

Annual Quality Service Review Report

CALENDAR YEAR 2018



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I. Introduction

To gauge the positive outcomes and the success of service delivery and practice standards, the Child and Family Services Agency (CFSA) uses the nationally-recognized Quality Service Review (QSR) process. This process is one of CFSA's primary qualitative approaches for continuous quality improvement (CQI) of practice and service delivery. The QSR process assesses implementation of CFSA's Practice Model (*Appendix B*) while also reviewing how system partners work together as a team to provide quality and effective services. This case-specific and system-wide process assures that data guide improvement of practice efforts, policy development, and system change. The approach includes use of information from interviews of team members and a case record review to obtain a comprehensive picture of strengths and areas in need of improvement.

For calendar year (CY) 2018, CFSA's Annual QSR Report presents data on 137 stratified, randomly-selected cases, including 54 cases where families received services in their own homes, 34 cases managed by CFSA where children¹ were living in foster care (either with non-relative caregivers or kinship caregivers), 35 foster cases that were managed by CFSA's contracted private agencies, and 14 foster care cases managed by CFSA's Office of Youth Empowerment (total = 137). Regarding older youth, all of CFSA's program areas and the three private agencies case manage older youth.² Nevertheless, the Annual QSR Report specifically reviews CFSA's Office of Youth Empowerment (OYE) as a unique program area for serving youth from ages 14 to 20 to help prepare them for self-sufficiency and adulthood.³ Regardless of which agency or CFSA program area is case managing, all older youth in the District of Columbia's (DC) child welfare system receive services to help prepare them for adulthood and independence.

For this year's Annual QSR Report, there are significant adjustments in data reporting for the private agencies. As a result of contract changes implemented in January 2018,⁴ CFSA reduced the number of CFSA's contracted agencies from seven to three: National Center for Children and Families (NCCF) for all cases in the state of Maryland, Lutheran Social Services (LSS) for all cases of unaccompanied refugee minors, and the Latin American Youth Center (LAYC) for cases where there parent is Spanish-speaking populations.

This private agency consolidation requires the QSR Annual Report to separate out the current private agency data from previous years in order to distinguish between data from seven to three agencies. Excepting Table 1, which includes the total number of reviews for 2016-2018, all additional data for NCCF, LSS, and LAYC are separated from the three-year data comparisons that remain for CFSA's program areas. Moving forward, private agency data in 2018 will serve as a baseline for future QSR data analyses.

¹ The use of the term "child" is inclusive of children from birth up until age 20. Older youth are identified only as a unique population when necessary for context.

² For CY 2018, the number of older youth reviewed outside of OYE included NCCF (n=8), LAYC (n=1), LSS (n=2), Permanency Administration (n=5), and In-Home Administration (n=4).

³ OYE services range from college and career services to parenting services and after-care for youth who have aged out of the system (up until age 23).

⁴ The 2018 contractual changes occurred as part of CFSA's redesign of the Temporary Safe Haven pillar, one of CFSA's Four Pillars and part of the Agency's Four Pillars Strategic Framework, established in 2012 to improve positive outcomes for children and families. For more information on the Four Pillars, please refer to CFSA's website: <https://cfsa.dc.gov/page/four-pillars>. The intent of the Temporary Safe Haven Redesign (TSHR) was to streamline consistency of service delivery and overall practice improvement for cases managed by contracted private agencies. To this effect, TSHR reduced the number of CFSA's contracted agencies from seven to three.

Table 1 breaks down the number and percentage of cases reviewed for CY 2016-18. Changes in the distribution of cases over the three years reflect changes in CFSA’s practice, particularly the reduction of children in foster care,⁵ an increase in the number of children being served by in-home services,⁶ and a focus on prevention services, e.g., services provided by CFSA’s contracted partner, the Healthy Families Thriving Community Collaboratives (Collaboratives), and other services provided by local government and community-based service providers. Again, please note that the number of private agency cases listed for 2016 and 2017 include the number of cases reviewed for seven different agencies. The number of cases in 2018 reflects 31 cases reviewed for NCCF, and 2 cases each for LSS and LAYC.

Table 1: Number of Reviews by Program Area & Private Agencies 2016 – 2018						
Program Area	# Cases 2016	Percentage 2016	# Cases 2017	Percentage 2017	# Cases 2018	Percentage 2018
Permanency	39	32%	32	25%	34	25%
Office of Youth Empowerment (OYE)	11	9%	10	8%	14	10%
In-Home	34	27%	40	31%	54	39%
Private Agencies	40	32%	46	36%	35	26%
Total	124	100%	126	100%	137	100%

Although the data sample for the 2018 QSRs reflect only around 4 percent of each population served by the individual program areas, including the private agencies, the data overall provides an important picture of CFSA’s practice. For foster care reviews (Permanency Administration), the number remained relatively commensurate to 2016 with a slight decrease of five. The number of in-home reviews increased by 20 (12 percent), becoming the largest number (54) of all cases reviewed within the sample. Reviews for older youth served by OYE also remained relatively commensurate with a slight increase of four for 2018. The drop in private agency cases is explained by the 2018 contractual changes.

QSR Methodology - CY 2018

Scoring Guidance

QSR reviewers rate cases based on a formalized protocol⁷ that highlights two core elements of child welfare practice: **the status of the child and family** (e.g., safety and well-being) and the **practice performance of the child and family’s team** (e.g., team functioning). QSR reviewers are rating (or scoring) up to 26 applicable indicators for the child status element and 35 indicators for the practice performance element. Ratings vary from 1-3 (unacceptable) to 4-6 (acceptable) with preferred 5-6 ratings in the maintenance zone (see Appendix A: *Example of QSR Scoring Protocol*).

⁵ In 2012, CFSA’s foster care population totaled 1588; in 2018 the count was 839. In-home cases totaled 1366 for 2018.

⁶ For the past several years, in-home services were housed under CFSA’s Community Partnerships. In 2018, these services (currently, the In-Home Administration) merged with Entry Services.

⁷ Nationally-recognized quality service experts consulted with CFSA quality assurance staff to develop and tailor the current QSR protocol to suit the needs of the District of Columbia’s child welfare system.

For both the child status and practice performance elements, readers will note the indicator category of “other.” This category allows QSR reviewers to rate factors integral to the case but not necessarily captured by other indicators. For example, under the safety indicator for child status, “other” might be a relative’s home where the child frequently visits on weekends. Under voice and choice (V/C), “other” might include extended family or a potential permanency resource who is not yet the caregiver. For the practice performance element, “other” under engagement or assessment might be a relative or other individual with a valid interest in the case. If the “other” category is not relevant, reviewers will mark the indicator as “not applicable” (N/A). Reviewers may also mark an indicator N/A when obvious circumstances do not apply. For example, if an older youth is not a parent, reviewers will mark N/A under the indicator for parenting.

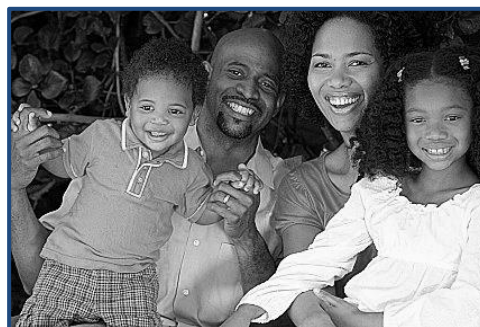
After QSR reviewers rate every applicable indicator, and *only after assuring that the child is safe*, the reviewers take into account the aggregate pattern for a total score. To determine safety first, reviewers look at the two primary child status safety-related indicators: (1) safety in the home, school, community, and other; and (2) behavioral risk to self and others. If a case is rated unacceptable (i.e., less than 4 on any of those categories), then the overall status score is the lowest rating. Again, once the reviewers consider the safety factors, then the overall status rating is an average of the other scores. Omitted ratings impact overall status.

The Two-Day QSR Review

The QSR process begins with two trained QSR reviewers (a lead and a partner)⁸ who spend an intensive two days reviewing case files and detailed information from CFSA’s statewide automated child welfare information system (SACWIS).⁹ The QSR reviewers meet face-to-face (or via phone) to interview key members of a child’s team (e.g., the focus child, birth parents, extended family, social worker, foster parents, and attorneys). Additional team members may include staff from the District’s Department of Behavioral Health (DBH), private agencies, the Collaboratives, the District of Columbia Public Schools or Public Charter Schools, and any other professional parties directly involved with the case.

At the end of the two days, the reviewers debrief with the assigned social worker and supervisor. Together the reviewers and social work professionals discuss the QSR findings, and then draft concrete, time-specific next steps to expedite closure for the individual case, whether it is an in-home case or a foster care case.

For each case, there is one “focus child” (although reviewers will attempt to interview all children in a case where the family is receiving in-home services). For most indicators, reviewers consider the last 30 days for scoring. There are two exceptions: reviewers take into account the last 6 months for the behavioral risk indicator, and the last 12 months for the stability indicator.¹⁰



⁸ QSR reviewers include specialists from CFSA’s QSR unit, front-line staff and supervisors (who have participated in QSR training to better understand expectations during a review), and contracted reviewers from the Center for the Study of Social Policy.

⁹ CFSA’s SACWIS system is known to staff as FACES.NET.

¹⁰ The indicator for behavioral risk to self and others may be scored under “refinement” if, for example, a child’s tantrums include throwing things in a classroom or an older youth has become a gang member. The stability indicator specifically looks to placement disruptions, or changes in schools that are not planned or not part of the child’s natural progression to a new grade.

As indicated within CFSA's practice standards, team members share ownership of the case planning process and demonstrate consistent and coordinated collaboration. QSR reviewers therefore focus on the three teaming indicators (formation, functioning, and coordination) to determine levels of effective case practice. As a best practice standard, CFSA expects active case-planning involvement from the family and child (depending on the child's age and cognitive abilities). For achieving sustainable permanency, team members must have a mutually-agreed upon understanding of a reliable pathway to case closure.

QSR Entrance Conference

Prior to the case reviews, the QSR Unit schedules an "entrance conference" for managers and social workers. During these entrance conferences, the QSR Unit provides an overview of the QSR process and its purpose, i.e., to identify patterns for practice and service delivery that can inform changes to ensure a high performing DC child welfare service delivery system for children and families.

Case Presentation Process

The case presentation process occurs throughout the review period for an individual program area or private agency. Attendees include the assigned managers for the administration, in addition to representatives from the Center for the Study of Social Policy (CSSP) and reviewers and managers from the QSR Unit. During these weekly presentations, the lead reviewer presents strengths and areas in need of improvement with open discussion on common themes. The reviewer may also report out on the next steps that were discussed during the debriefing session with the social worker and supervisor. This CQI-based process allows managers to receive relevant and comprehensive weekly feedback that, in turn, allows them to reinforce existing strengths with ongoing practice strategies or to respond quickly to new challenges with alternative strategies.

Exit Conference

Each exit conference summarizes data and themes for the individual program area. Invitees include the entire program area, i.e., social workers and managers, as well as representatives from CFSA's Child Welfare Training Academy and Policy Unit. CFSA's senior leaders and the CFSA director also attend. The exit conference themes and data presentations allow all program staff alongside CFSA's senior leaders and managers to identify successful existing strategies and to consider new strategies to help maintain or improve scores from the previous year. As part of the CQI feedback loop, based on the exit conference discussions, next steps may include individual program improvement plans according to the individual program area's current themes and data.

