

Annual Quality Service Review Report

Calendar Year 2021



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Table of Contents

I.	Executive Summary.....	4
	CFSAs as a Self-Regulating Agency	5
	The 2021 QSR Process.....	5
II.	QSR Data	9
	CY 2021 Overall Ratings for Child and Family Status and Practice Performance	9
	Findings: Child and Family Status	10
	Acceptable Child Status Ratings by Program Area	13
	Findings: Practice Performance	13
	Acceptable Practice Performance Ratings by Program Area.....	17
	Findings: Implications for Practice.....	17
	Areas of Strength for the Child and Family Status.....	17
	Areas of Challenge for Child and Family Status	18
	Areas of Strength for Practice Performance	19
	Areas of Challenge for Practice Performance.....	20
III.	Four Pillars Performance Framework	21
	Safety Assessments.....	21
	Planning Interventions.....	23
	Supports and Services.....	25
IV.	Continuous Quality Improvement (CQI) CY 2021	28
V.	Commendations.....	33
VI.	Conclusion.....	33
VII.	APPENDICES	34
	Appendix A – Demographics.....	34
	Appendix B – QSR Process and Protocol.....	38
	Appendix C - CFSAs’s Four Pillars Strategic Framework.....	40
	Appendix D – 2018 Revised Practice Model	41

I. Executive Summary

The DC Child and Family Services Agency (CFSA) uses the nationally recognized Quality Service Review (QSR) process to assess CFSA’s practice standards and service delivery to clients of the District of Columbia’s child welfare system. As a self-evaluation tool, the QSR process also assesses the successful implementation of child welfare best practices. Specifically, CFSA considers the QSR process to be a critical continuous quality improvement (CQI) strategy that paves the way for systemic learning and improvement, ultimately supporting and reinforcing the safety, permanency, and well-being for children¹ and families receiving child welfare services.

The QSR method allows social workers, managers, and senior leadership to bolster existing areas of strength and to address areas identified to be in need of improvement, based on data trends and calendar year results documented by QSR review specialists. QSR specialists assess how well social workers from **CFSA and its contracted private agencies² are able to team and engage with families** to address the issues that



brought the family to CFSA’s attention. When effective engagement occurs, social workers secure a solid grasp of the family’s cultural identity and, subsequently, an accurate assessment and understanding of any gaps in the family’s service needs. In effect, accurate assessments drive the team’s planning of interventions to implement appropriate services. The team’s ensuing service referrals then begin to pave an expedient path to case closure.

Both CFSA and its private agency partners adhere to CFSA’s *Four Pillars Strategic Framework* as the foundational guide for practice. The framework outlines the expected outcomes for

¹ The use of the term “child” or “children” includes ages from birth until 20. Older youth are identified only as a unique population when necessary for context.

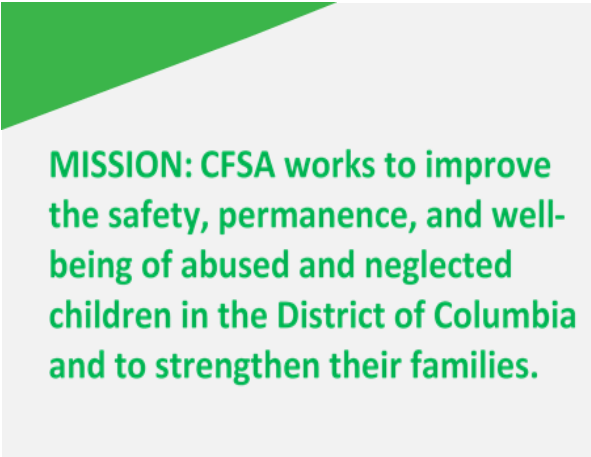
² CFSA’s contracted agencies include the National Center for Children and Families (NCCF) for all children residing in the state of Maryland, Lutheran Social Services (LSS) for children classified as unaccompanied refugee minors, and Latin America Youth Center (LAYC) for Spanish-speaking families. Throughout the Annual QSR Report, the term “CFSA teams” includes CFSA’s private agency partners.

children and families at every step of their involvement with the District’s child welfare system. Each pillar features a set of evidence-based strategies, and a series of specific outcome targets (see *Appendix F: CFSA’s Four Pillars Strategic Framework*).

CFSA as a Self-Regulating Agency

Since CFSA successfully exited the 32-year class action lawsuit, *LaShawn v. Bowser*,³ the Agency has implemented several new strategies to advance from a compliance-based culture to fully embracing its long-standing culture of intentional CQI commitment. As a self-regulating agency, CFSA continues to examine system performance from multiple perspectives, including the *Four Pillars Performance Framework (Performance Framework)* which identifies a benchmark of 80 percent for assessing the safety of children at home, in school, in the community, and in other environments (e.g., children regularly visiting relatives for the weekend or safety at the place of employment for older youth). The *Performance Framework* also applies an 80 percent benchmark for safety planning, and case planning combined with the implementation of supports and services. On its own, however, the QSR process also applies an 80 percent standard for acceptability for all QSR indicators.

The 2021 QSR Process



MISSION: CFSA works to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families.

To determine acceptable ratings for QSR indicators, assigned QSR specialists consider two QSR protocol domains, *Child and Family Status* and *Practice Performance*. Each specialist must rely upon detailed parameters outlined in the QSR protocol prior to determining indicator acceptability for each domain (see *Appendix B: QSR Process and Protocol*). When CFSA practice meets the 80 percent standard, the Agency is successfully achieving its mission and fulfilling its commitment to best practices.

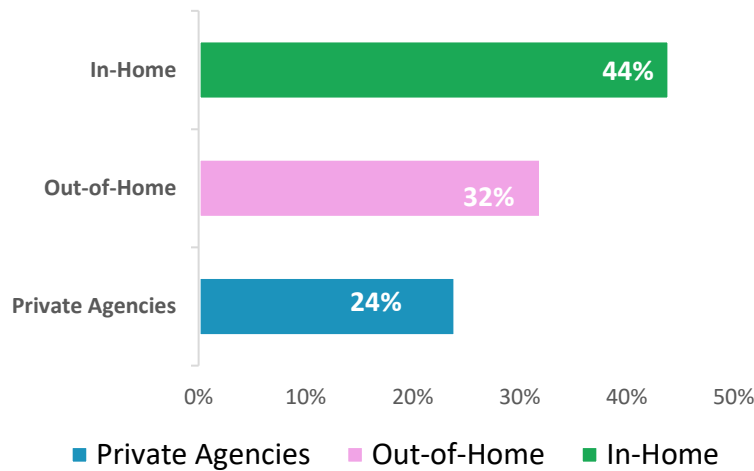
During calendar year (CY) 2021, the QSR Unit reviewed 143 randomly selected cases, stratified by program area. Of these 143 cases, 44 percent (n=63) included families receiving services in their own homes (In-Home services). Thirty-two percent (n=46) included cases where children

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https://www.acludc.org/sites/default/files/lashawn_a_et_al_v_bowser_et_al_1222_final_order_of_approval_of_settlement_signed_by_judge_thomas_f_hogan_on_june_1_2021.pdf

received services through foster care (Out-of-Home services) either through kinship or non-relative foster care providers, including group homes. Twenty-four percent (n=34) included Out-of-Home cases managed by CFSA’s contracted private agency partners (identified under *footnote 2*).

Figure 1: Percentage of Reviews by Program Area and Private Agencies (CY 2021)

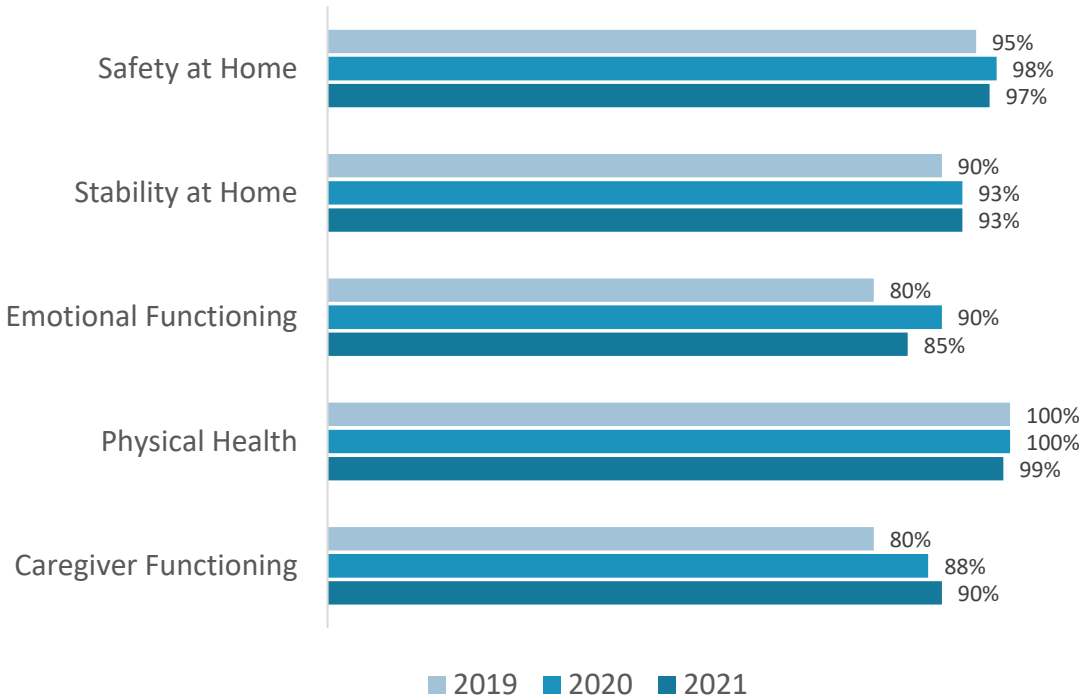


Child and Family Status

Overall ratings for the CY 2021 *Child and Family Status* domain were 88 percent (n=126/143) acceptable. Within the *Child and Family Status* domain, CFSA specifically focuses on five key indicators: (1) safety at home, (2) stability at home, (3) emotional functioning (for children over 2 years old), (4) a child’s physical health, and (5) a caregiver’s daily functioning. As Figure 2 shows, all five key indicators have continued to surpass the 80 percent standard over the last three years, despite a 5 percentage-point drop for *emotional functioning*.

Child and Family Status
The domain for <i>Child and Family Status</i> considers how the child and family have been doing over the past 30 days. This domain covers 12 primary topic areas with 26 subset indicators (see Table 1).

Figure 2: CY 2021 Highlights: Child and Family Status



Practice Performance

Practice Performance
The domain for <i>Practice Performance</i> considers how Agency practice has been doing over the past 90 days. This domain covers 10 primary topic areas with 35 subset indicators.

Overall ratings for the *Practice Performance* domain were 94 percent (n=134/143) acceptable.

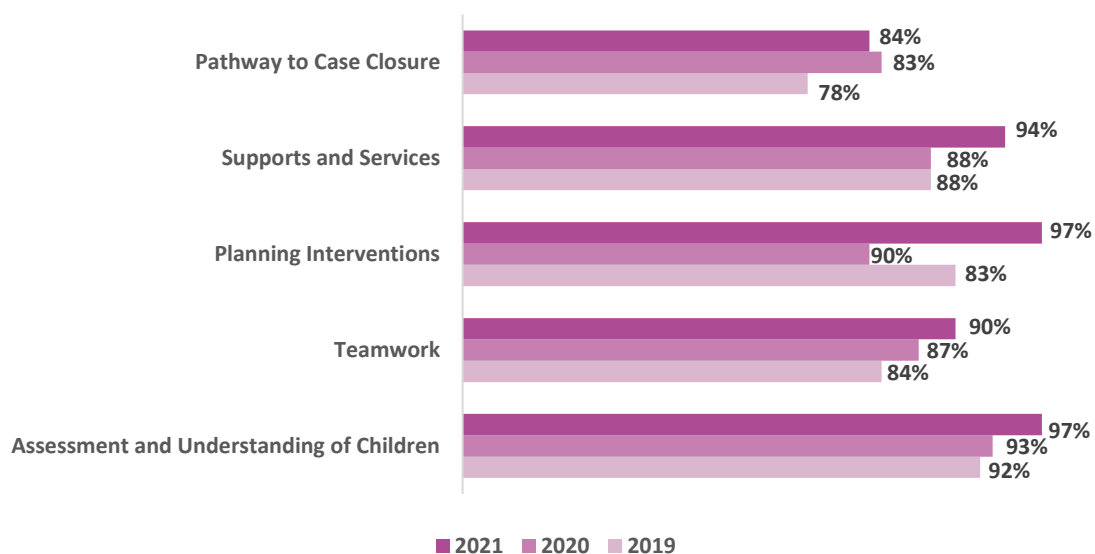
When turning to *Practice Performance*, QSR specialists initially focus on a team’s engagement of family to help team members understand the family’s culture and associated needs. The achievement of successful engagement leads to a trust-based relationship that allows for open discussions on needs as well as strengths. When

families are authentically engaged, they are more likely to share deeper events and histories, including traumatic circumstances that may inform substantial, ongoing holistic assessments of the family’s needs. Accurate assessments, in turn, determine **how well the team is able to plan interventions that may ensure appropriate implementation of supports and services, ultimately to achieve positive outcomes.**

Once engagement occurs, the five key *Practice Performance* indicators are (1) assessment and understanding of children; (2) teaming, which includes a combination of team formation, functioning and coordination; (3) overall planning for interventions; (4) implementation of supports and services for children; and finally (5) the pathway to case closure.

