

Annual Quality Service Review Report

CALENDAR YEAR 2019



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I. Introduction

The Child and Family Services Agency (CFSA) uses the nationally recognized Quality Service Review (QSR) process to gauge positive outcomes for service delivery and current CFSA practice standards. The QSR is one of CFSA's primary qualitative approaches for the continuous quality improvement (CQI) of service delivery and implementation of CFSA's Practice Model (*Appendix B*). The QSR assesses how system partners work together as a team to ensure that services for children and families are tailored and appropriate to their needs. This case-specific and system-wide process includes reviews of hard copy case records in addition to face-to-face and telephone interviews with team members. This allows reviewers to obtain a comprehensive picture of systemic strengths and areas in need of improvement.

For calendar year (CY) 2019, CFSA's Annual QSR Report presents data on 133 stratified, randomly selected cases. Of the 133 cases, 54 (41 percent) included families receiving services in their own homes, 34 cases (26 percent) being case-managed by CFSA where children¹ were living in foster care (either with non-relative caregivers or kinship caregivers), 14 foster care cases (11 percent) being managed by CFSA's Office of Youth Empowerment, and 31 foster cases (23 percent) that were being managed by CFSA's contracted private agencies.

Table 1 breaks down the number and percentage of cases reviewed for CY 2017-19. Changes in the distribution of cases over the three years reflect changes in CFSA's practice, particularly the reduction of children in foster care being case-managed by the private agencies (46 cases in 2017 compared to 31 in 2019) and an increase in the number of children being served by the In-Home Administration (40 cases in 2017 compared to 54 in 2019). The number of children served by CFSA's Permanency Administration has remained stable at 34 since 2018. In addition, for more than a decade, CFSA has shifted its focus on prevention services, i.e., services provided by CFSA's contracted partner, the Healthy Families/Thriving Communities Collaboratives (Collaboratives), and other services provided by local government and community-based service providers.

Table 1: Number of Reviews by Program Area & Private Agencies 2017 – 2019						
Program Area	# Cases 2017	Percentage 2017	# Cases 2018	Percentage 2018	# Cases 2019	Percentage 2019
In-Home	40	31%	54	39%	54	41%
Permanency	32	25%	34	25%	34	26%
Private Agencies	46	36%	35	26%	31	23%
Office of Youth Empowerment (OYE)	10	8%	14	10%	14	11%
Total	126	100%	137	100%	133	100%

Note that the number of private agency cases listed for 2017 include the number of cases reviewed for seven different agencies. As of January 2018,² CFSA reduced the number of contracted agencies from

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 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

seven to three: the 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 involving Spanish-speaking populations. Resultantly, private agency data from 2018 currently serves as a baseline for the 2019 QSR data analyses. In CY 2019, the QSR Unit reviewed one LAYC case, two LSS cases, and 28 NCCF cases (total = 31).

Regarding older youth (ages 14-20), all of CFSA's program areas and the three private agencies case manage older youth.³ 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.⁴ 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.

Although the data sample for the 2019 QSRs reflects 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 2017 with a slight decrease of two. The number of reviews for CFSA's In-Home Administration increased by 14 (11 percent) from 2017 but remained stable for 2018 and 2019, maintaining the largest number (54) of all cases reviewed within the sample. Reviews for older youth served by OYE also remained the same between 2018 and 2019 (14). The drop in private agency cases from 2017 to 2019 is explained by the 2018 contractual changes.

QSR Methodology - CY 2019

Scoring Guidance

QSR reviewers rate cases based on a formalized protocol⁵ 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*).

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

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.

³ For CY 2019, the number of older youth reviewed outside of OYE included NCCF (n=9), LSS (n=2), Permanency Administration (n=4), and In-Home Administration (n=9). The sole LAYC case review for 2019 was a child under the age of 14.

⁴ 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).

⁵ 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.

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)⁶ who spend an intensive two days reviewing case files and detailed information from CFSA’s State Automated Child Welfare Information System (SACWIS).⁷ 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 they 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 child status 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.⁸

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

⁶ QSR reviewers include specialists from CFSA’s QSR unit, front-line staff and supervisors (who have participated in the two-day QSR training), and contracted reviewers from the Center for the Study of Social Policy.

⁷ CFSA’s SACWIS system is known to staff as FACES.NET.

⁸ The indicator for behavioral risk to self and others may be scored under “refinement” if, for example, a child’s behaviors 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.

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 the manager 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 also reports 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 challenges with alternative strategies.

Exit Conference

Once all the cases are reviewed, scored and the data interpreted, the process culminates into an exit conference. Each exit conference summarizes data and themes for the individual program area, including the private agencies. Since the same exit conference process is replicated for the private agencies, their policy, training and quality assurance staff is also in attendance. Invitees include the entire program area, i.e., CFSA and private agency social workers and managers, as well as representatives from CSSP, CFSA's Child Welfare Training Academy and Policy Unit. CFSA and private agency senior leaders and the CFSA director also attend. The exit conference themes and data presentations allow all program staff alongside CFSA and private agency senior leaders and managers to identify successful existing strategies and to consider new strategies to help maintain or improve scores from the previous year. The exit conference also awards social workers who demonstrate exemplary case practice.

When CFSA and private agency senior leaders and managers identify strategies for areas in need of improvement, the outcomes of those strategies are measured at the end of the year as part of the CQI cycle. The cycle includes the Plan Do Study Act (PDSA) model whereby each program area asks, "What are we trying to accomplish? What changes can we make that will result in improvement? How will we know that a change results in an improvement?" In particular, the indicator for pathway to case closure has dominated all program areas as an area needing improvement. CQI strategies for each program area entering the 2020 QSR calendar year are discussed under Section V of the 2019 Annual QSR Report. Each program area identifies what strategies will be put in place for the upcoming year, looking forward based on the results of the previous year. Based on the exit conference discussions in 2018, examples of improved outcomes for pathway to case closure in 2019 were highlighted for the following program areas:

- The In-Home Administration's strategy included (1) documentation that both family and team members clearly identified barriers to case closure and all team members understood the required activities for case closure, (2) implementation of tailored Levels of Care for service delivery and (3) the development of a sustainability plan. The In-Home Administration also discussed ongoing strategies during weekly meetings between managers and supervisors. As a result of these efforts, acceptable ratings for the pathway to case closure improved by 24 percentage points.

- The 2019 private agency exit conference focused primarily on data from NCCF, which held the majority of case reviews (28 NCCF reviews versus 2 reviews for LSS and one review for LAYC). Strategies included (1) quarterly staffings for all clients and documentation of a clear case closure plan at the end of the staffing, (2) ongoing Permanency Goal Review Meetings (PGRM) to examine progress toward the court-ordered permanency goal, and (3) collaboration between the Family Court and CFSA leadership to address systemic issues related to court delays and barriers. NCCF's strategies from 2018 improved acceptable ratings by 23 percentage points for 2019.
- Both OYE and the Permanency Administration focused on the PGRM reviews as a strategy for improvement of the pathway to case closure indicator. Although OYE maintained the acceptable ratings between 2018 and 2019 (71 percent), the Permanency Administration experienced a 3 percentage point improvement from 68 percent in 2018 to 71 percent in 2019.

II. Demographics

Gender Breakdown

CFSA's definition of gender includes a transgender data entry option, according to male and female self-identification. Of the 133 completed 2019 reviews, 74 identified as female while 59 identified as male (Figure A). There were no identified transgender children. For infant children, reviewers enter data based on biological factors.

Figure A: Gender, CY 2019

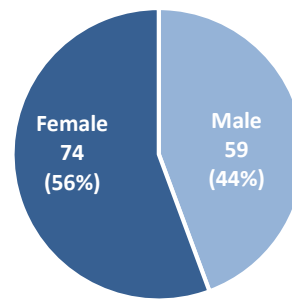
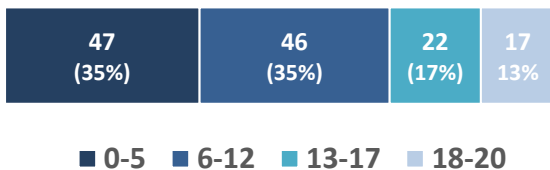


Figure B: Age Groups, CY 2019



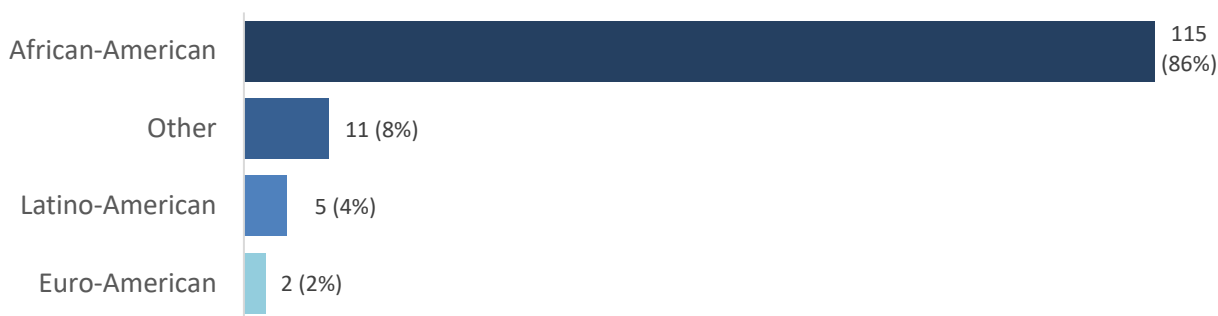
Age Groups

CFSA follows federal guidelines for the following age-group breakdowns: birth to 5, 6-12, 13-17, and 18-20. As shown by Figure B, the two largest age groups for the 2019 reviews were birth to 5 (35 percent, n=47) and 6-12 (35 percent, n=46). The older children (ages 13-17) accounted for 17 percent of the total children reviewed, while the eldest youth (ages 18-20) accounted for 13 percent of the whole.

Child Ethnicities

The majority of children and families (n=115, 86 percent) self-identified as African American (Figure C). While a small percentage (n=5, 4 percent) identified as Latino-American, an even smaller percent (n=2, 2 percent) identified as Euro-American. The QSR Unit reviewed 11 cases (8 percent) where the family self-identified as “other”.

Figure C: Child Ethnicities, CY 2019



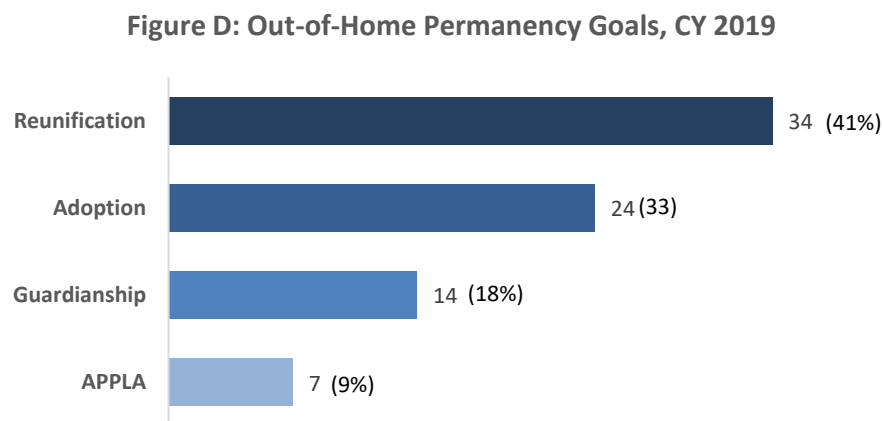
Permanency Goals

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 complex challenges. When CFSA opens an in-home case for a family, social workers tailor referrals to services that can help the family stabilize by addressing the family's unique needs. As noted earlier, of the 133 case reviews for 2019, 54 families were receiving in-home services.

For the remaining 79 clients, safety issues necessitated the child's removal from the home and subsequent placement into foster care. In general, CFSA or the private agency social work team with the family and the child (when age appropriate) together determine the most appropriate permanency goal for each individual child. In every possible situation, the Agency will pursue reunification of a child to the child's natural family as the priority permanency goal. 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. If all relative permanency options are exhausted, CFSA will seek a non-relative permanency source.

