date, as well as any MOU currently in force and any MOU planned for the upcoming year. For each, indicate the date on which the MOU was entered and the termination date.

See Attachment Q33 and please note, CFSA will share future MOUs upon finalization.

34. Describe CFSA's collaboration with the DYRS.

CFSA and DYRS meet quarterly through the Criminal Justice Coordinating Council. A list of all dually committed youth are documented and shared in advance of the meeting with all participants. A deeper dive of services and outstanding needs is completed on youth who are newly committed and/or rearrested. In addition, ongoing case management and collaboration occurs between social workers and staff for youth who are committed to both CFSA and DYRS.

In June and December 2023, CFSA and DYRS analysts and program manager staff members reconciled data on youth who were simultaneously committed to CFSA and DYRS for an annual submission to the DC Ombudsman for Children in December. Data is collected and discussed on demographics, placement type, school attendance, involvement with the Department of Behavioral Health, educational progress, employment, re-entry and re-arrest rate, time in custody, and exits from custody and commitment.

35. Describe CFSA's collaboration with DCPS.

CFSA continues to partner with DCPS around the subject of educational neglect. Below are some of our strategies to address this issue:

- Monthly meetings with DCPS leadership
- Updated the School Year 2023-24 Operating Procedures for Local Education Agencies (LEAs), DC Public Schools (DCPS), DC Public Charter Schools (DCPCS), DC private schools and DC Child and Family Services Agency (CFSA) in Response to Student Attendance Concerns (<https://cfsa.dc.gov/page/school-personnel>)
- Weekly consultation hours for DCPS attendance staff
- Participation in the Every Day Counts! (EDC) Taskforce
- Annual educational neglect outreach to all LEA's
- Automated feedback system regarding CFSA screening
- Provided guidance memo regarding CFSA's response to reports of suspected child maltreatment (see attached)

36. Describe CFSA's collaboration with the Department of Behavioral Health.

CFSA's Office of Well-Being (OWB) has a DBH co-located staff who assists social worker teams with ensuring youth and families experience a seamless process when connecting with Core Service Agencies for mental and behavioral health services. In addition, OWB collaborates with various DBH staff when complex mental and behavioral health concerns require a multi-disciplinary approach to provide coordination of care for youth and families.

The DBH co-located staff member also supports CFSA's Office of Thriving Families (OTF) to ensure seamless connection to behavioral health services as part of a child's prevention plan. DBH's staff support data analysis and are a part of continuous quality improvement efforts to streamline processes and improve collaboration. Additionally, CFSA has been working closely

with DBH in support of the soft launch of the 211 Warmline to streamline business processes to improve caller navigation to DBH services.

Budget

37. Provide a table showing the agency's Council-approved budget, revised budget (after reprogrammings, etc.), and actual spending, by program, activity, and funding source for FY 23 and FY 24, to date. Detail any over- or under-spending and if the agency had any federal funds that lapsed.

Detailed schedules can be found in *See Attachment Q37, Approved budget FY23 and Attachment Q37, Approved budget FY24.*

- 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 FY 23, or to date in FY 24.**

All needs of families served by CFSA were met with the resources provided for FY23 and FY24, to date.

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

Please see response above.

38. Provide a list of all budget enhancement requests (including capital improvement needs) for FY 23 or FY 24. For each, include a description of the need, the amount of funding requested, and the status of the enhancement.

The FY23 and FY24 approved budgets were based on formulation processes undertaken initially by the Mayor and subsequently by Council. The release of information regarding the Mayor's formation process and deliberations, including enhancement requests, is subject to the approval of the Mayor.

39. For FY 23 and FY 24, to date, list all intra-District transfers to or from the agency. For each, provide a description of the purpose of the transfer and which programs, activities, and services within the agency the transfer impacted.

See Attachment Q39.

40. List, in chronological order, each reprogramming that impacted the agency in FY 23 and FY 24, to date, including those that moved funds into the agency, out of the agency, and within the agency. For each reprogramming, list the date, amount, rationale, and reprogramming number.

See Attachment Q40.

41. List and describe any spending pressures the agency experienced in FY 23 and any anticipated spending pressures for the remainder of FY 24. Include a description of the pressure and the estimated amount. If the spending pressure was in FY 23, describe how it was resolved, and if the spending pressure is in FY 24, describe any proposed solutions.

CFSA closed the FY23 budget in balance; therefore, there were no spending pressures. Any spending pressures for FY24 will be identified as part of the first quarter Financial Review Process (FRP).

42. Provide a list of every purchase order in place for FY 23 and FY 24. For each purchase order, detail the amount that has been paid against it to date.

See Attachment Q42.

43. For FY 23 and FY 24, to date, identify any special purpose revenue funds maintained by, used by, or available for use by the agency. For each fund identified, provide:

a. The revenue source name and code;

H.U.M.N- Human Res.-ES, Fund 1060017

b. The source of funding;

The source of funding is Social Security payments made on behalf of children in CFSA's care.

c. A description of the program that generates the funds;

For children who come into CFSA's care and who are eligible and/or receive Social Security benefits, CFSA may become the representative payee for these benefits while the child is in care.

d. The amount of funds generated by each source or program;

The FY23 and FY24 budgets for this fund is \$1 million.

e. Expenditures of funds, including the purpose of each expenditure; and

For FY23, expenditures against this fund were \$1 million. The expenditures represented the costs of care for these children. For FY24 (as of October 1, 2023), CFSA is no longer able to be reimbursed for these costs of care, per the recently enacted POKETT Act.

f. The current fund balance.

As of December 31, 2023, the fund has a balance of \$1,260,316.42.

44. For FY 23 and FY 24, to date, provide a list of employee bonuses, special pay granted, or separation pay issued, that identifies the employee receiving the bonus, special pay, or separation pay, the amount received, and the reason for the bonus, special pay, or separation pay.

The agency has only issued severance pay for employee separations in compliance with the District Personnel Manual.

Separation Pay

Reason For Separation Pay	Severance Amount
MSS Separation	\$24,378.10
MSS Separation	\$24,276.00
MSS Separation	\$19,136.00
MSS Separation	\$20,776.00
MSS Separation	\$20,772.00
MSS Separation	\$24,172.00
MSS Separation	\$20,246.40
TOTAL	\$153,756.50

See Attachment Q44 for FY23 and FY24 bonus and special pay.

45. For FY 23 and FY 24, to date, list any purchase card spending by the agency, the employee making each expenditure, and the general purpose for each expenditure.

See Attachment Q45, FY23 and Attachment Q45, FY24.

46. For FY 23 and FY 24, to date, list all vehicles owned, leased, or otherwise used by the agency including their age, division, and purpose.

In FY23 and in FY24, CFSA had and continues to maintain a total of 84 vehicles in its fleet; 80 are leased and four are agency-owned. The agency-owned vehicles are 2016 models, and the leased vehicles are 2018 models.

All vehicles are made available to staff to conduct business. Seventy-six of the vehicles can be reserved by CFSA staff via the Fleet Share electronic booking application, Ridecell, while the remaining eight vehicles are booked manually upon request.

See Attachment Q46 for further details.

47. For FY 23 and FY 24, to date, provide the following information regarding your agency's authorization of employee travel:

- a. Each trip outside the region on official business or at agency expense;**
- b. Individuals (by name and title/position) who traveled outside the region;**
- c. Total expense for each trip (per person, per trip, etc.);**
- d. What agency or entity paid for the trips; and**
- e. Justification for the travel (per person /and trip).**

See Attachment Q47 for the FY23 and FY24 Travel Log to Date.

48. For FY 23 and FY 24, to date, list all of the total overtime and workman's compensation payments paid.

Description	FY23	FY24
OVERTIME PAY	\$1,516,866.49	\$496,294.64
WORKERS COMPENSATION	\$	\$19,349.42

49. Did waitlists form for any program?

a. If so, for which program(s) did waitlists form?

No

b. If so, were the waitlist(s) the product of inadequate funding or delayed processing times?

N/A

c. If so, how did CFSA respond to the formation of waitlists?

N/A

50. For Activities (Adoption and Guardianship) and (Guardianship Subsidy Activity), provide the following:

- a. How much is budgeted in FY 23;**
- b. How much has been obligated and spent in FY 24, to date; and**
- c. Does CFSA believe that it will fully spend the amount budgeted for these activities? Explain.**

See Attachment Q50.

- 51. Provide the amount the agency spent per child in foster care on placement during FY 22, FY 23, and FY 24, to date. Explain your calculations, and include the amounts spent on each of the following:**
- a. Allowance;**
 - b. Transportation; and**
 - c. Room and board.**

See Attachment Q51.

- 52. How much of the available Flex Funds were spent in FY 23?**

See Attachment Q52-Q53.

- 53. How much is currently budgeted for Flex Funds in FY 24 and how much has been spent in FY 24, to date?**

See Attachment Q52-53.

- 54. How does a family obtain access to flex funds? How does a family get referred for flex funds?**

See Attachment Q52-53.

CFSA Involved Families*

CFSA involved families work with CFSA staff to identify the need(s) to be addressed via Flex Fund request. The following process is followed:

- CFSA staff complete and submit a Flex Fund request form along with supporting documents to the Office of Thriving Families.
- The Office of Thriving Families staff review and if approved, assign the Flex Fund request to the Ward-based Collaborative based on the family's address.
- The assigned Collaborative has 24-48 hours to process the Flex Fund request.

District Residents*

Residents can self-refer/walk in or be referred by other community-based organizations to their Ward-based Collaborative. The Collaborative will meet with the family and complete an Intake process. The family and the Collaborative staff will identify the need(s) that will be addressed and determine if Flex Funds are appropriate. If so, the following process is:

- Collaborative staff complete and submit a Flex Fund request form along with supporting documents to the Collaborative's authorized reviewer.
- If approved, the Collaborative's authorized reviewer will secure all required signatures, and submit to the Collaborative's Finance department for payment.
- Finance will process the payment and provide the outcome to the Collaborative staff assigned to work with the family.

**Note: Flex Funds provided by CFSA are always intended to be the resource of last resort after accessing other District services and resources. Flex Funds are subject to funds availability.*

55. What is the budget authority for these funds?

Flex Funds are provided through an array of both federally and locally funded sources. CFSA utilizes federal funding whenever possible to support these expenditures, but also relies on local dollars to meet families’ concrete needs.

56. Does the 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.

See response to Question 54 for the process to connect families and individuals with Flex Funds.

Services

Child Protection Investigations and Differential Response

57. Regarding calls to the Child Abuse Hotline, provide the following for FY 22, FY 23, and FY 24, to date:

a. Total number of Hotline calls received;

- **FY22:** 27,433
- **FY23:** 30,024
- **FY24:** (through December 31, 2023, 7,680

b. Total number of Hotline calls by type of allegation (e.g., educational neglect, parental substance abuse, trafficking, etc.);

FY22 Hotline Calls Allegation Type Category	Total Hotline Calls
No Allegations	11,410
Caregiver discontinues or seeks to discontinue care	165
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	393
Child Fatality	13
Domestic Violence	826
Educational Neglect	655

FY22 Hotline Calls Allegation Type Category	Total Hotline Calls
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	6
Inadequate Housing	532
Inadequate Supervision	1,142
Medical abuse	3
Medical Neglect	357
Mental abuse	169
Neglect	488
Physical Abuse	1,748
Sex Trafficking	80
Sexual abuse	398
Substance Abuse	1,253
Total	16,439

Note: The totals may not add up as a hotline call may have multiple allegations.

FY23 Hotline Calls Allegation Type Category	Total Hotline Calls
No Allegations	15,376
Caregiver discontinues or seeks to discontinue care	180
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	336
Child Fatality	18
Domestic Violence	674
Educational Neglect	349
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	2
Inadequate Housing	476
Inadequate Supervision	1,002
Medical abuse	3
Medical Neglect	276
Mental abuse	123
Neglect	391
Physical Abuse	1,732
Sex Trafficking	46
Sexual Abuse	332
Substance Abuse	1,046
Total	19,743

Note: The totals may not add up as a hotline call may have multiple allegations.

FY24 Hotline Calls Allegation Type Category	Total Hotline Calls
No Allegations	3,946
Caregiver discontinues or seeks to discontinue care	31
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	83
Child Fatality	6
Domestic Violence	168
Educational Neglect	101
Inadequate Housing	91
Inadequate Supervision	196
Medical abuse	1
Medical Neglect	54
Mental abuse	29
Neglect	95
Physical Abuse	428
Sex Trafficking	13
Sexual Abuse	79
Substance Abuse	237
Total	5,012

Note: The totals may not add up as a hotline call may have multiple allegations.

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

FY22 Allegation Type Category	Total Hotline Calls
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
Total	19

Notes: 1) This summary shows the count of “accepted” Institutional Investigations where at least a victim was in foster care on the referral date. 2) The totals may not add up as a hotline call may have multiple allegations. 3) This summary represents the mapping category of each allegation.

FY23 Allegation Type Category	Total Hotline Calls
Inadequate Supervision	1
Physical Abuse	5
Sexual abuse	3
Substance Abuse	1
Total	9

Notes: 1) This summary shows the count of “accepted” Institutional Investigations where at least a victim was in foster care on the referral date. 2) The totals may not add up as a hotline call may have multiple allegations. 3) This summary represents the mapping category of each allegation.

FY24 Allegation Type Category	Total Hotline Calls
Domestic Violence	1
Inadequate Supervision	1
Physical Abuse	1
Total	2

Notes: 1) This summary shows the count of “accepted” Institutional Investigations where at least a victim was in foster care on the referral date. 2) The totals may not add up as a hotline call may have multiple allegations. 3) This summary represents the mapping category of each allegation.

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

FY22 Investigations Allegation Type Category	Total Investigation Hotline Calls
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

FY22 Investigations Allegation Type Category	Total Investigation Hotline Calls
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
Total Investigation Hotline Calls	4,429

Notes: 1. The totals may not add up as a hotline call may have multiple allegations. 2. This summary shows the count of “accepted” investigations by allegation types. 3) This summary represents the mapping category of each allegation.

FY23 Investigations Allegation Type Category	Total Investigation Hotline Calls
Physical Abuse	1,578
Substance Abuse	956
Inadequate Supervision	874
Domestic Violence	615
Inadequate Housing	423
Neglect	350
Educational Neglect	339
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	313
Sexual Abuse	293
Medical Neglect	257
Caregiver discontinues or seeks to discontinue care	165
Mental abuse	101
Sex Trafficking	44
Child Fatality	18
Medical abuse	3
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	2

FY23 Investigations Allegation Type Category	Total Investigation Hotline Calls
Total Investigation Hotline Calls	3,902

Notes: 1. The totals may not add up as a hotline call may have multiple allegations. 2. This summary shows the count of “accepted” investigations by allegation types. 3) This summary represents the mapping category of each allegation.

FY24 Investigations Allegation Type Category	Total Investigation Hotline Calls
Physical Abuse	409
Substance Abuse	216
Inadequate Supervision	180
Domestic Violence	156
Educational Neglect	99
Neglect	83
Inadequate Housing	81
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	75
Sexual Abuse	73
Medical Neglect	49
Caregiver discontinues or seeks to discontinue care	31
Mental abuse	28
Sex Trafficking	12
Child Fatality	6
Medical abuse	1
Total Investigation Hotline Calls	990

Notes: 1. The totals may not add up as a hotline call may have multiple allegations. 2. This summary shows the count of “accepted” investigations by allegation types. 3) This summary represents the mapping category of each allegation.

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

- **FY22:** 470
- **FY23:** 927
- **FY24:** 269

f. Total number of Hotline calls screened out; and

- **FY22:** 11,540
- **FY23:** 14,914
- **FY24:** 3,753

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.

58. Regarding CPS, provide the following for FY 22, FY 23 and FY 24, to date:

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

Fiscal Year	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY22	292	88	99	438	571	296	988	1,451	89	4,312
FY23	284	100	101	345	514	225	875	1,166	86	3,696
FY24	28	12	11	29	51	22	88	122	14	377

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

b. The number of investigations substantiated by ward;

Fiscal Year	Ward of Origin									Total Substantiated Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY22	56	20	23	86	130	51	238	359	17	980
FY23	49	22	21	56	107	42	177	273	8	755
FY24	3	2	4	5	10	4	9	25	3	65

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

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

Fiscal Year	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY22	236	68	76	352	441	245	750	1,092	72	3,332
FY23	235	78	80	289	407	183	698	893	78	2,941
FY24	25	10	7	24	41	18	79	97	11	312

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

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

FY22	
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

FY23	
Allegation Type Category	# of Investigations
Substance Abuse	174
Educational Neglect	160
Physical Abuse	144
Domestic Violence	143
Inadequate Supervision	133
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	86
Inadequate Housing	66
Caregiver discontinues or seeks to discontinue care	36
Medical Neglect	34
Neglect	34

FY24	
Allegation Type Category	# of Investigations
Educational Neglect	17
Substance Abuse	17
Inadequate Supervision	14
Domestic Violence	11
Inadequate Housing	7
Physical Abuse	6
Caregiver discontinues or seeks to discontinue care	5
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	5
Neglect	5
Medical Neglect	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 58f.

f. For each specific service listed in I, above, the number of families referred for services in FY 23, and in FY 24, to date;

CPS Referrals to the Evidence-Based and Evidence-Informed Programs (families with a substantiation only) Note: The first number represents families. The second number in parenthesis represents (children) within these families.

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Adolescent Community Reinforcement Approach (ACRA)	1 (3)	0 (0)	0 (0)	1 (3)
(Department of Behavioral Health)	1 (3)	0 (0)	0 (0)	1 (3)
Chicago Parenting Program (CPP)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	0 (0)	1 (6)	0 (0)	1 (6)
(Mary’s Center)	0 (0)	1 (6)	0 (0)	1 (6)
Effective Black Parenting Program (EBPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Collaborative Solutions For Communities)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Family Peer Coaches	0 (0)	0 (0)	0 (0)	0 (0)
(Community Connections)	0 (0)	0 (0)	0 (0)	0 (0)
Functional Family Therapy	1 (1)	1 (4)	0 (0)	2 (5)
(Department Of Human Services)	1 (1)	1 (4)	0 (0)	2 (5)
Healthy Families America (HFA)/Parents as Teachers (PAT)	16 (42)	11 (13)	3 (7)	30 (62)
(Mary’s Center)	16 (42)	11 (13)	3 (7)	30 (62)
Multi-Systemic Therapy (MST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	0 (0)	4 (5)	0 (0)	4 (5)
(Neighborhood Legal Services)	0 (0)	4 (5)	0 (0)	4 (5)
Nurturing Parent Program (NPP)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Parent Child Interaction Therapy (PCIT)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
PASS (Parent & Adolescent Support Services)	1 (4)	2 (6)	0 (0)	3 (10)
(Department Of Human Services)	1 (4)	2 (6)	0 (0)	3 (10)
Project Connect	*	*	*	*
(Child and Family Services Agency)	*	*	*	*
Transition to Independence (TIP)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma Systems Therapy (TST)	1 (4)	0 (0)	0 (0)	1 (4)
(Department of Behavioral Health)	1 (4)	0 (0)	0 (0)	1 (4)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals. * Data unavailable

CPS Referrals to the Collaboratives (families with a substantiation only)

	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Collaborative Solutions for Communities	9 (27)	14 (39)	1 (2)	24 (68)
East River Family Strengthening Collaborative	23 (58)	15 (41)	4 (10)	42 (109)
Edgewood/Brookland Family Support Collaborative	12 (26)	15 (30)	2 (3)	29 (59)
Far Southeast Family Strengthening Collaborative	24 (66)	33 (75)	4 (11)	64 (152)
Georgia Avenue Family Support Collaborative	5 (11)	8 (17)	1 (1)	14 (29)
Deduplicated Grand Total	72 (183)¹	82 (194)²	12 (27)	166 (404)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals.

g. The total number of families and the total number of children who were referred to services listed in I, above, broken down by type of allegation;

CPS Referrals to the Evidence-Based and Evidence-Informed Programs, Allegation: Abuse (families with a substantiated allegation of abuse only)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Adolescent Community Reinforcement Approach (ACRA)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Chicago Parenting Program (CPP)	0 (0)	0 (0)	0 (0)	0 (0)
East River Family Strengthening Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	0 (0)	0 (0)	0 (0)	0 (0)
(Mary's Center)	0 (0)	0 (0)	0 (0)	0 (0)
Effective Black Parenting Program (EBPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Collaborative Solutions For Communities)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Family Peer Coaches	0 (0)	0 (0)	0 (0)	0 (0)
(Community Connections)	0 (0)	0 (0)	0 (0)	0 (0)
Functional Family Therapy	1 (1)	0 (0)	0 (0)	1 (1)
(Department Of Human Services)	1 (1)	0 (0)	0 (0)	1 (1)
Healthy Families America (HFA)/Parents as Teachers (PAT)	2 (5)	0 (0)	0 (0)	2 (5)
(Mary's Center)	2 (5)	0 (0)	0 (0)	2 (5)
Multi-Systemic Therapy (MST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	0 (0)	3 (4)	0 (0)	3 (4)
(Neighborhood Legal Services)	0 (0)	3 (4)	0 (0)	3 (4)
Nurturing Parent Program (NPP)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Parent Child Interaction Therapy (PCIT)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
PASS (Parent & Adolescent Support Services)	1 (4)	2 (6)	0 (0)	3 (10)
(Department Of Human Services)	1 (4)	2 (6)	0 (0)	3 (10)
Project Connect	*	*	*	*
(Child and Family Services Agency)	*	*	*	*
Transition to Independence (TIP)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma Systems Therapy (TST)	1 (4)	0 (0)	0 (0)	1 (4)
(Department of Behavioral Health)	1 (4)	0 (0)	0 (0)	1 (4)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals. * Data unavailable

CPS Referrals to the Collaboratives, Allegation: Abuse (families with a substantiated allegation of abuse only)

	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
	1 (3)	3 (12)	0 (0)	4 (15)
Collaborative Solutions for Communities				
East River Family Strengthening Collaborative	4 (9)	3 (8)	2 (4)	9 (21)
Edgewood/Brookland Family Support Collaborative	2 (4)	4 (7)	0 (0)	6 (11)
Far Southeast Family Strengthening Collaborative	8 (20)	7 (11)	1 (3)	16 (34)
Georgia Avenue Family Support Collaborative	1 (3)	1 (1)	0 (0)	2 (4)
Deduplicated Grand Total	14 (37)	17 (38)	3 (7)	34 (82)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals.

**CPS Referrals to the Evidence-Based and Evidence-Informed Programs, Allegation:
Neglect (families with a substantiated allegation of neglect only)**

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Adolescent Community Reinforcement Approach (ACRA)	1 (3)	0 (0)	0 (0)	1 (3)
(Department of Behavioral Health)	1 (3)	0 (0)	0 (0)	1 (3)
Chicago Parenting Program (CPP)	0 (0)	0 (0)	0 (0)	0 (0)
East River Family Strengthening Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	0 (0)	1 (6)	0 (0)	1 (6)
(Mary's Center)	0 (0)	1 (6)	0 (0)	1 (6)
Effective Black Parenting Program (EBPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Collaborative Solutions For Communities)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Family Peer Coaches	0 (0)	0 (0)	0 (0)	0 (0)
(Community Connections)	0 (0)	0 (0)	0 (0)	0 (0)
Functional Family Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department Of Human Services)	0 (0)	0 (0)	0 (0)	0 (0)
Healthy Families America (HFA)/Parents as Teachers (PAT)	14 (37)	11 (13)	3 (7)	28 (57)
(Mary's Center)	14 (37)	11 (13)	3 (7)	28 (57)
Multi-Systemic Therapy (MST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	0 (0)	1 (1)	0 (0)	1 (1)
(Neighborhood Legal Services)	0 (0)	1 (1)	0 (0)	1 (1)
Nurturing Parent Program (NPP)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Parent Child Interaction Therapy (PCIT)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
PASS (Parent & Adolescent Support Services)	0 (0)	0 (0)	0 (0)	0 (0)
(Department Of Human Services)	0 (0)	0 (0)	0 (0)	0 (0)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Project Connect	*	*	*	*
(Child and Family Services Agency)	*	*	*	*
Transition to Independence (TIP)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma Systems Therapy (TST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals. * Data unavailable

CPS Referrals to the Collaboratives, Allegation: Neglect (families with a substantiated allegation of neglect only)

	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Collaborative Solutions for Communities	6 (17)	10 (25)	1 (2)	17 (44)
East River Family Strengthening Collaborative	18 (45)	10 (30)	2 (6)	30 (81)
Edgewood/Brookland Family Support Collaborative	10 (22)	10 (20)	2 (3)	22 (45)
Far Southeast Family Strengthening Collaborative	17 (42)	25 (61)	3 (8)	45 (111)
Georgia Avenue Family Support Collaborative	4 (8)	6 (10)	1 (1)	11 (19)
Deduplicated Grand Total	54 (131)	58 (139)	9 (20)	121 (290)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals.

CPS Referrals to the Evidence-Based and Evidence-Informed Programs, Allegation: Sex Trafficking (families with a substantiated allegation of sex trafficking only)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Adolescent Community Reinforcement Approach (ACRA)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Chicago Parenting Program (CPP)	0 (0)	0 (0)	0 (0)	0 (0)
East River Family Strengthening Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	0 (0)	0 (0)	0 (0)	0 (0)
(Mary's Center)	0 (0)	0 (0)	0 (0)	0 (0)
Effective Black Parenting Program (EBPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Collaborative Solutions For Communities)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Family Peer Coaches	0 (0)	0 (0)	0 (0)	0 (0)
(Community Connections)	0 (0)	0 (0)	0 (0)	0 (0)
Functional Family Therapy	0 (0)	1 (4)	0 (0)	1 (4)
(Department Of Human Services)	0 (0)	1 (4)	0 (0)	1 (4)
Healthy Families America (HFA)/Parents as Teachers (PAT)	0 (0)	0 (0)	0 (0)	0 (0)
(Mary's Center)	0 (0)	0 (0)	0 (0)	0 (0)
Multi-Systemic Therapy (MST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Neighborhood Legal Services)	0 (0)	0 (0)	0 (0)	0 (0)
Nurturing Parent Program (NPP)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Parent Child Interaction Therapy (PCIT)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
PASS (Parent & Adolescent Support Services)	0 (0)	0 (0)	0 (0)	0 (0)
(Department Of Human Services)	0 (0)	0 (0)	0 (0)	0 (0)

	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Program (Provider)				
Project Connect	*	*	*	*
(Child and Family Services Agency)	*	*	*	*
Transition to Independence (TIP)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma Systems Therapy (TST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals. * Data unavailable

CPS Referrals to the Collaboratives, Allegation: Sex Trafficking (families with a substantiated allegation of sex trafficking only)

	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Collaborative Solutions for Communities	0 (0)	0 (0)	0 (0)	0 (0)
East River Family Strengthening Collaborative	1 (4)	1 (2)	0 (0)	2 (6)
Edgewood/Brookland Family Support Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Far Southeast Family Strengthening Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Georgia Avenue Family Support Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Deduplicated Grand Total	1 (4)	1 (2)	0 (0)	2 (6)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals.

CPS Referrals to the Evidence-Based and Evidence-Informed Programs. Allegation: Sexual Abuse (families with a substantiated allegation of sexual abuse only)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Adolescent Community Reinforcement Approach (ACRA)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Chicago Parenting Program (CPP)	0 (0)	0 (0)	0 (0)	0 (0)
East River Family Strengthening Collaborative	0 (0)	0 (0)	0 (0)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	0 (0)	0 (0)	0 (0)	0 (0)
(Mary's Center)	0 (0)	0 (0)	0 (0)	0 (0)
Effective Black Parenting Program (EBPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Collaborative Solutions For Communities)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Family Peer Coaches	0 (0)	0 (0)	0 (0)	0 (0)
(Community Connections)	0 (0)	0 (0)	0 (0)	0 (0)
Functional Family Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department Of Human Services)	0 (0)	0 (0)	0 (0)	0 (0)
Healthy Families America (HFA)/Parents as Teachers (PAT)	0 (0)	0 (0)	0 (0)	0 (0)
(Mary's Center)	0 (0)	0 (0)	0 (0)	0 (0)
Multi-Systemic Therapy (MST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	0 (0)	0 (0)	0 (0)	0 (0)
(Neighborhood Legal Services)	0 (0)	0 (0)	0 (0)	0 (0)
Nurturing Parent Program (NPP)	0 (0)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)	0 (0)
Parent Child Interaction Therapy (PCIT)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
PASS (Parent & Adolescent Support Services)	0 (0)	0 (0)	0 (0)	0 (0)
(Department Of Human Services)	0 (0)	0 (0)	0 (0)	0 (0)

Program (Provider)	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Project Connect	*	*	*	*
(Child and Family Services Agency)	*	*	*	*
Transition to Independence (TIP)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)
Trauma Systems Therapy (TST)	0 (0)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)	0 (0)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals. * Data unavailable

CPS Referrals to the Collaboratives, Allegation: Sexual Abuse (families with a substantiated allegation of sexual abuse only)

	FY22 Families Referred (Children)	FY23 Families Referred (Children)	FY24 Families Referred (Children)	Deduplicated Grand Total
Collaborative Solutions for Communities	2 (7)	1 (2)	0 (0)	3 (9)
East River Family Strengthening Collaborative	0 (0)	1 (1)	0 (0)	1 (1)
Edgewood/Brookland Family Support Collaborative	0 (0)	1 (3)	0 (0)	1 (3)
Far Southeast Family Strengthening Collaborative	1 (4)	2 (3)	0 (0)	3 (7)
Georgia Avenue Family Support Collaborative	0 (0)	1 (6)	0 (0)	1 (6)
Deduplicated Grand Total	3 (11)	6 (15)	0 (0)	9 (26)

Data Sources: Data is derived from the Community Portal and FACES. Referrals not documented within these systems are not accounted for in the totals.

h. Of the total number of families and the total number of children who were referred to services listed in I, above, how many cases were closed in FY 23 and FY 24, to date, by reason for closure (e.g., case objective achieved, family refused services, etc.);

Evidence-Based and Evidence-Informed Case Closures and Outcomes Following a CPS Referrals (families with a substantiation only)

Program (Provider)	Deduplicated Grand Total (FY22-FY24)	Cases closed FY23	Cases closed FY24
Adolescent Community Reinforcement Approach (ACRA)	1 (3)	0 (0)	0 (0)
(Department of Behavioral Health)	1 (3)	0 (0)	0 (0)
Chicago Parenting Program (CPP)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	1 (6)	0 (0)	0 (0)
(Mary's Center)	1 (6)	0 (0)	0 (0)
Effective Black Parenting Program (EBPP)	0 (0)	0 (0)	0 (0)
(Collaborative Solutions For Communities)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)
Family Peer Coaches	0 (0)	0 (0)	0 (0)
(Community Connections)	0 (0)	0 (0)	0 (0)
Functional Family Therapy	2 (5)	0 (0)	0 (0)
(Department Of Human Services)	2 (5)	0 (0)	0 (0)
Healthy Families America (HFA)/Parents as Teachers (PAT)	30 (62)	0 (0)	0 (0)
(Mary's Center)	30 (62)	0 (0)	0 (0)
Multi-Systemic Therapy (MST)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	4 (5)	0 (0)	0 (0)
(Neighborhood Legal Services)	4 (5)	0 (0)	0 (0)
Nurturing Parent Program (NPP)	0 (0)	0 (0)	0 (0)
(East River Family Strengthening Collaborative)	0 (0)	0 (0)	0 (0)
Parent Child Interaction Therapy (PCIT)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)

Program (Provider)	Deduplicated Grand Total (FY22-FY24)	Cases closed FY23	Cases closed FY24
PASS (Parent & Adolescent Support Services)	3 (10)	0 (0)	0 (0)
(Department Of Human Services)	3 (10)	0 (0)	0 (0)
Project Connect	*	*	*
(Child and Family Services Agency)	*	*	*
Transition to Independence (TIP)	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	0 (0)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)	0 (0)
Trauma Systems Therapy (TST)	1 (4)	0 (0)	0 (0)
(Department of Behavioral Health)	1 (4)	0 (0)	0 (0)

Data Sources: Data is derived from the Community Portal and FACES. Referrals and outcomes not documented within these systems are not accounted for in the totals. * Data unavailable

FY23 Collaborative Case Closures and Outcomes Following a CPS Referral (families with a substantiation only)

	Cases closed FY23	Services provided, goals addressed	Family withdrew or is unresponsive	Family moved out and/or transfer to another Collaborative	New case open with CFSA
Collaborative Solutions for Communities	11 (35)	6 (13)	3 (9)	1 (10)	1 (3)
East River Family Strengthening Collaborative	7 (20)	3 (4)	3 (9)	1 (7)	0 (0)
Edgewood/Brookland Family Support Collaborative	8 (11)	4 (6)	4 (5)	0 (0)	0 (0)
Far Southeast Family Strengthening Collaborative	12 (24)	6 (11)	6 (13)	0 (0)	0 (0)
Georgia Avenue Family Support Collaborative	3 (3)	2 (2)	1 (1)	0 (0)	0 (0)
Deduplicated Grand Total	41 (93)	21 (36)	17 (37)	2 (17)	1 (3)

FY24 Collaborative Case Closures and Outcomes Following a CPS Referral (families with a substantiation only)

	Cases closed FY24	Services provided, goals addressed	Family withdrew or is unresponsive	Family moved out and/or transfer to another Collaborative	New case open with CFSA
Collaborative Solutions for Communities	2 (10)	0 (0)	2 (10)	0 (0)	0 (0)
East River Family Strengthening Collaborative	2 (10)	0 (0)	1 (7)	0 (0)	1 (3)
Edgewood/Brookland Family Support Collaborative	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Far Southeast Family Strengthening Collaborative	1 (2)	0 (0)	1 (2)	0 (0)	0 (0)
Georgia Avenue Family Support Collaborative	2 (2)	1 (1)	0 (0)	0 (0)	1 (1)
Deduplicated Grand Total	7 (24)	1 (1)	4 (19)	0 (0)	2 (4)

i. The current number of open investigations by ward;

FY	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY22	35	11	7	49	52	21	78	136	9	398
FY23	46	16	9	51	72	31	140	180	19	564
FY24	48	16	25	68	96	35	189	215	26	718

Note: This summary represents the non-institutional investigations that were open as of the last day of the reporting fiscal year. Ward 8 is the neighborhood with the highest number of open non-institutional investigations.

j. The total number of backlogged investigations by ward;

FY	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
FY22	6	2	1	8	8	5	17	23	2	72
FY23	18	9	4	24	29	13	61	89	9	256
FY24	32	8	12	43	60	17	113	132	14	431

Note: Ward 7 is the neighborhood with the highest number of open non-institutional investigations in FY21, and Ward 8 is the neighborhood with the highest number of open non-institutional investigations in FY22 and FY23

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

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
	Subtotal	6	6	5	17
Without Extension	N/A	32	8	15	55
Total		38	14	20	72

Notes: 1. This table counts the non-institutional investigations as that were non-compliant of documenting the allotted quantity of accepted. 2. Institutional Abuse is not included.

l. The number of children being separated by ward;

FY	Ward of Origin									Total Children Removed
	1	2	3	4	5	6	7	8	No Ward	
FY22	2	4	5	14	21	9	28	50	5	137
FY23	6	3	3	7	14	8	23	41	2	107
FY24	0	2	2	4	0	0	1	6	1	16

Notes: 1. This summary represents victims removed from substantiated non-institutional investigations. 2. Ward 8 is the neighborhood with the highest number of children removed during the investigations.

m. The total number of FTEs allocated for CPS;

- **FY22:** 201
- **FY23:** 215
- **FY24:** 205

n. The total number of workers assigned to CPS;

- **FY22:** 117
- **FY23:** 115
- **FY24:** 114

o. The total number of vacancies in CPS; and

- **FY22:** 27
- **FY23:** 49
- **FY24 Q1:** 42

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

There are currently 35 vacancies in CPS and CFSA will continue their recruitment efforts to target qualified bachelor and master level social workers.

