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**Government of the District of Columbia**



**Child and Family Services Agency**

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***Performance Oversight Hearing Fiscal Year 2024-2025***

***“Child and Family Services Agency”***

Responses to Pre-Hearing Questions

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Interim Director

Council of the District of Columbia

Committee on Youth Affairs

Zachary Parker, Chair

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Hearing

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## General

### Achievements and Priorities

**1. Identify the agency's overall mission statement and summarize action steps you have taken in FY24 and FY25 to further your mission.**

The Child and Family Services Agency (CFSA) works to improve the safety, permanency, and well-being of abused and neglected children in the District of Columbia, as well as to strengthen its families.

CFSA is in the process of updating this mission statement to include prevention-based programming, services, and support in an effort to reflect the agency's vision of Keeping DC Families Together.

**2. What challenges has your office faced that make it difficult to fulfill your mission?**

- Recruitment of qualified candidates
- Retention of case-carrying social workers in vital work areas
- Increased placement costs for youth with intensive needs

**3. 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.**

Strategic Objective #1: Narrowing the Front Door focuses on children having the opportunity to grow up with their families and that families are separated only when necessary to keep children safe. The agency selected indicators that reflect CFSA's practice and its community support/services to promote children safely remaining with their families.

Key Performance Indicator (KPI)

- *Closed Child Protective Services (CPS) investigations rated as having acceptable quality* is a review of FACES.NET documentation, and of completed CPS investigations that determine 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 for improvement if needed. This indicator was named "Increase acceptable quality of CPS investigations" in previous CFSA Mayor's Plans.
- *New entries into foster care* focus on children entering foster care throughout the fiscal year for the first time.
- *Number of removals from open in-home cases* indicator report children entering foster care from CFSA's In Home Services Administration. This strategy focuses on children remaining with their families. This indicator was named "Number of removals from In-Home within one year" in previous plans.

The following 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 follow families for six months after their case closes with the Collaboratives. CFSA conducts a review of these cases to determine if the families have any substantiated reports of abuse or neglect with the agency during this timeframe.
- *211 calls successfully connected to relevant DC social services* indicator provides the total 211 calls that resulted in a service request and was closed successfully by a call agent after connecting to the requested service.
- *Clients who express high level of satisfaction (4+ stars) after service navigation, linkage to community responders, and completion of community response* indicator measures clients' responses on their completed post-211 service navigation or community response service survey. Responses are collected via SurveyMonkey and administered either after a 211 Warmline call or following a community response case closure.
- *Clients who report higher levels of well-being (Cantril's Ladder, which is a satisfaction tool) after service navigation, linkage or completion* indicator is measured by clients who report a higher level of well-being on their completed post-community response service survey.
- *Referrals accepted/rejected within three business days when supportive services for the Front Yard population are through CFSA/the Office of Thriving Families (OTF) funded organizations (through the Family Success Centers, 211 or Collaborative walk-ins)* measures the responsiveness of the referral process for supportive services for CFSA's Front Yard population. It specifically focuses on the percentage of referrals that are either accepted or rejected within three business days.

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

KPIs:

- *The percentage of foster care placements within the District of Columbia* reflects the agency's desire to keep children geographically close to their families of origin.
- *The percentage 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 group home staff completing shifts at a congregate facility). This includes children residing with kin.
- *The percentage of children who enter foster care and are placed into kinship care within 90 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 supports the value 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.

### KPIs:

- *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.

- *The percentage 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 9<sup>th</sup> graders who complete high school within a certain timeframe since many youth who start 9<sup>th</sup> 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 youth who entered 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 youth to support their academic, social, and financial needs.

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

### KPIs

The following indicators report on 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 for 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 for 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 aged 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.
- *Youth who exit care by aging out with stable housing in place* indicator measures the housing status of children at the time they age out of foster care.

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

### KPIs

The following indicators were created to support and measure the progress of some Strategic Initiatives in FY24:

- *User Stories (i.e., technology requirements) built, tested, and approved for the overall STAAND end product* report CFSA's progress with developing and launching the Stronger Together Against Abuse and Neglect in DC (STAAND) data system (connected to the STAAND Strategic Initiative)
- *Management Supervisory Service (MSS) Staff who have completed the required D.C. Department of Human Resources (DCHR) MSS trainings* report on MSS staff's progress toward completing the required trainings (connected to the Workforce Well-Being Strategic Initiative)
- *Equity Action Plans Activities initiated for the Keeping DC Families Together (KDCFT) Initiative* report CFSA's progress with the Enhancing Equity through Community-Based Assessment Strategic Initiative.

**a. Include the outcomes for FY 24 and FY 25, to date for each KPI measure.**

Key Performance Indicators (KPIs) <sup>[1]</sup>	FY24 Target	FY24	FY24 KPI Achievement	FY25 Target	FY25 (Q1)
Closed CPS investigations rated as having accepting quality	80%	76.6%	Target Nearly Met	80%	Annual Measure
New entries into foster care	185	210	Target Unmet	185	43
Number of removals from open In-Home cases	100	57	Target Met	100	10
Families without substantiated report(s) of abuse/neglect for up to six	90%	93.5%	Target Met	90%	Annual Measure

<b>Key Performance Indicators (KPIs)</b> <sup>[1]</sup>	<b>FY24 Target</b>	<b>FY24</b>	<b>FY24 KPI Achievement</b>	<b>FY25 Target</b>	<b>FY25 (Q1)</b>
months post-case closure with the Collaboratives					
Number of 211 calls successfully connected to relevant DC social services	No Target Set for FY24	7413	N/A	No Target Set for FY25	65.1%
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	No Target Set for FY24	85.9%	N/A		
Percentage of clients who express high level of satisfaction (e.g., 4+) after service navigation, linkage or completion	No Target Set for FY24	77.8%	N/A		
Percentage of clients who report higher level of well-being (Cantrell Ladder) after service navigation, linkage or completion	No Target Set for FY24	30%	N/A		
Percentage of children in foster care receiving a full medical evaluation within 60 days of placement	95%	89.4%	Target Nearly Met	95%	Annual Measure
Percentage of children receiving a full dental evaluation within 60 days of placement	60%	64.9%	Target Met	60%	Annual Measure
Percent of youth in foster care who graduate from high school	70%	70.4%	Target Met	70%	Annual Measure
Share of youth in foster care who complete vocational training and/or receive industry certification	70%	81.8%	Target Met	70%	Annual Measure
Increase graduation within 5 years for youth who start	20%	22.2%	Target Met	20%	Annual Measure



Key Performance Indicators (KPIs) <sup>[1]</sup>	FY24 Target	FY24	FY24 KPI Achievement	FY25 Target	FY25 (Q1)
college while in foster care					
Percent of placements in family foster homes	85%	75.4%	Target Unmet	85%	75%
Percentage of children who enter foster care and are placed into kinship care within 90 days	30%	24.6%	Target Unmet	30%	21.7%
Children who achieve permanency within 12 months after entry (Children who enter foster care during a 12-month period)	24%	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)	44%	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)	37%	Not Available	N/A	37%	Annual Measure
Increase youth aged 18 years and older to have an employment/internship experience	56%	51.9%	Target Nearly Met	56%	Annual Measure
Increase engagement of youth in aftercare services	95%	100%	Target Met	95%	Annual Measure
Percent of youth who exit care by aging out with stable housing in place	88%	88.2%	Target Met	88%	83.3%
Percentage of User Stories (i.e., technology requirements) built, tested, and approved for the	No Target Set for FY24	73.4%	N/A		

<b>Key Performance Indicators (KPIs)</b> <sup>[1]</sup>	<b>FY24 Target</b>	<b>FY24</b>	<b>FY24 KPI Achievement</b>	<b>FY25 Target</b>	<b>FY25 (Q1)</b>
overall STAAND end product					
Percentage of CFSA's MSS Staff who have completed the required DCHR MSS trainings	No Target Set for FY24	10.3%	N/A		
Number of activities initiated from the Equity Action Plans for the Keeping DC Families Together (KDCFT) Initiative	No Target Set for FY24	Not Available	N/A		
Number of completed Equity Action Plans for the Keeping DC Families Together Initiative	No Target Set for FY24	Not Available	N/A		
Percent of new hires that are District residents	No Target Set for FY24	51.2%	N/A	No Target Set for FY25	Annual Measure
Percent of new hires that are District resident graduates	No Target Set for FY24	6.7%	N/A	No Target Set for FY25	Annual Measure
Percent of employees that are District residents	No Target Set for FY24	28.6%	N/A	No Target Set for FY25	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	No Target Set for FY24	69.2%	N/A	No Target Set for FY25	Annual Measure

Key Performance Indicators (KPIs) <sup>[1]</sup>	FY24 Target	FY24	FY24 KPI Achievement	FY25 Target	FY25 (Q1)
facilitated by ORE within the past two years					
Percent of required contractor evaluations submitted to the Office of Contracting and Procurement on time	No Target Set for FY24	52.6%	N/A	No Target Set for FY25	Annual Measure

<sup>[1]</sup> Darkened cells in this table indicate that the KPI was removed or changed in the FY25 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 FY24 are new indicators.

**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 KPIs 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 KPIs 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 KPIs under the objective Child Well-Being are carried out by the Office of Well-Being and the 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 assists with planning successful transition to adulthood for older youth.

Efforts CFSA utilizes to accomplish the KPIs 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 (see response to Question 191 for additional information on supports for older youth) are also used to support the exit of children from foster care into stable and lifelong connections. Tailored services for older youth in after care services that support the planning of older youth's transition to adulthood 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.

#### **4. What are the office's goals for FY24 and FY25?**

- Advance and Strengthen organization infrastructure and practice
- Keeping DC Families Together in their community with no or limited CFSA involvement
- Keeping DC Families Together and prevent entry/re-entry into the foster care system
- Keeping DC Families Together through reunification or building forever families
- Youth have the knowledge, skills, and resources needed to thrive and connect to family and community
- Continue to enhance supports 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 Older 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.

#### **5. Identify the agency's top achievements in FY 24 and FY 25, to date.**

##### **FY24**

- Soft launch of the 211 Warmline and community response model.
- Partners for Kids in Care achieved an 80% increase in new donors.

- CFSA completed a significant milestone by conducting the first D.C.-led federal Child and Family Services Review Round-4 Review. CFSA, other DC human service agency employees, and community stakeholders partnered to review 65 cases (25 in-home and 40 foster care).
- 700 Mandated reporters registered through the Online Mandated Reporter Portal.
- CFSA received federal approval of its Family First Prevention Services Act (FFPSA) amendment plan completed with the DC Department of Human Services.

## **FY25**

- Hard launch of the 211 warmline and community response model on February 11, 2025.
- CFSA received federal approval of its 5-year Child and Family Services Plan (CFSP) for (FY 2025 – 2029).

### **6. Identify the agency's top five overall priorities. Explain how the agency expects to address these priorities in FY 25 and identify the metrics used to track success for each.**

CFSA has four overall priorities in FY25:

- 1) Fully launch 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 the Diversity, Equity, Inclusion and Belonging (DEIB) subcommittee on a quarterly basis to further implement, track and measure impact.
- 2) Continue to enhance supports 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 Older Youth Empowerment (OYE) management staff will meet with the Director monthly, reviewing both quantitative and qualitative data to track progress, identify needs, and 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) Continue to 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) Launch a modern data system, STAAND (Stronger Together Against Abuse and Neglect in DC), 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 (KPIs) with incremental deliverables. Reoccurring meetings are established to monitor the progress throughout the year.

**7. Describe any new initiatives or programs that the agency implemented in FY 24 and FY 25, 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.**

<b>Initiative/Program</b>	<b>Results or Expected Results</b>	<b>Funding</b>
211 Warmline & Community Response	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
Hotline Customer Satisfaction Surveys	Development of tools to measure and monitor hotline worker performance that will improve hotline experience and customer service.	\$5,000 yearly
Stronger Together Against Abuse and Neglect in DC (STAAND)	Enhance the efficiency and effectiveness of social workers and the Agency in the following key areas: <ul style="list-style-type: none"> <li>• Case Management Activities</li> <li>• Placement Activities</li> <li>• Ensuring Consistency in Policy &amp; Practice</li> <li>• Hotline &amp; Investigation Activities</li> </ul>	Total expended/ obligated FY20 – FY25: \$21,045,035.35

**8. List each policy initiative of the agency during FY 24 and FY 25, to date. For each initiative provide:**

- a. A detailed description of the program;**
- b. The name of the employee who is responsible for the program;**
- c. The total number of FTEs assigned to the program; and**
- d. The amount of funding budgeted to the program.**

*Partners for Kids and Families*

Program Description	CFSA's Partners for Kids and Families (PKF) is dedicated to providing children, youth, and families with essential resources and supports through generous donations from the community. PKF provides clothing, book bags, holiday gifts, and luggage to children in foster care. PKF has three donation centers: (1) CFSA Main Office (2) Office of Older Youth Empowerment and (3) at the Mayor's Services Liaison Office.
Responsible Employee	Alysia Greaves
FTEs Assigned to Program	Two: 1 Program Specialist & 1 Resource Development Specialist
Program Budget	FY25 budget is \$17,994.66 (comprised of donated funds)

*CFSA Training Portal*

Program Description	To better support the virtual learning experience of CFSA and Private Agency staff, resource parents, and collaborative partners CFSA launched the CFSA training portal. This portal allows internal and external training participants to register seamlessly for both the Development and Equity Administration (DEA) and CISA training sessions. With this platform, staff can register for classes, complete course evaluations and knowledge checks, un-enroll from classes if schedules change, and check their training transcript. On July 22, 2024, the link to the new training portal was shared via the DEA website where potential participants were able to log-in and register for courses. Since its launch, all training courses provided by the Child Welfare Training Academy (CWTA) within the Development and Equity Administration and all training provided by the Child
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	Information Systems Administration (CISA) has been through the training portal.
Responsible Employee	Dr. Brandynicole Brooks, Trista Davis, Issa Barkett
FTEs Assigned to Program	A shared task between CWTA staff and CISA staff. No FTEs specially assigned for this program.
Program Budget	\$734,493.83

Mandated Reporter Portal

Program Description	CFSA launched an online portal for mandated reporters to register at their own convenience and submit non-emergency referrals online. These are individuals who frequently work with children and are often the first adults to see signs of child abuse or neglect. The nature of their child-friendly professions makes them uniquely qualified to protect children from maltreatment. Individuals in those professions are mandated reporters because they are legally mandated to report child abuse and neglect.
Responsible Employee	Joseph F. Osiecki
FTEs Assigned to Program	A shared task between the Office of Hotline and Investigations (OHI) and CISA staff. No FTEs specifically assigned for this program.
Program Budget	\$351,470.90

Kinship Navigator Program

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.
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Responsible Employee	Sharafdeen Ibraheem
FTEs Assigned to Program	6
Program Budget	FY24 funding included a \$200,000 federal grant to be utilized during FY24. Local funding for FY24 was \$7,279,245.46 and local FY 25 funding is \$7,379,275.46

### 211 Warmline

Program Description	The 211 Warmline and Community Response Model is a comprehensive, unified, social services resource and referral Call Center for all District residents.
Responsible Employee	Sharafdeen Ibraheem
FTEs Assigned to Program	5 FTEs including one supervisor and 4 call takers
Program Budget	211 Warmline does not currently have a budget allocated to support the project. This is all leveraged through other prevention service lines, as well as connections and collaborations with community providers.

**9. Did the agency meet the objectives set forth in the performance plan for FY 24? 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. Overall, CFSA utilizes ongoing clinical supervision, training, and continuous quality improvement to ensure that ongoing practice is meeting the objectives. During FY24, eight of the total 30 KPIs showed that the performance target was met or exceeded. Three measures were nearly met, and three KPIs had performance below the target. Eleven measures were new to the FY24 Mayor's Plan. The five remaining measures were selected and updated by the Executive Office of the Mayor (EOM). 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:

- *Closed CPS investigations rated as having accepting quality* (nearly met): This indicator was missed by 3.4%. CFSA continues to experience a staff shortage in the social worker position. To alleviate the workload for investigative social workers, CFSA has requested current social workers across the agency to support the agency's investigation needs as well

as maintain their current work assignments. Leaders throughout the agency continue to support investigation needs as well.

- *New entries into foster care* (unmet): Currently, CFSA is seeing an increase with children entering foster care. In FY24, there were 25 foster care entries above the target of 185. While this is slightly higher than in past years, CFSA continues to seek kin first and place children in foster care only when needed. CFSA also continues to rely on its prevention services through the Office of Thriving Families. CFSA will complete an analysis of the entries to attempt to determine what is causing this increase.
- *Percentage of children in foster care receiving a full medical evaluation within 60 days of placement* (nearly met): This indicator was missed by 5.6%. CFSA continues to meet the needs of children medically by providing services through its medical clinic even after children achieve 60 days in foster care. Social workers and foster families continue to make efforts to follow through and schedule children to be evaluated. Barriers to meeting the target for this indicator were scheduling issues, exams being completed within the 60-day timeframe, and children being hospitalized and therefore not available for their scheduled appointment at the Healthy Horizons Clinic.
- *Percent of placements in family foster homes* (unmet): This indicator was missed by 9.6%. CFSA's value is that the best placement for children in foster is with kin, or in a family-based setting, and this performance target is an aspirational goal reflective of this value. Based on performance over the last several years, CFSA has observed that the 85% target is challenging to attain. CFSA nearly reached the 85% goal with 84% of children placed in a family-based setting at the beginning of FY17, however, fewer than 80% of children in foster care have been placed in a family-based setting (inclusive of kin and family based foster homes) since 2020. Since 2020, the number of children placed in a congregate setting has been stable; between 10% to 11% of children in foster care. There has been a small increase in the percentage of children placed in "other" settings (which includes college, hospital, correctional settings, children in unlicensed placements, and children in runaway status), which has risen from 11% in FY21 to 15% at the end of FY24, mostly due to a small increase in the number of children placed in correctional settings.
- *Percentage of children who enter foster care and are placed into kinship care within 90 days* (unmet): This indicator was missed by 5.4%. Although unmet, this KPI's methodology was changed from 30 days to 90 days in FY24. In FY23, CFSA saw in the data that frequently, kin placements were occurring after the 30-day mark, and therefore this KPI was changed. CFSA continues its KinFirst efforts by making placement with kin a priority for children served and needing placement. Data analysis shows that there are frequent 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.
- *Increase youth aged 18 years and older to have an employment/internship experience* (nearly met): This indicator was missed by 4.1%. The youth included in this measure are eighteen years or older. Most of these youth are students who attend school throughout the entire year. CFSA continues to encourage children to complete the Summer Youth Employment Program and participate in various internship opportunities when possible.

## Organization and Staffing

- 10. 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.**

See [\*Attachment Q10\*](#) for CFSA and NCCF's organization charts.

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

CFSA operates through the following divisions and subdivisions:

### Office of the Director

- The Director provides overall agency leadership.
- The Chief of Staff provides overall agency support.
- Special Assistant provides overall support to the office of the director and cross-administration projects.
- The Office of the General Counsel (OGC) reports to the Mayor through the Office of Mayor's Legal Counsel, provides advice and counsel to the agency director, the executive team and other CFSA employees regarding policy, regulations, and legislation that may impact court cases or agency practice. OGC also handles administrative matters; Records Requests; Subpoena Requests; Freedom of Information Act requests; Legal issues not related to the neglect case; Certain Contract Negotiations; Legal Sufficiency Review; HIPAA Privacy Issues; Data Privacy Compliance; Ethics Issues; New-hire Ethics Training; Domestic Relations Matters – acts as liaison; Diplomatic Immunity Matters; and Personnel Matters.
- The Office of Public Information (OPI) serves as a gatekeeper of information to be shared with the media and the agency. The office provides visual materials and handouts for press releases and internal communications. The office also assists in preparing speeches for public announcements about agency milestones and answers media inquiries.
- Partners for Kids and Families (PKF) provides children, youth, and families with essential resources and support through generous donations from the community. The team oversees three donation centers and assists social workers, CFSA staff, and community partners with gaining access to resources like clothing, suitcases/backpacks, food baskets, holiday gifts, school supplies, basic needs, etc.
- The Program Outcomes Unit is responsible for designing systems to capture performance data and conducts critical analyses and evaluations of projected and actual effectiveness of current or proposed program activities. They recommend implementing and monitor changes in work processes to measure and ensure stated performance outcomes are achieved. And they meet with agency officials and managers to provide advice, guidance, and technical assistance on assigned programs.

### Hotline and Investigations

- CFSA's Office of Hotline and Investigations operates the District's Child Abuse and Neglect Hotline 24 hours a day, 7 days a week. Hotline workers determine the appropriate response to each call received, either for an Information and Referral (I&R) entry or a Child Protective Services Investigation entry, depending on the reported allegations.
- Investigations assigns a social worker to conduct a comprehensive safety assessment to determine any immediate needs. Once the child(ren) is determined to be safe, the investigative social worker proceeds to conduct interviews with the alleged maltreater, caregivers, and siblings; contacts medical and educational sources; and may also make a referral for the family to have an At-Risk Family Team Meeting. If a child is found to be in imminent danger at any time during an investigation, a consultation for separation from the home is held with the Investigations program manager or administrator.

### Office of In-Home and Out-of-Home Care

- Out-of-Home Clinical Case Management and Support provides case management and permanency support for families whose children were separated from their care and are in foster care. The team provides support to birth parents, children, resource parents and works towards positive permanency through reunification, guardianship, and adoption. When those options are not available the team prepares youth for adulthood through their 21st birthdays.
- In-Home Clinical Case Management and Support serves families who have had an investigation and there is risk to children that can be mitigated through case management and services while the children remain in their family of origin. These teams are co-located in the community and access community resources to stabilize families to increase protective capacities and better meet their children's needs.
- Resource Parent Support workers are assigned to DC resource (foster, kinship and adoptive) parents following the completion of their home study. This unit conducts monthly home visits, coordinates services, triages challenges that come with children and youth behavior and serve as advocates for resource parents.
- Child Placement identifies living arrangements for all children who enter and remain in foster care, including family foster homes, group care, and specialized care through placement matching and outreach to parents and contracted providers.
- Kinship Support consists of kinship licensing, Family Team Meeting (FTM), Parent Engagement, Education and Resource (PEER), and Innovative Family Support Units.
- Kinship licensing identifies viable family resources, conducts FTMs, facilitates placements with relatives, expedites licensing of kinship foster parents, and provides supportive services to kinship caregivers.
- The Family Team Meeting unit coordinates and facilitates family driven meetings throughout the investigation process and life of a case.

- PEER mentors have lived experience with the child welfare system in the past and in their professional capacity coach, mentor, support birth parents whose children are currently in foster care to successful reunification of their families.
- Innovative Family Support Units are evening shift units that provide case management, kinship licensing and resource parent support services and expertise in the evening hours (shift is 2pm to 12am, 7 days a week, 365 days a year) when families often need the most support.

#### Office of Well-Being

- Healthy Horizons Clinic is CFSA's on-site clinic and provides medical health screenings prior to placement and expert consultation in health, residential treatment, developmental disabilities, and 24/7 on-call support for medical services.
- Clinical Health Services provides medical and behavioral health screenings prior to placement and expert consultation in health, residential treatment, and developmental disabilities.
- Nurse Care Management supports a cadre of nursing care professionals to support the medical needs of children in care.
- Older Youth Empowerment provides support, consultation, technical assistance, and training, for older youth between the ages of 15 to 21. This unit works alongside the case-carrying social workers and provides life skills training, vocational and educational support, and transitional assistance to prepare them for independence after leaving foster care.

#### Office of Thriving Families

- The Office of Thriving Families (OTF) forges community partnerships and supports community-based programs and strategies designed to strengthen families and promote safety and stability. OTF's motto is "community lead, government supported." This division contains the following activities:
  - Primary Prevention provides direct community-based prevention and supportive services to families and their children. CFSA's primary prevention efforts include the Families First DC (FFDC) program, a continuum of prevention services focused on stabilizing and strengthening families, and the 211 Warmline, which is intended to serve as a comprehensive, unified, social services resource and referral Call Center for all District residents.
  - Community Services (Primary, Secondary, and Tertiary) provides oversight of community-based prevention services to families and at-risk children in their homes. Programs include the Grandparent Caregiver Subsidy Program (GCP) and the Close Relative Caregivers Subsidy Program (CRCP), which provide financial assistance services to eligible grandparents and caregivers so that they can maintain children in permanent homes, as well as the Kinship Navigator Program. OTF also oversees contracts with the Healthy Families, Thriving Families Collaboratives and

other evidence-based or evidence-informed program (EBP) providers, and CFSA's housing programs, including Flex Funds.

- Tertiary Prevention provides support and service navigation to children and their families with current or recent CFSA-involvement. Programs include the Community Engage and Connect Unit (CECU), which supports families transitioning from CFSA involvement to ensure they have the supports they need to manage independently and not return to CFSA attention, and the Mayor's Services Liaison Office (MSLO), which provides access to District-wide government and community-based resources and facilitates interagency collaboration to support Family Court-involved families.
- Evaluation and Data Analytics (EDA) – team of two data and evaluation specialists who support all data analyses and evaluation activities across OTF, and in collaboration with the Agency analysts at large. The EDA team reports to the OTF Deputy Director.

#### Office of Program Planning Policy and Supports

- Resource Parent Recruitment is committed to recruiting foster and adoptive parents who reflect the racial, ethnic, and cultural diversity of children and families being served by the District's child welfare system.
- Resource Parent Licensing unit is the team that receives pre-screened applications for new resource parents, provides pre-service training, and works to evaluate the applicants and the home for resource home licensure approval within 150 days from the date of the start of pre-service training.
- Resource parent relicensing unit is the team that ensures ongoing compliance with licensing laws and regulations for resource parents and homes in the District of Columbia. The staff conducts quarterly visits, monitors in-service training hours, and collects updated background checks and documents needed for timely renewal of licenses.
- Facility Licensing unit is the team that ensures initial and ongoing compliance with licensing laws and regulations for youth residential facilities in the District of Columbia. The staff conducts quarterly visits, monitors staff in-service training hours, background checks and documents needed for timely renewal of licenses.
- The Child Protection Register (CPR) unit is the team that receives, and processes CPR check requests and provides the results to authorized requestors within specified timeframes.
- The Office of Fair Hearings coordinates the overall fair hearing and appeals process for the CFSA.
- The Planning unit manages the development of federal and local reports, staffs multidisciplinary task forces, and supports strategic planning efforts for the CFSA.
- The Policy unit manages the policy and guidance development and revision process for the CFSA.

- Child Welfare Training Academy (CWTA) manages staff pre-service and in-service training, resource parent in-service training, in addition to online or in-person mandated reporter training for the community and coordinate the CFSA social worker internship program. CWTA also provides support for the agency's workforce clinical well-being activities.
- Development and Equity Administration (DEA) manages equity initiatives.
- The Child Fatality Review unit manages the reviews and reporting of child fatalities known to CFSA within a specified period of time and facilitates a monthly review of cases with key program area leaders and interagency stakeholders.
- The Quality Assurance unit manages and conducts agency-wide qualitative reviews and evaluations to measure the quality and fidelity of program area practice.
- Quality Services Review Unit manages CFSA's internal qualitative review, which includes Quality Services Reviews (annually) and federal Child and Family Service Reviews (CFSR; these are conducted approximately every five years). Interviews are completed with children, youth, families involved with CFSA and key stakeholders on the case, and a standardized tool is completed to identify practice areas of strength and areas needing improvement. The purpose of both of these types of reviews is to ensure quality practice and fidelity to local and federal standards.
- The Agency Performance unit leads efforts to establish the performance measures and their targets included in a performance framework and calculates and reports on the agency performance on these measures through an annual public performance report and the quarterly/annual Mayor's Performance Plan. The reporting provides analysis of strengths and challenges/barriers to achieving performance benchmarks.

*The Office of the Deputy Director for Administration (ODDA)*

- Administrative Services provides logistical and operational support services to staff located at CFSA headquarters, the Bundy Building and Older Youth Empowerment, and other satellite offices.
  - Facilities Management is responsible for the day-to-day operations of approximately 240,000 sq. feet of office space.
  - Fleet Management ensures that CFSA staff have reliable, clean, and safe fleet vehicles to operate.
  - Telecommunications distributes secure and operational landline and mobile devices issued to staff to communicate with clients and stakeholders.
  - The Records Management Unit is the central repository of all closed CFSA hard copy client case records and supporting documents.
  - Administrative Support is responsible for answering the agency's main line and directing calls to the appropriate areas, managing conference room scheduling for headquarters, and supporting the Agency Language Access program.
- Business Services Administration (BSA) provides technical assistance and oversight to all administrations, departments, and programs within the Agency. The BSA has centralized

those Agency functions upon which the claiming and documentation of federal revenue are dependent, including Cost Allocation Plan maintenance, Random Moment Sampling, Title IV-E rate setting and Family First Prevention Services Act claiming and analysis. Those functions are mainly facilitated and managed in 5 units:

- The Eligibility Unit is responsible for completing Title IV-E Foster Care, Adoption Subsidy and Guardianship subsidy eligibility determinations and subsequent claiming, as well as Medicaid enrollment processing.
- Medicaid Claiming Unit facilitates all Medicaid claiming activities, including claiming Medicaid for screenings facilitated in the Agency's Healthy Horizons Assessment Center.
- The Federal Revenue Unit (FRU) is primarily responsible for reviewing, reconciling, and certifying administrative and cost reimbursement invoices for all Collaborative, Family Based, Congregate and other contracted providers. FRU is also responsible for obtaining, reviewing, reformatting, and reconciling contracted provider quarterly expenditure reports to ensure the appropriate collection and allocation of allowable costs to substantiate or adjust Title IV-E rates.
- Revenue Maximization is charged with the analysis, completion, and submission of the Title IV-E administrative and maintenance claims via the CB-496, as well as cost allocation planning and random moment time studies which support Family First and administrative IV-E claiming.
- Contract Monitoring Division utilizes Performance Based Contracting to administer its oversight of Family-Based, Congregate, Collaborative, and other child welfare contracts via facility visits, staff and youth interviews, Quality Case Record reviews and quarterly and annual reporting.
- Contracts and Procurement Administration is responsible for processing and entering into contracts and grants with organizations to support the mission of the Agency.
- Adoption and Guardian Subsidy provides financial assistance services to eligible relatives and adoptive parents so that they can maintain children in permanent homes.
- Human Resources Administration (HRA) provides services that strengthen individual and organizational performance at CFSA via its independent personnel authority allowing for streamlined implementation of the complete human resources life cycle, while developing and retaining a well-qualified and diverse workforce. HRA is comprised of the following areas:
  - Recruitment/Staffing
  - Employee/Labor Relations
  - Payroll/Compensation
  - Benefits
  - Compliance
  - Risk Management



- Child Information Systems Administration (CISA) provides technological services and support for CFSA while developing solutions to improve services in the agency.
  - The Security Team reviews and validates processes and information within the agency to ensure compliance standards are met, and vulnerabilities are identified.
  - Training Team responsible for training all new and current end users on the FACES.NET and STAAND child welfare information systems.
  - Technical Infrastructure Team: Responsible for providing Social Workers with reliable computers, IT services (such as print/scan/copy) and running business application backend (such as FACES and STAAND).
  - The Information Management Team provides over 200 data reports on a myriad of subjects including compliance with the LaShawn Implementation and Exit Plan, Four-Pillar Strategy Plan, Mayor’s Annual Public Report, and an ad hoc basis to name a few.
  - Applications Team works with end-users to create new screens, enhance old screens, and fix bugs within the FACES.Net or STAAND application.
  - Comprehensive Child Welfare Information System (CCWIS) Implementation Team works with CFSA staff and vendors to design, develop and implement the new CCWIS known as STAAND or Stronger Together Against Abuse and Neglect in DC.

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

There were no organizational changes in FY24.

**11. How many vacancies were posted during FY 24 and FY 25, 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.**

**FY25 and FY24 Vacancies**

<b>Position</b>	<b>Fiscal Year</b>	<b>Days Vacant</b>	<b>Status</b>	<b>Agency Plans to Fill - Yes or No</b>
Supervisory Program Monitor	FY25	225	Filled	
Program Manager	FY25	52	Filled	
IT Specialist (Application Software)	FY25	74	Candidate Identified	Yes
IT Specialist (Application Software)	FY25	1460	Recruitment Phase	Yes
Contract Specialist	FY25	18	Candidate Identified	

**FY25 and FY24 Vacancies**

<b>Position</b>	<b>Fiscal Year</b>	<b>Days Vacant</b>	<b>Status</b>	<b>Agency Plans to Fill - Yes or No</b>
Contract Specialist	FY25	28	Candidate Identified	
Contract Supervisor	FY25	154	Recruitment Phase	Yes
HR Specialist (Recruitment)	FY25	28	Filled	
HR Specialist (ELR)	FY25	71	Recruitment Phase	Yes
Senior HR Specialist	FY25	410	Filled	
Executive Assistant	FY25	30	Recruitment Phase	Yes
General Counsel	FY25	32	Filled	
Resource Development Specialist	FY25	58	Recruitment Phase	Yes
Resource Development Specialist	FY25	73	Filled	
Supervisory Social Worker	FY25	N/A	Ongoing Recruitment	Yes
Family Support Worker	FY25	52	Filled	
Program Specialist	FY25	28	Filled	Yes
Supervisory Social Worker	FY25	N/A	Ongoing Recruitment	Yes
Program Analyst	FY25	298	Candidate Identified	Yes
Quality Service Review & Case Practice Specialist	FY25	257	Candidate identified	Yes
Administrator	FY25	61	Candidate Identified	Yes
Administrator	FY25	27	Filled	Yes
Resource Development Specialist	FY25	20	Recruitment Phase	Yes
Social Worker	FY25	N/A	Ongoing Recruitment	Yes
Supervisory Social Worker	FY25	N/A	Ongoing Recruitment	Yes
Program Specialist	FY25	35	Recruitment Phase	Yes
<b>FY25 Total 26</b>				
Family Support Worker	FY24	68	Filled	

**FY25 and FY24 Vacancies**

<b>Position</b>	<b>Fiscal Year</b>	<b>Days Vacant</b>	<b>Status</b>	<b>Agency Plans to Fill - Yes or No</b>
Social Worker	FY24	N/A	Ongoing Recruitment	
Program Analyst	FY24	94	Filled	
Domestic Violence Specialist	FY24	72	Filled	
Supervisory Social Worker	FY24	N/A	Ongoing Recruitment	
Education Resource Specialist	FY24	103	Filled	
Social Worker	FY24	N/A	Ongoing Recruitment	
Social Worker	FY24	N/A	Ongoing Recruitment	
Program Manager	FY24	74	Filled	
Program Specialist	FY24	108	Filled	
Staff Assistant	FY24	144	Filled	
Resource Development Specialist	FY24		Filled	
Program Specialist	FY24	72	Filled	
Social Worker	FY24	N/A	Ongoing Recruitment	
Customer Service Rep.	FY24	New Position	Filled	
Social Worker	FY24	N/A	Ongoing Recruitment	
Social Worker	FY24	N/A	Ongoing Recruitment	
Social Worker	FY24	N/A	Ongoing Recruitment	
Senior, Human Resources Specialist	FY24	22	Filled	
Human Resources Manager (Recruitment)	FY24	81	Filled	
Program Manager, IT	FY24		Filled	
Human Resources Assistant	FY24	18	Filled	
Revenue Accounting Specialist	FY24	91	Filled	
Resource Development Specialist	FY24	129	Filled	
Program Manager	FY24	68	Filled	
Administrator	FY24	131	Filled	
Deputy Director for Community	FY24	49	Filled	

### FY25 and FY24 Vacancies

Position	Fiscal Year	Days Vacant	Status	Agency Plans to Fill - Yes or No
Supervisory Social Worker	FY24	N/A	Ongoing Recruitment	
Social Work Program Manager	FY24	88	Filled	
Social Work Program Manager	FY24	33	Filled	
Program Specialist	FY24	N/A	Ongoing Recruitment	
Social Worker (LGSW/ LICSW)	FY24	N/A	Ongoing Recruitment	
Social Worker (Licensed Social Work Associate)	FY24	N/A	Ongoing Recruitment	
Planning Specialist	FY24	325	Position Filled	
Resource Development Specialist (Evening Shift)	FY24	60	Position Filled	
Licensing Social Worker (Evening Shift)	FY24	75	Position Filled	
Supervisory Social Worker (Hotline)	FY24	162	Position Filled	
Licensing Social Worker (Day Shift)	FY24	132	Position Filled	
Lead Customer Service Rep	FY24	New Position	Filled	
Customer Service Rep.	FY24	New Position	Filled	
Customer Service Rep.	FY24	New Position	Filled	
<b>FY24 Total 41</b>				

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.

**12. 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 Q12](#) for Schedule A

**13. 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.

**14. With respect to employee evaluations, goals, responsibilities, and objectives in FY 24 and to date in FY 25, 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 employees in improving performance. The Agency also offers training in the areas of the identified deficiencies through CFSA, DCHR, Percipio, and external vendors, when necessary. CFSA's 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).

**15. 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;**

Staff can 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 Q15](#) for Mayor's Order 2023-131.

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

For complaints brought directly to HR:

- *Complaints between parties:* 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.
- *Anonymous complaints:* A member of the HR team will meet with the complainant to take a statement. HR notifies the complainant that all steps will be taken to keep the person providing the information anonymous but if the matter requires escalation other parties may need to be involved (i.e. OGC, the Agency Director, Police, Courts, etc.).
- *Equal Employment Opportunity (EEO) and the Office of Human Rights (OHR) complaints:* The HR team in partnership with the CFSA Office of General Counsel (OGC) reviews these types of complaints. OGC provides guidance on steps to taken when investigating these matters.
- *Sexual Harassment Complaints:* The Agency Sexual Harassment Officer (SHO) follows the steps below when a complaint is received regarding sexual harassment:
  - Immediately notify the General Counsel, who must then immediately notify the Director of the Mayor's Office of Legal Counsel (MOLC);
  - Gain a full understating of the complaint;
  - Acknowledge receipt of complaint, notify the complainant that the matter is being investigated, and contact the complainant to gather more information;
  - Inform the alleged harasser of the allegations;
  - Make any additional required communications to, for example, gather relevant facts through documentation and interviews;
  - Investigate the complaint; and
  - Prepare and deliver a report to the Agency Head or designee on the investigation

**c. The types of complaints received in FY 24 and to date in FY 25; and**

- Allegation of hostile work environment
- Sexual harassment complaint

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

- Hostile Work Environment - The accused employee was terminated from their position.
- Sexual Harassment:
  - o One matter was unsubstantiated – it did not rise to the level of sexual harassment
  - o One matter was investigated and was deemed substantiated; the harasser was issued an Adverse Action, and the matter was closed.

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

Family Support Worker Day to Day Functions and Responsibilities

- 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
- Complete FACES history searches
- Assist social work team with Immediate responds in the community
- Supervise children/youth in the building
- Submit referrals for services internally and externally
- Attend training to meet agency requirements each year

See [Attachment Q16](#) for the job description for Family Support Workers.

## Contracting and Procurement

**17. List each contract, procurement, lease, and grant (“contract”) awarded or entered into by the agency during FY 24 and FY 25, 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. Whether the contract was awarded to a Certified Business Enterprise (CBE);
- g. The date the contract was executed;
- h. The date the contract was submitted to the council for approval (if applicable);
- i. The name of the agency’s contract monitor and the results of any monitoring activity; and
- j. Funding source.

See  [Attachment Q17a FY24 and FY25 Contracts Report.xlsx](#); and  [Attachment Q17b FY24 and FY 25 Grants Report.xlsx](#)

**18. Provide the following information for all contract modifications made in FY 24 and FY 25, 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 FY24 and FY25 Modification Report.xlsx](#)

**19. Please describe what steps the agency takes to monitor compliance with the terms of its contracts, including any standard assurances the agency builds into its contracts.**

The Child and Family Services Agency (CFSA) monitors its contractors (private provider agencies and grantees) to ensure services align with best practices and meet quality standards. Monitoring occurs at two levels:

1. Contracts: Congregate care (group homes and independent living), family-based, and collaborative contracts are monitored by the Contracts Monitoring Division (CMD). Other contracts are monitored by the CFSA service requestor.
2. Grants: Grant monitoring is overseen by the CFSA grant coordinator.



### Contract Monitoring

- General Contract Monitoring (>\$100,000):
- All contracts exceeding \$100,000 are entered into the Office of Contracting's Contractor Performance Evaluation System (CPES). CPES prompts the Contract Administrator (CA) bi-annually to evaluate contractor performance. The CA's evaluation is then reviewed by the Contracting Officer and subsequently by the Contractor for review and comment.
- Performance issues are addressed through meetings with all parties. If unresolved, the Contracts and Procurement Administration issues a "Notice to Cure - Failure to Perform," giving the contractor 10 days to rectify the issue. Failure to cure results in contract termination for default.

### Contract Monitoring Division (CMD) Contract Monitoring

- The CMD uses a performance improvement process to support providers. If this is unsuccessful, the Contracts and Procurement Administration issues a "Notice to Cure - Failure to Perform," with the same 10-day cure period and potential termination for default.
- The CMD primarily monitors congregate care, family-based, and collaborative contracts, providing daily, monthly, and quarterly oversight to ensure providers meet the needs of children and youth.

### CMD Monitoring Process

- Initial Meeting: Upon contract award, CMD contract monitors meet with the contractor to review contract requirements and the monitoring process, providing technical assistance for performance tracking.
- Ongoing Site Visits: Contract monitors conduct regular site visits, reviewing:
  - Youth records (based on census)
  - Staff records (100%)
  - Staff clearances
  - Resource home clearances (family-based contracts only)
  - Facility inspections (congregate care only)
  - Youth and staff surveys (based on census)
- Desk audits, Unusual Incidents (UIs), weekly resident rosters, monthly staff rosters, and staff schedules)
- Scorecard reports (congregate care only)
- Semi-annual evaluations (fiscal year: October 1 – September 30)
- Annual evaluation (included with the 4th quarter, aggregating data)
- Special Oversight: Contract monitors may conduct announced or unannounced special oversight visits as needed.
- Ongoing Monitoring: Contract monitors reconcile and validate contractor-submitted reports monthly, including monthly trending of UIs. Bi-weekly, monthly, and quarterly partnership meetings are held with contractors and CFSA staff.

## Grant Monitoring

- The CFSA grant coordinator provides grant monitor training twice annually or whenever grant monitor changes occur. Training covers CFSA grant-making policy, the Office of Partnerships grant services (using the citywide grants manual and sourcebook), maintaining grant records (per District regulations and grant agreements), administering site visits, documenting grant activities, program changes, grant modifications, grant agreement deliverables/reports invoicing in the Procurement Automated Support System (PASS), and grant closeouts.
- The grant coordinator conducts quarterly check-ins with all CFSA grant monitors to ensure compliance, record-keeping, evaluation, and fiscal responsibility.
- Grant monitors maintain records including the grant agreement and modifications, invoices, deliverables, site visit reports, and grantee contact information. Site visit administration includes record-keeping, client confidentiality, and evaluation details.

**20. Please describe any instances in FY 24 and FY 25, to date, in which the agency has been dissatisfied with the performance of a contract and steps the agency has taken to improve performance, including:**

- The name of the vendor;**
- The performance issues;**
- The relief sought by the agency;**
- The relief obtained; and**
- Actions the agency is taking to prevent similar issues in the future.**

### Description of Vendor Performance Issues in FY24 and FY25 to Date

<b>Vendor</b>	<b>Performance Issue</b>	<b>Relief Sought</b>	<b>Relief Obtained</b>	<b>Prevention of Similar Issues</b>
Courtney's House	Vendor suspended operations without notification or approval from the Contracting Officer. Delayed Invoicing  Allegedly publicly disclosed sensitive information regarding a resource parent	CFSA issued a cure notice requesting an action plan to address and correct the deficiencies. The Contracting Officer and team held a meeting with the vendor to discuss the seriousness of the deficiencies.  The vendor was told to open its door for services immediately and;	The vendor responded with an action plan to re-open the facility and submit invoices in a timely manner.	The Contract Administrator was directed to have monthly meetings with the vendor to monitor and discuss roadblocks before they become issues.

Vendor	Performance Issue	Relief Sought	Relief Obtained	Prevention of Similar Issues
		Submit invoices as described in the contract		
All N 1 Proservices, LLC	<p>The Contractor was allegedly borrowing supplies from a neighboring businessman to perform the services of the contract. The contract requires the vendor to provide all labor, equipment and materials to perform the services.</p> <p>The contractor's staff were observed engaging in unprofessional behavior while on District property.</p>	CFSA issued a cure notice requesting an action plan to address and correct the deficiencies. The Contracting Officer and team held a meeting with the vendor to discuss the seriousness of the deficiencies.	The vendor responded with an action plan stating they would investigate unprofessional behavior and take action. The vendor also sent a list of their current supplies that they utilize for the contract.	CFSA will allow the contract to expire at the end of the contract period and re-solicit for the services.

