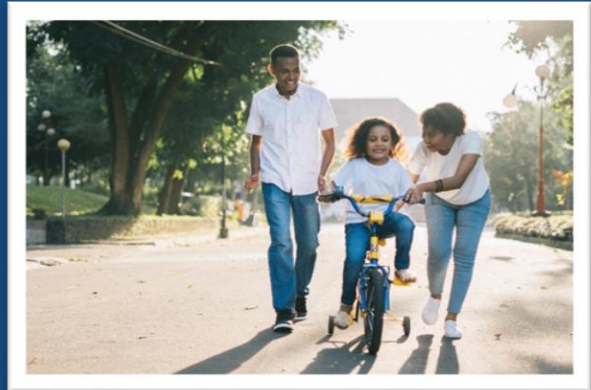


ANNUAL NEEDS ASSESSMENT

A LOOK-BACK AT FISCAL YEAR 2024 ACTIVITIES
FOR INVESTIGATIONS



District of Columbia Government
Child and Family Services Agency

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1. Introduction

The Child and Family Services Agency (CFSA or Agency) Annual Needs Assessment covers the investigations process during fiscal year (FY) 2024, offering insight into the Agency's Child Protective Services (CPS) practice, identifying strengths and opportunities to those practices, and highlighting resource needs. While CFSA's CPS practice would be important to cover any year, in-depth coverage for FY 2024 is a priority due to staffing shortages and tighter budgets.

During the pandemic years, Covid-19 brought additional burnout, anxiety, and stress to employees across the United States, kicking off what is now known as the Great Resignation. Social work practitioners were no different. Throughout the pandemic, they continued to work with families struggling with generational trauma and a need for social services while the social workers themselves were simultaneously experiencing trauma from Covid-19 impacting their own lives.^{1,2} Those additional stressors likely played a major role in staff resignations, leading to a dramatic shortage among investigative social workers. CFSA lost more than half of these social workers since the pandemic started, going from 96 social workers in February 2020 to as few as 37 in November 2024.

Additionally, FY 2024 saw many important pandemic-related federal funding lines end and slow economic growth in the District, with businesses continuing to deal with the impact of new remote-work patterns and lower demand for office space.³ These budgetary challenges for the District have meant that CFSA has had to work through the staffing shortage under tighter budget restrictions than in the recent past.

CFSA is recommending that the following steps be taken to best support the CPS investigation process in response to these shrinking resources, drawing from the Agency's continuous quality improvement processes and clinical expertise:

1. Improve processes through continuous quality improvement efforts.
2. Improve efficiencies through STAAND (Stronger Together Against Abuse Neglect in DC), CFSA's federally compliant upgraded comprehensive child welfare information system.
3. Continue to implement the 211 citywide Warmline and Community Response model.
4. Support and expand health services for families with extremely high needs.
5. Expand the social worker applicant pool and leverage existing CFSA staff to support staffing shortage.

¹ Miller, Jay & Grise-Owens, Erlene. The impact of Covid-19 on Social Workers: An assessment of Peritraumatic Distress. NIH National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8948575/>

² Evans, Ethan et al. COVID-19 Impacts on Social Work and Nursing Now and into the Future: National Administration Plans. NIH National Library of Medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8344478/>

³ Sayin, Yesim. In fiscal year 2025, the District of Columbia is facing tough choices. Without making difficult decisions now, future years will only get harder. D.C. Policy Center. <https://www.dcpolicycenter.org/publications/fiscal-year-2025-dc-facing-tough-choices/>

To support the recommendations above, this report will:

1. **Explain the Child and Family Well-Being System.** This section describes how CFSA has embraced this prevention-focused model to set the stage for new opportunities that, in the long run, should reduce some of the workload for CPS investigations.
2. **Describe the investigations process.** This section describes the major components of the Agency's CPS investigations process and explains how these steps connect to CFSA's commitment to safety, permanency, and well-being.
3. **Highlight investigations' strengths and opportunities.** This section describes the strength of CPS practices that should be sustained along with the opportunities to make the investigations process more efficient and effective.
4. **Identify CPS investigations' staffing and financial needs.** This section describes how the Agency must ideally direct resources to sustain or grow current CPS investigations' strengths and improve strategies and future opportunities.
5. **Share next steps.** This section describes the Agency's Office of Hotline and Investigations' planning strategies for ensuring ongoing support to keep children safe while moving towards a sustainable Child and Family Well-Being System.

2. Child and Family Well-Being System

CFSA's Evolution with Child Abuse and Neglect Prevention

CFSA has a demonstrated history of commitment to preventing child abuse and neglect which began over 30 years ago with the Agency's contracted partners, the Healthy Families/Thriving Communities Collaboratives (Collaboratives).⁴ In recent years, CFSA has expanded the District's prevention efforts through the implementation of Family First and Families First DC. For more details on this prevention history, please see the FY 2023 Annual Needs Assessment.

All historical efforts have included the following prevention strategies:

- **Primary prevention:** Preventing abuse or neglect for children unknown to CFSA through walk-ins at the Collaboratives and the Family Success Centers⁵
- **Secondary prevention:** Addressing the needs of children and families who have been referred to the District's Child Abuse and Neglect Hotline (Hotline) through referrals to appropriate community services

4 CFSA continues its multi-faceted, 30-year plus partnership with the District's five neighborhood-based Healthy Families/Thriving Communities Collaboratives. Each Collaborative provides its assigned Ward(s) with an array of supports along the prevention and intervention continuum.

5 The Families First DC Family Success Centers (FSCs) are fundamental to realizing the KDCFT vision by providing supportive interventions directly to families in the neighborhoods that historically demonstrate heightened risk for child welfare involvement. Currently operating from 10 locations across Wards 7, 8, and 5, the FSCs not only render services, but they also collaborate with CFSA in the ongoing evaluation and enhancement of the District's upstream prevention framework.

- **Tertiary prevention:** Addressing the needs of children and families who have substantiated allegations of abuse or neglect and are being supported through an open in-home or out-of-home case with CFSA or its private contracted providers

Since FY 2022, CFSA has participated in the [Thriving Families, Safer Children](#) (TFSC) initiative, sponsored by the federal Children’s Bureau (CB) under the Administration for Children and Families (ACF). TFSC includes child welfare sites in 22 states. In addition to support from ACF’s CB, the TFSC model receives support from the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC), Casey Family Programs, Prevent Child Abuse America, and the Annie E. Casey Foundation. The national TFSC goal is to create a more just and equitable Child and Family Well-Being System for all states. In DC, these efforts were branded in FY 2023 as *Keeping DC Families Together*.

Keeping DC Families Together (KDCFT)

To implement the Family First Prevention Services Act, CFSA engaged community partners citywide to design and draft the District’s Title IV-E Five-Year Prevention Services Plan, including KDCFT. As a TFSC Round 2 jurisdiction, the District’s KDCFT commits its efforts to making a transformational shift from a deficit-based child welfare system to an empowerment-based Child and Family Well-Being System. To this end, CFSA envisions a future where community-based, non-profit organizations, for-profit organizations, and government agencies work together in consensus to better support children and families through sustainable housing, food security, behavioral health, and health services. This work furthers the Agency’s longstanding mission to safely keep families together by supporting preventative services long before the family comes to the attention of the child welfare system. CFSA’s anticipated outcomes include strengthening parent and caregiver resilience, improving families’ behavioral and physical health, and reducing individual and systemic barriers to critical resources that meet concrete needs.

Working towards the KDCFT prevention goals, CFSA has prioritized empowering the community by closely collaborating with community-based organizations in tandem with people with lived experience to co-design the 211 Warmline and Community Response Model to serve as a dedicated phone line for District residents in need of social service assistance. CFSA sees the 211 Warmline and Community Response Model as integral to creating a Child and Family Well-Being System in the District of Columbia, since it will fill an existing gap in the city where there is a dedicated response line for cases of child abuse and neglect (CFSA’s Hotline), but not a centralized resource for instances where a family or individual would be best served if connected to government and community-based resources (versus a CPS investigation). Further, the District anticipates that the Warmline will ensure timely access to governmental or community-based systems of care that can address relatively minor challenges before those challenges escalate to imminent crises. In so doing, DC will fundamentally transform how the city approaches child protection and prevention of risk.