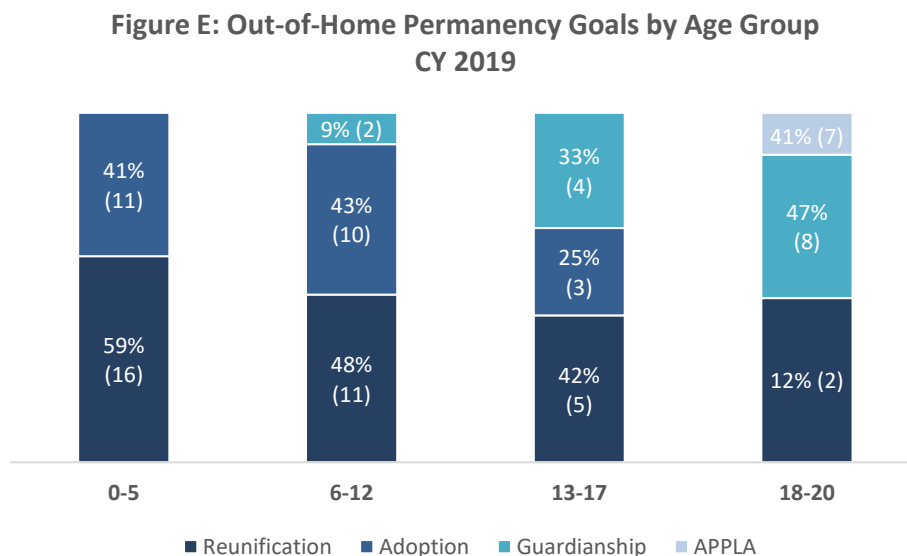
For older youth (age 14 and above), the same permanency goal priorities apply, i.e., reunification, guardianship or adoption. However, there are times when an older youth's circumstances require CFSA to view permanency through a different lens. For example, a youth may not have willing or able relatives available to serve as permanency resources. The youth may have been living independently and continues to demonstrate responsible behavior either through school attendance or employment (or both). In addition, the youth may have a solid and nurturing relationship with an adult, i.e., a lifelong connection, but the adult is unable for whatever reason to be a permanency resource, CFSA will consider an alternative planned permanent living arrangement (APPLA) for any of those youth. APPLA is always a last resort for any youth's permanency goal, and CFSA's director must approve each APPLA goal on a case-by-case basis.

There were 79 children receiving out-of-home services for the 2019 QSR case reviews. Each child had a documented permanency goal. In total, there were 34 children with a goal of reunification, 24 children with a goal of adoption, 14 children with a goal of guardianship and 7 youth with a goal of APPLA. Figure D reveals the breakdown of out-of-home permanency goals.



As Figure D demonstrates, reunification was the most prevalent goal for the 2019 reviews of out-of-home cases, which reflects CFSA's prioritizing of the reunification goal for children. The second largest number of children had adoption as their permanency goal, followed by guardianship and APPLA.

Figure E details permanency goals by age. Again, APPLA goals only apply to older youth.



For the youngest age group (birth to 5), 59 percent (n=16) had a permanency goal of reunification; 41 percent (11) had a goal of adoption. For children age 6-12, the breakdown was very similar except for two children (9 percent) who had a goal of guardianship. Otherwise, reunification accounted for 11 children (48 percent), while adoption accounted for 10 children's goals (43 percent).

Among the older youth in the 13-17 age group, reunification accounted for five (42 percent) of the permanency goals, and guardianship accounted for three children's goals (33 percent). Three children (25 percent) had adoption as their permanency goal.

For the 17 young adults (18-20), eight (47 percent) had a permanency goal of guardianship. Seven (12 percent) of the young adults had a goal of APPLA, and two (12 percent) had a goal of reunification with their families of origin. None of the youth in this age category had a goal of adoption.

Child Placement

The QSR process examines closely the quality and appropriateness of a child's placement. Reviewers indicate whether a placement meets the child's needs and permanency goal through indicators under the child status elements (permanency and living arrangement) and the indicators under the system performance elements (planning for permanency and pathway to case closure). Within foster care placement options, there are generally two categories: (1) family-based settings (including traditional, therapeutic, kinship, pre-adoptive foster families) and (2) congregate care settings (usually only for youth 13 years or older). To ensure that the needs of all youth are met, group setting options include traditional group homes, independent living programs (ILPs), teen parent programs (often part of an ILP), therapeutic group homes,⁹ and psychiatric residential treatment facilities (PRTFs).¹⁰

As Figure F shows (following), there are five overall placement categories for the CY 2019 reviews: (1) in-home settings, (2) foster homes, (3) kinship foster homes, (4) group settings and (5) "other" (e.g., PRTFs or other psychiatric hospitalization, as well as youth in abscondence). Per CFSA's mission to protect children at home, most children (43 percent, n=57) remained in their homes of origin, including children under protective supervision. If children cannot remain at home, CFSA prefers to place children with relatives whenever possible.¹¹ Seventeen children (13 percent) resided in kinship placements.

Of the remaining 59 children whose cases were reviewed during the 2019 QSRs, 45 (34 percent) lived in family-based foster homes, including 28 traditional foster homes, 12 pre-adoptive homes and 5 therapeutic homes (for children identified with special needs or diagnosed as medically fragile). For the 28 children living in traditional foster homes, half (50 percent, n=14) had a goal of reunification. Six of the children (21 percent) had goals of adoption and five children had goals of guardianship (18 percent). The remaining three older youth (ages 18, 19 and 20) had goals of APPLA (11 percent). For the 17 children in kinship placements, the majority of these children's goals (47 percent, n=8) was reunification. Four children (23 percent) had a goal of guardianship while three (18 percent) had a goal of adoption. The remaining two children needed stabilization within the kinship home to prevent removals.

There were 11 youth (8 percent) residing in group home settings. Of these 11, three resided in traditional groups homes. One 18-year-old youth had a goal of reunification. The other two youth (an 18-year-old female and a 17-year-old male) had goals of reunification. There were two youth residing in specialized group homes for youth with special medical needs. One of these youth was a 15-year-old with a goal of adoption, and the other youth, 18 years old, had a goal of guardianship. Two youth

⁹ All therapeutic group homes are case managed by NCCF.

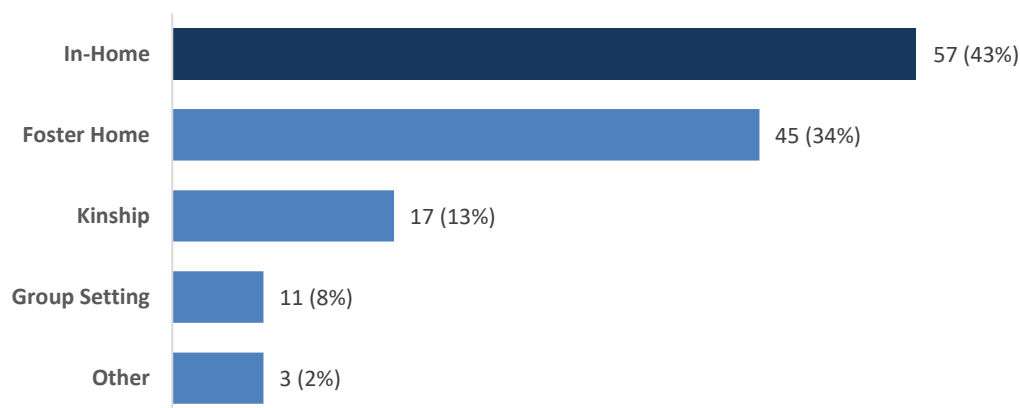
¹⁰ Depending on the severity of a youth's behavioral health challenges, youth under 13 may be placed in a PRTF.

¹¹ 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/>

resided in an ILP. One youth lived in a teen bridge program (a program that transitions youth to a less restrictive placement), and another in a teen parent program.

Lastly, there were three youth with “other” placements, including (as noted above), PRTFs and other psychiatric hospitalizations, and abscondence.

Figure F: Placement Types, CY 2019



Number of Placements per Child¹²

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, or the relative requires an element of the emergency licensing requirements that are not immediately attainable but being pursued.

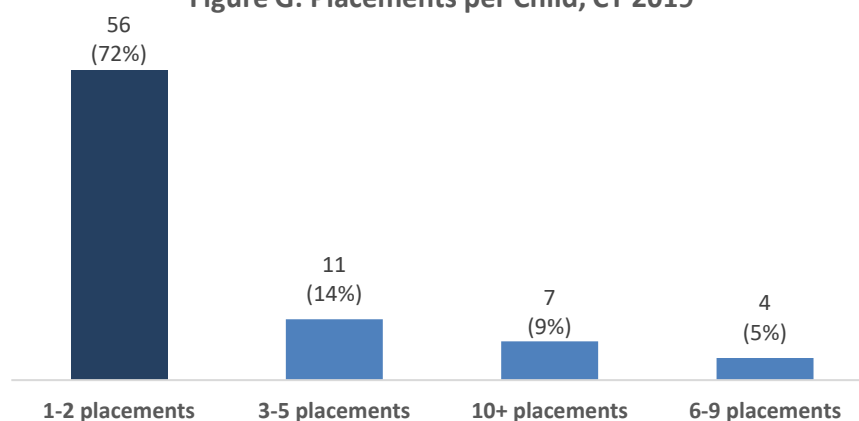
When reviewers look at the number of placements for a child, they score the placement stability indicator for unplanned or disrupted placements. High scores (5-6) reveal an acceptable stable placement (e.g., one or two placements or planned moves over a 12-month period) whereas 2-3 placements might also receive an acceptable score but rated lower. As Figure G below reveals, the majority of children (n=56, 72 percent) had 1-2 placements throughout the previous 12 months. There were 11 children (14 percent) with three-to-five placements, which results 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. Beyond five placements, scores for placement stability are likely in the unacceptable range. Also noted in Figure G, there were four children (5 percent) with 6-9 placements and seven children with 10 or more placements, indicating “adverse stability.”¹³

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.

¹² Although there were only 54 children receiving in-home services, placement types for in-home included three children living at home under protective supervision.

¹³ All quotations from this point forward reflect language pulled directly from the QSR protocol.

Figure G: Placements per Child, CY 2019



III. Overall QSR Data Results

CFSA's Performance Accountability and Quality Improvement Administration (PAQIA) 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 Administration (n=54); Permanency Administration (n=34); and Office of Youth Empowerment (n=14). In addition, data reflect outcomes of reviews for 31 cases managed by the Agency's contracts with NCCF (n=28), LSS (n=2), and LAYC (n=1).

As stated earlier in the report, ratings for all cases focus on acceptable scores 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 well as *Appendix A* to review the *QSR Scoring Protocol*.

As Table 2 shows, overall acceptable child status indicators increased by

Table 2: Overall Acceptable Ratings / Status and Performance CY 2017 – 2019			
Rating Elements	CY 2017	CY 2018	CY 2019
Child and Family Status	67%	73%	83%
Practice Performance	64%	89%	85%

10 percentage points in 2019, and increased by 16 percentage points since 2017. Although acceptable system performance indicators dropped by 3 percentage points from 2018, the overall 85 percent is above CFSA's 80 percent benchmark.

Within the 85 percent (n=113) of acceptable system performance ratings, QSR reviewers rated 57 percent (n=64) in the acceptable/maintenance category (5-6 rating). Reviewers rated 43 percent (n=49) of the cases for the acceptable/refinement category (4 rating).

Table 2 indicates that the 2019 child and family status data (83 percent) just surpassed the 80 percent benchmark. Of the 83 percent acceptable ratings (n=111), QSR reviewers rated 74 percent (n=82) with a 5-6 rating; 26 percent (n=29) were rated at 4.

Findings: Child Status

For CY 2019, all crucial child status safety ratings were rated well above the 80 percent benchmark for acceptable cases. As Table 3 indicates, the lowest safety indicator was for safety in the community, and yet still 13 percentage points above the 80 percent benchmark (93 percent). Safety is a requirement no matter where the child is located but 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” indicate the successfully strong efforts put forth by families to keep their children safe in all different situations.

Behavioral risk ratings were also above the 80 percent benchmark, 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 concern. For this indicator, children under two years of age are not applicable for behavioral risk to self or others. In CY 2019, there were 17 children who were not applicable for this indicator.