**21. 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 list of contractors.*

Name	Description	Salary/ Hour	Contract Term	City of Residency
Amin Khandkar R	CFSA QA/SCRUM Journeyman	\$63.85	10/1/2024 to 9/30/2025	Arlington, VA
Issa Barkett	CFSA IT Consultant Master	\$130.78	10/2/2024 to 9/30/2025	Washington, DC

Name	Description	Salary/ Hour	Contract Term	City of Residency
Mark Beckner	Dynamics Consultant and CRM/ Power Platform Developer Lead	\$125.00	7/24/2024 to 9/30/2025	Grand Junction, CO
Dmytro Boichev	SME-React Developer Journeyman	\$100.77	8/1/2024 to 9/30/2025	Ft Washington, MD
Douglas G Cofer	Data Conversion and Quality Lead	\$116.65	10/1/2024 to 9/30/2025	Upperville, VA
Ceyhan Mintas	Crystal Rpts Dvlpr/BI DWH Federal	\$120.00	10/1/2024 to 9/30/2025	Pittsburgh, PA
Abhijeet Pradhanang	SME-React Developer Journeyman	\$100.77	8/31/2024 to 9/30/2025	Fairfax, VA
Serena Parks	Trauma Informed Professional Parent	\$191.72	3/7/2024 to 3/6/2025	Washington, DC
Tiffany Mabry	Trauma Informed Professional Parent	\$191.72	4/21/2024 to 4/20/2025	Washington, DC
Valencia Harvey	Trauma Informed Professional Parent	\$191.72	7/5/20247/4/2025	Washington, DC
Gwendolyn Valentine	Trauma Informed Professional Parent	\$191.72	2/11/2024 to 2/10/2025	Washington, DC
Barbara Edwards	Trauma Informed Professional Parent	\$191.72	12/9/2024 to 7/30/2024	Washington, DC
Donna Buriss	Trauma Informed Professional Parent	\$191.72	12/9/2024 to 12/8/2025	Washington, DC
Amanda Lewis	Trauma Informed Professional Parent	\$191.72	5/3/2024 to 5/2/2025	Washington, DC
Lynda Ottey	Trauma Informed Professional Parent	\$191.72	2/18/2024 to 10/16/2024	Washington, DC
Herbert St. Clair	Hearing Examiner	\$100.00	9/15/2024 to 9/14/2025	Washington, DC
Alicia Hudson	Hearing Examiner	\$100.00	9/15/2024 to 9/14/2025	Silver Spring, MD
Malik Edwards	Hearing Examiner	\$100.00	9/19/2024 to 9/18/2025	Washington, DC
Jennifer Livingston	Hearing Examiner	\$101.00	5/26/2024 to 5/25/2025	Washington, DC
Nabani Ashraf	CFSA - System Tester Entry	\$52.38	5/15/2024 to 9/30/2025	Washington, DC
Justin Brown	CFSA - Dynamics Admin/Configuration Tech Specialist Senior	\$110.00	11/27/2024 to 9/30/2025	Meridian, ID
Sai Teja Cheedella	CFSA - SME-React Developer Journeyman	\$100.77	10/30/2024 to 9/30/2025	Greenbelt, MD

<b>Name</b>	<b>Description</b>	<b>Salary/ Hour</b>	<b>Contract Term</b>	<b>City of Residency</b>
Carlton Colter	CFSA - Dynamics Consultant and CRM/Power Platform Developer Lead (Master)	\$140.00	11/4/2024 to 9/30/2025	Falls Church, VA
John W Fraser	CFSA - Business Systems Analyst/Trainer Senior	\$110.00	10/1/2024 to 9/30/2025	Washington, DC
Gebeyaw Gemberia	CFSA - System Tester Journeyman	\$58.00	9/2/2024 to 9/30/2025	Silver Spring, MD
Deepika Gona	CFSA - Business Process Consultant Journeyman	\$75.47	10/14/2024 to 9/30/2025	Aldie, VA
Marcie L Harrison	CFSA IT Consultant – CCWIS Senior Project Management Officer (OCM)	\$100.00	10/30/2024 to 9/30/2025	Upper Marlboro, MD
Ponsella Henry	CFSA - Trainer Senior BSA	\$90.00	10/1/2024 to 9/30/2025	Lanham, MD
Ram Dinesh Reddy Korrapati	CFSA - BI Developer Senior	\$110.00	10/1/2024 to 9/30/2025	Unknown
Ramalakshmi Malisetty	CFSA - BI Developer Senior	\$110.00	10/1/2024 to 9/30/2025	Fairfax, VA
Bhanu T Musunuru	CFSA - Business Process Consultant Journeyman	\$75.47	10/14/2024 to 9/30/2025	McLean, VA
Saurav Prasain	CFSA - SME-React Developer Journeyman	\$100.77	1/13/2025 to 9/30/2025	Gainesville, VA
Mahbubul I Russell	CFSA - Test Engineer- Agile Journeyman	\$63.00	10/1/2024 to 9/30/2025	Woodbridge, VA
Irfana Shahul	CFSA - System Tester Entry	\$52.38	10/16/2024 to 9/30/2025	Aldie, VA
Puru R Vonteru	CFSA - Dynamics Data Conversion/Migration Lead	\$120.00	10/1/2024 to 9/30/2025	Elkridge, MD

- 22. For FY 24 and FY 25, 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.**

**FY24**

<b>Contract Amount</b>	<b>Number of Contracts</b>
under \$250,000.00	101
between \$250,000-\$999,999	26
over \$1 million	15

**FY25**

<b>Contract Amount</b>	<b>Number of Contracts</b>
under \$250,000.00	42
between \$250,000-\$999,999	14
over \$1 million	9

- 23. Provide the typical timeframe from the beginning of the solicitation process to contract execution for:**
- Contracts and procurements under \$250,000;**
  - Contracts and procurements between \$250,000-\$999,999; and**
  - Contracts and procurements over \$1 million.**

<b>Contracts</b>	<b>Timeframe</b>
Contracts and procurements under \$250,000	60-70 days
Contracts and procurements between \$250,000-\$999,999	90-120 days
Contracts and procurements over \$1 million	180+ days

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

Some of the major issues CFSA encounters with the procurement process is requesting the insurance requirements from the 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 because of the cost. The result of this is CFSA having a limited number of vendors for specialized services to support the families in care. The small businesses like the Small Business Enterprises (SBEs)/the Certified Business Enterprises (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.

**25. 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 DC Department of Small and Local Business Development (DSLBD) Waivers for contracts with the same scope of work that have proven overtime not to be subject to SBE/CBE subcontracting (i.e. Psychiatric Residential Treatment Facilities (PRTFs), Congregate Care contracts) or are for not-for-profit companies who are not eligible to become a CBE.

## Racial Equity

**26. 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 (DEIB) 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 is two-fold: (1) internal equity issues and (2) supporting community-based organizations to strengthen their approach to equitable practice that is inclusive and fosters a sense of belonging.

In FY24, the following programs and initiatives were developed and implemented to work toward racial equity:

The CFSA DEIB Steering Committee finalized the development of two documents to support CFSA and private agency staff in engaging in equitable, inclusive, and healing-centered practice with DC residents. The [CFSA DEIB Framework](#) outlines the Agency’s approach to addressing disproportionality and disparity, while the [CFSA Inclusive Language Guide](#) provides staff with healing-centered language alternatives to support greater engagement and rapport building with children and families. Training on these documents is being developed to support a transfer of learning that will support progress toward racial equity. The roll out of this training will begin in FY25 Q3.

The Development and Equity Administration implemented the [Enhancing Equity Through Community Based Assessment initiative](#) with five community-based organizations contracted to provide prevention services to families engaged with the Agency. All CBCAP grantees had the opportunity to opt-in, and CFSA chose the first five that did. This assessment process was developed to support community-based organizations (CBOs) to complete Equity Action Plans that will increase community engagement and address disparities in the care provided to DC residents. To date, East River Family Strengthening Collaborative, Community of Hope/Bellevue Family Success Center, and Smart from the Start have completed the initial phase of this program

by submitting their Equity, Inclusion, and Belonging (EIB) Assessment. The next phase will support these CBOs to develop plans to address equity challenges. At the end of FY25, CFSA will begin this assessment and planning process with additional organizations.

In partnership with the Mayor's Office on Race Equity (ORE), CFSA participated in the development of an agency-wide race equity action plan which identified goals, supporting actions, and performance measures to enhance equity, inclusion, and belonging at CFSA. An implementation plan for the [Racial Equity Action Plan \(REAP\)](#) has been finalized and will be launched in March 2025.

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

1. The CPS Demographic Data Collection Initiative, which began in FY24, seeks to increase the number of individuals for whom the Agency asks about racial and ethnic identity and Ward and to increase documentation of these answers in the official record. CFSA believes that this improved data quality will allow the agency to improve resource allocation to support programming for families who need them most, increase the likelihood that families are connected to the appropriate services, and to develop strategies to mitigate decision-making that increases racial- and ethnic-disparities within the Agency.

2. Aligned with the Mayor's Office on Race Equity, the Child Welfare Training Academy, within the Development and Equity Administration (DEA), implemented mandatory training for all CFSA and partner agency employees to attend the Understanding Race Equity in Child Welfare training in July 2022. In FY24 to date, CWTA has facilitated an additional 12 cohorts of the Understanding Race Equity in Child Welfare curriculum for a total of 36 cohorts. The training is provided as both pre-service and in-service training to ensure new and seasoned Agency staff of all levels and within each administration can begin addressing racial inequity. This curriculum was developed with the goal of adding a child welfare specific focus to ensure its relevancy to the work of Agency staff. As of December 31, 2024, 562 (80% of CFSA staff) completed the Race Equity in Child Welfare curriculum.

**28. 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.

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 implemented in FY24. The purpose of this module is to provide mandated reporters with insight into 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. As of 1/27/2025, 5,216 mandated reporters have completed the updated mandated reporter training via the online training platform.

**29. 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 FY24, the Agency actively collaborated with a diverse coalition of stakeholders to support the development of the Agency's 5-Year Plan with specific focus on enhancing fatherhood engagement, continuous quality improvement strategies, 211 Warmline training for Mandated Reporters, and the Opportunities for Prevention and Transformation Initiative (OPT-IN). As part of the five-year plan development, CFSA convened representatives from various stakeholder groups to include the Agency's Lived Experience Advisory Council, agency staff, community providers, resource parents, and legal partners. The feedback and input from these groups helped to shape and inform each of the goals and strategies identified in this 5-year plan.

## Sexual Harassment

**30. 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 24 and FY 25, 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](mailto: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 the 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:

1. *Define the Scope of the Investigation:* The SHO takes all allegations of sexual harassment seriously and conducts a thorough and complete investigation.
2. *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.
3. *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.
4. *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.
5. *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.
6. *Gather Documents and Other Evidence:* The SHO obtains evidence before, during and immediately following the interview process.
7. *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.
8. *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.

9. *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 FY24 to Date:

In the FY24 to date, CFSA received two (2) complaints of sexual harassment. In the first matter, the complainant alleged that they overheard the alleged harasser make sexual comments in the workplace that are inconsistent with professional workplace norms. The comment was inappropriate but did not rise to the level of sexual harassment. The second complaint was made against the same alleged harasser. The employee made a comment to one of the witnesses that describes a bodily function that often happens after or during sexual intercourse. After the SHO's investigation, the complaint was deemed substantiated due to corroboration from the alleged harasser and other witnesses present.

- 31. 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.

- 32. 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 received a request from staff who are participating in a prohibited dating, romantic or sexual relationship to waive the provisions of the Sexual Harassment Order. The employees' reporting structures were shifted to take the relationship out of a prohibited status.

Laws, Audits, and Studies

- 33. Explain any significant impacts on the agency, if any, of legislation passed at the federal or local level during FY 24 and FY 25, to date.**

Legislation Passed at the Local Level:

*FY24 Official Laws*

**B25-0317** Extended Students' Right to Home or Hospital Instruction Amendment Act of 2023  
To amend the Students' Right to Home or Hospital Instruction Act of 2020 to include pre-birth complications, childbirth, postpartum recovery to the list of health conditions for which a student enrolled in a District public or charter school may be eligible for home or hospital-based instruction.

Law L25-0163, Effective from May 21, 2024

**B25-0545 Health Occupations Revision General Amendment Act of 2023 (HORA)**

This legislation broadens professional opportunities for social work graduates, enabling them to apply their skills and knowledge within the community in a non-clinical context without a clinical license. Individuals with bachelors, masters, or doctoral degrees in social work can participate in non-clinical practice without becoming licensed social workers. The definition of non-clinical practice now encompasses tasks and competencies included in social work education but outside the realm of clinical assessment, diagnosis, or treatment of mental health conditions. Specifically, it includes non-clinical case management, such as the coordination of social services, assessment of service needs, and facilitation of resource access; community organization efforts, including public education and information dissemination; advocacy work for client and community interests as well as policy change; and administrative responsibilities like document management and program coordination.

Law L25-0191, Effective from July 19, 2024

**B25-0463 Minor Access to Medical Records & Appointments Regulations Amendment Act of 2023**

Permits a minor who is 16 years of age or older and enrolled in Medicaid or the DC HealthCare Alliance to access their medical records and consent to health services without parental consent if the minor can meet the informed consent standard.

Law L25-0145, Effective from March 23, 2024

**B25-0055 Pathways to Behavioral Health Degrees Act of 2023**

Supports the establishment by the University of the District of Columbia of a Master of Social Work degree program and to establish a scholarship program for District residents and employees who are seeking higher education in behavioral health.

Law L25-0104, Effective from January 23, 2024

**B25-0278 School Student Vaccination Amendment Act of 2023**

<https://lims.dccouncil.gov/Legislation/B25-0278>

Repeals the requirement that eligible students in the District of Columbia receive the COVID-19 vaccination.

Law L25-0108, Effective from January 23, 2024

**B25-0382 Sexual Harassment Investigation Review Temporary Act of 2023**

Requires that allegations of sexual harassment made against executive branch employees, in positions of power, be referred to an independent investigator with experience in investigating sexual harassment allegations.

Law L25-0079, Effective from November 28, 2023, Expired on July 10, 2024

**B25-0044 Vulnerable Youth Guardianship Protection Amendment Act of 2023**

Expands the jurisdiction of the D.C. Superior Court and the target population is undocumented immigrant youth. The legislation indirectly impacts CFSA functions and practices because it creates alternative systems of support for vulnerable youth other than foster care which may reduce CFSA's unaccompanied refugee minors (URM) population going forward.

Law L25-0188, Effective from Jul 19, 2024

### *Fiscal Year 2025 Budget Support Acts*

**B25-0784** Fiscal Year 2025 Budget Support Act of 2024  
Law L25-0217, Effective from September 18, 2024

**B25-0464** Grandparent and Caregiver Subsidy Eligibility Amendment Act of 2023 Expands eligibility for the GCP and CRCP by requiring that a caregiver's annual income be under 300% of the federally defined poverty level rather than 200%. Amends the CRCP by requiring the Mayor to choose state options and seek all necessary federal approvals or waivers to implement the program. The legislative provisions from this Bill were included in the Fiscal Year 2025 Budget Support Act of 2024. See Law L25-017 above.

**B25-0785** Fiscal Year 2025 Local Budget Act of 2024  
Law L25-0218, Effective from September 18, 2024

### *FY25 Pending Laws*

Losing Outdated, Violent Exceptions Amendment Act of 2024 (Bill 25-43)

<https://lims.dccouncil.gov/legislation/B25-0043>

Repeals the religious exemption to the District's neglect law found in D.C. Code § 4-1321.06 which will allow CFSA to be able to intervene when a parent refuses medical treatment for a child on religious grounds.

Child and Family Services Agency Investigation Completion Amendment Act of 2024

(Bill 25-243) <https://lims.dccouncil.gov/Legislation/B25-0243>

Amends the Prevention of Child Abuse and Neglect Act to require an investigation of alleged child abuse and neglect be completed within 45 days and to require that an investigation involving a report of a child fatality, sex trafficking, or abuse or neglect occurring in an institutional setting be completed within 60 days.

Luggage for All Youth in Foster Care Amendment Act of 2024 (Bill 25-952)

<https://lims.dccouncil.gov/Legislation/B25-0952>

Requires CFSA to provide new or slightly used luggage to foster youth, establish and maintain a supply of luggage, develop procedures through rulemaking for the storage and distribution of luggage, consult with foster youth when providing luggage, and document when youth use disposable bags to transport their belongings. It also authorizes CFSA to accept gifts of new and slightly used luggage,

Recidivism Reduction, Oversight, and Accountability for DYRS Act of 2024 (ROAD Act)

(Bill 25-826) <https://lims.dccouncil.gov/Legislation/B25-0826>

Creates a permanent oversight body for the Department of Youth Rehabilitative Services (DYRS); requires DYRS to significantly reform its supervision and intervention practices, including creating Individualized Rehabilitation Plans and discharge and reentry plans; and strengthens the court's authority to intervene when DYRS fails to provide the appropriate rehabilitative services.

## Regulation

### Chapter 60 (Foster Homes) Final Rulemaking - [DCRegs](#)

The Rulemaking reflects a comprehensive update of the regulations to conform to changes (e.g. terminology, language, and definitions) in local and federal law and to address changes in practice at CFSA to do with licensing of foster homes.

March 15, 2024: Final Rulemaking published in the DCR.

Notice File: View text; Register Issue: 3/15/2024 Vol 71/11

**34. Provide the number of FOIA requests received for FY 24, and FY 25, 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.**

#### **FY24**

- 40 received
- 7 granted in whole
- 0 partially granted
- 20 denied – not FOIA request (records request)
- 5 pending (as of 9/30/24)
- 18 days average (median)
- (1 “withdrawn”; 9 “other dispositions”)

#### **FY25**

- 13 received
- 4 granted
- 0 – partially granted
- 5 – denied – not FOIA request (records request)
- 4 pending
- No average determined yet.

*NOTE: A statutory time frame of 15 days or 25 days is not adequate to cover requests that seek significant quantities of records. Tracking time spent on requests is a burden on staff so it is not captured. Staff focus on getting the records to the FOIA Officer rather than tracking time spent searching and compiling.*

**35. Please identify any legislative requirements that the agency lacks sufficient resources to properly implement.**

There are no legislative requirements that CFSA can’t implement because of the lack of sufficient resources.

**36. Please identify any statutory or regulatory impediments to your agency's operations or mission.**

Section 100.2 of Subtitle B of the Zoning Regulations prevents CFSA from licensing group homes to serve foster youth up to the age of 21. CFSA filed a petition for a text amendment of the definition of Youth Residential Care Home to include foster youth under the age of 21. On January 30, 2025, the Zoning Commission granted CFSA's request for emergency rulemaking. A public hearing will be scheduled.

**37. Please list all regulations for which the agency is responsible for rulemaking, oversight, or implementation. Where available, please list by chapter and subject heading, including the date of the most recent revision.**

Regulation	Chapter Title	Most Recent Revision
29 DCMR, Chapter 59	Fair Hearing Procedures for the Child and Family Services Agency	March 15, 2002
29 DCMR, Chapter 60	Foster Homes	March 15, 2023
29 DCMR, Chapter 61	Permanent Guardianship Subsidies for Kinship Caregivers	November 23, 2001
29 DCMR, Chapter 62	Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities, and Youth Group Homes	November 18, 2019
29 DCMR, Chapter 63	Licensing of Independent Living Facilities	January 25, 2019
29 DCMR, Chapter 68	Grandparent Caregivers Pilot Program Subsidies	December 12, 2008
29 DCMR, Chapter 82	Grant Making Authority	January 5, 2007
29 DCMR, Chapter 83	Safe Haven for Newborns	September 16, 2011
29 DCMR, Chapter 84	Protecting Foster Children from Identity Theft	November 25, 2011
29 DCMR, Chapter 85	Family Assessments in Child Welfare	January 31, 2014

- 38. Please identify all recommendations identified by the Office of the Inspector General, D.C. Auditor, or other federal or local oversight entities during the previous 3 fiscal years. Please provide an update on what actions have been taken to implement these recommendations. If the recommendation has not been implemented, please explain why.**

### Audits

- ◆ Federal: State Single Audit (formerly entitled the OMB A-133 audit) of its Title IV-E Foster Care program. Because title IV-E funding underwrites administrative costs (to some extent) at CFSA, the audit is comprehensive in its scope.

The final report from the FY23 audit (which occurred in May and June of 2024) comprises three separate finding notifications:

- 027 – The principle finding involved developing uniform standards for staff requests and supervisory approval of overtime. This finding recurred from the FY22 audit (which was conducted in June and July of 2023), but the corrective action was not implemented until August of 2023 (which is why the issue recurred in the FY23 audit). The corrective action is complete.
- 028 – The principle finding involved documentation of household composition of foster homes, which is not a Title IV-E requirement. We concurred with the finding in order to finalize the audit, but noted in our response that we would submit an adjustment claim following the United States Department of Health and Human Services (HHS) review of the final report. (We will not have to submit an adjusting claim because HHS is going to disagree with the finding and reverse it.)
- 029 – CFSA receives and reviews quarterly expenditure reports from our provider community, and the auditors noted that CFSA was inconsistent in acknowledging receipt and acceptance of the reports submitted to the BSA inbox. As corrective action, we implemented a standard response protocol for our provider community.

Council for Court Excellence and the DC Auditors - May 28, 2024 Report, [\*A Broken Web: Improved Interagency Collaboration is Needed for D.C.'s Crossover Youth\*](#), finds that one characteristic many share is involvement in the child welfare system due to abuse and neglect. The audit found there was insufficient coordination between the local and federal agencies that serve crossover youth in D.C. The report includes the following key findings:

There is no single unified source of public data related to crossover youth in the District, making it difficult to understand the number and needs of this vulnerable population.

CFSA and DYRS undercount the number of crossover youth in their care because they only count dual-jacketed youth, rather than youth involved in both agencies at any point in their lives. CFSA and DYRS identified only eight crossover youth in FY23, while CCE analysis of court records indicated 93 youth at the end of FY22 were involved with the delinquency system and had current or past child welfare involvement.



Crossover youth are essentially invisible to CFSA and DYRS; neither clearly recognizes this population in their current operating documents, systems, policies, or practices, and their rights as justice-involved youth are not clearly identified in the Bill of Rights for Children in Foster Care. This impedes the agencies' ability to address the special needs and manage cases of these young people and can leave youth in New Beginnings and other facilities unaware of their rights.

CFSA and DYRS do not sufficiently collaborate or communicate regarding crossover youth. Some of the report's recommendations include:

- D.C. Council should ensure the Office of the Ombudsperson for Children (OFC) has sufficient authority and funding to analyze and report on crossover youth annually.
- CFSA and DYRS should reestablish the "Crossover Youth Steering Committee" to identify, manage and serve crossover youth in their care.
- CFSA and DYRS should identify and track crossover youth in their case management systems.
- CFSA and DYRS staff should be trained on the unique needs of crossover youth. Additionally, parents and foster parents should receive training and resources to help identify and meet the needs of youth who are, or are at risk of becoming, crossover youth.

## Reports

### **The Office of the Ombudsperson for Children (OFC) 2024 Mid-Year Report Policy Recommendations:**

The OFC made recommendations regarding the following policies:

- Placing and Matching Policy, Section B: Placement Planning Process: Identification and engagement of kin- Early Kinship Licensing Steps Early Kinship Licensing Steps regarding identifying possible kin placement options and, if a viable placement resource, initiates the kinship licensure process and connects kin providers with need resources and supports
- Investigations Policy, Sections B & D: Assessments/ Removal & Placement regarding assessing for safety and risks, family strengths and service needs.

**Response:** CFSA acknowledges the recommendations from OFC and will explore additional training opportunities through the agency's Child Welfare Training Academy.

**Rationale:** The majority of the policy recommendations emphasized the need for enhanced training related to a specific policy or procedure

### **OFC 2024 Annual Report**

#### **Recommendations Case A**

- CPS social workers and supervisors review and receive enhanced training on the Hotline Procedural Operations Manual (POM): Procedures for Reporting Educational Neglect, Investigations Policy Section C: Educational Neglect Investigations, and Educational Services Policy Procedure E: Attendance and Educational Records (#4).

- Investigative social workers complete comprehensive family needs assessments and provide appropriate referrals and resources before closing an investigation.

**Response:** CFSA acknowledges the recommendations from OFC and will explore additional training opportunities through the agency's Child Welfare Training Academy.

**Rationale:** The majority of the recommendations emphasized the need for enhanced training related to a specific policy or procedure. Additionally, OFC recommended that investigative social workers conduct comprehensive family needs assessments and provide appropriate referrals and resources before closing any investigation.

### **Recommendations Case B**

- CFSA provides education and clarity on placement and matching with relatives and the short-term and long-term roles/responsibilities of that relative.
- CFSA verify Collaboratives are following up with families when they're referred, and maintains oversight of services provided from the Collaboratives to ensure services are being provided.

**Response:** CFSA collaborated with the family to ensure that the grandmother had a viable plan and the necessary supports for her grandchildren. She was connected to and enrolled in the Grandparent Caregiver Program.

**Rationale:** For further context regarding the investigation closure, the supervisory social worker reviewed the investigation for closure. The finding of "unwilling/unable caregiver" against the paternal grandmother was deemed unfounded. A care plan was successfully formulated, and the children's father retrieved them from the agency. This situation appeared to be a custody dispute, as a custody hearing was scheduled. Although the father was offered services, he declined them. The SSW consulted with the Program Manager regarding the home assessment, but it was decided to proceed with closure due to the homelessness issue and grandmother's refusal to allow a home assessment. A 4+ staffing was not necessary, and no initiation contact was added, as the children were seen within the GFE timeframe. Consequently, the referral will be closed, and CFSA will not pursue any further action.

### **Recommendations Case C**

- CFSA staff receive additional training on the CFSA policy outlining the following from the Safety Plan Policy that was effective on May 19, 2019, and revised on June 22, 2022, Key family decision-makers (including the parent or proposed caretaker) who are under the influence of alcohol or drugs (or other impairment) cannot participate in safety planning; Complete an assessment of the adult relative or friend to determine whether the child will be safe in their care to include: 1. A search of FACES.net to review any history of Agency involvement, and 2. A visit to the home of the adult relative or friend to ensure that it is a safe environment for the child."
- Clear guidance and practice regarding transporting children to other states that are not in their custody.

**CFSA's response:** CFSA acknowledges the recommendations from OFC and will explore additional training opportunities through the agency's Child Welfare Training Academy

**Response:** CFSA acknowledges the recommendations from OFC and will explore additional training opportunities through the agency's Child Welfare Training Academy.

**Rationale:** Most recommendations focused on enhanced training related to a specific policy or procedure. OFC also suggested that CFSA establish clear guidance regarding the transportation of children to states where they are not in custody.

### **Recommendations Case D**

- CFSA Leadership provide some additional training and guidance for staff to ensure a high level of staff adherence to these policies: Title-Investigations, Section D, Removal & Placement, Removal decisions shall be made when the investigative social worker has reasonable grounds based on the Structured Decision-Making safety tool, to believe that the child is in immediate danger from his or her surroundings and/or suffers from illness or injury or is otherwise endangered such that removal is necessary; and Title-Investigations, Section C, 8. Fetal Alcohol Syndrome Disorder (FASD) and Positive Toxicology: All investigations involving positive toxicology and/or FASD newborns and the affected caregiver shall include a plan of safe care/intervention plan (see Attachment B) that includes substance use treatment information. a. The plan of safe care/intervention plan shall be developed jointly with the caregiver and includes goals for the family to address health and substance use, referrals being submitted for the family, and responsible persons, and b. The plan of safe care/intervention plan in FACES.net Contact under “Intervention Plan.

**Response:** CFSA acknowledges the recommendations from OFC.

**Rationale:** OFC recommended CFSA *leadership* provide training on policy.

### **Recommendation Case E**

- Staff receive additional training on Safety Plans IV Policy & Section C: Safety Plan Management Review and Resolution. OFC is recommending CFSA staff review and follow the Investigations Policy: Sections A, B and F: All investigation activities shall be documented in FACES within 24 hours of the occurrence; When an investigations supervisor assigns an investigative social worker to an active In-Home case within CFSA, the investigative social worker (or supervisor) shall immediately contact the ongoing social worker and supervisor to obtain background information regarding the case; The investigative social worker shall review FACES.net for prior history with CFSA and consider the circumstances of any prior history in the assessment; The investigative social worker shall assess children and families for safety (imminent danger) and for risk (the likelihood of future abuse or neglect), as well as for family strengths and service needs.
- Staff review and follow Investigations-Procedural Operations Manual (POM): Removal Decision (pg. 115), Determinants of an “Unsafe” Parent or Caregiver and Other Factors to Consider (pg. 165-168)

**Response:** CFSA acknowledges the recommendations from OFC and will explore additional training opportunities through the agency’s Child Welfare Training Academy.

**Rationale:** All of OFC’s recommendations pertain to training related to agency policy or procedures.

### **Recommendation Case F**

- CFSA staff receive enhanced training on their Visitation Policy Procedures and General Requirements: Describe the reason for supervision when supervision is required and who will conduct the supervision;” “Indicate how the visit supports the ongoing safety plan; Social worker shall be responsible for conducting an ongoing family assessment, in consultation with other team members and continually assess for safety, risks, needs, and strengths during every visit, from initial contact to case closure, and document findings in FACES.
- CFSA conduct background checks on relatives requesting visitation, specifically, ensuring that a criminal background check is included in the process and that the relatives background check

should especially be considered in cases where relatives have been estranged from the child and need to build a relationship with the child.

**Response:** CFSA acknowledges the recommendations from OFC.

**Rationale:** In addition to training recommendations, OFC advised that CFSA conduct background checks

### **Recommendation Case G**

- CFSA conduct a comprehensive needs assessment for all Kinship arrangements for the children and the caregivers prior to case closure.
- Develop a standard checklist for Kinship arrangement cases to ensure that all areas of need are addressed, and the probability of a need being missed is decreased. The checklist should cover the critical needs of a child during these arrangements. (Medical, Birth Certificates, Financial Benefits, Cribs or Pack N Plays, Formula, Diapers, Childcare, etc.). This checklist should include: a discussion with the caregiver regarding application for the Kinship Navigator Program to assess the level of need and which CFSA program would be able to support the caregiver, it should be signed by the social worker, social worker's supervisor, and program administrator, and then uploaded into the CFSA FACES database and to complete these steps and activities prior to the CFSA case closure.

**Response:** CFSA provided support to the family and ensured that the grandmother was connected to and enrolled in the Grandparent Caregiver Program.

**Rationale:** OFC's findings noted a lack of documentation regarding discussions about the Kinship Navigator Program; however, the grandmother is receiving the Grandparent Caregiver Program subsidy.

### **Citizen's Review Panel (CRP)**

#### **Financial Literacy**

##### **CRP Recommendation #1**

Provide regular, accessible opportunities for all youth to engage in financial literacy curriculum rather than just the single orientation

**CFSA Response:** The Capital Area Asset Builders CAAB) i. contract includes financial literacy workshops. CFSA will assess the curriculum to determine if CAAB has infused the Consumer Financial Protection Bureau (CFRB) ii. curriculum into their curriculum. OYE is ensuring workshops are both age appropriate and youth friendly.

##### **CRP Recommendation #2**

Provide financial literacy curriculum to resource parents (RP) so that they can serve as positive financial role models and contribute to the financial socialization of youth in their care.

**CFSA Response:** CFSA is proposing that CAAB offer monthly sessions to the Fellowship and Feedback resource parent support group. OYE will also ask CAAB if they can provide online training for resource parents.

##### **CRP Recommendation #3**

Increase supports to older youth to increase enrollment and participation in the Making Money Grow (MMG) program.

**CFSA Response:** In April 2022, OYE will present information on the MMG program to CFSA social workers, resource parents support workers (RPSW) and private agencies. CFSA has met with the National Center for Children and Families (NCCF), Latin American Youth Center

(LAYC), and Lutheran Social Services (LSS), as well as congregate care providers using quarterly “Fireside Chat Meetings”. These meetings will continue to occur quarterly. OYE will present to CFSA social workers at an all staff meeting in the last week of April 2022. OYE will continually offer training so staff are aware of the OYE services provided and can speak to the youth in the absence of an OYE staff person. CAAB orientation will be required for all those participating in the OYE internship program effective April 1st, 2022.

#### **CRP Recommendation #4**

Improve MMG policies, technical infrastructure, and procedures.

**CFSA Response:** All policies will be reviewed annually to ensure essential revision occur effective December 2022. CFSA actively works with CAAB to address procedural and infrastructure deficiencies. CFSA will recommend that CAAB revamp current workshops to include increased interactive curricula, adding youth friendly guests with support from an OYE facilitator.

#### **CRP Recommendation #5**

Ensure that youth for whom CFSA receives Supplemental Security Income (SSI) iii payments understand how and when they can request to become their own payee. Youth should also know the amount they will receive and any restrictions/conditions that apply.

**CFSA Response:** CFSA's Office of Well Being (OWB) manages this process. They have dedicated staff that provide support to youth, social workers, and resource parents on SSI payments and social security disability. Effective immediately, OYE will also ensure that social security income continue to be discussed in the youth transition planning (YTP)iv process effective April 2022.

#### **CRP Follow-Up Questions**

##### **CRP Question #1**

The issues that arise when young people try to purchase cars. The process can be too long and difficult and the type of cars whose young people seek to buy do not sit and wait.

**CFSA Response:** Some of this can be changed, however further discussion needs to happen. The access to the money to buy a car may take longer, but what is important is that the time was taken to do proper research and protect young people.

##### **CRP Question #2**

Is Feedback and Fellowship just CFSA?

**CFSA Response:** Yes, they are only for CFSA resource parents, and they started in 2021, however it is not well attended. To help increase participation, CFSA will offer training hours for everyone who attends.

##### **CRP Question #3**

Youth also have a hard time learning their balance. How can we make this easier?

**CFSA Response:** CFSA spoke to CAAB and they agreed to provide a monthly statement to youth.

#### **Vocational Programming**

##### **CRP Recommendation #1**

Develop and implement programming designed to ensure that youth, social workers, and resource parents are aware of the vocational training opportunities available.

**CFSA Response:** CFSA will present different resources to resource parents, CFSA social workers and resource parent support workers in April 2022. CFSA will present the information to private agencies. A regular monthly power hour occurs for youth to learn about programs. OYE's Program Specialist, who was hired in February 2022, is responsible for coordinating this process.

### **CRP Recommendation #2**

Report publicly, at regular intervals, with clearly defined metrics, the outcomes for youth in the Life Set Program, including those who leave the program prior to completion.

**CFSA Response:** CFSA will work with Youth Villages on the possibility of more public reporting of their outcomes. These outcomes are reported under the Four Pillars Performance Report which is posted on CFSA's website for the January-June 2021 period. The Four Pillars Report for the July–December 2021 period will be posted during July 2022.

### **CRP Recommendation #3**

Develop a clear mission statement for older youth in care, specifically those for whom emancipation is the most likely path to exit from care. This mission statement ought to include a culturally responsive definition of "success" on the part of the Agency in preparing youth for independence.

**CFSA Response:** In FY20 CFSA developed a mission statement with the youth council. This work has resumed, and next steps are to reconvene and post the mission statement on the CFSA web page in May 2022.

### **CRP Recommendation #4**

What programming exists to support youth attending college/university to completion?

**CFSA Response:** All youth attending college have an assigned educational specialist. They contact the youth weekly, visit them at school, and help to navigate challenges. The specialists also help identify and address academic and non-academic needs.

### **CRP Recommendation #5**

Develop a strategic plan for older youth programming that includes, among other things, a tool for measuring the success of programming offered to older youth in helping them reach their goals prior to emancipation.

### **CFSA Response**

CFSA is being intentional and will develop a level of care system to help inform the youth's case plan effective April 2022. The OYE level of care system is a six-question assessment tool designed to determine a youth's level of progress in the area of life skills to include: education, financial literacy, employment and small gains determined. This will allow OYE to assess and determine the type of resources and supports needed for youth at any given time during that assessment period. It will aid in informing group homes and resource parents concerning the work required with youth while in their care. The OYE Level of Care system will be conducted every 90 days by social workers. Data will be available effective June 1st concerning the implementation process and outcome.

### **CRP Recommendation #6**

Create a comprehensive guide or policy manual on programming available to older youth in care which includes eligibility requirements for each resource. This guide should be publicly available and regularly updated.

**CFSA Response:** CFSA will develop an OYE Youth Manual by the end of FY22 and will update it annually. Starting in February 2022, CFSA is offering standard orientation and informational sessions for internal and external stakeholders to clarify program eligibility and programming.

### **CRP Follow-up Questions**

#### **CRP Question #1**

How do educational achievement outcomes compare for youth linked to an Educational Specialist as opposed to youth not linked?

**CFSA Response:** CFSA does not actively track this information but will think about how this might be done with the new child welfare information system Stand Together Against Abuse and Neglect in DC (STAAND) being developed.

#### **CRP Question #2**

What programming exists to educate youth and resource parents about how to research, select, and apply for college/university and how to finance higher education without incurring unreasonable debt?

**CFSA Response:** Educational specialists begin working with youth in grades 11 and 12 to research college possibilities and financial options. The work of education specialists includes working with resource parents and the youth's support teams. OYE holds regularly scheduled college tours and actively assists youth in applying for education and training vouchers. OYE hosts monthly educational power hours and "Money Talk Tuesdays." Resource parents and congregate providers are invited to these meetings in order to encourage the support and participation of their children. Additionally, OYE holds quarterly fireside chats with resource parents whereby all program availability is discussed in depth to include in the areas of financial literacy, education/vocational training and life skills.

#### **CRP Question #3**

When are power hours offered and how do you know they are happening?

#### **CFSA Response**

They happen once a month in the evenings. Reminders are texted to the youths' phones. They are asked to log into meetings. Participation varies by topic, and the virtual meetings seem to work better.

### **CRP Additional Recommendations Discussed during the Follow-up Meeting**

#### **CRP Comment #1**

OYE should begin working with youth on college piece in 10th grade. Many youth are not thinking about college so the conversations should happen earlier. Plus, the PSAT is in 10th grade.

**CFSA Response:** Youth are assigned to educational specialists throughout their school aged years; and those specialists are tasked with the early introduction of higher education. They are assigned to a different specialist with a specialty in post-secondary education in 11th grade. This Specialist provides support for specific college, financial aid, and scholarship opportunities. Additionally, all workshops on college and post-secondary options are extended to all youth in care ages 15 and older.

#### **CRP Comment #2**

College tours are grossly under attended. How does this become incentivized? Some youth are intimidated by going on a college tour. Smaller opportunities might be helpful. There also needs

to be an awareness of the cultural background of the youth and the colleges that are being visited on the tours.


**CFSA Response:** CFSA continues to target high school students in order to encourage attendance and participation at local colleges. Social workers, education specialists, mentors and resource parents are encouraged to address academic goals outlined in the Youth Transition Planning process to increase college and vocational enrollment. During this fiscal year, the educational specialists have strengthened the relationship with various colleges to include the University for the District of Columbia, George Mason, Howard, Towson, Morgan State, Coppin, Maryland and the University of Maryland Baltimore County. A list of virtual tours in the local and surrounding areas will also be provided to social workers, congregate care staff and resource parents to widen the number of youth reached in addition to the work being done by educational specialists.

This year's letter response to the CRP Report further references a meeting in October 2022, where the OYE presented information and engaged in discussion with CRP about progress made on recommendations in Older Youth report. It references the following related systemic changes in progress:

1. OYE will continue to work on developing a youth preparedness assessment tool during FY24.

**CFSA update:** The Youth Preparedness Assessment (YPA) Tool was finalized during FY24 Q4 (note in last night's email I had Q1, which was a typo, it should be Q4) and was implemented with social workers trained on how to complete the tool and filling the tool out for their assigned youth ages 15-21 during FY25 Q4. CFSA will provide an update on the YPA tool during the Community Pop-Up on February 20, 2025

2. The CRP's financial literacy recommendations and the passing of the Preserving Our Kids' Equity Through Trusts Amendment Act (POKETT) of 2022 legislation have a degree of overlap and CFSA will continue the work to strengthen engagement with youth and their support teams related to social security income.

**CFSA update:** OYE/OWB developed an information session regarding the POKETT Act and Social Security that was delivered to CFSA staff in November 2024, see PowerPoint:  [SIVIC Pokett Overview Information Session 11.15.24.pdf](#)

3. CFSA's Comprehensive Child Welfare Information System STAAND will have better information related to available services and programming for older youth. This system is expected to go live in summer 2025.

**CFSA update:** STAAND is now scheduled to go live in April 2025.

**39. List and describe any investigations, audits, or reports on the agency or any employee of the agency that were completed during FY 24 and FY 25, to date. For statutorily required reports, provide the statutory deadline of submission and the actual date of submission.**

#### Reports

- *Child and Family Services Agency's Newborn Safe Haven Program Report* is due annually on January 31, under 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 2023 Report



was transmitted to the D.C. Council on February 2, 2024. The 2024 Report was transmitted to the D.C. Council on January 27, 2025.

- *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 FY23 Report was transmitted to the D.C. Council on February 15, 2024. The FY24 Report is under review with the Executive Office of the Mayor before being transmitted to the D.C. Council.
- *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 2023 Report was transmitted to the D.C. Council on April 11, 2024. The 2024 Report is expected to be transmitted to the D.C. Council by February 28, 2025.
- *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 2023 Report was transmitted to the Council on May 23, 2024. The 2024 Report is expected to be transmitted to the D.C. Council by February 28, 2025.
- *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 2023 Report was transmitted to the Council on May 6, 2024. The 2024 Report is expected to be transmitted to the D.C. Council by February 28, 2025.
- *Child and Family Services Agency's Annual Progress and Services Report* is due to the Children's Bureau annually on June 30<sup>th</sup>. 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 APSR 2020-2024 Final Report was submitted on August 9, 2024. The FY25 Report is scheduled to be submitted on June 30, 2025.
- *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 annually reflected concerns reported by foster youth, resource parents, and concerned parties; outcomes of the investigations; and trends and issues. The duties and responsibilities of the CFSA's internal ombudsperson were transferred to the Office of the Ombudsperson for Children (OFC) in February 2023. As a result of this transfer, CFSA no longer tracks complaints for the report since it's no longer necessary because OFC's annual report provides the information required. CFSA has requested a repeal of the reporting requirements through legislation. See link for the OFC's annual and mid-year reports released to date. <https://ofc.dc.gov/page/reports-ofc>.

See response to Question 38.

**40. Provide a copy of all studies, research papers, reports, and analyses that the agency prepared or funded during FY 24 and FY 25, to date.**

Report	Purpose	Frequency	FY 23 Status	FY 24 Status (FY24 and FY25 Q1)
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	FY24 report submitted to EOM for review on January 15, 2025
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	Final report for FY20-24 submitted to Children's Bureau on August 9, 2024.
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	Published January 2025
Children's Justice Act (CJA) Annual	Required federal review and evaluation of the investigative, administrative, and judicial	Annual	FY22 report and application was submitted to the	An annual report is not required for this period as

<b>Report</b>	<b>Purpose</b>	<b>Frequency</b>	<b>FY 23 Status</b>	<b>FY 24 Status (FY24 and FY25 Q1)</b>
Application and Report	handling of cases of child abuse and neglect including training and policy recommendations.		Children's Bureau May 31, 2022  FY23 report and application was submitted to the Children's Bureau May 31, 2023	it is time to submit the 3-year assessment.
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	In process for publication spring 2025
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.	Submitted within the Annual Progress and Services Final Report to the Children's Bureau on August 9, 2024.
Needs Assessment and Resource Development Plan	A comprehensive assessment of prior fiscal year activities that inform resource needs for the upcoming fiscal year.  The FY 2022 Needs Assessment focused on Placement Stability.	Annual	FY22 Needs Assessment and FY24 Resource Development Plan completed January 2023.	In progress
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	FY24 report published January 15, 2025

Report	Purpose	Frequency	FY 23 Status	FY 24 Status (FY24 and FY25 Q1)
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	FY24 submitted January 2024 Q1; April 2024 Q2; July 2024 Q3; October 2024 Q4  FY25 Q1 update submitted January 2025
Four Pillars Public Performance Report	Progress on CFSA performance on 42 benchmarks identified upon exit from <i>LaShawn A v. Bowser</i> federal lawsuit in FY 2022.	Annual	FY22 report submitted June 30, 2023.	FY 23 report submitted December 9, 2024
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	Calendar Year 2023 Report published on March 2024

**41. Please list any reporting requirements required by Council legislation and whether the agency has met these requirements.**

See response to Question 39.

**42. Please list all pending lawsuits that name the agency as a party, and provide the case name, court where the suit was filed, case docket number, and a brief description of the case.**

Name of Case	Case Number	Court	Description
Brown v. DC	23-cv-3030	DC Superior Court	Discrimination, hostile work environment and retaliation
Davis et al v. DC	24-7038 24-7039	DC Circuit Court	Title VII claim – 2010 RIF
Greene v. DC	21-cv-448	DC Superior Court	Whistleblower
Hutchinson v. DC	2019-ca-3104B	DC Superior Court	Personal Injury – Child Removal

Name of Case	Case Number	Court	Description
K.H. et al v. DC	19-cv-3124	US District Court	(DC Kincare Cases) Informal Family Planning Arrangements
	20-cv-0753		
S.K. et al v. DC	21-cv-0512		
	21-cv-00663		
S.S. et al v. DC	21-cv-0670		
T.J. et al v. DC	21-cv-0671		
D.B. et al v. DC	24-cv-02206		
	24-cv-02207		
M.S. et al v. DC			
Y.A.L. et al v. DC			
J.R. et al v. DC			
Shaw v. DC	2024-CAB-2237	DC Superior Court	Discrimination, hostile work environment, retaliation and whistleblower
Sudah v. DC	24-cv-2528	US District Court	Property Damage

**43. Please list all settlements entered into by the agency or by the District on behalf of the agency in FY24 or FY25, to date, including any covered by D.C. Code § 2-402(a)(3), and provide the parties' names, the amount of the settlement, and if related to litigation, the case name and a brief description of the case. If unrelated to litigation, please describe the underlying issue or reason for the settlement (e.g. administrative complaint, etc.).**

#### **FY24**

Dukes v. CFSA

Office of Employee Appeals Matter No. 1601-0015-23

Office of Human Rights Docket No. 23-107-DC

Equal Employment Opportunity Commission Docket No. 10C-2023-00126

Settled for \$50,000 – Administrative Complaint

#### **FY25**

Newell v. CFSA

Federal Mediation Conciliation Service Case No.: 240226-03915

Settled for \$21,800 – Administrative Complaint

- 44. Please list any administrative complaints or grievances that the agency received in FY24 and FY25, to date, broken down by source. Please describe the process utilized to respond to any complaints and grievances received and any changes to agency policies or procedures that have resulted from complaints or grievances received. For any complaints or grievances that were resolved in FY24 or FY25, to date, describe the resolution.**

FY24 and FY25 Administrative Complaints and Grievances

<b>FY</b>	<b>Administrative Complaint/ Grievance</b>	<b>Source</b>	<b>Resolution</b>	<b>Policy Change</b>
<b>FY24</b>	Administrative Complaint	FMCS	Settled	No
	Administrative Complaint	OEA/OHR/EEOC	Settled	No
	Administrative Complaint	OHR/EEOC	Pending	
	Administrative Complaint	OEA	Pending	
	Union Grievance STEP 3	AFSME	Denied	No
	Union Grievance STEP 4	AFSME	Denied	No
	Administrative Appeal	DOES	Granted in Part	No
	Administrative Appeal	Contracts Appeals Board	Pending	
	Administrative Complaint	OHR	Pending	
<b>FY25</b>	Administrative Complaint	OHR/EEOC	Pending	
	Administrative Complaint	OHR	Pending	

## Inter-Agency Coordination

- 45. List and provide a copy of all memoranda of understanding (“MOU”) or other written agreements between CFSA and other District agencies that are currently in effect, that were in effect at any time during FY 24 and FY 25, to date. For each item, indicate the dates that it was effective.**

MOU in effect during FY24:

<b>Agreement Type</b>	<b>Agency/Agencies</b>	<b>Description</b>	<b>Buyer/ Seller</b>	<b>Amount</b>	<b>Expiration</b>	<b>Option Years</b>
<b>MOU</b>	Department of For Hire Vehicles (DFHV)	Transportation of CFSA Clients	Buyer	\$150,000	9/30/2024	One option period
<b>MOU</b>	DC Health	Vital Records	Buyer	\$27,000	9/30/2024	First of unlimited option periods
<b>MOU</b>	Pre-Trial Services Agency (PSA)	Pre-trial drug testing services	Buyer	\$9,000	9/30/2024	Second of five option years
<b>MOU</b>	Department of Behavioral Health (DBH)	Wayne Place Transitional Living Program	Seller	\$615,179	9/30/2024	Four one-year option periods

Agreement Type	Agency/Agencies	Description	Buyer/Seller	Amount	Expiration	Option Years
MOA	So Others May Righteously Ascend (SOAR)	SOAR will meet grant requirements provided by the Department of Humanities by offering programming designed to create behavior modification and impact the lives of youth within the child welfare system	N/A	N/A	No expiration	None
MOU	DC Housing Authority (DCHA)	Rapid Housing Assistance Program	Buyer	\$150,000	9/30/2024	Five option years
MOU	OUC (Office of Unified Communications)	211 Warmline	Buyer	\$39,170	9/30/2024	Four option years
MOU	OAG	The OAG gives CFSA the authority to leverage OAG (Family Services Division) personnel expenses as the basis for title IV-E administrative claims	Buyer	\$1,991,971	9/30/2024	Option periods until April 30, 2028
MOA	Citizens Review Panel (CRP)	Collaboration agreement	N/A	N/A	No expiry	None
MOA	DC Council, Committee of the Whole (COW)	Data sharing agreement	N/A	N/A	No expiry	None
MOU	Department on Disability Services (DDS)	Care of two youth	Buyer	\$324,414	9/30/2024	Two option years
MOA	DC Public Schools (DCPS)	In-Home Screening	N/A	N/A	One year from execution	Five, two-year periods
MOU	Department of Human Services (DHS)	Mod 1: Unaccompanied Refugee Minors	Seller	\$1,904,399	9/30/2024	No additional option

Agreement Type	Agency/Agencies	Description	Buyer/Seller	Amount	Expiration	Option Years
						years remain
<b>MOA</b>	Department of Behavioral Health (DBH)	Naloxone Provision	N/A	N/A	No expiry	Will continue to renew until terminated
<b>MOU</b>	Office of the Chief Technology Officer (OCTO)	Quickbase Development	Buyer	\$5,000	9/30/2024	One six-month option period
<b>MOU</b>	Office of the Chief Technology Officer (OCTO)	DCNet	Buyer	\$417,696	9/30/2024	No option periods

MOU in effect during FY25:

Agreement Type	Agencies	Description	Buyer/Seller	Amount	Expiration	Option Years
<b>MOU</b>	Pre-Trial Services Agency (PSA)	Pre-trial drug testing services	Buyer	\$9,000	9/30/2025	No option periods
<b>MOU</b>	DC Health	Vital Records - Mod 2	Buyer	\$27,000	9/30/2025	No limit
<b>MOU</b>	DC Fire and Emergency Medical Services (FEMS)	CPR Training for Resource Parents	Buyer	\$30,600	9/30/2025	Four option years
<b>MOU</b>	Office of the Chief Technology Officer (OCTO)	STAAND Software QA Automation Testing	Buyer	\$70,000	9/30/2025	Two, six-month option periods
<b>MOU</b>	Office of Unified Communications (OUC)	211 Warmline Support Services	Buyer	\$40,272	9/30/2025	First of four option periods
<b>MOU</b>	Office of the Attorney General (OAG)	Title IV-E Claiming	Buyer	\$2,400,000	9/30/2025	First option year
<b>MOU</b>	Department of Youth Rehabilitation Services (DYRS)	Credible Messenger - Mod 1	Buyer	\$150,000	9/30/2025	First of two option periods

See this link for a listing of all MOU's and other agreements, along with a copy of the agreements:  
Attachment [Q45 Answer & Attachments](#)



**46. Describe CFSA's collaboration with the Department of Youth Rehabilitation Services (DYRS); Office of the State Superintendent for Education (OSSE); Local Education Agencies (LEAs), including the District of Columbia Public Schools (DCPS); the Department of Human Services (DHS); and the Department of Behavioral Health (DBH), including:**

**a. Any workflows that pass between agencies or are routinely handed off;**

DYRS: CFSA and DYRS participate in ongoing case management and collaboration between social workers and staff for youth who are committed to both agencies.