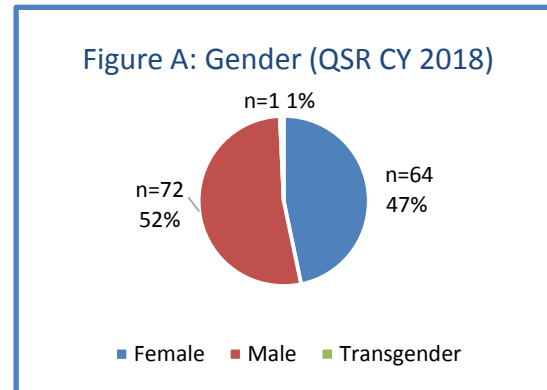
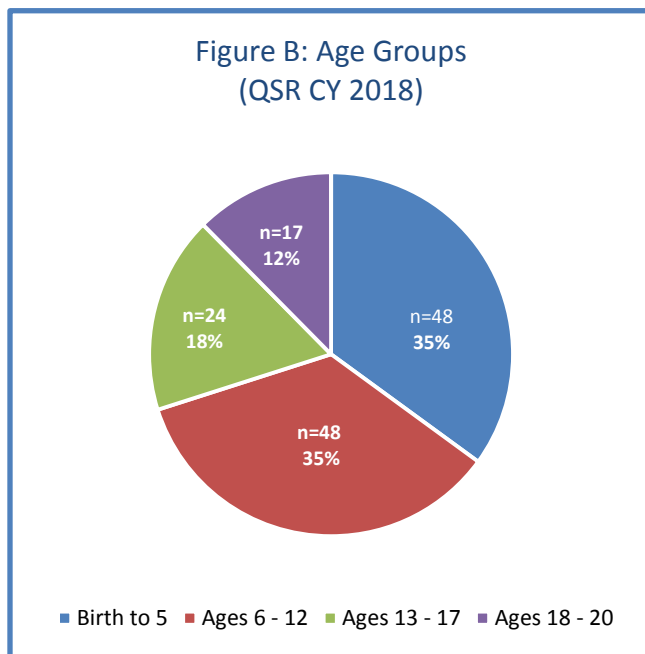
Online Surveys

In 2018, the QSR Unit continued its inaugural 2017 survey for social workers and supervisors to complete after their cases were reviewed. The survey asks respondents about the usefulness of both entrance and exit conferences, as well as feedback during the debriefing. The QSR unit uses the information to improve its process. In 2019, the surveys will be provided within two days of the debriefing (versus a later time) in order for participants to provide timely feedback.

II. Demographics

Gender Breakdown

CFSA's definition of gender includes a transgender data entry option, according to male and female self-identification. Of the 137 completed 2018 reviews, 64 identified as female focus children while 72 identified as male focus children; one case included a male focus child who self-identified as transgendered to female. For the littlest non-verbal children, reviewers enter data based on biological factors.



Age Groups

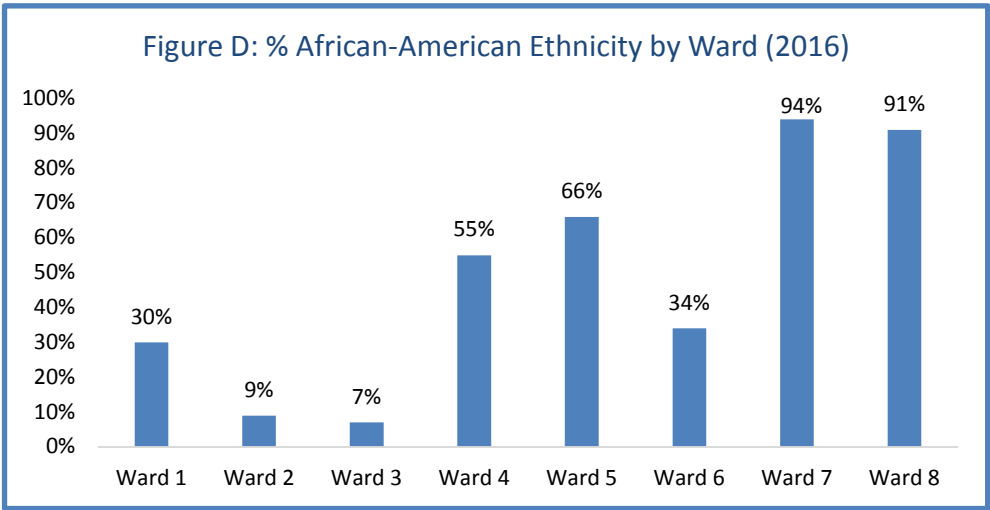
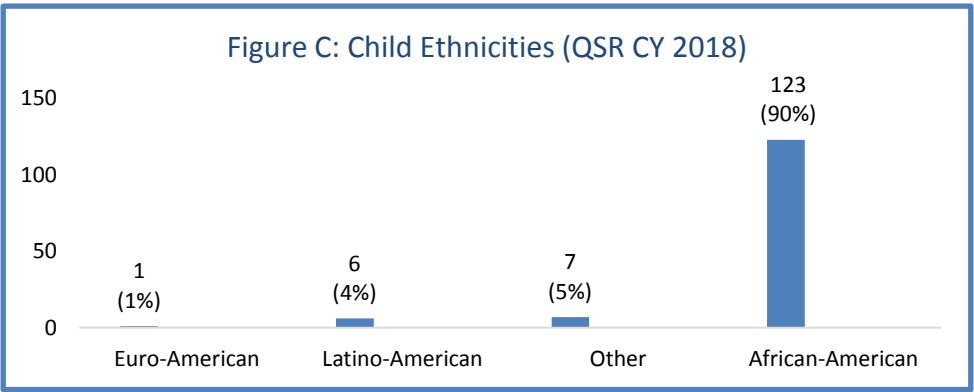
CFSA follows federal guidelines for the following age-bracket breakdowns: birth to 5, 6-12, 13-17, and 18 – 20. As shown by Figure B, the two largest age groups for the QSR reviews were birth to 5 and 6-12 (48 each, 70 percent total). The older children (ages 13-17) accounted for 18 percent of the total children reviewed, while the older youth (ages 18-20) accounted for 12 percent of the whole.

Child Ethnicities

The majority of children and families (n=123, 90 percent) reviewed for the 2018 Annual QSR Report were African American (Figure C). While a small percentage (n=6, 4 percent) identified as Latino-American, and an even smaller percent (n=1, 1 percent) identified as Euro-American, the “other” category were not specified (n=7, 5 percent)

Of the 123 African Americans, the majority resided in Wards 7, 8, and 5 (respectively) at the time of the review. These same wards have the highest percentages of the African American population for the entire District (Figure D).¹¹

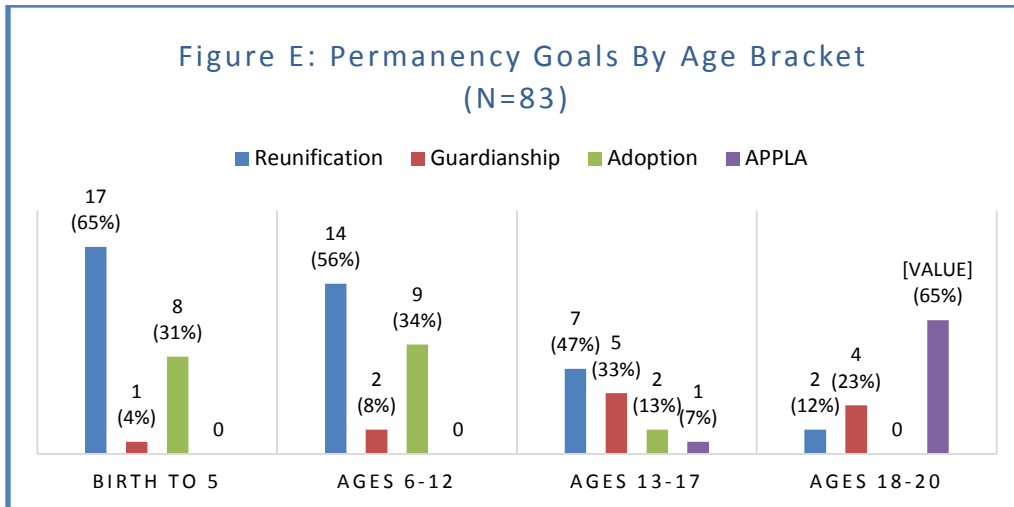
¹¹ Retrieved February 16, 2019 from <https://datacenter.kidscount.org/data#DC/21/0/char/0> NOTE: 2016 data is the most recent available for Figure H.



Permanency Goals

CFSA’s priority is to keep families together unless a child’s safety is at imminent risk. Even when families are able to stay together, families coming into contact with the District’s child welfare system generally face numerous and often and complex challenges. When CFSA opens an in-home case for a family, there is no permanency goal. Social workers tailor service delivery to help the family stabilize, address their unique needs, and maintain healthy self-sufficiency.

When safety issues require a child’s removal and subsequent placement into foster care, the priority permanency goal is reunification. If, for whatever reason, reunification with a child’s family of origin is not possible, then permanency with a relative is the favored next option, either through guardianship or adoption. When these options are exhausted, CFSA will seek a non-relative permanency source. For older youth, the same permanency goal priorities apply. There are times when these priorities do not fit a youth’s circumstances. For these youth, CFSA will consider an alternative planned permanent living arrangement (APPLA) but only as the last resort. CFSA’s director must approve all APPLA goals.

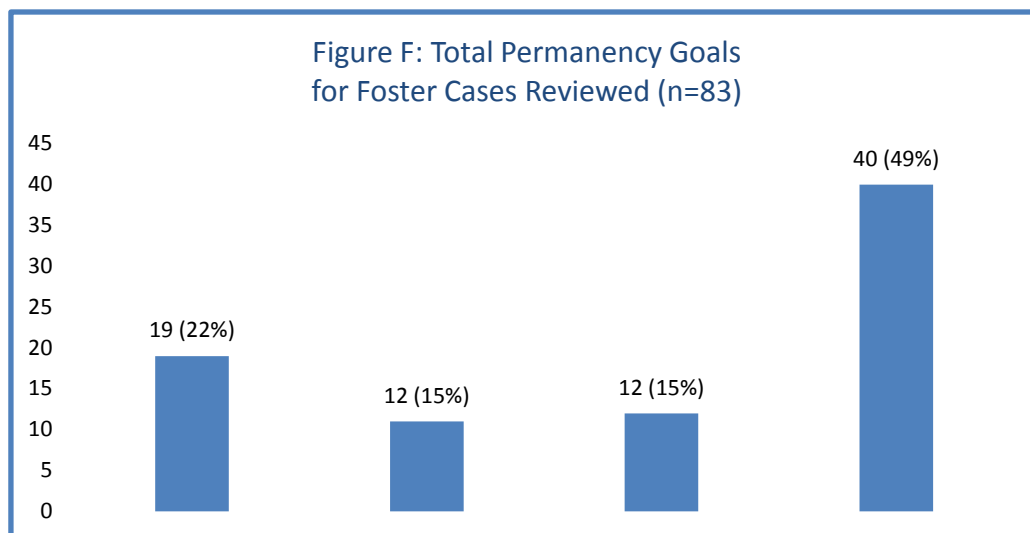


As Figure E above reveals, the goals of reunification (32 children from birth to 12) and adoption (17 children also from birth to 12) decrease as children get older while guardianship (three children from birth to 12) increases but peaks for ages 13-17. APPLA goals only apply to older youth.

For the youngest age group (birth to 5), 17 (65 percent) had a permanency goal of reunification; eight (31 percent) had a goal of adoption. One two-year-old child (4 percent) had a goal of guardianship. For children in the 6-12 age bracket, the breakdown was very similar. Reunification accounted for 14 (56 percent) of the children’s permanency goals, while guardianship accounted for two children’s goals (8 percent) and adoption accounted for nine goals (34 percent).

Among the other children in the 13-17 age bracket, reunification accounted for seven (47 percent) and guardianship accounted for five (33 percent). Two children (13 percent) had adoption as their permanency goal. One 14-year-old had a permanency goal of APPLA due to medical circumstances.

For the 17 oldest youth (18-20), the majority (n=11, 65 percent) had a permanency goal of APPLA. Two (12 percent) of the young adults had a goal of reunification with their families of origin, and four (23 percent) had a goal of guardianship. None of the youth in this age category had a goal of adoption.



As Figure F demonstrates, reunification is the second highest number of the total goals, followed by adoption, guardianship, and APPLA. Percentages reflect CFSA’s priorities.

Child Placement

Under *Section III: Overall QSR Data Results*, the indicators for permanency and living arrangement (under the child status elements) as well as planning for permanency and pathway to case closure (system performance elements) both reflect the quality and appropriateness of a child's placement to the child's needs and permanency goal. While there are generally two categories of services (i.e., at home or in foster care), there are foster care placements in both family-based settings (including kinship foster families) and in congregate care settings.¹² As Figure G shows (following), there were 12 categories for children's placements in CY 2018. The majority (59, 43 percent) were for children who remained in their own homes with parents or guardians. Of the 11 out-of-home placements, the majority of children (n=32, 23 percent) were living in traditional foster homes with non-relative caregivers and no special needs.¹³ One 16-year-old (.75 percent) in a foster home was in abscondence during the QSR review period. Children with special needs placed in therapeutic foster homes accounted for 3 percent (n=4) of the total count.

