

# Annual Quality Service Review Report

CALENDAR YEAR 2020



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## I. Executive Summary

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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. In addition to CFSA's responsibilities as the cabinet-level child welfare agency, the District's system comprises an inter-agency partnership between CFSA's contracted private agencies<sup>1</sup> and the District's child and family-serving government agencies, including the Family Court. CFSA and its partners collectively support the safety, well-being and permanency for children and families.

The QSR process is a critical continuous quality improvement (CQI) strategy for CFSA and its partners to assess standards of practice, regardless of a child's goal, placement or whether the family is receiving in-home services. The process provides a case-based appraisal of frontline practice in real time, allowing for rapid assessment and feedback to social workers and managers. By incorporating case presentations into the QSR process, program administrations are able to use the feedback loop to strengthen frontline practice, build capacities and adapt to complex and ever-changing conditions. Overall, the QSR process paves the way for organizational learning that continually improves outcomes for children and families.

Despite the challenges presented by the global pandemic for calendar year (CY) 2020, the QSR Unit successfully continued to maintain the review process, shifting from in-person to virtual interviews. QSR management monitored the quality of the virtual reviews throughout the year, soliciting regular feedback from reviewers. Based on the thorough information gathered and feedback from the reviewers, virtual reviewing did not impact the quality of the overall QSR process.

The unit reviewed 123 randomly selected cases, stratified by program area. Of these 123 cases, 34 percent (n=34) included families receiving services in their own homes. CFSA case managed 24 percent (n=30) of cases where children<sup>2</sup> were living in foster care (either with non-relative caregivers or kinship caregivers). CFSA's Office of Youth Empowerment (OYE) case managed 12 percent (n=14) of the foster care cases. CFSA's contracted private agency partners case managed 30 percent (n=37) of the foster cases.

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<sup>1</sup> 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.

<sup>2</sup> 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.

In reviewing older youth, the QSR reviewers took into consideration the COVID-19 Response Emergency Amendment Act of 2020.<sup>3</sup> The Act allowed for youth turning 21 years of age between March 2020 and the end of the public health emergency to stay in foster care for up to 90 days past the public health emergency. Of the 123 cases reviewed, this legislation impacted only one youth in the sample who was able to remain in care past their 21<sup>st</sup> birthday.

Table 1 indicates the number and percentage of cases reviewed.

Table 1: Number of Reviews by Program Area & Private Agencies CY 2020		
Program Area	# of Cases	% of Cases
In-Home	42	34%
Private Agencies	37	30%
Permanency	30	24%
OYE	14	12%
<b>Total</b>	<b>123</b>	<b>100%</b>

Pursuant to the QSR protocol,<sup>4</sup> each QSR review specialist must determine the acceptable practice standards for the child status indicators while also focusing on the designated internal benchmark for the practice performance indicators. The designated internal benchmark for acceptable *Practice Performance* continues to be 80 percent. Although there are no benchmarks assigned to the *Child and Family Status*, for purposes of providing a baseline understanding, QSR management self-imposes an acceptable standard of 80 percent.

Table 2 (below) demonstrates a child and family’s success at the time of review in meeting the 80 percent standard for **overall Child and Family Status indicators (86 percent acceptable ratings)** and the 80 percent benchmark for **overall Practice Performance indicators (92 percent acceptable ratings)**. For the status of the child, CFSA focuses on four key indicators: *safety at home, stability at home, emotional functioning, and physical health*. Regarding practice performance, CFSA focuses on the team’s *assessment and understanding of the child*, which determines **how well the team is planning interventions to ensure positive permanency outcomes, and subsequent implementation of supports and services**.<sup>5</sup> Table 2 also reveals that

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<sup>3</sup> On March 17, 2020, DC Council enacted the COVID-19 Response Emergency Amendment Act of 2020 (D.C. Act 23-247; 67 DCR 3093) to provide additional flexibility and authority to address critical needs of District residents during a public health emergency.

<sup>4</sup> For additional details set forth in the protocol’s guidelines, see Appendix A.

<sup>5</sup> There are circumstances with older youth who may be consistently in abscondence, involved in sex trafficking, or their whereabouts are otherwise unknown. Even if all the right services are identified, the youth may not be participating in services, and behaviors may not be changing. As a result, ratings on the child status side may be unacceptable despite acceptable ratings on the practice performance side.

the Agency succeeded in surpassing the 80 percent standard for all four of the key child status indicators (98, 91, 86 and 99 percent, respectively) alongside the equivalent 80 percent benchmark for all three of the key practice performance indicators (93, 91 and 88 percent, respectively).

<b>Table 2: Overall Acceptable Ratings / Child Status and Practice Performance for CY 2020</b>		
<b>Rating Elements</b>	<b>Acceptable Cases</b>	<b>Percentage Overall</b>
<b><i>Child and Family Status (Overall)</i></b>	<b>106/123</b>	<b>86%</b>
Child Safety at Home	121/123	98%
Child Stability at Home	112/123	91%
Child Emotional Functioning*	91/106	86%
Child Physical Health	122/123	99%
<b><i>Practice Performance (Overall)</i></b>	<b>113/123</b>	<b>92%</b>
Assessment and Understanding of Children	114/123	93%
Planning Interventions (Overall)	112/123	91%
Implementation of Supports and Services for Children*	95/108	88%

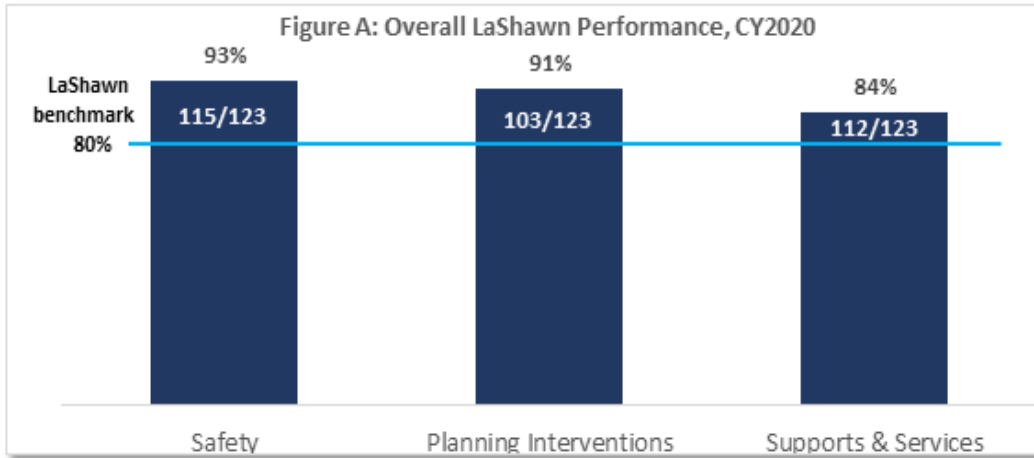
\*There were 17 children under the age of two for whom the “emotional functioning” indicator did not apply, reducing the total count from 123 to 106; there were 15 children for whom services were not applicable, reducing the total count to 108. Percentages are based on the total count applicability.

## LaShawn Benchmarks<sup>6</sup>

Although CFSA entered into a Settlement Agreement on August 7, 2020, the Annual QSR Report will continue to assess CFSA's performance based on the 2019 *LaShawn* Exit and Sustainability Plan (ESP). The ESP exit standard for each indicator remains at 80 percent. However, the overall acceptability for the *LaShawn* benchmark is not an average of each subcomponent's acceptability; therefore, each case is not weighted for proportionality. Methodology looks at the applicable individuals for each indicator. The three ESP exit standards are *Safety*, *Planning Interventions*, and implementation of *Supports & Services*. During CY 2020, CFSA exceeded the 80 percent benchmark for all three key exit standards (Figure A).

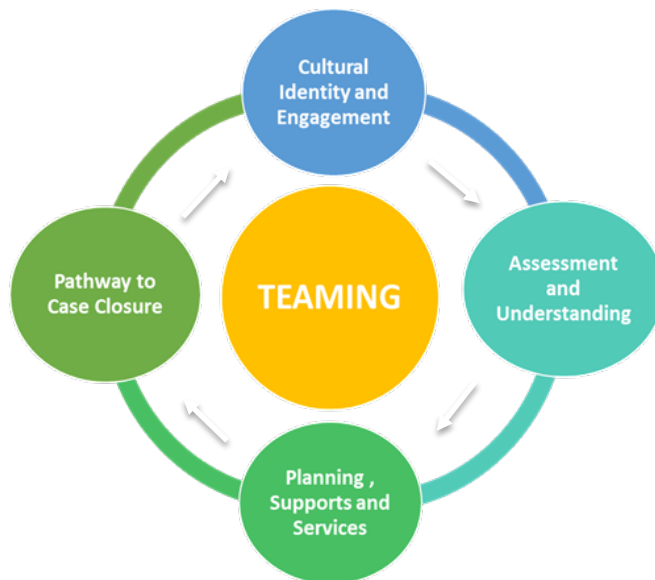
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<sup>6</sup> The *LaShawn A. v. Bowser* lawsuit was filed in 1989 over the quality of services the District of Columbia provided to abused and neglected children in its care. Since 1993, the following court-ordered agreements have been in effect: Modified Final Order, Implementation Plan, Implementation and Exit Plan, and the Exit and Sustainability Plan.



## II. Introduction

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 approach allows reviewers to assess how **CFSA and its contracted private agency partners work together as a team** in order to engage the 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 2020



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.<sup>7</sup>

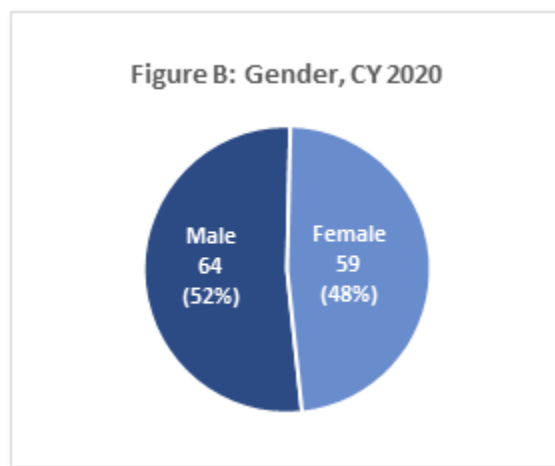
### III. Demographics

#### Gender Breakdown

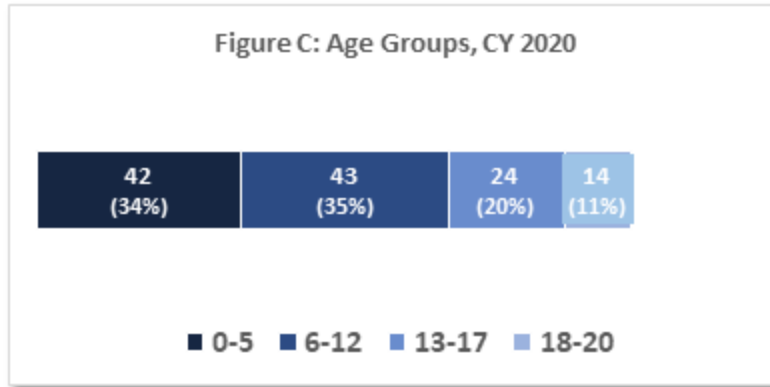
Of the 123 completed 2020 reviews, 64 children identified as male while 59 identified as female (Figure B). There were no identified transgender children.

#### Age Groups

Figure C outlines the four main age groups: birth-5 (34 percent, n=42), 6-12 (35 percent, n=43), 13-17 (20 percent, n=24) and 18-20 (11 percent, n=14).