OSSE: CFSA provides data requested of current public or private school enrollments outside of the District to OSSE, as well as verifies special education and foster care designations as needed by OSSE. OSSE provides current and historical school enrollment data for students currently in foster care enrolled in DC charter and public schools, as well as nonpublic and residential schools.

LEAs (including DCPS): CFSA collaborates with DC Public Charter School Board (DCPCSB) and DCPS to update the Operating Procedures yearly, which is published on our website. CFSA maintains an automated feedback system through our Educational Neglect reporting portal. CFSA also works with DCPS, specific to children and youth entering or reentering foster care, on the Best Interest Determination (BID) collaboration process that discusses factors related to identifying the most appropriate school placement for students. This is a part of the Fostering Connections Act of 2008. CFSA and DCPS have a Memorandum of Agreement to ensure that all children ages 3-5 who are involved with CFSA In-Home Administration receive a developmental screening in the first thirty days of case opening.

DHS: CFSA and DHS have partnered to strategize on how to broaden CFSA's prevention efforts to better support families and prevent child abuse and neglect. In FY24, CFSA received approval on a Title IV-E plan amendment to broaden the target population for prevention services under Family First to include children and their families who have been determined eligible for homeless services (currently experiencing homelessness or at risk of homelessness) by the Department of Human Services' (DHS) Virginia Williams Family Resource Center (VWFRC). In addition, CFSA partners with DHS to provide resource parents with childcare vouchers to help pay for the cost of childcare.

DBH: CFSA's Office of Thriving Families (OTF) coordinates the Agency's EBPs, which include behavioral health services available through DBH network for families and children who are CFSA-involved. A DBH co-located staff member supports CFSA's OTF to ensure seamless connection to behavioral health services as part of a child's prevention plan. CFSA and DBH have also partnered to better coordinate support for District residents via the 211 Warmline. As part of this collaboration, the 211 Warmline call agents will share space at DBH's headquarters, enabling closer integration of services and resources.

**b. Any agency employees who are detailed or co-located with another agency;**

DYRS: There are no CFSA personnel detailed and/or co-located at DYRS. No DYRS personnel are detailed or co-located at CFSA.

OSSE: No CFSA personnel is detailed and/or co-located at OSSE. No OSSE personnel are detailed or co-located at CFSA.

LEAs (including DCPS): No CFSA personnel is detailed and/or co-located at any LEA (including DCPS). No LEA/DCPS personnel are detailed or co-located at CFSA.

DHS: CFSA has a Resource Development Specialist/Community Liaison that collaborates on behalf of CFSA with DHS. No DHS personnel are detailed or co-located at CFSA.

DBH: There are no CFSA personnel detailed and/or co-located at DBH. DBH has co-located personnel who assist social workers to ensure that youth and families experience a seamless process when connecting with Core Service Agencies for mental and behavioral health services.

**c. Any information systems or databases that are used to share information across agencies; and**

DYRS: In December 2024, 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 Ombudsperson 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.

OSSE: CFSA and OSSE use the following systems and databases to share information:

- OSSE grants CFSA access to the Statewide Longitudinal Education Data (SLED) database, which provides current and historical school enrollment data for students currently in foster care and CFSA provides OSSE with current school enrollment data for students in foster care.
- Through the use of Box, CFSA provides OSSE with current school enrollment data for foster care students.
- OSSE has also provided access to their former Special Education Database System (SEDS); since they transitioned to a new application, “Special Programs”, there has been ongoing discussion to roll over CFSA access to Special Program, which has not yet happened. In the meantime, we have met with their data team to plan access to their Click app for current attendance and school enrollment data for students currently in foster care enrolled in DC schools.
- OSSE has a shared data agreement with CFSA related to students in foster care and student data information.
- For OSSE Child Find, CFSA’s Office of Well Being Health Services Administration collaborates with OSSE to assess for birth to three (Early Intervention) services for children during the course of a child protection investigation and those receiving in-home services.

Birth to three referrals for children ages birth to two years and ten months are submitted by the Office of Hotline and Investigations, In-Home Social Workers and CFSA Nurses to the Health Services Administration. These referrals are uploaded into CFSA's QuickBase and assigned to OSSE's Child Find specialist by CFSA through their DC Early Intervention database. The Child Find specialist contacts the parents for permission to complete the screening. If permission is not granted, the Child Find specialist makes three attempts over a 10-day period to obtain consent before closing the referral. Screening results are stored in OSSE's database; CFSA has access to view the results.

- For OSSE Strong Start, all children birth to five years old entering foster care receive a developmental screening at CFSA's Healthy Horizons Assessment Center to determine eligibility for part C services. The birth to three children are served by OSSE's Strong Start program and the three to five year-old children are served by DCPS' Early Stages program. For children who fail the birth to three screening, CFSA forwards an electronic referral to the Strong Start program for a complete developmental assessment. Parental consent is needed to conduct the assessment. For children who do not pass the Early Stages screen, an email including the screening tool is sent to the point of contact at DCPS Early Stages for continued services. CFSA and Early Stages meet monthly to reconcile assessment results.

LEAs (including DCPS): DCPS and DCPCS provide CFSA access to attendance/enrollment information via QuickBase. CFSA and DCPS also have a MOU that requires CFSA to provide information related to transportation of foster care youth and outlines requirements of the BID process.

DHS and DBH: CFSA, DHS, and DBH have a data sharing agreement to better serve families across individual programs and service delivery systems. Through this agreement, DC Cross Connect enables participating families to be supported by a team of direct service professionals through what is called their "Family Team" who work together to coordinate the appropriate treatment, benefits, services, supports and assistance. DBH also shares referral and service information for foster care youth as needed.

**d. The cadence and typical agenda of any standing meetings between agency heads, deputies, division heads, or program heads.**

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. The Director of CFSA and DYRS also connect on a regular basis.

OSSE: CFSA and OSSE have met several times throughout the year to discuss and update a shared Memorandum of Agreement that details data access and shared plans. Additionally, CFSA and OSSE meet regularly to discuss technical aspects of the OSSE interface with STAAND. CFSA and OSSE also share participation and founding membership in a team of District level agencies tasked with creating District-level shared data system that will capture the educational and employment trajectory of DC students, the Education Through Employment (ETE) Data System project with the Office of the Deputy Mayor for Education.

LEAs (including DCPS): CFSA participates in the following standing meetings: DCPS “Immunization Updates for Partners” meetings, Students in the Care of DC Coordinating Committee, weekly consultation hours for DCPS/DCPCS attendance staff, the Every Day Counts (EDC) Taskforce, and monthly meetings with DCPS/DCPCS leadership regarding Educational Neglect reports.

DHS: CFSA has a stand-in bi-weekly business process meeting with DHS to discuss the agency’s plan to adopt Motivational Interviewing (MI) for federal revenue claiming for the District. The Director of CFSA and previous Director of DHS connected regularly and will work to establish the same connection with the new Director.

DBH: CFSA’s Office of Wellbeing collaborates with various DBH staff when complex mental and behavioral health concerns require a multidisciplinary approach to provide coordination of care for youth and families. CFSA’s Office of Thriving Families also holds a monthly program meeting and/or on as needed basis. The Director of CFSA and DBH also connect on a regular basis.

**47. Describe how CFSA maintains (or collaborates with other agencies to maintain) data collected for cross-over youth and crossed over youth. (For this and other questions, the term crossover youth means youth who are simultaneously involved in the juvenile delinquency and child welfare systems; crossed over youth means those who were once in the child welfare system and have crossed over to the juvenile delinquency system.) In particular, describe:**

**a. How CFSA is tracking the number, demographics, and other relevant characteristics of the crossover-youth and crossed-over youth populations;**

CFSA provides a list of youth who have Neglect Court numbers to the Criminal Justice Coordinating Council (CJCC). DYRS currently provides a list of committed youth to CJCC. CJCC reconciles the list of youth involved with CFSA and DYRS per the 2017 Memorandum of Agreement (MOA) (see Q50 which includes a link to all MOAs and MOUs). CJCC holds quarterly meetings to discuss case management for the youth identified in the MOA.

CFSA also collaborates with the Office of the Attorney General to assist in identification of youth involved in the juvenile justice system.

CFSA and DYRS submit data from each of their case management systems to CJCC to compile for the OFC report through a manual database for the cross-over youth population as defined by youth both simultaneously committed to CFSA and DYRS – referred to as dually-jacketed youth.

**b. What are the other Data, metrics, and trend analyses CFSA is assessing to track outcomes for crossover and crossed-over youth;**

All data, metrics and trend analyses are described above.

**c. Any other information CFSA considers relevant to the outcomes for crossover and crossed-over youth.**

CFSA uses any data on safety, permanency and well-being relevant to a youth that might be outside of the data provided, such as employment and educational status, health outcomes, compliance

and progress with mental health treatment (if needed), placement stability, connections to the community, etc.

On a micro level, CFSA and DYRS staff also routinely meet when there is a youth on each of their caseloads to coordinate case planning.

**48. Describe the data collection processes, definitions, and procedures used by CFSA to identify crossover and crossed-over youth, including systems to receive court data on dually committed youth, and any actions taken to reconcile differences with DYRS data collection processes.**

CFSA collaboratively worked with DYRS to create a process to share accurate data across both systems on “cross-over youth” with the D.C. Law 23-270 “Office of the Ombudsperson for Children Establishment Act of 2020” which created the Office of the Ombudsman for Children (OFC). A legislative requirement included submitting data to the OFC with collaboratively developed recommendations between CFSA and DYRS on data and system recommendations. As a result, CFSA and DYRS program staff and data analysts, in consultation with legal counsel, met routinely to determine how to best share data on cross over youth in a consistent manner. This led to the submission of data and recommendations on cross-over youth to the Ombudsperson’s for Children for the office’s annual report submission to Council. Subsequently, CFSA submitted this information to the OFC for publication in their report.

During this time CFSA and DYRS determined or completed the following:

- Confirmed that CFSA and DYRS will continue to meet quarterly through the CJCC to discuss a population of youth who touch differing agencies across the child welfare and juvenile justice system. CFSA and DYRS both rely on the CJCC to provide court data and other data points to discuss youth who touch various parts of the juvenile justice system and other systems including CFSA.
- CFSA also receives court data on dually committed youth from DC Family Court.
- CFSA is building ways to flag dually jacketed youth in STAAND (CFSA’s updated case management system that will be implemented in April 2025), and eventually have integration with Odyssey, the court’s data system.
- CFSA and DYRS had differing data collection processes, definitions, procedures, and confidentiality limitations for cross-over youth depending on their involvement with different parts of the child welfare system (e.g., children in in-home care and children in foster care)
- CFSA and DYRS can only share information on simultaneous dually committed youth not limited by bounds of confidentiality by each agency to meet their own Distinct functions and legal requirements. This results in the data shared and recommendations developed being limited to this subset of the child welfare and juvenile justice systems.
- The low number of dually committed youth is less than one percent of the population (FY23 = 4 youth; FY24 = 6 youth) which makes it challenging to determine trends. Data is limited to point-in-time data making system and trend analysis difficult.
- A standardized way to agree and obtain data for reconciliation and coordination was established.

- Jointly constructed the timeline for each dual-status youth across the reporting periods for internal coordination and reconciliations.
- CFSA and DYRS had differing terms and meanings for the term “placement” which was resolved by establishing a data dictionary for each system to facilitate sharing data for this purpose.
- Established a standardized way to exchange this data and determine recommendations despite the lower number of children who are dually-committed.
- CFSA and DYRS reconcile data together annually, review recommendations and CFSA submits the reconciled data and recommendations to the OFC.
- CFSA and DYRS are exploring a collaboration with Georgetown University which will focus on a practice model that will expand the identification of youth beyond commitment to both in the child welfare and delinquency systems. The model may also help both systems facilitate a more expansive overall view and allow for meaningful interventions prior to the court taking the action of commitment into either system.

**49. Describe formal training CFSA provides to case management staff for the purposes of understanding and/or serving crossover youth, if any.**

CFSA does not currently offer formalized training specifically focused on working with crossover youth. However, we recognize that delinquent behaviors are often a by-product of abuse and neglect, as supported by research. For this reason, we approach crossover youth with the same care, concern, empathy, and trauma-informed practices as we do children who are singularly categorized under abuse or neglect.

When there is an intersection between the juvenile delinquency and child welfare systems, CFSA staff consult with the onsite arm of the Office of the Attorney General’s (OAG) Family Services Division Child Protection Section. Additionally, if necessary, extended conversations can occur with the OAG’s Public Safety Division Juvenile Section to ensure these youth receive comprehensive and coordinated support.

To ensure continuity of services and care, the Family Services Division AAG is notified by the Juvenile Section when there is a crossover situation so that they have direct access to the Juvenile AAG when it comes to recommendations for services, placement, and any next steps. This information is shared with the case management staff during one-to-one consultations to support the development of a comprehensive plan for the youth.

**50. Describe how CFSA coordinates with agencies who serve crossed-over youth. How does CFSA help ensure that other agencies who encounter youth previously in the child welfare system have accurate and reliable access to case records, contact information for care providers, and similar information.**

CFSA has in place memorandums of agreement (MOAs) that provide data and information sharing agreements with a variety of agencies who all potentially interact with crossed-over youth. See [this link](#) for the list and copies of relevant data sharing agreements. With these data sharing agreements, CFSA is able to responsibly share information with agencies serving crossed-over youth. In addition to the data systems, the ongoing case management coordination and information

exchange occurs between the social workers and the other agencies and organizations connected to crossed over youth.

- 51. CFSA indicated in its written testimony for the D.C. Council’s FY22 Performance Oversight Hearing that an MOU with DYRS was in development to expand the Credible Messenger program to support youth and families connected to CFSA. Please provide an update on this course of action. If it has not been implemented, please explain why.**

CFSA expanded the MOU with DYRS for the Credible Messenger program to support youth and families connected to CFSA. The number of youth and families that can be served increased from 25 to 40; and the age youth can begin participation in the program decreased from 16 years of age to 14 years of age.

## Budget

- 52. 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 24 and FY 25, to date. Detail any over- or under-spending and if the agency had any federal funds that lapsed.**
- 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 24, or to date in FY 25.**

All the needs of families served by CFSA were met with the resources provided for FY24 and FY25, to date. *See Attachment [Q52a](#) for Approved Budget- FY24.*

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

*See response above; and Attachment [Q52b](#) for Approved Budget- FY25.*

- 53. Provide a list of all budget enhancement requests (including capital improvement needs) for FY 25 or FY 26. For each, include a description of the need, the amount of funding requested, and the status of the enhancement.**

The FY 2025 approved budget was based on formulation processes undertaken initially by the Mayor and subsequently by Council. All budget information regarding this approved budget is contained in the published budget volumes. For FY 2026, the release of information regarding the Mayor’s formulation process and deliberations, including enhancement requests, is subject to the approval of the Mayor.

**54. For FY 24 and FY 25, 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**

**FY24**

<b>CHILD AND FAMILY SERVICES</b>		<b>Interagency Non-Capital - Fiscal Year 2024</b>	<b>Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.</b>	
<b>Project Organization</b>	<b>Cost Center Number and Name</b>	<b>Program number and Name</b>	<b>Services within the agency the transfer impacted</b>	<b>Amount</b>
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Gas	\$13,397.22
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Electricity	\$617,567.97
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Water	\$67,327.71
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Rent	\$6,995,746.68
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Occupancy	\$1,523,019.69
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES	100113 - PROPERTY, ASSET, AND	Assessment - Sustainable	\$35,846.60



CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2024	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
	MANAGEMENT OFFICE - RL0	LOGISTICS MANAGEMENT - GENERAL		
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Waste	\$2,749.80
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Security	\$2,422,530.32
AS0 OFFICE OF FINANCE AND RESOURCE MANAGEMENT	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - Telecom	\$324,963.59
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$54,900.00
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$84,760.00
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$204,502.54

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2024	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$34,148.45
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - OCTO	\$297,852.26
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$77,154.46
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$5,165.55
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$28,195.74
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$243,582.64
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment – OCTO	\$125,448.50

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2024	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Quickbase Application	\$5,000.00
TOO OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Voice - Call Center	\$445,316.48
BE0 D.C. DEPARTMENT OF HUMAN RESOURCES	70396 - HUMAN RESOURCES OFFICE - RL0	100058 - HUMAN RESOURCE SERVICES - GENERAL	Employment Screening Services	\$53,818.90
CB0 OFFICE OF THE ATTORNEY GENERAL FOR THE DISTRICT OF COLUMBIA	70391 - GENERAL COUNSEL'S OFFICE - RL0	100092 - LEGAL SERVICES - GENERAL	Legal Services	\$1,312,142.37
EN0 DEPT OF SMALL AND LOCAL BUS DEVEL	70392 - CONTRACTS AND PROCUREMENT OFFICE - RL0	100022 - CONTRACTING AND PROCUREMENT - GENERAL	Salesforce Licenses	\$2,016.00
FA0 METROPOLITAN POLICE DEPARTMENT	70403 - PLANNING, POLICY AND PROGRAM SUPPORT OFFICE	700263 - FACILITY LICENSING	Fingerprinting-Guardians	\$18,250.00
GA0 DISTRICT OF COLUMBIA PUBLIC SCHOOLS	70406 - YOUTH EMPOWERMENT OFFICE	700256 - OLDER YOUTH EMPOWERMENT	Credible (Messenger	\$131,051.43
HC0 DEPARTMENT OF HEALTH	70391 - GENERAL COUNSEL'S OFFICE - RL0	100092 - LEGAL SERVICES - GENERAL	Vital Records	\$27,000.00

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2024	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
HC0 DEPARTMENT OF HEALTH	70397 - COMMUNITY SERVICES OFFICE	700257 - COMMUNITY PREVENTION AND EARLY INTERVENTION	FindHelp LINKU	\$42,000.00
JA0 DEPARTMENT OF HUMAN SERVICES	70397 - COMMUNITY SERVICES OFFICE	700257 - COMMUNITY PREVENTION AND EARLY INTERVENTION	Parent Adolescent Support Services (PASS)	\$106,210.50
JM0 DEPARTMENT ON DISABILITY SERVICES	70407 - PLACEMENT OFFICE	700254 - OUT-OF-HOME CHILD PLACEMENT	Youth Placement	\$324,413.72
KT0 DEPARTMENT OF PUBLIC WORKS	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100042 - FLEET MANAGEMENT - GENERAL	Assessment - Fleet	\$373,290.31
OUC OFFICE OF UNIFIED COMMUNICATIONS	70397 - COMMUNITY SERVICES OFFICE	700257 - COMMUNITY PREVENTION AND EARLY INTERVENTION	3-1-1 Licensing Services	\$59,669.60
AT0 OFFICE OF THE CHIEF FINANCIAL OFFICER	10002 - ACCOUNTING DIVISION	150002 - AGENCY ACCOUNTING SERVICES	Single Audit	\$66,162.00
TC0 DEPARTMENT OF FOR-HIRE VEHICLES	70409 - WELL-BEING SUPPORT OFFICE	700270 - WELL BEING AND SUPPORT	Children Transportation	\$272,179.10
			<b>FY 2024</b>	<b>\$ 16,397,380.13</b>

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2024	Funds allocated to support intra-districts to CFSA (Seller) from other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount

JA0 DEPARTMENT OF HUMAN SERVICES	70330 - REFUGEE RESETTLEMENT UNIT	700207 - UNACCOMPANIED MINOR SERVICES	REFUGEE RESETTLEMENT	\$ 1,904,398.68	
District of Columbia Public Schools (GA0)	40081 - OFFICE OF SCHOOL IMPROVEMENT AND SUPPORT	400481 - STUDENT PLACEMENT - AT- RISK	Implementation of ESEA – Children’s Transportation Services_	\$ 175,000.00	
RM0 DEPARTMENT OF BEHAVIORAL HEALTH	70424 - DIVISION OF CHILD/ADOLESCENT/FAMILY SERVICES	700286 - ADULT BEHAVIORAL HEALTH SERVICES MH/SUD	HOUSING, RESIDENTIAL SUPPORT AND CONTINUITY OF SERVICES	\$ 160,179.29	
RM0 DEPARTMENT OF BEHAVIORAL HEALTH	70420 - HOUSING DEVELOPMENT OFFICE	700283 - HOUSING, RESIDENTIAL SUPPORT AND CONTINUITY OF SERVICES	HOUSING, RESIDENTIAL SUPPORT AND CONTINUITY OF SERVICES	\$ 455,000.00	
			<b>FY 2024</b>	<b>\$2,694,577.97</b>	

**FY25**

<b>CHILD AND FAMILY SERVICES</b>		<b>Interagency Non-Capital - Fiscal Year 2025</b>	<b>Funds allocated to support intra- districts from CFSA (Buyer) to other Agencies.</b>	
<b>Project Organization</b>	<b>Cost Center Number and Name</b>	<b>Program number and Name</b>	<b>Services within the agency the transfer impacted</b>	<b>Amount</b>
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	AM0- Assessment - GAS	\$9,526.71
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	AM0- Assessment - Electricity	\$789,264.76
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES	100113 - PROPERTY, ASSET, AND	AM0- Assessment - Water	\$72,943.81

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2025	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
	MANAGEMENT OFFICE - RL0	LOGISTICS MANAGEMENT - GENERAL		
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	AM0- Assessment - Sustainable	\$45,864.13
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	AM0- Assessment - Security	\$2,652,314.57
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	AM0- Assessment - Rent	\$6,556,706.74
AM0 DEPARTMENT OF GENERAL SERVICES	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	AM0- Assessment - Occupancy	\$1,595,743.06
BE0 D.C. DEPARTMENT OF HUMAN RESOURCES	70396 - HUMAN RESOURCES OFFICE - RL0	100058 - HUMAN RESOURCE SERVICES - GENERAL	BE0- Employment Screenings	\$58,039.95
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$33,265.89

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2025	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$45,005.27
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$46,564.26
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$95,254.88
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - OCTO	\$32,195.23
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$129,358.42
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$6,837.64
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$199,138.39

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2025	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$57,885.19
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	Assessment - OCTO	\$87,496.00
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100113 - PROPERTY, ASSET, AND LOGISTICS MANAGEMENT - GENERAL	Assessment - OCTO	\$438,855.65
CB0 OFFICE OF THE ATTORNEY GENERAL FOR THE DISTRICT OF COLUMBIA	70391 - GENERAL COUNSEL'S OFFICE - RL0	100092 - LEGAL SERVICES - GENERAL	Legal Services	\$20,963.62
CB0 OFFICE OF THE ATTORNEY GENERAL FOR THE DISTRICT OF COLUMBIA	70391 - GENERAL COUNSEL'S OFFICE - RL0	100092 - LEGAL SERVICES - GENERAL	Legal Services	\$2,033,470.99
CB0 OFFICE OF THE ATTORNEY GENERAL FOR THE DISTRICT OF COLUMBIA	70391 - GENERAL COUNSEL'S OFFICE - RL0	100092 - LEGAL SERVICES - GENERAL	Legal Services	\$41,927.19
FA0 METROPOLITAN POLICE DEPARTMENT	70403 - PLANNING, POLICY AND PROGRAM SUPPORT OFFICE	700263 - FACILITY LICENSING	Fingerprinting-Guardians	\$19,165.74



CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2025	Funds allocated to support intra-districts from CFSA (Buyer) to other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
GA0 DISTRICT OF COLUMBIA PUBLIC SCHOOLS	70406 - YOUTH EMPOWERMENT OFFICE	700256 - OLDER YOUTH EMPOWERMENT	Credible Messenger	\$150,000.00
HC0 DEPARTMENT OF HEALTH	70391 - GENERAL COUNSEL'S OFFICE - RL0	100092 - LEGAL SERVICES - GENERAL	Vital Records	\$27,000.00
JM0 DEPARTMENT ON DISABILITY SERVICES	70407 - PLACEMENT OFFICE	700254 - OUT- OF-HOME CHILD PLACEMENT	Youth Placement	\$323,884.17
KT0 DEPARTMENT OF PUBLIC WORKS	70394 - FACILITIES MANAGEMENT OFFICE - RL0	100042 - FLEET MANAGEMENT - GENERAL	Assessment - Fleet	\$639,605.18
OUC OFFICE OF UNIFIED COMMUNICATIONS	70397 - COMMUNITY SERVICES OFFICE	700257 - COMMUNITY PREVENTION AND EARLY INTERVENTION	3-1-1 Licensing Services	\$34,784.02
TC0 DEPARTMENT OF FOR-HIRE VEHICLES	70409 - WELL- BEING SUPPORT OFFICE	700270 - WELL BEING AND SUPPORT	Children Transportation	\$145,000.00
TO0 OFFICE OF THE CHIEF TECHNOLOGY OFFICER	70395 - INFORMATION TECHNOLOGY OFFICE - RL0	100071 - INFORMATION TECHNOLOGY SERVICES - GENERAL	STAAND Application Test	\$70,000.00
			<b>FY 2025</b>	<b>\$16,458,061.46</b>

CHILD AND FAMILY SERVICES		Interagency Non-Capital - Fiscal Year 2025	Funds allocated to support intra-districts to CFSA(Seller) from other Agencies.	
Project Organization	Cost Center Number and Name	Program number and Name	Services within the agency the transfer impacted	Amount
JAO DEPARTMENT OF HUMAN SERVICES (Based on LOI)	70330 - REFUGEE RESETTLEMENT UNIT	700207 - UNACCOMPANIED MINOR SERVICES	REFUGEE RESETTLEMENT	\$1,852,626.96
			<b>FY 2025</b>	<b>\$1,852,626.96</b>

**55. List, in chronological order, each reprogramming that impacted the agency in FY 24 and FY 25, 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 [Q55](#) for Reprogramming.*

**56. List and describe any spending pressures the agency experienced in FY 24 and any anticipated spending pressures for the remainder of FY 25. Include a description of the pressure and the estimated amount. If the spending pressure was in FY 24, describe how it was resolved, and if the spending pressure is in FY 25, describe any proposed solutions.**

For FY24, the budget closed in balance; thus, there were no spending pressures. For FY25, any agency spending pressures will be reported through the quarterly Financial Review Process (FRP). The FY24 first quarter FRP for CFSA will be completed by January 31, 2025.

**57. Provide a list of every purchase order in place for FY 24 and FY 25. For each purchase order, detail the amount that has been paid against it to date.**

*See Attachment [Q57](#) for Purchase Orders.*

**58. For FY 24 and FY 25, 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 FY24 and FY25 budget for this fund is \$1 million.

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

For FY24 and FY25 to date, expenditures against this fund were \$0. As of FY24, CFSA is no longer able to be reimbursed for these costs of care, per the POKETT Act. CFSA is currently working on implementing the provisions of this Act.

**f. The current fund balance.**

As of December 31, 2024, the fund has a balance of \$2,118,520.17.

**59. For FY 24 and FY 25, 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.**

See Table 1 for the breakdown of special and separation pay granted, with total issued amounts for, FY24 and FY25 to date.

Amount of Special and Separation Pay Issued for FY24 and FY25 to Date

<b>Type of Special/Separation Pay</b>	<b>FY24</b>	<b>FY25 to Date</b>
Additional Income	\$417,414.00	\$135,531.00
RN on Call Pay	\$486,747.35	\$117,042.74
Shift Differential	\$222,969.86	\$60,663.92
Terminal Leave	\$475,397.79	\$226,022.76
Sunday Pay	\$151,558.99	\$61,635.88
Bonuses	\$23,835.95	\$ -
Severance	\$138,492.32	\$23,539.28
<b>TOTAL</b>	<b>\$1,916,416.26</b>	<b>\$624,435.58</b>

**CFSa Question 59: For FY24 and FY25, 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.**

Employees	Bonuses	Reason for Bonus	Fiscal Year
Beasley, LaKeisha Deneice	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Doleman Gorham, Lajuan A	\$1,000.00	Bonuses based on agreed Union contracts for Nurses.	2024
Emeruwa, Ncheta Christiana	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Hapli, Diane E	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Harrison, Andre	\$1,335.95	Bonuses paid to employee via MOU with DHS.	2024
Lewis, Diana Adelaide	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Mancho, Mary Bih	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Moore, Rose P	\$1,500.00	Bonuses based on agreed Union contracts for Lawyers.	2024
Munoz-Bent, Norma	\$1,500.00	Bonuses based on agreed Union contracts for Lawyers.	2024
Sobowale, Adedoyin Oluwakemi	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Suttles, Natalie	\$2,000.00	Bonuses based on agreed Union contracts for Nurses.	2024
Taylor-McKinley, Sabrina	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Tucker, Whitney	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Tymus, Shanay J	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
Vaughn, Monique Loving	\$1,500.00	Bonuses based on agreed Union contracts for Lawyers.	2024
Warah, Jacqueline	\$1,500.00	Bonuses based on agreed Union contracts for Nurses.	2024
<b>Total: FY24 Bonuses</b>	<b>\$23,835.95</b>		
Total: FY24 Separations	\$138,492.32	Fiscal year 2024 separation payouts.	2024

**60. For FY 24 and FY 25, to date, list any purchase card spending by the agency, the employee making each expenditure, and the general purpose for each expenditure.**

See [Attachment Q60](#) for FY24 and FY25 Purchase Card Transactions

**61. For FY 24 and FY 25, to date, list all vehicles owned, leased, or otherwise used by the agency including their age, division, and purpose.**

In FY24, CFSA maintained 84 vehicles in its fleet; 80 were leased and four were agency-owned. In FY24, two leased vehicles were totaled due to sustained damage. Thus far, in FY25, CFSA has a total of 82 vehicles in its fleet; 78 of which are leased.

Vehicles are made available to staff to conduct business 24 hours each day.

<b>Question 61 CFSA Fleet- FY24 and FY25</b>						
<b>Make</b>	<b>Model</b>	<b>Location</b>	<b>License Plate</b>	<b>Owned/Leased</b>	<b>Year</b>	<b>Assigned Use</b>
Ford	Transit	OYE	DC11966	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	OYE	DC12080	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	OYE	DC12093	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	OYE	DC12142	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	OYE	DC12313	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	OYE	DC12321	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	OYE	DC12323	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	Far South East Collab	DC12088	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	Far South East Collab	DC12307	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	East of the River Collab	DC12138	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	East of the River Collab	DC12685	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12702	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12704	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	Court House Collab	DC12151	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	Bundy	DC12098	Leased	2018	Staff Fleetshare Vehicle

<b>Question 61 CFSA Fleet- FY24 and FY25</b>						
<b>Make</b>	<b>Model</b>	<b>Location</b>	<b>License Plate</b>	<b>Owned/Leased</b>	<b>Year</b>	<b>Assigned Use</b>
Toyota	Prius	Bundy	DC12305	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	Bundy	DC12306	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	Bundy	DC12317	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	Bundy	DC12322	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	Bundy	DC12688	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12308	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12310	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12311	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12312	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12314	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12316	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12318	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12319	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12320	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12324	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12684	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12686	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12687	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12087	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12089	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12136	Leased	2018	Staff Fleetshare Vehicle
Toyota	Corolla	200 I St	DC10889	Owned	2016	Staff Fleetshare Vehicle
Toyota	Corolla	200 I St	DC10890	Owned	2016	Staff Fleetshare Vehicle

<b>Question 61 CFSA Fleet- FY24 and FY25</b>						
<b>Make</b>	<b>Model</b>	<b>Location</b>	<b>License Plate</b>	<b>Owned/Leased</b>	<b>Year</b>	<b>Assigned Use</b>
Dodge	Grand Caravan	200 I St	DC11491	Owned	2016	Staff Fleetshare Vehicle
Ford	Transit	200 I St	DC13938	Leased	2018	Large Transports
Ford	Transit	200 I St	DC11986	Leased	2018	Large Transports
Toyota	Sienna	200 I St	DC12007	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12079	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12082	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12083	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12085	Leased	2018	Director' s Use
Toyota	Sienna	200 I St	DC12090	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12091	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12092	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12094	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12095	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12096	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12097	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12139	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12140	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12141	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12143	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12145	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12146	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12147	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12148	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12149	Leased	2018	Staff Fleetshare Vehicle

<b>Question 61 CFSA Fleet- FY24 and FY25</b>						
<b>Make</b>	<b>Model</b>	<b>Location</b>	<b>License Plate</b>	<b>Owned/Leased</b>	<b>Year</b>	<b>Assigned Use</b>
Toyota	SIENNA	200 I St	DC12150	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12152	Leased	2018	Staff Fleetshare Vehicle
Toyota	SIENNA	200 I St	DC12153	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	200 I St	DC12154	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12689	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12690	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12691	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12692	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12693	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12694	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12695	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12696	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12697	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12698	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12699	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12701	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	200 I St	DC12705	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	14th Street Collab	DC12309	Leased	2018	Staff Fleetshare Vehicle
Toyota	Sienna	14th Street Collab	DC12086	Leased	2018	Staff Fleetshare Vehicle
Dodge	Grand Caravan	200 I St	DC11492	Owned	2016	Staff Fleetshare Vehicle
Toyota	Sienna	Totaled- Caught Fire	DC12084	Leased	2018	Staff Fleetshare Vehicle
Toyota	Prius	Totaled- Accident	DC12315	Leased	2018	Staff Fleetshare Vehicle



**62. For FY 24 and FY 25, 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).**

<b>Q.62 FY24 and FY25 Staff Travel Log</b>							
<b>Employee Name</b>	<b>Position/ Title</b>	<b>Administration</b>	<b>Destination</b>	<b>Cost for Employee</b>	<b>Payee</b>	<b>Justification/ Reason</b>	<b>Date</b>
Erica Groover	Program Specialist	Office of Thriving Families	Chicago, IL	\$1,245.82	CFSA	Conference	10/11/2023- 10/13/2023
Charlene Lemon	Social Worker	Office of In Home and Out of Home Care	Dallas, TX	\$607.80	CFSA	Youth Transport	10/14/2023-10/14/2023
Mary Gordon	Social Worker	Office of In Home and Out of Home Care	New Orleans, LA	\$775.34	CFSA	Site Visit w Youth	10/26/2023-10/27/2023
DC Dahn	Social Worker	Office of In Home and Out of Home Care	Devereux, FL	\$453.78	CFSA	Youth Transport	10/27/2023-10/28/2023
Marsha Greaves	Social Worker	Office of In Home and Out of Home Care	West Palm, FL	\$1,053.43	CFSA	Site Visit w Youth	11/12/2023-11/13/2023
Toya Buchanan	Social Worker	Office of In Home and Out of Home Care	Saint Louis, MO	\$587.10	CFSA	Youth Transport	11/14/2023/11/14/2023
Niketris Wilson	Social Worker	Office of In Home and Out of Home Care	Saint Louis, MO	\$587.10	CFSA	Youth Transport	11/14/2023-11/14/2023
Cheri Moore	Social Worker	Office of In Home and Out of Home Care	Nashville, TN	\$377.80	CFSA	Site Visit w Youth	11/15/2023-11/25/2023
Jennifer Valtrin	Residential Specialist	Office of Well-Being	Nashville, TN	\$501.80	CFSA	Site Visit w Youth	11/15/2023-11/25/2023
DC Dahn	Social Worker	Office of In Home and Out of Home Care	Zephyrhills, Fl	\$577.79	CFSA	Site Visit w Youth	11/30/2023-12/01/2023
Jordan Brown-Shaw	Resource Development Specialist	Office of In Home and Out of Home Care	Gallatin, TN	\$426.93	CFSA	Youth Transport	2/11/2024
Charlotte Williams	Education Resource Specialist	Office of Well-Being	Atlanta, GA	\$776.96	CFSA	College Visit w/ Youth	3/7/2024
Dc Dahn	Social Worker	Office of In Home and Out of Home Care	Devereux, FL	\$612.00	CFSA	Youth Transport	3/29/2024
Dc Dahn	Social Worker	Office of In Home and Out of Home Care	Washington, DC	\$776.00	CFSA	Therapeutic Home Visit	3/29/2024

**Q.62****FY24 and FY25 Staff Travel Log**

<b>Employee Name</b>	<b>Position/ Title</b>	<b>Administration</b>	<b>Destination</b>	<b>Cost for Employee</b>	<b>Payee</b>	<b>Justification/ Reason</b>	<b>Date</b>
Dc Dahn	Social Worker	Office of In Home and Out of Home Care	Jacksonville, FL	\$442.06	CFSA	Client visit	4/29/2024-4/30/2024
Tawana C Bell	Social Worker	Office of In Home and Out of Home Care	Tampa, FL/ Washington DC	\$532.96	CFSA	Youth Transport	5/13/2024
Nicole Broome	Supervisory Resource Development Specialist	Office of Well-Being	Philadelphia, PA	\$244.37	CFSA	Conference	6/11/2024
Shannon Sigamoni	Community Services Program Supervisor	Office of Thriving Families	Philadelphia, PA	\$369.37	CFSA	Conference	6/11/2024
Samantha Stanley	Social Worker	Office of Well-Being	California	\$538.98	CFSA	Youth Transport	7/20/2024
Ebony Terrell	Contracting Officer	Office of the Deputy Director for Administration	Charlotte, NC	\$2,385.00	CFSA	Conference	08/24/2024-08/28/2024
Lisa Minor Smith	Supervisory Contracts Specialist	Office of the Deputy Director for Administration	Charlotte, NC	\$2,385.00	CFSA	Conference	08/24/2024-08/28/2024
Shonna Foster	Resource Development Specialist	Office of Well-Being	Chicago, IL	\$1,520.88	CFSA	Conference	9/17/2024-9/20/2024
Afrilasias Phipps	Program Manager	Office of Well-Being	Chicago, IL	\$1,520.88	CFSA	Conference	9/17/2024-9/20/2024
Damiya Dorsey	Education Resource Specialist	Office of Well-Being	Chicago, IL	\$1,520.88	CFSA	Conference	9/17/2024-9/20/2024
Dc Danh	Social Worker	Office of In Home and Out of Home Care	Devereux, Fl	\$1,177.33	CFSA	Client pick up	10/14/2024
Tanya Trice	Interim Director	Office of the Director	Aspen, CO	\$1,186.32	CFSA	Conference	10/15/2024-10/18/2024
Kristal Thomas	Program Specialist	Office of Well-Being	Phoenix, AZ	\$2,477.00	CFSA	Conference	10/21/2024-10/24/2024
Keely Magyar	Assistant Attorney General	Office of the Attorney General	Phoenix, AZ	\$2,477.00	CFSA	Conference	10/21/2024-10/24/2024
Nancy Senatus	Social Worker	Office of Hotline and Investigations	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Cinthya Rivera	Social Worker	Office of Hotline and Investigations	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Lakisha Bratcher	Supervisory Social Worker	Office of Hotline and Investigations	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Kristina Evans	Intake Social Worker	Office of Hotline and Investigations	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024

**Q.62****FY24 and FY25 Staff Travel Log**

<b>Employee Name</b>	<b>Position/ Title</b>	<b>Administration</b>	<b>Destination</b>	<b>Cost for Employee</b>	<b>Payee</b>	<b>Justification/ Reason</b>	<b>Date</b>
Zakia Kennedy	Supervisory Social Worker	Office of In Home and Out of Home Care	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Stephenie Marchese	Social Worker	Office of In Home and Out of Home Care	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Regina Johnson	Program Manager	Office of In Home and Out of Home Care	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Samantha Stanley	Social Worker	Office of Well-Being	Phoenix, AZ	\$2,580.18	CFSA	Conference	10/21/2024-10/24/2024
Ann Reilly	Deputy Director	Office of In Home and Out of Home Care	San Diego, CA	\$2,161.00	CFSA	Conference	1/26/2025-1/30/2025
Elizabeth Muffoletto	Deputy Director	Office of Hotline and Investigations	San Diego, CA	\$2,161.00	CFSA	Conference	1/26/2025-1/30/2025
Marianna Abraham	Special Assistant	Office of Director	San Diego, CA	\$2,086.00	CFSA	Conference	1/26/2025-1/30/2025
Tanya Trice	Interim Director	Office of Director	San Diego, CA	\$2,161.00	CFSA	Conference	1/26/2025-1/30/2025
Dedrick Wilson	Acting Chief of Staff	Office of Director	San Diego, CA	\$2,086.00	CFSA	Conference	1/26/2025-1/30/2025

**63. For FY 24 and FY 25, to date, list all of the total overtime and workman's compensation payments paid.**

<b>Description</b>	<b>FY24</b>	<b>FY25 to Date</b>
Overtime Pay	\$2,436,844.72	\$826,469.46
Workers Compensation	\$87,546.78	\$22,847.33

**64. Did waitlists form for any program?**

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

There are no waitlists.

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

- a. How much is budgeted in FY 25;**
- b. How much has been obligated and spent in FY 25, to date; and**
- c. Does CFSA believe that it will fully spend the amount budgeted for these activities in FY 25? If not, please identify the causes of this anticipated underspending.**

**a. & b.**

**Adoption**

<b>Program Name</b>	<b>Program</b>	<b>Supply Item Description</b>	<b>FY25 Budget</b>	<b>FY25 Obligation &amp; Expenses (As of Dec 2024)</b>	<b>Balance</b>
ADOPTION SUBSIDY AND SUPPORT	700246	Adoption Subsidies	\$17,563,674.00	\$4,549,785.29	\$13,013,888.71
		<b>TOTAL</b>	<b>17,563,674.00</b>	<b>4,549,785.29</b>	<b>13,013,888.71</b>

**Guardianship**

<b>Program Name</b>	<b>Program</b>	<b>Supply Item Description</b>	<b>FY 2025 Budget</b>	<b>FY 2025 Obligation &amp; Expenses (As of Dec 2024)</b>	<b>Balance</b>
GUARDIANSHIP SUBSIDY AND SUPPORT	700248	Guardianship Subsidies	\$ 6,799,800.00	\$1,292,955.91	\$5,506,844.09
		<b>TOTAL</b>	<b>6,799,800.00</b>	<b>1,292,955.91</b>	<b>5,506,844.09</b>

c. Yes. Through the first quarter of FY25, the agency has spent approximately 26% of the funds available for the adoption program and 19% for the guardianship program.

**66. Provide the amount the agency spent per child in foster care on placement during FY 23, FY 24, and FY 25, to date. Explain your calculations, and include the amounts spent on each of the following:**

- a. Allowance;**
- b. Transportation; and**
- c. Room and board.**

***Foster Care Placement Expenses***

<b>Description</b>	<b>FY 2023 Expenses</b>	<b>FY 2024 Expenses</b>	<b>FY 2025 to-date Expenses</b>	<b>Calculations explanation</b>
<b>(A) Allowance</b>	\$ -	\$ -	\$ -	CFSA assumes this category refers to youth allowances paid by the resource parents. These expenditures are not tracked by the agency. Allowances to youth are governed by CFSA policy and administrative issuance.
<b>(B) Transportation</b>	<b>\$1,117,007.79</b>	<b>\$1,161,467.05</b>	<b>\$581,550.00</b>	Expenses are based on contract charges via FACES from our service providers. FY 2025 expenditures are through 12/31/2024.
<b>(C) Room &amp; Board</b>	<b>\$1,215,590.59</b>	<b>\$13,094,633.33</b>	<b>\$1,537,425.78</b>	FY 2025 represents billed expenditures as of November 30, 2024. Also, some of the R & B billing are received two months after the service month closed.

**67. How much of the available Flex Funds were spent in FY 24?**

*See Table for Question 68: FY24 and FY25 Flex Fund Expenditures (Column 2, FY 2024 Expenses).*

**68. How much is currently budgeted for Flex Funds in FY 25 and how much has been spent in FY 25, to date?**

**FY24 and FY25 Flex Funds Expenditures**

<b>Description</b>	<b>FY 2024 Expenses</b>	<b>FY 2025 Approved Budget</b>	<b>FY 2025 to-date Expenses. As of 12/31/24</b>	<b>FY 2025 Available Budget</b>
Child Care - Clothing	\$93,927.27	\$120,000.00	\$-	\$120,000.00
Child Care - Furniture	\$188,558.65	\$220,000.00	\$81,814.00	\$138,186.00
Child Care - Other Services	\$323,389.03	\$322,000.00	\$142,659.72	\$179,340.28
Food Vouchers	\$156,028.05	\$248,877.00	\$23,720.00	\$225,157.00
Emergency Funds	\$164,594.19	\$210,000.00	\$170,781.60	\$39,218.40
Emergency Funds (CPS - Collaborative-Managed)	\$70,000.00	\$70,000.00	\$3,264.64	\$66,735.36
Kinship (Collaborative-Managed)*	\$62,456.29	\$187,203.29	\$30,006.82	\$157,196.47
Housing (Collaborative-Managed)	\$50,000.00	\$100,000.00	\$2,012.40	\$97,987.60
CFSA Involved/Community (Collaborative-Managed)**	\$308,000.00	\$623,090.93	\$85,722.14	\$537,368.79
<b>Total</b>	<b>\$1,416,953.48</b>	<b>\$2,101,171.22</b>	<b>\$539,981.32</b>	<b>\$1,561,189.90</b>

*\*For FY25, Kinship includes the additional \$92,000 of grant funds that was added to the Kinship flex fund pot during FY24. This was the available balance from the \$100,000 referenced last year as provided in September 2023.*

*\*\* For FY25, CFSA Involved/Community includes a \$200,000 one-time enhancement that was evenly distributed across the 5 Collaboratives to support the soft-launch of the 211 Warmline and the prevention efforts of the agency focused on concrete supports.*

**69. How does a family obtain access to flex funds? How does a family get referred for flex funds? How has the launch of the Warmline impacted these procedures?**

**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.

#### 211 Warmline\*

When/if a 211 Warmline call center agent identifies a need for additional support, a referral is made to the resident's Ward-based Collaborative in the District for what is known as a 'Community Response'. An assigned Collaborative Community Responder will follow the steps outlined under 'District Residents' above.

*\*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.*

#### **70. 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.

#### **71. 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 69 for the process to connect families and individuals with Flex Funds.