CFSA prefers to place children with relatives whenever possible.¹⁴ Relative caregivers (kinship) accounted for the third highest number of placements (n=18, 13 percent) while half of that number (n=9, 7 percent) accounted for children's placements in pre-adoptive homes.

There were five youth (4 percent) placed in traditional group homes. Of these five, there was one 15-year-old male, one 17-year-old female, two 18-year-old females, and one 20-year-old male. Only the 20-year-old had a goal of APPLA. One of the 18-year-olds had a permanency goal of guardianship while the remaining three older youth had goals of reunification. One older youth resided in an adult group home that provided appropriate care and supervision for special medical needs.

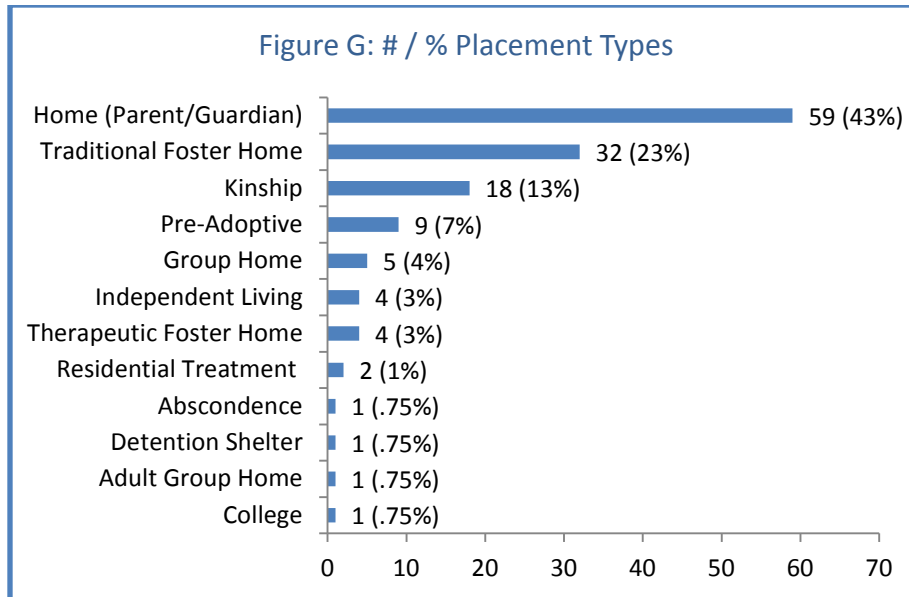
Of the four females (3 percent) placed in an independent living program, two were 19-year-old mothers with high parenting scores. Three of the four had goals of APPLA. The youngest female, age 17, had a goal of guardianship.

Lastly, there were two youth (1 percent) placed in residential treatment (psychiatric residential treatment facilities), one youth in a detention centers (for simple assault), and one youth in a foster home but "placed" in college.

¹² To ensure that the needs of all youth are met, congregate care options include traditional group homes, independent living programs (ILPs), teen parent programs (often part of an ILP), specialized group care (medical), and psychiatric residential treatment facilities (behavioral health).

¹³ Of the total children in foster care placements (n=83), there were 50 placements (60 percent) in traditional and kinship foster homes; nine placements (11 percent) accounted for group homes and independent living programs.

¹⁴ Data indicates that children in kinship foster care have "fewer behavioral problems" than children in foster care, in addition to increased placement stability. Retrieved March 9, 2019 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2654276/>



Number of Placements per Child

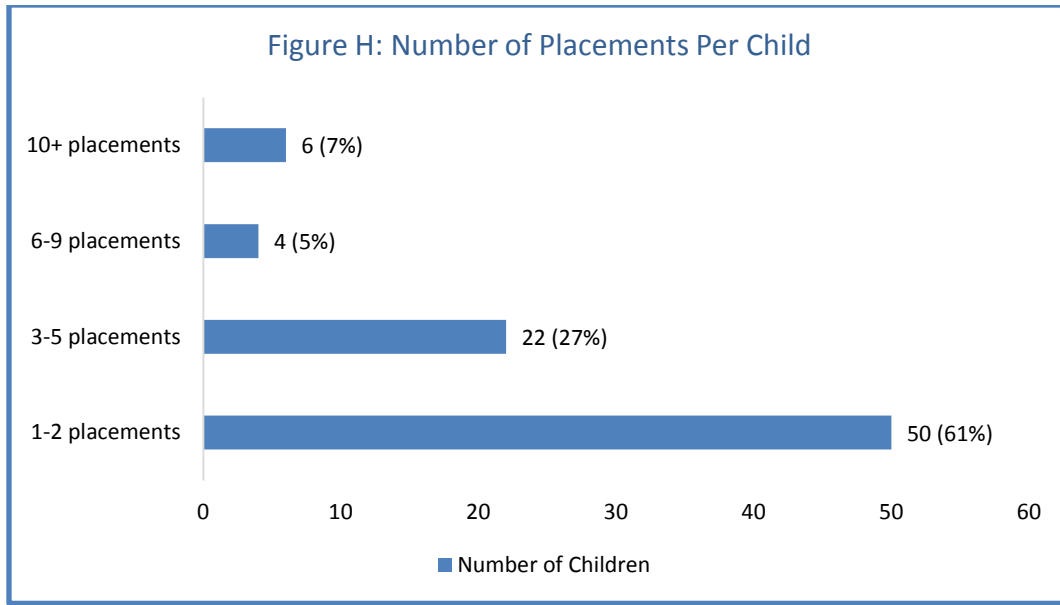
Throughout the history of a child’s interface with the District’s foster care system, there are times when a child in foster care is returned to their home of origin under protective supervision or the child has returned home and CFSA has opened a new in-home case. Due to the overlap, the total count for multiple placements is 82 whereas the number of children in foster care at the time of the review is only 78.

As Figure H below reveals, the majority of children (n=50, 61 percent) had 1-2 placements throughout their experience in the child welfare system. If a child must come into foster care, CFSA’s preference is to ensure that the “first placement is the best placement.” There are times, however, when circumstances prevent a first placement from being the “best placement,” e.g., an initial placement with nonrelatives might change in favor of placing a child with relatives. Scores for stability of placement will also be in the 5-6 range.

There were 22 children (27 percent) with three-to-five placements, which may result in an unacceptable score, depending on how long the child has been in foster care and whether there were more than two disruptions within a 12-month period. Data gathering for this year’s annual report did not include that level of data documentation. Beyond five placements, scores for stability are likely in the unacceptable range. Also noted in Figure H, there were four children (5 percent) with 6-9 placements and six children with 10 or more placements, indicating “adverse stability.”¹⁵

Of the six children with 10 or more placements, one was 10 years old with a goal of adoption. Two children, ages 13 and 14, had goals of reunification. The remaining children were older youth, three 18 year olds, two of whom had a goal of APPLA and one of whom had a goal of guardianship.

¹⁵ All quotations from this point forward reflect language pulled directly from the QSR protocol.



III. Overall QSR Data Results

CFSA’s Performance and Quality Improvement Administration calculated the data results presented in this section, based on ratings for the following number of case reviews per program area: CFSA’s In-Home Services Administration (n=54); Permanency Administration (n=34); and Office of Youth Empowerment (n=14). In addition, data reflect outcomes of reviews for cases managed by the Agency’s contracts with NCCF (n=31), LSS (n=2), and LAYC (n=2).

As stated earlier, ratings for all cases focus on acceptable scores (per the QSR protocol, *see Appendix A*) for two primary elements of the child welfare system: **status of the child and family** (e.g., safety and permanency) and **system practice performance** (e.g., teaming, interventions, and services). For scoring guidance, please refer back to *QSR Methodology* in the *Introduction*.

As Table 2 shows, overall acceptable practice performance increased by 25 percentage points in 2018, compared to 2017 and 2016. Within the 89 percent (n=122), QSR reviewers rated 52 percent (n=63) in the acceptable/refinement category (4 rating); 44 percent (n=54) were rated in the acceptable/maintenance category. Four percent (n=5) included the highest acceptable rating of 6. Although child and family status data are below practice performance, there is a 6-point percentage increase from 2017. Of the 73 percent acceptable ratings (n=98), QSR reviewers rated 30 percent (n=29) with a 4 rating; 62 percent (n=61) were rated at 5 and 8 percent (n=8) were rated at a 6.

Table 2: Overall Acceptable Ratings / Status and Performance CY 2016 – 2018			
Rating Elements	CY 2016	CY 2017	CY 2018
Child and Family Status	72%	67%	73%
Practice Performance	65%	64%	89%

Findings: Child Status

For CY 2018, the crucial child status safety ratings for home and school, over 90 percent of case reviewed were rated acceptable and over 80 percent of cases were rated acceptable for safety in the community and “other” setting. Although safety is a requirement no matter where the child is located, child welfare clients often live in areas where safety in the community is a concern due to high crime rates, etc. the scores for community and “other” did not reach the acceptable rating measure (80 percent), the scores still indicate strong efforts put forth by families to keep their children safe in all different situations.

Behavioral risk ratings overall were 80 percent, still well into the acceptable range with no case scoring below 4, indicating that the children were not at risk for abuse, neglect, bullying, or intimidation nor were the children’s behaviors of sufficient concern. For this indicator, N/A included 15 children under two years of age.

Placement and relationships at 92 and 93 percent (respectively) signify successful efforts to place children in environments where “successful testing of caregiving capacity is evident.” The placement proves stable with the added security of allowing children to maintain positive and enduring relationships. Similarly, living arrangements at 96 percent and caregiving at 90 percent all signify successful efforts to ensure that children’s current home environments are conducive to maintaining family connections and providing children with competent and consistent parenting.

The voice and choice (V/C) indicators continue to reflect positive child, mother, and caregiver activity and involvement in case planning while reminding the Agency that the involvement of fathers is still a challenge (V/C 63 percent). In regard to physical health, child status percents indicate that the majority of children having up-to-date dental and vision exams, immunizations, and quality health care services.

As Table 3 indicates, the most significant challenge for the child status indicators was successfully establishing a path toward legal custody. While the ratings increased slightly from 49 percent in 2017 to 51 percent in 2018, this lowest rated indicator reveals the significant challenges faced by social workers when helping families to achieve permanency. Per the QSR protocol, unacceptable ratings point to circumstances where “the pathway” to legal custody “is not well developed or not progressing.” In addition, reviewers look for evidence (i.e., documentation) of appropriate strategies. The legal custody indicator applies to birth parents whose children are in foster care, as well as permanency resources for children with a goal of guardianship or adoption.

Other challenges include teen parents and their parenting skills (60 percent acceptable), as well as the issue of substance use. Of the total 137 cases reviewed in CY 2018, five included teen parents, ranging in ages from 16 to 20 years old.

Family functioning improved from 55 percent acceptable in 2017 to 64 percent acceptable in 2018. This indicator applies both to in-home cases where birth parents and children have a permanency goal of family stabilization, as well as birth parents who have children in foster care with a goal of reunification, and lastly, caregivers who hope to achieve permanency with a child in foster care (guardianship or adoption). Notwithstanding the nine-point increase, the 64 percent rating indicates the challenges faced by social workers and families to ensure that families are stabilizing, ready for reunification, and caregivers are prepared to sustain caregiving capacities.

Preparation for Adulthood (Youth 14 years and Older)

When youth are prepared for independence (and when applicable, parenting) their futures are more likely to include an education suited to their personal needs (i.e., some youth will elect to participate in a vocational-specific education versus a post-secondary school education). In addition, there is gainful employment, as well as appropriate housing, and healthy, lifelong relationships.

Table 4 details the number of cases reviewed for youth served by OYE (n=14), the Permanency Administration (n=3), In-Home (n=3), and private agencies (n=10). As noted, the scores reflect only the percentages of the number of acceptable reviews, and should not be considered a reflection of all youth receiving services that help them develop into self-sufficient adults.

