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**Government of the District of Columbia**



**Child and Family Services Agency**

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***Performance Oversight Hearing Fiscal Year 2021-2022***

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

Responses to Hearing Questions

**Robert L. Matthews**

Director

Council of the District of Columbia

Committee on Human Services

Brianne Nadeau, Chair

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Virtual Hearing

<https://www.brianneknadeau.com/committee>

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## BACKGROUND

### Agency Organization

- 1. Provide a current organizational chart for CFSA and NCCF. Provide a narrative explanation of any organizational changes made during FY21 and any changes made to date in FY22.**

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

CFSA made the following organizational changes in FY21:

- CISA. CFSA is in the process of updating our child welfare information system. As part of the FY21 capital budget supporting this update, five additional FTE resources were added in the Child Information System Administration.
- Community Partnerships Administration. The District was selected by the U.S. Administration on Children, Youth, and Families-Children's Bureau to join the Thriving Families, Safer Children (TFSC): A National Commitment to Well-being initiative. As part of this initiative, two additional FTE resources were added to the Community Partnerships Administration. These positions allow CFSA to effectively manage the extensive systems transformation work required to move the District from a child welfare system to a child and family well-being system. These positions will support our community-based and sister agency partners to further expand upon the array of upstream prevention services that support families early enough to prevent them from becoming system involved. Work under TFSC includes the establishment of a District-wide warmline and community response model, focuses on engagement of families and youth with lived experience, and builds upon our successful launch of Family First five-year plan and Families First DC initiative.

CFSA has made the following organizational changes in FY22 to date:

- Program Operations Division
  - Renamed the division and sub-units to improve accuracy, understanding, cross-agency alignment, and mission-consistency:
    - Program Operations is now the Office of Out-of-Home Support
    - The Permanency Administration is now the Administration for Clinical Case Management and Support.
    - The Placement Administration is now the Administration for Kinship and Placement.
  - Moved the Office of Youth Empowerment case carrying units to the Administration for Clinical Case Management and Support to increase consistency of practice across the full out-of-home caseload.
  - Created a dedicated adoption unit in the Administration for Clinical Case Management and Support to increase adoption quality and decrease time to finalization.
  - Established a new Kinship Navigator Resource Development Specialist position to manage the work of that program.
- Engage and Connect. With funding from the American Rescue Plan Act to support and partner with DC Public Schools and families, four additional term FTE resources were added in the Office of the Director to engage families to prevent education neglect investigations and provide short term interventions for families.

NCCF made the following personnel changes in FY22:

- The number of social workers was reduced from 36 to 32 per NCCF’s new contract, effective October 1, 2021, due to reduction in census. Likewise, the number of Clinical Supervisors was reduced from 7 to 6. The number of Family Support Workers increased from 7 to 9 to increase capacity to manage mandated parent/child and sibling visitations.

**2. With respect to employee evaluations, goals, responsibilities, and objectives in FY21 and to date in FY22, 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 they 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 supervision check-ins with direct reports to assess current performance. In these discussions, managers and employees review either clinical or administrative practice. In addition, managers and staff identify opportunities for improved performance and prioritize key targets, initiatives, and goals. Performance plans and mid-year evaluations are tools we use to assess how well employees are meeting their respective job requirements.

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

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

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

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

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

The Labor Management Partnership Council (LMPC) of CFSA formed the “Employee Feedback Committee” (EFC). The goal of the EFC was to create a feedback system so that all CFSA staff could voice their opinions, concerns, suggestions, and acknowledgements to the respective units and administrations throughout the Agency.

Employees can file anonymous internal complaints through the Employee Feedback Portal. The portal is located on CFSA’s intranet site. All-staff emails are also sent to employees reminding them of the portal and how to access it.

Staff can also contact the Human Resources Administration (HRA) directly via telephone or email to file anonymous internal complaints.

Additionally, staff may contact CFSA’s Ombudsman with an anonymous internal complaint.

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

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

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

**c. The types of complaints received in FY21 and to date in FY22; and**

CFSA received the following types of complaints in FY21 and to date in FY22:

- Retaliation;
- Age discrimination;
- Sex discrimination;
- Sexual harassment;
- Americans with Disabilities Act (ADA) non-compliance; and
- Inappropriate comments.

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

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

- Verbal Counseling
- Employee Reassignment within the agency
- Mediation
- Training

When complaints came in as part of an EEO case, the assigned HR Specialist/Generalist worked with attorneys in the Office of the General Counsel (OGC) and the Office of the Attorney General (OAG) to provide a response in the form of a position statement with supporting documentation.

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

*Attachment Q4, Family Support Worker Position Description*

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

- Transportation of youth or parents to school, visits, and other appointments;
- Coordination of placements to include transportation of youth, gathering and delivery of belongings, accompanying youth to screenings; and
- Documentation of all duties and observations into FACES, the agency's current child welfare information system.

**5. List all reports (annual or otherwise) published by CFSA, citing statutory authority. Highlight the report deadline as well as the date of actual submission by CFSA for FY21 and to date in FY22.**

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

- Child and Family Services Agency's Newborn Safe Haven Program Report is due annually on January 31, as a result of the Newborn Safe Haven Act of 2010 (D.C. Law 18-158; D.C. Code § 4-1451.01 et seq.). The law requires an annual status report on the number of newborns in the District surrendered under the law within the year. The 2020 Report was transmitted to the D.C. Council on January 14, 2021. The 2021 Report was transmitted to the D.C. Council on January 28, 2022.
- Child and Family Services Agency's Annual Public Report is due annually on February 1, under the DC Adoption and Safe Families Act (ASFA) of 2000 (D.C. Law 13-136; D.C. Code § 4-1303.01 et seq.). CFSA is required to provide an annual public report (APR) to the Executive Office of the Mayor, the Council of the District of Columbia, and the general public. Each APR must describe the ongoing and specific actions CFSA has taken

to implement the federal Adoption and Safe Families Amendment Act of 2000 (ASFA). The Fiscal Year 2020 Report was transmitted to the D.C. Council on January 25, 2021. The Fiscal Year 2021 Report was transmitted to the D.C. Council on January 27, 2022.

- Child and Family Services Agency’s Ombudsman Annual Status Report is due annually on February 28, under the Foster Youth Statement of Rights and Responsibilities Amendment Act of 2012 (D.C. Law 19-276; D.C. Code § 4–1303.71 et seq.) and the Foster Parents Statement of Rights and Responsibilities Amendment Act of 2016 (D.C. Law 21-217; D.C. Official Code § 4-1303.81 et seq.). The CFSA Office of the Ombudsman Annual Report: Foster Youth and Foster Parent Statements of Rights and Responsibilities Annual Status Report reflects concerns reported by foster youth, resource parents, and concerned parties; outcomes of the investigations; and trends and issues. The 2020 Report was transmitted to the D.C. Council on February 26, 2021. The 2021 Report is expected to be transmitted to the D.C. Council by February 28, 2022.
- 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 2020 Report was transmitted to the D.C. Council on February 26, 2021. The 2021 Report is expected to be transmitted to the D.C. Council by February 28, 2022.

## Spending

**6. Provide the amount budgeted and actually spent in FY21 and to date in FY22 for the agency and its programs and activities, broken out by source of funds, Comptroller Source Group, and Comptroller Object. The Committee’s preference is to receive this as an Excel spreadsheet.**

*Attachments Q6, CFSA Budget and Expenditures FY20 and FY21*

- 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 FY21, or to date in FY22.**

All identified needs of families served by CFSA were addressed by the agency during FY21 and continue in FY22.

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

Not applicable. Please see response above to part a.

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

Waitlists did not form for any programs/services provided by CFSA, except for the Grandparent Caregiver Program in Q1 of FY21 due to inadequate funding. See the response to question 100 for more information.

- 7. List any reprogramming, in or out of CFSA, which occurred in FY21 and in FY22, to date. For each reprogramming, list the total amount of the reprogramming, the original purposes for which funds were dedicated, and the reprogrammed use of the funds.**

*Attachment Q7, FY21 and FY22 Reprogramming*

- 8. For any program code, explain any FY22 year-to-date expenditures that are equal to or greater than 50% of the revised budget amount allotted or under 10% of the revised budget amount allotted.**

There are no expenditures that meet these criteria.

- 9. Provide a list of every purchase order in place for FY21 and FY22. For each purchase order, detail the amount that has been paid against it to date.**

*Attachments Q9, CFSA Purchase Orders FY21 and FY22*



**10. For Activities 4010 (Adoption and Guardianship) and 4011 (Guardianship SubsidyActivity), provide the following:**

- a. How much is budgeted in FY22;**
- b. How much has been obligated and spent in FY22, to date; and**

| <b>Program Name</b>       | <b>Activity</b> | <b>Supply Item Description</b> | <b>FY22 Budget Request</b> | <b>FY22 Obligation &amp; Expenses</b> | <b>Balance</b>         |
|---------------------------|-----------------|--------------------------------|----------------------------|---------------------------------------|------------------------|
| 4000: Caretaker Subsidies | 4010            | Adoption Subsidies             | \$16,425,825.00            | \$4,393,865.52                        | \$12,031,959.48        |
|                           |                 | <b>TOTAL</b>                   | <b>\$16,425,825.00</b>     | <b>\$4,393,865.52</b>                 | <b>\$12,031,959.48</b> |

| <b>Program Name</b>       | <b>Activity</b> | <b>Supply Item Description</b> | <b>FY22 Budget Request</b> | <b>FY22 Obligation &amp; Expenses</b> | <b>Balance</b>        |
|---------------------------|-----------------|--------------------------------|----------------------------|---------------------------------------|-----------------------|
| 4000: Caretaker Subsidies | 4011            | Guardianship Subsidies         | \$6,965,212.50             | \$1,916,183.05                        | \$5,049,029.45        |
|                           |                 | <b>TOTAL</b>                   | <b>\$6,965,212.50</b>      | <b>\$1,916,183.05</b>                 | <b>\$5,049,029.45</b> |

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

At this point in time, CFSA believes it will spend the full amounts budgeted in Activities 4010 and 4011 based on the agency's current rate of spending. Through the first quarter of FY22, the agency has spent approximately 28% of the funding available for this program.

**11. Provide the amount the agency spent per child in foster care on placement during FY20,FY21, and FY22, to date. Explain your calculations, and include the amounts spent on each of the following:**

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

*Attachment Q11, Foster Care Placement Spending*

- 12. In regard to Flex Funds:**
- a. How much of the available Flex Funds were spent in FY21?**
  - b. How much is currently budgeted for Flex Funds in FY22 and how much has been spent in FY22, to date?**

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

| <b>Description</b>          | <b>FY 2021 Expenses</b> | <b>FY 2022 Approved Budget</b> | <b>FY 2022 to-date Expenses</b> | <b>FY 2022 Available Budget</b> |
|-----------------------------|-------------------------|--------------------------------|---------------------------------|---------------------------------|
| Child Care - Other Services | \$ 114,946.31           | \$ 687,677.83                  | \$ -                            | \$ 687,677.83                   |
| Emergency Funds             | \$ 79,269.51            | \$ 145,000.00                  | \$ 400.00                       | \$ 144,600.00                   |
| Food Vouchers               | \$ 38,333.33            | \$ 115,000.00                  | \$ 52,147.00                    | \$ 62,853.00                    |
| Child Care - Clothing       | \$ 97,500.00            | \$ 141,918.00                  | \$ 71,525.00                    | \$ 70,393.00                    |
| Child Care - Furniture      | \$ 126,239.00           | \$ 177,583.36                  | \$ 9,663.00                     | \$ 167,920.36                   |
| <b>Total</b>                | <b>\$ 456,288.15</b>    | <b>\$ 1,267,179.19</b>         | <b>\$ 133,735.00</b>            | <b>\$ 1,133,444.19</b>          |

### **Contracting and Procurement**

**13. List each contract, grant, and procurement (“contract”) awarded or entered into by CFSA during FY21 and FY22, to date. For each contract, provide the following information, where applicable:**

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

*Attachments Q13, Grants Reports FY21 and FY22; Q13, Contracts Report FY21 and FY22; and Q13(L), Contracts and Grants Oversight/Monitoring Plan*

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

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

Adoptions Together/Family Works was contracted in FY21 and remains active in FY22 to provide counseling services to foster, adoptive, or kin families. There are no requirements in the contracts for providers to allow open access to the therapeutic record. The provider may be required to produce reports, treatment plans, and updates on progress regarding the provision of services.

**b. Explain in how many instances CFSA has reviewed these types of records in FY21 and to date in FY22.**

In FY21 and FY22 to date, there were no instances in which CFSA had access to an open therapeutic record. There are times that therapeutic records are requested in discovery for a Court proceeding, e.g. neglect, adoption, or guardianship trial. There are also times where a mental health evaluation is ordered by the Court and conducted by the Department of Behavioral Health (DBH). In these cases, the subject of the evaluation signs a release acknowledging the report will be shared with all parties to the neglect case.

**15. Provide the following information for all contract modifications made during FY21 and to date in FY22:**

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

*Attachments Q15, Contract Modifications Reports FY21 and FY22*

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

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

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

CFSA does not have an active MOU or MOA with DYRS regarding children involved with both agencies. An MOU is under development for the Credible Messenger Initiative, which is a transformative mentoring intervention program for DYRS committed youth, with a restorative justice philosophy for young people in the community. The MOU will expand the DYRS Credible Messenger program to support youth and families connected to CFSA.

**17. Provide a list of all studies, research papers, and analyses (“studies”) the agency prepared, or contracted for, during FY21 and FY22, to date. State the status and purpose of each study.**

*Attachment Q17, List of CFSA Studies, Research Papers, and Analyses*

## **COVID-19 Response**

**18. How many workers engaged in child welfare investigations, and what percentage of the total number of workers engaged in child welfare investigations, have been exempted from conducting in-person investigations due to health conditions?**

Current data shows that of the 80 filed FTEs engaged in child welfare investigations, four workers, or five percent, are currently exempt from conducting in-person investigations due to health conditions.

**a. What are they being assigned to do instead of in-person investigations?**

- Assignment of initial investigations to their caseload to complete collateral contacts virtually, by phone, or by email to move toward closure.
- Assignment of COVID-19 related Information & Referrals for follow-up.
- Assignment to complete collateral contacts for their peers.
- Assignment to special projects such as LEAN, STAAND, and the mayor’s Needs Assessment Hotline.
- Assignment to the Educational Neglect Triage unit to connect with schools via phone.

**19. What is the average caseload for workers doing in-person investigations now?**

Please see response to Question 25(b)(i).

**20. Please describe any changes to CFSA operations due to the pandemic.**

Along with the rest of District government, CFSA has remained open as an essential agency during the pandemic. We continue to provide several vital services that require some staff to report to work in-person or in the field, while other functions can be performed remotely by our workforce. As a result, at the beginning of the pandemic, we quickly mobilized and implemented full and partial telework for approximately 725 employees across the agency.

- Child Protection Services: During the public health emergency, our Child Protection Services (CPS) Hotline referral and investigation functions and processes remained unchanged. The CPS Hotline has continued 24/7 operations throughout the pandemic with staff working remotely. Our social workers continued to conduct in-person investigations of allegations of abuse and neglect and assess for safety.
- Placement: Prior to any child/youth's placement (initial, re-entry, return from abscondence, etc.), the standard, mandatory physical and mental health screenings continue to be performed. In addition, these screenings now include a COVID-19 assessment. For any placement, and/or following significant coronavirus exposure for a child/youth or household member, foster homes and congregate facilities are following DC Health-recommended procedures for social distancing, quarantining, and sanitization.
- Virtual visits: To the greatest extent possible, home visits for the purposes of either case management or licensing were transitioned into virtual visits, defined as electronic communication with a visual component. Managers in each client-facing program area (in-home, child protective services, foster care, nursing, lead inspections, kinship licensing, traditional home licensing and facility licensing) made case-by-case determinations about whether an in-person visit would be required to assess safety and/or well-being. In those instances, pre-visit verbal health screenings were conducted, and DC Health-recommended procedures for social distancing were followed. As the District's efforts to mitigate the spread and impact of the pandemic succeeded, we gradually increased in-person visits with families as well as our community presence. To ensure staff safety, CFSA provides staff with safety supplies for in-person visits for themselves and for clients as needed. To ensure our mission-critical work is accomplished, we implemented practice guidance and adjusted business processes as needed.
- Grandparent and Close Relative Caregiver Programs: We waived the six-month eligibility requirements for our Grandparent and Close Relative Caregiver Programs so that grandparents and close relative caregivers can have access to much needed services and financial assistance sooner. For these programs, we moved from majority in-person processes to the use of online portals for the submission of documents.
- Fair Hearings: During the pandemic, CFSA began conducting virtual Fair Hearings so that CFSA clients may continue to challenge agency determinations without experiencing delays. The Office of Fair Hearings and Appeals added the ability to submit evidentiary documents through a secure online portal rather than by mail, email or hand delivery.
- Child Protection Register Clearances: For CPR Clearances, CFSA moved from a fully paper-based process to fully electronic using online portals for the submission of documents to replace mailed, faxed and in-person delivery of application forms as well as sending results via encrypted email instead of regular mail.
- Family Team Meeting: During the public health emergency, FTM coordination and meetings have shifted to virtual.
- Licensing: For licensing and relicensing of resource homes and congregate care facilities, CFSA began conducting virtual inspections and home visits; transitioned from submission of paper documents or delivery of files on thumb drives to using fillable forms and submission of documents through a secure online portal; and extensions were provided for meeting some non-safety related requirements.

- Therapy: Since the pandemic, therapy has shifted to primarily telehealth, which aligns with a new national trend of therapy services. In some instances, we have provided hybrid approach to services, offering some families with the ability to engage in both telehealth and in-person sessions.

**21. Please describe the current use of virtual, as opposed to in-person, interactions by in-home and permanency social workers.**

*Attachments Q21, In-Home and Out-of-Home Worker Guidance*

Please see attached In-Home and Out of Home Worker guidance as of December 22, 2021. From the onset of the public health emergency, into the spring of 2021, CFSA conducted visits with both in-home and out-of-home clients on virtual platforms to the greatest extent possible. During this time, CFSA's practice guidance and business processes were frequently reviewed and adjusted based on evolving pandemic conditions. Attached is the most updated guidance.

**22. How many CFSA case-carrying workers and case aides, and what percentage of the total number of case-carrying workers and case aides, have been fully vaccinated?**

CFSA has a total of 210 case-carrying social workers and family support workers. As of January 12, 2022, 92% of them are fully vaccinated.

**a. How many CFSA case-carrying workers and case aides, and what percentage of the total number of case-carrying workers and case aides, have received booster shots?**

CFSA has 210 case carrying social workers and family support workers. As of January 12, 2022, CFSA cannot report the number of staff that have booster shots because PeopleSoft updates are in progress to capture those data.

**b. How many, and what percentage of, CFSA employees remain unvaccinated, in that they have not received two doses of an mRNA vaccine or one dose of the Johnson & Johnson vaccine?**

Fifty-one employees, which equates to seven percent, are not vaccinated.

**i. What are their stated reasons for remaining unvaccinated?**

They have listed medical and/or religious reasons for remaining unvaccinated.

**ii. Do any employees have pending requests for medical or religious exemptions from vaccination? If so, how many?**

Yes. Twenty-one employees have pending requests for medical or religious exemptions.

**iii. How many CFSA employees have already been granted medical or religious exemptions from vaccination?**

None at this time. DCHR and DOH are reviewing the exemption requests submitted by CFSA staff.

**c. How many, and what percentage of, CFSA employees have received booster shots?**

The is unknown at the moment. We can provide this information once PeopleSoft is updated to capture those data.

**SERVICES**

**Child Protection Investigations and Differential Response**

**23. Regarding calls to the Child Abuse Hotline, provide the following for FY20, FY21, and FY22, to date:**

**a. Total number of Hotline calls received;**

| <b>Fiscal Year</b> | <b>Total # of Hotline Calls Received</b> |
|--------------------|--|
| <b>FY20</b>        | 25,868                                   |
| <b>FY21</b>        | 24,504                                   |
| <b>FY22</b>        | 7,144                                    |

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

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

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

**FY20:**

| <b>Allegation Type Category</b> | <b>Total Hotline Calls</b> |
|---------------------------------|----------------------------|
| Domestic Violence               | 1                          |
| Inadequate Supervision          | 4                          |
| Mental abuse                    | 1                          |
| Neglect                         | 1                          |
| Physical Abuse                  | 11                         |
| Sex Trafficking                 | 1                          |
| Sexual abuse                    | 5                          |
| Substance Abuse                 | 2                          |
| <b>Total</b>                    | <b>18</b>                  |

The totals may not add up because a child may be associated with multiple allegations.

**FY21:**

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

**FY22:**

| <b>Allegation Type Category</b> | <b>Total Hotline Calls</b> |
|---------------------------------|----------------------------|
| Domestic Violence               | 1                          |
| Educational Neglect             | 1                          |
| Inadequate Supervision          | 2                          |
| Medical Neglect                 | 1                          |
| Physical Abuse                  | 2                          |
| <b>Total</b>                    | <b>5</b>                   |



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

**FY20 Investigations:**

| <b>Allegation Type Category</b>   | <b>Total Investigation Hotline Calls</b> |
|---|--|
| Physical Abuse  | 1,561                                    |
| Substance Abuse   | 1,407                                    |
| Inadequate Supervision  | 1,053                                    |
| Domestic Violence   | 784                                      |
| Inadequate Housing  | 456                                      |
| Neglect   | 439                                      |
| Educational Neglect   | 434                                      |
| Sexual abuse  | 396                                      |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)                  | 358                                      |
| Medical Neglect   | 312                                      |
| Caregiver discontinues or seeks to discontinue care   | 184                                      |
| Mental abuse  | 148                                      |
| Sex Trafficking   | 117                                      |
| Child Fatality  | 18                                       |
| Medical abuse   | 7  |
| Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused | 5  |
| <b>Total Investigation Hotline Calls</b>  | <b>4,544</b>                             |

**FY21 Investigations:**

| <b>Allegation Type Category</b> | <b>Total Investigation Hotline Calls</b> |
|---------------------------------|--|
| Physical Abuse                  | 1,421                                    |
| Substance Abuse                 | 1,304                                    |
| Inadequate Supervision          | 1,094                                    |
| Domestic Violence               | 850                                      |
| Educational Neglect             | 488                                      |
| Inadequate Housing              | 451                                      |
| Neglect                         | 401                                      |
| Sexual Abuse                    | 400                                      |

|   |              |
|---|--------------|
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)                  | 361          |
| Medical Neglect   | 254          |
| Caregiver discontinues or seeks to discontinue care   | 158          |
| Mental abuse  | 143          |
| Sex Trafficking   | 74           |
| Child Fatality  | 12           |
| Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused | 6            |
| Medical abuse   | 2            |
| <b>Total Investigation Hotline Calls</b>  | <b>4,308</b> |

**FY22 Investigations:**

| <b>Allegation Type Category</b>   | <b>Total Investigation Hotline Calls</b> |
|---|--|
| Physical Abuse  | 473                                      |
| Substance Abuse   | 320                                      |
| Inadequate Supervision  | 264                                      |
| Domestic Violence   | 243                                      |
| Educational Neglect   | 225                                      |
| Neglect   | 129                                      |
| Inadequate Housing  | 120                                      |
| Sexual Abuse  | 99                                       |
| Medical Neglect   | 93                                       |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity)                  | 92                                       |
| Caregiver discontinues or seeks to discontinue care   | 41                                       |
| Mental abuse  | 31                                       |
| Sex Trafficking   | 15                                       |
| Child Fatality  | 3  |
| Imminent danger of being abused and another child in the home has been abused or is alleged to have been abused | 2  |
| Medical abuse   | 1  |
| No Allegation Recorded  | 1  |
| <b>Total Investigation Hotline Calls</b>  | <b>1,330</b>                             |

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

| <b>FY</b>   | <b>Total # of Hotline Calls Resulting in Agency Providing information and referral</b> |
|-------------|--|
| <b>FY20</b> | 582  |
| <b>FY21</b> | 869  |
| <b>FY22</b> | 130  |

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

| <b>FY</b>   | <b>Total # of Hotline Calls Resulting in Agency Providing information and referral</b> |
|-------------|--|
| <b>FY20</b> | 8,514  |
| <b>FY21</b> | 11,821   |
| <b>FY22</b> | 2,546  |

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

The Structured Decision Making (SDM) tool provides guidance to determine allegation type.

- h. **Total number of Hotline calls received since March 11, 2020, the date on which Mayor Bowser declared the COVID-19 Public Health Emergency.**

| <b># of Hotline calls received since March 11, 2020</b> |
|---|
| Total: 40,664   |

24. **Regarding CPS, provide the following for FY20, FY21 and FY22, to date:**

- a. **The number of CPS investigations for child abuse and neglect 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>FY20</b> | 261                   | 59       | 86       | 372      | 622      | 352      | 955      | 1,496    | 236            | <b>4,439</b>                |
| <b>FY21</b> | 247                   | 56       | 101      | 367      | 542      | 387      | 945      | 1,444    | 110            | <b>4,199</b>                |
| <b>FY22</b> | 60                    | 10       | 21       | 98       | 112      | 73       | 166      | 253      | 21             | <b>814</b>                  |

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

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

| FY          | Ward of Origin |    |    |    |     |    |     |     |         | Total Substantiated Investigations |
|-------------|----------------|----|----|----|-----|----|-----|-----|---------|------------------------------------|
|             | 1              | 2  | 3  | 4  | 5   | 6  | 7   | 8   | No Ward |                                    |
| <b>FY20</b> | 55             | 12 | 13 | 66 | 150 | 78 | 215 | 367 | 33      | <b>989</b>                         |
| <b>FY21</b> | 66             | 12 | 12 | 77 | 147 | 96 | 240 | 364 | 21      | <b>1,035</b>                       |
| <b>FY22</b> | 8              | 2  | 3  | 9  | 27  | 8  | 34  | 50  | 4       | <b>145</b>                         |

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

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

| FY          | Ward of Origin |    |    |     |     |     |     |       |         | Total Investigations |
|-------------|----------------|----|----|-----|-----|-----|-----|-------|---------|----------------------|
|             | 1              | 2  | 3  | 4   | 5   | 6   | 7   | 8     | No Ward |                      |
| <b>FY20</b> | 206            | 47 | 73 | 306 | 472 | 274 | 740 | 1,129 | 203     | <b>3,450</b>         |
| <b>FY21</b> | 181            | 44 | 89 | 290 | 395 | 291 | 705 | 1,080 | 89      | <b>3,164</b>         |
| <b>FY22</b> | 52             | 8  | 18 | 89  | 85  | 65  | 132 | 203   | 17      | <b>669</b>           |

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

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

| FY20   |                     |
|--|---------------------|
| Allegation Type Category   | # of Investigations |
| Substance Abuse  | 259                 |
| Domestic Violence  | 207                 |
| Inadequate Supervision   | 199                 |
| Physical Abuse   | 168                 |
| Educational Neglect  | 132                 |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity) | 97                  |
| Medical Neglect  | 77                  |
| Inadequate Housing   | 48                  |
| Caregiver discontinues or seeks to discontinue care  | 36                  |
| Neglect  | 33                  |

| FY21                     |                     |
|--------------------------|---------------------|
| Allegation Type Category | # of Investigations |
| Domestic Violence        | 254                 |
| Substance Abuse          | 253                 |
| Inadequate Supervision   | 226                 |
| Educational Neglect      | 181                 |
| Physical Abuse           | 159                 |

|  |    |
|--|----|
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity) | 99 |
| Medical Neglect  | 75 |
| Inadequate Housing   | 63 |
| Sexual Abuse   | 36 |
| Caregiver discontinues or seeks to discontinue care  | 35 |

| FY22   |                     |
|--|---------------------|
| Allegation Type Category   | # of Investigations |
| Domestic Violence  | 36                  |
| Substance Abuse  | 34                  |
| Physical Abuse   | 30                  |
| Educational Neglect  | 28                  |
| Inadequate Supervision   | 23                  |
| Caregiver incapacity (due to incarceration, hospitalization, or physical or mental incapacity) | 17                  |
| Medical Neglect  | 11                  |
| Caregiver discontinues or seeks to discontinue care  | 9                   |
| Neglect  | 5                   |
| Inadequate Housing   | 4                   |

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

See Response to Question 24(g).

- f. For each specific service listed in (e), above, the number of families referred forservices in FY21, and in FY22, to date;**

See Response to Question 24(g).

- g. For each specific service listed in (e), above, the number of families served in FY21,and in FY22, to date;**

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

- Parent Education and Supportive Services. Families with an open Healthy Families/Thriving Communities Collaborative case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Project Connect. Families with an open, In-Home case, or Out-of-Home case with a goal of reunification.

- Parent and Adolescent Support Services. Families with an open CFSA investigation or In-Home case (specific cases).
- Family Peer Coaches. Families with an open In-Home case.
- LifeSet. CFSA pregnant or parenting youth Office of Youth Empowerment (OYE).
- Transition to Independence (TIP). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Adolescent Community Reinforcement Approach (A-CRA). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Multi-Systemic Therapy (MST). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Parent Child Interaction Therapy (PCIT). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Functional Family Therapy (FFT). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Child Parent Psychotherapy for Family Violence (CPP-FV). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Trauma Systems Therapy (TST). Families with an open Collaborative Case, CFSA Investigation, In-Home case, or Out-of-Home case.
- Neighborhood Legal Services Program (NLSP). Families with an open Collaborative Case, CFSA Investigation, Investigation, In-Home case, or Out-of-Home case.
- Healthy Families America/Parents as Teachers (HFA/PAT). Families with an open CFSA Investigation, open or previous In-Home, Out-of-Home cases.

**Table 1. FY21 Services and Interventions Families - Referred and Families Served**

| <b>Service/Intervention</b>            | <b>Vendor/Provider</b>                        | <b># of Families Referred</b> | <b># of Families Served</b> |
|--|---|-------------------------------|-----------------------------|
| Parent Education & Supportive Services | Collaborative Solutions for Communities       | 110                           | 88                          |
|  | East River Family Strengthening Collaborative | 137                           | 127                         |
| Project Connect                        | DC Child and Family Services Agency           | 68                            | 45                          |
| Parent and Adolescent Support Services | Department of Human Services                  | 67                            | 35                          |
| Family Peer Coaches                    | Community Connections                         | 24                            | 18                          |
| LifeSet                                | DC Child and Family Services Agency           | 68                            | 70                          |
| Transition to Independence (TIP)       | Department of Behavioral Health               | 2                             | 0                           |

| <b>Service/Intervention</b>                               | <b>Vendor/Provider</b>              | <b># of Families Referred</b> | <b># of Families Served</b> |
|---|-------------------------------------|-------------------------------|-----------------------------|
| Adolescent Community Reinforcement Approach (A-CRA)       | Department of Behavioral Health     | 1                             | 0                           |
| Multi-Systemic Therapy (MST)                              | Department of Behavioral Health     | 4                             | 2                           |
| Trauma-Focused Cognitive Behavioral Therapy               | Department of Behavioral Health     | 19                            | 0                           |
| Parent Child Interaction Therapy (PCIT)                   | Department of Behavioral Health     | 7                             | 1                           |
| Functional Family Therapy                                 | Department of Behavioral Health     | 27                            | 4                           |
| Child Parent Psychotherapy for Family Violence (CPP-FV)   | Department of Behavioral Health     | 12                            | 2                           |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health     | 8                             | 0                           |
| Neighborhood Legal Services Program (NLSP)                | Neighborhood Legal Services Program | 172                           | 95                          |
| Healthy Families America (HFA)/ Parents as Teachers (PAT) | Mary's Center                       | 159                           | 26                          |
| <b>Total</b>  |                                     | <b>885</b>                    | <b>513</b>                  |

*\*FY21 Services and Interventions data consist of FY20 Rollover families enrolled for services*

**Table 2. FY22 Year to Date - Services and Interventions Families -Referred and Families Served**

| <b>Service/Intervention</b>            | <b>Vendor/Provider</b>                        | <b># of Families Referred</b> | <b># of Families Served</b> |
|--|---|-------------------------------|-----------------------------|
| Parent Education & Supportive Services | Collaborative Solutions for Communities       | 28                            | 17                          |
|  | East River Family Strengthening Collaborative | 32                            | 42                          |
| Project Connect                        | DC Child and Family Services Agency           | 18                            | 14                          |
| Parent and Adolescent Support Services | Department of Human Services                  | 14                            | 4                           |
| Family Peer Coaches                    | Community Connections                         | 5                             | 4                           |
| LifeSet                                | DC Child and Family Services Agency           | 7                             | 3                           |
| Transition to Independence (TIP)       | Department of Behavioral Health               | 0                             | 0                           |

| <b>Service/Intervention</b>                               | <b>Vendor/Provider</b>                     | <b># of Families Referred</b> | <b># of Families Served</b> |
|---|--|-------------------------------|-----------------------------|
| Adolescent Community Reinforcement Approach (A-CRA)       | Department of Behavioral Health            | 0                             | 0                           |
| Multi-Systemic Therapy (MST)                              | Department of Behavioral Health            | 3                             | 1                           |
| Trauma-Focused Cognitive Behavioral Therapy               | Department of Behavioral Health            | 1                             | 0                           |
| Parent Child Interaction Therapy (PCIT)                   | Department of Behavioral Health            | 1                             | 0                           |
| Functional Family Therapy (FFT)                           | Department of Behavioral Health            | 1                             | 1                           |
| Child Parent Psychotherapy for Family Violence (CPP-FV)   | Department of Behavioral Health            | 4                             | 1                           |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health            | 1                             | 0                           |
| Neighborhood Legal Services Program (NLSP)                | Neighborhood Legal Services Program (NLSP) | 22                            | 55                          |
| Healthy Families America (HFA)/ Parents as Teachers (PAT) | Mary's Center                              | 29                            | 5                           |
| <b>Total</b>  |  | <b>166</b>                    | <b>147</b>                  |

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

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

**Table 3. FY21 Collaborative Activity (CPS Only)**

| <b>Collaborative Agency</b>                      | <b>Families Referred</b> | <b>Families Served</b> |
|--|--------------------------|------------------------|
| East River Family Strengthening Collaborative    | 122                      | 74                     |
| Far Southeast Family Strengthening Collaborative | 192                      | 124                    |
| Georgia Avenue Family Support Collaborative      | 49                       | 48                     |
| Edgewood/Brookland Family Support Collaborative  | 106                      | 84                     |
| Collaborative Solutions for Communities          | 51                       | 44                     |
| <b>Total</b>                                     | <b>520</b>               | <b>374</b>             |

*\*FY21 Services and Interventions data consist of FY20 Rollover families enrolled for services*



**Table 4. FY22 Collaborative Activity (CPS Only)**

| <b>Collaborative Agency</b>                      | <b>Families Referred</b> | <b>Families Served</b> |
|--|--------------------------|------------------------|
| East River Family Strengthening Collaborative    | 34                       | 35                     |
| Far Southeast Family Strengthening Collaborative | 47                       | 48                     |
| Georgia Avenue Family Support Collaborative      | 12                       | 14                     |
| Edgewood/Brookland Family Support Collaborative  | 25                       | 34                     |
| Collaborative Solutions for Communities          | 8                        | 14                     |
| <b>Total</b>                                     | <b>126</b>               | <b>145</b>             |

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

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

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

- i. Of the total number of families and the total number of children who were referred to services listed in (e), above, how many cases were closed in FY21 and FY22, to date, by reason for closure (e.g., case objective achieved, family refused services, etc.);**

**Table 5. FY21 - Services and Interventions Families – Case Closures**

| <b>Service/ Intervention</b>           | <b>Vendor/ Provider</b>                       | <b># Cases Served</b> | <b># Cases Closed</b> | <b>Disengaged</b> | <b>Completed</b> |
|--|---|-----------------------|-----------------------|-------------------|------------------|
| Parent Education & Supportive Services | Collaborative Solutions for Communities       | 88                    | 45                    | 22                | 43               |
|  | East River Family Strengthening Collaborative | 127                   | 58                    | 10                | 69               |
| Project Connect                        | DC Child and Family Services Agency           | 45                    | 26                    | 9                 | 17               |
| Parent and Adolescent Support Services | Department of Human Services                  | 35                    | 57                    | 21                | 13               |
| Family Peer Coaches                    | Community Connections                         | 18                    | 22                    | 4                 | 18               |
| LifeSet                                | DC Child and Family Services Agency           | 70                    | 39                    | 10                | 31               |
| Transition to Independence (TIP)       | Department of Behavioral Health               | 0                     | 0                     | 0                 | 0                |

| Service/ Intervention                                     | Vendor/ Provider                   | # Cases Served | # Cases Closed | Disengaged | Completed  |
|---|------------------------------------|----------------|----------------|------------|------------|
| Adolescent Community Reinforcement Approach (A-CRA)       | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Multi-Systemic Therapy (MST)                              | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)      | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Parent Child Interaction Therapy (PCIT)                   | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Functional Family Therapy (FFT)                           | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Child Parent Psychotherapy for Family Violence (CPP-FV)   | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health    | 0              | 0              | 0          | 0          |
| Neighborhood Legal Services Program (NLSP)*               | Neighborhood Legal Services (NLSP) | -              | -              | -          | -          |
| Healthy Families America (HFA)/ Parents as Teachers (PAT) | Mary's Center                      | 26             | 16             | 16         | 16         |
| <b>Total</b>  |                                    | <b>409</b>     | <b>263</b>     | <b>92</b>  | <b>207</b> |

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

**Table 6. FY22 Year to Date - Services and Interventions Families – Case Closures**

| Service/ Intervention                  | Vendor/ Provider                              | # Cases served | # Cases Closed | Disengaged | Completed |
|--|---|----------------|----------------|------------|-----------|
| Parent Education & Supportive Services | Collaborative Solutions for Communities       | 17             | 10             | 8          | 10        |
|  | East River Family Strengthening Collaborative | 42             | 16             | 1          | 16        |
| Project Connect                        | DC Child and Family Services Agency           | 34             | 9              | 4          | 4         |
| Parent and Adolescent Support Services | Department of Human Services                  | 15             | 9              | 3          | 3         |
| Family Peer Coaches                    | Community Connections                         | 20             | 3              | 2          | 1         |
| YVLifeSet                              | DC Child and Family Services Agency           | 33             | 14             | 2          | 9         |

| Service/ Intervention                                     | Vendor/ Provider                           | # Cases served | # Cases Closed | Disengaged | Completed |
|---|--|----------------|----------------|------------|-----------|
| Transition to Independence (TIP)                          | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Adolescent Community Reinforcement Approach (A-CRA)       | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Multi-Systemic Therapy (MST)                              | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)      | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Parent Child Interaction Therapy (PCIT)                   | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Functional Family Therapy (FFT)                           | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Child Parent Psychotherapy for Family Violence (CPP-FV)   | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Trauma Systems Therapy (TST)                              | Department of Behavioral Health            | 0              | 0              | 0          | 0         |
| Neighborhood Legal Services Program (NLSP)*               | Neighborhood Legal Services Program (NLSP) | na             | na             | na         | na        |
| Healthy Families America (HFA)/ Parents as Teachers (PAT) | Mary's Center                              | 21             | 2              | 0          | 2         |
| <b>Total</b>  |  | 149            | 29             | 41         | 60        |

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

**Table 7. FY21 Collaborative Activity. Case Closure Reasons (CPS)**

| Collaborative Agency               | # Served | # of Closures | Family Goals Addressed | Re-quested Services Provided | Unres-ponsive | Family With-drew | Trans-ferred / Moved to Another Area | In-eligible | Safety Concerns |
|------------------------------------|----------|---------------|------------------------|------------------------------|---------------|------------------|--------------------------------------|-------------|-----------------|
| East River Family Strengthening    | 74       | 49            | 32                     | 2                            | 13            | 0                | 2                                    | 0           | 0               |
| Far Southeast Family Strengthening | 124      | 102           | 3                      | 62                           | 22            | 13               | 0                                    | 2           | 0               |
| Georgia                            | 48       | 85            | 53                     | 19                           | 6             | 4                | 2                                    | 1           | 0               |

| Collaborative Agency                    | # Served   | # of Closures | Family Goals Addressed | Re-quested Services Provided | Unres-ponsive | Family With-drew | Trans-ferred / Moved to Another Area | In-eligible | Safety Concerns |
|---|------------|---------------|------------------------|------------------------------|---------------|------------------|--------------------------------------|-------------|-----------------|
| Avenue Family Support [1]               |            |               |                        |                              |               |                  |                                      |             |                 |
| Edgewood / Brookland Family Support     | 84         | 67            | 39                     | 10                           | 13            | 5                | 0                                    | 0           | 0               |
| Collaborative Solutions for Communities | 44         | 35            | 1                      | 22                           | 7             | 1                | 2                                    | 2           | 0               |
| <b>Total</b>                            | <b>374</b> | <b>338</b>    | <b>128</b>             | <b>115</b>                   | <b>61</b>     | <b>23</b>        | <b>6</b>                             | <b>5</b>    | <b>0</b>        |

[1] Georgia Ave Family Support Collaborative Served count is higher than Number of Closure because 37 cases from FY20 rolled over to FY21 and are included in the Number of Closure calculation.

**Table 8. FY22 (Oct-Nov) Collaborative Activity. Case Closure Reasons (CPS)**

| Collaborative Agency                             | # Served   | # of Closures | Family Goals Addressed | Requested Services Provided | Unres-ponsive | Family With-drew | Trans-ferred to Another Collaborative / Program | In-eligible | Safety Concerns |
|--|------------|---------------|------------------------|-----------------------------|---------------|------------------|---|-------------|-----------------|
| East River Family Strengthening Collaborative    | 35         | 12            | 6                      | 0                           | 2             | 4                | 0   | 0           | 0               |
| Far Southeast Family Strengthening Collaborative | 48         | 24            | 0                      | 14                          | 7             | 3                | 0   | 0           | 0               |
| Georgia Avenue Family Support Collaborative      | 14         | 6             | 3                      | 0                           | 3             | 0                | 0   | 0           | 0               |
| Edgewood/Brookland Family Support Collaborative  | 34         | 13            | 4                      | 4                           | 4             | 1                | 0   | 0           | 0               |
| Collaborative Solutions for Communities          | 14         | 7             | 0                      | 4                           | 1             | 1                | 0   | 1           | 0               |
| <b>Total</b>                                     | <b>145</b> | <b>62</b>     | <b>13</b>              | <b>22</b>                   | <b>17</b>     | <b>9</b>         | <b>0</b>  | <b>1</b>    | <b>0</b>        |

- j. How many investigations closed because relatives stepped forward to care for the child and prevent the child from entering the system, or because a child was formally diverted under CFSA's kinship diversion policy?**

Investigations are closed once safety has been assessed and allegations of abuse and neglect are addressed. No investigation is closed solely because a relative steps forward to care for a child.

- i. How many, and what percentage, of kinship caregivers eventually received subsidies to support their caregiving from either D.C. or Maryland?**

There are no relatives/caregivers that fit the description referenced in Question 24(j).

- ii. How many, and what percentage, of those relatives, received no financial support for their kinship caregiving?**

There are no relatives/caregivers that fit the description referenced in Question 24(j).