KDCFT includes the following interrelated efforts, all of which are necessary to achieve the vision of moving to a Child and Family Well-Being System:

- Updating mandated reporter policies and practices
- Partnering with sister agencies to ensure seamless coordination of social services within the District
- Retraining and educating DC residents (community supporters⁶)
- Implementing new technologies and service models (211 Warmline) to meet families' urgent needs in their communities, ultimately reducing the number of inappropriate calls (for example, calls regarding a lack of concrete resources due to poverty rather than intentional parental neglect) to the CFSA Hotline.

The KDCFT Steering Committee is the principal body responsible for the development, implementation, and oversight of the District's emerging Child and Family Well Being System. Convened by CFSA, the Steering Committee membership includes community members with lived experience, government agencies, community-based organizations, and advocates. Working collaboratively, members had jointly established a vision for the District's child and family well-being system.

DC'S Child And Family Well-Being System

**Our
Vision**



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

CFSA also convenes several independent bodies that are working to inform and implement the Steering Committee's charge:

⁶ In the vision of Keeping DC Families Together, all DC residents play a role in supporting other individuals and families residing within the District.

- Lived Experience Advisory Council
- Warmline and Community Response Subcommittee
- Impact/Evaluation Subcommittee
- Diversity, Equity, Inclusion, and Belonging (DEIB) Subcommittee

The success of this transformation from a child welfare system to a child and family well-being system is determined by all related DC government agencies, community providers, and advocate commitments to provide high quality services to DC residents. In February of 2023, the directors of the following District agencies all signed on to join CFSA and to fulfill their commitments to realize the vision of KDCFT and to share ownership of operating a child and family well-being system:

- Department of Aging and Community Living
- Department of Disability Services
- District of Columbia Public Schools
- Department of Youth Rehabilitation Services
- DC Housing Authority
- DC Health
- Department of Behavioral Health
- Department of Human Services
- Office of Unified Communications

The Soft Launch of the 211 Warmline and Community Response Model

As previously noted, the concept of the 211 Warmline has always been to serve as a comprehensive, unified, social services resource and referral Call Center for all District residents to meet concrete needs and stop stressful situations from further impacting individual/family functioning. In FY 2023, CFSA realized the concept through a formal partnership with the DC Office of Unified Communications, “soft launching” the Warmline on October 30, 2023. At that time, five dedicated 211 staff (one supervisor, one team lead, and three customer service representatives) began answering incoming 211 calls. While there was no public promotion during the soft launch period, 211 Warmline staff assisted existing callers with social-service-related needs. For individuals or families who need additional support beyond receiving information and referrals, a Collaborative community responder is available in all eight wards for service navigation, either in person or assistance provided over the phone. The full launch occurred on February 11, 2025, at which time CFSA announced the existence of the 211 Warmline and promoted the District’s city-wide social service supports. In FY 2025, CFSA will be implementing a full communication plan that includes a [211 Warmline website](#), various media promotions and engagement of individuals with lived experience (LE⁷ Street Team).

⁷ The LEx council is comprised of individuals with lived experience in receiving services from any of the DC government health and human services cluster. The Street Team is a subset of this council that has been recruited to promote the 211

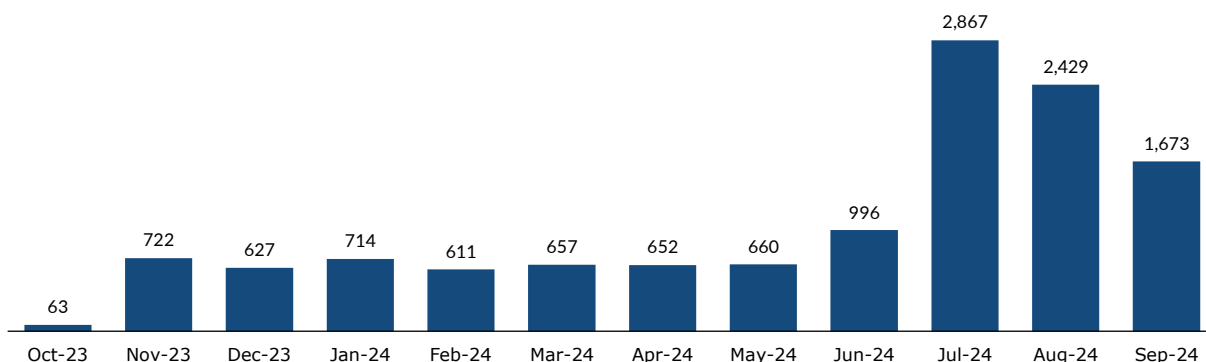
Community responders are trained service navigators who are well-informed and capable of providing information on services related to mental health, housing, employment, education, and other critical residential needs. Moreover, the community responders are educated and trained to work directly with families to ensure access to supports that are appropriate for addressing the family's particular needs.

From the soft launch on October 30, 2023, through to the end of September 30, 2024, the Warmline received a total of 12,671 calls. Call volume was highest during the summer months when children were not in school and free school meals were no longer available for families in need of nutritional assistance. During these months, the District had a partnership with SUN Bucks, also known as Summer Electronic Benefits Transfer (SEBT), that families could access through calling the 211 Warmline. This partnership provides grocery-buying benefits throughout the District, Maryland, and Virginia for income-eligible families during the summer months.

Calls Connected to 211 Warmline by Month

From October 30, 2023 through September 30, 2024

Connected Calls



Source: 211 Warmline

Notes: October 2023 is a partial month; the 211 Warmline soft launched on October 30, 2023

The highest needs identified by 211 callers have been for utilities (21 percent), food assistance (11 percent), and housing/shelter (11 percent).⁸ The next highest category following these needs are “none of the above” (9 percent). The initial system was not set up to gather further detail when this option was selected. However, in the updated system (which launched in January 2025), additional categories and sub-categories were added, and call agents were trained on how to best categorize caller’s needs. Due to these two enhancements, the option to select “none of the above” or “other” was eliminated.

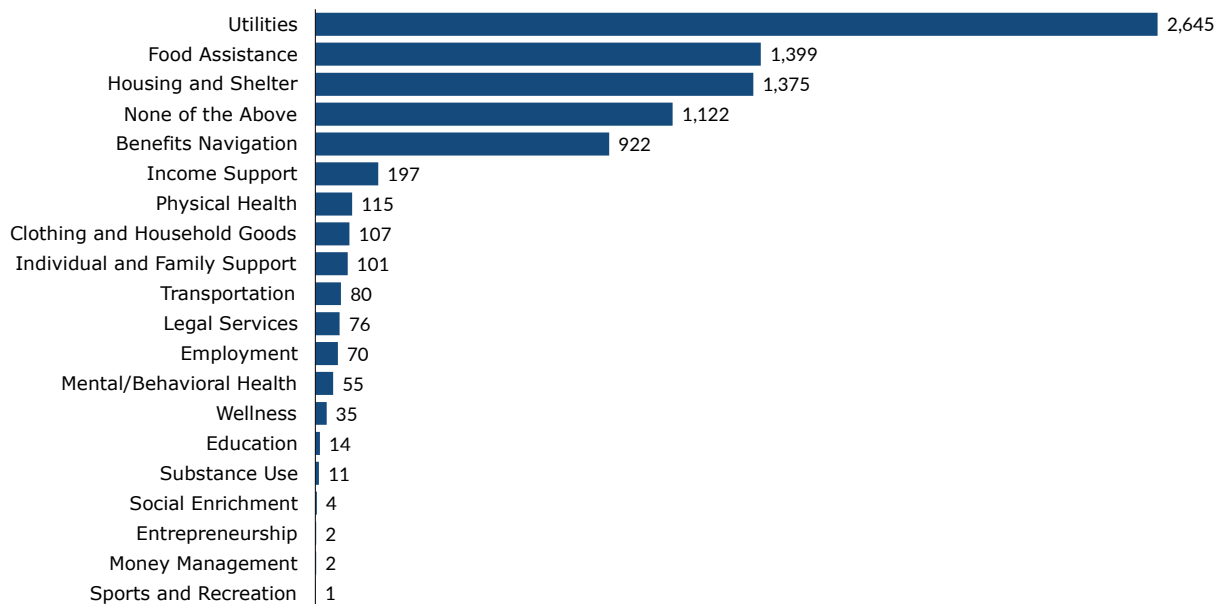
Warmline through posting fliers around DC, attending community events and meeting with District residents to share information about the 211 Warmline.

⁸ Service requests per call may identify more than one type of need.

Identified Service Needs From 211 Warmline

From October 30, 2023 through September 30, 2024

Service need



Source: 211 Warmline

Notes: Service requests could identify more than one type of need. The initial system was not set up to gather further detail when "None of the Above" was selected; in the updated system that launched January 2025, additional categories and sub-categories were added, and call agents were trained on how to best categorize caller's needs.