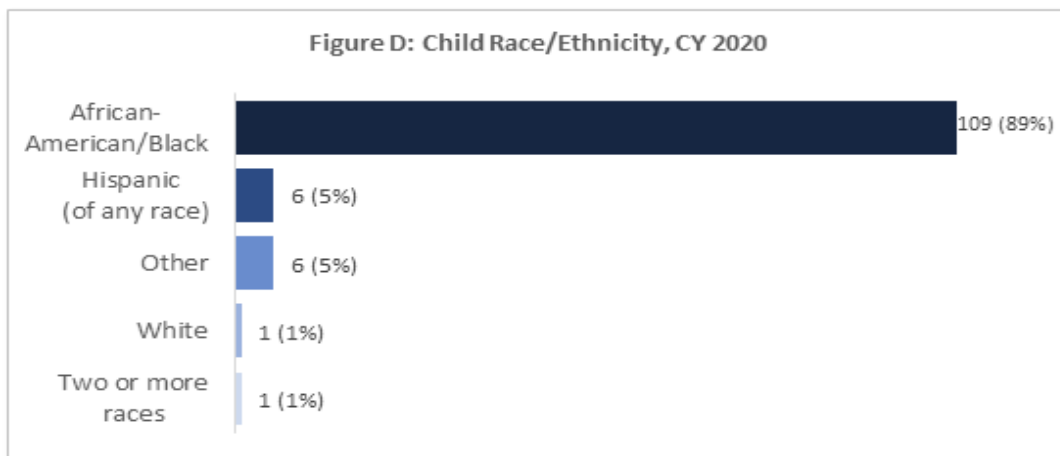


<sup>7</sup> Section VI provides thorough details on the implementation of CFSA program’s CQI strategies, based on QSR results.



### Child Ethnicities<sup>8</sup>

Figure D depicts the majority of ethnicities (89 percent, n=109) served were African American/Black. A small percentage (5 percent, n=6) were Hispanic (of any race), which included Afro-Latino, Hispanic-American, Latino, and Latino-American. Five percent (n=6) identified as “other,” which included Afghan, Congolese, Jamaican American, Oromo/Ethiopian, and one “other” unidentified. One family self-identified as white (1 percent), and one (1 percent) under “two or more races” self-identified as white Hispanic.



### Permanency Goals

For the 66 percent (n=81) children whom CFSA removed from their homes due to imminent safety concerns or significant risk, **the majority (46 percent, n=37) held the permanency goal of reunification** (Figure E) in line with CFSA’s prioritization of goals. Adoption and guardianship

<sup>8</sup> Figure D 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.



represented the second and third majority: 23 percent (n=19) and 22 percent (n=18), respectively.

Nine percent (n=7) of older youth (age range 17-20) had a permanency goal of an alternative planned permanent living arrangement (APPLA). 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.

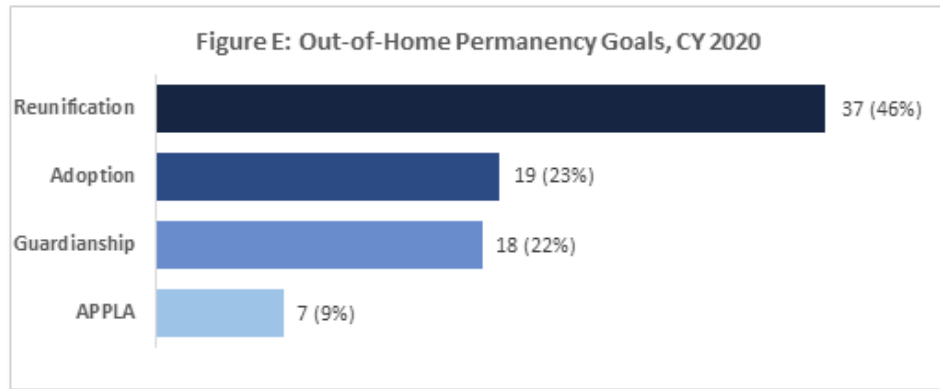
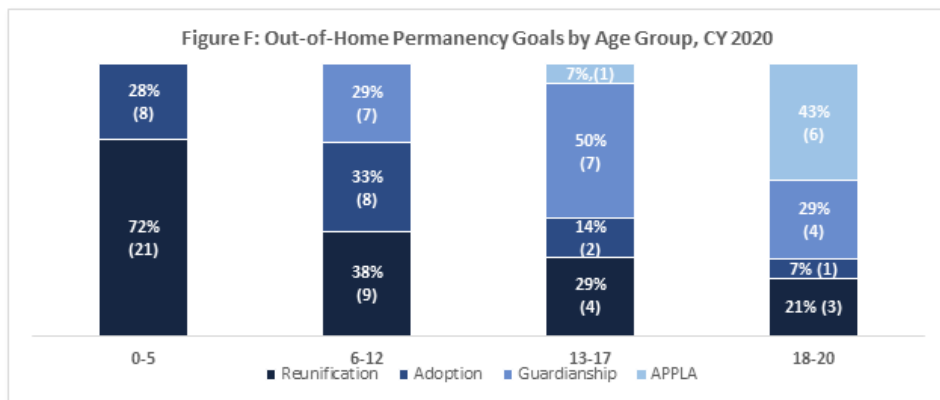


Figure F depicts the permanency goals by age group. As would be expected, the youngest age group (0-5) carries the majority of reunification goals (72 percent, n=21), followed by age groups 6-12 (38 percent, n=9) and 13-17 (29 percent, n=4).



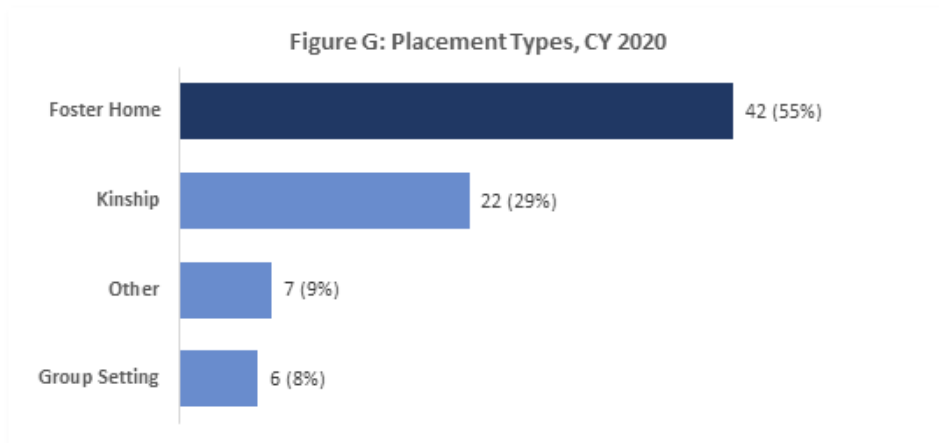
Three older youth (all aged 18) accounted for 21 percent of the reunification goals for the age group 18-20. The rest of the youth aged 18 and above accounted for 29 percent (n=4) of guardianship goals and 7 percent (n=1) for adoption. As noted above, there were seven older youth with the goal of APPLA, 43 percent (n=6) were aged 18 or above, and 1 percent (n=1) was 17 years old (13-17 age group). This 13-17 age group accounted for the highest percentage of the guardianship goals (50 percent, n=7) with an additional 14 percent (n=2) accounting for

adoption goals. Representation of adoption goals for the two younger age groups included 33 percent (n=8) of children ages 6-12 and 28 percent (n=8) of children from birth to 5. Twenty-nine percent (n=7) of the children in the 6-12 age group represented goals of guardianship.

## Child Placement

Children may receive services from CFSA while having an open in-home case or through foster care placements. Within the foster care placement options, there are generally two categories: (1) family-based settings and (2) congregate care settings. Family-based settings are the preferred placement option whenever possible. These placements include traditional, therapeutic, kinship, and pre-adoptive foster families. Congregate care settings are generally reserved for youth 13 years or older. Setting options include traditional group homes, independent living programs (ILPs), teen parent programs (often part of an ILP), therapeutic group homes,<sup>9</sup> and psychiatric residential treatment facilities (PRTFs).<sup>10</sup>

As Figure G depicts, **slightly more children (37 percent, n=46) received child welfare services in their homes than in foster homes.** Thirty-four percent (n=42) of the children received foster care services in non-relative foster homes while 18 percent (n=22) of the children received services in kinship foster homes. CFSA placed 5 percent (n=6) of youth in group home settings, and 6 percent (n=7) in “other” settings, which included one youth in abscondence and one other youth in a detention center under the oversight of the District’s Department of Youth Rehabilitation Services.



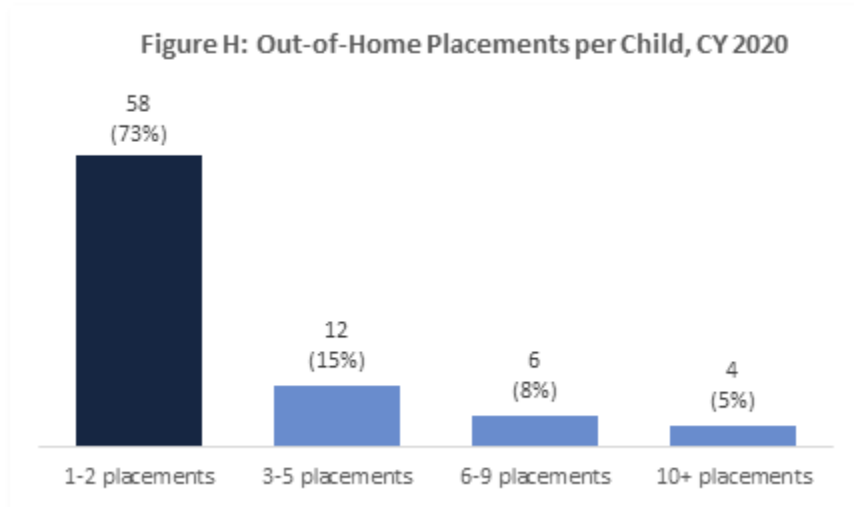
<sup>9</sup> NCCF case manages all therapeutic group homes.

<sup>10</sup> Depending on the clinical diagnosis of the severity of a youth’s behavioral health challenges, CFSA may place a youth under age 13 in a PRTF.

Of the remaining five “other” placements, one included a 4-month-old child in temporary housing with their mother. A 10-year-old child was temporarily residing with a maternal aunt after her recent release from a psychiatric residential treatment facility (PRTF). A third “other” placement included an 18-year-old youth living with his girlfriend in a nearby jurisdiction, and the fourth included a 15-year-old youth who lived in a “Specialized Opportunities for Youth” (SOY) program home. SOY homes provide for teens in need of significant clinical interventions (but not at the level of a PRTF). The fifth of the “other” placements included a 17-year-old residing in an unlicensed<sup>11</sup> kinship placement in an adjacent jurisdiction.

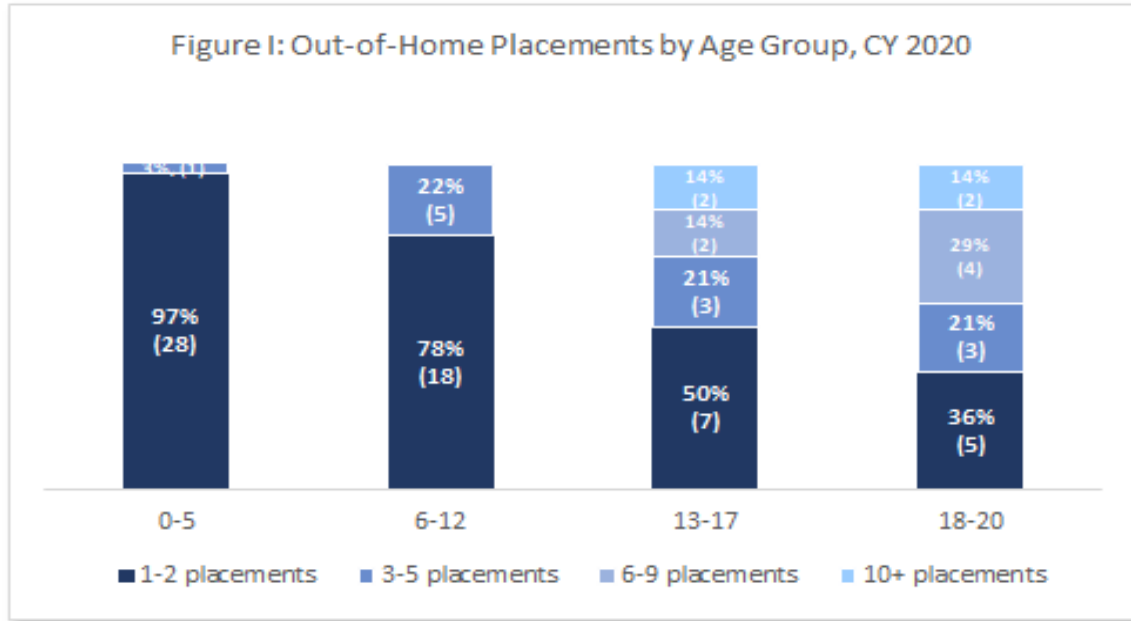
### **Number of Placements per Child**

Figure H below reveals that of the 80 children placed in out-of-home settings, **CFSA and private agency teaming ensured that the majority of children (73 percent, n=58) had a minimum of placements (1-2) throughout the previous 12 months.** Fifteen percent (n=12) of the children had 3-5 placements. Of this 15 percent, QSR reviewers rated “adverse stability”<sup>12</sup> for placement of 25 percent (n=3), contingent to how long the child had been in foster care and whether there were more than two disruptions within a 12-month period. Eight percent (n=6) of children had 6-9 placements. Four of the six cases reviewed included adverse stability ratings. For those with 10+ placements, all four were older youth, three of whom had been in foster care over 3 years.