- iii. How many, and what percentage, of those relatives were instructed to file for custody in the Domestic Relations Branch of D.C. Superior Court?**

There are no relatives/caregivers that fit the description referenced in Question 24(j).

- iv. How many, and what percentage, of those relatives live outside of the District?**

There are no relatives/caregivers that fit the description referenced in Question 24(j).

- v. How many, and what percentage, of those relatives subsequently had trouble enrolling children in school or otherwise exercising legal custody of children?**

There are no relatives/caregivers that fit the description referenced in Question 24(j).

- vi. How many, and what percentage, of those children reunited with their families within fifteen months?**

There are no children who fit the description referenced in Question 24(j).

- vii. How many, and what percentage, of those children ever reunited with their families?**

There are no children who fit the description referenced in Question 24(j).

**viii. How is CFSA working to improve its monitoring and data tracking of the children it diverts away from foster care and into kinship care?**

When a family is referred to CFSA due to allegations of abuse and neglect, the investigative social worker will assess for any safety threats that may be harmful to the child while in the care of their parent. If it is assessed the child is unsafe, CFSA will conduct an official removal, which means they will no longer be in the care of their parent and will be placed in foster care. However, if it is assessed that the child is safe and can be safely maintained in the care of the family's alternative caregiver, CFSA facilitates a discussion with family on how to support the family's arrangement and plan. We do so by offering preventive services through a referral to collaboratives or a Family Success Center or other community-based organization. CFSA's only monitoring activity is to reconcile data to determine if there were any calls to the hotline or removals made in the six months following the family's plan.

**ix. What does CFSA do to ensure the safety of the children it diverts away from foster care and into informal kinship care?**

CFSA does not formally divert children away from foster care and into informal kinship care. As such, we do not continue to monitor families that choose this option.

**x. What services does CFSA offer to the children it diverts away from foster care and into informal kinship care?**

CFSA does not formally divert children away from foster care and into informal kinship care. If, after a safety assessment, CFSA determines removal of a child is unnecessary, we will work with the family to determine what, if any, services are necessary that we can assist with.

**xi. How do those services compare to the services offered to children living with licensed foster parents?**

CFSA does not formally divert children away from foster care, so we do not provide the same services that we would provide to CFSA-involved families.

**xii. What does CFSA do to educate potential kinship caregivers about the process and benefits of becoming licensed foster parents?**

See Response to Question 24(j). CFSA does not educate kinship caregivers referenced about becoming licensed foster parents because these children in question are not in foster care.

- xiii. Please provide a year-by-year breakdown of exactly how much non-foster care kinship care placements, diversions, or safety plans (or any situations wherein CFSA otherwise facilitated the placement of a child with relatives when that child could not remain safely at home with her parents, but wherein those relatives did not become licensed foster parents) contributed to any year-to-year decreases in the number of children in foster care from FY12 to FY22.

There are no children that fit the description as referenced in Question 24(j).

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

| FY          | Ward of Origin |    |    |    |    |    |     |     |         | Total Investigations |
|-------------|----------------|----|----|----|----|----|-----|-----|---------|----------------------|
|             | 1              | 2  | 3  | 4  | 5  | 6  | 7   | 8   | No Ward |                      |
| <b>FY20</b> | 22             | 7  | 9  | 27 | 49 | 32 | 82  | 137 | 8       | <b>373</b>           |
| <b>FY21</b> | 36             | 10 | 11 | 36 | 61 | 44 | 98  | 145 | 18      | <b>459</b>           |
| <b>FY22</b> | 28             | 8  | 9  | 45 | 75 | 51 | 124 | 157 | 9       | <b>506</b>           |

**Note:** This summary represents the non-institutional investigations that were open as of the last day of the reporting fiscal year.

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

| FY          | Ward of Origin |   |   |    |    |    |    |    |         | Total Investigations |
|-------------|----------------|---|---|----|----|----|----|----|---------|----------------------|
|             | 1              | 2 | 3 | 4  | 5  | 6  | 7  | 8  | No Ward |                      |
| <b>FY20</b> | 0              | 0 | 0 | 3  | 4  | 2  | 6  | 15 | 2       | <b>32</b>            |
| <b>FY21</b> | 0              | 0 | 1 | 1  | 2  | 2  | 9  | 7  | 1       | <b>23</b>            |
| <b>FY22</b> | 4              | 3 | 2 | 14 | 17 | 11 | 29 | 49 | 3       | <b>132</b>           |

**Note:** Ward 8 had the highest number of open non-institutional investigations in FY20, and Ward 7 had the highest number of open non-institutional investigations in FY2. Ward 8 had the highest number of open non-institutional investigations in FY22.

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

**FY20**

**Total Number of Backlogged Investigations = 3**

**Length of Time of Backlogged Investigations: 36-60 Days = 23**

**Length of Time of Backlogged Investigations: 61+ Days = 9**

| Extension         | Extension Reason                         | Length of Time |          | Total Backlogged |
|-------------------|--|----------------|----------|------------------|
|                   |  | 36-60 Days     | 61+ Days |                  |
| With Extension    | Child fatality                           | 0              | 1        | 1                |
|                   | Delay in receipt of critical information | 10             | 2        | 12               |
|                   | Law Enforcement                          | 2              | 0        | 2                |
|                   | Links                                    | 3              | 2        | 5                |
|                   | Referral Reassignment                    | 2              | 0        | 2                |
|                   | Unable to contact client                 | 1              | 0        | 1                |
|                   | Unable to identify or locate             | 0              | 2        | 2                |
|                   | Uncooperative client                     | 2              | 1        | 3                |
|                   | <b>Subtotal</b>                          | <b>20</b>      | <b>8</b> | <b>28</b>        |
| Without Extension | N/A                                      | 3              | 1        | 4                |
| <b>Total</b>      |  | <b>23</b>      | <b>9</b> | <b>32</b>        |

Note: Institutional Abuse Investigations are not included.



**FY21**

**Total Number of Backlogged Investigations = 23**

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

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

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

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

Note: Institutional Abuse Investigations are not included.

**FY22**

**Total Number of Backlogged Investigations = 132**

**Length of Time of Backlogged Investigations: 36-50 days = 46**

**Length of Time of Backlogged Investigations: 51-65 days = 42**

**Length of Time of Backlogged Investigations: 66+ days = 44**

| Extension      | Extension Reason  | Length of Time |            |          | Total Backlogged |
|----------------|---|----------------|------------|----------|------------------|
|                |   | 36-50 days     | 51-65 days | 66+ days |                  |
| With Extension | Delay in receipt of critical information: Clinical Consultation | 0              | 2          | 2        | 4                |
|                | Delay in receipt of critical information: Educational           | 0              | 2          | 2        | 4                |
|                | Delay in receipt of critical information: Medical               | 0              | 0          | 3        | 3                |
|                | Delay in receipt of critical information: Other                 | 1              | 0          | 3        | 4                |

|                   |                          |           |           |           |            |
|-------------------|--------------------------|-----------|-----------|-----------|------------|
|                   | Law Enforcement          | 0         | 1         | 4         | 5          |
|                   | Links                    | 0         | 4         | 1         | 5          |
|                   | Unable to contact client | 0         | 0         | 1         | 1          |
|                   | Uncooperative client     | 0         | 0         | 1         | 1          |
|                   | <b>Subtotal</b>          | <b>1</b>  | <b>9</b>  | <b>17</b> | <b>27</b>  |
| Without Extension | N/A                      | 45        | 33        | 27        | 105        |
|                   | <b>Total</b>             | <b>46</b> | <b>42</b> | <b>44</b> | <b>132</b> |

Note: Institutional Abuse Investigations are not included.

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

| FY          | Ward of Origin |   |   |   |    |    |    |    |         | Total Children Removed |
|-------------|----------------|---|---|---|----|----|----|----|---------|------------------------|
|             | 1              | 2 | 3 | 4 | 5  | 6  | 7  | 8  | No Ward |                        |
| <b>FY20</b> | 4              | 2 | 5 | 8 | 25 | 16 | 47 | 40 | 3       | <b>150</b>             |
| <b>FY21</b> | 18             | 0 | 1 | 6 | 36 | 13 | 30 | 69 | 5       | <b>177</b>             |
| <b>FY22</b> | 1              | 0 | 1 | 0 | 1  | 3  | 7  | 3  | 1       | <b>17</b>              |

**Notes:** 1. This summary represents victims removed from substantiated non-institutional investigations. 2. Ward 7 had the highest number of children removed during the investigation in FY20 and FY22. Ward 8 had the highest number of children removed during the investigations in FY21.

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

| Fiscal Year | Total number of FTEs allocated for CPS |
|-------------|--|
| <b>FY20</b> | 209                                    |
| <b>FY21</b> | 215                                    |
| <b>FY22</b> | 201                                    |

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

| Fiscal Year | Total number of social workers assigned to CPS |
|-------------|--|
| <b>FY20</b> | 119  |
| <b>FY21</b> | 117  |
| <b>FY22</b> | 117  |

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

| Fiscal Year | Total number of vacancies in CPS |
|-------------|----------------------------------|
| <b>FY20</b> | 10                               |
| <b>FY21</b> | 18                               |
| <b>FY22</b> | 27                               |

*Vacancies reported as of September 30, 2020, September 30, 2021, and January 6, 2022.*

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

CFSA continues to diligently recruit and plans to fill all vacant positions.

**25. Regarding caseloads:**

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

The Agency continues to actively monitor workers' caseloads to ensure they remain at 12 caseloads or below. Ninety percent of investigators and social workers will have 12 caseloads or less. No individual investigator shall have a caseload greater than 15 cases.

- b. **Provide for FY21 and FY22, to date (organized by the unit to which each worker is assigned):**

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

FY21 Average Caseload Per Worker

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 1      | 5.74                               |
| Social Worker 2      | 1.00                               |
| Social Worker 3      | 5.17                               |
| Social Worker 4      | 4.79                               |
| Social Worker 5      | 6.68                               |
| Social Worker 6      | 4.03                               |
| Social Worker 7      | 4.19                               |
| Social Worker 8      | 6.11                               |
| Social Worker 9      | 5.33                               |
| Social Worker 10     | 1.00                               |
| Social Worker 11     | 3.89                               |
| Social Worker 12     | 1.76                               |
| Social Worker 13     | 6.06                               |
| Social Worker 14     | 1.06                               |
| Social Worker 15     | 3.03                               |
| Social Worker 16     | 4.91                               |
| Social Worker 17     | 2.39                               |
| Social Worker 18     | 5.70                               |
| Social Worker 19     | 6.35                               |
| Social Worker 20     | 5.35                               |

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 21     | 4.29                               |
| Social Worker 22     | 7.18                               |
| Social Worker 23     | 7.17                               |
| Social Worker 24     | 3.44                               |
| Social Worker 25     | 5.19                               |
| Social Worker 26     | 1.43                               |
| Social Worker 27     | 5.71                               |
| Social Worker 28     | 3.95                               |
| Social Worker 29     | 4.95                               |
| Social Worker 30     | 4.48                               |
| Social Worker 31     | 4.94                               |
| Social Worker 32     | 1.00                               |
| Social Worker 33     | 3.03                               |
| Social Worker 34     | 3.53                               |
| Social Worker 35     | 6.29                               |
| Social Worker 36     | 3.95                               |
| Social Worker 37     | 4.08                               |
| Social Worker 38     | 5.10                               |
| Social Worker 39     | 3.70                               |
| Social Worker 40     | 3.60                               |
| Social Worker 41     | 1.00                               |
| Social Worker 42     | 3.73                               |
| Social Worker 43     | 2.25                               |
| Social Worker 44     | 8.18                               |
| Social Worker 45     | 1.91                               |
| Social Worker 46     | 4.66                               |
| Social Worker 47     | 1.00                               |
| Social Worker 48     | 6.00                               |
| Social Worker 49     | 4.44                               |
| Social Worker 50     | 1.00                               |
| Social Worker 51     | 4.54                               |
| Social Worker 52     | 1.00                               |
| Social Worker 53     | 5.44                               |
| Social Worker 54     | 2.47                               |
| Social Worker 55     | 6.45                               |
| Social Worker 56     | 2.48                               |
| Social Worker 57     | 4.58                               |
| Social Worker 58     | 5.89                               |
| Social Worker 59     | 4.89                               |
| Social Worker 60     | 5.05                               |
| Social Worker 61     | 1.00                               |

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 62     | 5.39                               |
| Social Worker 63     | 4.50                               |
| Social Worker 64     | 1.00                               |
| Social Worker 65     | 5.08                               |
| Social Worker 66     | 6.65                               |
| Social Worker 67     | 4.71                               |
| Social Worker 68     | 1.00                               |
| Social Worker 69     | 5.21                               |
| Social Worker 70     | 4.60                               |
| Social Worker 71     | 7.49                               |
| Social Worker 72     | 1.00                               |
| Social Worker 73     | 5.95                               |
| Social Worker 74     | 6.60                               |
| Social Worker 75     | 6.37                               |
| Social Worker 76     | 1.75                               |
| Social Worker 77     | 8.83                               |
| Social Worker 78     | 5.64                               |
| Social Worker 79     | 1.90                               |
| Social Worker 80     | 3.79                               |
| Social Worker 81     | 2.28                               |
| Social Worker 82     | 4.63                               |
| Social Worker 83     | 5.95                               |
| Social Worker 84     | 4.45                               |
| Social Worker 85     | 7.67                               |
| Social Worker 86     | 4.49                               |
| Social Worker 87     | 1.00                               |
| Social Worker 88     | 2.59                               |
| Social Worker 89     | 3.95                               |
| Social Worker 90     | 2.14                               |
| Social Worker 91     | 1.00                               |
| Social Worker 92     | 6.71                               |
| Social Worker 93     | 7.16                               |
| Social Worker 94     | 6.17                               |
| Social Worker 95     | 3.80                               |
| Social Worker 96     | 5.15                               |
| Social Worker 97     | 5.03                               |
| Social Worker 98     | 4.51                               |
| Social Worker 99     | 3.99                               |
| Social Worker 100    | 5.78                               |
| Social Worker 101    | 3.69                               |
| Social Worker 102    | 5.53                               |

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 103    | 1.19                               |
| Social Worker 104    | 3.50                               |
| Social Worker 105    | 4.23                               |
| Social Worker 106    | 6.73                               |
| Social Worker 107    | 2.86                               |
| Social Worker 108    | 3.50                               |
| Social Worker 109    | 3.37                               |
| Social Worker 110    | 3.81                               |
| Social Worker 111    | 5.96                               |
| Social Worker 112    | 1.00                               |
| Social Worker 113    | 4.17                               |
| Social Worker 114    | 3.62                               |
| Social Worker 115    | 6.09                               |
| Social Worker 116    | 5.38                               |
| Social Worker 117    | 5.12                               |
| Social Worker 118    | 2.08                               |
| Social Worker 119    | 3.48                               |
| Social Worker 120    | 1.54                               |
| Social Worker 121    | 5.18                               |

FY22 Average Caseload Per Worker

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 1      | 6.08                               |
| Social Worker 2      | 5.02                               |
| Social Worker 3      | 4.97                               |
| Social Worker 4      | 5.03                               |
| Social Worker 5      | 6.42                               |
| Social Worker 6      | 4.72                               |
| Social Worker 7      | 4.42                               |
| Social Worker 8      | 6.09                               |
| Social Worker 9      | 6.10                               |
| Social Worker 10     | 1.00                               |
| Social Worker 11     | 4.04                               |
| Social Worker 12     | 5.17                               |
| Social Worker 13     | 7.05                               |
| Social Worker 14     | 1.30                               |
| Social Worker 15     | 4.57                               |
| Social Worker 16     | 5.61                               |
| Social Worker 17     | 6.75                               |

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 18     | 5.76                               |
| Social Worker 19     | 6.38                               |
| Social Worker 20     | 5.57                               |
| Social Worker 21     | 4.88                               |
| Social Worker 22     | 6.81                               |
| Social Worker 23     | 7.60                               |
| Social Worker 24     | 4.24                               |
| Social Worker 25     | 5.69                               |
| Social Worker 26     | 5.34                               |
| Social Worker 27     | 5.68                               |
| Social Worker 28     | 4.72                               |
| Social Worker 29     | 5.72                               |
| Social Worker 30     | 5.86                               |
| Social Worker 31     | 4.90                               |
| Social Worker 32     | 3.26                               |
| Social Worker 33     | 3.13                               |
| Social Worker 34     | 3.65                               |
| Social Worker 35     | 6.19                               |
| Social Worker 36     | 5.12                               |
| Social Worker 37     | 4.89                               |
| Social Worker 38     | 5.05                               |
| Social Worker 39     | 4.30                               |
| Social Worker 40     | 6.21                               |
| Social Worker 41     | 9.43                               |
| Social Worker 42     | 3.75                               |
| Social Worker 43     | 3.42                               |
| Social Worker 44     | 7.71                               |
| Social Worker 45     | 4.56                               |
| Social Worker 46     | 5.48                               |
| Social Worker 47     | 3.74                               |
| Social Worker 48     | 5.78                               |
| Social Worker 49     | 4.42                               |
| Social Worker 50     | 5.47                               |
| Social Worker 51     | 5.42                               |
| Social Worker 52     | 9.74                               |
| Social Worker 53     | 5.32                               |
| Social Worker 54     | 3.44                               |
| Social Worker 55     | 6.42                               |
| Social Worker 56     | 3.20                               |
| Social Worker 57     | 5.36                               |
| Social Worker 58     | 5.84                               |

| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 59     | 5.71                               |
| Social Worker 60     | 4.84                               |
| Social Worker 61     | 5.20                               |
| Social Worker 62     | 5.00                               |
| Social Worker 63     | 5.22                               |
| Social Worker 64     | 7.79                               |
| Social Worker 65     | 5.65                               |
| Social Worker 66     | 7.06                               |
| Social Worker 67     | 4.70                               |
| Social Worker 68     | 6.44                               |
| Social Worker 69     | 5.03                               |
| Social Worker 70     | 5.36                               |
| Social Worker 71     | 5.32                               |
| Social Worker 72     | 9.76                               |
| Social Worker 73     | 5.72                               |
| Social Worker 74     | 6.49                               |
| Social Worker 75     | 7.07                               |
| Social Worker 76     | 8.80                               |
| Social Worker 77     | 8.68                               |
| Social Worker 78     | 5.58                               |
| Social Worker 79     | 4.24                               |
| Social Worker 80     | 3.39                               |
| Social Worker 81     | 3.55                               |
| Social Worker 82     | 5.56                               |
| Social Worker 83     | 6.78                               |
| Social Worker 84     | 5.53                               |
| Social Worker 85     | 7.42                               |
| Social Worker 86     | 4.35                               |
| Social Worker 87     | 7.77                               |
| Social Worker 88     | 2.37                               |
| Social Worker 89     | 4.82                               |
| Social Worker 90     | 2.11                               |
| Social Worker 91     | 4.41                               |
| Social Worker 92     | 7.11                               |
| Social Worker 93     | 7.15                               |
| Social Worker 94     | 5.52                               |
| Social Worker 95     | 5.92                               |
| Social Worker 96     | 5.64                               |
| Social Worker 97     | 5.04                               |
| Social Worker 98     | 4.99                               |
| Social Worker 99     | 3.99                               |



| <b>Social Worker</b> | <b>Average Caseload per worker</b> |
|----------------------|------------------------------------|
| Social Worker 100    | 5.78                               |
| Social Worker 101    | 3.69                               |
| Social Worker 102    | 5.53                               |
| Social Worker 103    | 1.19                               |
| Social Worker 104    | 3.50                               |
| Social Worker 105    | 4.23                               |
| Social Worker 106    | 6.73                               |
| Social Worker 107    | 2.86                               |
| Social Worker 108    | 3.50                               |
| Social Worker 109    | 3.37                               |
| Social Worker 110    | 3.81                               |
| Social Worker 111    | 5.96                               |
| Social Worker 112    | 1.00                               |
| Social Worker 113    | 4.17                               |
| Social Worker 114    | 3.62                               |
| Social Worker 115    | 6.09                               |
| Social Worker 116    | 5.38                               |
| Social Worker 117    | 5.12                               |
| Social Worker 118    | 2.08                               |
| Social Worker 119    | 3.48                               |
| Social Worker 120    | 1.54                               |
| Social Worker 121    | 5.18                               |

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

| <b>FY</b>   | <b>Social Worker</b> | <b>Total Number of Instances</b> |
|-------------|----------------------|----------------------------------|
| <b>FY21</b> | Social Worker 77     | 4                                |
| <b>FY21</b> | Social Worker 44     | 1                                |
| <b>FY21</b> | Social Worker 85     | 1                                |
| <b>FY21</b> | Social Worker 55     | 1                                |

| <b>FY</b>   | <b>Social Worker</b> | <b>Total Number of Instances</b> |
|-------------|----------------------|----------------------------------|
| <b>FY22</b> | Social Worker 28     | 1                                |
| <b>FY22</b> | Social Worker 45     | 1                                |
| <b>FY22</b> | Social Worker 75     | 1                                |
| <b>FY22</b> | Social Worker 77     | 1                                |
| <b>FY22</b> | Social Worker 82     | 1                                |
| <b>FY22</b> | Social Worker 83     | 1                                |
| <b>FY22</b> | Social Worker 84     | 1                                |
| <b>FY22</b> | Social Worker 95     | 1                                |

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

The total number of instances that the caseload has been 16 or more in FY21/FY22 = 0

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

FY21

| <b>Social Worker</b> | <b>Dec-20</b> | <b>Jan-21</b> | <b>May-21</b> | <b>Jun-21</b> | <b>Jul-21</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 85     | 4             | 0             | 0             | 0             | 0             | 4                           |
| Social Worker 55     | 0             | 0             | 0             | 0             | 4             | 4                           |
| Social Worker 77     | 11            | 3             | 1             | 1             | 0             | 16                          |
| Social Worker 44     | 0             | 0             | 4             | 0             | 0             | 4                           |
| <b>Total</b>         | <b>15</b>     | <b>3</b>      | <b>5</b>      | <b>1</b>      | <b>4</b>      | <b>28</b>                   |

FY22

| <b>Social Worker</b> | <b>Oct-21</b> | <b>Nov-21</b> | <b>Dec-21</b> | <b>Total Number of Days</b> |
|----------------------|---------------|---------------|---------------|-----------------------------|
| Social Worker 28     | 0             | 0             | 2             | 2                           |
| Social Worker 45     | 3             | 0             | 0             | 3                           |
| Social Worker 75     | 0             | 1             | 0             | 1                           |
| Social Worker 77     | 0             | 0             | 2             | 2                           |
| Social Worker 82     | 0             | 0             | 5             | 5                           |
| Social Worker 83     | 0             | 0             | 5             | 5                           |
| Social Worker 84     | 0             | 0             | 12            | 12                          |
| Social Worker 95     | 0             | 0             | 4             | 4                           |
| <b>Total</b>         | <b>3</b>      | <b>1</b>      | <b>30</b>     | <b>34</b>                   |

**ii. The number of days that the case load was 16 or more.**

FY 21: The number of days that the case load was 16 or more = 0

FY22: The number of days that the case load was 16 or more = 0

**Anytime that the caseload is 16 or more, provide the maximum number of cases that the affected worker had at one time.**

FY21: See Previous Response, cii. Caseloads never exceed 16 or more days.

FY22: See Previous Response, cii. Caseloads never exceed 16 or more days

**26. In FY21 and in FY22, to date, how many child protection reports has the Agency received alleging educational neglect of youth in CFSA custody and not in CFSA custody? Break down the response for reports involving (i) children with 0-9 cumulative unexcused absences; (ii) children with 10-19 cumulative unexcused absences; (iii) children with 20-25 cumulative unexcused absences; and (iv) children with 26 or more cumulative unexcused absences.**

As of December 31, 2021

| Referral Status  | Custody Type     | Cumulative Unexcused Absences | SY 2020 - 2021 | SY 2021 - 2022 (up to 12/31/21) |
|------------------|------------------|-------------------------------|----------------|---------------------------------|
| Accepted         | Non CFSA Custody | 0 - 9                         | 16             | 9                               |
|                  |                  | 10 - 19                       | 70             | 109                             |
|                  |                  | 20 - 25                       | 61             | 67                              |
|                  |                  | 26 or more                    | 270            | 64                              |
|                  |                  | Not Recorded                  | 71             | 69                              |
|                  | CFSA Custody     | Not Recorded                  | 0              | 1                               |
| <b>Subtotal*</b> |                  |                               | <b>443</b>     | <b>296</b>                      |
| Screened Out     | Non CFSA Custody |                               | 6724           | 989                             |
|                  | CFSA Custody     |                               | 26             | 4                               |
|                  | <b>Subtotal*</b> |                               | <b>6749</b>    | <b>993</b>                      |
| Other            | Non CFSA Custody | <b>Subtotal</b>               | <b>299</b>     | <b>0</b>                        |
| <b>Total*</b>    |                  |                               | <b>7491</b>    | <b>1289</b>                     |

\*Unique Counts

Notes:

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

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

As of December 31, 2021

| Custody Type     | Cumulative Unexcused Absences | SY 2020 - 2021 | SY 2021 - 2022 (up to 12/31/21) |
|------------------|-------------------------------|----------------|---------------------------------|
| Non CFSA Custody | 0 - 9                         | 7              | 1                               |
|                  | 10 - 19                       | 25             | 9                               |
|                  | 20 - 25                       | 24             | 8                               |
|                  | 26 or more                    | 120            | 11                              |
|                  | Not Recorded                  | 33             | 18                              |
| <b>Total*</b>    |                               | <b>183</b>     | <b>41</b>                       |

\*Unique Counts

Notes:

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

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

As of December 31, 2021

| Custody Type     | Cumulative Unexcused Absences | SY2020 - 2021       |               | SY 2021 - 2022 (up to 12/31/21) |               |
|------------------|-------------------------------|---------------------|---------------|---------------------------------|---------------|
|                  |                               | # of Investigations | # of Children | # of Investigations             | # of Children |
| Non CFSA Custody | 0 - 9                         | 1                   | 1             | 0                               | 0             |
|                  | 10 - 19                       | 4                   | 5             | 0                               | 0             |
|                  | 20 - 25                       | 2                   | 2             | 0                               | 0             |
|                  | 26 or more                    | 5                   | 6             | 1                               | 1             |
|                  | Not Recorded                  | 1                   | 1             | 3                               | 3             |
| <b>Total*</b>    |                               | <b>11</b>           | <b>13</b>     | <b>4</b>                        | <b>4</b>      |

\*Unique Counts

Notes:

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

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

As of December 31, 2021:

| School Year                               | School Type |       |
|---|-------------|-------|
|   | DCPS        | DCPCS |
| <b>SY2020 - 2021</b>                      | 5,409       | 1,571 |
| <b>SY2021 - 2022<br/>(up to 12/31/21)</b> | 942         | 247   |

Notes:

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

**d. Please detail any changes to protocols or procedures related to educational neglect reporting due to the COVID-19 pandemic, and how these changes have impacted the responses to (a) through (c) above.**

CFSA Educational Neglect team is working with OSSE to assist families in completing the OSSE Distance Learning Application

Please see attached, SY2021-22 Operational Procedures for Local Education Agencies (LEAs).

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

The Educational Neglect Social Work Unit has been fully implemented since 2018. The creation of this specialized unit has improved CFSA’s ability to investigate allegations of educational neglect.

The Educational Neglect social workers partner with CFSA’s Triage Unit and DC schools to investigate reports of educational neglect. This unit facilitates improved communication with schools and engagement with families to identify the underlying issues that result in children/youth not consistently attending school.

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

CFSA is continually updating and adjusting its processes to ensure the accuracy of its response to truancy and educational neglect. CFSA’s goal is to continue to utilize its specialized triage and social work units as well as the additional resources of the four Resource Development Specialists (RDS) that were recently funded through the budget for SY21-22.

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

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

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

**28. How many children did CFSA remove, by age and reason for removal, in FY20 and FY21? In FY22, to date?**

| Age          | FY20       | FY21       | FY22      |
|--------------|------------|------------|-----------|
| <1 year      | 53         | 45         | 12        |
| 1            | 9          | 17         | 5         |
| 2            | 14         | 15         | 3         |
| 3            | 13         | 14         | 2         |
| 4            | 11         | 10         | 4         |
| 5            | 10         | 15         | 2         |
| 6            | 3          | 12         | 2         |
| 7            | 7          | 9          | 2         |
| 8            | 3          | 11         | 1         |
| 9            | 4          | 12         | 1         |
| 10           | 1          | 11         | 3         |
| 11           | 8          | 10         | 3         |
| 12           | 5          | 10         | 1         |
| 13           | 16         | 14         | 6         |
| 14           | 12         | 12         | 3         |
| 15           | 16         | 15         | 3         |
| 16           | 17         | 8          | 4         |
| 17           | 14         | 12         | 4         |
| 18           | 1          | 0          | 0         |
| <b>Total</b> | <b>217</b> | <b>252</b> | <b>61</b> |

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

| Removal Reason                    | FY20 | FY21 | FY22 |
|-----------------------------------|------|------|------|
| Abandonment                       | 10   | 6    | 1    |
| Alcohol Abuse (Parent)            | 7    | 10   | 3    |
| Caretaker ILL/ Unable to Cope     | 4    | 13   | 5    |
| Child's Behavior Problem          | 8    | 10   | 5    |
| Child's Disability                | 0    | 1    | 0    |
| Death of Parent(s)                | 0    | 2    | 0    |
| Drug Abuse (Parent)               | 31   | 34   | 11   |
| Inadequate Housing                | 2    | 2    | 3    |
| Incarceration of Parent(s)        | 13   | 2    | 5    |
| Neglect (Alleged/Reported)        | 164  | 186  | 41   |
| Physical Abuse (Alleged/Reported) | 46   | 38   | 17   |
| Relinquishment                    | 3    | 6    | 1    |
| Sexual Abuse (Alleged/Reported)   | 2    | 8    | 0    |
| Voluntary                         | 6    | 2    | 1    |

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

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

| FTM held before removal |    |
|-------------------------|----|
| FY21                    | 39 |
| FY22                    | 17 |

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

| FTMs held within 72 hours of removal |    |
|--------------------------------------|----|
| FY21                                 | 17 |
| FY22                                 | 8  |

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

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

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

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

| <b>Kin Identified Before Removal</b> |    |
|--------------------------------------|----|
| <b>FY21</b>                          | 14 |
| <b>FY22</b>                          | 6  |

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

| <b>Hotline Calls*</b>        | <b>FY21</b> | <b>FY22</b> |
|------------------------------|-------------|-------------|
| 0                            | 26          | 6           |
| 1                            | 92          | 26          |
| 2 - 3                        | 77          | 22          |
| 4 - 5                        | 38          | 6           |
| 6+                           | 19          | 1           |
| <b>Total No. of Removals</b> | <b>252</b>  | <b>61</b>   |

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

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

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

- f. **How many pre-removal family team meetings were held in FY21? In FY22, to date?**

| <b># of pre-removal (at-risk) FTMs</b> |     |
|--|-----|
| <b>FY21</b>                            | 291 |
| <b>FY22</b>                            | 53  |

- g. **How many of these children were placed in emergency or short-term placements in FY21? In FY22, to date?**

In FY21, 30 children or youth had an emergency-based placement. In FY22Q1, 11 children or youth had an emergency-based placement. CFSA does not have short-term placements. Details are provided in the response to question 117.

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

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



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

**a. How many children were the subjects of voluntary placement agreements in FY21? In FY22, to date?**

In FY21, there was one child who was subject to a voluntary placement agreement. There were no children in FY22 Q1.

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

This child was not reunited with their custodian in the 90-day timeframe as the child was awaiting placement at a PRPF. Once the child was admitted to the PRPF, CFSA was no longer involved as the placement agreement expired.

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

Please see 28i.a.

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

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

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

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

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

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

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

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

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

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

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

- 1) Are there any allegations of abuse or neglect against the parent/caregiver; 2) Has the family come to CFSA's attention because the child needs treatment to stabilize mental health or behavioral challenges; 3) Would an agreement prevent the child from entering the foster care system but allow for the needed services to be put in place. Based on the results of this assessment, CFSA would decide next steps.

**29. How many neglect petitions did CFSA file in Family Court in FY20? In FY21? In FY22, to date?**

**i. How many children were the subject of a neglect petition filed by CFSA in Family Court in FY21 and in FY22, to date?**

| <b>FY</b>                         | <b>Number of Children</b> |
|-----------------------------------|---------------------------|
| <b>FY20</b>                       | 214                       |
| <b>FY21</b>                       | 225                       |
| <b>FY22 (as of Dec. 31, 2021)</b> | 65                        |

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

| <b>FY</b>                         | <b>Number of Children</b> |
|-----------------------------------|---------------------------|
| <b>FY20</b>                       | 135                       |
| <b>FY21</b>                       | 152                       |
| <b>FY22 (as of Dec. 31, 2021)</b> | 47                        |

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

| <b>FY</b>                         | <b>Number of Children</b> |
|-----------------------------------|---------------------------|
| <b>FY20</b>                       | 79                        |
| <b>FY21</b>                       | 73                        |
| <b>FY22</b> (as of Dec. 31, 2021) | 18                        |

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

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

In FY20, there were 14 children who were no-papered. Nine children have not had any further calls to the hotline or any removals. Six children had an open In-Home case (which remains open for four children and has since closed for two children).

In FY21, there were 28 children who were no-papered. Eighteen children have not had any further calls to the hotline or any removals. Ten children had an in-home case, the in-home case remains open for two children and has since closed for 8 children.

In FY22 to date, there was one child who was no-papered. This child has no additional referrals or removals and did not have an open in-home case.

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

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

CFSA tracks the following for families referred to the Collaboratives:

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

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

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

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

- a. The number of Hotline calls received regarding newborn toxicology in FY21 and FY22, to date;**

| <b>Fiscal Year</b> | <b>Total number of hotline calls received regarding newborn toxicology (a)</b> | <b>Number of calls that resulted in an in-home wellness visit (b(ii))</b> | <b>Number of calls that resulted in an investigation (b(iii))</b> | <b>Total number of Hotline calls resulting in the agency providing information and referral (d)</b> | <b>The number of these Hotline calls that resulted in removal (e)</b> |
|--------------------|--|---|---|---|---|
| <b>FY21</b>        | 212  | 191   | 211   | 0   | 11  |
| <b>FY22</b>        | 54   | 39  | 54  | 0   | 4   |

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

See response to question 30(a).

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

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

- Referral to the CFSA Office of Well Being for intervention by the CFSA nursing staff;
- Development of an intervention plan;
- Completion of home visits to ensure a safe environment;
- Establishment of contact with the parent, caregivers, siblings, and other household members to assess safety and risk; and
- Submission of other referrals as needed.

All newborn positive toxicology referrals are required to have a Plan of Safe Care in accordance with the federal Comprehensive Addiction and Recovery Act (CARA). The Plan of Safe Care includes provision of services and supports that address the infant’s and affected caregiver’s physical, social-emotional health, and safety needs.

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

See response to question 30(a).

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

See response to question 30(a).

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

Investigative social workers receive information about culturally responsive considerations across many pre-service offerings such as Family-Centered Practice, From Prevention to Permanency, and Motivational Interviewing. The Cultural Humility in-service course touches on the role of poverty, bias, and allegations. Supervisors may also discuss the impact of poverty on allegations through clinical supervision based on the investigation.

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

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.

**Health and Mental Health Care**

**33. 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 FY21 and FY22, to date, that received health screenings prior to placement;**

| <b>Fiscal Year</b> | <b># of Removals</b> | <b># of Youth Requiring Health Screening Prior to Placement</b> | <b># and percent of Youth Receiving a Health Pre-Placement Screening</b> |
|--------------------|----------------------|---|--|
| <b>FY21</b>        | 252                  | 230   | 203 (88%)  |
| <b>FY22</b>        | 61                   | 56  | 53 (95%)   |

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

- b. The number and percentage of children who entered foster care in FY21 and FY22, todate, 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># and percent of Youth Receiving a Medical Evaluation within 30 days of Placement</b> |
|--------------------|----------------------|--|--|
| <b>FY21</b>        | 252                  | 212  | 183 (86%)  |
| <b>FY22</b>        | 61                   | 33   | 26 (79%)   |
| <b>Fiscal Year</b> | <b># of Removals</b> | <b># of Youth Requiring Dental Evaluation within 30 days of Placement</b>  | <b># and percent of Youth Receiving a Dental Evaluation within 30 days of Placement</b>  |
| <b>FY21</b>        | 252                  | 169  | 25 (15%)   |
| <b>FY22</b>        | 61                   | 22   | 7 (32%)  |

The COVID-19 pandemic has caused a significant delay in dental appointments. When dental offices began to take appointments, it was for emergencies and surgery only. In some offices, regular dental cleanings began in August 2020, however, dental offices had significantly fewer available appointments due to newly implemented safety protocols, which included social distancing and capacity limits. To address the unprecedented barriers caused by the COVID-19 pandemic, dental appointments are now being made immediately following removal to ensure an appointment can be made within the designated timeframe. A list of Medicaid approved dental providers is available through the Healthy Horizons Assessment Center, and a bi-weekly compliance email is sent to social workers who have clients within the first 90 days of removal.

- c. The number and percentage of children who were in foster care in FY21 and FY22, todate, that received health screenings within one year of their most recent screening;**

CFSA tracks the number and percentage of children in foster care who receive health screenings before placement. For ongoing medical examinations, children determined to have significant medical needs based on medical necessity criteria via the Healthy Horizons Assessment Center or by team members identifying a need for intensive medical case management services are referred to the Nurse Care Management Program (NCMP). For children/youth not eligible for the NCMP, the assigned social worker takes the lead in coordinating routine medical care in cooperation with the resource parent and with consultation from the Healthy Horizons Assessment Center as needed.

- d. The number and percentage of children who were in foster care in FY21 and FY22, to date, that received at least one medical evaluation with a physician every 132 days; and**

See response to Question 33(c).

- e. The number and percentage of children who were in foster care in FY21 and FY22, to date, that received at least one dental evaluation with a dentist every 132 days.**

CFSA tracks the number and percentage of children in foster care who receive dental evaluations commencing from 30 days after entry into care through 90 days after entry into care. For ongoing dental needs, the assigned social worker takes the lead in coordinating all routine dental care in partnership with resource parents.

**34. For FY21 and FY22 to date:**

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

In FY21, five children/youth met the criteria for medically fragile diagnosis; and eleven children/youth met the criteria for a developmental delay. In FY22, one child met the criteria for medically fragile diagnosis; four children/youth met the criteria for a diagnosis of developmental delay.

| <b>Fiscal Year</b> | <b>Medically Fragile</b> | <b>Developmentally Delayed</b> |
|--------------------|--------------------------|--------------------------------|
| <b>FY21</b>        | 5                        | 11                             |
| <b>FY22</b>        | 1                        | 4                              |

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

| <b>Fiscal Year</b> | <b>Medically Fragile</b> | <b>Developmentally Delayed</b> |
|--------------------|--------------------------|--------------------------------|
| <b>FY21</b>        | 4                        | 11                             |
| <b>FY22</b>        | 0                        | 0                              |

These data represent children who were referred to CFSA community nurses.

**35. For FY21 and FY22, 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 age birth to three were involved in substantiated cases of abuse and neglect?**

| <b>Fiscal Year</b> | <b>Total Children</b> |
|--------------------|-----------------------|
| <b>FY21</b>        | 496                   |
| <b>FY22</b>        | 78                    |

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

| <b>Fiscal Year</b> | <b>Total Children</b> |
|--------------------|-----------------------|
| <b>FY21</b>        | 422                   |
| <b>FY22</b>        | 70                    |

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

Our goal is to screen all children. However, we can only do so with parental consent. Out of the 424 referrals that were received from CPS investigations in FY21, 113 referrals were screened.

| <b>Fiscal Year</b> | <b>Children Screened Using the Ages and Stages Questionnaire</b> |
|--------------------|--|
| <b>FY21</b>        | 113  |
| <b>FY22</b>        | 20   |

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

In FY21, 424 referrals were received from CPS. Out of the 424 referrals, 113 were screened. Out of the 113 screened referrals, 14 were referred to Strong Start (they met the criteria).

For FY22, to date, 64 were received from CPS. Out of the 64 referrals, 20 were screened. Out of the 20 screened referrals, zero were referred to Strong Start (none met the criteria).

| <b>Fiscal Year</b> | <b>Children Screened and Referred to Strong Start</b> |
|--------------------|---|
| <b>FY21</b>        | 14  |
| <b>FY22</b>        | 0   |



**36. Provide the following information regarding mental health services for children in fostercare:**

- a. CFSA uses a quarterly tracking report to capture the timeliness of service inception following documented referrals for services. Provide all quarterly reports for each Choice Provider for the entirety of FY21 and all reports completed thus far in FY22.**

In FY21, CFSA referred 128 children and youth for mental health assessments and treatment. The Department of Behavioral Health (DBH) staff co-located at CFSA connect children directly with DBH Core Service Agencies (CSAs) within the DBH network. This electronic access ensures referrals are sent quickly to the CSAs. Enrollment with the provider occurred within an average of one day. Enrollment with the provider does not indicate receipt of services, but rather that the child has been connected to a CSA for further evaluation to determine the need for services.

In FY22, to date, CFSA referred 29 children for mental health assessment and treatment. Enrollment with the provider occurred within an average of one day.

| <b>CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE</b> |                          |  |
|--|--------------------------|--|
| <b>FY21</b>  | <b>All CSA Providers</b> | <b>AVG Days from Referral to Linkage</b> |
| Oct-20   | 7                        | 0.6                                      |
| Nov-20   | 10                       | 0.6                                      |
| Dec-20   | 7                        | 0  |
| <b>Q1 Total</b>  | <b>24</b>                | <b>0.8</b>                               |
| Jan-21   | 17                       | 0.1                                      |
| Feb-21   | 6                        | 0  |
| Mar-21   | 16                       | 0.8                                      |
| <b>Q2 Total</b>  | <b>39</b>                | <b>0.3</b>                               |
| Apr-21   | 11                       | 0  |
| May-21   | 12                       | 0  |
| Jun-21   | 13                       | 0.5                                      |
| <b>Q3 Total</b>  | <b>36</b>                | <b>0.1</b>                               |
| July-21  | 13                       | 0.8                                      |
| Aug-21   | 5                        | 0.8                                      |
| Sep-21   | 11                       | 0.6                                      |

| <b>CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE</b>  |            |            |
|---|------------|------------|
| <b>Q4-Total</b>   | <b>29</b>  | <b>0.7</b> |
| <b>FYTD</b>   | <b>128</b> | <b>1.3</b> |
| <p><b>DEFINITIONS/IDENTIFICATION:</b> Children and Youth referred for mental health services via DBH are children/youth who are involved with the Child and Family services Agency (CFSA) ages 0 to 21 who were referred to a Core Service Agency (CSA) through CFSA's Office of Well Being Administration.</p> <p><b>INTERPRETATION:</b> This table shows the number of CFSA children/youth linked to a DBH CSA and the average number of days between CFSA referral and linkage to CSA.</p> |            |            |

DBH did not track the data by Provider this year because they did not utilize the Choice Provider funds (for non-Medicaid needs). Therefore, they combined all the referred youth as they were able to receive services through Medicaid supports.

| <b>CFSA REFERRALS FOR MENTAL HEALTH DIAGNOSTIC ASSESSMENT AND AVERAGE DAYS FOR LINKAGE</b> |                          |  |
|--|--------------------------|--|
| <b>FY22</b>  | <b>All CSA Providers</b> | <b>AVG Days from Referral to Linkage</b> |
| Oct-21   | 14                       | 0.1                                      |
| Nov-21   | 5                        | 0  |
| Dec-21   | 10                       | 0.2                                      |
| <b>Q1 Total</b>  | <b>29</b>                | <b>0.1</b>                               |

**b. What percentage of children entering foster care in FY21 received a mental healthscreening within 30 days of entry? In FY22, to date?**

In FY21, of the 75 eligible children, 67 children received a mental health evaluation of which 87 percent (58) were conducted within 30 days of entry.