Table 3: Overall Acceptable Ratings Ranked for 2018 Child Status Indicators (n=137)

Indicator	Acceptable Ratings
Safety: Home	96%
Safety: School	98%
Safety: Community	86%
Safety: Other	88%
Behavioral Risk: Self	80%
Behavioral Risk: Others	80%
Stability: Home	82%
Stability: School	89%
Permanency: Placement	92%
Permanency: Relationships	93%
Permanency: Legal Custody	51%
Living Arrangement	96%
Physical Health: Status	94%
Physical Health: Receipt of Care	93%
Emotional Functioning	79%
Substance Use	65%
Learning & Academics	73%
Prep for Adulthood	67%
Parenting	60%
Caregiver Functioning	90%
Family Functioning	64%
Voice/Choice: Child	92%
Voice/Choice: Mother	91%
Voice/Choice: Father	63%
Voice/Choice: Caregiver	96%
Voice/Choice: Other	58%
Overall Status	73%

Table 4: 2018 Acceptable Child Status – Preparation for Adulthood			
Program Area	Total # of Youth Rated	Total # of cases with Acceptable Scores	Percentage Prepared for Adulthood
OYE	14	8	57%
Permanency	3	1	33%
In-Home	3	2	66%
Private Agencies	10	8	80%

For the Permanency Administration, QSR reviewers scored one of three cases as acceptable for youth preparation for adulthood. Private agencies showed the highest performance for this indicator with an 80 percent acceptable rating for eight of ten cases.¹⁶

Not noted in the table, there were five young parents reviewed under the “parenting” indicator: one 6 rating (OYE), two 5 ratings (OYE and NCCF), and two 3 ratings (OYE). The two unacceptable 3 ratings lowered the overall average for parenting to 60 percent.

Findings: Practice Performance

Pathway to Case Closure

CFSA looks at all practice performance indicators with a special lens to how they impact the pathway to case closure indicator. Understanding the pathway to case closure helps CFSA determine trends in case practice that progress or hinder the children toward achieving their identified permanency goals. In 2018, overall acceptable ratings for this indicator reached 63 percent. Most of these cases (n=42) scored in the low acceptable range (4 rating) with a slight decrease for 5 ratings (n=36). Eight cases scored a 6 rating, 40 of the cases rated at 3 (unacceptable), and 11 cases scored below 3.

Complicating factors for case closure include a lack of clear team planning for permanency, a lack of concurrent planning in the event that the primary permanency goal is no longer viable, and lastly, conflicting permanency goals, e.g., some team members may think that reunification is the most appropriate goal whereas other team members may believe that guardianship or adoption is the most appropriate goal.

When permanency goals are adoption or guardianship, complicating factors may also include service delivery and planning for transitions, particularly if a caregiver is an identified permanency source. Teaming is a key component here, including team identification of appropriate permanency options and engagement of those potential resources (“other” at 75 percent).

CFSA and private agency managers across program areas are aware of the importance of increasing the ratings for case closure. Senior leadership is addressing low-rated indicators as a special practice improvement area for 2019.

¹⁶ Individually, NCCF scored 71 percent with five out of seven acceptable cases. LSS scored 100 percent with two cases reviewed (both scoring acceptably), as did LAYC for one case reviewed and scoring acceptably.

Additional Performance Indicators

Over half of the 35 (n=18) practice performance indicators met or exceeded the 80 percent benchmark for acceptable ratings, and also revealed that the most successful teaming efforts integrated children and caregivers. The first indicator, cultural identity and need, is a broadly defined indicator that requires team members to account for a child and family’s race, ethnicity, sexual orientation, religion, or disability. While the majority of clients are African Americans, QSR reviewers also reviewed cases with children born in Latin America and Africa. As well, the QSR reviews include clients who self-identify as LGBTQ (lesbian, gay, bisexual, transgender, questioning). For this indicator, high ratings for the children (95 percent) acknowledge excellent practice for teams respecting cultural beliefs and customs. Similarly, indicators for engagement and assessment of children had high ratings. Across the board, indicator ratings for understanding and working with caregivers reflected strong, effective practice.

Within the cultural identity indicator, teams working with mothers had acceptable ratings (87 percent). Although fathers rated lower at 78 percent, this rating was a 16-point improvement from 2017 (62 percent). The lower rating for engagement of fathers reinforces the need for teams to refine development of a “mutually beneficial, trust-based working relationship” with the parent.

Regarding the assessment ratings for mothers, there was improvement between 2017 and 2018 (60 and 73 percent, respectively). Ratings for the assessment of fathers (54 percent), however, demonstrate the ongoing need for practice improvement in this area, i.e., the extent to which team members understand a father’s strengths, needs, earlier life traumas, or parenting challenges. Working with fathers continues to be an area needing improvement in the child welfare system.

Team formation improved from 79 percent in 2017 to 84 percent in 2018, as did team functioning (56 percent in 2017 to 74 percent in 2018) and team coordination (60 percent in 2017 and 72 percent in 2018). Ideally, the percentages for these ratings would be in the upper 90s.

Table 5: Overall Acceptable Ratings Ranked for 2018 Practice Performance (n=137)

Indicator	Acceptable Ratings
Cultural Identity: Child	95%
Cultural Identity: Mother	87%
Cultural Identity: Father	78%
Cultural Identity: Caregiver	97%
Cultural Identity: Other	81%
Engagement: Child	95%
Engagement: Mother	82%
Engagement: Father	67%
Engagement: Caregiver	96%
Engagement: Other	75%
Teamwork: Formation	84%
Teamwork: Functioning	74%
Teamwork: Coordination	72%
Assessment: Child	88%
Assessment: Mother	73%
Assessment: Father	54%
Assessment: Caregiver	96%
Assessment: Other	77%
Pathway to Case Closure	63%
Long-term Guiding View	75%
Planning: Safety	91%
Planning: Permanency	78%
Planning: Well-Being	82%
Planning: Functioning	74%
Planning: Transition	69%
Planning: Learning & Education	86%
Planning: Other	100%
Supports & Services: Child	92%
Supports & Services: Mother	79%
Supports & Services: Father	71%
Supports & Services: Caregiver	97%
Supports & Services: Other	81%
Medication Management	78%
Managing Chronic Health	88%
Tracking & Adjustment	77%
Overall Status	89%

QSR Results by Program Area

Program area data results begin with the child and family status indicators, followed by the practice improvement indicators, and finalized with the *LaShawn* benchmarks.¹⁷ As referenced earlier, in 2018 CFSA discontinued contracts with several private agencies in favor of streamlining services and monitoring consistency through three contracts. Resultantly, this report does not include data for the agencies from 2016 and 2017 as it does for CFSA’s program areas. The 2018 data for the private agencies will be the baseline for future QSR data analyses.

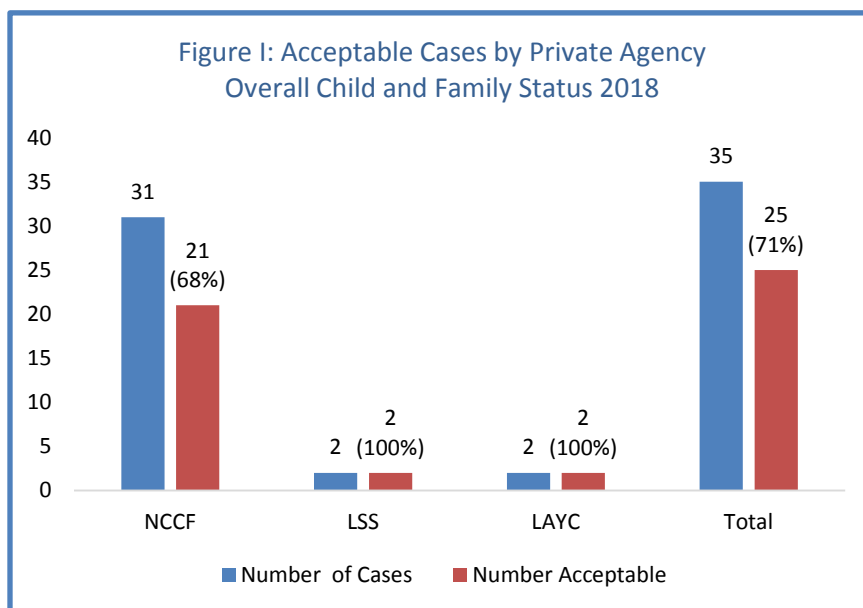
Child and Family Status Indicators

Figure I breaks out the individual scores and provides the collective scores for all three agencies.¹⁸ Collectively, the agencies achieved 71 percent of the acceptable ratings for child and family status indicators. Please note that CSSP uses “physical health” under the child and family status indicators as one of the *LaShawn* exit standards.¹⁹ Although none of the other child and family status indicators are *LaShawn* requirements, for purposes of data analysis this report is using 80 percent as a benchmark to coincide with the benchmark standards for practice performance .

Figure J below describes overall child status ratings for CFSA’s three program areas: Permanency, In-Home, and OYE. For In-Home cases, overall ratings in 2018 (76 percent) returned to the same

percentage of overall ratings of 2016 after a dip in 2017 to 68 percent. During the dip in 2017, there were several leadership transitions (deputy, administrator, and program manager) but in 2018, the In-Home Administration merged with the Entry Services Administration. Leadership stabilized and more partnering occurred between the QSR teams and the in-home social workers and leadership. Frequent communication, along with case presentations, helped the in-home managers support the social workers to re-establish their former baseline as a beginning effort to ongoing improvement of scores.

In specific regard to the Permanency Administration, overall acceptable child and status ratings have declined since 2016. Based on individual ratings, the decline first reveals challenges with children’s

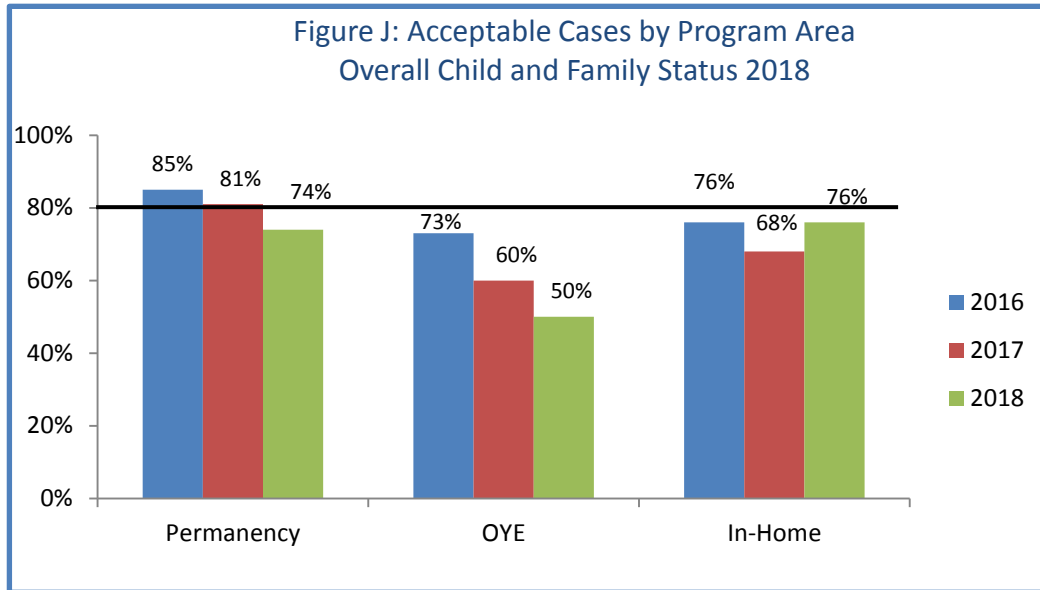


¹⁷ After CFSA submitted the 2017 Annual Report to CSSP, CSSP informed the Agency that the calculations for the *LaShawn* benchmarks required corrections. All 2017 data included in the 2018 report has been updated accordingly.

¹⁸ As the result of the small number of cases reviewed for LAYC and LSS (two each), percentage rates may seem larger for acceptable ratings (i.e., two out of two will be rated 100 percent). Results could change in the future if these agencies were to have a larger number of reviews.

¹⁹ The *LaShawn* health measure has been in maintenance since 2011. Per the IEP requirement: *Children in foster care shall have timely access to health care services to meet identified needs (IEP citation I.C.22.c.). Exit Standard: 80 percent of cases reviewed through QSRs will be rated as acceptable.*

behavioral risk to others (78 percent). Despite risk to others increasing by two percentage points from 2017 (76 percent), the indicator is below acceptable ratings. In addition, there is a decline in emotional functioning (75 percent). Between 2017 and 2018, the rating for this indicator dropped five percentage points (from 80 percent). Combined, the lower ratings decrease the overall percentages for this program area.