59. Regarding caseloads:

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

One of CFSA's Four Pillars Performance Frameworks states that 90% of investigators and social workers will have caseloads less than or equal to 12. No individual investigator shall have a caseload greater than 15 cases.

b. Provide for FY 23 and FY 24, to date (organized by the unit to which each worker is assigned):

i. The average current caseload per worker;

Fiscal Year	Social Worker	Average Caseload per worker
FY23	Social Worker 1	5.63
FY23	Social Worker 2	9.70
FY23	Social Worker 3	12.69
FY23	Social Worker 4	11.72
FY23	Social Worker 5	8.88

Fiscal Year	Social Worker	Average Caseload per worker
FY23	Social Worker 6	16.58
FY23	Social Worker 7	13.98
FY23	Social Worker 8	13.07
FY23	Social Worker 9	3.83
FY23	Social Worker 10	5.21
FY23	Social Worker 11	6.44
FY23	Social Worker 12	2.77
FY23	Social Worker 13	1.17
FY23	Social Worker 14	1.83
FY23	Social Worker 15	14.93
FY23	Social Worker 16	9.25
FY23	Social Worker 17	2.37
FY23	Social Worker 18	16.55
FY23	Social Worker 19	11.59
FY23	Social Worker 20	13.25
FY23	Social Worker 21	7.98
FY23	Social Worker 22	2.16
FY23	Social Worker 23	1.00
FY23	Social Worker 24	1.00
FY23	Social Worker 25	1.00
FY23	Social Worker 26	8.41
FY23	Social Worker 27	10.66
FY23	Social Worker 28	12.47
FY23	Social Worker 29	2.50
FY23	Social Worker 30	1.00
FY23	Social Worker 31	2.71
FY23	Social Worker 32	9.35
FY23	Social Worker 33	20.20
FY23	Social Worker 34	14.40
FY23	Social Worker 35	13.81
FY23	Social Worker 36	9.23
FY23	Social Worker 37	17.11
FY23	Social Worker 38	7.17
FY23	Social Worker 39	7.00
FY23	Social Worker 40	1.00
FY23	Social Worker 41	2.00
FY23	Social Worker 42	13.59

Fiscal Year	Social Worker	Average Caseload per worker
FY23	Social Worker 43	11.35
FY23	Social Worker 44	16.20
FY23	Social Worker 45	8.65
FY23	Social Worker 46	9.38
FY23	Social Worker 47	13.71
FY23	Social Worker 48	9.32
FY23	Social Worker 49	14.61
FY23	Social Worker 50	11.33
FY23	Social Worker 51	2.08
FY23	Social Worker 52	14.36
FY23	Social Worker 53	1.00
FY23	Social Worker 54	1.21
FY23	Social Worker 55	1.00
FY23	Social Worker 56	6.94
FY23	Social Worker 57	15.40
FY23	Social Worker 58	15.02
FY23	Social Worker 59	11.17
FY23	Social Worker 60	8.79
FY23	Social Worker 61	8.77
FY23	Social Worker 62	1.00
FY23	Social Worker 63	1.00
FY23	Social Worker 64	2.50
FY23	Social Worker 65	1.42
FY23	Social Worker 66	1.00
FY23	Social Worker 67	15.11
FY23	Social Worker 68	15.15
FY23	Social Worker 69	7.52
FY23	Social Worker 70	11.16
FY23	Social Worker 71	8.76
FY23	Social Worker 72	10.25
FY23	Social Worker 73	9.49
FY23	Social Worker 74	1.00
FY23	Social Worker 75	1.00
FY23	Social Worker 76	2.33
FY23	Social Worker 77	2.00
FY23	Social Worker 78	10.17
FY23	Social Worker 79	10.72

Fiscal Year	Social Worker	Average Caseload per worker
FY23	Social Worker 80	5.77
FY23	Social Worker 81	11.42
FY23	Social Worker 82	17.03
FY23	Social Worker 83	6.40
FY23	Social Worker 84	1.67
FY23	Social Worker 85	4.03
FY23	Social Worker 86	3.50
FY23	Social Worker 87	1.00
FY23	Social Worker 88	1.50
FY23	Social Worker 89	1.86
FY23	Social Worker 90	1.00

Fiscal Year	Social Worker	Average Caseload per worker
FY24	Social Worker 1	20.68
FY24	Social Worker 2	13.20
FY24	Social Worker 3	19.01
FY24	Social Worker 4	24.43
FY24	Social Worker 5	19.57
FY24	Social Worker 6	11.09
FY24	Social Worker 7	13.54
FY24	Social Worker 8	2.63
FY24	Social Worker 9	17.14
FY24	Social Worker 10	13.64
FY24	Social Worker 11	1.87
FY24	Social Worker 12	2.00
FY24	Social Worker 13	26.08
FY24	Social Worker 14	16.40
FY24	Social Worker 15	10.98
FY24	Social Worker 16	22.01
FY24	Social Worker 17	8.83
FY24	Social Worker 18	1.00
FY24	Social Worker 19	13.93
FY24	Social Worker 20	13.34
FY24	Social Worker 21	9.90
FY24	Social Worker 22	1.00
FY24	Social Worker 23	13.66

Fiscal Year	Social Worker	Average Caseload per worker
FY24	Social Worker 24	30.71
FY24	Social Worker 25	5.38
FY24	Social Worker 26	14.98
FY24	Social Worker 27	16.91
FY24	Social Worker 28	26.53
FY24	Social Worker 29	3.00
FY24	Social Worker 30	21.51
FY24	Social Worker 31	25.64
FY24	Social Worker 32	25.71
FY24	Social Worker 33	20.34
FY24	Social Worker 34	21.07
FY24	Social Worker 35	8.53
FY24	Social Worker 36	8.55
FY24	Social Worker 37	8.17
FY24	Social Worker 38	1.50
FY24	Social Worker 39	1.17
FY24	Social Worker 40	1.38
FY24	Social Worker 41	14.89
FY24	Social Worker 42	17.75
FY24	Social Worker 43	25.83
FY24	Social Worker 44	6.58
FY24	Social Worker 45	4.00
FY24	Social Worker 46	7.45
FY24	Social Worker 47	9.64
FY24	Social Worker 48	27.10
FY24	Social Worker 49	11.78
FY24	Social Worker 50	4.69
FY24	Social Worker 51	8.46
FY24	Social Worker 52	5.92
FY24	Social Worker 53	6.25
FY24	Social Worker 54	2.26

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; and*

Fiscal Year	Social Worker	Total Number of Instances
FY23	Social Worker 1	1
FY23	Social Worker 2	9
FY23	Social Worker 3	10
FY23	Social Worker 4	7
FY23	Social Worker 5	2
FY23	Social Worker 6	8
FY23	Social Worker 7	25
FY23	Social Worker 8	17
FY23	Social Worker 15	5
FY23	Social Worker 16	5
FY23	Social Worker 18	12
FY23	Social Worker 19	4
FY23	Social Worker 20	5
FY23	Social Worker 21	4
FY23	Social Worker 26	7
FY23	Social Worker 27	14
FY23	Social Worker 28	10
FY23	Social Worker 32	8
FY23	Social Worker 33	9
FY23	Social Worker 34	7
FY23	Social Worker 35	13
FY23	Social Worker 36	8
FY23	Social Worker 37	3
FY23	Social Worker 38	2
FY23	Social Worker 42	6
FY23	Social Worker 43	10
FY23	Social Worker 44	14
FY23	Social Worker 45	8
FY23	Social Worker 46	8
FY23	Social Worker 47	5
FY23	Social Worker 48	3
FY23	Social Worker 49	5
FY23	Social Worker 50	12
FY23	Social Worker 52	3

Fiscal Year	Social Worker	Total Number of Instances
FY23	Social Worker 56	3
FY23	Social Worker 57	8
FY23	Social Worker 58	13
FY23	Social Worker 59	5
FY23	Social Worker 60	6
FY23	Social Worker 61	5
FY23	Social Worker 67	25
FY23	Social Worker 68	2
FY23	Social Worker 70	5
FY23	Social Worker 71	4
FY23	Social Worker 72	2
FY23	Social Worker 73	6
FY23	Social Worker 78	8
FY23	Social Worker 79	5
FY23	Social Worker 81	7
FY23	Social Worker 82	8

Fiscal Year	Social Worker	Total Number of Instances
FY24	Social Worker 1	1
FY24	Social Worker 2	4
FY24	Social Worker 3	2
FY24	Social Worker 5	1
FY24	Social Worker 6	4
FY24	Social Worker 7	7
FY24	Social Worker 9	6
FY24	Social Worker 10	6
FY24	Social Worker 14	1
FY24	Social Worker 15	4
FY24	Social Worker 16	4
FY24	Social Worker 17	3
FY24	Social Worker 19	2
FY24	Social Worker 20	3
FY24	Social Worker 21	1
FY24	Social Worker 23	5
FY24	Social Worker 26	6
FY24	Social Worker 27	4

Fiscal Year	Social Worker	Total Number of Instances
FY24	Social Worker 33	3
FY24	Social Worker 34	1
FY24	Social Worker 35	1
FY24	Social Worker 36	1
FY24	Social Worker 37	2
FY24	Social Worker 41	2
FY24	Social Worker 42	3
FY24	Social Worker 47	2

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

Fiscal Year	Social Worker	Total Number of Instances
FY23	Social Worker 2	2
FY23	Social Worker 3	8
FY23	Social Worker 4	3
FY23	Social Worker 6	3
FY23	Social Worker 7	14
FY23	Social Worker 8	7
FY23	Social Worker 15	2
FY23	Social Worker 18	3
FY23	Social Worker 19	1
FY23	Social Worker 20	1
FY23	Social Worker 21	1
FY23	Social Worker 26	3
FY23	Social Worker 27	6
FY23	Social Worker 28	4
FY23	Social Worker 32	1
FY23	Social Worker 33	3
FY23	Social Worker 34	5
FY23	Social Worker 35	7
FY23	Social Worker 36	1
FY23	Social Worker 37	1
FY23	Social Worker 38	1
FY23	Social Worker 42	5
FY23	Social Worker 43	6
FY23	Social Worker 44	7
FY23	Social Worker 45	2

Fiscal Year	Social Worker	Total Number of Instances
FY23	Social Worker 46	2
FY23	Social Worker 47	3
FY23	Social Worker 49	4
FY23	Social Worker 50	7
FY23	Social Worker 52	3
FY23	Social Worker 57	5
FY23	Social Worker 58	8
FY23	Social Worker 59	2
FY23	Social Worker 60	1
FY23	Social Worker 61	1
FY23	Social Worker 67	16
FY23	Social Worker 68	1
FY23	Social Worker 70	2
FY23	Social Worker 72	1
FY23	Social Worker 73	1
FY23	Social Worker 78	2
FY23	Social Worker 79	1
FY23	Social Worker 81	3
FY23	Social Worker 82	8

Fiscal Year	Social Worker	Total Number of Instances
FY24	Social Worker 1	2
FY24	Social Worker 2	2
FY24	Social Worker 3	2
FY24	Social Worker 4	1
FY24	Social Worker 5	1
FY24	Social Worker 6	1
FY24	Social Worker 7	4
FY24	Social Worker 9	3
FY24	Social Worker 10	2
FY24	Social Worker 13	1
FY24	Social Worker 14	1
FY24	Social Worker 15	2
FY24	Social Worker 16	4

Fiscal Year	Social Worker	Total Number of Instances
FY24	Social Worker 19	1
FY24	Social Worker 20	2
FY24	Social Worker 23	3
FY24	Social Worker 24	1
FY24	Social Worker 26	5
FY24	Social Worker 27	2
FY24	Social Worker 28	1
FY24	Social Worker 30	1
FY24	Social Worker 31	1
FY24	Social Worker 32	1
FY24	Social Worker 33	4
FY24	Social Worker 34	1
FY24	Social Worker 35	1
FY24	Social Worker 36	1
FY24	Social Worker 37	1
FY24	Social Worker 41	1
FY24	Social Worker 42	3
FY24	Social Worker 43	1
FY24	Social Worker 47	1
FY24	Social Worker 48	1

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

Social Worker	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	MAY 23	APR 23	JUN 23	JUL 23	AUG 23	SEP 23	Total Number of Days
Social Worker 01	0	0	0	0	2	0	0	0	0	0	0	0	2
Social Worker 02	3	15	4	15	0	10	6	9	13	0	0	0	75
Social Worker 03	0	21	0	10	21	10	0	0	0	0	0	0	62

Social Worker	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	MAY 23	APR 23	JUN 23	JUL 23	AUG 23	SEP 23	Total Number of Days
Social Worker 04	0	0	0	0	1	7	0	9	23	14	19	4	77
Social Worker 05	0	0	0	22	7	0	0	14	0	0	0	0	43
Social Worker 06	0	0	0	8	12	23	0	0	0	0	17	0	60
Social Worker 07	24	25	9	26	21	8	18	13	8	2	14	0	168
Social Worker 08	0	0	0	7	12	13	16	11	13	1	5	0	78
Social Worker 15	23	0	0	0	16	6	0	5	0	0	0	0	50
Social Worker 16	0	10	0	0	0	0	0	0	3	0	5	0	18
Social Worker 18	19	4	2	0	21	6	0	0	0	0	14	23	89
Social Worker 19	2	0	28	30	28	14	0	0	0	0	0	0	102
Social Worker 20	0	0	0	0	0	4	0	0	0	12	2	13	31
Social Worker 21	0	0	0	0	0	13	29	0	0	0	0	0	42
Social Worker 26	5	2	16	25	15	0	0	0	0	0	0	0	63
Social Worker 27	0	0	0	6	0	11	13	0	15	5	0	0	50
Social Worker 28	1	10	12	6	10	30	5	3	30	28	7	0	142
Social Worker 32	0	0	6	7	13	3	0	0	0	0	0	0	29
Social Worker 33	0	11	19	14	24	4	0	0	0	0	0	0	72

Social Worker	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	MAY 23	APR 23	JUN 23	JUL 23	AUG 23	SEP 23	Total Number of Days
Social Worker 34	0	15	5	19	6	31	2	12	1	29	3	0	123
Social Worker 35	0	0	2	0	26	16	0	0	1	11	15	13	84
Social Worker 36	0	0	0	0	0	6	9	29	18	0	7	9	78
Social Worker 37	0	0	0	0	0	11	19	10	0	0	0	0	40
Social Worker 38	0	0	0	0	0	0	0	0	4	0	0	7	11
Social Worker 42	15	0	0	0	8	2	0	0	0	0	11	18	54
Social Worker 43	0	0	0	0	0	0	17	10	9	7	0	26	69
Social Worker 44	16	11	7	0	8	17	0	0	0	6	0	0	65
Social Worker 45	0	0	0	4	5	12	1	15	15	0	0	0	52
Social Worker 46	0	7	18	15	7	0	0	7	5	0	0	0	59
Social Worker 47	0	15	0	0	0	19	11	0	0	0	7	0	52
Social Worker 48	0	15	4	0	0	0	0	0	0	0	0	0	19
Social Worker 49	0	0	0	0	0	10	30	5	0	0	0	0	45
Social Worker 50	0	0	12	19	24	24	20	11	0	0	0	0	110
Social Worker 52	0	0	0	0	0	5	5	0	0	0	1	0	11
Social Worker 56	4	0	0	0	3	0	0	0	0	1	0	0	8

Social Worker	OCT 22	NOV 22	DEC 22	JAN 23	FEB 23	MAR 23	MAY 23	APR 23	JUN 23	JUL 23	AUG 23	SEP 23	Total Number of Days
Social Worker 57	0	16	0	0	11	5	0	11	15	0	0	0	58
Social Worker 58	0	0	4	24	16	17	14	0	0	3	12	5	95
Social Worker 59	0	28	1	0	0	1	0	2	0	0	0	0	32
Social Worker 60	0	1	0	0	0	4	4	19	0	0	0	0	28
Social Worker 61	0	15	7	0	0	3	5	0	0	0	0	0	30
Social Worker 67	18	1	25	12	27	19	1	0	13	14	26	21	177
Social Worker 68	14	2	0	0	7	0	0	0	0	0	0	0	23
Social Worker 70	0	7	0	9	9	7	0	0	0	0	0	0	32
Social Worker 71	0	0	20	6	0	0	0	2	0	11	0	0	39
Social Worker 72	5	6	11	0	0	0	0	0	0	0	0	0	22
Social Worker 73	0	0	13	8	1	11	2	0	0	0	0	0	35
Social Worker 78	7	0	0	0	0	10	17	0	0	6	8	3	51
Social Worker 79	0	14	4	22	1	0	0	0	0	0	0	0	41
Social Worker 81	0	0	0	11	0	0	20	16	28	0	4	3	82
Social Worker 82	0	17	2	0	8	23	0	7	11	6	0	0	74
Total	156	268	231	325	370	415	264	220	225	156	177	145	2,952

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	OCT-22	NOV-22	DEC-22	JAN-23	FEB-23	MAR-23	MAY-23	APR-23	JUN-23	JUL-23	AUG-23	SEP-23	Total Number of Days
Social Worker 2	0	0	16	0	0	0	0	15	12	0	0	0	43
Social Worker 3	0	2	31	21	7	4	0	0	0	0	0	0	65
Social Worker 4	0	0	0	0	0	8	30	1	0	17	9	0	65
Social Worker 6	0	0	0	0	0	6	30	31	30	31	2	30	160
Social Worker 7	1	2	22	0	0	4	5	18	5	4	17	30	108
Social Worker 8	0	0	0	0	1	0	0	7	17	30	26	30	111
Social Worker 15	6	0	0	0	0	0	0	16	30	31	31	30	144
Social Worker 18	10	0	0	0	0	25	30	31	30	31	17	0	174
Social Worker 19	3	0	0	0	0	0	0	0	0	0	0	0	3
Social Worker 20	0	0	0	0	0	5	30	31	30	19	0	0	115
Social Worker 21	0	0	0	0	0	3	0	0	0	0	0	0	3
Social Worker 26	0	0	6	6	0	0	0	0	0	0	0	0	12
Social Worker 27	0	0	0	0	0	1	16	31	10	0	0	0	58
Social Worker 28	0	0	19	25	0	0	0	0	0	3	0	0	47
Social Worker 32	0	0	0	0	0	1	0	0	0	0	0	0	1
Social Worker 33	0	0	4	8	0	8	30	31	30	31	31	6	179
Social Worker 34	0	0	25	12	22	0	0	12	29	2	28	30	160
Social Worker 35	0	0	0	0	0	15	30	31	29	15	10	0	130
Social Worker 36	0	0	0	0	0	0	13	0	0	0	0	0	13
Social Worker 37	0	0	0	0	0	0	0	21	30	31	31	30	143

Social Worker	OCT-22	NOV-22	DEC-22	JAN-23	FEB-23	MAR-23	MAY-23	APR-23	JUN-23	JUL-23	AUG-23	SEP-23	Total Number of Days
Social Worker 38	0	0	0	0	0	0	0	0	0	0	0	9	9
Social Worker 42	13	30	31	31	20	0	0	0	0	0	3	12	140
Social Worker 43	0	0	0	0	0	0	0	19	21	11	0	4	55
Social Worker 44	1	19	0	0	0	9	30	31	30	25	31	30	206
Social Worker 45	0	0	0	1	1	0	4	2	0	0	0	0	8
Social Worker 46	0	0	10	1	0	0	0	0	0	0	0	0	11
Social Worker 47	0	0	0	0	0	2	19	31	30	31	24	30	167
Social Worker 49	0	0	0	0	0	6	0	26	30	31	31	30	154
Social Worker 50	0	0	0	0	3	5	10	20	0	0	0	0	38
Social Worker 52	0	0	0	0	0	0	25	31	30	31	30	30	177
Social Worker 57	0	10	31	31	15	0	0	0	13	31	31	30	192
Social Worker 58	0	0	0	2	9	5	16	31	30	28	0	25	146
Social Worker 59	0	2	0	0	0	1	30	15	0	0	0	0	48
Social Worker 60	0	0	0	0	0	2	0	0	0	0	0	0	2
Social Worker 61	0	0	6	0	0	0	0	0	0	0	0	0	6
Social Worker 67	13	29	4	1	1	3	29	31	14	0	5	9	139
Social Worker 68	0	28	31	31	0	0	0	0	0	0	0	0	90
Social Worker 70	0	0	0	6	18	14	0	0	0	0	0	0	38
Social Worker 72	0	24	0	0	0	0	0	0	0	0	0	0	24
Social Worker 73	0	0	4	0	0	0	0	0	0	0	0	0	4
Social Worker 78	0	0	0	0	0	0	12	0	0	19	0	0	31
Social Worker 79	0	0	0	7	0	0	0	0	0	0	0	0	7

Social Worker	OCT-22	NOV-22	DEC-22	JAN-23	FEB-23	MAR-23	MAY-23	APR-23	JUN-23	JUL-23	AUG-23	SEP-23	Total Number of Days
Social Worker 81	0	0	0	0	0	0	3	0	2	31	27	0	63
Social Worker 82	0	0	29	31	20	8	30	24	19	25	31	30	247
Total	47	146	269	214	117	135	422	537	501	508	415	425	3,736

60. In FY 23 and in FY 24, 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.

Referral Status	Custody Type	Cumulative Unexcused Absences	SY 2022 – 2023	SY 2023 – 2024 (up to 12/31/23)
Accepted	Non CFSA Custody	0 – 9	6	4
		10 – 19	78	34
		20 – 25	43	24
		26 or more	177	31
		Not Recorded	91	37
	CFSA Custody	Not Recorded	0	0
		Subtotal*	352	118
Screened Out	Non CFSA Custody		6,258	1,481
	CFSA Custody		12	4
	Subtotal*		6,269	1,484
Other	Non CFSA Custody	Subtotal*	202	43
Total*			6,823	1,645

***Unique Counts**

Notes: 1. The 'Other' referral status consist 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.

Custody Type	Cumulative Unexcused Absences	SY 2022 – 2023	SY 2023 – 2024 (up to 12/31/23)
Non CFSA Custody	0 – 9	1	0
	10 – 19	38	9
	20 – 25	16	3
	26 or more	92	7
	Not Recorded	48	11
Total*		171	26

***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.

Custody Type	Cumulative Unexcused Absences	SY 2022 – 2023		SY 2023 – 2024 (up to 12/31/23)	
		# 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	1	1	1	3
	Not Recorded	3	5	1	2
Total*		4	6	2	5

***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. 3. 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.

Referral Status	Custody Type	LEA	SY 2022 – 2023	SY 2023 – 2024 (up to 12/31/23)
Accepted	Non CFSA Custody	DCPS	130	50
		DCPCS	87	21
		Private	0	0
		Other	4	1
		Not Recorded	131	46
	CFSA Custody	DCPS	0	0
		DCPCS	0	0
		Private	0	0
		Other	0	0
		Not Recorded	0	0
Subtotal*		352	118	
Screened Out	Non CFSA Custody	DCPS	3,729	875
		DCPCS	2,363	519
		Private	7	0
		Other	15	11
		Not Recorded	144	75
	CFSA Custody	DCPS	8	3
		DCPCS	3	1
		Private	0	0
		Other	0	0
		Not Recorded	0	0
Subtotal*		6,269	1,484	
Other	Non CFSA Custody	DCPS	108	31
		DCPCS	83	12
		Private	2	0
		Other	2	0
		Not Recorded	7	0

Referral Status	Custody Type	LEA	SY 2022 – 2023	SY 2023 – 2024 (up to 12/31/23)
	CFSA Custody	DCPS	0	0
		DCPCS	0	0
		Private	0	0
		Other	0	0
		Not Recorded	0	0
	Subtotal*		202	43

***Unique Counts**

Notes: 1. The ‘Other’ referral status consist 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. 5. ‘Other’ LEA includes schools that were not DCPS, DCPCS, or private schools in the District of Columbia. 4. The referrals counted under “Not Recorded” consist of alleged educational neglect victims where the school LEA was not documented.

61. How many children did CFSA separate, by age and reason for separation, in FY 22 and FY 23? In FY 24, to date?

- Total number of unique children in FY22 = 199 (201 Removals)
- Total number of unique children in FY23 = 174 (179 Removals)
- Total number of unique children in FY24 = 43 (44 Removals)

Age	FY22	FY23	FY24
<1 year	49	37	7
1	12	11	4
2	11	8	3
3	4	13	3
4	13	4	2
5	7	6	1
6	9	3	3
7	8	6	1
8	6	5	3
9	9	8	3
10	9	8	1
11	10	9	0
12	8	12	1
13	11	8	2
14	8	13	2
15	10	8	6
16	6	13	2
17	11	7	0
18	0	0	0
Total	201	179	44

Note: Age is calculated as of the entry date.

Removal Reason	FY22	FY23	FY24	Total
Abandonment	7	4	1	12
Alcohol Abuse (Parent)	13	3	0	16
Caretaker ILL/ Unable to Cope	11	5	0	16
Caretaker's Alcohol Use	0	1	1	2
Caretaker's Drug Use	0	18	5	23
Caretaker's Significant Impairment-Cognitive	0	5	0	5
Caretaker's Significant Impairment-Physical/Emotional	0	8	0	8
Child Requested Placement	0	1	0	1
Child's Behavior Problem	14	10	0	24
Child's Disability	0	1	0	1
Death of Caretaker	0	1	0	1
Death of Parent(s)	2	2	0	4
Diagnosed Condition	0	1	0	1
Domestic Violence	0	4	0	4
Drug Abuse (Parent)	26	15	2	43
Educational Neglect	0	9	3	12
Homelessness	0	2	1	3
Inadequate Access to Mental Health Services	0	2	0	2
Inadequate Housing	8	7	0	15
Incarceration of Caretaker	0	0	3	3
Incarceration of Parent(s)	17	1	2	20
Medical Neglect	0	15	3	18
Neglect (Alleged/Reported)	157	110	35	302
Physical Abuse (Alleged/Reported)	33	18	1	52
Prenatal Drug Exposure	0	2	0	2
Psychological or Emotional Abuse	0	1	0	1
Relinquishment	6	4	1	11
Runaway	0	1	0	1
Sexual Abuse (Alleged/Reported)	0	3	2	5
Voluntary	3	0	0	3
Whereabouts Unknown	0	5	1	6
Total	201	179	44	

Note: 1) The totals may not add up because a child may have multiple removal reasons.

a. How many families participated in an At-Risk of Removal Family Team Meeting (FTM) prior to the separation of the child?

Of the children who entered care in FY23, 12 families, representing 24 children participated in an at-risk meeting prior to entering care. In FY24 Q1, there were no at-risks held prior to separations

b. How many post-separation FTMs were held within 7 seven days of separation?

In FY23, 10 post separation FTMs were held in 7 days. In FY24 Q1, six were held within 7 days.

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

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 were placed with kin as their first placement in foster care?

Kin First Placements	
FY22	41
FY23	22
FY24	5

e. How many of these children were separated 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*	FY22	FY23	FY24
0	23	24	6
1	69	84	18
2 – 3	80	43	10
4 – 5	22	23	7
6+	7	5	3
Total No. of Removals	201	179	44

*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.

f. How many At-Risk of Removal Family Team Meeting family team meetings were held in FY 23? In FY 24, to date?

Fiscal year	Number of FTMs	Number of Children
FY23	213	433
FY24 Q1	41	92

g. How many of these children were placed in emergency or short-term placements in FY 23? In FY 24, to date?

We do not have the data specific to emergency placement for this population.

h. What is voluntary removal and relinquishment?

A parent entering a “voluntary placement agreement” is considered a “voluntary removal” and 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.

i. How many children were the subjects of voluntary placement agreements in FY 23? In FY 24, to date?

CFSA entered into one voluntary placement agreement in FY23 and none in FY24.

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

The one youth reunited with their parent within the 90 days.

2. How many never reunited with their parents?

N/A

ii. 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.

iii. 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.

iv. 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.

v. 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.