Placement (at home and foster care) and relationships at 88 and 98 percent (respectively) signify successful efforts to place children in environments where “successful testing of caregiving capacity is evident” (per the QSR protocol). Again, for the QSR protocol’s placement indicator, reviewers rate children living at home as a placement. Whether the placement is at home or in foster care, acceptable

Table 3: Overall Acceptable Ratings for 2019 *Child Status* Indicators

Indicator	2018 Percentages	2019 Percentages	2019 #Cases/ Applicable Cases
Safety: Home	96%	96%	128/133
Safety: School	98%	98%	112/114
Safety: Community	86%	93%	93/100
Safety: Other	88%	95%	21/22
Behavioral Risk: Self	80%	89%	103/116
Behavioral Risk: Others	80%	92%	107/116
Stability: Home	82%	88%	117/133
Stability: School	89%	94%	107/114
Permanency: Placement	92%	88%	123/133
Permanency: Relationships	93%	98%	128/131
Permanency: Legal Custody	51%	63%	46/73
Living Arrangement	96%	92%	123/133
Physical Health: Status	94%	95%	127/133
Physical Health: Receipt	93%	96%	128/133
Emotional Functioning	79%	89%	104/117
Substance Use	65%	80%	16/20
Learning & Academics	73%	79%	95/121
Prep for Adulthood	67%	69%	22/32
Parenting	60%	71%	5/7
Caregiver	90%	92%	122/133
Family Functioning	64%	80%	86/105
Voice/Choice: Child	92%	97%	69/71
Voice/Choice: Mother	91%	88%	72/82
Voice/Choice: Father	63%	84%	32/38
Voice/Choice: Caregiver	96%	91%	60/66
Voice/Choice: Other	58%	92%	11/13
Overall Status	73%	83%	111/133

ratings reveal placement proves stable with the added security of allowing children to maintain positive and enduring relationships. Similarly, living arrangements and caregiving, both at 92 percent, 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 reflect the level of the child, parents or other caregivers' active participation in case planning and decision-making. Ratings for CY 2019 continue to reflect positive child (97 percent), mother (88 percent), and caregiver (91 percent) activity and involvement in case planning. While CFSA has historically struggled to lift the V/C indicator for fathers to the 80 percent benchmarks, reviews in CY 2019 indicate significant improvement with 84 percent of fathers participating in ongoing decision-making to address the child and family's needs, goals, supports, and services.

In regard to a child's physical well-being and receipt of care, CFSA continues to ensure that children are healthy. The majority of children (96 percent) received timely dental and vision exams, immunizations, and quality health care services.

Table 3 reveals that the most significant challenge for the child status indicators was successfully establishing a path toward legal custody. "Legal custody" for purposes of the QSR protocol applies only to foster care cases with a goal of reunification, adoption or guardianship. While the ratings increased slightly from 51 percent in 2018 to 63 percent in 2019, this lowest rated indicator reveals the significant challenges faced by social workers when helping families to achieve permanency with this goal. Per the QSR protocol, unacceptable ratings point to circumstances where "the pathway" to legal custody "is not well developed or not progressing." Reviewers look for evidence (i.e., documentation) of appropriate strategies to achieve legal custody, e.g., all team members understand the permanency goal and individual tasks to support achievement of the goal. 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 youth preparation for adulthood (69 percent) and teen parents and their parenting skills (71 percent acceptable). However, parenting was rated at 60 percent in 2018 so the increase of 11 percentage points reveals CFSA's ongoing progress to provide appropriate services to these young parents. Of the total 133 cases reviewed in CY 2019, seven included teen parents. Five of these parents were age 18, one was 19 and one was 20 (compared to age ranges in 2018 that included a 16-year-old mother).

Family functioning improved from a 64 percent acceptable rating in 2018 to achievement of the 80 percent acceptable benchmark in 2019. This indicator applies both to in-home cases where birth parents and children have a 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). The 16 percentage point increase reinforces the efforts made by CFSA to provide supportive services that can assist families to stabilize, ready themselves for reunification, and sustain their caregiving capacities.

Preparation for Adulthood (Youth 15 years and Older)

The QSR protocol requires reviewers to rate this indicator for all youth 15 and older, regardless of whether they are receiving in-home or foster care services. QSR reviewers examine an older youth's preparation for adulthood to ensure a youth's self-sufficiency and at least one ongoing healthy life-long

connection with a responsible adult after the youth exits the foster care system. When youth are preparing for adulthood, their success is often contingent to an education suited to their personal needs. Some youth will elect to participate in a vocation-specific education while others may enroll in a traditional post-secondary school education. In addition, a youth may prepare for adult independence through gainful employment, appropriate housing, and again, lifelong connections.

When reviewers score preparation for adulthood as unacceptable, the scores reflect limited or inconsistent progress in the achievement of life goals, fundamental needs, and supportive relationships. Progress may also be limited for the development of community supports or other avenues to meet the youth's fundamental needs.

Table 4: 2019 Acceptable Child Status – Preparation for Adulthood			
Program Area	Total # of Youth Rated	Total # of cases with Acceptable Scores	Percentage Prepared for Adulthood
OYE	14	11	79%
Private Agencies	10	8	80%
In-Home	5	2	40%
Permanency	3	1	33%

Table 4 details the number of cases reviewed for youth preparing for adulthood who were served by OYE (n=14), the contracted private agencies (10), In-Home Administration (n=5), Permanency Administration (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.

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.¹⁴

Findings: Practice Performance

Pathway to Case Closure

CFSA's primary goal is to ensure that all children achieve safe, secure and timely permanency. To assist in that goal, QSR reviewers examine whether the practice performance indicators support a viable path toward the child's exit from the child welfare system, regardless of whether the child is receiving in-home services or foster care services. Understanding the dynamics surrounding the pathway toward closing a case helps CFSA managers and leadership to determine practice trends that progress or hinder children achieving their identified permanency goals.

In 2019, overall acceptable ratings for this indicator (Table 5) increased 15 percentage points from 63 percent in 2018 to 78 percent in 2019, two percentage points short of the 80 percent benchmark. CFSA and private agency managers across program areas are aware of the importance of increasing the ratings for pathway to case closure and are implementing strategies to meet the benchmark.

¹⁴ Individually, NCCF scored 75 percent with 21 out of 28 acceptable cases. LSS scored 100 percent with two cases reviewed (both scoring acceptably). However, the one LAYC case scored at 3 (unacceptable).

Table 5: Overall Acceptable Ratings for 2019 Practice Performance			
Indicator	2018 Percentages	2019 Percentages	2019 #Cases/ Applicable Cases
Cultural Identity: Child	95%	95%	126/133
Cultural Identity: Mother	87%	94%	104/111
Cultural Identity: Father	78%	79%	60/76
Cultural Identity: Caregiver	97%	94%	62/66
Cultural Identity: Other	81%	100%	21/21
Engagement: Child	95%	98%	94/96
Engagement: Mother	82%	93%	104/112
Engagement: Father	67%	78%	63/81
Engagement: Caregiver	96%	92%	61/66
Engagement: Other	75%	100%	21/21
Teamwork: Formation	84%	92%	123/133
Teamwork: Functioning	74%	80%	107/133
Teamwork: Coordination	72%	79%	105/133
Assessment: Child	88%	92%	123/133
Assessment: Mother	73%	90%	101/112
Assessment: Father	54%	68%	50/74
Assessment: Caregiver	96%	91%	59/65
Assessment: Other	77%	90%	19/21
Pathway to Case Closure	63%	78%	104/133
Long-term Guiding View	75%	77%	33/43
Planning: Safety	91%	96%	128/133
Planning: Permanency	78%	86%	115/133
Planning: Well-Being	82%	88%	117/133
Planning: Functioning	74%	86%	115/133
Planning: Transition	69%	83%	111/133
Planning: Learning & Education	86%	89%	108/121
Planning: Other	100%	100%	5/5
Supports & Services: Child	92%	88%	107/121
Supports & Services: Mother	79%	91%	88/97
Supports & Services: Father	71%	78%	31/40
Supports & Services: Caregiver	97%	85%	46/54
Supports & Services: Other	81%	91%	10/11
Medication Management	78%	89%	24/27
Managing Chronic Health	88%	88%	22/25
Tracking & Adjustment	77%	83%	110/133
Overall Status	89%	85%	113/133

Of the 104 cases with acceptable ratings for pathway to case closure, most cases (n=60) scored in the low acceptable range (4 rating) with a decrease in the 5 ratings (n=41). Three cases scored a 6 rating. For unacceptable scores, CFSA improved its numbers from 2018, i.e., 40 of the cases rated a 3 (unacceptable) in 2019 whereas 22 cases rated at a 3 for 2019. Seven cases scored below 3 in 2019 compared to 11 cases in 2018.

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. Conflicting permanency goals may occur when some team members believe that reunification is the most appropriate goal but other team members may believe that adoption or guardianship 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 always a key component, including a team's identification of appropriate permanency options and a team's engagement of those potential resources ("other" at 100 percent for 2019).

CFSA overall practice performance improved with a 30 percentage point increase from 2018. That is, while over half (51 percent, n=18) of the practice performance indicators met or exceeded the 80 percent benchmark in 2018, 80 percent (n=28) met or exceeded the benchmark in 2019. Even as CFSA strives to continue increasing overall performance indicators, this 30 percentage point increase in 2019 demonstrates the serious efforts made by social workers to excel in their practice outcomes.

The first practice performance 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. As cited earlier, the majority of CFSA clients are African Americans but QSR reviewers also reported cases where families self-identified as Latino-American and Euro-American. Social workers must understand the nuances and subtleties for different cultures, even differences among the common African American cultural identities. For the cultural identity and need indicator, high ratings for the children (95 percent) acknowledge excellent practice for teams respecting cultural beliefs and customs.

Within the cultural identity indicator, teams working with mothers also had high acceptable ratings (94 percent). Fathers rated lower at 79 percent, only a one-point percentage increase from 2018 (78 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 father involvement.

Indicators for engagement and assessment of children had high ratings (98 and 92 percent, respectively). Regarding the assessment ratings for mothers, there was a 17 percentage point improvement between 2018 and 2019 (73 and 90 percent, respectively). Ratings for the assessment of fathers also increased from 54 percent in 2018 to 78 percent in 2019. Although the indicator still falls short of the benchmark, the 24 percentage point increase demonstrates social workers and team members' 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. Across the board, indicator ratings for understanding and working with caregivers reflected strong, effective practice (90 percent).

Team formation improved by 8 percentage points from 84 percent in 2018 to 92 percent in 2019. Team functioning improved by 6 percentage points (74 percent in 2018 and 80 percent in 2019) as well as team coordination by 7 percentage points (72 percent in 2018 and 79 percent in 2019). Ideally, the percentages for these ratings would be in the upper 90s. Yet, the evidence of consistent improvement acknowledges CFSA's overall determination to team well.

Additional Performance Indicators

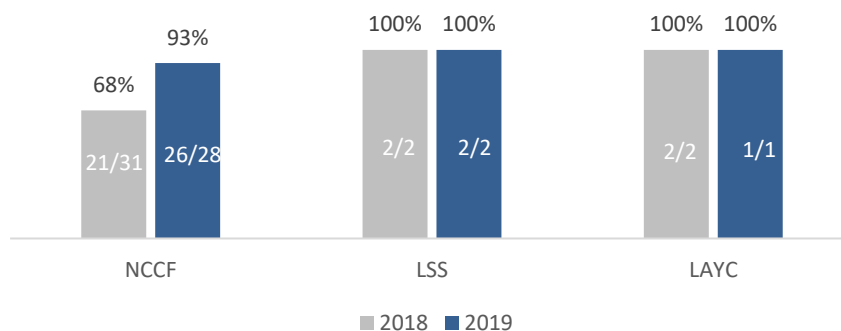
QSR Results by Program Area

Data results from the individual program areas begin with the child and family status indicators, followed by the practice improvement indicators, and finalized with the *LaShawn* benchmarks.¹⁵ As referenced earlier, in 2018 CFSA discontinued contracts with several private agencies in favor of streamlining services and monitoring consistency through three contracts only. Resultantly, the 2018 data for the private agencies has become the baseline for the 2019 QSR data analyses.

Child and Family Status Indicators

Figure H breaks out the individual scores and provides the collective scores for all three agencies.¹⁶ Collectively, the agencies achieved 94 percent (29/31) 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.¹⁷ 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. While both LSS and LAYC maintained their overall status from 2018, NCCF improved by a dramatic 25 percentage points.

**Figure H: Private Agency Acceptable Cases
Overall Child & Family Status, CY 2019**



¹⁵ The *LaShawn A. v. Barry* lawsuit was filed in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. The *LaShawn Implementation and Exit Plan* (IEP) was negotiated in December 2010 as the result of the American Civil Liberties Union (later Children’s Rights, Inc.) filing the initial lawsuit. Based on CFSA’s progress toward achieving the IEP exit standards, CFSA has renegotiated the IEP standards to the current *LaShawn* Exit and Sustainability Plan (ESP) as of August 29, 2019.

¹⁶ As the result of the small number of cases reviewed for LAYC and LSS, percentage rates may seem larger for acceptable ratings (i.e., two out of two will be rated 100 percent).