Figure 3 reveals the Agency’s trajectory from 2019 to 2021 for all five indicators, signifying success achieved for surpassing the 80 percent standard during CY 2021. These ratings (97, 90, 97, 94, and 83 percent, respectively) demonstrate the teams’ overall ability to engage, assess, plan, and provide individual family members with the vital services tailored to address both the presenting issues and the underlying issues facing a family involved with the child welfare system. As a result of this success, the pathway to case closure has shown a 5-percentage point increase since CY 2019, despite a 1-percentage point decrease from CY 2020.

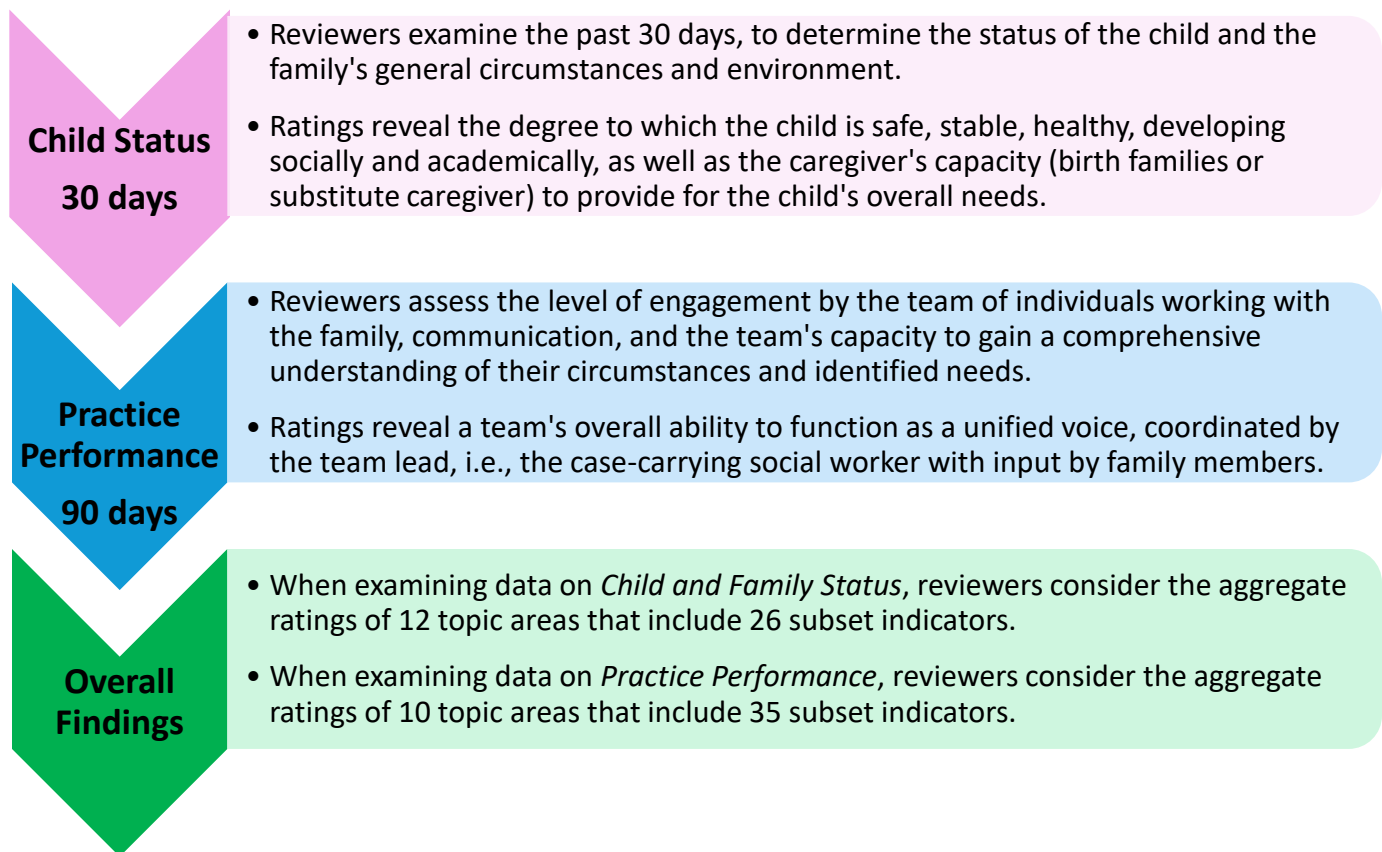
Figure 3: CY 2021 Highlights: Practice Performance Indicators



The average ratings for overall acceptable team formation, function, and coordination increased by 6 percentage points from 84 percent in CY 2019 to 90 percent CY 2021. Within the overall 90 percent (n=129) for the key indicator *teamwork*, QSR reviewers rated 57 percent (n=82) in the acceptable/maintenance category (5-6 rating), and 33 percent (n=47) of the cases for the acceptable/refinement category (4 rating) (see *Appendix B: QSR Process and Protocol*).

II. QSR Data

As noted above, QSR specialists examine the past 30 days for *Child and Family Status* indicators with special consideration for the family's general circumstances and environment. For *Practice Performance*, QSR specialists examine the past 90 days with a focus on teamwork as the foundation for each step along the continuum to family stabilization and positive permanency outcomes.

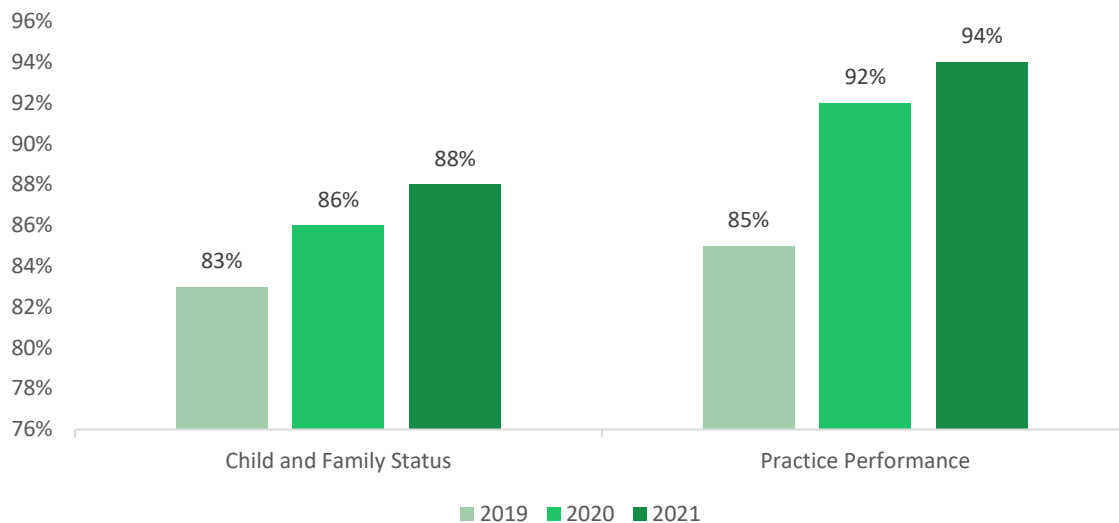


CY 2021 Overall Ratings for Child and Family Status and Practice Performance

Overall ratings for the *Child and Family Status* and *Practice Performance* indicators continued to steadily increase between CY 2019 and CY 2021 (Figure 4). For ***Child and Family Status*, overall ratings increased 5 percentage points**, beginning with 83 percent (n=111/133) in CY 2019 to 86 percent (n=106/123) in CY 2020 and then to 88 percent in CY 2021 (n=126/143).

For the *Practice Performance* indicators, overall ratings increased 9 percentage points, beginning with 85 percent (113/133) in CY 2019 to 92 percent (n=113/123) in CY 2020 and then to 94 percent in CY 2021 (n=134/143).

**Figure 4: Overall CY 2021 Acceptable Ratings
Child Status and Practice Performance**



Findings: Child and Family Status

For CY 2021, all *Child and Family Status* safety ratings were above the 80 percent standard. Reviewers rated the crucial indicator *safety of children at home* at 97 percent, in addition to *safety for children at school* at 100 percent, *safety in the community* at 94 percent, and *safety in other environments* (e.g., weekend visits with extended family) at 92 percent. When comparing data, there appears to be a correlation between a child feeling safe and a decrease in risky behaviors, i.e., when ratings for safety are met or exceeded the 80 percent standard, **ratings for behavioral risk to self and others were also above 80 percent (88 and 90 percent, respectively).**

Table 1 indicates percentages of the 12 main indicator topics and 26 subsets for the CY 2021 *Child and Family Status* ratings. Note that indicators with “other” may include individuals who are actively involved with the child even if they are not an immediate caregiver. “Other” may also include additional circumstances impacting the indicator (e.g., safety for other might be regularly scheduled visits to a grandparent’s home). Of all 26 subsets, there were four indicators (15 percent) with ratings below the 80 percent standard: (1) legal custody (permanency) at 74 percent, (2) substance use (older youth) at 67 percent, (3) preparation for adulthood (older youth) at 77 percent, and (4) family functioning (birth parents with

reunification as the child’s permanency goal) at 74 percent. Section IV outlines the program area's CQI strategies to address and improve these ratings.

Table 1: Overall Acceptable Ratings for 2021 <i>Child and Family Status Indicators</i>*				
Indicator	2019%	2020%	2021%	2021 # Cases/ Applicable Cases
1a. Safety: Home	96%	98%	97%	139/143
1b. Safety: School*	98%	100%	100%	57/57
1c. Safety: Community	93%	97%	94%	61/65
1d. Safety: Other*	95%	100%	92%	23/25
2a. Behavioral Risk: Self	89%	83%	88%	106/120
2b. Behavioral Risk: Others	92%	86%	90%	108/120
3a. Stability: Home	88%	91%	93%	133/143
3b. Stability: School	94%	94%	97%	99/102
4a. Permanency: Placement	88%	93%	97%	138/143
4b. Permanency: Relationships	98%	95%	97%	138/143
4c. Permanency: Legal Custody	63%	65%	74%	55/74
5. Living Arrangement	92%	96%	99%	141/143
6a. Physical Health: Status	95%	99%	99%	141/143
6b. Physical Health: Receipt	96%	96%	96%	137/143
7a. Emotional Functioning	89%	86%	85%	101/119
7b. Substance Use	80%	75%	67%	8/12
8. Learning & Academics	79%	86%	84%	113/134
9a. Prep for Adulthood	69%	66%	77%	30/39
9b. Parenting	71%	50%	100%	3/3
10. Caregiver	92%	93%	94%	133/141
11. Family Functioning	80%	74%	74%	81/109
12a. Voice/Choice: Child	97%	97%	95%	70/74
12b. Voice/Choice: Mother	88%	82%	87%	68/78
12c. Voice/Choice: Father	84%	87%	80%	33/41
12d. Voice/Choice: Caregiver	91%	95%	90%	61/68
12e. Voice/Choice: Other	92%	88%	73%	11/15
Overall Status	83%	86%	88%	106/123

* All indicators are not applicable for every child, depending on age and circumstance, which may limit the pool of child ratings. For example, reviewers do not rate children under 2 years

old for emotional functioning, nor In-Home cases for legal custody. There were 24 children who were either 2 years old (and under) or otherwise “not applicable” for the emotional functioning indicator, reducing the total count from 143 to 119. During the pandemic, reviewers only rated school safety for children attending in-person classes (versus children in virtual school). There were only 57 of the 143 children eligible for rating of this indicator.

When looking at behavioral risk, QSR specialists also look at the *emotional functioning* indicator as another natural link. Since CY 2019, ***emotional functioning* indicators have remained steadily above the 80 percent standard**, despite 3 and 4 percentage-point decreases from 2019 at 89 percent to 2020 at 86 percent and 2021 at 85 percent. The Agency attributes the slight decline to some of the challenges faced by children during the extension of the pandemic into a second year, including isolation from peers, virtual schooling, and overall shifts in societal behaviors for protection from Covid-19 infections.

**Child and Family Status -
4 of 26 Individual Indicators Below 80 percent**

For the 26 individual *Child and Family Status* indicators, there were four indicators (15 percent) with ratings below the 80 percent standard:

- preparation for adulthood by older youth (77 percent, n=30/39)
- legal custody for foster care cases (74 percent, n=55/74)
- family functioning for birth parents with reunification as the child’s permanency goal (74 percent, 81/109)
- substance use (67 percent, n=8/12)

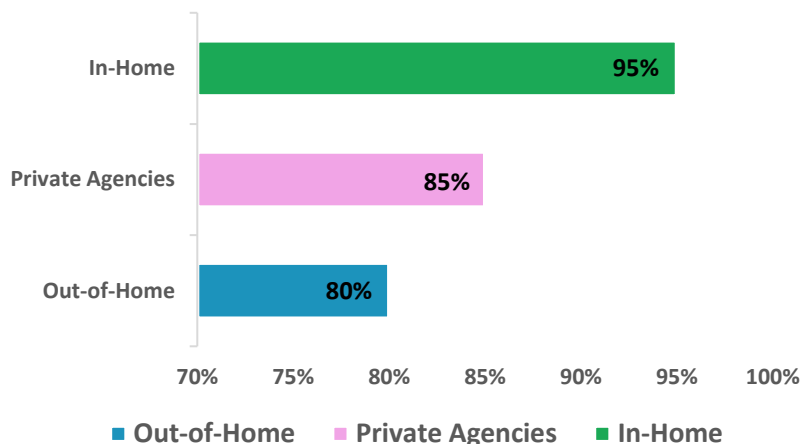
See Section IV: CQI Strategies for strategic plans per program area to address the above ratings.