<sup>11</sup> Although licensed placements are the requisite norm, there are exceptions, per § 6005.4 of Chapter 60 of the District of Columbia’s Municipal Regulations.

<sup>12</sup> All quotations from this point forward reflect language from the QSR protocol.



As Figure I shows, as children age while in foster care, they tend to experience a greater number of placement moves. Ninety-seven percent of the youngest children (0-5) experienced only one or two placements.

#### IV. Overall QSR Data Results

The QSR findings look at the child's status and current state of their environment and circumstances within the last 30 days. For example, in addition to safety and stability, is the child receiving appropriate nurturing and caregiving? Are services necessary to support the child's emotional well-being? The practice performance indicators look at practice over the past 90 days. Examples of practice performance include the engagement of the child and family, including consistent communication with the family during the review period. Another example would be communication and consistent collaboration with service providers.

The data results presented in this section are calculated based on ratings for the following number of case reviews per program area: CFSA's In-Home Administration (n=42); Permanency Administration (n=30); and Office of Youth Empowerment (n=14). In addition, data reflect outcomes of reviews for 38 cases managed by CFSA's private agencies: NCCF (n=33), LSS (n=2), and LAYC (n=2).

As stated earlier in the report, ratings for all cases focus on acceptable scores for **status of the child and family** and the **practice performance for CFSA and its contracted private agency partners**. For scoring guidance, please refer to *Appendix A, the QSR Scoring Protocol*.

As Table 3 shows, the **Child and Family Status overall ratings (n=106, 86 percent) have increased by 13 percentage points since CY 2018 (73 percent), surpassing the 80 percent standard.** Of the 106 acceptable ratings, QSR reviewers rated 74 percent (n=78) in the maintenance category (5-6 rating), and 26 percent (n=28) in the refinement category.

In addition, **successful teaming efforts of CFSA and its contracted private agency partners have resulted in a steady increase in the overall acceptable ratings for practice performance indicators since 2018. Ratings continue to remain above CFSA’s 80 percent benchmark.** Within the overall 92 percent (n=113) of acceptable practice performance ratings, QSR reviewers rated 68 percent (n=77) in the acceptable/maintenance category (5-6 rating), and 32 percent (n=36) of the cases for the acceptable/refinement category (4 rating).

<b>Table 3: Overall Acceptable Ratings / Status and Performance CY 2018 – 2020</b>			
<b>Rating Elements</b>	<b>CY 2018</b>	<b>CY 2019</b>	<b>CY 2020</b>
Child and Family Status	73%	83%	86%
Practice Performance	89%	85%	92%

### **Findings: Child Status**

For CY 2020, all child status **safety ratings** were well above the 80 percent standard. **The key safety indicator for children at home was 98 percent.** Table 4 indicates that 26 subcomponents from the 12 main indicator topics included five indicators with ratings below the 80 percent standards: (1) legal custody (permanency), (2) substance use (older youth), (3) preparation for adulthood (older youth), (4) parenting (older youth), and (5) family functioning (birth parents with reunification as the child’s permanency goal). Section VI outlines the program area's CQI strategies to address and improve these ratings.

<b>Table 4: Overall Acceptable Ratings for 2020 Child Status Indicators</b>				
<b>Indicator</b>	<b>2018 %</b>	<b>2019 %</b>	<b>2020 %</b>	<b>2020 # Cases/ Applicable Cases</b>
1a. Safety: Home	96%	96%	98%	121/123
1b. Safety: School*	98%	98%	100%	34/34
1c. Safety: Community	86%	93%	97%	83/86
1d. Safety: Other*	88%	95%	100%	23/23
2a. Behavioral Risk: Self	80%	89%	83%	86/104
2b. Behavioral Risk: Others	80%	92%	86%	89/104

<b>Table 4: Overall Acceptable Ratings for 2020 Child Status Indicators</b>				
<b>Indicator</b>	<b>2018 %</b>	<b>2019 %</b>	<b>2020 %</b>	<b>2020 # Cases/ Applicable Cases</b>
3a. Stability: Home	82%	88%	91%	112/123
3b. Stability: School	89%	94%	94%	88/94
4a. Permanency: Placement	92%	88%	93%	114/123
4b. Permanency: Relationships	93%	98%	95%	117/123
4c. Permanency: Legal Custody	51%	63%	65%	49/75
5. Living Arrangement	96%	92%	96%	118/123
6a. Physical Health: Status	94%	95%	99%	122/123
6b. Physical Health: Receipt	93%	96%	96%	118/123
7a. Emotional Functioning	79%	89%	86%	91/106
7b. Substance Use	65%	80%	75%	9/12
8. Learning & Academics	73%	79%	86%	95/111
9a. Prep for Adulthood	67%	69%	66%	23/35
9b. Parenting	60%	71%	50%	1/2
10. Caregiver	90%	92%	93%	114/123
11. Family Functioning	64%	80%	74%	67/90
12a. Voice/Choice: Child	92%	97%	97%	64/66
12b. Voice/Choice: Mother	91%	88%	82%	55/67
12c. Voice/Choice: Father	63%	84%	87%	20/23
12d. Voice/Choice: Caregiver	96%	91%	95%	69/73
12e. Voice/Choice: Other	58%	92%	88%	15/17
<b>Overall Status</b>	<b>73%</b>	<b>83%</b>	<b>86%</b>	<b>106/123</b>

\*Due to the pandemic, all indicators were not fully applicable, limiting the pool of child ratings.

### Acceptable Child Status Ratings by Program Area

<b>Table 5: Overall 2020 Acceptable Child Status Ratings (Program Areas)</b>		
<b>Program Area</b>	<b>Number</b>	<b>Percentage</b>
In-Home	34/42	81%
Private Agencies	35/37	95%
Permanency	30/30	100%
OYE	7/14	50%

Table 5 details the breakdown of overall acceptable ratings for each program area. Although OYE did not overall reach the standard, there were key indicators for which OYE excelled: 100

percent of the 14 older youth interviewed indicated they felt CFSA heard and respected their voices and choices regarding case planning. In addition, 100 percent of the youth indicated feeling safe in their placements.

### Findings: Practice Performance

Despite a slight dip in CY 2019, Table 6 reveals that teaming between CFSA and its contracted private agency partners with other providers and agencies resulted in an overall practice performance increase from 89 percent in CY 2018 to 92 percent in CY 2020. In particular, the **ratings for the key indicator, teamwork, have increased over three years for each of its three subcomponents: formation, functioning and coordination**. Team coordination rose by 11 percentage points from CY 2018 (72 percent) to CY 2020 (83 percent). Team functioning rose by 10 percentage points from 74 percent in CY 2018 and 84 percent in CY 2020. Formation rose by 8 percentage points from 84 percent in CY 2018 to 93 percent in CY 2020.

There were **five areas where teams experienced challenges** in achieving the 80 percent benchmark for acceptable practice performance. Despite a 15 percentage-point improvement from CY 2018 (54 percent), **assessment of fathers** in CY 2020 fell short of the benchmark by 11 percentage points (69 percent). Both **planning for interventions and service delivery** for “other” dropped in CY 2020 from CY 2018 (100 to 67 and 81 to 63 percent, respectively). One new area of challenge is the **chronic health indicator** for children with specific needs. The ratings fell from 88 percent (n=16/18) in CY 2018 to 73 percent (n=19/26) in CY 2020. Lastly, the long-term guiding view for **mental health treatment plans** rose from 75 percent in CY 2018 to 79 percent in CY 2020, yet still fell 1 percentage point of the benchmark.

Table 6: Overall Acceptable Ratings for 2020 Practice Performance				
Indicator	2018 %	2019 %	2020 %	2020 #Cases/ Applicable Cases
1a. Cultural Identity: Child	95%	95%	98%	118/121
1b. Cultural Identity: Mother	87%	94%	96%	94/98
1c. Cultural Identity: Father	78%	79%	83%	44/53
1d. Cultural Identity: Caregiver	97%	94%	100%	71/71
1e. Cultural Identity: Other	81%	100%	89%	16/18
2a. Engagement: Child	95%	98%	96%	85/88
2b. Engagement: Mother	82%	93%	91%	90/99
2c. Engagement: Father	67%	78%	84%	46/55
2d. Engagement: Caregiver	96%	92%	94%	68/72
2e. Engagement: Other	75%	100%	90%	18/20

<b>Table 6: Overall Acceptable Ratings for 2020 Practice Performance</b>				
<b>Indicator</b>	<b>2018 %</b>	<b>2019 %</b>	<b>2020 %</b>	<b>2020 #Cases/ Applicable Cases</b>
3a. Teamwork: Formation	84%	92%	93%	115/123
3b. Teamwork: Functioning	74%	80%	84%	103/123
3c. Teamwork: Coordination	72%	79%	83%	102/123
4a. Assessment: Child	88%	92%	93%	114/123
4b. Assessment: Mother	73%	90%	87%	84/97
4c. Assessment: Father	54%	68%	69%	36/52
4d. Assessment: Caregiver	96%	91%	97%	69/71
4e. Assessment: Other	77%	90%	90%	18/20
5a. Pathway to Case Closure	63%	78%	84%	103/123
5b. Long-term Guiding View	75%	77%	79%	38/48
6a. Planning: Safety	91%	96%	96%	118/123
6b. Planning: Permanency	78%	86%	90%	111/123
6c. Planning: Well-Being	82%	88%	93%	115/123
6d. Planning: Functioning	74%	86%	89%	109/123
6e. Planning: Transition	69%	83%	85%	104/123
6f. Planning: Learning & Education	86%	89%	92%	103/112
6g. Planning: Other	100%	100%	67%	2/3
7a. Supports & Services: Child	92%	88%	88%	95/108
7b. Supports & Services: Mother	79%	91%	87%	72/83
7c. Supports & Services: Father	71%	78%	84%	21/25
7d. Supports & Services: Caregiver	97%	85%	93%	43/46
7e. Supports & Services: Other	81%	91%	63%	5/8
8. Medication Management	78%	89%	81%	21/26
9. Managing Chronic Health	88%	88%	73%	19/26
10. Tracking & Adjustment	77%	83%	86%	106/123
<b>Overall Status</b>	<b>89%</b>	<b>85%</b>	<b>92%</b>	<b>113/123</b>



### **Acceptable Practice Performance Ratings by Program Area**

<b>Program Area</b>	<b>Number</b>	<b>Percentage</b>
In-Home	37/42	88%
Private Agencies	35/37	95%
Permanency	30/30	100%
OYE	11/14	79%

Table 7 details the breakdown of overall acceptable ratings for each program area. In contrast to OYE’s 50 percent acceptable ratings on the child status side, OYE achieved a 29 percentage-point increase on the practice performance side (79 percent). The Permanency Administration again achieved 100 percent for its 30 cases, and both the In-Home Administration and the private agencies surpassed the 80 percent benchmark.