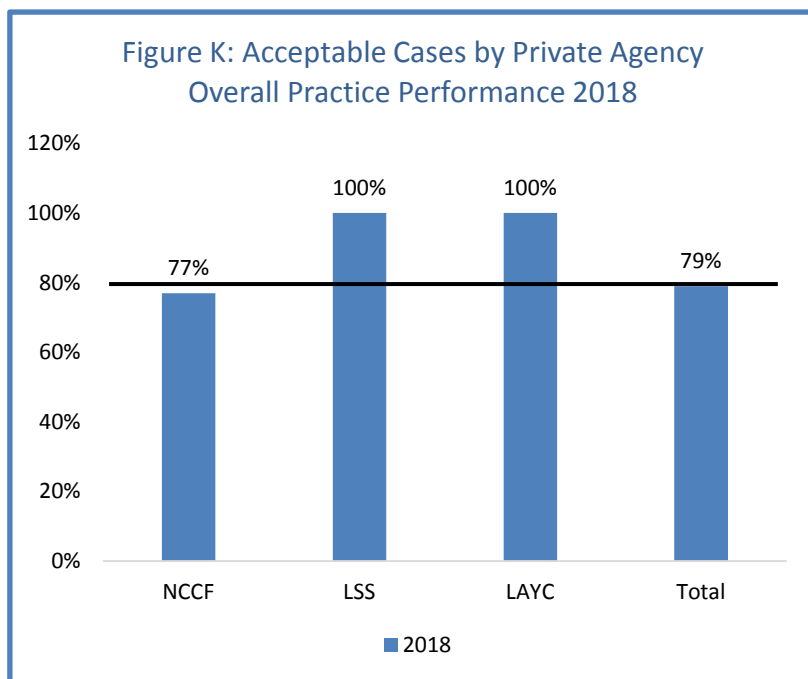


OYE ratings revealed the largest decrease in acceptable ratings from 2016 to 2018 (23 percentage points). Three indicators impacted the decrease: instability of placement (50 percent acceptable), emotional

functioning (64 percent), and preparation for adulthood (64 percent).

Practice Performance Indicators

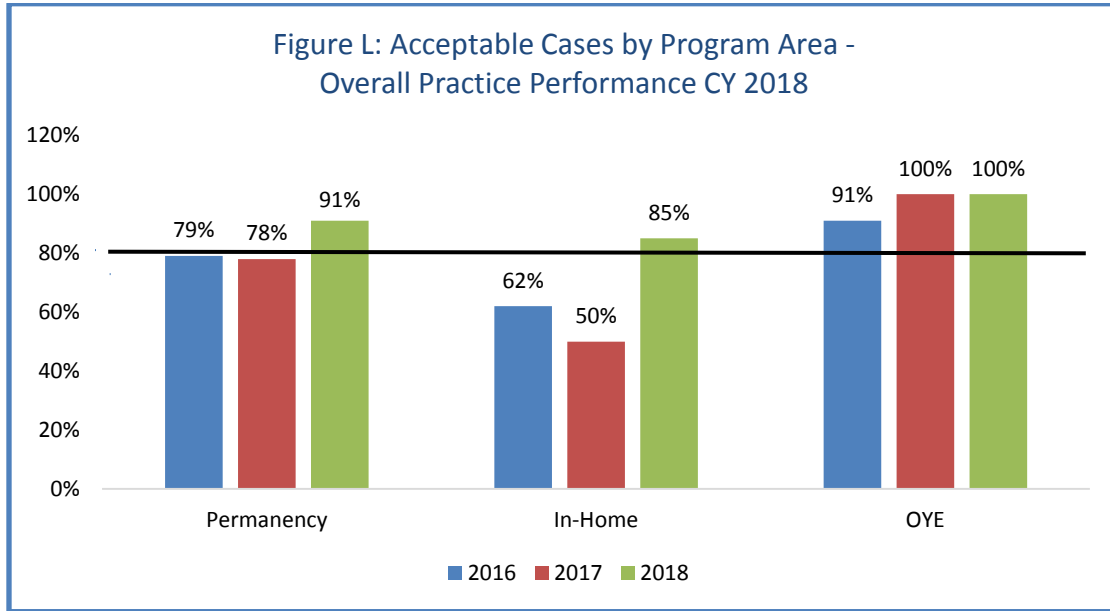
Figure K breaks down the overall performance ratings for the private agencies and provides their total score. As noted, NCCF carried the majority of the private agency cases for this review period (88



percent) while LSS and LAYC case managed two each (12 percent total). Though LSS and LAYC each achieved 100 percent acceptable ratings, LAYC's scores were on the lower end (two 4 ratings), indicating a need for refinement (per the protocol language). The two LSS cases were both scored 5, indicating that the practice performance can be maintained at the current level. The scores for NCCF's 18 cases were equally divided between 4s and 5s.

Figure L compares the overall practice performance of each individual program area for CY 2016 - 2018. Notably, **OYE in 2016 was already 11 percentage points above the benchmark achieved and**

maintained the 100 percent mark for overall acceptable ratings for performance for 2017 and 2018. Although the In-Home Administration fell short of 100 percent ratings, there were considerable increases in scores from 2017 (35 percentage points). The Permanency Administration worked hard to show a 13-percentage point increase from 2017 to surpass the 80 percent benchmark by 11 percentage points.

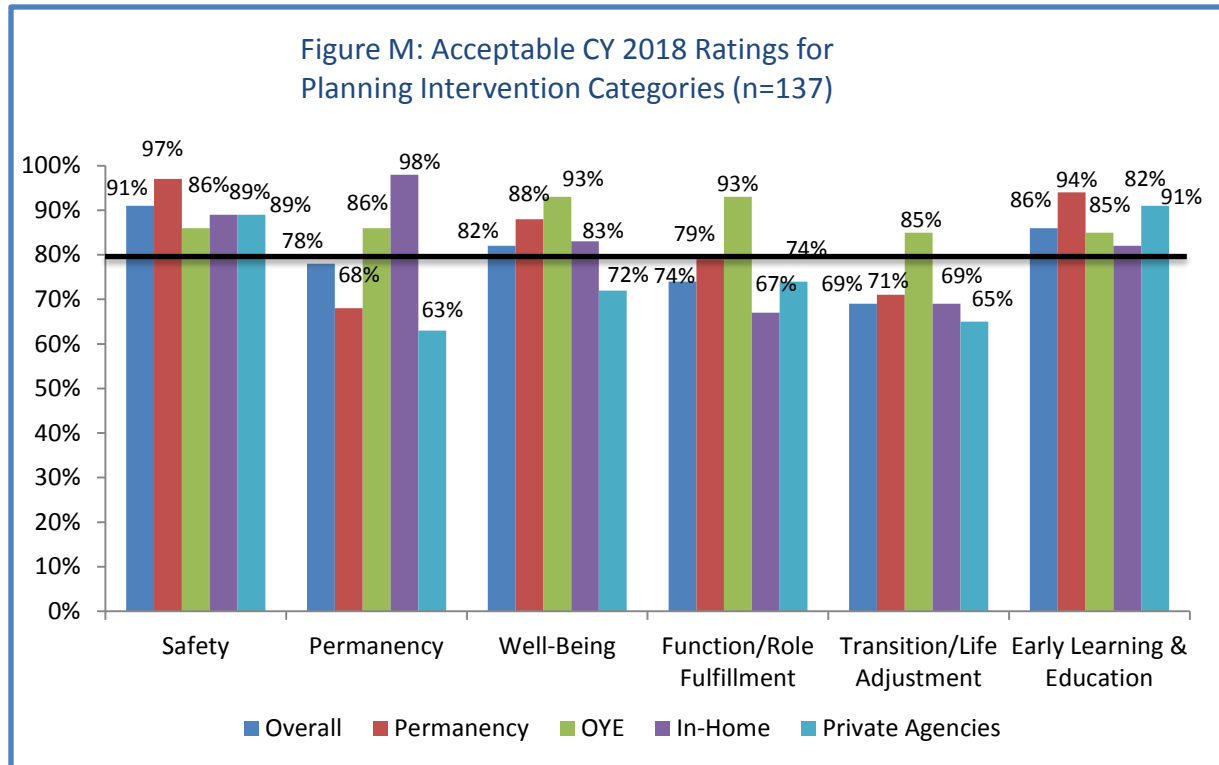


LaShawn Benchmarks²⁰

Benchmarks for the *LaShawn* Implementation and Exit Plan (IEP) incorporate several child welfare practice standards, including acceptable, combined ratings for three QSR case planning indicators: pathway to case closure (i.e., a clear achievable permanency goal, including concurrent and alternative permanency plans), the planning of interventions, and the delivery of supports and services. The interventions and services are combined with case closure rates to inform practice needs. The acceptable benchmark for these particular indicators is 80 percent. To meet or surpass the 80 percent benchmark, planning interventions requires foresight and involvement of all team members, as well as ongoing tracking and adjustment by the social worker.

²⁰ See footnote 8 for details on *LaShawn* and the IEP.

Planning Interventions/Pathway to Case Closure



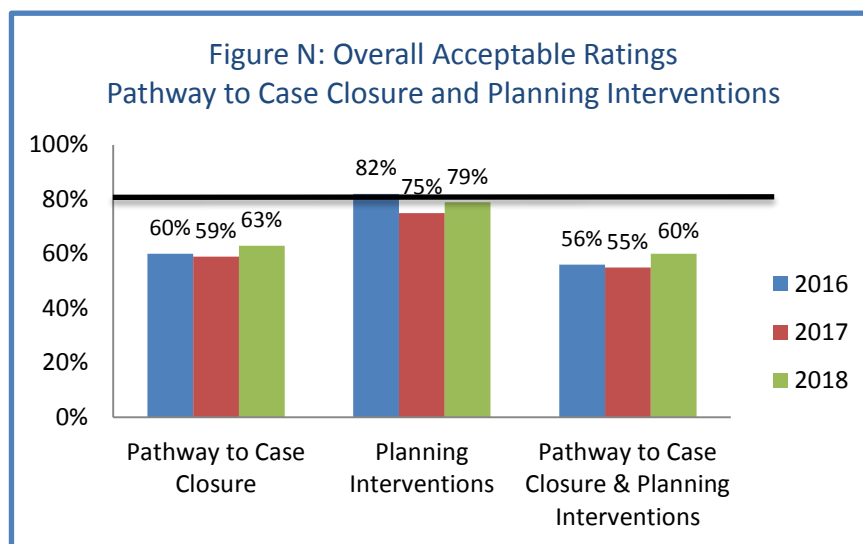
Planning interventions for clients requires close teaming, family engagement, understanding of a family’s needs, and then coordination of a well-thought-out plan to help the family or older youth close their case. For planning interventions, there are six subset categories. Each category addresses a “checklist” of items for child welfare professionals to consider. The core concepts for each category are briefly described below. Figure M above provides percentages per program area of acceptable ratings for these categories.

- Safety: Protection from exposures to harm in daily settings, endangerment to self and others.
- Permanency: Quality and durability of placement; enduring relationships, resolution of legal custody.
- Well-Being: Physical / mental health status, building positive relationships, reducing risky behaviors.
- Daily Functioning and Life Role Fulfillment: friendships and social activities (child), caregiving (parent).
- Transition and Life Adjustment: Successful adjustments in new settings and circumstances.
- Early Learning and Education: School readiness skills, physical motor development, academic success.

