Vialian El Arriv va FOE				
	CPS Intake CFSD/CWB Khalilah El-Amin x1505 Kris Rogers x1565			
Program Purpose	To protect children from the risk of harm and preserve families wherever possible by creating plans for safe care.			
Program Information CPS Intake responds to reports of abuse and neglect with a plan for safety. Education and supports are provided to address risk of harm and prevent reoccurrence of maltreatment. The goal is to maintain children safely in their home when possible and increase caregiver protective capacity. • Families become involved with CPS Intake through a report to the CPS Hotline of suspected abuse or neglect. A standardized Hotline Intake tool is utilized to screen reports for validation. • CPS Hotline is staffed during business hours by Arlington staff, and calls outside these hours are transferred to the State hotline. Child Welfare staff maintains 24/7 on-call coverage to respond to allegations. • Reports must meet State criteria for abuse/neglect in order to be validated for a CPS response: child is under age 18, abuser is a caretaker role, family resides in Arlington or abuse occurred in Arlington, and allegation meets definition of abuse/neglect. • Validated reports of abuse/neglect often involve law enforcement. • Five categories of child maltreatment are defined by the Virginia Administrative Code: physical abuse, physical neglect, medical neglect, menta abuse or neglect, and sexual abuse. • Risk of maltreatment is assessed using the Virginia Department of Social Services (VDSS) Structured Decision Making (SDM) assessment tool. Factors assessed include family history, substance abuse, domestic violence, and child needs. • Severity of incident determines response type and timeframes. Lower risk levels generate a Family Assessment while higher risk levels generate an Investigation. • All Family Assessments and Investigations must be completed within 45-60 days and follow prescribed state protocols. • Community partners include: Doorways, Law Enforcement, Child Advocacy Center, Behavioral Health, Parent Infant Education program, Parenting Education programs, Community Assistance Bureau, and Virginia Department of Social Services (VDSS).		children safely in their capacity. a report to the CPS Hotline ne Intake tool is utilized to ngton staff, and calls tline. Child Welfare staff pations. in order to be validated for caretaker role, family and allegation meets of entire very the Virginia ect, medical neglect, mental despect of the virginia ect, medical neglect, mental despect of the virginia ect, medical neglect, mental despect of social assessment tool. Factors domestic violence, and child extimeframes. Lower risk isk levels generate an completed within 45-60 cement, Child Advocacy program, Parenting		
Service Delivery Model	 In FY 2023, the CPS intake ho did prior to COVID. CPS intake In FY 2023 all trainings were for Trainings for school personnel presentation type (virtual, integroup to maximize attendation for the group to maximize attendation for the group to the preference of the administrative and student support of the student support for the series of the student support for the series of the series of the student support for the series of the ser	e staff continued to re facilitated using prima were provided in-per person, hybrid) were l ance. inue to be provided in e group. Schools have	espond to reports in-person. In it is a hybrid model. It is a hybr	

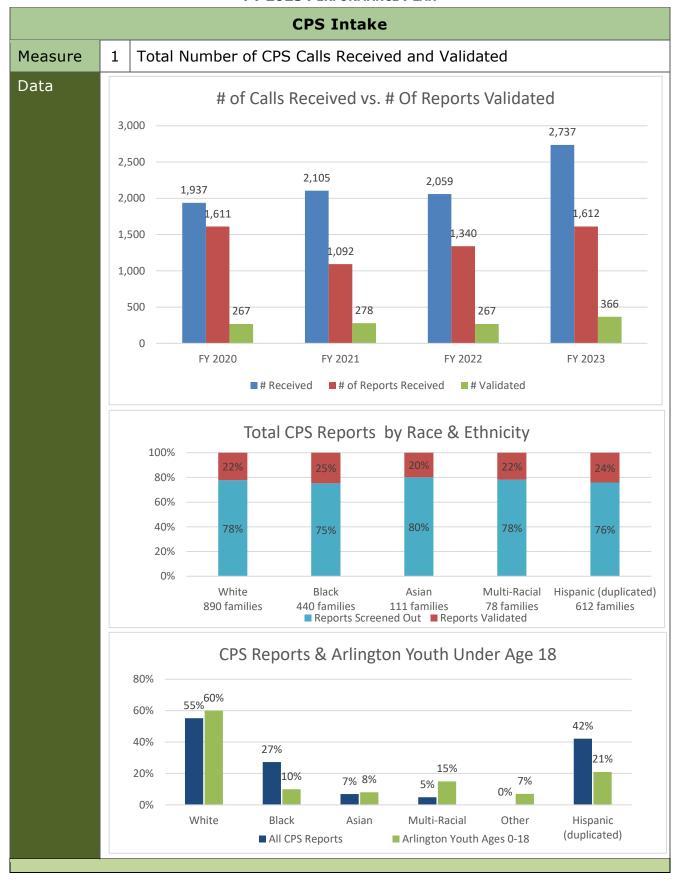
PM 1: How much did we do?

