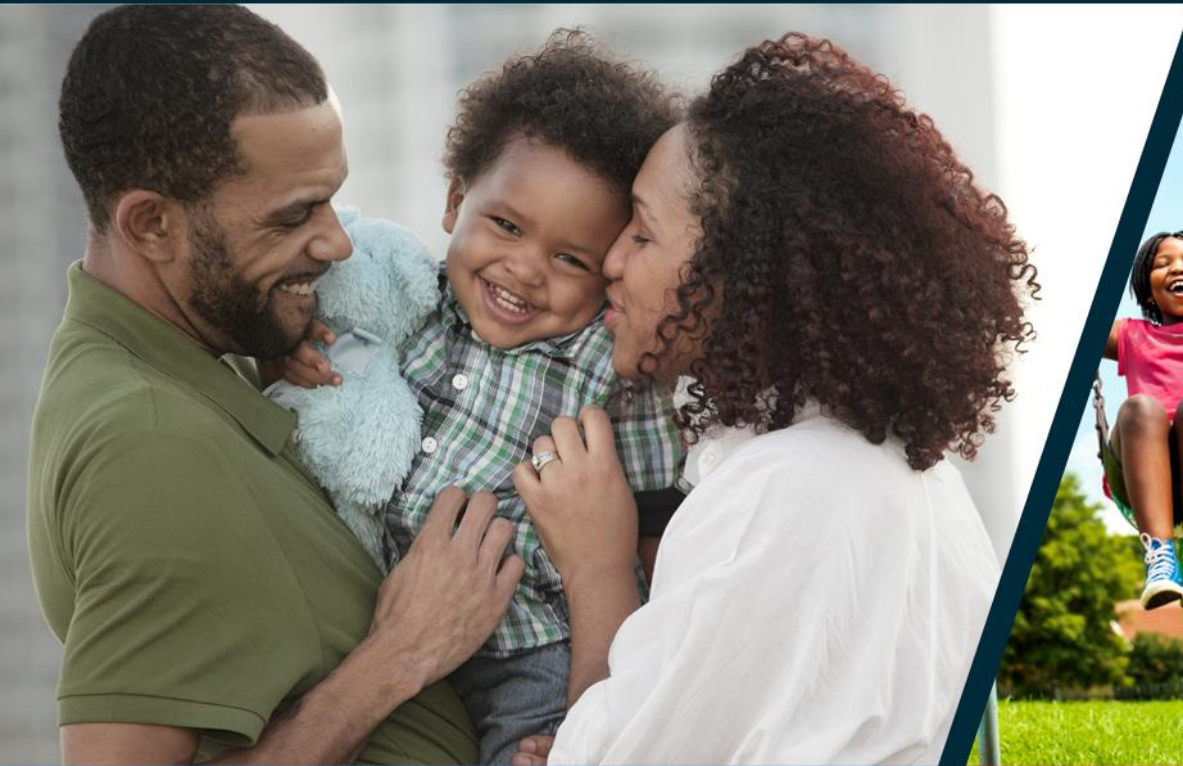


Annual Quality Service Review Report

Calendar Year 2022



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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 assesses the effectiveness of the practices and the interventions provided to the families. 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 children and families receiving child welfare services.¹

The QSR method allows social workers, managers, and senior leadership to bolster existing areas of strength and to address areas identified needing 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 agencies engage and team with families** to address the issues that brought the family to CFSA’s attention.² 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.

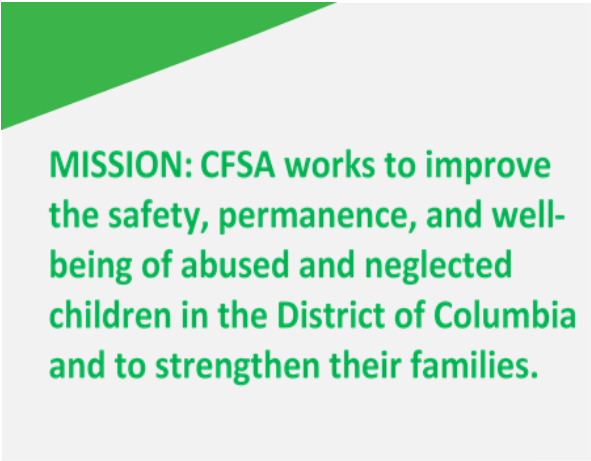
² CFSA’s contracted agencies include the National Center for Children and Families (NCCF) for all children residing in the state of Maryland, and Lutheran Social Services (LSS) for children classified as unaccompanied refugee minors. Throughout the Annual QSR Report, the term “CFSA teams” includes CFSA’s 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*, the Agency has implemented several new strategies to advance from focusing on its former compliance-based culture to fully embracing its long-standing culture of intentional CQI commitment.³ As a self-regulating agency, CFSA has also committed to ongoing examination of 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 systemic safety planning and particularly, case planning in combination with the implementation of supports and services. For consistency, the QSR process self-applies an 80 percent standard for all remaining QSR indicators.

The 2022 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*).

During calendar year 2022, the QSR Unit pulled a random sample of 140 cases but dropped 12 cases due to birth parents declining participation (In-Home services), older youth in abscondence (Out-of-Home services), or other mitigating circumstances. As a result, the QSR Unit reviewed 128 randomly selected cases, stratified by program area.⁴ Of these 128 cases, 47 percent (n=60)