### **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.

### **Areas of Strength for the Child Status**

#### ***Safety, Living Arrangements, Stability***

CFSA recognizes that any child entering the child welfare system has experienced some level of trauma whether the upset leads to in-home services or to more profound concerns that lead to removal 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.

#### ***Physical Health, Emotional Functioning and Learning Academics***

Safety and stability directly impact a child’s overall well-being, including substantial good health, a steady pattern of emotional functioning and improved academic outcome. These are critical areas that demonstrated CFSA and its contracted private agency partners’ capacity to provide for normal child development and growth, a child’s sense of self, and a child’s ability to develop attachments and caring relationships.

## **Areas of Challenge for the Child Status**

### ***Legal Custody, 13 Family Functioning/Resourcefulness***

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. This goal requires the full participation of parents. 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***

For older youth, challenges included active engagement in the supportive services that help prepare youth for self-sufficiency and independence. A youth may have made limited or inconsistent progress in gaining core independent living skills, 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.

## **Areas of Strength for Practice Performance**

### ***Engagement, Assessment and Teamwork***

As noted earlier in the report, effective engagement allows for an accurate grasp of the family's cultural identity and, resultingly, correct assessment and understanding of the family's needs. Through CY 2020, QSR ratings indicated that teams successfully engaged all parties to a case, including the engagement of applicable children (depending on age), birth parents, substitute caregivers and other parties to the child's case. As a result, effective and quality teamwork was consistent.

### ***Planning Interventions and Implementation of Supports and Services***

Ongoing communication among team members provided 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, impacting positive permanency outcomes.

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<sup>13</sup> The indicator for legal custody only applies to families whose children are in the foster care system, and not families receiving services through CFSA's In-Home Administration.

In particular, planning for safety, well-being, and permanency helped support and reinforce appropriate implementation of supports and services. Thus, teams fully organized and integrated appropriate supports and services across settings to successfully achieve permanence.

## **Areas of Challenge for Practice Performance**

### ***Assessment of Birth Fathers***

Working with birth fathers has been a historical challenge for CFSA. Although the data reflect a good trajectory in the right direction regarding engagement, the assessment of birth fathers continues to test CFSA's practice standards. Throughout the reviews, it was evident that CFSA and its contracted private agency partners will need to continually assess strategies and adjust practice to gather information from fathers. Necessary information that provides a solid basis of understanding fathers' situation, strengths and identified needs is often missed.

### ***Planning and Implementation of Supports & Services for "Others"***

For planning interventions, as well as implementation of supports & services, the "other" category may include interventions or services not outlined under the other subcomponents. "Other" may also indicate an individual who is a party to the case but not necessarily a parent or caregiver (e.g., an identified permanency resource who is not yet a caregiver). Despite the small subset of the "other" population, teams faced difficulties ensuring that proper planning led to appropriate supports. Intervention strategies were likely inconsistent, and services may have been limited, delayed or unsuccessful in meeting the identified needs.

### ***Managing Chronic Health Concerns***

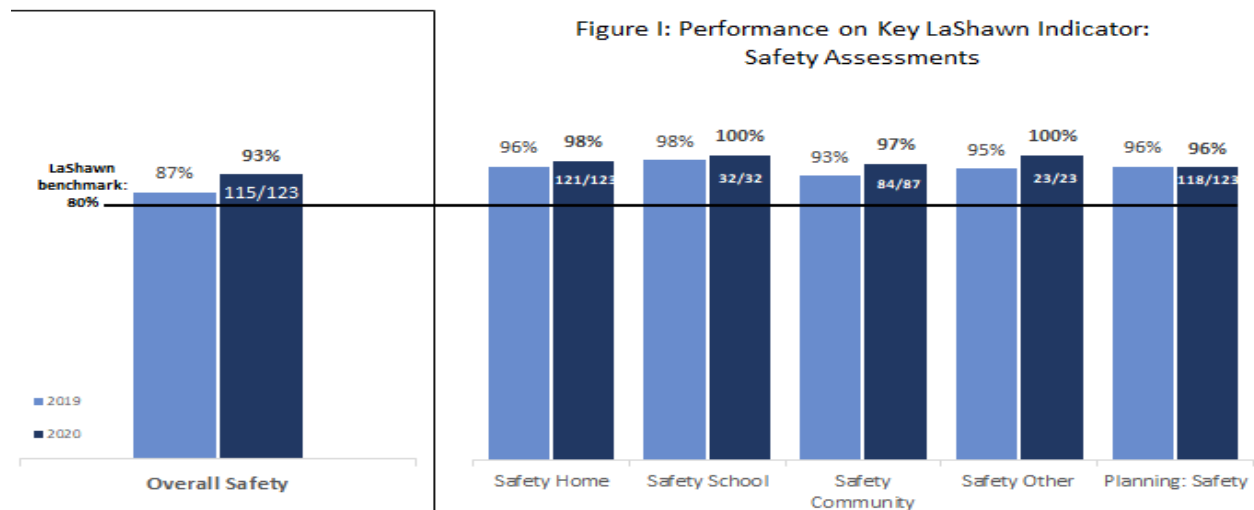
When children in CFSA's care require special attention for chronic health concerns (e.g., asthma, obesity, or medically fragile diagnoses), teaming requires consistent and ongoing efforts to coordinate care and monitor needs. Although the children reviewed in CY 2020 demonstrated overall good health, as well as good receipt of healthcare, the management of chronic health concerns fell short of ongoing coordination and monitoring. Caregivers or children may not have understood treatment modalities or modalities may not have been effective. While monitoring may not directly have a negative impact on the child's current health status (which is assessed for the last 30 days), challenges in monitoring could potentially have a negative impact on the child's health.

## V. LaShawn Benchmarks

As noted earlier in this report, benchmarks for the *LaShawn* Exit and Sustainability Plan (ESP)<sup>14</sup> incorporate three exit standards that utilize QSR data: safety assessments, planning interventions, and supports and services. The overall acceptability for the *LaShawn* benchmark (80 percent) is not an average of each subcomponent’s acceptability; therefore, each case is not weighted to ensure proportionality. The methodology looks at the applicable individuals for each indicator.

### Safety Assessments

As noted, safety is one of the three deciding factors for the overall ESP exit standards. Figures L through P demonstrate ongoing teaming success in achieving safety standards and benchmarks across all child status and practice performance safety indicators, per *LaShawn* benchmarks. The figures break out overall safety from the four program areas: In-Home Administration (86 percent), Permanency Administration (100 percent), CFSA’s contracted private agencies (97 percent), and OYE (93 percent). In addition, safety is broken out among the five *LaShawn* subcomponents, including four child status indicators (home, school, community, other) and one practice performance indicator (planning for safety).



As depicted in Figure I, overall, **the five subcomponents for the child status safety indicator continue to surpass the 80 percent standard for CFSA and its contracted private agency**

<sup>14</sup> 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.

**partners.** There is a 6 percentage-point increase from CY 2019, increasing overall acceptable safety from 87 percent in CY 2019 to 93 percent in CY 2020.

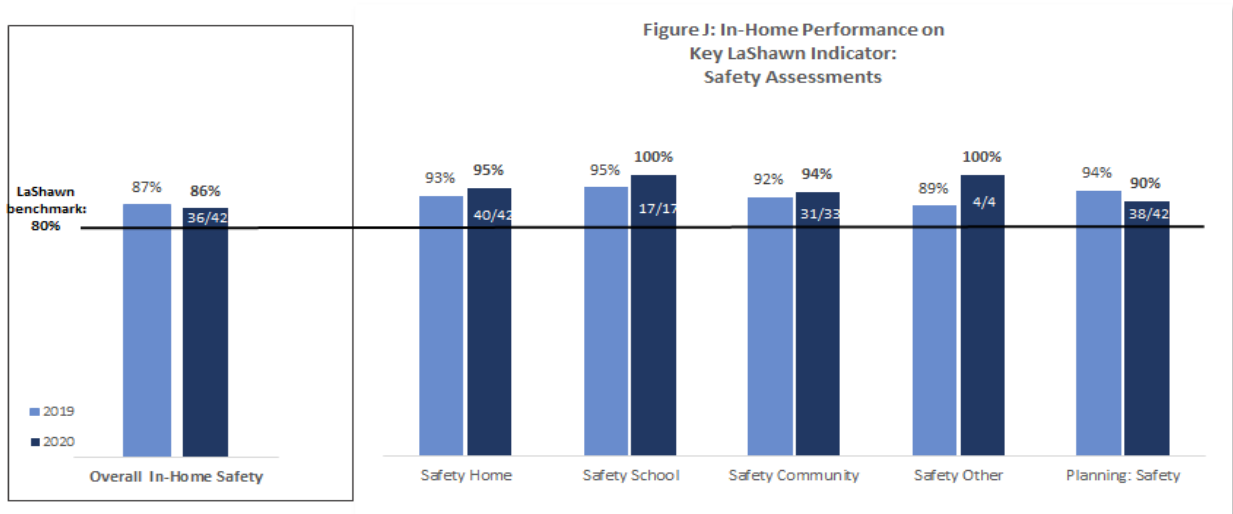
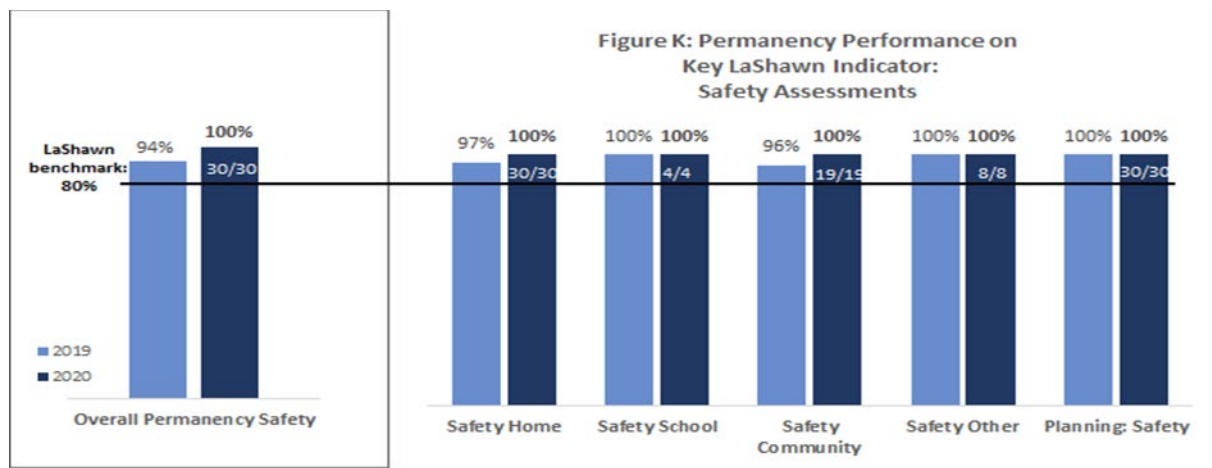
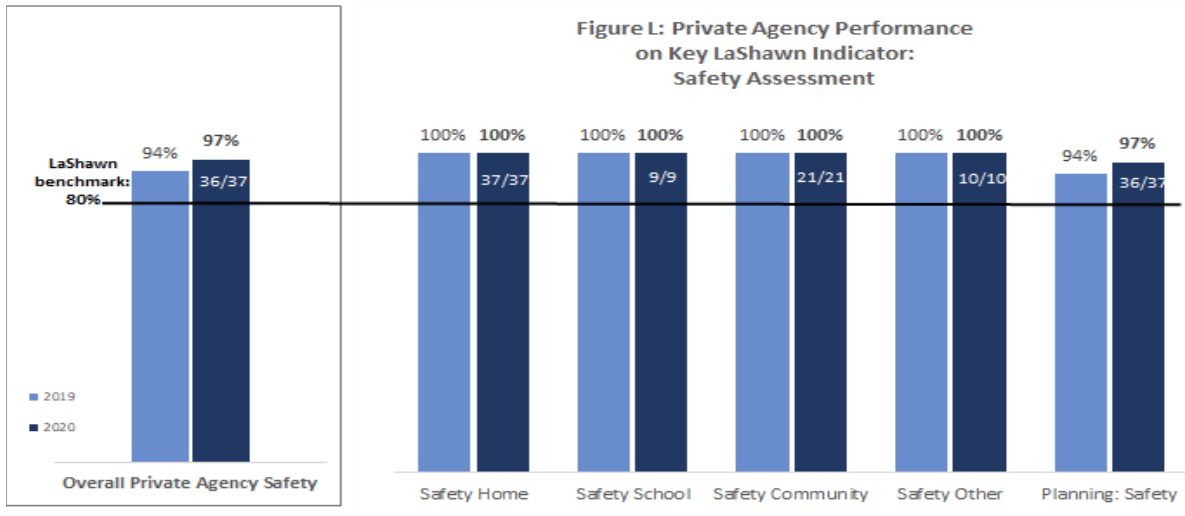