FY 2023 PERFORMANCE PLAN					
Staff	Total 9 FTEs: 1 FTE Supervisor 1 FTE CPS Hotline Coordinator 1 FTE CPS Hotline Screener 1 FTE CPS Lead Worker 5 FTE CPS Investigators In addition, child welfare staff and supervisors provide on-call coverage on a rotating basis				
Customers		FY 2020	FY 2021	FY 2022	FY 2023
and Service Data	# of Calls Received	1,937	2,105	2,059	2,737
	# of Reports Validated/ # of Children*	267	278/400	267/477	366/636
	# of calls Screened out*	-	809	1,071	1,246
	# of Non-CPS related calls*	-	1,018	721	1,125
	# of Family Assessments	203	226	192	256
	# of Investigations	64	52	75	110
	Average # of new case assignments per CPS social worker per month	6	5	5	6
	*Number of children, calls screened out, and non-CPS calls were not reported prior to FY 2021				
PM2: How well did we do it?					
2.1	Timeliness of initial response				
2.2	Timeliness of case closure				
2.3	Quality of hotline calls				
PM3: Is an	yone better off?				
3.1	Recidivism				

CPS Intake | Page 2

3.2

Outcome at case closure



Data Summary

- In FY 2023, there were 2,737 calls received through the CPS Hotline. Of the 2,737 calls, 1,612 resulted in reports of allegation or abuse/neglect. 366 (24%) of those calls resulted in validated reports.
- In FY 2023, the race/ethnicity of the cases validated was proportionate to the race/ethnicity of the cases screened out. Clients identifying their race as "Other" are not included on the chart, as they accounted for 2 out of 1,612 validated reports.
- In FY 2023, the percentage of calls received for Black and Hispanic youth was disproportionate to the population of Arlington youth under age 18.
- In FY 2023, 576 of the 612 families (94%) that identified as Hispanic also identified as White.
- CPS intakes calls include reports through the online portal and by telephone.
- The program data for race and ethnicity excludes 9 families for whom race and ethnicity could not be determined.
- This program data compares number of families involved with CPS Hotline calls by race/ethnicity to the census data for children in Arlington by race/ethnicity.

What is the story behind the data?

- In FY 2023, the percentage of families screened out was consistent for all racial and ethnic groups.
- Typical reporting sources include schools, law enforcement, hospitals, medical professionals and the general public.
- The primary referral sources are school and law enforcement, accounting for more than half of all validated reports in FY 2023. More than 50% of the validated reports referred by schools were for youth that identified as Hispanic. Cases referred by law enforcement are more likely to be validated than any other referral source. Cases referred by school personnel are less likely to be validated than any other referral source.
- While the Hotline Coordinator and DHS leadership have offered to engage Arlington County schools in a system-wide training on reporting abuse and neglect, the school system has decided that they will create their own independently developed training.
- Some referrals from schools are not validated because children disclose parental stressors during screenings for suicidal ideation. If there is no abuse and/or neglect indicated the schools are encouraged to contact the parent directly.
- Since FY 2021, a State on-line reporting option has been available for anyone suspecting abuse or neglect as an alternative to calling. In FY 2023, 32 validated CPS reports were made using online state reporting portal which is an increase from FY 2022 (14).
- In FY 2022, the Mandated Reporter training was updated to include racial equity/disproportionality language. In FY 2023, there were 27 mandated reporter trainings conducted both in-person and virtually. There 984 training attendees who were members of various Arlington community organizations including Parks & Rec, Arlington Public Schools, and law enforcement.

Recommendations	Target Dates
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- Continue to use the Hotline screening tool for interrater reliability and reduce the likelihood of implicit bias.
- Continue to explore including racial disparity data in Mandated Reporter training.
- Continue outreach to schools to offer DHS led mandated reporter training.
- Collaborate in developing Mandated Reporter training for DHS staff.
- Ongoing
- Ongoing
- Ongoing
- FY 2024 Q4

Forecast

• For FY 2024, it is expected that call volume will remain stable at approximately 2,700.