Despite important strides, the *Child and Family Status* ratings included four indicators that fell below the 80 percent standard. One of these indicators in particular, *preparation for adulthood*, has still shown evident improvement. From a rating that was 14 percentage points below the 80 percent standard in CY 2020 (66 percent), ***preparation for adulthood increased 11 percentage points to 77 percent for CY 2021***. Aware of the challenges faced by older youth in the foster care system, the Agency continues to focus on the underlying factors that may be impacting this indicator, including appropriate service referrals, history of trauma, lifelong connections, mentors or life coaches, and extended family involvement. Collectively, social workers who case manage older youth are dedicated to ensuring the proper skills for these youth to achieve self-sustainable independence prior to exiting the foster care system.

Acceptable Child Status Ratings by Program Area

Figure 5 details the breakdown of overall acceptable *Child and Family Status* ratings for each program area. Ratings include 95 percent (n=60/63) acceptable for In-Home cases, 80 percent (n=37/46) acceptable for Out-of-Home cases, and 85 percent (n=29/34) acceptable for Out-of-Home cases managed by CFSA’s contracted private agency partners.

Figure 5: Overall Acceptable Child and Status Ratings (Program Areas)



Findings: Practice Performance

For *Practice Performance* indicators, there are 10 main topics with 35 individual indicators (Table 2). Of these ratings, **97 percent (n=34/35) remained above the 80 percent standard with the 2021 overall ratings at 94 percent.** Demonstrable improvements in practice between CY 2019 and CY 2021 include CFSA’s dedicated efforts to increase involvement of fathers in case planning and positive permanency outcomes. Of the seven indicators with evident improvements in ratings, four of these indicators are specific to fathers: (1) cultural identity for fathers, (2) engagement of fathers, (3) assessment of fathers, (4) supports and services for fathers. The remaining three indicators with demonstrated improvement include teaming coordination, leading to improvements in the pathway to case closure, and provision of services to children receiving behavioral health services (long-term guiding view).

Table 2: Overall Acceptable Ratings for 2021 Practice Performance*				
Indicator	CY 2019	CY 2020	CY 2021	2021 #Cases/ Applicable Cases
1a. Cultural Identity: Child	95%	98%	99%	142/143
1b. Cultural Identity: Mother	94%	96%	92%	103/112
1c. Cultural Identity: Father	79%	83%	84%	63/75
1d. Cultural Identity: Caregiver	94%	100%	97%	66/68
1e. Cultural Identity: Other	100%	89%	88%	22/25

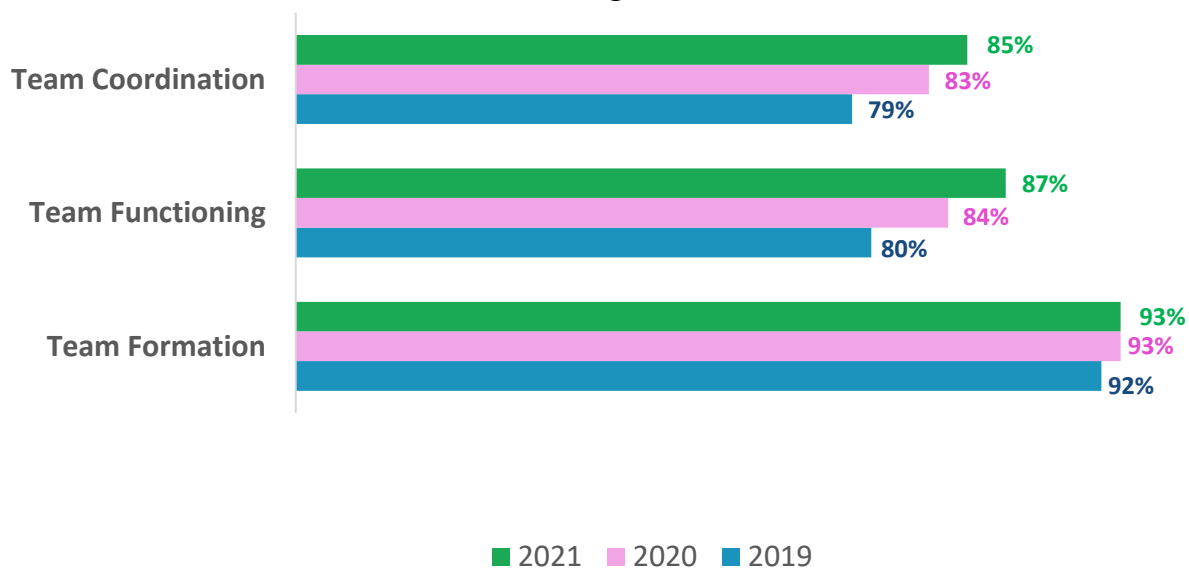
Table 2: Overall Acceptable Ratings for 2021 Practice Performance*

Indicator	CY 2019	CY 2020	CY 2021	2021 #Cases/ Applicable Cases
2a. Engagement: Child	98%	96%	95%	89/94
2b. Engagement: Mother	93%	91%	88%	98/111
2c. Engagement: Father	78%	84%	84%	65/77
2d. Engagement: Caregiver	92%	94%	96%	65/68
2e. Engagement: Other*	100%	90%	89%	24/27
3a. Teamwork: Formation	92%	93%	93%	133/143
3b. Teamwork: Functioning	80%	84%	87%	124/143
3c. Teamwork: Coordination	79%	83%	87%	124/143
4a. Assessment: Child	92%	93%	97%	139/143
4b. Assessment: Mother	90%	87%	88%	97/110
4c. Assessment: Father	68%	69%	82%	58/71
4d. Assessment: Caregiver	91%	97%	94%	63/67
4e. Assessment: Other*	90%	90%	88%	22/25
5a. Pathway to Case Closure	78%	84%	83%	119/143
5b. Long-term Guiding View	77%	79%	87%	39/45
6a. Planning: Safety	96%	96%	99%	141/143
6b. Planning: Permanency	86%	90%	89%	127/142
6c. Planning: Well-Being	88%	93%	93%	133/143
6d. Planning: Functioning	86%	89%	92%	131/143
6e. Planning: Transition	83%	85%	92%	131/143
6f. Planning: Learning & Education	89%	92%	96%	118/123
6g. Planning: Other*	100%	67%	100%	1/1
7a. Supports & Services: Child	88%	88%	94%	121/129
7b. Supports & Services: Mother	91%	87%	96%	85/89
7c. Supports & Services: Father	78%	84%	92%	33/36
7d. Supports & Services: Caregiver	85%	93%	96%	50/52
7e. Supports & Services: Other*	91%	63%	92%	12/13
8. Medication Management	89%	81%	73%	11/15
9. Managing Chronic Health	88%	73%	96%	25/26
10. Tracking & Adjustment	83%	86%	88%	126/143
Overall Status	85%	92%	94%	134/143

*Note that indicators with “other” may include individuals who are actively involved with the child even if they are not an immediate caregiver. Planning for “other” may also include additional circumstances impacting the indicator (e.g., planning to ensure a child receives uniforms for an extra-curricular activity or ensuring transportation for other activities).

All other *Practice Performance* ratings met or surpassed the standard, particularly ratings for the teamwork indicator. This rating has steadily increased over 3 years for each of its three subsets: *team formation*, *team functioning* and *team coordination*. *Team coordination* rose by 8 percentage points from CY 2019 (79 percent) to CY 2021 (85 percent). *Team functioning* rose by 7 percentage points from 80 percent in CY 2019 and 87 percent in CY 2021. *Team formation* has remained steady (Figure 6). While QSR specialists have rated team formation consistently higher than functioning and coordination, the Agency took note that even during the two-year Covid-19 pandemic, functioning and coordination ratings steadily increased.

Figure 6: Practice Performance: Team Formation, Team Functioning, Team Coordination

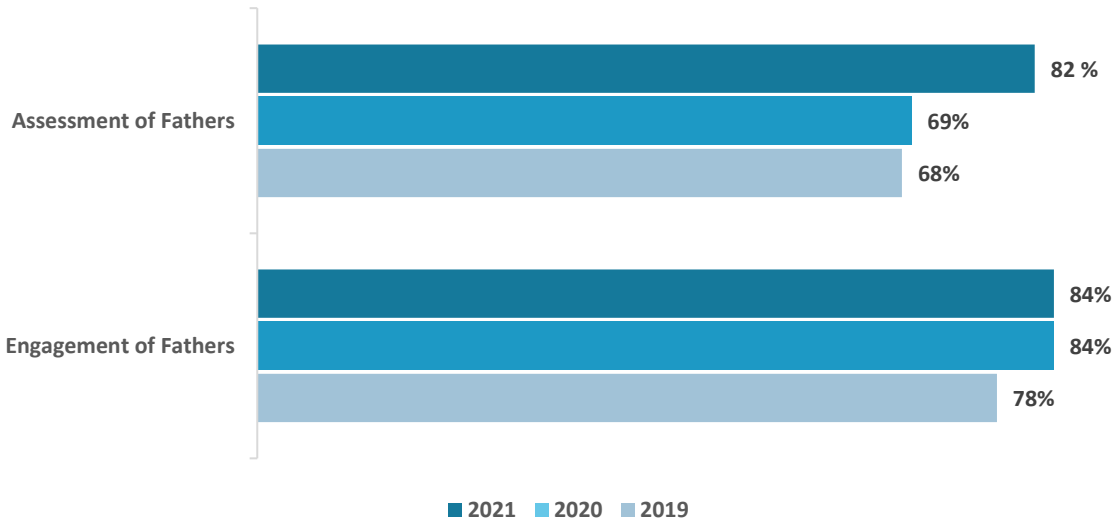


As the above teamwork scores increased between 2019 and 2021, there were commensurate increases for the *engagement and assessment of fathers*. The Agency has made a successful and conscientious effort with regard to “active involvement on the part of the father [to] promote positive development and outcomes for children.”⁴ As Figure 7 reveals, ratings for the 78 percent acceptable engagement of fathers in CY 2019 rose by 6 percentage points to 84

⁴ Adamsons & Johnson, 2013; Anderson, Kaplan, & Lancaster, 1999; Gavin et al., 2002; Nettle, 2008; McBride & Rane, 1997

percent acceptable in CY 2020, a percentage that was maintained for CY 2021. The indicator *assessment of fathers* rose from 69 percent in CY 2020 to 82 percent in CY 2021, a 13 percentage-point increase over the last two years.

**Figure 7: Practice Performance Indicators
Assessment of Fathers / Engagement of Fathers**



The only *Practice Performance* indicator rated under 80 percent for CY 2021 was *medication management*. Ratings for this indicator steadily decreased from 89 percent in 2019 to 81 percent in 2020 to 73 percent (n=11/15) in 2021. Program areas are aware of the need to explore and address the possible underlying reasons for the consistent decrease in this indicator.

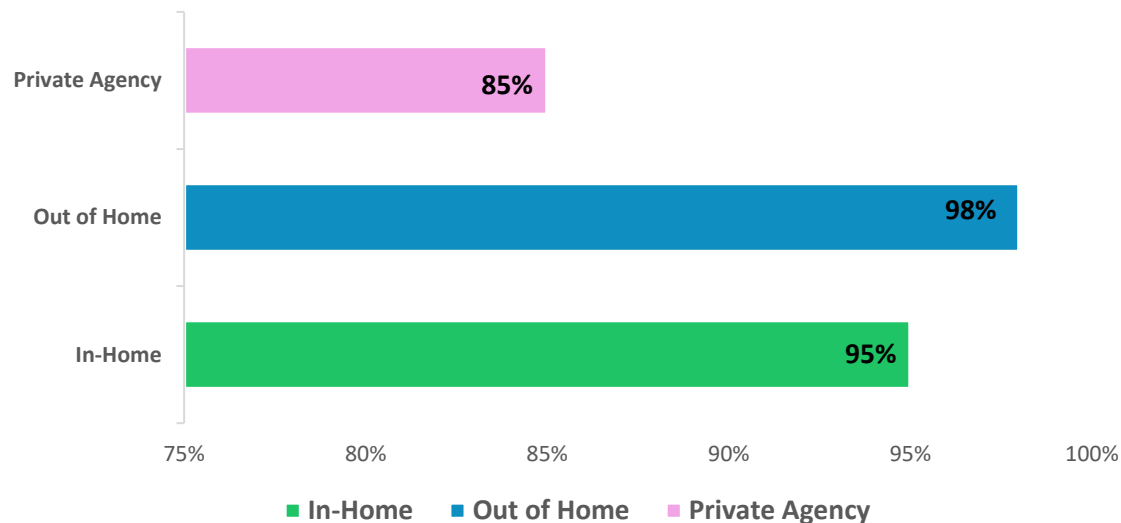
**Practice Performance -
Medication Management Below 80 percent**

- Two youth (ages 14 and 19) resisted participation in psychiatric appointments for monitoring prescriptions.
- A prescription delay for a 15-year-old youth resulted from complications with insurance.
- Team members for another 15-year-old youth had conflicting information regarding information on the youth’s prescriptions.