¹⁷ 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.*

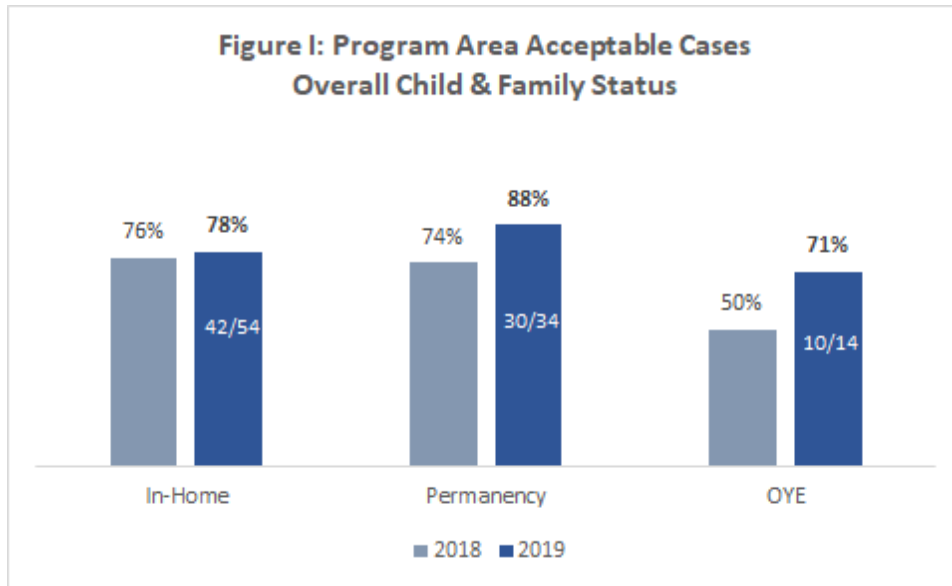


Figure I above provides overall acceptable child status ratings for OYE and the In-Home and Permanency Administrations. For In-Home cases, overall ratings in 2019 (78 percent, n=42/54) slightly increased by 2 percentage points from 2018.

In specific regard to the Permanency Administration, 2019 data revealed “a comeback” with a 14 percentage increase for overall child status indicators (88 percent, n=30/34). Based on individual ratings, the Permanency Administration raised scores for key indicators. In 2018, behavioral risk was 78 percent acceptable while 2019 scores rated at 85 percent acceptable. Similarly, emotional functioning scored at 75 percent in 2018 but increased by 10 percentage points to surpass the 80 percent benchmark to 85 percent in 2019. Combined, the higher ratings increase the overall percentages for this program area.

OYE ratings revealed the greatest improvement with a 21 percentage point increase from 50 percent in 2018 to 71 percent in 2019. Impacting the overall status is the dramatic increase of ratings for emotional functioning between 2018 (64 percent) and 2019 (86 percent). While still under the benchmark, placement stability in 2019 (71 percent) saw a 21 percentage point increase from 2018 (50 percent acceptable). Similarly, the scoring for adult preparation in 2018 was 64 percent acceptable while 2019, the rating increased by 14 percentage points (78 percent). In addition, 2018 ratings for risk to others was 71 percent acceptable for OYE while 2019 scores indicated a 15 percentage point increase to 86 percent acceptable.

Practice Performance Indicators

Figure J 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 (90 percent, n=28/31) while LSS managed two cases (6 percent, n=2/31) and LAYC managed one case (4 percent, n=1/31). Though LSS and LAYC each achieved 100 percent acceptable ratings in 2018, LAYC's one score for overall practice in 2019 was 3 (unacceptable). The two LSS cases scored 5 for both 2018 and 2019, indicating that the practice performance can be maintained at the current level. The scores for NCCF's 24 cases in 2019 increased the overall percent by 9 percentage points, based on 24 of 31 acceptable scores in 2018 versus 24 of 28 in 2019. Whereas NCCF's acceptable scores in 2018 were equally divided with 12 ratings of 4 and 12 ratings of 5, the 2019 breakdown included 15 ratings of 4 and 9 ratings of 5.

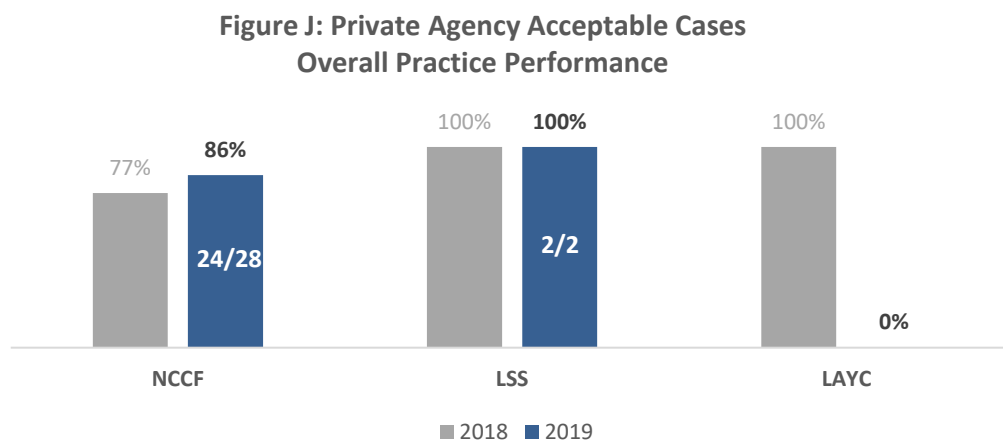
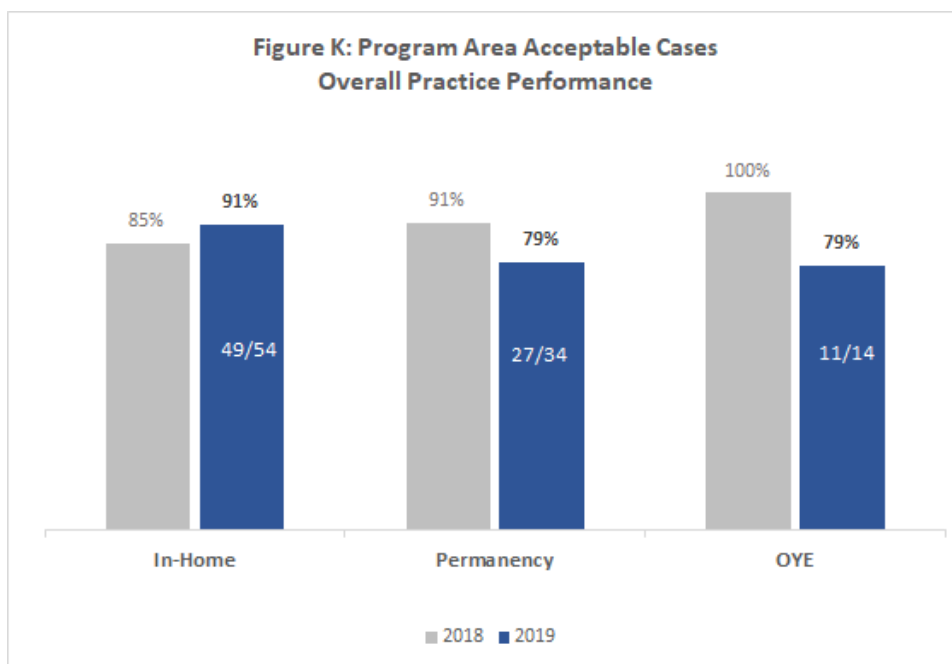


Figure K (following) compares the overall practice performance of each individual program area for CY 2018 - 2019. The In-Home Administration increased its overall practice performance by 6 percentage points whereas both OYE and the Permanency Administration lost traction for this indicator. The Permanency Administration dropped 12 percentage points and OYE dropped 21 percentage points.



LaShawn Benchmarks

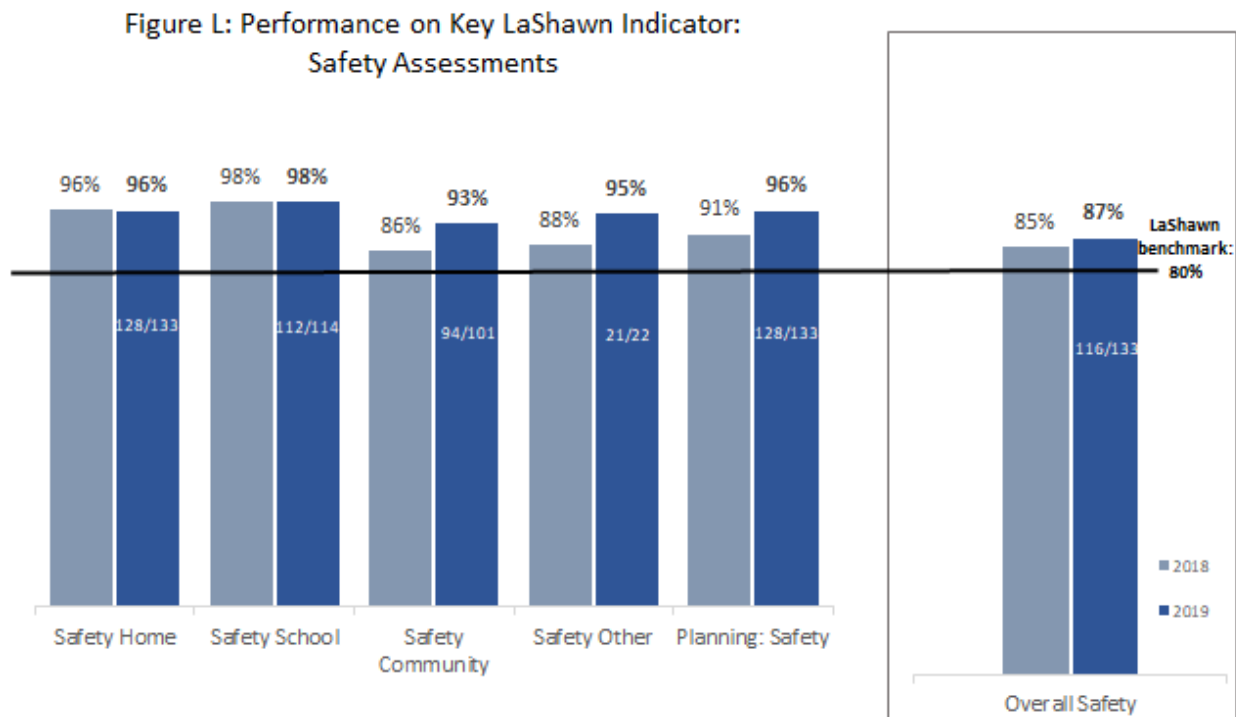
Benchmarks for the *LaShawn* Exit and Sustainability Plan¹⁸ incorporate three exit standards that utilize QSR data: safety assessments, planning interventions, and supports & services. This is a change from the prior Implementation and Exit Plan, which had two exit standards (planning interventions and supports & services) and has updated methodology. The change from the prior methodology is further described below. Safety assessments (the new exit standard in ESP) require that the case had an acceptable score on the safety indicators under child status and planning for safety under practice performance. Planning interventions and supports & services require acceptable scores on the combined planning and supports & services practice performance indicators (in the IEP, each exit standard also required acceptable performance on the Pathway to Case Closure indicator. The pathway to case closure score is no longer included). The *LaShawn* exit standard for each indicator is 80 percent. However, the overall acceptability for the *LaShawn* benchmark is not an average of each subcomponents acceptability and therefore each case is not weighted to ensure proportionality. The methodology looks at the applicable individuals for each indicator.

Safety Assessments

Safety is a deciding factor for the QSR's overall child status rating. If a child is not safe, the overall score for child status drops to the unacceptable rating. For example, a child may be healthy and doing well in school, and maybe the child presents with no behavioral risks. Yet, the child is living in a household where domestic violence occurs, making child safety is at risk. The safety rating becomes unacceptable and therefore, regardless of other acceptable indicators, the status is unacceptable overall. Figures L through Q examine safety across all child status and practice performance safety indicators, per

¹⁸ As noted earlier, the *LaShawn A. v. Barry* lawsuit was filed in 1989 over the quality of services the District of Columbia was providing to abused and neglected children in its care. CFSA is currently operating under the *LaShawn* Exit and Sustainability Plan which was negotiated in August 2019.

LaShawn benchmarks. Figure L provides the overall ratings for these safety indicators, and their combined overall status.