In FY22, to date, of the eligible 20 children, 14 children received a mental health evaluation of which 100 percent (14) were conducted within 30 days of entry.

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

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

In FY21 and FY22 to date, no children were referred for further mental health evaluations because CFSA mental health staff conduct mental health evaluations on-site.

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

In FY21 and FY22 to date, additional mental health evaluations were not required since CFSA conducts the mental health evaluations internally.

- c. What percentage of children who were in foster care in FY21 received the CAFAS/PECFAS every 90 days? In FY22, to date?**

In December 2019, CFSA stopped conducting aggregate tracking of the CAFAS/PECFAS assessment data. In FY21, of the 606 children/youth in foster care requiring case plans, 91% had a current case plan. In FY22 to date, of the 589 children/youth in foster care requiring case plans, 84% have a current case plan.

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

In FY21, the average time between mental health evaluations and the delivery of therapy services was 16 days.

In FY22 to date, the average time between mental health evaluations and the delivery of therapy services was 12 days.

- e. In FY21, and in FY22, to date, how many children, broken down by age and gender, had an episode of psychiatric hospitalization?**

In FY21, 28 unique children (ten males, seventeen females, and one transgendered youth) had an episode of psychiatric hospitalization. In FY22, to date, six children (one male and five females) had an episode of psychiatric hospitalization.

**FY21**

| Age          | 1 Episode | 2 Episodes or More | Total Children |
|--------------|-----------|--------------------|----------------|
| 6            | 0         | 0                  | 0              |
| 7            | 0         | 0                  | 0              |
| 8            | 0         | 0                  | 0              |
| 9            | 1         | 1                  | 2              |
| 10           | 0         | 0                  | 0              |
| 11           | 1         | 0                  | 1              |
| 12           | 4         | 1                  | 5              |
| 13           | 4         | 1                  | 5              |
| 14           | 3         | 1                  | 4              |
| 15           | 2         | 1                  | 3              |
| 16           | 4         | 1                  | 5              |
| 17           | 2         | 0                  | 2              |
| 18           | 0         | 0                  | 0              |
| 19           | 0         | 0                  | 0              |
| 20           | 0         | 1                  | 1              |
| <b>Total</b> | <b>21</b> | <b>7</b>           | <b>28</b>      |

**FY21**

| Gender       | 1 Episode | 2 Episodes or More | Total Children |
|--------------|-----------|--------------------|----------------|
| Male         | 8         | 2                  | 10             |
| Female       | 12        | 5                  | 17             |
| Transgender  | 1         | 0                  | 1              |
| <b>Total</b> | <b>21</b> | <b>7</b>           | <b>28</b>      |

**FY22, Q1**

| Age | 1 Episode | 2 Episodes or More | Total Children |
|-----|-----------|--------------------|----------------|
| 6   | 0         | 0                  | 0              |
| 7   | 0         | 0                  | 0              |
| 8   | 0         | 0                  | 0              |
| 9   | 0         | 0                  | 0              |
| 10  | 0         | 0                  | 0              |
| 11  | 0         | 0                  | 0              |
| 12  | 0         | 0                  | 0              |
| 13  | 0         | 0                  | 0              |
| 14  | 2         | 0                  | 2              |
| 15  | 1         | 0                  | 1              |
| 16  | 0         | 0                  | 0              |

| Age          | 1 Episode | 2 Episodes or More | Total Children |
|--------------|-----------|--------------------|----------------|
| 17           | 0         | 0                  | 0              |
| 18           | 0         | 0                  | 0              |
| 19           | 3         | 0                  | 3              |
| 20           | 0         | 0                  | 0              |
| <b>Total</b> | <b>6</b>  | <b>0</b>           | <b>6</b>       |

**FY22, Q1**

| Gender       | 1 Episode | 2 Episodes or More | Total    |
|--------------|-----------|--------------------|----------|
| Male         | 1         | 0                  | 1        |
| Female       | 5         | 0                  | 5        |
| <b>Total</b> | <b>6</b>  | <b>0</b>           | <b>6</b> |

- f. In FY21, and in FY22, to date, how many, and what percentage of, hospitalized children had more than one episode of psychiatric hospitalization?**

In FY21, seven unique children (two males and five females) or 25 percent of hospitalized children, had more than one episode of psychiatric hospitalization. In FY22, to date, no children had more than one episode of psychiatric hospitalization. See Q36(e) chart above.

- g. How many, and what percentage of, children in foster care spent time at a Psychiatric Residential Treatment Facility in FY21? In FY22, to date? Please break this information down by age.**

In FY21, 21 or two and one-quarter percent (2.25%) of children in foster care spent time at a PRTF. In FY22, to date, 12 or one and eight-tenths percent (1.8%) of children in foster care spent time at a PRTF. Break down by age at admission is below.

| Age          | FY21 Children placed at a Psychiatric Residential Treatment Facility (PRTF) |
|--------------|---|
| 9            | 1   |
| 10           | 1   |
| 11           | 1   |
| 12           | 3   |
| 13           | 1   |
| 14           | 4   |
| 15           | 2   |
| 16           | 5   |
| 17           | 3   |
| 18           | 0   |
| <b>Total</b> | <b>21</b>   |

| Age          | FY22 Children placed at a Psychiatric Residential Treatment Facility (PRTF) |
|--------------|---|
| 9            | 0   |
| 10           | 3   |
| 11           | 0   |
| 12           | 0   |
| 13           | 2   |
| 14           | 2   |
| 15           | 2   |
| 16           | 2   |
| 17           | 1   |
| 18           | 0   |
| <b>Total</b> | <b>12</b>   |

- h. How many referrals for evidence-based, specialized services (for example, Multi- Systemic Therapy, Functional Family Therapy, Trauma-Focused Cognitive Behavioral Therapy, Child Parent Psychotherapy for Family Violence, and Parent Child Interaction Therapy) did CFSA make in FY21? How many referrals has CFSA made in FY22, to date? For each fiscal year, identify how many referrals were made for cases in which children:**
- i. Had not been removed at the time of referral;**
  - ii. Were in foster care at the time of the referral; and**
  - iii. Were living under protective supervision following a period in foster care at the time of referral.**

In FY21, CFSA made 71 referrals for evidence based, specialized services to DBH. In FY22, to date, CFSA made 13 referrals for evidenced based, specialized services to DBH.

In FY21, CFSA therapists provided 52 children with evidence-based specialized services. In FY22, to date, CFSA therapists provided 21 children with evidence-based specialized services; and CFSA made 7 referrals for evidence-based specialized services to MBI. All the children were in foster care at the time of the referral.

- i. In FY21 and FY22, to date, how many diagnostic assessments were completed for youth who had open an open investigation, family assessment, or abuse and neglect case with CFSA? How many of these assessments resulted in a recommendation for therapy?**

In FY21, 67 youth completed mental health evaluations, of whom 49 were recommended for therapy. In FY22, to date, 10 youth completed mental health evaluations, of which 8 were recommended for therapy.

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

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

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

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

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

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

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

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

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

**n. Describe the process for connecting children entering foster care with behavioral health services when they come into care, including:**

**i. Distinctions among mental health evaluations, screenings, and assessments;**

Within the CFSA internal mental health unit:

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

**ii. The circumstances under which a child will go directly to a CFSA in-house therapist as opposed to directly to DBH; and**

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



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

CFSA has a contract with MBI Health Services, LLC, a certified mental health provider, to transition youth for long-term services when the most recent treatment plan identifies goals that require clinical intervention beyond one year. CFSA initiates most referrals to MBI within one business day of discharge and the mental health supervisor confers directly with the two therapists assigned to this contract to discuss key information needed for the transition and warm hand-off. Furthermore, referral information is discussed during monthly contract meetings to address additional information or needs.

**37. In last year's oversight responses, the Agency stated that mobile crisis stabilization services were brought in-house and would be supported by the Resource Parent Support Unit. Please provide a detailed update on the implementation of this transition, including the following:**

- a. **A detailed description of all available mobile crisis stabilization services for youth in foster care and resource parents;**

In 2019, CFSA ended its contract with Catholic Charities for "Mobile Crisis Stabilization Services (MCSS)" and has been working to build a multi-faceted approach to crisis stabilization and increased placement stability for children and youth in foster care. This approach includes: Resource Parent Support Workers (RPSWs):

- Each CFSA resource home has a dedicated RPSW who provides supportive interventions and parent-coaching needed to manage situations that may result in placement instability or disruption.
- During business hours (and sometimes beyond), RPSWs respond to calls from resource parents for crisis management, either by phone or in-person.
- Two RPSWs not assigned to individual families are also available to offer resource parents short-term, crisis intervention support:
  - During business hours, these team members collaborate with the assigned Social Worker, Resource Parent Support Worker and family to strengthen existing supports and provide face-to-face response until the situation has stabilized.
  - From 4:45 PM to 7:30 PM Monday-Friday, they are available for immediate dispatch to support mediation of the situation. Note that while the planned tour-of-duty for this team was originally until 11:30 pm, the demand was very low during the later evening hours and the shift was adjusted accordingly.

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

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

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

**b. During FY21, how many calls for crisis mobilization services has CFSA and/or its vendors received? FY22, to date?**

The following data are for calls to the REACH Resource Parent Support Line only; crisis calls to assigned RPSWs (or to the two dedicated crisis-support RPSWs) are not currently tracked. In FY22, CFSA plans to begin utilizing a dial-pad monitoring system so these calls can be included in the data.

The relatively low number of calls from resource parents to the REACH line for crisis mobilization reflects improved capacity among RPSWs and Social Workers to serve as the crisis mitigation resource.

|             |    |
|-------------|----|
| <b>FY21</b> | 49 |
| <b>FY22</b> | 15 |

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

|             |    |
|-------------|----|
| <b>FY21</b> | 41 |
| <b>FY22</b> | 13 |

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

|             |   |
|-------------|---|
| <b>FY21</b> | 8 |
| <b>FY22</b> | 2 |

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

|             |   |
|-------------|---|
| <b>FY21</b> | 0 |
| <b>FY22</b> | 1 |

In the pandemic environment, many resource parents were hesitant to have outside people in their homes. In addition, as noted above, the need for the REACH Support Line to dispatch someone for in-person crisis support has been greatly reduced by improved capacity among RPSWs and Social Workers for performing on-going crisis mitigation with families.

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

|             |   |
|-------------|---|
| <b>FY21</b> | 1 |
| <b>FY22</b> | 0 |

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

An evaluation of the above service array has yet to be conducted.

- 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.**

A resource parent survey is under development to build greater understanding of the impact of the current support array. In January 2022, the Kinship and Placement Administrator completed a series of age-based focus groups with resource parents to gather their feedback. In FY22, CSFA will assess the information that was gathered and implement improvements, as needed.

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

Catholic Charities currently operates ChAMPS under a contract with DBH and these services are offered district-wide. Prior to 2019, CFSA contracted with Catholic Charities to provide MCSS. However, we currently provide that support in-house.

**e. 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.
- The dedicated crisis support RPSWs are available Monday-Friday from 11am-7:30pm and are accessed through the assigned RPSW or the REACH line.
- The REACH Resource Parent Support Line is available Monday-Friday 5pm-1am, Saturday, Sunday and on holidays 9am-1am.
- ChAMPS services are available 24 hours a day, seven days a week for children and youth in foster care ages 6-21.
- The members of a child’s mental health team are available in accordance with that child’s individualized treatment plan.

**38. Provide the number of children served by the in-house mental health providers hired by CFSA in FY21 and FY22, 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.**

**FY21**

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|---------------------|-------------------|--------------------------------|
| 1      | 2/11/2021        | 9/30/2021      | 231                      | Individual Therapy | No                                |                     |                   |                                |
| 2      | 3/24/2021        | 9/30/2021      | 190                      | Individual Therapy | No                                |                     |                   |                                |
| 3      | 4/27/2021        | 9/30/2021      | 156                      | Individual         | No                                |                     |                   |                                |

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date  | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|----------------------|-------------------|--------------------------------|
|        |                  |                |                          | Therapy            |                                   |                      |                   |                                |
| 4      | 9/2/2020         | 9/29/2021      | 392                      | Individual Therapy | No                                |                      |                   |                                |
| 5      | 5/18/2020        | 9/17/2021      | 487                      | Individual Therapy | No                                |                      |                   |                                |
| 6      | 12/2/2020        | 9/1/2021       | 273                      | Individual Therapy | No                                |                      |                   |                                |
| 7      | 8/7/2019         | 8/31/2021      | 755                      | Individual Therapy | No                                |                      |                   |                                |
| 8      | 3/29/2021        | 8/31/2021      | 155                      | Individual Therapy | No                                |                      |                   |                                |
| 9      | 3/17/2021        | 7/30/2021      | 135                      | Individual Therapy | Yes                               | Youth did not engage | MBI               | N/A                            |
| 10     | 1/14/2020        | 6/30/2021      | 533                      | Individual Therapy | No                                |                      |                   |                                |
| 11     | 5/29/2020        | 6/30/2021      | 397                      | Individual Therapy | No                                |                      |                   |                                |
| 12     | 6/8/2021         | 6/11/2021      | 3                        | Individual Therapy | No                                |                      |                   |                                |
| 13     | 3/10/2021        | 5/21/2021      | 72                       | Individual Therapy | Yes                               | 6/24/2021            | MBI               | 9                              |
| 14     | 2/4/2021         | 4/1/2021       | 56                       | Individual Therapy | No                                |                      |                   |                                |
| 15     | 2/9/2021         | 3/10/2021      | 29                       | Individual Therapy | No                                |                      |                   |                                |
| 16     | 3/27/2019        | 2/17/2021      | 693                      | Individual Therapy | No                                |                      |                   |                                |
| 17     | 12/2/2019        | 1/29/2021      | 424                      | Individual Therapy | No                                |                      |                   |                                |
| 18     | 3/23/2020        | 1/26/2021      | 309                      | Individual Therapy | No                                |                      |                   |                                |
| 19     | 3/26/2020        | 1/6/2021       | 286                      | Individual Therapy | No                                |                      |                   |                                |
| 20     | 12/2/2020        | 1/4/2021       | 33                       | Individual Therapy | No                                |                      |                   |                                |

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date     | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|-------------------------|-------------------|--------------------------------|
| 21     | 9/24/2020        | 12/29/2020     | 96                       | Individual Therapy | No                                |                         |                   |                                |
| 22     | 3/19/2020        | 11/19/2020     | 245                      | Individual Therapy | No                                |                         |                   |                                |
| 23     | 7/29/2020        | 11/11/2020     | 105                      | Individual Therapy | No                                |                         |                   |                                |
| 24     | 1/23/2020        | 11/4/2020      | 286                      | Individual Therapy | No                                |                         |                   |                                |
| 25     | 9/2/2020         | 11/4/2020      | 63                       | Individual Therapy | Yes                               | Parent declined Service | MBI               | N/A                            |
| 26     | 4/28/2020        | 10/26/2020     | 181                      | Individual Therapy | No                                |                         |                   |                                |
| 27     | 1/8/2020         | 10/14/2020     | 280                      | Individual Therapy | No                                |                         |                   |                                |
| 28     | 8/27/2019        | 10/7/2020      | 407                      | Individual Therapy | No                                |                         |                   |                                |
| 29     | 9/20/2019        | 10/5/2020      | 381                      | Individual Therapy | No                                |                         |                   |                                |
| 30     | 9/9/2019         | 10/5/2020      | 392                      | Individual Therapy | No                                |                         |                   |                                |
| 31     | 2/21/2020        | 10/5/2020      | 227                      | Individual Therapy | No                                |                         |                   |                                |
| 32     | 10/24/2019       | 10/5/2020      | 347                      | Individual Therapy | Yes                               | 10/28/2020              | MBI               | 18                             |
| 33     | 9/10/2019        | 10/1/2020      | 387                      | Individual Therapy | No                                |                         |                   |                                |
| 34     | 11/14/2019       | 10/1/2020      | 322                      | Individual Therapy | No                                |                         |                   |                                |
| 35     | 5/27/2020        | 10/1/2020      | 127                      | Individual Therapy | No                                |                         |                   |                                |
| 36     | 5/21/2020        | 10/1/2020      | 133                      | Individual Therapy | No                                |                         |                   |                                |
| 37     | 12/2/2020        | N/A            | Active                   | Individual Therapy | N/A                               |                         |                   |                                |

| Client | Start of service | End of service | Length of service (days) | Type of service    | Transitioned to external provider | Intake Service Date | External Provider | Time between transition (days) |
|--------|------------------|----------------|--------------------------|--------------------|-----------------------------------|---------------------|-------------------|--------------------------------|
| 38     | 12/16/2020       | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 39     | 1/7/2021         | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 40     | 3/10/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 41     | 3/10/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 42     | 3/23/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 43     | 3/25/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 44     | 6/2/2021         | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 45     | 6/23/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 46     | 6/9/2021         | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 47     | 6/9/2021         | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 48     | 7/29/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 49     | 8/26/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 50     | 7/29/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 51     | 8/26/2021        | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |
| 52     | 9/6/2021         | N/A            | Active                   | Individual Therapy | N/A                               |                     |                   |                                |

**FY22**

| Client | Start of services | End of services | Length of Service (days) | Type of service    | Transition to external provider | Intake Date | External Provider | Time between transition (days) |
|--------|-------------------|-----------------|--------------------------|--------------------|---------------------------------|-------------|-------------------|--------------------------------|
| 1      | 11/10/2021        | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 2      | 3/23/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 3      | 7/29/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 4      | 7/29/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 5      | 11/22/2021        | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 6      | 9/6/2021          | 11/19/2021      | 74                       | Individual Therapy | No                              |             |                   |                                |
| 7      | 8/26/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 8      | 8/26/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 9      | 6/9/2021          | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 10     | 3/10/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 11     | 3/10/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 12     | 1/7/2021          | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 13     | 11/9/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 14     | 11/24/2021        | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 15     | 3/25/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 16     | 12/2/2020         | 11/10/2021      | 343                      | Individual Therapy | No                              |             |                   |                                |
| 17     | 6/9/2021          | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 18     | 6/23/2021         | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 19     | 6/2/2021          | N/A             | Active                   | Individual Therapy |                                 |             |                   |                                |
| 20     | 12/16/2020        | N/A             | Active                   | Individual         |                                 |             |                   |                                |



|    |          |            |     |                       |    |  |  |  |
|----|----------|------------|-----|-----------------------|----|--|--|--|
|    |          |            |     | Therapy               |    |  |  |  |
| 21 | 6/2/2020 | 10/20/2021 | 505 | Individual<br>Therapy | No |  |  |  |

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

CFSA In-Home families access mental health services through DBH. CFSA and DBH work collaboratively to address families’ immediate and on-going mental health needs to achieve better outcomes for families. When an In-Home worker has difficulty with linking clients to DBH services, CFSA's Office of Well-Being (OWB) can assist. They act as liaisons between CFSA and DBH, and they can link In-Home clients to CFSA contracted mental health providers when deemed appropriate.

In FY21, OWB met with CFSA's In-Home units to provide an overview of accessing mental health services. In addition, CFSA's Community Partnerships Administration sponsored a DBH Virtual Provider Fair in FY22. The In-Home Administration was invited to participate in the event to help keep them abreast of available services for their clients within the community.

**a. How many of CFSA’s in-home families accessed mental health services through DBH in FY20, FY21 and FY22, to date?**

CFSA does not track this data.

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

See Response to Question 39.

**40. Provide the number of youth who changed mental health care providers as a result of contractual or administrative changes during FY20, FY21, and FY22, to date.**

In FY20 and FY21 respectively, no youth experienced a change in mental health providers as a result of contractual or administrative changes.

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

41. **Provide the following responses for FY20, FY21, and FY22, to date:**
- a. **Of the number of youth who entered foster care, how many received substance abuse screenings through the Healthy Horizons Clinic?**
    - i. **Based on the screenings administered, what are the most commonly used drugs?**

In FY20, 217 youth entered foster care and 54 of those youth were eligible for and consented to a substance abuse screening. Based on the screening administered, the most commonly used drug was THC (marijuana).

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

In FY22 to date, 61 youth have entered foster care and 18 of those youth were eligible for substance abuse screening. Of those 18 eligible youth, five consented to a substance abuse screening. Based on the screening administered, the most commonly used drug was THC (marijuana).

- b. **How many youth were referred to an Adolescent Substance Abuse Treatment Expansion Program (“ASTEP”) provider for treatment? Of the youth referred, how many were no-shows at their first scheduled appointments?**

In FY20, 50 youth were referred for an assessment by an ASTEP provider. Of the 50 youth, seven youth agreed to an assessment, of which two were no shows. In FY21, 53 youth were referred for an assessment by an ASTEP provider. Of the 53 youth, 19 youth agreed to an assessment, of which 11 were no shows. In FY22 to date, 16 youth have been referred to OWB for an assessment by an ASTEP provider. Of the 16 youth, two agreed to an assessment, of which both did not show up for the assessment. When youth do not show up for their appointments, CFSA attempts to reach out the youth to re-engage.

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

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

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

In FY20, four of the five youth assessed were successfully linked to services. In FY21, seven of the eight youth assessed were successfully linked to services. In FY22 to date, no youth have been assessed to be linked to services.

**42. 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.**

| <b>Program Area</b>      | <b>CY20</b> | <b>CY21</b> | <b>CY22<br/>(as of 1/15/22)</b> |
|--------------------------|-------------|-------------|---------------------------------|
| <b>Foster Care</b>       | 3           | 2           | 0                               |
| <b>In-Home</b>           | 0           | 5           | 0                               |
| <b>CPS Investigation</b> | 2           | 0           | 0                               |
| <b>Total</b>             | <b>5</b>    | <b>7</b>    | <b>0</b>                        |

**43. Please provide a full description of the Community Respite Center CFSA set up in response to the COVID-19 pandemic, including:**

**a. The purpose and history of setting up the Community Respite Center;**

The purpose of the Community Respite Center is to provide a location for foster care and community youth to safely quarantine for up to 14 days, or until a negative COVID-19 test result is returned. Qualifying youth have been directly exposed or have tested positive for COVID-19. The facility is operated 24/7 by Sasha Bruce staff.

**b. The total cost;**

The total cost, from October 2021 through December 2021 was: \$818,311.77.

**c. The location(s) of the Community Respite Center;**

The Community Respite Center is located at 501 New York Ave, NE.

**d. Utilization data, including a breakdown of how many children, youth, and families were placed in the Community Respite Center in FY21 and in FY22, to date;**

In FY21, there were 40 stays at the community Respite Center:

- Of the 40 stays, there were 34 unique children; six children had multiple stays.
- Thirty-one of the 40 stays were children in foster care.
- Nine of the 40 stays were children from the community whose parents, with no system involvement, were unable to safely quarantine them.
- There were no families stays at the Community Respite Center.

In FY22, there were 17 stays at the community Respite Center:

- 16 were children in foster care.
- 1 was a child from the community.
- There were no families stays at the Community Respite Center.

- e. **A description of every instance where foster children were placed in the Community Respite Center due to a lack of placement options and not due to concerns related to COVID-19;**

There were no instances of foster children placed at the Community Respite Center due to lack of placement options. All children who accessed the facility were either directly exposed to or tested positive for COVID-19.

- f. **Any problems or issues that arose with the use of the Community Respite Center.**

There have been no issues with the use of the Community Respite Center.

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

44. **How many referrals did CFSA receive from MPD regarding minors alleged to be commercially sexually exploited in FY21 and in FY22, to date? How many of these calls have come since Mayor Bowser’s announcement of the public health emergency on March 11<sup>th</sup>, 2020? Provide the outcome of these calls and their corresponding referrals.**

The nature of the calls has not changed since CFSA last reported nor has it changed during the public health emergency. CPS' investigative practice and response has also remained consistent. The hotline continues to receive reports of abuse and neglect 24/7, and referrals are assigned for investigations per usual operating procedures, see tables below for additional data and information:

| FY   | Accepted   |              |               |           |          | Accepted Linked | Total # of Calls |
|------|------------|--------------|---------------|-----------|----------|-----------------|------------------|
|      | Incomplete | Inconclusive | Substantiated | Unfounded | Subtotal |                 |                  |
| FY21 | 2          | 2            | 5             | 5         | 14       | 4               | 18               |
| FY22 | 0          | 0            | 0             | 1         | 1        | 0               | 1                |

| FY                                  | Accepted   |              |               |           |          | Accepted Linked | Total # of Calls |
|-------------------------------------|------------|--------------|---------------|-----------|----------|-----------------|------------------|
|                                     | Incomplete | Inconclusive | Substantiated | Unfounded | Subtotal |                 |                  |
| October 1, 2020 - December 31, 2021 | 2          | 2            | 5             | 6         | 15       | 4               | 19               |

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.

**Calls Received during Mayor Bowser's announcement of the Public Health Emergency (March 11, 2020 - December 31, 2021)\***

| Allegation Type   |                      | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q#45) | Sexual exploitation/sex trafficking of a child by a non-caregiver (#46) | Total Hotline Calls |
|---|----------------------|--|--|---|---------------------|
| Accepted<br>Linked<br>Investigation<br>Open<br>Substantiated<br>Unfounded | Incomplete           | 1  | 2  | 11  | 12                  |
|   | Inconclusive         | 0  | 1  | 14  | 14                  |
|   | Linked Investigation | 0  | 0  | 1   | 1                   |
|   | Open                 | 0  | 1  | 5   | 6                   |
|   | Substantiated        | 0  | 2  | 17  | 18                  |
|   | Unfounded            | 2  | 8  | 31  | 38                  |
|   | <i>Subtotal</i>      | <b>3</b>   | <b>14</b>  | <b>79</b>   | <b>89</b>           |
| Accepted Linked   |                      | 1  | 5  | 11  | 14                  |
| Screened Out  |                      | 0  | 1  | 2   | 3                   |
| <b>Total # of Calls</b>   |                      | <b>4</b>   | <b>20</b>  | <b>92</b>   | <b>106</b>          |

\*This data is a subset of FY21 and FY21 data shown in the tables above.

**45. How many referrals did CFSA receive in FY21 and FY22, to date, where an alleged sex trafficker was a parent, guardian, or legal custodian? Has the nature of these calls changed during the public health emergency? Provide the outcome of these calls and their corresponding referrals.**

Please See Response to Question 44 regarding the nature of calls during the public health emergency.

Please see tables below with provided outcome of calls and corresponding referrals:

See tables below.

**FY21**

| Allegation Type         |                      | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q#45) | Sexual exploitation/sex trafficking of a child by a non-caregiver (Q#46) | Total Hotline Calls |
|-------------------------|----------------------|--|--|--|---------------------|
| Accepted                | Incomplete           | 1  | 2  | 10   | 11                  |
|                         | Inconclusive         | 0  | 1  | 14   | 14                  |
|                         | Linked Investigation | 0  | 0  | 1  | 1                   |
|                         | Open                 | 0  | 1  | 1  | 2                   |
|                         | Substantiated        | 0  | 2  | 14   | 15                  |
|                         | Unfounded            | 2  | 6  | 26   | 31                  |
| <i>Subtotal</i>         |                      | <b>3</b>   | <b>12</b>  | <b>66</b>  | <b>74</b>           |
| Accepted Linked         |                      | 1  | 5  | 7  | 10                  |
| Screened Out            |                      | 0  | 1  | 2  | 3                   |
| <b>Total # of Calls</b> |                      | <b>4</b>   | <b>18</b>  | <b>75</b>  | <b>87</b>           |

**FY22**

| Allegation Type         |                      | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q#45) | Sexual exploitation/sex trafficking of a child by a non-caregiver (Q#46) | Total Hotline Calls |
|-------------------------|----------------------|--|--|--|---------------------|
| Accepted                | Incomplete           | 0  | 0  | 1  | 1                   |
|                         | Inconclusive         | 0  | 0  | 0  | 0                   |
|                         | Linked Investigation | 0  | 0  | 0  | 0                   |
|                         | Open                 | 0  | 0  | 4  | 4                   |
|                         | Substantiated        | 0  | 0  | 3  | 3                   |
|                         | Unfounded            | 0  | 2  | 5  | 7                   |
| <i>Subtotal</i>         |                      | <b>0</b>   | <b>2</b>   | <b>13</b>  | <b>15</b>           |
| Accepted Linked         |                      | 0  | 0  | 4  | 4                   |
| Screened Out            |                      | 0  | 0  | 0  | 0                   |
| <b>Total # of Calls</b> |                      | <b>0</b>   | <b>2</b>   | <b>17</b>  | <b>19</b>           |

**Calls Received during Mayor Bowser's announcement of the Public Health Emergency (March 11, 2020 - December 31, 2021)\***

| Allegation Type   |                      | Failure to protect against human sex trafficking | Sexual exploitation of a child by a caregiver (Q#45) | Sexual exploitation/sex trafficking of a child by a non-caregiver (#46) | Total Hotline Calls |
|---|----------------------|--|--|---|---------------------|
| Accepted<br>Linked<br>Investigation<br>Open<br>Substantiated<br>Unfounded | Incomplete           | 1  | 2  | 11  | 12                  |
|   | Inconclusive         | 0  | 1  | 14  | 14                  |
|   | Linked Investigation | 0  | 0  | 1   | 1                   |
|   | Open                 | 0  | 1  | 5   | 6                   |
|   | Substantiated        | 0  | 2  | 17  | 18                  |
|   | Unfounded            | 2  | 8  | 31  | 38                  |
|   | <i>Subtotal</i>      | <i>3</i>   | <i>14</i>  | <i>79</i>   | <i>89</i>           |
| Accepted Linked   |                      | 1  | 5  | 11  | 14                  |
| Screened Out  |                      | 0  | 1  | 2   | 3                   |
| Total # of Calls  |                      | 4  | 20   | 92  | 106                 |

\*This data is a subset of FY2021 and FY2021 data shown in the tables above.

**46. How many referrals did CFSA receive in FY21 and FY22, to date, where the alleged trafficker was not a parent, guardian, or legal custodian? Provide outcomes for these calls and their corresponding referrals.**

| FY   | Foster Care | In-Home | Total # of Children |
|------|-------------|---------|---------------------|
| FY21 | 13          | 5       | 18                  |
| FY22 | 2           | 0       | 2                   |

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

Please see response and attachments for Question 48.

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

CFSA hotline workers process referrals using the CFSA Hotline Structured Decision-Making Screening and Assessment Tool. An investigation will occur if the referring source suggests sexual exploitation by a parent, guardian, or legal custodian. For those youth who are CFSA-involved, regardless of whether the alleged trafficker is a parent, guardian, or legal custodian, there is an internal CFSA Commercial Sexual Exploitation of Children (CSEC) case review held weekly. CSEC case reviews have a multidisciplinary team approach that includes the social work team, mental health provider, anti-trafficking agencies, caregiver, guardian ad litem (GAL), and MPD (if appropriate). The purpose of these reviews is to discuss the identified risks associated with CSEC and the child’s overall functioning and health while developing a plan of care to address any barriers such as mental health, substance abuse, domestic violence, safety, and placement. A representative from Fair Girls or Courtney’s House participates in CFSA CSEC case reviews to provide updates on their contact with the youth and the status of services being tracked by the youth’s social work team.

*Attachments, Q48, AI Commercial Sexual Exploitation and Sex Trafficking Identification and Response; Q48, CSEC CPS Response to Child Sex Trafficking; and Q48, Human Trafficking Guide Updated November 17, 2016*

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

There are several assessment approaches used by CFSA to identify victims of sex trafficking. Preliminarily, the social worker uses key indicators and red flags to determine whether a further assessment is needed. See Attachment: Q48 AI - Sex Trafficking Identification and Response.

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

Please see attachments for Question 48 (AI Commercial Sexual Exploitation and Sex Trafficking Identification and Response).



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

CFSA worked with the Court Social Services Division to develop a screening tool. In addition, CFSA coordinates with the following agencies to screen and provide services to youth impacted or thought to be impacted by sex trafficking:

Metropolitan Police Department (MPD): CFSA and MPD have reciprocal agreements regarding screening and the provision of services to this population. CFSA's procedures require all reports that allege sex trafficking to be reported to MPD immediately and no later than 24-hours after the information is received. MPD is required to report to CFSA when MPD has knowledge, information, or suspicion that a child is engaging in behaviors related to sex trafficking. CFSA collaborates with MPD to ensure the child is referred to one of the designated community resources specializing in sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources.

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

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

Office of the Attorney General (OAG): The CFSA social worker coordinates with the assigned assistant attorney general (AAG) from the Office of the Attorney General regarding legal matters involving a youth impacted or thought to be impacted by sex trafficking.

- b. In FY21 and FY22, to date, how many, and what percentage of, CFSA staff members have been trained on human trafficking issues? How frequently do CFSA staff attend these trainings? What is covered in the training? What additional trainings are planned?**

In FY21, 156 staff members, or 68% of direct service staff, received training on human trafficking issues. In FY22, 0 staff members received training on these issues to date. The training is offered one to three times per quarter. Staff are required to complete a human trafficking training within one year of employment with the agency. This training requirement is based on federal and local DC health licensing requirements.

The Child Welfare Training Academy offers an introductory human trafficking session and one that is more in-depth. The introductory course helps participants understand the laws of Human trafficking related to the child welfare system. Participants explore the history of human trafficking, local and federal policies that guide practice in child welfare, and ways to support victims.

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

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

See response to Question 51 below for data on youth in CFSA’s care that are survivors of sex trafficking. CFSA does not aggregate data on youth who have been exploited or trafficked in other jurisdictions. The trafficking of youth in other jurisdictions is not a determining factor in the provision of services. We do follow federal data point requirements which track if sex trafficking was a reason for/occurring at removal, if it occurred before care and/or while youth was in care, whether law enforcement was contacted when sex trafficking is found (include date of contact), and what the placement type may have been when youth was trafficked.

**d. Describe how the Agency is coordinating with law enforcement and child welfare agencies in other jurisdictions when youth in foster care are suspected to be trafficked outside of the District. Identify the number of cases where CFSA engaged in such coordination in FY21 and in FY22, to date.**

CFSA does not track the coordination of these types of cases in the aggregate. 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 which is within their purview. CFSA’s focus is on the child, not the perpetrator. Investigations of the perpetrator 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.

**50. 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 only for youth who have been identified as, or are at-risk of, being trafficked. The Agency continues to work with community partners who have expertise in this area to provide support in the youth’s existing resource home or congregate placement. CFSA has also developed and implemented training for resource parents so that they are better able to manage the specific needs of this population.

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

CFSA continues to recruit resource parents with the ability to meet the needs of the youth in care, including individuals who may be interested in working with this specific population.

**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 pre-service 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.

Resource parent support workers, in conjunction with specialists in the Office of Well-Being, regularly engage resource parents in discussions about the needs of these youth, and support and encourage resource parents to take additional trainings.

When it is suspected a youth are at-risk, or have been identified as having been trafficked, information is shared with both the youth and the resource parents on community partners they can access for support.

**51. In FY21 and in FY22, to date, how many children and youth under the care or supervision of the state has CFSA identified as being sex trafficked or at-risk of being sex trafficked?**

| <b>FY</b>   | <b>Foster Care</b> | <b>In-Home</b> | <b>Total # of Children</b> |
|-------------|--------------------|----------------|----------------------------|
| <b>FY21</b> | 13                 | 5              | 18                         |
| <b>FY22</b> | 2                  | 0              | 2                          |

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

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

CFSA contracts with Courtney’s House to provide trauma recovery services to survivors of child sex trafficking and children at risk of being sex trafficked. The contract is designed to support youth who have an active case with CFSA. Courtney’s House’s Survivor Hotline provides 24-hour crisis intervention services; and its drop-in center provides a safe environment for youth, support groups, workshops, and other therapeutic activities.

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

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

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

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

- c. Provide an update on how CFSA collaborates with DCPS and DCPCS to raise students’ awareness of the signs and risk factors of commercial sexual exploitation in elementary, middle, and high schools.**

CFSA does not provide training to students about concerns around human trafficking. However, we will explore how other jurisdictions approach this and make a recommendation.

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

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

There have been no changes in the past year. Currently, there are no other MOAs or MOUs in effect for the Multi-Disciplinary Team. However, revisions to the sexual abuse MOA are in the process and CFSA is working with MPD, OAG, Children’s National Health System, and Safe Shores to complete the agreement during FY22.

- b. List all memoranda of understanding entered into by CFSA during FY21 and during FY22, to date, concerning the sharing of the personal information of children who have allegedly been commercially sexually exploited, as well as any memoranda of understanding currently in effect.**

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

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

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

- a. How many cases did the Hope Court hear in FY21 and in FY22, to date?**

|             |           |
|-------------|-----------|
| <b>FY21</b> | <b>20</b> |
| <b>FY22</b> | <b>20</b> |

In FY21, 20 cases. In FY22, as of Dec. 31, 2021, 20 cases.

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

Given the complex trauma history of our CSEC youth, intensive mental health services as well as placements that are familiar with the victim/survivor experience are keys to success. Unfortunately, many of our CSEC youth experience placements in psychiatric residential treatment centers and the lack of such a facility in DC results in our youth leaving the area to receive adequate treatment.

## Education

**55. In FY21 and FY22, to date, provide the following information regarding foster youths school stability and continuity:**

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

CFSA tracks school changes of foster youth by academic year. Of the 474 children in foster care who were enrolled in K-12th grade or a school-based pre-K (preschool) program at the end of School Year 2020-2021, 45 (10%) experienced a change of school during the academic year. Of the 45 youth who changed schools, 4 youth (9%) changed schools following a foster care placement change. The other 41 changed schools due to residential placement/detention, service needs, or child/guardian school choice or election.

Of the 423 children in foster care who are currently enrolled in K-12th grade or a school-based pre-K (preschool) program to date in School Year 2021-22, 25 (6%) have experienced a change of school since the start of the new academic year. Of the 25 youth who changed schools, 5 youth (20%) changed schools following a foster care placement change. The other 20 youth changed schools due to residential placement/detention, service needs, or child/guardian school choice or election.

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

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

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

In FY21, there were 107 youth referred for school stability transportation. Of that total, 92 youth received the requested transportation. School stability transportation was provided for an average of 81 days. There were 15 youth referred for school stability transportation who did not receive the service in FY21. The reasons are as follows:

- Four youth were enrolled in before- and/or aftercare and as a result no longer needed services.
- Three youth were able to be transported using alternate arrangements made by the SW

and foster parent.

- Two youth qualified and received transportation services from DCPS.
- Two youths' placements changed, and transportation was not needed in the new placement.
- Two youth returned to their biological parents and no longer required support.
- One youth and their team opted to utilize public transit instead.
- One youth's foster parent adjusted their work schedule which allowed them to drive the youth.

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

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

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

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

<http://cfsa.dc.gov/page/educationresources>

- g. Describe the agency’s efforts in FY21 and FY22, to date, to improve school stability and continuity for youth who enter foster care or who change foster care placements while in care.**

In FY21 and FY22, to date, CFSA maintained its commitment to improve school stability and continuity for the youth in its care. CFSA continues to collaborate with the OSSE and various local education agencies to implement the provisions of the Every Student Succeeds Act (ESSA) that support foster youth’s school stability. In addition, CFSA continued to participate in monthly meetings convened by the Prince George’s County schools to promote better coordination of services for DC youth enrolled in its schools and ensure legal compliance with ESSA school stability provisions.

- h. Describe the agency’s efforts in FY21 and FY22, to date, to improve school stability and continuity for youth who enter into kinship care via safety plans.**

See question 55(g). CFSA offers the same services to improve school stability and continuity for all youth in care and does not delineate kinship care.

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

*Attachments Q56, OSSE-CFSA Data Sharing Agreement, PGPCS-CFSA Data Sharing Agreement*

CFSA attached its current data-sharing agreements with OSSE and the Prince George’s County Public Schools (PGPCS) for accessing the standardized test scores of all District foster youth attending DC Public Schools (DCPS), Public Charter Schools (DCPCS) and PGPCS who are required to take standardized tests. The standardized tests scores provide an indicator of each youth’s reading and math proficiency levels. No changes have been made to these documents since last year’s performance oversight.

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

CFSA does not have access to current math proficiency levels of its youth in foster care since school districts have put a hold on administering standardized testing since the pandemic began in the Spring of 2020.



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

CFSA does not have access to current reading proficiency levels of its youth in foster care since school districts have put a hold on administering standardized testing since the pandemic began in the Spring of 2020.

**57. How many youths received tutoring in FY21 and to date in FY22?**

|             |     |
|-------------|-----|
| <b>FY21</b> | 143 |
| <b>FY22</b> | 63  |

**a. What is the total funding in the FY22 budget for tutoring? Explain any variance from FY21.**

CFSA's FY22 tutoring budget is \$500,000. There is no budget variance from FY21.

**b. Identify each tutoring provider and the amount allocated in FY22. Explain any variance from FY21.**

In June 2021, CFSA entered into a new contract with Katie Helen's Family Service Center, a DC based company, to provide both in-home and virtual one-on-one tutoring services. The FY22 budget allocation for this contract is \$500,000. There is no budget variance from FY21.

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

1. Academic Performance: CFSA has data sharing agreements for students attending DCPS and PGPCS schools. Of the 143 students who received tutoring services last year, we can only access individual student level performance data on a little more than a quarter (27.3%) or 39 of the students, while the remaining students were enrolled in surrounding county public school districts (i.e., Montgomery or Charles County Public Schools) or private schools with whom we do not have data-sharing agreements. Of the 39 students, 18 (46%) of the students who received tutoring improved their overall academic performance, 15 (39%) students' academic performance remained the same, and 6 (15%) students showed no overall improvement in their academic performance.

2. School Stability: CFSA enrolls youth in tutoring services to improve youth’s academic performance. CFSA has a tutoring contract with a community provider, therefore, the service follows the youth if school placement changes, limiting tutoring service disruptions.

3. Ability to progress on to the next grade at school: Of the 143 students who received tutoring service last year, we have access to data on student’s promotion status for 89 of the students. Of the 89 students, 71 (80%) were able to progress to the next grade in school, 16 (18%) were retained, and five (2%) are in ungraded classrooms or GED programs where grade progression does not apply.

4. Ability to graduate from high school: Of the students who received tutoring service while in the 12th grade last school year, three out of the four (75%) were able to graduate high school at the conclusion of the academic year.