Acceptable Practice Performance Ratings by Program Area

Figure 8 details the breakdown of overall acceptable *Practice Performance* ratings for each program area. Ratings were 95 percent (n=60/63) acceptable for In-Home cases, 98 percent (n=45/46) acceptable for Out-of-Home cases, and 85 percent (29/34) acceptable for cases managed by CFSA’s contracted private agency partners. For a detailed breakdown of indicators, see *Appendix D: Overall Acceptable Ratings (Practice Performance)*.

Figure 8: Overall Acceptable Practice Performance Ratings (Program Areas)



Findings: Implications for Practice

For all areas of strength, program area leaders will continue to build upon successes. For those areas with practice challenges, leadership will continue to examine current practice themes, existing CQI strategies, and best practice standards for improving outcomes. Text boxes include narratives from actual case summaries, and language specific to the QSR protocol (required for justification of ratings).

Areas of Strength for the Child and Family Status

Safety, Stability, Living Arrangements

CFSA recognizes that any child entering the child welfare system has experienced some level of trauma whether the circumstances lead to In-Home services or to more serious concerns that

Child Status: Living Arrangement

The two-year-old focus child’s parents reside in separate environments that are both nurturing and family-oriented. The child experiences support based on her developmental stage. In addition, both living arrangements support her daily needs as well as her family identity and culture.

lead to separation of the child from the home. No matter the circumstances, safety is CFSA and its contracted private agency partners' primary focus for the child and any siblings. There was clear evidence that children and youth were free from harm while residing in the least restrictive living arrangements that provided them with a sense of security and stability.

Emotional Functioning, Learning / Academics

Safety and stability directly impact a child's overall well-being, including a steady pattern of emotional functioning which, in turn, often impacts improved academic outcome. These are critical areas that have demonstrated CFSA's capacity to provide for normal child development and growth, a child's sense of self, and a child's ability to perform academically at grade level.

Child Status: Learning / Academics

The 10-year-old 5th grader receives special education services that are appropriate to her needs. Since the beginning of the year, there has been significant progress. She is at least a grade above from where she started in each subject, including math. She no longer needs time-out, and the school is considering general education services.

Areas of Challenge for Child and Family Status

Legal Custody, Family Functioning/Resourcefulness

Child Status: Family Functioning/Resourcefulness

The 8-month-old focus child was born prematurely at 2lbs 7oz with positive toxicology for cocaine. Despite services offered by the Agency, the birth parents have not taken advantage of the opportunities to address their substance dependence or homelessness. The parents are not able to ensure that the child's medical needs are addressed. Moreover, the parents have recently stopped visiting with the child. Because of this, the agency has identified a concurrent goal of adoption with the maternal grandparents who are the current caregivers with no concerns.

A central goal for CFSA and its contracted private agency partners is alignment of interventions that help children with disruptive life experiences to achieve and maintain permanency. In cases where challenges to legal custody were noted (35 percent, n=26/75), some parents may have continued to struggle against the behaviors or circumstances that brought them to the attention of the agency. For these parents, family functioning often delayed legal custody and positive permanency outcomes for children in care.

Preparation for Adulthood

Challenges to prepare older youth for adulthood have included active engagement in the supportive services that help youth to build the necessary skills and knowledge for navigating adulthood post-foster care. A youth may make inconsistent or limited progress in gaining core independent living skills, including advancement in education or identification of

vocational interests. These limitations often carry into other areas of a youth’s preparation for adulthood, e.g., securing a steady income and acquiring appropriate housing.

Child Status: Preparation for Adulthood

The 19-year-old youth is employed but has no bank account and is not linked to the Agency’s matching-funds program. She has not completed her high school degree or any vocational program to improve possible career paths. She is not linked to any community resources, or an informal network.

Areas of Strength for Practice Performance

Practice Performance: Parent Engagement

All team members have consistently engaged the mother in a supportive and empathetic manner that has led to a genuine trusting relationship. This has fostered a safe space and led the mother to be forthcoming about her domestic violence experience and relationship with the father, her mental health needs, and past relapse. This allowed for the team to quickly adjust the transition plan.

Engagement, Assessment and Teamwork

As noted earlier, effective engagement allows for an accurate grasp of the family’s cultural identity and, resultingly, a better assessment and understanding of the family’s needs. Throughout CY 2020, QSR ratings indicated successful engagement of all parties to a case, including children (depending on age), birth parents, substitute caregivers and other parties.

Planning Interventions and Implementation of Supports and Services

Ongoing communication among team members provides an understanding of a family’s “big picture,” which is necessary to develop targeted interventions for the child and family, based on identified needs. Teaming among CFSA, private agencies and other CFSA partners successfully provided interventions appropriate to a child and family’s circumstances. In particular, planning for safety, well-being, and permanency helped support and reinforce the organization and integration of appropriate supports and services to successfully achieve permanence.

Practice Performance: Supports and Services

The 15-year-old unaccompanied refugee minor has an assigned youth resource specialist who conducts Life Skills sessions (e.g., exercise and deep breathing techniques). The youth also has an assigned tutoring mentor, who reports that the youth has improved both academically and personally, including English as a second language and her efforts to ask for help when she needs it.

Areas of Challenge for Practice Performance

Practice Performance: Medication Management

The 19-year-old youth is diagnosed with adjustment disorder and was prescribed psychotropic medication. The youth has discontinued using medication as prescribed nor does the youth meet with the psychiatrist to explore other medication options.

Medication Management

Medication management was the only CY 2021 *Practice Performance* indicator that did not meet the 80 percent standard. Use of psychotropic medications is often a treatment modality for emotional disorders. For a youth with such diagnoses, regular compliance with medications is essential to monitor and ensure the intended outcome of use. However, management is more

challenging when youth turn 18 and can legally decline a prescription. While the QSR specialists rated the majority (73 percent, n =11/15) of indicators as acceptable for the management of medications, practice performance for this indicator still did not achieve the 80 percent standard.

III. Four Pillars Performance Framework

For purposes of the Annual QSR Report, CFSA measures certain outcome targets using the previously mentioned 80 percent benchmark that CFSA tracks using the *Four Pillars Performance Framework (Performance Framework)*.⁵ Data for this section summarize the Agency's performance for safety, intervention planning, and implementation of supports and services. The outcome measures focus solely on Out-of-Home performance, In-Home performance, and overall performance for both In-Home and Out-of-Home in regard to meeting the 80 percent benchmark. *Note: All Out-of-Home performance data include cases managed by the private agencies, as well as cases managed by CFSA's Office of Youth Empowerment.*⁶

Safety Assessments

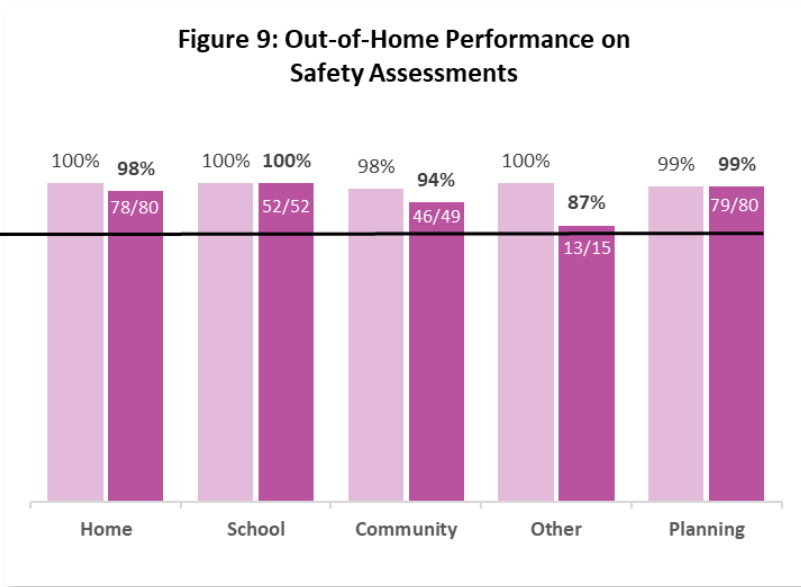
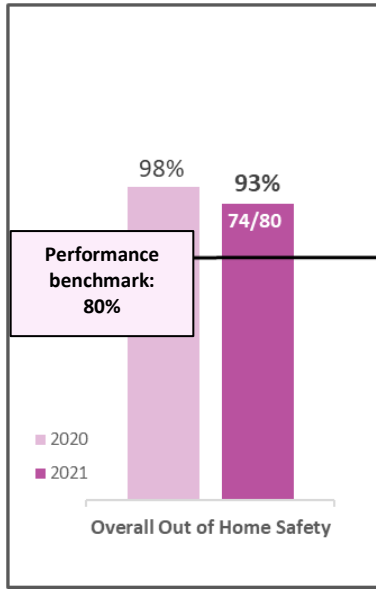
Within the *Performance Framework*, the combination of ratings for safety at home, at school, in the community, and elsewhere (e.g., a youth's place of employment) remains a principal deciding factor for achieving positive permanency outcomes under the *Child and Family Status* domain. Data analysis also focuses on ratings that indicate a team's ability to ensure successful intervention planning under the *Practice Performance* domain. Figures 9 through 11 below demonstrate how effective teaming has resulted in the maintenance of safety standards across both the *Child and Family Status* and the *Practice Performance* domains. **All CY 2021 safety indicators exceeded the 80 percent *Performance Framework* benchmark.**

The CY 2021 ratings for overall safety for Out-of-Home cases remained 13 percentage points above the 80 percent standard (Figure 9), even though the overall CY 2021 Out-of-Home safety performance ratings (93 percent) dropped 5 percentage points from CY 2020 (98 percent). Across the individual safety indicators, child safety at school and planning interventions for safety both maintained 100 percent and 99 percent ratings (respectively) between CY 2020 and CY 2021.

The largest decrease for child safety ratings occurred for safety in the "other" category, from 100 percent in Cy 2020 to 87 percent in CY 2021. However, the number of children counted for the CY 2020 was almost half (n=8/8) compared to CY 2021 (n=13/15). There were no increases for child safety ratings in CY 2021, although all ratings still remained above the benchmark.

⁵ See the *Executive Summary* for additional context.

⁶ CFSA's Office of Youth Empowerment is under the Clinical Case Management & Support Administration (formerly Permanency Administration).



As Figure 10 depicts, **In-Home services continue to surpass the 80 percent standard for all five subsets for the child status safety indicator.** There was a 9 percentage-point increase from CY 2020, increasing overall acceptable safety from 86 percent in CY 2020 to 95 percent in CY 2021. Individual indicators remained stable or increased in percentage points, e.g., child safety at home and planning interventions for safety.