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

CFSA assesses the following when deciding whether to discuss a voluntary placement agreement with a family:

- Whether there are any allegations of abuse or neglect against the parent/caregiver;
- Whether the family came to CFSA’s attention because the child needs treatment to stabilize mental health or behavioral challenges; and
- Would an agreement prevent the child from entering the foster care system but allow for the needed services to be put in place in a timely manner.
- Based on the results of this assessment, CFSA would decide next steps.

62. How many neglect petitions did CFSA file in Family Court in FY 22? In FY 23? In FY 24, to date?

a. How many children were the subject of a neglect petition filed by CFSA in Family Court in FY 23 and in FY 24, to date?

Fiscal Year	Number of children
FY22	187
FY23	146
FY24 Q1	54

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

Fiscal Year	Number of children
FY2022	112
FY2023	101
FY24 Q1	28

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

Fiscal Year	Number of children
FY22	75
FY23	45
FY24 Q1	26

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

In FY22, twenty-four children had cases that were no-papered. For all twenty-four children, CFSA collects data to know whether there were subsequent hotline calls, removals, or open In-Home cases. Fifteen children have not had any further calls to the hotline or any removals. Two children have an open in-home case which remains open as of January 2024.

In FY23, nineteen children had cases that were no-papered. For all nineteen children, CFSA collects data to know whether there were subsequent hotline calls, removals, or open In-Home cases. Sixteen children have not had any further calls to the hotline or any removals. Two children have an open in-home case which remains open as of January 2024.

In FY24 to date, 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 remains 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.

63. Provide the number of Hotline calls received regarding newborn toxicology in FY 23 and FY 24, to date, including 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.

CFSA screens in all positive toxicology referrals for an in-person response. The social worker is required to respond to the address or hospital where the child/parent is located and provide in-person engagement with the family. The only instance where in-person follow-up may not occur is in some positive toxicology cases; the child/mom may be discharged prior to CFSA’s arrival and if that family lives outside of the District (unbeknownst to the reporting source), the social worker is unable to complete the in-person follow up. In these instances the social worker will make a report in the family’s jurisdiction.

Fiscal Year	Total number of hotline calls received regarding newborn toxicology (Q63)	Number of calls that resulted in an in-home wellness visit (ii)	Number of calls that resulted in an investigation (iii)
FY23	151	95	151
FY24	33	18	33

Note: This summary counts “Accepted” and “Screened Out” referrals where at least one alleged victim with a maltreatment type of Positive toxicology of a newborn and/or Fetal Alcohol Spectrum Disorder (FASD).

- We are unable to provide information regarding “other arrangements” as the language is too vague.

64. What are the most prevalent reasons for in-home visits and investigations?

Investigations

The most frequent allegations associated with all investigations conducted by CPS during FY23 are (in alphabetical order):

- Domestic Violence
- Inadequate Housing
- Inadequate Supervision
- Physical Abuse
- Substance Abuse

The most frequent allegations associated with all investigations conducted by CPS during FY24 are (in alphabetical order):

- Domestic Violence
- Educational Neglect
- Inadequate Supervision
- Physical Abuse
- Substance Abuse

In-Home

When considering the reason for the in-home visit, one may consider the nature of the investigation that led to the in-home case opening. The five most frequent allegations tied to an in-home case that opened during FY23 are (in alphabetical order):

- Educational Neglect
- Domestic Violence
- Inadequate Supervision
- Physical Abuse
- Substance Abuse

The five most frequent allegations tied to an in-home case that opened in FY24 to date are (in alphabetical order):

- Educational Neglect
- Inadequate Housing
- Inadequate Supervision
- Physical Abuse
- Substance Abuse

65. 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.

The Development and Equity Administration provides several training opportunities to all social workers focused on culturally responsive practice. These sessions include Cultural Humility, Understanding Race Equity in Child Welfare, Emptying the Cup: Understanding the Impact of Intergenerational Trauma, and Culturally Aware and Response Practice. Pre-service training for new hires incorporates discussions on culturally responsive practice throughout the curriculum.

Additionally, in an effort to support the Agency's social workers with obtaining race, ethnicity, and identity information, the DEA partnered with the Agency's Computer Information Systems Administration (CISA) to develop the AFCARS 2.0 Guide. This guide provides social workers with tips on how to ask questions in a culturally responsive and way.

66. Explain what factors investigative social workers use to distinguish “Inadequate Housing” and “Exposure to Unsafe living conditions” from the consequences of poverty.

The Structured Decision Making (SDM) we use at the Hotline defines “Exposure to Unsafe Living Conditions” as follows: The child’s living conditions are significantly unsanitary and/or contain hazards that led or could lead to the child’s injury or illness if not resolved. Examples may include, but are not limited to:

- Housing that is an acute fire hazard or has been condemned
- Exposed heaters
- Gas Fumes
- Faulty electrical wiring
- No utilities (heat, water, electricity)
- Broken windows or stairs
- Vermin, human, or animal excrement
- Unguarded weapons
- Accessible Hazardous chemicals.

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 it is ascertained that these conditions exist due to consequences of poverty, the social worker provides referrals for services to meet the needs and ensure a safe living environment. A finding of Neglect might only occur if the parent or guardian does not take proper steps to address those issues after being provided with resources to do so.

Educational Neglect

67. In FY 23 and in FY 24, 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.

- a. **How many of these reports were substantiated? Break down the answer by the categories (i), (ii), (iii) and (iv) listed above.**
- 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.**
- c. **How many reports were received from DCPS? From charter schools? Provide the number of reports attributable to each LEA.**

See response to Q60.

68. Provide an update on the Educational Neglect Triage Unit.

a. How has the agency adjusted its approach to investigating 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.

b. In what ways has CFSA worked with DCPS and other LEAs to address concerns around 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:

- Monthly meetings with DCPS/DCPCS leadership
- Updated the School Year 2023-24 Operating Procedures for Local Education Agencies (LEAs), DC Public Schools (DCPS), DC Public Charter Schools (DCPCS), DC private schools and DC Child and Family Services Agency (CFSA) in Response to Student Attendance Concerns (see attached)
- Weekly consultation hours for DCPS/ DCPCS attendance staff
- Participation in EDC Taskforce
- Annual educational neglect outreach to all LEA's
- Automated feedback system regarding CFSA screening

c. Does the Educational Neglect Triage Unit receive and review all reports of educational neglect or only those received by schools? If only those by schools, who reviews the reports submitted via the hotline and other methods?

The Educational Neglect Triage Unit receives and reviews all reports of educational neglect reported by the schools through the portal. Educational Neglect is the only allegation that can be reported through the portal. If a school is reporting other allegations in addition to educational neglect, they would call our 24-hour hotline (202-674-SAFE) where a CFSA hotline worker would take the call and document the reported concerns. All reports of abuse and neglect are taken through the Hotline apart from educational neglect referrals that are being reported by school personnel through the portal.

Hotline workers use the Structured Decision Making (SDM™) tool to determine the appropriate response to each call received, which is then sent to their Supervisory Social Worker for approval. When the SDM tool indicates a CPS response, District regulations and CFSA policy require investigative social workers to initiate the investigation within two hours of an accepted report if the child's health or safety is in immediate danger. CPS investigates all other cases within 24 hours.

69. According to CFSA’s FY 22 performance oversight pre-hearing responses (question 20), in School Year 21-22, CFSA screened out 87% (5001 of 5699) of reports of educational neglect, meaning only 13% of reports were accepted.

a. Explain the decision-making process for determining whether an education neglect report is accepted or screened out.

SCREENED-OUT. A report will be screened-out if it contains all required information (including documentation of school’s exhaustive efforts to engage the student and family) and it is determined that it does not require Child Protective Services (CPS) involvement. Such instances might include, for example, a report submitted by the school due to statutory reporting requirements only, in which there are no concerns among school personnel about the student’s academic performance.

If the CFSA triage worker (in consultation with the supervisor) determines that the report does not rise to the level of a child welfare response:

- Reporters are notified of the decision via email.
- Reporters should continue to work with the identified student and family to improve attendance and re-report if needed.
- CFSA will assist the schools in its engagement efforts with the parent.
- The family may be referred through CFSA’s web-based referral platform called Unite Us to different District programs such as the Healthy Families, Thriving Communities Collaboratives and DC’s Family Success Centers, DHS’s Virginia Williams Family Resource Center, DBH Access Helpline. Office of Tenant Advocates and Legal Services if additional community-based supports are needed.

ACCEPTED FOR AN INVESTIGATION OF EDUCATIONAL NEGLECT (“Screen In”):

A report will be accepted for a CPS Investigation when it contains all required information (including documentation of school’s exhaustive efforts to engage the student and family) and contains sufficient information to support an allegation of educational neglect. An allegation of educational neglect is identified when a student has missed an excessive amount of school as a direct result of action or inaction by the parent or caregiver and these absences have had an impact on their educational obtainment. In these instances:

- Reporters are notified of the screening decision via email.
- Reporters will be contacted by the assigned CFSA investigative social worker to obtain additional information, and to support school collaboration with CFSA in intervention planning with the family.

b. What are some examples of reports that are screened out?

- a. Student reported to CFSA via the portal and the recommended school-based interventions were not completed

- b. Absences not excessive based on the amount of membership days and school denies any concerns in performance (i.e. 10 unexcused absences in October vs 10 unexcused absences in April)
- c. 8th grade student with 12 unexcused absences who walks to school and is skipping instead of going. Parent has been responsive and is working with school to develop a plan.
- d. Student who has missed 20 unexcused days of school in which the family has notified the school that they just lost their housing and car and are working on getting back on their feet. Child has no history of attendance concerns and the current attendance matters are directly related to the family's current barriers.
- e. Family has notified the school that they are travelling outside the country and has missed more than 10 days of school and the school indicated they are reporting for compliance.
- f. Triage unit reached out to the family who indicates and can provide documentation that these were excused absences. Triage connects the family/school is asked to update the records to reflect as such.
- g. Student has 10 or more absences, and the school denies any concerns for wellbeing or academic performance.

c. Why are so few reports of educational neglect accepted?

See response to Question 69(a). Reports submitted by the school due to statutory reporting requirements only, in which there are no concerns among school personnel about the student's academic performance. Additionally, the triage team works with the family and the schools to ameliorate the barrier in school attendance to prevent the family from entering the child welfare system via an Investigation. Although reports are not accepted (Screened out), this doesn't mean that interventions are not completed.

d. Does CFSA follow-up to monitor the attendance of students whose educational neglect reports were screened out? If so, for how long?

CFSA does not monitor any screened-out reports. There is a record of the screen-out in our child information system.

70. According to CFSA's FY 22 performance oversight pre-hearing responses (question 20a), CFSA found only 26% (173 of 668) of the accepted reports to be substantiated.

a. Explain the decision-making process for determining whether an accepted educational neglect report is substantiated.

CFSA clinically assesses each report, which includes reviewing history with the family (looking for other concerns) as well as a pattern of educational neglect, reaching out to the schools, and contacting the family.

- CFSA assesses for more than just the number of days to initiate an investigation which could lead to a substantiation for educational neglect. Factors considered include:

- The age of the child;
- The number and chronicity of the absences;
- The engagement of the parents with the school and, what, if any, explanation the parents provide;
- Whether the child receives services in school or has special needs that are not being met because of the absences;
- Whether there are other allegations or concerns that lead to the absences; and
- The impact the absences have on school progress (poor grades, child not performing on grade level despite the ability to do so)

b. What is the standard for a finding of educational neglect? Is it only when absenteeism is found to have an adverse impact on a student's academic performance?

Please see the factors noted above in the response to Question 70(a). 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 unable to get their child to school, the social worker assesses why and provides interventions or referrals for services to help address those needs. If despite providing the necessary interventions and resources to the parent/guardian, and there is no improvement in the attendance concerns, a substantiated finding of neglect may occur.

c. What are some examples of accepted reports that are substantiated?

The referral was screened in due to previous and current concerns (22 unexcused days) for school attendance, school and community-based interventions had been exhausted, and the child is not meeting her Individual Education Plan (IEP) goals. During the investigation CFSA assisted mom with getting transportation secured daily through OSSE, linkage to the collaborative, and participation in IEP meetings to discuss therapeutic supports. Despite the school, community, and CFSA interventions, the child continued to accrue absences and the parent was not cooperative or receptive to recommendations. This family was recommended for court oversight due to the severity of concerns. While the court allowed the child to stay in the home (conditional release), recommendations from CFSA were court ordered to the parent. It should also be noted that there were concerns about supervision for which the parent was also substantiated.

The referral was screened in due to the child accruing 17 unexcused absences and it was reported that the child's guardian (older brother) had kept him home to babysit a younger sibling while he went to work. The reporter indicated that there was history of him missing school to babysit. The guardian and the child denied the allegations regarding babysitting and cited that the children only stay home when they are sick, and if he must work, a family member watches them. He admitted that he never writes any notes indicating illness was the reason why the children were out of school. Despite the school's request to submit medical notes, he did not comply. During the investigation, the children accrued more absences and are both were at risk for retention due to poor academic performance. Educational Neglect was substantiated, and an In-Home case was opened.

The referral was screened in due to previous and current concerns for school attendance (21 excused-many consecutive days). The school reached out to the parent prior to referral to CFSA.

The parent indicated that she was overwhelmed being a single parent and was going through some things. She also indicated that the child indicated that she didn't want to go to the school because she was being bullied. The school made several attempts to have meetings with the parent to address the bullying concerns, however, the parent was unresponsive. During the investigation, it was discovered that sometimes the parent's car would break down and the mom/child would refuse to use public transportation. The child continued to miss school despite intervention efforts by the school and CFSA. The child's academic performance was impacted, and the parent was substantiated for Educational Neglect. The parent agreed to be linked to the collaborative to address the concerns.

d. What are some examples of accepted reports that are not substantiated?

The referral was screened in after school staff placed telephone calls to parent regarding attendance. The student was in the neighborhood when a fellow student was shot, and she has not returned to school since. School has tried to support family; however, parent has declined all support. Parent initially indicated that she would pick up and drop student off, but she has failed to do so. The student was to complete work packets and return but she has failed to do so. The parent was referred to DYRS for support, but parent has not complied. During the investigation, the SW found that the child witnessed another student get murdered and is afraid to attend school. Prior to that she was dealing with severe bullying. The school indicated they would not provide paper packets (no longer available since COVID ended, no virtual – only for HS with medical excuse, DCPS will not allow a transfer, yet the mother had been approved for a 4 Bedroom in NW (new home school boundaries). Home schooling through OSSE is not an option due to lateness in the year. The child does want to attend school, just not the current school due to the bullying, threats, shootings, and so on. In addition, the child's case manager indicates child's mental health would be in jeopardy should she remain at her current school. An educational advocate is currently working with the mom attempting to get DCPS to allow mother to transfer child the new school. The family continues to receive wrap around services with Friendship Place, are working with an educational advocate and have a housing case manager. The family was offered additional supports, however declined. The allegation of educational neglect was unfounded.

The school alleged educational neglect after the child accrued 29 unexcused absences and 23 excused absences. The school failed to provide specific dates, failed to provide report cards after multiple requests, and failed to describe academic impact. The mother noted the child missed school due to deaths in the family, being sick, and when she was experiencing financial hardship. She indicated she provided notes that may not have been accounted for. A CPS supervisor was informed by the school that the child was absent on a day when that supervisor saw the child in the building personally on that day. There are concerns with the accuracy of the documentation by the school. The mother is making efforts to help her son keep up with his academics, requesting tutoring services through the Far SE Collaborative. This SW referred the family for furniture, clothing, and rental assistance. They were linked to the FSEFSC for ongoing case management and support. This referral was closed unfounded.

The referral was screened in after the school indicated that there were an accrual of absences and there were no responses from the parent despite letters and phone calls. There was an incident at school and the student was ordered a safety transfer however the parent had failed to withdraw or

enroll the student in the new school. During the investigation valid concerns regarding the safety of the family, which was confirmed when mom was provided a safety transfer for the child. In addition, there were incidents where the family were targeted, once again. There were barriers with providers involved regarding assistance with verifying the home addresses for enrollment into the schools. Throughout this investigation, mom continued to complete the tasks asked and collaborated with this social worker in creating multiple intervention plans to address the presenting concerns. On July 17, 2023, the social worker was notified by the mom that they were placed in a Maryland hotel by the mayor's office and will be receiving an emergency transfer to Maryland so that they are able to receive permanency in Maryland due to the violent acts that for which they were victims. The allegation of Educational Neglect was unfounded.

71. According to CFSA's FY 22 performance oversight pre-hearing question responses (question 20b), in School Year 2022, 6 youths were removed from their homes out of 173 substantiated reports of educational neglect.

a. What does CFSA do to address educational neglect for youth who are not removed from their home? Can you talk about the resources available to families to address the underlying reasons why students are not attending school, including the work of CFSA's Engage and Connect Unit.

Engage and Connect Unit

- The Engage and Connect Unit (ECU) expands CFSA's preventative measure 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 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.

Resources available to families to address the underlying reasons why students are not attending school.

- The family may be referred through CFSA's web-based referral platform called Unite Us to different District programs such as the Healthy Families, Thriving Communities Collaboratives and DC's Family Success Centers, DHS's Virginia Williams Family Resource Center, DBH Access Helpline. Office of Tenant Advocates and Legal Services if additional community-based supports are needed.

What does CFSA do to address educational neglect for youth who are not removed from their home?

- Substantiated referrals, if determined to be intensive or high risk by CFSA, an In-home case will be opened, and a social worker assigned to the family for monitoring. Those families determined to be low or moderate risk will be referred to community-based services.

- Unfounded referrals will be referred for community-based services if there are needs that have been identified and the family consents.

72. *Students in the care of CFSA have worse chronic absenteeism and truancy rates than other students, including that 30% of students in the care of CFSA had “profound chronic absenteeism” meaning they missed 30% or more of school days in Schoolyear 2022-23.*

a. Describe CFSA’s current efforts to help students in the care of DC improve their attendance?

CFSA utilizes components of the evidence-based Check and Connect Engagement and Intervention model. This model is a nationally recognized drop-out prevention program centered on providing academic coaching and mentoring to students. Education specialists work directly with youth, their social work teams, and school officials, to develop action plans, that may include incentives, to help youth eradicate barriers that may impact school success. Youth are selected for this program based upon the following criteria:

- At-risk of not graduating from high school due to low attendance.
- Poor academic performance.
- Engaging in disruptive behaviors that result in suspensions and or expulsions.

b. What do we know about what’s causing their poor attendance? What can the District government do to address those issues?

Youth in care have complex needs and experiences that extend beyond many of their peers. In some instances, youth enter care with existing patterns of chronic absenteeism due to trauma, anxiety, instability, and trust issues. At the present, the most common themes presented include safety concerns, mental health challenges, placement instability, lack of motivation and a decreased overall interest in school. Some youth do not understand the significance of investing in their education and opt to enter the workforce.

While chronic absenteeism is a complex challenge with no easy solution, there are several school-level and systemic efforts we believe the District can make to address it:

- Utilizing technology to better communicate attendance information to parents/and caregivers.
- Promoting vocation-based curricula.
- Providing targeted incentives and rewards to students who improve their attendance.
- Continuing efforts to make schools and neighborhoods safe.
- Expanding mental health supports and wellness activities.

Health and Mental Health Care

73. 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 FY 23 and FY 24, to date, that received health screenings prior to placement; and

Fiscal Year	# of Removals	# of Youth Requiring Health Screening Prior to Placement	# of Youth Receiving a Health Pre-Placement Screening
FY23	179	145	130 (90%)
FY24	44	34	29 (85%)

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 FY 23 and FY 24, to date, that received medical and dental evaluations within 30 days of placement;

Fiscal Year	# of Removals	# of Youth Requiring Medical Evaluation within 30 days of Placement	# of Youth Receiving a Medical Evaluation within 30 days of Placement
FY23	179	149	125 (84%)
FY24	44	33	27 (82%)

Fiscal Year	# of Removals	# of Youth Requiring Dental Evaluation within 30 days of Placement	# of Youth Receiving a Dental Evaluation within 30 days of Placement
FY23	179	111	14 (13%)
FY24	44	28	12 (43%)

74. For FY 23 and FY 24, to date:

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

Fiscal Year	Medically Fragile	Developmentally Delayed
FY23	3	5
FY24	2	2

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

Fiscal Year	Medically Fragile	Developmentally Delayed
FY23	6	7
FY24	1	0

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

75. *For FY 23 and FY 24, 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;*

Fiscal Year	Total Children
FY23	329
FY24	30

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

Fiscal Year	Total Children
FY23	280
FY24	21

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

Our goal is to screen all children. However, we can only do so with parental consent. In FY23, out of the 280 children not entering foster care, 18 children were screened using the Ages and Stages Questionnaire (ASQ-3). In FY24, out of the 21 children not entering foster care, zero were screened using the ASQ-3.

Fiscal Year	Children Screened Using the Ages and Stages Questionnaire
FY23	18
FY24	0

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

Fiscal Year	Children Screened and Referred to Strong Start
FY23	1
FY24	0

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

a. *What percentage of children entering foster care in FY 23 received a mental health evaluation within 30 days of entry? In FY 24, to date?*

Fiscal Year	# of Children Eligible*	#Received Mental Health Evaluation	# and Percent of Children Received Mental Health Evaluation Within 30 Days of Entry
FY23	35	29	27 (93%)
FY24	15	8	8 (100%)

*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 FY23 and FY24 Q1, no children were referred for further mental health evaluations because CFSA mental health staff conduct mental health evaluations internally.

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

In FY23 and FY24 Q1, additional mental health evaluations were not required since CFSA conducts the mental health evaluations internally.

b. *What percentage of children who were in foster care in FY 23 received the CAFAS/PECFAS every 90 days? In FY 24, to date?*

In December 2019, CFSA stopped conducting aggregate tracking of the CAFAS/PECFAS assessment data. In FY23, of the 491 children/youth in foster care requiring case plans, 87 percent had a current case plan. In FY24, to date, of the 481 children/youth in foster care requiring case plans as of Q1, 79 percent have a current plan.

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

- In FY23, the average time between mental health evaluations and the delivery of therapy services was 21 days.
- In FY24 to date, the average time between mental health evaluations and the delivery of therapy services was four days.

d. *In FY 23, and in FY 24, to date, how many children, broken down by age and gender, had an episode of psychiatric hospitalization?*

FY23

Age	1 Episode	2 Episodes or More	Total Children
6	0	0	0
7	0	0	0
8	1	0	1
9	1	0	1
10	0	0	0
11	2	0	2
12	3	1	4
13	2	0	2
14	1	1	2
15	2	2	4
16	1	1	2
17	2	1	3
18	2	0	2
19	1	1	2
20	0	0	0
Total	18	7	25

FY23

Gender	1 Episode	2 Episodes or More	Total Children
Male	6	3	9
Female	12	4	16
Total	18	7	25

FY24 Q1

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

FY24 Q1

Gender	1 Episode	2 Episodes or More	Total
Male	3	1	4
Female	6	1	7
Total	9	2	11

e. In FY 23, and in FY 24, to date, how many, and what percentage of, hospitalized children had more than one episode of psychiatric hospitalization?

- In FY23, seven unique youth (three males and four females) or 28 percent of hospitalized youth, had more than one episode of psychiatric hospitalization.
- In FY24, to date, two youth (one male and one female) or 18 percent of hospitalized youth had more than one episode of psychiatric hospitalization.

f. How many, and what percentage of, children in foster care spent time at a Psychiatric Residential Treatment Facility in FY 23? In FY 24, to date? Break this information down by age.

- In FY23, 12 children, or 1.71 percent of children in foster care, spent time at a PRTF.
- In FY24, to date, 10 children, or 1.85 percent of children in foster care, spent time at a PRTF.

Age	FY23 Children placed at a Psychiatric Residential Treatment Facility (PRTF)
8	0
9	0
10	1
11	2
12	0
13	3
14	2
15	0
16	3
17	1
18	0
Total	12

Age	FY24 Children placed at a Psychiatric Residential Treatment Facility (PRTF)
8	1
9	0
10	0
11	2
12	0
13	1
14	0
15	2
16	2
17	2
18	0
Total	10

- g. 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 FY 23? How many referrals has CFSA made in FY 24, to date? For each fiscal year, identify how many referrals were made for cases in which children:*
- i. Were in foster care at the time of the referral; and*

For FY23, 115 youth were in care at the time of the referral. In FY24, to date, 13 youth were in care at the time of the referral. Youth referrals were as follows:

- In FY23, CFSA made 48 referrals for evidence-based, specialized services to DBH. In FY24, CFSA made 7 referrals for evidenced based, specialized services to DBH.

- In FY23, CFSA therapists provided 56 children with evidence-based specialized services and other treatment modalities such as grief and loss or play therapy. In FY 24, CFSA therapists provided 6 children with evidence-based specialized services and other treatment modalities such as grief and loss or play therapy.
- CFSA made 11 referrals for evidence-based specialized services to MBI.

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

CFSA does not track this information.

h. In FY 23 and FY 24, 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 FY23, 29 youth completed mental health evaluations, of which 23 were recommended for therapy.
- In FY24 to date, eight youth completed mental health evaluations, of which seven were recommended for therapy.

i. 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.

j. 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.

k. 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.

l. 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.

m. 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).

- In FY23, CFSA had a contract with MBI 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 initiated most referrals to MBI within one business day of discharge and the mental health supervisor conferred directly with the MBI therapists assigned to the contract to discuss key information needed for the transition and warm hand-off. Furthermore, referral information was discussed with MBI during monthly contract meetings to address additional information or needs.
- In FY24, CFSA’s contract with MBI was concluded. If needed, CFSA will collaborate with DBH to transition youth to long-term therapy.

77. Provide an update on the Agency’s crisis stabilization services and a detailed description of all available crisis stabilization services for youth in foster care and resource parents in FY 23 and FY 24, 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:

- Each CFSA resource home has a dedicated Resource Parent Support Worker RPSW who provides supportive interventions and parent-coaching needed to manage situations that may result in placement instability or disruption. RPSWs respond to calls from resource parents for crisis management, either by phone or in-person.
- The REACH Support Line – is staffed by a Supervisory Social Worker every evening and weekend. The supervisor provides after hours telephone consultation and support to help mitigate crises. This support is provided by phone with an option for support in person as needed. The line is operational Monday-Friday from 5pm- 12am and Saturday, Sunday, and on holidays from 2pm -12am.
- 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.

a. During FY 23, how many calls for crisis mobilization services has CFSA and/or its vendors received? FY 24, to date?

FY23	77
FY24 Q1	18

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

FY23	59
FY24 Q1	13

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

FY23	1
FY24 Q1	1

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

FY23	0
FY24 Q1	2

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

FY23	2
FY24 Q1	1

b. *How has the Agency evaluated the effectiveness of 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.*

Placement stability is measured and monitored on a monthly basis through a Placement CQI process. The agency measures moves that are positive (ie, move from traditional foster home to kin or from a group home to a foster home) compared to those that are disruptions and unplanned moves that are not in the best interest of the child.

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.
- The REACH Resource Parent Support Line is available Monday-Friday 5pm-12am, Saturday, Sunday and on holidays 2pm-12am.

- 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.

78. Provide the number of children served by the in-house mental health providers hired by CFSA in FY 23 and FY 24, 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.*

FY23

FY23 Client	Start of service	End of service	Length of service (days)	Type of service	Transitioned to external provider
1	4/10/2023	9/6/2023	149	Individual Therapy	No
2	1/24/2023	9/1/2023	220	Individual Therapy	No
3	9/5/2022	9/1/2023	361	Individual Therapy	No
4	1/24/2022	8/31/2023	584	Individual Therapy	No
5	1/24/2022	8/31/2023	584	Individual Therapy	No
6	11/1/2022	8/15/2023	287	Individual Therapy	No
7	2/8/2023	8/1/2023	174	Individual Therapy	No
8	6/6/2022	7/31/2023	420	Individual Therapy	No
9	11/29/2022	7/27/2023	240	Individual Therapy	No
10	2/27/2023	7/1/2023	124	Individual Therapy	No
11	4/19/2023	6/8/2023	50	Individual Therapy	No
12	4/6/2022	5/25/2023	414	Individual Therapy	No
13	3/30/2022	5/20/2023	416	Individual Therapy	No
14	5/10/2023	5/10/2023	0	Individual Therapy	No
15	1/27/2023	4/30/2023	93	Individual Therapy	No
16	7/29/2021	3/15/2023	594	Individual Therapy	No
17	7/29/2021	3/15/2023	594	Individual Therapy	No
18	12/28/2022	2/28/2023	62	Individual Therapy	No
19	9/6/2022	1/31/2023	147	Individual Therapy	No
20	3/16/2022	12/31/2022	290	Individual Therapy	No
21	5/5/2022	12/31/2022	240	Individual Therapy	No
22	10/28/2022	12/30/2022	63	Individual Therapy	No
23	10/28/2022	12/30/2022	63	Individual Therapy	No

FY23 Client	Start of service	End of service	Length of service (days)	Type of service	Transitioned to external provider
24	2/15/2022	12/15/2022	303	Individual Therapy	No
25	3/22/2022	12/15/2022	268	Individual Therapy	No
26	10/12/2022	11/16/2022	35	Individual Therapy	No
27	10/12/2022	11/16/2022	35	Individual Therapy	No
28	8/18/2022	11/14/2022	88	Individual Therapy	No
29	2/1/2022	10/25/2022	266	Individual Therapy	No
30	3/1/2022	10/25/2022	238	Individual Therapy	No
31	3/9/2022	10/25/2022	230	Individual Therapy	No
32	5/25/2022	10/25/2022	153	Individual Therapy	No
33	6/9/2022	10/25/2022	138	Individual Therapy	No
34	7/18/2022	10/25/2022	99	Individual Therapy	No
35	5/4/2022	10/25/2022	174	Individual Therapy	No
36	7/26/2022	10/23/2022	89	Individual Therapy	No
37	11/10/2021	N/A	Active	Individual Therapy	N/A
38	8/26/2021	N/A	Active	Individual Therapy	N/A
39	7/3/2023	N/A	Active	Individual Therapy	N/A
40	3/2/2022	N/A	Active	Individual Therapy	N/A
41	12/7/2022	N/A	Active	Individual Therapy	N/A
42	4/7/2022	N/A	Active	Individual Therapy	N/A
43	8/2/2023	N/A	Active	Individual Therapy	N/A
44	9/12/2022	N/A	Active	Individual Therapy	N/A
45	8/16/2022	N/A	Active	Individual Therapy	N/A
46	10/17/2022	N/A	Active	Individual Therapy	N/A
47	10/12/2022	N/A	Active	Individual Therapy	N/A
48	9/12/2022	N/A	Active	Individual Therapy	N/A
49	1/23/2023	N/A	Active	Individual Therapy	N/A
50	2/8/2023	N/A	Active	Individual Therapy	N/A
51	11/30/2022	N/A	Active	Individual Therapy	N/A
52	5/23/2023	N/A	Active	Individual Therapy	N/A
53	4/25/2023	N/A	Active	Individual Therapy	N/A
54	3/23/2023	N/A	Active	Individual Therapy	N/A
55	4/6/2023	N/A	Active	Individual Therapy	N/A
56	4/14/2023	N/A	Active	Individual Therapy	N/A
57	1/13/2023	N/A	Active	Individual Therapy	N/A

FY23 Client	Start of service	End of service	Length of service (days)	Type of service	Transitioned to external provider
58	2/7/2023	N/A	Active	Individual Therapy	N/A
59	3/14/2023	N/A	Active	Individual Therapy	N/A
60	3/17/2023	N/A	Active	Individual Therapy	N/A
61	3/31/2023	N/A	Active	Individual Therapy	N/A
62	9/5/2023	N/A	Active	Individual Therapy	N/A
63	6/20/2023	N/A	Active	Individual Therapy	N/A
64	9/28/2023	N/A	Active	Individual Therapy	N/A
65	8/14/2023	N/A	Active	Individual Therapy	N/A
66	8/2/2023	N/A	Active	Individual Therapy	N/A
67	10/3/2023	N/A	Active	Individual Therapy	N/A
68	8/9/2023	N/A	Active	Individual Therapy	N/A
69	11/21/2023	N/A	Active	Individual Therapy	N/A
70	11/20/2023	N/A	Active	Individual Therapy	N/A
71	10/30/2023	N/A	Active	Individual Therapy	N/A
72	10/19/2023	N/A	Active	Individual Therapy	N/A
73	11/1/2023	N/A	Active	Individual Therapy	N/A
74	10/18/2023	N/A	Active	Individual Therapy	N/A
75	8/22/2023	N/A	Active	Individual Therapy	N/A

FY24

FY24 Client	Start of service	End of service	Length of service	Type of service	Transitioned to external provider
1	5/10/2023	12/20/2023	224	Individual Therapy	No
2	6/28/2023	11/1/2023	126	Individual Therapy	No
3	11/10/2021	N/A	Active	Individual Therapy	N/A
4	8/26/2021	N/A	Active	Individual Therapy	N/A
5	7/3/2023	N/A	Active	Individual Therapy	N/A
6	3/2/2022	N/A	Active	Individual Therapy	N/A
7	12/7/2022	N/A	Active	Individual Therapy	N/A
8	4/7/2022	N/A	Active	Individual Therapy	N/A
9	8/2/2023	N/A	Active	Individual Therapy	N/A
10	9/12/2022	N/A	Active	Individual Therapy	N/A
11	8/16/2022	N/A	Active	Individual Therapy	N/A
12	10/17/2022	N/A	Active	Individual Therapy	N/A

FY24 Client	Start of service	End of service	Length of service	Type of service	Transitioned to external provider
13	10/12/2022	N/A	Active	Individual Therapy	N/A
14	9/12/2022	N/A	Active	Individual Therapy	N/A
15	1/23/2023	N/A	Active	Individual Therapy	N/A
16	2/8/2023	N/A	Active	Individual Therapy	N/A
17	11/30/2022	N/A	Active	Individual Therapy	N/A
18	5/23/2023	N/A	Active	Individual Therapy	N/A
19	4/25/2023	N/A	Active	Individual Therapy	N/A
20	3/23/2023	N/A	Active	Individual Therapy	N/A
21	4/6/2023	N/A	Active	Individual Therapy	N/A
22	4/14/2023	N/A	Active	Individual Therapy	N/A
23	1/13/2023	N/A	Active	Individual Therapy	N/A
24	2/7/2023	N/A	Active	Individual Therapy	N/A
25	3/14/2023	N/A	Active	Individual Therapy	N/A
26	3/17/2023	N/A	Active	Individual Therapy	N/A
27	3/31/2023	N/A	Active	Individual Therapy	N/A
28	9/5/2023	N/A	Active	Individual Therapy	N/A
29	6/20/2023	N/A	Active	Individual Therapy	N/A
30	9/28/2023	N/A	Active	Individual Therapy	N/A
31	8/14/2023	N/A	Active	Individual Therapy	N/A
32	8/2/2023	N/A	Active	Individual Therapy	N/A
33	10/3/2023	N/A	Active	Individual Therapy	N/A
34	8/9/2023	N/A	Active	Individual Therapy	N/A
35	11/21/2023	N/A	Active	Individual Therapy	N/A
36	11/20/2023	N/A	Active	Individual Therapy	N/A
37	10/30/2023	N/A	Active	Individual Therapy	N/A
38	10/19/2023	N/A	Active	Individual Therapy	N/A
39	11/1/2023	N/A	Active	Individual Therapy	N/A
40	10/18/2023	N/A	Active	Individual Therapy	N/A
41	8/22/2023	N/A	Active	Individual Therapy	N/A

79. There are many parents with in-home cases who need immediate mental health services in order to comply with their case plans.

a. How many of CFSA's in-home families accessed mental health services through DBH in FY 22, FY 23 and FY 24 to date?