As depicted in Figure M, **planning for safety and education are the two categories where every program area exceeded the 80 percent benchmark.** OYE surpassed the benchmark for every indicator. Although no other program area achieved all benchmarks, In-Home achieved four of the six in 2018, missing functioning/role fulfillment and transition/life adjustment. Yet still, those scores show

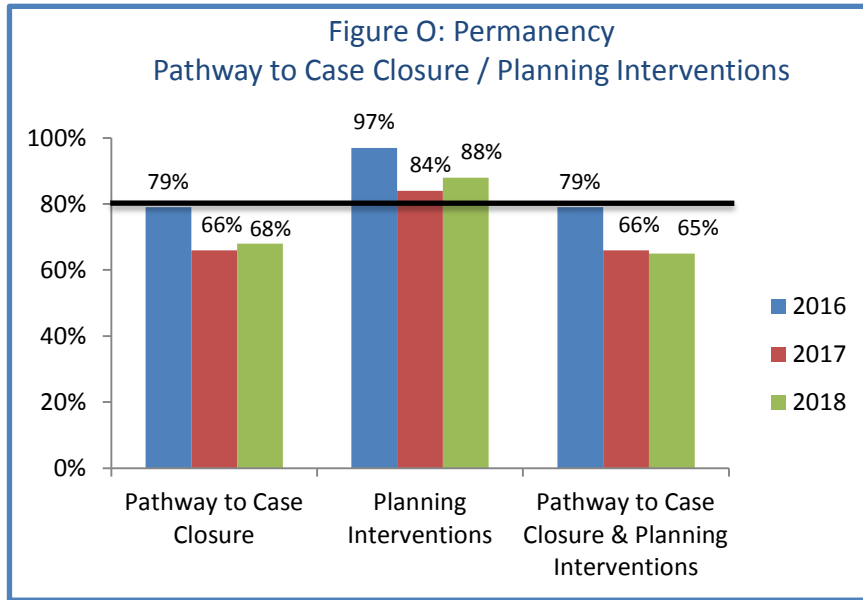
improvement from 2017 (12 and 6 percentage points, respectively), indicating that children are increasing their age-appropriate socialization and effective living roles, as well as showing improvement in preparation for transitions (either to permanency or other planned transitions, e.g., from school to summer camp). Private agencies missed four of the six benchmarks. (As noted earlier, this report is not including comparative private agency scores from 2017 and 2018 due to the changes in contracts.) Functioning scores increased by 28 points, while the rest of the scores increased between 9-15 percentage points (except for safety which dropped slightly). The Permanency Administration showed the most need for improvement in planning for permanency (decrease from 2017 of 7 points). Though transition ratings were below the benchmark, the scores improved by 6 points from 65 percent in 2017 to 71 percent in 2018.

Figure N compares the overall QSR ratings from CY 2016 - 2018 for the first *LaShawn* benchmarks: pathway to case closure and planning interventions (categories combined). As shown, there was a slight increase for case closure from 59 percent acceptable in 2017 to 63 percent overall acceptable in 2018. Despite the increase, the scores are yet well below the benchmark of 80 percent, lowered by the pathway to case closure, which is the focus indicator for improvement strategies. An additional increase to the ratings for planning interventions just barely reached the benchmark.²¹



In Figures O-R, scores for case closure and planning interventions are broken out for CFSA administrations and the three private agencies (excluding years 2016 and 2017 as explained earlier). The Permanency Administration did not achieve the *LaShawn* benchmark for case closure, dropping its overall percentage by 2 percentage points. Although there was a slight drop in planning interventions, Permanency staff still met the benchmark.

²¹ Note that while 2016-2018 data include the previous counts for the seven contracted private agencies in 2016 and 2017, the 2018 private agency data is separated out for baselines moving forward, as noted earlier. Figure R breaks down the separate private agency data for planning interventions.



As noted earlier, OYE experienced several staffing challenges that impacted practice. Despite a drop in case closure and planning for interventions, OYE still met the benchmark for planning (Figure P).

Meeting the benchmark for planning interventions reveals the youth’s team is highly committed to an optimal planning

process that meets the goals and outcomes established by the youth.

The below-benchmark ratings for case closure may indicate that some youth may be making “marginal or inconsistent efforts” to drive their own cases, or may not have defined “requirements” for “making sufficient progress towards closure.”

“requirements” for “making sufficient progress towards closure.”

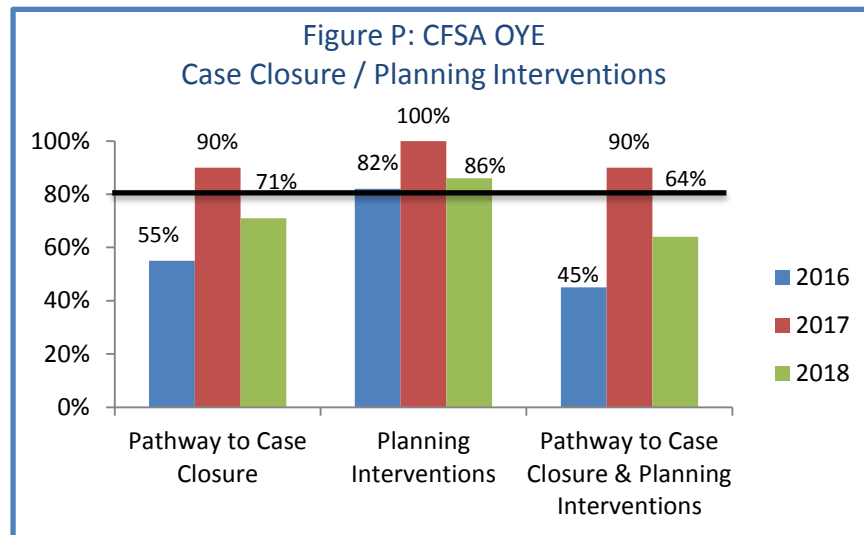
“making sufficient progress towards closure.”

“making sufficient progress towards closure.”

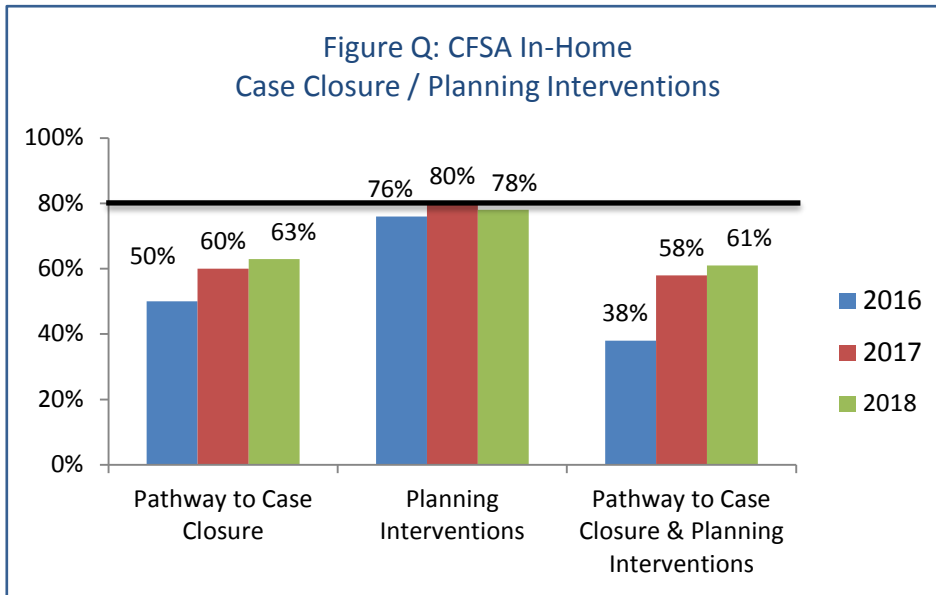
“making sufficient progress towards closure.”

“making sufficient progress towards closure.”

“making sufficient progress towards closure.”



When case closure ratings fall short, as for In-Home below, QSR reviewers have discovered that not all team members are “clear on the specific steps needed to achieve the permanency goal.” Family members may not be making sufficient progress on those steps. Low ratings for this indicator also imply that not all team members agree with the identified permanency goal. Barriers to permanency may linger, and family members may not realize that avoiding certain court-ordered services severely delays their hopes for accelerating permanency.

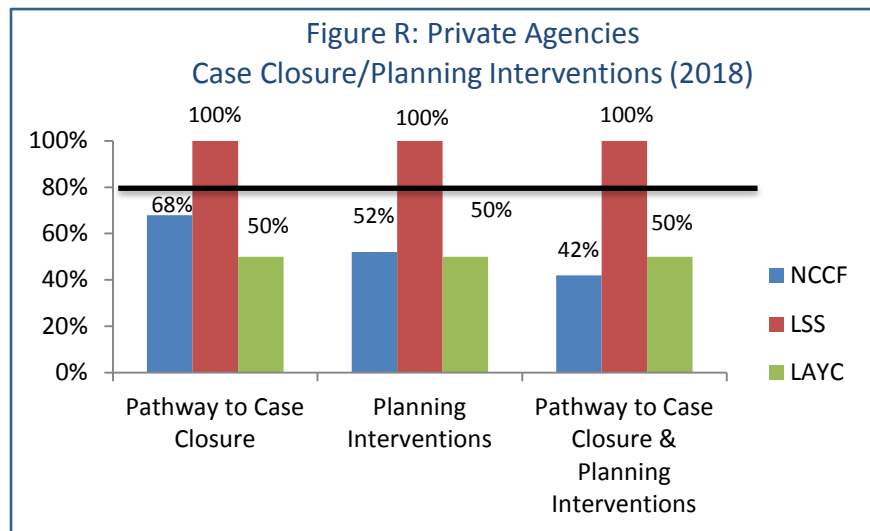


In-Home (Figure Q) improved slightly for the case closure indicator, despite falling short of the benchmark. There was also a slight decline in the rating for planning interventions, which dropped the rating just below the benchmark.

Pathway to case closure’s 54 percent rating for the private agencies shows

insufficient efforts to identify steps that will help end involvement with the family. Even if the team has identified steps toward case closure, steps are not addressing the reasons for CFSA opening the case. In addition, timelines are not being met, and additional concerns surfaced during the life of the case. If family members are not in compliance with necessary services (e.g., parenting classes or substance use treatment), and the team has not explained the consequences for the non-compliance, case closure delays.

In CY 2018, LSS’ two cases surpassed the benchmark for both case closure and planning interventions. One of LAYC’s two cases did not, lowering the percentage points by half. NCCF also did not meet the benchmark (15 out of 31 cases). In total, there were 18 acceptable ratings for the combined private agencies, resulting in an overall score of 51 percent for the three private agencies.



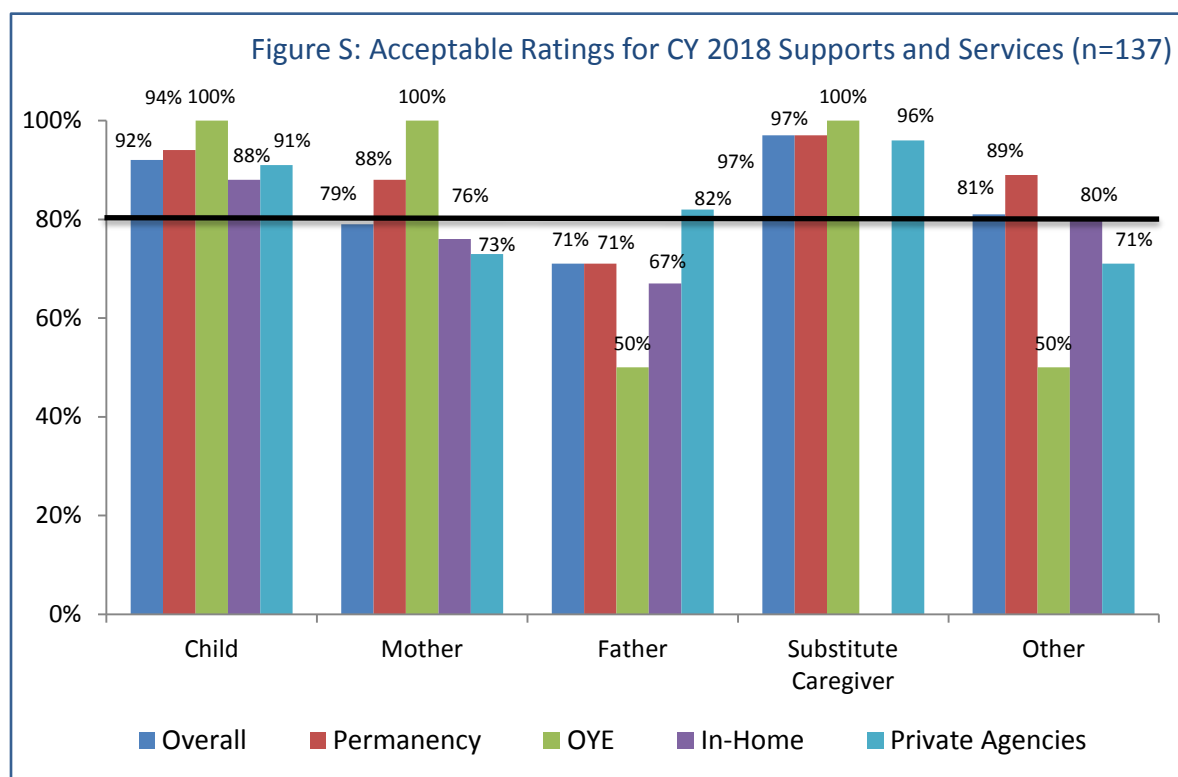
Supports and Services/Pathway to Case Closure

When scoring for supports and services, QSR reviewers take into account the needs of the child, parents, caregiver, and “other” (e.g., a potential permanency resource). In general, the selection of basic supports should begin with the family’s informal network, including any generic community resources available. Specialized formal supports are generally developed according to need.