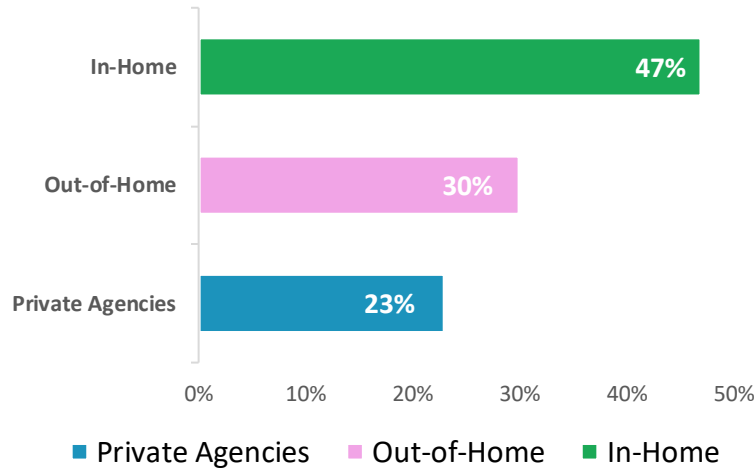
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https://www.acludc.org/sites/default/files/lashawn_a_et_al_v_bowser_et_al_1222_final_order_of_approval_of_settlement_signed_by_judge_thomas_f_hogan_on_june_1_2021.pdf

⁴ The 2022 Annual QSR Report publishes data specific to the calendar year unless otherwise noted.

included families receiving services in their own homes (In-Home services). Thirty percent (n=39) included cases where children received services through foster care (Out-of-Home services), either through kinship or non-relative foster care providers, including group homes. Twenty-three percent (n=29) 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 (2022)

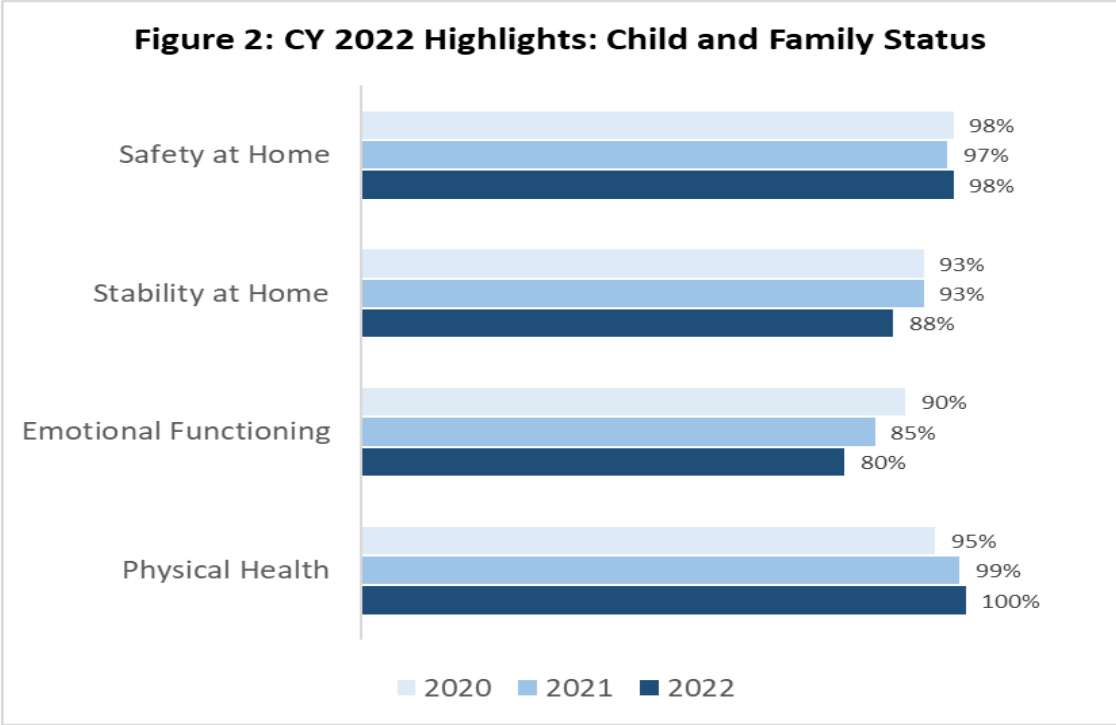


Child and Family Status

Overall ratings for the 2022 *Child and Family Status* domain were 80 percent (n=102/128) acceptable. Within the *Child and Family Status* domain, CFSA specifically focuses on four key indicators: (1) safety at home, (2) stability at home, (3) emotional functioning [for children over 2 years old], and (4) a child’s physical health.⁵ As Figure 2 shows, all four key indicators continued to meet or surpass the 80 percent standard over the last three years.

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).

⁵ For the 2022 *Emotional Functioning* indicator, there were 20 children aged 2 and under who were not applicable (NA) for the indicator’s rating. However, there was also one 14-year-old youth included in the NA count, due to the youth being diagnosed as severely medically fragile.



Practice Performance

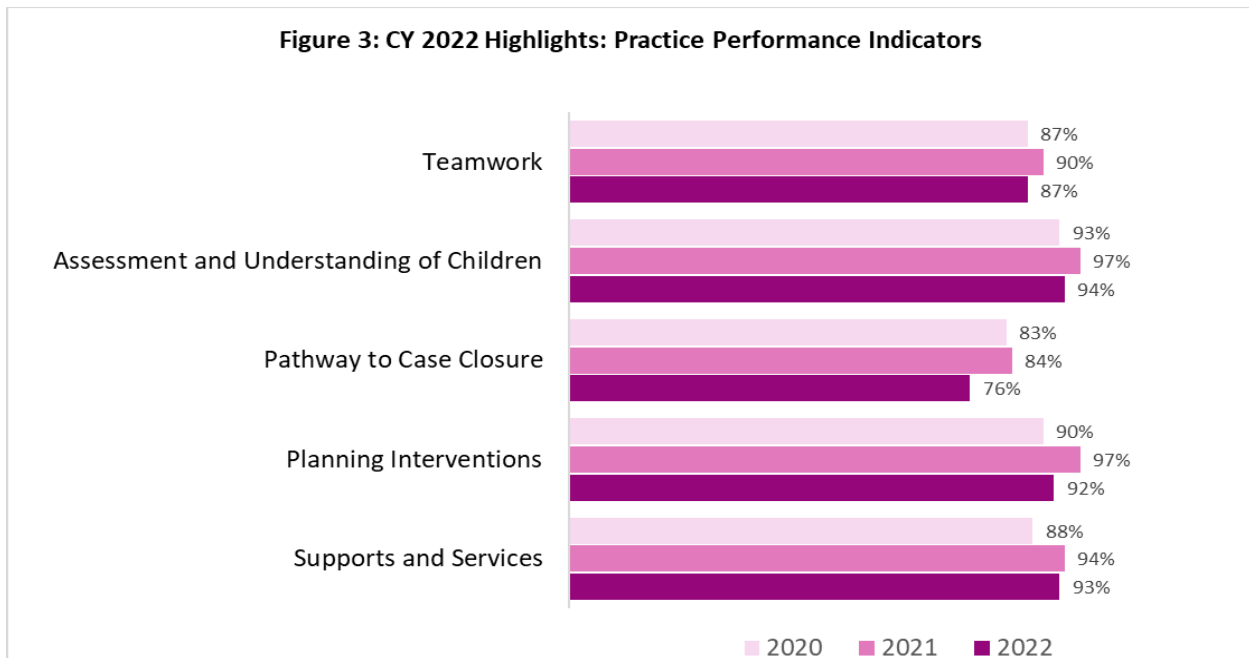
Overall ratings for the Practice Performance domain were 90 percent (n=115/128) acceptable.