Figure J examines the safety outcomes unique to the In-Home Administration. Although there was a 1 percentage-point drop between CY 2019 and CY 2020, **overall safety is still surpassing the standard for the In-Home Administration.**

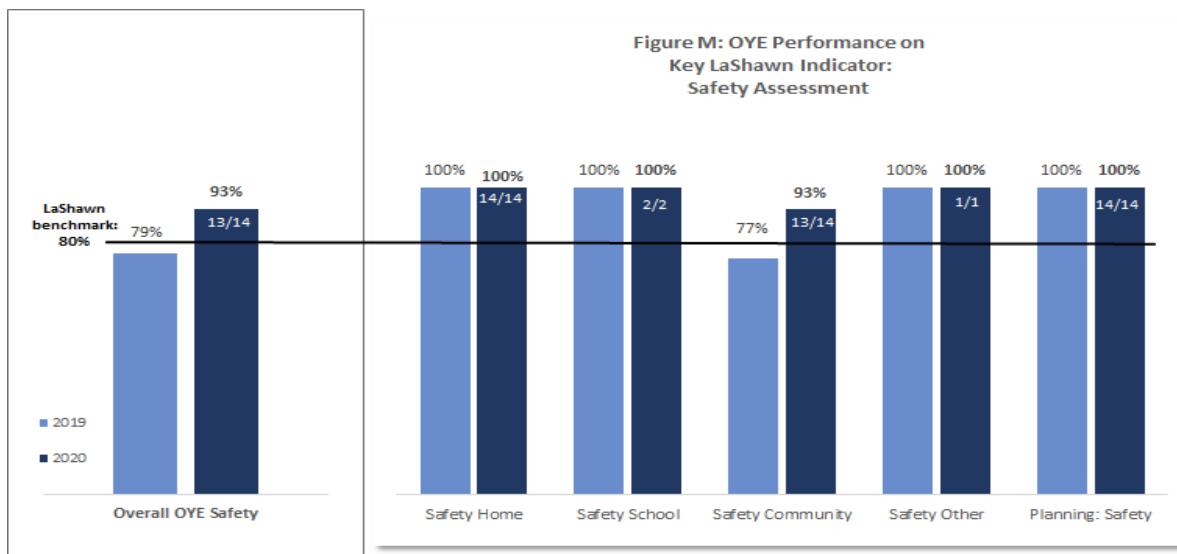
For the Permanency Administration, Figure K demonstrates ongoing successful efforts to keep children safe. Between CY 2019 and CY 2020, a 3 percentage-point increase for safety in the home and a 4 percentage-point increase for safety in the community resulted in **all Permanency Administration scores in 2020 achieving 100 percent acceptable ratings for child safety across all five subcomponents.**



Private agency scores for child status safety achieved 100 percent for four of five subcomponents in CY 2020. Overall planning for safety was 97 percent (Figure L).



Lastly, OYE also succeeded in surpassing the 80 percent benchmark for overall child status safety. With a 16 percentage-point increase in CY 2020 for safety in the community, OYE overall increased safety by 14 percentage points (Figure M) in CY 2020.

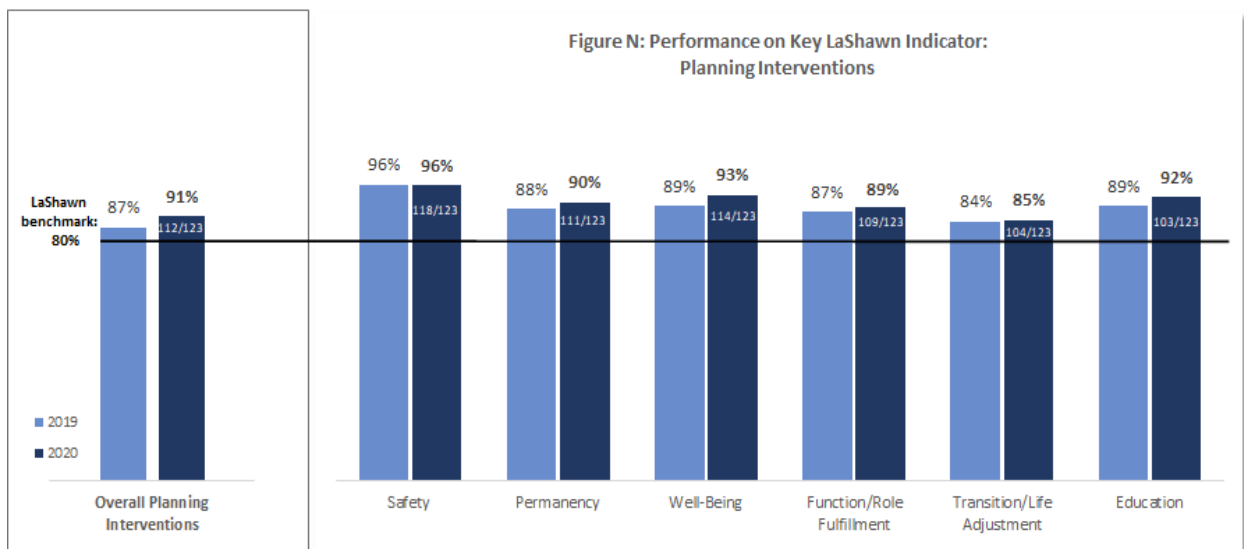


## Planning Interventions

Figures N through R focus solely on overall ratings for each program area for planning interventions under the following six core concepts (per the QSR protocol):

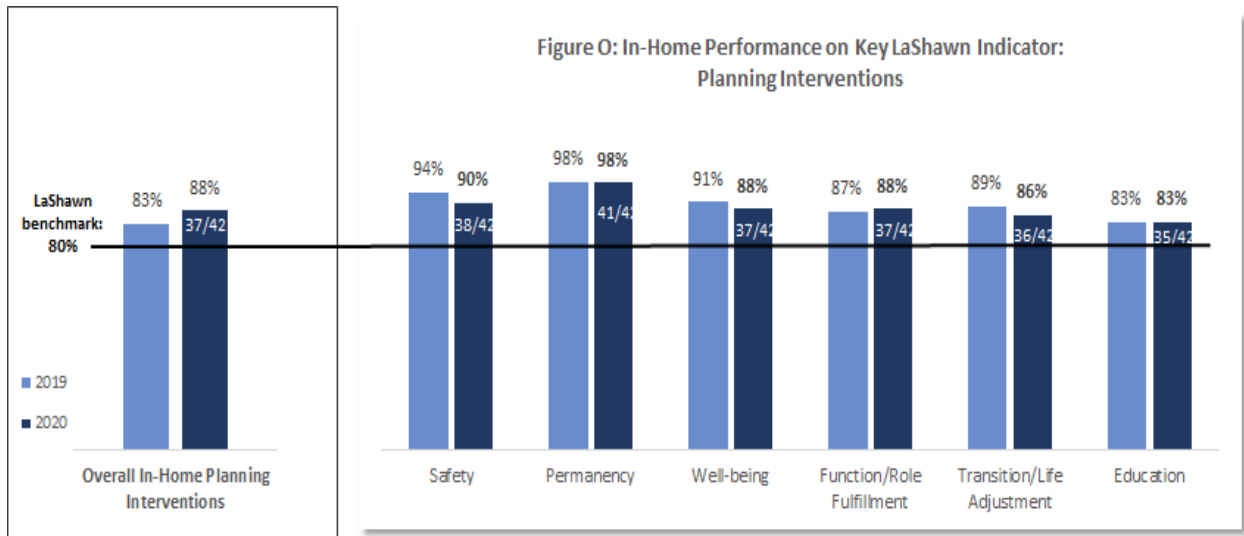
- Safety: Protection from exposures to harm in daily settings, endangerment to self and others.

- 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.

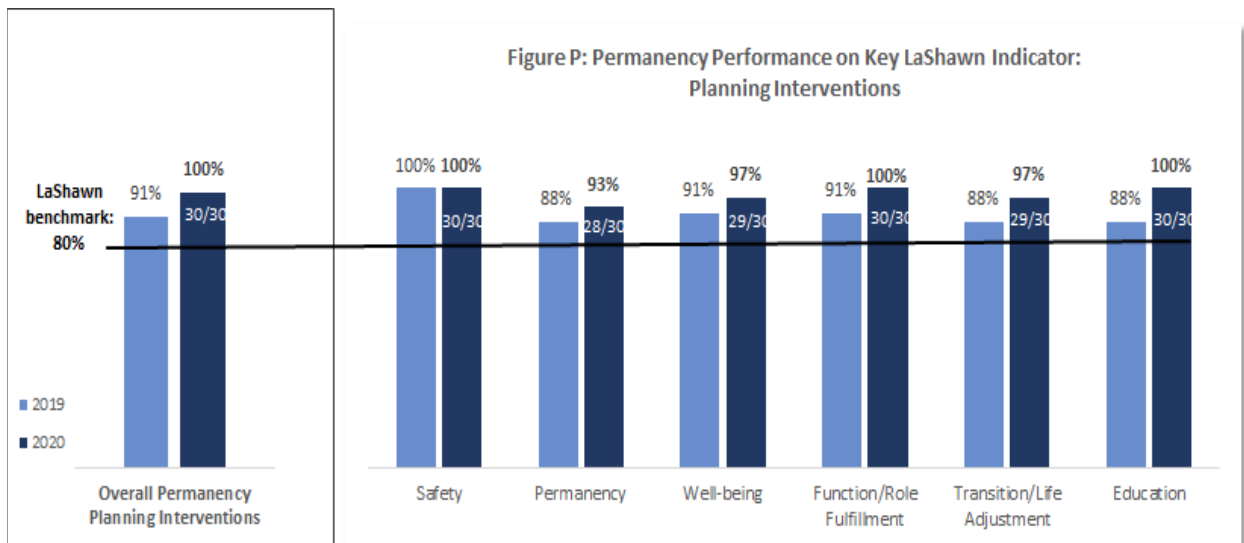


**Overall, CFSA and its contracted private agency partners surpassed the 80 percent benchmark for all six subcomponents for planning interventions (Figure N).** In addition, the overall ratings increased from 87 percent in CY 2010 to 91 percent in CY 2020.

Despite some lower ratings in CY 2020 for three of the six subcomponents (safety, well-being, and transition/life adjustment), Figure O reveals that **the In-Home Administration increased its overall ratings for planning interventions by 5 percentage points.** In-Home also maintained ratings above the 80 percent benchmark for both CY 2019 and CY 2020.