**d. Please describe how tutoring services have been impacted by the COVID-19 pandemic.**

In response to the public health emergency caused by the COVID-19 pandemic, the agency continued to provide virtual tutoring support throughout FY21. We are working with the new vendor, Katie Helen’s Family Service Center, to onboard and resume in-person services (for those families who preference that method of service delivery) and to begin the administration of performance assessments for all students as of the start of FY22.

**58. How many youth received mentoring services in FY21 and to date in FY22?**

In FY21, 84 youth received mentoring services. In FY22, to date, 70 youth received mentoring services.

|                           | <b>FY21</b> | <b>FY22</b> |
|---------------------------|-------------|-------------|
| <b>Best Kids</b>          | 64          | 51          |
| <b>Credible Messenger</b> | 20          | 19          |
| <b>Total</b>              | 84          | 70          |

**a. What is the total funding in the FY22 budget for mentoring? Explain any variance from FY21.**

CFSA’s FY22 mentoring budget is \$497,000 which represents a \$207,970 budget increase from FY21. The budget increase is a result of CFSA executing a MOU with the Department of Youth and Rehabilitation Services for the Credible Messenger initiative to provide mentoring services to older youth. Additionally, there was a slight budget increase for Best Kids Inc.

**b. Identify each mentoring provider and the amount allocated in FY22. Explain anyvariance from FY21.**

Best Kids, Inc. is CFSA's mentoring provider for youth (ages 6-15). The FY22 Best Kids, Inc. budget is \$290,000, which represents a \$970 increase from FY21 to provide mentoring services.

DYRS' Credible Messenger initiative is a mentoring program for older youth (ages 15-21). The FY22 Credible Messenger budget is \$207,000, which represents an increase of \$17,554 from FY21 to reflect the cost of a full year of mentoring services.

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

Best Kids Inc. provides the following data to demonstrate how mentoring impacts the children in the program:

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

The Credible Messenger initiative provides CFSA with qualitative narrative information which outlines progress made by youth. The information demonstrates positive impact of the established mentor/mentee relationship on youth behavior. Credible Messengers have been assigned to some of our most challenging youth with the goal of decreasing maladaptive behaviors, increasing life skills and allowing youth to participate in positive community experiences.

**d. Please describe how mentoring services have been impacted by the COVID-19pandemic.**

Mentoring services continued uninterrupted throughout the pandemic with additional safety measures in place that were consistent with CDC and the DOH guidelines. Mentoring activities occurred virtually during early pandemic stages, including both individual and group activities. Best Kids developed protocol following CDC and DOH guidance on pandemic safety, including elements such as social distancing, sanitation, and encouraging outdoor activities. In May of 2021, BEST Kids resumed in-person group activities.

For the older youth participating in the Credible Messenger initiative, virtual groups, exposure to various career opportunities and mentorship supports remain the same. The nature of the Credible Messenger initiative is centered on non-traditional interactions and access to a positive support at all

times. The Credible Messenger mentors worked diligently to meet the needs of youth throughout the pandemic.

## IN-HOME SERVICES & PREVENTION

### In-Home Visiting

- 59. Provide a detailed update regarding the Agency’s in-home cases, including:**
- a. The number of staff currently serving in-home cases;**

In-Home consists of 67 staff and is made up of 10 units that are located throughout the District within the communities of the families that we serve. The breakdown of staffing is as follows:

| <b>Position</b>            | <b>Filled</b> | <b>Vacant</b> |
|----------------------------|---------------|---------------|
| Administrator              | 1             | 0             |
| Program Managers           | 2             | 0             |
| Supervisory Social Workers | 9             | 1             |
| Social Workers             | 39            | 3             |
| Family Support Workers     | 9             | 1             |
| Administrative Staff       | 2             | 0             |
| <b>TOTAL</b>               | <b>62</b>     | <b>5</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 24(g).

- c. The additional services and interventions that have been or will be made available in FY22 under the Family First Prevention Services Act and Families First DC;**

See Response to Question 24(g) for services available under the Family First Prevention Services Act. In addition to the services outlined in Question 24(g), In-Home families can access the 10 Family Success Centers (FSCs) within their neighborhoods. The FSCs provide an array of services including:

- Parent Cafés
- Concrete Support (food, clothing, diapers)
- Family Fun Night
- Restorative Justice
- Physical & nutritional health (fitness, dance, health eating & wellness checks)
- Trauma and Community Violence groups
- Personal and Professional Development
- Work Readiness

- Books & Breakfast
- Nurturing Parenting Program
- Knowledge of Child Development
- Economic Development
- Fatherhood/Men/Boys sessions
- Creative Arts
- Mental Health and Wellness
- Housing support
- School assistance and support
- Black History Month celebration
- Family Trivia Night

**d. For each specific service listed in (b), above, the number of families referred for services in FY21 and in FY22, to date;**

See Question 24(g), Tables 1 and 2 for services and interventions available to all families with an open investigation, In-Home case, Out-of-Home case, or no CFSA involvement (walk-in).

The number of In-Home families referred to and served by the Healthy Families/Thriving Communities Collaboratives are shown in the tables below displaying FY21 and FY22 Services and Interventions.

**FY21 Collaborative Activity. Families Referred and Served (In-Home Only):**

| <b>Collaborative Agency</b>                      | <b># of Families Referred from In-Home</b> | <b># of Families Served from In-Home</b> |
|--|--|--|
| East River Family Strengthening Collaborative    | 41   | 23                                       |
| Far Southeast Family Strengthening Collaborative | 84   | 62                                       |
| Georgia Avenue Family Support Collaborative      | 11   | 7  |
| Edgewood/Brookland Family Support Collaborative  | 34   | 26                                       |
| Collaborative Solutions for Communities          | 22   | 20                                       |
| <b>Total</b>                                     | <b>108</b>                                 | <b>77</b>                                |

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

| <b>Collaborative Agency</b>                      | <b># of Families Referred from In-Home</b> | <b># of Families Served from In-Home</b> |
|--|--|--|
| East River Family Strengthening Collaborative    | 10   | 8  |
| Far Southeast Family Strengthening Collaborative | 14   | 23                                       |
| Georgia Avenue Family Support Collaborative      | 5  | 6  |
| Edgewood/Brookland Family Support Collaborative  | 3  | 16                                       |
| Collaborative Solutions for Communities          | 6  | 13                                       |
| <b>Total</b>                                     | <b>38</b>                                  | <b>66</b>                                |

- Far Southeast Family Strengthening Collaborative Served count is higher than Families Referred because 6 cases from FY21 rolled over to FY22 and are included in the FY22 Families Served calculation.
- Edgewood/Brookland Family Support Collaborative Served count is higher than Families Served because 13 cases from FY21 rolled over to FY22 and are included in the FY22 Families Served calculation.
- Collaborative Solutions for Communities Served count is higher than Families Referred because 6 cases from FY21 rolled over to FY22 and are included in the FY22 Families Served calculation.

**e. The total number of families with new in-home cases in FY21 and in FY22, to date, by type of allegation;**

| FY          | Abuse | Child Fatality | Neglect | Sex Trafficking | Sexual Abuse | Investigation Remains Open | Total Cases Assigned to In-home Units A2/D2 |
|-------------|-------|----------------|---------|-----------------|--------------|----------------------------|---|
| <b>FY21</b> | 109   | 1              | 356     | 3               | 25           | 1                          | <b>495</b>                                  |
| <b>FY22</b> | 31    | 0              | 75      | 1               | 4            | 1                          | <b>112</b>                                  |

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

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

**f. The number of in-home cases closed in FY21 and in FY22, to date, broken down by reason for closure;**

Total Number of unique cases closed during FY2021 that were assigned to In-Home & Reunification Services Divisions A2 or D2 is 468.

Total Number of unique cases closed during FY2022 that were assigned to In-Home & Reunification Services Divisions A2 or D2 is 118.

| Closure Reason                          | FY 2021    | FY 2022    |
|---|------------|------------|
| Child aged out                          | 2          | 1          |
| Child Welfare services not needed       | 254        | 71         |
| Client's failure to cooperate           | 6          | 0          |
| Client's Request                        | 3          | 0          |
| Completion of Treatment Plan            | 63         | 15         |
| Court Action                            | 5          | 5          |
| Death of Client                         | 2          | 2          |
| Moved out of state                      | 15         | 2          |
| Other                                   | 15         | 3          |
| Services to be given by others          | 12         | 2          |
| Services to be Received in Another Case | 1          | 1          |
| Services/Service Plan Completed         | 90         | 16         |
| <b>Total Cases Closed</b>               | <b>468</b> | <b>118</b> |

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

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

CFSA uses the Quality Service Review (QSR) process to assess the effectiveness of practice with families receiving either In-Home or Out-of-Home services. The agency conducts 140 reviews annually, of which 57 % are Out-of-Home cases and 43% are In-Home cases. The QSR is a case-based qualitative review process that requires interviews with all the key people familiar with the child and/or family whose case is under review. Using a structured protocol, trained QSR reviewers synthesize the information gathered and rate how well the child is functioning and how well the system is performing to support the child, family, and foster family (as applicable). Reviewers provide direct feedback to social workers and supervisors, conduct case presentations with program leadership to provide case-specific findings on strengths and challenges in practice, as well as a written summary of findings. The 2020 evaluation results are included in the QSR annual report posted on the CFSA website: <https://cfsa.dc.gov/publication/2020-annual-quality-service-review-report-qsr-0>.

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

CFSA’s In-Home supervisory staff, and supervisory staff across the Agency, are responsible for

conducting quarterly reviews of the use of Motivational Interviewing in case practice to ensure fidelity to the model. Outcome measures are in the process of being refined and will continue to include reports of maltreatment and entries into foster care following the provision of services.

**h. Please describe how any of the services described above have been impacted by the COVID-19 pandemic.**

Overall, services offered to In-Home families/households were not severely impacted by the Covid-19 pandemic. Wraparound supports in the area of concrete services were readily available via CFSA flex funds and housing supports - the Rapid Housing Assistance Program (RHAP) and Family Unification Program (FUP) vouchers. While services provided by the Collaboratives and evidenced-based service providers shifted to mostly virtual/hybrid models to keep families safe and engaged, services were still available to those interested in engaging.

- 60. Please describe CFSA funding for early childhood home visiting in FY 2021. 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 FY21, including local and federal funding by program; and**

See Response to Question 60(d).

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

See Table 1 below.

**Table 1 – CFSA Funding for Early Childhood Home Visiting Service Providers in FY2021**

| <b>Service Provider</b>               | <b>Target Population</b>   | <b>Program Model</b>        | <b>Funding (\$)<br/>Amount</b> | <b>Federal \$</b>   | <b>Local \$</b> | <b>Changes -<br/>Local \$</b>               |
|---------------------------------------|--|-----------------------------|--------------------------------|---------------------|-----------------|---|
| CSC – HIPPY                           | Young Latino (or immigrant) Mothers aged (17 – 25) with Children (0-6) | Home Visiting               | \$50,000                       | \$50,000            | -               | Federal CBCAP Grant used in FY21.           |
| Community Family Life Services (CFLS) | Homeless, DV and Incarcerated Mothers                                  | Home-visiting/<br>Parenting | \$160,000                      | -                   | \$160,000       | No Changes in FY21. CFSA Budget Enhancement |
| DC Health (HFA/PAT)                   | Parents of children (0-5)  | Home Visiting               | \$160,471                      | MIECHV Family First | \$160,000       | No changes in FY21.                         |



|             |                             |               |           |   |           |  |
|-------------|-----------------------------|---------------|-----------|---|-----------|--|
| Mary Center | Fathers with Children (0-5) | Home-Visiting | \$150,000 | - | \$150,000 | No Changes in FY21 CFSA Budget Enhancement |
|-------------|-----------------------------|---------------|-----------|---|-----------|--|

**61. Please describe CBCAP funding for home visiting in FY21. Include:**  
**a. the amount of funding CFSA received;**

CBCAP Funds are not specific to home visiting programs. CBCAP funds are designated for primary (universal) prevention activities, including home visiting programs. CFSA’s federal FY21 award amount was \$186,060.

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

**Table 1 – CBCAP Funding for Home Visiting in FY21**

| Prevention Service (Provider)                                | Target Population  | Program Model            | Projected Slot Allocation | FY21 Funded Amount                  |
|--|--|--------------------------|---------------------------|-------------------------------------|
| <b>Collaborative Solutions for Communities (CSC) – HIPPY</b> | Young Latino (or immigrant) Mothers aged (17 – 25) with Children 0-6 | Home Visiting            | 50 Families               | \$50,000.00 (Federal CBCAP Funding) |
| <b>Mary’s Center (Father Child Attachment)</b>               | Fathers with children (0-5) deemed at risk                           | Home Visiting            | 50 Fathers                | \$150,000.00* (Local Funding)       |
| <b>Community Family Life Services (CFLS)</b>                 | Homeless, Domestic Violence impacted and Incarcerated Mothers        | Home Visiting/ Parenting | 75-125 Families           | \$160,000.00* (Local Funding)       |
| <b>Total</b>   |  |                          |                           | <b>\$360,000</b>                    |

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

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

There was a reduction in CFSA’s federal CBCAP award in FY21 from \$204,119 in FY20 to \$186,060.

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

CBCAP funding for FY21 remained consistent for all home visiting providers with the previous year. If funding reductions are necessary, in the future – this will be an ongoing conversation with each grantee. Community Partnerships’ grant monitors receive monthly reports from each grantee and hold quarterly review meetings to discuss utilization and progress. Any changes to individual

grant amounts would be discussed during the annual review process/ in determining the scope of work and funding allocation for each subsequent year.

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

There were no funding changes in FY21. Despite federal grant reductions, CFSA strives to ensure programming that shows promise of effectiveness and demonstrates meaningful impacts for our priority populations who receive funding. Creative use of federal and local funding was also employed to offset minor reductions from the CBCAP award.

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

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

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

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

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

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

Early childhood home visiting programs are one of the three key service interventions allowable under family first (in-home parenting, mental health, and substance use disorder services) and

continue to be an important part of the District's prevention services array.

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

- Evidence-based early childhood home visiting programs were determined to be an important array of service interventions as part of the District's comprehensive service array. The priority primary prevention target populations and services determined by the CBCAP/Primary Prevention subcommittee are listed below:
  - **Target Populations:** (1) *young parents with young children (parents under age 24)*, (2) *parents and their teens with behavioral challenges*, and (3) *homeless families* as the primary target populations for upstream prevention services. While it was recommended that services are targeted to these populations, families who are not part of the target populations should not be excluded.
  - In addition, the subcommittee identified the following priority sub-groups within the target populations: (a) *families with complexities (e.g., homeless families with young children, young parents with mental health needs)*, (b) *incarcerated parents*, and (c) *fathers*. It was the subcommittee's recommendation that services be designed and delivered in a manner that is well-adapted to the priority subgroups, such as the use of targeted recruitment or retention mechanisms, a focus on service accessibility, and the removal of existing barriers to serving these subgroups.
  - **Service Interventions:** The subcommittee selected (1) **Home Visiting**, (2) **Parenting**, and (3) **Intensive Therapeutic Interventions** as the key services. Within these categories, and in alignment with the Protective Factors Framework, the subcommittee selected six evidence-based interventions to be used with the selected target populations. See Table 1.0, below, for each selected intervention and that model's target population(s). Two additional interventions were noted as complementary services, (1) Parent Cafes and (2) Flexible Dollars, that could be used in tandem with the other interventions to meet families' immediate needs and bolster parental resilience and social supports.

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

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

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

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

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

| <b>Provider</b>     | <b>Target Population</b>  | <b>FY21 Funded Amount</b> | <b>Purpose MOU/MOA</b> | <b>Data Tool</b> |
|---------------------|---------------------------|---------------------------|------------------------|------------------|
| DC Health (HFA/PAT) | Parents of children (0-5) | \$160,471                 | Home Visiting          | Parent Survey    |

Outcomes reported for FY21 – DC Health reports on the following HRSA performance measures:

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

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

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

- Department of Behavioral Health (DBH):** CFSA partnered with DBH to continue providing intensive therapeutic interventions to youth and their families as a key primary prevention service for CFSA-involved families. CFSA partners with DBH to ensure that all DBH behavioral health services are offered to CFSA-involved families (prevention services array) through a streamlined referral process using CFSA’s system of record – FACES. DBH has a dedicated liaison that processes these referrals and works with CFSA

staff to improve referral connections. CFSA also continued to partner with DBH under its Community Based Child Abuse Prevention (CBCAP) Primary Prevention efforts to continue Functional Family Therapy (FFT) services for youth and their families by maintaining the number of FFT providers in the District.

- **DC Health:** CFSA partnered with DC Health to continue the established referral pathway between CFSA and DC Health for the Parent as Teachers (PAT) and Healthy Families America (HFA) evidence-based home visiting programs to support family first candidate populations, including pregnant or parenting youth in care (primary prevention for the children). The CFSA – DC Health MOU agreement, established in FY19, became the first federally-approved claimable service under the District’s Title IV-E Family First Prevention Plan and work completed in FY21 to refer families to these services was, and will continue to be, analyzed to determine ongoing service needs for Family First target populations.
- **Department of Human Service (DHS): CFSA partnered with DHS in FY21 to offer specific services and supports to families.**
  - **Parent & Adolescent Support Services (PASS):** Continuing the ongoing partnership, PASS provides early intervention and supportive services to reduce the number of youth who are exhibiting status offending behaviors and prevent new or additional involvement in the child welfare or juvenile justice systems. PASS assists families that are in need of the following three services: Crisis Stabilization, Functional Family Therapy, and Intensive Case Management. CFSA social workers can make referrals to PASS for eligibility and determination of which of the three services are appropriate for the youth/family. PASS is part of CFSA’s comprehensive prevention services array under our Title IV-E five-year prevention plan.
  - **Front Yard families (no CFSA involvement) –** DHS and CFSA continued the partnership to refer families experiencing housing instability to the Collaboratives for community-based case management services. These DHS referrals are considered community prevention/walk in cases (self-referral). Families were primarily identified by the Virginia Williams Family Resource Center. The targeted length of service for this case type (Front Yard) is 180 days (six months) or less.

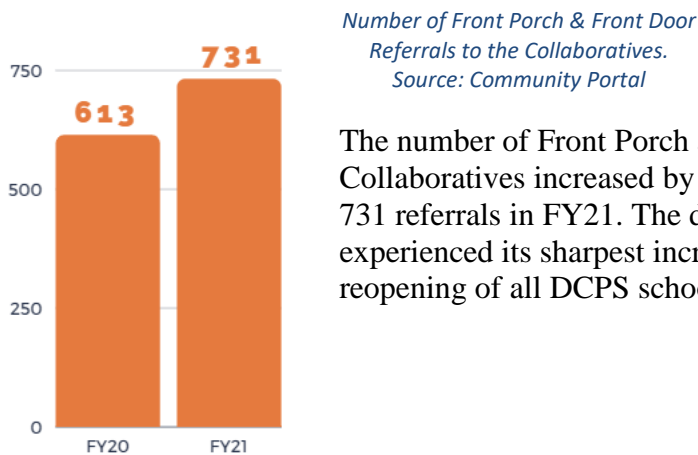
## Family First Prevention Services Act

**65. Explain any budgetary changes that the agency made in FY21 and FY22 in anticipation of, or otherwise due to, funding from the Family First Prevention Services Act.**

CFSA did not make any budgetary changes in anticipation of, or due to, funding from the Family First Prevention Services Act. While CFSA does anticipate federal reimbursement for services that have been approved for claiming within our Title IV-E five-year prevention plan (Parents as Teachers and Motivational Interviewing), claiming occurs after the provision of services, and thus the FY21 and FY22 budgets had to be set based on the current local and federal dollars in hand. Family First IV-E dollars will offset existing, budgeted Collaborative case management costs and Parents as Teachers (PAT) costs in FY22 and beyond.

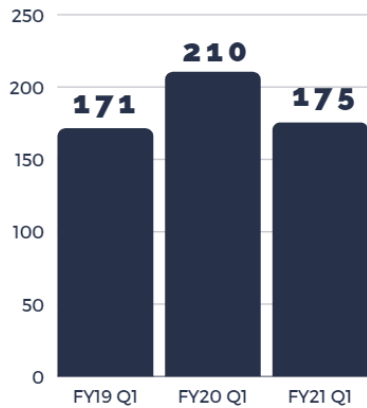
**66. Did the number of referrals to the Collaboratives increase, decrease, or stay the same in FY21? Does CFSA estimate that the number of referrals to the Collaboratives will increase, decrease, or stay the same under the Prevention Plan in FY22 and FY23? Will the amount CFSA pays to the Collaboratives reflect this? Explain.**

**Figure 1. Change in Collaborative Referrals from FY20 to FY21**



The number of Front Porch and Front Door referrals to the Collaboratives increased by 19 percent, from 613 referrals in FY20 to 731 referrals in FY21. The demand for Collaborative services experienced its sharpest increase in March 2021, following the reopening of all DCPS schools in February 2021.

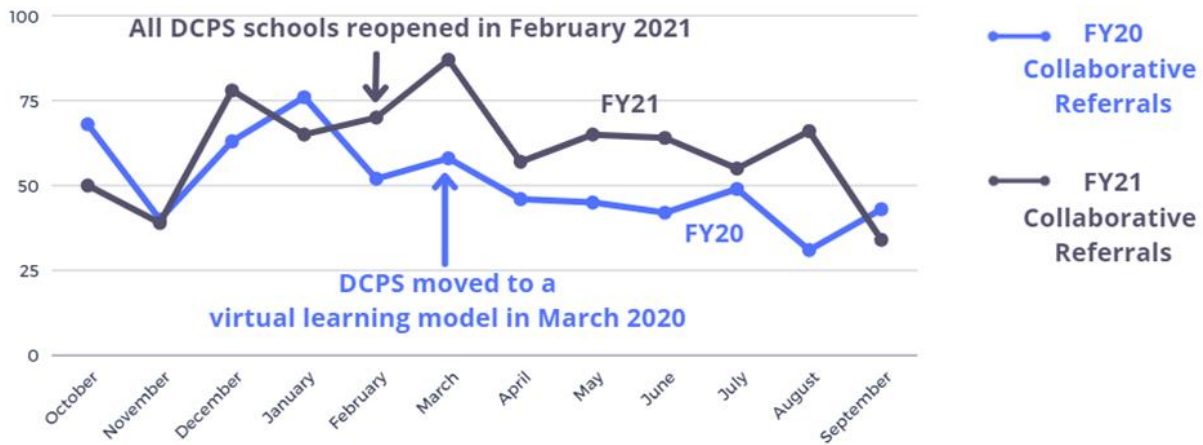
**Figure 2. Comparison of Q1 Referrals FY19-FY21**



*Number of Front Porch & Front Door Referrals to the Collaboratives, Q1 only.  
Source: Community Portal*

Based on the number of referrals submitted in FY22 Q1, CFSA estimates that the number of referrals to the Collaboratives might slightly decrease from FY21 to FY22. However, historical data shows that the demand for Collaborative services is likely to depend on whether DCPS schools remain open and/or the status of government operations.

As shown in the graph below, the number of Collaborative referrals tend to decrease when DCPS moves to a virtual learning model and increase when schools reopen. Due to the uncertainty that characterizes the pandemic, CFSA is unable to reliably extrapolate the number of Collaborative referrals for FY2022 or FY2023.



*Monthly Number of Front Porch & Front Door Referrals to the Collaboratives, FY20 vs. FY21.  
Source: Community Portal*

While current Front Porch and Front Door referral data (the majority of referrals) appear to be connected to mandated reporter laws around educational neglect calls, CFSA continues to work with the Thriving Families, Safer Children steering committee to advance systems change efforts to



transform from a child welfare system to a child and family well-being system. Within these efforts, CFSA is assessing mandated reporting laws, reasons for hotline calls, and the creation of a warmline to offset unnecessary calls to the child welfare agency. These efforts have the intent that shift more referrals and supports into the community as the first resource (Front Yard) and proportionally reduce the number of Front Porch and Front Door cases (CFSA involved) over time.

At this time, CFSA looks at monthly and quarterly Collaborative data to inform service target changes year to year and will continue to utilize actual referral and service data to determine any necessary changes to service targets, subsequent staffing changes, and the budget necessary to support these changes at each Collaborative.

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

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

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

Note: The comprehensive array of prevention services available under our Title IV-E five-year prevention plan is listed on pages 16-25 of the plan. The fully approved plan is available for review at the following link: <https://cfsa.dc.gov/publication/dc-cfsa-family-first-prevention-plan>. In addition to this service array, the five-year plan, also highlights the forthcoming Families First DC family success centers which as of FY21, are now open and fully operational in Wards 7 and 8.

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

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

Note: Families are eligible to participate in more than one program.

| <b>Fiscal Year</b> | <b>Collaboratives</b> | <b>EBPs</b> | <b>PESP</b> | <b>FFDC</b>   | <b>CBCAP</b> |
|--------------------|-----------------------|-------------|-------------|---------------|--------------|
| <b>FY20</b>        | 829                   | 391         | 153         | N/A           | 450          |
| <b>FY21</b>        | 787                   | 203         | 215         | 16,038        | 411          |
| <b>FY22 - YTD</b>  | 221                   | 106         | 46          | 1,528         | 136          |
| <b>Total</b>       | <b>1,837</b>          | <b>700</b>  | <b>424</b>  | <b>17,566</b> | <b>997</b>   |

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

**69. 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). CFSA directly manages the CQI and performance management activities of MI implementation. CFSA partners with DC Health who is responsible, through their Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program implementation, for the outcome tracking related to PAT. All other evidence-based services included in the District’s five-year prevention plan utilize an array of performance measures specific to the program models and implementation designs. CFSA is working towards a comprehensive evaluation plan for all evidence-based services using the Protective Factors Survey.

**Motivational Interviewing:**

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

**Substantiation after six months:**

In August 2021, CFSA assessed that only 6% of all Front Porch and Front Door families who had a Collaborative case closure between October 2019 and September 31, 2020 also had a CPS referral and substantiation within 6 months of Collaborative case closure.

| <b>Collaborative Name</b>                                | <b>FY20 Case Closures</b> | <b>Substantiation within 6 months</b> | <b>Ratio substantiation/case closures</b> |
|--|---------------------------|---------------------------------------|---|
| East River Family Strengthening Collaborative (ERFSC)    | 61                        | 3                                     | 5%  |
| Far Southeast Family Strengthening Collaborative (FSFSC) | 87                        | 5                                     | 6%  |
| Edgewood/Brookland Family Support Collaborative (EBFSC)  | 26                        | 2                                     | 8%  |
| Collaborative Solutions for Communities (CSC)            | 19                        | 2                                     | 11%                                       |
| Georgia Avenue Family Support Collaborative (GAFSC)      | 8                         | 1                                     | 13%                                       |
| <b>Total</b>   | <b>201</b>                | <b>13</b>                             | <b>6%</b>                                 |

*Note: Because this is analysis is time-based, current data is specific to cases closed in FY20 to assess if they came to CFSA’s attention during FY21.*

**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 FY21.

| Collaborative Name | FY21 Case Closures | Number of Successful FY21 Case Closures | FY21 Case Closure Success Rate |
|--------------------|--------------------|---|--------------------------------|
| CSC                | 100                | 82                                      | 82%                            |
| ERFSC              | 167                | 76                                      | 46%                            |
| EBFSC              | 93                 | 59                                      | 63%                            |
| FSFSC              | 168                | 103                                     | 61%                            |
| GAFSC              | 84                 | 71                                      | 85%                            |
| <b>Total</b>       | <b>612</b>         | <b>391</b>                              | <b>64%</b>                     |

**Parents As Teachers – See response to Question 63.**

**Protective factors.** CFSA also seeks to measure the impact of **ALL** of its programs on five protective factors: family functioning/resilience, nurturing and attachment, social supports, concrete supports, and caregiver/practitioner relationships. The retrospective version of the Protective Factors Survey II is utilized to measure the impact of CFSA’s programs. As noted in **Question 68**, the following services/provider categories within the Prevention Services Array are beginning to use the Protective Factors Survey as the baseline assessment tool across all Prevention programs: the Health Families Thriving Communities Collaborative agencies (Collaboratives), evidence-based services provided by DBH, DC Health, and DHS (EBPs), Parent Education Support Programs offered by the Collaboratives (PESP), the Families First DC Family Success Centers (FFDC), and the Community-Based Child Abuse Prevention (CBCAP) primary prevention grantees. During FY21, efforts were made to ensure all logic models/theories of change and assessment tools began to account for the Protective Factors Survey in their implementation designs.

As of January 6, 2022, only twelve protective factors surveys have been administered and shared with CFSA outside of the Families First DC initiative. While the results appear promising, including as they relate to improvements in social support, more data is needed to confidently assess the impact of the prevention service array programs on the protective factors. More data will be available for robust assessment by the close of FY22.

**70. 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 discussed in a Prevention Plan.

**71. 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 implementation of the Prevention Plan?**

Prior to Family First (FY20), CFSA referrals to the Collaboratives focused in large part on the need to provide concrete community-based supports in the areas of (housing, utility payments, food,

clothing, etc.). While the Title IV-E Waiver implementation from 2014-2019, began to emphasize and direct focus to evidence-based parenting and behavioral health supports, Family First reinforced the value of evidence-based case management and clinical prevention services to support the entire household by addressing areas of need around parenting education, behavioral and therapeutic services, substance abuse services, and employment services. Motivational Interviewing in and of itself became critical intervention provided by the Collaboratives.

Under the District's Prevention Plan, the establishment of seven key target populations (candidates) focused-in on the populations 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>.

While the Prevention Plan emphasized referrals from these populations, they are inclusive of the types of referrals the Collaboratives have historically received, and only served to reinforce CFSA's commitment to referring to the Collaboratives when community-based case management is more appropriate than CFSA involvement. The one population that was new to the service targets after Prevention Plan implementation was three children born to mothers with a "positive toxicology screening" - a Front Porch referral type that was not specifically called out in their contracts.

CFSA continues to look at the Front Yard, Front Porch and Front Door referral types, service targets, and guidance around the duration of services in hopes of making the supports more intentional and seamless between CFSA and the Collaboratives - with an emphasis on establishing a rapport and partnership with all key players from the start of the Collaborative referral (Family, CFSA social worker, and Collaborative Family Support Worker).

**72. Did the current providers who furnished services under the Prevention Plan have the capacity to provide the amount and array of services necessary for the Prevention Plan as a whole to work in FY21, or were more providers needed? Will more providers be needed to provide adequate services under the Prevention Plan in FY21 and FY22? If more providers are needed, what is the plan for onboarding them in DC and/or Maryland?**

Current providers who furnished services under the Prevention Plan did have the capacity to provide the array of services necessary in FY21 and going forward. At this time, there is no need for more providers, but this will continue to be vetted and remains under consideration in FY22, and beyond, as newly approved evidenced-based and promising prevention services are approved by the Title IV-E Prevention Services Clearinghouse and CFSA continues to assess the need for new candidate/target populations.

**73. How much, if any, aid did CFSA receive from federal COVID relief funds in FY21, FY22, and FY23? How have these funds been used to date? How does CFSA plan to use the remaining funds?**

The Table below outlines CFSA federal COVID relief funds. FY23 amounts will be based on the amount the Federal government determines to be allocated to our agency via DC Office of Budget and Planning (OBP).

| Description                       | COVID -19 relief funds received FY 2021 | COVID -19 relief funds received FY 2022 | COVID -19 relief funds received FY 2023 | How Have these funds been used to date?   | How does CFSA plan to use the remaining funds?  |
|-----------------------------------|---|---|---|---|---|
| Family Services COVID-19 Response | \$666,667.00                            | \$0                                     | TBD                                     | Quarantine facility for community and youth ages 0-21, who have been exposed or test positive for COVID-19. | CFSA received \$666,667.00 in FY21, of which we spent \$204,011. Once approved CFSA plans on using the unspent balance of \$462,656. in FY22, |
| Learning Acceleration (4 FTE's)   | \$0                                     | \$328,000.00                            | TBD                                     | Funding for support of 4 FTEs in FY2022. Funding for these positions is not authorized past FY2022.         |   |
| <b>Total</b>                      | <b>\$666,667.00</b>                     | <b>\$328,000.00</b>                     | <b>\$0</b>                              |   |   |

### Families First DC

#### 74. How many children and families did CFSA serve with the \$3.489 million enhancement to the Community Partnerships division of D.C. Families First in FY21?

Since inception, the Family Success Centers have served 17,566 families (October 2020-December 2021).

- In Fiscal Year 2021, the ten Family Success Centers collectively served 16,038 families.
- In October and November of Fiscal Year 2022, nine Family Success Centers served 1,528 new families.

**a. Provide the names of the organizations receiving grants to operate the SuccessCenters.**

**Ward 7:**

- Sasha Bruce - Clay Terrace
- North Capitol Collaborative - Mayfair/Paradise
- Life Deeds - Stoddert/37<sup>th</sup> Place
- East River Family Strengthening Collaborative - Benning Park/Benning Terrace and Benning/Minnesota

**Ward 8:**

- Smart from the Start - Woodland Terrace
- Community of Hope - Bellevue
- Far Southeast Family Strengthening Collaborative - Congress Heights
- Martha’s Table – Anacostia

**Currently in RFA process (provider not yet selected):**

- Ward 8 – Washington Highlands
- Ward 5 – Carver Langston

**b. On what date were the \$250,000 grants issued to each of the Success Centers? Was it in a lump sum or in installments?**

In FY21, the grant value provided to each FSC was \$325,000 (per site). Each grant was with a price schedule allowing one lump sum payment. All grants were issued at the close of September 2020, see list below for issue dates:

| <b>Success Center</b> | <b>Grant Issue Date</b> |
|-----------------------|-------------------------|
| Martha’s Table        | September 28, 2020      |
| FSFSC                 | September 28, 2020      |
| COH                   | September 30, 2020      |
| A Wider Circle        | September 28, 2020      |
| Smart from the Start  | September 29, 2020      |
| Life Deeds            | September 28, 2020      |
| ERFSC(2)              | September 28, 2020      |
| Sasha Bruce           | September 29, 2020      |
| North Capitol         | September 28, 2020      |

75. **Since the opening of the Success Centers:**  
 a. **How many families have been served at each location?**

| Ward         | Family Success Center (FSC) | Grantee                              | Families Served |
|--------------|-----------------------------|--------------------------------------|-----------------|
| 7            | Benning Park/Terrace FSC    | East River                           | 1,764           |
|              | Benning/Minnesota FSC       | East River                           | 2,889           |
|              | Clay Terrace FSC            | Sasha Bruce                          | 427             |
|              | Stoddert Terrace/37th       | Life Deeds                           | 1,124           |
|              | Mayfair/Paradise FSC        | NCCI                                 | 5,300           |
| 8            | Anacostia FSC               | Martha's Table                       | 650             |
|              | Bellevue FSC                | Community of Hope                    | 2,875           |
|              | Congress Heights FSC        | Far Southeast                        | 749             |
|              | Washington Highlands FSC    | Formerly: A Wider Circle (FY21 only) | 411             |
|              | Woodland Terrace            | Smart from Start                     | 882             |
| 5            | Carver Langston             |                                      |                 |
| <b>Total</b> |                             |                                      | <b>17,071</b>   |

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

In Fiscal Year 2021, the FSCs received 7,738 requests for services.

The top requested services:

- Food (1,727)
- Whole Family Enrichment (1,075)
- Youth Recreational Activities (729)

In Fiscal Year 2022 (October and November 2021), the FSCs received 3,452 service requests:

October's top requested services:

- Whole family enrichment (605)
- Food (179)
- Housing/housing supports (99)

November 2021's top requested services:

- Food (331)
- Whole family enrichment (238)
- Housing/housing supports (181)

**Other high-demand services requested:**

Educational Workshops, Employment and Employment Supports, Adult Mental Health, Youth Recreational Activities, and Clothing.

The Families First DC (FFDC) Family Success Centers (FSC) provide services, referrals, and programming centered around the five Strengthening Families Protective Factors (Concrete Support, Social Connection, Knowledge of Parenting, Social Emotional Competence, and Parental Resilience). See Table 1 below for the fundamental services, providers, and activities that are based out of each location.

**Table 1. FFDC Family Success Center Service Offerings**

**General Services/Programming Offered**

| <b>Concrete Supports</b>   | <b>Social &amp; Emotional Competence</b>   | <b>Knowledge of Parenting</b>   | <b>Parental Resilience</b>  | <b>Social Connection</b>  |
|--|--|---|---|---|
| <ul style="list-style-type: none"> <li>• Market/Food Distribution</li> <li>• Diaper Distribution for Seniors and Children</li> <li>• Computer Literacy</li> <li>• Economic Development</li> <li>• Civic and Leadership</li> <li>• DC Legal Services</li> <li>• Computer Literacy</li> <li>• Produce Giveaway</li> <li>• Grocery Bag Pick-up</li> <li>• Breakfast and Lunch Pick-up</li> <li>• Books and Breakfast</li> <li>• Resident Support</li> <li>• Housing Information</li> <li>• Experiences and Relaxation</li> <li>• Parent Support</li> <li>• Work Readiness</li> <li>• Financial Literacy / Education</li> <li>• Food Pantry</li> </ul> | <ul style="list-style-type: none"> <li>• Mental Triumphant</li> <li>• Trauma and Community Violence</li> <li>• Self-Care Summit</li> <li>• Family Fitness &amp; Wellness</li> <li>• The Power of Positive Parenting</li> <li>• DBH Wellness Series/Parent Support</li> <li>• Experience in Relaxation</li> <li>• Meditation</li> <li>• Therapy Sessions</li> <li>• Testimony Tuesdays</li> <li>• Motivational Mondays</li> <li>• Mental Health and Wellness</li> </ul> | <ul style="list-style-type: none"> <li>• Virtual Learning Sessions for Parents</li> <li>• Baby and Me</li> <li>• Parent Café</li> <li>• Nurturing Parents</li> <li>• Parenting Class</li> <li>• Tutoring/Supporting Children’s Education</li> <li>• School Assistance</li> <li>• The Power of Positive Parenting</li> <li>• Early Childhood Developmental Milestones</li> <li>• Parent Support</li> <li>• Learning Through Play</li> <li>• Time for Intentionally Parenting</li> <li>• Parents as Advocates</li> <li>• Prenatal Education sessions</li> </ul> | <ul style="list-style-type: none"> <li>• Empowerment Groups (women, men, youth)</li> <li>• Restorative Justice</li> <li>• Baby and Me</li> <li>• Personal and Professional Development</li> <li>• Self-Care Summit</li> <li>• The Men’s Challenge: Living Together without Violence</li> <li>• Parent Support</li> <li>• Credit/Money Management</li> <li>• Financial Literacy</li> </ul> | <ul style="list-style-type: none"> <li>• Let’s Get Moving</li> <li>• Jazz Funk Fitness</li> <li>• Stepping into Fitness</li> <li>• Yoga</li> <li>• WeFitDC Workout</li> <li>• Mindful Monday</li> <li>• Sugar-in-Check Diabetes Wellness Program</li> <li>• Baby and Me</li> <li>• Testimony Tuesday</li> <li>• Community Networking</li> <li>• Cupcake Creatives</li> <li>• Creative Arts</li> <li>• Poetry</li> <li>• Family Fun Night</li> <li>• Toddler Playgroups</li> <li>• Coffee and Conversation</li> <li>• Dance</li> <li>• Family Trivia Night</li> <li>• Cosmetic Demo</li> <li>• Black History Month Celebration</li> <li>• Family Fitness</li> <li>• Black History</li> </ul> |



|   |  |  |  |  |
|---|--|--|--|--|
| <ul style="list-style-type: none"> <li>• Clothing Distribution</li> <li>• Baby and Me</li> <li>• Mask Giveaway</li> </ul> |  |  |  | <ul style="list-style-type: none"> <li>• Gallery walk showcase</li> <li>• Father, Men, Boys</li> <li>• Virtual Trauma Support Group</li> <li>• Parent Support</li> </ul> |
|---|--|--|--|--|

See Response for Question 178 for additional details about services provided at each specific FSC.

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

CFSA avoids redundancy through a focus on government and community-based partnerships and collaboration. One of the goals of Families First DC (FFDC) is to integrate services (not duplicate, or replicate, but partner with organizations and make referrals) to help families navigate access to existing resources). The voice of the Community Advisory Council (CAC) is important as well. Each Family Success Center has a CAC. Each CAC is comprised of a majority of members from the targeted neighborhood in which the FSC is located. The members’ knowledge of services and programming is critical to the decision-making process about what programs and services are offered at the FSC to ensure programming caters to and meets the needs of the community. The CFSA FFDC team is in constant communication and collaboration with the FSCs, as well as government and community-based organizations to ensure coordination.

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

As part of the work to launch the ten FSCs, the Families First DC (FFDC) team developed a comprehensive Evaluation Framework for the ten FSCs to monitor performance and ultimately evaluate the impact of the Families First DC initiative. This framework was designed in FY20 during the Planning Phase, in collaboration with the FFDC grantee network, and included the definition of evaluation research questions, a theory of change, logic model, and questions for continuous quality improvements.

**The three key research questions are:**

- Can access to the FSCs strengthen families?
- Can access to the FSCs reduce the risk of child abuse and neglect?
- Can access to the FSC reduce the likelihood of foster care entry and re-entry?

**The three key CQI questions are:**

- How do we integrate services and supports for families in need?
- How do we effectively engage parents in service delivery and refinement?
- How do we offer FSC staff the support they need to serve families?

The FFDC Theory of Change showcases that while there are risk factors and challenges identified in the neighborhoods selected for FFDC FSC sites, access to family strengthening services will support families in acquiring the protective factors and resources needed to reduce risk factors for

child abuse and neglect. FFDC is designed to a) facilitate families' access to these services, and b) support families in navigating these services to successfully meet their needs. It is posited that the seamless connection to resources and the family-strengthening approach utilized by the FSCs will increase families' Protective Factors<sup>1</sup>/reduce risk factors for child abuse and neglect – and ultimately increase family and community strength at-large.

The logic model encapsulates FFDC's core values and outlines the three tiers of the FFDC evaluation framework to assess 1) Family Level, 2) Program Level, and 3) Community Level impacts. The Family Level indicators are designed to address individual families' outcomes using the protective factors survey and satisfaction surveys. The Program Level indicators include assessing the reach, utilization, and impacts of the services and program offerings, as well as the compliance of the grantees. The Community Level indicators are longitudinal and the plan for evaluation will continue to be refined, as it will require 3 to 5 years to assess true impacts. For example, as a result of the FSCs, CFSA will evaluate whether communities improved in the areas of health, employment, housing, education, etc.

### **Reporting and Documentation to Date:**

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

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

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

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

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

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

## PLACEMENT AND PERMANENCY

### Kinship Care

**78. Describe CFSA’s policies and practices regarding kinship diversion. Is Administrative Issuance CFSA-20-1 regarding the “Diversion Process at Investigations” still in effect? Has anything in that policy changed?**

The Administrative Issuance CFSA-20-1 regarding the “Diversion Process at Investigations” is still in effect. The policy has not changed.