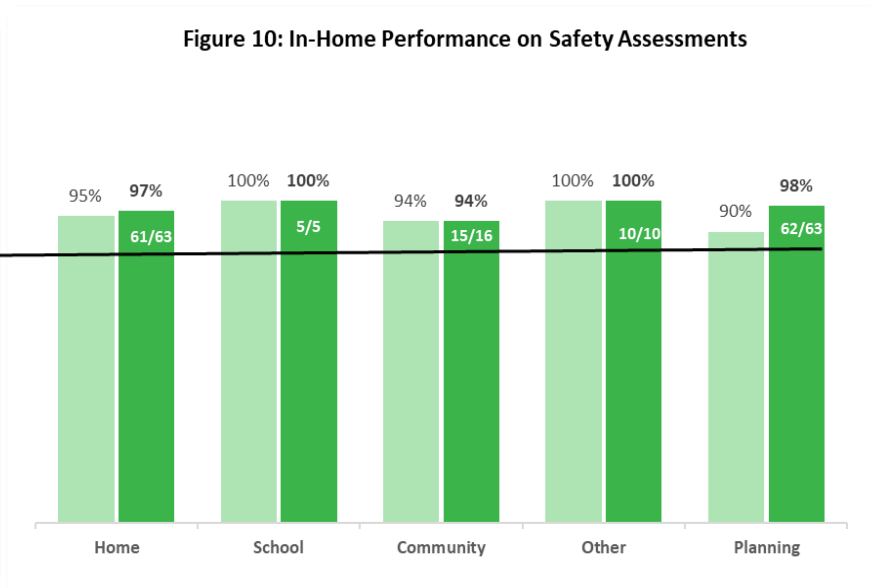
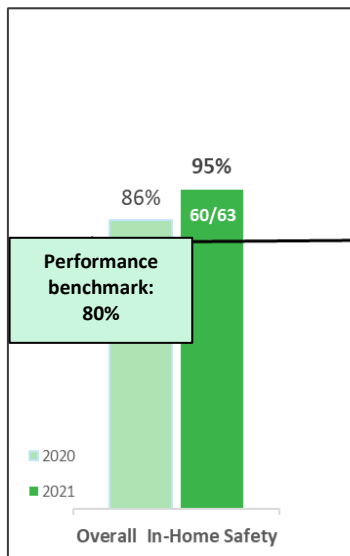
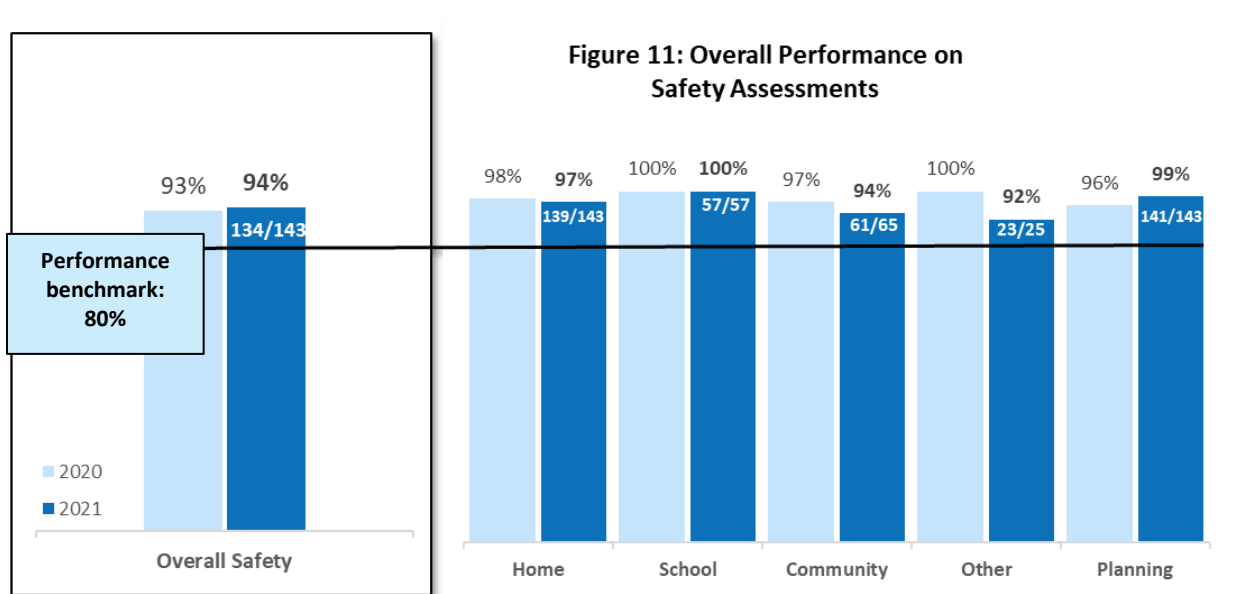


Figure 11 examines the overall combined safety outcomes for both In-Home and Out-of-Home services. **Overall safety was 14 percentage points above the 80 percent Performance Framework benchmark for the Agency.** Despite decreases for child safety at home, in the community, and “other,” all combined ratings remained (at a minimum) at least 12 percentage points over the benchmark.



Planning Interventions

Figures 12 through 14 focus on the ratings for six core concepts under the following planning interventions (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.

Overall, Out-of-Home surpassed the 80 percent *Performance Framework* benchmark by 11 percentage points for the combined six planning interventions subsets (Figure 12). All subset scores remained above the benchmark except for the following three indicators: *planning for permanency*, *planning for well-being*, and *planning for daily functioning*. *Safety* for both 2020 and 2021 remained stable at 99 percent as did *planning for education* at 97 percent. *Planning for transitions* increased by 5 percentage points.

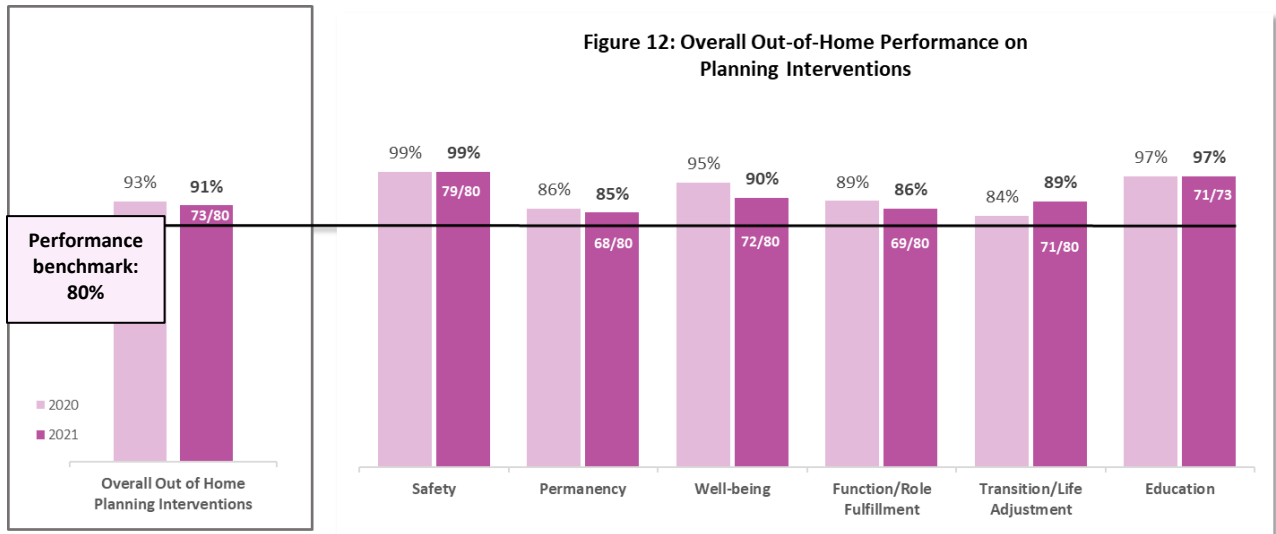


Figure 13 reveals that overall In-Home ratings exceeded the 80 percent *Performance Framework* benchmark by 17 percentage points in CY 2021. Of the six subsets, *planning for permanency* decreased by 3 percentage points from 98 percent to 95 percent, yet remained 15 percentage points above the benchmark. All remaining five subset indicators increased.

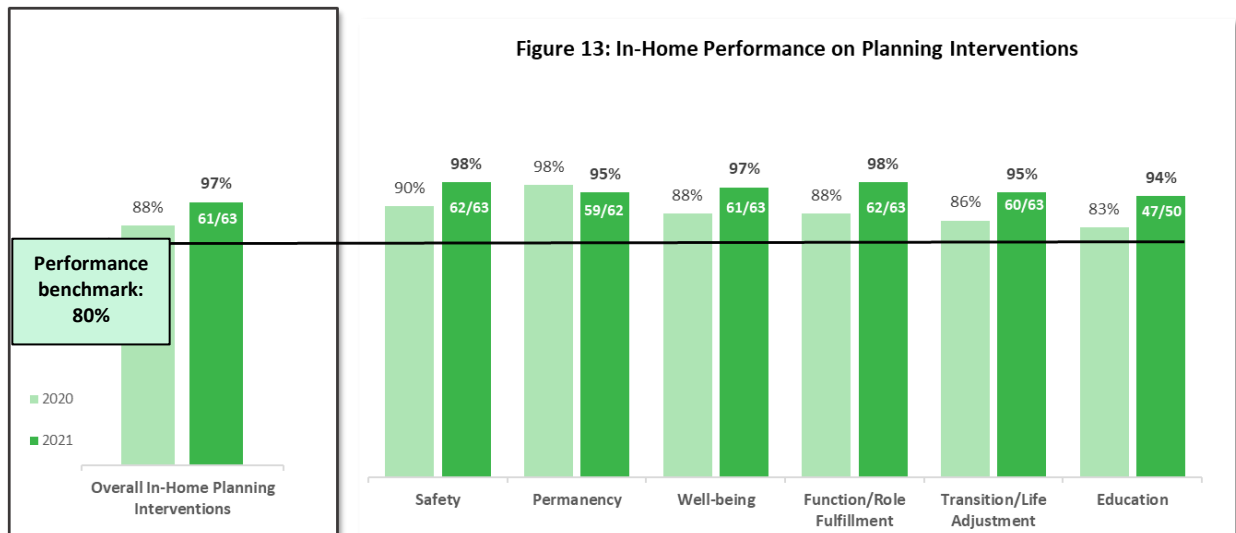
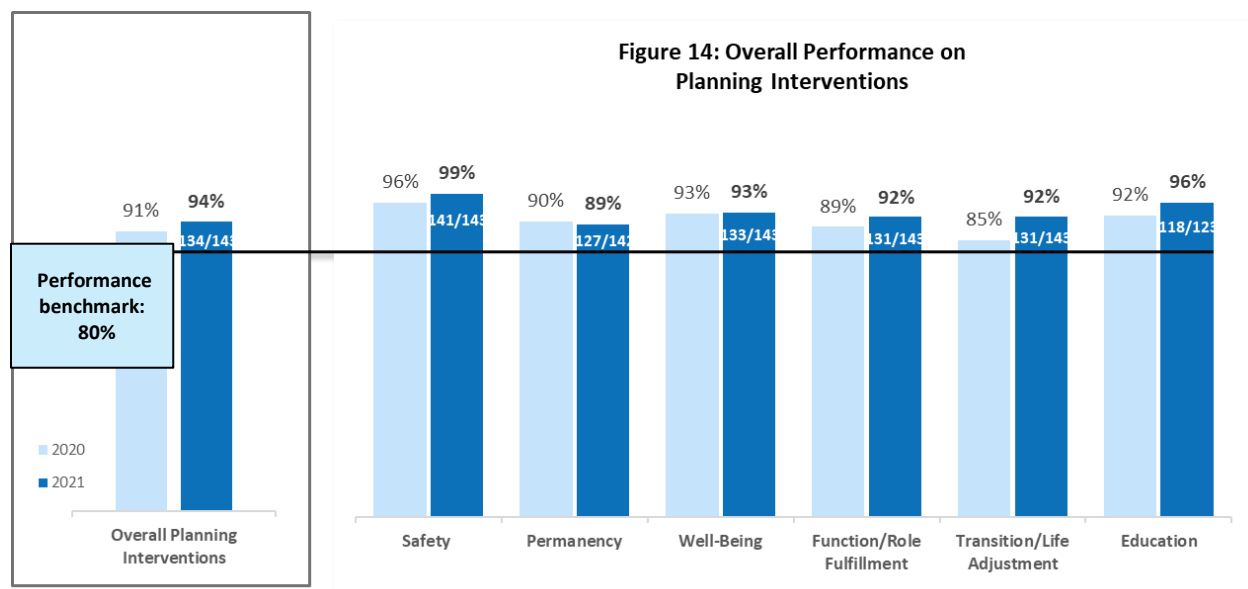


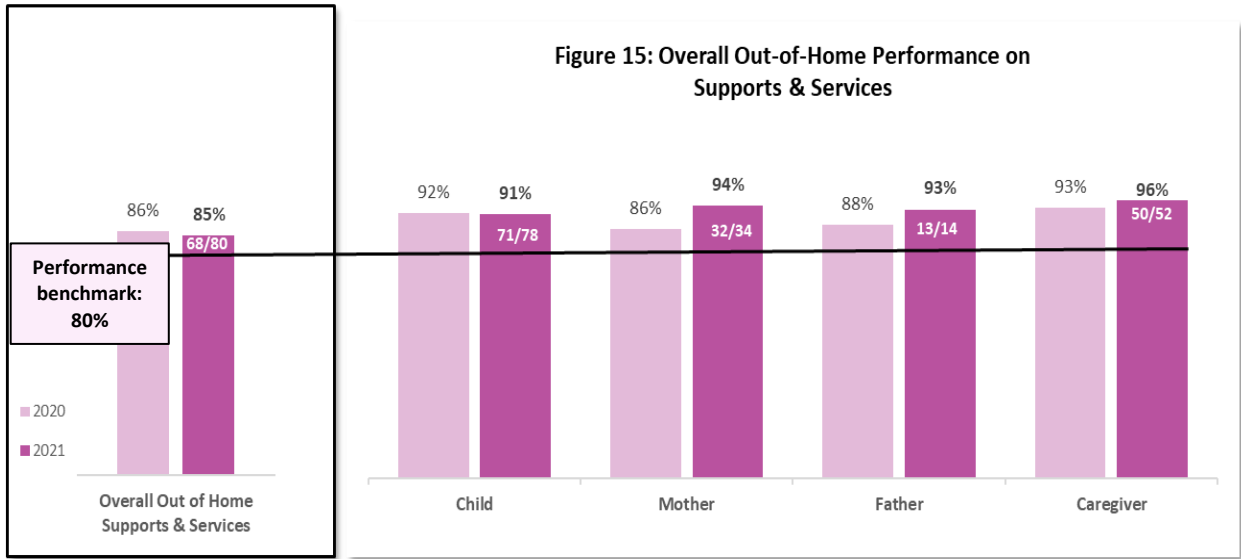
Figure 14 shows the overall intervention planning performance both by Out-of-Home and In-Home in CY 2021. **At 94 percent, the overall ratings were 14 percentage points above the 80 percent benchmark with a 3 percentage-point increase from CY 2020.** The individual six ratings between CY 2020 and CY 2021 surpassed the 80 percent benchmark with increases for five of the six indicators. Planning for permanency remained 9 percentage points above the benchmark.