Lessons Learned During the 211 Warmline Soft Launch

The soft launch of the 211 Warmline provided CFSA with valuable insights to refine the program model ahead of its formal launch in 2025. One critical area identified for improvement was strengthening partnerships with District agencies to enhance caller connection to appropriate services. In the soft launch period, the 211 Warmline call agents had no or limited access to other agencies' systems or data, which at times created a barrier for accurate information and service delivery for callers.

Again, there was a significant increase in call volume over the summer, due to schools being closed and access to free meals being limited. The partnership with SEBT (SUN Bucks) revealed the need for clear guidelines to optimize the customer experience when collaborating with external organizations. Similarly, while the community response process and partnership with the Collaboratives launched successfully, the team recognized the need to establish well-defined criteria to ensure consistent and effective referrals for community response.

Finally, the soft launch underscored the importance of clarifying Warmline messaging, language, and expectations prior to the formal launch in order to ensure that callers understand when and how to engage appropriately with the 211 Warmline.

211 Connects Pilot Initiative

The 211 Warmline also serves families through a new pilot initiative *211 Connects* serving those referrals that have been screened out by the Hotline but may have still identified a family's service needs. For example, when a Hotline worker determines that a report does not rise to the level of an investigation but the family has a service need, the Hotline worker will refer the caller to the 211 Warmline. The 211 Warmline customer service representative (call agent) can then connect the family to the identified resources, such as housing assistance, food support, or mental health services.

After the Hotline submits the referral form, a Warmline call agent reaches out to the family within one business day. If there is no response, the call agent makes two additional attempts within five business days. If a family agrees to engage with 211, the call agent provides information and referrals tailored to the family's needs. They may also connect the family to community response for service navigation support for up to 15 business days, if appropriate. Finally, families are given the option to request a follow-up call within a week, where the call agent can offer further support as needed, helping families access resources or navigate any barriers to getting assistance.

The 211 Connects pilot began in April 2024. From April 2024 through the end of September 2024, the Hotline sent 161 referrals to the 211 Warmline. The top service needs identified at the Hotline level related to health, specifically mental health, housing and utility assistance, and goods, such as clothing and household goods.

Of all 161 Hotline referrals, 48 percent (n=78) of the callers opted to engage with 211 Connects. Of those clients who engaged, 55 percent (n=43) received service referrals.

Potential Impact of Keeping DC Families Together on the Office of Hotline and Investigations

Based on the limited but growing body of research on early intervention,⁹ CFSA hypothesizes that if families are successfully connected to preventative services prior to the onset of a crisis or immediately following a screened-out report, the 211 Warmline service referrals will decrease the probability of future child neglect and abuse.

Additionally, with the promotion of the 211 Warmline, concerned residents will have a viable resource to help families meet their concrete needs. Over time, this could impact the volume of unnecessary calls coming into the Hotline, such as those related to unmet needs with neglect allegations of inadequate food or shelter, or other related neglect allegations, such as those stemming from a lack of mental health services for a member of the family. While it is too early to

⁹ Risk and Protective Factors. CDC. <https://www.cdc.gov/child-abuse-neglect/risk-factors/index.html>; Preventing Child Abuse and Neglect. CDC. <https://www.cdc.gov/child-abuse-neglect/prevention/index.html>

gather statistical data between the pre- and post-soft launch, the Agency has established an initial baseline. For example, in FY 2023, of the total 20,246 calls to the Hotline, the Hotline screened out 74 percent (n=14,914). The data from FY 2024 shows a similar proportion of screened-out calls. In FY 2024 (which started on October 1, 2023, approximately one month prior to the October 30th soft launch), there was a total of 20,978 Hotline calls through the end of September 2024. Of the total 20,978 calls, the Hotline screened out 73 percent (n=15,244).¹⁰

Over the next three years, Chapin Hall will support CFSA on a formative evaluation of the 211 Connects initiative to understand if the pathway from the Hotline to 211 Warmline improved outcomes for children and families. This evaluation will enable us to improve processes early on as a continuous quality improvement approach.

3. Hotline and Investigations Process

Hotline Process

The Hotline is the first point of contact for any individual who suspects abuse and neglect of a child. There are two sources for reports of these suspected cases:

1. Mandated reporters: people like teachers and doctors who are required by law to make a Hotline call
2. Non-mandated reporters: people who call, not because of any legal requirement, but out of a community or familial concern for a child

Both mandated and non-mandated reporters can make a report by calling the Hotline at (202) 671-SAFE. Mandated reporters also have the option of submitting a written report through CFSA's Mandated Reporter Online Reporting Portal. However, the portal option will ask the mandated reporter a series of questions to ensure that the written report does not require an immediate child welfare or other emergency response (e.g., 911 emergency response).

When any individual calls the Hotline to report child abuse and neglect, a trained Hotline worker interviews the caller to gather as much relevant information as possible, including the reason for calling and the details related to any alleged incidents of child abuse and neglect. The information is then documented as a referral in the Agency's comprehensive child welfare information system (CCWIS), currently known as FACES.¹¹ When a mandated reporter submits a written report through the Online Reporting Portal, the Hotline worker reviews the written information submitted by the reporter and enters this information as a referral into FACES.

¹⁰ CFSA Dashboard: Hotline Calls by Referral Type. <https://cfsadashboard.dc.gov/node/1435406>

¹¹ Noted earlier in this report's Introduction, CFSA is in the process of fully transitioning from the previous Statewide Automated Child Welfare Information System (FACES) to a new federally required platform (Comprehensive Child Welfare Information System, or CCWIS) known currently as STAAND (Stronger Together Against Abuse Neglect in DC).

Once a report is documented, the Hotline worker utilizes the evidence-based Structured Decision-Making® tool to determine whether a report reaches the threshold for a child welfare response. The Hotline worker then submits the recommended response for supervisory review and approval. In some cases, a supervisory social worker may consult with a program manager to confirm a screening decision.

Referrals fall into one of three screening decision categories:

1. **Screen-outs:** referrals that do not meet the threshold for a child welfare response
2. **Screen-ins:** referrals that include a child maltreatment allegation as defined by federal and District law
3. **Information and Referrals (I&Rs):** referrals that do not include an allegation of maltreatment but do prompt a response suited to service needs (in these cases, the Hotline worker documents the referral as an Information and Referral (I&R) and refers the family to the 211 Warmline with information regarding the identified service need)

Once a supervisor approves a referral, CPS staff will notify the appropriate internal and external parties. For screened-out referrals, notification may include local law enforcement partners or another government agency currently working with the family. For screened-in referrals, CPS sends the referral to a general CPS mailbox, pending assignment to an investigative team. For I&Rs, CPS refers the child and family to appropriate services. Likewise, Hotline staff may also notify appropriate staff to complete next steps, e.g., a request from another jurisdiction for a courtesy visit by a non-investigation team.

Investigative Process

Two-Tiered Responses

The Office of Hotline and Investigations (OHI) receives reports regarding neglect and abuse of children residing in the District of Columbia, as well as children from another jurisdiction but who are nonetheless found to be abused or neglected inside the District. Once a Hotline supervisor approves the report, OHI assigns the report to an investigative social worker through an administrative rotation. There are two tiers for responding to a referral: immediate response (2-hour window) and 24-hour response. These response times are based on the time stamp of the Hotline worker receiving the call, not the time of assignment.

CFSA expects all investigative social workers to demonstrate good faith efforts for compliance with the legal response times for ensuring a child's safety. Good faith efforts include, but are not limited to, visiting a family's known address at different times of day and visiting a school-aged child's school to interview the child outside of the presence of an adult. Circumstances out of the Agency's control must be documented, e.g., the CPS social worker discovers that a family lives in another jurisdiction or several attempts at visiting the family home are stymied by access to a closed apartment building.

Phases of the Investigative Process

The investigative process is organized into five phases:

1. Pre-interview/safety assessment phase
2. Interview/assessment phase
3. Collateral information phase
4. Referral/services linkage decision
5. Findings and closure phase

Pre-interview/pre-face-to-face Safety Assessment Phase

The pre-interview/pre-face-to-face safety assessment phase is when the social worker and supervisory social worker both review the Hotline report. This review phase involves identifying the children associated with the referral, the allegations, the circumstances associated with the allegation, and the parties involved in the report. The pre-assessment phase also includes looking at any previous family involvement with the Agency and determining whether that history indicates any concerning patterns of abuse or neglect. During the pre-assessment phase, the assigned social worker also obtains information from the DC Public Schools' database to determine if school-aged children are enrolled in school and if they were in school on the day of the referral.