When turning to *Practice Performance*, QSR specialists initially focus on a team’s engagement of the family to help team members understand the family’s culture and associated needs. Successful engagement leads to a trust-based relationship that allows for open discussion on needs as well as strengths. Further, when families are engaged authentically, they are more likely to share family history, events, and memories, including traumatic circumstances that may inform ongoing, substantial, holistic assessments of needs. In turn, based on genuine engagement, accurate assessments determine **how well the team is able to plan interventions that may ensure appropriate implementation of supports and services, ultimately to achieve positive outcomes.**

After engagement, the five key *Practice Performance* indicators are (1) teamwork, which includes team formation, functioning and coordination; (2) assessment and understanding of

children; (3) pathway to case closure; (4) overall planning for interventions; and finally, (5) implementation of supports and services for children.

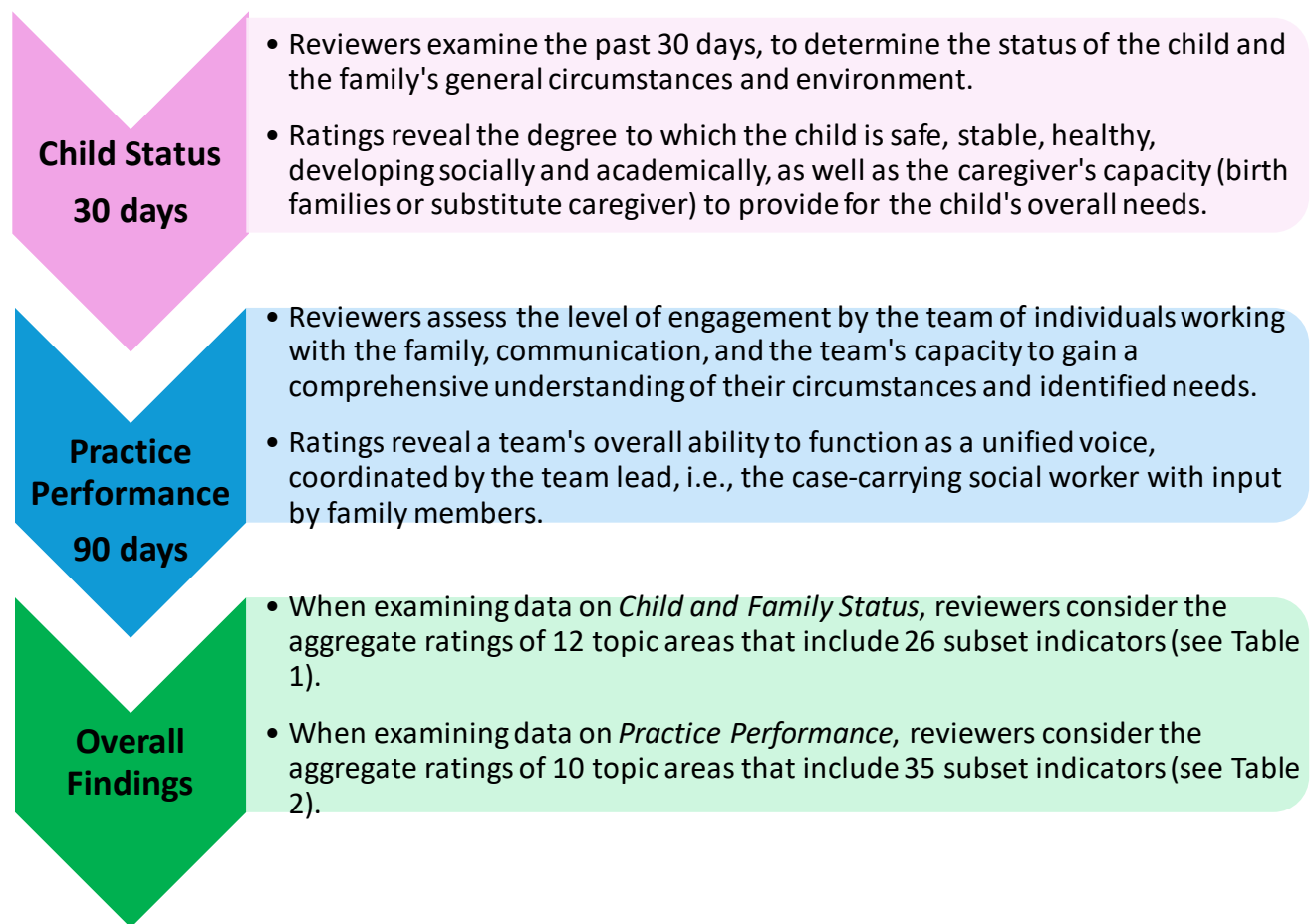
Figure 3 reveals the Agency’s trajectory from 2020 to 2022 for all five indicators. Of these five, ratings for four indicators surpassed the 80 percent standard during 2022. One outlier was the *pathway to case closure*, which decreased by 8 percentage points from 2021 and fell short of the 80 percent standard by 4 percentage points. As an area in need of improvement, this indicator will remain a focus for each program area that struggled to meet the standard (see *Section IV: Continuous Quality Improvement*). The remaining ratings (87, 94, 92, and 93 percent, respectively) demonstrate the individual 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.