CFSA is unable to report the number of in-home families who have received services through DBH since CFSA does not track the mental health services that in-home families receive from DBH.

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

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.

80. Provide the following responses for FY 22, FY 23, and FY 24, 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 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, 174 youth entered foster care and 68 of those youth were eligible for substance abuse screening. Of those 68 eligible youth, zero consented to substance abuse screening.
- In FY24 Q1, 43 youth entered foster care and 12 of those youth were eligible for substance abuse screening. Of those 12 eligible youth, zero consented to a substance abuse screening.

b. How many youth were referred to an Adolescent Substance Abuse Treatment Expansion Program ("ASTEP") provider for treatment? Of the youth referred, how many engaged in services? For youth that did not engage, what are the reasons why they did not engage?

- In FY22, 62 youth were referred for an assessment by an ASTEP provider. Of the 62 youth, 18 youth agreed to an assessment, of which 8 were no shows.

- In FY23, 33 youth were referred for an assessment by an ASTEP provider. Of the 33 youth, seven youth agreed to an assessment, of which three completed the assessment, four youth were no shows.
- In FY24, eight youth were referred for an assessment by an ASTEP provider. Of the eight youth, one youth agreed to an assessment, however the youth was a no-show.

For youth that do not engage, denial of substance use/abuse was the common theme for not attending assessment appointments. When youth do not show up for appointments, CFSA attempts to reach out to the youth to re-engage.

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

- In FY22, eight of the ten youth assessed were successfully linked to services.
- In FY23, three of the seven youth were assessed and successfully linked to services.
- In FY24, no youth have been assessed or linked to services to date.

81. *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 CY23, there were five fatalities with active CFSA involvement at the time of their death. Three were in foster care and two had an open In-Home case. There were no fatalities of children involved in an active CPS investigation.

As of 1/8/24, there have been no fatalities reported for children or youth with active CFSA involvement at the time of their death in CY24.

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

82. *How many referrals did CFSA receive from MPD regarding minors alleged to be commercially sexually exploited in FY 23 and in FY 24, to date?*

Fiscal Year	Accepted							Accepted Linked	Total # of Calls
	Incomplete	Inconclusive	Linked Investigation	Open	Substantiated	Unfounded	Subtotal		
FY23	1	0	1	0	2	5	9	0	9
FY24	0	0	0	3	0	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.

83. How many referrals did CFSA receive in FY 23 and FY 24, to date, where an alleged sex trafficker or trafficker was a parent, guardian, or legal custodian? Provide the outcome of these calls and their corresponding referrals.

FY23

Outcome		Allegation Type			Total Hotline Calls
		Failure to protect against human sex trafficking	Sexual exploitation of a child by a caregiver (Q83)	Sexual exploitation/sex trafficking of a child (by a non-caregiver)	
Accepted	Incomplete	1	2	4	7
	Inconclusive	0	0	4	4
	Linked Investigation	0	0	1	1
	Open	0	0	1	1
	Substantiated	0	1	9	10
	Unfounded	2	5	16	21
Subtotal		3	8	35	44
Accepted Linked		0	1	7	8
Screened Out		0	0	2	2
Total # of Calls		3	9	44	54*

FY24

Outcome		Allegation Type			Total Hotline Calls
		Failure to protect against human sex trafficking	Sexual exploitation of a child by a caregiver (Q83)	Sexual exploitation/sex trafficking of a child (by a non-caregiver)	
Accepted	Incomplete	0	0	0	0
	Inconclusive	0	0	0	0
	Linked Investigation	0	0	0	0
	Open	0	1	10	11
	Substantiated	0	0	0	0
	Unfounded	0	1	0	1
Subtotal		0	2	10	12
Accepted Linked		0	0	2	2
Screened Out		0	1	1	1
Total # of Calls		0	3	13	15*

* Unique counts

84. In the previous year, has CFSA updated its internal guidance on handling referrals made to the agency where the alleged trafficker is a parent, guardian, or legal custodian? If the guidance has changed, Describe and provide copies of all updated internal guidance on handling such referrals to ensure referred children receive proper services.

To comply with new reporting provisions in the [Trafficking Victims Prevention and Protection Reauthorization Act of 2022](#), CFSA updated its [Missing, Abducted and Absent Children](#) policy to expressly require the Agency to file a report with both the local law enforcement agency and with the National Center for Missing and Exploited Children immediately, and in no case later than 24 hours after being notified a child is missing or abducted, or absent and at high risk. To inform reporting decisions regarding children who are classified as "absent," the policy's companion [Business Process](#) lists the criteria for "high risk."

85. In the previous year, has CFSA updated its internal guidance on handling referrals made to the agency where the alleged trafficker is not a parent, guardian, or legal custodian? If the guidance has changed, Describe and provide copies of all updated internal guidance on handling such referrals to ensure referred children receive proper services.

There has been no change to internal guidance.

86. 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. 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. See attached AI - Sex Trafficking Identification and Response.

a. In calendar year 22 and 23, to date, what is the number of CFSA staff members who have been trained on human trafficking issues?

In FY23, training on human trafficking issues was offered five times throughout the year with 111 participants. Training on human trafficking issues has not yet been offered in FY24 as the current curriculum is under its annual review and update. 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 and FY23, 36 CPS social workers received the training.

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

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.

- c. 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 FY 23 and in FY 24, 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.

- 87. 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 entered into a contract for an enhanced short-term emergency placement, "The Bridge Program" who serve this population. On January 2, 2024, "Allen House" therapeutic group home opened who will also serve this population. Both facilities offer placement for youths 13-17 with a six bed capacity for each.

- 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.

88. *In FY 23 and in FY 24, 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?*

Fiscal Year	Foster Care	In-Home	Total # of Children
FY23	1	3	4
FY24	0	2	2

89. *Describe the involvement that CFSA has in DC Superior Court’s HOPE Court.*

- a. *How many cases did the Hope Court hear in FY 23 and in FY 24, to date?*

FY23	17
FY24	13

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

CFSA is an active participant, and our role is fully implemented in the Hope Court process. The agency will continue to partner with agencies to support identified needs for local, specialized mental health and behavioral services.

Education

90. *In SY 22-23, Provide the following information regarding foster youth school stability and continuity.*

- a. *How many youth experienced a change in school placement during the 22-23 school year? State the reasons.*

During the SY22-23 school year, 41 students changed school placement. Reasons for school placement changes include:

- Student Request: 6 students
- Parent/Guardian Choice: 9 students
- Proximity to Placement: 8 students
- PRTF or Detention Entry or Discharge: 8 students
- Services/Program Needs: 10 students

b. How many youth attended a different school the previous school year? State the reasons.

94 students attending a different school from the previous school year. The following reasons were reported for the school changes:

- Student Request: 10 students
- Parent/Guardian Choice: 7 students
- Proximity to Placement: 33 students
- PRTF or Detention Entry or Discharge: 9 students
- Expulsion: 2 students
- Natural Transition/Matriculation 33 students

c. How many children in foster care requested school transportation? For each child that did not receive transportation, explain why not.

In FY23, there were 127 youth referred for school transportation. Of that total, 118 youth received the requested transportation. There were nine youth referred for school stability transportation who did not receive the service in FY23. The reasons are as follows:

- One youth refused to utilize the transportation support.
- Three youth changed schools and no longer needed transportation.
- Two youth returned home under protective supervision.
- Two youth had goals changed to adoption and moved to their local school.
- One youth transitioned to a level five school and DCPS provided transportation.

d. Describe the agency's efforts in FY 23 and FY 24, to date, to improve school stability and continuity for youth who enter foster care or who change foster care placements while in care.

In FY23 and FY24, to date, CFSA maintained its commitment to improve school stability and continuity for the youth in its care. CFSA continues to collaborate with 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.

e. Describe the agency’s efforts in FY 23 and FY 24, to date, to improve school stability and continuity for youth who enter into kinship care via safety plans.

See response to Question 90d. CFSA offers the same services to improve school stability and continuity for all youth in care and does not delineate kinship care.

91. How many youths received tutoring in FY 23 and to date in FY 24?

Fiscal Year	# of Youth who received tutoring from CFSA contracted vendor
FY23	48
FY24 (to date)	2

a. What is the total funding in the FY 24 budget for tutoring? Explain any variance from FY 23.

There is no budget allocated for tutoring in FY24. This represents a \$30,000 decrease from FY23, which is a result of CFSA transitioning foster care youth to the District’s high impact and acceleration programs in their schools and community.

b. Identify each tutoring provider and the amount allocated in FY 24. Explain any variance from FY 23.

In FY24, to date, CFSA concluded its contractual partnership with Katie Helen’s for the two-remaining youth in need of service. CFSA does not have a contracted tutoring provider. CFSA is partnering with various community providers and schools to refer youth to the District’s high impact and acceleration programs.

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?

- **Academic performance:** Because youth received most of their tutoring in the community or schools, CFSA does not have information to demonstrate the impact on academic performance.
- **School Stability:** CFSA did not see evidence of tutoring having demonstrable impact on maintaining school stability for students in its care.

- **Ability to progress on to the next grade at school:** Of the 52 students who were served by CFSA and referred to schools or the community for tutoring, CFSA was able to access data on student’s promotion status for 37 students. Of the 37 students, 34 (92%) progressed to the next grade, 2 (5%) were retained, and 1 (3%) was in an ungraded setting where grade progression does not apply. The remaining 15 students exited care, so we could not access their promotion status.
- **Ability to graduate from high school:** Of the 4 students who received tutoring service while in the 12th grade, 3 were confirmed to have graduated from high school. The 4th student exited care before the end of the school year.

92. How many youth received mentoring services in FY 23 and to date in FY 24?

Mentoring Provider	FY23	FY24
Credible Messenger	80	31

- a. What is the total funding in the FY 24 budget for mentoring? Explain any variance from FY 23.*

CFSA’s FY24 mentoring budget is \$242,000. There is no variance from FY23.

- b. Identify each mentoring provider and the amount allocated in FY 24. Explain any variance from FY 23.*

DYRS’ Credible Messenger initiative is a mentoring program for older youth (ages 14-21). The FY24 budget is \$242,000. There is no variance from FY23.

- 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:

- Annual outcomes survey completed by participating youth and caregivers which measures social functioning, cognitive functioning, emotional/behavioral functioning, and the avoidance of risk behaviors; and
- Monthly reports on goals for individual mentoring matches and progress towards those goals.

In-Home Services and Prevention

In-Home Visiting

93. Provide a detailed update regarding the Agency's in-home cases, including:

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

Position	Filled	Vacant
Administrator	1	0
Program Managers	2	0
Supervisory Social Workers	9	0
Social Worker	40	4
Family Support Worker	10	0
Administrative Staff	2	0
Total	64	4

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 93c.

c. List of services that were offered and explained; and

See the following table for services available under the Family First Prevention Services Act.

i. Whether families actually engaged in any of the services offered

Services offered to families and whether they actually engaged in those services, In-Home cases only (FY23 and FY24 Q1)

Program (Provider)	Number of families referred to services in FY23 (in parentheses, number of families referred who actually engaged in services)	Number of families referred to services in FY24 (in parentheses, number of families referred who actually engaged in services)
Adolescent Community Reinforcement Approach (ACRA)	0 (0)	0 (0)
(Department of Behavioral Health)	0 (0)	0 (0)
Chicago Parenting Program (CPP)	1 (1)	0 (0)
(East River Family Strengthening Collaborative)	1 (1)	0 (0)
Child Parent Psychotherapy for Family Violence (CPP-FV)	0 (0)	0 (0)

Program (Provider)	Number of families referred to services in FY23 (in parentheses, number of families referred who actually engaged in services)	Number of families referred to services in FY24 (in parentheses, number of families referred who actually engaged in services)
(Mary's Center)	0 (0)	0 (0)
Effective Black Parenting Program (EBPP)	20 (11)	1 (1)
(Collaborative Solutions For Communities)	7 (3)	1 (1)
(East River Family Strengthening Collaborative)	14 (8)	0
Family Peer Coaches	30 (29)	3 (3)
(Community Connections)	30 (29)	3 (3)
Functional Family Therapy	4 (1)	0 (0)
(Department Of Human Services)	4 (1)	0 (0)
Healthy Families America (HFA)/Parents as Teachers (PAT)	2 (0)	0 (0)
(Mary's Center)	2 (0)	0 (0)
Multi-Systemic Therapy (MST)	1 (0)	0 (0)
(Department of Behavioral Health)	1 (0)	0 (0)
Neighborhood Legal Services (NLS) Family Preservation Project (FPP) ¹	6	3
(Neighborhood Legal Services)	6	3
Nurturing Parent Program (NPP)	9 (5)	0 (0)
(East River Family Strengthening Collaborative)	9 (5)	0 (0)
Parent Child Interaction Therapy (PCIT)	1 (0)	0 (0)
(Department of Behavioral Health)	1 (0)	0 (0)
PASS (Parent & Adolescent Support Services)	2 (0)	1 (0)
(Department Of Human Services)	2 (0)	1 (0)
Project Connect	* ²	*
(Child and Family Services Agency)	15	0

¹ Due to confidentiality issues, the number of families who received legal services from Neighborhood Legal Services cannot be reported.

² Data unavailable.

Program (Provider)	Number of families referred to services in FY23 (in parentheses, number of families referred who actually engaged in services)	Number of families referred to services in FY24 (in parentheses, number of families referred who actually engaged in services)
Transition to Independence (TIP)	1 (0)	0 (0)
(Department of Behavioral Health)	1 (0)	0 (0)
Trauma-Focused Cognitive Behavioral Therapy	1 (0)	0 (0)
(Department of Behavioral Health)	1 (0)	0 (0)
Trauma Systems Therapy (TST)	2 (0)	0 (0)
(Department of Behavioral Health)	2 (0)	0 (0)

Source: Community Portal

- ii. The additional services and interventions that have been or will be made available in FY 23 under the Family First Prevention Services Act and Families First DC;*

See response to Question 93(c)(i) for services available under the Family First Prevention Services Act.

In addition to the services outlined in Question 93(c)(i), In-Home families can access the 11 Family Success Centers (FSCs) within their neighborhoods. See also Response to Question 107 for a comprehensive list of services provided by the FSCs.

- d. For each specific service listed in (b), above, the number of families referred for services in FY 23 and in FY 24, to date;*

See response to Question 93(c)(i).

- e. The total number of families with new in-home cases in FY 23 and in FY 24, 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
FY23	74	2	271	0	14	2	363
FY24	5	0	42	0	5	5	57

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

f. The number of in-home cases closed in FY 23 and in FY 24, to date, broken down by reason for closure;

Closure Reason	FY23	FY24
Cannot locate	2	0
Change in Providers	0	1
Child Welfare services not needed	218	48
Client's failure to cooperate	4	0
Completion of Treatment Plan	51	14
Court Action	5	1
Death of Client	0	1
Duplicate Case	1	0
Ineligible Provider	0	1
Moved out of state	21	5
Other	11	3
Services to be given by others	15	3
Services/Service Plan Completed	80	18
Total Cases Closed	408	95

Note: 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.

Needs Assessment. In 2023, CFSA focused the annual Needs Assessment report on the In-Home administration to understand the needs of in-home families and the administration's effectiveness in addressing them. The report is in the final stages of publishing. The report includes several qualitative and quantitative analyses, one of which was a program evaluation that assessed the impact the In-Home administration has on the likelihood of families experiencing a future separation or a future CPS investigation. The core technique used in the evaluation was a statistical method called propensity score matching. Data comes from FACES.NET. Methodology and data are detailed in the report.

A key finding of the evaluation is that when a family receives in-home services, the likelihood of family separation decreases by 15 percent, suggesting that that in-home services play a demonstrable, positive role in keeping DC families together, particularly for the higher-risk families that In-Home serves.

QSR. 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 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. Trained QSR reviewers 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 findings, and complete a written summary of findings. The most recently published report is for calendar year 2022, which can be found here: <https://cfsa.dc.gov/publication/annual-quality-service-review-report-qsr>

MI Fidelity. 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 (MI) model for prevention-eligible (candidate) families, including families receiving In-Home services.

- h. Outcomes for those children and families in the short and long term including:*
 - i. Was there a hotline call(s) received after the in-home case;*

Among In-Home cases that closed in FY23 and FY24 Q1, 214 In-home cases received hotline call(s) after the case was closed.

- ii. Did the hotline call warrant an investigation;*

121 of those cases were accepted for investigation.

- iii. If the hotline call did warrant investigation, was that parent(s) substantiated; and*

33 of those cases had substantiated allegations against the parent(s).

- iv. If the parent(s) were substantiated, was that child separated.*

None of those cases had a child separated.

94. Describe CFSA funding for early childhood home visiting in FY 23. Include:

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

See Table 1.

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

See Table 1.

- c. How home visiting dollars were spent in FY 23, including local and federal funding by program; and*

See Table 1.

d. Changes in local funding for home visiting in recent years.

See Table 1.

e. Explain, if applicable, were any funding cuts to individual grantees or overall home visiting programs. Include if cuts were local or federal funding; how the funding cuts were communicated; why funding was cut; and how it will impact home visiting services.

See Table 1.

Table 1 - CFSA Funding for Early Childhood Home Visiting Service Providers in FY23

Service Provider	Target Population	Program Model	Funding (\$) Amount	Federal \$	Local \$	Changes – Local \$
CSC -- HIPPY	Young Latino (or immigrant) mothers aged (17-25) with children (0-6)	Home Visiting	\$50,000	\$50,000 – CBCAP Grant		
Community Family Life Services (CFLS)	Mothers impacted by Homelessness, DV or incarceration	Home Visiting/Parenting	\$195,250		\$195,250	Funding increased by \$35,250 in FY23
DC Health (HFA/PAT)	Parents of Children (0-5)	Home Visiting	\$160,471		\$160,471	
Mary’s Center	Fathers with children (0-5)	Home Visiting	\$185,250		\$185,250	Funding increased by \$35,250 in FY23

95. Describe CBCAP funding for home visiting in FY 23. Include:

a. The amount of funding CFSA received;

CBCAP programs are not specific to home visiting programs. CBCAP funds are designated for primary (universal) prevention activities, including home visiting programs. CFSA’s federal FY23 CBCAP award amount was \$192,411. Of this allocation, CFSA utilized \$50,000 on home visiting programs.

b. How CBCAP dollars were spent;

CBCAP Funding for Home Visiting in FY23

Prevention Service (Provider)	Target Population	Program Model	Projected Slot Allocation	FY23 Funded Amount
Collaborative Solutions for Communities – HIPPIY (CBCAP)	Young Latino (or immigrant) Mothers aged (17 – 25) with Children 0-6	Home Visiting	50 Families	\$50,000.00 (Federal CBCAP funding)

c. Any changes to CBCAP funding;

There was a slight increase in CFSA’s federal CBCAP award in FY23 from 188,432 in FY22 to \$192,411. The year-to-year federal award changes are determined by a formula.

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

If funding changes occur in the future, an on-going conversation will be held with individual grantees. As a practice, the Office of Thriving Families, monitors grantees through receipt of monthly reports, and holds monthly review meetings to discuss utilization and progress. Any funding changes will be communicated to individual grantees through the annual review process.

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

CFSA continues to strive to ensure programming demonstrates meaningful impacts for our priority populations. Each year, CFSA works creatively and diligently to use a combination of local and federal funding to ensure impactful programming can continue to support children and families.

f. Future plans for CBCAP funding.

In accordance with federal guidance, CBCAP funding will continue to be utilized to support primary prevention programming. As local and federal funding changes occur each year, CFSA re-evaluates programming priorities and population needs to target funding to the areas of greatest need and impact.

96. 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.

CBCAP Subcommittee Evidence-Based Intervention Recommendations

Protective Factors	Evidence-Based Intervention	Target Population
Knowledge of child development * Social and emotional competence of children * Parental resilience	<i>Home Visiting</i>	
	Health Families America	Parents or caregivers of children ages 0-5. *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). *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 * 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.

97. 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.

In FY23, CFSA had 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. Since FY20, the MOU paid for 40 slots of the PAT model to specifically serve the candidate families defined in the CFSA’s Title IV-E Prevention Plan. In addition to these 40 PAT slots, the MOU also outlined how CFSA and DC Health would partner to ensure the child welfare agency is referring families to HFA and PAT whenever appropriate, regardless of candidate eligibility under Family First. In FY24, the MOU has converted to an MOA, as the funds are no longer needed to maintain this partnership to fund PAT and HFA referrals for CFSA-involved families.

Provider	Target Population	FY23 Funded Amount	Purpose MOU/MOA	Data Tool
DC Health (HFA/PAT)	Parents of Children (0-5)	\$160,471.00	Home-visiting	Parent Survey

DC Health reports on the following HRSA performance measures. Data presented below is for FY23 and represents the share of families enrolled in home visiting for each performance measure reported. Note that the data presented is not specific to CFSA referrals:

Performance Measure and System Outcome	%
Measure 1: Preterm Birth	9.1%
Measure 2: Breastfeeding	81.3%
Measure 3: Depression Screening	65.2%
Measure 4: Well Child Visit	57.0%
Measure 5: Postpartum Care	66.7%
Measure 6: Tobacco Cessation Referrals	50.0%
Measure 7: Safe Sleep	60.3%
Measure 8: Child Injury	0.024%
Measure 9: Child Maltreatment	2.4%
Measure 10: Parent Child Interaction	56.3%
Measure 11: Early Literacy	94.4%
Measure 12: Developmental Screening	58.8%
Measure 13: Behavioral Concerns	85.4%
Measure 14: IPV	66.7%
Measure 15: Primary Caregiver Education	19.2%
Measure 16 Insurance Coverage	95.3%
Measure 17: Depression Referral	50.0%

Performance Measure and System Outcome	%
Measure 18: Developmental Referral	50.0%
Measure 19: IPV Referral	100.0%

Family First Prevention Services Act

98. Explain any budgetary changes that the agency made in FY 23 and FY 24 in anticipation of, or otherwise due to, funding from the Family First Prevention Services Act.

From a CFSA budget perspective, Title IV-E reimburses CFSA under Family First for these allowable expenses. CFSA established the IV-E Prevention Services program as a discrete budget line in FY22, with a budget of \$7.4 million, and then \$6.0 million in FY23. Revenues are somewhat variable because Title IV-E claims are based on staff and provider time study results, child eligibility statistics, and family engagement. CFSA’s fiscal team collaborates closely with the program teams and provider community to ensure that these important federal revenues are optimized. The approved budget for FY24 is \$8.5 million.

Motivational Interviewing is a *well-supported* evidence-based program that is being funded and deployed at the front door of the District’s child welfare system:

- Motivational Interviewing has been implemented and federally claimed as key element of case management practice within CFSA’s In Home Services team (began claiming in FY 2021).

Motivational Interviewing services delivered via contracts with the Healthy Families, Thriving Communities Collaboratives was implemented in FY23 and will be claimed beginning in FY24.

99. How much of the funds budgeted for Families First will be required to administer the program versus being allocated directly to success centers? Break down the total budget for this program.

Assuming this question is referring to the Families First DC program, the total program budget in FY24 is: \$3,623,000.

- \$3,575,000* is allocated to the 11 Family Success Centers (\$325,000 per FSC).
- \$48,000 is allocated to CFSA staff training, supplies, and communications activities related to the program and in support of primary prevention network activities.

*\$25,000 of this allocation is federal funding that was able to fill the gap to support the new Ward 5 FSC after the ARPA funding was fully utilized in FY23.

100. 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://cfssa.dc.gov/publication/dc-cfssa-family-first-prevention-plan>.

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

Fiscal Year	Collaborative	EBPs	PESP	FFDC	CBCAP
FY21	787	203	215	16,038 families ¹	440
FY22	810	276	249	11,859 families ²	365
FY23	619	119	1	Between 1,996 (lowest estimate) and 7,965 families (highest estimate) ³	402
FY24 Q1	210*	15	58	1,137 individuals ⁴	114

This table is inclusive of rollover cases served.

* Families served 10/1/23 - 11/30/23.

Notes:

¹ This estimated number is based solely on self reports from the Family Success Centers and cannot be independently verified by CFSA. See above note.

² This estimated number is based solely on self reports from the Family Success Centers and cannot be independently verified by CFSA. See above note.

³ Historically, CFSA chose not to collect individual-level data from the Families First DC (FFDC) Family Success Centers (FSCs). As a result, the agency lacked a centralized platform and individual-level data accessible to its evaluation team. Instead, CFSA relied on self-reported numbers provided by the centers, which posed challenges regarding verification and accuracy. The self-reported numbers from the FSCs likely included duplicated counts, introducing potential inaccuracies in the data. A significant shift occurred with the adoption of a centralized referral platform implemented across all sites. The transition happened in April 2023. This milestone allowed the network to compile more reliable and unduplicated data. To ensure more accurate reporting and minimize the risk of multiple counts of families, CFSA has also transitioned to using individuals as the primary unit of reporting in April 2023. Previous attempts to use families as the unit of reporting encountered challenges, notably due to the erroneous categorization of individuals as families when data was incomplete or missing. This strategic shift to using individuals as the unit of reporting aligns with the agency's goal of providing more accurate and comprehensive data, thereby enhancing the evaluation and understanding of the services provided by the

FSCs. Because two methodologies and data tracking processes were used in FY23, we only provide an estimate of the number of families served that combines data from both sources.

⁴ This estimate relies solely on the data collected through the newly implemented platform in FY24 Q1.

102. 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 indicator: a) new substantiation after six months and b) Successful Collaborative case closure.

Substantiation after six months:

CFSA assessed that only nine percent of all Front Porch and Front Door families who had a Collaborative case closure between October 1, 2021 and September 30, 2022 also had a CPS referral and substantiation within 6 months of a Collaborative case closure.

Collaborative Name	FY22 Case Closures	Substantiation within 6 months	Ratio substantiation/case closures
East River Family Strengthening Collaborative (ERFSC)	84	9	11%
Far Southeast Family Strengthening Collaborative (FSFSC)	129	9	7%
Edgewood/Brookland Family Support Collaborative (EBFSC)	85	10	12%
Collaborative Solutions for Communities (CSC)	42	4	10%
Georgia Avenue Family Support Collaborative (GAFSC)	29	2	7%
Total	369	34	9%

Note: Our sample revolves around FY22 closures to assess if families returned to CFSA's attention within a six-month window, encompassing FY23.

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 FY23.

Collaborative Name	FY23 Case Closures	Number of Successful FY23 Case Closures	FY23 Case Closure Success Rate
East River Family Strengthening Collaborative (ERFSC)	106	69	65%
Far Southeast Family Strengthening Collaborative (FSFSC)	173	80	46%
Edgewood/Brookland Family Support Collaborative (EBFSC)	145	108	74%
Collaborative Solutions for Communities (CSC)	90	55	61%
Georgia Avenue Family Support Collaborative (GAFSC)	62	50	81%
Total	576	362	63%

103. 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 or documented within this process.

104. 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’s 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 motivation to change, parenting education and support, 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>.

Until FY24, a key candidate population for the Collaboratives’ work has been “Step-Down” cases (cases closing from CFSA’s In Home and Out of Home units). Beginning in FY24, CFSA is focusing internally on repeat maltreatment while continuing to move the Collaboratives' contracted services upstream. Collaboratives will focus more on upstream, primary prevention via community response supports for the 211 Warmline, while CFSA’s Community Engage and Connect Unit (CECU) housed within CFSA’s Office of Thriving Families, will focus on supporting families whose cases are closing with the agency (aka Step Down cases). The CECU provides service navigation for families to find and/or stay connected to community-based programs or services that they need following CFSA case involvement.

105. Did the number of referrals to the Collaboratives increase, decrease, or stay the same in FY 23?

The numbers for referrals through both Front Porch and Front Door to the Collaboratives have remained fairly consistent since FY21, with small decreases. Specifically, Front Porch decreased from 665 to 643 referrals (decrease in 22 referrals), and Front Door went down from 65 to 63 (decrease in 2 referrals). Overall, this represents only a 3% decrease in total referrals over the last three fiscal years.