After the pre-assessment phase, the social worker starts the investigation to assess the children connected to the household within the law's immediate two-hour response time or the 24-hour response time. As noted, efforts may include attempting to see the children at school or daycare. If the children are not in school or in daycare, the social worker will attempt to see the children at home. Social workers are encouraged to make attempts to see the children outside of the presence of their parents or caregivers in a place where the children may feel safe to share information associated with the allegation.

When conducting an in-person assessment of a child, the investigative social worker makes concerted efforts to engage the child to ensure accurate considerations of their overall well-being and safety, including any evidence of physical abuse. Assessments of physical abuse include observations of the child and surface examinations for marks and bruises while also asking questions to ensure the child's basic needs are being met.

Safety assessments also include engagement and interviews with the caregivers to obtain their responses regarding the alleged abuse and neglect. Goals of the caregiver interviews include determining whether they have the capacity to meet the children's safety and well-being needs. When assessing caregivers, the social worker team makes efforts to also complete a physical home assessment to ensure that children are residing in a safe environment with working utilities and appropriate furniture, e.g., cribs for infants.

Collateral Contacts

The social work team also tries to contact individuals who may have information to help the social worker understand the broader circumstances of the family. Collateral sources may include school staff, neighbors, relatives, medical providers, and other service providers. The team may seek supporting information for any identified concerns regarding the reported allegation or the team may also seek confirmation that the children are safe and there are no concerns for the family.

Service Referrals and Assessment Findings

After the social worker gathers information from the children, caregivers, and collateral sources, the caregiver and social worker determine if the family has any service needs to secure the safety or well-being of the family or any individual family members. Service needs can include a number of resources, but common examples include housing support, mental health services, legal services, substance abuse treatment, financial assistance, and educational support. If the family identifies service needs, the social work team will link the family to the service, typically by making a service referral. In some circumstances, CFSA can also ensure resources are provided directly to a family in order to address a need that was identified during the assessment stage of an investigation. It is important to note that even if allegations of abuse or neglect are not substantiated, a family may still benefit from additional services.

After completing the first three phases of an investigation, the social worker will determine whether abuse or neglect occurred. If the answer is “yes,” the social work team will review the risk level for the family and the severity of the abuse or neglect to determine viability for one or more of the following next steps:

1. The family can be served through their neighborhood Collaborative or through another community-based agency.
2. The family may benefit from on-going service linkages through an open in-home case.
3. The extent of the abuse or neglect rises to the level of imminent danger for the children and thus warrants a separation of the children from their caregivers.

These assessment findings are classified as one of three dispositions:

1. **Unfounded:** indicates that no evidence was found to support that abuse or neglect occurred.
2. **Inconclusive:** indicates there may be some evidence to indicate abuse or neglect, but the evidence was not substantial enough to support that the abuse or neglect occurred.
3. **Substantiated:** indicates that the social work team found enough evidence to support that abuse or neglect occurred.

Investigative Goals

CFSA's Office of Hotline and Investigations (OHI) supports the Agency's overarching goals of safety, permanency, and well-being for the children and families of the District. The safety outcomes of

investigations are perhaps the most visible and intuitive outcomes, but permanency and well-being outcomes are also considered, supported, and promoted during OHI investigations.

Safety

Safety is the central consideration for CFSA's OHI practice, which relies on the investigative process to identify and mitigate any physical, emotional, and developmental harm that may have been inflicted on children by their birth parents or other caregivers. Investigative interviews, evidence, and conservative safety and risk assessment protocols drive the OHI disposition (described earlier). Based on the disposition and the assessment outcomes, CFSA then decides whether to open an ongoing case. If safety concerns can be appropriately addressed through supportive services, the Agency will open a case with the In-Home Administration. However, in situations of imminent risk where supportive services cannot immediately remedy a child's safety risk, the Agency will separate the child and seek a kinship placement to maintain family connections. When relatives are not available, the Agency will place the child in out-of-home care with a licensed, non-relative resource provider.

Permanency

For the District of Columbia, permanency means ensuring that each child lives in a family environment that provides a lifelong, committed, and continuous future between the child and birth parent or caregiver. In this context, permanency goals are prioritized. For families receiving in-home services, permanency is achieved through family stabilization. For families with children receiving out-of-home services, the primary permanency goal is always reunification with the caregiver from whom the child was separated. If reunification is not a viable option, the Agency will pursue permanency through adoption or guardianship.

As noted earlier, the groundwork for expeditious and effective permanency planning begins with the investigation process. This planning includes investigative social workers working with caregivers to identify biological or fictive kin who can care for children who are at risk of separation. CPS social workers also support permanency by providing psychosocial information to the Placement Administration to facilitate the clinical planning for intentional placement matching. Concurrently, CFSA staff completes an initial assessment of the birth parents or caregivers to determine the best path forward for addressing the circumstances that brought the family to the Agency's attention. The initial assessment is subsequently used as the foundation for ongoing assessments throughout the case planning process with the hope and anticipation of achieving permanency through reunification.

Well-Being

OHI's contribution to well-being outcomes is perhaps the least obvious among OHI's impact on the trio of permanency, safety, and well-being objectives. And yet, social workers regularly identify psychosocial needs and intervene to support child and family well-being even before reaching a

disposition in an investigation. This identification of needs may take the form of one or more of the following three aspects of a child and family's well-being:

1. **Concrete assistance:** For example, support with utilities, food, and clothing vouchers, and physical goods such as cribs or Pack 'n Plays for safe sleep arrangements
2. **Advocacy:** For example, referrals for legal assistance and support in navigating social service systems
3. **Referrals to meet a family's specific needs:** For example, service referrals for mental health, substance use treatment, home visiting programs, educational assessments and supports, and linkage to a Family Success Center

For the many investigations that do not lead to an open case, investigatory social workers will regularly refer and facilitate a transfer of a family's voluntary case management to one of the District's five neighborhood-based Collaboratives. Although any Collaborative can provide post-investigation support for families that do not require ongoing CFSA involvement, families will generally receive supportive services from the Collaborative nearest to their neighborhood.

4. Strengths and Opportunities

Strengths

Acceptable Investigations

CFSA's investigations are subject to two *Acceptable Investigations Reviews* per year in which trained reviewers at CFSA follow specific protocols to determine whether an investigation met Agency and legal standards for core investigative tasks, including following Agency practice guidance, and reaching a sound and supported disposition that ensures a child's safety and well-being. CFSA seeks to hold itself to a standard of ensuring that at least 80% of investigations are closed in a manner that is deemed 'acceptable' by this review.

From February 2020 through July 2024, the average percent of acceptable OHI investigations was 86.4 percent, above the established 80 percent benchmark. As shown below, the ratings ranged from 71 percent to 92 percent. However, the 71 percent rating is an isolated rating over the course of the 10 reviews. Overall, ratings were above the standard of 80 percent, which indicates that OHI closes investigations in alignment with the Agency's expectations set forth in CFSA's Investigations Procedural Operations Manual (IPOM).¹²

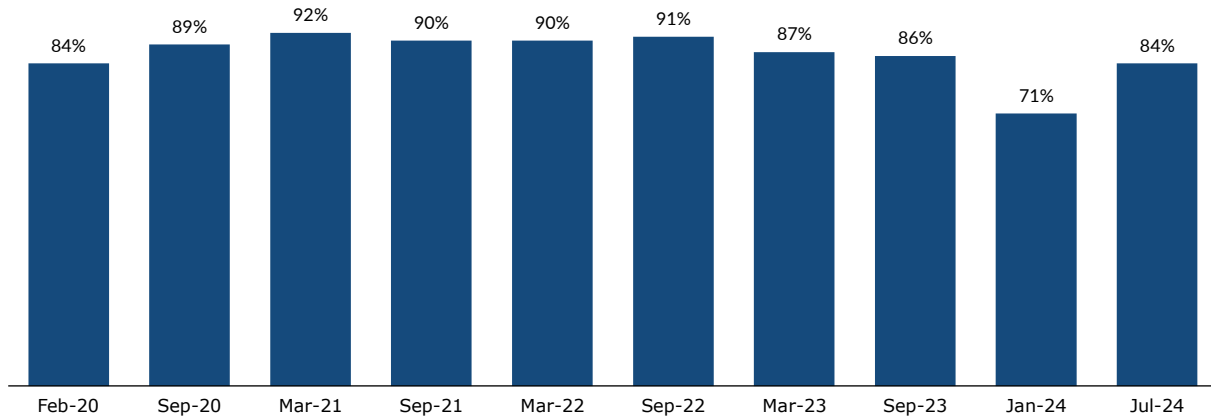
¹² The Agency's IPOM is a detailed and comprehensive step-by-step guide for OHI social workers and staff to follow during the course of an investigation.

https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/INVESTIGATIONS_PROCEDURAL_OPERATIONS_MANUAL_%28IPOM%29_JUNE_2020.pdf

Acceptable Investigations Performance

For reviews conducted FY20 through FY24

Percent acceptable



Source: CFSA Acceptable Investigation Reviews

Notes: Percent acceptable reflects share of investigations in the review sample that meet agency standards regarding core investigative practices that ensure the child's safety and well-being

CFSA's performance under the Acceptable Investigations Reviews stands out in the context of OHI's staffing challenges whereby investigative social workers are receiving significantly more cases than their positions are designed to investigate. Furthermore, DC's investigations process requires more work than other jurisdictions (outlined in more detail in the next section).