**72. Please provide a list of all capital projects underway or completed in FY 24 or FY 25 to date at the agency, including:**

- a. A description of each project;**
- b. The amount of capital funds available for each project;**
- c. A status report on each project, including timeframe for completion; and**
- d. Planned or anticipated spending on the project.**

<b>Project Name - Description</b>	<b>Project No.</b>	<b>Total Project approved Amount</b>	<b>Total Allocated Amount</b>	<b>Total Expended/Obligated (FY20 - FY25)</b>	<b>Available Amount thru FY26</b>
<b>CCWIS - Child Welfare Information Systems.</b>	<b>100967</b>	<b>\$34,652,732.00</b>	<b>\$32,935,549.00</b>	<b>\$21,045,035.35</b>	<b>\$ 13,607,696.65</b>
<b>Status report of each project, including timeframe for completion.</b>					<b>Planned or Anticipated spending on the project</b>
<p>The current District Child Welfare Information System (FACES) was first implemented in 1999, as required by the federal Administration for Children and Families (ACF). In 2016, the ACF came out with new regulations for state systems and agreed to provide matching funds at 50 percent of total eligible cost for the development of the new systems. The costs reported in this request are the total costs; these costs will be reimbursed at 50 percent of total eligible cost. The District taxpayers will benefit from the system through better services delivered by CFSA and our community partners due to reduced data entry requirements, freeing our social workers to perform direct services; higher quality of data and ability to take advantage of new technologies including but not limited to new browsers, ratification intelligence and others. CCWIS will support multiple of CFSA key performance indicators meeting the Mayor's priorities in cross-agency services to strengthen families and keep children safe. The ACF funding match is available now but it is not perpetual. Federal enabling regulations include: 1355.50 through 1355.59.</p> <p>First release of the project went live on February 2023. A smaller release, providing online functionality to register as a mandated report and submit referrals was released in March 2024. The remainder of the system is under design and development. At this point, the project is scheduled to be completed in FY25 with close-out and sunset of legacy system to be completed in the first quarter of FY26.</p>					<b>\$13,607,696.65</b>



**73. Please provide a complete accounting of all federal grants received for FY24 and FY25, to date, including the amount, and the purpose for which the funds were granted. For FY24 grants, please describe whether those purposes were achieved and the amount of any unspent funds that did not carry over.**

See Attachment [Q73](#) for Federal Grants.

**74. Please list any competitive or application-based funding for which the agency is eligible under the Infrastructure Investment and Jobs Act, the Inflation Reduction Act, or any other recently enacted federal legislation. Please provide a description of the type of funding, and the proposed use for that funding, for which the agency has submitted, or plans to submit, applications. If there is additional funding for which the agency is eligible but does not plan to apply, please explain why.**

- a. For all federal funding identified, please describe any local matching requirements.
- b. Please provide a description of the future availability of these grant funds and how the agency plans to prioritize using these grant funds before they are no longer available (if applicable).

Not applicable, CFSA did not receive any funding from these sources.

## Services

### Child Protection Investigations and Differential Response

**75. Regarding calls to the Child Abuse Hotline, provide the following for FY 23, FY 24, and FY 25, to date:**

- a. Total number of Hotline calls received;

Some calls are not recorded in FACES because they are not about allegations of suspected abuse or neglect of a child, such as calls about general information or abandoned calls. The rest are recorded in FACES and are the population of calls that Question 75b builds on.

Recorded in FACES (Yes/No)	FY23	FY24	FY25
Yes	19,743	20,264	5,149
No	10,281	10,618	2,125
<b>Total Hotline Call Volume</b>	<b>30,024</b>	<b>30,882</b>	<b>7,274</b>

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

<b>FY23 Hotline Calls</b>	<b>Total Hotline Calls</b>
<b>Allegation Type Category</b>	
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
<b>Total</b>	<b>19,743</b>

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

<b>FY24 Hotline Calls</b>	<b>Total Hotline Calls</b>
<b>Allegation Type Category</b>	
No Allegations	15,993
Caregiver discontinues or seeks to discontinue care	169
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	376
Child Fatality	17
Domestic Violence	719
Educational Neglect	368
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	3
Inadequate Housing	440
Inadequate Supervision	967
Medical abuse	9
Medical Neglect	242

<b>FY24 Hotline Calls</b>	
<b>Allegation Type Category</b>	<b>Total Hotline Calls</b>
Mental abuse	139
Neglect	424
Physical Abuse	1,616
Sex Trafficking	83
Sexual Abuse	394
Substance Abuse	992
<b>Total</b>	<b>20,264</b>

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

<b>FY25 Hotline Calls</b>	
<b>Allegation Type Category</b>	<b>Total Hotline Calls</b>
No Allegations	4,151
Caregiver discontinues or seeks to discontinue care	47
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	69
Child Fatality	1
Domestic Violence	140
Educational Neglect	85
Inadequate Housing	109
Inadequate Supervision	187
Medical abuse	1
Medical Neglect	64
Mental abuse	28
Neglect	90
Physical Abuse	358
Sex Trafficking	12
Sexual abuse	82
Substance Abuse	202
<b>Total</b>	<b>5,149</b>

*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;**

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

*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.*

<b>FY25 Allegation Type Category</b>	<b>Total Hotline Calls</b>
Inadequate Supervision	1
<b>Total</b>	<b>1</b>

*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;**

<b>FY23 Investigations</b>	<b>Total Investigation Hotline Calls</b>
<b>Allegation Type Category</b>	
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

<b>FY23 Investigations</b>	<b>Total Investigation Hotline Calls</b>
<b>Allegation Type Category</b>	
<b>Total Investigation Hotline Calls</b>	<b>3,902</b>

*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.*

<b>FY24 Investigations</b>	<b>Total Investigation Hotline Calls</b>
<b>Allegation Type Category</b>	
Caregiver discontinues or seeks to discontinue care	167
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	364
Child Fatality	17
Domestic Violence	689
Educational Neglect	364
Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused	3
Inadequate Housing	420
Inadequate Supervision	926
Medical abuse	9
Medical Neglect	231
Mental abuse	130
Neglect	403
Physical Abuse	1,560
Sex Trafficking	81
Sexual Abuse	375
Substance Abuse	945
<b>Total Investigation Hotline Calls</b>	<b>4,084</b>

*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.*

<b>FY25 Investigations</b>	<b>Total Investigation Hotline Calls</b>
<b>Allegation Type Category</b>	
Caregiver discontinues or seeks to discontinue care	46
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	68
Child Fatality	1
Domestic Violence	137
Educational Neglect	84
Inadequate Housing	108
Inadequate Supervision	182

<b>FY25 Investigations</b>	<b>Total Investigation Hotline Calls</b>
<b>Allegation Type Category</b>	
Medical abuse	1
Medical Neglect	64
Mental abuse	28
Neglect	88
Physical Abuse	353
Sex Trafficking	12
Sexual abuse	80
Substance Abuse	199
<b>Total Investigation Hotline Calls</b>	<b>979</b>

*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;**

**FY23:** 927

**FY24:** 936

**FY25:** 335

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

**FY23:** 14,914

**FY24:** 15,244

**FY25:** 3,835

**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.

- 76. Regarding CPS, provide the following for FY 23, FY 24 and FY 25, to date:**  
**a. The number of CPS investigations for child abuse and neglect by ward;**

FY	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
<b>FY 2023</b>	284	100	101	345	514	225	875	1166	86	3,696
<b>FY 2024</b>	289	84	122	394	549	216	855	1099	89	3,697
<b>FY 2025</b>	35	7	16	49	60	31	81	112	13	404

*Notes: 1. This summary represents closed non-institutional abuse investigations. 2. Ward 8 has the highest number of closed investigations in all three FY.*

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

FY	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
<b>FY 2023</b>	49	22	21	56	107	42	177	273	8	755
<b>FY 2024</b>	38	16	19	62	97	46	144	202	10	634
<b>FY 2025</b>	5	0	3	5	7	2	11	13	1	47

*Notes: 1. This summary represents closed non-institutional abuse investigations. 2. Ward 8 has the highest number of substantiated investigations in all three FY.*

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

FY	Ward of Origin									Total Investigations
	1	2	3	4	5	6	7	8	No Ward	
<b>FY 2023</b>	235	78	80	289	407	183	698	893	78	2,941
<b>FY 2024</b>	251	68	103	332	452	170	711	897	79	3,063
<b>FY 2025</b>	30	7	13	44	53	29	70	99	12	357

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

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

FY2023	
Allegation Type Category	# of Investigations
Substance Abuse	174
Educational Neglect	160
Physical Abuse	144
Domestic Violence	143

<b>FY2023</b>	
<b>Allegation Type Category</b>	<b># of Investigations</b>
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

<b>FY2024</b>	
<b>Allegation Type Category</b>	<b># of Investigations</b>
Educational Neglect	145
Substance Abuse	125
Domestic Violence	121
Physical Abuse	107
Inadequate Supervision	106
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	72
Inadequate Housing	49
Medical Neglect	41
Neglect	35
Caregiver discontinues or seeks to discontinue care	34

<b>FY2025</b>	
<b>Allegation Type Category</b>	<b># of Investigations</b>
Substance Abuse	12
Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)	10
Inadequate Supervision	10
Domestic Violence	7
Educational Neglect	6
Inadequate Housing	5
Caregiver discontinues or seeks to discontinue care	4
Medical Neglect	3
Physical Abuse	3
Child Fatality *	1
Neglect *	1
Sexual abuse *	1

*\* In FY2025 three factors tied for 10th place, each occurring once.*



- 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 76f.

- f. For each specific service listed in (e), above, the number of families referred for services in FY 24, and in FY 25, 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.

<b>Program (Provider)</b>	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
<b>ACT Raising Safe Kids</b>	<b>0 (0)</b>	<b>1 (6)</b>	<b>0 (0)</b>
Collaborative Solutions for Communities	<b>0 (0)</b>	<b>1 (6)</b>	<b>0 (0)</b>
<b>Child Parent Psychotherapy for Family Violence (CPP-FV)</b>	<b>1 (6)</b>	<b>0 (0)</b>	<b>0 (0)</b>
(Mary's Center)	1 (6)	<b>0 (0)</b>	<b>0 (0)</b>
<b>Functional Family Therapy</b>	<b>1 (4)</b>	<b>0 (0)</b>	<b>0 (0)</b>
(Department of Human Services)	1 (4)	<b>0 (0)</b>	<b>0 (0)</b>
<b>Healthy Families America (HFA)/Parents as Teachers (PAT)</b>	<b>11 (13)</b>	<b>7 (13)</b>	<b>3 (5)</b>
(Mary's Center)	11 (13)	7 (13)	3 (5)
<b>Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)</b>	<b>4 (5)</b>	<b>12 (35)</b>	<b>0 (0)</b>
(Neighborhood Legal Services)	4 (5)	<b>12 (35)</b>	<b>4 (8)</b>
(Children's Law Center)	0 (0)	<b>0 (0)</b>	<b>3 (3)</b>
<b>PASS (Parent &amp; Adolescent Support Services)</b>	<b>2 (6)</b>	<b>1 (1)</b>	<b>0 (0)</b>
(Department of Human Services)	2 (6)	<b>1 (1)</b>	<b>0 (0)</b>

*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 substantiation only)

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Collaborative Solutions for Communities	14 (39)	8 (14)	1 (1)
East River Family Strengthening Collaborative	15 (41)	11 (18)	1 (2)
Edgewood/Brookland Family Support Collaborative	15 (30)	6 (8)	1 (1)
Far Southeast Family Strengthening Collaborative	33 (75)	20 (37)	5 (11)
Georgia Avenue Family Support Collaborative	8 (17)	7 (8)	1 (4)
<b>Deduplicated Grand Total</b>	<b>82 (194)<sup>2</sup></b>	<b>52 (85)</b>	<b>9 (19)</b>

*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 (e), 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)

<b>Program (Provider)</b>	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
ACT Raising Safe Kids	0 (0)	1 (6)	0 (0)
Collaborative Solutions for Communities	0 (0)	1 (6)	0 (0)
Neighborhood Legal Services (NLSP)			
Family Preservation Project (FPP)	3 (4)	7 (22)	1 (1)
(Neighborhood Legal Services)	3 (4)	7 (22)	0 (0)
(Children's Law Center)	0 (0)	0 (0)	1 (1)
PASS (Parent & Adolescent Support Services)	2 (6)	1 (1)	0 (0)
(Department Of Human Services)	2 (6)	1 (1)	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: Abuse (families with a substantiated allegation of abuse only)

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Collaborative Solutions for Communities	3 (12)	2 (3)	0 (0)
East River Family Strengthening Collaborative	3 (8)	3 (3)	0 (0)
Edgewood/Brookland Family Support Collaborative	4 (7)	2 (2)	0 (0)
Far Southeast Family Strengthening Collaborative	7 (11)	6 (7)	0 (0)
Georgia Avenue Family Support Collaborative	1 (1)	1 (1)	1 (1)
<b>Deduplicated Grand Total</b>	<b>17 (38)</b>	<b>14 (16)</b>	<b>1 (1)</b>

*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)

<b>Program (Provider)</b>	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
ACT Raising Safe Kids	0 (0)	1 (6)	0 (0)
Collaborative Solutions for Communities	0 (0)	1 (6)	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)
Healthy Families America (HFA)/Parents as Teachers (PAT)	11 (13)	7 (13)	3 (5)
(Mary's Center)	11 (13)	7 (13)	3 (5)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	1 (1)	11 (33)	6 (10)
(Neighborhood Legal Services)	1 (1)	11 (33)	4 (8)
(Children's Law Center)	0 (0)	0 (0)	2 (2)

*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)

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Collaborative Solutions for Communities	10 (25)	6 (11)	1 (1)
East River Family Strengthening Collaborative	10 (30)	9 (15)	1 (2)
Edgewood/Brookland Family Support Collaborative	10 (20)	5 (7)	1 (1)
Far Southeast Family Strengthening Collaborative	25 (61)	14 (30)	5 (11)
Georgia Avenue Family Support Collaborative	6 (10)	6 (7)	1 (4)
<b>Deduplicated Grand Total</b>	<b>58 (139)</b>	<b>40 (70)</b>	<b>9 (19)</b>

*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)

<b>Program (Provider)</b>	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Functional Family Therapy	1 (4)	0 (0)	0 (0)
(Department Of Human Services)	1 (4)	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)

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Collaborative Solutions for Communities	0 (0)	1 (1)	0 (0)
East River Family Strengthening Collaborative	1 (2)	0 (0)	0 (0)
<b>Deduplicated Grand Total</b>		<b>1 (1)</b>	<b>0 (0)</b>

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
	<b>1 (2)</b>		

*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)

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Program (Provider)			
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP)	0 (0)	1 (2)	0 (0)
(Neighborhood Legal Services)	0 (0)	1 (2)	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)

	<b>FY23 Families Referred (Children)</b>	<b>FY24 Families Referred (Children)</b>	<b>FY25 Families Referred (Children)</b>
Collaborative Solutions for Communities	1 (2)	0 (0)	0 (0)
East River Family Strengthening Collaborative	1 (1)	1 (1)	0 (0)
Edgewood/Brookland Family Support Collaborative	1 (3)	0 (0)	0 (0)
Far Southeast Family Strengthening Collaborative	2 (3)	2 (3)	0 (0)
Georgia Avenue Family Support Collaborative	1 (6)	0 (0)	0 (0)
<b>Deduplicated Grand Total</b>	<b>6 (15)</b>	<b>3 (4)</b>	<b>0 (0)</b>

*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 (e), above, how many cases were closed in FY 24 and FY 25, 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).

In FY24 and FY25, EBP case closures and outcomes for EBP services provided to families with substantiations were not tracked by providers in the Community Portal. They may have been captured in documents other than the Community Portal, which was originally designed to centralize all data collection processes.

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

	<b>Cases closed FY24</b>	<b>Services provided, goals addressed</b>	<b>Family withdrew or is unresponsive</b>	<b>Family moved out and/or transfer to another Collaborative</b>	<b>New case open with CFSA</b>
Collaborative Solutions for Communities	30	18	11	0	1
East River Family Strengthening Collaborative	73	48	21	3	1
Edgewood/Brookland Family Support Collaborative	40	24	15	1	0
Far Southeast Family Strengthening Collaborative	66	36	29	1	0
Georgia Avenue Family Support Collaborative	32	24	7	1	0
<b>Deduplicated Grand Total</b>	<b>241</b>	<b>150</b>	<b>83</b>	<b>6</b>	<b>2</b>

FY25 Collaborative Case Closures and Outcomes Following a CPS Referral (families with a substantiation only)

	<b>Cases closed FY25</b>	<b>Services provided, goals addressed</b>	<b>Family withdrew or is unresponsive</b>	<b>Family moved out and/or transfer to another Collaborative</b>	<b>New case open with CFSA</b>
Collaborative Solutions for Communities	3	1	1	0	1
East River Family Strengthening Collaborative	14	13	1	0	0
Edgewood/Brookland Family Support Collaborative	3	0	3	0	0
Far Southeast Family Strengthening Collaborative	19	7	10	2	0
Georgia Avenue Family Support Collaborative	3	3	0	0	0
<b>Deduplicated Grand Total</b>	<b>42</b>	<b>24</b>	<b>15</b>	<b>2</b>	<b>1</b>

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

<b>FY</b>	<b>Ward of Origin</b>									<b>Total Investigations</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>No Ward</b>	
<b>FY 2023</b>	46	16	9	51	72	31	140	180	19	564
<b>FY 2024</b>	61	11	22	93	115	56	177	251	29	815
<b>FY 2025</b>	55	18	23	97	107	60	194	230	37	821

*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 for all three FY.*

**j. The total number of incomplete investigations by ward;**

FY	Ward of Origin									Total Incomplete Investigations
	1	2	3	4	5	6	7	8	No Ward	
<b>FY 2023</b>	42	21	13	60	77	27	122	146	44	552
<b>FY 2024</b>	140	35	58	190	244	91	334	450	62	1,604
<b>FY 2025</b>	27	5	10	37	48	28	59	85	11	310

*Notes: 1. This summary represents incomplete non-institutional investigations. 2. Ward 8 is the neighborhood with the highest number of incomplete investigations in all three FY.*

**k. For the incomplete investigations, the length of time each has remained open, and the reasons it has remained open;**

FY 2023					
Incomplete Reason	Length of Time				Total Investigations
	0-35 days	36-50 days	51-65 days	66+ days	
Additional Information Only	224	2	5	9	240
Child turned 18 during assessment	1	0	0	0	1
Client moved /unable to locate	10	11	5	10	36
Client refuses to cooperate with worker to complete assessment	8	4	11	24	47
False Report	42	4	0	8	54
Out of Jurisdiction	101	26	11	35	173
Worker unable to complete due to illness, lack of transport or other problem.	0	1	0	0	1
<b>Total</b>	<b>386</b>	<b>48</b>	<b>32</b>	<b>86</b>	<b>552</b>



FY 2024					
Incomplete Reason	Length of Time				Total Investigations
	0-35 days	36-50 days	51-65 days	66+ days	
Additional Information Only	416	172	148	525	1,261
Child turned 18 during assessment	2	1	0	7	10
Client moved /unable to locate	11	3	6	9	29
Client refuses to cooperate with worker to complete assessment	8	5	7	17	37
False Report	77	9	6	9	101
Out of Jurisdiction	78	22	16	48	164
Worker unable to complete due to illness, lack of transport or other problem.	0	0	1	1	2
<b>Total</b>	<b>592</b>	<b>212</b>	<b>184</b>	<b>616</b>	<b>1,604</b>

*Note: Additional information only mostly reflects investigations closed through Project Safety, a temporary administrative review process to reduce the backlog that provides for safe case closure with limited documentation requirements in FACES*

FY 2025					
Incomplete Reason	Length of Time				Total Investigations
	0-35 days	36-50 days	51-65 days	66+ days	
Additional Information Only	207	38	24	12	281
Child turned 18 during assessment	1	0	0	0	1
Client moved /unable to locate	3	0	0	1	4
Client refuses to cooperate	0	0	0	1	1

FY 2025					
Incomplete Reason	Length of Time				Total Investigations
	0-35 days	36-50 days	51-65 days	66+ days	
with worker to complete assessment					
False Report	3	4	0	1	8
Out of Jurisdiction	14	1	0	0	15
<b>Total</b>	<b>228</b>	<b>43</b>	<b>24</b>	<b>15</b>	<b>310</b>

*Note: Additional information only mostly reflects investigations closed through Project Safety, a temporary administrative review process to reduce the backlog that provides for safe case closure with limited documentation requirements in FACES*

**1. The maximum, median, 25<sup>th</sup> and 75<sup>th</sup> percentiles for time to completion for investigations;**

FY	25th percentiles for time to completion for investigations (in days)
<b>FY 2023</b>	33
<b>FY 2024</b>	33
<b>FY 2025</b>	13

*Note: The population of investigations used to calculate this percentile is all investigations opened in the FY. This entry cohort approach means that FY25 is lower because it is only reflecting investigations that have both started and closed that FY; it is excluding open investigations whose durations are growing and can't be reflected until they close.*

FY	Median time to completion for investigations
<b>FY 2023</b>	39
<b>FY 2024</b>	55
<b>FY 2025</b>	27

*Note: The population of investigations used to calculate this percentile is all investigations opened in the FY. This entry cohort approach means that FY25 is lower because it is only reflecting investigations that have both started and closed that FY; it is excluding open investigations whose durations are growing and can't be reflected until they close.*

FY	75th percentiles for time to completion for investigations
<b>FY 2023</b>	67
<b>FY 2024</b>	98
<b>FY 2025</b>	42

*Note: The population of investigations used to calculate this percentile is all investigations opened in the FY. This entry cohort approach means that FY25 is lower because it is only reflecting investigations that have both started and closed that FY; it is excluding open investigations whose durations are growing and can't be reflected until they close.*

<b>FY</b>	<b>Maximum time to completion for investigations</b>
<b>FY 2023</b>	348
<b>FY 2024</b>	405
<b>FY 2025</b>	88

*Note: The population of investigations used to calculate this percentile is all investigations opened in the FY. This entry cohort approach means that FY25 is lower because it is only reflecting investigations that have both started and closed that FY; it is excluding open investigations whose durations are growing and can't be reflected until they close.*

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>No Ward</b>	<b>Total Children Removed</b>	<b>Total Separated</b>
<b>FY 2023</b>	6	3	3	7	14	8	23	41	2	107
<b>FY 2024</b>	8	6	9	19	21	9	32	43	5	152
<b>FY 2025</b>	0	0	3	1	3	0	4	2	1	14

*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 in FY2023 and FY2024. 3. Ward 7 is the neighborhood with the highest number of children removed during the investigations in FY2025.*

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

**FY23:** 215

**FY24:** 205

**FY25:** 215

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

**FY23:** 115

**FY24:** 114

**FY25:** 136

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

**FY23:** 49

**FY24:** 42

**FY25:** 51

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

The agency plans to fill approximately 40 CPS vacancies. CFSA Human Resources Administration (HRA) – Recruitment team will continue to partner with the unit to identify and prioritize their recruitment needs. HRA will continue to reach out to local universities/colleges that has students enrolled in their School of Social Work/Social Work Programs to locally attract a diverse pool of candidates who possess the minimum education and licensure requirements.

The agency is currently pursuing recruitment incentives related to sponsoring dual certification in Maryland; sponsoring DC certification upon selection/hire, continue to attend quarterly job fairs hosted by DCHR, promote our recruitment needs through a host of initiatives i.e. word of mouth, recruitment/career fairs, posted job announcements, college bulletin board, social worker job boards, etc.

**77. Regarding caseloads:**

**d. Do CPS-Investigation employees 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.

**e. Provide for FY 24 and FY 25, to date (organized by the unit to which each worker is assigned):**

**i. The median, minimum, and maximum current caseload per worker;**

<b>FY24</b>	<b>Social Worker</b>	<b>Average Caseload per worker</b>	<b>Median Caseload per worker</b>	<b>Minimum, Caseload per worker</b>	<b>Maximum Caseload per worker</b>
FY 2024	Social Worker 1	18.03	19.0	1	30
FY 2024	Social Worker 2	19.32	20.0	5	31
FY 2024	Social Worker 3	25.88	25.0	10	43
FY 2024	Social Worker 4	22.14	25.0	7	31
FY 2024	Social Worker 5	27.90	28.0	7	52
FY 2024	Social Worker 6	26.90	26.0	16	42
FY 2024	Social Worker 7	22.25	24.0	8	30
FY 2024	Social Worker 8	7.18	7.0	1	15
FY 2024	Social Worker 9	19.30	20.0	8	32
FY 2024	Social Worker 10	15.85	17.0	1	33

<b>FY24</b>	<b>Social Worker</b>	<b>Average Caseload per worker</b>	<b>Median Caseload per worker</b>	<b>Minimum, Caseload per worker</b>	<b>Maximum Caseload per worker</b>
FY 2024	Social Worker 11	13.77	15.5	1	29
FY 2024	Social Worker 12	23.78	21.0	6	45
FY 2024	Social Worker 13	26.18	29.0	3	45
FY 2024	Social Worker 14	15.69	14.0	2	34
FY 2024	Social Worker 15	20.78	24.0	4	33
FY 2024	Social Worker 16	8.37	9.0	1	16
FY 2024	Social Worker 17	12.30	13.0	5	19
FY 2024	Social Worker 18	21.55	23.0	9	34
FY 2024	Social Worker 19	18.60	23.0	2	36
FY 2024	Social Worker 20	37.06	38.0	20	50
FY 2024	Social Worker 21	19.23	19.0	3	34
FY 2024	Social Worker 22	32.22	30.0	23	50
FY 2024	Social Worker 23	7.56	7.0	3	11
FY 2024	Social Worker 24	34.01	35.0	17	50
FY 2024	Social Worker 25	24.72	25.0	11	40
FY 2024	Social Worker 26	27.82	26.0	9	46
FY 2024	Social Worker 27	27.46	27.0	15	39
FY 2024	Social Worker 28	18.59	16.0	1	36
FY 2024	Social Worker 29	25.35	25.0	3	39
FY 2024	Social Worker 30	7.61	7.0	1	18
FY 2024	Social Worker 31	17.25	20.0	1	32
FY 2024	Social Worker 32	30.81	31.0	16	42
FY 2024	Social Worker 33	9.88	10.0	1	21
FY 2024	Social Worker 34	23.73	21.0	11	40
FY 2024	Social Worker 35	7.57	7.0	2	15
FY 2024	Social Worker 36	8.58	8.0	4	15
FY 2024	Social Worker 37	34.01	31.0	24	54

<b>FY24</b>	<b>Social Worker</b>	<b>Average Caseload per worker</b>	<b>Median Caseload per worker</b>	<b>Minimum, Caseload per worker</b>	<b>Maximum Caseload per worker</b>
FY 2024	Social Worker 38	14.76	11.0	4	32
FY 2024	Social Worker 39	22.65	28.0	1	35

<b>FY25</b>	<b>Social Worker</b>	<b>Average Caseload per worker</b>	<b>Median Caseload per worker</b>	<b>Minimum, Caseload per worker</b>	<b>Maximum Caseload per worker</b>
FY 2025	Social Worker 1	29.61	29.0	27	33
FY 2025	Social Worker 2	30.83	31.0	26	33
FY 2025	Social Worker 3	15.76	14.0	10	24
FY 2025	Social Worker 4	16.64	17.0	9	22
FY 2025	Social Worker 5	35.32	36.0	32	38
FY 2025	Social Worker 6	27.53	27.0	23	32
FY 2025	Social Worker 7	23.98	25.0	16	31
FY 2025	Social Worker 8	36.09	37.0	29	43
FY 2025	Social Worker 9	24.08	27.0	14	36
FY 2025	Social Worker 10	6.33	5.0	2	12
FY 2025	Social Worker 11	1.09	1.0	1	3
FY 2025	Social Worker 12	19.34	18.0	14	27
FY 2025	Social Worker 13	13.21	14.0	9	17
FY 2025	Social Worker 14	29.67	31.0	25	35
FY 2025	Social Worker 15	30.68	32.0	22	36
FY 2025	Social Worker 16	7.23	6.0	3	13
FY 2025	Social Worker 17	7.41	8.0	5	11
FY 2025	Social Worker 18	32.27	33.0	24	36
FY 2025	Social Worker 19	29.68	30.5	23	36
FY 2025	Social Worker 20	10.13	11.0	4	16
FY 2025	Social Worker 21	4.00	3.0	1	9
FY 2025	Social Worker 22	36.82	36.0	32	43

<b>FY25</b>	<b>Social Worker</b>	<b>Average Caseload per worker</b>	<b>Median Caseload per worker</b>	<b>Minimum, Caseload per worker</b>	<b>Maximum Caseload per worker</b>
FY 2025	Social Worker 23	13.80	14.0	10	16
FY 2025	Social Worker 24	20.52	19.5	16	29
FY 2025	Social Worker 25	36.83	37.0	34	41
FY 2025	Social Worker 26	14.48	14.0	9	21
FY 2025	Social Worker 27	42.29	45.0	36	46
FY 2025	Social Worker 28	14.84	17.0	6	26
FY 2025	Social Worker 29	22.59	22.0	16	30
FY 2025	Social Worker 30	1.32	1.0	1	2
FY 2025	Social Worker 31	17.37	19.0	12	24
FY 2025	Social Worker 32	27.54	27.0	22	31
FY 2025	Social Worker 33	4.22	4.0	2	6
FY 2025	Social Worker 34	23.29	23.0	22	25
FY 2025	Social Worker 35	33.91	37.0	24	41
FY 2025	Social Worker 36	31.46	30.0	27	39
FY 2025	Social Worker 37	7.96	8.0	5	12
FY 2025	Social Worker 38	2.50	3.0	1	4

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

<b>FY 24</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2024	Social Worker 1	10
FY 2024	Social Worker 2	6
FY 2024	Social Worker 3	9
FY 2024	Social Worker 4	4
FY 2024	Social Worker 5	5
FY 2024	Social Worker 7	6
FY 2024	Social Worker 8	3

<b>FY 24</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2024	Social Worker 9	4
FY 2024	Social Worker 10	2
FY 2024	Social Worker 11	3
FY 2024	Social Worker 12	6
FY 2024	Social Worker 13	3
FY 2024	Social Worker 14	14
FY 2024	Social Worker 15	1
FY 2024	Social Worker 16	4
FY 2024	Social Worker 17	12
FY 2024	Social Worker 18	6
FY 2024	Social Worker 19	1
FY 2024	Social Worker 21	6
FY 2024	Social Worker 25	5
FY 2024	Social Worker 26	6
FY 2024	Social Worker 27	1
FY 2024	Social Worker 28	2
FY 2024	Social Worker 29	1
FY 2024	Social Worker 30	4
FY 2024	Social Worker 31	1
FY 2024	Social Worker 33	2
FY 2024	Social Worker 34	5
FY 2024	Social Worker 35	3
FY 2024	Social Worker 36	4
FY 2024	Social Worker 38	1
FY 2024	Social Worker 39	2



<b>FY25</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2025	Social Worker 3	4
FY 2025	Social Worker 4	5
FY 2025	Social Worker 9	1
FY 2025	Social Worker 12	3
FY 2025	Social Worker 13	5
FY 2025	Social Worker 16	1
FY 2025	Social Worker 20	4
FY 2025	Social Worker 23	2
FY 2025	Social Worker 26	6
FY 2025	Social Worker 31	4

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

<b>FY24</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2024	Social Worker 1	6
FY 2024	Social Worker 2	6
FY 2024	Social Worker 3	4
FY 2024	Social Worker 4	3
FY 2024	Social Worker 5	2
FY 2024	Social Worker 6	1
FY 2024	Social Worker 7	2
FY 2024	Social Worker 9	3
FY 2024	Social Worker 10	1
FY 2024	Social Worker 11	3
FY 2024	Social Worker 12	5
FY 2024	Social Worker 13	1
FY 2024	Social Worker 14	8

<b>FY24</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2024	Social Worker 15	1
FY 2024	Social Worker 16	1
FY 2024	Social Worker 17	7
FY 2024	Social Worker 18	4
FY 2024	Social Worker 19	1
FY 2024	Social Worker 20	1
FY 2024	Social Worker 21	6
FY 2024	Social Worker 22	1
FY 2024	Social Worker 24	1
FY 2024	Social Worker 25	5
FY 2024	Social Worker 26	5
FY 2024	Social Worker 27	2
FY 2024	Social Worker 28	2
FY 2024	Social Worker 29	1
FY 2024	Social Worker 30	1
FY 2024	Social Worker 31	1
FY 2024	Social Worker 32	1
FY 2024	Social Worker 33	1
FY 2024	Social Worker 34	4
FY 2024	Social Worker 37	1
FY 2024	Social Worker 38	1
FY 2024	Social Worker 39	2

<b>FY25</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2025	Social Worker 1	1
FY 2025	Social Worker 2	1
FY 2025	Social Worker 3	4

<b>FY25</b>	<b>Social Worker</b>	<b>Total Number of Instances</b>
FY 2025	Social Worker 4	5
FY 2025	Social Worker 5	1
FY 2025	Social Worker 6	1
FY 2025	Social Worker 7	1
FY 2025	Social Worker 8	1
FY 2025	Social Worker 9	1
FY 2025	Social Worker 12	4
FY 2025	Social Worker 13	1
FY 2025	Social Worker 14	1
FY 2025	Social Worker 15	1
FY 2025	Social Worker 18	1
FY 2025	Social Worker 19	1
FY 2025	Social Worker 20	1
FY 2025	Social Worker 22	1
FY 2025	Social Worker 23	1
FY 2025	Social Worker 24	1
FY 2025	Social Worker 25	1
FY 2025	Social Worker 26	3
FY 2025	Social Worker 27	1
FY 2025	Social Worker 28	1
FY 2025	Social Worker 29	1
FY 2025	Social Worker 31	2
FY 2025	Social Worker 32	1
FY 2025	Social Worker 34	1
FY 2025	Social Worker 35	1
FY 2025	Social Worker 36	1

- f. 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-23	NOV-23	DEC-23	JAN-24	FEB-24	MAR-24	MAY-24	APR-24	JUN-24	JUL-24	AUG-24	SEP-24	Total # of Days
Social Worker 01	5	12	25	10	0	8	0	0	0	0	0	0	60
Social Worker 02	16	0	0	6	0	9	0	0	0	0	3	0	34
Social Worker 03	9	3	2	10	0	0	0	0	0	0	0	0	24
Social Worker 04	11	26	22	8	0	0	0	0	0	0	0	0	67
Social Worker 05	15	6	3	5	0	0	0	0	0	0	0	0	29
Social Worker 07	2	16	2	0	0	0	0	0	0	0	0	0	20
Social Worker 08	0	0	0	0	0	0	0	0	0	21	9	0	30
Social Worker 09	12	0	0	0	0	0	0	14	0	20	0	0	46
Social Worker 10	0	0	0	0	0	5	0	0	0	0	1	0	6
Social Worker 11	0	0	0	0	0	0	0	15	4	0	9	0	28
Social Worker 12	18	6	12	3	0	0	0	0	0	0	9	6	54
Social Worker 13	0	10	6	4	0	0	0	0	0	0	0	0	20
Social Worker 14	22	0	0	0	3	7	21	21	13	0	0	6	93
Social Worker 15	0	0	0	0	0	0	11	0	0	0	0	0	11

<b>Social Worker</b>	<b>OCT-23</b>	<b>NOV-23</b>	<b>DEC-23</b>	<b>JAN-24</b>	<b>FEB-24</b>	<b>MAR-24</b>	<b>MAY-24</b>	<b>APR-24</b>	<b>JUN-24</b>	<b>JUL-24</b>	<b>AUG-24</b>	<b>SEP-24</b>	<b>Total # of Days</b>
Social Worker 16	0	6	0	0	0	0	0	0	13	7	0	0	26
Social Worker 17	4	25	21	6	0	0	0	19	21	2	10	14	122
Social Worker 18	14	4	5	5	0	0	0	0	0	0	0	0	28
Social Worker 19	0	0	0	0	0	0	7	0	0	0	0	0	7
Social Worker 21	9	14	16	7	0	0	0	0	0	0	0	0	46
Social Worker 25	8	0	0	12	0	0	0	0	0	0	7	1	28
Social Worker 26	12	0	0	0	0	0	0	0	0	8	0	9	29
Social Worker 27	0	0	0	0	0	0	0	0	0	1	0	0	1
Social Worker 28	8	0	0	0	0	0	6	1	0	0	0	0	15
Social Worker 29	0	0	0	0	6	0	0	0	0	0	0	0	6
Social Worker 30	0	4	0	8	27	4	6	5	0	0	0	0	54
Social Worker 31	0	0	0	0	0	6	0	0	0	0	0	0	6
Social Worker 33	0	21	4	0	0	0	0	0	0	0	0	0	25
Social Worker 34	21	1	0	0	0	0	0	0	0	0	5	6	33
Social Worker 35	0	0	0	0	0	0	0	0	26	10	5	0	41
Social Worker 36	0	0	0	0	0	0	0	0	12	1	0	1	14

Social Worker	OCT-23	NOV-23	DEC-23	JAN-24	FEB-24	MAR-24	MAY-24	APR-24	JUN-24	JUL-24	AUG-24	SEP-24	Total # of Days
Social Worker 38	0	0	0	0	0	0	5	1	0	0	0	0	6
Social Worker 39	0	0	0	0	0	10	8	0	0	0	0	0	18
<b>Total</b>	<b>186</b>	<b>154</b>	<b>118</b>	<b>84</b>	<b>36</b>	<b>49</b>	<b>64</b>	<b>76</b>	<b>89</b>	<b>70</b>	<b>58</b>	<b>43</b>	<b>1,027</b>

Social Worker	OCT-24	NOV-24	DEC-24	Total Number of Days
Social Worker 03	1	10	5	16
Social Worker 04	0	5	9	14
Social Worker 09	0	0	13	13
Social Worker 12	0	0	9	9
Social Worker 13	16	14	14	44
Social Worker 16	9	0	0	9
Social Worker 20	18	12	0	30
Social Worker 23	23	21	31	75
Social Worker 26	17	14	7	38
Social Worker 31	0	3	14	17
<b>Total</b>	<b>84</b>	<b>79</b>	<b>102</b>	<b>265</b>

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

Social Worker	OCT-23	NOV-23	DEC-23	JAN-24	FEB-24	MAR-24	MAY-24	APR-24	JUN-24	JUL-24	AUG-24	SEP-24	Total # of Days
Social Worker 01	0	16	6	1	0	0	30	31	30	31	31	30	206
Social Worker 02	15	30	31	23	0	8	30	31	30	31	28	30	287

<b>Social Worker</b>	<b>OCT-23</b>	<b>NOV-23</b>	<b>DEC-23</b>	<b>JAN-24</b>	<b>FEB-24</b>	<b>MAR-24</b>	<b>MAY-24</b>	<b>APR-24</b>	<b>JUN-24</b>	<b>JUL-24</b>	<b>AUG-24</b>	<b>SEP-24</b>	<b>Total # of Days</b>
Social Worker 03	12	27	25	0	29	31	30	31	30	31	31	30	307
Social Worker 04	3	0	4	23	29	31	30	31	30	31	31	30	273
Social Worker 05	2	0	0	2	29	31	30	31	30	31	31	30	247
Social Worker 06	31	30	31	31	29	31	30	31	30	31	31	30	366
Social Worker 07	0	5	29	31	29	31	30	31	30	31	31	30	308
Social Worker 09	7	30	31	31	29	31	30	6	0	6	31	30	262
Social Worker 10	0	0	0	0	0	20	30	31	30	31	11	0	153
Social Worker 11	0	0	0	0	0	0	0	9	26	31	22	30	118
Social Worker 12	13	0	0	28	29	31	30	31	30	31	22	24	269
Social Worker 13	0	0	0	27	29	31	30	31	30	31	31	30	270
Social Worker 14	7	30	31	31	26	0	9	3	12	0	0	0	149
Social Worker 15	0	0	0	0	0	0	5	31	30	31	31	30	158
Social Worker 16	0	0	0	0	0	0	0	0	0	1	0	0	1
Social Worker 17	0	0	10	15	0	0	0	5	9	29	4	0	72
Social Worker 18	17	16	0	23	29	31	30	31	30	31	31	30	299
Social Worker 19	31	30	31	31	29	31	22	0	0	0	0	0	205

<b>Social Worker</b>	<b>OCT-23</b>	<b>NOV-23</b>	<b>DEC-23</b>	<b>JAN-24</b>	<b>FEB-24</b>	<b>MAR-24</b>	<b>MAY-24</b>	<b>APR-24</b>	<b>JUN-24</b>	<b>JUL-24</b>	<b>AUG-24</b>	<b>SEP-24</b>	<b>Total # of Days</b>
Social Worker 20	31	30	31	31	29	31	30	31	30	31	31	30	366
Social Worker 21	6	16	15	24	29	31	30	31	30	28	0	0	240
Social Worker 22	31	30	31	31	29	31	30	31	30	31	31	30	366
Social Worker 24	31	30	31	31	29	31	30	31	30	31	31	30	366
Social Worker 25	21	30	31	19	29	31	30	31	30	31	24	29	336
Social Worker 26	19	30	31	31	29	31	30	31	30	23	0	12	297
Social Worker 27	31	30	31	31	29	31	30	31	30	30	31	30	365
Social Worker 28	16	0	0	0	0	0	0	30	30	31	31	30	168
Social Worker 29	31	30	31	31	6	0	0	0	0	0	0	0	129
Social Worker 30	0	7	0	0	0	0	0	0	0	0	0	0	7
Social Worker 31	0	0	0	0	0	20	30	31	30	31	31	30	203
Social Worker 32	31	30	31	31	29	31	30	31	30	31	31	30	366
Social Worker 33	31	5	0	0	0	0	0	0	0	0	0	0	36
Social Worker 34	9	29	31	31	29	31	30	31	30	31	10	22	314
Social Worker 37	31	30	31	31	29	31	30	31	30	31	31	30	366
Social Worker 38	0	0	0	0	0	0	0	30	30	31	31	30	152



<b>Social Worker</b>	<b>OCT-23</b>	<b>NOV-23</b>	<b>DEC-23</b>	<b>JAN-24</b>	<b>FEB-24</b>	<b>MAR-24</b>	<b>MAY-24</b>	<b>APR-24</b>	<b>JUN-24</b>	<b>JUL-24</b>	<b>AUG-24</b>	<b>SEP-24</b>	<b>Total # of Days</b>
Social Worker 39	0	0	0	0	0	1	22	31	30	31	31	30	176
<b>Total</b>	<b>457</b>	<b>541</b>	<b>554</b>	<b>619</b>	<b>612</b>	<b>669</b>	<b>748</b>	<b>827</b>	<b>827</b>	<b>861</b>	<b>741</b>	<b>747</b>	<b>8,203</b>

<b>Social Worker</b>	<b>OCT-24</b>	<b>NOV-24</b>	<b>DEC-24</b>	<b>Total Number of Days</b>
Social Worker 01	31	30	31	92
Social Worker 02	31	30	31	92
Social Worker 03	10	7	26	43
Social Worker 04	31	25	8	64
Social Worker 05	31	30	31	92
Social Worker 06	31	30	31	92
Social Worker 07	31	30	31	92
Social Worker 08	31	30	31	92
Social Worker 09	31	30	18	79
Social Worker 12	31	30	22	83
Social Worker 13	15	0	0	15
Social Worker 14	31	30	31	92
Social Worker 15	31	30	31	92
Social Worker 18	31	30	31	92
Social Worker 19	31	30	31	92
Social Worker 20	0	1	0	1
Social Worker 22	31	30	31	92
Social Worker 23	0	2	0	2
Social Worker 24	31	30	31	92
Social Worker 25	31	30	31	92
Social Worker 26	1	0	23	24
Social Worker 27	31	30	31	92

Social Worker	OCT-24	NOV-24	DEC-24	Total Number of Days
Social Worker 28	31	17	0	48
Social Worker 29	31	30	31	92
Social Worker 31	31	17	1	49
Social Worker 32	31	30	31	92
Social Worker 34	31	30	31	92
Social Worker 35	31	30	31	92
Social Worker 36	31	30	31	92
<b>Total</b>	<b>770</b>	<b>699</b>	<b>687</b>	<b>2,156</b>

**78. In FY 24 and in FY 25, 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 2023 - 2024	SY 2024 - 2025 (up to 12/31/24)
Accepted	Non CFSA Custody	0 - 9	7	2
		10 - 19	51	32
		20 - 25	47	21
		26 or more	196	17
		Not Recorded	98	34
	CFSA Custody	Not Recorded	0	0
	<b>Subtotal*</b>		<b>367</b>	<b>102</b>
Screened Out	Non CFSA Custody		5,963	1,455
	CFSA Custody		12	1
	<b>Subtotal*</b>		<b>5,974</b>	<b>1,456</b>
Other	Non CFSA Custody	<b>Subtotal*</b>	<b>136</b>	<b>81</b>
<b>Total*</b>			<b>6,477</b>	<b>1,639</b>

**\*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 2023 - 2024	SY 2024 - 2025 (up to 12/31/24)
Non CFSA Custody	0 - 9	1	1
	10 - 19	22	3
	20 - 25	23	3
	26 or more	82	2
	Not Recorded	42	9
Total*		151	17

**\*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 2023 - 2024		SY 2024 - 2025 (up to 12/31/24)	
		# of Investigations	# of Children	# of Investigations	# of Children
Non CFSA Custody	0 - 9	0	0	0	0
	10 - 19	1	1	0	0
	20 - 25	0	0	0	0
	26 or more	5	11	0	0
	Not Recorded	5	7	3	4
Total*		11	19	3	4

**\*Unique Counts**

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

c. How many reports were received from each LEA.

Referral Status	Custody Type	LEA	SY 2023 – 2024	SY 2024 – 2025 (up to 12/31/24)
Accepted	Non CFSA Custody	DCPS	141	39
		DCPCS	85	29
		Private	2	0
		Other	1	0
		Not Recorded	138	34
	CFSA Custody	DCPS	0	0
		DCPCS	0	0
		Private	0	0
		Other	0	0
		Not Recorded	0	0
	<b>Subtotal*</b>		<b>367</b>	<b>102</b>
Screened Out	Non CFSA Custody	DCPS	3,578	850
		DCPCS	2,362	603
		Private	9	1
		Other	10	0
		Not Recorded	4	1
	CFSA Custody	DCPS	9	1
		DCPCS	1	0
		Private	0	0
		Other	1	0
		Not Recorded	0	0
	<b>Subtotal*</b>		<b>5,974</b>	<b>1,456</b>
Other	Non CFSA Custody	DCPS	73	60
		DCPCS	63	20
		Private	0	0
		Other	0	1
		Not Recorded	0	0
	CFSA Custody	DCPS	0	0
		DCPCS	0	0
		Private	0	0
		Other	0	0
		Not Recorded	0	0
	<b>Subtotal*</b>		<b>136</b>	<b>81</b>

*\*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. 'Other' LEA includes schools that were not DCPS, DCPCS, or private schools in the District of Columbia. 5. The referrals counted under "Not Recorded" consist of alleged educational neglect victims where the school LEA was not documented.

**79. How many children did CFSA separate, by age and reason for separation, in FY 23 and FY 24? In FY 25, to date?**

- Total number of unique children in FY23 = 174 (179 Removals)
- Total number of unique children in FY24 = 241 (244 Removals)
- Total number of unique children in FY25 = 48 (48 Removals)

Age	FY23	FY24	FY25
< 1 Year	60	73	36
1	14	19	4
2	9	23	0
3	20	19	3
4	6	11	2
5	8	12	5
6	5	26	2
7	17	16	5
8	7	13	8
9	12	6	2
10	12	7	6
11	13	8	1
12	18	13	0
13	10	16	4
14	19	14	0
15	10	29	0
16	17	15	3
17	7	14	2
<b>Total</b>	<b>264</b>	<b>334</b>	<b>83</b>

*Note: Age is calculated as of the entry date.*

<b>Removal Reason</b>	<b>FY23</b>
Abandonment	4
Alcohol Abuse (Parent)	3
Caretaker ILL/ Unable to Cope	5
Caretaker's Alcohol Use	1
Caretaker's Drug Use	18
Caretaker's Significant Impairment-Cognitive	5
Caretaker's Significant Impairment-Physical/Emotional	8
Child Requested Placement	1
Child's Behavior Problem	10
Child's Disability	1
Death of Caretaker	1
Death of Parent(s)	2
Diagnosed Condition	1
Domestic Violence	5
Drug Abuse (Parent)	15
Educational Neglect	10
Homelessness	2
Inadequate Access to Medical Services	0
Inadequate Access to Mental Health Services	2
Inadequate Housing	7
Incarceration of Caretaker	0
Incarceration of Parent(s)	1
Medical Neglect	15
Neglect (Alleged/Reported)	113
Physical Abuse (Alleged/Reported)	18
Prenatal Drug Exposure	2
Psychological or Emotional Abuse	1
Relinquishment	4
Runaway	1
Sexual Abuse (Alleged/Reported)	3
Voluntary	0
Whereabouts Unknown	5
<b>Total</b>	<b>264</b>

*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 FY24 and FY25, 18 families, representing 29 children, participated in an at-risk meeting prior to entering care.