CPS Intake 2.1 Timeliness of Initial Response Measure Data Timeliness of Initial Response 95% 21/22 91% 95% 4<u>1/41</u> 94% 93% 92% 90% 92% 100% 211/226 86% 121/128 119/130 46/51251/272 188/199 05/116 81% 107/124 90% 89/110 53/64 80% State Benchmark: 85% 70% 60% 50% 40% 30% 20% 10% 0% FY 2020 FY 2021 FY 2022 FY 2023 400 children 368 children 453 children 262 responses

Data Summary

• In FY 2023, 92% (119/130) of family assessments/investigations with a response priority of 24 hours occurred on time. 90% (46/51) of family assessments/investigations with a response priority of 48 hours occurred on time. 92% (251/272) of family assessments/investigations with a response priority of 40 business hours occurred within the mandated timeframe. The overall compliance percentage of timely contacts for FY 2023 is 91% (412/453).

■ 48 Hours

40 Business Hours

- In FY 2023, 453 children represents 366 validated cases. Beginning in FY 2022, this measure includes alleged victims only, and excludes siblings who were not alleged victims.
- Data is obtained from a spreadsheet exported from Safe Measures.

What is the story behind the data?

• In FY 2023, overall timeliness for initial response (91%) continues to exceed the State benchmark (85%).

24 Hours

- Delays in response times sometimes occur when partnering with law enforcement. In most instances of sexual abuse and out-of-family investigations, CPS is advised not to proceed with an investigation until law enforcement is available to accompany the worker and/or until the Child Advocacy Center (CAC) has completed their forensic interview.
- In FY 2023 the State of Virginia began counting attempted visits toward timely completion.
 These attempts counted toward 24 contacts being completed timely. These attempts were
 unsuccessful because the caregiver was not home and/or inaccurate addresses were
 provided.
- In FY 2023, 40% of validated reports came to the Department after-hours; 38% of those validated reports required 24-hr response. After-hours calls come through the State Hotline to the Department and there is a 1-2 hour delay before the Department receives the call.
 The 24 hours count begins when the Hotline call is initially reported to the State. In FY 2023,

- there were 4 instances where the first meaningful contact occurred 1-2 hours after the timeframe, at 25 or 26 hours.
- The workers often utilize after-hours services to complete visits. This includes utilizing the on-call workers to continue to make attempts to locate families who were not home at initial attempt to contact.
- The CPS Supervisor reviews Safe Measures report monthly and sends it to workers for data clean-up and to ensure victim contacts are occurring on time.
- VDSS continues sending monthly status reports on timeliness of response per jurisdiction. Supervisor collaborates with VDSS to review reports and identify trends and errors. This oversight has contributed to the increase in the timeliness percentage. Supervisor reviews contact report quarterly, and contact timeliness is included on the Division's quarterly report to the DHS Director.

Recommendations	Target Dates
Continue to review initial contacts monthly to make sure that all contacts have been made according to response priority.	Ongoing
• Continue to review reports regularly to ensure that data errors are resolved.	Ongoing
 Continue to have all staff consult with supervisor at time of assignment to confirm response time requirement. 	Ongoing
Continue to have CPS Hotline mark assignments with time and date that first response is due.	Ongoing
 Workers will continue to refer to COMPASS Mobile to confirm response time. 	Ongoing

Forecast

• In FY 2024, it is anticipated that the percentage of timely contacts will be at least 95% for each response level.

CPS Intake Measure 2.2 Timeliness of case closure Data



Data Summary

- In FY 2023, CPS cases were required to be approved and closed within 45 days for Investigations and 60 days for Family Assessments. Investigations can be approved for extension to 60 or 90 days for particular circumstances.
- In FY 2023, 53% of cases were closed on time, which is slightly higher than FY 2022.
- Data for this measure is derived from spreadsheets maintained by staff. Cases are reported in the fiscal year in which they closed, rather than the fiscal year in which they opened.

What is the story behind the data?