One indicator of an acceptable investigation is timely closure, which in FY 2024 for the District was 35 days from intake (as of March 21, 2025, the timeframe to complete an investigation was updated to 45 days with some exceptions allowing up to 60 days)¹³. To meet this standard, OHI social workers must complete several tasks, including the gathering of evidence to support a final disposition. As a result of staffing shortages, timely closure results are also hindered. That said, while CFSA is not yet reaching its goals for closing investigations on time, CFSA is closing investigations with a thorough and accountable process that ensures children's safety and well-being.

Strong Practices

Based on networking and professional conversations with other child welfare agencies and subject matter experts, CFSA's investigations policy and practice expects OHI investigative social workers

¹³ B25-0243 - Child and Family Services Agency Investigation Completion Amendment Act of 2023, which went into effect 3/21/25, updates the time window to complete an investigation to 45 days, unless the investigation involves a report of a child fatality, sex trafficking, or abuse or neglect occurring in an institutional setting, in which case the timeframe is 60 days.

to comply with some of the most rigorous, intensive, and demanding requirements in the field. At a minimum, social workers had to comply with the following protocols in FY 2024:

- Complete investigations within 35 days, compared to some jurisdictions that allow for much longer.¹⁴ (As of March 21, 2025, The District's Child and Family Services Agency Investigation Completion Amendment Act of 2024 requires CFSA to extend its timeline for investigating child abuse and neglect cases from 30 days to 45 days. If the allegation involves a child fatality, sex trafficking, for care in a foster home, group home, or licensed day care facility, the deadline is extended to 60 days.)¹⁵
- Comply with the 2-hour immediate and 24-hour regular response windows, which are shorter timeframes than many other jurisdictions.
- Utilize a comprehensive clinical approach and licensed social workers to complete investigations, instead of a case management approach that may be completed by unlicensed individuals in order to ensure additional support to families.
- Maximize use of the Agency's specialized Educational Neglect Triage Unit that contains specific expertise and institutional knowledge applied to reports of educational neglect.
- Incorporate CFSA's on-site nurses into an investigation whenever medical concerns arise.

This is in contrast to practices in other jurisdictions, as shown in the following examples:

- Virginia: allows 45-60 days to complete an investigation
- West Virginia: 72-hour immediate and 14-day regular response windows
- Arizona: does not require home visits in all cases
- Florida: Child Protective Investigators are preferred to have a Bachelor's or master's degree in social work or related field, but it is not required

Prevention – Keeping DC Families Together

In 2019, the District of Columbia became the first jurisdiction in the nation with a federally approved Title IV-E Prevention Plan, allowing the Agency to smoothly transition from the end of the Title IV-E Waiver Demonstration Project to federal claiming for eligible evidence-based prevention services under the Family First Prevention Services Act (Family First). The District continues to lead the nation in prevention, modifying its plan as appropriate and advocating for the expansion of this work.

As described earlier, in FY 2022, CFSA joined the second cohort of the TFSC Initiative. The Agency's participation allows for CFSA, other District agencies, and nonprofit organizations to further expand upon the array of services that support families early enough to prevent them from becoming

¹⁴ National Study of Child Protective Service Systems and Reform Efforts. Review of State CPS Policy. HHS: Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/reports/national-study-child-protective-services-systems-reform-efforts-review-state-cps-policy>

¹⁵ The Child and Family Services Agency Investigation Completion Amendment Act of 2024 became effective in the District of Columbia on March 21, 2025. (D.C. Law 25-0299; D.C. Official Code § 4-1301.06 et seq.). [DC Code § 4-1301.06](#)

system involved. Through this initiative, the Agency is building on cross-sector relationships to address the root causes of maltreatment of children while working to prevent initial and repeat occurrences, to avoid needless family disruption, to reduce family and child trauma, and to interrupt intergenerational cycles of abuse.

CFSA continues to implement, fund, and prioritize strategic prevention by investing in local programs that support the prevention goals outlined above. The most prominent of these programs include DC's partnership with the Collaboratives alongside the Family Success Centers and the District's 211 Warmline.

The Warmline in particular gives CFSA and other DC human service agencies and nonprofits an alternative to calling the District's Child Abuse and Neglect Hotline when families' needs are not associated with allegations of abuse or neglect. Instead, when Hotline workers receive those types of calls, they can use the 211 Warmline to help the family address concerns through supportive services versus an investigation or an I&R.

The Warmline thereby serves a dual purpose: 1) sparing non-abusive and non-neglectful caregivers and families from an invasive child welfare investigation and 2) decreasing the time and focus that OHI social workers expend on an investigation that is completed but not substantiated. In addition, the 211 Warmline serves as a resource and connection point for OHI social workers who have determined that a family's well-being can be served by community-based providers. Those providers can then ensure that a family has access to the necessary service-based support without CFSA subjecting the family to a potentially unnecessary ongoing CFSA case.

While a prevention focus is not unique to CFSA, the District appears to be a leader in the national landscape of child welfare prevention efforts. DC's 211 Warmline is the most recent large-scale step that the District has taken towards prevention of child maltreatment. Furthermore, the District's prevention efforts are being designed and implemented District-wide in contrast to jurisdictions where comprehensive services may be limited to a specific county or subset of a state's whole population.

Existing CFSA Resources

Considering the staffing shortage, OHI has been able to successfully utilize overtime support from staff in other CFSA administrations. By actively maximizing inter-administration overtime support, OHI has been able to draw from a pool of social workers who are already licensed and trained specifically in child welfare practice without spending time and resources on extensive training and onboarding. Having the support of skilled child welfare workers with tasks such as child assessments, caregiver assessments, and home assessments has helped OHI move investigations towards disposition while alleviating stressors from ongoing social workers who are carrying caseloads much higher than the agency standard. In FY 2024, for example, OHI received volunteer overtime support from 22 licensed social workers.

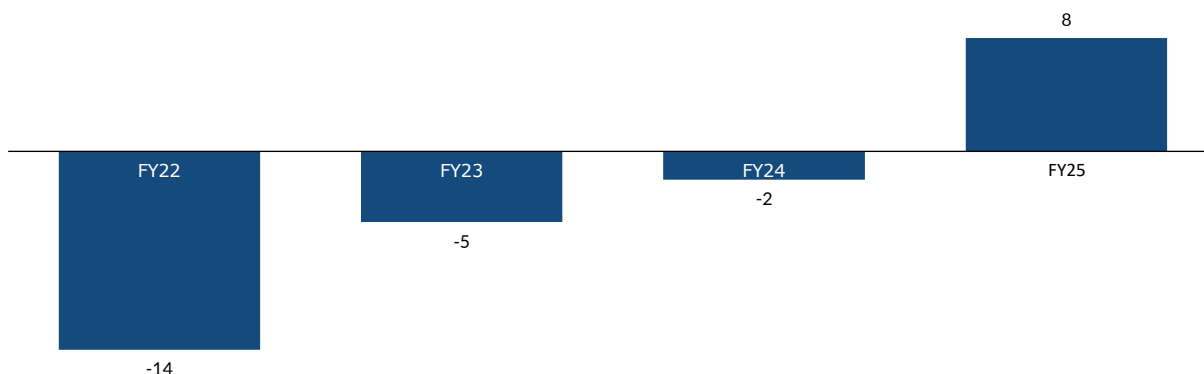
Retention

OHI adapted a renewed and refreshed emphasis on staff retention during the second half of FY 2023. Those efforts appear to be having a positive impact on OHI-specific social worker retention. For example, in FY 2022, net changes in social work personnel was negative 14 while in FY 2023, the net changes were negative 5. In FY 2024, the net change was negative 2. As of January 13, 2025, that net change has jumped to positive 8. With these slow but evident retention improvements in mind, OHI leadership intends to maintain its dedicated efforts to return to pre-Covid-19 staffing levels.