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

In FY24, 31 post separation FTMs were held in seven days. In FY25 Q1, two were held within seven days.

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

Our current FACES data system does not track the 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	
FY23	22
FY24	25
FY25	2

**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*	FY2023	FY2024	FY2025
0	24	25	3
1	84	101	21
2 - 3	43	76	21
4 - 5	23	34	1
6+	5	8	2
<b>Total No. of Removals</b>	<b>179</b>	<b>244</b>	<b>48</b>

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

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

1. Client ID in the Referral and Case are different.
2. No allegations are entered in the referral for the child that was removed.

**f. How many At-Risk of Removal Family Team Meeting family team meetings were held in FY 24? In FY 25, to date?**

<b>Fiscal year</b>	<b>Number of FTM's</b>	<b>Number of Children</b>
<b>FY24</b>	195	408
<b>FY25 Q1</b>	44	66

**g. How many of these children were placed in emergency or short-term placements in FY 24? In FY 25, to date?**

- Total Number of children who were placed in emergency or short-term placements in FY24 = 23
- Total Number of children who were placed in emergency or short-term placements in FY25 = 6

**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 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 the 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 24? In FY 25, to date?**

CFSA did not enter into any voluntary placement agreements in FY24 or FY25.

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

N/A



**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 into 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.
- There is 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 parents 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;
- 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; and
- Based on the results of this assessment, CFSA would decide next steps.

**80. How many neglect petitions did CFSA file in Family Court in FY 23? In FY 24? In FY 25, to date?**

**a. How many children were the subject of a neglect petition filed by CFSA in Family Court in FY 24 and in FY 25, to date?**

<b>Fiscal Year</b>	<b>Number of children</b>
<b>FY23</b>	146
<b>FY24</b>	258
<b>FY25 Q1</b>	53

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

<b>Fiscal Year</b>	<b>Number of children</b>
<b>FY23</b>	101
<b>FY24</b>	136
<b>FY25 Q1</b>	44

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

<b>Fiscal Year</b>	<b>Number of children</b>
<b>FY23</b>	45
<b>FY24</b>	122
<b>FY25 Q1</b>	9

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

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

In FY25, two children had cases that were no-papered. For all two children, CFSA collects data to know whether there were subsequent hotline calls, removals, or open In-Home cases. Two children have not had any further calls to the hotline or any removals. No child has an open in-home case which remains open as of January 2024.

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

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

CFSA tracks the following for families referred to the Collaboratives:

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

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

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

**81. Provide the number of Hotline calls received regarding newborn toxicology in FY 24 and FY 25, 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.**

i. 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.

<b>Fiscal Year</b>	<b>Total number of hotline calls received regarding newborn toxicology (Q81)</b>	<b>Number of calls that resulted in an in-home wellness visit (ii)</b>	<b>Number of calls that resulted in an investigation (iii)</b>
<b>FY2024</b>	130	84	130
<b>FY2025</b>	23	13	23

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*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.

## **82. What are the five most prevalent reasons for in-home visits and investigations?**

### Investigations

The most frequent allegations associated with all investigations conducted by CPS during FY24 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 FY25 are (in alphabetical order):

- Domestic Violence
- Inadequate Housing
- 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 FY24 are (in alphabetical order):

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

The five most frequent allegations tied to an in-home case that opened in FY25 to date are (in alphabetical order):

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

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

The Child Welfare Training Academy (CWTA), within the Development and Equity Administration (DEA), offers various training opportunities for social workers, emphasizing culturally responsive practices. These sessions include *Cultural Humility*, *Understanding Race Equity in Child Welfare*, *Emptying the Cup: Understanding the Impact of Intergenerational Trauma*, and *Culturally Aware and Responsive Practice*. Culturally responsive practice is also embedded throughout the pre-service training curriculum for new hires. These classes cover how the need for economic resources can impact a parent’s capacity to garner adequate childcare resources thus leading to a potential inadequate supervision report. CWTA works with social workers and mandated reporters to understand how systemic barriers and personal biases have historically increased the likelihood of disproportionate reporting and substantiation of inadequate supervision allegations. Particularly in situations when childcare resources are unavailable or limited and parents must work to ensure their familial needs are being met.

To further support social workers in culturally responsive practice, DEA collaborated with the Agency’s Computer Information Systems Administration (CISA) to create the [!\[\]\(2e897e890e69d81eae4503a8342c36b0\_img.jpg\) \*\*FACES.NET AFCARS 2.0 Guide Vol 1 1262022.pdf\*\*](#). This resource provides practical tips for asking questions in a culturally sensitive and thoughtful manner. Additionally, the Office of Hotline and Investigations (OHI) developed the [Practice Guidance for Investigations Frontline Staff and Managers for Collecting Client Identity Information](#) to better support staff in taking a culturally humble and responsive approach to obtaining racial and ethnic data.

**84. 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

**85. In FY 24 and in FY 25, 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 each LEA.**

See response to Question 78.

**86. Provide an update on the Educational Neglect Triage Unit.**

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

D.C. Code §38-208 requires students five years of age through 13 years of age who have accrued 10 or more full school day unexcused absences at any point in a school year to be referred to CFSA. Although schools are required by law to report the accrual of 10 unexcused absences, these absences alone do not necessarily constitute educational neglect. Through its triage and investigative processes, CFSA's Investigative Units will determine whether there is alleged educational neglect requiring a child welfare agency response. If a child welfare agency response is required, a referral for a CPS investigation will be made. In all cases, the reporter will be notified of the outcome of each report.

For children ages 14-17, schools are not required by law to report attendance matters to CFSA. These matters are presumed to be the result of truancy and not educational neglect, and the school is therefore required to make a report to Court Social Services and the Office of the Attorney General Juvenile Section. However, if a school suspects that a student 14 years of age through 17 years of age is not attending school as a direct result of a parent not allowing them access to school, then a report should be made through the CFSA HOTLINE at 202-671-SAFE or 202-671-7233. Please see response to Question 88 for more detailed info about the educational neglect process.

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 truancy and educational neglect?**

CFSA continues to partner with the DC Public Schools (DCPS), the DC Public Charter Schools (DCPCS), the Office of the State Superintendent for Education (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), DCPS, DCPCS, DC private schools and 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
- Participation in DCPS "Immunization Updates for Partners" meetings
- Students in the Care of DC Coordinating Committee
- Attendance on the Everyday Counts! Taskforce
- Attendance on the Students in the Care of DC committee

**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 Ed Neglect portal. Educational Neglect is the only allegation that can be reported through the Ed Neglect portal. If a school is reporting other allegations in addition to educational neglect, they would call our 24-hour hotline (202-671-SAFE or 202-671-7233) or submit a report through the Mandated Online Reporting portal where a CFSA hotline worker would take the call, or in the case of a mandated portal report submission review the portal report submission and document the reported concerns. All reports of abuse and neglect are taken through the Hotline or the Mandated Online Reporting portal apart from educational neglect referrals that are being reported by school personnel through the Ed Neglect 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.

**87. According to CFSA's FY 23 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 educational 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, and the 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?**

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



- 8<sup>th</sup> 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.
- 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.
- 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.
- 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.
- 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.

**88. According to CFSA's FY 23 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 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 social worker 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 High School with a 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, the 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 to 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 South East Collaborative. This social worker referred the family for furniture, clothing, and rental assistance. They were linked to the Far South East Family Success Center 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 with 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.

**89. According to CFSA's FY 23 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 Referrals:

Engage referrals expands CFSA's preventative measure to address educational neglect. These referrals are assigned to Family Support Workers (FSWs) who assist schools with family wellness checks and outreach related to attendance, enrollment, and re-engagement of students. The FSW engages with schools, families, and community-based resources. The FSW 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 LinkU 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, and the 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.

**90. 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.

Students with poor attendance can receive services through CFSA's Check and Connect program. Youth receive direct intensive services biweekly in the form of one-on-one monitoring to assess reasons for poor attendance and to determine intervention strategies. Youth are encouraged to attend school, and they receive incentives such as gift cards for improved school performance. In addition, youth are referred to the OSSE Re-Engagement Center to reconnect to educational options and other services that can help them in attaining their high school diploma or GED.

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

**91. 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 24 and FY 25, to date, that received health screenings prior to placement; and**

<b>Fiscal Year</b>	<b># of Removals</b>	<b># of Youth Requiring Health Screening Prior to Placement</b>	<b># of Youth Receiving a Health Pre-Placement Screening</b>
<b>FY24</b>	244	207	173 (84%)
<b>FY25</b>	48	42	32 (76%)

*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 abscondence or placed in correctional facilities.*

**b. The number and percentage of children who entered foster care in FY 24 and FY 25, to date, that received medical and dental evaluations within 30 days of placement;**

<b>Fiscal Year</b>	<b># of Removals</b>	<b># of Youth Requiring Medical Evaluation within 30 days of Placement</b>	<b># of Youth Receiving a Medical Evaluation within 30 days of Placement</b>
<b>FY24</b>	244	198	143 (72%)
<b>FY25</b>	48	33	20 (61%)
<b>Fiscal Year</b>	<b># of Removals</b>	<b># of Youth Requiring Dental Evaluation within 30 days of Placement</b>	<b># of Youth Receiving a Dental Evaluation within 30 days of Placement</b>
<b>FY24</b>	244	163	13 (8%)
<b>FY25</b>	48	18	2 (11%)

**92. For FY 24 and FY 25, to date:**

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

<b>Fiscal Year</b>	<b>Medically Fragile</b>	<b>Developmentally Delayed</b>
<b>FY24</b>	3	26
<b>FY25</b>	0	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
FY24	15	35
FY25	7	17

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

93. For FY 24 and FY 25, 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
FY24	282
FY25	24

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

Fiscal Year	Total Children
FY24	220
FY25	15

- 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 FY24, out of the 220 children not entering foster care, nine children were screened using the Ages and Stages Questionnaire (ASQ-3). In FY25, out of the 15 children not entering foster care, one was screened using the ASQ-3.

Fiscal Year	Children Screened Using the Ages and Stages Questionnaire
FY24	9
FY25	1

- 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
FY24	5
FY25	1

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

**a. What percentage of children entering foster care in FY 24 received a mental health evaluation within 30 days of entry? In FY 25, to date?**

<b>Fiscal Year</b>	<b># of Eligible Children</b>	<b>#Received Mental Health Evaluation</b>	<b># and Percent of Children Received Mental Health Evaluation Within 30 Days of Entry</b>
<b>FY 24</b>	64	50	33 (66%)
<b>FY 25 Q1</b>	11	7	7 (64%)

\*Eligibility represents children ages 5 and over 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 FY24 and FY25 to date, no children were referred for further mental health evaluations because CFSA mental health staff conducts mental health evaluations internally.

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

In FY24 and FY25 to date, 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 24 received the CAFAS/PECFAS every 90 days? In FY 25, to date?**

In December 2019, CFSA stopped conducting aggregate tracking of the about 1,540 results Of the CAFAS (Child and Adolescent Functional Assessment Scale)/PECFAS (Pediatric Functional Assessment Scale) assessment data.

**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 FY24, the average time between mental health evaluations and the delivery of therapy services was 15 days.
- In FY25 to date, the average time between mental health evaluations and the delivery of therapy services was six days.



- d. In FY 24, and in FY 25, to date, how many children, broken down by age and gender, had an episode of psychiatric hospitalization?

**FY24**

Age	1 Episode	2 Episodes or More	Total Children
9	0	1	1
10	0	1	1
12	2	2	4
13	3	0	3
14	1	0	1
15	3	1	4
16	2	2	4
17	6	0	6
18	2	1	3
19	2	0	2
20	0	1	1
<b>Total</b>	<b>21</b>	<b>9</b>	<b>30</b>

**FY24**

Gender	1 Episode	2 Episodes or More	Total Children
Male	9	4	13
Female	12	5	17
<b>Total</b>	<b>21</b>	<b>9</b>	<b>30</b>

**FY25 Q1**

Age	1 Episode	2 Episodes or More	Total Children
12	1	0	1
18	1	0	1
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>

**FY25 Q1**

Gender	1 Episode	2 Episodes or More	Total
Male	0	0	0
Female	2	0	2
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>

- e. **In FY 24, and in FY 25, to date, how many, and what percentage of, hospitalized children had more than one episode of psychiatric hospitalization?**

In FY24, nine youth (four males and five females) or 30 percent of hospitalized youth, had more than one episode of psychiatric hospitalization.

In FY25, to date, no youth hospitalized 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 24? In FY 25, to date? Break this information down by age.**

In FY24, 19 children, or 4.16 percent of children in foster care, spent time at a PRTF.

In FY25, to date, 10 children, or 1.82 percent of children in foster care, spent time at a PRTF.

Age	FY24 Children placed at a Psychiatric Residential Treatment Facility (PRTF)
8	1
10	1
11	3
12	2
13	3
15	2
16	6
17	1
<b>Total</b>	<b>19</b>

Age	FY25 Children placed at a Psychiatric Residential Treatment Facility (PRTF)
8	1
9	1
11	1
12	1
13	3
15	1
16	1
17	1
<b>Total</b>	<b>10</b>

- 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 24? How many referrals has CFSA made in FY 25, 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**

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

In FY25, CFSA made seven referrals for evidenced based, specialized services to DBH.

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

DBH does not track when the status of children in foster care changes to a status of “protective supervision”.

- h. In FY 24 and FY 25, 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 FY24, 73 youth completed mental health evaluations, of which 48 were recommended for therapy. In FY25, to date, 17 youth completed mental health evaluations, of which 13 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 FY 24, and FY25 to date, CFSA utilized our internal mental health unit for youth in need of therapy. There were no transitions to DBH.

**95. Provide an update on the Agency’s internal crisis stabilization services as well as CFSA’s partnership with the Department of Behavioral Health’s mobile crisis stabilization services. Provide a detailed description of all other available crisis stabilization services for youth in foster care and resource parents in FY 24 and FY 25, 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:

- *Every 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 crisis as reported by parents or social workers, either by phone or in-person. RPSWs are required to do monthly in-person visits in an effort to support parents and diminish the number of crises in a pro-active way.*
- *The REACH Support Line – is staffed by the Innovative Family Support Units every evening, weekend and holiday. The staff provide telephone consultation after hours 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 contracted through DBH, 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 24, how many calls for crisis mobilization services has CFSA and/or its vendors received? FY 25, to date?**

<b>FY2024</b>	44
<b>FY2025 Q1</b>	11

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

<b>FY2024</b>	32
<b>FY2025 Q1</b>	8

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

<b>FY2024</b>	0
<b>FY2025 Q1</b>	0

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

<b>FY2024</b>	0
<b>FY2025 Q1</b>	0

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

<b>FY2024</b>	0
<b>FY2025 Q1</b>	0

- 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 monthly 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, and these services are offered District wide. Some youth have crisis support through their Medicaid funded and DBH coordinated mental health services.

**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 10 resource parent support workers assigned to resource parents in the District.
- 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.

**96. Provide the number of children served by the in-house mental health providers hired by CFSA in FY 24 and FY 25, 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.**

<b>FY 24 Client</b>	<b>Start of Service</b>	<b>End of Service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
1	3/12/2024	9/6/2024	178	Individual Therapy	No
2	7/3/2023	9/5/2024	430	Individual Therapy	No
3	12/4/2023	9/2/2024	273	Individual Therapy	No
4	2/8/2023	8/31/2024	570	Individual Therapy	No
5	4/22/2024	8/28/2024	128	Individual Therapy	No
6	5/3/2024	8/27/2024	116	Individual Therapy	No
7	4/16/2024	8/27/2024	133	Individual Therapy	No
8	8/16/2022	8/26/2024	741	Individual Therapy	No
9	1/8/2024	8/26/2024	231	Individual Therapy	No
10	5/28/2024	8/19/2024	83	Individual Therapy	No
11	9/12/2022	8/1/2024	689	Individual Therapy	No
12	3/21/2024	8/1/2024	133	Individual Therapy	No
<b>FY 24 Client</b>	<b>Start of service</b>	<b>End of service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
13	4/17/2024	7/24/2024	98	Individual Therapy	No

14	8/9/2023	6/7/2024	303	Individual Therapy	No
15	3/4/2024	6/3/2024	91	Individual Therapy	No
16	5/9/2024	5/29/2024	20	Individual Therapy	No
17	4/15/2024	5/16/2024	31	Individual Therapy	No
18	3/17/2023	5/8/2024	418	Individual Therapy	No
19	5/23/2023	5/1/2024	344	Individual Therapy	No
20	4/14/2023	5/1/2024	383	Individual Therapy	No
21	3/23/2023	4/9/2024	383	Individual Therapy	No
22	1/13/2023	4/3/2024	446	Individual Therapy	No
23	8/22/2023	3/19/2024	210	Individual Therapy	No
24	8/26/2021	1/30/2024	887	Individual Therapy	No
25	11/10/2021	1/30/2024	811	Individual Therapy	No
26	11/20/2023	1/29/2024	70	Individual Therapy	No
27	5/10/2023	12/20/2023	224	Individual Therapy	No
28	10/18/2023	12/6/2023	49	Individual Therapy	No
29	4/7/2022	11/23/2023	595	Individual Therapy	No
30	9/19/2024	Active	N/A	Individual Therapy	No
31	9/13/2024	Active	N/A	Individual Therapy	No
32	9/13/2024	Active	N/A	Individual Therapy	No
<b>FY 24 Client</b>	<b>Start of service</b>	<b>End of service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
33	9/9/2024	Active	N/A	Individual Therapy	No
34	9/9/2024	Active	N/A	Individual Therapy	No
35	8/19/2024	Active	N/A	Individual Therapy	No
36	8/14/2024	Active	N/A	Individual Therapy	No
37	8/13/2024	Active	N/A	Individual Therapy	No
38	7/25/2024	Active	N/A	Individual Therapy	No
39	6/28/2024	Active	N/A	Individual Therapy	No
40	6/28/2024	Active	N/A	Individual Therapy	No
41	6/27/2024	Active	N/A	Individual Therapy	No
42	6/25/2024	Active	N/A	Individual Therapy	No
43	6/12/2024	Active	N/A	Individual Therapy	No
44	4/4/2024	Active	N/A	Individual Therapy	No
45	4/2/2024	Active	N/A	Individual Therapy	No
46	3/14/2024	Active	N/A	Individual Therapy	No
47	2/13/2024	Active	N/A	Individual Therapy	No
48	1/25/2024	Active	N/A	Individual Therapy	No
49	11/21/2023	Active	N/A	Individual Therapy	No
50	11/1/2023	Active	N/A	Individual Therapy	No
51	10/30/2023	Active	N/A	Individual Therapy	No
52	10/19/2023	Active	N/A	Individual Therapy	No



<b>FY 24 Client</b>	<b>Start of service</b>	<b>End of service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
53	10/3/2023	Active	N/A	Individual Therapy	No
54	9/28/2023	Active	N/A	Individual Therapy	No
55	4/6/2023	Active	N/A	Individual Therapy	No
56	3/31/2023	Active	N/A	Individual Therapy	No
57	10/17/2022	Active	N/A	Individual Therapy	No
58	10/12/2022	Active	N/A	Individual Therapy	No
59	9/12/2022	Active	N/A	Individual Therapy	No
60	3/2/2022	Active	N/A	Individual Therapy	No

<b>FY 25 Client</b>	<b>Start of service</b>	<b>End of service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
1	9/5/2023	12/6/2024	458	Individual therapy	No
2	10/17/2024	11/7/2024	21	Individual therapy	No
3	4/2/2024	11/7/2024	219	Individual therapy	No
4	4/25/2023	10/17/2024	541	Individual therapy	No
5	1/23/2023	10/9/2024	625	Individual therapy	No
6	5/8/2024	10/1/2024	146	Individual therapy	No
7	4/30/2024	10/1/2024	154	Individual therapy	No
8	6/20/2023	10/1/2024	469	Individual therapy	No
9	9/19/2024	Active	N/A	Individual therapy	No
10	9/13/2024	Active	N/A	Individual therapy	No
<b>FY 25 Client</b>	<b>Start of service</b>	<b>End of service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
11	9/13/2024	Active	N/A	Individual therapy	No
12	9/9/2024	Active	N/A	Individual therapy	No
13	9/9/2024	Active	N/A	Individual therapy	No

14	8/19/2024	Active	N/A	Individual therapy	No
15	8/14/2024	Active	N/A	Individual therapy	No
16	8/13/2024	Active	N/A	Individual therapy	No
17	7/25/2024	Active	N/A	Individual therapy	No
18	6/28/2024	Active	N/A	Individual therapy	No
19	6/28/2024	Active	N/A	Individual therapy	No
20	6/27/2024	Active	N/A	Individual therapy	No
21	6/25/2024	Active	N/A	Individual therapy	No
22	6/12/2024	Active	N/A	Individual therapy	No
23	4/4/2024	Active	N/A	Individual therapy	No
24	4/2/2024	Active	N/A	Individual therapy	No
25	3/14/2024	Active	N/A	Individual therapy	No
26	2/13/2024	Active	N/A	Individual therapy	No
27	1/25/2024	Active	N/A	Individual therapy	No
28	11/21/2023	Active	N/A	Individual therapy	No
29	11/1/2023	Active	N/A	Individual therapy	No
30	10/30/2023	Active	N/A	Individual therapy	No
31	10/19/2023	Active	N/A	Individual therapy	No
32	10/3/2023	Active	N/A	Individual therapy	No
<b>FY 25 Client</b>	<b>Start of service</b>	<b>End of service</b>	<b>Length of Service (days)</b>	<b>Type of service</b>	<b>Transitioned to external provider</b>
33	9/28/2023	Active	N/A	Individual therapy	No
34	4/6/2023	Active	N/A	Individual therapy	No

35	3/31/2023	Active	N/A	Individual therapy	No
36	10/17/2022	Active	N/A	Individual therapy	No
37	10/12/2022	Active	N/A	Individual therapy	No
38	9/12/2022	Active	N/A	Individual therapy	No
39	3/2/2022	Active	N/A	Individual therapy	No

**97. There are many parents with in-home cases who need immediate mental health services in order to comply with their case plans as well as their children.**

**a. How many of CFSA's in-home families accessed mental health services through DBH in FY 23, FY 24 and FY 25 to date?**

- In FY23, there were 187 unique in-home children and youth who accessed mental health services through DBH.
- In FY24, there were 185 unique in-home children and youth who accessed services through DBH.
- In FY25 to date, there were 82 unique in-home children and youth who accessed services through DBH.

Services include medication management, community support, mobile crisis/stabilization to individual and family therapy services.

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

CFSA and DBH partnership includes the co-location of a DBH staff to assure individuals have access to a full continuum of quality behavioral health services and supports. In-home social workers can contact the onsite DBH co-located staff for support to eliminate barriers.

**c. What is CFSA doing to increase the supply of needed mental health services for parents and children with in-home cases.**

DC residents including in home children and families served through CFSA can access behavioral health services via DBH's Access Helpline, school based behavioral health services, 988 and by walking directly into a DBH's Core Services Agencies and Substance use Disorder (SUD) Assessment and Referral sites. DBH continues to increase the number of providers within our network and have added additional evidence-based treatments to further support the evolving needs of children and families served by CFSA. Additionally, DBH is seeking a vendor to provide Level 3.5 Clinically Managed Medium Intensity Residential Treatment for youth who require inpatient substance use treatment.

**98. Provide the following responses for FY 23, FY 24, and FY 25, to date:**

**a. Of the number of youth who entered foster care, how many received substance abuse screenings through the Healthy Horizons Clinic?**

- 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, 244 youth entered foster care and 74 of those youth were eligible for substance abuse screening. Of those 74 eligible youth, zero consented to a substance abuse screening.
- In FY25 Q1, 48 youth entered foster care and eight of those youth were eligible for substance abuse screening. Of those eight eligible youth, zero consented to a substance abuse screening.

**i. Based on the screenings administered, what are the most commonly used drugs?**

No youth consented to substance abuse screens.

**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 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, 13 youth were referred for an assessment by an ASTEP provider. Of the 13 youth, four youth agreed to an assessment, however, the youth were no shows.
- In FY25, three youth were referred for an assessment by an ASTEP provider. The three-youth agreed to an assessment, which are pending.

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

- In FY23, three of the seven youth were assessed and successfully linked to services.
- In FY24, no youth were assessed or linked to services.
- In FY25, no youth have been assessed or linked to services.

**99. 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 CY24, there were two children who died with active CFSA involvement at the time of their death.

- One child was placed in out-of-home care at the time of her death.
- One child had an open in-home case at the time of his death.

As of 1/27/25, there have been no fatalities reported for children or youth in CFSA's care at the time of their death in CY25 to date.

**100. Provide the number youth who changed mental health care providers as a result of contractual or administrative changes during FY 23, FY 24, and FY 25, to date, and provide a reason for the change.**

- In FY23, there were 32 youth who changed mental health providers, due to contractual changes as two Community Based Intervention (CBI) Providers did not wish to renew their contracts. Due to the provider's closure, 32 children were transferred to certified mental health providers for continued services and supports.
- In FY24, there were seven children who changed mental health providers, due to contractual changes as the CBI provider decided not to renew the contract to provide CBI services. Due to the provider's closure in FY24, the seven children and youth were transferred to certified mental health providers for continued services and supports.

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

**101. How many referrals did CFSA receive from MPD regarding minors alleged to be commercially sexually exploited FY 24 and in FY 25, to date?**

Number of Referrals CFSA Received from MPD Regarding Minors Who Were Alleged Commercially and Sexually Exploited or Sex Trafficked as of December 31, 2024.

FY	Accepted							Accepted	Total
	Incomplete	Inconclusive	Linked Investigation	Open	Substantiated	Unfounded	Subtotal	Linked	# of Calls
<b>FY 2024</b>	5	1	0	3	5	5	19	1	20
<b>FY 2025</b>	1	0	0	3	0	0	4	1	5

*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. FY 25 is through December 31, 2024.*

**102. How many referrals did CFSA receive in FY 24 and FY 25, 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.**

Number of Referrals Where the Alleged Trafficker was a Parent, Guardian, or Legal Custodian  
As of December 31, 2024

FY	Allegation Type	Accepted							Accepted Linked	Screened Out	Total # of Calls
		Incomplete	Inconclusive	Linked Investigation	Open	Substantiated	Unfounded	Subtotal			
FY 2024	Failure to protect against human sex trafficking	2	0	0	2	1	1	6	1	0	7
	Sexual exploitation of a child by a caregiver (Q102)	7	1	1	2	4	4	19	1	1	21
	Sexual exploitation/sex trafficking of a child (by a non-caregiver)	23	2	1	10	12	16	64	11	2	77
	Total Hotline Calls	30	3	2	11	15	20	81	12	2	95*
FY 2025	Failure to protect against human sex trafficking	1	0	0	0	0	1	2	0	3	
	Sexual exploitation of a child by a caregiver (Q102)	0	0	0	1	0	0	1	3	0	4
	Sexual exploitation/sex trafficking of a child (by a non-caregiver)	3	1	0	6	0	1	11	4	0	15
	Total Hotline Calls	3	1	0	7	0	1	12	6	0	18*

ote: \*The total hotline calls by outcome for the fiscal year are unique. FY 25 is through December 31, 2024.

**103. 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.**

No guidance on this topic was updated or changed during the previous year. The Agency's Administrative Issuance (issued in 2017) [Commercial Sexual Exploitation and Sex Trafficking Identification and Response](#), does specifically address parental/relative perpetrators, and non-relative perpetrators.

**104. 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.**

No guidance on this topic was updated or changed during the previous year. The Agency's Administrative Issuance (issued in 2017) [Commercial Sexual Exploitation and Sex Trafficking Identification and Response](#), does specifically address parental/relative perpetrators, and non-relative perpetrators.

**105. 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 FY24, training on human trafficking issues was not offered as the curriculum was under its annual review and update. In FY25, to date, training on human trafficking issues was offered four times with 92 participants.

**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 24 and in FY 25, 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.

**106. 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 all children and youth in care, including individuals who are skilled in working with this specific population. The intensive foster care contract with PSI is an investment that can support youth who have been or are at risk of being trafficked. In June of 2024, PSI's contract was increased to reflect 30 Intensive Foster Care beds and 10 Kinship/Traditional beds. Amending the contract to include kinship beds allows for youth to be with their family but have the supports and services available with this contract. On January 2, 2024, Allen House therapeutic group home opened and is serving this population.

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

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

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



**107. In FY 24 and in FY 25, 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?**

FY	Foster Care	In-Home	Total # of Children
FY 2024	6	2	8
FY 2025	3	0	3

**108. Describe the involvement that CFSA has in DC Superior Court's HOPE Court.**

**a. How many cases did the Hope Court hear in FY 24 and in FY 25, to date?**

FY24	22
FY25	17

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

CFSA is an active participant in Hope Court, and our role is fully implemented in the Hope Court process. The agency will continue to partner with agencies and organizations to support identified needs for this population.

## Education

**109. In SY 23-24, Provide the following information regarding foster youth school stability and continuity.**

**a. How many youth experienced a change in school placement during the 23-24 school year? State the reason(s) for each change in placement.**

During the SY23-24 school year, 40 students changed school placement. Reasons for school placement changes include:

- Student Request: 3 students
- Parent/Guardian Choice: 1 student
- Proximity to Placement: 6 students
- PRTF or Detention Entry or Discharge: 20 students
- Services/Program Needs: 7 students
- Dropped (Attendance)/Other: 3 students

**b. How many youth attended a different school the previous school year? State the reason(s) for each change in placement.**

- Student Request: 4 students
- Parent/Guardian Choice: 3 students

- Proximity to Placement: 28 students
- PRTF or Detention Entry or Discharge: 18 students
- Expulsion: 1 student
- Natural Transition/Matriculation: 32 students
- Services/Program Needs: 12 students
- Dropped (Attendance)/Other: 11

**c. How does CFSA ensure that students eligible for transportation by the Office of the State Superintendent of Education sign up for transportation, update transportation needs to reflect changes in school placement, and make alternative arrangements when OSSE bus services are unavailable?**

CFSA ensures that students eligible for transportation by the Office of the State Superintendent of Education (OSSE) sign up for transportation by collaborating with the students' social workers to review transportation eligibility criteria, obtaining copies of the Individualized Education Plans (IEP), and providing guidance throughout the process of next steps to secure transportation.

CFSA updates transportation needs to reflect changes in school placement through communications with the Parent Resource Center, a primary communication link between families and schools. When there is a placement change, CFSA's Program Specialist notifies OSSE to cancel transportation from the current placement plan until a new placement is confirmed. During this time, CFSA provides transportation support.

When OSSE bus services are unavailable, CFSA provides transportation support for those students, in accordance with their IEP, for 10 business days; a timeline requested by DCPS to ensure a student has been successfully rerouted. If there is no IEP, eligible youth are provided with temporary transportation support to and from school until a new plan is developed.

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

In FY24, there were 103 youth referred for school transportation. Of that total, 99 youth received the requested transportation. There were four youth referred for school stability transportation who did not receive the service in FY24. The reasons are as follows:

- One youth was transported by the resource parent.
- Two youth accessed the metro using the DC One Card provided by DCPS.
- One youth had a goal change to adoption and moved to his local school.

**e. Describe the agency's efforts in FY 24 and FY 25, to date, to improve school stability and continuity for youth who enter foster care or who change foster care placements while in care.**

In FY24 and FY25, 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

regular meetings convening various district level and school community stakeholders to monitor school enrollment and stability, as well as promote better coordination of services for DC youth enrolled in its schools and ensure legal compliance with ESSA school stability provisions.

**f. Describe the agency's efforts in FY 24 and FY 25, to date, to improve school stability and continuity for youth who enter into kinship care via safety plans.**

See response to Question 109e. CFSA offers the same services to improve school stability and continuity for all youth in care and does not delineate kinship care

**110. How many youth received tutoring in FY 24 and to date in FY 25?**

CFSA has not had a budget for a tutoring contract in FY24 or FY25, thus no youth have received this service from CFSA.

**a. What is the total funding in the FY 25 budget for tutoring? Explain any variance from FY 24.**

There is no budget allocated for tutoring in FY25. This represents a zero variance from FY24.

**b. Identify each tutoring provider and the amount allocated in FY 25. Explain any variance from FY 24.**

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?**

Since youth received their tutoring in the community or at school, CFSA does not track this data.

**111. How many youth received mentoring services in FY 24 and to date in FY 25?**

Mentoring Provider	FY24	FY25
Credible Messenger	50	43

**a. What is the total funding in the FY 25 budget for mentoring? Explain any variance from FY 24.**

CFSA's FY25 mentoring budget is \$150,000. This represents a decrease of \$92,000 from FY24, which is the result of budget rightsizing.

- b. Identify each mentoring provider and the amount allocated in FY 25. Explain any variance from FY 24.**

DYRS' Credible Messenger initiative is a mentoring program for older youth (ages 14-21). The FY25 budget is \$150,000. This represents a decrease of \$92,000 from FY24, which is the result of budget rightsizing.

- 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

**112. 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
<b>Total</b>	<b>64</b>	<b>4</b>

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

See response to Question 112(c).

- 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)

<b>Program (Provider)</b>	<b>Number of families referred to services in FY24 (in parentheses, number of families referred who actually engaged in services)</b>	<b>Number of families referred to services in FY25 (in parentheses, number of families referred who actually engaged in services)</b>
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)	4 (10)	0 (0)
(Mary's Center)	4 (10)	0 (0)
Effective Black Parenting Program (EBPP)	28 (96)	4 (11)
Family Peer Coaches	23 (76)	3 (6)
(Community Connections)	23 (76)	3 (6)
Functional Family Therapy	7 (19)	1 (2)
(Department Of Human Services)	7 (19)	1 (2)
Healthy Families America (HFA)/Parents as Teachers (PAT)	5 (8)	1 (3)
(Mary's Center)	3 (4)	1 (3)
Multi-Systemic Therapy (MST)	1 (6)	0 (0)
(Department of Behavioral Health)	1 (6)	0 (0)
Neighborhood Legal Services (NLSP) Family Preservation Project (FPP) <sup>1</sup>	22 (60)	2 (3)
(Neighborhood Legal Services)	22 (60)	2 (3)
Nurturing Parent Program (NPP)	9 (27)	6 (17)

<b>Program (Provider)</b>	<b>Number of families referred to services in FY24 (in parentheses, number of families referred who actually engaged in services)</b>	<b>Number of families referred to services in FY25 (in parentheses, number of families referred who actually engaged in services)</b>
(East River Family Strengthening Collaborative)	9 (27)	6 (17)
Parent Child Interaction Therapy (PCIT)	3 (9)	1 (2)
(Department of Behavioral Health)	3 (9)	1 (2)
PASS (Parent & Adolescent Support Services)	2 (6)	1 (3)
(Department Of Human Services)	2 (6)	1 (3)
Trauma-Focused Cognitive Behavioral Therapy	11 (23)	3 (3)
(Department of Behavioral Health)	11 (23)	3 (3)
Trauma Systems Therapy (TST)	7 (19)	1 (2)
(Department of Behavioral Health)	7 (19)	1 (2)

**ii. The additional services and interventions that have been or will be made available in FY 24 under the Family First Prevention Services Act and Families First DC;**

See response to Question 112(c)(i) for services available under the Family First Prevention Services Act.

In addition to the services outlined in Question 112(c)(i), In-Home families can access the 11 Family Success Centers (FSCs) within their neighborhoods. See also response to Question 126 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 24 and in FY 25, to date;**

See response to Question 112(c)(i).

- e. The total number of families with new in-home cases in FY 24 and in FY 25, 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
FY 2024	58	2	219	1	15	0	295
FY 2025	13	0	42	0	3	2	60

*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 24 and in FY 25, to date, broken down by reason for closure;

Closure Reason	FY 2024	FY 2025
Change in Providers	1	0
Child aged out	1	0
Child Welfare services not needed	175	39
Client's failure to cooperate	5	0
Client's Request	1	0
Completion of Treatment Plan	49	13
Court Action	2	4
Death of Client	1	1
Ineligible Provider	1	0
Moved out of state	9	2
Other	11	1
Services to be given by others	5	1
Services/Service Plan Completed	52	18
Total Cases Closed	313	79

*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 dedicated its annual Needs Assessment report to examining the In-Home administration, aiming to gain insights into the needs of families receiving in-home services and the effectiveness of the administration in meeting those needs. The findings were published on February 12, 2024, and the report features a range of qualitative and quantitative

analyses. Among these analyses was a program evaluation designed to measure the impact of the In-Home administration on the likelihood of families facing future separations or Child Protective Services (CPS) investigations. The evaluation employed a statistical technique known as propensity score matching and utilized data sourced from FACES.NET Detailed explanations of the methodology and data are provided within the report.

One significant conclusion drawn from the evaluation is that families benefiting from in-home services see a 15 percent reduction in the likelihood of separation. This finding indicates that in-home services play a crucial and beneficial role in helping to maintain family unity, especially among the higher-risk families served by the In-Home administration.

*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 2023, 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 FY2023 and FY2024 Q1, 183 In-home cases received hotline call(s) after the case was closed.

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

105 of those cases were accepted for investigation.

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

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



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

None of those cases had a child separated.

**113. Describe CFSA funding for early childhood home visiting in FY 24. Include:**

- a. The amount of local funding for home visiting;**
- b. The amount and sources of federal funding used for home visiting;**
- c. How home visiting dollars were spent in FY 24, including local and federal funding by program; and**
- d. Changes in local funding for home visiting in recent years.**
- 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.**

In FY24, CFSA and DC Health transitioned their memorandum of understanding (MOU), which allocated slots for CFSA-involved families in the Healthy Families America (HFA) and Parents as Teachers (PAT) home visiting programs, into a memorandum of agreement (MOA) due to low program utilization. While CFSA has discontinued funding for the program, the agency remains committed to its partnership with DC Health and continues to send referrals as needed.

**CFSA Funding for Early Childhood Home Visiting Service Providers in FY24**

<b>Service Provider</b>	<b>Target Population</b>	<b>Program Model</b>	<b>Total Funding Amount (\$)</b>	<b>Federal (\$)</b>	<b>Local (\$)</b>	<b>Changes – Local \$</b>
CSC - HIPPY	Young Latino (or immigrant) mothers aged (17-25) with children (0-6)	Home Visiting	\$150,000	\$50,000 – CBCAP Grant	\$100,000	Funding increased by \$100,000 in FY24
Community Family Life Services (CFLS)	Mothers impacted by Homelessness, DV or incarceration	Home Visiting/Parenting	\$260,000		\$260,000	Funding increased by \$64,750 in FY24
DC Health (HFA/PAT)	Parents of Children (0-5)	Home Visiting	\$160,471		\$160,471	Funding decreased by \$160,471 in FY24

Service Provider	Target Population	Program Model	Total Funding Amount (\$)	Federal (\$)	Local (\$)	Changes – Local \$
Mary's Center	Fathers with children (0-5)	Home Visiting	\$250,000		\$250,000	Funding increased by \$64,750 in FY24

**114. Describe CBCAP funding for home visiting in FY 24. Include:**

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

The Community-Based Child Abuse Prevention (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 FY24 CBCAP award amount was \$191,053. Of this allocation, CFSA utilized \$50,000 on home visiting programs.

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

CBCAP Funding for Home Visiting in FY24

Prevention Service (Provider)	Target Population	Program Model	Projected Slot Allocation	FY24 CBCAP Funding Amount
Collaborative Solutions for Communities – HIPPY (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 decrease in CFSA's federal CBCAP award in FY24, from \$192,411 in FY23 to \$191,053. The year-to-year federal award changes are determined by a formula.

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

As a practice, the Office of Thriving Families (OTF) regularly monitors grantees through monthly reports and review meetings to assess utilization and progress. Additionally, annual meetings are held to evaluate grantee performance and discuss future funding. Formal funding decisions are communicated to individual grantees through the annual review process. In the FY23 close-out meeting, the grantees who were granted a funding increase in FY24 were notified.

Additionally, in FY25 several of the CBCAP grantees ended their five-year grant cycle and a Request for Application (RFA) was released. These grantees were given advance notice of the RFA, and updates were communicated through the monthly meetings.

**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 alignment with federal guidance, CBCAP funding will continue to support primary prevention programming. Each year, as local and federal funding dynamics evolve, CFSA re-evaluates programming priorities and population needs to ensure funding is directed toward areas of greatest need and impact. Previous one-time enhancement allocations for home visiting have enabled CFSA to support grantees in sustaining these critical programs.

**115. 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 were identified (see Table 1 below). Beginning in FY19, CFSA funded home visitation programs and other prevention efforts accordingly.

In FY24, three of the five CBCAP grantees who were originally selected in FY19 approached the end of their five-year grant cycle. In response, CFSA issued a Request for Applications (RFA) for organizations providing home visiting and parent education programs.

Ahead of issuing the RFA, CFSA engaged the CBCAP network in conversations and feedback sessions regarding the target populations, EBPs, and continued areas of focus for CBCAP. The focus on the target populations and EBPs discussed below was reaffirmed through these feedback sessions with the network. Feedback was also provided about emphasizing family well-being and protective factors through service navigating and wrap-around services. Thus, the grant review panel selected organizations that demonstrated a commitment to enhancing family well-being and building protective factors through the following approaches:

- Service Navigation: Connecting families with District government agencies and community-based organizations.
- Wrap-around Services: Offering essential support to participating families, including food, clothing, toiletries, and referrals to other resources as appropriate.
- High-Fidelity, Evidence-Based Programs: Delivering nationally recognized, evidence-based programs focused on improving well-being and building protective factors. These programs should include home visitation, parent education, and prevention services.

**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. <i>*Requires enrollment prenatally or by third month after birth.</i>
	Parents As Teachers	Families with an expectant mother or parents with children up to kindergarten entry (usually 5 years). <i>*Allows enrollment at any time</i>
	<i>Parenting</i>	
	Effective Black Parenting	African-American families at risk for child maltreatment with children ages 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 needs 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.
	<i>Other Protective Factor Interventions</i>	
Social support * Parental resilience	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.

Through the FY25 RFA process, three grantees were continued to be funded who provide the home visitation and parent education evidence-based programming discussed above. One of those grantees utilizes an additional home visitation model, the HIPPY program, which provides structured parent education and support through home visits and group sessions.

Additionally, CFSA onboarded an additional grantee who will be implementing a model new to the CBCAP network, the Creating Change evidence-based program. The grantee will be utilizing this model to offer home visitation services to further strengthen families across the District.

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

CFSA continues to collaborate with DC Health to connect CFSA-involved families with community-based home-visiting programs designed to reduce risk factors associated with child abuse and neglect.

DC Health reports on the following Health Resources & Services Administration (HRSA) performance measures. Data presented below is for FY24 and represents the share of families enrolled in home visiting for each performance measure reported. Please note that this information is only reflective of the DC Health Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, therefore the data presented is not specific to CFSA referrals:

<b>Performance Measure and System Outcome</b>	<b>%</b>
Measure 1: Preterm Birth	0.0%
Measure 2: Breastfeeding	60.0%
Measure 3: Depression Screening	66.7%
Measure 4: Well Child Visit	71.4%
Measure 5: Postpartum Care	62.5%
Measure 6: Tobacco Cessation Referrals	100%
Measure 7: Safe Sleep	58.1%
Measure 8: Child Injury	2.9%
Measure 9: Child Maltreatment	0.6%
Measure 10: Parent Child Interaction	63.0%
Measure 11: Early Literacy	82.0%
Measure 12: Developmental Screening	39.6%
Measure 13: Behavioral Concerns	79.8%
Measure 14: IPV	66.7%
Measure 15: Primary Caregiver Education	6.7%
Measure 16: Insurance Coverage	92.2%
Measure 17: Depression Referral	42.9%
Measure 18: Developmental Referral	100.0%
Measure 19: IPV Referral	100.0%

## Family First Prevention Services Act

**117. Explain any budgetary changes that the agency made in FY 24 and FY 25 in anticipation of, or otherwise due to, funding from the Family First Prevention Services Act. Please provide an update on proposed amendments to FFPSA and any impact that will have on CFSA's budget.**

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, \$6.0 million, and \$8.5 million in FY24. 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 FY25 is \$8.2 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 a 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 claiming began in FY24.

In FY24, CFSA received approval on a 5-Year plan amendment to broaden the target population for prevention services under Family First to include children and their families who have been determined eligible for (and are receiving) homeless services (currently experiencing homelessness or at risk of homelessness) by the Department of Human Services' (DHS) Virginia Williams Family Resource Center (VWFRC). CFSA and DHS are currently working together to estimate the potential Title IV-E reimbursements to CFSA under Family First for DHS caseworkers who will be utilizing Motivational Interviewing as a case management practice. This new program will be generally budget neutral for CFSA, which will serve as a passthrough entity. DHS will supply the local match and will receive the federal reimbursement through CFSA by way of an MOU.

On December 20, 2024, CFSA submitted the Agency's next 5-Year Family First Prevention Services Program plan (FY 2025 – FY 2029). With the newly proposed plan, CFSA outlined the commitment to delivering prevention services to the target populations outlined in the initial plan and subsequent amendments. With the new plan, CFSA also proposed to expand prevention services under Family First by broadening the target population to include children and families deemed eligible for "Front Yard" case management services through the Healthy Families/Thriving Communities Collaboratives. As of January 2025, the plan is under review with the Children's Bureau. If approved, this change is anticipated to increase federal reimbursements

under Title IV-E by expanding the population that will receive motivational interviewing-based case management services.

**118. 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.**

In FY24 was \$3,575,000, was directly allocated to the 11 Family Success Centers (\$325,000 per FSC).

*\*\$25,000 of this allocation is federal funding that was able to fill the gap to support the Ward 5 FSC.*

**119. 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 23-29 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>.

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

Fiscal Year	Collaborative	EBPs	PESP	FFDC	CBCAP
<b>FY21</b>	787	203	215	16,038 families <sup>1</sup>	440
<b>FY22</b>	810	276	249	11,859 families <sup>2</sup>	365
<b>FY23</b>	619	119	1	Between 1,996 (lowest estimate) and 7,965 families (highest estimate) <sup>3</sup>	402
<b>FY24</b>	675 <sup>4</sup>	84	147	3,450 individuals <sup>5</sup>	393
<b>FY25 Q1</b>	216 <sup>6</sup>	7	29	N/A (New grant cycle planning phase)	N/A (New grant cycle planning phase)

Notes:

This table is inclusive of rollover cases served



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

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

<sup>3</sup> 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.

<sup>4</sup> This estimate does not include 211 Community response clients, who are beyond the scope of FFPSA.

<sup>5</sup> This estimate relies solely on the data collected through the newly implemented platform in FY25 Q1.

<sup>6</sup> This estimate does not include 211 Community response clients, who are beyond the scope of FFPSA.

## **121. 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, 2022, and September 30, 2023 also had a CPS referral and substantiation within 6 months of a Collaborative case closure.

<b>Collaborative Name</b>	<b>FY23 Case Closures</b>	<b>Substantiation within 6 months</b>	<b>Ratio substantiation/case closures</b>
East River Family Strengthening Collaborative (ERFSC)	76	5	7%
Far Southeast Family Strengthening Collaborative (FSFSC)	128	12	9%
Edgewood/Brookland Family Support Collaborative (EBFSC)	82	4	5%
Collaborative Solutions for Communities (CSC)	39	2	5%
Georgia Avenue Family Support Collaborative (GAFSC)	28	0	0%
<b>Total</b>	<b>353</b>	<b>23</b>	<b>7%</b>

Note: Our sample revolves around FY23 closures to assess if families returned to CFSA's attention within a six-month window, encompassing FY24.