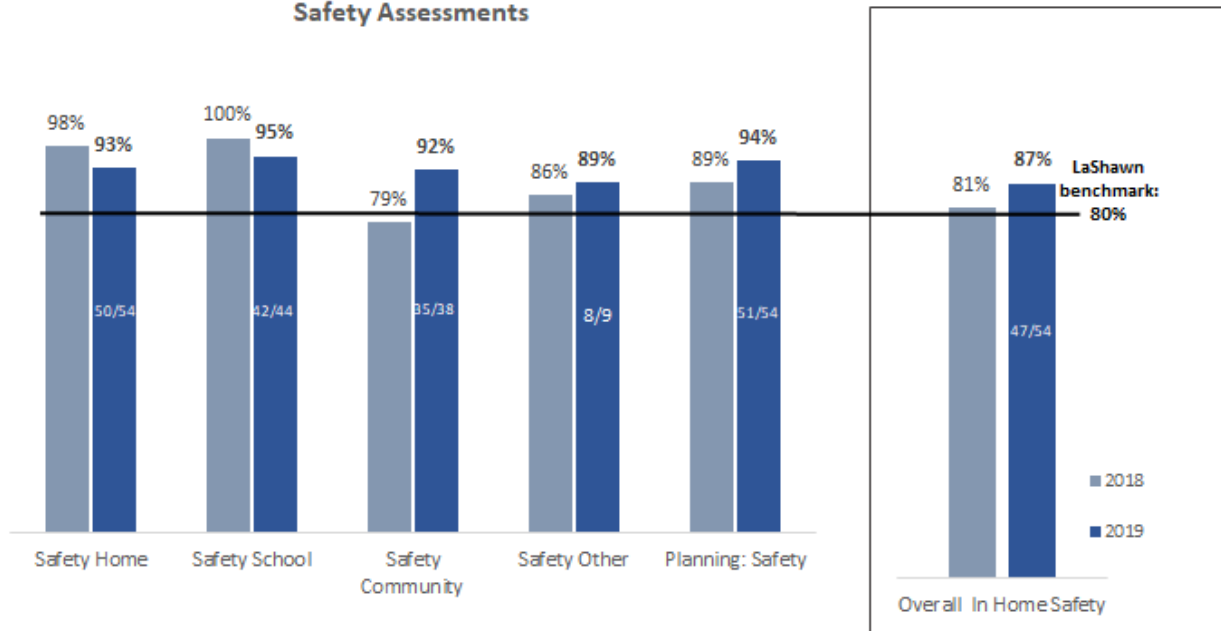


As depicted in Figure L above, overall **safety assessments for all safety indicators surpassed the 80 percent benchmark**. On the child status side, the cases demonstrated that children were free from harm and safe from risk in the following environments: home (family home or foster placement), school (including early intervention and afterschool), community (extracurricular activities and employment), and other environments such as a treatment center or a detention facility.

On the practice performance side, safety outcomes indicate that the child is protected from harm in all of the above settings. Further, the child is protected from self-harm and when necessary, others around the child are also protected. The overall acceptable 2019 safety indicators demonstrate that CFSA's social workers, families and service providers are anticipating some measure of safety threats and successfully planning a response that protects children and others.

Figure M following examines the safety outcomes unique to the In-Home Administration. Even with the drop in the child status side of safety ratings for home and school in 2019, all scores are well above the 80 percent benchmark. Community safety, which increased by 13 percentage points, is a difficult barrier for any child welfare system, and most community environments are not in the control of any child welfare agency. Yet, data reveal that social workers and child welfare teams in 2019 successfully planned for children's safety in the community.

**Figure M: In-Home Performance on
Key LaShawn Indicator:
Safety Assessments**



**Figure N: Permanency Performance on
Key LaShawn Indicator:
Safety Assessments**

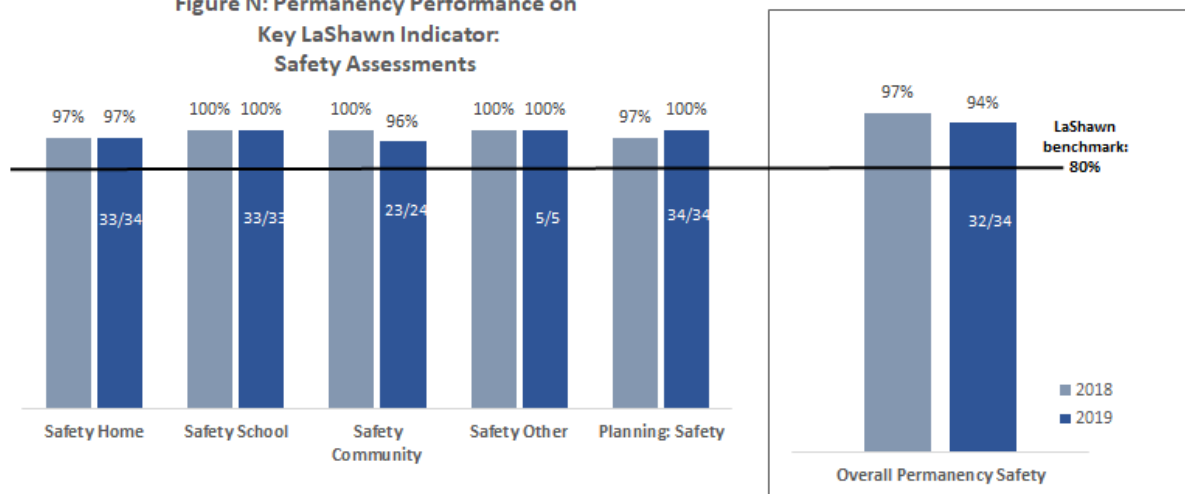
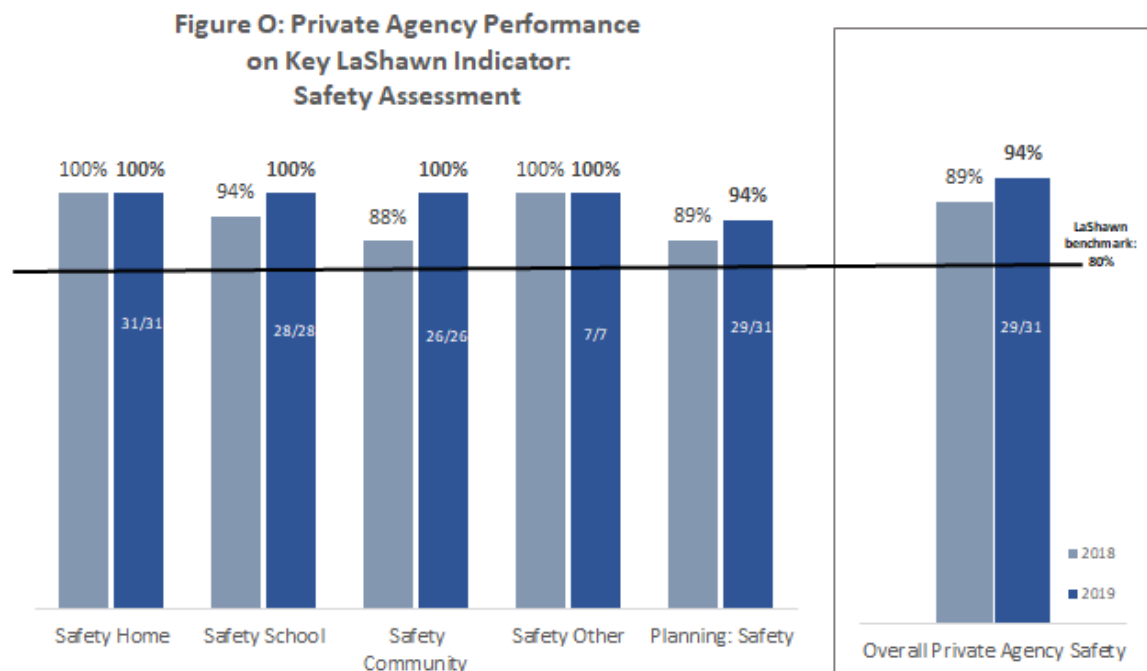


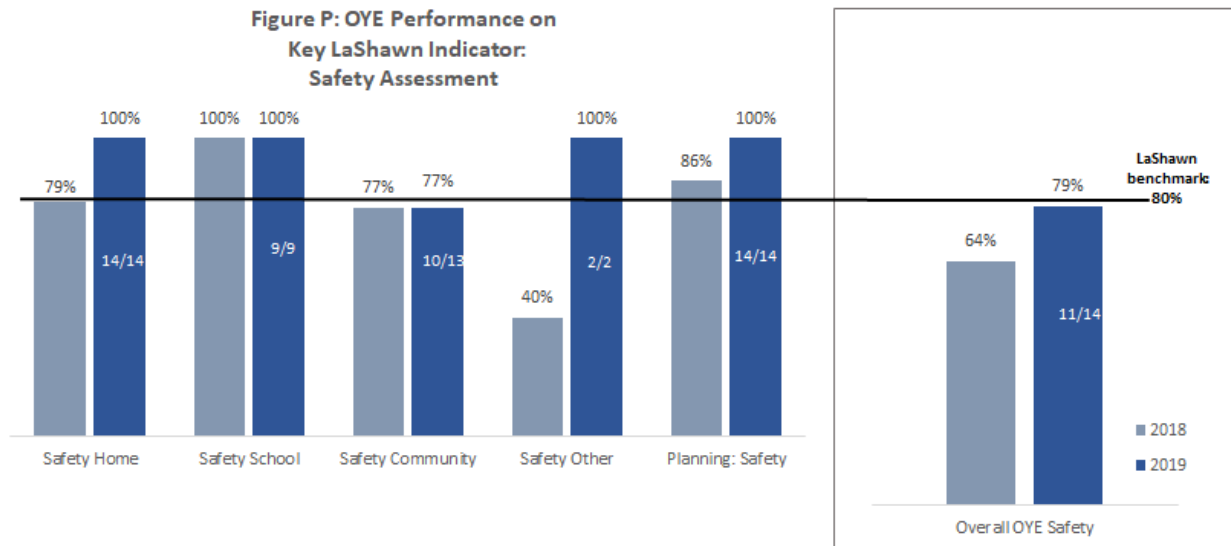
Figure N demonstrates that the Permanency Administration was successful in its efforts to keep children safe. All Permanency Administration scores in 2019 surpassed the 80 percent benchmark, indicating (per the QSR protocol) that children were risk-free in their daily environments, and protected from abuse, neglect, exploitation, and intimidation. These acceptable ratings reveal that planning for safety was a well-reasoned and continuous process that included the child (when age appropriate), family, social worker, service providers and other team members. Lastly, planning for services has been aligned with the child's well-being needs, and integrated into other services associated with the child's determined permanency goal. Collectively, CFSA's contracted private agency partners matched CFSA's administrations in surpassing the safety indicator 80 percent benchmark. Figure O (following) shows specific improvement for safety at school and in the community. Individually, NCCF provided safety for

100 percent of its reviewed cases. For children at home, safety ratings were acceptable for all NCCF's 28 reviewed cases. For the safety at home indicator, all cases apply. For school (25/25), community (23/23) and "other" (6/6), every applicable case was also rated acceptable. The non-applicable cases for safety in the school environment included one two-year-old child and two older youth (ages 18 and 20) who were not enrolled in any academic (or daycare) program during the period under review. For safety in the community, there were five cases not applicable for children aged 2-7. For "other," there were 22 cases not applicable, indicating that the children's daily activities were focused within the traditional environments of home, school and community. Planning for safety included acceptable scores for 26 of NCCF's 28 cases (93 percent). Of these 26 cases, 17 scored at 5 (65 percent) and 5 scored at 6 (20 percent). Four cases were scored acceptable at the lower rating of 4 (15 percent).

For the two LSS cases, reviewers rated all child status safety indicators at 5, except for one case that was not applicable for scoring in the "other" category. Reviewers scored one of the two cases at 5 and the other at 6 for safety planning. For the one LAYC case, reviewers rated all child status safety indicators at 6, except for one case that was also not applicable for the "other" category. While still acceptable, planning for safety for the LAYC case was at the lower end of the scale with a 4 rating.



Lastly, OYE also succeeded in surpassing the 80 percent benchmark for three of the four child status safety indicators (home, school and "other") but fell slightly short (77 percent) of acceptable ratings for safety in the community (Figure P).