Net OHI Social Worker Hires and Departures

From FY22 through FY25

Net social workers



Source: CFSA HR

Notes: FY25 data is updated through January 13, 2025. Net social workers reflects number of OHI social workers hires minus number of OHI social worker departures in each fiscal year.

Opportunities

Staffing Shortages

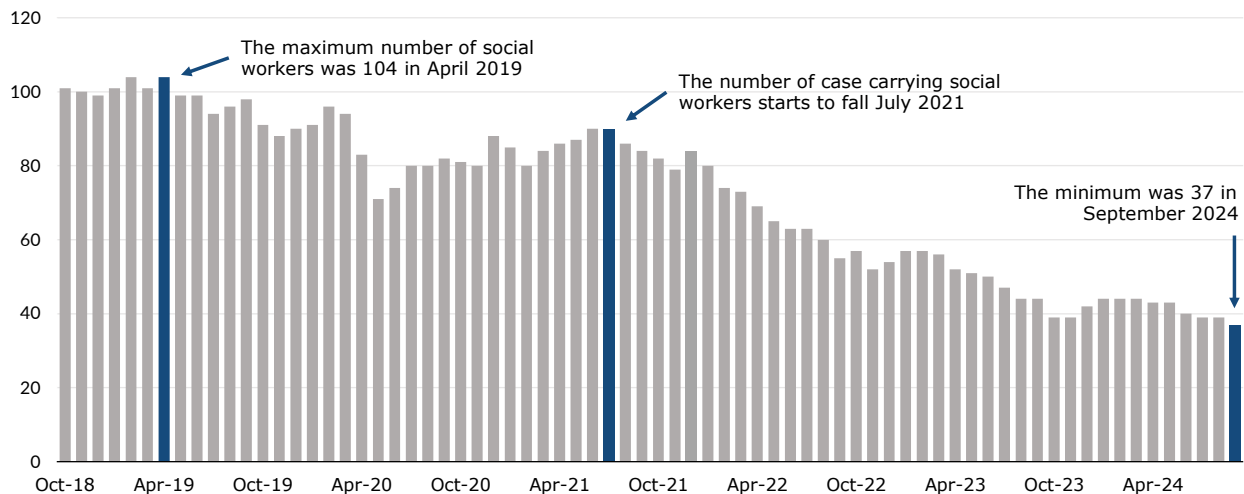
The most prominent theme that arose during this Needs Assessment was the severe impact of the Covid-19 pandemic on OHI's staffing levels. At the outset of the pandemic, CFSA employed approximately 100 investigative social workers. That number steadily dropped to 37 investigative social workers by the end of FY 2024. This 63% decline has deeply impacted the timely initiation of investigations, the timely closure of investigations, and staff morale.

Moreover, the staffing shortage is directly linked to high caseloads, as shown in the graphs below, which take off a month after the number of social workers started to decline in July 2021. The shortage is further believed to be a self-perpetuating problem, i.e., high caseloads are often cited as a reason for social workers leaving the Agency due to the increase in workers' stress.

Case-Carrying Social Workers by Month

From October 2018 through September 2024

Number of social workers



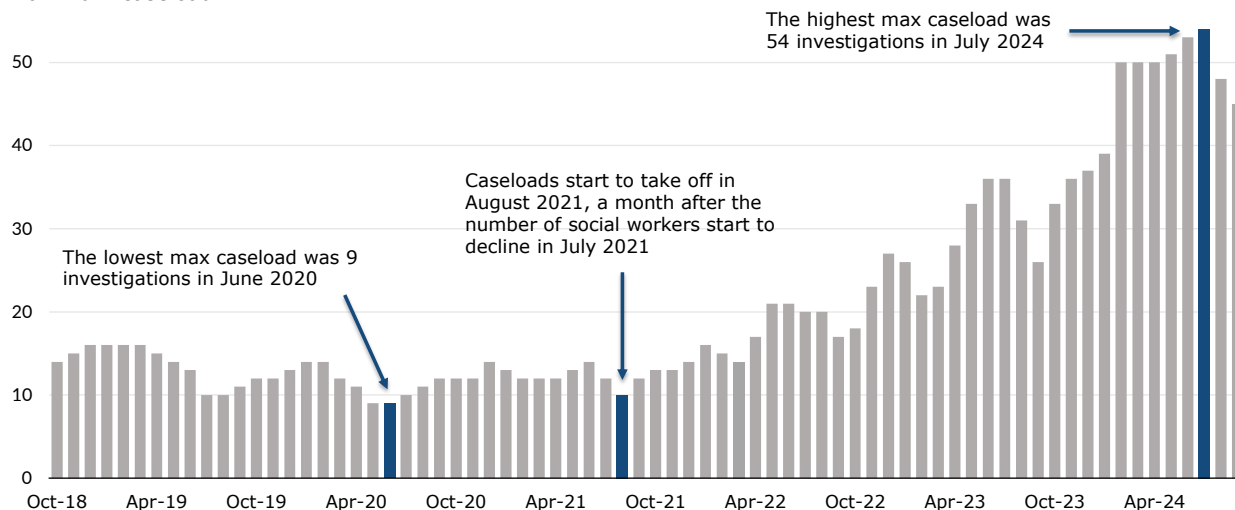
Source: FACES INV145

Notes: Case carrying social workers reflects the number of unique OHI social workers who carried at least one investigation in a given month

Max Caseloads by Month

From October 2018 through September 2024

Maximum caseload



Source: FACES INV145

Notes: Max caseload reflects the highest caseload for any OHI social worker in a given month

In addition to the nationwide “great resignation” of the pandemic era, CFSA believes that a combination of other factors has exacerbated the social worker shortage. Two of these factors include high caseloads as noted above, and a low supply of licensed social workers who live and

work in the DC Metro Area. The latter has created a competitive environment for social workers and a limited candidate pool from which CFSA can draw.

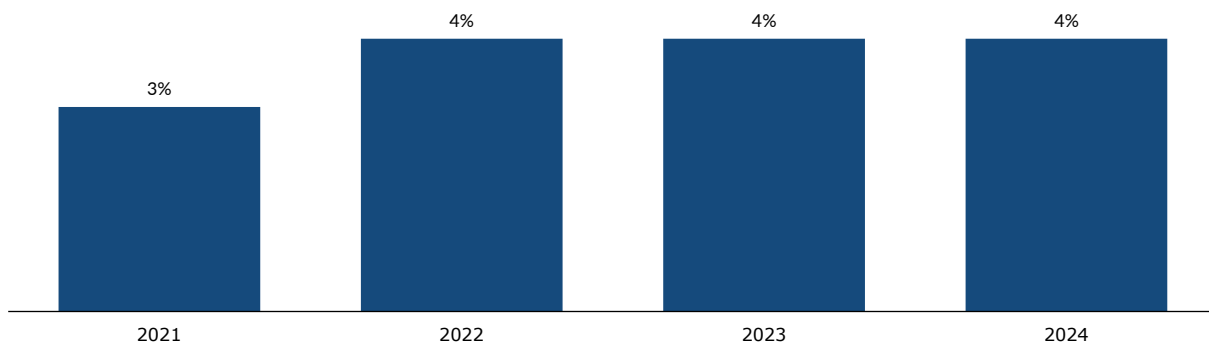
Intensive Service Array

Each year, OHI is required to investigate a number of cases where allegations include an unable or unwilling caregiver, or a caregiver who seeks to discontinue care. The proportion of Hotline referrals related to such allegations has remained consistent over the past four fiscal years:

Percent of Investigations with Allegations of Unwilling Caregiver

For investigations opened from FY21 through FY24

Percent of investigations opened



Source: CFSA Tableau Alleged Victims in Investigations

Notes: Includes investigations with at least one allegation of either "unwilling caregiver" or "caregiver seeks to discontinue care"

These reports show a pattern of households that are in significant distress due to psychosocial challenges that built up over time. Mental health and behavioral problems among parents, children, and youth are commonly found during these investigations, and the mental health and behavioral problems are rarely limited to one member of a household. The reports made to CFSA are the culmination of the pressure put on a household when its members hit a breaking point and the parent is then reported to CFSA as an unwilling or unable caregiver.