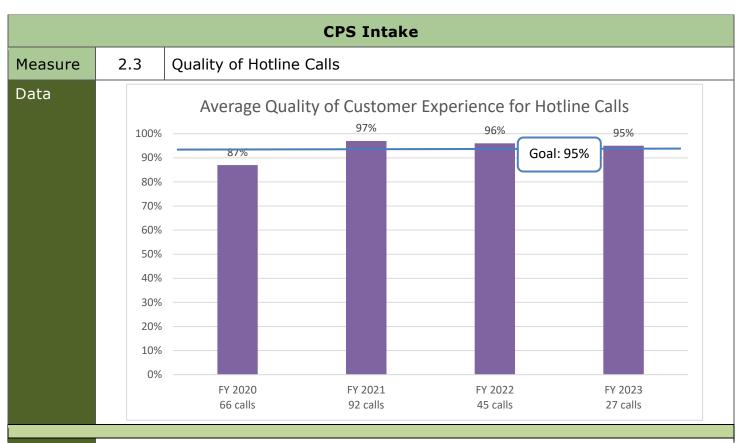
- In FY 2022 and FY 2023, some cases require additional clinical support and stabilization
 efforts prior to safely closing the case, causing a closure date exceeding the timeframe
 targeted by the state. There are times when collaborating with external stakeholders and
 other jurisdictions takes longer to safely stabilize the case.
- In FY 2023, high risk cases continue to require additional time for case closure which could also lead to a worker having to prioritize the needs of their caseload which could cause backlog for those less severe cases.
- In FY 2023, there were instances in which cases could not close timely due to competing
 priorities and time management of the staff and external stakeholders. There were times
 where the delay of the stakeholders infringed on the timeliness and prioritization of cases.
- In FY 2023, CPS intake was fully staffed until December 2022. Toward the end of the fiscal year several staff transitioned to other positions and/or submitted resignations, and the resulting staffing vacancies impacted timely case closure.
- In FY 2023, one of the staff resigned prior to completing case documentation which also impacted case closure timeliness.

• In FY 2023, there was an increase in the number of cases involving families with complex needs and higher degrees of safety issues including 4 child fatalities. This also impacts the timeliness of case closure due to the added stress on staff.

Recommendations	Target Dates
Continue intensified, creative recruitment efforts to identify qualified applicants.	Ongoing
Continue to use data collection spreadsheets to alert staff of upcoming closure dates and share timeliness with staff.	Ongoing
Explore the barriers and needs staff face in working toward timely case closure.	• FY 2024, Q2
• Explore developing internal deadlines, monitoring procedures, and reminders to assist staff in preparing for case closure ahead of the deadline.	• FY 2024, Q2
Explore methods to rapidly fill staff vacancies.	• FY 2024 Q2

Forecast

• In FY 2024, it is projected that 75% of cases will be closed on time.



Data Summary

- In FY 2023, a total of 27 CPS calls were reviewed and assessed for quality using a customer service data collection tool that provides an overall score out of a possible 100 points.
- In FY 2023, there were 2 staff members who answered calls at the CPS hotline and were rated. The lowest score received was 90.

What is the story behind the data?

- In FY 2023, staff continued to demonstrate proficiency in providing callers with additional resources when needed, asking clarifying questions, and maintaining professionalism.
- In FY 2022 and FY 2023, callers were able to make reports in Spanish; however, these calls were not reviewed as neither of the Hotline call reviewers are bi-lingual.
- When callers revealed cultural biases in their reports, hotline staff were able to maintain focus on collecting the information needed to assess children's safety.
- Decreased scoring typically occurred when workers did not confirm the caller's satisfaction prior to ending the call.
- In FY 2022 and FY 2023, the Bureau Director continued to review Hotline calls with the staff on an ongoing basis to discuss strengths and opportunities for growth.

Recommendations	Target Dates
Explore opportunities for bilingual reviewers or language line to review Spanish language calls.	• Fall 2023

- Continue protocol for reviewing call quality feedback with Hotline staff.
- Explore expanding the number of hotline call reviewers and increase the number of hotline calls reviewed.
- Ongoing
- FY 2024, Q2

Forecast

• In FY 2024, it is anticipated that the average score for the hotline call will be 97 out of 100.

CPS Intake 3.1 Recidivism Measure Data Percentage of referrals with prior validated reports in the preceding 6 months 100% 6% 90% Goal: 95% 8% 80% 70% 60% 50% 40% 30% 20% 10% FY 2020 FY 2021 FY 2022 FY 2023 278 Referrals 267 Referrals 122/147 Validated 153/170 Validated Reports Reports ■ No Prior Allegation Different Prior Allegation ■ Same Prior Allegation

Data Summary

- In FY 2022, this measure was modified to assess for victims of maltreatment within 6 months of a finding not just a CPS report.
- In FY 2023, there were 170 validated reports that closed with a supported disposition. Of the 170 reports, 153 (90%) did not have a prior validated report within 6 months. There were 17 validated reports that had a previous finding within the last 6 months.
- In FY 2023, 82% (14 of 17) of the reports that had previous validated reports were family assessments and 18% (3 of 17) were investigations.
- This data is collected on the CPS stats spreadsheet that is currently maintained and updated by the Supervisors.

What is the story behind the data?