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 FY24.

<b>Collaborative Name</b>	<b>FY24 Case Closures</b>	<b>Number of Successful FY24 Case Closure</b>	<b>FY24 Case Closure Success Rate</b>
East River Family Strengthening Collaborative (ERFSC)	151	98	65%
Far Southeast Family Strengthening Collaborative (FSFSC)	96	51	53%
Edgewood/Brooklyn Family Support Collaborative (EBFSC)	127	87	69%
Collaborative Solutions for Communities (CSC)	85	60	71%
Georgia Avenue Family Support Collaborative (GAFSC)	103	75	73%
<b>Total</b>	<b>562</b>	<b>371</b>	<b>66%</b>

**122. 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.

**123. 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 now focused internally on repeat maltreatment while continuing to move the Collaboratives' contracted services upstream. Moving into FY25, the 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.

**124. Did the number of referrals to the Collaboratives increase, decrease, or stay the same in FY 24? How has the launch of the Warmline impacted referrals?**

With the removal of step-down case management from the Collaboratives’ scope of work, the number of Front Porch referrals saw a significant decrease from 643 referrals in FY23 to 429 referrals in FY24 (-33%). The number of Front Door referrals also experienced a decrease over the past two Fiscal Years, from 67 in FY22 to 58 in FY24 (-13%).

While the number of Front Porch/Door referrals from CFSA decreased in FY24, the Collaboratives played a pivotal role in the 211 Warmline’s soft launch by receiving 907 referrals in FY24 and 38 referrals in FY25 Q1 from the 211-team staffed by CFSA. This represents a notable and intentional shift from secondary/tertiary prevention to primary prevention.

Front Yard (Community Response), Front Porch, and Front Door Referrals to the Collaboratives, by Fiscal Year.

<b>Fiscal Year</b>	<b>Front Yard (Community Response)</b>	<b>Front Porch</b>	<b>Front Door</b>
<b>FY21</b>	N/A	665	65
<b>FY22</b>	N/A	654	67
<b>FY23</b>	N/A	643	63
<b>FY24</b>	907	429	58
<b>FY25 Q1</b>	38	103	16

Sources: CFSA FACES Community Portal and Third-Party Referral Platform (Unite Us and/or FindHelp).

Note (Definitions):

- Front Yard (Community Response) – includes adults ages 18 years and older, seniors, and families referred by the 211 Warmline to the Collaboratives for service navigation up to 15 business days.
- Front Porch (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 (CFSA involvement active) –includes families whose CFSA involvement is current. This includes open/active In-Home and Out-of-Home cases.

**125. 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 variance?**

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 FY24 and FY25, 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, which is slated for February 2025. Following the public launch, CFSA will closely monitor the volume of calls and needs of residents to determine which action to take regarding future negotiations with the Healthy Families/Thriving Communities Collaboratives (Collaboratives).

## DC Family Success Centers

**126. For each success center, please provide:**

- a. How many families have been served in FY 21, FY 22, FY 23, FY 24 and FY 25 to date?**

From October 2020 to April 2023, the DC Family Success Centers (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. From April 2023 forward (reported here until September 2024), 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 FSCs. 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.

Families and individuals served by the Family Success Centers since inception  
(October 2020 – September 2024)

Provider	Families Served			Individuals Served	
	FY21 (Self-reported by FSC)	FY22 (Self-reported by FSC)	FY23 (Q1-Q2, Self- reported by FSC)	FY23 (Q3-Q4, Tracked by CFSA)	FY24 (Tracked by CFSA)
Anacostia	641	407	377	313	205
Bellevue	2,785	1,499	391	194	736
Benning Minnesota	2,668	1,934	397	679	906
Benning Terrace/ Benning Park	1,632	1,218	541	375	489
Carver Langston	NA	NA	238	79	62
Clay Terrace	341	196	200	220	351
Congress Heights	382	1,722	1086	452	466
Mayfair Paradise	5,194	835	876	608	1,055
Stoddert Terrace	1,115	3,029	1227	61	65
Washington Highlands	411	NA	379	91	147
Woodland Terrace	869	1,019	247	246	407
<b>All Family Success Centers Combined</b>	<b>16,038</b>	<b>11,859</b>	<b>5,959</b>	<b>2,832</b>	<b>4,615</b>

- b. What services are based out of each location? Identify:**  
**i. Top services request by month across the FSC**

*See tables below 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.*

<b>Family Success Center</b>	<b>Month</b>	<b>Top Service Request</b>
Anacostia	October 2023	Baby and Me
	November 2023	Baby and Me
	December 2023	Winter Wonderland
	January 2024	Winter Wonderland
	February 2024	Service Navigation
	March 2024	District Dads
	April 2024	Service Navigation
	May 2024	District Dads
	June 2024	No activities tracked
	July 2024	First Generation College Student Program - Ward 8 – 20020
	August 2024	Service Navigation
	September 2024	Baby and Me
<b>Family Success Center</b>	<b>Month</b>	<b>Top Service Request</b>
Bellevue	October 2023	Service Navigation Program
	November 2023	Service Navigation Program
	December 2023	Service Navigation Program
	January 2024	Service Navigation Program
	February 2024	Service Navigation Program
	March 2024	Service Navigation Program
	April 2024	Service Navigation Program
	May 2024	Service Navigation Program
	June 2024	Service Navigation Program
	July 2024	Service Navigation Program
	August 2024	Service Navigation Program
	September 2024	Service Navigation Program

<b>Family Success Center</b>	<b>Month</b>	<b>Top Service Request</b>
Benning Minnesota	October 2023	Clothing Closet
	November 2023	Clothing Closet
	December 2023	Clothing Closet
	January 2024	Clothing Closet
	February 2024	Produce Distribution
	March 2024	Produce Distribution
	April 2024	Clothing Closet
	May 2024	Clothing Closet
	June 2024	Clothing Closet
	July 2024	Clothing Closet
	August 2024	Clothing Closet
	September 2024	NA

<b>Family Success Center</b>	<b>Month</b>	<b>Top Service Request</b>
Benning Terrace/Benning Park	October 2023	Parent Supports
	November 2023	Produce Giveaway
	December 2023	Service Navigation
	January 2024	Produce Giveaway
	February 2024	Service Navigation
	March 2024	Produce Giveaway
	April 2024	Produce Giveaway
	May 2024	Service Navigation
	June 2024	Produce Giveaway
	July 2024	Produce Giveaway
	August 2024	Service Navigation
	September 2024	NA



Family Success Center	Month	Top Service Request
Carver Langston	October 2023	Mental Health Workshops
	November 2023	Family Fun Night
	December 2023	No activities tracked
	January 2024	Professional Development/Enrichment
	February 2024	Nutrition Workshop
	March 2024	Professional Development/Enrichment
	April 2024	Economic Development Workshop Series
	May 2024	Professional Development/Enrichment
	June 2024	No activities tracked
	July 2024	No activities tracked
	August 2024	No activities tracked
	September 2024	No activities tracked

Family Success Center	Month	Top Service Request
Clay Terrace	October 2023	Food Pantry
	November 2023	Thanksgiving Turkey Giveaway
	December 2023	Comcast Essential Internet sign up
	January 2024	Food Pantry
	February 2024	Food Pantry
	March 2024	Food Pantry
	April 2024	Food Pantry
	May 2024	Clothing Closet
	June 2024	Fish Fry Fridays
	July 2024	No activities tracked
	August 2024	No activities tracked
	September 2024	NA

<b>Family Success Center</b>	<b>Month</b>	<b>Top Service Request</b>
Congress Heights	October 2023	Food 2 Fuel
	November 2023	Food 2 Fuel
	December 2023	Food 2 Fuel
	January 2024	Food 2 Fuel
	February 2024	Food 2 Fuel
	March 2024	Food 2 Fuel
	April 2024	Truth of the Youth
	May 2024	Food 2 Fuel
	June 2024	Food 2 Fuel
	July 2024	Truth of the Youth
	August 2024	Food 2 Fuel
	September 2024	NA

<b>Family Success Center</b>	<b>Month</b>	<b>Top Service Request</b>
Mayfair Paradise	October 2023	Healthy Eating & Living Program (Food Pantry)
	November 2023	Healthy Eating & Living Program (Food Pantry)
	December 2023	Healthy Eating & Living Program (Food Pantry)
	January 2024	Healthy Eating & Living Program (Food Pantry)
	February 2024	Healthy Eating & Living Program (Food Pantry)
	March 2024	Healthy Eating & Living Program (Food Pantry)
	April 2024	Healthy Eating & Living Program (Food Pantry)
	May 2024	Healthy Eating & Living Program (Food Pantry)
	June 2024	Healthy Eating & Living Program (Food Pantry)
	July 2024	Healthy Eating & Living Program (Food Pantry)
	August 2024	Healthy Eating & Living Program (Food Pantry)
	September 2024	NA

Family Success Center	Month	Top Service Request
Stoddert Terrace	October 2023	Emergency support
	November 2023	Emergency support
	December 2023	Holiday Luncheon
	January 2024	Community Luncheon
	February 2024	Sisters on Deck – Support Group
	March 2024	Senior Bingo
	April 2024	Monday Matinee
	May 2024	Community Breakfast
	June 2024	Community Breakfast
	July 2024	No activities tracked
	August 2024	No activities tracked
	September 2024	NA

Family Success Center	Month	Top Service Request
Washington Highlands	October 2023	Malaziah's Closet
	November 2023	Malaziah's Closet
	December 2023	Malaziah's Closet
	January 2024	Driven Concept and Solutions
	February 2024	Exodus Homework Club
	March 2024	Exodus Homework Club
	April 2024	Exodus Homework Club
	May 2024	Exodus Homework Club
	June 2024	Exodus Homework Summer Camp
	July 2024	Exodus Homework Summer Camp
	August 2024	No activities tracked
	September 2024	NA

Family Success Center	Month	Top Service Request
Woodland Terrace	October 2023	Family Fun Night
	November 2023	Digital Literacy - Resource Directory
	December 2023	Family Fun Night
	January 2024	Party With A Purpose
	February 2024	Family Fun Night
	March 2024	Da Smart Food Distribution
	April 2024	Family Fun Night
	May 2024	Family Fun Night
	June 2024	Professional Development/Enrichment
	July 2024	Da Smart Food Distribution
	August 2024	Parenting Workshops
	September 2024	Da Smart Food Distribution

## ii. Other services requested

Over FY24, the FSCs offered the following services:

### Community of Hope - Bellevue Family Success Center – FFDC

- Circle of Parents: Parent Support Group
- Emotional Wellness - Resource Directory
- Fitness Friday with Wake the 8
- Intentional Expression of Anger: Kickboxing Workshop
- Let's Get It: Employment Support
- Let's Get It: Housing Navigation and Resources
- Safe Sleep Program
- Service Navigation Program
- The Bellevue FSC 2023 Holiday Celebration

### East River SC - Benning Park/Benning Terrace Family Success Center - FFDC - CFSA

- Clothing Closet
- Media Arts, Crafts, and Theater with EYL 365
- Men Support Group
- Parent Café
- Parent Supports
- Produce Giveaway
- Service Navigation
- Wellness Wednesdays Talk Therapy with Crawford Consulting
- Whole Family Enrichment/Community Outreach

*East River SC - Benning/Minnesota Family Success Center - FFDC – CFSA*

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- Clothing Closet
- Motivational Monday Talk Therapy
- Parent Café
- Produce Distribution
- Service Navigation
- Whole Family Enrichment/Community Outreach
- Yoga

*Far SE Family SC - Congress Heights Success Center - FFDC – CFSA*

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- Community Support Group
- Concrete Support
- Congress Heights Game Night
- Da Sister Group
- Food 2 Fuel
- Health and Wealth
- IZ & HPAP Workshop
- Men's Huddle
- S.H.E (Support Her Everything)
- Service Navigation
- Truth of the Youth

*Life Deeds - Stoddert/37th Family Success Center - FFDC – CFSA*

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- Amish Market Outing
- Community Breakfast
- Community Cuts
- Community Luncheon
- Emergency Food Support - \*THURSDAYS ONLY\*
- Holiday Luncheon
- Housing Support
- Mental Health Support
- Monday Matinee
- SAVRAA Sexual Assault Counselor Training
- Senior Bingo
- Service Navigation
- Sisters on Deck - Support Group
- Workforce Development
- Youth Spring Camp

*Life Deeds - Washington Highlands Family Success Center - FFDC – CFSA*

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- Computer Lab
- Driven Concepts & Solutions
- Earth Day
- Exodus Homework Club

- Exodus Homework Summer Camp
- Glows Mentoring Group
- Low Impact Fitness
- Malaziah's Closet
- Service Navigation
- Stop the Violence Luncheon

Martha's Table - Anacostia Family Success Center - FFDC – CFSA

- Anacostia FSC Outreach
- Baby and Me
- District Dads
- Emotional Wellness
- First Generation College Student Program - Ward 8 – 20020
- Service Navigation
- Winter Wonderland
- Women's History Month - CAC Activity Honoring Queen Harriet Tubman Event

North Capitol Collaborative - Mayfair/Paradise Family Success Center - FFDC - CFSA

- Better2gether Support Group
- Diaper Program
- Healthy Eating & Living Program (Food Pantry)
- MPFSC Clothing Boutique
- MPFSC Hygiene & Wellness Program
- Navigate Your Life (Housing Referral & Job Readiness)
- One-Off Monthly/Quarterly Community Events
- Parent Talk Workshops
- Whole Family Enrichment Friday's
- Whole Family Enrichment Friday's - Not accepting referrals
- Youth Violence Prevention Programs (Life Skills Workshops- Girl Code & Brownboy TableTalk)

Sasha Bruce - Clay Terrace Family Success Center - FFDC – CFSA

- Administrative Assistance
- Art Therapy
- Awesomecon Weekend Outing
- CAC Peer Learning and Team Building
- Christmas Present Give Away
- Client Assistant
- Clothing Closet
- Comcast Essential Internet sign up and computer giveaway
- Community Breakfast
- Community Crab Feast (Together We Rise)
- Computer Class
- Domestic Violence Group

- Easter Community Engagement Event
- Experience in Relaxation
- Family Bingo
- Father Son Studio Time
- Fatherhood Groups (Man Talk)
- Fish Fry Fridays
- Food Pantry
- Generational Initiative Parenting Class
- Georgetown Hoyas Basketball Game
- I am my sisters keepers
- Men's Group (Man Talk)
- Parent Café
- Service Navigation
- Thanksgiving Turkey Giveaway
- Valentines Spa Day
- Violence Prevention Community Day
- Violence Prevention Conferance (Massage Therapy)
- Violence Prevention Conference
- Violence Prevention Conference (DVWMT)
- Violence Prevention Conference (One Common Unity)
- Violence Prevention Conference (ONSE)
- Violence Prevention Conference (YOGA)
- Violence Prevention (Experience in Relaxation)
- Wellness Wednesday
- Youth Group

#### Smart for the Start - Woodland Terrace Family Success Center - FFDC – CFSA

- Adult Education - GED Classes
- Career counseling
- Career counseling - Resource Directory
- Community Baby Shower
- Community Unity Partnership Initiative
- Da Smart Food Distribution
- Digital Literacy
- Digital Literacy - Resource Directory
- Family Fun Night
- Fitness
- Hospitality/Guest Service
- Mental Health Workshops
- Nutrition Workshop
- Parenting Workshops
- Party With A Purpose
- Prenatal Education
- Prenatal Education - Resource Directory

- Professional Development/Enrichment
- Service Navigation
- Special Education 101 with SBOE
- Welcome Back Celebration
- Youth Services
- Youth Services - Resource Directory

#### Smart from the Start -Langston/Carver Family Success Center - FFDC – CFSA

- Adult Education - GED Classes
- Direct Service Navigation
- Economic Development Workshop Series
- Family Fun Night
- Mental Health Workshops
- Nutrition Workshop
- Professional Development/Enrichment

### **iii.Additional services each Success Center anticipates providing in FY 25**

Ten new grants were awarded in FY24 as part of a new, five-year grant cycle. The service areas covered by the Centers were selected based on crime and child abuse and neglect data. The new FFDC grantees are the following:

Center	Ward	Awardee
Bellevue	8	Community of Hope
Brightwood	4	Georgia Avenue Family Support Collaborative
Carver Langston Kingman	5	Edgewood Brookland Family Support Collaborative
Columbia Heights	1	InnerCity
Congress Heights	8	Far Southeast Family Strengthening Collaborative
Deanwood	7	North Capitol Collaborative Inc.
Fairlawn	8	Far Southeast Family Strengthening Collaborative
Historic Anacostia	8	Martha's Table
Knox Hill Buena Vista	8	Smart from The Start
Marshall Heights	7	East River Family Strengthening Collaborative

A comprehensive list of programs has yet to be identified by the Grantees and approved by CFSA.



- 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 or through individual agencies or organizations processes. FSC staff also participate 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).

**127. 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 to 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.

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

The Community Advisory Council (CAC) plays a critical role in supporting the work of each Family Success Center (FSC). The CAC is responsible for maintaining an active connection with the community it serves, ensuring that the center's programs are responsive to community needs. By actively engaging with community members, the CAC helps to keep a pulse on emerging needs and provides valuable feedback that informs the development and improvement of FSC programming.

Additionally, the CAC serves as a decision-making body empowered to make recommendations and decisions that align with the best interests of the community. This includes helping to prioritize services, supporting outreach efforts, and promoting programs that directly benefit individuals and families in the area.

While the size and structure of each CAC can differ depending on the unique needs and scope of the FSC, there are general patterns across the board. Typically, the CAC consists of 9 to 20 members, allowing for a diverse representation of the community. The frequency of meetings is generally monthly, although this may be adjusted based on the center's goals, ongoing initiatives, or the level of engagement required to address pressing community needs.

Overall, the CAC helps ensure that the FSC remains aligned with community priorities and is constantly evolving to meet the needs of its residents

FY25 marks the start of CFSA's Families First DC FSC 2.0. All ten (10) awarded grantees were issued a 90-day planning period with an eye towards opening for programming and providing supports to residents at the start of Quarter II (January 2025 - March 2025). FFDC 2.0 is still undergoing structural and design composition across all sites. Recruiting CAC members at each respective site is one of the criteria to be satisfied before gaining approval from CFSA for a launch.

**129. 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 FSCs 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.

**130. 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 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 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.

**131. Are the FSC services intended to serve residents of all wards? If so, how is that being communicated to residents in wards with no success center?**

The FSCs are open and welcoming to all District residents. However, during the first grant cycle (2019-2024), 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.

Prior to the closeout of FY24, CFSA released a new RFA Round to begin in FY25 for Family Success Centers in the District to cover all eight (8) wards using a hybrid model of both community and cluster-based neighborhoods.

Neighborhood-based Family Success Centers:

- Bellevue (Ward 8)
- Congress Heights (Ward 8)

- Deanwood (Ward 7)
- Fairlawn (Ward 8)
- Historic Anacostia (Ward 8)
- Knox Hill/Buena Vista (Ward 8)
- Marshall Heights (Ward 7)
- Central Northeast/Greenway (Ward 7)

Cluster-based Family Success Centers:

- Columbia Heights Cluster (Ward 1)
- Brightwood Cluster (Ward 4)
- Carver/Langston Cluster (Wards 5 and 7)

The Family Success Centers will offer the following in *FFDC 2.0*

- *Service navigation* by connecting residents with District government agencies and other community-based organizations, including Collaborative case management services when needed.
- *On-site support* to all walk-in residents, such as food, clothing, toiletries, or rental assistance.
- Organizing *one-off community events* focused on community safety, violence prevention including community outreach activities.

**132. 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 FSCs' 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 FSC. 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 2024, only 4% 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 4% of closed services were linked to satisfaction and well-being surveys as of December 2024. This indicates a pressing need for enhanced efforts to improve survey participation rates.

## Keeping DC Families Together /Warm Line

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

- List of all funds received from federal, foundation, or private sources, pursuant to this initiative in FY 23, FY 24, and FY 25, to date, and funds anticipated in FY 25, FY 26, and FY 27;**

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 KDCFT.

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

Calendar Year	Funding Received by ERFSC
<b>2023</b>	\$120,000
<b>2024</b>	\$60,700
<b>2025 (to date)</b>	\$93,800

In FY24, CFSA was selected by the Doris Duke Foundation (DDF), a private foundation, to participate in the Opportunities for Prevention & Transformation Initiative (OPT-In for Families), an initiative designed to create and test meaningful alternatives to the traditional child welfare system. Through this initiative, CFSA has received technical assistance and support to identify families with children at risk of experiencing child abuse, neglect, or involvement with the child welfare system and design, implement, and evaluate strategies to engage these families in supportive services. As part of the initiative, families served through the program are provided with material support/cash assistance to meet immediate needs and help reduce the risk of system involvement. With DDF’s support, CFSA will test how material support, including cash benefits, impacts family outcomes through a formative evaluation. The DDF will allocate up to \$1 million

annually to distribute this material support to families served through the program over a three-year period.

As of January 2025, CFSA is still in the planning phase and no funds have yet been distributed to DC families and households under this initiative.

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

Keeping DC Families Together

CFSA is advancing systemic change in the District of Columbia through the *Keeping DC Families Together (KDCFT) initiative*, which represents a transformational shift from a traditional child welfare system to a child and family well-being system. This approach focuses on prevention, community empowerment, and minimizing unnecessary child welfare involvement by addressing families' needs early and effectively. Under this initiative, the CFSA continues to prioritize empowering the community, strengthening families and mitigating trauma – all to increase child and family well-being.

The KDCFT Steering Committee continues to be 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. The vision guiding this initiative is as follows:

*“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.”*

The 211 Warmline and Community Response Model

Working towards the goal of KDCFT, CFSA has been closely collaborating with people with lived experience and community-based organizations, to co-design a 211 Warmline and Community Response Model to serve as a dedicated phone line for District residents in need of social service assistance. 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. Notably, the path toward launching the 211 Warmline was achieved without the allocation of new local or federal dollars. Instead, CFSA has successfully leveraged existing partnerships and resources to stand up the 211 Warmline.

The 211 Warmline is a collaborative initiative led by CFSA in partnership with other key District agencies. Together, these agencies strive to create a unified social services network to support residents with centralized access to resources and referrals.

The 211 Warmline is intended to serve as a comprehensive, unified, social services resource and referral Call Center for all District residents. Individuals and families in the District will be able to call the 211 Warmline to be connected to social service-related information and referral (I&R) and/or receive additional assistance to navigate services from a Community Responder. Community Responders are trained community-based service navigators dispatched by the 211 Warmline to support callers who require assistance that cannot be resolved over the phone or through I&R.

Community Responders are well-informed of the broad service array of mental health, housing, employment, education, and other critical supports that are available to families in the District and will work directly with families to ensure they have access to these supports. By dialing 211, individuals and families will gain access to a wealth of social service-related I&R, coupled with the assistance of trained Community Responders, if desired.

The 211 Warmline also serves families who have been screened out by the CFSA Hotline but still have identified service needs through a new pilot initiative “*211 Connects*.” When the Hotline determines that a report does not rise to the level of investigation, but the family has a service need, they refer them to the 211 Warmline. The 211 Warmline agents can connect families to essential resources, such as housing assistance, food support, or mental health services.

After the Hotline submits the referral form, a Warmline call agent reaches out to the family within one business day. If there’s no response, the agent makes two additional attempts within five business days. If a family agrees to engage with 211, the call agent provides information and referrals tailored to the family’s needs. They may also connect the family to Community Response for service navigation support for up to 15 business days, if appropriate. Families are also given the option to request a follow-up call within a week, where the agent can offer further support as needed, helping families access resources and navigate any barriers to getting assistance.

### **c. Summary of goals under this initiative for FY 24, and FY 25;**

#### **KDCFT Key Priorities**

- Empowering the community to actively participate in conceptualizing and designing DC’s child and family well-being system.
- Collaborating with community-based organizations and individuals with lived experience to shape policy and practice changes.
- Strengthening families by building resilience and providing access to essential resources.
- Launching the 211 Warmline as a dedicated service for social needs, with the goal of connecting families to supportive services, thus reducing unnecessary child welfare involvement.
- Partnering with community organizations to implement a District-wide community response model that offers comprehensive support and prevention services to families across all 8 Wards.
- Establishing a child and family well-being system that ensures all individuals, children, and families thrive in DC.

This initiative furthers the Agency’s longstanding mission to narrow the front door by supporting preventative services long before the family comes to the attention of the child welfare agency; by

strengthening parent and caregiver resilience; by improving families’ behavioral and physical health; and by reducing the barriers to critical resources that meet concrete needs.

**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: “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”.

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

**e. Progress to date under this initiative**

The 211 Warmline “soft launched” on October 30, 2023. At that time, five dedicated 211 staff (one supervisor, one team lead, and three customer service representatives) began answering incoming 211 calls. While there will be no public promotion during the soft launch period, 211 Warmline staff will assist existing callers with social-service-related needs. Service Navigation provided by Community Responders will be available across all eight Wards during the soft launch, operated by the Healthy Families, Thriving Communities Collaboratives. A formal press release is scheduled for February 2025, where CFSA will be announcing the 211 Warmline and promoting District-wide social service supports.



Since the soft launch on October 30, 2023 through the end of December 2024, the Warmline received a total of 15,539 calls. The highest needs requested by 211 callers have been for utilities, food assistance, and housing/shelter.

The 211 Connects pilot began in April 2024. From April 2024 through the end of December 2024, 326 referrals were sent from the hotline to the 211 Warmline. The top needs identified by the hotline were health, housing/shelter, and goods.

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

*See Attachment Q133, KDCFT Overviews*

- *KDCFT governance structure*
- *LEx Advisory Council*
- *KDCFT key concepts and metrics*
- *KDCFT logic model*

**134. Describe the official launch of the warmline in December 2024 including:**

**a. The current workforce of the warmline**

The 211 Warmline official launch is scheduled for 02/11/2025. The 211 Warmline has a total of five full-time staff within CFSA's Office of Thriving Families (OTF): one supervisor, one team lead, and three 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.

In addition, three Resource Development Specialists (RDS) within OTF focus specifically on 211 Connects (described below). These specialists are cross-trained in 211 Warmline operations and can step in to handle incoming calls if call volume increases

**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, with the call center closed for lunch from 12:00pm – 1:00pm daily. 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. As of January 2025, the 211 Warmline call agents are co-located with DBH's Access Helpline at 64 New York Avenue NE Washington, DC.

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).

Additionally, the 211 Warmline partners closely with the CPS Hotline to serve families who have been screened out by the CFSA Hotline but still have identified service needs. When the Hotline determines that a report does not rise to the level of investigation, but the family has a service need, they refer them to the 211 Warmline. The 211 Warmline agents can connect families to essential resources, such as housing assistance, food support, or mental health services. The 211 Warmline and CPS Hotline launched this process, called “211 Connects”, on April 1, 2024.

**c. How will the Agency collect data on the Warmline**

During the soft launch period, the 211 Warmline call center agents were utilizing 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.

In January 2025, the 211 Warmline transitioned to a new call center customer relationship management (CRM) system powered by Amazon Web Services (AWS) ConnectPath and Microsoft Dynamics Solution. ConnectPath houses detailed information about calls, including the caller’s phone number, call length, wait times, call recordings, and transcriptions. Dynamics maintains records of service requests and additional details related to the calls, such as the caller’s name, phone number, address, household size, race/ethnicity, and other relevant information. It also tracks the caller’s needs and the outcomes of the call, including which organizations or programs the caller was connected to and how that connected took place. This system upgrade has streamline data tracking and enable 211 Warmline call agents to document the support they provide to DC residents more efficiently.

The 211 Warmline also utilizes FindHelp, a third-party referral platform, to facilitate closed-loop electronic referrals for Community Response and to other community organizations that support callers, such as the Family Success Centers.

**d. Warmline budget for FY 24 and FY 25, to date.**

The 211 Warmline launched in FY24. The FY24 non-personnel budget was \$39,169.54 via an MOU with the Office of Unified Communication (OUC) for basic operational needs (technology access, equipment, call center floor IT support etc.). In FY25, CFSA continued the MOU with OUC in the amount of \$40,272.08. CFSA also budgeted \$70,000 in FY24 & 25 to build the 211 Warmline’s new call center technology systems (as described above). In FY26, the MOU with OUC will be discontinued as CFSA fully transitions to the new in-house technology system.

**135. 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 January 31, 2024. Data is reported below for the first 30 days of operation (October 30, 2023 – November 30, 2023), the first 60 days of operation (October 30, 2023 – December 31, 2023), and the first 90 days of operation (October 30, 2023 – January 31, 2024).

**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. During the first 90 days, 1,049 service requests were created, with 1,246 needs documented. Note: A service request may document more than one service need.

The breakdown of callers' service needs for the first 30, 60, and 90 days of operation is presented in the table below.

<b>Service Need Category</b>	<b>First 30 Days (Oct 30, 2023 - Nov 30, 2023)</b>	<b>First 60 Days (Oct 30, 2023 – Dec 31, 2023)</b>	<b>First 90 Days (Oct 30, 2023 – Jan 31, 2024)</b>
Housing and Shelter	191	314	482
Utilities	84	157	235
None of the Above	41	75	124
Food Assistance	36	65	81
Income Support	35	52	88
Benefits Navigation	29	45	49
Clothing and Household Goods	14	32	45
Employment	13	20	22
Mental/Behavioral Health	11	13	21
Physical Health	13	22	26
Transportation	8	12	19
Wellness	6	8	10
Individual and Family Support	7	12	16
Legal Services	7	16	25
Social Enrichment	1	1	1
Substance Abuse	1	1	1
Education	0	1	1
<b>Total</b>	<b>497</b>	<b>846</b>	<b>1,246</b>

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

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

During the first 90 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 (82%), 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 90 days, From October 30 – January 31, 2024, 87 percent of callers contacted the 211 Warmline on behalf of themselves. Thirteen 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. 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 will be on-going with 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
- Improved systems coordination and increased concrete resources for residents citywide are needed at this time to support low-income residents.

**136. Describe how the Warmline, Collaboratives, and Success Centers work together.**

As part of CFSA's vision of Keeping DC Families Together (KDCFT), 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.

By functioning as a central connection point, the 211 Warmline plays a crucial role in CFSA's mission to keep families stable and thriving within their communities. Based on each caller's unique needs, the 211 Warmline may connect them to the FSCs or Collaboratives for additional assistance. Using a shared third-party referral platform, FindHelp, the 211 Warmline, Collaboratives, and FSCs facilitate closed-loop referrals, ensuring individuals and families are matched with the appropriate resources and receive seamless, coordinated support.

Through this platform, the 211 Warmline, Collaboratives, and FSCs form a cohesive social services network that strengthens community connections and supports CFSA's broader vision of keeping DC families together.

## Placement And Permanency

### Kinship Care

#### **137. Provide an update on CFSA's policies and practices regarding kinship Informal Family Planning Arrangements and any policy changes.**

In May 2024, Administrative Issuance CFSA-22-2.2 was updated to include the process of submitting a Diligent Search Unit (DSU) request to support identifying additional family members who may be a resource for the child and family engaged with the Agency.

See [\*Attachment Q137, Administrative Issuance CFSA-22-2.2, May 2024 Update\*](#)

#### **138. How many children experienced informal family planning arrangements (IFPAs) in FY 24 and FY 25, 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.**

<b>FY24</b>	2 Children
<b>FY25</b>	0 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?**

<b>FY24</b>	2 Children
<b>FY25</b>	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 Q137* 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 Q137* above.

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

<b>FY24</b>	Transportation support, food cards, collaborative referral, FTM, hotel accommodations
<b>FY25</b>	NA

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

IFPAs 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)
		<i>Three Months</i>	<i>Six Months</i>	<i>One Year</i>		
<b>FY24</b>	2	2	1	0	1	1
<b>FY25</b>	0	NA	NA	NA	NA	NA

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

Foster care.

**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.

**139. 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.

**140. 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.

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

*See Attachment Q137, the IFPA policy in that outlines the tiered consultation and reconciliation process when a family is approved for an IFPA.*

**142. 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. In FY23, Consent was 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 was offered and if requested, a referral to Neighborhood Legal Services is made.

**143. Have there been any instances of Informal Family Planning Arrangements in FY 24 and FY 25, 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 FY24 or FY25 where parental consent was not obtained in the IFPAs.

**144. At a meeting where an 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 their 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.



**145. Who must be present at a meeting where an 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).

**146. Is there any assessment of the safety of the relative or the relative's home by CFSA in connection with an 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.

**147. How does CFSA track what happens to the child or family in an Informal Family Planning Arrangements arrangement? 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.

**148. For those children who go to live with relatives pursuant to an Informal Family Planning Arrangements arrangement, how many received a caregiver subsidy within one year of when the arrangement was established? How many relatives in these arrangements are able to obtain a custody order, TANF, WIC, or a childcare subsidy, or to add children to their housing vouchers?**

Of the IFPAs in FY23 and FY24, none received a subsidy. There have not been any IFPAs in FY25, to date. 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.

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

- a. How many individual safety plans were developed in FY 24 and to date in FY 25? Include total numbers, as well as data broken down by the following categories:**
  - i. Age of the child**

There were 252 safety plans created from FY24 through FY25. There were 219 created in FY24 and 33 created in FY25.

<b>Program Area</b>	<b>FY24</b>	<b>FY25</b>
Investigations	145	23
In-Home	73	10
Out-of-Home	1	0

**ii. Whether there was a substantiated allegation of abuse or neglect**

The 252 safety plans were associated with 107 investigations or cases in FY24 (78 investigations and 29 cases) and 19 investigations or cases in FY25 (12 investigations and 7 cases). 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.

<b>Program Area</b>	<b>FY24</b>	<b>FY25</b>
Investigations	53	7
In-Home	27	7
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 48 children with In-Home cases associated with Safety Plans in FY24 and 10 in FY25.

**iv. Whether a formal in-home case or removal case was opened**

Of the 219 safety plans created in FY24, there were 129 children associated with safety plans initiated by Investigations, 48 for In-Home, and one for Out-of-Home. For those children, in FY24, seven (5.4%) of them were separated by Investigations and three (6.3%) were separated by In-Home, and zero for Out-of-Home.

Of the 33 safety plans created in FY25, there were 22 children associated with safety plans initiated by Investigations and 10 for In-Home. For those children, in FY25, one (10%) of them were separated by In-Home.

<b>Program Area</b>	<b>FY24</b>	<b>FY25</b>
In-Home	7	0
Investigations	3	1
Out-of-Home	0	0

**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 Family Team Meeting must be submitted.

CFSA and contracted agencies providing on-going case management utilize Family Team Meetings (FTMs) to engage families, members of the family support network, including extended family members, fictive kin, and others, and public and private agency partners to promote the safety, permanence, and well-being of children and families in the District of Columbia. It is the expectation that families (including children, based on their maturity level and developmental stage) participate in FTMs. The FTM shall focus on making decisions to support the child's safety, permanency, and well-being including a caregiver or legal guardian's ability to safely care for their children.

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. For each safety plan in effect provide the following:**
- i. Whether a hotline call was received after the safety plan;**

In FY24 and FY25, there were 180 calls received about individuals who had safety plans created after the safety plan was created.

- ii. Whether the hotline call warranted an investigation;**

For those hotline calls, 37 resulted in an opened investigation.

- iii. If the hotline call did warrant investigation, whether the allegations substantiated; and**

For those calls that led to opened investigations, 9 resulted in a substantiated allegation.

- iv. If there was a substantiated allegation, the resulting placement for the child (in-home case, foster care, etc.).**

For those calls that led to opened investigations, 9 resulted in the opening of an in-home case.

**150. In FY 24, and to date in FY 25, 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 289 children who entered or re-entered foster care from FY24 through FY25 Q1. Of the 289 children, a total of 66 children were placed with kin. Among those placed with kin, 48 (73%) children were first placed with kin. The other 18 (27%) were initially placed with a non-kin resource or hospital before later being placed with kin. The table below outlines the timeframes by which the ultimate placement with kin occurred.

<b>FY23</b>		<b>FY 25 Q1</b>
<b>Timeframe</b>	<b>Children</b>	<b>Children</b>
<1 month	38	10
1-3 months	15	0
4-6 months	2	0
7-9 months	1	0
10-12 months	0	0
<b>TOTAL</b>	<b>56</b>	<b>10</b>

**151. For each instance in FY 24 and to date in FY 25, 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 currently track the specific relationship between child and non-biological kin. There are plans for STAAND to track Kin placements and relationships.

**152. In FY 23, FY 24 and FY 25, to date, what percentage of children living in foster care (both in Maryland and in DC) were in kinship foster care and what percentage were in foster homes without a relative caretaker?**

**FY 2023 (As of September 30, 2023)**

Placement Type	Total Children	Percent
Kinship Foster Homes	107	22%
Non-Kinship Foster Homes	272	55%
Group Settings	48	10%
Other	69	14%
<b>Total</b>	<b>496</b>	<b>100%</b>

**FY 2024 (As of September 30, 2024)**

Placement Type	Total Children	Percent
Kinship Foster Homes	118	20%
Non-Kinship Foster Homes	288	55%
Group Settings	57	10%
Other	84	15%
<b>Total</b>	<b>547</b>	<b>100%</b>

**FY 2025 (As of December 31, 2024)**

Placement Type	Total Children	Percent
Kinship Foster Homes	119	22%
Non-Kinship Foster Homes	292	53%
Group Settings	55	10%
Other	82	15%
<b>Total</b>	<b>548</b>	<b>100%</b>

*Notes:*

*"Non-Kinship Foster Family" includes 'Pre-Adoptive', 'OTT', '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 programmatic or policy changes did CFSA implement in FY 24 or FY 25 to date make to increase the percentage of foster children placed with kin?**

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 COMAR. requirements for licensing. CFSA does not have the 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.

**153. 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 is at risk of entering foster care, CFSA works to identify and engage kin who may be able to support the family and, potentially, serve as a placement or permanency resource for the child.

If the child enters foster care, CFSA seeks to solidify a kinship placement by assessing the home and then issuing 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, or there are safety or capacity concerns preventing licensure and immediate placement with identified kin, the kin continues to be engaged by CFSA, and are asked to attend pre-service training and then begin the full licensure process so that a placement with them may eventually be possible.

**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 will be 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.

**154. Provide an update on the status of CFSA's Kinship Navigator Program.**

**a. How many calls did the helpline receive in FY 24 and in FY 25 to date?**

<b>FY24</b>	<b>949</b>
<b>FY25</b>	<b>283</b>

While the majority of kinship navigator connected families reach out through the Helpline, there has been a steady increase in the use of the Grandparent Caregiver Program (GCP) and Close Relative Caregiver Program (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 24 and FY 25 to date?**

<b>FY24</b>	<b>12 events</b>
<b>FY25</b>	<b>4 events</b>

**c. How have Kinship Flex Funds been used in FY 24 and FY 25 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](http://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 Question 54 Response*).

**d. What is the status of the Educational Groups?**

In FY24, both in-person and virtual educational groups focused on physical and emotional wellness, education, teen supports, and financial planning groups were held with community partners including Department of Parks and Recreation (DPR), Central Union Mission, Office of the State Superintendent of Education, 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. CFSA continues to offer monthly educational groups focused on supporting clarity around program eligibility, navigating the Kinship Navigator website ([www.kinshipdc.org](http://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?**

5 Full Time Employees (FTE)

- One (1) - Supervisor
- Four (4) Resource Development Specialists

**ii. How much federal funding did CFSA receive in FY 24 for the Kinship Navigator Program? How much does it expect to receive in FY 25?**

- In FY24, CFSA received a one-year \$200,000 grant expiring on 9/30/2024 (grant period 10/1/2023-9/30/2024)
- FY25 federal grant notice has not been awarded at the time of this report.



**iii. What is the amount expended in FY 23, FY 24, and FY 25 to date to establish and operate the Kinship Navigator Program?**

- In FY24, we expended \$200,000 in alignment with the one-year grant cycle of the federal award (10/1/2023-9/30/2024).
- We anticipate, if the full federal grant award is received, to be fully expended in FY25.

**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.
- One-Time Financial Assistance, including:
  - Rental Assistance
  - Utility Assistance
  - Gift Cards (Food, Household Supplies, Clothing)
  - Transportation
- Services can be found on the website at [www.kinshipdc.org](http://www.kinshipdc.org)

**f. What is the status of the online Community Services Resource Directory?**

We continue to use a third-party platform, FindHelp/Link U, to assist in the identification of community-based resources for GCP/CRCP providers.

**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 met quarterly with caregivers, community organizations, advocacy groups and sister agencies during FY24. 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. 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 156 and 157.*

**j. 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](http://www.kinshipdc.org), information for both programs can be accessed 24/7 including utilizing the dedicated [cfsa.gcp@dc.gov](mailto:cfsa.gcp@dc.gov) and [cfsa.crcp@dc.gov](mailto:cfsa.crcp@dc.gov) or contacting the KinNav Helpline (1-866-326-5461) during business hours.

**155. How does the agency use Informal Family Planning Arrangements funds? In what circumstances are those funds available and what are they 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](http://www.kinshipdc.org). Please note that Emergency Financial Assistance (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:

- The applicant has exhausted all applicable community resources.
- Applicant has experienced a hardship that has caused a financial burden (i.e. loss of employment, medical).
- 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).
- Child(ren) at-risk of out-of-home placement.
- Child or Children must be in the physical care of a kin or relative.
- Must be a District resident or have applied and been approved for GCP/CRCP while trying to relocate.

**156. Provide a detailed report on the Grandparent Caregiver Program, including:**

- a. In FY 24 and FY 25, to date, how many families were and are in the program;**

<b>FY24</b>	519
<b>FY25 Q1</b>	488

- b. In FY 24 and FY 25, to date, how many children were and are served by the program;**

<b>FY24</b>	823
<b>FY25 Q1</b>	774

- c. In FY 24 and FY 25, to date, what is the average benefit received;**

<b>FY24</b>	\$620 per child per month (\$21 per child per day)
<b>FY25 Q1</b>	\$628 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 24 and FY 25, to date, were any children or families on the waiting list;**  
**i. If so, how many;**

No children or families were waitlisted in FY24 or FY25, to date.

- f. In FY 24 and FY 25, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason;**

<b>Reason</b>	<b>FY24</b>	<b>FY25 Q1</b>
Aged out	51	13
Bio parent resides in the home	1	0
Child not in the home	1	0
Failed to recertify	1	0
Incomplete Application	5	1
Over income	10	1
<b>Total</b>	<b>69</b>	<b>15</b>

- 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, Collaboratives, community-based organizations and schools to provide information and support referrals. CFSA updated its' Kinship Navigator marketing website to ensure clarity of required documents and increased efficiency of system navigation. We offer partnership training which allows community-based organizations and schools to be trained on the Kinship Navigator program, application submission and website

navigation. Expanded outreach efforts, including distributing flyers and brochures, hosting community meetings with one-on-one application submission support, participating in tabling events, organizing senior activities, and conducting virtual CRCP presentations to help inform the affected community about the CRCP. In addition, CFSA staff and social workers are 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.

**157. Provide a detailed report on the Close Relative Caregiver program, including:**

- a. In FY 24 and FY 25, to date, how many families were and are in the program?**

<b>FY24</b>	85
<b>FY25 Q1</b>	92

- b. In FY 24 and FY 25, to date, how many children were and are served by the program?**

<b>FY24</b>	120
<b>FY25 Q1</b>	122

- c. In FY 24 and FY 25 (to date), what is the average benefit received?**

<b>FY24</b>	\$610 per child per month (\$20 per child per day)
<b>FY25 Q1</b>	\$590 per child per month (\$20 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 24 and FY 25, to date, were any children or families on the waiting list? If so, how many?**

No children or families were waitlisted in FY24 or FY25 to date.

- f. In FY 24 and in FY 25, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason?

Reason	FY24	FY25 Q1
Aged out	8	2
Applied for someone over 18	1	0
Child not in the home	1	0
Does not reside in DC and not going to relocate within a year	1	0
Failed to recertify	1	0
Incomplete Application	1	1
Over income	5	0
Receives Guardianship Subsidy	1	0
Unable to apply for TANF	1	0
<b>Total</b>	<b>20</b>	<b>3</b>

- g. The total budget for and the number of families that benefited from the program in FY 24 and in FY 25, to date, and the estimated total number of families that will benefit from the program in FY 25;

Fiscal Year	Total Budget	# of Families Served
<b>FY24</b>	\$691,887	83
<b>FY25 Q1</b>	\$201,251	92

The estimated total number of *children* that will likely benefit from the program in FY 25 is 127.  
The estimated total number of *families* that will likely benefit from the program in FY 25 is 97.

- h. The average benefit provided per family in FY 24, and the average benefit provided per family in FY 25, to date;

On average, families received \$855 per month in FY24 and \$789 per month in FY25.

- 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, Collaboratives, community-based organizations and schools to provide information and support referrals. CFSA updated its' Kinship Navigator marketing website to ensure clarity of required documents and increased efficiency of system navigation. We offer partnership training which allows community-based organizations and schools to be trained on the Kinship Navigator program, application submission and website navigation. Expanded outreach efforts, including distributing flyers and brochures, hosting community meetings with one-on-one application submission support, 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 EFA application. A total of 36 requests in FY24 and 19 requests for FY25 Q1 have been received for support with food, furniture, utility and rental assistance, clothing, transportation, household living expenses, and legal assistance across all kin caregivers (this data is not available for CRCP only).

**158. 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 is issued and approved. In FY24, twelve (12) waivers were issued. These cases were reviewed by the program manager and administrator prior to placement in the home. Ten (10) waivers were due to the size and function of the bedrooms not meeting regulations. One (1) was issued for lack of apartment/landlord reference form. One (1) waiver was issued as there was no health form for a household member, alternatively, the team used vaccination record. No waivers have been issued in FY25 Q1.

**159. How many kin placements have been denied licensure and for what reason?**

In FY24, twelve (12) kinship applicants were denied licensure. Eight (8) applicants or household members had current or past criminal charges that posed safety threats to the children who would be placed. One (1) applicant's work schedule was not conducive to parenting, and inadequate childcare. Three (3) had inadequate housing.

In FY25 to date, one (1) kinship applicant was denied due to applicants or household members had current criminal charges that posed a safety threat to the children who would be placed.

**160. Please provide information regarding kinship diversion funds. When are they available and what kinds of things can they be used for?**

CFSA uses funds to support prospective kinship caregivers and licensed kinship foster parents with concrete needs. Although it is titled "kinship diversion", it is used to support the universe of kinship caregivers. These funds are available when requested by staff and approved by a manager. Needs are identified in meetings such as At-Risk of Removal Family Team Meeting, or during an assessment of a kin.

## CFSA's Partnerships with NCCF and Children's Choice

### **161. Describe the status of collaboration with PSI Family Services, including the following information:**

- a. How many children were placed with PSI Family Services in FY 24, and how many have been placed with PSI Family Services in FY 25, to date?**

<b>Fiscal Year</b>	<b>Total Unique Children Placed with PSI</b>
<b>FY24</b>	52
<b>FY25 Q1</b>	40

- 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 In-Home and Out-of-Home Care and her leadership team hold monthly partnership meetings with the PSI management team to share CFSA guidance and practice directives. In FY25, 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. These referrals are sent as needed when the CFSA placement office determines that a child or youth meets the criteria for intensive foster care.

- 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

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 PSI of challenges and strengths to support individual and systemic case practice. The CFSA Program Outcomes Unit assesses PSI performance against system level benchmarks.

**f. How has PSI Family Services performed in FY 24, and in FY 25, to date?**

PSI has maintained a high level of placement utilization by effectively matching CFSA children and youth with PSI foster parents. By FY25 Q1, PSI had 31 children placed (24 intensive, 7 traditional/kinship). MSW-level social worker shortages persist, leading to 17 youth being case-managed by CFSA licensed social workers.