Front Porch and Front Door Referrals to the Collaboratives, by Fiscal Year

Fiscal Year	Front Porch	Front Door
FY21	665	65
FY22	654	67
FY23	643	63

Sources: Community Portal (FY21-FY23) and Third-Party Referral Platform (FY23)

Note (Definitions):

- Front Porch families (CFSA involvement has ended) –includes families whose CFSA involvement is ending. This includes Community-diverted referrals from the hotline following an investigation (includes positive toxicology screened cases) and In-Home and Out-of-Home Step Down cases.
- Front Door families (CFSA involvement active) –includes families whose CFSA involvement is current. This includes open/active In-Home and Out-of-Home cases.

106. Does CFSA estimate the number of referrals to the Collaboratives will increase, decrease, or stay the same with the launch of the Warmline? Will the amount CFSA pays to the Collaboratives reflect this? Explain.

Each year, CFSA looks at the Collaboratives' scope of work and service referrals and utilization data to assess the next year's service targets. In anticipation of the soft launch of the 211 Warmline in FY23, CFSA rescoped the Collaboratives contracts based on areas of under and over utilization. CFSA referral case types (Front Porch) were often under-utilized and community walk-in case types (Front Yard) were often over-utilized. In alignment with the shift towards primary prevention, the necessary adjustments were then made, de-scoping Front Porch step-down case types and scoping-in Front Yard 211 Warmline community response services. While the prioritized populations have changed, the overall service targets for each Collaborative have remained the same from FY23 to FY24. CFSA will continue to evaluate trends in referrals and service utilization to assess service needs as the 211 Warmline prepares for public launch in FY25.

DC Family Success Centers

107. Since the opening of the Success Centers:

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

In previous Fiscal Years, the FSCs self-reported the number of families they served. CFSA faced challenges in independently verifying these figures since it deliberately abstained from collecting individual-level data from the FSCs. Consequently, the reported numbers likely encompassed duplicated counts, including families served multiple times by the same FSC or by different FSCs. In addition, the FSCs' practice of counting single individuals as families further blurred the definition of what constituted a family. To assess the FSCs' reach more accurately, CFSA mandated a shift in reporting practices in April 2023. All participating FSCs were required to adopt a centralized third-party referral platform, ensuring the inclusion of all participants and eliminating duplicate counts both within individual centers and across all centers. The platform now allows CFSA to accurately count the number of individuals referred to and from, and served by, the Family Success Centers. Furthermore, CFSA has transitioned to using the number of individuals served as a key metric for reach, thereby offering a more accurate depiction of the FSCs' outreach efforts.

Table 1. Families and individuals served by the Family Success Centers since inception (October 2020 – December 2023)

Family Success Center	Provider	Ward	Self-reported number of families served (October 2020 - March 2023)	Number of individuals served since adoption of a centralized platform (April – December 2023)
Anacostia	Martha’s Table	8	1,207	389
Bellevue	Community of Hope	8	4,063	463
Benning Minnesota	East River Family Strengthening Collaborative	7	3,464	432
Benning Terrace/ Benning Park	East River Family Strengthening Collaborative	7	2,856	261
Carver Langston	Smart from the Start	5	128	90
Clay Terrace	Sasha Bruce	7	572	325
Congress Heights	Far Southeast Family Strengthening Collaborative	8	3,469	360
Mayfair Paradise	North Capitol Collaborative Inc.	7	5,922	833
Stoddert Terrace	Life Deeds	7	1,675	71
Washington Highlands	Life Deeds	8	720	155
Woodland Terrace	Smart from the Start	8	1,478	316
All FSCs			25,554 families	3,277 individuals (unduplicated)

b. What services are based out of each location? Identify:

i. Top services request by month across the FSC

See Attachment Q107 for information on all the services requested across all the FSCs, based on the data available in the third-party referral platform adopted in April 2023.

ii. Other services requested

See Attachment Q107.

iii. Additional services each Success Center anticipates providing in FY 24

In FY23, in addition to regular specialized programming, the FSCs developed targeted programming focused on violence prevention. In FY24, the FSCs are planning to expand on violence prevention programming and continue to explore ways to fund this work. Furthermore, the Community Advisory Council (CAC) of each Family Success Center helps to inform the services and supports provided to residents in their respective communities. Based on those recommendations, opportunities like after-school programming, mentoring, domestic violence education, job readiness and employment supports have been prevailing themes for future programming.

c. Describe how Success Centers are helping families navigate services and programs offered by District agencies and community-based organizations, and the extent to which outcomes (whether families successfully access those services and resolve their needs) are being tracked.

As part of the FFDC model, the FSCs partner with CFSA and other District government human service cluster agencies to break down barriers to access and build pathways to connect residents with needed supports and services. The FSCs are part of a broader Primary Prevention Network of CFSA funded community-based organizations and also have a strong network of community-based organizations (CBOs) within their own neighborhoods and Wards. Referrals to services are often made in Unite Us, the required third-party platform, or through individual agencies or organizations processes. FSC staff also participates in workgroups and committees to support streamlining social services through our work to launch the 211 Warmline. We are not able to track referrals made to government agencies systematically through the third-party platform (outside of self-reported information by residents served).

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

The Families First DC (FFDC) Family Success Center (FSC) model is marked by its focus on primary prevention case coordination and service navigation. The FSCs were designed to meet the needs of the very specific neighborhood in which they are targeted to prevent child welfare agency involvement in the first place. The voice of each neighborhood-based Community Advisory Council (CAC) is critical to identify each FSC's needed programming. Each FSC has a CAC comprised of a majority of members from the targeted neighborhood in which the FSC is located. The CAC 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.

The Healthy Families, Thriving Communities Collaboratives (Collaboratives) model is grounded in the concept of providing evidence-based case management services to District families reduce risk factors for child abuse and neglect. The Collaboratives services are provided through a Ward-based model and are intended to meet both the immediate concrete needs of families, as

well as provide them with the tools and parenting skills needed to help families thrive and reduce, or lessen the duration, of involvement with CFSA. For over 25 years, CFSA has worked directly with the Collaboratives to team cases and refer families to community-based case management services when CFSA services are not needed.

Additionally, both the FSCs and the Collaboratives provide referrals to other CFSA and health and human services cluster-funded evidence-based services and community supports as part of a network of service providing organizations. The focus on a networked model of preventative supports ensures coordination and reduces potential redundancies.

109. 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.

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

Each Family Success Center (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 DC (FFDC) network-wide evaluation framework in partnership with the CFSA FFDC staff, CFSA Evaluation and Data Analytics unit (EDA), and the FSC provider network (including their evaluation leads). The framework includes family, program, and community-level indicators.

Currently in the process of being drafted, an evaluation report will be finalized by the end of FY24. This comprehensive document will address research questions concerning the impact of access to FSCs on family dynamics. The primary questions explored include:

Can the utilization of FSCs contribute to the strengthening of families?

- Does access to FSCs have the potential to diminish the risk of child abuse and neglect?
- Furthermore, can FSC access play a role in reducing the probability of entry and re-entry into foster care?

To provide a thorough analysis, the report will initially focus on designated service areas covered by the FSCs and assess whether there have been observable changes in critical metrics such as hotline calls, substantiations, as well as foster care entry and re-entry rates throughout the grant period. The report will also employ a propensity score matching technique. This involves pairing FSC neighborhoods with comparable areas where FSCs are not available. By leveraging this comparative method, the evaluation will discern and highlight any distinctive patterns or outcomes associated with the presence or absence of FSCs in specific communities. The

objective is to provide a nuanced understanding of the role FSCs play in influencing various factors related to family well-being and child welfare.

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

The Family Success Centers (FSCs) are open and welcoming to all District residents. However, the FSCs were purposely designed to serve the specific 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). The FSC grantees and their Community Advisory Councils promote the FSCs services within their neighborhoods and across the FSC provider network.

112. How has CFSA measured the effectiveness of the Success Centers?

Over the years, there has been an evolution in the tools and metrics utilized to assess Family Success Centers' effectiveness, reflecting a deliberate effort to align with and accommodate the evolving nature of the FSC's work. These transformations can be observed in three primary domains: reach, protective factors, and participant satisfaction. Despite many valuable and collaborative efforts noted below, measuring effectiveness through quantitative tools is a challenge when implementing a welcoming, low-barrier to entry model. CFSA and the FSCs are continuing to use continuous quality improvement (CQI) cycles to improve data collection and measurement activities.

- **Reach:** In previous fiscal years, the FSCs self-reported the number of families they served. CFSA faced challenges in independently verifying these figures since it deliberately abstained from collecting individual-level data from the Centers. Consequently, the reported numbers likely encompassed duplicated counts, including families served multiple times by the same FSC or by different FSCs. In response to challenges in verifying the number of families served by the FSCs, CFSA mandated a shift in reporting practices in April 2023. The FSCs are now required to adopt a centralized third-party referral platform, eliminating duplicate counts and allowing accurate measurement of individuals served. This transition to using the number of individuals served as a key metric provides a more accurate depiction of FSCs' outreach efforts.
- **Protective factors and well-being:** CFSA initially required the FSCs to use a Pre-Post Protective Factors Survey for families with 12 hours of service but discontinued it in Fiscal Year 2021 due to challenges in administration. A retrospective version was then adopted, but by March 2023 challenges in survey administration persisted. To address low response rates and cultural adaptation issues, a new survey designed with lived experience collaboration was introduced, but as of December 2023, only 2% of closed FSC services were associated with the satisfaction and well-being survey, indicating a need for further improvement in participation rates.

- **Participant Satisfaction:** Satisfaction surveys are a crucial component of the Families First DC evaluation framework, collaboratively designed with the FSCs. Despite tracking survey completion since October 2020, CFSA faced challenges with limited grant recipients sharing data, leading to unsuccessful direct collection attempts by CFSA staff. Despite a strategic shift in April 2023 to have FSCs administer surveys upon service closure, only 2% of closed services were linked to satisfaction and well-being surveys as of December 2023. This indicates a pressing need for enhanced efforts to improve survey participation rates.

Keeping DC Families Together/Warm Line

113. Provide a comprehensive overview of the agency’s Keeping DC Families Together initiative, including the following:

- a. List of all funds received from federal, foundation, or private sources, pursuant to this initiative in FY 22, FY 23, and FY 24, to date, and funds anticipated in FY 24, FY 25, and FY 26;***

Since 2022, CFSA has partnered with Casey Family Programs (CFP), a private foundation, and East River Family Strengthening Collaborative to fund the work outlined in CFSA’s application as a Round 2 Jurisdiction under the national Thriving Families, Safer Children (TFSC) initiative. DC’s local implementation of TFSC is called Keeping DC Families Together (KDCFT) and represents the District’s transformation into a child and family well-being system, ultimately preventing child abuse and neglect and Keeping DC Families Together.

Our KDCFT Vision statement: “We aspire to create a caring, diverse community comprised of residents, community-based organizations, and government agencies – each with unique roles and strengths – working together in seamless coordination to ensure that all individuals, children, and families thrive in DC.”

Casey Family Programs operates on a calendar year funding cycle. The funding ERFSC has received as our fiscal partner with CFP is as follows:

- In CY22, ERFSC received \$100,000.
- In CY23, ERFSC received \$120,000.
- In CY24, ERFSC shall receive \$60,700.

CFSA is also pursuing a partnership with another philanthropic partner to support the KDCFT work and hopes to announce this partnership in FY24.

- b. Description of all workstreams, programs, policies, and agency efforts pursuant to this initiative;***

In FY21, CFSA joined the nationwide Thriving Families, Safer Children (TFSC) initiative as a Round 2 jurisdiction. As a TFSC Round 2 jurisdiction, CFSA is committed to making a transformational shift from child welfare to child and family well-being, with the ultimate goal of Keeping DC Families Together (KDCFT). CFSA sees the 211/Warmline and Community

Response Model as integral to creating a Child and Family Well-Being System in the District of Columbia. Several interrelated efforts, which make up the “Keeping DC Families Together” Initiative, are necessary to achieve this vision, including a) updating mandated reporter policies and practices, b) retraining and educating DC residents (community supporters), and c) implementing new technologies and service models (211 Warmline) to meet families' urgent needs in their communities, ultimately reducing the number of inappropriate calls to the CFSA Hotline.

The KDCFT Steering Committee is the principal body responsible for the development, implementation, and oversight of the district's emerging Child and Family Well Being System. The Steering Committee is convened by CFSA, alongside community members with lived experience, government agencies, community-based organizations, and advocates. CFSA also convenes several independent bodies that are working to inform and implement the Steering Committee's charge: the Lived Experience Advisory Council, the Warmline and Community Response Subcommittee, the Impact/Evaluation Subcommittee, and the Diversity, Equity, Inclusion, and Belonging (DEIB) Subcommittee.

In June of 2023, the Directors of the following District agencies all signed on to do their part to realize the vision of Keeping DC Families together and the shared ownership of operating a child and family well-being system:

- DAFL
- DDS
- DCPS
- DYRS
- DCHA
- DC Health
- DBH
- DHS
- OUC

CFSA continues to work with these agencies to coordinate knowledge sharing, business process improvements, and plan for upcoming communication about the 211 Warmline.

c. Summary of goals under this initiative for FY 23, FY 24, and FY 24;

The common goal of the initiative is reflected in the KDCFT vision statement.

On October 30, 2023, CFSA successfully partnered with the Office of Unified Communications (OUC) and the Healthy Families, Thriving Communities Collaboratives (Collaboratives) to begin operations of the 211 Warmline and community response model in a “soft launch” format. During FY24, DC is not publicly promoting the 211 Warmline as a new resource but is answering calls that continue to come in to the existing 211 phone line that 311 has monitored/operated for the past decade (approx. 10,000 calls annually). By FY25, CFSA aims to publicly launch the 211/Warmline and Community Response Model to serve as a comprehensive, unified, social services resource and referral Call Center for all District residents. The public launch will continue to align with efforts including support from

philanthropic partners and efforts to amend DC’s neglect statutes and train the public about mandated reporting and community supporting.

d. Metrics used to assess progress under this initiative; and

The Impact Subcommittee, the primary governance body responsible for evaluating the impact of the Keeping DC Families Together Initiative, has developed a logic model to establish a framework for measuring the initiative's impact.

The metrics to evaluate the program revolve around the key concepts outlined in the vision statement:

- Caring:
 - Post-call survey
 - Call agent’s empathy score
 - Post-service survey
- Diversity:
 - Diversity of Providers
 - Diversity of Participants
 - Cultural Competency for Call Takers
- Seamless Coordination:
 - Linkage Time
 - CBO Service Outcomes
 - Post-Service Survey
- Equity in Service Access:
 - Equity, Inclusion, Belonging Assessment
 - Responsiveness to Online Chat and Video Conferencing
- Requests
 - Foreign Language Testing
 - ASL Interpreter Availability Rate
 - Testing by Individuals with Cognitive Disabilities
- Thriving
 - Well-Being Survey

e. Progress to date under this initiative

Over the past two years, significant progress has been made in implementing the Keeping DC Families Together initiative. The KDCFT Steering Committee, Subcommittees and LEX Advisory Council have been convening steadily to co-design the Child and Family Well-Being System.

On October 30, 2023, the 211 Warmline “soft launched.” As part of the soft launch, four dedicated call agents and one supervisor are triaging social service-related calls that come in to 211, providing accurate and timely information to callers, and making referrals to community responders and other community-based organizations, as needed.

CFSA is aiming for a public launch by October 2024. CFSA will use the first two quarters of FY24 to gather information and data and learn from the calls that are currently coming into 211 to better understand the social service-related needs of District residents and how our call takers can most effectively support their needs.

f. Attach any documents, reports, or policies relevant to this initiative

See Attachment Q113a for an overview of the KDCFT governance structure.

See Attachment Q113b for an overview of the LEx Advisory Council.

See Attachment Q113c for an overview of the KDCFT key concepts and metrics.

See Attachment Q113d for the KDCFT logic model.

114. Describe the launch of the warmline in October 23 including:

In partnership with the Office of Unified Communications (OUC), CFSA held its soft launch of the citywide 211 Warmline on October 30, 2023. The “soft launch” period will run until September 30, 2024. This twelve (12) month period will allow for CFSA to work with its stakeholders to build capacity to scale up operations in the fall of 2024. Thus far below are some of the highlights and takeaways.

a. The current workforce of the warmline

The 211 Warmline has a total of 5 staff: 1 supervisor, 1 team lead, and 3 customer service specialists (call center agents). The supervisor oversees the operations of the call center, handles all administrative tasks/scheduling, training, and caller escalations. The team lead serves as a subject matter expert for the team and assists in supporting the call center agents with day to-day scenarios and minor escalations. The call center agents answer the 211 Warmline calls, enter and close all service requests, and facilitate information and referrals via a closed-loop referral using a third-party platform.

b. How the warmline is working with 911, 311, and the CPS Hotline

The current hours of operation for the 211 Warmline are 9:00am –5:00pm. There is a voicemail available for afterhours (5:01pm-8:59am). Any customer that leaves a voicemail will receive a follow up call within one business day. An individual, household, or a “community supporter” can call the 211 Warmline directly, 311 and/or CPS Hotline as needed. Based on their stated needs, they may be re-routed to 211 Warmline, 311, 911, or the CPS Hotline. If the needs are solely social service related, callers will all be transferred to 211 for assistance. Likewise, 211 Warmline call center agents are trained to route and escalate calls to the other lines i.e. CPS Hotline, 311, and/or 911 depending on the nature and sensitivity of the caller’s needs (be it child maltreatment concerns, repairs and/or damage concerns to property, or crisis emergency response needs).

c. How will the Agency collect data on the Warmline

The 211 Warmline call center agents utilize the OUC’s STORM Telephony System, which is an IP cloud-based voice system, to track the number, duration, and wait times for all calls coming

into 211. Once a call center agent is connected to a 211 caller, they utilize OUC’s Capsule (Salesforce) to enter information about the caller and their needs. Data on the caller’s Ward, contact information, and primary reason for calling is tracked as a service request in Capsule. The service request is closed out and the outcome of the call is recorded in Capsule once the caller’s need is addressed.

If the caller needs to be referred to a Community Responder or other community-based organization, the 211 Warmline call center agent can make a closed-loop electronic referral in Unite Us, CFSA’s third party referral platform. CFSA is currently in the process of implementing a post-call satisfaction survey during FY24.

d. Warmline budget for FY 23 and FY 24, to date.

The 211 Warmline launched in FY24. There was not an FY23 budget. The FY24 non-personnel budget is \$39,169.54 via an MOU with OUC for basic operational needs (technology access, equipment, etc.).

115. Describe the first 30, 60, and 90 days of the Warmline, including:

The 211 Warmline “soft launched” on October 30, 2023. Data presented below covers the period from the soft launch (October 30, 2023) until the end of FY24 Q1 (December 31st). Data is reported below for the first 30 days of operation (October 30, 2023 – November 30, 2023) and the first 60 days of operation (October 30, 2023 – December 31, 2023). Data for the first 90 days of operation is not yet available.

a. Primary reasons for calls;

As part of the service request (call documentation), 211 Warmline call agents inquire about the caller’s needs and document them based on the following categories: benefits navigation, clothing and household goods, education, employment, entrepreneurship, food assistance, housing and shelter, income support, individual and family support, legal services, mental/behavioral health, money management, physical health, social enrichment, spiritual enrichment, sports and recreation, substance use, transportation, utilities, and wellness.

During the first 30 days of operation, the 211 Warmline call agents created 387 service requests, with 497 needs documented. During the first 60 days, 676 service requests were created, with 845 needs documented. Note: A service request may document more than one service need.

The breakdown of callers’ service needs for the first 30 and 60 days of operation is presented in the table below.

Service Need Category	First 30 Days (Oct 30, 2023 - Nov 30, 2023)	First 60 Days (Oct 30, 2023 – Dec 31, 2023)
Housing and Shelter	191	314
Utilities	84	157
None of the Above	41	75

Service Need Category	First 30 Days (Oct 30, 2023 - Nov 30, 2023)	First 60 Days (Oct 30, 2023 – Dec 31, 2023)
Food Assistance	36	65
Income Support	35	52
Benefits Navigation	29	45
Clothing and Household Goods	14	32
Employment	13	20
Mental/Behavioral Health	11	13
Physical Health	13	22
Transportation	8	12
Wellness	6	8
Individual and Family Support	7	12
Legal Services	7	16
Social Enrichment	1	1
Substance Abuse	1	1
Education	0	1
Total	497	846

*Note: A service request may document more than one service need.

b. Description of the type of calls the Warmline receives;

During the first 60 days, the 211 Warmline received a large number of calls related to housing, shelter, and utilities. Many of these calls involved a request for rental or utility payment assistance.

The 211 Warmline call agents are trained to assess each call and provide the necessary level of support to meet the callers’ needs. For a majority of calls (80%), the caller’s needs could be addressed through accurate and timely information. In these cases, the 211 Warmline call agent may have assisted the caller by outlining the process and providing contact information for shelter intake or other District programs, such as the Emergency Rental Assistance Program (ERAP), for example.

If a caller is in need of a specific service or more in-depth support from a Community Responder, the 211 Warmline call takers can make a referral directly in CFSA’s third party referral platform. For 20 percent of calls, the 211 Warmline call agent determined the caller was in need of a direct referral to a community-based organization or Community Responder.

c. Who is calling the Warmline;

The 211 Warmline is primarily receiving calls from District residents, who may be calling on behalf of themselves or their families for social service-related information and support. During the first 60 days, From October 30 – December 31, 2023, 92 percent of callers contacted the 211 Warmline on behalf of themselves. Eight percent of callers were calling to assist someone else –

these individuals may be caretakers, teachers, or bystanders looking to support individuals in their communities.

CFSA is in the process of adding additional data tracking elements to better understand the residence of the caller, the relationship of the caller to individual in need (when the caller is calling on behalf of someone else), and how the callers learned about the 211 Warmline (other District agency, word of mouth, social media, etc.).

d. Coordination with Sister Agencies;

Prior to the soft launch, we held preparatory/introductory meetings with key health and human services related sister agencies, including the Department of Human Services (DHS), the Department of Behavioral Health (DBH), and DC Public Schools (DCPS). We have held monthly recurring virtual meetings with DHS (who provides the majority of services related to current callers' needs) and recently attended site visits at the Virginia Williams Family Resource Center and with DHS staff at 64 New York Avenue during the 60-Day/90-Day mark of soft launch. These site visits allowed us to learn the DHS process for assisting individuals/families with housing needs.

We have ongoing monthly meetings with the Office of Unified Communications (OUC) for our technical support and assistance with understanding call center metrics. An MOA is in draft form to partner with Department of Energy Environment (DOEE) to gain access to their utility application server so we can better serve families who call about utility/water help. We have scheduled our first monthly meeting with DBH to discuss how we will refer residents expressing mental health crisis that doesn't rise to 911 or 988.

e. Identified barriers to connecting families with appropriate services.

- District Residents' need for continued and increased education about the steps and processes to become eligible for supportive services and benefits. 211 staff will continue to provide information and connection to community responders for assistance. Continued education and professional development is needed for 211 staff to help residents navigate Agencies' processes and procedures.
- Low incomes and a lack of affordable housing in the District present barriers for many individuals and families. As the District has finite financial assistance resources, many callers need support that District agencies do not have (Ex. Limited ERAP assistance). 211 is collecting data to present to District Agencies to continue to align needs with available resources.
- Lengthy time periods are required to go through the eligibility processes to secure public benefits. Residents often lack the understanding and insights into the government agencies' internal processes and timelines

Better systems coordination and transparency into processes, timelines, and resources at the 211 Warmline will support the 211 staff in providing helpful information and insights to callers. That said, better systems coordination and increased concrete resources for residents citywide are needed at this time to support low-income residents.

116. Describe how the Warmline, Collaboratives, and Success Centers will work together.

As part of CFSA’s vision of Keeping DC Families Together (KDCFT), a vision of community leadership and government support, CFSA’s launch of the 211 Warmline works in close partnership with CFSA’s existing investments in community-based supports and services. The Healthy Families/Thriving Community Collaboratives (Collaboratives) provide Motivational Interviewing (MI) -based Case Management and service navigation supports as Community Responders for the 211 Warmline. The eleven (11) neighborhood-based Family Success Centers (FSCs) offer Service Navigation, an array of specialized programming based on their neighborhood’s needs, and one-off outreach events and supports. This continuum of primary prevention services are all accessible District-wide and serve as the first step in keeping households from having a need for formal child welfare system involvement. All areas of supports via the 211/Warmline, Collaboratives, and FSCs are able to operate as a social services network, providing closed-loop referrals through a shared 3rd party resource and referral platform to help address individuals and family's needs.

Placement And Permanency

Kinship Care

117. Provide an update on CFSA’s policies and practices regarding kinship Informal Family Planning Arrangements and any policy changes.

There have been no updates to our policy or practice as it relates to IFPAs. Please see attached Administrative Issuance CFSA-22-2, “Informal Family Planning Arrangements” (IFPA) dated July 18, 2022. ([Link to attachment](#)).

See Attachment Q117, Informal Family Planning Arrangement Process July 2022.

118. How many children experienced informal family planning arrangements (IFPA) in FY 23 and FY 24, to date? Include instances preceding the publication of CFSA’s revised administrative issuance ([AI-CFSA-22-2](#)) in July 22 that would have qualified as IFPAs under this policy.

FY23	4 Children
FY24	2 Children

a. How many of the children with a substantiated report of child abuse or neglect had their investigation resolved (i.e., not removed/placed in foster care) due to an IFPA?

FY23	4 Children
FY24	0 Children

- b. Describe CFSA’s policies and practices with respect to resolving investigations through IFPAs. Are there any requirements that must be fulfilled?**

See Attachment Q117 above.

- c. What services or supports are required to be offered to families who take in children under IFPAs? Who is responsible for explaining these services to families and assisting families with accessing these services?**

See Attachment Q117 above.

- d. To what extent did families with IFPAs use any of these services?**

FY23	Food/clothing voucher, grief counseling referral, referral to GP subsidy
FY24	Transportation support, food cards, collaborative referral, FTM, hotel accommodations

- e. What follow-up does CFSA do with families who participate in IFPAs?**

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

- f. Outcomes for those children and families in the short and long-term including:**
g. How many youths were returned to the parent within three months, six months, and one year after the relative took custody of the youth (and/or the safety plan was signed)?

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

- h. 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?**

	# children who Experienced IFPAs	# Children Subject of Hotline Call Within			Screened In	Substantiation Result (if any)
		Three Months	Six Months	One Year		
FY23	4	0	0	0	0	0
FY24	2	0	0	0	0	0

- i. If there was a substantiated allegation, what was the result for the child? (in-home case, foster care, etc.?)**

See response for Question 18h.

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

All requested data was provided.

- 119. Do Informal Family Planning 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 make 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.

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

Investigative social workers are trained in the arrangements through our dedicated On the Job Training (OJT) unit in CPS. All new investigative social workers are sent to this unit for specialized CPS trainings after their agency pre-service training. There is a specific module for IFPA which includes a discussion of the policy, definition of an IFPA, examples of when an IFPA is appropriate, and the process.

- 121. Is there a review of whether social workers are properly identifying Informal Family Planning Arrangements and properly tracking and recording them?***

See Attachment of the IFPA policy in Q.117 that outlines the tiered consultation and reconciliation process when a family is approved for an IFPA.

- 122. Does CFSA require parental consent in connection with Informal Family Planning 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.

- 123. Have there been any instances of Informal Family Planning Arrangements in FY 23 and FY 24, to date in which CFSA has not obtained parental consent? If so, how many, and why was parental consent not obtained?***

There have been zero instances in FY23 or FY24 where parental consent was not obtained in the IFPAs.

124. At a meeting where a Informal Family Planning Arrangements 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.

125. Who must be present at a meeting where a Informal Family Planning Arrangements 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).

126. Is there any assessment of the safety of the relative or the relative's home by CFSA in connection with a Informal Family Planning Arrangements 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 checks or conduct a home study of relatives that are identified through an IFPA. The process is an 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.

127. Does CFSA track what happens to the child or family in a Informal Family Planning Arrangements 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.

128. For those children who go to live with relatives pursuant to a Informal Family Planning Arrangements 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 FY22 and FY23, FY24 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.

129. With respect to safety plans that prevent children from entering care, describe:

a. How many individual safety plans were developed in FY 23 and to date in FY 24?

Program Area	FY23	FY24
Investigations	226	27
In-Home	162	7
Out-of-Home	1	0

Include total numbers, as well as data broken down by the following categories:

i. Age of the child

Of the 389 safety plans created in FY23, there were 327 children associated with those safety plans. Of the 34 safety plans created in FY24, there were 33 children associated with those safety plans. For those children, the following table details the frequency of their ages when the latest safety plan was created by fiscal year and program area.

Age	FY23	FY24
In-Home		
0	8	0
1	5	1
2	6	0
3	11	0
4	6	1
5	6	2
6	9	1
7	4	1
8	8	0
9	4	0
10	9	0
11	3	0
12	5	0
13	9	1
14	8	0
15	5	0
16	7	0
17	4	0

Age	FY23	FY24
18	1	0
20	1	0
Investigations		
0	23	2
1	17	1
2	20	0
3	13	3
4	15	0
5	18	4
6	15	2
7	10	2
8	5	6
9	12	4
10	9	1
11	10	0
12	8	1
13	10	0
14	11	0
15	2	0
16	4	0
17	2	0
18	0	0
NA	3	0
Out-of-Home		
10	1	0

ii. Whether there was a substantiated allegation of abuse or neglect

The 423 safety plans were associated with 187 investigations or cases (134 investigations and 53 cases) in FY23 and 16 investigations or cases (14 investigations and 2 cases) in FY24. The following table lists how many of those investigations or cases were associated with a substantiated investigation by fiscal year and program area. Note that all In-Home and Out-of-Home cases are associated with a substantiated investigation disposition.

Program Area	FY23	FY24
Investigations	92	7
In-Home	52	1
Out-of-Home	1	0

iii. Whether the child stayed with their parent/in their home or was moved to a different caregiver

There were 119 children with In-Home cases associated with Safety Plans in FY23 and seven in FY24.

iv. Whether a formal in-home case or removal case was opened

Of the 389 safety plans created in FY23, there were 207 children associated with safety plans initiated by Investigations, 119 for In-Home and one for Out-of-Home. For those children, in FY23, 10 (4.8%) of them were separated by Investigations and 14 (11%) were separated by In-Home, and zero for Out-of-Home. There were no separations in FY24 through November 2023, the latest separation information available.

Program Area	FY23	FY24
In-Home	14	0
Investigations	10	0
Out-of-Home	0	NA

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

- 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.
- Following the enactment of the safety plan, a referral for an At Risk FTM must be submitted.
- 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 an alternative caregiver under the safety plan, what steps are taken to assist these caregivers with facilitating medical and education 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 the 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 (not a formal placement) 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.

- f. Provide the following:*

- i. Was there a hotline call(s) received after the safety plan;*

In FY23 and FY24, there were 331 hotline calls received about individuals who had safety plans created after the safety plan was created.

- ii. Did the hotline call warrant an investigation;*

For those hotline calls, 64 resulted in an opened investigation.

- iii. If the hotline call did warrant investigation, were the allegations substantiated?; and*

For those opened investigations, 14 resulted in a substantiated allegation.

- iv. If there was a substantiated allegation, what was the result for the child (in-home case, foster care, etc.).*

For those opened investigations, 14 resulted in a substantiated allegation and the opening of a foster care case.

- 130. In FY 23, and to date in FY 24, 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 217 children who entered or re-entered foster care from FY23 through FY24 Q1. Of the 217 children, a total of 41 children were placed with kin. Among those placed with kin, 18 (41%) children were first placed with kin. The other 23 (59%) 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.

	FY23	FY 24 Q1
Timeframe	Children	Children
<1 month	24	4
1-3 months	4	1
4-6 months	4	0
7-9 months	4	0
10-12 months	0	0
TOTAL	36	5

131. For each instance in FY 23 and to date in FY 24, 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.

CFSA does not track the specific relationship between child and non-biological kin. There are plans for STAAND to track Kin placements and relationships generally.