- In FY 2023, 90% (153/170) of referrals had no prior validated CPS reports within the preceding 6 months. This is an improvement from 84% in FY 2022.
- In FY 2023, in many instances of recidivism, the risk factor was domestic violence (9) and/or substance abuse (5). Chronic risk factors such as these are more difficult to interrupt.
- In FY 2023, of the 17 cases that returned, 7 were for physical abuse, 5 were for mental abuse, and 5 were for physical neglect. The referral source for 10 cases was law enforcement.
- Of the 17 cases that returned, 12 required more intensive services when they reopened. Ten were connected to CPS In-Home, and 2 of the cases were opened to foster care.
- In FY 2023, staffing shortages for behavioral health services in the community and for some partner agencies like Doorways made it more difficult for CPS to connect children and families to timely support.

for managing domestic violence. Continue partnering with Doorways for a coordinated response to domestic violence reports. Continue coordination and collaboration with Adult Robavioral	et Dates
to domestic violence reports. • Continue coordination and collaboration with Adult Behavioral Health around substance abuse issues to include	ngoing
Health around substance abuse issues to include	ngoing
Iniplementation of Spiki Screening.	ngoing
	(2024, Q2

Forecast

• In FY 2024, it is projected that 95% of cases will not return within 6 months

CPS Intake 3.2 Outcome at case closure Measure Data Outcome at Case Closure 100% 90% 16% 14% 16% 19% 80% Goal: 85% 70% 60% 50% 40% 30% 20% 10% FY 2020 FY 2021 FY 2022 FY 2023 324 cases 241 cases 250 cases 319 cases ■ No CPS Services ■ CPS In-Home Services ■ Foster Care Outcome at Case Closure 2% 2% 100% 15% 14% 90% Goal: 85% 18% 80% 70% 7% 60% 50% 40% 30% 20% 10% White Black Asian Multi-Racial Hispanic (duplicated) 15 families 11 families 132 families 183 families 94 families ■ No CPS Services ■ CPS In-Home Services Foster Care

Data Summary

- In FY 2023, 253 of 319 (79%) cases were safely closed without requiring additional In-Home services. 51 of 319 cases (16%) required CPS In-Home services for stabilization. 15 of 319 cases (5%) were opened to foster care because investigation determined that children could not remain safely at home.
- In FY 2023, 20% (3/15) cases open to foster care were White, 27% (8/15) were Asian, 53% (8/15) were Black, and 20% (3/15) were Hispanic. These demographics were not proportional to those of cases with validated reports.

- In FY 2023, 126 of the 132 youth that identified as Hispanic also identified as White.
- Racial demographic data was collected for 303 of the 319 cases.
- Data is derived from spreadsheets maintained by staff. Cases are counted within the fiscal year that they close, rather than the year that they open.

What is the story behind the data?

- The percentage of cases opened to In-Home (Ongoing) CPS and Foster Care remained relatively consistent in FY 2022.
- All High-Risk cases continue to be staffed weekly to determine need for interventions and referral to In-Home case management or Prevention services.
- Many of the cases that closed without additional need for services were able to do so because of the resources provided by the County and the case management efforts of the social worker.
- Cases that close without additional child welfare services are often offered resources to assist with safe case closure. Those additional resources included outpatient counseling, domestic violence intervention programs, fatherhood engagement and parenting education.
- CPS investigators assess for safety and determine need for interventions. Decisions are made to place children in foster care when imminent risk of harm is present.
- CPS investigators prioritize assessing strengths and needs of families and help families navigate community resources.
- Systemic barriers to economic stability and access to resources create more complex problem solving for staff working with BIPOC families and may impact the ability to keep BIPOC children out of care. Families may come to CPS attention for one incident, but the issues facing the family's ability to stabilize safely are more often multi-leveled.
- In FY 2023, 15 cases were opened to foster care. A number of these parents/caregivers had unresolved mental health and substance use issues that prevented the youth from being stabilized in the home.
- In both FY 2022 and FY 2023, 9-10% of Black families were opened to foster care. This rate
 is higher than the rate experienced by families of other races. The percentage of Asian
 families who opened to foster care was high in FY 2023, but this pattern has not been
 observed in prior years.
- The prevention program (Family Support Services) is a voluntary service that began September 2020 and has been helpful with diverting families from foster care.

Recommendations	Target Dates
Continue to collaborate with Adult Behavioral Health to partner around treatment.	Ongoing
 Continue to staff High Risk cases weekly to determine need for interventions and referral to In-Home Services. 	Ongoing
Continue to assess racial and ethnic trends in youth opening to foster care to identify any emerging disparities.	Ongoing

Forecast

• In FY 2024, it is projected that 98% of families will receive services as needed to prevent entry into foster care.