Case audits in FY24 (N=13) and FY25 (N=2) found 94% documentation compliance within PSI-managed cases. However, joint audits with the State of Maryland found no cases fully compliant with COMAR due to missing social worker visit records, medical exams, etc. Resource parent records were also non-compliant, lacking background clearances and relicensing documents (e.g., medical exams, home studies).

CFSA issued a corrective action in October 2023 due to insufficient clinical oversight, staff retention challenges, and poor internal coordination. While PSI submitted a plan, concerns persisted. In December 2023, Maryland issued another corrective action for foster home conditions, over-placement, and incomplete licensing documentation. To address this, PSI now requires State approval for placing more than two children in a home and collaborates with the CFSA Placement team to ensure all placement documents are received at intake. The CFSA Contracts Monitoring Division plans to conduct resource parent home visits to assess the condition of private agency resource homes and conduct stakeholder interviews with resource parents and CFSA children and youth to assess services and supports provided by private foster care agencies.



**162. How many youth placed in DC and Maryland homes received school transportation? How much was spent transporting youth to DC and Maryland homes?**

In FY24, 99 youth placed in DC and Maryland homes received transportation. In FY24, CFSA spent \$1,452,093.

In FY25, to date, 49 youth placed in DC and Maryland homes received transportation. In FY25, to date, CFSA spent \$827,515

**163. 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 December 31, 2024, NCCF had 154 licensed resource homes (total of 290 beds).

As of December 31, 2024, PSI Family Services had 28 licensed homes (total of 53 beds).

**164. 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 24 and FY 25, to date, who was responsible for paying for transporting youth placed in Maryland?**

In FY24 and FY25 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 24 and FY 25, to date?**

CFSA funded transportation services for youth. CFSA transported youth from several agencies:

**FY24**

<b>Agency</b>	<b># Youth Transported</b>
CFSA	14
NCCF	72
LSS	10
PSI	3
<b>Total</b>	<b>99</b>

**FY25 Q1**

<b>Agency</b>	<b># Youth Transported</b>
CFSA	7
NCCF	36
LSS	3
PSI	3
<b>Total</b>	<b>49</b>

- d. How much was spent on transporting youth in NCCF or PSI Family Services Foster Homes in FY 24 and FY 25, to date? Include the total amount spent as well as the average amount spent per youth.**

CFSA does not track expenditures by agency. In FY24, CFSA spent \$1,452,093 transporting youth in foster homes, an average of \$14,668 per youth.

In FY25, to date, CFSA spent \$827,515 transporting youth in foster homes, an average of \$16,888 per youth.

**165. 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 24 and in FY 25, to date?**

<b>FY</b>	<b>Total Unique Children Placed with NCCF</b>
<b>FY24</b>	291
<b>FY25 Q1</b>	218

- 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 her leadership team, hold monthly partnership meetings with the NCCF management team to share CFSA guidance and practice directives. In FY25, 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. QSR findings inform CFSA and NCCF of challenges and strengths to support individual and systemic case practice. The CFSA Programs Outcomes Unit assesses NCCF performance against system level benchmarks.

**f. How has NCCF performed in FY 24 and in FY 25, to date?**

In FY24, NCCF demonstrated strong compliance with service plans and assessments across 84 audited child records. Documentation remained consistent across court reports, CAFAS/PECFAS assessments, service plans, case plans, and Youth Transition Plans (YTPs). Services were implemented based on case needs, and visits with parents and siblings continued both in-home and out-of-home. NCCF actively worked to mitigate placement disruptions and support youth permanency.

The organization participated in Permanency Goal Review Meetings (PGRMs) with CFSA, demonstrating expertise in case management and proactive engagement in achieving permanency. While NCCF exceeded agency benchmarks for recommending goal changes, court delays hindered the finalization of guardianships and adoptions. Despite fluctuations in permanency performance in the first quarter of FY25, staff continued to engage in PGRMs and address barriers to permanency.

In FY24, NCCF reported 118 Unusual Incidents (UIs), with 64% submitted within the required 24-hour timeframe. To improve timeliness, NCCF plans to collaborate with stakeholders, implement enhanced submission tools, and refine UI data tracking in coordination with CFSA. Additionally, 18 allegations of resource parent abuse or neglect were reported during FY24. Of these, 12 were screened out, while five were determined to be unfounded or unsubstantiated. One resource parent voluntarily closed her home. All children involved were safely relocated to new placements following the allegations.

In the first quarter of FY25, NCCF submitted 23 UIs, with a 48% timeliness rate. Five reports involved allegations of abuse or neglect by a resource parent, including one previously reported in FY24. One resource parent's license was suspended after two allegations, despite CPS screening out both cases. One allegation was ruled out, while another remains under CPS review.

In FY24, 92% of 124 audited resource parent records were compliant, increasing to 100% in the first quarter of FY25. Personnel audits in FY24 achieved a 98% compliance rate.

NCCF continues to strengthen compliance, case management, and incident response while addressing challenges in UI reporting and permanency goal finalization.

**166. In FY 24, and to date in FY 25, 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.**

	FY24		FY25 Q1	
Provider	Allegations	Substantiations	Allegations	Substantiations
Lutheran Social Services	0	0	1	0
National Center for Children and Families	18	0	5	0
PSI Family Services	2	0	0	0

### Placements and Providers

**167. Provide the following by age, gender, race, provider, location, daily rate, and time in care during FY 24 and FY 25, 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*

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	21	32	0	0	0	0	0	0	1	33
1	15	12	27	0	0	0	0	0	0	1	28
2	10	19	29	0	0	0	0	0	0	2	31
3	16	22	38	0	0	0	0	0	0	0	38
4	10	13	23	0	0	0	0	0	0	1	24
5	5	12	17	0	0	0	0	0	0	0	17

FY24 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
6	6	20	26	0	0	0	0	0	0	0	26
7	2	12	14	0	0	0	0	0	0	2	16
8	4	12	16	0	0	0	0	1	1	0	17
9	4	14	18	0	0	0	0	2	2	0	20
10	5	6	11	0	0	0	0	0	0	0	11
11	4	10	14	0	0	0	0	2	2	2	18
12	1	15	16	0	0	1	0	2	3	3	22
13	6	8	14	0	2	0	0	3	5	2	21
14	2	19	21	0	1	2	0	1	4	5	30
15	5	12	17	0	1	4	0	3	8	4	29
16	2	13	15	0	1	4	0	1	6	14	35
17	1	14	15	0	2	10	0	0	12	11	38
18	1	14	15	0	0	2	0	0	2	12	29
19	4	9	13	0	0	2	1	0	3	10	26
20	4	11	15	1	0	4	4	0	9	14	38
<b>Total</b>	<b>118</b>	<b>288</b>	<b>406</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>5</b>	<b>15</b>	<b>57</b>	<b>84</b>	<b>547</b>

FY24 Gender	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	Independent Living	Residential Treatment	Subtotal		
Female	63	154	217	0	5	14	5	7	31	42	290
Male	55	134	189	1	2	15	0	8	26	42	257
<b>Total</b>	<b>118</b>	<b>288</b>	<b>406</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>5</b>	<b>15</b>	<b>57</b>	<b>84</b>	<b>547</b>

FY24 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	109	225	334	1	6	26	4	11	48	70	452
Hispanic	2	45	47	0	1	1	1	4	7	11	65
White	2	4	6	0	0	0	0	0	0	1	7
No Race Data Reported	4	12	16	0	0	2	0	0	2	2	20
Declined	1	0	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>118</b>	<b>288</b>	<b>406</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>5</b>	<b>15</b>	<b>57</b>	<b>84</b>	<b>547</b>

FY24 Provider Location	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
DC	54	112	166	1	7	29	5	0	42	77	285
MD	64	169	233	0	0	0	0	7	7	5	245
VA	0	5	5	0	0	0	0	4	4	2	11

Other States	0	2	2	0	0	0	0	4	4	0	6
<b>Total</b>	<b>118</b>	<b>288</b>	<b>406</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>5</b>	<b>15</b>	<b>57</b>	<b>84</b>	<b>547</b>

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	14	44	58	0	1	6	0	2	9	10	77
4 - 6 Months	24	32	56	0	1	2	0	0	3	10	69
7 - 12 Months	17	48	65	0	0	4	0	3	7	4	76
13 - 24 Months	28	54	82	0	2	4	0	2	8	12	102
25+ Months	35	110	145	1	3	13	5	8	30	48	223
<b>Total</b>	<b>118</b>	<b>288</b>	<b>406</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>5</b>	<b>15</b>	<b>57</b>	<b>84</b>	<b>547</b>

Time in Abscondance (As of September 30, 2024)	Total Children
<b>0 - 3 Months</b>	<b>17</b>
<b>4 – 6 Months</b>	<b>5</b>
<b>7 – 12 Months</b>	<b>1</b>
<b>13 – 24 Months</b>	<b>3</b>
<b>25+ Months</b>	<b>0</b>
<b>Total</b>	<b>26</b>

FY25 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
<1 Year	14	24	38	0	0	0	0	0	0	0	38
1	13	15	28	0	0	0	0	0	0	0	28
2	12	17	29	0	0	0	0	0	0	0	29
3	16	20	36	0	0	0	0	0	0	1	37
4	9	16	25	0	0	0	0	0	0	2	27
5	9	12	21	0	0	0	0	0	0	1	22
6	5	14	19	0	0	0	0	0	0	0	19
7	4	13	17	0	0	0	0	0	0	2	19
8	4	14	18	0	0	0	0	1	1	0	19
9	4	15	19	0	0	0	0	3	3	1	23
10	4	11	15	0	0	0	0	0	0	0	15
11	5	9	14	0	1	0	0	1	2	1	17
12	3	13	16	0	0	0	0	2	2	3	21
13	3	8	11	0	0	1	0	2	3	1	15

FY25 Age	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
14	2	14	16	0	2	3	0	0	5	7	28
15	5	13	18	0	0	3	0	2	5	4	27
16	0	15	15	0	0	5	0	2	7	12	34
17	1	13	14	0	0	7	0	0	7	10	31
18	0	16	16	0	0	5	1	1	7	14	37
19	4	12	16	0	0	1	0	0	1	9	26
20	2	8	10	1	0	5	5	0	11	14	35
21	0	0	0	0	0	1	0	0	1	0	1
<b>Total</b>	<b>119</b>	<b>292</b>	<b>411</b>	<b>1</b>	<b>3</b>	<b>31</b>	<b>6</b>	<b>14</b>	<b>55</b>	<b>82</b>	<b>548</b>

FY25 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	107	226	333	1	3	29	6	10	49	67	449
Hispanic	2	40	42	0	0	2	0	4	6	12	60
White	1	4	5	0	0	0	0	0	0	1	6
No Race Data Reported	8	20	28	0	0	0	0	0	0	2	30
Declined	1	0	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>119</b>	<b>292</b>	<b>411</b>	<b>1</b>	<b>3</b>	<b>31</b>	<b>6</b>	<b>14</b>	<b>55</b>	<b>82</b>	<b>548</b>

FY25 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	107	226	333	1	3	29	6	10	49	67	449
Hispanic	2	40	42	0	0	2	0	4	6	12	60
White	1	4	5	0	0	0	0	0	0	1	6
No Race Data Reported	8	20	28	0	0	0	0	0	0	2	30
Declined	1	0	1	0	0	0	0	0	0	0	1
<b>Total</b>	<b>119</b>	<b>292</b>	<b>411</b>	<b>1</b>	<b>3</b>	<b>31</b>	<b>6</b>	<b>14</b>	<b>55</b>	<b>82</b>	<b>548</b>



FY25 Provider Location	Foster Homes			Group Settings						* Other	Total Children
	Kinship	Foster Home	Subtotal	DD/FB	D&E	Group Homes	IL	RTC	Subtotal		
DC	53	114	167	1	3	31	6	0	41	74	282
MD	65	173	238	0	0	0	0	9	9	6	253
VA	0	3	3	0	0	0	0	3	3	2	8
Other States	1	2	3	0	0	0	0	2	2	0	5
<b>Total</b>	<b>119</b>	<b>292</b>	<b>411</b>	<b>1</b>	<b>3</b>	<b>31</b>	<b>6</b>	<b>14</b>	<b>55</b>	<b>82</b>	<b>548</b>

FY25 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	19	37	56	0	2	7	1	0	10	3	69
4 - 6 Months	12	28	40	0	0	4	0	3	7	4	51
7 - 12 Months	31	54	85	0	1	2	0	2	5	11	101
13 - 24 Months	25	67	92	0	0	5	0	1	6	9	107
25+ Months	32	106	138	1	0	13	5	8	27	55	220
<b>Total</b>	<b>119</b>	<b>292</b>	<b>411</b>	<b>1</b>	<b>3</b>	<b>31</b>	<b>6</b>	<b>14</b>	<b>55</b>	<b>82</b>	<b>548</b>

Time in Abscondance (As of December 31, 2024)	Total Children
0 - 3 Months	11
4 - 6 Months	8
7 - 12 Months	4
13 - 24 Months	2
25+ Months	1
<b>Total</b>	<b>26</b>

**168. How many placement changes did youth in CFSA care experience in FY 24 and in FY 25, to date, including the total number of unique children who experienced a placement change, the age and the reason for the change.**

#### **FY 2024**

Age at End of FY	Placement Episodes				Total
	1	2	3-4	5+	
<1 Year	21	10	2	0	33
1	19	9	0	0	28
2	22	5	4	0	31
3	25	8	4	1	38
4	15	5	4	0	24
5	11	5	0	1	17
6	16	6	3	1	26
7	10	3	3	0	16
8	12	1	2	2	17

9	13	2	5	0	20
10	9	1	1	0	11
11	12	3	2	1	18
12	9	6	5	2	22
13	10	5	4	2	21
14	13	7	6	4	30
15	13	8	5	3	29
16	14	8	5	8	35
17	15	7	6	10	38
18	15	7	4	3	29
19	16	4	5	1	26
20	21	13	3	1	38
<b>Total</b>	<b>311</b>	<b>123</b>	<b>73</b>	<b>40</b>	<b>547</b>
<b>Percentage</b>	<b>56.86%</b>	<b>22.49%</b>	<b>13.35%</b>	<b>7.31%</b>	<b>100.00%</b>

#### FY 2025

Age at End of FY	Placement Episodes				Total
	1	2	3-4	5+	
<1 Year	32	5	1	0	38
1	25	3	0	0	28
2	28	1	0	0	29
3	33	2	1	1	37
4	23	3	1	0	27
5	20	1	1	0	22
6	19	0	0	0	19
7	14	4	1	0	19
8	11	7	1	0	19
9	19	3	1	0	23
10	13	2	0	0	15
11	15	1	0	1	17
12	12	6	3	0	21
13	14	1	0	0	15
14	19	5	3	1	28
15	19	4	2	2	27
16	27	6	1	0	34
17	25	4	2	0	31
18	28	3	6	0	37
19	24	1	1	0	26
20	28	7	0	0	35
21	1	0	0	0	1
<b>Total</b>	<b>449</b>	<b>69</b>	<b>25</b>	<b>5</b>	<b>548</b>
<b>Percentage</b>	<b>81.93%</b>	<b>12.59%</b>	<b>4.56%</b>	<b>0.91%</b>	<b>100.00%</b>

- a. The total number of placement changes by agency (CFSA/NCCF/PSI Family Services).

**FY 2024**

Agency	Placement Episodes				Total
	1	2	3-4	5+	
CFSA	171	72	46	35	324
Lutheran Social Services	17	5	1	2	25
National Center for Children and Family _ I	121	43	21	3	188
PSI Services	2	3	5	0	10
<b>Total</b>	<b>311</b>	<b>123</b>	<b>73</b>	<b>40</b>	<b>547</b>
	<b>56.86%</b>	<b>22.49%</b>	<b>13.35%</b>	<b>7.31%</b>	<b>100.00%</b>

**FY 2025**

Agency	Placement Episodes				Total
	1	2	3-4	5+	
CFSA	258	37	22	4	321
Lutheran Social Services	23	3	0	0	26
National Center for Children and Family _ I	159	28	3	1	191
PSI Services	9	1	0	0	10
<b>Total</b>	<b>449</b>	<b>69</b>	<b>25</b>	<b>5</b>	<b>548</b>
<b>Percentage</b>	<b>81.93%</b>	<b>12.59%</b>	<b>4.56%</b>	<b>0.91%</b>	<b>100.00%</b>

Notes: 1. The universe of this report is all children who were in placement on the last day of Fiscal Year. 2. Number of placement episodes is calculated between Start of Fiscal Year or Date entered care whichever is later and the last day of Fiscal Year. 3. Placements starting and ending same day are not counted as placements. 4. Placement types of Hospital (Non-Paid), Abscondance, College and Respite Care are not included in the count of placements.

- 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 (n=92 children) who experienced 3 or more placement changes in FY2023. The goal of the review was to identify factors that would improve placement stability. The review found that of the 517 total placement

changes, 60% (n=310) were placement disruptions and 25% (n=128) were positive placement changes (moves to a less restrictive environment). Reviewers also found some data quality concerns with placement change data. In 13% (n=66) of the reported placement changes there was no actual move; instead temporary respite had been incorrectly documented, there was an administrative change to the service line (such as placement transitioning from being licensed under temporary kinship care license to ongoing license), or it was the child's initial placement in care. For the 310 confirmed placement disruptions, the most prevalent factors (more than one could be selected) that contributed to the disruption included child behavioral concerns (46%, n=142), runaway behaviors (35%, n=107), the provider reported being unwilling/unable to continue the placement (24%, n=73) and child mental health (20%, n=63). Other factors that were reported in fewer than 10% of moves included: child delinquency or incarceration, sex trafficking, and truancy. In 57% of the placement disruptions, reviewers found documentation of attempts to proactively prevent the disruption, which included mental health treatment for the youth (23%), respite (8%), Family Team Meeting or other teaming meeting (8%), mobile crisis services (4%), mentoring (3%), and recreational activities (1%). It is believed that the efforts to prevent placement disruptions are under documented, and the prevalence of documentation in the FY 23 review was an improvement over the FY 22 review, when documentation of efforts to prevent disruptions was identified in 34% of the disruptions. There are systemic challenges to accurate and comprehensive documentation in CFSA's current SACWIS system, FACES, to include multiple people documenting efforts in multiple parts of the case record. CFSA has taken the need for more comprehensive documentation on factors leading to placement instability into account in the design of the new CCWIS system, STAAND. The launch of a new information management system, STAAND, projected in April 2025, will bring significant improvements to how CFSA documents and gathers placement data (number of moves, reasons, etc.), as well as streamline and coordinate placement efforts (requests, support/stabilization, teaming etc.) across and among the team of people who do this work.

**169. Regarding the availability of beds/placements for children and youth in foster care, provide the following for FY 24 and FY 25, to date:**

**a. The current number of foster home beds available in the District and in Maryland.**

State	FY24 (As of September 30, 2024)	FY25 (As of December 31, 2024)
District	180	172
Maryland	283	310
Total	463	482

**b. The number of foster home beds that are currently vacant in the District and in Maryland.**

State	FY24 (As of September 30, 2024)	FY25 (As of December 31, 2024)
District	67	70
Maryland	52	72
Total	119	142

**c. The current total number of group home beds in the District and in Maryland.**

<b>Provider</b>	<b>Bed#</b>
God's Anointed New Generation	12
Innovative Life Solutions	5
Maximum Quest	14
Sasha Bruce-Emergency Shelter	3
Sasha Bruce-Grace House	6
Umbrella	6
CSAAC	9
Sasha Bruce – Allen House	6
<b>Total</b>	<b>61</b>

**d. The total number of group home beds that are currently vacant in the District and in Maryland.**

There are 6 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 6 independent living program beds (from Sasha Bruce- Grace House).

**f. The number of independent living program beds that are currently vacant.**

There are zero independent living program beds currently vacant.

**g. The current total number of teen parent program beds in the District's foster care system.**

There are 6 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 zero independent living program beds currently vacant.

**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 23, FY 24, and FY 25, to date

**Total Number of Foster Home Beds Willing to Accept teens (age 13+)**

	<b>FY24</b>	<b>FY25</b>
MD – NCCF	71	76
MD-PSI	9	7
DC	44	42
<b>Total</b>	<b>124</b>	<b>125</b>

- k. 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 children between the ages of zero and five, and number ranges for FY 23, FY 24, and FY 25, to date.

**Total Number of Foster Home Beds Willing to Accept Ages 0-5**

	<b>FY24</b>	<b>FY25</b>
MD – NCCF	76	140
MD-PSI	11	14
DC	77	72
<b>Total</b>	<b>164</b>	<b>226</b>

- l. How many beds are vacant?

There are 63 vacant beds.

<b>As of December 31, 2024</b>	<b>MD- NCCF</b>	<b>MD- PSI</b>	<b>DC</b>
<b>Preference 0-5</b>	23	4	12
<b>Teens</b>	6	2	16
<b>Total</b>	<b>29</b>	<b>6</b>	<b>28</b>

**170. 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;**

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:

<b>Child-Specific Factors</b>	<b>Resource Parent-Specific Factors</b>
Current school location	Location of the resource home
Birth family residential home/ward	Availability and capacity for placement
Proximity to family/lifelong connections	Ability to support/parent specific age groups
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	
Sexual/Gender Identity	

**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 when possible and appropriate for the needs of the youth.

The same factors listed in the response to Question 170(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 as well as the pool of people interested in being foster parents. 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's placement coordinators and supervisors speak daily on placement needs. All agency placement management teams meet monthly for a formal review of youth, referral process, 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 170(a)(i) to match a child or youth to a placement. PSI family services is explored for all children and youth who met the threshold for intensive foster care. 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.

**171. Regarding the retention and recruitment of foster parents:**

- a. What was the agency's foster parent yearly retention rate in FY 24, and what has that rate been in FY 25, to date?**

On October 1, 2023, CFSA had 119 licensed traditional foster homes. Between October 1, 2023, and September 30, 2024, CFSA licensed 17 foster homes. Of those 136 homes, 113 remained licensed through September 30, 2024, and 23 were closed, for an FY24 retention rate of 86 percent.

On October 1, 2024, CFSA had 119 licensed traditional foster homes. As of December 31, 2024, 8 were closed, and two new homes opened, leaving 113 licensed homes and a current retention rate of 95 percent.



**b. What are the agency’s recruitment targets for increasing the total number of foster homes in the District’s foster care system (i) in general and (ii) geographically within the District? What strategies have been implemented to reach these targets?**

(i) CFSA’s Recruitment unit comprises master level social worker recruiters who are committed to engaging resource parents who reflect the racial, ethnic, and cultural diversity of children and families being served by the District’s child welfare system. To meet this commitment, CFSA works closely with its contracted private agency partners, current resource parents, and other members of the community to recruit, retain, develop, and support a pool of families that meet the needs of children who are placed in out-of-home care. General, targeted, and child-specific strategies are developed and performed throughout all communities to help recruit foster/adoptive and kinship families for specific children in foster care

(ii) 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 FY24, 79 percent of children came into foster care from ward 8 (29%), ward 7 (18%), and ward 5 (12%).

CFSA’s FY24 foster home creation target was 25 new traditional resource home beds in DC. By the end of FY24, the agency had achieved its goal of creating 27 beds for youth in foster care (in 17 new homes). CFSA developed at least one home in each ward, except for Ward 3. Fifty-nine percent of the newly licensed homes were in the Wards (5, 7, and 8) from which children originated when coming into foster care.

Ward	# Homes Created by Wards	# Beds Created by Wards	Percentage of total
1	1	2	6
2	1	1	6
3	0	0	0
4	4	6	24
5	2	2	12
6	1	2	6
7	3	5	18
8	5	9	29
<b>Total</b>	<b>17</b>	<b>27</b>	<b>100%</b>

The Recruitment strategies include:

- Expanding strategic outreach across the District via virtual and social media platforms, including Facebook, Google, and Eventbrite.
- 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 FY24, recruitment collaborated and participated in 50 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, 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 allowing online information session registration.
- Expanding (and streamlining) offerings by fosterdckids.org to help promote recruitment and retention of resource parents.

In FY25, these strategies will continue, along with the following added strategies:

- Expand target audience on Google and Facebook/Instagram (Latino, African American, LGBTQ+, and general awareness).
- Extending Digital Advertisement to include YouTube and Local Streaming.

**c. What percentage of current foster homes are located geographically within the District? What percentage of youth are placed geographically within the District?**

Total Foster Homes in the District

Number	Percentage
156	46%

Total Children Placed in the District

Number	Percentage
282	51%

**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 24? What are the agency's targets for FY 25?**

The target for FY24 was to develop five additional beds for teenagers. By the end of FY24, five homes and eight beds were developed and this target was met. The target for FY25 is to develop five additional beds for teenagers. To date, one bed has been developed.

Based on feedback collected by recruiters during the screening of potential resource parents for this population, the main obstacle in recruiting resource homes for this population is the fear of the unknown. This group often has complex needs and behaviors that many potential resource parents may find unfamiliar. CFSA and NCCF have utilized the New Generation PRIDE foster parent training program to address this issue, specifically focusing on working with teenagers. This program provides resource parents with the tools and strategies to support these youth effectively.

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 FY25, included the following:

- Collaborating with the CFSA Office of Public Information and Older Youth Empowerment 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".
- Collaborating and expanding the Social Media Campaign to increase the pool of LGBT, Latinx, Professional, and African American resource parents in the District who 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 24? What are the agency's targets for FY 25?**

At the end of FY23 and the beginning of FY24, 17 teen mothers were in foster care. This population has remained stable, and resources will always be sought for them. For FY24, the targeted goal was to develop two additional beds. Two homes were licensed with a total capacity of five beds; this target was met. The target for FY25 is two additional beds.

In FY24, 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.
- Paid advertisements on Google, Facebook, and Instagram

Maryland faces similar barriers to finding homes that can support both a mother and child. The DC Municipal regulations, Title 29. Chapter 60, for licensing foster homes, requires separate bedrooms for parents and children older than 18 months. In Maryland, the Code of Maryland regulations (COMAR) for foster home licensing requires separate bedrooms, after the child is six months old.

**f. What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for children with special needs? What have been the barriers? Did the Agency achieve its target for FY 24? What are the agency's targets for FY 25?**

CFSA achieved its targeted goal for the population of children with special needs by developing two homes in FY24. This was achieved 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 needs of this population of children at DC127 Information Sessions.

The goal for FY25 is to achieve two additional resource families for this population. CFSA will continue the efforts described above.

Based on feedback collected by recruiters during the screening of potential resource parents for this population, barriers to developing homes for this population include the following:

- Many homes were not ADA accessible.
- Lack of time to devote to these children's care and often demanding schedules.
- Utilizing in-home nursing and other associated services for children's care at home was perceived as an inconvenience.

**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 24? What are the agency's targets for FY 25?**

Forty-one percent of newly licensed homes in FY 24 self-identify as LGBTQ+ resource parents (n=7 /17). The goal was to create five additional beds from this population of resource parents, and the target was met as nine beds were developed. At the end of FY24, CFSA had 115 foster homes; fifty-four percent (n=63/115) 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 FY24. The target for FY25 is four additional homes.

In FY25, 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.

In the past several years, CFSA has not experienced significant barriers recruiting homes that can serve this population.

- g. 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 FY24, Latinx children comprised approximately 11 percent of the District's foster care population (n=60/547). 80 percent (n=48/60) of these children's primary language was English and 20 percent (n=12/60) was Spanish. CFSA recognizes the importance of placing children with families who share their language and cultural identity. Combined, CFSA and its partner agencies are meeting these needs as follows:

<b>Provider</b>	<b># of children whose primary language is Spanish</b>	<b># of Spanish- speaking homes</b>
<b>CFSA</b>	<b>3</b>	<b>12</b>
<b>NCCF</b>	<b>1</b>	<b>1</b>
<b>PSI</b>	<b>0</b>	<b>1</b>
<b>Lutheran Social Services</b>	<b>8</b>	<b>10</b>
<b>Total</b>	<b>12</b>	<b>24</b>

100% of the children whose primary language is Spanish have been placed with providers who speak their language and support their cultural identity.

- h. 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 24? What are the Agency's targets for FY 25?**

CFSA's FY24 target for recruiting language-appropriate families was three families, and we achieved the goal by licensing four families and creating eight beds. To achieve this target, the

following strategies were used:

- CFSA engaged in community-based outreach and trust-building efforts, including messaging the need to the Mayor's Office of Latino and African Affairs, the Mayor's Office of Voluntarism, Lutheran Social Services, Rainbow Families, and Mary's Center.
- CFSA has updated its fosterdckids.org website to include Spanish translations.
- CFSA launched paid social media advertisements specifically targeting Latinx individuals and families in the District.

In FY25, similar strategies will be implemented to develop a target of three more homes for this community. During the first quarter of the fiscal year, one home with a two-bed capacity was created for this population.

**i. How may foster families closed their homes in FY 24 and in FY 25, to date?  
What were the reasons given for closing their homes?**

<b>CFSA Home Closure Reasons</b>	<b>FY24</b>	<b>FY25</b>
<b>Permanency</b>	<b>10</b>	<b>1</b>
<b>Clinical/Regulatory</b>	<b>3</b>	<b>5</b>
<b>Resource Parent Request*</b>	<b>10</b>	<b>2</b>
<b>Total</b>	<b>23</b>	<b>8</b>

*\*Reasons for Resource Parent requests include unavailability to commit, personal reasons, and travel for work.*

**j. 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 24? What are the Agency's targets for FY 25?**

For children who are diagnosed as medically fragile or have serious developmental and physical disabilities, 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 FY24:

- 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.

In FY25, recruitment will continue to implement the strategies mentioned and create two additional homes for this population.

Based on feedback collected by recruiters during the screening of potential resource parents for this population, the barriers include:

- Many of the homes were not ADA accessible.
- Finding people with the appropriate skill set and time to care for this population of youth remains a barrier.
- Lack of time to devote to these children's care and often demanding schedules.
- A perceived inconvenience in utilizing in-home nursing and other associated services required to be in the home with the children.

**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 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 25?**

In FY24, the agency achieved its goal by developing two additional foster homes for children after diagnostic and emergency care. These providers became "Trauma-Informed Professional Parents" (TIPPs). TIPP parents are skilled in providing 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 Professional Parent Information Sessions.
- Updated the FosterDCKids.org website with the Professional Parent landing page and included links to register for the quarterly sessions.
- Partnered with existing resource parents and offer incentives for licensed referrals.

Based on feedback collected by recruiters during the screening of potential resource parents for this population, finding people with the appropriate skill set and time to care for this population of youth remains a barrier.

In FY25, CFSA's target is to create four more homes to serve this population. During quarter one of FY25, recruitment hosted a professional resource parent information session. Seven people attended; existing resource parents referred 80 percent of the participants and 20 percent came via social media.

**1. 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 teams 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 parents meet and greet- The New Resource Parent Gatherings are informal quarterly meet-ups for 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 resource parents. The informal gatherings allow for open dialogue about parents' experiences with CFSA thus far (i.e., licensing, training, placement calls, staff interactions, etc.)

**m. 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 the 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.

- n. What is budgeted for resource parent (1) recruitment and (2) retention) in FY 23, FY 24 and FY 25? How much was spent on (1) recruitment and (2) retention) in FY 23, FY 24, FY 25, to date?

Program Area	FY23 Budget	FY23 Expenditure	FY24 Budget	FY24 Expenditure	FY25 Budget	FY25 Q1 Expenditure
Recruitment	\$15,000	\$15,000	\$15,000	\$15,000	\$14,000	\$0
Retention	\$43,500	\$43,000	\$40,000	\$40,000	\$40,000	\$0

172. During FY 24, 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 25, to date? For each youth, provide:

- a. The age of the youth;

Age*	Total Unique Children
9	1
10	5
11	4
12	13
13	12
14	8
15	8
16	3
<b>FY24 Total</b>	<b>54</b>

*\*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2023*

Age*	Total Unique Children
11	1
12	2
13	1
14	3
15	1
17	1
<b>FY25 Total</b>	<b>9</b>

*\*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2024*

- 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	27
Group Settings	17
Other**	23
<b>FY24 Total</b>	<b>50</b>

\*\*'Other' placement types consist of Abscondence, Not in Legal Placement, Hospital, and Correctional Facility in FY24.

NOTE: There are (4) children excluded from the summary above. Here's the outcome of those children: (3) exited foster care after the emergency placement and (1) remains in the emergency placement.

Placement Types	Total Unique Children
Foster Homes	3
Group Settings	2
Other**	5
<b>FY25 Total</b>	<b>9</b>

\*\*'Other' placement type for FY25 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	1
3-5 days	14
6-10 days	14
11-20 days	17
21-30 days	21
31+ days	19
<b>Total</b>	<b>54</b>

Note: Totals may not add up if a client have multiple placement episodes.

Length of Stay in Emergency/Respite Placements	Total Unique Children
3-5 days	2
11-20 days	4
21-30 days	4
31+ days	1
<b>Total</b>	<b>9</b>

Note: Totals may not add up if a client have 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 abscondence, 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 FY24 or FY25 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 25; 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.

**173. During FY 24, how many youths in out-of-home care stayed overnight at CFSA's offices while awaiting a licensed placement? In FY 25, to date? For each youth who stayed at CFSA, provide:**

In FY24, there were a total of 33 overnight stays by 7 unique youth, one youth stayed in the building for 22 consecutive days. (Source: Overnight Stay Tracker).

In FY25 Q1, there were a total of 22 overnight stays and 12 unique youth.

- a. **The age of the youth;**
- b. **The length of the youth's stay at CFSA's office;**
- c. **The efforts made to identify a licensed placement;**

The same matching factors outlined in response to Question 170 are used to identify a new foster home or congregate care facility with the additional knowledge of the child's strengths, behavior patterns, and any other needs.

To further prepare the new resource parents where possible, the former and current resource parents are provided the opportunity to meet and share information regarding the child.

- d. **The type of placement the youth was in before staying at CFSA's offices and following the stay at CFSA's offices; and**

Episode #		Length of episode (days)	Client's age during episode	Placement prior to overnight episode	Placement following the overnight episode
FY24					
Client 1					
	1	1	15	CFSA Foster Home	Trauma Informed Professional Parent (TIPP)
Client 2					
	1	1	19	Initial Entry - CPS	Released to his father
Client 3					
	1	1	19	Missing Child Status	Youth's grandmother allowed her to stay for visit

	Episode #	Length of episode (days)	Client's age during episode	Placement prior to overnight episode	Placement following the overnight episode
	2	1	19	Missing Child Status	Sasha Bruce owned apartment, staffed by CFSA
Client 4					
	1	22	8	Initial Entry - CPS	Community Services for Autistic Adults & Children (CSAAC) group home
Client 5					
	1	1	17	Private Agency Foster Home	CFSA Foster Home
Client 6					
	1	5	8	CFSA Foster Home	CFSA Foster Home
FY 2025					
Client 7					
	1	6	18	Psychiatric Institute of Washington (PIW)	Private Agency Foster Home
Client 8					
	1	3	17	Group Home	CFSA Foster Home
Client 9					
	1	1	16	Group Home	Trauma Informed Professional Parent (TIPP)
Client 10					
	1	1	8	Initial Entry - CPS	Private Agency Foster Home
Client 11					
	1	1	8	Initial Entry - In-Home	CFSA Foster Home
Client 12					
	1	1	15	Group Home	DYRS Youth Services Center (YSC)
Client 13					
	1	1	17	Missing Child Status	CFSA Foster Home
Client 3					
	3	1	20	Missing Child Status	Missing Child Status
Client 14					
	1	1	3	Initial Entry - CPS	CFSA Foster Home
Client 15					
	1	1	5	Initial Entry - CPS	CFSA Foster Home
Client 16					
	1	1	5	Initial Entry - CPS	CFSA Foster Home
Client 17					

Episode #	Length of episode (days)	Client's age during episode	Placement prior to overnight episode	Placement following the overnight episode
1	6	18	DYRS placement	Wayne Place, staffed by CFSA contract

**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 FY24 and FY25:

- 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

**174. During FY 24, how many youths in out-of-home care stayed in emergency placement while awaiting a non-emergency placement? In FY 25, to date? For each youth, provide:**

Please see the response in Question 172.

**a. The age of the youth;**

Please see response to Question 172(a).

**b. A description of the type of placement;**

Please see response to Question 172(b).

**c. The length of the youth's stay in emergency placement;**

Please see response to Question 172(c).

**d. The efforts made to identify a non-short-term placement;**

Please see response to Question 172(e).

**e. The type of placement the youth was moved to following his/her/their stay in emergency placement;**

Please see response to Question 172(i).

**f. Steps the agency took to provide supervision for the youth;**

Please see response to Question 172(g).

**g. The factors that led to youth staying at emergency placement; and**

Please see response to Question 172(g).

**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 25?**

Please see response to Question 172(h).

**175. During FY 23 and FY 24, how many youths in out-of-home care stayed at Sasha Bruce shelter beds while awaiting a non-short-term placement? In FY 25, to date? For each youth, provide:**

**a. The age of the youth;**

Age*	Total Unique Children
11	6
12	4
13	4
14	6
15	5
16	1
17	1
<b>Total</b>	<b>27</b>

*\*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2022*

**b. A description of the type of placement;**

Placement Types	Total Unique Children
Foster Homes	13
Group Settings	4
Other**	15
<b>Total</b>	<b>27</b>

*\*\*'Other' placement types consist of Abscondence, Not in Legal Placement, Hospital, and Correctional Facility in FY23.*



**c. The length of the youth's stay in a Sasha Bruce shelter bed; and**

<b>Length of Stay in Emergency/Respite Placements</b>	<b>Total Unique Children</b>
0-2 days	4
3-5 days	9
6-10 days	7
11-20 days	5
21-30 days	12
31+ days	3
<b>Total</b>	<b>27</b>

*Note: Totals may not add up if a client has multiple placement episodes.*

**d. The efforts made to identify a non-short-term placement**

Please see response to Question 172(e).

**e. What type of placement the youth was moved to following his/her/their stay at Sasha Bruce?**

Please see response to Question 172(i).

**f. Steps the agency took to provide supervision for the youth.**

Please see response to Question 172(g).

**g. The factors that led to youth staying at Sasha Bruce; and**

Please see response to Question 172(d).

**h. Steps the agency has taken to ensure that no youth in out-of-home care will stay in Sasha Bruce during the remainder of FY 25?**

Please see response to 172(h).

**176. 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 23, FY 24 and FY 25, to date.**

<b>Private Foster Care Categories</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25 as of 12/31/24</b>
Absent/Missing Person	42	34	4
Abuse	27	13	0

<b>Private Foster Care Categories</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b> as of 12/31/24
Abuse/Misuse of Resident's funds	0	1	1
Allegation of abuse or neglect in resource home or by agency staff	0	0	6
Arrest of Child	18	4	1
Automobile Accident	4	1	1
Contraband	2	1	0
Communicable Disease Outbreak	0	1	0
COVID	3	0	0
Destruction of Property	4	3	3
Drugs	1	0	2
Fatality of CFSA child/youth	1	0	0
Fire	4	0	0
Hospitalization (Medical)	19	7	2
Hospitalization (Psychiatric)	15	7	0
Medical/Health	9	2	3
Misconduct or fraud (Staff)	2	0	0
Neglect	12	1	0
Personal Injury	2	4	0
Physical Assault of staff	1	0	0
Physical Assault of youth	5	18	4
School Suspension/Expulsion/other School Incident	46	41	8
Self-Harm	1	1	0
Sexual Assault	7	13	2
Sexualized Behavior	9	10	1
Suicidal Ideation / Suicidal Attempt	11	2	1

<b>Private Foster Care Categories</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b> as of 12/31/24
Theft	3	3	0
Unauthorized Guest	2	1	0
Use of restraint	1	0	1
Verbal Threat between youth	5	4	0
Verbal Threat between youth & Staff	4	5	1
Victim of Physical Assault	2	1	1
Violation of resident rights	0	1	0
<b>Grand Total</b>	<b>262</b>	<b>179</b>	<b>42</b>

<b>Private Residential Treatment Facilities</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25 Q1</b> as of 12/31/24
Absent/Missing Person	0	0	0
Medical	1	1	0
Hospitalization	0	1	0
Sexual Assault	0	2	0
Suicidal Ideation	2	5	0
Arrest of Child	0	0	0
Abuse	0	0	0
Physical Assault	29	65	15
Verbal Threat	3	5	5
Destruction of Property	6	13	5
Victim of Physical Assault	0	1	0
Suicide Attempt	0	0	0
Restraint	10	5	2

<b>Private Residential Treatment Facilities</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25 Q1 as of 12/31/24</b>
Seclusion	0	0	0
Horseplaying	4	5	0
Elopement	1	1	0
Self-Injurious	0	30	0
Other - Contraband/ Substance use	0	0	2
<b>Grand Total</b>	<b>55</b>	<b>134</b>	<b>29</b>

**177. In FY 24, and FY 25, to date, how many URM's entered CFSA's care? Provide any relevant details.**

In FY24 there were a total of 11 URM's who entered care. In FY25 Q1, there were two URM's who entered care.

### Permanency

**178. Provide the total number of youths, by age and gender, who in FY 24 and FY 25, to date, have a permanency goal of:**

- a. Adoption;
- b. Guardianship;
- c. Reunification; and
- d. Another Planned Permanent Living Arrangement ("APPLA").

<b>Age</b>	<b>Adoption</b>	<b>APPLA</b>	<b>Guardianship</b>	<b>Reunification</b>	<b>Total</b>
0	3	0	0	30	33
1	7	0	0	21	28
2	7	0	1	23	31
3	15	0	0	23	38
4	7	0	0	17	24
5	4	0	1	12	17
6	8	0	1	17	26
7	1	0	2	13	16
8	5	0	1	11	17
9	7	0	2	11	20
10	2	0	2	7	11

Age					
	Adoption	APPLA	Guardianship	Reunification	Total
11	6	1	2	8	18
12	9	0	1	12	22
13	7	0	2	12	21
14	5	0	7	17	30
15	6	0	5	16	29
16	3	8	7	16	35
17	4	14	5	13	38
18	4	20	3	1	29
19	1	19	5	1	26
20	2	36	0	0	38
<b>Total</b>	<b>113</b>	<b>98</b>	<b>47</b>	<b>281</b>	<b>547</b>

Gender					
	Adoption	APPLA	Guardianship	Reunification	Total
<b>Female</b>	59	54	21	151	290
<b>Male</b>	54	44	26	130	257
<b>Total</b>	<b>113</b>	<b>98</b>	<b>47</b>	<b>281</b>	<b>547</b>

**179. How many guardianships were finalized in FY 24? FY 25, to date?**

FY 2024	FY 2025
10	5

**180. Provide the STAT review results for FY 24 and FY 25, to date, including:**

- Average time between being placed in a home and finalizing the guardianship; and
- Average time between establishing a goal of guardianship and finalizing the guardianship.

Fiscal Year	Average Time Between Start Date and Guardianship Finalized Date	Average Time Between Goal Date and Finalized Date
<b>FY 2024</b>	13 Months	8 Months
<b>FY 2025</b>	12 Months	21 Months

**181. How many adoptions were finalized in FY 24 and FY 25, to date? What was the average length of time from the filing of an adoption petition to the finalization of an adoption?**

<b>FY 2024</b>	<b>FY 2025</b>
59	17

<b>Fiscal Year</b>	<b>Foster Care Adoptions Finalized</b>
<b>FY 2024</b>	10 Months
<b>FY 2025</b>	13 Months

**182. How many guardianships were disrupted in FY 24 and in FY 25, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.**

<b>Fiscal Year</b>	<b>Kin</b>	<b>Non-Kin</b>	<b>Total</b>
<b>FY 2024</b>	6	1	7
<b>FY 2025</b>	1	0	1

**183. How many adoptions were disrupted in FY 24 and in FY 25, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.**

<b>Fiscal Year</b>	<b>Kin</b>	<b>Non-Kin</b>	<b>Total</b>
<b>FY 2024</b>	0	4	4
<b>FY 2025</b>	0	0	0

## Fair Hearings and Program Administrator's Review

**184. How many fair hearings for Child Protection Register expungement were held in FY 23, FY 24 and FY 25, to date?**

Fiscal Year	# of Fair Hearing Requests Received for CPR Expungement	# of PARs Held <sup>1</sup>	# of Fair Hearings Held <sup>2</sup>	# of Expungement Requests Approved <sup>3</sup>
FY22	129	98	33	94 (257 allegations)
FY23	154	94	53	103 (293 allegations)
FY24	65	26	17	65 (180 allegations)
FY25Q1*	6	5	2	5 (9 allegations)

**185. How many fair hearing matters resulted in expungement in FY 23, FY 24 and FY 25, to date?**

See response to Question 184.

**186. How many requests were made for Child Protection Register expungement in FY 23, FY 24, and FY 25, to date?**

See response to Question 184.

**187. 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?**

Fair hearings are conducted pursuant to [29 DCMR, Chapter 59](#).

**188. 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.

**189. How many PARs were provided as compared to fair hearings in FY 23, FY 24 and FY 25, to date?**

See response to Question 184.

### **Safety Planning, Informal Family Plans, and Right to Counsel**

**190. What is the agency's practice when parents involved in the safety planning process request access to counsel?**

Through the end of fiscal year 2024, a referral would be made to Neighborhood Legal Services Program (NLSP) on their behalf. In fiscal year 2025, the family preservation grant was awarded to the Children's Law Center (CLC) mid-November 2024 to continue the legal advocacy supports provided to children and families. CFSA's Office of Thriving Families (OTF) provided the new grantee a 60-day onboarding and planning period to implement its model. Referrals from CFSA social workers to CLC is projected to start February 2025.

**191. How many referrals to outside counsel were provided to parents by CFSA staff who participated in safety plans and informal family plans in FY 23, FY 24 and FY 25, to date?**

CFSA does not track this in the Safety Planning data. For Informal Family Planning Arrangements (IFPAs), there were none requested in FY23, FY24, FY25.

**192. 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. It should be noted that CFSA ended its contract with Neighborhood Legal Services in December 2024. CFSA has procured a new contract with Children's Law Center, and we are in the initial phases of creating a referral process for staff.



## Older Youth

### General

**193. In FY 24 and in FY 25, 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	FY24	FY25	Age Range
Education Units	131	122	15-23
Making Money Grow (MMG)	53	0*	15-20
Youth Aftercare	33	12	21-23
Financial Literacy Workshops	41	1	15-23
LifeSet	58	35	17-20
Youth Council (Planning Participation)	4	4	18-23
Credible Messenger	50	43	14-20

**a. How many of these youth participated in at least one Youth Transition Planning (YTP) Meeting prior to turning 18 years old?**

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.

#### **FY 24**

As of September 30, 2024, 166 youth aged 16 and older were in care. Of these youth, 112 had completed a YTP meeting before turning 18. Of the remaining 54 youth, 34 were still under 18.

#### **FY25**

As of December 31, 2024, 163 youth aged 16 and older were in care. Of these youth, 107 had completed a YTP course before turning 18. Of the remaining 56 youth, 33 were still under 18.

**b. How many of these youth participated in monthly YTP meetings after turning 18 years old?**

YTP meetings do not occur monthly. YTP meetings occur every 6 months age 18-19 and every 3 months for age 20.

<b>Fiscal Year</b>	<b>Number of youth in care 18-21 who completed a YTP</b>
<b>FY24</b>	73
<b>FY25</b>	76

Note: The data is point in time as of September 30, 2024 for FY24 reporting and as of December 31st 2024, for FY25 reporting.

**c. How many of these youth did not participate in YTP meetings at all or infrequently between ages 18 – 21?**

<b>Fiscal Year</b>	<b>Number of youth in care 18-21 who have not completed a YTP</b>
<b>FY24</b>	20
<b>FY25</b>	22

Note: The data is point time as of September 30, 2024 for FY24 reporting and as of December 31, 2024 for FY25 reporting.