The average ratings for overall acceptable team formation, function, and coordination decreased by 3 percentage points from 90 percent in 2021 to 87 percent in 2022. Yet still, the indicator remained 7 percentage points above the standard. Within the overall teamwork category, *team formation* surpassed the 80 percent standard by 12 percentage points (92 percent, n=118/128). Of those 118 acceptable ratings, QSR reviewers rated 63 percent (n=74) in the acceptable/maintenance category (5-6 rating) and 37 percent (n=44) in the acceptable/refinement category (4 rating) (see *Appendix B: QSR Process and Protocol*). *Team functioning* and *team coordination* each surpassed the standard at 84 percent (n=107/128). QSR reviewers rated 55 percent (n=59) of *team functioning* in the acceptable/maintenance category (5-6 rating) and 45 percent (n=48) of the cases for the acceptable/refinement category (4 rating). Regarding *team coordination*, reviewers rated 57 percent (n=61) in the acceptable/maintenance category (5-6 rating) and 43 percent (n=46) of the cases for the acceptable/refinement category (4 rating) (see Figure 7).

II. QSR Data

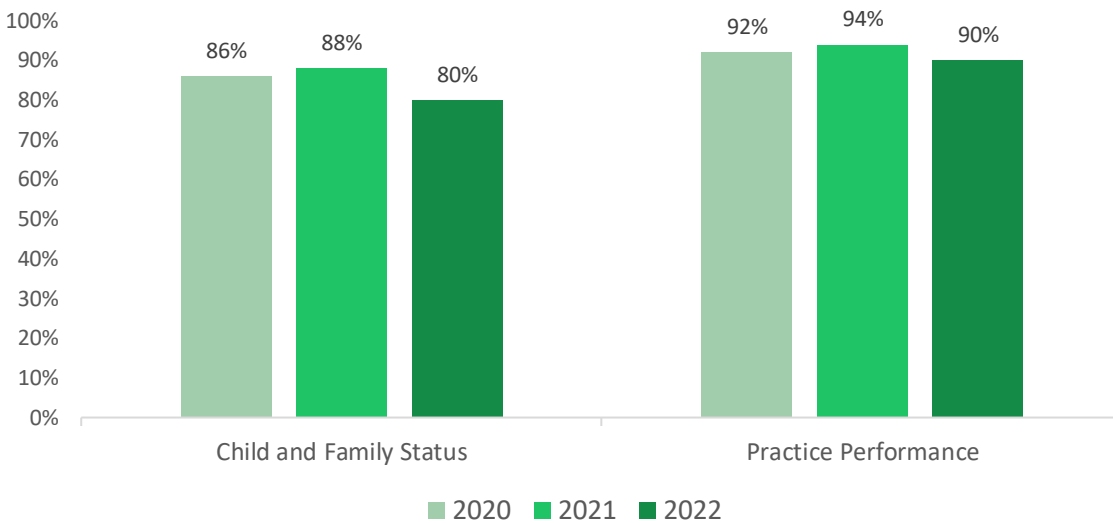
As noted above, QSR specialists examine the past 30 days for *Child and Family Status* indicators with special consideration for the family's general circumstances and environment. For *Practice Performance*, QSR specialists examine the past 90 days with a focus on teamwork as the foundation for each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



2022 Overall Ratings for Child and Family Status and Practice Performance

Overall ratings for the *Child and Family Status* and *Practice Performance* indicators decreased in 2022 despite a 2 percentage-point increase for both domains between 2020 and 2021 (Figure 4). For ***Child and Family Status*, overall ratings decreased 8 percentage points** from 2021 to 2022 (80 percent, n=102/128). For the ***Practice Performance* indicators, overall ratings decreased 4 percentage points** from 2021 to 2022 (90 percent, n=115/128).

**Figure 4: Overall 2022 Acceptable Ratings
Child Status and Practice Performance**



Findings: Child and Family Status

For 2022, all *Child and Family Status* safety ratings were above the 80 percent standard. Reviewers rated the crucial indicator *safety of children at home* at 98 percent, in addition to *safety for children at school* at 96 percent, *safety in the community* at 86 percent, and *safety in other environments* (e.g., weekend visits with extended family) at 89 percent (Table 1). When ratings for safety were met or exceeded the 80 percent standard, ratings for behavioral risk to self and others were also above 80 percent (83 and 86 percent, respectively).

Table 1 indicates percentages of the 12 main indicator topics and 26 subsets for the 2022 *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., “other” might apply to a child’s safety during regularly scheduled visits to a grandparent’s home). Of all 26 subsets, there were six indicators (23 percent) with ratings below the 80 percent standard: (1) legal custody (permanency) at 61 percent, (2) substance use - older youth - at 58 percent, (3) learning and academics at 77 percent, (4) preparation for adulthood - older youth - at 71 percent, (5) parenting – older youth – at 60 percent, and (6) family functioning - birth parents with reunification as the child’s permanency goal - at 67 percent.