132. In FY 23 and FY 24, 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?

FY23 (As of September 30, 2023)

Placement Type	Total Children	Percent
Kinship Foster Homes	107	21.57%
Non-Kinship Foster Homes	272	54.84%
Group Settings	48	9.68%
Other	69	13.91%
Total	496	100%

FY24 (As of December 31, 2023)

Placement Type	Total Children	Percent
Kinship Foster Homes	98	20.12%
Non-Kinship Foster Homes	269	55.24%
Group Settings	50	10.27%
Other	70	14.37%
Total	487	100%

Notes:

"Non-Kinship Foster Family" includes 'Pre-Adoptive', 'OTI', 'Traditional' and 'Traditional Foster Family Emergency' foster homes.

"Group Settings" includes 'Diagnostic and Emergency Care', 'Group Homes', 'Independent Living' and 'Residential Treatment', 'Developmentally Disabled/Congregate Care'.

"Other" includes 'Abscondance', 'College/Vocational', 'Correctional Facility', 'Developmentally Disabled', 'Hospitals', 'Not in Legal Placement', ' COVID-19 Placement/Under 21 (Non-Paid)'.

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

In 2021 (the most recent data available, published in April 2023 by Annie E Casey Foundation), the national average of kinship placement was 35 percent.

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

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.
- 90 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 90 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. This is an enhancement of the former 30 Days to Kin program. The transition from 30 to 90 day engagement started on October 1, 2023.
- Two second shift (TOD 2pm to 12am, 7 days a week) teams were added to the kinship team. These teams will allow for emergency licensing of kin though the evening hours and should increase the number of children placed with kin as first placement as well and improve timeliness of transition to kin identify later in the case.

- 133. 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.

- 134. Provide an update on the status of CFSA’s Kinship Navigator Program.**
- a. How many calls did the helpline receive in FY 23 and in FY 24 to date?**

FY23	390
FY24	412

While the majority of kinship navigator connected families reach out through the Helpline, there has been a steady increase in the use of the GCP/CRCP dedicated emails and direct contact with

the GCP/CRCP team. Families have also been connected during in-person events, referrals from CPS and In Home teams at CFSA, community-based organizations, and sister agencies.

b. How many Kinship Whole Family Enrichment Events were held in FY 23 and FY 24 to date?

FY23	12 events
FY24	4 events

c. How have Kinship Flex Funds been used in FY 23 and FY 24 to date? How can kin caregivers access these funds?

Kinship Flex Funds are used to support formal and informal kin caregivers. This includes kin identified for foster care licensure. These funds have been used to buy furniture, complete minor household repairs to support safe housing, and other concrete supports. These Kinship flex funds ensure it is possible for the immediate formal placement with kin, when necessary, and broadly support Kinship families and informal kin caregivers (caring for children not in foster care) to receive immediate assistance to ensure the safety and well-being of the child(ren). One-time assistance funds support immediate needs such as food, clothing, housing, utilities, furniture, pest control, household items, or transportation.

Kinship Flex Fund requests to support formal kin caregivers are submitted by CFSA staff to CFSA’s Office of Thriving Families for processing. Informal kin caregivers can submit requests directly via the CFSA Kinship Navigator (kinshipdc.org) website (which goes to CFSA’s Office of Thriving Families for processing). All Kinship Flex Fund requests are received and processed by CFSA in accordance with CFSA’s Flex Fund process (see Q54 response).

d. What is the status of the Educational Groups?

In FY23, both in-person and virtual educational groups focused on physical and emotional wellness, education, and financial planning groups were held with community partners including Department of Parks and Recreation (DPR), the Office of Student Advocate, and the Department of Aging and Community Living (DACL). Families in need of parenting support continue to be referred to the Collaboratives for parenting classes. The Children’s Law Center has been a key referral source for those seeking custody and/or guardianship. In FY24, our educational groups have focused on supporting clarity around program eligibility, navigating the Kinship Navigator website (www.kinshipdc.org), and recertificating for the Grandparent Caregiver and Close Relative Caregivers Programs.

i. How many staff (or staff hours) are dedicated to its operation?

- 6 staff - 5 Resource Development Specialists and a Supervisor.

ii. How much federal funding did CFSA receive in FY 23 for the Kinship Navigator Program? How much does it expect to receive in FY 24?

- In FY22, CFSA received a two-year \$200,000 grant expiring on 9/30/2023 (grant period 10/1/2021-9/30/2023)
- On 9/14/23, CFSA received notice of award of a one-year \$200,000 federal grant to be utilized during FY24 (10/1/2023-9/30/2024)

iii. What is the amount expended in FY 22, FY 23, and FY 24 to date to establish and operate the Kinship Navigator Program?

- Between FY22-FY23, we expended \$200,000 in alignment with the two-year grant cycle of the federal award (10/1/2021-9/30/2023).
- In FY24, we anticipate spending the full \$200,000 federal grant award (one-year cycle).

e. 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 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)
 - Transportation
- Services can be found on the website at www.kinshipdc.org.

f. What is the status of the online Community Services Resource Directory?

We continue to use Unite Us, a third-party platform, to provide service navigation for closed-loop referrals and to identify community-based resources for both formal and informal kin caregivers.

g. What is the status of the partnerships with community-based partners to staff and facilitate emotional support groups in the neighborhoods where kinship caregivers reside?

Support Groups for caregivers continue to be provided monthly. 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.

h. What is the status of Kinship Advisory Committee?

The KinPAC Advisory Committee did not meet every quarter in FY23 due to realignment and personnel changes. However, the meetings have resumed in FY24. KinPAC meets quarterly with caregivers, community organizations, advocacy groups and sister agencies. The next meeting is scheduled for January 2024. KinPAC member organizations are:

- CFSA’s Office of Thriving Families (formerly 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)
- Healthy Families/Thriving Community Collaboratives (HFTCC)
- Caregivers
- Youth

i. Are there any plans to expand the types of services offered? Explain.

The GPC & CRCP team is planning to offer participants and their children direct access to educational opportunities to receive additional information about services that they have identified through their application process and surveys.

The team has also begun facilitating monthly orientations for new applicants and biweekly workshops to help applicants with challenges in the application process.

j. 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 Questions 136 and 137.

k. How does the Kinship Navigator Program interact with the Close Relative Caregiver and Grandparent Caregiver Programs?

The Kinship Navigator Program is designed to connect kin caregivers to the Close Relative Caregiver and Grandparent Caregiver Programs as applicable to support these families. In addition to the dedicated website www.kinshipdc.org, information for both programs can be accessed 24/7 including utilizing the dedicated cfsa.gcp@dc.gov and cfsa.crcp@dc.gov or contacting the KinNav Helpline (1-866-326-5461) during business hours.

135. Provide information regarding Informal Family Planning Arrangements funds. When are they available and what kinds of things can they be used for?

The Kinship Flex Fund program can provide kin caregivers support with food, clothing, housing (rental assistance), utilities, furniture, pest control, household items, or transportation. Caregivers

may apply for assistance at www.kinshipdc.org. Please note that EFA funds are short-term, one-time assistance and are not meant to be ongoing services.

To qualify for Kinship Flex Funds the following criteria must be met:

1. The applicant has exhausted all applicable community resources.
2. Applicant has experienced a hardship that has caused a financial burden (i.e. loss of employment, medical).
3. Kinship family in need of immediate assistance to ensure the safety and well-being of the child(ren) (i.e., housing security, heat in the winter, clothing).
4. Child(ren) at-risk of out-of-home placement.
5. Child or Children must be in the physical care of a kin or relative.
6. Must be a District resident *or* have applied and been approved for GCP/CRCP while trying to relocate.

136. Provide a detailed report on the Grandparent Caregiver Program, including:

a. In FY 23 and FY 24, to date, how many families were and are in the program;

FY23	467
FY24	473

b. In FY 23 and FY 24, to date, how many children were and are served by the program;

FY23	806
FY24	730

c. In FY 23 and FY 24, to date, what is the average benefit received;

FY23	\$630 per child per month (\$21 per child per day)
FY24	\$631 per child per month (\$21 per child per day)

d. 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.

e. In FY 23 and FY 24, to date, were any children or families on the waiting list;

i. If so, how many;

No children or families were waitlisted in FY23 or FY24 to date.

f. In FY 23 and FY 24, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason;

Reason	FY23	FY24
Failure to recertify	41*	0
Aged-Out	56*	17*
Relocated out of the District	2	0
Child no longer in the home	12*	0
Over Income	2	0
Death of Caregiver	3	0
Change in Subsidy Amount	12	2
Parent resides in the home	0	2
Provider requested to end subsidy	2	0
Receiving guardianship subsidy	1	0

*Based on number of children

g. 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 launched a Kinship Navigator marketing website and mobile app in FY23. Expanded outreach efforts, including distributing flyers and brochures, hosting community meetings, participating in tabling events, organizing senior activities, and conducting virtual GCP presentations help inform the affected community about the GCP. In addition, CFSA staff and social workers are regularly educated about, and make referrals to, the program.

h. What is the average length of time between when an applicant submits a complete subsidy application and the issuance of a subsidy card; and

The average length of time is 20 business days, depending on bank and post office timing.

i. What is the average length of time between an applicant being fingerprinted and approval of the applicant?

Upon a completed application, the average length of time is 14 business days.

137. Provide a detailed report on the Close Relative Caregiver program, including:

a. In FY 23 and FY 24, to date, how many families were and are in the program?

FY23	67
FY24	60

b. In FY 23 and FY 24, to date, how many children were and are served by the program?

FY23	106
FY24	90

c. In FY 23 and FY 24, to date, what is the average benefit received?

FY23	\$659 per child per month (\$22 per child per day)
FY24	\$618 per child per month (\$21 per child per day)

d. How does this differ from the subsidy awarded to resource families?

The benefit is approximately \$16 per day less than the subsidy awarded to resource families.

e. In FY 23 and FY 24, to date, were any children or families on the waiting list? If so, how many?

No children or families were waitlisted in FY23 or FY24 to date.

f. In FY 23 and in FY 24, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason?

Reason	FY23	FY24
Failure to recertify	1	0
Aged-Out	12*	1*
Relocated out of the District	0	0
Child no longer in the home	3*	0
Over Income	0	0
Death of Caregiver	0	0
Submitted incorrect application	0	1

g. The total budget for and the number of families that benefited from the program in FY 23 and in FY 24, to date, and the estimated total number of families that will benefit from the program in FY 24;

Fiscal Year	Total Budget	# of Families Served
FY23	\$545,996.28	67
FY24 Q1	\$163,036	60

The estimated total number of children that will likely benefit from the program in FY 24 is 117. Projections at the family level are not currently available for CRCP.

- h. The average benefit provided per family in FY 23, and the average benefit provided per family in FY 24, to date;***

On average, families received \$659 per child per month in FY23 and \$618 per child per month in FY24.

- 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 launched a Kinship Navigator marketing website and mobile app in FY23. Expanded outreach efforts, including distributing flyers and brochures, hosting community meetings, participating in tabling events, organizing senior activities, and conducting virtual CRCP presentations help inform the affected community about the CRCP. In addition, CFSA staff and social workers are educated about, and 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 through the Emergency Financial Assistance (EFA) application. A total of 37 requests in FY23 and 36 requests for FY24 have been received for support with food, furniture, utility and rental assistance, clothing, transportation, household living expenses, legal, and pest control across all kin caregivers (this data is not available for CRCP only).

- 138. Does CFSA track kinship placement waivers? If not, why? If yes, how do they track the waivers to identify the conditions that are being waived?***

Yes, the agency tracks waivers in our Kinship Licensing database. The conditions for the waiver are also recorded in FACES in the provider screen at the time that the license number issued and approved.

In FY23 and first quarter of FY24 eleven (11) waivers were issued. Three (3) were related to kin on the CPR registry. These cases were reviewed by the program manager and administrator prior to placement in the home. The findings on the CPR registry were determined to pose no current risk to children. Of note, these were prior to expungement legislation being passed by Council. Four (4) waivers were due to the size and function of the bedrooms not meeting regulations. One (1) was issued for insufficient income. One (1) waiver was issued as there was no health form for a household member, alternatively, the team used school records. One (1) waiver was issued

to excuse a pet vaccination form. One (1) waiver was issued for a child who is with a non-blood relative without a relative affidavit. The relationship was proven by the school and community members. Due to heightened conflict within the birth family, relatives were uncooperative.

139. How many kin placements have been denied licensure and for what reason?

In FY23, eight (8) kinship applicants were denied licensure. Three (3) applicants had current or past criminal charges that posed safety threats to the children who would be placed. One (1) applicant was unable to verify relationship with the birth family or the child. Two (2) applicants did not meet Maryland COMAR licensing requirements. Two (2) applicants became unwilling to complete the home study during the course of the process.

In FY24 to date, one (1) kinship applicant was denied licensure due to providing false and misleading information regarding their household composition and were unable to provide a back up caretaker in case of emergency.

CFSA’s Partnerships with NCCF and Children’s Choice

140. Describe the status of collaboration with PSI Family Services, including the following information:

- a. How many children were placed with PSI Family Services in FY23, and how many have been placed with the PSI Services in FY24 to date.**

Fiscal Year	Total Unique Children Placed with PSI
FY23	44
FY24	26

- b. How do PSI Family Services and CFSA ensure that practices are consistent between CFSA and PSI Family Services?**

CFSA leads quarterly Permanency Goal Review meetings with the PSI team and the assigned Assistant Attorney General and OAG Section Chief to review case barriers to permanency and ensure alignment of practice.

The Deputy Director for Out of Home, and the Division’s leadership team, hold monthly partnership meetings with the PSI management team to share CFSA guidance and practice directives. In FY24, we will continue to focus on identifying and resolving barriers to best practice and placement stability.

PSI 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. PSI and CFSA managers receive monthly dashboards of their permanency progress metrics.

c. How do CFSA and PSI Family Services Children's Choice coordinate placement?

When CFSA is in need of an intensive foster care placement a referral is sent to PSI for review by their placement coordinator as well as their clinical coordinator. These referrals are sent as needed when the CFSA placement office determines that a child or youth meets the criteria for intensive placement.

d. What are the performance metrics CFSA applies to PSI Family Services?

Social Worker Visits to Children in Foster Care

- Family Engagement with their Children
- Sibling Visits
- Family Engagement with the Agency
- In-Home Visits

e. How does CFSA monitor PSI Family Services' Children's Choice 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

The CFSA Program Outcomes Unit assesses PSI performance against system level benchmarks.

f. How has PSI Family Services performed in FY 23, and in FY 24, to date?

PSI executed its contract with CFSA in July, 2022 to provide intensive placement and case management services for 36 CFSA youth. A total of 26 CFSA children and youth were placed in PSI foster homes thus far in FY24. As of the second quarter of FY24, 18 CFSA children and youth were placed in a PSI foster home. More than half of these children remained case managed by CFSA due to PSI clinical case management staff shortages. Staffing shortages are attributed to challenges with recruiting and retaining MSW level social workers licensed by the MD Board of Social Work. CFSA continues to work with PSI to strengthen its processes and procedures to improve program operations.

141. How many youth placed in DC and Maryland homes received school transportation? How much was spent transporting youth to DC and Maryland homes?

- In FY23, 118 youth placed in DC and Maryland homes received transportation. In FY23, CFSA spent \$1,148,314.60.
- In FY24 Q1, 50 youth placed in DC and Maryland homes received transportation. In FY24, to date, CFSA spending is \$352,010.00.

142. How many Maryland foster families connected to NCCF are currently licensed to provide placement to DC children and youth? How many Maryland foster families connected to PSI Family Services are currently licensed to provide placement to DC children and youth?

- As of 12/31/23, NCCF had 169 licensed resource homes (total of 331 beds)
- As of 12/31/23, PSI Family Services had 22 licensed homes (total of 37 beds)

143. Youth placed in foster homes contracted with NCCF and PSI Family Services in Maryland still, in many cases, come to DC for school and other services and activities.

a. In FY 23 and FY 24, to date, who was responsible for paying for transporting youth placed in Maryland?

In FY23 and FY24 to date, CFSA is 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 or PSI Family Services Foster Homes have received transportation services that were funded by NCCF, PSI Family Services, or CFSA in FY 23 and FY 24, to date?

CFSA funded transportation services for youth. CFSA transported youth from several agencies:

FY23

Agency	# Youth Transported
CFSA	25
NCCF	89
LSS	1
PSI	3
Total	118

FY24 Q1

Agency	# Youth Transported
CFSA	22
NCCF	23
LSS	2
PSI	3
Total	50

- d. How much was spent on transporting youth in NCCF or PSI Family Services Foster Homes in FY 23 and FY 24, to date? Include the total amount spent as well as the average amount spent per youth.*

CFSA does not track expenditures by agency. In FY23, CFSA spent \$1,148,314.00 transporting youth in foster homes, an average of \$9,731.00 per youth.

In FY24, to date, CFSA spent \$352,010.00 transporting youth in foster homes, an average of \$7,040.00 per youth.

- 144. Describe the status of the collaboration with NCCF, including the following information:*

CFSA’s ongoing collaboration with NCCF remains strong and productive. See section (b) below for more detail on this collaboration.

- a. How many children have been placed with NCCF in FY 23 and in FY 24, to date?*

Fiscal Year	Total Unique Children Placed with NCCF
FY23	298
FY24	214

- 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.

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 FY24, we will continue to focus on identifying and resolving barriers to best practice and placement stability.

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 do CFSA and NCCF coordinate placement?

CFSA and NCCF speak daily on placement needs and the respective 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 described in the response to Question 149 below 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

d. What are the performance metrics CFSA applies to NCCF?

- Social Worker Visits to Children in Foster Care
- Family Engagement with their Children
- Sibling Visits
- Family Engagement with the Agency
- In-Home Visits

e. 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.

f. How has NCCF performed in FY 23 and in FY 24, to date?

- The CFSA Contracts Monitoring Division audited 122 NCCF child case records in FY23. Documentation in the case records indicated that services were initiated or put into place based on identified case needs for most cases. Engagement and interventions were addressed for all cases with identified safety concerns. Approximately 6 percent of cases were missing assessments or did not have updated service plans. The case record reviews revealed that most services were implemented for all children, youth, and families in accordance with identified needs.
- During FY23, NCCF introduced a new data entry strategy aimed at enhancing accuracy and reflecting the work completed on all permanency cases. These strategies encompassed protocol reviews, refresher trainings, internal case reviews, weekly supervision reminders, task completion during supervision, timely LYFE referrals, and revisiting families. NCCF's performance improved in terms of goal change recommendations and adoption petitions during the last six months of the reporting period. For children in out-of-home care for at least nine months showed a downward trend in the last two months. A total of 70 children and youth achieved permanency and exited foster care. This included 27 cases of reunification, 22 adoptions, 13 guardianships, and 9 instances of youth emancipation.
- NCCF submitted 112 unusual incidents (UI) during FY23. The primary UIs were school related issues such as suspension, expulsion, and truancy.
- Of the 121 resource parent records audited, 91 percent were found in compliance. Of the non-complying files, some homes lacked the required documentation for backup providers, clearances or training deficiencies were identified. Most of the 19 personnel records audited were in compliance with exception of the four records that had missing documentation highlighting completion of pre-service training.
- The CFSA Contracts Monitoring Division and the State of Maryland's Office of Licensing and Monitoring continued joint monitoring during FY23. Joint monitoring was established as part of the Border Agreement between the two jurisdictions and follows COMAR requirements. Out of 14 child case records audited during joint monitoring, none met all MD compliance requirements. Deficiencies were noted with the lack of twice a month social worker visit, deficient physical, dental, and eye exams as well as missing foster parent behavior notes in the youth's files.

- For FY24 to date, NCCF has met performance targets in the following areas:
 - In home and out of home face to face visits with parents and other siblings in care.
 - The agency continues to address youth permanency by mitigating placement interruptions.
 - NCCF’s direct care staffing numbers have been stabilized.
 - Recruiting and retention of resource parents has improved.

145. In FY 23, and to date in FY 24, how many reports of abuse or neglect were there for children placed in foster homes in Maryland? Provide total number of reports per contracted agency and include the number of these reports that were subsequently substantiated.

Provider	Allegations	Substantiations
Lutheran Social Services	1	0
National Center for Children and Families	24	3
PSI Family Services	1	0

Placements and Providers

- 146. Provide the following by age, gender, race, provider, location, daily rate, and time in care during FY 23 and FY 24, to date:**
- Total number of foster children and youth;**
 - Total number of foster children and youth living in foster homes;**
 - Total number of foster children and youth living in group homes;**
 - Total number of foster children and youth living in independent living programs;**
 - Total number of foster children and youth living in residential treatment centers; and**
 - Total number of foster children and youth in 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

FY23 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
<1 Year	11	13	24	0	0	0	0	0	0	0	24
1	11	13	24	0	0	0	0	0	0	0	24
2	8	25	33	0	0	0	0	0	0	0	33

FY23 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
3	12	11	23	0	0	0	0	0	0	0	23
4	6	11	17	0	0	0	0	0	0	0	17
5	5	11	16	0	0	0	0	0	0	0	16
6	1	9	10	0	0	0	0	0	0	0	10
7	6	11	17	0	0	0	0	1	1	1	19
8	7	11	18	0	0	0	0	0	0	1	19
9	4	4	8	0	0	0	0	0	0	0	8
10	4	10	14	0	0	0	0	0	0	4	18
11	3	19	22	0	0	0	0	1	1	1	24
12	7	11	18	0	0	0	0	0	0	1	19
13	5	18	23	0	0	0	0	2	2	2	27
14	4	13	17	0	2	0	0	3	5	2	24
15	3	16	19	0	0	0	0	2	2	5	26
16	1	13	14	0	1	5	0	2	8	5	27
17	1	18	19	0	0	4	0	2	6	6	31
18	4	10	14	0	0	1	1	0	2	13	29
19	3	13	16	1	0	6	4	0	11	14	41
20	1	12	13	0	0	8	1	1	10	14	37
Total	107	272	379	1	3	24	6	14	48	69	496

FY23 Gender	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
Female	55	154	209	0	3	10	6	4	23	35	267
Male	52	118	170	1	0	14	0	10	25	34	229
Total	107	272	379	1	3	24	6	14	48	69	496

FY23 Race	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
Asian	0	2	2	0	0	0	0	0	0	0	2
Black or African American	97	206	303	1	3	22	5	9	40	57	400
Hispanic	5	49	54	0	0	2	1	4	7	12	73
White	1	3	4	0	0	0	0	1	1	0	5
Native Hawaiian or Other Pacific Islander	1	0	1	0	0	0	0	0	0	0	1
No Race Data Reported	3	12	15	0	0	0	0	0	0	0	15
Total	107	272	379	1	3	24	6	14	48	69	496

FY23 Provider Location	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
DC	43	107	150	1	3	24	6	0	34	64	248
MD	64	154	218	0	0	0	0	5	5	4	227
VA	0	5	5	0	0	0	0	3	3	1	9
Other States	0	6	6	0	0	0	0	6	6	0	12
Total	107	272	379	1	3	24	6	14	48	69	496

FY23 Time in Care	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
0 - 3 Months	8	37	45	0	0	2	0	0	2	2	49
4 - 6 Months	9	19	28	0	0	1	0	0	1	4	33
7 - 12 Months	22	39	61	0	0	2	0	2	4	4	69
13 - 24 Months	36	65	101	0	2	3	2	2	9	10	120
25+ Months	32	112	144	1	1	16	4	10	32	49	225
Total	107	272	379	1	3	24	6	14	48	69	496

* Note: Other includes Abscondence, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement.

Time in Abscondence (As of September 30, 2022)	Total Children
0 - 3 Months	5
4 - 6 Months	6
7 - 12 Months	4
13 - 24 Months	3
25+ Months	1
Total	19

FY24 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
<1 Year	11	14	25	0	0	0	0	0	0	0	25
1	12	10	22	0	0	0	0	0	0	0	22
2	8	27	35	0	0	0	0	0	0	1	36
3	7	12	19	0	0	0	0	0	0	0	19
4	9	10	19	0	0	0	0	0	0	0	19
5	4	12	16	0	0	0	0	0	0	0	16
6	1	11	12	0	0	0	0	0	0	0	12
7	3	8	11	0	0	0	0	0	0	0	11

FY24 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
8	6	12	18	0	0	0	0	2	2	2	22
9	5	8	13	0	0	0	0	0	0	0	13
10	4	9	13	0	0	0	0	0	0	2	15
11	2	13	15	0	0	0	0	1	1	2	18
12	3	14	17	0	0	0	0	0	0	0	17
13	3	17	20	0	2	0	0	2	4	3	27
14	3	15	18	0	2	0	0	3	5	1	24
15	7	13	20	0	0	1	0	3	4	5	29
16	1	14	15	0	3	5	0	1	9	4	28
17	1	17	18	0	1	3	0	1	5	8	31
18	4	13	17	0	0	0	1	0	1	13	31
19	2	9	11	1	0	7	5	0	13	14	38
20	2	10	12	0	0	5	0	1	6	14	32
21	0	1	1	0	0	0	0	0	0	1	2
Total	98	269	367	1	8	21	6	14	50	70	487

FY24 Gender	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
Female	50	150	200	0	3	8	6	5	22	37	259
Male	48	119	167	1	5	13	0	9	28	33	228
Total	98	269	367	1	8	21	6	14	50	70	487

FY24 Race	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
Asian	1	2	3	0	0	0	0	0	0	0	3
Black or African American	89	208	297	1	8	21	6	9	45	54	396
Hispanic	4	43	47	0	0	0	0	4	4	14	65
White	1	2	3	0	0	0	0	1	1	0	4
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
No Race Data Reported	3	14	17	0	0	0	0	0	0	2	19
Total	98	269	367	1	8	21	6	14	50	70	487

	Foster Homes	Group Settings						* Other	
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FY24 Provider Location	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		Total Children
DC	36	106	142	1	8	21	6	0	36	64	242
MD	62	152	214	0	0	0	0	6	6	5	225
VA	0	5	5	0	0	0	0	3	3	1	9
Other States	0	6	6	0	0	0	0	5	5	0	11
Total	98	269	367	1	8	21	6	14	50	70	487

FY24 Time in Care	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
0 - 3 Months	6	39	45	0	2	2	0	0	4	1	50
4 - 6 Months	9	22	31	0	0	0	0	0	0	5	36
7 - 12 Months	16	43	59	0	1	2	0	0	3	3	65
13 - 24 Months	36	51	87	0	3	1	2	5	11	7	105
25+ Months	31	114	145	1	2	16	4	9	32	54	231
Total	98	269	367	1	8	21	6	14	50	70	487

* Note: Other includes Abscondence, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement.

Time in Abscondence (As of December 31, 2023)	Total Children
0 - 3 Months	4
4 - 6 Months	1
7 - 12 Months	7
13 - 24 Months	3
25+ Months	2
Total	17

147. *How many placement changes did youth in CFSA care experience in FY 23 and in FY 24, to date, including the total number of unique children who experienced a placement change, the age and the reason for the change.*

FY23

Age at End of FY	Placement Episodes				Total
	1	2	3-4	5+	
<1 Year	20	3	1	0	24
1	22	2	0	0	24
2	25	7	1	0	33
3	17	6	0	0	23
4	13	3	1	0	17
5	11	4	1	0	16
6	9	1	0	0	10
7	13	4	2	0	19
8	13	4	1	1	19
9	6	1	1	0	8
10	11	4	3	0	18
11	13	7	2	2	24
12	10	5	4	0	19
13	10	7	5	5	27
14	13	4	4	3	24
15	11	1	8	6	26
16	9	3	3	12	27
17	17	3	6	5	31
18	14	9	5	1	29
19	18	9	10	4	41
20	30	5	2	0	37
Total	305	92	60	39	496
Percentage	61.49%	18.55%	12.10%	7.86%	100.00%

FY24

Age at End of FY	Placement Episodes				Total
	1	2	3-4	5+	
<1 Year	21	4	0	0	25
1	21	1	0	0	22
2	35	0	1	0	36
3	18	1	0	0	19
4	18	1	0	0	19
5	15	1	0	0	16
6	12	0	0	0	12
7	10	1	0	0	11
8	19	3	0	0	22
9	11	1	1	0	13
10	13	2	0	0	15
11	12	5	1	0	18
12	14	3	0	0	17
13	19	3	4	1	27
14	19	4	1	0	24
15	21	5	2	1	29
16	19	3	5	1	28
17	24	4	3	0	31
18	28	3	0	0	31
19	34	2	2	0	38
20	28	4	0	0	32
21	2	0	0	0	2
Total	413	51	20	3	487
Percentage	84.80%	10.47%	4.11%	0.62%	100.00%

a. *The total number of placement changes by agency (CFSA/NCCF/PSI Family Services).*

FY23

Agency	Placement Episodes				Total
	1	2	3-4	5+	
CFSA	157	49	28	26	260
Lutheran Social Services	22	3	2	0	27
National Center for Children and Family _ I	123	39	26	12	200
PSI Services	3	1	4	1	9
Total	305	92	60	39	496
	61.49%	18.55%	12.10%	7.86%	100.00%

FY24

Agency	Placement Episodes				Total
	1	2	3-4	5+	
CFSA	222	35	10	3	270
Lutheran Social Services	24	3	0	0	27
National Center for Children and Family _ I	159	13	9	0	181
PSI Services	8	0	1	0	9
Total	413	51	20	3	487
Percentage	84.80%	10.47%	4.11%	0.62%	100.00%

b. *Describe the agency's analysis on root causes and evidence, and steps the agency is taking to reduce the number of placement changes children in care experience.*

CFSA conducted a placement stability review in December 2023. The review examined FACES.NET documentation of a statistically significant sample of children who experienced 3 or more placement moves in FY2023. The goal of the review is to identify factors that would improve placement stability. Analysis and findings are currently under development.

148. *Regarding the availability of beds/placements for children and youth in foster care, provide the following for FY 23 and FY 24, to date:*

a. The current number of foster home beds available in the District and in Maryland.

State	FY23 (As of September 30, 2023)	FY24 (As of December 31, 2023)
District	223	226
Maryland	325	328
Total	548	544

b. The number of foster home beds that are currently vacant in the District and in Maryland.

State	FY23 (As of September 30, 2023)	FY24 (As of December 31, 2023)
District	73	83
Maryland	107	103
Total	180	186

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	3
The Mary Elizabeth House	12
Umbrella	6
Life Deeds	6
Sasha Bruce – Allen House	6
Total	64

d. The total number of group home beds that are currently vacant in the District and in Maryland.

There are 27 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 12 independent living program beds (from The Mary Elizabeth House).

f. The number of independent living program beds that are currently vacant.

There are six independent living program beds currently vacant (all six 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) 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 six independent living program beds currently vacant (all six 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 FY 22, FY 23, and FY 24, to date

Total Number of Foster Home Beds Willing to Accept teens (age 13+)			
	FY22	FY23	FY24
MD – NCCF	37	66	141
MD-PSI	8	12	14
DC	65	27	26

- 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 FY 22, FY 23, and FY 24, to date.*

Total Number of Foster Home Beds Willing to Accept Ages 0-5			
	FY22	FY23	FY24
MD – NCCF	82	159	147
MD-PSI	2	4	6
DC	99	33	32

- l. How many beds are vacant?*

There are 216 vacant beds.

149. 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 separated 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:

Child-Specific Factors	Resource Parent-Specific Factors
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 that NCCF, PSI Family Services, and CFSA are engaging in during the placement matching process?*

CFSA, NCCF, and PSI speak daily on placement needs, and the placement management teams meet monthly 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, NCCF, and PSI:

- 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

150. *Regarding the retention and recruitment of foster parents:*

a. *What was the agency's foster parent yearly retention rate in FY 23, and what has that rate been in FY 24, to date?*

On October 1, 2022, CFSA had 129 licensed traditional foster homes. CFSA licensed 18 new foster homes between October 1, 2022 and September 30, 2023. Of those 147 homes, 119 remained licensed through September 30, 2022, and 28 were closed, for an FY23 retention rate of 81 percent.