**d. What are the obstacles and root causes of youth not participating in YTP meetings?**

- The youth is experiencing placement instability or is in abscondence.
- The youth struggles with behavioral health challenges.
- The youth is unable to participate because they are medically fragile or unable to verbally articulate their needs or desires.
- The youth is receiving treatment in a Psychiatric Residential Treatment Facility (PRTF).
- The youth is detained.

**194. 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 the 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's YTP, which begins at 15 years old 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 24 and in FY 25, 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
FY24	37
FY25	6

**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 was 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. CFSA's partnership with DBH concluded on 9/30/24 due to low CFSA enrollment into the program.

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.

#### CFSA Rapid Housing Assistance Program (RHAP)

The RHAP 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.

### **195. How many youths are currently in care between the ages of 13 and 20, by age and gender?**

FY 2024 (As of September 30, 2024)

Age	Female	Male	Total Children
13	11	10	21
14	18	12	30
15	12	17	29
16	20	15	35
17	24	14	38
18	18	11	29
19	12	14	26
20	21	17	38
<b>Total</b>	<b>136</b>	<b>110</b>	<b>246</b>

FY 2025 (As of December 31, 2024)

Age	Female	Male	Total Children
13	9	6	15
14	16	12	28
15	11	16	27
16	19	15	34
17	20	11	31
18	23	14	37
19	13	13	26
20	19	16	35
<b>Total</b>	<b>130</b>	<b>103</b>	<b>233</b>

### **196. How many youths remained in care past the age of 21 in FY 23, FY 24 and FY 25, to date?**

In FY22, 25 youth exited care on October 25, 2021, 90 days after the end of the Public Health Emergency as District law required. No youth remained in care past the age of 21 for FY23 and FY 24.

**197. What is the number of youth in CFSA’s care who are currently or have been involved with Court Social Services and/or committed to DYRS? Provide a breakdown by age and gender?**

FY24 Dual-Jacketed Youth

Age	Male	Female
15	0	0
16	3	0
17	1	0
18	0	0
19	1	1
<b>Total</b>	<b>5</b>	<b>1</b>

FY25 Dual-Jacketed Youth

Age	Male	Female
16	3	0
17	1	0
19	1	1
<b>Total</b>	<b>5</b>	<b>1</b>

**198. 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. There is a planned review for this year.
- CFSA conducts youth surveys in accordance with federal guidelines for the National Youth in Transition Database.
- CFSA partners with DC FYI through their Lived Experts to solicit feedback based on their experience in foster care.

**199. In FY25 CFSA ended its Make Money Grow program. Please describe this decision, how the Agency ended the program, and next steps for a similar program.**

The district government directed CFSA to cease program operations with Capital Area Asset Builders (CAAB) CFSA. Meetings were held with the contractor, youth, social work teams, and community stakeholders to inform them of the decision, next steps, and to answer questions. Youth were provided checks for funds in their accounts with a final statement.

CFSA’s initial solicitation efforts were unsuccessful. No potential vendor demonstrated interest in applying to be the contractor. After a slight funding increase, our second solicitation effort was a

success, and CFSA has identified a potential vendor for the program. The final evaluation review process has been completed, and our Contracts and Procurement Administration (CPA) will work to secure a contract.

**200. Provide a comprehensive update on LifeSet DC. Include:**

**a. How many youth participated in the program in FY 24 and FY 25 to date?**

<b>FY24</b>	58
<b>FY25</b>	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 17-20. Participating youth agree to weekly sessions facilitated by a LifeSet Specialist.

**c. How does OYE communicate the availability of the program to eligible foster youth?**

LifeSet staff meet regularly with CFSA social work teams, partner agencies, guardians ad litem, and youth to discuss recruitment and program benefits.

**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 317 days.

**e. How many youth in FY 24 and FY 25, to date, completed their lifeset goals?**

In FY24, 27 youth completed their LifeSet goals.

In FY25, to date, three youth completed their LifeSet goals.

**f. What wraparound services are currently offered to youth in the program? What, if any, changes to these services have occurred in FY 24?**

LifeSet specialists meet with youth participants weekly. Specialists assist youth with building healthy relationships, maintaining safe housing, education, and employment. Additionally, LifeSet assists youth with learning self-advocacy, providing knowledge about CFSA services, and accessing community resources such as the Department of Employment Services (DOES), District of Columbia Public Schools (DCPS), DC Re-Engagement Center, community housing, and mental health. There were no changes to services in FY24.

- 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 24 and FY 25, 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.

## Education

**201. Regarding youth in high school and GED programs, provide the following for the 23- 24 school year and the 24-25 school year to date:**

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

<b>Grade</b>	<b># of youth, school year 2023-2024</b>	<b># of youth, school year 2024 -2025</b>
9	57	50
10	30	34
11	18	26
12	19	15
<b>Total</b>	<b>124</b>	<b>125</b>

- b. The number of youths in foster care who graduated high school in 23;**

<b>Fiscal Year</b>	<b># of youth graduated</b>
<b>FY24</b>	19

- c. The number of youths who received their GED;**

No youth received their GED in FY24 and FY25 to date.

- d. The number of youths who received graduation certificates;**

No youth received graduate certificates in FY24 and FY 25 to date.

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

Based on data-sharing agreements, CFSA has access to grade point average (GPA) information for DC wards enrolled in DCPS and PGCPs high schools. For the 2023-24 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 4.08, with an average GPA of 1.74 and a median GPA of 1.75.

For the first term of 2024-2025 school year, CFSA had access to the GPAs for 49 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 4.11, with an average GPA of 1.67 and a median GPA of 1.72.

**f. The number of youths who dropped out in FY 24 and FY 25, to date;**

Grade	# of Youth dropped out as of the end of SY23-24	# of Youth dropped out as of 12/31/24
9	4	3
10	2	1
11	1	1
12	1	0
GED classes	4	2
<b>TOTAL</b>	<b>12</b>	<b>7</b>

**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
2023-2024	70.4

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

See Attachment [Q201h](#) Schools Attended by Foster Youth

As of December 31, 2024, CFSA has 360 youth enrolled in school in several jurisdictions and states beyond the District of Columbia.



<b>School Type/Location</b>	<b>Number of Youth</b>
District of Columbia Public Schools	139
District of Columbia Public Charter Schools	102
Prince George's County Public Schools	46
Other Surrounding Counties/States_Schools (Anne Arundel, Baltimore, Charles, Howard, Montgomery County, Virginia Beach City, Washington, Other)	22
Non-Public Special Education Schools	33
Private Schools	3
Residential Programs	6
Hospitals	0
Detention Facilities	9
<b>Total Youth in K-12 or School-Based Pre-K Programs</b>	<b>360</b>

<b>District of Columbia Public Schools (DCPS)</b>	<b># Youth</b>	<b>Ward</b>
Anacostia High School	2	8
Ballou High School	3	8
Ballou STAY	2	8
Bancroft Elementary School	2	1
Bard High School Early College DC (Bard DC)	1	8
Barnard Elementary School	1	6
Benjamin Banneker High School	1	2
Brightwood Elementary School	6	4
Brookland Middle School	2	5
Browne Education Campus	1	5
Burrville Elementary School	3	7
C.W. Harris Elementary School	2	7
Cardozo Education Campus	2	1
Cleveland Elementary School	1	1
Columbia Heights Education Campus	1	1
Coolidge High School	3	4
Dorothy I. Height Elementary School	1	4
Drew Elementary School	3	7
Dunbar High School	5	5
Early Childhood Academy PCS	1	8
Eastern High School	4	7
Eliot-Hine Middle School	2	7
Excel Academy	3	8

<b>District of Columbia Public Schools (DCPS)</b>	<b># Youth</b>	<b>Ward</b>
Garfield Elementary School	1	8
Garnet-Patterson STAY High School	6	1
H.D. Cooke Elementary School	1	1
H.D. Woodson High School 60	6	7
Hardy Middle School	1	2
Hart Middle School	1	8
Hendley Elementary School	2	8
Houston Elementary School	1	7
Ida B. Wells Middle School	1	4
J.O. Wilson Elementary School	2	8
Jackson-Reed High School	1	3
Johnson Middle School	3	8
Kelly Miller Middle School	1	7
King Elementary School	1	8
Kramer Middle School	1	8
Langdon Elementary School	1	3
LaSalle-Backus Elementary School	2	4
Lawrence E. Boone Elementary School 80	1	8
Leckie Education Campus	1	8
Ludlow-Taylor Elementary School	2	6
Luke C. Moore High School	11	5
McFarland Middle School	1	4
Miner Elementary School	2	7
Moten Elementary School	1	8
Murch Elementary School	3	3
Nalle Elementary School	4	7
Patterson Elementary School	1	8
Peabody Elementary School (Capitol Hill Cluster)	3	6
Phelps Architecture, Construction and Engineering High 110School	1	5
River Terrace Education Campus	1	7
Roosevelt High School	3	4
Savoy Elementary School	2	8
School Without Walls High School	1	2
School-Within-School @ Goding	2	6
Shirley Chisholm Elementary School	1	6
Simon Elementary School	1	8
Stanton Elementary School	2	8
Truesdell Elementary School	1	4
Tubman Elementary School	2	1

<b>District of Columbia Public Schools (DCPS)</b>	<b># Youth</b>	<b>Ward</b>
Turner Elementary School	1	8
Van Ness Elementary School	1	8
Watkins Elementary School (Capitol Hill Cluster)	3	6
Wheatley Education Campus	2	5
Whittier Elementary School	1	4
<b>Grand Total</b>	<b>139</b>	

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

<b>Ward</b>	<b># of Youth</b>	<b>% of Youth</b>
One	16	7%
Two	8	3%
Three	7	3%
Four	24	10%
Five	41	17%
Six	23	10%
Seven	68	28%
Eight	54	22%
<b>Total</b>	<b>241</b>	<b>100.00%</b>

	<b># Youth</b>	<b>Ward</b>
<b>District of Columbia Public Charter Schools</b>		
Achievement Preparatory Academy PCS - Wahler Place Elementary School	2	8
AppleTree Early Learning Center PCS - Southwest	2	6
Capital Village PCS	1	5
Cedar Tree Academy PCS	2	8
Cesar Chavez Public Charter Schools for Public Policy	3	7
Creative Minds International PCS	1	5
DC Prep PCS - Anacostia Elementary School	2	8
DC Prep PCS - Anacostia Middle School	1	8
DC Scholars PCS	1	7
Digital Pioneers Academy PCS - Capitol Hill	2	6
Digital Pioneers Academy PCS - Johnenning	1	8
E.L. Haynes PCS - Elementary School	1	4
E.L. Haynes PCS - Middle School	1	1
Friendship PCS - Blow Pierce Middle	1	7
Friendship PCS - Chamberlain Elementary	1	6
Friendship PCS - Ideal Elementary	2	4

<b>District of Columbia Public Charter Schools</b>	<b># Youth</b>	<b>Ward</b>
Friendship PCS - Ideal Middle	1	4
Friendship PCS - Woodridge International Elementary	1	5
Girls Global Academy PCS	2	2
Global Citizens PCS	1	7
Goodwill Excel Center PCS	1	2
I Dream PCS	2	8
IDEA PCS	1	7
Kingsman Academy PCS	4	6
KIPP DC - College Preparatory PCS	2	5
KIPP DC - Connect Academy PCS	2	5
KIPP DC - Discover Academy PCS	1	8
KIPP DC - Grow Academy PCS	1	2
KIPP DC - Inspire Academy PCS	1	8
KIPP DC - Lead Academy PCS	2	3
KIPP DC - Pride Academy PCS	1	8
KIPP DC - Quest Academy PCS	2	7
KIPP DC - Spring Academy PCS	2	5
KIPP DC - Valor Academy PCS	3	7
KIPP DC PCS - WILL Academy	1	2
Lee Montessori PCS - East End	2	8
Mary McLeod Bethune Day Academy PCS	1	5
Maya Angelou PCS - High School	1	7
Monument Academy PCS	7	7
Mundo Verde Bilingual PCS - Calle Ocho	3	5
Paul PCS - International High School	1	4
Richard Wright PCS for Journalism and Media Arts	1	6
Rocketship PCS - Infinity Community Prep	3	5
Rocketship PCS - Legacy Prep	2	7
Rocketship PCS - Rise Academy	1	8
Smothers Elementary School	1	8
St. Coletta Special Education PCS	12	7
The Children's Guild DC PCS	1	5
The SEED PCS of Washington DC	6	7
Thurgood Marshall Academy PCS	3	8
Two Rivers PCS - Young Middle School	1	5
Washington Leadership Academy PCS	1	5
<b>Grand Total</b>	<b>102</b>	<b>241</b>

<b>PG County Public Schools</b>	<b># of Youth</b>
Barack Obama Elementary School	2
Barnaby Manor Elementary School	1
Brandywine Elementary School	2
Carmody Hills Elementary School	2
Carol Rice Elementary School	1
Clinton Grove Elementary School	1
Cora L. Rice Elementary School	1
Croom Vocational	1
Dr. Henry A. Wise Jr. High School	1
Forest Heights Elementary School	2
Fort Washington Forest Elementary School	1
Friendly High School	1
Gwynn Park High School	1
Gwynn Park Middle School	2
High Point High School	2
James Madison Middle School	2
Judge S. Woods Elementary School	1
Judge Sylvania W. Woods Elementary School	3
Kenilworth Elementary School	2
Kenmoor Elementary School	1
Kettering Middle School	1
Lake Arbor Elementary School	2
Melwood Elementary School	1
Oxon Hill High School	2
Panorama Elementary School	2
Parkdale High School	1
Robert R Gray Elementary School	1
Stephen Decatur Middle School	2
Suitland HS	1
Surratsville High School	1
Waldon Woods Elementary School	2
Walker Mill Middle School	1
<b>Grand Total</b>	<b>47</b>

<b>Other Surrounding Counties/States</b>	<b># of Youth</b>
<b>Anne Arundel</b>	<b>1 total</b>
Glen Burnie High School	1
<b>Baltimore</b>	<b>1 total</b>
Dumbarton Middle School	1
<b>Charles</b>	<b>9 total</b>
Arthur Middleton Elementary School	1
Benjamin Stoddert Middle School	1
JC Parke ES	1
Matthew Henson Middle School	1
Maurice J. McDonough High School	1
Milton M. Sommers MS	1
T. C. Martin Elementary School	2
William B. Wade Elementary School	1
<b>Howard</b>	<b>4 total</b>
Atholton High School	1
Hammond Elementary School	1
Reservoir High School	2
<b>Montgomery</b>	<b>5 total</b>
John F. Kennedy High School	2
Odessa Shannon Middle School	1
Walter Johnson High School	1
Winston Churchill High School	1
<b>Other</b>	<b>1 total</b>
Benton Middle School	1
<b>Virginia Beach City</b>	<b>1 total</b>
Green Run High School	1
<b>Grand Total</b>	<b>22</b>

<b>Non-Public Special Education Schools</b>	<b># of Youth</b>
Accotink Academy Therapeutic Day School	2
Children's Guild of Prince George's County	1
Community School of Maryland (CSAAC)	8
High Roads - Upper School	2
New Beginnings Vocational Program	2
Pathways School - Edgewood	3
Phillips School - Annandale Campus	3
Phillips School - Laurel Campus	3
Ridge School of Montgomery County - Day Program	1
Sheppard Pratt School-Lanham	1

<b>Non-Public Special Education Schools</b>	<b># of Youth</b>
Sheppard Pratt School-Rockville	2
The Foundation School - Montgomery County	1
The Foundation School - PG County	3
The Monroe School DC	1
<b>Grand Total</b>	<b>33</b>

<b>Private Schools</b>	<b># of Youth</b>
Kuumba Learning Center & Preparatory School of the Arts	3

<b>Residential Treatment/PRTF Programs</b>	<b># of Youth</b>
Devereux Florida - Viera Campus	1
Harbor Point Behavioral Health	2
Nexus - Woodbourne	1
Tennessee Clinical Schools, LLC dba/Hermitage Hall	1
Villa Maria School at Dulaney Valley	1
<b>Grand Total</b>	<b>6</b>

<b>Detention Facilities</b>	<b># of Youth</b>
Maya Angelou Academy @ Youth Services Center	9
<b>Grand Total</b>	<b>9</b>

**202. Regarding vocational programs, provide the following for SY 23 - 24 and SY 24 - 25, to date:**

**a. The number of youths enrolled in vocational programs;**

<b>FY24</b>	11
<b>FY25</b>	8

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

<b>Vocational Training Program Names</b>	<b>FY24 # of Youth Enrolled</b>	<b>FY25 # of Youth Enrolled</b>
Roosevelt Stay Barbering Program	1	1
Salon Professional Academy	1	1
Hair Academy II – Barbering Program	1	1
Ed2Go at Morgan State University	1	1
Fotis College – Medical Assistant Prog.	1	1
Academy of Hope – CNA Program	1	1
Career Technical Institute		1
Ballou Stay Cosmetology Program	2	1
LAYC Medical Assistant	1	
Bennett Cosmetology Program	1	
Ed2Go Institute for Lifelong Learning Physical Therapy Aide	1	
<b>Totals</b>	<b>11</b>	<b>8</b>

**c. The number of youths who successfully completed vocational programs;**

<b>Vocational Training Program Names</b>	<b>FY24 # of successful completion</b>	<b>FY25 # of successful completion</b>
Ballou Stay – Cosmetology Prog.	1	0
Ed2Go Institute for Life Long Learning Physical Therapy Aide Program	1	0
<b>Total</b>	<b>2</b>	<b>0</b>

**d. The number of youths who enrolled in, but failed to complete, vocational programs; and**



Vocational Training Program Name	FY24 # of youth who did not complete programs	FY25 # of youth who did not complete programs
LAYC -Medical Assist. Prog.	1	0
Bennett Career Institute	1	0
<b>Total</b>	<b>2</b>	<b>0</b>

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

Reasons for non-completion	FY24 # of youth	FY25 # of Youth
Personal issues	1	0
Attendance Issues	1	0
<b>Total</b>	<b>2</b>	<b>0</b>

**203. Regarding enrollment in 4-year college, provide:**

- a. The number of youths who were enrolled at a 4-year college during the 23-24 academic year, broken down by year (freshman, sophomore, junior, and senior);

School Year	Freshman	Sophomore	Junior	Senior	Total
<b>2023-2024</b>	13	9	4	1	<b>27</b>

- b. The number of youth described in (a) who enrolled in summer classes during the summer of 23, broken down by year (freshman, sophomore, junior, senior);

School Year	Freshman	Sophomore	Junior	Senior	Total
<b>2023-2024</b>	1	4	1	3	<b>9</b>

- c. The number of youths described in (a) who dropped out of college at any point prior to the start of the 23-24 academic year, broken down by last year (freshman, sophomore, junior, and senior), if any, completed;

School Year	Freshman	Sophomore	Junior	Senior	Total
<b>2023-2024</b>	4	0	0	0	<b>4</b>

- d. The number of youth who were enrolled at a 4-year college during the fall semester of the 23-24 academic year; and

School Year	Freshman	Sophomore	Junior	Senior	Total
<b>2023-2024</b>	13	9	4	1	<b>27</b>

- e. The number of youths who received a bachelor's degree during or at the end of the 23-24 academic year.

School Year	Bachelor's Degree
2023-2024	2

**204. Regarding enrollment in 2-year college, provide:**

- a. The number of youths who were enrolled in a 2-year college during the 23-24 academic year, broken down by year;

School Year	Freshman	Sophomore	Total
2023-2024	4	1	5

- b. The number of youths described in (a) who enrolled in summer classes during the summer of 24;

No youth attended classes for the summer of 2024.

- c. The number of youths described in (a) who dropped out of college at any point prior to the start of the 23-24 academic year;

There are no reported youth who dropped out during this time period.

- d. How many of these students completed their first year?

School Year	Freshman	Sophomore	Total
2023-2024	1	1	2

- e. The number of youths who were enrolled at a 2-year college during the fall semester of the 23-24 academic year; and

School Year	Freshman	Sophomore	Total
2023-2024	5	0	5

- f. The number of youths who received an associate degree during or at the end of the 23-24 academic year.

No youth received an associate degree during or at the end of 23-24 academic year.

**205. In FY 24, and to date in FY 25, 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 many 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
- Utilizing a College Bound Youth Screening Process that consists of a series of planning meetings for high school senior students to determine the support needed for a youth's successful transition to college.
- Hosting monthly virtual "Educational Kickback Power Hours," with various university and College Board Education Opportunity Center (EOC) representatives, for youth in high school and college on a range of topics including:
  - College Admissions
  - Financial Aid
  - Scholarships
  - Transitioning from high school to college
  - Student Success Strategies
  - College Resources and Connections
  - Maintaining Mental Health and Wellness
  - Vocational Programs
  - Job/Internship Interviewing and Soft Skills
  - Financial Literacy
  - Student Conduct and Judicial Affairs
- Hosting re-occurring College Check-Ins for current college students on a range of topics including:
  - How to write an email
  - How to engage with college professors and school representatives
  - The ABCs of voting
  - Types of student learners
  - How to succeed in college classes
  - Maslow's Hierarchy of Needs
  - Effective Study Habits
  - Managing Stress
  - College student presentation to high school students regarding college life and school success
- 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, team building, opportunities for cultural experiences, and generally positive outcomes.
- Connecting youth with college tour programs to visit out-of-state colleges and universities.
- Connecting to free SAT preparation.
- Providing college application essay and scholarship application support.

- Provide youth in college with care packages by collaborating with CFSA's Partners for Kids and Families who secure donors

**206. Regarding college preparation and college attendance, provide the following for the 23-24 school year and the 24-25 school year to date:**

**a. The number of youths enrolled in graduate school;**

School Year	Graduate Degree
2023-2024	0
2024-2025	1

**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
FY24	0	2	0
FY25	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 FY24, 11 youth dropped out of college. Of the 11 youth who dropped out of college, seven had not yet completed their freshman year, two were in their sophomore year, one was in their junior year, and one was in their senior year.

FY24 Reason Youth Left College	# of Youth
Vocation	6
Parenting	1
Mental Health	2
Financial Reasons	1
Unknown	1
Total	11

In FY25 to date, no youth has dropped out.

**207. Identify all financial literacy programs and classes offered to foster youth and provide the following details:**

- a. How many youths in FY 24 and FY 25, to date, have participated in a financial literacy program or class?**

<b>Fiscal Year</b>	<b>Youth Participation Number</b>
<b>FY24</b>	<b>41</b>
<b>FY25</b>	<b>1</b>

- b. How many youths created matched saving accounts?**

<b>Fiscal Year</b>	<b>New Accounts Created</b>
<b>FY24</b>	<b>25</b>
<b>FY25</b>	<b>0</b>

- c. What outreach or training has been done in FY 24 and FY 25, 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 are alerted to the availability of financial literacy sessions. Prior to program closure, the CAAB program manager reached out to youth who have a matched savings account to ensure they are aware of available workshops and other information. 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
- Financial literacy related to social security benefits

- 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 and social security benefits. To evaluate the program: OYE managers regularly reviews the 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.

**e. Describe how the digital divide has impacted youth in foster care.**

The digital divide has not impacted youth in foster care. Based on age and need, youth are provided with cell phones, laptops, tablets, and access to Wi-Fi.

**i. How many foster youth do not have cell phones? Laptops? Access to Wi-Fi or high-speed internet?**

Youth ages 12 and over are provided an agency smartphone and service. There are currently 194 active cell phones. CFSA supports all youth in accessing laptops available to them through school. Computers are available at group homes and in most foster homes. If a youth has a technological need that is unmet in their placement, the circumstance is addressed on a case-by-case basis for agency support.

**ii. How many foster youth did not have access to a laptop, tablet, or similar device by the start of digital instruction in SY23-24? By the start of SY24-25?**

Youth enrolled in school who needed laptops or tablets received them.

## Employment

**208. How many youths participated in OYE’s subsidized employment program in FY 24 and FY 25, 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	FY24	FY25 to date
The Mary Elizabeth House	1	1
CFSA- Fleet Management	1	0
Older Youth Empowerment via Youth Council	3	0
NOMIS Youth Network	1	0
Construction-Finland Property Management	2	0
Smart Tech Nexus	3	1
Bread for the City	3	1

Employer	FY24	FY25 to date
Precision Well Being	1	1
DC Public Library	3	2
FAPAC		1
Professional Education Employment Program (PEEP)	16	15
<b>TOTAL</b>	<b>34</b>	<b>22</b>

**209. Regarding youth employment and training, provide the following for FY 24 and FY 25, 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)
<b>FY24</b>	<b>0</b>	<b>\$85,484</b>
<b>FY25</b>	<b>0</b>	<b>\$32,630</b>

**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.**

<b>FY24</b>	<b># of Youth</b>	<b>Expenditures</b>
Cengage Learning	1	\$2,595
Bennett Career Institute Cosmetology	1	\$2,707
Reimbursement to youth for medical assistant exam	1	\$160
<b>Total</b>	<b>3</b>	<b>\$5,462</b>

<b>FY25</b>	<b># of Youth</b>	<b>Expenditures</b>
Global Investigative	1	\$43.99
Metro Lab	1	\$47.25
Education Affiliates	1	\$3,334.00
<b>Total</b>	<b>3</b>	<b>\$3,425.24</b>

**c. Provide the number of youths who are age 21 and are employed or enrolled in a vocational program.**

Fiscal Year	Employed	Vocational Program
<b>FY24</b>	16	2
<b>FY25</b>	0	0

**210. Regarding youth in foster care between the ages of 18 and 21, indicate the following for FY 24 and FY 25, to date:**

**a. The number of youths between the ages of 18 and 21;**

	<b>FY24</b>	<b>FY25</b>
<b>Age 18-21</b>	93	98

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

	<b>FY24</b>	<b>FY25</b>
<b>Full-time</b>	5	6
<b>Part-time</b>	16	14

**c. The types of jobs that have been obtained;**

<b>Job Type</b>	<b>FY24</b>	<b>FY25</b>
<b>Administrative</b>	4	0
<b>Childcare</b>	1	1
<b>Customer Service</b>	4	8
<b>Food Service</b>	9	9
<b>Retail</b>	1	1
<b>Security</b>	1	1
<b>Construction</b>	1	0
<b>Grand Total</b>	<b>21</b>	<b>20</b>

**d. Of the youth ages 18 to 21 who are not employed, how many are currently attending high school? A GED program? College? A vocational program? None of these?**

In FY24, there were 72 youth unemployed. In FY25, to date, there were 79 youth unemployed. Of those unemployed:

	<b>FY24</b>	<b>FY25</b>
Enrolled in High School	40	33
Enrolled in GED Program	1	3
Enrolled in Vocational Program	4	5
Enrolled in College	8	10
None of these	19	27
<b>Total</b>	<b>72</b>	<b>78</b>



- e. The number of youth between the ages of 18 and 21 who are enrolled in a 4-year college full-time and part-time;

4-year college status	FY24	FY25
Full time	21	15
Part-time	0	3
Total	21	18

- 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;

4-year college status	FY24	FY25
Full time	3	2
Part-time	2	1
Total	5	3

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

FY24	11
FY25	8

- h. The number of youth between the ages of 18 and 21 who are attending high school;

FY24	76
FY25	41

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

FY24	5
FY25	4

- j. The number of youth participating in the Summer Youth Employment Program (SYEP); and

FY24	48
FY25	N/A

- k. The number of youth participating in Department of Employment Services (DOES) year-round programs (including Career Connections).

Program	FY24	FY25
DC Career Connections	3	0
<b>Total</b>	<b>3</b>	<b>0</b>

## Pregnancy

211. Regarding pregnant or parenting youth, provide the following for FY 24 and FY 25, to date:

- a. The number of youths who are pregnant or who are parents; and

Status	FY2024	FY2025
Pregnant	3	2
Parenting	17	19
Pregnant and Parenting	3	2
<b>Total</b>	<b>23</b>	<b>23</b>

- b. A breakdown of the types of placements (e.g. foster homes, teen parent programs, etc.) in which known pregnant or parenting youth are placed and how many youths are placed in each type of placement.

Program Type	# of youth	
	FY2024	FY2025
Independent Living Program	5	5
Foster Home	6	5
Group Home	1	0
Unlicensed Placement	12	12
Detention	0	1
<b>Total</b>	<b>23</b>	<b>23</b>

212. 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 the District of Columbia Municipal Regulations (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 specifically 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
- Review staff criminal background clearances
- Completes physical facility checks
- Reviews youth and staff records
- Interviews youth and staff
- 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 FY2024 and FY2025 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 24 and FY 25, 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 Family Unification Program (FUP) vouchers.
- There was a decrease in removals and repeat births.

**213. 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 supported by agency social workers. Additionally, based on our most recent placement needs assessment this was not an identified placement need.

## **Housing & Rapid Housing**

**214. What tool does the agency use to assess youth housing needs?**

Currently, CFSA does not utilize a standardized tool to assess youth housing needs, however, the agency considers multiple factors to assess each youth's unique situation and to connect them to appropriate supports and programs. Housing needs are assessed during each Youth Transition Planning meeting, CFSA housing briefing meetings, and 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.

CFSA has implemented a Housing Information Session that youth and their support team can attend. In the meeting, the requirements for Rapid Housing Assistance Program (RHAP) and FUP

are discussed, as well as, the application process, and next steps. If the youth is approved, the social worker will support the youth with completing the DHS housing application process.

If the youth will be applying for 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 information such as youth's current housing, housing history, employment information, finances, education, and history of mental health. This information, clinical judgement, and funding availability are used to determine if a youth is approved for housing support.

**215. How much is budgeted for housing in FY 24?**

In FY24, \$50,000 was budgeted for Housing Flex Funds.

In FY25, \$100,000 is budgeted for Housing Flex Funds.

**a. How much has been spent on housing in FY 25, to date?**

In FY24, \$118,697 was spent through Rapid Housing Assistance Program (RHAP) funds.

\$2,012.40 has been spent on housing via flex funds in FY25 to date.

\$53,370 has been spent through RHAP funds in FY25, to date.

**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 25 (including how much will be allocated to each vendor)?**

CFSA allocated \$100,000 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 \$100,000 to DCHA to act as the fiscal manager for the RHAP to support youth and families with short-term rental subsidies, as well as college housing. 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 voucher (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.

**216. Provide a detailed status report on the usage of Rapid Housing in FY 24 and in FY 25, 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?**
- b. The number of parents who received Rapid Housing to keep children out of foster care. How many children were within these families?**
- c. The number of reunification cases in which families applied for Rapid Housing.**
- d. The number of reunification cases in which families received Rapid Housing.**
- e. The number of youth emancipating from care who applied for Rapid Housing.**
- f. The number of youth emancipating from care who received Rapid Housing.**

RHAP Usage in FY24 and FY5 to date

	Case Type	FY24			FY25		
		Applied	Received*	# of Children**	Applied**	Received*	# of Children***
<b>Families</b>	In-home	0	2	7	0	0	0
	Out of Home (CCMS)	1	4	7	0	0	0
<b>Youth</b>	Exiting Youth/ Aftercare	4	7	0	0	0	0
<b>Totals</b>		<b>5</b>	<b>13</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Families approved for assistance have 90 days from the date of approval to locate housing and submit documentation for assistance. The only families and youth who received RHAP in FY25 YTD applied in FY24. Families and youth who received RHAP in FY24 may have applied in FY23.

\*\*RHAP was not funded for FY25 thus CFSA has not received any new application in FY25.

\*\*\*# of Children for recipients of RHAP only

- g. Did the Rapid Housing program run out of funds at any time in FY 24? If so, what was the reason for that?**

The program did not run out of funds at any time in FY24. However, the RHAP was discontinued by Council in the FY25 budget.

- h. Were there any changes to the Rapid Housing program in FY 24 or FY 25, to date? If yes, what were the changes and the reasons for these changes?**

CFSA reviewed all current spending plans and projected the remaining funds that would be left in FY25. After completing the projection and accounting for housing funds for youth who are in college, it was decided that no new applicants for RHAP would be accepted in FY25.

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

Average Award Per RHAP Recipient in FY24 and FY25 to date

	Type of Case	Average Total Award per recipient (FY24)	Average Total Award per recipient (FY25)
<b>Family</b>	In-Home	\$21,106.00	\$5,424
	Out of Home (CCMS)	\$9,938.25	\$5,095
<b>Youth</b>	Youth Aftercare/Exiting	\$5,305.86	\$8,455.13
	Youth		

**217. For FY 24 and FY 25, 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**
- b. Support independent housing?**

Rapid Housing Utilization for Youth who Emancipated or Aged Out of Care, FY24 and FY25 to Date

	FY24	FY25
<b>Subsidize housing with relatives or former foster parents</b>	<b>1</b>	<b>0</b>
<b>Support independent housing</b>	<b>6</b>	<b>4</b>

*Note: This data is collected from the initial Rapid Housing application and the recipient of the payments.*

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

- a. Describe the capacity of these supports to assist youth in foster care who haven't accessed them before.**

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 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.

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 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 24 and in FY 25, to date?**

	Youth Served in FY24	Youth Served in FY25	Total Program Capacity
Wayne Place	7 (CFSA only)	0 (CFSA only)	40
Genesis	8	8	8
Chafee Aftercare Supports	2	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	13 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	24 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

**219. 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 RHAP, 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 Question 156(c) for supports provided.



In FY24, there were 6 parenting youths who received housing assistance through FUP vouchers.

In FY25 to date, there have been two parenting youth that have been recommended by CFSA for the FUP voucher. There were no new youths who were referred to Mi Casa’s Genesis program in FY24 or FY25 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
<b>FY24</b>	FUP	6	9	N/A
	RHAP	0	N/A	N/A
<b>FY25</b>	FUP	2	2	N/A
	RHAP*	0	0	N/A

*\*RHAP was not funded in FY25 so no new applicants have been accepted.*

**220. 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 24 and in FY 25, to date?**

The vouchers that are available are not exclusively for one population (youth and/or families). The same number of vouchers available to youth are the same number of vouchers available to families. The Social Work team, along with the family, and the HRC makes the determination as to whether a youth and/or family is an appropriate candidate to apply for the voucher. If the determination is yes, then once the application is complete, it is sent to DCHA to determine eligibility.

There are currently 27 voucher referrals available (for families or youth). In FY24, five (5) families received the FUP voucher. Three (3) of the families that received the voucher had children in foster care, one family had children with a relative in a kinship placement, and one family had children in the home. As of January 2025, 1 family (with children in the home) has received the FUP voucher.

**FUP Vouchers Received by CFSA-Involved Families in FY 24 and FY 25, to date Broken Down by Family Arrangement**

	Family Arrangement		
	Children in Foster Care	Children in Kinship Placement	Children in Home
<b>FY24</b>	3	1	1
<b>FY25 to Date</b>	0	0	1

**221. 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 24 and in FY 25, to date?**

Please see response to Question 220.

**222. 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 with. 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 HRC meeting, made up of CFSA management staff and relevant clinical and programmatic 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.
- The HRC discusses recommendations for the family and makes a determination of whether the family will be recommended for the voucher. If recommended for a voucher:
  - The CFSA Social Worker and the family work together on the DCHA Housing Choice Voucher Program (HCVP) application.
  - The Housing Specialist within CFSA reviews the application to check for errors, ensures all required sections are completed, and documents are attached.

Part II

- Once CFSA has determined that a family is eligible/appropriate for FUP, CFSA will send the family's completed application to DCHA for review. If deemed eligible by DCHA, the family will be issued a HCVP voucher.

**223. 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.

**224. 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 223 for additional context.

**225. Provide an update on CFSA's work with DHS to support children and their families who are experiencing homelessness.**

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.

**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 24 and FY 25, to date.); and**

For FY24, a total of 229 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.**

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.

**226. What tool does the agency use to assess youth housing needs?**

Currently, CFSA does not utilize a standardized tool to assess youth housing needs, however, the agency considers multiple factors to assess each youth's unique situation and to connect them to appropriate supports and programs. Housing needs are assessed during each Youth Transition Planning meeting, CFSA housing briefing meetings, and 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.

CFSA has implemented a Housing Information Session that youth and their support team can attend. In the meeting, the requirements for the Rapid Housing Assistance Program (RHAP) and Family Unification Program (FUP) are discussed, as well as, the application process, and next steps. If the youth is approved, the social worker will support the youth with completing the DHS housing application process.

If the youth are applying for RHAP, CFSA holds a HRC meeting, comprised of CFSA leadership and relevant clinical and programmatic staff, to review all youth housing support applications and accompanying materials. Applications include information such as youth's current housing, housing history, employment information, finances, education, and history of mental health. This information, clinical judgement, and funding availability are used to determine if a youth is approved for housing support.

**227. 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 FUP makes Housing Choice Vouchers available to eligible youth. FUP vouchers are available for youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, and are homeless or at risk of becoming homeless at age 16 or older.

CFSA partners with the DCHA, The Community Partnership for the Prevention of Homelessness (TCP), and the ICH to provide FUP vouchers to youth respectively. CFSA and DCHA collaborate closely to support youth in accessing and utilizing the housing resources made available through the FUP vouchers. CFSA's process of matching aging-out youth with FUP vouchers encompasses two parts: Part I involves CFSA social worker collaboration with the youth and Part II involves DCHA's eligibility determination process.

In Part I, CFSA and private agency social workers meet and support youth in developing a housing plan. The Office of Thriving Families (OTF) works closely with a CFSA and private agency social worker to inform the youth of the housing resources offered by the Agency via a housing orientation twice monthly. If the youth elects to pursue a FUP voucher, the completed housing plan will be sent to OTF and the youth is required to attend a housing orientation. Once both steps are complete, a recommendation letter and the HCVP application is sent to the social worker. The recommendation letter describes the necessary documentation (birth certificate(s), social security card, three most recent pay stubs/income statements (if applicable), etc.) required and the next steps.

In Part II, once OTF receives the completed HCVP application and supporting documents back from the social worker, it will be reviewed for errors or missing information. CFSA/OTF then sends the youth's application to the DCHA to begin the process of applying for a FUP voucher. If deemed eligible by DCHA, the youth will be issued a FUP voucher after attending a DCHA housing briefing.

It is important to note that CFSA collaborates with the ICH and the TCP to implement a youth data match to identify eligible youth in the community for FUP vouchers. These youth have exited care and are no longer formally involved with CFSA or the Older Youth Empowerment (OYE) Administration Aftercare Program. This data match was implemented as a proactive measure to identify young people who may be in need of FUP vouchers but are no longer attached to the Agency. At present, CFSA is working with the Continuum of Care (CoC) data leads to further support the early and timely identification of youth in the community who are eligible to apply for a FUP voucher.

**228. What is the status of the use of FUP vouchers for families?**

As of January 2025, according to DCHA's monthly voucher utilization report, there are 27 available referrals for FUP vouchers. In August of 2024, CFSA facilitated a joint meeting between the U.S. Department of Housing and Urban Development (HUD). During this meeting, it was discovered that vouchers from a pre-2008 pool were still available for use. This increased the number of referrals and vouchers available. In May of 2023, DCHA and CFSA collaborated to submit an application to HUD to request additional FUP vouchers. Unfortunately, DCHA was not selected as a recipient. In October 2024, DCHA and CFSA submitted another application to HUD to request FYI vouchers. As of January 2025, CFSA and DCHA have yet to receive notice of the award.

**229. How many FUP vouchers were expended in FY 24 and FY 25, to date? How many were unused in FY 22, FY 23, and FY 24?**

Timeframe	FUP Vouchers Expended
<b>FY24</b>	38
<b>FY25 Q1</b>	9

*Please note that once a voucher has been issued, a family/youth still has to be approved for housing and lease-up.*

Timeframe	Unused FUP Vouchers
<b>FY22</b>	17*
<b>FY23</b>	0*
<b>FY24</b>	0*
<b>As of January 2025</b>	27 Referrals for vouchers remain**

*\*Please note that the number of available vouchers is determined based on the current Cost Per Unit by DCHA.*

*\*\* Please refer to the response for Q#228 for the rationale on how the vouchers went from 0 to 27.*

## Other

### Disability

#### **230. 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 in DC) is still in development.

#### **231. How many children in CFSA custody or placed by CFSA in the care of kin receive educational support and services through DDS?**

CFSA transitioned two 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

#### **232. Did CFSA file for the 22 CTC for children in foster care?**

No, CFSA did not file for the CTC in 2024. CFSA does not and cannot file any sort of CTC on behalf of children in foster care.

#### **233. Can CFSA elaborate on the circumstances in which it would claim the CTC?**

The circumstances in which CFSA might claim the CTC are based on IRS criteria such as:

- Under the age of 17
- Being in foster care
- A U.S. resident for six months or greater
- Financial support is provided for six months or more

#### **234. Did CFSA file for Social Security Disability benefits in FY 24 and in FY 25, to date, for children in foster care?**

Yes, CFSA filed for Social Security Disability benefits in FY24 and FY25, to date, for children in foster care.

**235. 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 Social Security 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 Social Security 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?**

On June 24, 2024, CFSA executed a contract with Sivic Solutions Group, LLC to help implement POKETT, including management and conservation of benefits. CFSA is in the process of being vetted to establish VA ABLE accounts for most youth, and we have also established Special Needs Trusts. Presently, most of the social security benefits are conserved in a non-interest-bearing checking account.

- d. What is the agency's plan for children's benefits that come in after the start of FY 24 and when the agency can fully implement the law?**

CFSA will maintain children's benefits that come after the start of the FY 24 in a non-interest-bearing checking account. Full implementation of the law will occur in FY 25.

- 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

**236. 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.

**237. 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 Citywide Fatality Review Committee (CFRC) report is published by the Office of Chief Medical Examiner (OCME) and does not include this level of detail. Since it is not published by CFSA, CFSA cannot speak to the question.

The annual child fatality report includes aggregate information related to cause and manner of death, age, gender, 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 limited to reducing the likelihood the parent and family can be identified, since these fatalities often are publicized in the media. Under DC Code § 4-1303.06(a), "[i]nformation acquired by staff of the Child and Family Services Agency that identifies individual children reported as or found to be abused or neglected or which identifies other members of their families or other persons shall be considered confidential" but can be used for the purposes of conducting internal reviews and informing reviews conducted by the CFRC.

According to the CFSA Critical Event Policy, a near-fatality is "any act, as defined by a medical or other qualified professional (police, fire, mental health professional, private agency child welfare professional, etc.), that threatens the life of a child." CFSA does not publish reports on near fatalities; however, critical event meetings are held within five days of the critical event to discuss the circumstances of the near fatality and how the Agency can address the needs of the family and the child.



**238. What are the total number of child fatalities or near fatalities (broken down for each) from abuse or neglect in DC for CYs 22, 23, 24 to date?**

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 at that time.

In CY23, there were three fatalities related to abuse and neglect. Two had no agency involvement at the time of their death; the third had an open investigation related to the incident that later caused his death (initially reported as a near-fatality, child died later during the investigation). There were no near-fatalities related to child abuse and neglect.

Full information on the CY24 fatalities attributed to child abuse and neglect is unavailable due to incomplete information on manner of death. However, as of January 27, 2025, there were four fatalities confirmed as homicides attributed to child abuse. Three of the families were involved with CFSA at the time of the children's deaths. Full data will be available in the CY24 Annual Fatality Report, which CFSA anticipates publishing in the second quarter of FY26. There was one near-fatality report that was related to neglect in CY24.

**239. What are the total number of fatalities and near fatalities (broken down for each) in CYs 22, 23, 24 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
2022	3
2023	4
2024	Unavailable

Data regarding case history of near-fatalities is not collected.

**240. What are the total number of fatalities and near fatalities (broken down for each) in CYs 22, 23, 24 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
2022	6
2023	6
2024	Unavailable

Data regarding case history of near-fatalities is not collected.

**241. What are the total number of fatalities and near fatalities (broken down for each) in CYs 22, 23, and 24 to date of children with an in-home case within 5 years of the child's death?**

This is a duplicate to Question 240.

**242. What are the total number of fatalities and near fatalities (broken down for each) in CYs 22, 23, and 24 to date of children who had an open CFSA investigation at the time of the child’s death?**

<b>Calendar Year</b>	<b># Children Identified as Alleged Victim Children in Open CPS Investigation at time of death</b>
<b>2022</b>	2
<b>2023</b>	0
<b>2024</b>	2
<b>2025</b>	n/a

CFSA began tracking near-fatalities in October 2022. In CY23 and CY24, there were no near-fatalities with open investigations open at the time of their death.

**243. What are the total number of fatalities and near fatalities (broken down for each) in CYs 22, 23, and 24 to date of children who had a CFSA investigation within 5 years of the child’s death?**

<b>Calendar Year</b>	<b># Children Identified as Alleged Victim Children in a CPS Investigation within 5 years of death</b>
<b>2022</b>	12
<b>2023</b>	10
<b>2024</b>	Unavailable
<b>2025</b>	n/a

Data is not collected regarding the investigation history of near-fatalities.

**244. What are the total number of fatalities and near fatalities (broken down for each) in CYs 22, 23, and 24 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 CY22 and CY23 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
2022	7	6	2
2023	10	10	3
2024	Unavailable	Unavailable	Unavailable

**245. For any of the above, if CFSA does not have the information available, why not and where can this information be obtained?**

The data for CY 24 fatalities is still being processed and will be published in the 2024 Annual Child Fatality Review Report. CFSA anticipates publishing this report in the second quarter of FY 26.

## Future Plans

**246. What changes to DC child welfare laws and policies is CFSA currently considering?**

[Bill 26-71](#) *Uniform Unregulated Transfer of Child Custody Act of 2025*. This was introduced in January 2025 by Chairman Mendelson at the request of the DC Uniform Law Commission. This act protects children by prohibiting a parent from transferring custody of a child to someone beyond family members and certain other specified categories of individuals if the parent intends to abandon the parent’s responsibilities regarding the child. The act gives CFSA and the Attorney General for the District of Columbia, the authority to investigate alleged transfers in violation of the act and to enforce the act and punish violators.

**247. 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.
- Improved intragovernmental collaboration by enhanced information sharing, identifying duplication of resources, streamlining service delivery and creating a more holistic and integrated approach to serving children and families.
- Continuing to partner with community-based organizations to increase their capacity to support children/families in the communities where they reside.

CFSA will continue to prioritize transparency by allowing 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.

**248. 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. As part of developing the CFSP, CFSA held a Stakeholder's Forum on June 4, 2024 (112 participants) to get input on developing the CFSP. CFSA submitted the FY 2025 – 2029 CFSP to the Children's Bureau on August 9, 2024. The CFSP was approved by the Children's Bureau during FY 24 Q4. CFSA focused this 5-year plan to support the Agency's vision of Keeping DC Families Together. CFSA adapts strategic planning as necessary to support shifting priorities and needs. In addition, CFSA annually develops strategic initiatives based on priorities.

CFSA is also responsible for submitting a Family First Title IV-E Prevention Program 5-Year Plan that outlines how the Agency will implement the federal Family First Prevention Services Act, which expands prevention services under Title IV-E to help stabilize and strengthen families.

In FY24, CFSA received approval on a 5-Year plan amendment to the plan approved in 2019 to broaden the target population for prevention services under Family First to include children and their families who have been determined eligible for homeless services (currently experiencing homelessness or at risk of homelessness) by the Department of Human Services' (DHS) Virginia Williams Family Resource Center (VWFRC).

On December 20, 2024, CFSA submitted the next 5-Year Family First Prevention Services Program plan (FY 2025 – FY 2029). With the new plan, CFSA also proposed to expand prevention services under Family First by broadening the target population to include children and families deemed eligible for "Front Yard" case management services through the Healthy Families/Thriving Communities Collaboratives. This new target population represents a significant step forward in our collaboration with the Collaboratives to advance our shared goal of helping more children and youth remain safely at home with support from community-based providers and avoiding involvement with the child welfare system. As of January 2025, the plan is under review with Children's Bureau.

**249. 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 Exit and Sustainability Plan (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; 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.

See the response to Question 40.

**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:

<b>Report</b>	<b>Purpose</b>
Four Pillars Annual Public Performance Report	Local report on the CFSA's performance on the 43 identified performance metrics during the prior fiscal year.
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) is located in the Office of Planning, Policy and Program Support (OPPPS). 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*.