*See Attachment Q78, Administrative Issuance CFSA-20-1*

**79. How many children were placed through a kinship diversion in FY21 and in FY22, to date?**

- a. How many children were returned to their parent within three months, six months, and one year after a relative took custody of them (and/or a safety plan was signed)?**
- b. How many children were the subject of a Hotline call within three months, six months, and one year after the relative took custody of the child (and/or the safety plan was signed)? How many of these hotline reports were screened in? For those investigated, how many resulted in a substantiated finding of abuse or neglect?**
- c. If any of the data requested here is not currently tracked by CFSA, what are the reasons for not tracking this data?**

Diversion is an informal family planning process. As such, we are unable to track this data, since these families are not CFSA-involved.

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

A diversion arrangement does 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.

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

When the Diversion Administrative Issuance was finalized, CFSA management convened a session for managers and frontline workers to explain the purpose, process and execution of this policy. Managers reviewed the diversion process during program meetings with social workers and discuss the process in supervision as needed. A related Webinar is being developed to holistically address the interconnection to the Safety Plan Policy, Contingency Guidance, Concurrent Kin Plan Business Process and how it connects to diversion arrangements.

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

When a diversion is authorized, the diversion is reviewed during the Entry Services Performance Oversight Meeting that is held weekly to discuss the family situation, the assessed needs, if any services were offered and to ensure the policy was adhered to.

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

Since the family makes the decision regarding the care of their children, parental consent is required for all diversions. CFSA authorizes diversions except for in the case of the unexpected death of a parent. Consent is memorialized and documented within our FACES system. If assessed that legal representation is needed, CFSA will refer to Neighborhood Legal Services.

**84. Have there been any instances of diversion arrangements in CYs 2020, 2021 and to date in 2022 in which CFSA has not obtained parental consent? If so, how many, and why was parental consent not obtained?**

Yes. In FY21, one diversion arrangement was made due to the death of the child's mother. The Child was left without a legal caregiver.

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

It is important to note that during the process of authorizing a diversion, the family is making a plan for the child(ren) whereby any alleged safety threats to the child have been ruled out. Also, the diversion 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.

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

The parent, the identified caregiver and social worker are present during the contemplation of a diversion. Pursuant to the Administrative Issuance, a diversion 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).

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

CFSA does not conduct criminal or child protection registry check or conduct a home study of relatives that are identified through a diversion arrangement. The diversion 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.

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

Pursuant to the Administrative Issuance, once a diversion is authorized, 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.

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

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

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

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

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

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

**92. In light of the recent court awards and settlements of millions of dollars to parents and children diverted to live with relatives in North Carolina as a result of due process violations, has there been any review by CFSA pertaining to whether parents' and children's due process rights are being infringed by the practice of kinship diversion in DC?**

The practice of diversion in DC does not infringe upon the due process rights of parents and children, as all of their legal rights remain intact. Diversion is an informal process that takes place when safety threats have been ruled out and the family makes a plan for the care of their children without court involvement, change of custody, or termination of parental rights.

**93. With respect to safety plans that prevent children from entering care, describe:**  
**a. How many individual safety plans were developed in FY21 and to date in FY22?**

Our current FACES system does not track the number of individual safety plans developed.

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

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

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

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

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

Safety plans are intended to be short term whereby the social worker works with the family to resolve any safety concerns. The social worker works with the caregiver to ensure that educational and medical needs are met.

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

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

**94. In FY21, and to date in FY22, 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 309 children who entered or re-entered foster care from FY21 to FY22 Q1. Of the 309 entries, a total of 63 were placed with kin. Among those placed with kin, 39 (62%) children were first placed with kin. Another 24 (38%) were initially placed with a non-kin resource before later being placed with kin. The table below outlines the timeframes by which the ultimate placement with kin occurred.

| <b>Timeframe</b> | <b>Children</b> |
|------------------|-----------------|
| < 1 month        | 56              |
| 1-3 months       | 2               |
| 4-6 months       | 4               |
| 7-9 months       | 1               |
| 10-12 months     | 0               |
| <b>TOTAL</b>     | <b>63</b>       |

**95. For each instance in FY21, and to date in FY22, 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 utilizes a broad definition of “kin” and does not track information in this way.

96. In FY21 and to date in FY22, provide the number of children transferred from a resourcefamily placement to kin care whose placement disrupted, resulting in a return to care. Provide the following:

- a. How long the child was in the resource home;
- b. How many months after transfer to kin the placement disrupted; and
- c. How many of those children were returned to the resource home they were inpreviously and how many were placed in a new home.

CFSA does not currently track disruptions by kinship status. We intend to add that to our reporting capacity in FY22. Please note that moving from one licensed provider to another does not constitute a return to care, as the child did not leave care.

97. In FY21 and FY22, to date, what percentage of children living in foster care (both inMaryland and in DC) were in kinship foster care and what percentage were in fosterhomes without a relative caretaker?

| <b>FY21 (As of September 30, 2021)</b> |                       |                |
|--|-----------------------|----------------|
| <b>Placement Type</b>                  | <b>Total Children</b> | <b>Percent</b> |
| Kinship Foster Homes                   | 137                   | 22%            |
| Non-Kinship Foster Homes               | 342                   | 56%            |
| Group Settings                         | 70                    | 11%            |
| Other                                  | 65                    | 11%            |
| <b>Total</b>                           | <b>614</b>            | <b>100%</b>    |

| <b>FY22 (As of December 31, 2021)</b> |                       |                |
|---------------------------------------|-----------------------|----------------|
| <b>Placement Type</b>                 | <b>Total Children</b> | <b>Percent</b> |
| Kinship Foster Homes                  | 134                   | 22%            |
| Non-Kinship Foster Homes              | 327                   | 54%            |
| Group Settings                        | 71                    | 12%            |
| Other                                 | 72                    | 12%            |
| <b>Total</b>                          | <b>604</b>            | <b>100%</b>    |

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

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



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

CFSA tracks kinship placements in different ways: 1) by entry cohort (i.e., for children who entered care in a given timeframe, what percent were placed with kin); 2) by full population (i.e., among all children in care today, what percent are placed with kin); and 3) by eligible population (i.e., among those children in care who are appropriate for a family-based setting, what percent are placed with kin).

Using an entry cohort of FY21 and FY22 Q1, the rate of kin of children placed with kin is 20 percent (see Response to Question 94).

Using population cohorts, as of September 30, 2021 and December 31, 2021, the rate was 22 percent (see tables above).

Using an eligible population cohort, the rate for both FY21 and FY22 was 29 percent (see tables above, kinship and non-kinship foster home rows only).

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

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

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

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

- Contingency Planning. During the course of an investigation, the CPS social worker seeks to build a contingency or safety plan with the family, to include the identification of kin who can serve either as a supportive resource or as a potential placement option.
- Concurrent Kin Plans. When working with a family, the In-Home social worker creates “Concurrent Kinship Plans” to identify viable kinship resources in the event of a separation. If a separation does occur, the out-of-home team can then use this information as a starting point for further kin exploration.

- 30 Days to Kin. When a kinship placement resource is not identified at the time of separation, the Kinship Licensing team continues efforts to identify, locate and engage perspective providers for an additional 30 days. If kin need additional time and/or agency support to prepare for their family member to be placed in their home, Kinship Licensing is responsible for these efforts.
- Training.
  - In FY21, CFSA conducted a Webinar, a Child Welfare Training Academy (CWTA) kinship-specific training, and unit meetings for CFSA social workers (CPS, In-Home and Permanency units) to increase their capacity to identify and engage kin.
  - Training was also provided to NCCF on regulations related to kinship licensing and on completing an accurate emergency kinship licensing packet.
  - Entry Services staff (CPS and In-Home) were cross-trained on conducting a comprehensive phone-screening with kin; and on effective concurrent kin planning.

**d. What percentage of foster children does the agency project will be placed with kin by the end of FY22?**

CSFA projects that 32 percent of children will be placed with kin by the end of FY22.

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

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

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

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

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

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

When a child's goal has changed to adoption:

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

recruitment efforts may be undertaken.

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

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

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

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

**a. How many calls did the helpline receive in FY21 and in FY22, to date?**

|             |     |
|-------------|-----|
| <b>FY21</b> | 101 |
| <b>FY22</b> | 15  |

**b. How many staff, or staff hours, supported the work of the helpline in FY21 and in FY22, to date?**

|             |       |
|-------------|-------|
| <b>FY21</b> | 1 FTE |
| <b>FY22</b> | 1 FTE |

**c. How many kinship caregivers were served by the Kinship Navigator in FY 2021? How many kinship caregivers have been served by the Kinship Navigator in FY 2022 thus far?**

|             |     |
|-------------|-----|
| <b>FY21</b> | 262 |
| <b>FY22</b> | 96  |

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

The Kinship Navigator Warmline is answered in real time during business hours. If calls are missed or received outside of business hours, the caller can leave a voicemail message which will be returned by the next business day. The Kinship Navigator who works with the caller uses CFSA’s online community resource directory to identify providers for needed services.

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

The Kinship Navigator website and mobile app are currently under development. We anticipate completion during FY22.

**f. What is the menu of services offered through the Kinship Navigator? Where can the menu of services be found?**

The Kinship Navigator program's current menu of services includes:

- Grandparent Caregiver Program (GCP)
- Close Relative Caregiver Program (CRCP)
- Whole family enrichment and educational events
- Support groups focused on kinship families/caregivers
- Referrals to community resources for ongoing services.
- Temporary Financial Assistance, including:
  - Rental Assistance
  - Utility Assistance
  - Walmart Gift Cards (Food, Household Supplies, Clothing)
  - LYFT (Transportation)
  - Metro Cards

Postcards describing the menu of services have been distributed in public libraries as well as through the Collaboratives and other community partners. CFSA is in the process of updating the postcards, and will redistribute them as above, as well as to the Family Success Centers.

**g. How does a kinship caregiver request Kinship Navigator services?**

Kinship caregivers can request services through the warm line; via their CFSA Social Worker or Resource Development Specialist; and/or when applying for the Grandparent Caregiver Program or Close Relative Caregiver Program.

**h. What specific services were provided by the Kinship Navigator in FY 2021 and to date in 2022?**

See Response to Question 99(f).

**i. Does the Kinship Navigator help constituents with applying for TANF, SNAP or WIC, adding children to housing vouchers, or applying for childcare subsidies? If so, which of the above supports does it provide, and how is this help provided?**

The Kinship Navigator can assist the caregiver with connections to the proper organizations when applying for all of the above-listed benefits. The Navigator may also assist the caregiver with completing online applications, as needed.

**j. Does CFSA believe it will be able to meet the case management and tracking requirements needed for approval by the national child welfare clearinghouse so that it will be able to continue to receive federal kinship navigator funding in the future? If so, why?**

The federal government does not require jurisdictions to meet the National Child Welfare Clearinghouse standards in order to receive funding under this initiative.

**k. What evaluations, needs assessments, focus groups, and the like are conducted with respect to the Kinship Navigator? Please provide copies of the same.**

In FY21, the Kinship Navigator program conducted focus groups with caregivers and advocacy groups to get feedback on needed adjustments and enhancements. In FY22, kin caregiver support groups will begin virtually, and additional feedback will be secured through these groups.

With respect to more formal evaluations and needs assessments, CFSA will be increasing its ability to quantitatively assess Kinship Navigator in two ways:

- In January 2022, the agency applied for Kinship Navigator to be part of the Harvard University Government Performance Lab Accelerator, which will provide an opportunity for more rigorous evaluation of the program.
- Our NowPow automated referral system is currently undergoing an expansion of its data management capacity (as a result of being acquired by Unite Us), which will allow for further insights into Kinship Navigator program performance.

**l. How many Kinship Whole Family Enrichment Events were held in FY21, and have been held in FY22, to date?**

|             |          |
|-------------|----------|
| <b>FY21</b> | 4 events |
| <b>FY22</b> | 3 events |

**m. How have Kinship Flex Funds been used in FY21 and in FY22, to date?**

CFSA's Kinship Flex Funds have not been used for the Kinship Navigator Program. The Kinship Navigator grant has been sufficient to cover the costs of implementing that program.

**n. What is the status of the Educational Groups?**

The Kinship Navigator program is partnering with Martha's Table to begin educational groups by the end of Q2, FY22.

**o. What specific efforts is CFSA engaged in to ensure affected community members know about the Kinship Navigator Program?**

The Kinship Navigator program is partnering with the Family Success Centers and Collaboratives to get the word out about this resource. The program is listed as a provider in the online resource directory available to all CFSA employees, Collaboratives and Family Success Centers. KinPac is also a vehicle for spreading the word.

**p. How much federal funding did CFSA receive in FY21 for the Kinship Navigator Program? How much does it expect to receive in FY22?**

The federal Promoting Safe and Stable Families Kinship Navigator operated on a two-year grant cycle. In FY21, CFSA received a \$200,000 grant and we have until the end of FY22 to liquidate it (and we are on track to do so). The FY21 allotment was the last and final Kinship Navigator allotment because the grant program expired at the end of FY21. We do not anticipate receipt of any further federal Kinship Navigator funding.

CFSA intends to continue the Kinship Navigator work despite the expiration of the federal grant program. Most of the cost-intensive programmatic components (e.g., the website, the mobile app) will be completed using FY21 funds, and CFSA is currently developing strategies for sustaining the on-going program components.

**q. What services are provided through the Kinship Navigator Program?**

See Response to Question 99(f).

**i. What is the status of the online Community Services Resource Directory?**

As described above, the resource directory is actively utilized by the program to provide resource connections within the community.

**ii. What are the statuses of the relationships with community-based partners to staff and facilitate emotional support groups in the neighborhoods where kinship caregivers reside?**

The Kinship Navigator program is collaborating with the Foster and Adoptive Parent Advocacy Center (FAPAC) to establish a quarterly support group for informal caregivers that will be both in-person and virtual. These groups will be held in the evening hours to accommodate all families. We expect the groups to be underway in Q3, FY22.

**iii. What is the status of Kinship Advisory Committee?**

KinPAC meets quarterly with caregivers, community organizations, advocacy groups and sister agencies. The last meeting was held on 1/11/2022, with 16 people attending. KinPAC member organizations are:

- CFSA’s Community Partnership Administration
- DHS
- DACL
- DOH
- FAPAC
- KinCare Alliance
- Martha’s Table
- OSSE
- PlazaWest Apt

**r. Are there any plans to expand the types of services offered? Explain.**

There are no plans to expand at this time. However, CFSA routinely assesses client needs to determine service expansion as needed.

**s. To date, how many persons (youth, families, or most appropriate metric) have contacted the Kinship Navigator Program, and how many have participated in its programming?**

See Response to Question 99(c).

**t. How does the Kinship Navigator Program interact with the Close Relative Caregiver and Grandparent Caregiver Programs?**

All kinship caregiver recipients of the GCP and CRCP funds are invited to all Kinship Navigator events and eligible for all services provided through Kinship Navigator.

**100. Provide a detailed report on the Grandparent Caregiver Program, including:**

**a. In FY21 and FY22, to date, how many families were and are in the program?**

|             |     |
|-------------|-----|
| <b>FY21</b> | 562 |
| <b>FY22</b> | 493 |

**b. In FY21 and FY22, to date, how many children were and are served by the program?**

|             |            |
|-------------|------------|
| <b>FY21</b> | <b>894</b> |
| <b>FY22</b> | <b>770</b> |

**c. In FY21 and FY22, to date, what is the average benefit received?**

|             |                                    |
|-------------|------------------------------------|
| <b>FY21</b> | \$625 (\$20.83 per day, per child) |
| <b>FY22</b> | \$601 (\$20.03 per day, per child) |

**i. How does this differ from the subsidy awarded to resource families?**

The benefit is approximately \$18 per day less than the subsidy awarded to resource families.

**ii. If such a change were to be funded, would CFSA support increasing the benefit provided by this Program to match the benefits provided resource families?**

There are significant differences between the roles and responsibilities of resource parents and participants in the GCP. Resource families are subject to an extensive home study; fulfilling ongoing licensing requirements, and participating in agency-led case management activities including, but not limited to, frequent home visits. By contrast, GCP participation requirements are limited to an initial application and clearances.

Additionally, children in the GCP tend to remain in the program until they are 18, as compared to children placed with a resource parent whose role is to support intensive efforts at reunification, or provide legal permanency, through adoption or guardianship through age 21.

Given these differences, CFSA believes that differential payment is warranted. However, a potential increase in the GCP rate (like a COLA) could be considered.

**d. In FY21 and FY22, to date, were any children or families on the waiting list? If so, how many?**

In Q1 of FY21, there were 68 families (153 children) on the waiting list due to a lack of funding. In Q2 of FY21, funding was received, and the waiting list was eliminated.



**i. How many children and families are currently on the waiting list?**

There is no waiting list for the program currently.

**ii. Are funds sufficient to ensure that we do not have a waiting list for the program for the remainder of the current fiscal year? How is this determined?**

Funds are sufficient to ensure there is no waiting list for the remainder of the fiscal year. The program uses projections to determine funds needed to sustain the budget.

**e. In FY21 and FY22, to date, were any families turned away from the program or removed from the program? If so, how many and for what reason?**

| Reason                    | FY21 | FY22 |
|---------------------------|------|------|
| Failure to recertify      | 4    | 0    |
| Aged-out                  | 69   | 12   |
| Relocated out of District | 6    | 0    |
| Returned to parent        | 16   | 0    |
| Over income               | 1    | 0    |
| Death of child            | 1    | 0    |
| Death of Caregiver        | 2    | 0    |

**f. What specific efforts is CFSA engaged in to ensure affected community members know about the Grandparent Caregiver Program?**

CFSA partners with the Family Success Centers and Collaboratives to provide information and support referrals. CFSA will also be launching a Kinship Navigator marketing website and mobile phone app in FY22 that will help inform the affected community about the GCP.

**g. What is the average length of time between when an applicant submits a complete subsidy application and the issuance of a subsidy card?**

The average length of time is 15 business days, depending on how quickly the bank processes the request and the post office delivers the card.

**h. 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 an application is being processed, applicants are connected to the Kinship Navigator program to assess their areas of needs. If a need is identified, the applicant is connected with resources and/or provided financial support.

- i. Is the new portal for submitting applications mobile phone friendly? What if an applicant is unable to use the portal because of limited technology or limited reading or writing ability?**

Currently, grandparents can submit an application for the program either via email or in-person. A mobile phone app is under development and will be available by the end of FY22. Individuals who struggle to apply for the program can contact CFSA for support and technical assistance.

**101. Provide a detailed report on the Close Relative Caregiver program, including:**

- a. In FY21 and FY22, to date, how many families were and are in the program?**

|             |    |
|-------------|----|
| <b>FY21</b> | 33 |
| <b>FY22</b> | 31 |

- b. In FY21 and FY22, to date, how many children were and are served by the program?**

|             |    |
|-------------|----|
| <b>FY21</b> | 54 |
| <b>FY22</b> | 51 |

- c. In FY21 and FY22, to date, what is the average benefit received?**

|             |  |
|-------------|--|
| <b>FY21</b> | \$701/month (\$23.36 per day, per child) |
| <b>FY22</b> | \$699/month (\$23.30 per day, per child) |

- d. How does this differ from the subsidy awarded to resource families?**

The benefit is approximately \$15 per day less than the subsidy awarded to resource families.

- i. If such a change were to be funded, would CFSA support increasing the benefit provided by this Program to match the benefits provided resource families?**

There are significant differences between the roles and responsibilities of resource parents and participants in the CRCP. Resource families are subject to an extensive home study; fulfilling ongoing licensing requirements; and participating in agency-led case management activities including, but not limited to, frequent home visits. By contrast, CRCP participation requirements are limited to an initial application and clearances.

CSFA is in year three of the CRCP program. It is too early to determine trends in how children

and youth leave the program: whether they are likely to return to their parent’s care or if it will be similar to GCP, in which most remain in the program through their 18<sup>th</sup> birthday.

Given these differences, CFSA believes that differential payment is warranted. However, a potential increase in the CRCP rate (like a COLA) could be considered.

- e. In FY21 and FY22, to date, were any children or families on the waiting list? If so, how many?**

There is no waiting list for the program.

- i. How many children and families are currently on the waiting list?**

There are no children or families on the waiting list.

- ii. Are funds sufficient to ensure we do not have a waiting list for the program for the remainder of the current fiscal year? How is this determined?**

Yes, the funds are sufficient. The program uses projections to determine funds needed to sustain the budget.

- f. In FY21 and in FY22, to date, were any families turned away from the program or removed from the program? If so, so many and for what reason?**

| Reason                   | FY21 | FY22 |
|--------------------------|------|------|
| Failure to recertify     | 1    | 1    |
| Child returned to parent | 1    | 1    |
| Aged-out                 | 1    | 0    |

- g. The total budget for and the number of families that benefited from the program in FY21 and in FY22, to date, and the estimated total number of families that will benefit from the program in FY22;**

| Year        | Total Budget | # of families served |
|-------------|--------------|----------------------|
| <b>FY21</b> | \$394,408    | 33 (54 children)     |
| <b>FY22</b> | \$394,408    | 31 (51 children)     |

It is difficult to accurately project FY22 estimates for the total number of families that will benefit.

- h. The average benefit provided per family in FY21, and the average benefit provided per family in FY22 to date;**

|             |               |
|-------------|---------------|
| <b>FY21</b> | \$1,402/month |
| <b>FY22</b> | \$1,398/month |

- i. What specific efforts is CFSA engaged in to ensure affected community members know about the Close Relative Caregiver Program?**

CFSA partners with the Family Success Centers and Collaboratives to provide information and support referrals. CFSA will also be launching a Kinship Navigator marketing website and mobile phone app in FY22 that will help inform the affected community about the GCP.

- j. What is the average length of time between when an applicant submits a complete subsidy application and the issuance of a subsidy card?**

The average length of time is 15 business days, depending on bank and post office timing.

- k. Are applicants offered financial support or services while waiting for their applications to be processed? If so, what types of support do applicants receive, and how many receive these supports?**

Yes. While waiting for processing, applicants are connected to the Kinship Navigator program to assess areas of needs. If a need is identified, the applicant is connected with resources and/or provided financial support.

- l. Is the new portal for submitting applications mobile phone friendly? What if an applicant is unable to use the portal because of limited technology or limited reading or writing ability?**

Currently, relative caregivers can submit an application for the program either via email or in-person. A mobile phone app is under development and will be available by the end of FY22. Individuals who struggle to apply for the program can contact CFSA for support and technical assistance.

### **CFSA's Partnerships with NCCF and Children's Choice**

**102. Please describe the status of the collaboration with Children's Choice, including the following information:**

- a. What are the key terms and current status of CFSA's contract with Children's Choice?**

During FY21, up until December 17, 2021, the Children's Choice contract consisted of intensive foster care services for up to 36 CFSA children and youth. These intensive services included case

management and foster care placement with resource parents who received specialty training, and were aimed at improving placement stability and functioning for children experiencing, or likely to experience, placement instability.

On December 18, 2021, the Children’s Choice contract was substantially modified. Children’s Choice was having challenges maintaining staffing levels, with seven social workers, one family support worker, and one therapist resigning during the fiscal year. This staffing instability, struggles with social worker recruitment, and the difficulties brought on by pandemic operations resulted in Children’s Choice putting a hold on the acceptance of new placements. All of this, and the level of challenging cases they were assigned, led Children’s Choice to request termination of their contract.

The Children’s Choice contract was modified such that the organization now provides monitoring of resource homes where ten CFSA children and youth are placed for the purpose of adoption or guardianship. All case management services for the children and youth placed in Children’s Choice homes are completed by CFSA.

**b. How many children were placed with Children’s Choice in FY21, and how many have been placed with Children’s Choice in FY22, to date?**

|             |     |
|-------------|-----|
| <b>FY21</b> | 34  |
| <b>FY22</b> | 10* |

\* These are not new placements. As described above, no new placements were made in Children’s Choice homes in FY22.

**c. How do Children’s Choice and CFSA ensure that practices are consistent between CFSA and Children’s Choice?**

- CFSA led monthly Permanency Goal Review Meetings with the Children’s Choice 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 Program Operations held monthly partnership meetings with the Children’s Choice management team to share all CFSA guidance and practice directives.

**d. How do CFSA and Children’s Choice coordinate placement?**

Following the contract modification, no new placements were made by CFSA in Children’s Choice homes. Prior to that, all placements were made through CFSA’s standard placement process, with Placement Administration managers communicating regularly with Children’s Choice regarding placement decisions.

**e. What are the performance metrics CFSA applies to Children’s Choice?**

The LaShawn Finish Line measures/4 Pillars framework is used to measure performance for all private foster care agency contracted providers.

**f. How does CFSA monitor 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

**g. How has Children’s Choice performed in FY21, and in FY22, to date?**

Child case record review audits documented the following strengths for Children’s Choice:

- Addressing safety, placement stability, permanency, and well-being of youth served
- Youth were engaged and encouraged to participate in therapeutic services which were in place and offered to the youth
- Case and service planning documents were current, complete, and documented the needs of the youth
- All case note documentation reflected teaming with CFSA, resource parents, and youth service providers

Children’s Choice had challenges maintaining staffing levels, operating under pandemic conditions, and managing highly difficult cases.

**103. Has CFSA created or amended any procedures and policies to ensure parity between CFSA and NCCF?**

CFSA has not created or amended any policy to specifically address parity between the two agencies. CFSA promulgates policy to ensure consistent application of procedures for children/families regardless of where they receive services.

**104. Does CFSA plan to create or amend any policies or procedures in FY22 to achieve parity between CFSA and NCCF?**

There are no current policies or practice under review for this purpose. Should an issue arise that requires a change in policy, or should a process need revision, CFSA will follow the established process of working with the stakeholders to review and develop content, which is then vetted on several levels before final approval by the Director. NCCF has

identified some such areas for consideration.

**105. How many Maryland foster families connected to NCCF are currently licensed to provide placement to DC children and youth?**

On 12/31/21, NCCF had 233 licensed homes (388 beds).

**106. Describe the status of the collaboration with NCCF, including the following information:**

CFSA’s ongoing collaboration with NCCF remains strong and productive. See subsections b and c below for more detail on this collaboration.

**a. How many children have been placed with NCCF in FY21 and in FY22, to date?**

|             |     |
|-------------|-----|
| <b>FY21</b> | 425 |
| <b>FY22</b> | 277 |

**Note:** Universe includes children placed with NCCF at least one day during the FY.

**b. How do NCCF and CFSA ensure consistent practices between CFSA and NCCF?**

CFSA leads monthly Permanency Goal Review meetings with the NCCF team and the assigned Assistant Attorney General and OAG Section Chief to review case barriers to permanency and ensure alignment of practice.

NCCF participates in CFSA’s monthly Finish Line meetings with the Director and senior staff, during which system-wide performance metrics are reviewed and practice strategies evaluated and discussed.

The Deputy Director for Program Operations, and the Division’s leadership team, hold monthly partnership meetings with the NCCF management team to share CFSA guidance and practice directives. In FY22, we will focus on identifying and resolving barriers to best practice and achieving permanency.

NCCF is supported by CFSA to use the online Permanency Tracker to provide case-level data that can be used to improve practice and expedite permanency. NCCF and CFSA managers receive monthly dashboards of their permanency progress metrics.

**c. How 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 112 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?**

The LaShawn Finish Line measures/4 Pillars framework is used to measure performance for all private foster care agency contracted providers.

**e. How does CFSA monitor NCCF's performance?**

The Contracts Monitoring Division is responsible for assessing the delivery of contract requirements, including:

- Personnel matters
- Placement capacity
- Licensing and training of resource parents
- Delivery of case management services to children, youth, and families
- Follow-up with unusual incidents and child protection services reports
- COMAR compliance maintenance
- Addressing resource parent and community provider concerns

CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) conducts Quality Services Reviews (QSRs) assessing a sample of cases through review of case documentation and interviews with multiple stakeholders involved in cases. Quality Service Review findings inform CFSA and NCCF of challenges and strengths to support individual and systemic case practice.

**f. How has NCCF performed in FY21 and in FY22, to date?**

- Personnel reviews demonstrated that NCCF continues to hire a competent workforce that can meet the needs of the child welfare population.
- Personnel record audits were found in compliance with background clearance, licensure, and training requirements.
- NCCF's social worker caseload ratios improved during FY21 with 96 percent of NCCF social workers' caseloads in compliance with the required 10:1 caseload ratio.



- Child case record audits demonstrated NCCF’s strengths in addressing safety issues and providing justification for permanency goals. The agency continues to need to place greater emphasis on monitoring and mitigating barriers to permanency.
- NCCF established two new teams to increase emphasis on minimizing placement disruptions, achieving permanency for youth and identifying potential kinship placements and lifelong supports for youth in care.
- NCCF created a team of kin network specialists to provide intensive and exhaustive searches and engagement of relatives for youth who are in care and have no viable permanency options, with the goal of identifying potential placements and family supports for youth.
- NCCF implemented the Foster Parent Coach Academy in FY20. Foster parent coaches provide one-on-one support to foster parents with a goal of maintaining placement stability. Foster Parent Coaches are assigned to:
  - Newly licensed foster parents after they received their first placement
  - Foster parents caring for a child who has experienced two or more placement disruptions within a 6-month period
  - Foster parents who requested two or more foster child replacements within a 6-month period
  - Foster homes with child/youth at risk of placement disruption
  - Foster homes whose license is at risk of suspension
  - Foster parents who received a score of D or below on their annual performance evaluation
- During FY21, NCCF cured their previously-issued corrective action plan to address late submission of quarterly expenditure reports.
- In the fourth quarter of FY21, NCCF was issued a Level 1 Performance Improvement Plan (PIP) to address concerns related to the entry of information in FACES. NCCF submitted action plans to address the concerns outlined in the PIP. The PIP was closed on December 23, 2021.

**107. Youth placed in foster homes contracted with NCCF in Maryland still, in many cases, come to DC for school and for other services and activities.**

**a. In FY21 and in FY22, to date, who has been responsible for paying for transporting youth placed in Maryland?**

In FY21 and FY22 to date, CFSA has been primarily responsible for paying for transportation for youth placed in Maryland.

**b. If there was a change, explain why the change was made.**

There has been no change.

**c. How many youths placed in NCCF Foster Homes have received transportation services that were funded by NCCF or CFSA in FY21 and in FY22 to date?**

In FY21, 66 unique youth received transportation services that were funded by CFSA. In FY22 to date, 47 unique youth received transportation services that were funded by CFSA. CFSA is solely responsible for paying school transportation costs.

In addition to transportation funded by CFSA, NCCF provided transportation to 41 youth who reside in NCCF Maryland homes to schools and other services and activities in FY21 and 31 youth in FY22 to date. These numbers include youth who were transported by NCCF staff to and from school until they were placed on the CFSA school route, which can typically take three business days. Currently, there are seven youth who are being transported to and from school by NCCF transportation workers.

**d. How much was spent on transporting youth in NCCF Foster Homes in FY21 and in FY22, to date? Include the total amount spent as well as the average amount spent per youth.**

In FY21, CFSA spent \$270,153 transporting youth in NCCF foster homes, an average of \$4,093 per youth. In FY22 to date, CFSA spent \$289,670 transporting youth in NCCF foster homes, an average of \$6,163 per youth.

NCCF employs two (2) Transportation Workers that are now transporting youth to and from school weekly as well as other services and activities. The budget for these two positions was 108,440.96 in FY21 (including fringe) and is \$111,794.80 for FY22. The per youth cost for FY21 was \$2,644.90 and the FY22 per youth cost is \$3,606.28.

**108. What is CFSA's policy about investigating reports of abuse and neglect at foster homes managed by NCCF and Children's Choice?**

All investigations of abuse and neglect at foster homes managed by NCCF and Children's Choice are conducted by Child Protective Services in the appropriate jurisdiction (e.g., in Maryland, the county in which the foster home is located).

**a. Are there ever instances in which CFSA will receive a report of abuse and neglect and permit NCCF and/or Children's Choice to investigate the issue and close the complaint? Explain.**

The contracts require NCCF and Children's Choice to make a report to the DC CFSA hotline for awareness. There are never instances in which CFSA responds to reports of abuse or neglect that occur outside of the District of Columbia.

- b. If there are written CFSA procedures or policies in place that explicitly state NCCF and/or Children’s Choice’s obligation to report allegations of abuse and neglect to CFSA, please provide them. If there are not, explain why not.**

NCCF and Children’s Choice are required to adhere to the following contract clause(s) on reporting allegations of abuse and neglect:

**C.6.5.1** The Provider must report any alleged child abuse, neglect or other risk to residents’ health and safety to the CFSA Hotline (202-671-SAFE) and the local jurisdiction.

**C.6.5.2** The Provider shall follow the procedures and requirements outlined in 29 DCMR Chapter 60 licensing regulations for mandatory reporting of unusual incidents, abuse, neglect or other risks to the foster child’s health or safety and in accordance with CFSA policy on unusual incidents and critical events.

**C.6.5.3** When a Hotline report is made regarding one of the Contractor’s homes, or a child or youth in the care of the Contractor, the Contractor will determine the disposition of the report and of any investigation into the report. This includes collaborating with CFSA and seeking information in the SACWIS and includes Hotline reports being investigated by either DC CFSA or Maryland DHS. The contractor shall make a report of the findings to the Contract Administrator (CA) for Monitoring and the appropriate local authorities.

**C.6.5.4** When an unusual incident report requires follow-up information in order to demonstrate that the incident is resolved, the Contractor shall provide the follow-up information to CA within 24 hours of the resolution of the incident.

- c. How many allegations of abuse and neglect at foster homes managed by NCCF or Children’s Choice have been reported to CFSA in FY19, FY20, and FY21, as well as in FY22, to date? Of these, how many were substantiated?**

| <b>Children’s Choice Resource Homes</b> |                    |                        |
|---|--------------------|------------------------|
| <b>FY</b>                               | <b>Allegations</b> | <b>Substantiations</b> |
| <b>FY19</b>                             | 0                  | 0                      |
| <b>FY20</b>                             | 2                  | 0                      |
| <b>FY21</b>                             | 5                  | 0                      |
| <b>FY22</b>                             | 0                  | 0                      |
| <b>TOTAL</b>                            | <b>7</b>           | <b>0</b>               |

| NCCF Resource Homes |             |                 |
|---------------------|-------------|-----------------|
| FY                  | Allegations | Substantiations |
| FY19                | 32          | 1               |
| FY20                | 16          | 0               |
| FY21                | 20          | 0               |
| FY22                | 4           | 0               |
| <b>TOTAL</b>        | <b>72</b>   | <b>1</b>        |

### Placements & Providers

109. Provide the following by age, gender, race, provider, location, daily rate, and time in care during FY21 and FY22, to date:

- a. Total number of foster children and youth;
- b. Total number of foster children and youth living in foster homes;
- c. Total number of foster children and youth living in group homes;
- d. Total number of foster children and youth living in independent living programs;
- e. Total number of foster children and youth living in residential treatment centers; and
- f. Total number of foster children and youth in absence, and the length of time they have been in absence.

| FY21 Age | Foster Homes |             |           | Group Settings |     |            |     |     |           | Other | Total Children |    |
|----------|--------------|-------------|-----------|----------------|-----|------------|-----|-----|-----------|-------|----------------|----|
|          | Kin          | Foster Home | Sub-total | ID/DD          | D&E | Group Home | ILP | RTC | Sub-total |       |                |    |
| <1 Year  | 10           | 16          | 26        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 2              | 28 |
| 1        | 22           | 24          | 46        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 46 |
| 2        | 8            | 15          | 23        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 23 |
| 3        | 4            | 19          | 23        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 23 |
| 4        | 8            | 19          | 27        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 27 |
| 5        | 7            | 21          | 28        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 28 |
| 6        | 7            | 14          | 21        | 0              | 0   | 0          | 0   | 1   | 1         | 1     | 0              | 22 |
| 7        | 7            | 13          | 20        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 20 |
| 8        | 8            | 13          | 21        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 1              | 22 |
| 9        | 4            | 20          | 24        | 0              | 0   | 0          | 0   | 1   | 1         | 1     | 0              | 25 |
| 10       | 5            | 14          | 19        | 0              | 0   | 0          | 0   | 3   | 3         | 3     | 0              | 22 |
| 11       | 3            | 14          | 17        | 0              | 0   | 0          | 0   | 0   | 0         | 0     | 0              | 17 |
| 12       | 7            | 12          | 19        | 0              | 0   | 0          | 0   | 2   | 2         | 2     | 0              | 21 |
| 13       | 7            | 12          | 19        | 0              | 0   | 2          | 0   | 2   | 4         | 4     | 0              | 23 |

| FY21 Age     | Foster Homes |             |            | Group Settings |          |            |          |           |           | Other     | Total Children |
|--------------|--------------|-------------|------------|----------------|----------|------------|----------|-----------|-----------|-----------|----------------|
|              | Kin          | Foster Home | Sub-total  | ID/DD          | D&E      | Group Home | ILP      | RTC       | Sub-total |           |                |
| 14           | 3            | 13          | 16         | 0              | 1        | 5          | 0        | 3         | 9         | 2         | 27             |
| 15           | 8            | 15          | 23         | 0              | 2        | 5          | 0        | 1         | 8         | 6         | 37             |
| 16           | 5            | 10          | 15         | 0              | 0        | 6          | 0        | 1         | 7         | 7         | 29             |
| 17           | 3            | 26          | 29         | 1              | 0        | 9          | 1        | 2         | 13        | 7         | 49             |
| 18           | 6            | 21          | 27         | 0              | 0        | 8          | 0        | 1         | 9         | 13        | 49             |
| 19           | 4            | 18          | 22         | 0              | 0        | 1          | 2        | 0         | 3         | 12        | 37             |
| 20           | 1            | 13          | 14         | 1              | 0        | 3          | 6        | 0         | 10        | 14        | 38             |
| 21           | 0            | 0           | 0          | 0              | 0        | 0          | 0        | 0         | 0         | 1         | 1              |
| <b>Total</b> | <b>137</b>   | <b>342</b>  | <b>479</b> | <b>2</b>       | <b>3</b> | <b>39</b>  | <b>9</b> | <b>17</b> | <b>70</b> | <b>65</b> | <b>614</b>     |

| FY21 Gender  | Foster Homes |             |            | Group Settings |          |            |          |           |           | Other     | Total      |
|--------------|--------------|-------------|------------|----------------|----------|------------|----------|-----------|-----------|-----------|------------|
|              | Kin          | Foster home | Sub-total  | ID/DD          | D&E      | Group Home | ILP      | RTC       | Sub-total |           |            |
| Female       | 65           | 185         | 250        | 0              | 3        | 14         | 9        | 8         | 34        | 37        | 321        |
| Male         | 72           | 157         | 229        | 2              | 0        | 25         | 0        | 9         | 36        | 28        | 293        |
| <b>Total</b> | <b>137</b>   | <b>342</b>  | <b>479</b> | <b>2</b>       | <b>3</b> | <b>39</b>  | <b>9</b> | <b>17</b> | <b>70</b> | <b>65</b> | <b>614</b> |

| FY21 Race                 | Foster Homes |             |            | Group Settings |          |            |          |           |           | Other     | Total      |
|---------------------------|--------------|-------------|------------|----------------|----------|------------|----------|-----------|-----------|-----------|------------|
|                           | Kin          | Foster home | Sub-total  | ID/DD          | D&E      | Group Home | ILP      | RTC       | Sub-total |           |            |
| Asian                     | 0            | 2           | 2          | 0              | 0        | 0          | 0        | 0         | 0         | 1         | 3          |
| Black or African American | 120          | 255         | 375        | 2              | 2        | 34         | 9        | 14        | 61        | 52        | 488        |
| Hispanic                  | 12           | 64          | 76         | 0              | 1        | 4          | 0        | 3         | 8         | 11        | 95         |
| White                     | 0            | 4           | 4          | 0              | 0        | 0          | 0        | 0         | 0         | 0         | 4          |
| No Race Data Reported     | 5            | 17          | 22         | 0              | 0        | 1          | 0        | 0         | 1         | 1         | 24         |
| <b>Total</b>              | <b>137</b>   | <b>342</b>  | <b>479</b> | <b>2</b>       | <b>3</b> | <b>39</b>  | <b>9</b> | <b>17</b> | <b>70</b> | <b>65</b> | <b>614</b> |

| FY21<br>Provider Location | Foster Homes |                |               | Group Settings |          |               |          |           |               | Other     | Total      |
|---------------------------|--------------|----------------|---------------|----------------|----------|---------------|----------|-----------|---------------|-----------|------------|
|                           | Kin          | Foster<br>home | Sub-<br>total | ID/<br>DD      | D&E      | Group<br>Home | ILP      | RTC       | Sub-<br>total |           |            |
| DC                        | 69           | 128            | 197           | 2              | 3        | 36            | 9        | 2         | 52            | 58        | 307        |
| MD                        | 68           | 202            | 270           | 0              | 0        | 3             | 0        | 5         | 8             | 4         | 282        |
| VA                        | 0            | 1              | 1             | 0              | 0        | 0             | 0        | 2         | 2             | 1         | 4          |
| Other States              | 0            | 11             | 11            | 0              | 0        | 0             | 0        | 8         | 8             | 2         | 21         |
| <b>Total</b>              | <b>137</b>   | <b>342</b>     | <b>479</b>    | <b>2</b>       | <b>3</b> | <b>39</b>     | <b>9</b> | <b>17</b> | <b>70</b>     | <b>65</b> | <b>614</b> |

| FY21<br>Time in Care | Foster Homes |                |               | Group Settings |          |               |          |           |               | Other     | Total      |
|----------------------|--------------|----------------|---------------|----------------|----------|---------------|----------|-----------|---------------|-----------|------------|
|                      | Kin          | Foster<br>home | Sub-<br>total | ID/<br>DD      | D&E      | Group<br>Home | ILP      | RTC       | Sub-<br>total |           |            |
| 0 - 3 Months         | 14           | 44             | 58            | 0              | 3        | 1             | 0        | 0         | 4             | 5         | 67         |
| 4 - 6 Months         | 15           | 33             | 48            | 0              | 0        | 2             | 0        | 0         | 2             | 2         | 52         |
| 7 - 12 Months        | 24           | 51             | 75            | 0              | 0        | 9             | 0        | 3         | 12            | 4         | 91         |
| 13 - 24 Months       | 46           | 68             | 114           | 0              | 0        | 5             | 1        | 3         | 9             | 8         | 131        |
| 25+ Months           | 38           | 146            | 184           | 2              | 0        | 22            | 8        | 11        | 43            | 46        | 273        |
| <b>Total</b>         | <b>137</b>   | <b>342</b>     | <b>479</b>    | <b>2</b>       | <b>3</b> | <b>39</b>     | <b>9</b> | <b>17</b> | <b>70</b>     | <b>65</b> | <b>614</b> |

| Time in Abscondance<br>(As of September 30,<br>2020) | Total<br>Children |
|--|-------------------|
| 0 - 3 Months   | 9                 |
| 4 - 6 Months   | 4                 |
| 7 - 12 Months  | 3                 |
| 13 - 24 Months                                       | 5                 |
| 25+ Months   | 1                 |
| Others   | 0                 |
| <b>Total</b>   | <b>22</b>         |