On October 1, 2023, CFSA had 119 licensed traditional foster homes. As of December 31, 2023, 4 were closed, leaving 115 licensed homes and a current retention rate of 97 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 separated from their families. In FY23, 76 percent of children came into foster care from Wards 8 (30%), 7 (26%), and 5 (20%).

CFSA’s FY23 foster home creation target was 22 new traditional resource home beds. By the end of FY23, the agency had achieved its goal, creating 26 beds for youth in foster care (in 18 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.

Ward	# Homes Created by Wards	# Beds Created by Wards	Percentage of total
1	0	0	0
2	2	3	11
3	0	0	0
4	2	4	11
5	5	9	28
6	4	4	22
7	3	3	17
8	2	3	11
Total	18	26	100%

The Recruitment strategies include:

- Expanding strategic outreach across the District via virtual and social media platforms including Facebook, Google, and Eventbrite.
- Collaborating with faith-based organizations, such as DC127 and LGBTQ Churches, to facilitate shared information sessions.
- Online communications platforms with community partners to collaboratively host virtual events. In FY23, recruitment collaborated and participated in 32 virtual events with community partners, including Rainbow Families, Jewish Community Center Adoption, National Association of Adoption, 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 40 community events, with such partners as 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 5% of bed development.

- 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; 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.
- Expanding (and streamlining) offerings by fosterdckids.org to help promote recruitment and retention of resource parents.

In FY24, these strategies will continue, along with the following added strategies;

- Using bus shelter ads with target audiences (Latino, 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?

41.34% of current foster homes are located within the District. As of December 31, 2023, 55% of youth were placed geographically within the District.

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 FY 23? What are the agency’s targets for FY 24?

- The target for FY23 was to develop five additional beds for teenagers. By the end of FY23, five homes and seven beds were developed.
- The target for FY24, is to develop five additional beds for teenagers. To date, one bed has been developed.
- In addition, a new group home was opened for six youth ages 13-17 on October 3, 2023.

The primary barrier in recruiting for resource homes for this population continues to be fear of the unknown. This population often comes with a multitude of complex needs and behaviors unfamiliar to many of our resource parents. 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 with tools they can employ to support them.

In addition, CFSA Recruitment partners with teenagers themselves to help dispel myths and reinforce the importance of belonging in a family setting. Strategies planned for FY24, included the following:

- Collaborating with the CFSA Office of Public Information 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”.
- Partnering with Multi-Media Personality and Foster Care Alumni, Poet Taylor, who produced a Public Service Announcement promoting the importance of fostering teens.
- Targeting 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 FY 23? What are the agency's targets for FY 24?

At the start of FY23, there were 27 teen mothers in foster care. As a result, the recruitment team strategized to develop at least four additional beds for this population. At the end of FY23, there were 17 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. Two of the three homes were licensed, providing four beds; the other remains in the pipeline.

In FY23, the following outreach efforts helped achieve 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 WPG95.5. 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 can 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 six months old.

Because of the decrease in this population, In FY24, the target is to develop two more homes to support these youths.

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 FY 23? What are the agency's targets for FY 24?

CFSA recruited two homes and five beds in FY23 for this population through the following efforts:

- Conducted outreach and partnering 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.
- Facilitated "Lunch and Learns" with Kaiser Permanente, United Health, and the Black Nurses Association.
- Profiled this population of children on various adoption sites.
- Presented the need of this population of children at DC127 Information Sessions.

In FY24, the goal is to achieve two additional resource families for this population, CFSA will continue the efforts described above.

Barriers to developing resource homes for this population include the following:

- Many homes in the district are not ADA accessible.
- 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.

In addition, CFSA licensed a therapeutic group home on December 14, 2023 for six beds for youth with special needs.

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 FY 23? What are the agency's targets for FY 24?

Twenty-eight percent of newly licensed homes self-identify as LGBT resource parents (n=5 /18). The goal was to create five additional beds from this population of resource parents, and nine beds were developed. At the end of FY23, 45 percent (n=86/191) of the current pool of traditional and child-specific resource parents self-identify as LGBTQ+ (or LGBTQ+ friendly) for placement of LGBTQ+ youth. The Agency achieved its target for FY23.

In FY24 CFSA plans to continue maintaining partnerships with longstanding providers, such as the LGBTQ Center, Rainbow Families, Human Rights Campaign, SMYAL, and the Mayor's Office of LGBTQ Affairs and formulate new alliances with organizations serving the Transgender population including LGBTQ faith-based organizations.

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 FY23, Latinx children comprised approximately 14 percent of the District's foster care population (n=71/496). For 83 percent (n=59/71) of these children, their primary language was English; for 17 (n=12/71) percent it is 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:

Provider	# of children whose primary language is Spanish	# of Spanish-speaking homes
CFSA	7	9
NCCF	2	2
Lutheran Social Services	3	10
Total	12	21

100% of the children whose primary language is Spanish have been placed with providers who speak their language and support cultural identity.

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 FY 23? What are the Agency's targets for FY 24?

CFSA's FY23 target for recruiting language-appropriate families was four families and we achieve the goal by licensing six families and creating seven beds, including

- Four beds for Spanish-speaking
- Two beds for French-speaking
- One bed for American Sign Language

To achieve this target, CFSA engaged in community-based outreach and trust-building efforts, including messaging the need to the Mayor's Office of Latino and African Affairs, Mayor's Office of Voluntarism, Lutheran Social Services, Rainbow Families, and Mary's Center.

CFSA also updated its fosterdckids.org website to include translation into Spanish and had paid social media advertisements targeting Latinx individuals and families and messaging in bus shelters in two Spanish-speaking neighborhoods of the District. In FY24, similar strategies will be used to develop three more homes for this population. During the first quarter of the fiscal year, one family with a two-bed capacity has been licensed for this population.

j. How may foster families closed their homes in FY 23 and in FY 24, to date? What were the reasons given for closing their homes?

CFSA Home Closure Reason	FY23	FY24
Permanency	15	1
Clinical/Regulatory	3	0
Resource Parent Request*	10	3
Total	28	4

*Reasons for Resource Parent request includes unavailability to commit, personal reasons and travel for work.

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 FY 23? What are the Agency’s targets for FY 24?

For children who are diagnosed as medically fragile or who present with intellectual disabilities or social and behavioral challenges (e.g., children on the autism spectrum), CFSA strives to maintain a placement array that can provide specialized attention in a family-based setting. CFSA's recruitment utilized the strategies below to achieve the target goal of developing two homes for this population in FY23.

- Partnered with multiple District and Maryland medical care providers and hospitals to profile medically fragile children for potential adoptive resources.
- Utilized case mining, diligent search, and reverse search tools to locate viable resources, resulting in a kinship resource identified for a 17-year-old teenager with intellectual disability.
- Spotlighted children with special medical needs in the CFSA's Resource Parent newsletter, CFSA recruitment spotlighted.
- Held focus groups with resource parents caring for this population and one resource parent caring for this population presented during the monthly information sessions.
- Collaborated with nurses assigned to medically fragile children to inform the recruitment, placement, and matching processes.

These efforts will continue in FY24.

l. 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 FY 24?

In FY23, the agency achieved its goal by developing four foster homes 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 ongoing basis. TIPP homes are for children/youth ages eight and up (with a focus on eight-to-20-year olds), whose mental health and behavioral concerns have made traditional placements difficult.

Goal achieved by utilizing the following strategies:

- Actively listed “The Professional Parent” job posting on Indeed and we receive regular emails from HR with newly submitted resumes.
- Hosted three Professional Parent Information Sessions in FY23.
- Updated the FosterDCKids.org website with the Professional Parent landing page and included links to register for the quarterly sessions.
- Contracted with existing resource parents working with this population.

The barriers include finding people with the appropriate skill set and time to care for this population of youth remains a barrier.

In FY24, CFSA will create two more homes to serve this population of youth.

m. What supports do you have in place to help foster families and to encourage them to continue to serve in that role?

The Resource Parent Support Worker (RPSW)-unit is a vital and valuable partner in recruiting and retaining resource parents. Every resource parent is assigned an RPSW who:

- 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.

Feedback and Fellowship - A monthly information-sharing session encouraging dialogue between the resource parent community and the agency. Facilitated by the Deputy Director and Administrators within the Office on In-and-Out of Home Care, Fellowship and Feedback sessions allow resource parents to receive important updates and training and raise concerns directly with agency leaders best positioned to implement change. Multiple CFSA administrations team together and participate in this forum, with the primary intent being to improve our systems and better support resource parents and the children and youth being served.

Newly licensed parent meet and greet: The New Resource Parent Gatherings are informal quarterly meet-ups allowing newly licensed resource parents to learn about the agency's supportive resources, ask questions, and share feedback. Resource parents meet with the Deputy Director and Administrators in the Office of In-and-Out of Home Care during these virtual gatherings, as well as other newly licensed parents. The informal gatherings allow for open dialogue about parents' experiences with CFSA thus far (i.e., licensing, training, placement calls, staff interactions, etc.).

n. What percentage of current foster homes licensed by CFSA and NCCF have adults who have received trauma informed training?

100% of foster homes currently licensed by CFSA and NCCF have adults who have received trauma-informed training, as it is embedded in pre-service and in-service curricula. Trauma-informed caregiving practices for the populations of children CFSA serves is also integrated into the mandated Specialized Populations training.

o. What is budgeted for resource parent (1) recruitment and (2) retention) in FY 22, FY 23 and FY 24? How much was spent on (1) recruitment and (2) retention) in FY 22, FY 23, FY 24, to date?

Program Area	FY22 Budget	FY22 Expenditure	FY23 Budget	FY23 Expenditure	FY24 Budget	FY24 Q1 Expenditure
Recruitment	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$0
Retention	\$43,500		\$40,000		\$40,000	

151. During FY 23, how many youths in out-of-home care stayed in an emergency, short-term, respite, or otherwise temporary placement while awaiting a long-term placement? FY 24, to date? For each youth, provide:

a. The age of the youth;

Age*	Total Unique Children
11	6
12	4
13	4
14	7
15	5
16	1
17	1
FY23 Total	28

*Age is calculated as of the Start of the Reporting Fiscal year i.e. October 01, 2022

Age*	Total Unique Children
13	5
14	6
15	2
16	3
17	1
FY24 Q1 Total	17

*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2023

b. The type of placement, with a description, the youth was moved to following the youth's stay in the emergency, short-term, respite, or otherwise temporary placement.

Placement Types	Total Unique Children
Foster Homes	12
Group Settings	5
Other**	15
FY23 Total	28

**'Other' placement types consist of Abscondence, Not in Legal Placement, Hospital, and Correctional Facility in FY23.

Placement Types	Total Unique Children
Foster Homes	8
Group Settings	8
Other**	5
FY24 Q1 Total	17

**'Other' placement type for FY24 is Not in Legal Placement.

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

Length of Stay in Emergency/Respite Placements	Total Unique Children
0-2 days	4
3-5 days	10
6-10 days	7
11-20 days	5
21-30 days	12
31+ days	3
FY23 Total	28

Note: Totals may not add up if a client has multiple placement episodes.

Length of Stay in Emergency/Respite Placements	Total Unique Children
0-2 days	1
3-5 days	3
6-10 days	3
11-20 days	5
21-30 days	4
31+ days	4
FY24 Q1 Total	17

Note: Totals may not add up if a client has multiple placement episodes.

d. circumstances under which the youth was so placed;

Youth placed in emergency placement become known to the agency through a child specific urgent matter; the day they are separated from their parents, the day they return from absence, or the day their planned placement disrupts. All youth are carefully assessed to first ensure that there are no appropriate and available family-based placements or long term of congregate placements. Typically, the circumstances that warrant this type of placement are that there are further observations and assessments that need to be made on youth; and that they are provided with wrap around care including 24-7 supervision. The youth have mental health and behavioral challenges and may be involved in the juvenile justice system which may make a foster home placement challenging depending on makeup of the home and abilities of the parent.

e. The efforts made to identify an appropriate 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 and The Bridge Program can observe and assess youth. When Sasha Bruce and the Bridge Program assume 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.

f. The type of placement the youth was moved to following his/her hotel stay;

No youth stayed in a hotel during FY23 or FY24 to date.

g. Steps the agency took to provide supervision for the youth;

Both Sasha Bruce and The Bridge Program are contracted to have 24-7 supervision for all youth in their care, at least, at a 2:1 (staff to youth) ratio.

h. Steps the agency has taken to ensure that no youth in out-of-home care will stay in temporary placements during the remainder of FY 24; and

The agency will continue to utilize short term/temporary placements when all other permanent opportunities have been exhausted.

i. The barriers that exist to placing youth into traditional foster homes immediately after they are in emergency, short-term, respite, or otherwise temporary placement.

The agency has been able to place youth in kin foster homes, traditional foster homes as well as long term congregate programs following an emergency placement.

152. During FY 23, how many youths in out-of-home care stayed overnight at CFSA's offices while awaiting a licensed placement? In FY 24, to date? For each youth who stayed at CFSA, provide:

- In FY23, there were a total of 124 overnight stays. Two youths accounted for 103 of them. (Source: Overnight Stay Tracker)
- In FY24 (Q1), there were are a total of 2 overnight stays and 2 youths.

a. The age of the youth;

See Attachment Q152.

b. The length of the youth's stay at CFSA's office;

See Attachment Q152.

c. The efforts made to identify a licensed placement;

See Attachment Q152.

d. The type of placement the youth was in before staying at CFSA's offices and following the stay at CFSA's offices; and

See Attachment Q152.

e. The factors that led to youth staying in the CFSA office overnight.

The following factors led to youth staying at CFSA's offices overnight during FY23 and FY24:

- Placement disruptions or separations from birth families and resource families were not available to answer or receive placement the day of
- Young adults and youth with credible threats to harm themselves and others
- Young adults and youth were no longer able to be referred to any congregate care providers opportunities given assaultive behaviors towards other youth or staff
- Youth refused to leave the building despite being offered a placement.

153. During FY 23, how many youths in out-of-home care stayed in emergency placement while awaiting a non-emergency placement? In FY 24, to date? For each youth, provide:

a. The age of the youth;

See response to Q151a.

b. A description of the type of placement;

See response to Q151b.

c. The length of the youth's stay in emergency placement;

See response to Q151c.

d. The efforts made to identify a non-short-term placement;

See response to Q151e.

e. The type of placement the youth was moved to following his/her/their stay in emergency placement;

See response to Q151b.

f. Steps the agency took to provide supervision for the youth;

See response to Q151g.

g. The factors that led to youth staying at emergency placement; and

See response to Q151d.

h. Steps the agency has taken to ensure that no youth in out-of-home care will stay in emergency placement during the remainder of FY 24?

See response to 151h.

154. 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 FY 22, FY 23 and FY 24, to date.

CSFA Congregate Care Categories	FY24 as of 12/28/23	FY23	FY22
Absent/Missing Person	36	224	304
Abuse			1
Arrest of Child	4	14	12
Automobile Accident			1
Contraband	2	6	40
COVID	1	4	31
Destruction of Property	1	12	43
Drugs	11	17	35
Fatality of CFSA child/youth		1	1
Fire			1
Fire Hazard			3
Hospitalization (Medical)		2	9
Hospitalization (Psychiatric)	1	4	16
Loss of any utilities (power, water, sewage etc.)		1	
Medical/Health	5	19	40
Medication Refusal	7	12	107
Neglect			
Personal Injury		1	3
Physical Assault of staff	1	1	13
Physical Assault of youth	3	8	44
School Suspension/Expulsion/other School Incident	2	19	75
Self-Harm	1	1	1
Sexual Assault		1	3
Sexualized Behavior			10

	FY24 as of 12/28/23	FY23	FY22
CSFA Congregate Care Categories			
Suicidal Ideation		2	1
Theft	2	4	10
Unauthorized Guest	1	4	2
Use of restraint			1
Verbal Threat between youth	4	6	24
Verbal Threat between youth & Staff	4	19	25
Victim of Physical Assault		2	1
Violation of resident rights			1
Grand Total	86	384	858

	FY24 as of 12/28/23	FY23	FY22
Private Foster Care Categories			
Absent/Missing Person	6	42	33
Abuse	5	27	22
Arrest of Child	1	18	5
Automobile Accident		4	2
Contraband		2	1
COVID		3	25
Destruction of Property	1	4	6
Drugs		1	1
Fatality of CFSA child/youth		1	1
Fire		4	
Hospitalization (Medical)	1	19	15
Hospitalization (Psychiatric)	1	15	6
Medical/Health		9	2
Misconduct or fraud (Staff)		2	
Neglect	1	12	13
Personal Injury	2	2	3
Physical Assault of staff		1	5
Physical Assault of youth	4	5	4
School Suspension/Expulsion/other School Incident	10	46	4
Self-Harm		1	
Sexual Assault	4	7	6
Sexualized Behavior	3	9	7
Suicidal Ideation	1	11	5
Theft	1	3	2
Unauthorized Guest		2	2
Use of restraint		1	1
Verbal Threat between youth	2	5	2

	FY24 as of 12/28/23	FY23	FY22
Private Foster Care Categories			
Verbal Threat between youth & Staff		4	2
Victim of Physical Assault		2	6
Grand Total	43	262	183

Private Residential Treatment Facilities	FY24 Q1	FY23	FY22
Absent/Missing Person			
Medical	1	1	
Hospitalization	1		
Sexual Assault			
Suicidal Ideation	5	2	5
Arrest of Child			
Abuse			
Physical Assault	56	29	21
Verbal Threat	5	3	15
Destruction of Property	13	6	10
Victim of Physical Assault			2
Suicide Attempt			
Restraint	5	10	22
Seclusion			
Horseplaying		4	
Elopement		1	
Self Injurious	29		
Other			
Grand Total	114	55	75

155. In FY 23, and FY 24, to date, how many URM's entered CFSA's care? Provide any relevant details.

In FY23 there were a total of 11 URM's who entered care. In FY24 Q1, there were two URM's who entered care.

Country of Origin	FY23	FY24 Q1
Afghanistan	2	
Eritrea	2	
Guatemala	1	
Honduras	2	1
Mexico	2	
Somalia	2	
Venezuela		1

Permanency

156. Provide the total number of youths, by age and gender, who in FY 23 and FY 24, to date, have a permanency goal of:

FY23 (data as of September 30, 2023)

Age	FY23 Permanency Goal						Total
	Adoption	APPLA	Guardianship	Legal Custody	Reunification	No Goal	
0	3	0	0	0	19	2	24
1	7	0	0	0	17	0	24
2	10	0	0	0	23	0	33
3	6	0	1	0	16	0	23
4	9	0	0	0	8	0	17
5	3	0	0	0	13	0	16
6	3	0	0	0	7	0	10
7	10	0	1	0	8	0	19
8	9	0	1	0	9	0	19
9	2	0	0	0	6	0	8
10	5	1	0	0	11	1	18
11	12	0	0	0	12	0	24
12	7	0	1	0	10	1	19
13	4	0	3	0	19	1	27
14	8	0	3	1	12	0	24
15	3	2	6	0	14	1	26
16	5	3	12	0	7	0	27
17	6	11	8	0	6	0	31
18	1	19	6	0	3	0	29
19	3	37	1	0	0	0	41
20	0	35	1	0	0	1	37
Total	116	108	44	1	220	7	496

Gender	FY23 Permanency Goal						Total
	Adoption	APPLA	Guardianship	Legal Custody	Reunification	No Goal	
Female	58	63	20	0	122	4	267
Male	58	45	24	1	98	3	229
Total	116	108	44	1	220	7	496

FY24 (data as of December 31, 2023)

Age	FY24 Permanency Goal						Total
	Adoption	APPLA	Guardianship	Legal Custody	Reunification	No Goal	
0	5	0	0	0	20	0	25
1	4	0	0	0	17	1	22
2	10	0	1	0	25	0	36
3	4	0	1	0	14	0	19
4	7	0	1	0	11	0	19
5	5	0	1	0	9	1	16
6	3	0	1	0	8	0	12
7	6	0	0	0	5	0	11
8	9	0	3	0	10	0	22
9	4	0	0	0	9	0	13
10	3	0	2	0	10	0	15
11	8	1	0	0	8	1	18
12	6	0	0	0	11	0	17
13	8	1	5	0	13	0	27
14	7	0	3	1	13	0	24
15	3	2	8	1	15	0	29
16	4	4	8	0	12	0	28
17	6	8	11	0	6	0	31
18	2	21	6	0	2	0	31
19	2	34	1	0	1	0	38
20	1	30	1	0	0	0	32
21	0	2	0	0	0	0	2
Total	107	103	53	2	219	3	487

Gender	FY24 Permanency Goal						Total
	Adoption	APPLA	Guardianship	Legal Custody	Reunification	No Goal	
Female	56	58	25	0	118	2	259
Male	51	45	28	2	101	1	228
Total	107	103	53	2	219	3	487

157. How many guardianships were finalized in FY 23? FY 24, to date?

Fiscal Year	Number of Finalized Guardianships
FY23	22
FY24	1

158. Provide the STAT review results for FY 23 and FY 24, to date, including:

- a. Average time between being placed in a home and finalizing the guardianship; and
- b. Average time between establishing a goal of guardianship and finalizing the guardianship.

Fiscal Year	Average Time Between Placement Start Date and Guardianship Finalized Date	Average Time Between Goal Date and Finalized Date
FY23	15 Months	12 Months
FY24	19 Months	4 Months

159. How many adoptions were finalized in FY 23 and FY 24, to date? What was the average length of time from the filing of an adoption petition to the finalization of an adoption?

FY23	FY24
61	22

Fiscal Year	Foster Care Adoptions Finalized
FY23	10 Months
FY24	11 Months

160. How many guardianships were disrupted in FY 23 and in FY 24, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.

Fiscal Year	Kin	Non-Kin	Total
FY23	7	0	7
FY24	0	0	0

161. How many adoptions were disrupted in FY 23 and in FY 24, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.

Fiscal Year	Kin	Non-Kin	Total
FY23	2	1	3
FY24	0	0	0

Fair Hearings and Program Administrator’s Review

162. How many fair hearings for Child Protection Register expungement were held in FY 22, FY 23 and FY 24, to date?

Fiscal Year	# of Fair Hearing Requests Received for CPR Expungement	# of PARs Held¹	# of Fair Hearings Held²	# of Expungement Requests Approved³
FY22	129	98	33	94 (257 allegations)
FY23	154	94	53	103 (293 allegations)
FY24 Q1	27	21	14	22 (63 allegations)

Note 1: Some fair hearing requests result in a Program Administrator Review (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.

Note 2: Not all requests go to a fair hearing as some cases are denied for eligibility reasons, withdrawn, dismissed, or mediated through a PAR which is held prior to a formal fair hearing.

Note 3: 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.

163. How many fair hearing matters resulted in expungement in FY 22, FY 23 and FY 24, to date?

See response to Question 162 above.

164. How many requests were made for Child Protection Register expungement in FY 22, FY 23, and FY 24, to date?

See response to Question 162 above.

165. 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.

166. 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.

167. How many PARs were provided as compared to fair hearings in FY 22, FY 23 and FY 24, to date?

See response to Question 162 above.

Safety Planning, Informal Family Plans, and Right to Counsel

168. 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.

169. How many referrals to outside counsel were provided to parents by CFSA staff who participated in safety plans and informal family plans in FY 22, FY 23 and FY 24, to date?

CFSA does not track this in the Safety Planning data. For Informal Family Planning Arrangements (IFPAs), there were none requested in FY21, FY23, FY24, however there were two referrals made in FY22.

170. Are parents always given referrals to legal counsel when the agency enters into a safety plan with a parent?

CFSA refers individuals to Neighborhood Legal Services if requested, however it is not required.

Older Youth Issues

General

171. In FY 23 and in FY 24, to date, provide the number of youth, by age, who are enrolled in youth development enrichment programming provided by CFSA through OYE.

Support and Enrichment Programming	FY23	FY24	Age Range
Education Units	128	116	15-23
Making Money Grow (MMG)	157	163	15-20
Financial Literacy Workshops	31	40	15-23
Rapid Housing/FUP/Housing Flex	FUP-11 RHAP-2 FFR- 27 Total: 40	FUP-1 RHAP-0 FFR- 3 Total: 4	21 - 24
LifeSet	54	35	17-20
Youth Council (Planning Participation)	4	3	19-23
Credible Messenger	80	31	14-21

a. How many of these youth participated in at least one Youth Transition Planning (YTP) Meeting prior to turning 18 years old?

Current CFSA reporting does not link the data on youth development enrichment programming with the data on youth participation in YTP meetings. The following data in parts (a-c) report the participation of all youth in YTP meetings, regardless of their enrollment in youth development enrichment programming.

FY23

As of September 30, 2023, 217 youth aged 14 or older were in care. Of these youth, 126 had completed a YTP course before turning 18. Of the remaining 91 youth, 63 were still under 18.

FY24

As of December 31, 2023, 215 youth aged 14 or older were in care. Of these youth, 126 had completed a YTP course before turning 18. Of the remaining 89 youth, 63 were still under 18.

b. How many of these youth participated in monthly YTP meetings after turning 18 years old?

Fiscal Year	Number of youth in care 18-21 who have completed a YTP course
FY23	75
FY24	72

Note: the data is point in time as of September 30th, 2023 for FY23 reporting and as of December 31st, 2023 for FY24 reporting

c. How many of these youth did not participate in YTP meetings at all or infrequently between ages 18 – 21?

Fiscal Year	Number of youth in care 18-21 who have not completed a YTP course
FY23	32
FY24	32

Note: the data is point in time as of September 30th, 2023 for FY23 reporting and as of December 31st, 2023 for FY24 reporting

d. What are the obstacles and root causes of youth not participating in YTP meetings?

- The youth faces placement instability or is in abscondence.
- The youth struggles with mental health and is non-compliant.
- The youth is unable to participate because they are medically fragile or unable to verbally articulate their needs or desires.
- The youth’s placement, such as at a PRTF or YSC, inhibit participation.
- The agency did not document the youth’s participation.

172. 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 FY 23 and in FY 24, 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
FY23	31
FY24	11

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.

d. Provide a complete list of housing options for youth exiting care and the processes by which youth can apply for/access these options.

• 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.

• Family Unification Program (FUP)/Fostering Youth to Independence (FYI) Vouchers

The Family Unification Program (FUP) and Fostering Youth to Independence (FYI) initiative are federal programs that provide Housing Choice Vouchers (HCVs) to child-welfare involved populations. The FUP provides vouchers to two distinct populations: 1) families where inadequate housing is a primary factor in either the imminent placement or delayed discharge of their child(ren) from out-of-home care; and 2) 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.

The FYI vouchers are targeted 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.

- ***CFSA Rapid Housing (RHAP)***

The RHAP program offers short-term rental support with the goal of preventing children from entering foster care, facilitating family reunification in cases where housing is a barrier, and assisting youth transitioning from foster care or, those who have already exited, in establishing a stable living arrangement.

173. How many youths are currently in care between the ages of 13 and 20, by age and gender?

FY23 (As of September 30, 2023)

Age	Female	Male	Total Children
13	16	11	27
14	12	12	24
15	12	14	26
16	16	11	27
17	20	11	31
18	14	15	29
19	23	18	41
20	23	14	37
Total	136	106	242

FY24 (As of December 31, 2023)

Age	Female	Male	Total Children
13	15	12	27
14	10	14	24
15	15	14	29
16	18	10	28
17	19	12	31
18	17	14	31
19	21	17	38
20	19	13	32
Total	134	106	240

174. How many youths remained in care past the age of 21 in FY 22, FY 23 and FY 24, to date?

In FY22, 25 youth exited care on October 25, 2021, 90 days after end of the public health emergency as the District law required. No youth remained in care past the age of 21 for FY23, or FY24.

175. What is the number of youth in CFSA’s care who are currently or have been DYRS/juvenile justice system involved? Provide a breakdown by age and gender?

FY23 Dual-Jacketed Youth

Age	Male	Female
15	1	0
16	2	0
18	1	2
19	1	0
Total	6	2

FY24 Dual-Jacketed Youth

Age	Male	Female
15	1	0
16	2	0
18	1	1
Total	4	1

176. 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.

177. Provide a comprehensive update on LifeSet DC. Include:

a. How many youth participated in the program in FY 23 and FY 24 to date?

FY23	54
FY24	35

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 FY 23 and FY 24, to date, completed their lifeset goals?

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 FY 23?

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. There were no changes to services in FY23.

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? Also include a copy of any outcome tracking or reporting that has been completed for FY 23 and FY 24, 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.

See Attachment Q177(g) LifeSet Outcome Data

Education

178. *Regarding youth in high school and GED programs, provide the following for the 22- 23 school year and the 23-24 school year to date:*

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

Grade	# of youth, school year 2022-2023	# of youth, school year 2023-2024
9	50	59
10	29	30
11	28	21
12	16	20
Total	123	130

b. *The number of youths in foster care who graduated high school in 23;*

Fiscal Year	# of youth graduated
FY23	12

c. *The number of youths who received their GED;*

Fiscal Year	# of youth who received their GED
FY23	1
FY24	0

d. *The number of youths who received graduation certificates;*

Fiscal Year	# of youth who received graduation certificates
FY23	0
FY24	0

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

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 2022-23 school year, CFSA had access to GPAs for 56 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 4.02, with an average GPA of 1.57 and a median GPA of 1.50.

For the first term of 2023-2024 school year, CFSA had access to the grade point averages (GPAs) for 41 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 4.02, with an average GPA of 1.94 and a median GPA of 2.0.

f. The number of youths who dropped out in FY 23 and FY 24, to date;

Grade	# of Youth dropped out as of the end of SY22-23	# of Youth dropped out as of 12/31/23
9	6	1
10	5	1
11	1	1
12	0	1
GED classes	1	1
TOTAL	13	5

g. The high school graduation rate for youth in foster care as of the end of the 22-23 school year, including an explanation of how this rate was calculated; and

School Year	Graduation Rate
2022-2023	73%

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

CFSA has 331 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.

See Attachment Q178(h) List of schools attended by foster youth.