Table 1: Overall Acceptable Ratings for 2021 Child and Family Status Indicators *				
Indicator	2020	2021	2022	2022 # Cases/ Applicable Cases
1a. Safety: Home	98%	97%	98%	126/128
1b. Safety: School*	100%	100%	96%	91/95
1c. Safety: Community	97%	94%	86%	55/64
1d. Safety: Other*	100%	92%	89%	17/19
2a. Behavioral Risk: Self	83%	88%	83%	91/109
2b. Behavioral Risk: Others	86%	90%	86%	94/109
3a. Stability: Home	91%	93%	88%	112/128
3b. Stability: School	94%	97%	89%	90/101
4a. Permanency: Placement	93%	97%	91%	116/128
4b. Permanency: Relationships	95%	97%	95%	121/128
4c. Permanency: Legal Custody	65%	74%	61%	37/61
5. Living Arrangement	96%	99%	95%	121/128
6a. Physical Health: Status	99%	99%	95%	121/128
6b. Physical Health: Receipt	96%	96%	95%	121/128
7a. Emotional Functioning	86%	85%	80%	86/107
7b. Substance Use	75%	67%	58%	7/12
8. Learning & Academics	86%	84%	77%	95/124
9a. Prep for Adulthood	66%	77%	71%	22/31
9b. Parenting	50%	100%	60%	3/5
10. Caregiver	93%	94%	94%	120/128
11. Family Functioning	74%	74%	67%	64/95
12a. Voice/Choice: Child	97%	95%	96%	77/80
12b. Voice/Choice: Mother	82%	87%	92%	66/72
12c. Voice/Choice: Father	87%	80%	88%	30/34
12d. Voice/Choice: Caregiver	95%	90%	91%	43/47
12e. Voice/Choice: Other	88%	73%	87%	20/23
Overall Status	86%	88%	80%	102/128

* Some indicators are not applicable for every case, i.e., reviewers do not rate In-Home cases for the indicator, *legal custody*. The final column in Table 1 includes first the number of cases with acceptable ratings with the number of cases eligible to be rated for the indicator.

Note: the pink highlights signify those indicators that did not reach the 80 percent standard.

As an example, there were 20 children who were 2 years old or younger and one teenage youth diagnosed as medically fragile. Combined, there were 21 children “not applicable” for the emotional functioning indicator, reducing the total count from 128 to 107. Of these 107 children, reviewers rated 86 children (80 percent) as presenting with acceptable emotional functioning. The indicator just meets the standard.

QSR specialists consider the *emotional functioning* indicator as a natural link to the indicator, *behavioral risk*. Since 2020, ***emotional functioning indicators have decreased yet met the 80 percent standard.*** Although the data is anecdotal, there is some speculation that clients are still experiencing the impact of the pandemic and transitions from COVID-required social distancing and quarantining to living in a "hybrid" environment.

Despite important strides, the *Child and Family Status* ratings included the six indicators previously noted for falling below the 80 percent standard. When comparing the 2020-2022 ratings over the last 3 years, Table 1 reveals the steady decrease in ratings for three of the six indicators and fluctuating ratings for the other three, including the rating for *preparation for adulthood*, which grew 11 percentage points from 2020 to 2021, but then fell by four percentage points in 2022.

Regarding a youth’s efforts to prepare for adulthood, CFSA is acutely 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 a youth’s difficulty to prepare for independence, including a history of trauma and a lack of extended family involvement. Trauma suffered by youth often includes a history of physical or sexual abuse, victimization from sex trafficking, lack of engagement in mental health treatments, etc. Social workers who case manage older youth continue to develop strategies for accurately assessing the needs of these older youth and

Child and Family Status - 6 of 26 Individual Indicators Below 80 percent

For the 26 individual *Child and Family Status* indicators, there were six indicators (23 percent) with ratings below the 80 percent standard:

- legal custody – permanency (61 percent, n=37/61)
- substance use - older youth (58 percent, n=7/12)
- learning and academics (77 percent, n=95/124)
- preparation for adulthood - older youth (71 percent, n=22/31)
- parenting – older youth (60 percent, n=3/5)
- family functioning - birth parents with reunification as the child’s permanency goal (67 percent, n=64/95)

See Section IV: CQI 2022 for strategic plans per program area to address the above ratings.

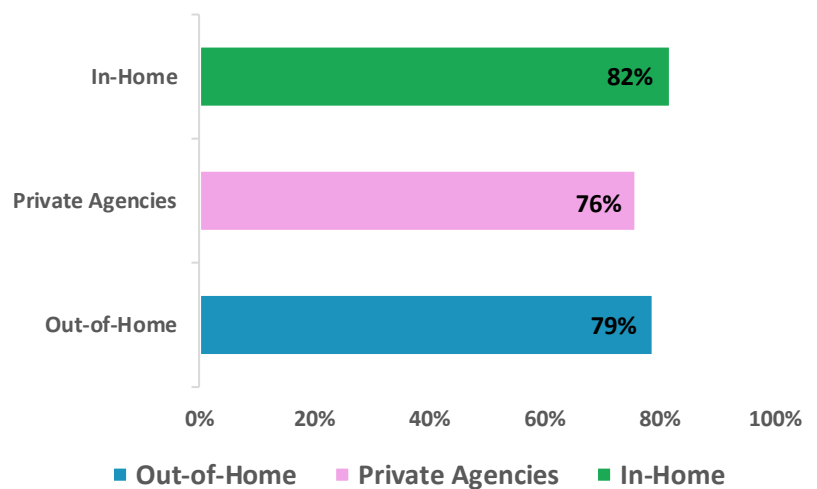
directly providing or referring services and supports for these youth to achieve self-sustainable independence prior to exiting the foster care system. These services may also include facilitating a youth’s ability to form lifelong connections and helping a youth’s access to mentors or life coaches.

Reviewers rated two of the six indicators, *learning and academics* and *parenting* above the 80 percent standard in 2021. Again, the sample size of the cases must be considered. The rating for the *parenting* indicator was 100 percent in 2021 with three parenting youth all parenting with acceptable skills. In 2022, there were still three parenting youth demonstrating acceptable parenting, but there were also two more who were not. As a result, the acceptable ratings fell from 100 to 60 percent.

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 for In-Home cases were 82 percent (n=49/60) acceptable, while ratings for Out-of-Home were 79 percent (n=31/39) acceptable. For those out-of-home cases case managed by CFSA’s contracted private agency partners, 76 percent (n=22/29) were acceptable.

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



Throughout 2022, the QSR Unit has worked directly with all three program areas to review the cases, discuss the trends, and develop strategic tactics to improve practice. See *Section IV: Continuous Quality Improvement 2022* for the program area's CQI strategies to address and improve ratings.