With acceptable ratings, the supports and services indicator suggests an adequate array of informal and formal supports. Informal supports might include family friends, neighbors, or fictive kin. Formal

supports are professional services such as housing assistance, psychotherapy, medication management, or post-adoption services. The provision of supports and services should help the child and family achieve their case goals and objectives, including overall well-being, self-sufficiency, and sustainable independence from the child welfare system.

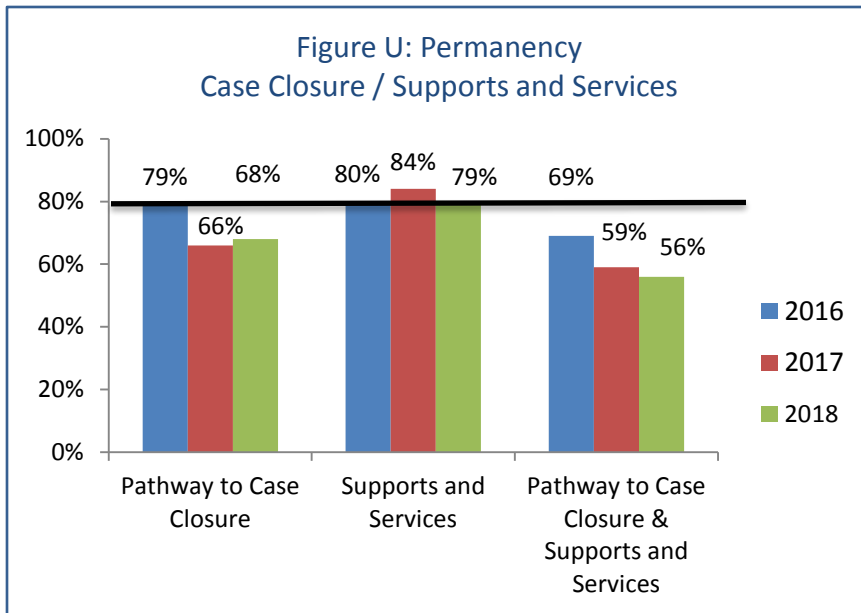
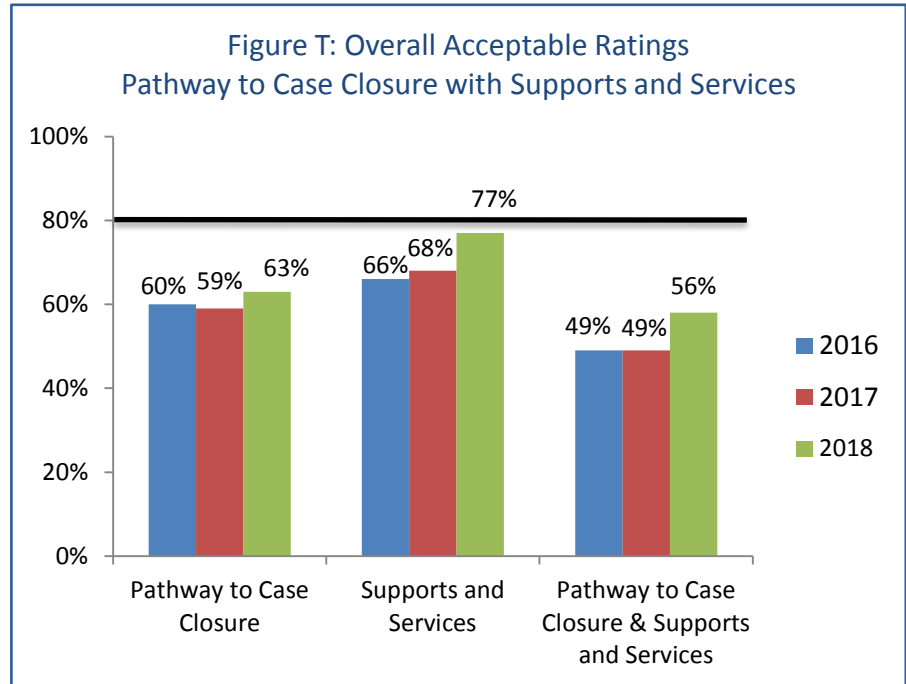
As Figure S demonstrates, the break out of services and supports addresses the needs of the child, parents (mother and father), caregiver, and “other” (as previously noted). Both the Permanency Administration and OYE successfully surpassed the benchmark for service delivery to children, mothers, and caregivers. **Private agencies also excelled in supports for caregivers, which are a fundamental factor for facilitating a child’s return to the home of origin, or to achieving a concurrent permanency goal** (e.g., adoption or legal guardianship). Supports and services are crucial for caregivers who become permanency resources. (Missing from the substitute caregiver category is the In-Home Administration; since children remain at home with their parents, reviewers do not rate this indicator.)



Services and supports for fathers continue to challenge the welfare system. Sometimes service engagement fails when services are “inaccessible or inconsistently available” or “informal supports may not be well developed.” In comparison to 2017, however, there was a 10 percentage point increase in overall services to fathers for CY 2018.

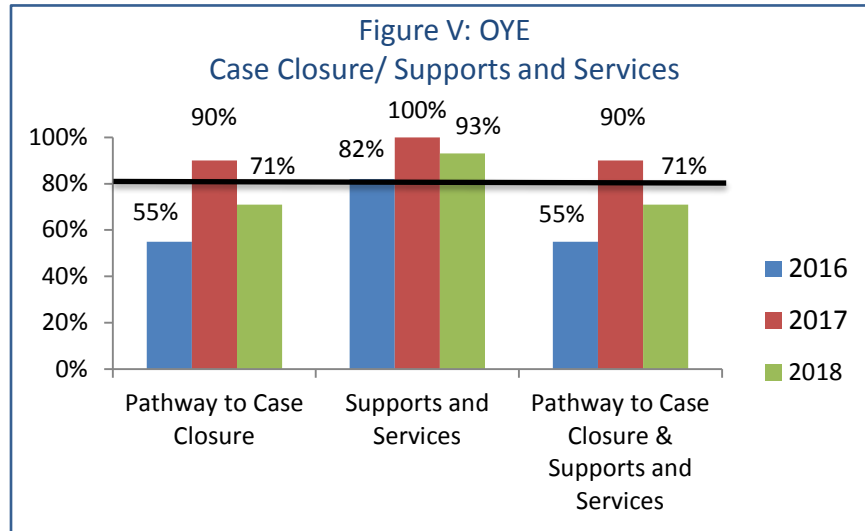
The private agencies alone just surpassed the 80 percent benchmark. Their rating was based on reviewers giving acceptable scores for nine of eleven cases with father involvement. Permanency’s rates of 71 percent included seven cases with father involvement. Of these seven, reviewers rated five for acceptable service delivery. OYE’s sample included two fathers, one of whom had acceptable scores, resulting in a 50 percent rating.

Across all QSR cases, overall acceptable ratings for supports and services almost meet the 80 percent benchmark (Figure T), revealing a 9-percentage point increase from 68 percent in 2017. Still below the benchmark, these ratings demonstrate the need for CFSA and private agencies alike to improve engagement of clients in services that can help them achieve case closure.

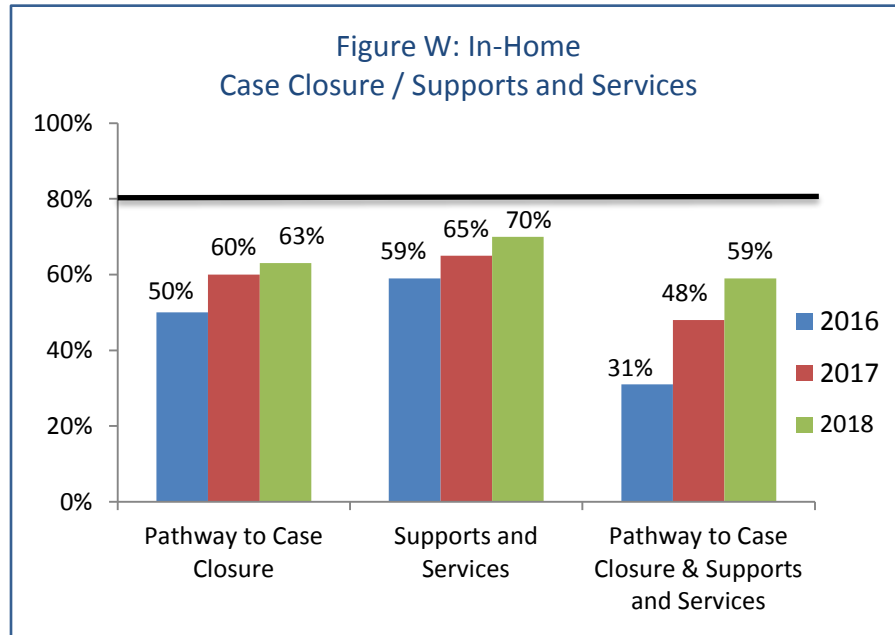


For the Permanency Administration (Figure U), the 2018 ratings for support and services just missed the benchmark by 1 percentage point. This rating still reflects a relatively dependable combination of available informal and formal supports. Pathway to case closure scores increased by 2 percentage points but still fell short of 80 percent. The rating implies that team members were perhaps not working as a unified team toward moving closure along.

The OYE ratings for youth’s supports and services fell slightly (7 percentage points) from 2017 while still surpassing the benchmark by 13 points (Figure V below). Youth in the sample felt that OYE provides a youth-friendly array of services that help to meet their needs as they prepare for adulthood. OYE services include assistance with preparation for college, linking youth to employment opportunities, helping with finances through the matched savings program, and ensuring other practical supports like acquiring a driver’s license. OYE also provides services for young parents.



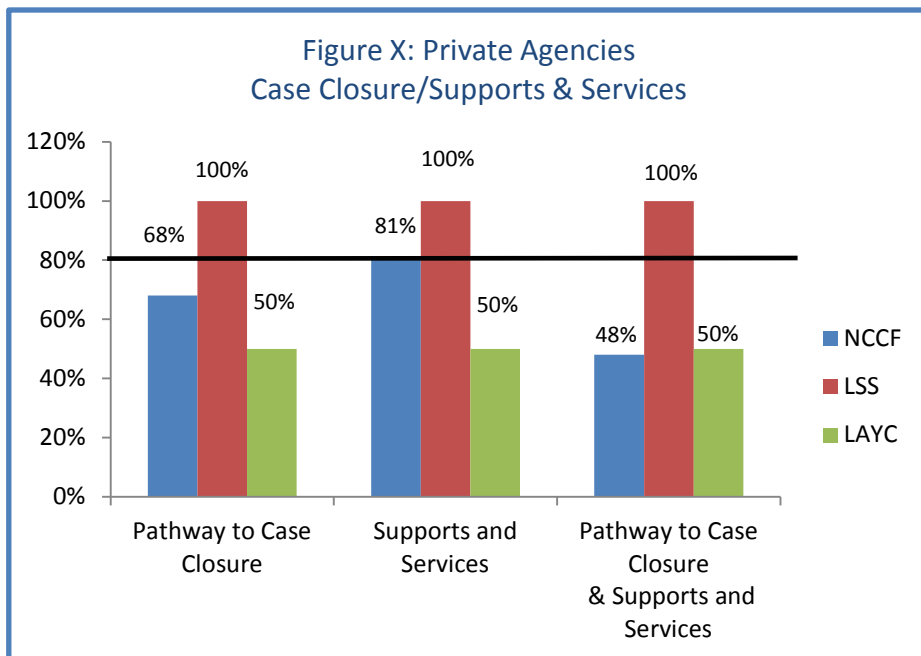
The In-Home Administration (Figure W) worked diligently between CY 2016 and CY 2018 to increase its provision of supports and services to families receiving in-home services, in addition to improving its ratings for case closure. Nevertheless, the increases for both indicators were insufficient to bring the ratings to the 80 percent acceptable level. As a result, the combined scores remained unacceptable, signifying that In-Home was unable to provide the supports and services identified in the family’s case plan or to fit services to family needs.