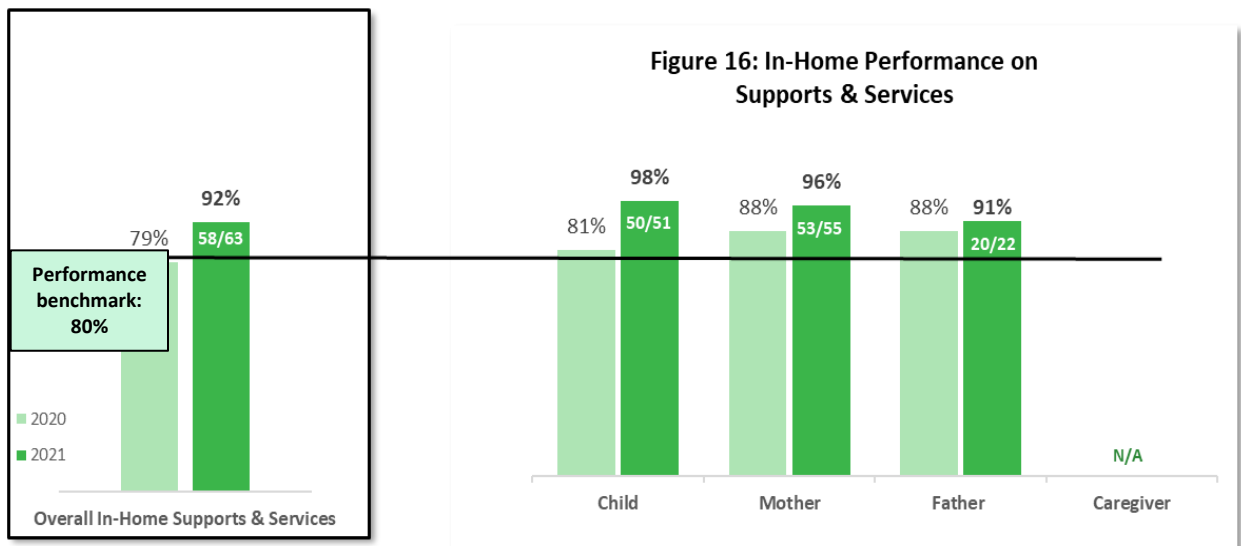
Supports and Services

Implementation of supports and services is a practice strategy for ensuring that families have sufficient and appropriate opportunities to address the reasons for coming to the Agency’s attention. This indicator applies to the array of services potentially needed by a child, a mother, a father and, when applicable, a resource parent for children in Out-of-Home care. Services range from behavioral health services (e.g., individual or family functioning therapy) to academic services (tutoring and individualized educational plans) to medical services (i.e., medical equipment) for children diagnosed as medically fragile.

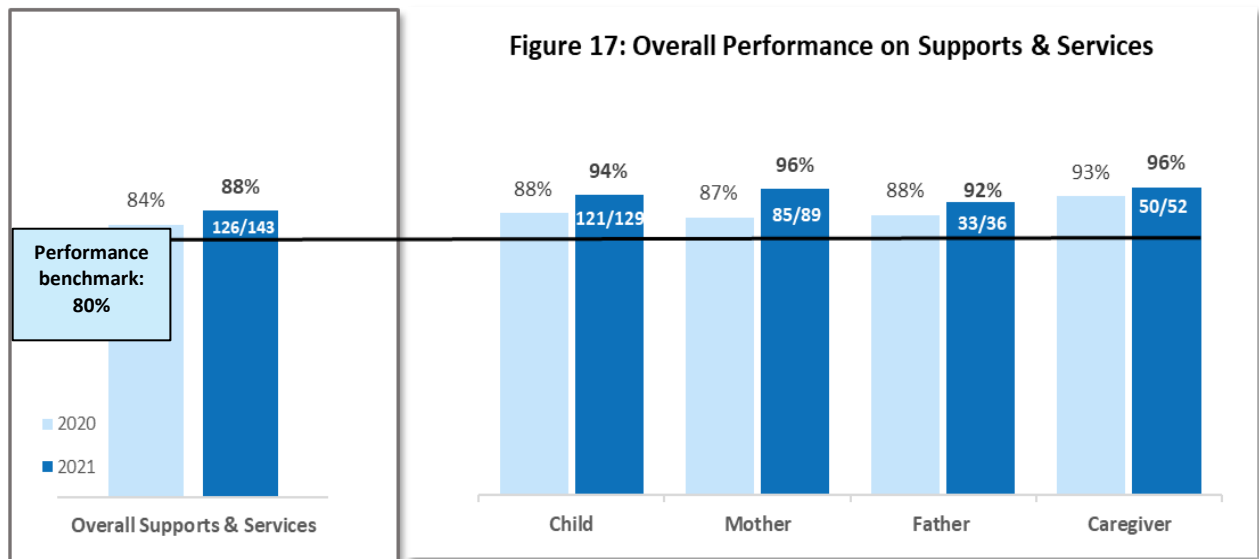
Figure 15 reveals that **Out-of-Home continued to meet the 80 percent benchmark during CY 2021.** At 85 percent, the overall Out-of-Home ratings remained 5 percentage points above the benchmark. Services to children decreased by 1 percentage point from 92 percent in CY 2020 to 91 percent in CY 2021 yet remained 11 percentage points above the benchmark. With all ratings above 90 percent, indicators for supports and services to mothers, fathers, and caregivers all increased between CY 2020 and CY 2021 by 8, 5, and 3 percentage points (respectively).



CY 2021 overall In-Home ratings were 92 percent acceptable, and 13 percentage points above the ratings from CY 2020, and 12 percentage points above the 80 percent *Performance Framework benchmark* (Figure 16). In-Home performance improved for implementation of supports and services for children, mothers, and fathers, all above 90 percent with 7, 8, and 3 percentage point increases (respectively). The caregiver indicator is not applicable for In-Home due to the caregiver being a birth parent or holding parental responsibilities.



Overall Agency performance ratings for implementation of supports and services increased by 4 percentage points from 84 percent in CY 2020 to 88 percent in CY 2021. Every CY 2021 subset for the supports and services indicator exceeded the 80 percent *Performance Framework* benchmark, and increased from CY 2020 by 6, 9, 3, and 3 percentage points (respectively) for services received by children, mothers, fathers, and caregivers.



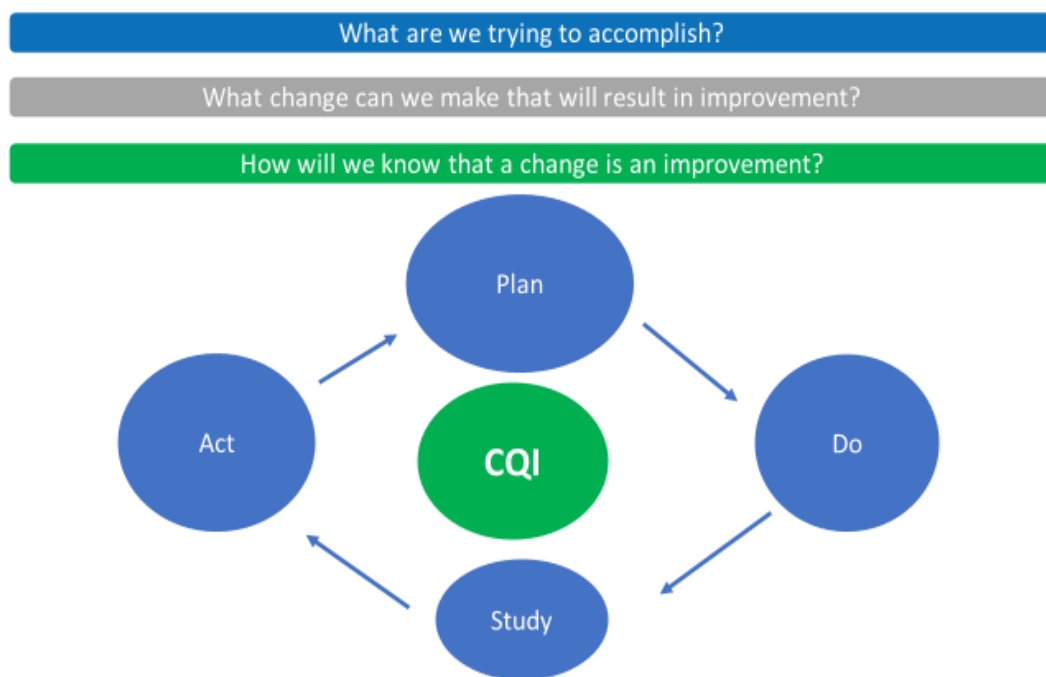
Moving forward into CY 2022, CFSA will continue to monitor the same measures of performance for safety, intervention planning, and implementation of supports and services, based on QSR ratings for Out-of-Home and In-Home services. Both CFSA and the private agencies will also continue developing improvement strategies as needed for any indicators that may score below the 80 percent *Performance Framework* benchmark.

Section IV: Continuous Quality Improvement for CY 2021 (below) outlines some of the strategies that CFSA and its contracted private agency partners implemented between CY 2020 and CY 2021 to address areas in need of improvement. CFSA will also continue to review its own CQI processes to ensure ongoing success for meeting and exceeding the 80 percent *Performance Framework* benchmark.

IV. Continuous Quality Improvement (CQI) CY 2021

CFSA’s CQI model for the improvement of QSR *Practice Performance* indicators requires a continuous feedback loop that begins with an examination of practice goals, i.e., what the Agency and its contracted private agency partners are trying to accomplish at any given step along the child welfare continuum. Conditional to the QSR results of such an examination, CFSA and the private agencies partner to determine the changes necessary for improvement.

CQI Model for Improvement



CFSA’s CQI approach also embodies the Plan-Do-Study-Act (PDSA) cycle. Throughout the cycle, CFSA uses evidence from the QSR process to drive clinical and administrative decisions, beginning with immediate feedback to the case-carrying social worker and supervisor at the end of the two-day review. A second feedback loop occurs during case presentations with the assigned CFSA or private agency supervisors and program managers in attendance.

At the leadership level, the feedback loop culminates during exit conferences based on the QSR data results for the calendar year, including case-specific information gathered during case presentations. As a result of the exit conferences, senior management for each program area develops CQI strategies to address areas identified as needing improvement. The exit conferences are thereby significant opportunities for participants to delve into the current state

of practice skills, alongside the opportunity to address challenges or systemic issues. Based on the QSR results for the year, program areas will develop strategies for practice improvement.

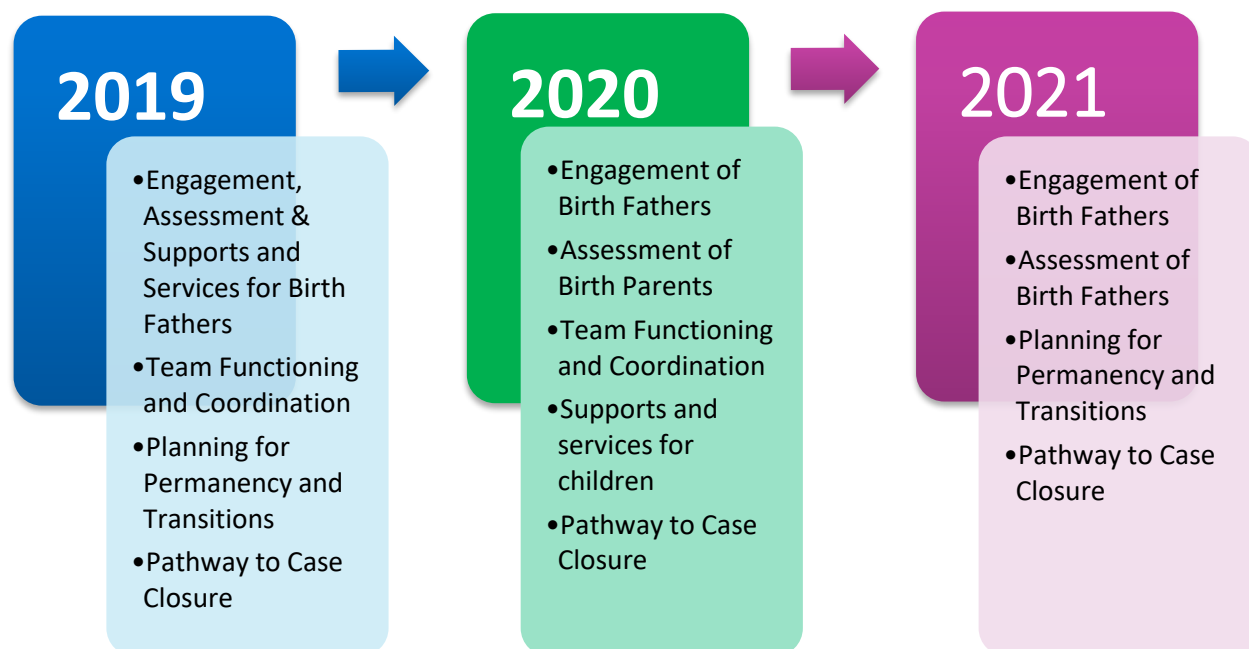
Table 3 describes the top four practice areas of strength for the Agency’s overall *Practice Performance* domain. **Of 35 subset indicators, QSR specialists rated 97 percent (n=34/35) as acceptable for the CY 2021 Practice Performance domain.** As a result, there is only one area in need of improvement, previously discussed under *Findings: Practice Performance*. Within the acceptable ratings for the remaining 34 subset indicators, there are scoring separators between maintenance of the acceptable practice, and refinement of the acceptable practice (see *Appendix B: QSR Process and Protocol*). As a result, Table 3 lists areas in need of refinement.