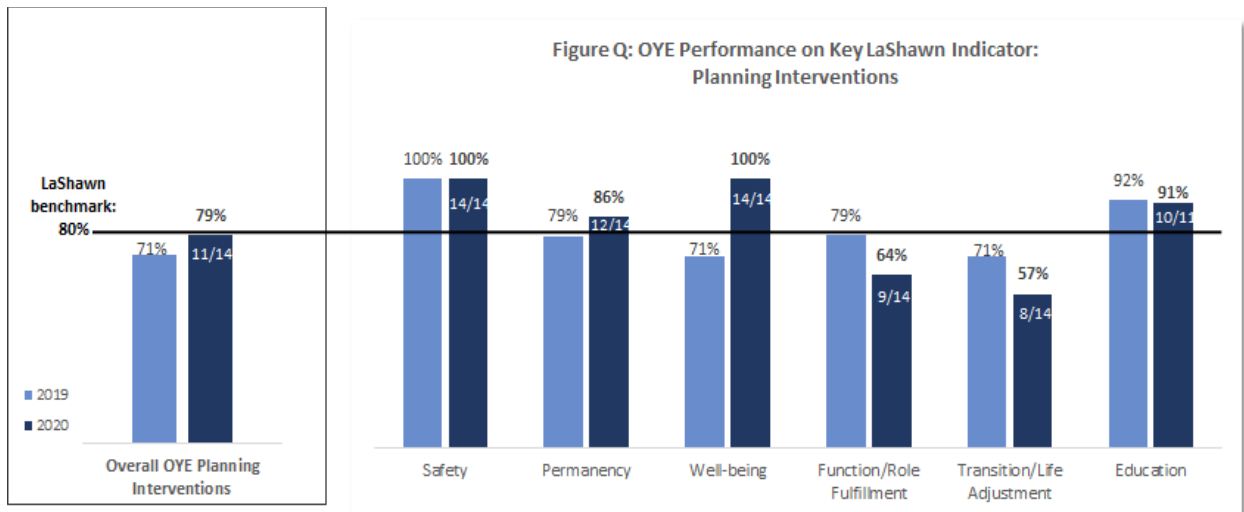


The Permanency Administration achieved 100 percent acceptable ratings for planning interventions (Figure P), while also maintaining 100 percent acceptable ratings for safety between CY 2019 and CY 2020. In addition, the Permanency Administration increased its acceptable ratings for five of the six subcomponents (permanency, well-being, function/role fulfillment, transition/life adjustment, and education) by 5 percentage points, 6 percentage points, 9 percentage points, 9 percentage points, and 12 percentage points, respectively.

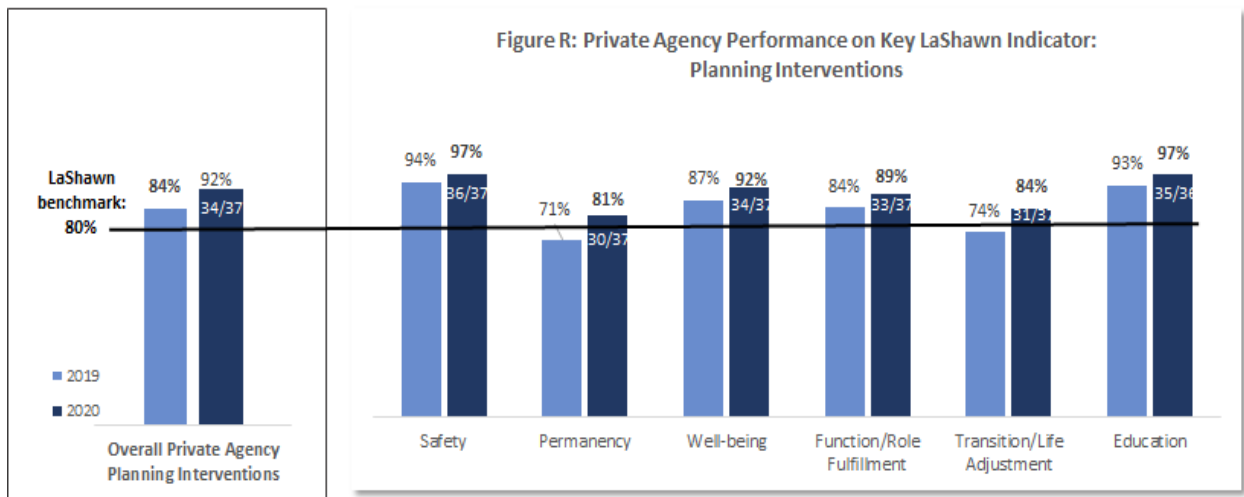


OYE struggled with two subcomponents (Figure Q): function/role fulfillment and transition/life adjustment. Both indicators were under the benchmark in CY 2019 and fell further in CY 2020. For these two indicator subcomponents, there were five cases that were rated as unacceptable. There was no evidence that the teams were providing the supports needed to achieve success. Nonetheless, **OYE achieved 100 percent for planning interventions in youth safety and well-being, also surpassing the benchmark in permanency (86 percent) and education (91 percent).**



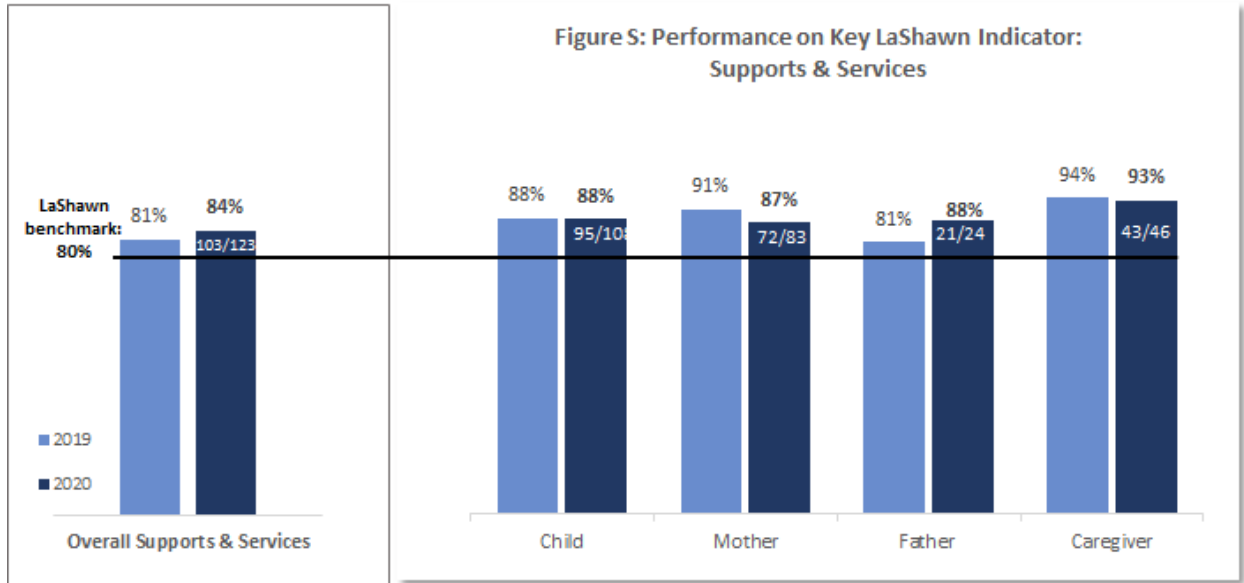


**CFSA’s contracted private agencies improved acceptable score ratings across all six subcomponents of the planning intervention indicators (Figure R).** Overall, the private agencies increased ratings by 8 percentage points between CY 2019 and CY 2020. For the individual subcomponents, safety increased by 3 percentage points; permanency by 10; well-being by 5; function/role fulfillment also by 5 percentage points; transition/life adjustment by 10; and education by 4 percentage points.

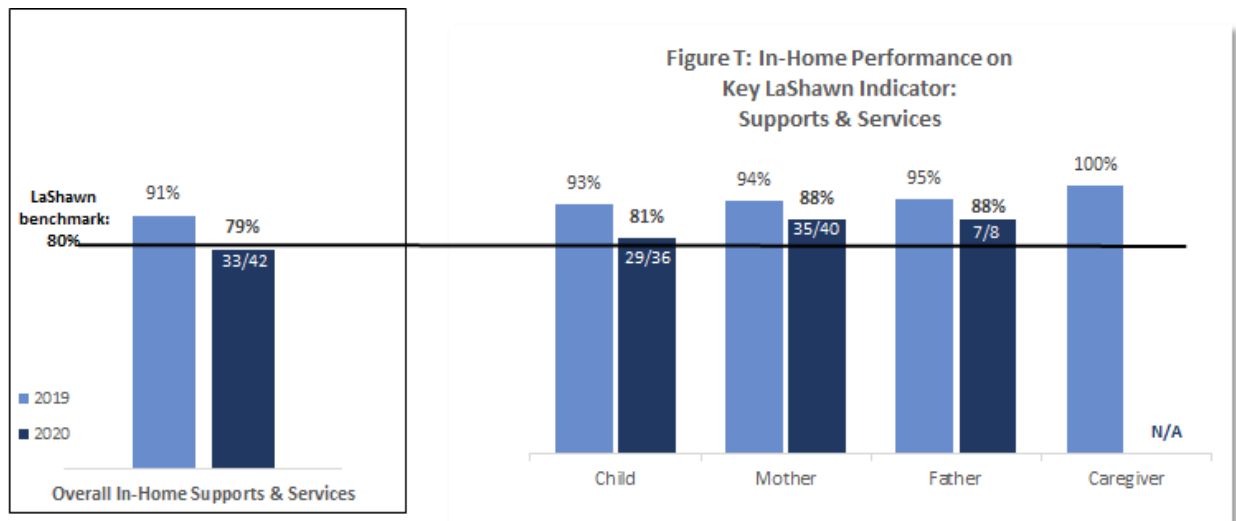


## Supports and Services

Figures S-W outline the overall ratings for supports and services for children, parents, and caregivers, in addition to acceptable ratings for the individual program areas (In-Home, Permanency, OYE and private agencies). As Figure S demonstrates, **CFSA and its contracted private agency partners continued to meet the 80 percent benchmark, increasing the overall ratings by 3 percentage points between CY 2019 and CY 2020.**

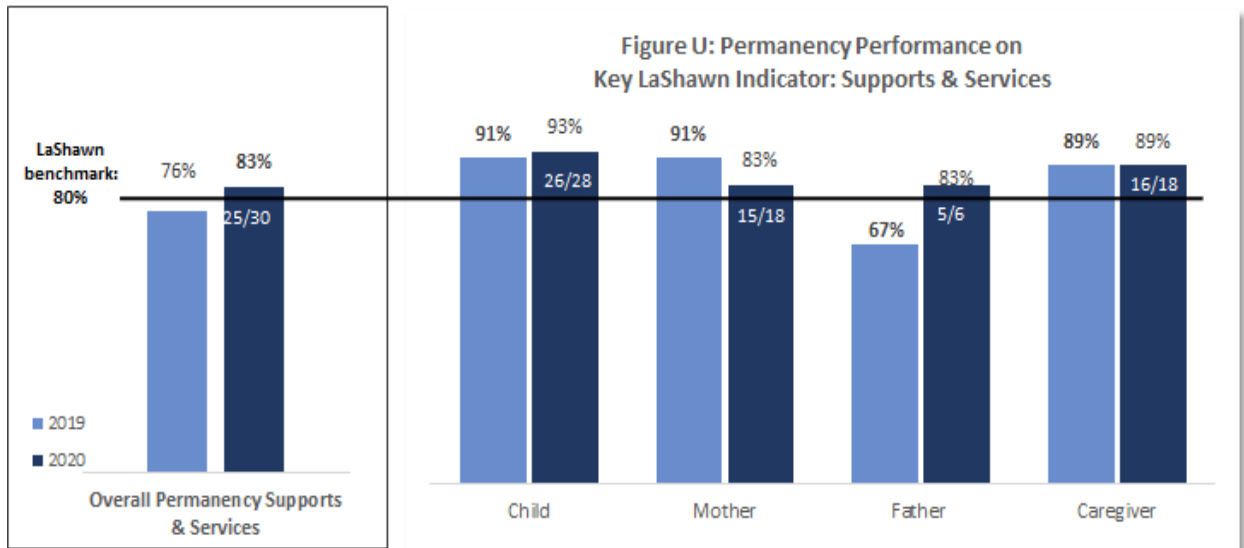


For the individual program areas, **the In-Home Administration (Figure T) surpassed the benchmarks for all individual supports and services, including children, mothers, fathers and caregivers.**<sup>15</sup> As a reminder, since each case is not weighted (which ensures proportionality), the overall ratings do not necessarily reflect the average of the breakout indicators.