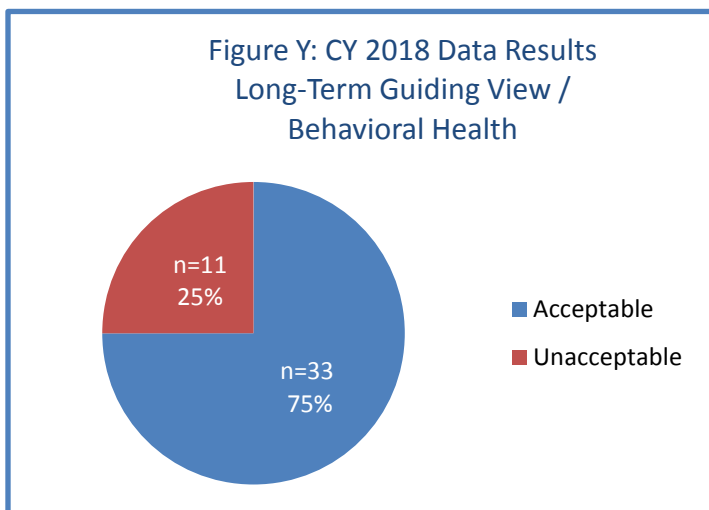
As indicated by Figure X, LSS’ two cases again reached 100 percent, in this case for supports and services. NCCF performed considerably better for the supports and services indicator (81 percent) compared to planning interventions (68 percent).²² The combined scores are lowered, however, by the 68 percent rating for pathway to closure. LAYC performed the same with the one singular case being rated as acceptable for both case closure and supports and services. Of the total 35 cases from the

²² Based on the low scores of crucial indicators, the main private agency for case management (NCCF) will be developing a program improvement plan to submit to CFSA for CY 2019. CFSA will report on the plan’s details and outcomes in next year’s Annual QSR Report.

private agency sample, reviewers rated 19 (54 percent) as acceptable, indicating that while supports and services may be useful for the family, the services are not facilitating case closure.



IV. Case Reviews with Behavioral Health Involvement



For cases with DBH involvement, the QSR protocol also provides ratings for the DBH team regarding engagement, teaming, assessment, planning interventions, long-term guiding view, and medication management. If the DBH provider has not provided needed services and CFSA or the private agency has not intervened for advocated for the services, overall ratings may subsequently be negatively impacted.

When reviewing QSR scores for behavioral health, the QSR reviewers focus on the long-term guiding view indicator which covers strategic goals to address a child’s trauma or

other therapeutic needs.²³ Accordingly, QSR reviewers seek to identify a clearly documented treatment plan that will address a child’s functioning, e.g., school, playing, or work for older youth. The plan’s goals

²³ As a trauma-focused agency, CFSA is particularly conscious of the trauma experienced by children who are removed from their homes of origin, in conjunction with the trauma suffered by neglect and abuse. The Agency is further conscious of generational trauma often suffered by a child’s parents. Awareness of trauma is considered during ratings for assessment, planning interventions, and supports and services.

and objectives should fit the child and family’s situation. A QSR reviewer may also look for treatment plans that include expressive therapies (e.g., play, art, drama, and music therapies) that can address trauma not easily verbalized.

Out of the 137 cases reviewed in CY 2018, 44 cases involved ratings for the long-term guiding view indicator. Reviewers scored 33 (75 percent) as acceptable for behavioral health treatment plans. For 2018, this percentage rate is 20 points higher than 2017 (55 percent). For these cases, behavioral health services had a long-term view that articulated the strengths, preferences, barriers, and needs of the child and family. In addition, service team members understood the treatment plan.

Regarding unacceptable ratings, treatment goals were not clearly outlined or identified in 11 of the 44 cases. Among these 11 unacceptable ratings, CFSA’s Permanency Administration served one case (9 percent). In-Home served three cases (27 percent) while private agencies served the remaining seven cases (64 percent). QSR reviewers noted a lack of service coordination and communication between the child welfare team and the behavioral health team. Also noted were services that did not address identified needs. In several cases, behavioral health services were delayed or interrupted due to turnover in providers.

V. Areas of Strength – Areas in Need of Improvement CY 2018

During the exit conferences, participants discuss areas of strength for maintaining practice skills and strategies for practice improvement, based on QSR results for the year. For CY 2018, the top three dominant areas of practice strengths include child safety, planning interventions, and supports and services. The top three areas in need of improvement applied across the board to all program areas, including the private agencies. These three dominant areas include engagement and assessment of parents, teaming, and pathway to case closure.

Table 6: Top Three Practice Areas in Need of Improvement / Areas of Strength	
Practice Areas of Strength	Practice Areas in Need of Improvement
<p>Safety for Children at Home and at School <i>Children are living in nearly risk-free environments with protective strategies in place (as needed). CFSA continues to protect children from abuse, neglect, exploitation, and intimidation (both foster care and in-home cases). Parents and caregivers provide the appropriate attention necessary to protect the children from known risks.</i></p>	<p>Engagement and Assessment of Birth Parents <i>CFSA needs to continue to engage and assess parents, even when their youth may have a permanency goal of APPLA. To facilitate family connections, social workers must actively communicate and get to know their needs and their strengths. Mixed or inadequate working relationships between team members impacts effective engagement.</i></p>

<p>Planning Interventions <i>Social workers and service providers overall are ensuring that children are achieve meaningful, measurable, and achievable life outcomes (safety, permanency, well-being, education, etc.) Planning includes well-reasoned, agreed-upon goals, and intervention strategies that logically relate to the planned goals and outcomes so that families are successful after exiting the system.</i></p>	<p>Teamwork Functioning and Coordination <i>The team needs to reflect a family-centered and family-driven case planning process. In addition, team leadership must include engagement of other team members, not just clients and family members. Timelines and next steps must be clearly documented, and discussed on a regular basis among team members. The unified team must also be clear on permanency goal options.</i></p>
<p>Supports and Services <i>The combination of formal and informal supports and services fit the child and family situation. Delivery of interventions is effective to help achieve sustained permanency.</i></p>	<p>Pathway to Safe Closure <i>Family and team members must all be clear on the permanency goal and steps to achieve it. It is essential for family to have a clear understanding if case closure is to be successful.</i></p>

VI. Commendations

When QSR management identifies social workers with ratings of 5-6 in the maintenance zone for all indicators under practice performance, these social workers receive commendation letters signed by CFSA’s director. **For CY 2018, a total of 39 social workers received commendation letters** during the individual program area exit conferences, thanking them for their exemplary leadership and social work skills on behalf of the children and families. Of the 39 letters, the QSR Unit presented 14 to in-home social workers (Community Partnerships), 9 to out-of-home social workers (Permanency), 3 to OYE, and 4 to NCCF. CFSA is proud to acknowledge the hard work of these social workers, particularly because the number of commendations for 2018 almost doubled compared to 2017 (n=15 letters).

VII. Conclusion

The QSR process, along with the strong collaboration between the QSR Unit and program areas, has demonstrated the type of information needed to develop improvements that resulted in higher QSR ratings over the course of CY 2018. Most importantly for the child status element, children in the review sample were safe at home and stable in placements without concern for risky behavior to self or others. Challenging child status factors were predominantly related to legal custody, which received the lowest indicator rating (51 percent), and yet still showed modest improvement over 2017 (49 percent). QSR reviewers noted that birth parents’ efforts to reunify were frequently hampered by mental health and substance use issues.

For the practice performance element, teams were meeting or surpassing benchmarks in the areas of engagement and assessment of children and caregivers. The primary challenge for practice performance indicators were engagement and assessment of birth parents, along with teaming scores for functioning and coordination.

The pathway to case closure continues to challenge all program areas. To improve overall pathway ratings, CFSA must strengthen efforts to ensure that all team members know the steps necessary to achieve the identified permanency goal, whether that goal is reunification, guardianship, or adoption. Additionally, when appropriate, termination of parental rights and adoption should be accomplished expeditiously. Strategies around improving the pathway will be a focus for the QSR 2019 CQI efforts.

Finally, implementation of and emphasis on CQI-based strategies for each program area's themes will support increasing practice performance for CY 2019. CFSA anticipates that these changes in practice will both streamline and align service delivery, improving practice and ultimately achieving positive outcomes for children's safety, permanency, and well-being.

APPENDICES

Appendix A – QSR Protocol

Example of QSR Scoring Protocol			
QSR Interpretive Guide for Child Status			
Zones	Scoring		Status
MAINTENANCE Status is favorable. Maintain and build on a positive situation.	6 =	OPTIMAL Best or most favorable status for this child in this area (taking age and ability into account). Child is doing great! Confidence is high that long-term goals or expectations will be met.	ACCEPTABLE
	5 =	GOOD Substantially and dependably positive status for the child in this area with an ongoing positive pattern. This status level is consistent with attainment of goals in this area. Situation is “looking good” and likely to continue.	
REFINEMENT Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	4 =	FAIR Status is minimally or temporarily sufficient for child to meet short-term goals in this area. Status is minimally acceptable at this time but this status may be short term due to changes in circumstances, requiring adjustments soon.	
	3 =	MARGINAL Status is marginal/mixed, not quite sufficient to meet the child’s short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.	UNACCEPTABLE
IMPROVEMENT Status is problematic or risky. Act immediately to improve situation.	2 =	POOR Status has been and continues to be poor and unacceptable. Child seems to be “stuck” or “lost” and is not improving. Risks may be mild to moderate.	
	1 =	ADVERSE Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing.	

CFSA Practice Model

Expressing Our Values: The Four Pillars

CFSA's Four Pillars express our essential values about serving children and families. We hold ourselves accountable to these values. They guide us through complicated decisions and sustain us in the hardest moments of our work.

<p>FRONT DOOR</p> <p>Children grow up best in their families. We separate them only when necessary to keep them safe. Kin are the first placement option.</p>	<p>TEMPORARY SAFE HAVEN</p> <p>Foster care is temporary. We start planning for permanence the day a child enters care. Building strong relationships among birth families, foster parents, and children is critical.</p>	<p>WELL BEING</p> <p>Every child deserves a nurturing environment that supports emotional healing, builds resilience, and promotes healthy development and academic achievement.</p>	<p>EXIT TO PERMANENCE</p> <p>Every child exits care as quickly as possible for a safe, supportive family or life-long connection. Older youth have the skills for successful adulthood.</p>
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Living Our Values: Six Core Actions

Grounded in our Four Pillars values, effective child welfare practice at CFSA relies on six core actions. Recognizing the diversity of individual strengths and styles across our workforce, we consistently take these actions in serving children and families.

- 1 ENGAGE FAMILIES**

Keys to success:

 - Build relationships characterized by respect, empathy and equity.
 - Recognize the impact of trauma, while focusing on strengths and being culturally responsive.
 - Lift up families' voices and choices in all decision making.
 - Clearly communicate the expected, actionable steps to permanence.
- 2 TEAM**

Keys to success:

 - Bring together the family and children, all CFSA staff who have engaged with the family, external service providers, the family's informal supporters, and the child's current caregivers.
 - Share ownership of information, plans, and action commitments with the team.
 - Openly navigate disagreements and conflicts to build the consensus, collaboration, and coordination needed to move families to permanence.
- 3 CONTINUALLY ASSESS**

Keys to success:

 - Use a range of assessment strategies (from formal tools to clinical observations) to identify family members' strengths, barriers, and risks and to focus on what will resolve safety concerns.
 - Be rigorous and balanced in findings—thinking as a clinician, not only as a case manager.
- 4 PLAN TARGETED INTERVENTIONS**

Keys to success:

 - Choose interventions that address behaviors that affect parenting and also build family resilience.
 - Ensure the case plan is specific, measurable, and achievable within a set time frame.
- 5 TRACK AND ADAPT**

Keys to success:

 - Provide clear and timely documentation of all work done with a family.
 - Continually ask whether our efforts are helping families overcome difficulties and improve their situation.
 - Be flexible and able to change course when needed.
- 6 BE PART OF A SUPPORTIVE WORKPLACE**

Keys to success:

 - Work collaboratively within and across administrations, breaking through silos and communicating directly and clearly.
 - Recognize the potential for secondary trauma in workers and provide clinical consultation and support when needed.
 - Ensure decision making includes voices and experiences from all levels of the organization.

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