**Note:** other includes Abscondance, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement, COVID-19 Placement/Under 21 (Non Paid) and Juvenile Foster Care (Non Paid)

| FY22<br>Age  | Foster Homes |                |               | Group Settings |          |               |          |           |               | Other     | Total<br>Children |
|--------------|--------------|----------------|---------------|----------------|----------|---------------|----------|-----------|---------------|-----------|-------------------|
|              | Kinship      | Foster<br>Home | Sub-<br>total | ID/DD          | D&E      | Group<br>Home | ILP      | RTC       | Sub-<br>total |           |                   |
| <1 Year      | 8            | 18             | 26            | 0              | 0        | 0             | 0        | 0         | 0             | 2         | 28                |
| 1            | 19           | 21             | 40            | 0              | 0        | 0             | 0        | 0         | 0             | 1         | 41                |
| 2            | 10           | 12             | 22            | 0              | 0        | 0             | 0        | 0         | 0             | 0         | 22                |
| 3            | 5            | 19             | 24            | 0              | 0        | 0             | 0        | 0         | 0             | 0         | 24                |
| 4            | 8            | 18             | 26            | 0              | 0        | 0             | 0        | 0         | 0             | 0         | 26                |
| 5            | 8            | 14             | 22            | 0              | 0        | 0             | 0        | 0         | 0             | 0         | 22                |
| 6            | 5            | 21             | 26            | 0              | 0        | 0             | 0        | 1         | 1             | 0         | 27                |
| 7            | 7            | 13             | 20            | 0              | 0        | 0             | 0        | 0         | 0             | 0         | 20                |
| 8            | 5            | 12             | 17            | 0              | 0        | 0             | 0        | 0         | 0             | 0         | 17                |
| 9            | 5            | 17             | 22            | 0              | 0        | 0             | 0        | 0         | 0             | 1         | 23                |
| 10           | 6            | 14             | 20            | 0              | 0        | 0             | 0        | 2         | 2             | 0         | 22                |
| 11           | 3            | 13             | 16            | 0              | 0        | 0             | 0        | 1         | 1             | 0         | 17                |
| 12           | 5            | 14             | 19            | 0              | 0        | 0             | 0        | 2         | 2             | 1         | 22                |
| 13           | 11           | 16             | 27            | 0              | 0        | 2             | 0        | 1         | 3             | 1         | 31                |
| 14           | 2            | 9              | 11            | 0              | 0        | 6             | 0        | 2         | 8             | 4         | 23                |
| 15           | 8            | 16             | 24            | 0              | 2        | 2             | 0        | 2         | 6             | 7         | 37                |
| 16           | 5            | 11             | 16            | 0              | 0        | 5             | 0        | 0         | 5             | 10        | 31                |
| 17           | 4            | 20             | 24            | 1              | 1        | 9             | 0        | 4         | 15            | 11        | 50                |
| 18           | 4            | 13             | 17            | 0              | 0        | 11            | 0        | 1         | 12            | 15        | 44                |
| 19           | 2            | 22             | 24            | 1              | 0        | 4             | 2        | 0         | 7             | 10        | 41                |
| 20           | 4            | 14             | 18            | 1              | 0        | 4             | 4        | 0         | 9             | 9         | 36                |
| <b>Total</b> | <b>134</b>   | <b>327</b>     | <b>461</b>    | <b>3</b>       | <b>3</b> | <b>43</b>     | <b>6</b> | <b>16</b> | <b>71</b>     | <b>72</b> | <b>604</b>        |

| FY22<br>Gender | Foster Homes |                |               | Group Settings |          |               |          |           |               | Other     | Total<br>Children |
|----------------|--------------|----------------|---------------|----------------|----------|---------------|----------|-----------|---------------|-----------|-------------------|
|                | Kinship      | Foster<br>Home | Sub-<br>total | ID/DD          | D&E      | Group<br>Home | ILP      | RTC       | Sub-<br>total |           |                   |
| Female         | 76           | 174            | 250           | 0              | 3        | 19            | 6        | 8         | 36            | 34        | 320               |
| Male           | 58           | 153            | 211           | 3              | 0        | 24            | 0        | 8         | 35            | 38        | 284               |
| <b>Total</b>   | <b>134</b>   | <b>327</b>     | <b>461</b>    | <b>3</b>       | <b>3</b> | <b>43</b>     | <b>6</b> | <b>16</b> | <b>71</b>     | <b>72</b> | <b>604</b>        |

| FY22 Race                 | Foster Homes |             |            | Group Settings |          |            |          |           |           | Other     | Total Children |
|---------------------------|--------------|-------------|------------|----------------|----------|------------|----------|-----------|-----------|-----------|----------------|
|                           | Kinship      | Foster Home | Sub-total  | ID/DD          | D&E      | Group Home | ILP      | RTC       | Sub-total |           |                |
| Asian                     | 0            | 2           | 2          | 0              | 0        | 0          | 0        | 0         | 0         | 1         | 3              |
| Black or African American | 115          | 238         | 353        | 3              | 2        | 35         | 6        | 14        | 60        | 55        | 468            |
| Hispanic                  | 11           | 70          | 81         | 0              | 1        | 6          | 0        | 2         | 9         | 11        | 101            |
| White                     | 0            | 3           | 3          | 0              | 0        | 0          | 0        | 0         | 0         | 0         | 3              |
| Unknown                   | 0            | 0           | 0          | 0              | 0        | 0          | 0        | 0         | 0         | 1         | 1              |
| No Race Data Reported     | 8            | 14          | 22         | 0              | 0        | 2          | 0        | 0         | 2         | 4         | 28             |
| <b>Total</b>              | <b>134</b>   | <b>327</b>  | <b>461</b> | <b>3</b>       | <b>3</b> | <b>43</b>  | <b>6</b> | <b>16</b> | <b>71</b> | <b>72</b> | <b>604</b>     |

| FY22 Provider Location | Foster Homes |             |            | Group Settings |          |            |          |           |           | Other     | Total Children |
|------------------------|--------------|-------------|------------|----------------|----------|------------|----------|-----------|-----------|-----------|----------------|
|                        | Kinship      | Foster Home | Sub-total  | ID/DD          | D&E      | Group Home | ILP      | RTC       | Sub-total |           |                |
| DC                     | 65           | 125         | 190        | 3              | 3        | 42         | 6        | 2         | 56        | 65        | 311            |
| MD                     | 69           | 190         | 259        | 0              | 0        | 0          | 0        | 5         | 5         | 4         | 268            |
| VA                     | 0            | 1           | 1          | 0              | 0        | 1          | 0        | 4         | 5         | 2         | 8              |
| Other States           | 0            | 11          | 11         | 0              | 0        | 0          | 0        | 5         | 5         | 1         | 17             |
| <b>Total</b>           | <b>134</b>   | <b>327</b>  | <b>461</b> | <b>3</b>       | <b>3</b> | <b>43</b>  | <b>6</b> | <b>16</b> | <b>71</b> | <b>72</b> | <b>604</b>     |

| FY22 Time in Care | Foster Homes |             |           | Group Settings |     |            |     |     |           | Other | Total Children |
|-------------------|--------------|-------------|-----------|----------------|-----|------------|-----|-----|-----------|-------|----------------|
|                   | Kinship      | Foster Home | Sub-total | ID/DD          | D&E | Group Home | ILP | RTC | Sub-total |       |                |
| 0 - 3 Months      | 18           | 48          | 66        | 0              | 2   | 6          | 0   | 0   | 8         | 4     | 78             |
| 4 - 6 Months      | 14           | 26          | 40        | 0              | 0   | 0          | 0   | 1   | 1         | 6     | 47             |
| 7 - 12 Months     | 30           | 56          | 86        | 0              | 0   | 7          | 0   | 2   | 9         | 7     | 102            |
| 13 - 24 Months    | 35           | 58          | 93        | 0              | 1   | 8          | 0   | 2   | 11        | 8     | 112            |
| 25+ Months        | 37           | 139         | 176       | 3              | 0   | 22         | 6   | 11  | 42        | 47    | 265            |



| <b>Time in Abscondance<br/>(As of December 31, 2020)</b> | <b>Total<br/>Children</b> |
|--|---------------------------|
| 0 - 3 Months   | 20                        |
| 4 - 6 Months   | 3                         |
| 7 - 12 Months  | 2                         |
| 13 - 24 Months   | 6                         |
| 25+ Months   | 0                         |
| <b>Total</b>   | <b>31</b>                 |

**Note:** Other include Abscondance, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement, COVID-19 Placement/Under 21 (Non Paid) and Juvenile Foster Care (Non Paid)

**110. How many placement changes did youth in CFSA care experience in FY21 and in FY22, to date, including their age and the reason for the change?**

| <b>FY21</b>             |                           |               |               |              |                |
|-------------------------|---------------------------|---------------|---------------|--------------|----------------|
| <b>Age at End of FY</b> | <b>Placement Episodes</b> |               |               |              | <b>Total</b>   |
|                         | <b>1</b>                  | <b>2</b>      | <b>3-4</b>    | <b>5+</b>    |                |
| <1 Year                 | 20                        | 7             | 0             | 1            | 28             |
| 1                       | 33                        | 11            | 2             | 0            | 46             |
| 2                       | 15                        | 4             | 4             | 0            | 23             |
| 3                       | 15                        | 4             | 4             | 0            | 23             |
| 4                       | 22                        | 5             | 0             | 0            | 27             |
| 5                       | 12                        | 8             | 7             | 1            | 28             |
| 6                       | 11                        | 6             | 4             | 1            | 22             |
| 7                       | 10                        | 6             | 2             | 2            | 20             |
| 8                       | 15                        | 4             | 2             | 1            | 22             |
| 9                       | 10                        | 9             | 5             | 1            | 25             |
| 10                      | 15                        | 1             | 3             | 3            | 22             |
| 11                      | 11                        | 2             | 4             | 0            | 17             |
| 12                      | 11                        | 5             | 3             | 2            | 21             |
| 13                      | 10                        | 4             | 6             | 3            | 23             |
| 14                      | 8                         | 7             | 5             | 7            | 27             |
| 15                      | 18                        | 7             | 7             | 5            | 37             |
| 16                      | 11                        | 4             | 6             | 8            | 29             |
| 17                      | 15                        | 14            | 12            | 8            | 49             |
| 18                      | 20                        | 15            | 9             | 5            | 49             |
| 19                      | 21                        | 9             | 2             | 5            | 37             |
| 20                      | 24                        | 6             | 6             | 2            | 38             |
| 21                      | 1                         | 0             | 0             | 0            | 1              |
| <b>Total</b>            | <b>328</b>                | <b>138</b>    | <b>93</b>     | <b>55</b>    | <b>614</b>     |
| <b>Percentage</b>       | <b>53.42%</b>             | <b>22.48%</b> | <b>15.15%</b> | <b>8.96%</b> | <b>100.00%</b> |

| <b>FY22</b>             |                           |               |              |              |                |
|-------------------------|---------------------------|---------------|--------------|--------------|----------------|
| <b>Age at End of FY</b> | <b>Placement Episodes</b> |               |              |              | <b>Total</b>   |
|                         | <b>1</b>                  | <b>2</b>      | <b>3-4</b>   | <b>5+</b>    |                |
| <1 Year                 | 24                        | 4             | 0            | 0            | 28             |
| 1                       | 39                        | 1             | 1            | 0            | 41             |
| 2                       | 21                        | 1             | 0            | 0            | 22             |
| 3                       | 22                        | 2             | 0            | 0            | 24             |
| 4                       | 24                        | 2             | 0            | 0            | 26             |
| 5                       | 20                        | 2             | 0            | 0            | 22             |
| 6                       | 25                        | 1             | 1            | 0            | 27             |
| 7                       | 19                        | 1             | 0            | 0            | 20             |
| 8                       | 16                        | 1             | 0            | 0            | 17             |
| 9                       | 21                        | 2             | 0            | 0            | 23             |
| 10                      | 19                        | 3             | 0            | 0            | 22             |
| 11                      | 13                        | 3             | 1            | 0            | 17             |
| 12                      | 18                        | 4             | 0            | 0            | 22             |
| 13                      | 24                        | 5             | 2            | 0            | 31             |
| 14                      | 16                        | 5             | 1            | 1            | 23             |
| 15                      | 26                        | 5             | 5            | 1            | 37             |
| 16                      | 20                        | 10            | 0            | 1            | 31             |
| 17                      | 36                        | 7             | 5            | 2            | 50             |
| 18                      | 34                        | 4             | 6            | 0            | 44             |
| 19                      | 35                        | 5             | 0            | 1            | 41             |
| 20                      | 32                        | 3             | 0            | 1            | 36             |
| <b>Total</b>            | <b>504</b>                | <b>71</b>     | <b>22</b>    | <b>7</b>     | <b>604</b>     |
| <b>Percentage</b>       | <b>83.44%</b>             | <b>11.75%</b> | <b>3.64%</b> | <b>1.16%</b> | <b>100.00%</b> |

111. Regarding the availability of beds/placements for children and youth in fostercare, provide the following for FY21 and FY22, to date:

- a. The current number of foster home beds available in the District and in Maryland.

| <b>State</b> | <b>FY21 (As of September 30, 2021)</b> | <b>FY22 (As of December 31, 2021)</b> |
|--------------|--|---------------------------------------|
| District     | 325                                    | 319                                   |
| Maryland     | 464                                    | 409                                   |
| <b>Total</b> | <b>789</b>                             | <b>728</b>                            |

**b. The number of foster home beds that are currently vacant in the District and in Maryland.**

| State        | FY21 (As of September 30, 2021) | FY22 (As of December 31, 2021) |
|--------------|---------------------------------|--------------------------------|
| District     | 126                             | 129                            |
| Maryland     | 194                             | 150                            |
| <b>Total</b> | <b>320</b>                      | <b>279</b>                     |

**c. The current total number of group home beds in the District and in Maryland.**

| Provider                      | Bed#      |
|-------------------------------|-----------|
| Boys Town                     | 24        |
| God’s Anointed New Generation | 12        |
| Innovative Life Solutions     | 5         |
| Maximum Quest                 | 14        |
| Sasha Bruce                   | 4         |
| The Mary Elizabeth House      | 12        |
| Umbrella                      | 6         |
| <b>Total</b>                  | <b>77</b> |

**d. The total number of group home beds that are currently vacant in the District and in Maryland.**

There are 21 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 fostercare system.**

There are 13 independent living program beds (one from Innovative Life Solutions and 12 from The Mary Elizabeth House).

**f. The number of independent living program beds that are currently vacant.**

There are five independent living program beds currently vacant (all five from The Mary Elizabeth House).

**g. The current total number of teen parent program beds in the District’s foster caresystem.**

There are 12 teen parent program beds in the District’s foster care system.

- h. The number of teen parent program beds that are currently vacant in the District and in Maryland.**

There are five teen parent program beds that are currently vacant in the District’s foster care system.

- 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 FY20, FY21, and FY22, to date**

| <b>Total Number of Foster Home Beds Willing to Accept teens (age 13+)</b> |             |             |             |
|---|-------------|-------------|-------------|
|   | <b>FY20</b> | <b>FY21</b> | <b>FY22</b> |
| <b>MD – NCCF</b>  | 162         | 84          | 76          |
| <b>DC</b>   | 87          | 96          | 86          |

- 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 FY20, FY21, and FY22, to date**

| <b>Total Number of Foster Home Beds Willing to Accept Ages 0-5</b> |             |             |             |
|--|-------------|-------------|-------------|
|  | <b>FY20</b> | <b>FY21</b> | <b>FY22</b> |
| <b>MD – NCCF</b>   | 111         | 79          | 82          |
| <b>DC</b>  | 95          | 104         | 99          |

- 112. Describe CFSA’s placement matching process:**
- a. Provide a list of the child-specific and foster parent-specific factors taken into consideration when:**
    - i. A child is initially removed from their home of origin;**

When a child is separated from their family, the following factors are taken into consideration to determine the best placement:

| <b>Child-Specific Factors</b>              | <b>Resource Parent-Specific Factors</b>  |
|--|--|
| Current school location                    | Location of the resource home  |
| Birth family residential home/ward         | Availability and capacity for placement  |
| Proximity to family/lifelong connections   | Ability to support/parent older teens  |
| Siblings in care                           | Willingness to take sibling(s) of children currently in placement                        |
| Medical/health/allergies/behavioral issues | Ability and willingness to support special needs and take child to frequent appointments |
| Age  | Open to accepting all ages   |
| Sexual/Gender Identity                     | Open to accepting all sexual/gender identities   |

- ii. A child is moved from one foster home to another foster home; and**

The same matching factors outlined above are used to identify a new foster home with the additional knowledge of the child’s strengths, behavior patterns, and any other needs.

To further prepare the new resource parent where possible, the former and current resource parents are provided the opportunity to meet and share information regarding the child.

- iii. A child is moved from a congregate/group home setting to a foster home.**

Moving from a congregate/group setting to a foster home generally indicates a positive move for a child. CFSA strives for all youth to be in family-based care whenever possible and appropriate for the needs of the youth.

The same factors listed in the response to Question 112(a)(i) are considered for the matching process. The social worker, congregate provider, and other team members provide as much information as possible to the resource home.

- b. Explain what steps CFSA is taking to ensure that the number of available beds in the District’s foster care system are appropriately matched to the number of children in need of placement, and that vacant beds are appropriately utilized.**

Bed availability and utilization are impacted by the number and needs of children entering the system. CFSA monitors bed utilization on a daily basis to keep abreast of trends and predict

needs. This monitoring involves working closely with partner agencies to assess their array and utilize a joint placement matching process.

**c. Describe the joint placement matching activities in which NCCF and CFSA engaged during the placement matching process.**

CFSA and NCCF speak daily on placement needs, and the placement management teams meet twice each month for a formal review of youth, referral process issues, and challenges/strengths recently discovered in the resource family array.

An individual child's placement matching process starts with the full universe of available homes across CFSA and NCCF, and uses the factors outlined in response to Question 112(a)(i) to match a child or youth to a placement. Once a match is confirmed, CFSA and NCCF:

- Verify that the matching results are valid through direct confirmation with the resource parent
- Provide as much additional information to the resource parents as possible

**113. Regarding the retention and recruitment of foster parents:**

**a. What was the agency's foster parent yearly retention rate in FY21, and what has that rate been in FY22, to date?**

FY21: On October 1, 2020, CFSA had 146 licensed traditional foster homes. CFSA licensed 37 new foster homes between October 1, 2020 and September 30, 2021. Of those 183 homes, 149 remained licensed through September 30, 2021 and 34 were closed, for an FY21 retention rate of 81 percent.

FY22: On October 1, 2021, there were 154 traditional foster homes. As of December 31, 2021, seven were closed, leaving 147 licensed homes and a current retention rate of 95 percent.

**b. What are the agency's recruitment targets for increasing the total number of foster homes in the District's foster care system (i) in general and (ii) geographically within the District? What strategies have been implemented to reach these targets?**

One of CFSA's longstanding priorities is to increase the number of foster homes within the District of Columbia, especially in the areas of the city from which children are most frequently removed. In FY21, 76 percent of children came into foster care from Wards 8 (30%), 7 (26%), and 5 (20%).

CFSA's FY21 foster home creation target was 40 new traditional resource home beds. By the end of FY21, the agency had achieved its goal, creating 50 beds for youth in foster care (in 37 new homes) and 50 beds for youth in foster care. CFSA developed at least one home in each of the Wards, except for Ward 3. Fifty-six percent of licensed homes were in the Wards from which children originated when coming into foster care.

| <b>Ward</b>  | <b># homes created in FY 21</b> | <b>Percentage of total</b> |
|--------------|---------------------------------|----------------------------|
| 1            | 2                               | 5%                         |
| 2            | 2                               | 5%                         |
| 3            | 0                               | 0                          |
| 4            | 7                               | 20%                        |
| 5            | 6                               | 17%                        |
| 6            | 5                               | 14%                        |
| 7            | 11                              | 31%                        |
| 8            | 3                               | 8%                         |
| <b>Total</b> | <b>36</b>                       | <b>100%</b>                |

Recruitment strategies include:

- Expanding strategic outreach across the District via virtual and social media platforms such as NextDoor and Eventbrite
- Collaborating with faith-based organizations, such as DC127 and LGBTQ Churches, to facilitate shared information sessions (four were held in FY21)
- Using online communications platforms with community partners to collaboratively host virtual events.
- Conducting over 80 virtual “At-Home” consultations with prospective foster parents
- Posting 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 Latino Affairs; LGBTQ and Volunteerism; Anacostia Council Committee; Georgia Avenue Collaborative; and My Community Listserv, etc.
- Enhancing the fosterdckids.org landing page by adding a chat feature, infographics, parent success stories, and an interactive calendar that allows for online registration for information sessions
- Expanding (and streamlining) offerings by fosterdckids.org to help promote recruitment and retention of resource parents. For example:
  - Applicants can complete and submit documents online, including the Foster Care Application and Pre-screening Assessment Form
  - Maintaining an updated events page
  - Archiving relevant policies
  - Listing important staff contacts
  - Providing a portal for training registration
  - Streamlining the process for existing resource parents to access and generate referrals to apply for services for children in care

- Increasing distribution of electronic materials to community partners for inclusion in their calendars, newsletters, and websites
  - Facilitating two virtual “Family Match Nights” for children with the goal of adoption
- c. What percentage of current foster homes are located geographically within the District? What percentage of youth are placed geographically within the District?**

| <b>Total Foster Homes in the District</b> |                   |
|---|-------------------|
| <b>Number</b>                             | <b>Percentage</b> |
| 213                                       | 48%               |

| <b>Total Children Placed in the District</b> |                   |
|--|-------------------|
| <b>Number</b>                                | <b>Percentage</b> |
| 311  | 52%               |

- 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 FY21? What are the agency’s targets for FY22?**

The target for FY21 was to develop 10 additional beds for teenagers. By the end of FY21, 11 homes and 14 beds had been developed for teenagers. The goal was achieved.

The target for FY22, is to develop 10 additional beds for teenagers. To date, two beds have been developed.

The primary barrier in recruiting for resource homes for this population is the belief that teenagers are difficult to manage and will not do well in their homes. To respond to this challenge, CFSA and NCCF’s foster parent training program (New Generation PRIDE) speaks specifically to working with teens and provides resources parents can employ to support them.

In addition, CFSA Recruitment will partner with teenagers themselves to help dispel myths and reinforce the importance of belonging in a family setting. Strategies planned for FY22, include the following:

- Collaborating with the CFSA Office of Youth Empowerment (OYE) to create a public service announcement dispelling the myth that teenagers do not want to join a family



- Working with CFSA’s Youth Council to develop video messages that can be disseminated to community partners, stakeholders, and social media platforms on “The Top Ten Reasons to Adopt a Teen”
- Showing the video “Worthy of Belonging” during virtual information sessions for prospective resource parents

**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 FY21? What are the agency’s targets for FY22?**

In FY19 and FY20, the agency saw steady drops in the number of pregnant and parenting teens in foster care. As a result, a target for additional resource homes for this population was not established for FY21. However, out of the 11 homes developed for teens, four indicated an interest in providing placements for pregnant and parenting teens.

Further, in FY21, the recruitment team continued outreach and designed specific recruitment strategies to engage resource parents for this population, including the following:

- Presenting to staff and community partners that serve this population, such as WIC, Mary’s Center, DC127 Host Parents, and other parenting support organizations.
- Highlighting this population during two Rainbow Families “Maybe Babies” sessions and the Rainbow Families Virtual 2021 Conference

In FY21 and FY22 to date, the number of teen parents in foster care increased from 18 to 23. As a result, the recruitment team will seek to develop at least four additional beds for this population in FY22. Increased outreach efforts will include the following:

- Hosting information sessions with existing resource parents, potential parents in the pipeline, and referrals from CFSA Resource Parent Support and community-based Foster Parent Associations
- Developing public service announcements articulating the need and how individuals and families can make the difference in successful outcomes for this population

DC and Maryland face similar barriers in finding homes that are able to support both a mother and child. In DC, Chapter 60 regulations require separate bedrooms for parents and children older than 18 months. In Maryland, COMAR regulations require separate bedrooms after the child is 6 months old.

**f. What has been the agency's progress in identifying homes and placements that will provide an appropriate setting for children with special needs? What have been the barriers? Did the Agency achieve its target for FY21? What are the agency's targets for FY22?**

In FY21, with a target of five beds for children with special needs, the recruitment team recruited four homes and six beds in FY21 for this population through the following efforts:

- Conduct outreach and partner with groups and organizations that serve this population of children, including Children's Hospital, National Alliance on Mental Illness, Psychiatric Institute of Washington DC, and the DC Chapter of Retired Nurses
- Facilitate "Lunch and Learns" with Kaiser Permanente, United Health, and the Black Nurses Association
- Profile this population of children on various adoption sites
- Host virtual "Family Match Nights" exclusively for medically fragile children

In FY22, to achieve a target of five additional resource families for this population, CFSA will continue the efforts described above.

Barriers to developing resource homes for this population include the following:

- Limited desire in the community to serve this population
- Lack of time to devote to the care and often demanding schedules of these children
- A perceived inconvenience in utilizing in-home nursing and other associated services required to be in the home with the children

**g. What has been the agency's progress in identifying homes and placements that will provide a safe and positive space for LGBTQ foster youth? What have been the barriers? Did the Agency achieve its target for FY21? What are the agency's targets for FY22?**

In FY21, maintaining current homes and increasing the pool of resource parents for LGBTQ foster youth continued to be a priority, especially for transgender youth. Against a target of five, 10 resource homes developed in FY21 were comprised of LGBTQ individuals, families, and/or LGBTQ allies willing to provide a temporary or permanent haven for this population.

Training on understanding and working with LGBTQ youth (including review of a new agency policy for gender expression among youth) was offered to the entire pool of resource parents to increase awareness and encourage more placements for this population.

In FY22, to achieve a target of five additional homes for this population, the recruitment team’s efforts will continue, dedicated to ensuring that outreach strategies are affirming and inclusive.

The agency is not experiencing any current barriers recruiting for this population.

**h. What percentage of current foster homes licensed by CFSA and NCCF have adults who have received trauma informed training?**

One hundred percent of foster homes currently licensed by CFSA and NCCF have adults who have received trauma-informed training, as it is embedded in pre-service and in-service curricula. Additionally, trauma-informed caregiving practices for the populations of children CFSA serves is integrated into the mandated Specialized Populations training.

**i. 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 FY21, Latinx children comprised approximately 17 percent of the District's foster care population (N=100/599). For 72 percent of these children, their primary language was English; for 28 percent it was Spanish. CFSA recognizes the importance of placing children with families who share their language and cultural identity. Combined, CFSA and its partner agencies are meeting these needs, as follows:

| <b>Provider</b>       | <b># of children whose primary language is Spanish</b> | <b># of Spanish-speaking homes</b> |
|-----------------------|--|------------------------------------|
| CFSA                  | 10   | 10                                 |
| NCCF                  | 8  | 8                                  |
| LAYC                  | 6  | 6                                  |
| Lutheran Social Svcs. | 4  | 4                                  |
| <b>Total</b>          | <b>28</b>  | <b>28</b>                          |

**j. 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 FY21? What are the Agency’s targets for FY22?**

CFSA’s FY21 target for recruiting language-appropriate families was three families, and we were able to recruit six. Our FY22 target is also to recruit three families.

To reach targets, CFSA will continue engaging in community-based outreach and trust-building efforts, including messaging the need to the Mayor’s Office of Latino Affairs, LAYC, Rainbow

Families, and Mary’s Center. CFSA has also updated its fosterdckids.org website to include translation into Spanish, and has upcoming paid social media advertisements targeting Latinx individuals and families.

Although the Human Rights Law of 1977 prohibits discriminating against a person based on their immigrant status, fears regarding immigration status, and a general lack of trust for public child welfare agencies, remain significant barriers for creating new resource homes from this community.

**k. How may foster families closed their homes in FY21 and in FY22, to date? What were the reasons given for closing their homes? If COVID was given as a reason, how did CFSA assist?**

| <b>CFSA Home Closure Reason</b> | <b>FY21</b> | <b>FY22</b> |
|---------------------------------|-------------|-------------|
| Permanency                      | 8           | 2           |
| Clinical/Regulatory             | 4           | 1           |
| Resource Parent Request         | 18          | 4           |
| COVID*                          | 4           | 0           |
| <b>Total</b>                    | <b>34</b>   | <b>7</b>    |

\* CFSA assisted resource families concerned about COVID by providing information, safety supplies, pre-screening, and a facility to quarantine youth. Despite these efforts, many families were unwilling to maintain their foster care license in this climate.

**l. What are the Agency’s recruitment targets for increasing the total number of foster homes where the adults are experienced with caring for children who are medically fragile or have serious developmental or physical disabilities? What have been the barriers? What strategies have been implemented to reach these targets in FY22? What are the Agency’s targets for FY23?**

In FY21, against a target of two homes, two homes (3 beds) were created for this population. In FY22, our target is two more homes. The following efforts will continue:

- Partnering with multiple DC and Maryland medical care providers and hospitals to profile medically fragile children for potential adoptive resources
- Spotlighting these children in the monthly CFSA Foster Parent Newsletter
- Partnering with organizations serving children on the autism spectrum, including Autism Speaks, and hosting recruitment events/Family Match Nights (two held in FY21)

- Collaborating with foster parents who are caring for this population so they can speak to their experiences during at least one orientation session annually

Barriers include a lack of desire in the community to serve this population; lack of time to devote to the care these children require; and the perceived inconvenience of using the required in-home nursing and other associated services.

**m. What are the Agency’s recruitment targets for increasing the total number of foster homes where the adults are experienced with caring for children after diagnostic and emergency care? What have been the barriers? What strategies have been implemented to reach these targets? What are the Agency’s targets for FY23?**

In FY21, CSFA’s recruitment target was two foster homes in which the adults were experienced with caring for children after diagnostic and emergency care (called SOAR homes: Stabilization, Observation, Assessment and Respite Services). CFSA contracted with two Professional Foster Parents (four beds) to provide care twenty-four hours per day, seven days per week for youth between the ages of 6 and 20. The expected length of stay in a SOAR home is up to 90 days.

In addition, CFSA is establishing “Trauma Informed Professional Parents” (TIPPs) who will be able to provide care 24 hours per day, seven days per week on an on-going basis. TIPP homes will be for children/youth ages eight and up (with a focus on eight-to-12-year olds), whose mental health and behavioral concerns have made traditional placements difficult.

In FY22, CFSA seeks to develop four additional professional parents to serve this population.

Finding people with the appropriate skill set and time to care for this population of youth remains a barrier.

**n. What supports do you have in place to help foster families and to encourage them to continue to serve in that role?**

Professional Support. The Resource Parent Support Worker (RPSW) unit is a vital and valuable partner in recruiting and retaining resource parents. The RPSW:

- Provides ongoing support, coaching, and assistance to licensed resource families to address issues that may impact their ability to provide optimal foster care services
- Educates and empowers resource parents to effectively advocate on behalf of children, in partnership with all team members
- Receives a minimum of 30 hours annually of continuing education training hours that help keep them abreast of social, cultural, and child welfare trends relevant to the District’s

child welfare population

Peer-to-Peer Support. The BOND program (Bridge, Organize, Nurture, and Develop) is a single, cohesive, and more comprehensive resource providing resource parents with strong, consistent support; reliable respite opportunities; socializing and network-building; peer-to-peer guidance and help during challenging moments.

Childcare. Successful recruitment and retention of resource homes for children under school-age requires attention to the need for childcare if both parents are working:

- The RPSW begins development of a childcare plan before a family accepts any placements. The plan includes identifying reliable backup options.
- The RPSW collaborates with social workers to connect families to CFSA's early education specialist for assistance in identifying childcare services.
- Families are encouraged and supported to be aware of nearby community resources (e.g., childcare and recreation centers).

Linkage with Community Supports. CFSA encourages all resource families to become active participants in community organizations such as the DC Metropolitan Foster Adoptive Parent Association (DC-FAPA) 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.

**114. During FY21, how many youths in out-of-home care stayed in a hotel while awaiting a licensed placement? In FY22, to date? For each youth who stayed in a hotel, provide:**

- a. The age of the youth;
- b. The length of the youth's stay in a hotel;
- c. The efforts made to identify a licensed placement;
- d. The type of placement the youth was moved to following his/her hotel stay;
- e. Steps the agency took to provide supervision for the youth;
- f. The factors that led to the youth staying in a hotel; and
- g. Steps the agency has taken to ensure that no youth in out-of-home care will stay in a hotel during the remainder of FY22.

No youth in care stayed in a hotel while awaiting a placement in FY21, or to date in FY22.

**115. During FY21, 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? In FY22, to date? Where applicable, for each youth, provide:**

- a. The age of the youth;
- b. A description of the type of placement;
- c. The length of the youth's stay in the emergency, short-term, respite, or otherwise temporary placement;
- d. The circumstances under which the youth was so placed;
- e. The efforts made to identify an appropriate placement;
- f. The barriers that exist to placing youth into traditional foster homes immediately after they are in emergency, short-term, respite, or otherwise temporary placement; and
- g. The type of placement the youth was moved to following the youth's stay in the emergency, short-term, respite, or otherwise temporary placement.

CFSA's only "emergency, short-term placement" resource is Sasha Bruce. Please see Question 117 for responses on Sasha Bruce.

Respite means a child leaves a current placement for a planned, brief period-of-time, and returns to that placement. Respite is not utilized when youth are awaiting placement.

CFSA does not have temporary placements.

**116. During FY21, how many youths in out-of-home care stayed overnight at CFSA's offices while awaiting a licensed placement? In FY22, to date? For each youth who stayed at CFSA, provide:**

There has been a significant reduction in youth staying in the CFSA offices over the last few years. In FY21, seven individual youth spent a total of 11 nights at CFSA's offices while awaiting a licensed placement. One youth experienced five nights, of which three were consecutive.

In FY22 (October – December 2021), five individual youth stayed overnight at CFSA’s offices while awaiting a licensed placement, for a total of six nights; one of the youth stayed two nights consecutively.

- a. The age of the youth;
- b. The length of the youth’s stay at CFSA’s office;
- c. The efforts made to identify a licensed placement;
- d. The type of placement the youth was in before staying at CFSA’s offices and following the stay at CFSA’s offices;

| Month  | Age | Placement prior to overnight  | Placement following overnight             | # of days in the building |
|--------|-----|-------------------------------|---|---------------------------|
| Nov-20 | 6   | CFSA initial removal          | NCFE resource home                        | 1                         |
| Feb-21 | 13  | CFSA initial removal          | CFSA resource home                        | 1                         |
| Apr-21 | 5   | CFSA Initial removal          | NCFE resource home                        | 1                         |
| May-21 | 17  | CFSA resource home            | Traditional group home                    | 1                         |
| Jun-21 | 14  | CFSA resource home            | CFSA resource home                        | 1                         |
| Aug-21 | 14  | CFSA removal Initial          | CFSA emergency shelter/case not papered   | 1                         |
| Sep-21 | 14  | PCC Stride/DYRS resource home | SOY CFSA resource home                    | 3                         |
| Sep-21 | 14  | PCC Stride/DYRS resource home | SOY CFSA resource home                    |                           |
| Sep-21 | 14  | PCC Stride/DYRS resource home | SOY CFSA resource home                    |                           |
| Sep-21 | 14  | SOY/CFSA resource home        | PCC Stride resource home                  | 1                         |
| Sep-21 | 17  | Kinship placement             | CFSA/Emergency shelter                    | 1                         |
| Dec-12 | 14  | Initial removal               | CFSA resource home/<br>Bond               | 1                         |
| Dec-11 | 14  | CFSA/professional home        | CFSA resource home/Bond                   | 1                         |
| Nov-22 | 16  | CFSA/ SOAR Home               | Protective supervision with birth parents | 1                         |
| Nov-21 | 17  | CFSA/ SOAR Home               | CFSA/ Placement Bond Home                 | 2                         |
| Nov-21 | 17  | CFSA/ SOAR Home               | CFSA/ Placement Bond Home                 | 2                         |
| Nov-21 | 15  | CFSA/ Initial removal         | CFSA/ Traditional Group Home              | 1                         |



**e. Steps the agency took to provide supervision for the youth;**

Efforts to identify a placement for each youth included:

- Contacting all available licensed resource homes
- Discussions with CPS and Permanency/OYE Social Workers as applicable to identify an approved relative
- Researching and vetting Kin/Fictive Kin
- Contacting Congregate Care Providers and/or an emergency shelter (as necessary)

**f. The factors that led to youth staying in the CFSA office overnight; and**

These factors led to youth staying at CFSA's offices overnight during FY21 and FY22:

- Placement disruptions or separations from birth families occurred late in the evening or early morning hours, and resource families were not available to answer or receive placement due to the timing and planning necessary to maintain the youth
- Youth presented with significant mental health and behavioral issues, and an appropriate mental health response was unavailable, e.g., such as sub-acute psychiatric beds and partial hospitalization
- Youth were escorted to the building by the Metropolitan Police Department (MPD)
- Youth refused to leave the building despite being offered a placement

**g. Steps the agency has taken to ensure that no youth in out-of-home care will stay in a CFSA office overnight during the remainder of FY22.**

CFSA continues to strengthen its provision of support to resource parents to enhance their capacity to parent all youth in care, including those with extremely challenging behaviors. It is anticipated that the new contracts being solicited for Intensive Foster Care services and Therapeutic Group Home (following the closure of Children's Guild) will assist in the reduction of overnight stays.

**117. During FY21, how many youths in out-of-home care stayed at Sasha Bruce shelter beds while awaiting a non-short-term placement? In FY22, to date? For each youth, provide:**

- a. The age of the youth;**
- b. A description of the type of placement;**
- c. The length of the youth's stay in a Sasha Bruce shelter bed; and**

During FY21, and FY22 to date, a total of 41 youth stayed at Sasha Bruce for emergency-based placement. Details are provided in the tables below.

| <b>Sasha Bruce Stays</b> |                                   |                                   |
|--------------------------|-----------------------------------|-----------------------------------|
| <b>Age*</b>              | <b>FY21 Total Unique Children</b> | <b>FY22 Total Unique Children</b> |
| 12                       | 2                                 | 0                                 |
| 13                       | 10                                | 1                                 |
| 14                       | 7                                 | 1                                 |
| 15                       | 7                                 | 4                                 |
| 16                       | 4                                 | 3                                 |
| 17                       | 0                                 | 2                                 |
| <b>Total</b>             | <b>30</b>                         | <b>11</b>                         |

\*Age is calculated as of Start of Reporting Fiscal year i.e. October 01, 2020

| <b>Length of Stay</b> | <b>FY21 Total Unique Children</b> | <b>FY22 Total Unique Children</b> |
|-----------------------|-----------------------------------|-----------------------------------|
| 0-2 days              | 3                                 | 0                                 |
| 3-5 days              | 9                                 | 3                                 |
| 6-10 days             | 4                                 | 2                                 |
| 11-20 days            | 11                                | 2                                 |
| 21-30 days            | 10                                | 4                                 |
| 31+ days              | 1                                 | 0                                 |
| <b>Total</b>          | <b>30</b>                         | <b>11</b>                         |

| <b>Home Type</b> | <b>Subsequent Placements</b> |                       |              | <b>No Subsequent Placements</b> | <b>Total Placement Episodes</b> |
|------------------|------------------------------|-----------------------|--------------|---------------------------------|---------------------------------|
|                  | <b>Foster Homes</b>          | <b>Group Settings</b> | <b>Other</b> |                                 |                                 |
| <b>FY21</b>      | 24                           | 5                     | 7            | 3                               | 39                              |
| <b>FY22</b>      | 6                            | 1                     | 3            | 2                               | 12                              |

**Notes:**

Foster Homes include Kinship, OTI, Pre-Adoptive, Therapeutic, Traditional and Traditional Foster Family Emergency (Star Homes). Group Settings include Developmentally Disabled/Congregate Care, Diagnostic and Emergency Care, Independent Living, Group Homes and Residential Treatment Facilities. Other includes Abscondance, College/Vocational, Correctional Facilities, Developmentally Disabled, Hospitals, Not in Legal Placement, COVID-19 Placement/Under 21 (Non-Paid) and Juvenile Foster Care (Non-Paid).

**d. The efforts made to identify a non-short-term placement.**

CFSA makes the same efforts for any youth requiring a placement, whether it be an initial entry or a re-placement. When a youth is placed in an emergency setting, the placement worker continues to work with the team to seek the best match across the range of placement options.

Sasha Bruce has the ability to observe and assess youth. As a long-standing community-based provider, Sasha Bruce is frequently familiar with youth who enter foster care, based on previous community stabilization efforts. As a result, Sasha Bruce is a critical partner with CFSA in

identifying placement needs and features that will increase their likelihood of sustainability.

When Sasha Bruce assumes care of a youth, a period of assessment and stabilization is often necessary to support identification of a placement that will be successful. Using this information, the team seeks the best match across the full range of options available.

**118. How many youths separated from their parents at the southern border entered CFSA’s care in FY21 and in FY22, to date?**

CFSA is not aware of any youth separated from their parents at the southern border entering care. See response to Question 120 for additional information on Unaccompanied Refugee Minors.

**119. 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 FY20, FY21 and FY22, to date.**

*Attachment Q119, Unusual Incident Reports Data Summary*

**120. In recent years, the country has seen a large number of youths entering the United States alone (Unaccompanied Refugee Minors, or “URMs”) or with parents. Provide an update on the following:**

Unaccompanied Refugee Minors (URMs) are granted refugee status before entering the United States and enter via the Office of the United Nations High Commissioner for Refugees (UNHCR). This process and designation is separate and apart from youth who cross the border independently. However, some youth who are detained following an independent border crossing may subsequently gain URM status.

**a. How many URMs entered CFSA’s care in FY21 and have entered CFSA’s care in FY22, to date?**

CFSA had two URMs enter care in FY21. No URMs have entered care in FY22, to date.

**b. Provide any additional relevant details.**

N/A

### **Standby Guardianship**

**121. What steps has CFSA taken to educate families about their right to designate a standby guardian?**

In 2019, CFSA published an Administrative Issuance (AI) entitled *Immigration Status of Clients* and an accompanying tip sheet regarding standby guardianship for immigrant families.

These were posted on the CFSA website, shared with staff and sent to external partner organizations.

Please note that for standby guardianship, the parent must designate the guardian and initiate the process. CFSA has no role in the standby guardian designation process if the family does not have an open CFSA case. CFSA only becomes involved when we receive a hotline call to report children alleged to be abused or neglected, or unattended. Once children are brought to the Agency’s attention and are in need of care, we conduct a “diligent search” to identify kin if the family has not made other arrangements already. In 2019, when legislation amending the Standby Guardianship statute was first introduced to allow parents to designate a standby guardian if they were subject to an adverse immigration event, community-based legal and advocacy organizations took the lead in conducting direct outreach and education to families potentially impacted. These community organizations are much better situated to support families because of the trusted relationships they have because, CFSA as an entity is perceived as “taking children” from families, and is therefore, not an effective messenger on this subject.