While CFSA can and does intervene in such cases by investigating and sometimes substantiating and petitioning for a child or older youth to enter out-of-home care due to safety risks, there is widespread consensus that the family as a whole would be better served, and that CFSA resources would be better expended, if these children and older youth could remain in their homes of origin while parents or caregivers and children or older youth are receiving community-based intensive behavioral health services. Promoting family stabilization in this manner aligns with all of the District's current prevention efforts to support and sustain the family's well-being.

The District and CFSA's partner agencies acknowledge that some families and children or older youth have extreme needs, but the consistent number of these reports and investigations over the years suggest that a small subset of District parents and caregivers remain unable to find sufficiently intensive services in the community for managing their needs. There is an opportunity for CFSA and its sister agencies (e.g., the Departments of Youth Rehabilitation Services, Behavioral Health, and Human Services) to develop tailored, evidence-based, trauma-informed programs, including expressive therapies and services that can consistently meet the needs of the subset of families experiencing the most challenging behaviors of children, youth, and their parents or caregivers without requiring separations within the family. Such intensive services would benefit families prior to coming to CFSA's attention and could also be useful to OHI and ongoing CFSA social workers who are working to support families.

Timely Initiations and Connection to Staffing Shortage

In addition to the internal review of Acceptable Investigations, CFSA's OHI completes between two and four Timely Initiations reviews per year. These reviews expand on the quantitative data CFSA has in monthly management reports for measuring whether investigative social workers are interviewing children face-to-face outside the presence of a parent or caregiver within the required timeframes of 24 or 48 hours.¹⁶ Trained reviewers examine both data and documentation to determine whether Timely Initiation standards are being met. Reviewers also note the documented barriers to timely initiations as well as the good faith efforts to overcome the identified barriers. The reviews occasionally confirm children being interviewed within the legal timeframes, despite contradictory quantitative data from the management reports.

When there are clearly documented barriers and the social workers have completed all steps within their control to surmount those barriers, the Agency indicates these referrals as "initiations met" even if the children were not yet successfully interviewed and are therefore not included as compliant for the performance measure. For example, initiations are considered met if the social worker has repeatedly made efforts at various times of day and night to make contact with a child whose family resides in a locked building with no doorbell or no answer to knocking, even when a social worker waits by the door for extended periods of time. Similarly, initiations are met when the social worker has also attempted to visit a child at school, or researched the family's contact information through District of Columbia Access System or through a referral to the CFSA's Diligent Search Unit.¹⁷ These latter efforts identify contact information for the parents or their close relatives, which often reinforce and explain some of the location barriers (e.g., incorrect addresses,

¹⁶ Per CFSA policy and DC code, CFSA is required to initiate investigations of abuse and neglect within 2 hours for the most high-risk situations and within 24 hours for all other investigations. However, during the 30-year federal lawsuit, *LaShawn v. Bowser*, which ended in FY 2021, the performance measure allowed for timely initiations within 48 hours. When CFSA updated performance metrics in FY 2022, the Agency maintained the measurement of timely initiations within 24 and 48 hours.

¹⁷ The DC Access System is an integrated eligibility system for Medicaid, the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families, and other programs.

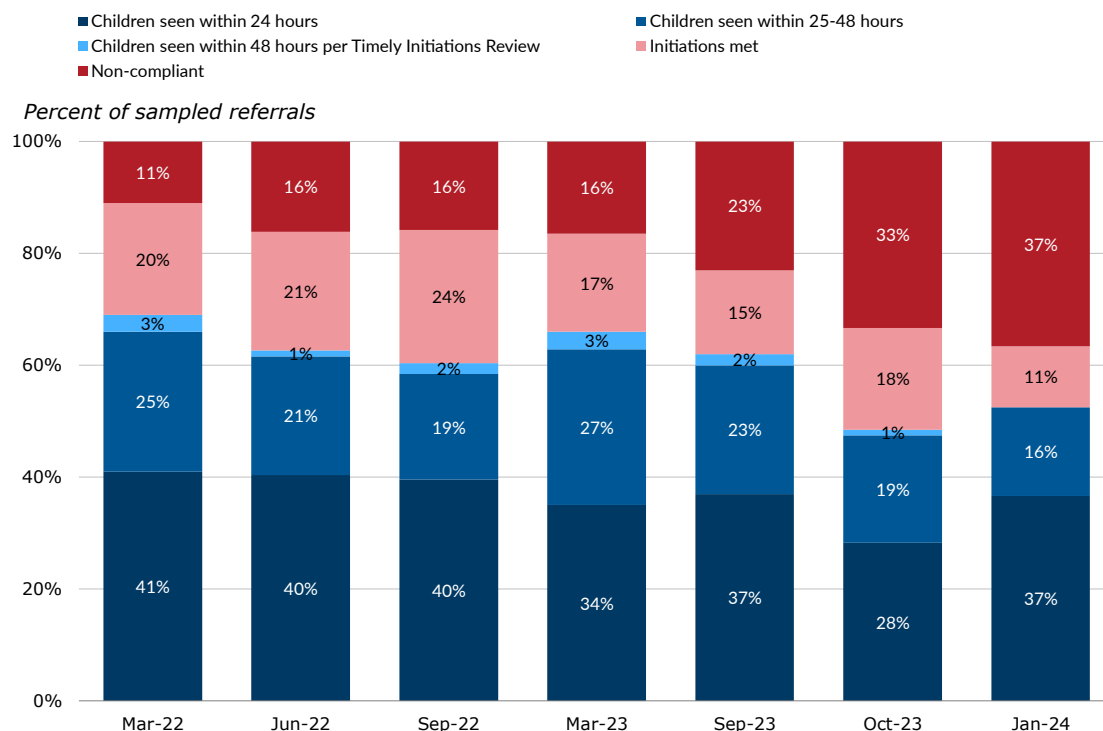
or phones shut off). Social workers document these efforts and more for completing initiation steps within 24 or 48 hours. Social workers also continue to make efforts beyond the 48-hour timeframe as interviewing the victim and non-victim children are critical components of assessing for safety and completing a high-quality investigation.

OHI's ability to interview children within the required timeframes is significantly impacted by the social worker staffing shortage described above. Because achieving 'timely initiation' for a referral requires a concerted amount of effort within a limited timeframe, the time and availability that social workers must respond to multiple initiations per week becomes strained. Due to the staffing shortage, it has become common for social workers to receive 2-3 new assignments per week that require initiation, an increase of 49% compared to FY21 weekly assignments, which severely limits the ability of social workers to accomplish all tasks required for initiation within the necessary timeframe. As a result, timely initiations' performance has decreased, representing an opportunity for CFSA's OHI Investigators to improve practice and performance.

The graph below represents the scores received by OHI on each of the past seven Timely Initiations reviews. Timely initiation performance started to decline, with the share of individuals who were non-compliant rising over time, along with the share indicated as initiations met declining over time. We attribute this decline to the staffing shortage adversely affecting social worker performance with completing timely initiations of investigations. This demonstrates a need for OHI to increase staffing levels, which can be expected to correspond to better performance by completing the timely initiations of investigations.

Timely Initiation Performance

For reviews conducted from FY22 through FY23



Source: CFSA Timely Initiations Reviews

Notes: August 2024 data is not included because it is still being validated

5. Needs

Recruitment and Retention of Social Workers

As described throughout this document, the OHI staffing shortage is by far the biggest challenge facing OHI practice and performance. The staffing shortage is directly linked to increased caseloads and workloads, delayed initiations of investigations, and social worker burnout. Addressing this staffing shortage is the core need in OHI and the central takeaway from this Needs Assessment.

In order to address the staffing shortage, CFSA will need to take a multi-pronged approach that includes attracting and onboarding new applicants, retaining existing staff, and lightening the workload assigned to the OHI social worker position so that the administration is able to complete more investigations despite having fewer staff. To date, CFSA has been able to consistently post open positions and onboard new social workers without limitation aside from the limited number of applicants and those who accept employment offers. In order to attract new social workers, strategies in place that should be continued include engagement with local colleges and universities, maintaining a social work internship program, and strategically expanding outreach through external job boards. The agency must continue to invest in recruitment and hiring efforts

that are as robust as possible while continuing to seek new ways to attract applicants for the many open social work positions.