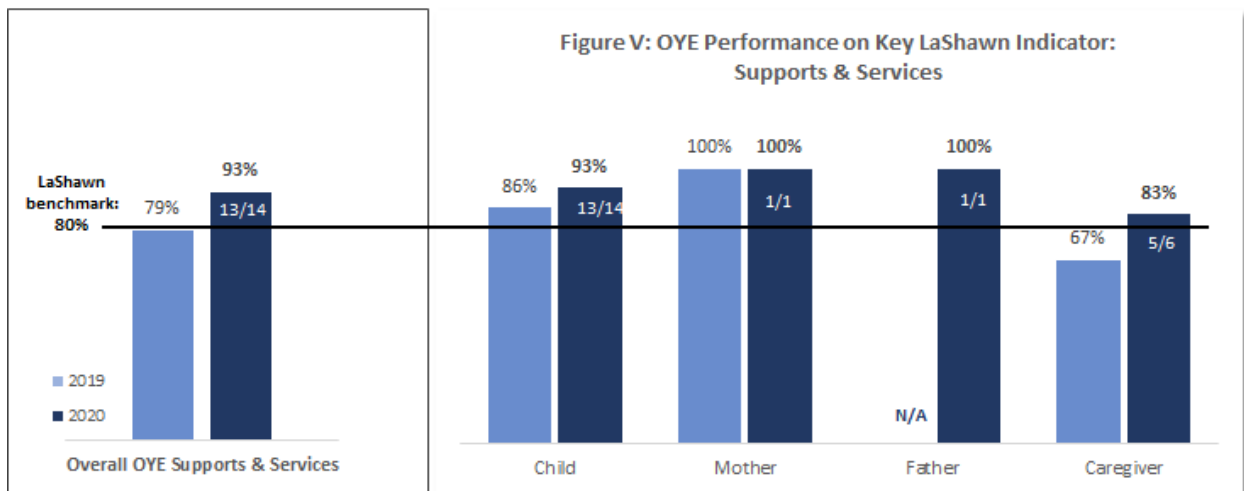


For supports and services, **the Permanency Administration improved overall acceptable ratings by 7 percentage points between CY 2019 (76 percent) and CY 2020 (83 percent).** Figure U details the acceptable ratings, which surpassed the benchmarks for children (93 percent), mothers and fathers (83 percent each) and caregivers (89 percent).

<sup>15</sup> The caregiver is not necessarily a birth parent but an individual acting in a caregiver capacity.

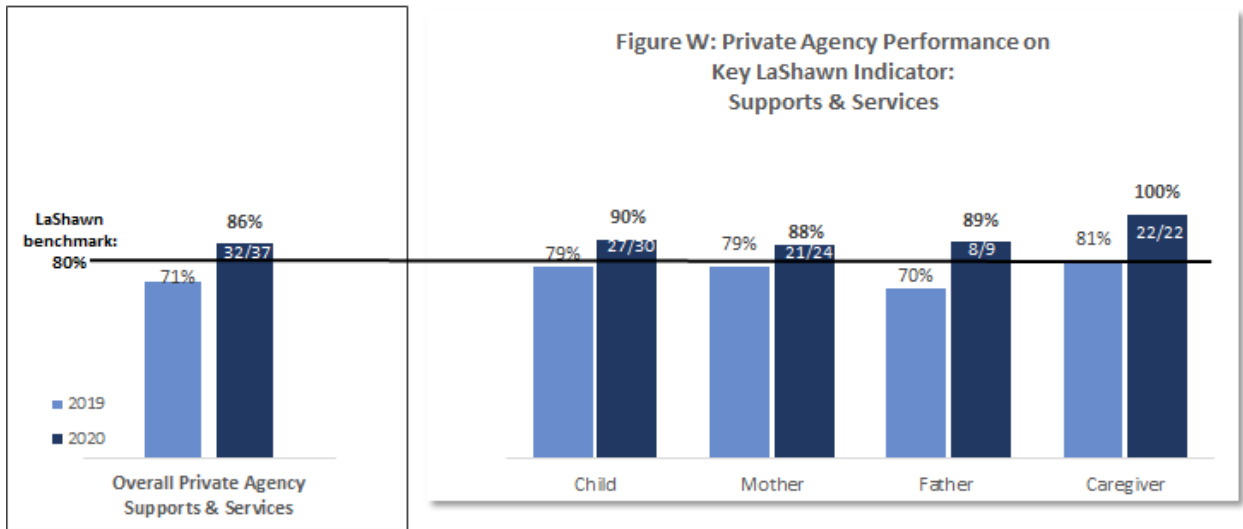


As Figure V reveals, OYE increased its overall acceptable ratings by 14 percentage points between CY 2019 (79 percent) and CY 2020 (93 percent). In addition, **OYE achieved 100 percent for implementation of supports and services both for mothers and fathers**, while also surpassing the 80 percent benchmark for children (93 percent) and caregivers (83 percent).



**Overall acceptable ratings increased by 15 percent for private agencies implementing supports and services (Figure W).** All subcomponents surpassed the *LaShawn* benchmark with an 11 percentage-point increase for children (79 percent to 90 percent), a 9 percentage-point increase for mothers (79 percent to 88 percent), a **19 percentage-point increase for fathers'**

supports and services (70 percent to 89 percent),<sup>16</sup> and another 19 percentage-point increase for implementation of supports and services to caregivers (81 to 100 percent).



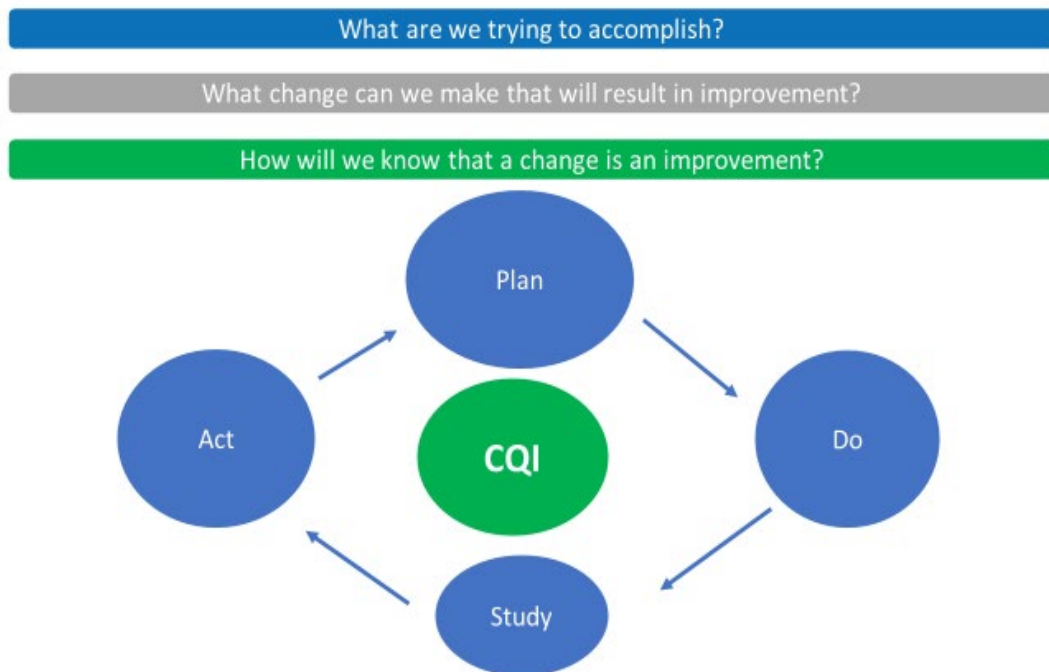
<sup>16</sup> Overall engagement of fathers (84 percent) in CY 2020 increased by 6 percentage points from CY 2019. As a corollary, implementation of services and supports to fathers also increased by 6 percentage points from CY 2019 to CY 2020 (78 percent to 84 percent, respectively).

## VI. Continuous Quality Improvement (CQI) CY 2020

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CFSA’s CQI model for improvement of practice performance requires a continuous feedback loop that begins with an examination of practice goals, i.e., what are the Agency and its contracted private agency partners trying to accomplish at any given step along the continuum? Conditional to the results of that examination, CFSA and the private agencies partner to determine the changes necessary for improvement, including development of measures to evaluate whether those changes have been effective.

### CQI Model for Improvement



As noted earlier, the QSR process is a qualitative review that focuses on CQI and embodies the Plan Do Study Act (PDSA) cycle of the CQI process. Throughout the cycle, CFSA uses evidence to subsequently drive clinical and administrative decisions. The QSR process includes a CQI feedback loop that begins 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 CFSA or private agency supervisors and program managers in attendance. At the leadership level, the feedback loop culminates with information gathered during case presentations, informing the overall improvement strategies discussed during the exit conferences.

The exit conferences are significant opportunities for participants to discuss areas of strength for maintaining 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 8 describes areas of strength and areas for improvements.

<b>Table 8: Top Four Practice Areas of Strength / Areas in Need of Improvement</b>	
<b>Practice Areas of Strength</b>	<b>Practice Areas in Need of Improvement</b>
<p><b>Engagement of Parents</b> CFSA provided culturally competent, outreach efforts to find and engage birth parents in the case planning process. The agency ensured accommodations for birth parents’ schedules and adjusted parents’ needs for virtual attendance at case planning meetings, based on the pandemic.</p>	<p><b>Assessment of Fathers</b> CFSA needs to expand upon and maximize the successful engagement ratings to appropriately assess fathers’ functioning and support systems. The Agency also needs to increase the big picture understanding of a father’s bio-psycho-social strengths, risks and underlying needs.</p>
<p><b>Teaming (Formation, Functioning, Coordination)</b> All of the people with appropriate skills and knowledge have formed an excellent working team. Team members function as a unified team with excellent working relationships with the child and family. There is evidence of excellent leadership and effective coordination for service organization and integration.</p>	<p><b>Managing Chronic Health Concerns</b> The team needs to address and ensure a consistent level of care coordination, including any potential medication conflicts. Teaming with specialized health care providers and a substantially adequate level of health care management are required.</p>
<p><b>Planning Interventions</b> Social workers and service providers overall are ensuring that children reach meaningful, measurable, and achievable life outcomes (safety, permanency, well-being, education, etc.) Planning includes well-reasoned, agreed-upon goals and intervention strategies that relate to the planned goals and outcomes so families are successful after they exit the system.</p>	<p><b>Planning Interventions for Others</b> This sample size was quite small (Table 6) with one of three receiving an unacceptable rating. Due to the small sample size, the ratings may appear to be more impactful. CFSA needs to be aware that even with a small sample size, the indicator should be provided equal attention as that given to the overall population.</p>
<p><b>Supports and Services</b> 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.</p>	<p><b>Supports and Services for Others</b> CFSA needs to focus equal attention on the supports and services to “others,” regardless of the sample size.</p>

As a result of the exit conferences, senior management for each program area develops CQI strategies to address areas identified as needing improvement. Strategy outcomes and successes are outlined in Table 9 for CY 2019. Table 10 outlines strategies developed as a result of the CY 2020 areas in need of improvement.

**Table 9: CY 2019 Program Area CQI Strategies and 2020 Outcomes**

Program Area	Areas in Need of Improvement	CY 2019 Strategy	CY 2020 Outcomes
<b>In-Home Administration</b>	Assessment of Birth Fathers	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for the Assessment of Birth Fathers decreased by 5 percentage points.</li> </ul>
<b>Permanency Administration</b>	Pathway to Case Closure	<ul style="list-style-type: none"> <li>Permanency Goal Review Meetings (PGRMs) occurs either at 9 months, 15 months or 21 months, dependent on the case goal, and prior to ASFA<sup>17</sup> timelines. If permanency goals change, PGRM reviews again at appropriate timeframe.</li> <li>Clinical rounds to look at specific cases with roadblocks, regardless of length of case being open.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Pathway to Case Closure increased by 26 percentage points.</li> </ul>
	Team Functioning and Coordination	<ul style="list-style-type: none"> <li>Supervisors use individual supervision and unit meetings to discuss how the team’s functioning, impact on decision-making, and progress towards goal achievement.</li> <li>PGRM reviews either at 9 months, 15 months or 21 months, dependent on the case goal. During PGRM, review of teaming activities and other</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Team Functioning increased by 4 percentage points.</li> <li>Acceptable ratings for Team Coordination increased by 9 percentage points.</li> </ul>

<sup>17</sup> The Adoption and Safe Families Act (ASFA, Public Law 105–89) was enacted in 1997 to promote the safety, permanency, and well-being of children in foster care, and accelerate the permanent placement of while simultaneously increasing the accountability of the child welfare system. The law requires compliance of individual timelines that states must adhere to for receiving federal funds for child welfare.