Table 3: Top Four Practice Areas of Strength / Areas in Need of Refinement CY 2021	
Practice Areas of Strength	Practice Areas in Need of Refinement
<p>Engagement of Parents The team provided culturally-competent outreach efforts to find and engage birth parents in the case planning process. The team ensured accommodations for birth parents’ schedules and adjusted parents’ needs for virtual attendance at case planning meetings, based on the pandemic continuing into CY 2021. The team developed a trust-based relationship.</p>	<p>Assessment of Birth Parents The team may need to expand upon and maximize successful engagement efforts. The team might need to deepen its understanding of birth parents’ risks, and underlying needs, and bio-psycho-social functioning and progress. The team may also need to increase understanding of any supportive services and outcomes.</p>
<p>Teaming (Formation, Functioning, Coordination) All of the people with appropriate skills and knowledge have formed an excellent working team. Team members function as a unified group with excellent working relationships among themselves and the child and family. There is evidence of excellent leadership and effective coordination for service organization and integration of goals and service delivery.</p>	<p>Teaming (Functioning and Coordination) The team may need to cultivate a stronger and more cohesive working relationship among team members. Problem-solving efforts may need more guidance from the social worker, who is expected to be a solid leader for the team. Progress toward case closure might need a greater and more consistent level of coordination.</p>
<p>Planning Interventions Social workers and service providers are ensuring that children are reaching life outcomes that are meaningful, measurable, and achievable (safety, physical and emotional well-being, a solid and well-planned path to permanency, academic progress, etc.). There is well-reasoned planning with agreed-upon goals and intervention strategies that relate to the identified goals and outcomes for family success after case closure.</p>	<p>Planning Interventions for Permanency The team may need to improve its approach to timelines and renew efforts for engagement of family members or older youth preparing for independence. Team communication might need to be streamlined, and the team may need to become more creative in the approach to planning, including reassessments of the family’s needs and service provision.</p>

Table 3: Top Four Practice Areas of Strength / Areas in Need of Refinement CY 2021	
Practice Areas of Strength	Practice Areas in Need of Refinement
<p>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 effective help to the family to achieve sustained permanency.</p>	<p>Pathway to Case Closure CFSA needs to focus equal attention on the supports and services to “others,” regardless of the sample size. Some new team members may need to be brought into the case planning meetings.</p>

As mentioned earlier, in response to data provided during the exit conferences, senior management for each program area develops CQI strategies to address areas identified as needing improvement. Over the course of the last three years, there has been some consistency in the areas in need of improvement across CFSA administrations and the private agencies. Aside from the medication management indicator, **CFSA’s Permanency and In-Home Administrations had no CY 2021 indicators under the 80 percent Performance Framework benchmark.** Of the three contracted private agency partners, there were also no indicators in need of improvement for either the Latin American Youth Center or Lutheran Social Services. Accordingly, there are no CQI strategies outlined for those program areas. **CFSA’s contracted private agency partner, the National Center for Children and Families (NCCF), received unacceptable ratings for five indicators, indicating areas in need of improvement** (Figure 18).

Figure 18: Areas in Need of Improvement CY 2019 – CY 2021*



**All indicators needing improvement for CY 2021 are based on QSR results from NCCF only.*

As evidenced in Tables 4-5, the individual program areas that required improvement strategies from CY 2020 implemented those tactics to increase ratings across indicators. For the data from Out-of-Home services, the listed improvements are based on strategies developed by CFSA’s Permanency Administration and CFSA’s contracted private agency partners. **After implementation of corrective strategies, the average Out-of-Home rating for the assessment of both birth parents increased by 7 percentage points** (Table 4). In regard to teaming, **CY 2021 revealed a 4 percentage-point increase both for team functioning and for team coordination.**

NCCF which saw decreases in ratings for the engagement of fathers and the pathway to case closure, despite implementation of strategies to improve ratings.

Table 4: CY 2020 Out-of-Home CQI Strategies and 2021 Outcomes

2020 Areas in Need of Improvement	Performance Improvement Strategies	2021 Outcomes
Assessment of Birth Parents (CFSA and private agencies)	<ul style="list-style-type: none"> • Focus on continued use of a PEER advocate for individual support of every parent.⁷ • Focus on continued use of Recovery Specialists, Project Connect, and Family Treatment Court for parents impacted by substance use. • Increase engagement and referrals for mental health therapy (as applicable) • Increased visits between birth parents and social workers to focus on case planning, services, and supports. 	7 percentage-point improvement
Team Functioning and Coordination (CFSA and private agencies)	<ul style="list-style-type: none"> • Define role responsibility and conflict management, including culture of communications across disciplines. • Identify challenges that impact team functioning, decision-making and case progress toward goal achievement. 	4 percentage-point improvement
Engagement of Birth Fathers (NCCF)	<ul style="list-style-type: none"> • Ensure compliance with the revised social worker and birth parent visitation schedule (2x a month for 9 months). • Encourage social worker participation in refresher training on birth parent engagement. 	37 percentage-point decrease

⁷ CFSA’s Parent Engagement, Education and Resource (PEER) Support program provides assistance and mentoring to birth parents from parents who were formerly involved with the child welfare system.

Pathway to Case Closure (NCCF)	<ul style="list-style-type: none"> • Participate in Permanency Goal Review Meetings (PGRM) to review cases 3 months prior to timelines required by the Adoption and Safe Families Act. • Assess viability of permanency goal, identify and address potential barriers, and develop next steps to ensure cases are on track to achieve permanency. 	6 percentage-point decrease
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In CY 2021, there was a 19 and 17 percentage-point increase (respectively) for the In-Home Administration’s CY 2020 *assessment of birth fathers* and the *implementation of supports and services to children* (Table 2).

Table 5: CY 2020 In-Home CQI Strategies and 2021 Outcomes

2020 Areas in Need of Improvement	Performance Improvement Strategies	Outcomes
Assessment of Birth Fathers	<ul style="list-style-type: none"> • Focus on intentional engagement as a segue to the assessment of birth fathers. • Reinforce the importance of documenting reasonable efforts for providing supports and services to fathers, including non-residential fathers. • Increase exploration into how fathers currently or may potentially provide support to their children. • Launch multi-administration clinical staffing meetings (multidisciplinary) to assess practice. 	19 percentage-point improvement
Supports and Services to children	<ul style="list-style-type: none"> • Share and reinforce QSR results in multiple settings (all-staff meetings, group supervision). • Increase tracking and adjusting of services not leading to positive outcomes. • Intervene and elevate concerns when providers are unresponsive, or there are delays or lack of access to services. • Improve consistent and accurate documentation of contacts with families and providers. • Increase efforts to coordinate and plan with families to help with benefiting from services. • Increase virtual engagement and the ability to provide support to families. 	17 percentage-point improvement

V. Commendations

When QSR management identifies social workers, whose cases were scored with ratings of 5-6 in the maintenance zone (see *Appendix B*) for all indicators under *Practice Performance*, these social workers receive commendation letters signed by CFSA's director. **For CY 2021, a total of 42 social workers received commendation letters** during the individual program area exit conferences. These social workers receive public acknowledgement and praise for their exemplary leadership and social work skills demonstrated on behalf of the children and families. Of the 42 letters, the QSR Unit presented 27 In-Home social workers, and 15 Out-of-Home social workers (including one social worker from NCCF). CFSA is proud to acknowledge the hard work of these social workers.

VI. Conclusion

The QSR process continues to demonstrate a strong, constructive impact on the CQI feedback loop for improvement of Agency practice, and the subsequent fulfillment of the Agency's mission. In addition to superseding the internal 80 percent standard for the overall *Child and Family Status* indicators, **the Agency ensured safety for children in all subset areas: home, school, and the community**. The *Practice Performance* of program areas also resulted in overall ratings surpassing the 80 percent *Four Pillars Practice Performance benchmark*. In particular, **CFSA improved ratings across the three teaming indicators: formation, functioning, and coordination**. As a corollary, **CFSA successfully increased its assessment of fathers by 13 percentage points from 69 percent in CY 2020 to 82 percent in CY 2021**. Moreover, **the Agency maintained the indicator, pathway to case closure, above the 80 percent benchmark (83 percent)**.

Indicative of the Agency's improvements over a three-year period, **CY 2021 showed a 5 percentage-point increase in overall *Child and Family Status* acceptable ratings from 83 percent in CY 2019 to 88 percent**. Despite the improvement, there were five indicators that did not meet the internal 80 percent standard: legal custody, substance use (older youth), preparation for adulthood (older youth), family functioning (birth parents), and voice/choice for other parties to the case. Of these five indicators, legal custody had nonetheless improved by 11 percentage points from 63 percent in CY 2019 to 74 percent in CY 2021. Preparation for adulthood improved by 8 percentage points from 69 percent in CY 2019 to 77 percent. **Overall *Practice Performance* indicators increased by 9 percentage points from 85 percent in CY 2019 to 94 percent in CY 2021**. Only one indicator for *Practice Performance* failed to meet

the 80 percent *Four Pillars Practice Performance* benchmark (medication management at 73 percent).

Due to the strong CQI collaboration between the QSR Unit and the individual program areas, CFSA was able to continue providing valued feedback to improve ratings, enhance practice, and advance positive permanency outcomes. CFSA's emphasis on CQI-based strategies for each program area's themes will continue throughout CY 2022, even for those indicators that met the 80 percent benchmark, in order to further increase ratings under *Practice Performance*. In summary, CFSA anticipates that the ongoing QSR/CQI process will continue to reinforce existing Agency efforts as well as promoting creative new efforts to streamline and align service delivery, improve practice, and fulfill the Agency's mission to achieve positive outcomes for children's safety, permanency, and well-being.

VII. APPENDICES

Appendix A – Demographics

Gender Breakdown

Of the 143 children and youth in the QSR sample, 50 percent (n=73) identified as female while 48 percent (n=68) identified as male (Figure 18). One percent (n=1) self-identified as transgender and another one percent (n=1) self-identified as non-binary.⁸

Age Groups

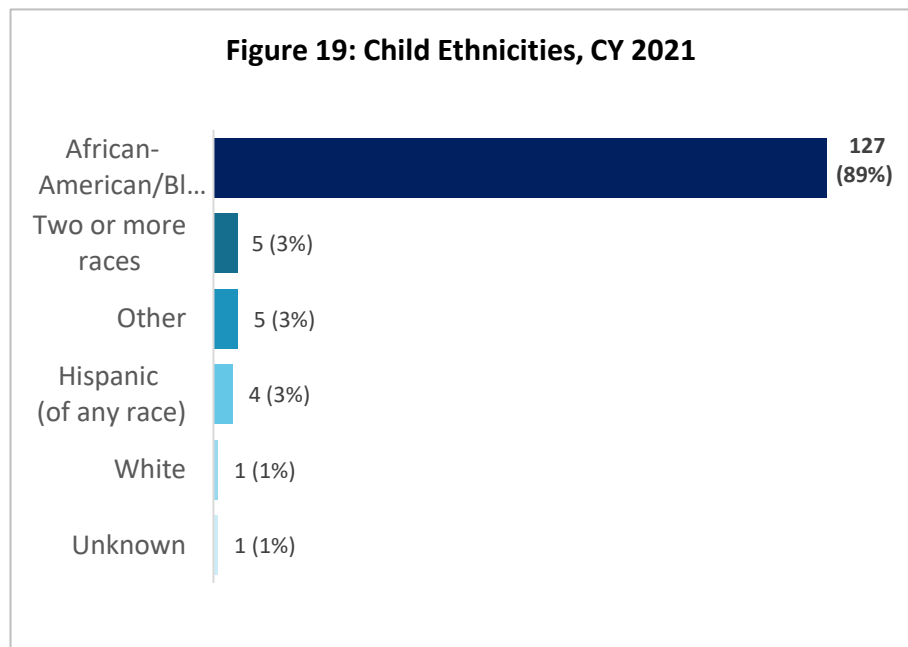
The breakout of ages included the following age groups: birth to 5 (36 percent, n=52), 6 to 12 (29 percent, n=42), 13 to 17 (22 percent, n=32) and 18 to 20 (12 percent, n=17).

Child Ethnicities⁹

Figure 19 depicts the identified ethnicities within the QSR sample. **The majority served (89 percent, n=127) identified as African American/Black.**

Three percent (n=5) identified as “two or more races,” including one mother who self-identified with three racial heritages: Native

American, Caucasian, and African American. Another three percent (n=5) identified as “other,” which included Liberian/Korean, Afghani, Sierra Leonean, and Eritrean, African (country unspecified). Another 3 percent (n=4) identified as Hispanic and Latino. One percent (n=1) identified as Caucasian, and one percent (n=1) was “unknown.”