Since the enactment of the Standby Guardianship Amendment Act of 2020, CFSA drafted a second tip sheet more broadly applicable to all families. The tip sheet and the AI have been translated into the following languages: Amharic, Chinese, French, Korean, Spanish, and Vietnamese and are posted on our website. Information about the Act, with links to the CFSA AI and tip sheets, were announced in the CFSA Today and Fostering Connections newsletters in February 2021.

**Permanency**

- 122. Provide the total number of youths, by age and gender, who in FY21 and FY22, todate, have a permanency goal of:**
- a. Adoption;**
  - b. Guardianship;**
  - c. Custody; and**
  - d. Another Planned Permanent Living Arrangement (“APPLA”).**

| Age | FY21 Permanency Goal |       |              |               |               | Total |
|-----|----------------------|-------|--------------|---------------|---------------|-------|
|     | Adoption             | APPLA | Guardianship | Legal Custody | Reunification |       |
| 0   | 5                    | 0     | 0            | 0             | 23            | 28    |
| 1   | 18                   | 0     | 0            | 0             | 28            | 46    |
| 2   | 8                    | 0     | 0            | 0             | 15            | 23    |
| 3   | 10                   | 0     | 0            | 0             | 13            | 23    |
| 4   | 12                   | 0     | 0            | 0             | 15            | 27    |
| 5   | 9                    | 0     | 0            | 1             | 18            | 28    |
| 6   | 4                    | 0     | 0            | 1             | 17            | 22    |
| 7   | 8                    | 0     | 0            | 0             | 12            | 20    |
| 8   | 9                    | 1     | 2            | 0             | 10            | 22    |
| 9   | 9                    | 0     | 1            | 0             | 15            | 25    |

| Age          | FY21 Permanency Goal |            |              |               |               | Total      |
|--------------|----------------------|------------|--------------|---------------|---------------|------------|
|              | Adoption             | APPLA      | Guardianship | Legal Custody | Reunification |            |
| 10           | 9                    | 0          | 0            | 0             | 13            | 22         |
| 11           | 8                    | 0          | 2            | 0             | 7             | 17         |
| 12           | 6                    | 0          | 2            | 0             | 13            | 21         |
| 13           | 9                    | 0          | 5            | 0             | 9             | 23         |
| 14           | 6                    | 0          | 7            | 0             | 14            | 27         |
| 15           | 6                    | 1          | 11           | 0             | 19            | 37         |
| 16           | 3                    | 2          | 8            | 0             | 16            | 29         |
| 17           | 11                   | 7          | 17           | 0             | 14            | 49         |
| 18           | 3                    | 23         | 15           | 0             | 8             | 49         |
| 19           | 4                    | 28         | 4            | 0             | 1             | 37         |
| 20           | 0                    | 38         | 0            | 0             | 0             | 38         |
| 21           | 0                    | 1          | 0            | 0             | 0             | 1          |
| <b>Total</b> | <b>157</b>           | <b>101</b> | <b>74</b>    | <b>2</b>      | <b>280</b>    | <b>614</b> |

| Gender       | FY21 Permanency Goal |            |              |               |               | Total      |
|--------------|----------------------|------------|--------------|---------------|---------------|------------|
|              | Adoption             | APPLA      | Guardianship | Legal Custody | Reunification |            |
| Female       | 67                   | 57         | 43           | 1             | 153           | 321        |
| Male         | 90                   | 44         | 31           | 1             | 127           | 293        |
| <b>Total</b> | <b>157</b>           | <b>101</b> | <b>74</b>    | <b>2</b>      | <b>280</b>    | <b>614</b> |

| Age          | F22 Permanency Goal |           |              |               |          | Total      |
|--------------|---------------------|-----------|--------------|---------------|----------|------------|
|              | Adoption            | APPLA     | Guardianship | Reunification | No Goal  |            |
| 0            | 3                   | 0         | 0            | 25            | 0        | 28         |
| 1            | 13                  | 0         | 0            | 28            | 0        | 41         |
| 2            | 10                  | 0         | 0            | 12            | 0        | 22         |
| 3            | 7                   | 0         | 0            | 17            | 0        | 24         |
| 4            | 9                   | 0         | 0            | 17            | 0        | 26         |
| 5            | 11                  | 0         | 0            | 11            | 0        | 22         |
| 6            | 7                   | 0         | 0            | 20            | 0        | 27         |
| 7            | 8                   | 0         | 0            | 12            | 0        | 20         |
| 8            | 8                   | 0         | 0            | 9             | 0        | 17         |
| 9            | 8                   | 1         | 2            | 12            | 0        | 23         |
| 10           | 7                   | 0         | 0            | 14            | 1        | 22         |
| 11           | 7                   | 0         | 1            | 9             | 0        | 17         |
| 12           | 9                   | 0         | 1            | 12            | 0        | 22         |
| 13           | 9                   | 0         | 5            | 17            | 0        | 31         |
| 14           | 5                   | 0         | 5            | 13            | 0        | 23         |
| 15           | 9                   | 1         | 9            | 18            | 0        | 37         |
| 16           | 3                   | 2         | 10           | 16            | 0        | 31         |
| 17           | 8                   | 6         | 18           | 18            | 0        | 50         |
| 18           | 4                   | 23        | 12           | 5             | 0        | 44         |
| 19           | 4                   | 29        | 6            | 2             | 0        | 41         |
| 20           | 0                   | 34        | 2            | 0             | 0        | 36         |
| <b>Total</b> | <b>149</b>          | <b>96</b> | <b>71</b>    | <b>287</b>    | <b>1</b> | <b>604</b> |

| Gender       | Total      |
|--------------|------------|
| Female       | 320        |
| Male         | 284        |
| <b>Total</b> | <b>604</b> |

**123. How many adoptions were finalized in FY2021 and FY22, to date? What was the average length of time from the filing of an adoption petition to the finalization of an adoption?**

| FY21 | FY22 |
|------|------|
| 110  | 32   |

| Fiscal Year | Foster Care Adoptions Finalized |
|-------------|---------------------------------|
| FY21        | 10 Months                       |
| FY22        | 8 Months                        |

**124. How many guardianships were disrupted in FY21 and in FY22, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.**

| Fiscal Year | Total | Kin | Non-Kin |
|-------------|-------|-----|---------|
| FY21        | 8     | 7   | 1       |
| FY22        | 1     | 0   | 1       |

**125. How many adoptions were disrupted in FY21 and in FY22, to date? Provide a breakdown of whether the permanency provider was kin or non-kin.**

| Fiscal Year | Total | Kin | Non-Kin |
|-------------|-------|-----|---------|
| FY21        | 0     | 0   | 0       |
| FY22        | 0     | 0   | 0       |

## OLDER YOUTH ISSUES

**126. In FY21 and in FY22, to date, provide the number of youth, by age, who are enrolled in youth development enrichment programming provided by CFSA through OYE.**

| <b>Support and Enrichment Programming</b> | <b>FY21</b> | <b>FY22</b> | <b>Age Range</b> |
|---|-------------|-------------|------------------|
| Education Units (includes workshops)      | 194         | 122         | 14-23            |
| Making Money Grow (MMG)                   | 135         | 143         | 15-23            |
| Rapid Housing/FUP/Housing Flex            | 18          | 2           | 21-23            |
| LifeSet                                   | 70          | 31          | 17-21            |
| Youth Council (incl. events)              | 19          | 12          | 16-24            |
| Credible Messenger                        | 21          | 20          | 16-21            |

**127. What positions in OYE specifically support youth exiting care who have housingneeds?**

CFSA does not have any positions dedicated solely to addressing housing needs. As part of a holistic case management approach, the OYE, Permanency, NCCF, LSS, and LAYC social workers assesses a youth’s future housing needs while they are in foster care, and housing is discussed in all Youth Transition Planning (YTP) meetings. In addition, through the Jump Start meeting process, the OYE Aftercare Services supervisor closely monitors housing instability for youth between 20.5 years old and 21 years old.

**a. When do these staff start working with youth on their housing needs?**

Staff begin working with youth on housing as soon as it is identified as a need (usually around age 20), and it is also discussed during each Youth Transition Planning meeting (YTP), which happens every 90 days. 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 FY21 and in FY22, 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.

|             |    |
|-------------|----|
| <b>FY21</b> | 40 |
| <b>FY22</b> | 31 |

**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.

**128. How many youths are currently in care between the ages of 13 and 20, by age and gender?**

**FY21 (As of September 30, 2021)**

| Age          | Female     | Male       | Total Children |
|--------------|------------|------------|----------------|
| 13           | 13         | 10         | 23             |
| 14           | 17         | 10         | 27             |
| 15           | 21         | 16         | 37             |
| 16           | 18         | 11         | 29             |
| 17           | 29         | 20         | 49             |
| 18           | 27         | 22         | 49             |
| 19           | 23         | 14         | 37             |
| 20           | 21         | 17         | 38             |
| <b>Total</b> | <b>169</b> | <b>120</b> | <b>289</b>     |

**FY22 (As of December 31, 2021)**

| Age          | Female     | Male       | Total Children |
|--------------|------------|------------|----------------|
| 13           | 13         | 18         | 31             |
| 14           | 14         | 9          | 23             |
| 15           | 22         | 15         | 37             |
| 16           | 18         | 13         | 31             |
| 17           | 30         | 20         | 50             |
| 18           | 23         | 21         | 44             |
| 19           | 23         | 18         | 41             |
| 20           | 21         | 15         | 36             |
| <b>Total</b> | <b>164</b> | <b>129</b> | <b>293</b>     |

**129. How many youths remained in care past the age of 21 from March 11, 2020, to the present?**

A total of 36 youth participated in extended care:

- 11 successfully transitioned out of extended care early, prior to the end of the initial Public Health Emergency (PHE)
- 25 successfully transitioned out of care on October 25, 2021, 90 days after the end of the initial PHE



**130. What is the number of youth in CFSA’s care who are DYRS/juvenile justice system involved? Provide a breakdown by age and gender.**

As of September 30, 2021, four youth in CFSA’s care were DYRS/juvenile justice system-involved:

| <b>Dual Jacketed Youth</b> |                     |                     |                     |
|----------------------------|---------------------|---------------------|---------------------|
|                            | <b>16 years old</b> | <b>18 years old</b> | <b>19 years old</b> |
| Male                       | 0                   | 2                   | 0                   |
| Female                     | 1                   | 0                   | 1                   |

**131. Please explain what steps CFSA is taking to obtain feedback regarding OYE Programming directly from youth who are engaged in those services.**

CFSA holds focus groups and issues surveys for youth about the effectiveness of programs and their recommendations for improvement. In addition:

- The Citizens Review Panel (CRP) interviews youth to gather feedback on OYE programming and provides their findings and recommendations.
- The Youth Council conducts focus groups with youth and collects information on program impact. Based on this input, they provide recommendations.
- Think of Us, a contracted provider, engages youth in interviews, focus groups, and surveys and provides OYE with feedback.

**132. Please provide a comprehensive update on the YV LifeSet Program. Include in your response:**

Note: In early 2021, the “YV LifeSet” program changed its name to “LifeSet.” When the contract for the program is renewed in April 2022, the name will become “LifeSet DC.”

**a. How many youth participated in the program in FY20, FY21, and FY22 to date?**

|             |    |
|-------------|----|
| <b>FY20</b> | 61 |
| <b>FY21</b> | 70 |
| <b>FY22</b> | 33 |

**b. What are the eligibility requirements for youth to participate in YV LifeSet?**

LifeSet is a voluntary program for youth in foster care between the ages of 17 and 21. Participating youth agree to weekly sessions.

**c. How does OYE communicate the availability of the YVLifeSet program to eligible foster youth?**

OYE and LifeSet staff meet with social workers, supervisors, and program managers across CFSA (OYE and Permanency) and the partner agencies (NCCF, LAYC, Lutheran Social Services) to discuss program benefits. Those staff members then communicate about the program to eligible foster youth.

**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 232 days.

**e. How many youth in FY20, FY21, and FY22 to date left a YVLifeSet placement prior to completion of the program?**

LifeSet is not a placement. LifeSet is an individualized, evidence-informed community-based program that is highly intensive.

**f. What wraparound services are currently offered to youth in the YVLifeSet program? What, if any, changes to these services have occurred in FY21?**

LifeSet specialists meet with participants face-to-face at least once each week. They text, email, and call the youth regularly throughout the week. Specialists stabilize even the toughest situations and help the youth build healthy relationships and obtain safe housing, education, and employment.

To help youth self-advocate, LifeSet educates them about CFSA resources and accessing community resources such as the Department of Employment Services (DOES), District of Columbia Public Schools (DCPS), DC Re-Engagement Center, community housing resources and mental health resources.

There were no changes to this approach in FY21.

**g. How does the Agency track outcomes (e.g., employment and earnings, housing stability, health and safety, education, criminal legal system involvement) of the YVLifeSet program? Please also include a copy of any outcome tracking or reporting that has been completed for FY21 and FY22, to date.**

Youth's LifeSet outcomes are tracked through the Youth Villages 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.

*See Attachment Q132\_LifeSet KPI Reports for FY2021 and FY22Q1*

**h. To what extent has this program been impacted by the COVID-19 pandemic?**

At the height of the pandemic, and during periods of increases in the COVID-19 infection rate in the District, LifeSet specialists moved their contact to all virtual. All youth participating in LifeSet have an iPhone, as do the specialists.

**Education**

**133. Regarding youth in high school and GED programs, provide the following for the 2020-21 school year and the 2021-22 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 2020-2021</b> | <b># of youth, school year 2021-2022</b> |
|--------------|--|--|
| 9            | 82                                       | 70                                       |
| 10           | 41                                       | 46                                       |
| 11           | 31                                       | 39                                       |
| 12           | 21                                       | 23                                       |
| <b>Total</b> | <b>175</b>                               | <b>178</b>                               |

**b. The number of youths in foster care who graduated high school in 2021;**

| <b>Fiscal Year</b> | <b># of youth graduated</b> |
|--------------------|-----------------------------|
| <b>FY21</b>        | 23                          |

**c. The number of youths who received their GED;**

| <b>Fiscal Year</b> | <b># of youth who received their GED</b> |
|--------------------|--|
| <b>FY21</b>        | 3  |
| <b>FY22</b>        | 0  |

**d. The number of youths who received graduation certificates;**

| <b>Fiscal Year</b> | <b># of youth who received graduation certificates</b> |
|--------------------|--|
| <b>FY21</b>        | 0  |
| <b>FY22</b>        | 0  |

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

For the 2020-2021 school year, the range of GPAs included a low of 0 to a high of 3.85, with an average GPA of 1.98 and a median GPA of 1.98. Note that CFSA had access to GPAs for 79 youth in grades 9-12 enrolled in DCPS and PGCPS schools as of the last day of the school year; this represents 45 percent of youth enrolled in high school in foster care.

For the first term of 2021-2022 school year, the range of GPAs included a low of 0 to a high of 4.08, with an average GPA of 1.86 and a median GPA of 1.53 (for 63 youth or 35 percent of the population).

**f. The number of youths who dropped out in FY21 and FY22, to date;**

| Grade       | # of youth dropped out as of the end of SY20-21 | # of youth dropped out as of 12/31/21 |
|-------------|---|---------------------------------------|
| 9           | 5   | 1                                     |
| 10          | 6   | 8                                     |
| 11          | 3   | 3                                     |
| 12          | 0   | 0                                     |
| GED classes | 4   | 6                                     |
| Ungraded    | 0   | 1                                     |

**g. The high school graduation rate for youth in foster care as of the end of the 2020-21 school year, including an explanation of how this rate was calculated; and**

| School Year | Graduation Rate |
|-------------|-----------------|
| 2020-2021   | 68%             |

The high school graduation rate at the end of the academic year was calculated by dividing the number of youth who graduated from high school and received a General Education Diploma (26) by the end of the school year, by the number of foster youth who were in the eligible to graduate (38) at the beginning of the school year.

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

CFSA has 423 youth in care enrolled in K-12 or in a school-based Pre-K Program across several jurisdictions and states beyond the District of Columbia.

*Attachment Q133(h), List of Schools Attended by Foster Youth*

**134. Regarding vocational programs, provide the following for FY21 and FY22, to date:**

**a. The number of youths enrolled in vocational programs;**

|             |    |
|-------------|----|
| <b>FY21</b> | 11 |
| <b>FY22</b> | 0  |

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

| <b>Vocational training program names</b>   | <b>FY21 # of youth enrolled</b> | <b>FY22 # of youth enrolled</b> |
|--|---------------------------------|---------------------------------|
| Bennett Cosmetology                        | 1                               |                                 |
| Prospect College (Med Ass.)                | 1                               |                                 |
| Health Write (CNA)                         | 2                               |                                 |
| YEALP/DOES (HVAC)                          | 1                               |                                 |
| Montgomery Community College (Electrician) | 1                               |                                 |
| CCP Plumbing                               | 1                               |                                 |
| Allied Health                              | 1                               |                                 |
| UDCC/Medical Assistant                     | 1                               |                                 |
| Youth Build PC (Construction)              | 1                               |                                 |
| Montgomery Community College (Electrician) | 1                               |                                 |
| <b>Total</b>                               | <b>11</b>                       | <b>0</b>                        |

c. The number of youths who successfully completed vocational programs;

| Vocational training program name | FY21 # of successful completions |
|----------------------------------|----------------------------------|
| Prospect College (Med Asst.)     | 1                                |
| UDCC/CNA                         | 1                                |
| Allied Health CNA                | 1                                |
| Health Write CNA                 | 3                                |
| CCP Plumbing                     | 1                                |
| <b>Total</b>                     | <b>7</b>                         |

d. The number of youths who enrolled in, but failed to complete, vocational programs;and

| Vocational training program name | FY21 # of youth failing to complete programs |
|----------------------------------|--|
| YEALP DOES (HVAC)                | 1  |
| Construction (Youth Build)       | 1  |
| Bennett Cosmetology              | 1  |
| Montgomery Community College     | 1  |
| <b>Total</b>                     | <b>4</b>                                     |

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

| Reasons for non-completion | FY21 # of youth | FY22 # of youth |
|----------------------------|-----------------|-----------------|
| Became Pregnant            | N/A             | N/A             |
| COVID-19 Related           | N/A             | N/A             |
| Attendance Issues          | 1               | N/A             |
| Transitioned to Employment | 3               | N/A             |
| <b>Total</b>               | <b>4</b>        | <b>0</b>        |

135. Regarding enrollment in 4-year college, provide:

- a. The number of youths who were enrolled at a 4-year college during the 2020-21 academic year, broken down by year (freshman, sophomore, junior, and senior);

| School Year | Freshman | Sophomore | Junior | Senior | Total |
|-------------|----------|-----------|--------|--------|-------|
| 2020-2021   | 5        | 7         | 9      | 10     | 31    |

- b. The number of youths described in (a) who enrolled in summer classes during the summer of 2021, broken down by year (freshman, sophomore, junior, senior);

| Term        | Freshman | Sophomore | Junior | Senior | Total |
|-------------|----------|-----------|--------|--------|-------|
| Summer 2021 | 3        | 0         | 0      | 0      | 3     |

- c. The number of youths described in (a) who dropped out of college at any point prior to the start of the 2020-21 academic year, broken down by last year (freshman, sophomore, junior, and senior), if any, completed;

| School Year | Freshman | Sophomore | Junior | Senior | Total |
|-------------|----------|-----------|--------|--------|-------|
| 2020-2021   | 0        | 0         | 1      | 0      | 1     |

- d. The number of youths who were enrolled at a 4-year college during the fall semester of the 2020-21 academic year; and

| School Year | Freshman | Sophomore | Junior | Senior | Total |
|-------------|----------|-----------|--------|--------|-------|
| Fall 2020   | 16       | 1         | 10     | 5      | 32*   |

\* The youth listed here may not be the same youth included in sub-question (a).

- e. The number of youths who received a bachelor's degree during or at the end of the 2020-21 academic year.

| School Year | Bachelor's Degree |
|-------------|-------------------|
| 2020-2021   | 9                 |

**136. What is CFSA’s current college preparation programming? Has it changed within the last calendar year?**

Responsive to the ongoing challenges imposed by the COVID-19 pandemic, CFSA provides college preparation support in a number of ways:

- Working to ensure that youth remain equipped with technology and DCPS learning packets for virtual distance learning to ensure timely high school graduation
- Increasing contact by CFSA Educational Specialists with youth and resource parents to help ensure that youth are equipped for distance learning to ensure timely high school graduation
- Tutoring, as needed
- Hosting monthly virtual “Educational Kickback Power Hours” with information provided and assistance for youth in high school and college on a range of topics, including:
  - Distance learning
  - Financial aid
  - Scholarships
  - Transitioning from high school to college
  - College admissions
  - Financial literacy
  - College resources and connections
- Providing a positive youth engagement workshops series aimed at recognizing and enhancing youth strengths, life skills, teambuilding, opportunities for cultural experiences and generally promoting positive outcomes
- Virtual college tours
- Connection to free SAT preparation
- Application essay support



137. Regarding college preparation and college attendance, provide the following for the 2019-20 school year and the 2020-21 school year to date:

a. The number of youths enrolled in graduate school;

| School Year | Graduate Degree |
|-------------|-----------------|
| 2019-2020   | 2               |
| 2020-2021   | 3               |
| 2021-2022   | 3               |

b. The number of youths who received an associate degree, bachelor's degree, or master's degree; and

| School Year | Associate Degree | Bachelor's Degree | Master's Degree |
|-------------|------------------|-------------------|-----------------|
| 2020-21     | 1                | 9                 | 1               |
| 2021-22     | 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.

| FY21 reason youth left college | # of youth |
|--------------------------------|------------|
| Mental Health Issues           | 1          |
| Employment/Vocational Programs | 1          |
| Judicial                       | 1          |
| Miscellaneous                  | 1          |
| <b>Total</b>                   | <b>4</b>   |

138. Regarding enrollment in 2-year colleges, provide:

a. The number of youths who were enrolled in a 2-year college during the 2020-21 academic year, broken down by year;

| 2020-21 academic year | # of youth enrolled in a two-year college |
|-----------------------|---|
| Freshman              | 7   |
| Sophomore             | 2   |
| <b>Total</b>          | <b>9</b>                                  |

- b. The number of youths described in (a) who enrolled in summer classes during the summer of 2021;

| Fiscal Year | # of youth enrolled in summer school |
|-------------|--------------------------------------|
| FY21        | 3                                    |

- c. The number of youths described in (a) who dropped out of college at any point prior to the start of the 2020-21 academic year;

| Reasons youth dropped out of 2-year college prior to start of '20-'21 school year | # of youth |
|---|------------|
| Mental Health   | 1          |
| Academic challenges   | 1          |
| Employment  | 1          |

- d. The number of youths who were enrolled at a 2-year college during the fall semester of the 2021-22 academic year;

| Timeframe                            | # of youth enrolled in a two-year college |
|--------------------------------------|---|
| Fall semester of 2021-22 school year | 7   |

- e. The number of youths who received an associate degree during or at the end of the 2020-21 academic year.

| School Year | # of youth received an Associate's Degree |
|-------------|---|
| 2020-2021   | 1   |

139. Please identify all financial literacy programs and classes offered to foster youth and provide the following details:

- a. How many youths in FY21 and FY22, to date, have participated in a financial literacy program or class?

CFSA utilizes Capitol Area Asset Builders (CAAB) to provide older youth with financial literacy education and savings support. Participation in group or individual sessions is as follows:

| <b>FY</b>   | <b>CAAB participation</b> |
|-------------|---------------------------|
| <b>FY21</b> | 135                       |
| <b>FY22</b> | 143                       |

**b. How many youths created matched saving accounts?**

While matched savings account participation is encouraged, some youth opt to open personal accounts instead.

| <b>FY</b>   | <b>New matched savings accounts created</b> |
|-------------|---|
| <b>FY21</b> | 31  |
| <b>FY22</b> | 8   |

**c. What outreach or training has been done in FY21 and FY22, to date, to ensure that youth are aware of available financial literacy opportunities?**

Outreach. OYE coordinates with case-carrying social workers, resource parents and group home staff so youth can be alerted to the availability of financial literacy sessions. In addition, robo texts are sent directly to youth cell phones. Finally, the CAAB program manager (a former foster youth) reaches out to youth who have a matched savings account to ensure they are aware of workshops and other information.

Training. During FY21 and FY22, the following courses were offered:

- The Importance of Budgeting
- Financial Literacy and Why It Is Needed
- Financial Literacy Series III and IV
- Credit Coaching and the Importance of Being Debt Free
- Navigating Distance Learning and Financial Literacy
- College Workshop: Financial Aid and Scholarship

In addition to the above, financial literacy topics were discussed during OYE events such as the *Virtual Education Power Hour* and the *Virtual Education Kickback: College Connection and Funding*.

**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. For FY22, CFSA is exploring strategies for adding components to its array of financial literacy courses so that a more comprehensive curriculum can be offered.

To evaluate the program:

- OYE managers regularly reviews curriculum and "drops-in" to observe and assess the classes, and work with the provider on needed improvements, such as increasing alignment with youths' level of understanding and vernacular.
- As with all OYE programming, participants are provided with surveys and focus group opportunities to gather their feedback.
- OYE monitors account balances to troubleshoot any individual or systemic issues that emerge.

**e. Please describe how the digital divide has impacted youth in foster care.**

**i. How many foster youth do not have cell phones? Laptops? Access to Wi-Fi or high-speed internet?**

Among the 337 eligible youth, 39 do not have a government-issued cell phone, for the following reasons:

- Offered a phone and declined
- Repeat instances of the phone being lost, stolen or damaged and therefore forfeited their eligibility for a government-issued phone
- Resided in a setting (e.g., PRTF or secure detention) where personal phone ownership is prohibited

All District youth were entitled to receive laptops from their schools. 14 CFSA foster youth (ages 14+) who did not receive a school-issued laptop were provided one, including: youth in college; participating in vocational training; or requiring one for employment purposes.

CFSA does not track access to WiFi or high-speed internet. CFSA provides support and/or referrals for navigating internet challenges.

**ii. How many foster youth did not have access to a laptop, tablet, or similar device by the start of digital instruction in SY20-21? By the start of SY21-22?**

Since the start of remote instruction, CFSA has conducted ongoing outreach to youth, group homes, and resource parents to ensure youth and families are equipped with the digital devices

needed for education, vocation, and virtual visitation with birth families. CFSA is not aware of any youth who did not have access to a laptop, tablet, or similar device by the start of SY20-21 and SY21-22.

**iii. Please describe any CFSA policies, procedures, or practices relevant to children and youth in care having access to technology**

*See Attachment Q139(e)(iii), Issuance and Use of Mobile Devices for Youth in Foster Care*

**iv. Does CFSA have a policy, procedure, or protocol for distributed devices that break or otherwise need to be replaced? Who is responsible for the cost of replacement? What has been communicated to families about where and how to reach out for device replacement?**

CFSA has a single point of contact for youth cell phone distribution and replacement who works in coordination with a youth's assigned social worker.

CFSA provides for one replacement of a lost or stolen device per episode of foster care. Additional replacements are determined on a case-by-case basis. The youth receives a cell phone receipt that details the conditions of ownership, including steps to take if the phone requires replacement. It serves as the primary means of communication between youth and families about the phone. The assigned social worker is available to support youth in managing their phones.

*See Attachment Q139(e)(iv), Youth Cell Phone Receipt*

## Employment

140. How many youths participated in OYE’s subsidized employment program in FY21 and FY22, 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  | FY21      | FY22 to date |
|---|-----------|--------------|
| The Mary Elizabeth House                        | 3         | 1            |
| CFSA/Partners for Kids                          | 1         | 1            |
| Office of Youth Empowerment                     | 5         | 5            |
| Health Services for Children with Special Needs | 1         | 4            |
| Global Fund for Children                        | 2         | 1            |
| Flex Academies                                  | 1         | 0            |
| Covenant House Greater Washington               | 4         | 6            |
| LPM/Facility Manager                            | 4         | 3            |
| Free Minds Book Club & Workshop                 | 1         | 1            |
| Hospital for Sick Children Pediatric Center     | 2         | 0            |
| SmartTech Nexus Foundation                      | 1         | 2            |
| Twisted at the Wharf                            | 1         | 0            |
| CAAB  | 2         | 1            |
| Natural Bar                                     | 1         | 1            |
| Construction-Finland Property Management        | 1         | 0            |
| Open School of Business                         | 0         | 1            |
| Hair Academy                                    | 0         | 1            |
| Studio Muze                                     | 1         | 1            |
| <b>TOTAL</b>                                    | <b>31</b> | <b>29</b>    |

141. Regarding youth employment and training, provide the following for FY21 and FY22, to date:

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

| Fiscal Year                    | Local<br>(Subsidized<br>Employment Dollars) | Federal<br>(CHAFEE Grant Dollars) |
|--------------------------------|---|-----------------------------------|
| FY21 (May 31 – Sept. 30, 2021) | 0   | \$89,240                          |
| FY22 to date                   | 0   | \$125,518                         |

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

| FY21  | # of Youth | Expenditures |
|---|------------|--------------|
| Payments directly to youth for individual internships | 31         | \$89,240     |
| Hair Academy  | 1          | \$9,300      |
| <b>Total</b>  | 32         | \$98,540     |

| FY22  | # of Youth | Expenditures |
|---|------------|--------------|
| Payments directly to youth for individual internships | 29         | \$125,518    |
| <b>Total</b>  | 29         | \$125,518    |

In FY22 to date, due to the pandemic, options available for in-person employment programs remained limited.

c. Please provide the number of youths who are age 21 and are employed or enrolled in a vocational program.

| Fiscal Year | Employed | Vocational Program |
|-------------|----------|--------------------|
| FY21        | 20       | 1                  |
| FY22        | 15       | 0                  |

142. Regarding youth in foster care between the ages of 18 and 21, indicate the following for FY21 and FY22, to date:

a. The number of youths between the ages of 18 and 21;

|              |     |
|--------------|-----|
| <b>FY 21</b> | 125 |
| <b>FY22</b>  | 121 |

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

| <b>Fiscal Year</b> | <b>Total Full-Time</b> | <b>Total Part-Time</b> |
|--------------------|------------------------|------------------------|
| <b>FY21</b>        | 12                     | 29                     |
| <b>FY22</b>        | 6                      | 21                     |

c. The types of jobs that have been obtained;

| <b>Job Type</b>              | <b>FY21</b> | <b>FY22</b> |
|------------------------------|-------------|-------------|
| Administrative               | 3           | 3           |
| Security                     | 1           | 2           |
| Retail                       | 15          | 4           |
| Food Service                 | 16          | 11          |
| Customer Service/Hospitality | 2           | 4           |
| Entertainment                | 2           | 1           |
| Housekeeping                 | 0           | 1           |
| Facility Maintenance         | 2           | 0           |
| Healthcare                   | 0           | 1           |
| <b>Total</b>                 | <b>41</b>   | <b>27</b>   |



- d. Of the youth ages 18 to 21 who are not employed, how many are currently attending high school? A GED program? College? A vocational program? None of these?

| Status in SY21-22                        | # of youth |
|--|------------|
| Enrolled in HS                           | 39         |
| Enrolled in College                      | 29         |
| Enrolled in GED                          | 8          |
| Enrolled in Vocational/Technical Program | 0          |
| Participating in Internship              | 8          |
| <b>Total</b>                             | <b>84</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 | FY21      | FY22      |
|-----------------------|-----------|-----------|
| Full-Time             | 19        | 21        |
| Part-Time             | 0         | 1         |
| <b>TOTAL</b>          | <b>19</b> | <b>22</b> |

- f. The number of youth between the ages of 18 and 21 who are enrolled in a 2-year college full-time and part-time;

| 2-year college status | FY21     | FY22     |
|-----------------------|----------|----------|
| Full-Time             | 4        | 4        |
| Part-Time             | 5        | 3        |
| <b>TOTAL</b>          | <b>9</b> | <b>7</b> |

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

| FY   | Enrolled in vocational training |
|------|---------------------------------|
| FY21 | 11                              |
| FY22 | 0                               |

- h. The number of youth between the ages of 18 and 21 who are attending high school;**

| <b>FY</b>   | <b># attending high school</b> |
|-------------|--------------------------------|
| <b>FY21</b> | 48                             |
| <b>FY22</b> | 59                             |

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

| <b>FY</b>   | <b># enrolled in GED</b> |
|-------------|--------------------------|
| <b>FY21</b> | 16                       |
| <b>FY22</b> | 9                        |

- j. Number of youth participating in Urban Alliance internship program;**

CFSA has not engaged with this program for the last several years.

- k. Number of youth participating in the Summer Youth Employment Program (SYEP);**

|             |     |
|-------------|-----|
| <b>FY21</b> | 124 |
|-------------|-----|

- l. Number of youth participating in Department of Employment Services (DOES) year-round programs (including Career Connections); and**

| <b>Program</b>        | <b>FY21</b> |
|-----------------------|-------------|
| DC Career Connections | 0           |
| YEALP                 | 1           |
| 1K                    | 0           |
| <b>Total</b>          | <b>1</b>    |

- m. Number of youth participating in Career Pathways training and programs.**

The LifeSet Program replaced the Career Pathways unit in 2019. See Question 132 for information about LifeSet.

## Youth Aftercare Program

**143. What is the status of the Youth Aftercare program? Describe the current programming, including the following information:**

**a. The number of youths being served;**

|             |    |
|-------------|----|
| <b>FY21</b> | 69 |
| <b>FY22</b> | 83 |

**b. The services being offered;**

The Youth Aftercare program provides case management services and individual and group support to youth ages 21-23. The objective is to foster independence by connecting youth with community resources, such as:

- Housing
- Medical/mental health
- Education/vocational training and preparation
- Employment assistance
- Budget and financial management
- Continued Life-skills development
- Accessing public services and benefits

The program also provides transportation stipends and limited emergency support.

During FY21, the Aftercare Program provided virtual workshops in these areas:

- Money management
- Life skills
- How to navigate securing government resources
- Career readiness

The Aftercare Program also created the Youth Aftercare Advisory Board (YAAB), which is designed to teach self-advocacy, boost self-esteem, and provide team building, leadership and public speaking skill-development and opportunities.

**c. How CFSA is providing information about Youth Aftercare; and**

CFSA provides information about Youth Aftercare through:

- All-staff (agency-wide) emails and newsletters
- Resource parent newsletters
- Informational sessions with the Citizen’s Review Panel as well as other community stakeholder groups
- During the “21 JumpStart reviews” that are held for each youth in care, starting at age 16

- Shared directly with youth by their social workers, education specialists, and YV LifeSet Specialists

**d. Are any services being provided by outside contractors? If so, identify them.**

While there are no outside services currently contracted for the Aftercare Program, the team works closely with various nonprofit and other government providers.

**144. Regarding youth who aged out of foster care, indicate the following for FY21 and FY22, to date:**

**a. The number of youths who aged out of foster care;**

|             |     |
|-------------|-----|
| <b>FY21</b> | 40* |
| <b>FY22</b> | 8   |

\* In FY21, 26 of these youth spent time in care past their 21<sup>st</sup> birthday due to the temporary extension of care during the public health emergency.

**b. The Number of youths who have aged out of foster care in the last calendar year;**

|             |     |
|-------------|-----|
| <b>CY21</b> | 35* |
|-------------|-----|

\* In CY21, 26 of these youth spent time in care past their 21<sup>st</sup> birthday due to the temporary extension of care during the public health emergency.

**c. The number of youths who were employed full-time at the time they aged out, and the number of youths who were employed part-time. For those youth who were not employed, what was the reason?**

| <b>Employment at the time of aging-out</b> | <b>FY21</b> | <b>FY22</b> |
|--|-------------|-------------|
| Full-Time                                  | 0           | 1           |
| Part-Time                                  | 3           | 1           |
| Unemployed                                 | 10          | 5           |
| <b>Total*</b>                              | <b>13</b>   | <b>7</b>    |

\*Total does not include youth who remained in care after March 11, 2020 due to the public health emergency in the District of Columbia.

| <b>Reasons for not being employed</b> | <b>FY21</b> | <b>FY22</b> |
|---------------------------------------|-------------|-------------|
| Abscondence                           | 1           | 0           |
| College                               | 1           | 1           |
| DDS                                   | 4           | 0           |
| Pregnant/New Mother                   | 1           | 0           |
| Not engaged                           | 0           | 1           |
| Seeking Employment                    | 4           | 3           |
| <b>Total</b>                          | <b>11</b>   | <b>5</b>    |

- d. Among youths who aged out, at the time of their 21st birthday, how many had stablepost-emancipation housing in place? Provide a breakdown of the types of anticipated living arrangements (e.g. own apartment, apartment with roommate, college dorm, staying with former foster parent, staying with biological parent, staying with other family member, staying with friends, abscondence, incarcerated, shelter system, no housing identified, etc.);

| <b>Type of Anticipated Living Arrangements</b> | <b>FY21</b> | <b>FY22</b> |
|--|-------------|-------------|
| College Dorm/Job Corps                         | 1           | 2           |
| DDS Placement                                  | 4           | 0           |
| DDS Placement (Extended care)                  | 0           | N/A         |
| Family   | 3           | 2           |
| Former Resource Parent (Extended care)         | 1           | N/A         |
| Own Apartment                                  | 0           | 1           |
| Staying with Mentor/friend                     | 0           | 0           |
| Transitional Housing                           | 4           | 1           |
| Abscondence                                    | 1           | 0           |
| Shelter/homeless                               | 0           | 1           |
| <b>Total</b>                                   | <b>14</b>   | <b>7</b>    |

**e. What resources, referrals, or support did CFSA offer when youth who aged out had no housing identified at the time of their 21st birthday?**

The Aftercare Program plays a vital role in continuing to support youth in identifying stable housing options after they turn 21, including referrals for resources and support to:

- Transitional housing programs throughout the city, including Wayne Place and DBH supportive housing
- The Mayor’s Services Liaison Office
- CFSA’s housing support programs: Rapid Housing program and Family Unification Program (FUP) for a limited time housing voucher

**f. The number of youths that were homeless within a year of aging out of foster care.**

While CFSA does not track this information, in an effort to combat homelessness in the aging-out population, CFSA serves on the DBH Interagency Committee on Homelessness and uses insights gleaned to make adjustments to our Aftercare Program. CFSA Aftercare Specialists also partner with local nonprofit agencies to identify and help address barriers in employment, vocational training, education and transitional living.

In addition, if individual youth reach-out to CFSA following their emancipation, the team explores use of CFSA housing supports (including Rapid Housing, FUP vouchers and Wayne Place), as well as community housing resources.

**145. Regarding pregnant or parenting youth, provide the following for FY21 and FY22, todate:**

**a. The number of youths who are pregnant or who are parents; and**

| Status       | FY21      | FY22      |
|--------------|-----------|-----------|
| Pregnant     | 7         | 26        |
| Parenting    | 28        | 3         |
| <b>Total</b> | <b>35</b> | <b>29</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.**

| <b>Program Type</b>        | <b>FY21<br/># of youth</b> | <b>FY22<br/># of youth</b> |
|----------------------------|----------------------------|----------------------------|
| Independent Living Program | 9                          | 9                          |
| Foster Home                | 16                         | 12                         |
| Professional Foster Home   | 2                          | 2                          |
| Wayne Place                | 1                          | 0                          |
| Own Apartment              | 3                          | 2                          |
| Unlicensed Placement       | 4                          | 4                          |
| <b>Total</b>               | <b>35</b>                  | <b>29</b>                  |

**146. Regarding teen parent programs, describe:**

- a. The training that program staff receive to work with teen parents;**

Teen parent program staff are required to meet the same training requirements as staff in other congregate care programs (as outlined in DCMR Chapter 62, Licensing of Youth Shelters, Runaway Shelters, Emergency Care Facilities and Youth Group Homes).

Program staff must complete at least 20 hours of pre-service training and 40 hours of annual in-service training. These required training hours include content specific for:

- Pregnant and Parenting Youth (PPY) through the Effective Black Parenting Model
- Trauma informed practice
- Working with LGBTQ youth
- De-escalation of conflict
- Human trafficking
- Ethics

- b. How CFSA monitors teen parent programs to ensure the safety of and quality of services provided to pregnant and parenting youth;**

To ensure the safety and quality of services for pregnant and parenting youth, CFSA:

- Conducts announced and unannounced visits
- Completes physical facility checks
- Reviews youth and staff records
- Interviews youth

In addition, the CFSA OYE Generations (teen parent) Unit meets monthly with the staff of The

Mary Elizabeth House to discuss the young families' progress and service needs.

**c. The programming CFSA provides for teen mothers/fathers;**

Through the OYE Generations (teen parent) Unit, teen parents (both mothers and fathers) are offered:

- Budget/financial literacy
- Nutritional classes and support for cooking/meal planning
- Parenting classes
- Linkage to a core service agency
- Daycare vouchers
- Support from DC127 for case management and transitional living

In addition, teen parents are eligible for linkage to all community resources for parenting youth such as: Women, Infants & Children (WIC); Safe Sleep; Healthy Babies; Mary's Center; and the DC Diaper Bank.

**d. The number of teen mothers/teen fathers that have participated in these programs; and**

| <b>Program</b>               | <b># of Participants in FY21</b> | <b># of Participants in FY22</b> |
|------------------------------|----------------------------------|----------------------------------|
| Budget/Financial Literacy    | 19                               | 12                               |
| Parenting Classes            | 21                               | 8                                |
| Core Service Agency          | 16                               | 6                                |
| Daycare Voucher              | 25                               | 15                               |
| DC 127 mentoring and respite | 4                                | 1                                |
| Nutrition/Meal Prep          | 12                               | 5                                |

**e. Any available program outcomes from FY21 and FY22, 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 FY21:

- School attendance/completion rates decreased. The necessity of virtual learning and lack of childcare in the pandemic environment were contributing factors.
- No teens completed vocational training, four participated in internships.
- Nine teen parents actively engaged in mental health services via a community support worker, Community Based Intervention (CBI) worker, or therapist.
- Two teen parents obtained their own apartments in the community, and four obtained FUP vouchers.
- There was a decrease in utilization of DC127 and Mary's Center home visiting for parenting support due to the pandemic. Host families were not available, and the young families did not consistently attend and benefit from virtual visits.
- In the pandemic environment, there was an increase in calls to the hotline as young parents spent a great deal of concentrated time with their children without an outlet. There was continuous monitoring by mandated reporters. Six teen parents received hotline calls; two had an in-home case opened; and two had a removal.
- There was an increase in subsequent births: three this year.

**147. What, if any, changes did the Agency make to the supports offered to fathers of children born to young women in care? For young fathers who are in foster care?**

CFSA continues to focus on permanency for young families, building familial and other lifelong connections as critical natural supports. The agency works to identify fathers and support their connections and access to available community resources such as the Healthy Families/Thriving Communities Collaboratives/Family First fatherhood programs.

There are no changes in our approach or the supports available.

**148. Provide an update regarding CFSA's progress in implementing the recommendations of its Youth Aftercare Workgroup. What, if any, recommendations remain to be implemented?**

There are no outstanding recommendations from the Youth Aftercare Workgroup. This body has not convened in more than three years as the contract for aftercare ended in FY19. In-house management of Aftercare through OYE went into effect on October 1, 2019.