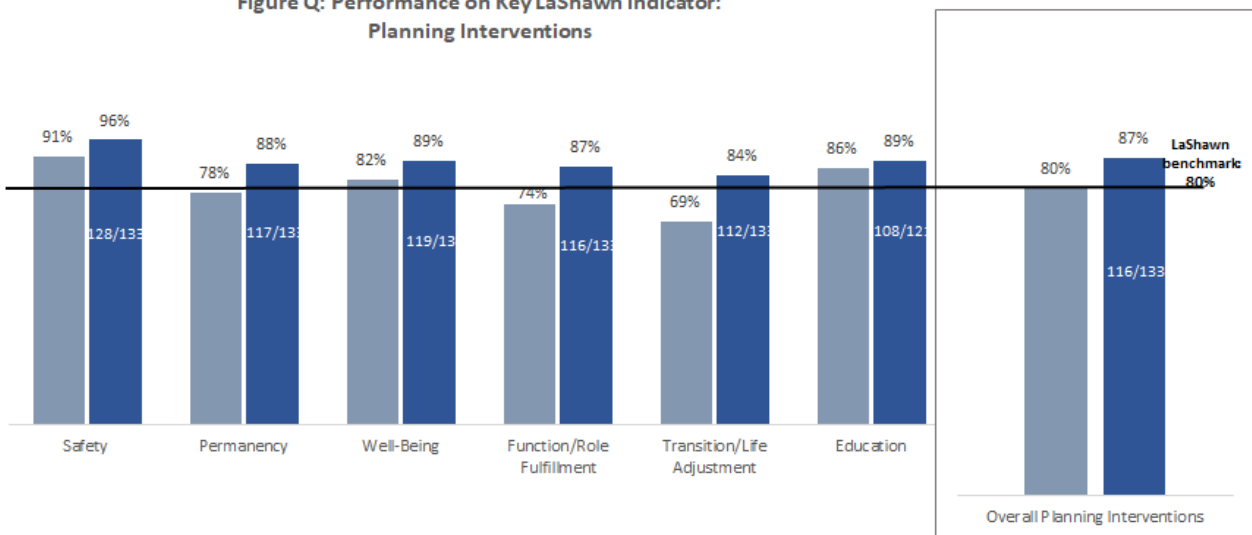
As Figure P indicates, OYE demonstrated a 21 percentage point improvement between 2018 and 2019 in regard to safety at home indicators for all 14 cases. Two cases that were rated acceptable for safety in the “other” category pushed OYE’s scores up by 60 percentage points to achieve 100 percent acceptable ratings. For safety in the community, one of the 14 OYE cases did not apply but reviewers rated three cases as unacceptable for two 18-year-old youth and one 19-year-old youth. In general, unacceptable safety scores for older youth in the community reflect a youth’s behavior in the community. Looking at two of the three youth involved in the unacceptable scores, each youth also had unacceptable ratings (scored at 2 and 3) for behavioral risk to self and others. One youth had an unacceptable score of 3 for behavioral risk to self but a high acceptable score (6) for no behavioral risk to others. As noted earlier, despite the small sample size of three unacceptable cases, the overall status can still be greatly impacted, in this case bringing a potential score of 100 percent down to 79 percent, just below the benchmark. Finally, for safety planning, OYE maintained 100 percent acceptable scores for all 14 cases.

Planning Interventions

Figures L through P focused on the crucial safety indicators for practice performance *and* child status. Figures Q and R focus solely on planning interventions under practice performance for six core concepts (per the QSR protocol):

- 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.

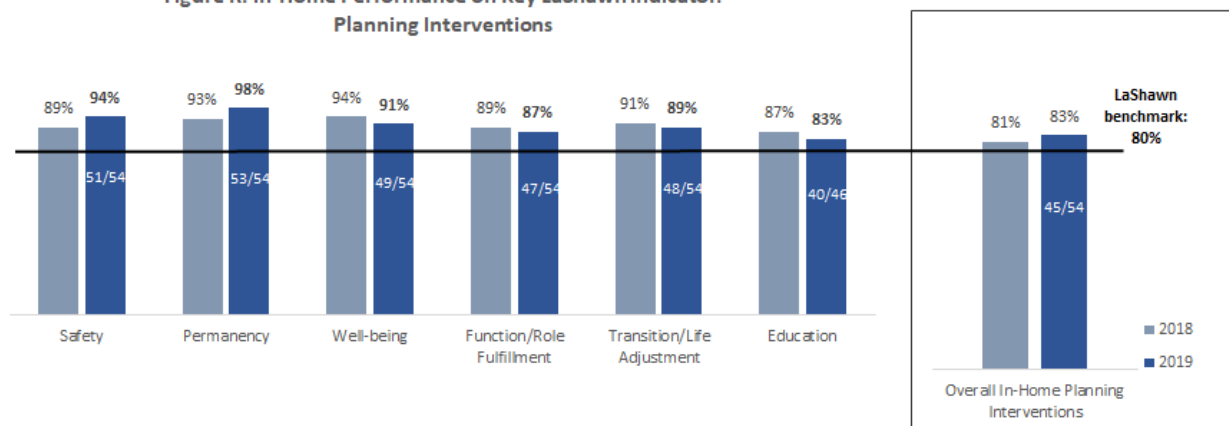
**Figure Q: Performance on Key LaShawn Indicator:
Planning Interventions**



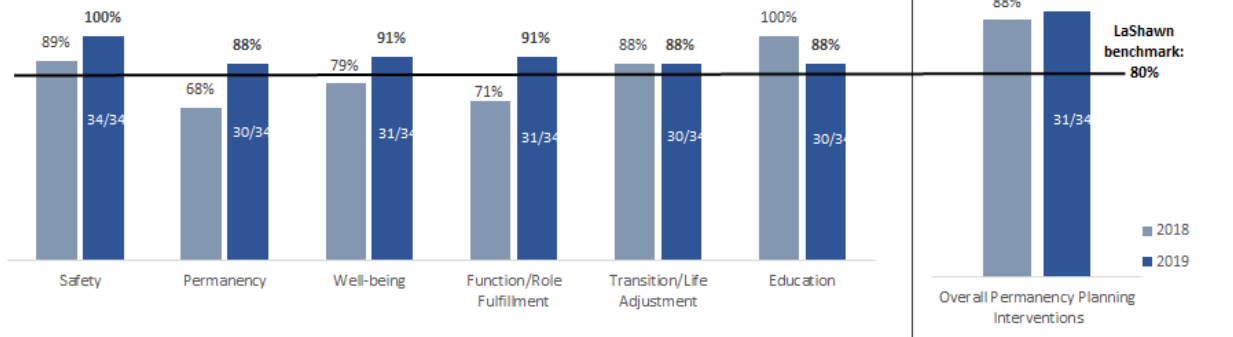
Overall, CFSA and its contracted agency partners well surpassed the 80 percent benchmark for all six core concepts. As Figure Q shows, every rating for each core concept improved between 2018 and 2019. In particular, overall practice performance improvement for permanency planning, functioning and role fulfillment (functioning), and transitions and life adjustments (transition) brought those scores above the 80 percent benchmark. Transition ratings improved the greatest with a 15 percentage point increase from 69 percent in 2018 to 84 percent in 2019. The second highest improvement was functioning with a 13 percentage point increase from 74 percent to 87 percent. Planning for permanency improved by 10 percentage points, bringing the overall status to 88 percent.

Figures R-U detail the planning interventions performance for each program area: In-Home, Permanency, OYE and the private agencies.

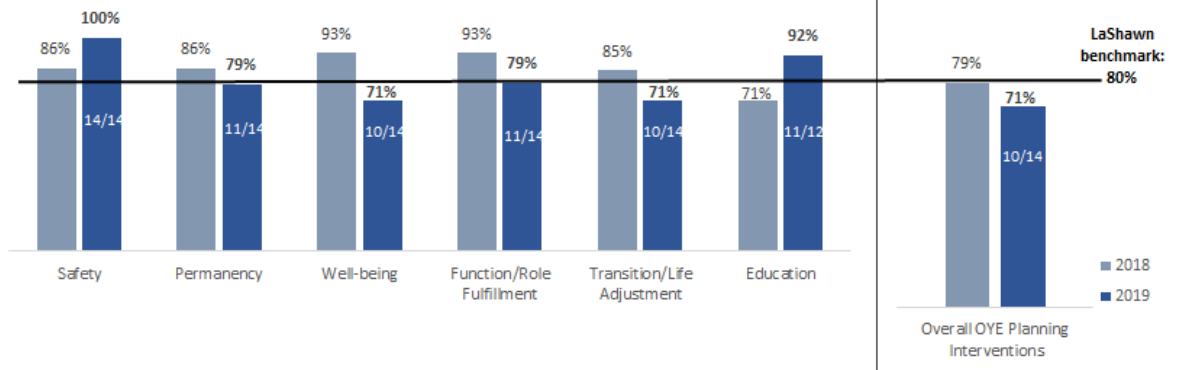
**Figure R: In-Home Performance on Key LaShawn Indicator:
Planning Interventions**



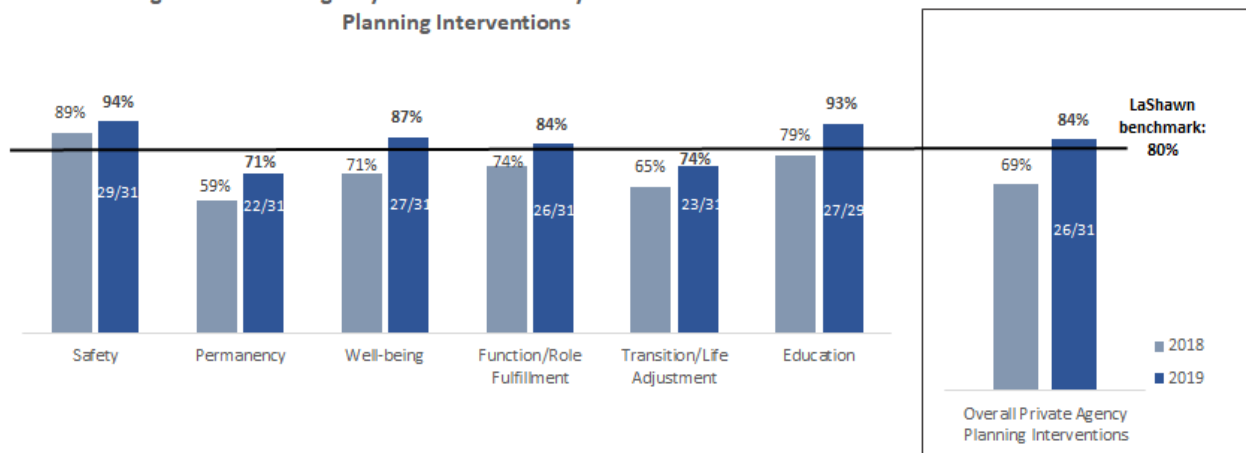
**Figure S: Permanency Performance on Key LaShawn Indicator:
Planning Interventions**



**Figure T: OYE Performance on Key LaShawn Indicator:
Planning Interventions**



**Figure U: Private Agency Performance on Key LaShawn Indicator:
Planning Interventions**



All scores for planning interventions must be kept in the context of the number of cases reviewed. The smaller the case review sample, the greater the discrepancy in overall status. With that in mind, each program area succeeded in surpassing the 80 percent benchmark for safety planning. Both the Permanency Administration and the In-Home Administration surpassed the 80 percent benchmark for all indicators.

OYE (Figure T) achieved acceptable ratings for safety and education. Seventy-one percent (10 of 14 cases) were acceptable for transitions. In addition, OYE's rating for youth's well-being scored lower than the 80 percent benchmark at 71 percent. Reviewers rated OYE just under the benchmark at 79 percent for both function/role fulfillment and, as just noted, permanency planning.

The private agencies (Figure U) struggled with transitions and permanency planning, although they achieved the benchmark for all other areas. For permanency planning, NCCF achieved 71 percent acceptable ratings (n=20/28) and LSS achieved 100 percent (n=2/2). However, the sole LAYC case was rated unacceptable for this area, which impacted the overall status. Similarly, for transitions, NCCF achieved a little bit higher score (75 percent, n=21/28) while LSS' two cases were both acceptable (100 percent). LAYC's one case was not rated acceptable for planning transitions.