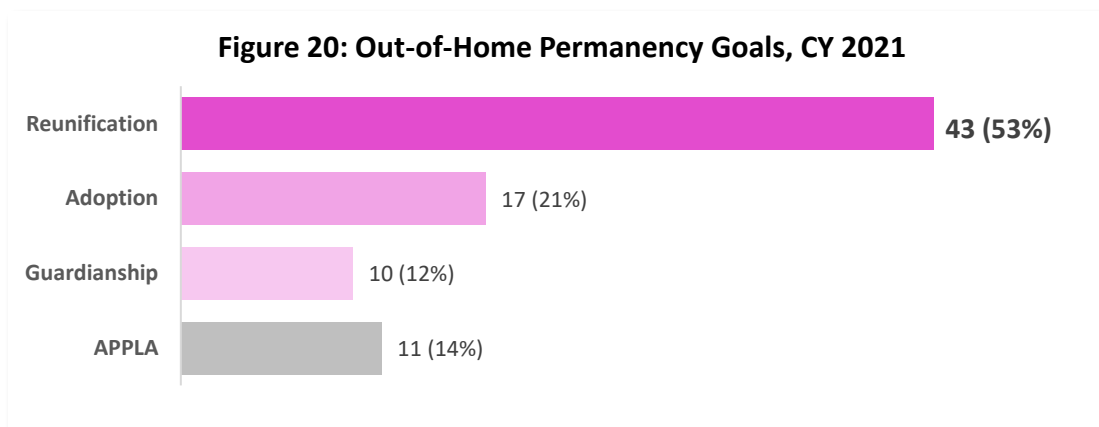
⁸ For purposes of this report, a “transgender” person is any individual whose personal sense of identity and gender does not correspond with their birth sex. “Non-binary” is defined as an individual whose personal sense of identity and gender does not correspond with any particular gender.

⁹ Figure 20 groups child ethnicities according to the 2019 Adoption and Foster Care Analysis System (AFCARS) from the federal Administration for Children and Families, Children’s Bureau.

Permanency Goals

Of the 143 reviews for CY 2021, 43 percent (n=62) received In-Home services. For the 57 percent (n=81) of children whom CFSA separated from their homes due to imminent safety concerns or significant risk, **the greater majority (53 percent, n=43) held the permanency goal of reunification** (Figure 20) in line with CFSA’s prioritization of goals. Adoption and guardianship represented the second and third majority: 21 percent (n=17) and 12 percent (n=10), respectively.

Fourteen percent (n=11) of older youth (age range 15-20) had a permanency goal of an alternative planned permanent living arrangement (APPLA). *Note: APPLA is always a last resort for any youth’s permanency goal and is determined on a case-by-case basis when permanency planning indicates that reunification is not a viable option and no other family resources are available.*

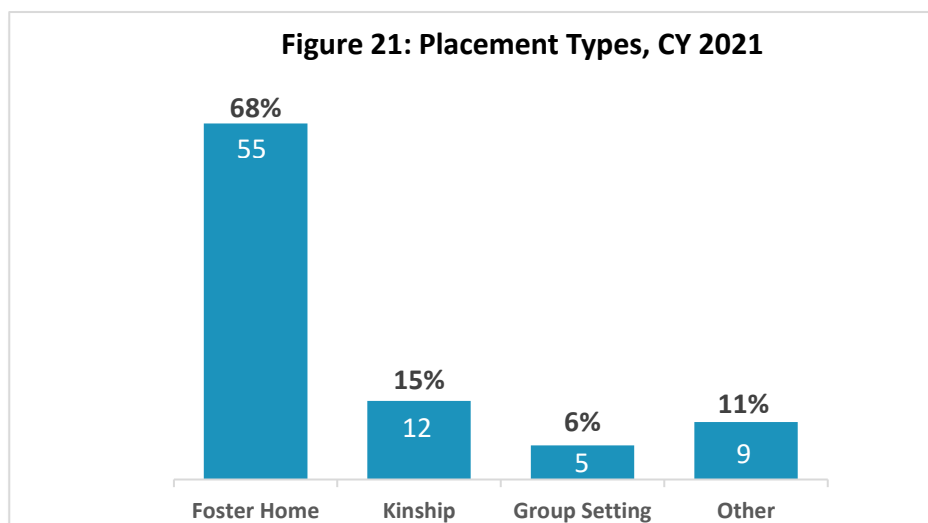


Child Placement

Children may receive services while remaining in the home, or while in a foster care placement. Within foster care placements, there are generally two options: (1) family-based settings and (2) congregate care settings. Family-based settings include kinship, traditional, therapeutic, and pre-adoptive foster homes. CFSA prioritizes family-based settings whenever possible, due to extensive research on the benefits to a child’s overall well-being. However, for youth 13 years or older where a family-based setting may not be the best fit, CFSA offers congregate care settings. Options include traditional group homes, independent living programs (ILPs), teen parenting programs (often part of an ILP), therapeutic group homes,¹⁰ and psychiatric

¹⁰ NCCF case manages all therapeutic group homes.

residential treatment facilities (PRTFs).¹¹ are the preferred placement option whenever possible.



As Figure 21 depicts, CFSA fulfilled its prioritization of family-based placements (83 percent) with 68 percent (n=55/81) of children in traditional foster homes (non-relative) while 15 percent (n=12) of

the children received services in kinship foster homes. Six percent (n=5) resided in group home settings. CFSA placed 11 percent (n=9) in “other” settings, which included a correctional facility, a PRTF, a 20-year-old youth living with a relative until her commission to the U.S. Navy, an 18-year-old youth in abscondence, a 10-year-old child diagnosed as medically fragile and residing in a pediatric hospital, and four children who were living at home with parents or caregivers under foster-care-related circumstances, including protective supervision with an open foster care case and an ongoing Child Protective Services investigation.

Number of Placements per Child

Figure 22 below reveals that of the 80 children¹² with placement history, **CFSA and private agency teaming ensured that the majority of children (71 percent, n=57) had a minimum of placements (1-2) throughout the previous 12 months.** It is CFSA’s expectation that the younger the child, the fewer placements experienced by the child. Likewise, as children age in foster care, the more likely a child will experience more placements.

An additional 19 percent (n=15) of the children had 3-5 placements. Of this group, QSR reviewers rated 40 percent (n=6) as having experienced “adverse stability,”¹³ contingent to how

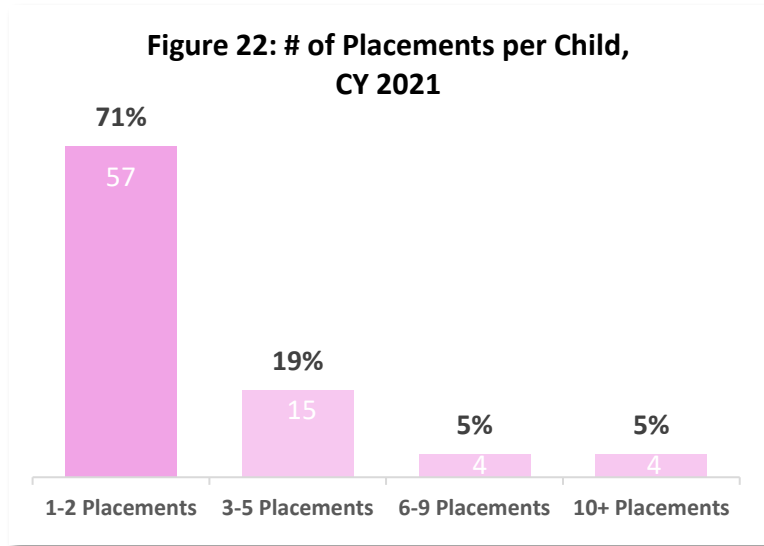
¹¹ Depending on the clinical diagnosis or the severity of a youth’s behavioral health challenges, CFSA may place a youth under age 13 in a PRTF.

¹² Although there were 81 children receiving services out-of-home, only 80 children had placement history.

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

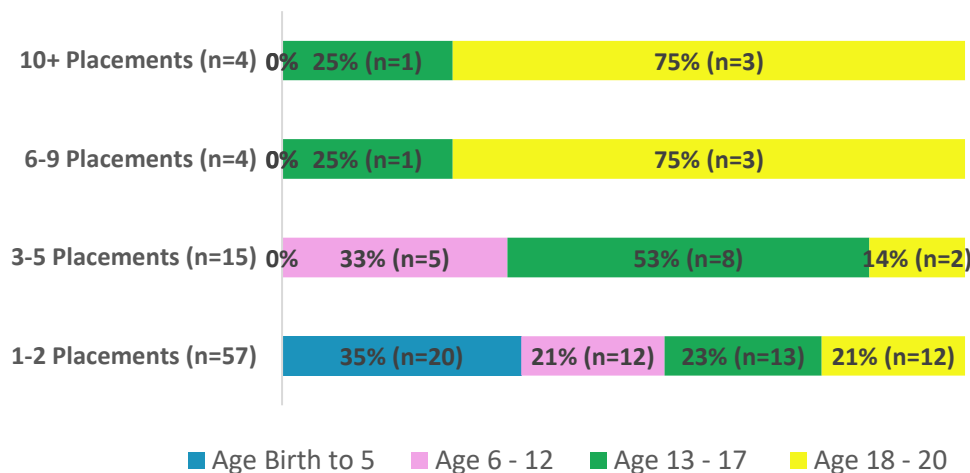
long the child had been in foster care and whether there were more than two disruptions within a 12-month period.

Five percent (n=4) of children had 6-9 placements. Two of these four cases included adverse stability ratings. Another 5 percent (n=4) had 10+ placements. Only one of the four rated adverse for stability.



CFSA makes every effort to ensure placement stability for all children, which requires the least number of placements possible. Ideally, the first placement is the best placement. However, there are times when an emergency placement may be expedient for a child’s safety while the Agency seeks out relatives for a more permanent placement. Out of the 57 children with 1-2 placements, 35 percent (n=20) were ages birth to 5 years. Twenty-one percent (n=12) accounted both for the 6 to 12 age group and the 18 to 20 age group while 23 percent (n=13) accounted for the remaining age group of 13 to 17. **Figure 23 indicates a relatively equal spread of age groups with only 1-2 placements.**

Figure 23: Out-of-Home Placements by Age Group, CY 2021



Of the 15 children with 3-5 placements, zero percent were ages birth to 5 years. Thirty-three percent (n=5) were ages 6 to 12, 53 percent (n=8) were ages 13 to 17, and 14 percent (n=2) were ages 18 to 20.

For the four children with 6-9 placements, there were no younger children (birth to 12). Twenty-five percent (n=1) of the children were teenagers, ages 13 to 17, while 75 percent (n=3) represented older youth ages 18 to 20. Similarly, there were no younger children with 10 or more placements. For 10+ placements, one teenager between 13 and 17 years old accounted for 25 percent (n=1). The remaining 75 percent (n=3) represented older youth ages 18 to 20. For these older youth, the longest time in foster care was 7 years, and the shortest time was 2 years. As Figure 24 shows, older youth tend to experience a greater number of placements.

Appendix B – QSR Process and Protocol

The QSR approach allows reviewers to assess how **CFSA and its contracted private agency partners work together as a team** in order to engage family. Effective engagement allows for an accurate grasp of the family’s cultural identity and correct assessment and understanding of the family’s needs. Accurate assessments drive the team’s planning of interventions to implement appropriate services. The team’s subsequent service referrals establish an expedient path to case closure.

QSR Process - CY 2021



The entire QSR process allows for real time feedback to case-carrying social workers, their supervisors and leadership for individual program areas. The 2-day review involves interviews with all parties to a case: children (infants are observed), birth parents, resource parents,

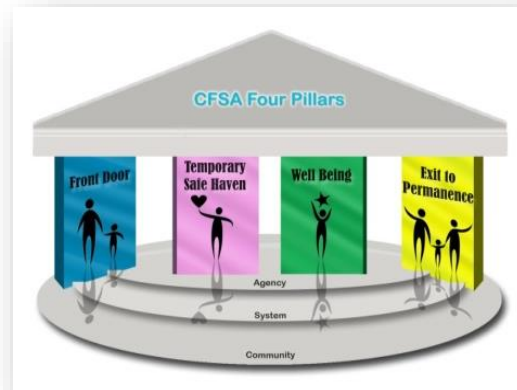
extended family, social workers, providers, and other professionals. Subsequent development of improvement strategies is a critical component of CFSA’s CQI process.¹⁴

Example of QSR Scoring Protocol			
QSR Interpretive Guide for Child Status			
<i>Zones</i>	<i>Scoring</i>		<i>Status</i>
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.	
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.	

¹⁴ Section IV provides thorough details on the implementation of CFSA program’s CQI strategies, based on QSR results.


Appendix C - CFSA's Four Pillars Strategic Framework

CFSA's stated mission is to improve the safety, permanency, and well-being of abused and neglected children in the District of Columbia. and to strengthen their families. In support of this mission, all CFSA staff participate in CFSA's strategic agenda, known as the *Four Pillars Strategic Framework*. The Four Pillars are values-based and strategy-focused with the following specific outcome targets:



- **Pillar One:** Front Door – Families stay together safely.
- **Pillar Two:** Temporary Safe Haven – Planning for permanency begins the day a child enters care. Children and youth are placed with families whenever possible.
- **Pillar Three:** Well-Being – Children and youth in foster care maintain good physical and emotional health. Children and youth in foster care also receive an appropriate education and meet expected milestones. Youth in foster care pursue activities that support their transition to adulthood.
- **Pillar Four:** Exit to Permanency – Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood.

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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