Wider Array of Quality Behavioral and Mental Health Services

A secondary need observed by OHI is connected to the District's service array for behavioral and mental health services that fully support the most intensive needs of DC's high-risk population. Given that CFSA is not nor should be the behavioral and mental health authority in the District, the work of CFSA investigative social workers would be more productive if consistent, accessible mental health services were available for the subset of youth and families that struggle with the most intensive trauma histories and subsequent behavioral and mental health problems.

This behavioral and mental health service gap is felt most acutely when CFSA is required to investigate, and at times intervene, with families whose households have been deeply disrupted due to complex behavioral and emotional problems experienced by parents or caregivers, children and youth, or often both. CFSA currently teams with sister agencies and other community partners to support the development of mental and behavioral health interventions in the District that can reliably serve even the most challenging households. CFSA and its partners should expand these efforts to address the needs of the households with the utmost challenges. If this service gap can be adequately filled and reliably sustained, the District could reasonably expect to observe better outcomes for children and families in general. Such anticipated outcomes would also help prevent family involvement in a child welfare system that is ill-equipped to provide direct behavioral and mental health services.

6. Next Steps

This 2024 Annual Needs Assessment memorializes the needs highlighted above but also provides an opportunity to highlight CFSA's current efforts to address the identified needs. This section outlines CFSA's active and immediately pending efforts to address the needs.

Improve Processes through Continuous Quality Improvement

From January to February 2024, OHI and its partners from across the Agency conducted a continuous quality improvement (CQI) event to improve practice and process. This process, called Lean, is a "plan, act, do, and check" model designed to help government systems identify and then implement the most efficient, value-added method to ensure administration-specific quality practice standards. While CFSA's use of Lean events to examine improvement in specific program areas ended in late 2024, the Investigations Lean event laid a foundation for additional CQI efforts that CFSA intends to complete in late 2025.

For OHI, the Lean goal was first and foremost an in-depth comprehensive review of the full investigative process. A second was to identify potential strategies for improving practice, e.g.,

either replacing less effective practice with newer and more effective practice or eliminating redundant or unproductive steps. The event laid the foundation for an overhaul of the Investigations Operational and Procedural Manual (IPOM) to incorporate new policy and procedure for investigations.

OHI is in the process of holding management meetings to discuss in detail each item identified in the Lean and is on track to conclude those meetings by March 2025. Examples of topics for revision include Four Plus Staffings¹⁸ and which investigations require detailed medical and educational records in order to reach a disposition. Upon completion, OHI management will be making recommendations to CFSA leadership for a series of comprehensive changes. OHI will adapt all leadership-approved changes and subsequently incorporate the changes into the revised IPOM. Again, OHI expects that the results of these CQI efforts will include a more streamlined and impactful investigations process, ultimately leading to enhanced clinical decision-making with increased efficiency of practice, and less time and resources spent on investigations and tasks that are unlikely to be positively impactful.

Improve Data Integrity and Efficiencies through STAAND

CFSA has invested heavily in the Agency's federally compliant Comprehensive Child Welfare Information System known as STAAND.¹⁹ OHI committed significant resources to ensure that the new system will eliminate both the deficiencies and the inefficiencies that exist in the current system. Examples of concerns being addressed in STAAND include automation features for searches of a family's child welfare history and the elimination of several database screens that currently collect information that have little bearing on the disposition of an investigation or on child and family permanency, safety, and well-being. OHI has dedicated several full-time staff with deep knowledge of investigations policy and practice to spearhead this effort. OHI looks forward to the full launch of STAAND in June 2025 and reaping the benefits of a faster and more effective database to guide the work of investigations.

Expand Applicant Pool

OHI's staffing shortage has required CFSA to reflect on the requirements of OHI investigations and how the job duties relate to staff qualifications. CFSA currently requires investigative social workers to be licensed in the District of Columbia. In 2022, CFSA lifted a requirement that social workers hold a master's degree either as a licensed independent clinical social worker (LICSW) or as a licensed graduate social worker (LGSW) which allowed licensed social work associates (LSWA) with a bachelor's degree in social work to serve in OHI. Unfortunately, there have been minimal LSWA applicants since this change was made, thus not meaningfully increasing the number of new social workers in OHI.

¹⁸ Four Plus Staffings require managerial reviews and consultations for investigations involving families that have been brought to CFSA's attention four or more times, with at least two of the instances occurring within the last 12 months.

¹⁹ For the transition from the statewide to the comprehensive child welfare system, see footnote #11.

Nonetheless, the change has provided an opportunity for CFSA to examine the comparable staff qualification requirements of other jurisdictions, many of which do not require graduate degrees or licensure in the field of social work. Moving forward, CFSA may consider expanding the array of possible academic degrees of staff to include disciplines that emphasize child development and human services. Another potential opportunity to expand the field of social workers may be to explore ways to attract additional foreign-educated social workers to work in DC.

Continue to Implement the 211 Warmline

The District's 211 Warmline is now fully launched, and its implementation provides OHI with the opportunity to refocus staff energy on the core work of investigations. Prior to the Warmline, OHI staff (and family support workers in particular) were accepting certain referrals under "CFSA Connects." CFSA Connects resulted from calls to the Hotline that did not warrant a full investigation but indicated that a family may have had a concrete need that CFSA could assist them with fulfilling (e.g., mental health referrals and utility assistance). From January 2021 to July 2023, OHI received an average of 12 referrals per month through CFSA Connects. The work of CFSA Connects was transferred to the Warmline staff in FY 2024, which has given OHI the ability to refocus staff work on outstanding tasks specific to investigations.

In addition to easing the OHI workload related to CFSA Connects, the Warmline has the potential to decrease the overall number of Hotline reports and OHI investigations. The Warmline also provides an avenue to engage and support a family without child welfare involvement but may be struggling with an outstanding need (e.g., housing, mental health, substance use).

Since OHI investigations are more formal and invasive than Warmline engagement, OHI investigations can only be opened when there is a concern of abuse or neglect. CFSA hopes that the support provided by the Warmline to District families will lead to fewer children and families that require more intensive CFSA involvement.

Support and Expand Health Services for Families with Extremely High Needs

CFSA's Office of Wellbeing currently collaborates with various Department of Behavioral Health (DBH) staff when complex mental and behavioral health concerns require a multidisciplinary approach to provide coordination of care for youth and families. CFSA's Office of Thriving Families also holds a monthly program meeting and can request meetings with DBH on an as-needed basis. A Citywide Psychiatric Residential Treatment Committee and the DBH Children's Roundtable are two additional monthly meetings in which CFSA representatives meet with sister agencies to address the state of mental health services in the District.

DBH has communicated to CFSA that they are seeking to increase the number of providers within the DBH network and have added additional evidence-based treatments to further support the evolving needs of children and families served by CFSA. Additionally, DBH is seeking a vendor to

provide Level 3.5 Clinically Managed Medium Intensity Residential Treatment for youth who require inpatient substance use treatment. CFSA supports these efforts and will continue to seek opportunities to team with sister agencies and community partners to generate ideas for specific services based on the experiences of CFSA clients.

Leverage Existing CFSA Staff

In mid-October 2024, CFSA implemented a partnership between OHI and CFSA's In-Home Administration for purposes of In-Home staff taking on a certain number of neglect referrals for investigation. In-Home and OHI staff have worked closely together through this process and have received positive feedback about its implementation. As of December 31, 2024, CFSA's In-Home social workers have been assigned 114 investigations.

By utilizing the In-Home Administration's trained social workers and supervisors to tackle certain neglect referrals, CFSA has decreased the number of new referrals assigned to OHI. The result of receiving fewer investigations allows OHI to focus on specific investigations that require attention, as well as reducing the number of investigations assigned to each OHI social worker. Since this initiative started, the average caseload for an OHI social worker dropped by 2.6 investigations, which is a small but meaningful decrease.

The agency re-assessed the partnership in mid-April 2025 and decided to pause the assignment of hotline referrals to the In-Home Administration. However, the partnership was productive in lowering caseloads and decreasing the number of investigations in backlog. CFSA leadership will continue to explore and assess additional ways in which existing CFSA staff can be leveraged to best support OHI.

In summary, the needs of CFSA's Office of Hotline and Investigations are not so dissimilar to other child welfare systems across the country. However, the District of Columbia also has several strengths that have allowed the investigations practice to continue supporting family well-being and child safety. The challenges identified above are not insurmountable. The Agency will therefore continue to encourage a District-wide dedication for creative and unique solutions.