Supports and Services

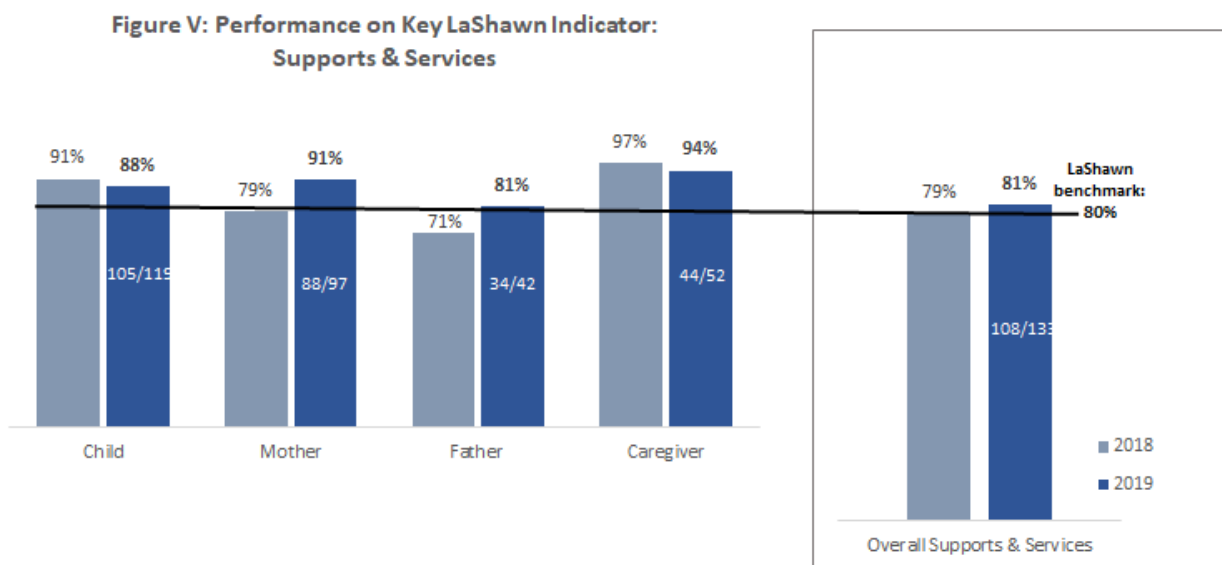
When scoring for supports and services, QSR reviewers take into account the needs of the child, parents, caregiver, and "other" individuals who are relevant to the child's case closure (e.g., a potential permanency resource). Per the QSR protocol, a "good and substantial array of supports and services [informal and formal] substantially matches intervention strategies identified in the case plan." Services should generally help the family make progress towards planned outcomes. Supports might include, for example, inpatient substance use treatment or behavioral health services.

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 are selected based on their ability to help the child and family achieve case goals and objectives, including overall well-being, self-sufficiency, and sustainable independence from the child welfare system.

Figures V-Z through outline the overall status of supports and services in addition to acceptable ratings for the individual program areas (In-Home, Permanency, OYE and private agencies). As Figure V demonstrates, the break out of services and supports addresses the needs of the child, parents (mother and father), caregiver, and "other" (as previously noted). Overall, CFSA and its contracted agency partners met the 80 percent benchmark. It is certainly CFSA's goal, however, to improve on its overall 2019 status (81 percent) for CY 2020.

Supports and service delivery improved for both mothers and, importantly, fathers. For mothers, the 12 percentage point increase helped CFSA surpass the benchmark with 91 percent acceptable ratings. For fathers, a 10 percentage point increase contributed to achieving 81 percent acceptable ratings. In this regard, CFSA and private agency case planning teams demonstrated marked improvement in serving fathers based on the historical challenges of including fathers in case planning and service delivery.

Acceptable scoring for services and supports for children and caregivers dropped slightly but maintained scores above the benchmarks. Nonetheless, overall acceptable scores for 2019 did meet the benchmark.



For the individual program areas, the In-Home Administration (Figure W) surpassed the benchmarks for all supports and services (i.e., for children, mothers, fathers and caregivers). Notably, In-Home Administration social workers and case planning teams (i.e., the family members and professionals who make decisions regarding services and permanency goals) successfully provided services and supports to fathers by a 28 percentage point increase between 2018 (67 percent) and 2019 (95 percent). Equally essential, there was an 18 percentage point increase for services and supports to mothers (76 percent in 2018 and 94 percent in 2019). These improvements are clear signs that social work teams are successfully engaging parents and developing trust while helping to stabilize families. **Overall, the In-Home Administration increased acceptable ratings by 25 percentage points, raising the percentage from 69 percent acceptable in 2018 to 94 percent in 2019.**

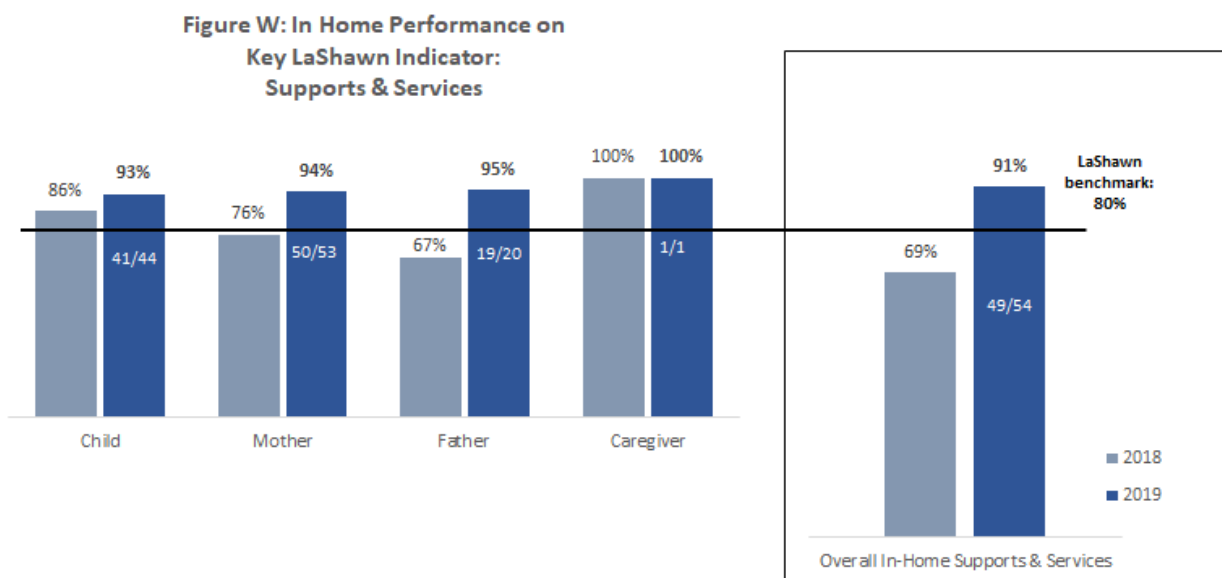


Figure X details the acceptable ratings for the Permanency Administration, which successfully met the benchmarks for children (91 percent), mothers (91 percent) and caregivers (89 percent). Reaching fathers, however, continued to be a challenge. Supports and Services for fathers was 13 percentage points away from reaching the benchmark, which impacted the overall status, dropping from 79 percent acceptable in 2018 to 76 percent acceptable in 2019. To provide additional context, of the 34 Permanency Administration cases reviewed, 22 cases (65 percent) were not applicable for scoring fathers' supports and services either because fathers were not involved, or the fathers may have declined or not needed services. Of the remaining 12 cases, 67 percent (n=8) received acceptable scores between 4 and 5. Four cases (33 percent) were rated unacceptable.

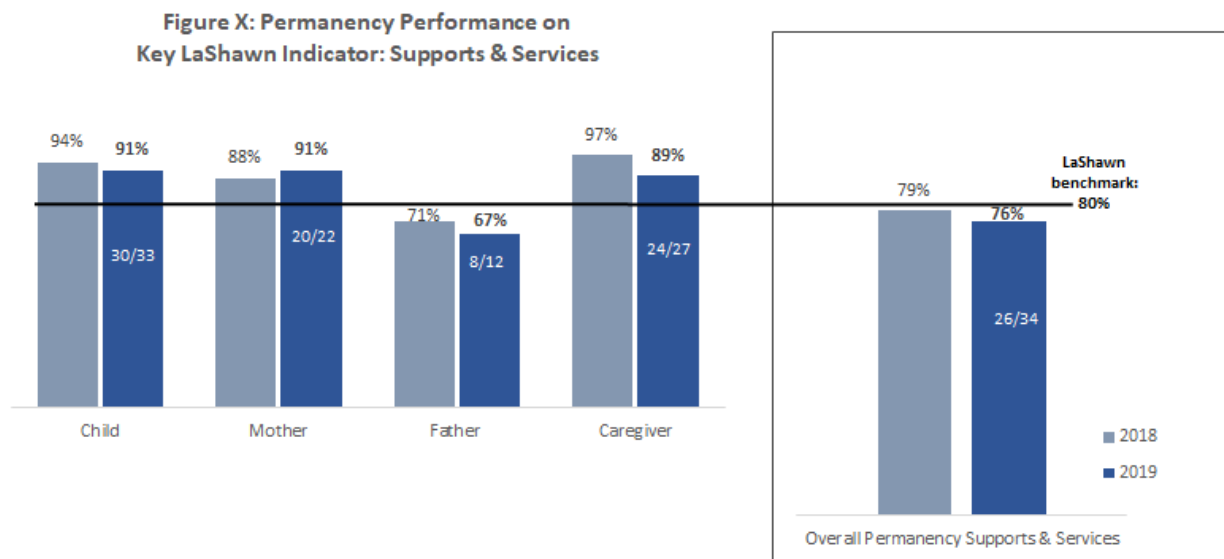
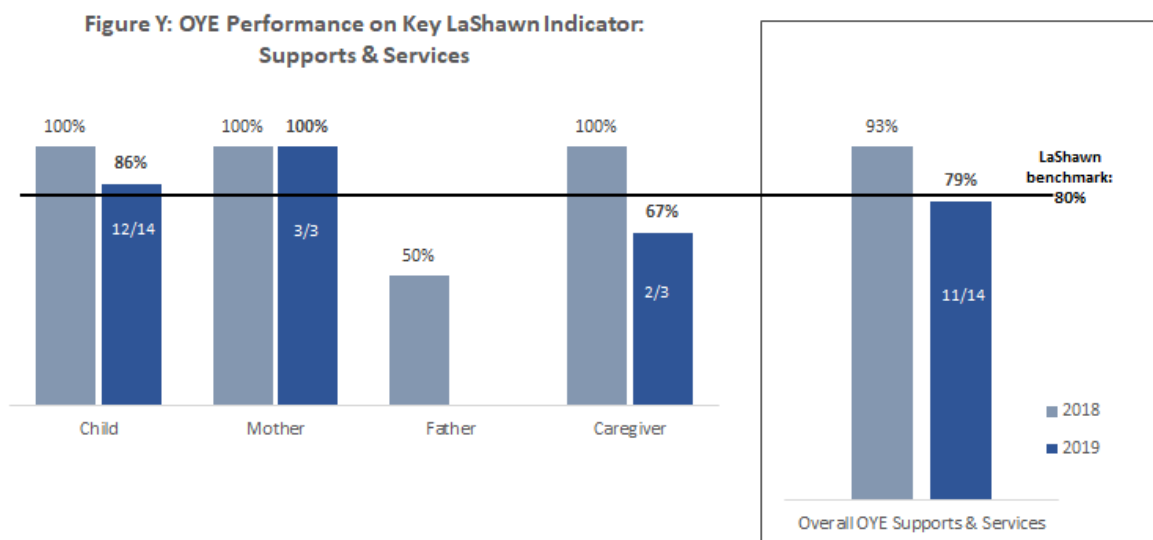


Figure Y details the supports and services' ratings for the 14 OYE cases. Twelve of the 14 OYE cases (86 percent) were acceptable for child supports and services. For mothers, only three cases were applicable but all three were acceptable ratings (100 percent). There were no fathers applicable for OYE's supports and services. Similar to the mothers, OYE had only three applicable cases for caregiver supports and services. Of the three, two were acceptable (67 percent) and one was not (33 percent).