Findings: Practice Performance

For *Practice Performance* indicators, there are 10 main topics with 35 individual indicators (Table 2 following). Of these ratings, **89 percent (n=31/35) remained above the 80 percent standard with the 2022 overall ratings at 90 percent.**

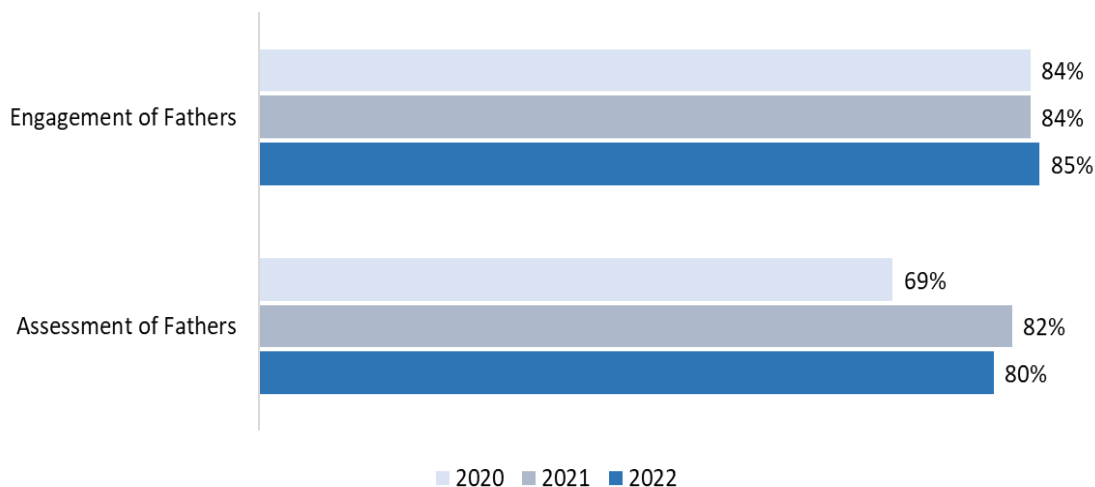
Indicator	2020	2021	2022	2022 #Cases/ Applicable Cases
1a. Cultural Identity: Child	98%	99%	95%	122/128
1b. Cultural Identity: Mother	96%	92%	94%	85/90
1c. Cultural Identity: Father	83%	84%	84%	46/55
1d. Cultural Identity: Caregiver	100%	97%	98%	45/46
1e. Cultural Identity: Other	89%	88%	83%	25/30
2a. Engagement: Child	96%	95%	94%	91/97
2b. Engagement: Mother	91%	88%	90%	84/93
2c. Engagement: Father	84%	84%	85%	50/59
2d. Engagement: Caregiver	94%	96%	93%	43/46
2e. Engagement: Other*	90%	89%	88%	28/32
3a. Teamwork: Formation	93%	93%	92%	118/128
3b. Teamwork: Functioning	84%	87%	84%	107/128
3c. Teamwork: Coordination	83%	87%	84%	107/128
4a. Assessment: Child	93%	97%	94%	120/128
4b. Assessment: Mother	87%	88%	89%	80/90
4c. Assessment: Father	69%	82%	80%	44/55
4d. Assessment: Caregiver	97%	94%	96%	44/46
4e. Assessment: Other*	90%	88%	79%	22/28
5a. Pathway to Case Closure	84%	83%	76%	97/128
5b. Long-term Guiding View	79%	87%	79%	33/42
6a. Planning: Safety	96%	99%	97%	124/128
6b. Planning: Permanency	90%	89%	93%	119/128
6c. Planning: Well-Being	93%	93%	94%	120/128
6d. Planning: Functioning	89%	92%	91%	116/128
6e. Planning: Transition	85%	92%	88%	113/128
6f. Planning: Learning & Education	92%	96%	89%	109/122
6g. Planning: Other*	67%	100%	-	0/0

Table 2: Overall Acceptable Ratings for 2021 Practice Performance*				
Indicator	2020	2021	2022	2022 #Cases/ Applicable Cases
7a. Supports & Services: Child	88%	94%	91%	117/128
7b. Supports & Services: Mother	87%	96%	92%	79/86
7c. Supports & Services: Father	84%	92%	92%	33/36
7d. Supports & Services: Caregiver	93%	96%	93%	42/45
7e. Supports & Services: Other*	63%	92%	94%	16/17
8. Medication Management	81%	73%	71%	10/14
9. Managing Chronic Health	73%	96%	90%	27/30
10. Tracking & Adjustment	86%	88%	83%	106/128
Overall Status	92%	94%	90%	115/128

*Indicators with “other” may include individuals who are actively involved with the child even if they are not an immediate caregiver. *Note: the pink highlights signify those indicators that did not reach the 80 percent standard.*