**Table 9: CY 2019 Program Area CQI Strategies and 2020 Outcomes**

Program Area	Areas in Need of Improvement	CY 2019 Strategy	CY 2020 Outcomes
		reasonable efforts being made towards permanency goal.	
OYE	Pathway to Case Closure	<ul style="list-style-type: none"> <li>Review FACES management report CMT391MS<sup>18</sup> on a bi-monthly basis to identify youth.</li> <li>The program manager will meet once per month with supervisors to discuss the barriers to timely permanence and make recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Pathway to Case Closure increased by 7 percentage points but missed 80 percent by 1 point (79 percent).</li> </ul>
	Planning for Well-being	<ul style="list-style-type: none"> <li>Monitor and track the number of youth who are not participating in their medical and mental health services on a monthly basis.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Planning for Well-Being increased by 29 percentage points, achieving 100 percent acceptable ratings.</li> </ul>
	Planning for Transition Life Adjustment	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Planning for Transition and Life Adjustment decreased by 14 percentage points.</li> </ul>
	Tracking and adjustment	<ul style="list-style-type: none"> <li>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.</li> <li>Review of contact notes and Youth Transition Plans.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Tracking and Adjustment decreased by 8 percentage points.</li> </ul>

<sup>18</sup> FACES report CMS391MS is the OYE Youth Transition Planning Meetings' tracking tool and data scorecard.



**Table 9: CY 2019 Program Area CQI Strategies and 2020 Outcomes**

Program Area	Areas in Need of Improvement	CY 2019 Strategy	CY 2020 Outcomes
NCCF	Engagement and Assessment of Birth Fathers	<ul style="list-style-type: none"> <li>NCCF will continue to refer cases to the Triple P Program, which coordinates monthly events and activities for families.</li> <li>Use of Parent Advocates to engage birth fathers.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Engagement declined by 2 percentage points.</li> <li>Acceptable ratings for the Assessment of Fathers increased by 7 percentage points.</li> </ul>
	Team Functioning and Coordination	<ul style="list-style-type: none"> <li>NCCF will conduct a training for program directors and clinical supervisors to learn new and effective communication strategies.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Team Functioning increased by 8 percentage points.</li> <li>Acceptable ratings for Team Coordination increased by 12 percentage points.</li> </ul>
	Planning for permanence and transitions	<ul style="list-style-type: none"> <li>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.</li> <li>NCCF will continue to facilitate PGRMs on the third Thursday of each month to review the client's</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Permanency Planning increased by 8 percentage points.</li> <li>Acceptable ratings for Transition Planning increased by 10 percentage points.</li> </ul>

Table 9: CY 2019 Program Area CQI Strategies and 2020 Outcomes			
Program Area	Areas in Need of Improvement	CY 2019 Strategy	CY 2020 Outcomes
		progress towards the court ordered permanency goal.	
	Pathway to Case Closure	<ul style="list-style-type: none"> <li>NCCF will facilitate PGRM on the third Thursday of each month to review the client's progress toward the court-ordered permanency goal.</li> </ul>	<ul style="list-style-type: none"> <li>Acceptable ratings for Pathway to Case Closure increased by 1 percentage point.</li> </ul>

Table 10: 2020 Program Area CQI Strategies for Areas in Need of Improvement		
Program Area	Areas in Need of Improvement	2020 Strategy
<b>In-Home Administration</b>	Assessment of Birth Fathers	<ul style="list-style-type: none"> <li>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. To also address supports and services to children.</li> <li>The monthly Multi-Administration Clinical Staffings (MACS) meetings to discuss cases identified with barriers to case closure.</li> </ul>
	Supports and Services for Children	<ul style="list-style-type: none"> <li>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. To also address supports and services to children.</li> <li>The monthly MACS meetings to discuss cases identified with barriers to case closure.</li> </ul>
<b>Permanency Administration</b>	Assessment of Birth Parents	<ul style="list-style-type: none"> <li>Continued and focused use of PEER Advocate for individual case support, birth parent, and orientation with every parent entering our system.</li> <li>Increased visits between birth parents and social workers for the duration of the reunification period; these visits will be held outside of parent-child visits and focus on case planning, services, and supports.</li> </ul>
<b>OYE</b>	Pathway to Case Closure	<ul style="list-style-type: none"> <li>Review all permanency goals to determine whether they are appropriate, or stalled, and make recommendations for changes.</li> <li>Enhance the Youth Transition Planning process, re: teaming more effectively during review of key milestones.</li> </ul>

**Table 10: 2020 Program Area CQI Strategies for Areas in Need of Improvement**

Program Area	Areas in Need of Improvement	2020 Strategy
		<ul style="list-style-type: none"> <li>• Improve the Youth Transition Plan and 21 Jump Start meeting process through increased frequency, consistency, transparency, and accountability; streamline processes and documentation.</li> <li>• Develop tailored strategies for “high intensity” youth.</li> <li>• Develop older youth training on permanency through the Child Welfare Training Academy, include working with unwilling caregivers.</li> <li>• Develop new engagement/support program for unwilling caregivers and families of older youth.</li> <li>• Increase standard PEER Unit engagement protocols to a monthly check-in for the first 3 months, and then 6-months thereafter.</li> </ul>
	Planning Interventions <ul style="list-style-type: none"> <li>• Transition/Life Adjustment</li> <li>• Role Fulfillment</li> </ul>	<ul style="list-style-type: none"> <li>• Since these components are not fully captured in the Youth Transition Plan, OYE and the QSR Unit will develop specific guidelines that provide clarity for practice expectations for planning interventions related to the transition and role fulfillment subcomponents of the indicator.</li> </ul>
	Tracking and Adjustment	<ul style="list-style-type: none"> <li>• Tracking on a monthly basis of documentation for Youth Transition Plans to ensure timely efforts to track the youth’s progress and adjust for changes.</li> </ul>
<b>NCCF</b>	Engagement of Birth Mothers	<ul style="list-style-type: none"> <li>• NCCF will conduct a training regarding birth mothers’ engagement, entitled “Rebuilding a Family System from a Birth Mother’s Perspective” before the end of fiscal year 2021.</li> </ul>
	Assessment of Birth Parents	<ul style="list-style-type: none"> <li>• The NCCF clinical coach will orient new social workers upon being hired regarding case practice for engaging and assessing birth mothers.</li> <li>• NCCF will ensure compliance with the revised birth parent worker visitation benchmark (two visits per month for nine months).</li> </ul>
	Teamwork	<ul style="list-style-type: none"> <li>• NCCF will engage Children’s Law Center regarding role responsibility, conflict management, and the culture of communications across disciplines.</li> </ul>
	Pathway to Case Closure	<ul style="list-style-type: none"> <li>• NCCF and CFSA will jointly review all permanency goals to determine whether they are appropriate, or stalled, and make recommendations for changes.</li> </ul>

## VII. Commendations

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When QSR management identifies social workers, whose cases were reviewed with ratings of 5-6 in the maintenance zone (*see Appendix A*) for all indicators under practice performance, these social workers receive commendation letters signed by CFSA's director. **For CY 2020, 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 13 to the In-Home Administration social workers, 16 to social workers in the Permanency Administration, two letters for social workers from OYE, 10 letters for social workers at NCCF and one LSS social worker received a letter. CFSA is proud to acknowledge the hard work of these social workers and notes that there were an additional 10 letters for 2020 compared to 2019.

## VIII. Conclusion

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Over the course of CY 2020, from the program areas' leadership to the supervisors to the case-carrying social workers, CFSA and its partners have utilized QSR data to develop strategies that showed improvement in most areas. The QSR process, along with the strong CQI collaboration between the QSR Unit and program areas, has demonstrated that the type of information needed to develop improvements has indeed resulted in higher QSR ratings, and improved practice.

Indicative of the Agency's improvements, CY 2020 showed a 6 percentage-point increase in overall practice performance indicators (n=30/35, 86 percent) compared to CY 2019 (n=28/35, 80 percent). In addition, there were specific increases in teaming formation, functioning and coordination (*see Table 6 above*). For child status, there was a 3 percentage-point decrease from 84 percent in CY 2019 (n=22/26) compared to 81 percent (n=21/26) in CY 2020. Children were nonetheless on point to permanency outcomes (84 percent), safe at home or placement (98 percent), stable at home or placement (91 percent) and without concern for risky behavior to self or others (on average, 85 percent).

Challenging child status factors were predominantly related to legal custody, despite a 2 percentage-point increase from 63 percent in CY 2019 to 65 percent in CY 2020. In response, CFSA first recognizes that multiple factors impact legal custody, including a family's trauma history, behavioral health, substance use, and overall capacity for self-sufficiency. The Agency

will continue to maintain key interagency partnerships to ensure appropriate, tailored services to help every family to address these types of challenges.

On the practice side, there were five indicators (Table 11) that did not meet the benchmarks. Two concerned the implementation of supports and services for “other,” and planning interventions for “other.”<sup>19</sup> Per the ESP, CFSA is not including “other” for *LaShawn* standards but yet takes seriously any rating that does not achieve the 80 percent benchmark. Both indicators decreased in CY 2020, prompting CFSA to examine further the underlying causes for CY 2021. The other decrease in ratings related to the indicator for managing chronic health concerns. Program teams are aware of the importance of collaborating more closely with a child’s healthcare team to increase these ratings. While both the assessment of fathers and the long-term guiding view fell short of the 80 percent benchmark, both increased by percentage 1 and 2 percentage points, respectively.

Table 11: 2019-2020 Practice Performance Comparisons for Five Indicators in Need of Improvement		
Indicator	2019	2020
Assessment - Fathers	68% (n=50/74)	69% (n=36/52)
Long-Term Guiding View	77% (n=33/43)	79% (n=38/48)
Planning Interventions – Other	100% (5/5)	67% (n=2/3)
Supports & Services – Other	91% (n=10/11)	63% (n=5/8)
Managing Chronic Health	88% (n=22/25)	73% (n=19/26)

For child status and for practice performance, the average acceptable rating was above 80 percent. The child status average rating among the 26 indicators was 87 percent. The practice performance average rating among the 35 indicators was 93 percent.

In summary, implementation of and emphasis on CQI-based strategies for each program area’s themes will continue throughout CY 2021 in order to further increase practice performance. CFSA anticipates that the ongoing QSR process will support existing Agency efforts to streamline and align service delivery, improve practice, and fulfill its mission to achieve positive outcomes for children’s safety, permanency, and well-being.

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<sup>19</sup>“Other” may include, for example, an identified permanency resource who may not yet be the caregiver.

## IX. APPENDICES

### Appendix A – QSR Protocol

Example of QSR Scoring Protocol			
QSR Interpretive Guide for Child Status			
Zones	Scoring		Status
<b>MAINTENANCE</b> Status is favorable. Maintain and build on a positive situation.	6 =	<b>OPTIMAL</b> 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.	<b>ACCEPTABLE</b>
	5 =	<b>GOOD</b> 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.	
<b>REFINEMENT</b> Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	4 =	<b>FAIR</b> 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.	<b>UNACCEPTABLE</b>
	3 =	<b>MARGINAL</b> 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.	
<b>IMPROVEMENT</b> Status is problematic or risky. Act immediately to improve situation.	2 =	<b>POOR</b> 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.	<b>UNACCEPTABLE</b>
	1 =	<b>ADVERSE</b> Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing.	

# CFSA Practice Model



## Expressing Our Values: The Four Pillars

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

<p><b>FRONT DOOR</b></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><b>TEMPORARY SAFE HAVEN</b></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><b>WELL BEING</b></p> <p>Every child deserves a nurturing environment that supports emotional healing, builds resilience, and promotes healthy development and academic achievement.</p>	<p><b>EXIT TO PERMANENCE</b></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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