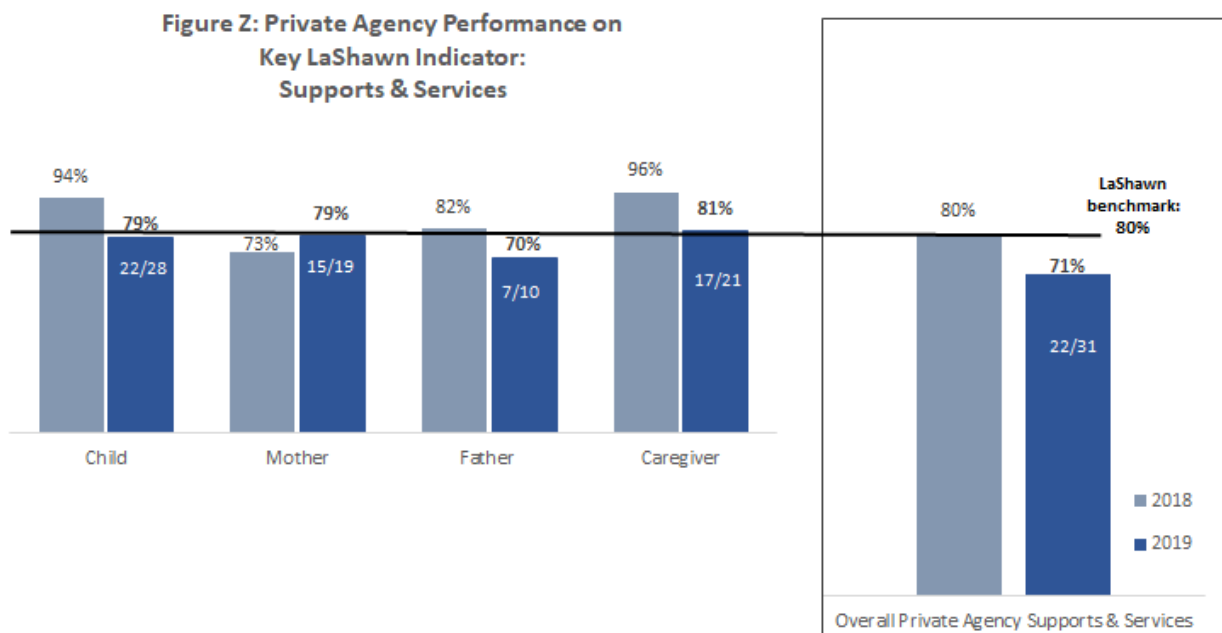


For the private agencies (Figure Z), only supports and services for mothers showed improvement, though not reaching the benchmark. Of NCCF's 28 cases, 10 were not applicable for rating mothers. As noted for fathers, mothers may have declined services, not needed services, or may have not been involved with the children. For the remaining 18 NCCF cases, 15 were rated acceptable (83 percent). Three of the NCCF cases were rated unacceptable. LSS' two cases were not applicable, and the one LAYC case was rated unacceptable, impacting the overall score.

Supports and services for children dropped from 94 percent in 2018 to 79 percent in 2019, just underneath the benchmark. Although LSS' two cases were acceptable for children's supports and services, and NCCF's 22 applicable cases were 81 percent acceptable (n=22/27), LAYC's one case was unacceptable. Five of the NCCF cases were not applicable.

Supports and services for fathers dropped 12 percentage points below the benchmark. Again, for context, 21 of the NCCF cases were not applicable, leaving seven cases for ratings. Of the seven, four ratings were acceptable (57 percent) and three were unacceptable (43 percent). LSS had no applicable fathers and LAYC had an unacceptable rating for one father.

Lastly, supports and services for caregivers also dropped but acceptable ratings stayed at the benchmark. For NCCF, eight cases were not applicable for caregiver supports and services. Of the remaining 20 cases, 16 were acceptable (80 percent) and 4 unacceptable (20 percent). Both LAYC and LSS had 100 percent acceptable ratings for their combined three cases.

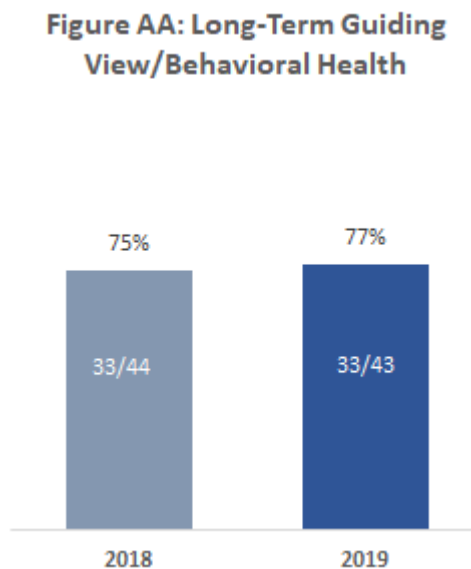


IV. Case Reviews with Behavioral Health Involvement

For cases with Department of Behavioral Health (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 or advocated for the services, overall ratings may 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.¹⁹ 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 and objectives should fit the child and family's situation. A QSR reviewer may also look for treatment plans that include therapies that help a child or youth express what cannot be readily verbalized. These expressive therapies may include play, art, drama, and music therapies.

Out of the 133 cases reviewed in CY 2019, 43 cases involved applicable ratings for the long-term guiding view indicator (Figure AA). Reviewers scored 33 of the 43 (77 percent) as acceptable for behavioral health treatment plans. For 2019, this percentage rate is 2 percentage points higher than 2018 (75 percent). For all 33 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 10 of the 43 cases. Among these 10 unacceptable ratings, CFSA's Permanency Administration served four cases (40 percent). In-Home served two cases (20 percent) while NCCF served three cases (30 percent). OYE served one case (10 percent). For these cases, 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.

¹⁹ 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. CFSA is further conscious of generational trauma often suffered by a child's parents. Agency awareness of trauma is considered during ratings for assessment, planning interventions, and supports and services.

V. Areas of Strength – Areas in Need of Improvement CY 2019

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 2019, the four dominant areas of practice strengths included child safety, child health and receipt of care, planning interventions, and supports and services. The top four areas in need of improvement applied across the board to all program areas, including the private agencies. These four dominant areas included engagement and assessment of fathers, long-term view for behavioral or physical health treatment planning, team coordination, and pathway to case closure.

Table 6: Top Four Practice Areas of Strength / Areas in Need of Improvement

Practice Areas of Strength	Practice Areas in Need of Improvement
Safety for Children at Home and at School 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.	Engagement and Assessment of Fathers CFSA needs to continue to engage and assess fathers, even when their youth may have a permanency goal of APPLA. To facilitate family connections, social workers must actively communicate and get to know fathers' needs and their strengths. Mixed or inadequate working relationships between team members and fathers impacts effective engagement.
Physical Health and Receipt of Care The child demonstrates an excellent health status but if there is a chronic condition, the child is attaining the best possible health status that can be expected. The child has a long-established relationship (or a new and trusted relationship) with a primary care physician and receives high quality health care services, as needed.	Long-Term Guiding View Long-term planning lacks a common direction that is recognized and agreed upon by the child's team. Treatment goals do not address the child's needs, either behaviorally or physically for a child diagnosed with disabilities. Transition plans are vague for older youth with disabilities.
Planning Interventions Social workers and service providers overall are ensuring that children 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.	Teamwork Coordination The team needs strong coordination in order to engage team members to achieve a life-changing process that promotes family sustainability. There is a lack of integrated strategies, activities and interventions. Tasks require measured results to determine progress. A unified process is missing in order to ensure shared decision-making.
Supports and Services The combination of formal and informal supports and services fit the child and the family's situation. The delivery of interventions is effective and demonstrates help to the family to achieve sustained permanency.	Pathway to Safe Closure 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.

As a result of the exit conferences, senior management for each program area developed CQI strategies to address areas identified as needing improvement (Table 7). There were some commonalities for areas in need of improvement across program areas. For the In-Home Administration, the focus was on assessment of birth fathers. The Permanency Administration and NCCF focused on assessment alongside engagement and supports & services for birth fathers. Permanency and OYE focused also on the pathway to case closure. Also identified for the Permanency Administration and NCCF were team functioning and coordination. Lastly, OYE identified planning interventions as an area in need of improvement, specifically planning for well-being, and planning for transitions. OYE also included CQI strategies to address tracking and adjustments of case progress. Over the course of CY 2020, the QSR Unit will review the progress of the strategies outlined below and continue dialogue among program areas and offer consultation as needed to support improved ratings.

Table 7: 2020 Program Area CQI Strategies for Areas in Need of Improvement		
Program Area	Areas in Need of Improvement	2020 Strategy
In-Home Administration	Assessment of Birth Fathers	<ul style="list-style-type: none"> Case plan reviews, supervisory log reviews, one plus case reviews and community papering consultations are other mechanisms used to assess current practice around father engagement and assessment in cases. Concurrent kin planning launch has emphasized the importance of assessing fathers and how they are currently providing support or could potentially provide support to their children.
	Engagement, Assessment, and Supports & Services for Birth Fathers	<ul style="list-style-type: none"> Document efforts to identify, locate and engage birth fathers, including a father's involvement (or reasons for lack thereof) in case planning activities, adherence to court orders, and involvement with recommended services per identified service needs. Court reports should include comprehensive history of birth fathers.
Permanency Administration	Pathway to Case Closure	<ul style="list-style-type: none"> PGRM reviews either at 9 months, 15 months or 21 months, dependent on the case goal, and prior to ASFA timelines. If permanency goals change, PGRM reviews again at appropriate timeframe. Clinical rounds to look at specific cases with road blocks, regardless of length of case being open.
	Team Functioning and Coordination	<ul style="list-style-type: none"> Supervisors use individual supervision and unit meetings to discuss how the team's functioning, impact on decision-making, and progress towards goal achievement. PGRM reviews either at 9 months, 15 months or 21 months, dependent on the case goal. During PGRM, review of teaming activities and other reasonable efforts being made towards permanency goal.

NCCF	Engagement, Assessment, and Supports & Services for Birth Fathers	<ul style="list-style-type: none"> NCCF will continue to refer cases to the Triple P Program, which coordinates monthly events and activities for families. Use of Parent Advocates to engage birth fathers. NCCF will also conduct a tailored training for the case management team titled, <i>Engaging Birth Fathers</i>, in order to further improve NCCF's performance in this area.
	Team Functioning and Coordination	<ul style="list-style-type: none"> NCCF will conduct a training for program directors and clinical supervisors to learn new and effective communication strategies. The NCCF Executive Team and NCCF Administrators completed the Promise-Based Communications Model on February 6-7, 2020. The provides communication strategies that improve accountability and communication between team members and external parties.
	Planning for permanence and transitions	<ul style="list-style-type: none"> NCCF Foster Parent Coach Academy provides comprehensive services for foster parents to build and sustain a healthy living environment for children and youth in foster care. The foster parent coach emphasizes the need to engage the extended birth family and birth parents to achieve permanency. NCCF will continue to facilitate PGRMs on the third Thursday of each month to review the client's progress towards the court ordered permanency goal.
OYE	Pathway to Case Closure	<ul style="list-style-type: none"> Review management reports (#391) on a bi-monthly basis to identify youth. The program manager will meet once per month with supervisors to discuss the barriers to timely permanence and make recommendations.
	Planning for Well-being	<ul style="list-style-type: none"> Monitor and track the number of youth who are not participating in their medical and mental health services on a monthly basis. The program manager and supervisors will meet with social workers once a month to verify that new interventions are being implemented and determine next steps.
	Planning for Transition Life Adjustment	<ul style="list-style-type: none"> Program managers and supervisors will meet with social workers once a month to find out what youth are in transition and make (or refine) a plan for how to prepare the youth for the transition and life adjustments.
	Tracking and adjustment	<ul style="list-style-type: none"> Tracking on a monthly basis of Youth Transition Plans and Jumpstart Meeting documentation to ensure timely efforts to track and adjust to the youth's changes. Review of contact notes and Youth Transition Plans.

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 2019, a total of 17 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 17 letters, the QSR Unit presented five to the In-Home Administration social workers, eight to social workers in the Permanency Administration, two letters for social workers from OYE, and two letters for social workers at NCCF. CFSA is proud to acknowledge the hard work of these social workers. One supervisor received an honorable mention because most of the social workers receiving commendations worked in that supervisor's unit.

VII. Conclusion

The QSR process, along with the strong CQI 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 2019. The program areas management staff from the executive leadership to the supervisors work together to utilize the information and incorporate strategies for improvement in their areas. 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 (63 percent), and yet this indicator still showed improvement over 2018 (51 percent). Engagement, assessment and supportive services for fathers is a historical challenge. Nonetheless, CFSA made some strides with small incremental advances in acceptable ratings. QSR reviewers noted that birth parents' efforts to reunify continue to be hampered by mental health and substance use issues.

For the practice performance element, CFSA achieved benchmarks for 80 percent of the indicators (n=28/35). For those seven indicators that did not meet the benchmarks, three (43 percent) were dominated by the indicators related to serving birth fathers. CFSA still experienced modest increases for the percent of acceptable scores.

Table 8: 2019-2018 Practice Performance Comparisons for Seven Indicators in Need of Improvement		
Indicator	2018	2019
Culture Identity - Fathers	78%	79%
Engagement – Fathers	67%	78%
Assessment – Fathers	54%	68%
Supports & Services – Fathers	71%	78%
Team Coordination	72%	79%
Pathway to Case Closure	63%	78%
Long-Term Guiding View	75%	77%

Teams were meeting or surpassing benchmarks in the areas of engagement and assessment of children, mothers and caregivers. The primary challenge for practice performance indicators were engagement and assessment of birth fathers, along with scores for team coordination.

The pathway to case closure continues to challenge all program areas. Even still, there was a 12 percentage point increase between 2018 and 2019 for this indicator (63 percent and 78 percent, respectively). 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 continue to be a focus for the QSR 2020 CQI efforts.

Finally, implementation of and emphasis on CQI-based strategies for each program area's themes will continue in order to further increase practice performance for CY 2021. 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