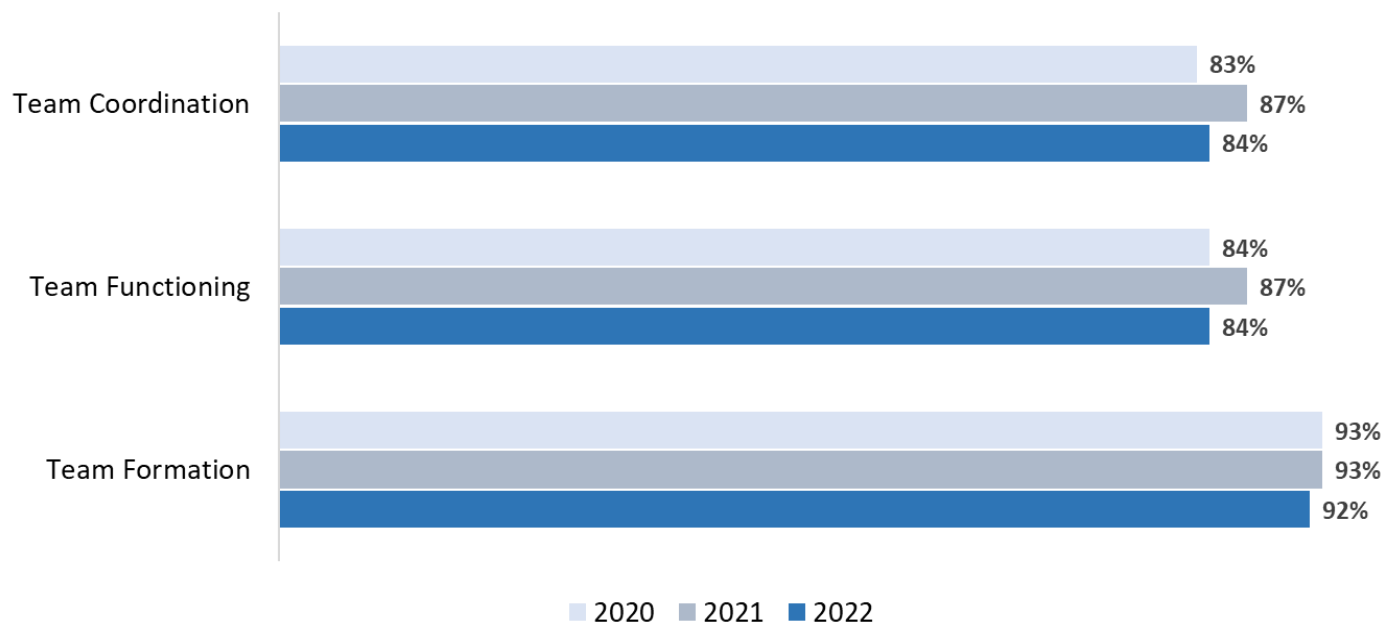
Demonstrable improvements in practice between 2020 and 2022 include CFSA’s dedicated efforts to maintain increased involvement of fathers in case planning and positive permanency outcomes. All indicators specific to fathers either met or surpassed the 80 percent standard for acceptable ratings. *Cultural identity for fathers* remained stable at 84 percent (n=46/55) while *engagement of fathers* increased by 1 percentage point from 84 percent in 2021 to 85 percent (n=50/59) in 2022 (Figure 6). *Assessment of fathers* decreased by 2 percentage points but still met the standard at 80 percent (n=44/55). *Supports and services for fathers* also remained consistent at 92 percent (n=33/36).

**Figure 6: Practice Performance Indicators
Engagement and Assessment of Fathers**



As noted, engagement and assessment of a father is a key focus of a child’s team in order to successfully maintain or demonstrate consistent improvement. Accordingly, the ratings for the following teamwork subsets either met or exceeded the 80 percent standard for 2022: *team formation*, *team functioning* and *team coordination*. Although *team coordination* decreased by 3 percentage points from 87 percent acceptable in 2021 to 84 percent in 2022, the subset still exceeded the standard. *Team functioning* rose by 7 percentage points from 80 percent in 2019 and 87 percent in 2022. *Team formation* has remained steady (Figure 7).

Figure 7: Practice Performance: Team Formation, Team Functioning, Team Coordination



Four of the 35 indicators fell beneath the 80 percent standard: (1) *assessment of others*, (2) *pathway to case closure*, (3) *long-term guiding view* (mental health), and (4) *medication management*. Of the four indicators, *assessment of others* decreased by 9 percentage points from 88 percent (n=22/25) acceptable in 2021 to 79 percent (n=22/28) acceptable in 2022. Again, the Agency recognizes that while the number of acceptable cases remained the same for 2021 and 2022, the sample size increased from 25 in 2021 to 28 in 2022, decreasing the overall percentage.

For the key indicator, *pathway to case closure*, as noted earlier, the Agency is acutely aware of the decrease of 7 percentage points between 2021 and 2022. *Section IV: CQI* outlines the ongoing programmatic strategies to assist the Agency to elevate ratings for this indicator.

The two remaining indicators, *long-term guiding view* (mental health) and *medication management*, are linked insofar as CFSA expects a child's mental health provider to outline a treatment plan that includes, whenever applicable, the appropriate management of any prescription drugs. When appropriate delivery of psychotropic medications positively addresses a child's well-being, whether mental or behavioral, a child or youth's consistent usage is imperative.

The percentage of unacceptable ratings for the *medication management* indicator continued to slightly decrease from 73 percent in 2021 to 71 percent in 2022, the actual number of cases remained the same for both years (n=4).

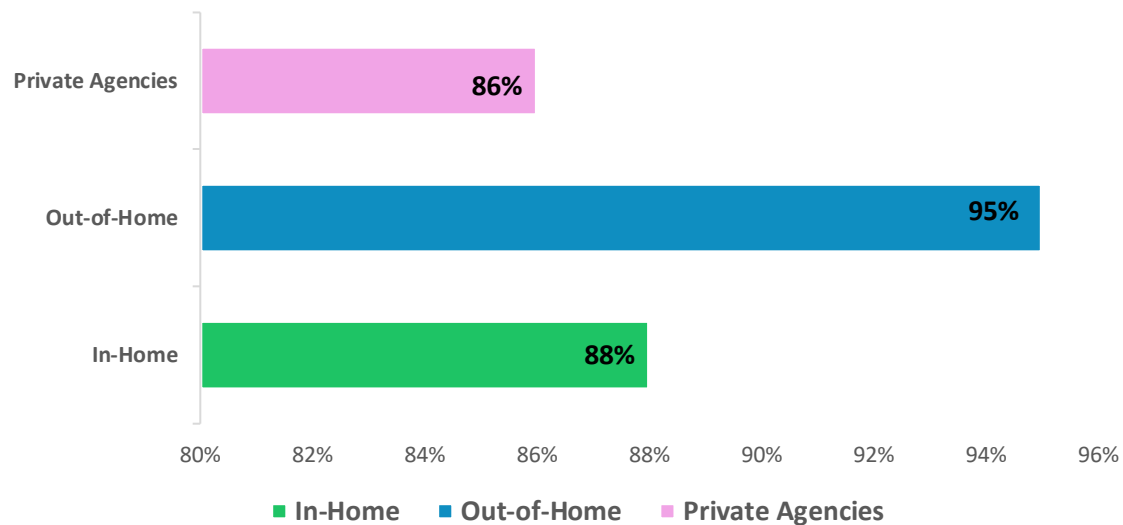
Practice Performance - Medication Management Below 80 percent