179. Regarding vocational programs, provide the following for SY 22 - 23 and SY 23 - 24, to date:

a. The number of youths enrolled in vocational programs;

FY23	13
FY24	5

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

Vocational Training Program Names	FY23 # of Youth Enrolled	FY24 # of Youth Enrolled
Ballou Stay Cosmetology Program	1	
Montgomery College CNA Program	1	
Job Corp	2	
Prestige Barber College	1	
Prospect College - CNA Program	1	
LAYC Medican Assistant	2	
Bennett Cosmetology Program	1	
Northwest Phlebotomy School	1	
Institute for Lifelong Learning Physical Therapy Aide	1	
Montgomery College CNA Program	1	
Balou Stay Cosmetology Program		1
Bennett Cosmetology Program		1
LAYC Medical Assistant Program		1
Institute for Lifelong Learning - Physical Therapy Aide Program		1
Roosevelt Stay Barbering Program	1	1
Totals	13	5

c. The number of youths who successfully completed vocational programs;

Vocational Training Program Names	FY23 # of successful completion	FY24 # of successful completion
Montgomery College CNA Program	1	
Prestige Barber College	1	
Northwest Phlebotomy School	1	
Institute for Life Long Learning - Physical Therapy Aide Program		1
Total	3	1

- d. The number of youths who enrolled in, but failed to complete, vocational programs; and

Vocational Training Program Name	FY23 # of youth who did not complete programs	FY24 # of youth who did not complete programs
Job Corp	1	
Prospect College	1	
LAYC	1	
Bennett College	1	
Montgomery College	1	
Hairston		1
Total	5	1

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

Reasons for non-completion	FY23 # of youth	FY24 # of Youth
Personal issues	0	1
Maternity Leave	1	
School Closure	1	
Attendance Issues	1	
Behavioral Issues	1	
Low Enrollment	1	
Total	5	1

180. Regarding enrollment in 4-year college, provide:

- a. The number of youths who were enrolled at a 4-year college during the 22-23 academic year, broken down by year (freshman, sophomore, junior, and senior);

School Year	Freshman	Sophomore	Junior	Senior	Total
2022-2023	13	6	1	7	27

- b. The number of youth described in (a) who enrolled in summer classes during the summer of 22, broken down by year (freshman, sophomore, junior, senior);

School Year	Freshman	Sophomore	Junior	Senior	Total
2022-2023	2	1	1	1	5

c. *The number of youths described in (a) who dropped out of college at any point prior to the start of the 22-23 academic year, broken down by last year (freshman, sophomore, junior, and senior), if any, completed;*

School Year	Freshman	Sophomore	Junior	Senior	Total
2022-2023	5	1	3	1	10

d. *The number of youth who were enrolled at a 4-year college during the fall semester of the 22-23 academic year; and*

School Year	Freshman	Sophomore	Junior	Senior	Total
2022-2023	13	6	1	7	27

e. *The number of youths who received a bachelor's degree during or at the end of the 22-23 academic year. *

School Year	Bachelor's Degree
2022-2023	6

181. *Regarding enrollment in 2-year college, provide:*

a. *The number of youths who were enrolled in a 2-year college during the 22-23 academic year, broken down by year;*

School Year	Freshman	Sophomore	Total
2022-2023	8	1	9

b. *The number of youths described in (a) who enrolled in summer classes during the summer of 23;*

No youth attended classes for the summer of 2023

c. *The number of youths described in (a) who dropped out of college at any point prior to the start of the 22-23 academic year;*

There are no reported youth who dropped out during this reported time period.

d. *How many of these students completed their first year?*

School Year	Freshman	Sophomore	Total
2022-2023	1	0	1

e. *The number of youths who were enrolled at a 2-year college during the fall semester of the 22-23 academic year; and*

School Year	Freshman	Sophomore	Total
2022-2023	8	1	9

f. *The number of youths who received an associate degree during or at the end of the 22-23 academic year.*

No youth received an associate degree during at the end of 22-23 academic year.

182. *In FY 23, and to date in FY 24, has CFSA's college preparation programming changed? If so, describe.*

No, CFSA has not changed college preparation programming. The agency continues to provide 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:
 - a. College Admissions
 - b. Financial Aid
 - c. Scholarships
 - d. Transitioning from high school to college
 - e. Student Success Strategies
 - f. College Resources and Connections
 - g. Maintaining Mental Health and Wellness
 - h. Vocational Programs
 - i. Job/Internship Interviewing and Soft Skills
 - j. 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.

183. Regarding college preparation and college attendance, provide the following for the 22-23 school year and the 23-24 school year to date:

a. The number of youths enrolled in graduate school;

School Year	Graduate Degree
2022-2023	3
2023-2024	0

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
FY23	0	6	1
FY24	0	0	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.

In FY23, there were a total of nine youth who dropped out of college. Of the nine youth who dropped out of college, one completed their freshman year, seven did not complete their freshman year, and one completed their junior year.

FY23 Reason Youth Left College	# of Youth
Employment	1
Vocation	3
Academic Administrative Issues/Suspensions	3
Parenting	1
Housing/Relocation	1
Total	9

In FY24, there were 14 youth who dropped out of college. Of the 14 youth who dropped out of college, one completed their freshman year, 12 had not yet completed their freshman year, and one completed their sophomore year.

FY24 Reason Youth Left College	# of Youth
Employment	1
Vocation	5
Academic Administrative Issues/Suspensions	4
Parenting	1
Mental Health	1
Financial Reasons	1
Miscellaneous	1
Total	14

184. Identify all financial literacy programs and classes offered to foster youth and provide the following details:

a. *How many youths in FY 23 and FY 24, to date, have participated in a financial literacy program or class?*

Fiscal Year	Youth Participation Number
FY23	67
FY24	51

b. *How many youths created matched saving accounts?*

Fiscal Year	New Accounts Created
FY23	13
FY24	6

c. *What outreach or training has been done in FY 23 and FY 24, 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. Additionally, 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 FY23 and FY24, 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 179
 - 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. *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 FY23, 91 cellphones were distributed and in FY24, 50 cellphones were distributed. CFSA supports all youth in accessing laptops available to them through school. Computers are available at group homes and in most foster homes. If youth have a technological need that is unmet in their placements, it is managed case by case and the agency will provide what is needed.

FY23	FY24
91	50

ii. *How many foster youth did not have access to a laptop, tablet, or similar device by the start of digital instruction in SY22-23? By the start of SY23-24?*

All youth enrolled in school who needed laptops or tablets received them.

Employment

185. *How many youths participated in OYE’s subsidized employment program in FY 23 and FY 24, 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.*

Employer	FY23	FY24 to date
The Mary Elizabeth House	5	0
CFSA/Partners for Kids	1	0
Office of Youth Empowerment via Youth Council	5	0
NOMIS Youth Network	1	0
So Fit Body Gym	2	0
Twisted at the Wharf	2	0
CAAB	2	0
Construction-Finland Property Management	1	0
Open School of Business	1	0
Sams Car Wash	1	0
Atlantic Services	2	0
Medical Lincs	1	0
DC Public Library	2	0
Bread for the City	3	0
Professional Education Employment Program (PEEP)	12	0
TOTAL	41	0

186. *Regarding youth employment and training, provide the following for FY 23 and FY 24, to date:*

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

Fiscal Year	Local (Subsidized Employment Dollars)	Federal (CHAFEE Grant Dollars)
FY23	0	\$398,000
FY24	0	\$61,503

b. *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.*

FY23	#of Youth	Expenditures
Ballou Stay Cosmetology Program	1	0
Montgomery College CNA Program	2	\$2,130
Job Corp	2	0
LAYC Medical Assistant	2	0
Northwest Phlebotomy School	1	\$725
Prospect College - CNA Program	1	0
Prestige Barber College	1	0
Bennett Cosmetology Program	1	0
Institute for Lifelong Learning Physical Therapy Aide	1	\$2,145
Total	12	\$5,000

FY24	# of Youth	Expenditures
Ballou Stay Cosmetology Program	1	0
Bennett Career Institute Cosmetology	1	\$2,707
Institute for Life Long Learning - Physical Therapy Aide Program	1	0
Roosevelt Stay Barbering Program	1	0
LAYC Medical Assistant Program	1	0
Total	5	\$2,707

c. *Provide the number of youths who are age 21 and are employed or enrolled in a vocational program.*

Fiscal Year	Employed	Vocational Program
FY23	12	2
FY24	5	2

187. *Regarding youth in foster care between the ages of 18 and 21, indicate the following for FY 23 and FY 24, to date:*

a. *The number of youths between the ages of 18 and 21;*

	FY23	FY24
Age 18-21	107	103

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

	FY23	FY24
Full-time	23	11
Part-time	29	18

- c. *The types of jobs that have been obtained;*

Job Type	FY23	FY24
Administrative	7	3
Childcare	5	1
Customer Service	4	3
Entertainment	1	2
Food Service	12	9
Hospitality	5	2
Housekeeping	2	0
Janitorial	1	2
Law Enforcement	1	0
Retail	11	5
Security	3	2
Grand Total	52	29

- 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?*

In FY23, there were 55 youth unemployed. In FY24, to date, there were 73 youth unemployed. Of those unemployed:

Outcomes for Unemployed Youth Ages 18 to 21

	FY23	FY24
Enrolled in High School	31	33
Enrolled in GED Program	3	4
Enrolled in Vocational Program	1	2
Enrolled in College	3	13
None of these	17	21

- 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	FY23	FY24
Full time	22	19
Part-time	0	0
Total	22	19

- 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	FY23	FY24
Full-time	7	3
Part-time	2	2
Total	9	5

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

FY23	6
FY24	4

- h. *The number of youth between the ages of 18 and 21 who are attending high school;*

FY23	60
FY24	41

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

FY23	11
FY24	6

- j. *The number of youth participating in the Summer Youth Employment Program (SYEP); and*

FY23	74
FY24	N/A

k. The number of youth participating in Department of Employment Services (DOES) year-round programs (including Career Connections).

Program	FY23	FY24
DC Career Connections	0	1
YEALP	0	0
1K	0	0
Total	0	1

Pregnancy, Housing & Rapid Housing

188. Regarding pregnant or parenting youth, provide the following for FY 23 and FY 24, to date:

a. The number of youths who are pregnant or who are parents; and

Status	FY23	FY24
Pregnant	2	1
Parenting	17	16
Pregnant and Parenting	0	1
Total	19	18

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	# of youth	
	FY23	FY24
Independent Living Program	6	6
Foster Home	8	5
Unlicensed Placement	5	7
Total	19	18

189. 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
- Holds bi-weekly meetings with program staff and CFSA

c. The programming CFSA provides for teen mothers/fathers;

- 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

Status	# of participants in FY23 and FY24 YTD
Budget/ Financial Literacy	8
Parenting Classes	9
Core Service Agency	8
Daycare Voucher	12
DC 127 mentoring and respite	3
Nutrition/Meal Prep	7

e. Any available program outcomes from FY 23 and FY 24, 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 FY23 and FY24:

- Eight teen parents participated in internships/ summer youth employment.
- Ten teen parents actively engaged in mental health services via a community support worker, Community Based Intervention (CBI) worker, or therapist.
- Nine obtained FUP vouchers.
- There was a decrease in removals and repeat births.

190. 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. Additionally, based on our most recent placement needs assessment this was not an identified placement need.

191. What tool does the agency use to assess youth housing needs?

Currently, CFSA does not utilize a standardized tool to assess youth housing needs, but takes into account multiple factors to assess each youth's unique situation and connect them to appropriate supports and programs. Housing needs are assessed during each Youth Transition Planning meeting as well as during the 21 JumpStart review. Beginning on October 1, 2023, CFSA implemented a new process to provide aging-out youth with a written transition housing plan. The transition housing plan captures information about the youth's housing interests and goals, lifelong connections and support network, employment and income, and vocational training and experience. The assigned Social Worker, the youth's support team, and the youth utilize this information to come to a decision on the best housing support(s) to consider. The assigned Social Worker also utilizes the housing plan to develop a monthly budget and plan for the housing decisions being pursued by the youth.

If the youth will be applying for Flex Funds, FUP/FYI vouchers, or RHAP, CFSA holds a Housing Review Committee (HRC) meeting, 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.

192. How much is budgeted for housing in FY 23?

- \$400,000 was budgeted in FY23 for the Rapid Housing Assistance Program (RHAP).
- \$50,000.00 was budgeted for Housing Flex Funds
- Total of \$490,000.00 was budgeted for FY23

a. How much has been spent on housing in FY 24, to date?

A total of \$17,666 has been spent.

b. What vendors are receiving housing funds?

- District of Columbia Housing Authority (DCHA) for RHAP.
- East River Family Strengthening Collaborative (ERFSC) for Housing Flex Funds.

c. How does the agency plan to spend down these funds in FY 24 (including how much will be allocated to each vendor)?

CFSA allocated \$50,000 to East River Family Strengthening Collaborative via a grant to provide financial assistance to youth and families who are currently engaged with CFSA. CFSA has allocated \$150,000 to DCHA to act as the fiscal manager for the Rapid Housing Assistance Program (RHAP) to support youth and families with short-term rental subsidies. 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). CFSA directs ERFSC and DCHA in how to spend the funds based on who is determined eligible/approved for each program.

193. Provide a detailed status report on the usage of Rapid Housing in FY 23 and in FY 24, 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 below.

Table 1. Rapid Housing Assistance Program (RHAP) Usage in FY23 and FY24 YTD

		FY23			FY24		
	Case Type	Applied	Received*	# of Children**	Applied	Received*	# of Children**
Families	In-home	1	0	2	1	0	2
	Out of Home (CCMS)	3	3	6	0	2	3
Youth	Exiting Youth/Aftercare	5	2	0	1	1	0
Totals		9	4	8	2	3	5

* Families approved for assistance have 90 days from the date of approval to locate housing and submit documentation for assistance. Families and youth who received RHAP in FY24 YTD may have applied in FY23. Families and youth who received RHAP in FY23 may have applied in FY22.

**# of Children for recipients of RHAP only

g. *Did the Rapid Housing program run out of funds at any time in FY 23? If so, what was the reason for that?*

The program did not run out of funds at any time in FY23.

- h. Were there any changes to the Rapid Housing program in FY 23 or FY 24, to date? If yes, what were the changes and the reasons for these changes?*

Yes, CFSA reduced the funding amount provided to DCHA via the RHAP MOU. In FY24, \$150,000 is being allocated to DCHA to implement the RHAP program due to a pattern of under-utilization of the available budget over the past five years. This under-utilization is in large part due to FUP vouchers being available to support families and youth for a longer time-period (indefinitely for families/3-5 years for youth) than the RHAP program (up to 12 months).

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

Table 2. Average Award Per RHAP Recipient in FY23 and FY24 YTD

	Type of Case	Average Total Award per recipient (FY23)	Average Total Award per recipient (FY24)
Family	In-Home	\$0	\$0
	Out of Home (CCMS)	\$21,100	\$18,774.50
Youth	Youth Aftercare/Exiting Youth	\$6,300	\$0

- 194. For FY 23 and FY 24, 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; and*

See Table 1 below.

- b. Support independent housing?*

See Table 1 below.

Table 1. Rapid Housing Utilization Among Emancipated and Aged Out Youth for FY23 and FY24

	FY23	FY24
Subsidize housing with relatives or former foster parents	0	0
Support independent housing	2	1

195. 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 youths 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 FY 23 and in FY 24, to date?

	Total Youth Served in FY23	Total Youth Served in FY24	Total Program Capacity
Wayne Place	31 (13 CFSA/18 DBH)	23 (7 CFSA/16 DBH)	40
Genesis	8	8	8
Chafee Aftercare Supports	0	0	N/A
FUP/FYI Vouchers (leased up)	11	1	N/A

c. For how long would youth access these supports (at least include the average length of time, and the two longest cases)?

	Length of Support	Average Case Length	Longest Cases
Wayne Place	18-month transitional program	15 months	18 months
Genesis	Permanent, project-based voucher program. Youth can stay at the Genesis residence indefinitely.	5 years	8 years
Chafee Aftercare Supports	Up until age 23	12 months	N/A
FUP/FYI Vouchers (Leased up)	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.	14 months	31 months, 32 months

196. 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 response to Q156(c) for supports provided.

In FY23, there were 6 parenting youth who received housing assistance through FUP vouchers. In FY24 to date, there has been one parenting youth that has been recommended by CFSA for the FUP voucher. There were no new youth referred to Mi Casa’s Genesis program in FY23 or FY24 to date. See table below for breakdown of parenting youth who received assistance by program and FY.

	Program	Parenting Youth Received Assistance	# of Children	Amount of Assistance
FY23	FUP	6	9	n/a
	RHAP	0	0	0
FY24	FUP	0	0	0
	RHAP	0	0	0

197. 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 FY 23 and in FY 24, to date?

In FY23, six FUP vouchers were issued to DC parents with children in foster care (11 children) to support reunification. In FY24, covering the period of October 2023 – December 2023, 0 FUP vouchers were available to support this population. CFSA and DCHA collaboratively applied to HUD for additional FUP vouchers to support youth and families in May of 2023, but have not yet heard back if we have been awarded more FUP vouchers.

198. 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 FY 23 and in FY 24, to date?

HUD originally awarded CFSA 48 vouchers under the FUP program. In FY23, one family was allocated a voucher due to the risk of homelessness with 3 children in the home and an open CFSA case.

199. 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.

200. 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.

201. 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 200 for additional context.

202. Provide an update on CFSA's work with DHS to support children and their families who are experiencing homelessness.

a. Provide a summary of the data CFSA has collected regarding the number of CFSA-involved families experiencing homelessness (who have accessed services via Virginia Williams in FY 23 and FY 24, to date.); and

CFSA and DHS collaborate to support CFSA-involved families experiencing housing instability or homelessness. CFSA social workers assigned to families that may be facing eviction or deplorable living conditions may refer a family to the Virginia Williams Family Resource Center for homeless services and/or shelter placement if the family cannot locate safe shelter with family or friends. CFSA and DHS workers team cases to support families who have open In-Home cases and are also placed in shelter. Staff work together with the family to actualize a plan to secure safe housing and necessary supportive services. Through our DC Cross Connect MOU, CFSA and DHS share data to locate families and ensure service coordination.

For FY23, a total of 203 families with current CFSA involvement (at the time of their assessment) contacted Virginia Williams Family Resource Center for homeless services. These families range from involvement with the Office of Hotline and Investigations, In-Home, or Out-of-Home Care.

b. Provide an update on any other partnerships/activities CFSA and DHS are collectively engaging in to support families.

DHS and CFSA staff and contracted providers team cases to support dual-agency involved families to discuss safety concerns, progress, and coordinate supports to address needs. Teaming can take place virtually or in person (shelter or CFSA headquarters).

CFSA also works closely with DC Safe and DHS to support families impacted by domestic violence that are facing a threat of homelessness. If a family with current CFSA involvement is working with DC Safe, there is collaboration between the assigned CFSA Social Worker and DC Safe staff to discuss how to help a family experiencing homelessness and impacted by domestic violence.

CFSA is currently working closely with DHS to amend the District's Title IV-E Family First Prevention Services Five Year Plan to broaden the target population for prevention services under Family First to include children and their families experiencing or at risk of experiencing homelessness. This partnership would enable CFSA to offer Motivational Interviewing (MI) as a case management tool to be used comprehensively across DHS's existing assessment and case management activities. By enhancing services for families experiencing or at risk of homelessness through MI, CFSA intends for more children and youth to remain safely in their homes and receive services from community-based providers and other District social services agencies to prevent child welfare agency involvement.

203. What tool does the agency use to assess youth housing needs?

See response to Question 191, as it is the same question.

204. Describe the steps taken for a youth to apply for Family Unification Program [FUP] voucher? What criteria is required for a youth to be selected for FUP?

The Family Unification Program (FUP) and Fostering Youth to Independence (FYI) initiative make Housing Choice Vouchers available to eligible youth. FUP and FYI vouchers are available for 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.

CFSA partners with the DC Housing Authority (DCHA), The Community Partnership for the Prevention of Homelessness (TCP), and the Interagency Council on Homelessness (ICH) to provide FUP and FYI vouchers to families and youth. CFSA's process of matching aging out youth with FUP/FYI vouchers involves two parts (Part I involves CFSA social worker collaboration with the youth and Part II involves DCHA's eligibility determination process).

Part I

For aging out youth, the assigned CFSA Social Worker and support team meet and support the youth in developing a transition housing plan. The transition housing plan captures information about the youth's housing interests and goals, lifelong connections and support network, employment and income, and vocational training and experience. The assigned Social Worker,

the youth's support team, and the youth utilize this information to come to a decision on the best housing support(s) to consider. If the youth selects to pursue a FUP/FYI voucher, the completed housing plan and necessary documentation (including three most recent paystubs/income statements (if applicable), court/permanency reports, youth case plan, and credit report) is collected to determine eligibility according to federal program guidelines. The Housing Review Committee (HRC) is then scheduled to discuss the most appropriate housing option for the youth using clinical assessment, youth preference, and other factors. After the HRC makes a recommendation, the applicable next steps follow which include but are not limited to: DCHA application, DCHA required document submission, DCHA decision, and housing briefing scheduled.

For youth who have exited care after the age of 16, the Office of Thriving Families works with TCP and the ICH to identify any youth who have accessed the District's homeless services continuum of care or youth who return to the attention of CFSA via Youth Aftercare services. Once known to CFSA, the assigned Aftercare Specialist assists the youth in completing a housing application (see Housing Application/HRC Process above).

Part II

If CFSA determines that a youth is eligible for a FUP voucher according to the federal program guidelines, CFSA will send the youth's information to the DCHA and work with the youth to begin the process of applying for a Housing Choice Voucher which involves completing an application for eligibility and providing supporting documents. If deemed eligible by DCHA, the youth will be issued a FUP/FYI voucher and have a certain period of time to search for housing and lease-up in a unit.

205. What is the status of the use of FUP vouchers for families?

At this time, all FUP vouchers have been utilized. DCHA's monthly voucher utilization report cites that there are 0 remaining vouchers from the last 48 that were allocated to CFSA. In May of 2023, CFSA and DCHA collaborated to submit an application to HUD to request additional FUP vouchers. CFSA and DCHA have yet to receive notice of award. However, as FUP vouchers become available due to attrition and other factors, DCHA has allowed CFSA to continue to recommend families and youth for FUP vouchers

206. How many FUP vouchers were expended in FY 23 and FY 24, to date? How many were unused in FY 21, FY 22, and FY 23?

FUP Vouchers Expended in FY23 and FY24:

- In FY23, there have been 14 vouchers expended.
- In FY24 Q1, there have been 2 vouchers expended.

Unused FUP Vouchers in FY21, FY22, and FY23:

- In FY21, there were 21 vouchers unused.*
- In FY22, there were 17 unused vouchers.*
- In FY23, there were no unused vouchers.*

**Please note that the number of available vouchers is determined based on the current Cost Per Unit by DCHA.*

Other

Disability

207. Provide an update on FACES and the tracking information on families with disabilities or families that engage with Department of Disability Services (DDS).

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.

208. How many children in CFSA custody or placed by CFSA in the care of kin receive educational support and services through DDS?

CFSA transitioned five youth to DDS for placement and services. DDS does not provide educational services; the agency relies on DCPS to provide education services for children with disabilities until age of 22.

Cash Assistance

209. Did CFSA file for the 22 CTC for children in foster care?

No, CFSA did not file for the CTC in 2022.

210. 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:

- a. Under the age of 17
- b. Being in foster care
- c. A U.S. resident for six months or greater
- d. Financial support is provided for six months or more

211. Did CFSA file for Social Security Disability benefits in FY 23 and in FY 24, to date, for children in foster care?

Yes, CFSA filed for Social Security Disability benefits in FY23 and FY24, to date, for children in foster care.

212. Regarding implementation of Law 24-0309, the Preserving Our Kids' Equity Through Trusts (POKETT) Amendment Act of 2022

a. Is there a policy or procedure in place for CFSA staff which guides their screening of children who enter care for SSA benefits, or which guides their coordination with a vendor for screening?

Yes, CFSA has standard operating procedures that guide the program specialist's screening of SSA benefits for children who enter foster care.

b. Does the agency screen internally? If not, is there currently a contract in place or plans to put out an RFP?

Yes, CFSA screens for SSA benefits internally.

c. Provide an update on management of benefits conservation in trusts. Has there been a vendor selected? What is the projected start date of benefits conservation work?

CFSA has not selected a vendor to manage benefits conservation in trusts. CFSA is utilizing a two-tiered approach to first secure a consultant who will guide full implementation of POKETT, to include supporting CFSA with selecting a financial vendor to conserve funds.

Unfortunately, CFSA's initial effort to secure a consultant was not successful. CFSA's second attempt to secure a consultant is in progress. CFSA's solicitation date to identify a consultant closed on January 12, 2024

d. What is the agency's plan for children's benefits that come in after the start of Fiscal Year 2024 and when the agency can fully implement the law?

CFSA will hold children's benefits that come in after the start of the Fiscal Year 2024 in a non-interest-bearing checking account until a financial vendor is identified to fully implement the law.

e. What is the agency's approach and planned communications with children who had benefits taken before the law was effective?

CFSA staff remain available to respond to questions from children and families about the use of their benefits prior to the POKETT law.

Critical Events (Child Fatality and Near-fatality) Reporting

213. 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.

214. 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 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]information 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 to conduct internal reviews and inform 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.

215. What are the total number of child fatalities or near fatalities (broken down for each) from abuse or neglect in DC for CYs 21, 22, 23 to date?

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. Near fatalities were not tracked.

In CY22, there was one fatality attributed to abuse or neglect. The family and child were not involved with CFSA at the time of the death. Near fatalities were not tracked. Full information on the CY23 fatalities attributed to child abuse and neglect is unavailable due to incomplete information on manner of death. However, as of January 4, 2024, there are two fatalities confirmed as homicides attributed to child abuse. Neither were involved with CFSA at the time of their death. Full data will be available in the CY23 Annual Fatality Report.

CFSA began tracking near fatalities in October 2022. There were 4 near fatalities reported in CY23; one had a substantiated allegation of inadequate supervision related to the incident.

216. What are the total number of fatalities and near fatalities (broken down for each) in CYs 21, 22, 23 to date of children who were in foster care within 5 years of the child's death?

Calendar Year	# Children in Foster Care within 5 Years of Fatality
2021	2
2022	3
2023	Unavailable
2024	N/A

CFSA began tracking near fatalities in late CY22; in CY23, there was 1 near-fatality with an open foster care case. Data regarding case history of near-fatality is not collected.

217. What are the total number of fatalities and near fatalities (broken down for each) in CYs 21, 22, 23 to date of children with an in-home case within 5 years of the child's death?

Calendar Year	# Children in In-Home Cases within 5 Years of Fatality
2021	2
2022	6
2023	Unavailable
2024	N/A

218. What are the total number of fatalities and near fatalities (broken down for each) in CYs 21, 22, and 23 to date of children with an in-home case within 5 years of the child's death?

Duplicate question, see response to Question 217.

219. What are the total number of fatalities and near fatalities (broken down for each) in CYs 21, 22, and 23 to date of children who had an open CFSA investigation at the time of the child's death?

Calendar Year	# Children Identified as Alleged Victim Children during an Open Investigations at the Time of Death
2021	0
2022	2
2023	0
2024	N/A

CFSA began tracking near-fatalities in October 2022. In CY23, there were no fatalities with open investigations open at the time of their death. There have been no near fatalities reported in CY24, to date.

220. What are the total number of fatalities and near fatalities (broken down for each) in CYs 21, 22, and 23 to date of children who had a CFSA investigation within 5 years of the child's death?

Calendar Year	# Children Identified as Alleged Victim Children who had a CPS Investigation within 5 years of death
2021	13
2022	12
2023	Unavailable
2024	N/A

CFSA began tracking near fatalities in October 2022. There were four near fatalities reported in 2023. Two had no CFSA involvement at the time of the incident, 1 had an open in-home case, and one had an open foster care case. Data is not collected regarding investigation history of near-fatalities.

221. What are the total number of fatalities and near fatalities (broken down for each) in CYs 21, 22, and 23 to date of children who had a hotline call within one year before the child’s death? How many had an investigation within one year of the child’s death? How many had substantiated allegations within one year of their death?

The data presented below reflects the number of children who died during CY21 or CY22 who were identified as an alleged victim child in a CFSA Hotline call within one year of their death. The person who contacts the Hotline to make a report of abuse or neglect (the “reporter”) may report multiple allegations during a single Hotline call.

Calendar Year	# Children with One or More Hotline Calls within 12 Months of Fatality	# Children with One or More Hotline Calls Investigated within 12 Months of Fatality	# Families with One or More Substantiated Allegations at Investigation Closure
2021	9	6	5
2022	7	6	2
2023	Unavailable	Unavailable	Unavailable
2024	N/A	N/A	N/A

222. For any of the above, if CFSA does not have the information available, why not and where can this information be obtained?

Additional information regarding child fatalities that were reviewed in CY22 will be included in CFSA’s CY22 Annual Report, which will be published in February 2024. Information regarding fatalities reviewed in CY23 will be published in late 2024.

Future Plans

223. What changes to DC child welfare laws and policies is CFSA currently considering?

As CFSA endeavors to implement a fully functioning 211 Warmline and Community Response Model, it is reviewing the D.C. Code to determine if amendments or modifications should occur to Title 4 and 16 to redefine what is a mandatory report and what parental behaviors meet the definition of a neglected child.

224. How does CFSA see its role or services changing over the next 5 years

- Reimagining and narrowing the involvement of CFSA, only when abuse and neglect are present.

- Centralizing social service supports for District residents with the goal of keeping families intact to prevent formal involvement with any government agency.
- Continue to partner with community-based organizations to increase their capacity to support children/families in the communities where they reside.

The future of CFSA is bright. We have prioritized transparency, which allows the community to learn about recent policy updates and provide feedback. All of these efforts are aimed at building public awareness and trust. We hope to transform the child welfare system into a child and family well-being system in collaboration with CFSA staff, providers, community and government partners, resource parents, and families. Only by working together and staying focused on Keeping DC Families Together can we move the agency forward.

225. *Provide an update on CFSA's annual and multi-year planning activities (for the next five years as applicable).*

CFSA is responsible for 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 Plan (CFSP) and subsequent yearly Annual Progress and Services Reports (APSRs) documenting our Agency's goals and objectives. 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 must 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 submission on June 30, 2024. CFSA adapts strategic planning as necessary to support shifting priorities and needs. CFSA will focus this 5-year plan to support the Agency's vision of Keeping DC Families Together. In addition, CFSA annually develops strategic initiatives based on priorities.

226. *Provide an update on the status of implementation for each of actions and commitments included in the settlement agreement in the class action lawsuit LaShawn A. v. Bowser.*

The Settlement Agreement expired, and the Court's jurisdiction ended on December 31, 2022. CFSA is complying with the ongoing commitments in the following ways:

CFSA will maintain its ESP commitments toward self-regulation and public reporting including:

- Creating and updating policies; ensuring current policies are available on the online policy manual accessible through CFSA's website and intranet; and training staff on new policies within 45 days of finalization;

See Attachment Q226.

- Continuing to strengthen CFSA’s continuous quality improvement processes and use the information to self-regulate, evaluate, and adjust practice and policy decisions; and continue to support a public reporting process, with quarterly and annual reports available on CFSA’s website;

Published Information

CFSA Data Dashboard

CFSA's Public Facing Dashboard, [cfsadashboard \(dc.gov\)](https://cfsadashboard.dc.gov), shows the commitment to performance, transparency and public reporting. This Dashboard provides user-friendly information in an interactive, easy-to-follow format.

Published Reports

CFSA public reports are found on the CFSA website and are linked on the data dashboard.

Some examples of reports include:

Annual Public Report	Local report on the implementation of the Adoption and Safe Families Amendment Act of 2000.
Annual Progress and Service Report (APSR)	Federal report on progress made on each goal and objective from the five-year Child & Family Services Plan (CFSP).
Annual Quality Services Review Report	Local report summarizing performance, trends and strategies to program level practice.
Annual Needs Assessment	Local report on program specific areas to understand needs and corresponding resources

Dedicated Program Areas

CFSA has three program areas dedicated to continuous quality improvement and regularly uses information to self-regulate, evaluate and adjust practice and policy decisions in collaboration with program staff. The three areas include:

The Performance Accountability and Quality Improvement Administration (PAQIA) PAQIA is located in the Office of Planning, Policy and Program Support CFSA provides a continuous learning environment for consistent use of system-level data that helps to improve Agency processes, procedures, and functions. Examples of the following activities include:

- Completing qualitative and quantitative case reviews
- Providing performance support to management and staff, based on results from reviews (e.g., recommendations to help implement practice and process improvements)
- Completing programmatic data analysis and evaluation
- Preparing performance reports under the Four Pillars Strategic Framework
- Providing performance reports required by the Executive Office of the Mayor

- Conducting surveys and focus groups with frontline staff for direct feedback on suggested practice improvements
- Convening the Internal Child Fatality Review Process

Program Outcomes Unit

CFSA established the Program Outcomes Unit in the Office of the Director to deepen the analyses and reporting of program area data. The unit includes analysts who work in and represent the following administrations: Placement, Permanency, Entry Services and In-Home. In contrast, PAQIA's CQI function serves to provide system-level data that integrates the collective CQI work of other offices and administrations to develop a broad examination of overall CFSA performance.

Evaluation and Data Analytics Team (EDA)

The EDA is located in the Office of Thriving Families. The EDA team includes a data scientist and a management analyst who collectively support CQI efforts and evaluations of federal and local prevention programs. Initially, the EDA team's work centered on Family First and Families First DC implementations, which are now incorporated in a city-wide prevention framework under the broader umbrella of Thriving Families, Safer Children, called *Keeping DC Families Together*.