**149. What barriers exist to creating placement options for foster youth over the age of 18 who desire to cohabitate with their partners and children?**

CFSA does not currently have a placement option for foster youth over the age of 18 who desire to cohabitate with their partners and children, and there are no other resources in the District that provide such arrangements. However, co-parenting is encouraged and supported by some placement providers and also through the visitation process.

**MISCELLANEOUS**

**Housing & Rapid Housing**

**150. What tool does the agency use to assess youth housing needs?**

CFSA through the Housing Review Committee (HRC) uses a housing scoring matrix to assess the type of housing supports needed for youth exiting foster care.

**151. How much is budgeted for housing in FY21?**

A total of \$550,000 was budgeted in FY21.

**a. How much has been spent on housing in FY21, to date?**

A total of \$375,000 has been spent.

**b. What vendors are receiving housing funds?**

- District of Columbia Housing Authority (DCHA)
- East River Family Strengthening Collaborative (ERFSC)

**c. How does the agency plan to spend down these funds in FY22 (including how much will be allocated to each vendor)?**

CFSA allocated \$50,000 to East River Family Strengthening Collaborative to provide financial assistance to youth and families who are currently engaged with CFSA. CFSA has allocated \$500,000 to DCHA to act as the fiscal manager for the Rapid Housing Assistance Program (RHAP). Through both vendors, CFSA will spend housing funds to provide emergency and short-term rental assistance to prevent children from entering care, help families reunify when housing is a barrier, or allow youth transitioning from foster care (or former foster youth) to establish a stable place to live after emancipation. RHAP funds may also be used to support first month's rent and security deposit for youth/families leasing up with the FUP program (not provided by the FUP voucher).

152. Provide a detailed status report on the usage of Rapid Housing in FY21 and in FY22, to date, including:

- a. The number of parents who applied for Rapid Housing to keep children out of fostercare. How many children were within these families?
- b. The number of parents who received Rapid Housing to keep children out of fostercare. 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.

**Table 1. Rapid Housing Assistance Program (RHAP) Status Report – FY21 and FY22 YTD**

|          | Case Type     | FY21      |           |               | FY22     |           |               |
|----------|---------------|-----------|-----------|---------------|----------|-----------|---------------|
|          |               | Applied   | Received  | # of Children | Applied  | Received* | # of Children |
| Families | Preservation  | 3         | 0         | 0             | 0        | 0         | 0             |
|          | Reunification | 14        | 12        | 28            | 4        | 2         | 4             |
| Youth    | Exiting Youth | 23        | 18        | 1             | 5        | 1         | 0             |
|          | <b>Totals</b> | <b>40</b> | <b>30</b> | <b>29</b>     | <b>9</b> | <b>3</b>  | <b>4</b>      |

\*Families approved for assistance have 90 days from the date of approval to locate housing and submit documentation for assistance. Families and youth approved in FY22 to date may still be in the process of looking for housing to meet their family’s needs.

**g. Did the Rapid Housing program run out of funds at any time in FY21? If so, what was the reason for that?**

The Rapid Housing Program did not run out of funds in FY21.

**h. Were there any changes to the Rapid Housing program in FY21 or FY22, to date? If yes, what were the changes and the reasons for these changes?**

There were no changes to the Rapid Housing program in FY21, or FY22 to date.

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

|        | Type of Case                      | Average Total* Award per recipient (FY21) | Average Total* Award per recipient (FY22) |
|--------|-----------------------------------|---|---|
| Family | Preservation                      | \$0                                       | \$0                                       |
|        | Reunification                     | \$12,446                                  | \$18,550                                  |
| Youth  | Youth Aftercare/<br>Exiting Youth | \$8,838                                   | \$11,740                                  |

\*Note: Award averages are calculated annually.

**153. For FY21 and FY22, to date, how many of the youth, who (1) emancipated and (2) aged out of care, used Rapid Housing funding to:**

- a. Subsidize housing with relatives or former foster parents?**
- b. To support independent housing?**

**Table 1 – Youth Housing Outcomes via Rapid Housing Assistance Program (RHAP)**

| <b>Fiscal Year</b> | <b>Independent Housing</b> | <b>Relative/Former Foster Parent</b> | <b>College Housing</b> | <b>TOTAL</b> |
|--------------------|----------------------------|--------------------------------------|------------------------|--------------|
| <b>FY21</b>        | 12                         | 0                                    | 10                     | 22           |
| <b>FY22</b>        | 3                          | 0                                    | 0                      | 3            |

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

The Wayne Place Transitional Living Program is an 18-month transitional housing program located in Southeast Washington, DC. It is an independent living facility for young adults, both males and females, ages 21 –24 who are facing homelessness. Candidates must be able to function in an independent living setting and display community living skills/capabilities.

Chafee Aftercare supports is a one-time financial assistance of up to \$4,800 available to youth ages 18-23 who are no longer in foster care. Youth are not able to use other CFSA housing supports at the same time.

- a. Describe the capacity of these supports to assist youth in foster care who haven’t accessed them before.**

Wayne place has a total of 40 shared apartment units, 20 dedicated for CFSA youth. Program services include mandatory case-management services, a supported employment program, and weekly mandatory life skills groups.

Chafee Aftercare supports: Only up to 30 percent of Chafee funds can be allotted for housing.

- b. How many youths started accessing these supports in FY21 and in FY22, to date?**

|                                  | <b>Total Youth Served in FY21</b> | <b>Total Youth Served in FY22</b> |
|----------------------------------|-----------------------------------|-----------------------------------|
| <b>Wayne Place</b>               | 42                                | 24                                |
| <b>Chafee Aftercare Supports</b> | 2                                 | 6                                 |
| <b>Total</b>                     | <b>44</b>                         | <b>30</b>                         |

**c. For how long would youth access these supports (at least include the average length of time, and the two longest cases)?**

- Wayne Place is an 18-month transitional housing program.
- Chaffee Aftercare supports are accessed for any former foster youth residing in the District; supports would be used for youth obtaining independent housing who have exhausted DC resources or are not eligible for them. The average length of support is 12-months.

**155. 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?**

There are no special housing or financial programs offered through CFSA that are specific to parenting youth. Parenting youth are eligible for the Rapid Housing Assistance Program (RHAP), Family Unification Program (FUP) vouchers, and various transitional housing programs that exist in the community.

**156. 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 FY21 and in FY22, to date?**

At the start of FY21, CFSA had an allocation of 48 HCV under the FUP program. In FY21, seven FUP vouchers were allocated to DC parents with children in foster care to support reunification. FY22 year to date, covering the period of October (2021 – November 2021), four FUP vouchers have been allocated to support this population.

**157. 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 FY21 and in FY22, to date?**

At the start of FY21, CFSA had an allocation of 48 HCVs under the FUP. To date, there have been no families allocated a voucher due to risk of homelessness with a child in the home, and an open CFSA case.

**158. What are CFSA’s policies and practices for selecting eligible families for FUP HCV?**

There are two parts to the process of selecting families who will be determined eligible to receive a FUP voucher:

**Part I**

- CFSA social workers complete an internal application process to request housing supports for a family with whom they are working. This housing support application includes a narrative application about the family’s needs and requires a budget form to detail the family’s financial situation.

- CFSA staff review the housing application and schedule a Housing Review Committee (HRC) call, made up of CFSA leadership/management staff. The HRC call is a time for the CFSA social worker to present the family’s need for housing assistance and discuss the completed application.
- After reviewing the application, the HRC will complete a housing matrix\* developed by CFSA (quantitative tool designed to assess housing program needs) and make a recommendation.

Note: \*The housing matrix takes into consideration federal FUP eligibility requirements – [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/hcv/family](https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/family)

**Part II**

- Once CFSA has determined that a family is eligible/appropriate for FUP, CFSA will send the family’s information to the DC Housing Authority (DCHA) to complete the Housing Choice Voucher Program (HCVP) application process which involves completing additional documents and eligibility requirements for the HCVP. If deemed eligible by DCHA, the family will be issued a HCVP voucher.

**159. Provide an update on CFSA’s “Front Yard Strategy” in partnership with DHS:  
a. Provide a summary of the data CFSA has collected regarding referrals of families experiencing homelessness from Virginia Williams in FY21 and FY22, to date.**

CFSA has partnered with DHS to prevent the occurrence of maltreatment by linking families experiencing housing instability with community-based prevention services and supports that improve family stability and well-being. DHS assesses, identifies, and refers families to the five Collaboratives in the District of Columbia throughout Wards 1 through 8. Referrals received from DHS are classified as Family Rehousing & Stabilization Program (FRSP) and Virginia Williams Family Resource Center (VWFRC) referrals and have targeted young families with young children as the primary population for referrals. All services are voluntary for families in the District of Columbia.

For the Virginia Williams Family Resource Center (VWFRC) Referrals:

Homeless Prevention Program (HPP) includes families who are assigned to one of DHS’s four Homeless Prevention Programs (MBI, Wheeler Creek, Community of Hope, and Everyone Home DC) and/or Overflow include families who are placed in one of DHS’s hotel sites (Days Inn, Quality Inn, or Howard Johnson).

For the Family Rehousing & Stabilization Program (FRSP) Referrals:

The Family Service Administration (FSA)/Family Rehousing & Stabilization Program (FRSP) includes families who are in FRSP and in need of housing support or Unassigned Youth who are in FRSP and have not been assigned to a vendor.

The following chart represents the count of families who were referred from DHS via the VWFRC and FRSP.

| <b>Fiscal Year</b>    | <b>Total number of Referrals from VWFRC</b> | <b>Total number of Referrals from FRSP</b> |
|-----------------------|---|--|
| <b>FY21</b>           | 10  | 9  |
| <b>FY22 (Oct-Nov)</b> | 0   | 0  |

- b. Is the agency collecting data on families experiencing homeless from homelessshelter providers other than Virginia Williams? If so, provide this data.**

Currently the Agency does not collect data on families experiencing homeless from homeless shelter providers.

### **Disability**

- 160. How many children in Agency custody or placed by CFSA in the care of kin receive educational support and services through the Department of Disability Services?**

Information about children and family members with disabilities or engaging with DDS is captured qualitatively (i.e., in case notes and service plans). However, CFSA’s legacy child welfare information system database (called FACES) is not set up to track the data quantitatively through an aggregate report. CFSA will explore tracking this information as a part of our new child welfare information system database, which is currently in development.

- 161. How many of the families who had open cases in FY21 and in FY22, to date, had mothers or other heads of household with intellectual disabilities? How many of those cases resulted in removals? How many resulted in reunification? How many resulted in adoption?**

See response to Question 160.

- 162. How many of the families who had open cases in in FY21 and in FY22, to date, had children with intellectual disabilities? How many of those cases resulted in removals? How many resulted in reunification? How many in adoption?**

See response to Question 160.

**163. How many of the families who had open cases in FY21 and in FY22, to date, had both parents or other heads of household with intellectual disabilities and children with intellectual disabilities? How many of those cases resulted in removals? How many resulted in reunification? How many in adoption?**

See response to Question 160.

**164. How many of the families who had open cases in FY21 and in FY22, to date, had mothers or other heads of household with physical disabilities? How many of those cases resulted in removals? How many resulted in reunification? How many in adoption?**

See response to Question 160.

**165. How many of the families who had open cases in FY21 and in FY22, to date, had children with physical disabilities? How many of those cases resulted in removals? How many resulted in reunification? How many in adoption?**

See response to Question 160.

**166. How many of the families who had open cases in FY21 and in FY22, to date, had both parents or other heads of household with physical disabilities and children with physical disabilities? How many of those cases resulted in removals? How many resulted in reunification? How many in adoption?**

See response to Question 160.

### **Cash Assistance**

**167. How many parents did the Agency assist in filing for the 2021 Child Tax Credit (“CTC”)?**

CFSA did not directly assist families with filing for the 2021 Child Tax Credit (CTC). CFSA’s Community Partnerships Administration shared information in June of 2021 with our community-based partners/primary prevention network to support families to file the 2021 Child Tax Credit as part of a nation-wide awareness campaign for Child Tax Credit Awareness Day on June 21, 2021. We did not keep record of those activities that were led by community-based organizations/partners.



**168. What is the Agency’s plan to conduct outreach to parents with open cases to facilitate their registration in the IRS non-filer tax portal or to enable them to file a full tax return to claim the 2021 Child Tax Credit?**

CFSA does not conduct outreach to parents with open cases regarding tax preparation. Should a parent solicit assistance from CFSA, their social worker would assist in finding community resources, such as working with the Collaboratives, Family Success Centers, or partnering with DHS, or other appropriate agency to assist them with this issue.

**169. What was the average household income of families who had open cases in FY21, and in FY22, to date?**

CFSA does not track this information.

**170. Did CFSA file for the 2021 CTC for children in foster care? Does it plan to do so?**

Yes. CFSA filed for the 2021 Child Tax Credit (CTC) for children in care.

**171. Did CFSA file for Social Security Disability benefits in FY21 and in FY22, to date, for children in foster care? Does it plan to do so going forward?**

Yes. CFSA routinely reviews the circumstances of children entering care to discern whether they would qualify for SSI benefits, and if so, we prepare and submit applications on their behalf.

**172. How many families who had open cases in FY21 and in FY22, to date, also receive TANF cash assistance?**

**a. Of those, how many received the child-only benefit?**

CFSA’s collection of financial data on the families we serve is limited. We do so only when family income and asset information is needed to determine a child’s eligibility for certain federal (such as title IV-E foster care) or local (such as the grandparent caregiver program) benefit programs that CFSA administers. We neither require nor track this information for the families served through our Entry Services administration.

### **D.C. Family Success Centers (“FSCs”)**

**173. What services are offered at each FSC?**

See response to Question 75(b).

**174. How is the menu of services determined for each FSC?**

When each organization applied to be an FSC grantee, they had to showcase their deep understanding of the needs within the community they would be serving and how they already had

the programs, services, resource and referral connections, and partnerships to support those needs. The menu of services is determined for each of the Family Success Centers by the FSC grantee staff in partnership with their Community Advisory Council and on-going needs assessment conducted in partnership with the Families First DC team and FFDC FSC provider network.

**175. 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?**

Yes, each Family Success Center has a Community Advisory Council (CAC). There are a minimum of nine members on each CAC. Each CAC meets at least twice a month.

**176. Was a needs assessment conducted for each FSC? If so, please provide copies.**

A needs assessment was conducted for each FSC neighborhood during the planning phase in FY20. However, each has the pulse of the community based upon feedback directly from members of the community (CAC), as well as conducts on-going needs assessment.

Examples of the ongoing needs assessments include conducting focus groups, ongoing feedback provided during the monthly CAC meetings at each FSC, conducting door-to-door awareness/outreach, and informal assessments/surveys.

As part of the ongoing evaluation of the FFDC FSCs, the CFSA staff are conducting Family Satisfaction Surveys using a combination of a quantitative net promoter score (NPS) and qualitative feedback about programming and services.

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

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

The services provided by the Family Success Centers are an ecosystem of authentic, responsive programs, centered around strength-based strategies to increase the protective factors and mitigate risk factors for child abuse and neglect. A core goal of the FFDC initiative is to provide upstream/primary prevention –and thus services are intended for families before they come to the attention of the child welfare agency and strengthen families and communities so that child welfare agency involvement is never warranted. CFSA does not currently collect data that would identify if a family is also involved with CFSA prevention services.

**178. For each FSC, please state which services were provided by the organization prior to obtaining the FSC contract and which are new services.**

Each grantee organization is a staple in their community. The Families First DC initiative and the creation of the DC Family Success Center Network (CACs) has used the development of their FSC to foster collaboration between organizations rather than competition, facilitate shared decision-making, and reduce the prevalence of organizations working in silos. The FSC Network has created a phenomenal opportunity for on-going referrals, seamless service connections, and a coalescent voice and spirit to increase the protective factors and reduce risk factors for child abuse and neglect.

Although the organizations have been in the community since before the FSCs were created, there had not been a collective and collaborative effort to streamline referral processes, focus on upstream prevention, and orient programming and activities around increasing the Protective Factors (and teaching about them). The FSCs have also facilitated community capacity building through the creation of the CACs, where residents are now leading, advocating, and building their networks, social connections and resiliency, while also designing programming for their neighbors.

Below provides a brief description of the primary services offered by each organization that received funding for a FSC site and a synopsis of services they provide at the FSC. Monthly programming calendars for each FSC and links to provider websites can be provided for more information.

Note: A [map](#) to visually display the information about the Family Success Centers (FSC) can be found by clicking [here](#). Each star represents one FSC location and includes a link to the FSC's two-pager.

*Attachments: Q178 Family Success Center Ward 7&8 Programming Calendar*

- **Organization: Community of Hope** - Health center and housing services
  - **Bellevue FSC**: Protective Factors, referrals, mental health, food, self-care groups  
Communityofhopedc.org
  
- **Organization: Martha's Table** - Education programming, food services
  - **Anacostia FSC** - Protective Factors more comprehensively, referrals, physical and emotional wellness  
Marthastable.org
  
- **Far Southeast Family Strengthening Collaborative** - Economic, civic, and social well-being, CFSA community-based case management provider
  - **Congress Heights FSC** - Protective Factors more comprehensively, referrals, parenting skills, support groups, concrete support, health concerns  
Fsfsc.org

- **Smart From the Start** - Early childhood, trauma-informed services
  - *Woodland Terrace FSC* - Protective Factors more comprehensively, referrals, financial literacy, concrete supports, overall family well-being for all ages, adult education, leadership, and advocacy

Smartfromthestart.org

- **Sasha Bruce** - Housing, counseling, life skills and comprehensive youth services and development
  - *Clay Terrace FSC* - Protective Factors, referrals, family programming and services, emotional wellness

Sashabruce.org

- **North Capital Collaborative** - Family supports and neighborhood capacity building
  - *Mayfair/Paradise FSC* - Protective Factors more comprehensively, referrals, +health and wellness pantry, housing, employment, healthcare parenting skills and support groups

Northcapinc.org

- **Life Deeds** - Restorative justice, housing, violence intervention, returning citizens
  - *Stoddert/37<sup>th</sup> FSC* - Protective Factors, referrals, health and family well-being, family stabilization services

Lifedeeds.org

- **East River Family Strengthening Collaborative** - Self-sufficiency for youth and seniors, family functioning and case management, housing and financial literacy
  - *Benning Park/Benning Terrace FSC* - Protective Factors more comprehensively, referrals, parenting, socialization, mental health needs
  - *Minnesota/Benning FSC* - Protective Factors more comprehensively, referrals, health and well-being, parenting, emotional, physical, and mental wellness

Erfsc.org

**179. If the services are not new to the FSC entity, are they serving additional constituents? If so, what is the percentage increase?**

CFSA does not collect data on the individual grantee organization's services outside of their FSC implementation. Data collected on the FFDC FSCs include the number of new and returning families specific to each FSC (data collected/analyzed monthly).

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

CFSA has developed a robust FFDC evaluation framework in partnership with the 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. Due to the recent launch of the

centers in FY21, at this time only family and program level data are being collected/analyzed. Community-level data will be analyzed as part of a more longitudinal analysis to assess the impact of FSCs on their broader communities.

*See Attachments Q180, Family Success Center Evaluations*

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

The Family Success Centers are open and welcoming to all District residents. However, the FSCs were purposely designed to serve the 10 neighborhoods identified within Wards 7 and 8, and soon the Carver-Langston neighborhood in Ward 5. 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).

**Critical Events (Child Fatality and Near-fatality) Reporting**

**182. The 2019 and 2020 CFSA Internal Annual Child Fatality Reports did not include in the body of the reports an analysis of child deaths that were reviewed in the report year if the deaths occurred in prior years. Instead, the Reports provide information on these deaths in an Appendix, which does not contain all of the information that is reported in the body of the report for the deaths that occurred and were reviewed in the same year. Please provide statistical and analytical reasoning for the position that less information should be publicly reported about child deaths not analyzed within the same calendar year as when the death occurred.**

Starting in 2019, CFSA shifted the focus of its comprehensive annual child fatality report to focus on the fatalities that occurred during the calendar year under review. Unlike prior reports which examined all fatalities that were reviewed by the Agency during a calendar year, the new report format provides a more accurate picture of the District's child welfare-related fatalities that happen within the year and CFSA's response to those fatalities. The inclusion of fatalities from prior years misrepresents the number of fatalities that warrant a child welfare response during a given year. By centering the annual report on fatalities that occur during a calendar year, CFSA can provide critical context and inform recommendations based on current practice.

Per CFSA's Child Fatality Review Policy, the Agency reviews all fatalities of children whose families were known to CFSA within five years of the child's death. CFSA prioritizes the review of deaths attributable to abuse or neglect and deaths of children who are involved with CFSA at the time of their death during the calendar year in which the death occurred. This review is dependent upon when CFSA is notified of the fatality. Deaths that are suspected to be attributable to abuse or neglect are reported to the CFSA Hotline as critical events and reviewed within 60 days of

notification of the fatality (see CFSA’s [Critical Event Policy](#) and [Child Fatality Review Policy](#) for more information). CFSA may learn of other deaths via additional sources, including the media, CFSA employees, or information requests from the Office of the Chief Medical Examiner. Deaths that are discovered after the year in which they occur involve children and families that did not have active involvement at the time of the fatality and/or were not attributable to abuse or neglect.

Based on the past three years of available child fatality data, only one fatality was reviewed in the year after the fatality occurred due to when the death occurred (see table below). To ensure that all current year fatalities are included in the annual report, CFSA will not release aggregate fatality information for a given calendar year until March 31<sup>st</sup> of the following year to allow ample time to review the fatality and provide timely recommendations based on the circumstances discovered during the review.

| Year of Internal Review | Current Year Fatalities |                              | Prior Year Fatalities |                                    |
|-------------------------|-------------------------|------------------------------|-----------------------|------------------------------------|
|                         | # Reviewed              | # Caused by Abuse or Neglect | # Reviewed            | # Caused by Abuse or Neglect       |
| CY18                    | 21                      | 0                            | 21                    | 0                                  |
| CY19                    | 10                      | 3                            | 10                    | 0                                  |
| CY20                    | 40                      | 3                            | 15                    | 1*<br>(fatality occurred 12/22/19) |
| CY21                    | Unavailable             |                              |                       |                                    |

**183. 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.

**184. 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?**

Information related to cause and manner of death, age, gender, removals of other children in the home as a result of the fatality, and the number of previous reports of alleged abuse or neglect are included in CFSA’s annual fatality reports in aggregate form. In addition, select details related to

the circumstances regarding fatalities caused by abuse or neglect are included in the reports. Family-specific details – including descriptions of previous reports, investigation results, and any other services provided by and actions of CFSA related to the fatality – are not shared in the annual report to protect the confidentiality and anonymity of surviving family members. CFSA does not include family-specific details because if the agency did provide details about the circumstances for each fatality attributed to abuse or neglect, parent and decedent’s names could be identifiable (since these fatalities are often 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.

**185. What are the total numbers of child fatalities or near fatalities (broken down for each) from abuse or neglect in DC for CYs 2019, 2020, 2021, and to date in 2022?**

In CY19, there were four confirmed fatalities attributed to abuse or neglect. Of these four fatalities, two were attributed to abuse and two were attributed to neglect. Two of the families had active involvement with CFSA at the time of the child’s death.

In CY20, there were three confirmed fatalities attributed to abuse or neglect. Of these three fatalities, two were attributed to abuse and one was a fatality attributed to neglect. None of the families had active involvement with CFSA at the time of the child’s death.

Information on CY21 fatalities attributed to abuse or neglect is unavailable due to incomplete information on cause and/or manner of death. CY21 confirmed abuse or neglect fatalities will be included in the “2021 Child Fatalities Review: Data Snapshot,” which has an anticipated publishing date of March 31, 2022.

As of January 15, 2022, there are no reported fatalities attributed to abuse or neglect for CY22.

**186. What are the total numbers of fatalities and near fatalities (broken down for each) of children in foster care at the time of death in CYs 2019, 2020, 2021, and to date in 2022?**

| <b>Calendar Year</b>            | <b># Children in Foster Care at Time of Fatality</b> |
|---------------------------------|--|
| <b>2019</b>                     | 2  |
| <b>2020</b>                     | 3  |
| <b>2021</b>                     | 2  |
| <b>2022<br/>(as of 1/15/22)</b> | Not applicable                                       |

**187. What are the total numbers of fatalities and near fatalities (broken down for each) in CYs 2019, 2020, 2021 and to date in 2022 of children who were in foster care within 4 years of the child’s death?**

| <b>Calendar Year</b>            | <b># Children in Foster Care within 5 Years of Fatality</b> |
|---------------------------------|---|
| <b>2019</b>                     | 5   |
| <b>2020</b>                     | 6   |
| <b>2021</b>                     | Unavailable   |
| <b>2022<br/>(as of 1/15/22)</b> | Not applicable  |

Information on children with foster care history within five years of their death in CY21 will be available in the *2021 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2022.

**188. What are the total numbers of fatalities and near fatalities (broken down for each) in CYs 2019, 2020, 2021, and to date in 2022 of children with an in-home case at the time of the child’s death?**

| <b>Calendar Year</b>            | <b># Children in In-Home Cases at Time of Death</b> |
|---------------------------------|---|
| <b>2019</b>                     | 0   |
| <b>2020</b>                     | 0   |
| <b>2021</b>                     | 5   |
| <b>2022<br/>(as of 1/15/22)</b> | Not applicable                                      |



**189. What are the total numbers of fatalities and near fatalities (broken down for each) in CYs 2019, 2020, 2021, and to date in 2022 of children with an in-home case within 4years of the child’s death?**

| <b>Calendar Year</b>        | <b># Children in In-Home Cases within 5 Years of Fatality</b> |
|-----------------------------|---|
| <b>2019</b>                 | 2   |
| <b>2020</b>                 | 6   |
| <b>2021</b>                 | Unavailable   |
| <b>2022 (as of 1/15/22)</b> | Not applicable  |

Information on children with In-Home case history within five years of their death in CY21 will be available in the *2021 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2022.

**190. What are the total numbers of fatalities and near fatalities (broken down for each) inCYs 2019, 2020, 2021, and to date in 2022 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 an Open CPS Investigation at Time of Death</b> |
|-----------------------------|---|
| <b>2019</b>                 | 1   |
| <b>2020</b>                 | 2   |
| <b>2021</b>                 | 0   |
| <b>2022 (as of 1/15/22)</b> | Not applicable  |

**191. What are the total number of fatalities and near fatalities (broken down for each) in CYs2019, 2020, 2021, and to date 2022 of children who had a CFSA investigation within 4 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 Fatality</b> |
|-----------------------------|---|
| <b>2019</b>                 | 10  |
| <b>2020</b>                 | 17  |
| <b>2021</b>                 | Unavailable   |
| <b>2022 (as of 1/15/22)</b> | Not applicable  |

Information on children with CPS investigation history within five years of their death in CY21 will be available in the *2021 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2022.

**192. What are the total numbers of fatalities and near fatalities (broken down for each) in CYs 2019, 2020, 2021, and to date in 2022 of children who had a hotline call within 4years of the child’s death? Was the hotline call investigated? Is so, was it substantiated? If so, what services were provided to the family?**

The data presented below reflects the number of children who died during CY19 or CY20 who were identified as an alleged victim child in a CFSA Hotline call within five years of their death. In alignment with CFSA practice, a Hotline call is screened using the *Structured Decision Making (SDM™) Child Abuse and Neglect Screening Assessment* to determine whether reported allegations should be accepted for investigation. The person who contacted the Hotline to make a report of abuse or neglect (the “reporter”) may report multiple allegations during a single Hotline call.

At the conclusion of an investigation, a disposition is made on each of the reported allegations. Multiple allegations may be substantiated in a single investigation. Services and supports are provided to families based on the substantiated allegations, the risk level of the family, and the family’s acceptance of service recommendations. Please refer to the [Hotline Procedural Operations Manual](#) and the [Investigations Procedural Operations Manual](#) for more information on the investigative process.

| Calendar Year        | # Children with One or More Hotline Calls within 5 Years of Fatality | # Children with One or More Hotline Calls Investigated within 5 Years of Fatality | # Families with One or More Substantiated Allegations at Investigation Closure |
|----------------------|--|---|--|
| 2019                 | 20   | 9   | 5  |
| 2020                 | 27   | 19  | 7  |
| 2021                 | Unavailable  | Unavailable   | Unavailable  |
| 2022 (as of 1/15/22) | Not applicable   | Not applicable  | Not applicable   |

**193. What are the total numbers of fatalities and near fatalities (broken down for each) in CYs 2019, 2020, 2021, and to date in 2022 of children who had a hotline call within one year before the child’s death? Was the hotline call investigated? Is so, was it substantiated? If so, what services were provided to the family?**

The data presented below reflects the number of children who died during CY 2019 or CY 2020 who were identified as an alleged victim child in a CFSA Hotline call within one year of their death. In alignment with CFSA practice, a Hotline call is screened using the *Structured Decision Making (SDM™) Child Abuse and Neglect Screening*

Assessment to determine whether reported allegations should be accepted for investigation. The person who contacted the Hotline to make a report of abuse or neglect (the “reporter”) may report multiple allegations during a single Hotline call.

At the conclusion of an investigation, a disposition is made on each of the reported allegations. Multiple allegations may be substantiated in a single investigation. Services and supports are provided to families based on the substantiated allegations, the risk level of the family, and the family’s acceptance of service recommendations. Please refer to the [Hotline Procedural Operations Manual](#) and the [Investigations Procedural Operations Manual](#) for more information on the investigative process.

| Calendar Year           | # Children with One or More Hotline Calls within One Year of Fatality | # Children with One or More Hotline Calls Investigated within One Year of Fatality | # Families with One or More Substantiated Allegations at Investigation Closure |
|-------------------------|---|--|--|
| 2019                    | 6   | 3  | 2  |
| 2020                    | 12  | 9  | 1  |
| 2021                    | Unavailable   | Unavailable  | Unavailable  |
| 2022<br>(as of 1/15/22) | Not applicable  | Not applicable   | Not applicable   |

**194. For any of the above, if CFSA does not have the information available, why not and where can this information be obtained?**

Information on CY21 fatalities will be shared in CFSA’s CY21 annual child fatality reports. Data on CY21 confirmed abuse or neglect homicides will be included in the *2021 Child Fatalities Review: Data Snapshot*, which has an anticipated publishing date of March 31, 2022. All other requested data related to CY21 fatalities will be available in the *2021 CFR Comprehensive Annual Report*, which has an anticipated publishing date of September 30, 2022.

## Budget and Policy Directives

**195. Provide a status update on the agency’s compliance with the committee’s FY21 budget and policy directives. When reports or other documents are indicated, provide those documents.**

### **Policy recommendations:**

**1. The National Center for Children and Families (“NCCF”) currently has 185 youth requiring mental and or behavioral health needs. At the Budget Oversight Hearing, NCCF testified that they do not currently have adequate funding to provide the needed supports. Accordingly, they voiced a request to modify their current contract to employ two additional in-home therapists. This modification request would not be an increase, but rather a reallocation of funds from boarding care to mental health services. NCCF reports that behavioral therapy has led to increased placement stability, permanency, and foster parent retention. The search for culturally specific mental health resources continues to be a barrier for our youth within NCCF’s care. The Committee recommends working with NCCF to identify and provide the needed mental and behavioral health support for youth.**

These positions were not approved during the initial contract negotiations. However, the positions are noted in the budget because NCCF was advised to resubmit their proposal for these positions at the end of the 1st quarter, at which point the proposal would be reconsidered based on funding and NCCF's staffing-to-caseload ratio.

**2. CFSA should tailor programs at all Family Success Centers to meet the requested needs of residents and include programs geared towards kinship families. Melissa Millar testified that upon polling Bellevue residents, they stated a desire for additional support for stress management and wellness activities.[1] Residents also voiced a need for mentorship and multigenerational activities, as well as increased digital access and digital assistance for parents. Stephanie McClellan pointed out that while several of her clients participate in Success Center programs, there are insufficient services specifically tailored to kinship families.[2] With the increase of funding in FY2022, CFSA should ensure that Success Centers are tailoring their services to align with the needs and preferences of the residents they serve.**

As a core component of the Families First DC (FFDC) model, each Family Success Center (FSC) is continuously working to tailor programming to meet the requested needs of its neighborhood’s residents:

- Each FSC's Community Advisory Councils (CAC) (with 50% of membership being comprised of residents from each neighborhood) meets at least monthly to inform programming and service delivery and is an integral part of the FSC's design/implementation.
- Data has continued to inform service delivery. In FY21, the FFDC team participated in the Harvard Government Performance Lab's accelerator program, where the FFDC team learned about the principles and implementation of Active Contract Management (ACM). The FFDC team now implements the ACM principles, bringing data to the table each month to discuss programming data and needs with the FSC staff. These meetings have already led to significant changes/programming investments, such as additional funding (private philanthropist and local District funding) for food/nutrition services to meet the FSC's number one requested service need in FY21.
- The FFDC team and CFSA's Kinship Navigator team began intentional and productive conversations in FY21 to create awareness of both Kinship Navigator and FFDC programming, cross-train staff, share resources, and promote the FSCs. Program staff and leadership are in close communication. FFDC leadership presented on the services offered at the FSCs Kinship PAC and just recently attended the quarterly meeting. In the coming year, there will be an additional focus on resource and referral exchange/sharing using both programs' shared system of record (Now Pow/Unite Us).

Specific to the Bellevue FSC:

- Bellevue FSC's original needs assessment (FY20 Planning Year) and ongoing feedback from families has focused programming on mental health and social emotional wellness. Apart from the formal needs assessment conducted in FY20, the community's voice and feedback is on-going.
- Programming offered includes Living the Protective Factors (a program focused on Social & Emotional Competence, Parental Resilience, Concrete Support, Social Connections, Knowledge of Child Development and Parenting).
- The Bellevue FSC has a high percentage of service requests met – additional information would be needed to respond to the specific feedback about needs not being met.
- Services are always intentionally aligned with the needs and preferences of the residents. The approach is relational, family-strengthening, two/multi-generational.
- In addition to the CAC providing feedback/advising on programming (at least 50% of the CAC members are Bellevue residents), staff at the Bellevue FSC also live in the Bellevue community.

**3. The Committee continues to be concerned about CFSA’s diversion practice. While CFSA tracks diversions monthly, it fails to follow up on critical information. CFSA should expand its follow up criteria and track how long youth stay in a diversion arrangement, whether they return home and when, what services they receive, whether they are subject to future abuse or neglect, and whether they are ultimately removed to foster care. There are many reasons why diversion as practiced by CFSA is problematic. However, collecting further information and obtaining parental consent once a youth is put into a diversion track is the first step to ensure diverted youth remain safe and healthy.**

CFSA is aware of the Council’s concerns and always takes them into account, just as we do the concerns and recommendations of advocates and community stakeholders. Before CFSA authorizes a family’s decisions regarding the care of their children resulting from the parent’s inability to provide care, any threats to the child’s safety have been ruled out.

When a diversion takes place, CFSA does require parents to consent to the plan for the care of their children when they are physically able to do so. With these arrangements, the parent’s legal rights remain intact. There is no court involvement, and no change of legal custody or termination of parental rights. It would not be proper for CFSA to monitor these families when there is no formal involvement with the agency. However, pursuant to Administrative Issuance CFSA-20-1, after six months from the date a diversion is authorized, CFSA will conduct a data reconciliation to determine if there have been subsequent hotline calls involving the family or whether the child has been removed. CFSA values the family’s voice and their resilience to care for their own when we have deemed it is safe to do so. Additionally, if these families need additional supports or services, CFSA will refer them to the Collaboratives or Family Success Centers.

Finally, CSFA is concerned that there are potential race and equity issues at play in this matter, given that the families who are the intended targets of the tracking suggested are predominately families of color. Taking this into account, we find it important to reiterate that CFSA has no legal authority to monitor a family without cause or any degree of active involvement with the foster care system.

**4. As the COVID-19 pandemic continues, youth remain at serious risk of being sex trafficked. CFSA currently has a total capacity to provide wraparound comprehensive services to 28 survivors. CFSA is currently providing services to 18 survivors and has the capacity to support 10 additional survivors, while Courtney's House currently has a waiting list for survivors to enter their program. There exist survivors who need assistance and are waiting for services. CFSA should work closely with culturally competent sex trafficking survivor organizations to better understand the needs of survivors in care. Further, they should leverage available resources to ensure there are no survivors waiting for services when resources are available.**

CFSA contracts with Courtney's House, a survivor-led sex trafficking organization, providing support services to youth in the care of CFSA who have been identified to be at risk of commercial sex-trafficking. The Courtney's House contract serves 28 youth. Presently, Courtney's House is providing support to 19 CFSA youth. There are no youth awaiting services through this contract. CFSA will continue to refer youth to Courtney's House when the clinical team determines that survivor support services are needed.

To continue to streamline services with Courtney's House, CFSA's contract administration and program team collaborates with Courtney's House administration monthly to ensure youth are reviewed to determine support needs and current capacity. Additionally, in FY21, CFSA increased contract funding to support Courtney's House with hiring a Survivor Services Coordinator. Currently, this position is vacant, and Courtney's House is in the hiring process.

**5. For the 2019-2020 school year, the grade point averages ("GPA") for youth in CFSA care in grades 9-12 ranged from a low of 0 to a high of 4.42, with a mean GPA of 1.69 and a median GPA of 1.61. The COVID-19 pandemic has led to concerns about consequences for students' learning. More specifically, a majority of youth in care are at risk of academic failure. Even though most youth entering CFSA care are academically behind, CFSA should work more closely with the Deputy Mayor for Education to examine why their youth are headed toward academic failure as well as what can be done to increase GPAs. The Committee also recommends engaging closely with the Ombudsperson for Children on this topic once the office is established. It is CFSA's responsibly to ensure students do not remain academically behind through the entirety of their education while in care and upon aging out.**

While CFSA is not DC's lead agency for educating children, we have made many efforts over the last year to address the academic performance and achievement gaps experienced by youth that are in our care. CFSA has maintained funding and programming for two direct services for youth at-risk of academic failure – one-to-one tutoring services for youth in care ages 5-21, and utilization of the evidence-based Check

& Connect Student Engagement and Intervention model for youth in grades 8-12. Both of these services and programs seek to provide youth with intensive one-on-one supports and interventions to address their individual academic needs and improve their academic performance.

CFSA has also engaged in ongoing discussions and collaborations with the Deputy Mayor of Education's office and other DC education agencies in an effort to enhance programming and academic supports for youth in care. Those efforts have included:

- participation in the Deputy Mayor of Education's Coordinating Committee for Students in the Care of DC meetings; and
- connecting with DCPS Deputy Chief of Acceleration to strategize how youth in care can be connected to accelerated learning and tutoring opportunities in their schools; and
- meeting with OSSE staff to get an update on its planning around high-dosage tutoring grants and develop strategies for how we can establish grant partnerships that could specifically benefit the foster care population and increase program participation.

CFSA will continue strategic discussions with all DC education agencies involved in citywide initiatives to accelerate learning and literacy of DC students over the next year in order to ensure they are reaching our youth in care.

**Budget recommendations:**

**1. One-Time (\$12,000). Recommended reduction in the Fiscal Year 2021 Revised Local Budget Emergency Act of 2021 to be recognized as one-time funds in Fiscal Year 2022. (3000 - Community Services, 3087 - Child Protective Services – Investigations)**

The Committee budget recommendation has been confirmed.

**2. One-Time (\$554,942). Recommended reduction in the Fiscal Year 2021 Revised Local Budget Emergency Act of 2021 to be recognized as one-time funds in Fiscal Year 2022 (3001 - Community Services, 3088 - Child Protective Services – Investigations)**

The Committee budget recommendation has been confirmed.

**3. One-Time (\$7,000). Recommended reduction in the Fiscal Year 2021 Revised Local Budget Emergency Act of 2021 to be recognized as one-time funds in Fiscal Year 2022 (3002 - Community Services, Clinical Health Services)**

The Committee budget recommendation has been confirmed.



**4. One-Time - \$500,000. One-time enhancement to support grants for community-based organization to provide community-based nutrition education at Families First DC Success Centers (8000 - Community Partnerships, 8040 - Families First D.C.)**

The Committee budget recommendation has been confirmed.

## **Future Plans**

**196. What changes to DC child welfare laws and policies is CFSA currently considering?**

*Attachment Q196, List of policies, administrative issuances being updated or that will be updated.*

Proposed amendments to the *Grandparent Caregivers Program* and *Close Relative Caregiver Pilot Program* subsidy statutes (D.C. Code §§ 4-251.03 and 4-251.23) removing certain barriers to eligibility are currently before Council. They are as follows:

- Removing the disqualification of grandparent caregivers (GCP) and close relative caregivers (CRCP) from the program if the child's adult parent has a medically verifiable disability that prevents them from caring for the child and is living with the caregiver;
- Repealing the requirement that the child must have resided with the GCP or CRCP caregiver for six months; and
- Repealing the requirement that the GCP or CRCP caregiver must have been the child's primary caregiver for the prior six months.

**197. How does CFSA see its role or services changing over the next 5 years?**

Over the next five years, CFSA plans to continue working toward improving permanency outcomes when children are removed from their parents. While CFSA's steadfast commitment to prevention has supported a decrease in the city's foster care population, it is difficult to project the effect that the District's growing population may have on foster care. What is known and expected is that CFSA will continue shifting more resources directly to our communities and neighborhoods. CFSA expects to increase serving families in their homes and needing to provide more in-home services related to parenting and support services, substance use, community-based mental and behavioral health services, and material and concrete assistance such as clothing, furniture and food, housing assistance, home-maker services and legal support for custody issues to name a few. Through the Thriving Families Safer Children Initiative, CFSA will partner with community-based organizations, people with lived experience, and sister agencies to develop a community response model that addresses poverty issues presently addressed by a formal child welfare response. This will allow families to receive services that are accessible and available to them within their neighborhoods, thereby preventing families from becoming system involved. This community response model's goal is to reduce the occurrence of child maltreatment, improve the District's

service delivery model, improve the equity for the distribution of goods and services in low resource communities, and enhance public/private partnership to improve quality of life for District residents.

**198. Is there a strategic plan for CFSA that lays out its planning for the next 5 years?**

CFSA is currently drafting a strategic plan outlining the agency's core mission, purpose, function and role within the broader context of the community. This plan will highlight some of the following topics:

- CFSA's role post the *LaShawn A. v. Bowser (LaShawn)* lawsuit and settlement agreement. This will include the development of child welfare meaningful measures that will be used to evaluate the effectiveness, performance and quality of CFSA post *LaShawn*.
- CFSA's development of its new child information system Stronger Together Against Abuse and Neglect in D.C. (STAAND). The development of this system will allow CFSA to eliminate many separate manual data systems and result in a centralized database of record that will provide accurate tracking and accounting of goods and services provided to the children and families served.
- Continuing the development and integration of CFSA's Diversity, Equity, Inclusion and Belonging (DEIB) initiative. This will assist with incorporating the DEIB model through the creation of policy, training of staff and community members, engagement with external stakeholders, analysis of data, and the creation of a shared language and understanding of this important work.
- Continuing CFSA's Thriving Families Safer Children (TFSC) initiative. TFSC's goal is to engage people with lived experience and community-based organizations to co-lead with CFSA in the design of the new District's Child and Family Well-Being System.