- Two youth (ages 17 and 18) were each prescribed five psychotropic medications. The 17-year-old youth experienced difficulty in the timely refilling of all prescriptions, impacting consistency and behavior. The 18-year-old's medication was administered by a group home. Due to the youth's frequent absences from the group home, consistency and behavior were also impacted.
- A 14-year-old youth experienced a month-long delay for receiving three medications due to challenges scheduling the psychiatric appointment, as well as complications with insurance.
- An 18-year-old youth was prescribed one psychotropic medication but was inconsistently compliant with usage. Due to the age of the youth, the team had difficulties enforcing compliance.

Acceptable Practice Performance Ratings by Program Area

Figure 8 details the breakdown of overall acceptable *Practice Performance* ratings for each program area: In-Home, Out-of-Home, and the Agency's two contracted private agencies (National Center for Children and Families and Lutheran Social Services). **All three program areas continued to surpass the 80 percent standard in 2022.** Ratings were 88 percent (n=53/60) acceptable for In-Home cases, 95 percent (n=37/39) acceptable for Out-of-Home cases, and 86 percent (25/29) acceptable for cases managed by CFSA's contracted private agency partners. There were significant differences in performance among the three program areas. Although both In-Home and NCCF exceeded the 80 percent standard for overall acceptable practice performance, several indicator ratings were just barely in the 80th percentile or below. In comparison, ratings for Out-of-Home performance were consistently in the 90th percentile.

**Figure 8: Overall Acceptable Practice Performance Ratings
(by Program Area)**



Findings: Implications for Practice

For those areas with practice challenges, leadership continues to examine recurring practice themes that help inform CQI strategies and best practice standards for improving outcomes. For all areas of strength, program area leaders continue to build upon the successes of solid best practice standards. The following text boxes offer examples of strengths and challenges of some of the 2022 review sample. The narratives are pulled directly from case summaries and therefore incorporate language that is specific to the QSR protocol. The QSR specialists include specific protocol language required to support justification of ratings.

Areas of Strength - Child and Family Status

Child Status: Safety at Home

The 12-year-old focus child is safe, living in a nearly risk-free living situation at his group home where he is supervised 24 hours. His caregivers demonstrate competence and a willingness to always protect him. He is free from harm in other daily settings, including at school and in the community. This has been an optimal and enduring pattern of safety from harm since the child's placement 12 months ago.

Safety at Home

Child safety at home is one of the essential indicators of a child's potential to feel confident, regulated, and free to enjoy daily settings and activities. Safety in this context includes a child receiving an age-appropriate level of care and supervision from caregivers, including birth parents, resource parents, and other adults involved in a child's case.

School Stability

Whenever a school-aged child or youth enters foster care, staying in the school of origin is often as important as a child's stability and safety at home. Being able to maintain friendships with school peers as well as relationships with teachers and school counselors may directly impact a student's success after a new placement. School stability will often positively impact normal grade-level promotions.

Child Status: School Stability

The 17-year-old high school senior has remained in the same school placement since prior to entering foster care. She is maintaining her coursework and grade point average. There is no risk of suspension or disruption. School staff are actively supporting the youth's efforts to prepare for her college applications. Per reports, she is due for an award for a social studies project (though she is not aware that she is going to receive it).

Child Status: Living Arrangement

The 16-year-old youth lives in the most appropriate, least restrictive, living arrangement, as was evidenced by the youth demonstrating new and respectful behaviors. She benefits from a family setting that models a certain stability she has not experienced in her own home. The foster parents ensure her safety, protection, and supervision in addition to protecting her connections with her birth mother and younger siblings.

Living Arrangement

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 lead to separation of the child from the home. No matter the circumstances, living arrangements should provide for a child's daily needs for family, extended family, social relationships, faith community, and any specialized care, education, protection, and supervision.

Areas of Challenge - Child and Family Status

Legal Custody

When delays to permanency are related to birth parents, some families may continue to struggle to overcome the circumstances or behaviors 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.

Child Status: Substance Use

The 16-year-old focus youth admits to self-medicating with marijuana, stating that the marijuana is her “substance of choice,” and more helpful than her physician-prescribed medication. Although there is no indication that her usage has impaired functioning, either in the home or at school, the youth is under-age for consuming marijuana. The youth has rejected any substance use treatment because she does not see her usage as problematic.

Family Functioning/Resourcefulness

If the Agency must separate a child from the home, the child’s team assists the family of origin to become self-directed and to build the capacities necessary to ensure family stability with the child’s safe return home. However, parents often have their own history of complex trauma which is compounded when their child is separated. Parents may be in denial. Often the generational trauma requires more time to address than provided by regulations for achieving permanency timelines.

Child Status: Legal Custody

The 18-year-old focus youth’s road to legal custody (via adoption) seems unknown. Recent efforts have failed due to the youth’s reported behaviors. The focus youth presents as ill-prepared for independence and may require long-term dependency on social service systems.

Substance Use

Despite legalization of marijuana for youth aged 18 and older, CFSA discourages recreational drug use, both for minors and young adults in the foster care system. Yet, there is an ongoing struggle for social workers to convince youth that self-medicating may not be in their interest. For this indicator, QSR reviewers focus on the degree to which a youth is able to grasp the impact of the substance use, and the youth’s ability (plus desire) to achieve and then maintain a life free from substance use impairment.

Child Status: Family Functioning/Resourcefulness

The 15-year-old’s father is emotionally and mentally unable to address the family issues that led to his involvement with the child welfare agency. He is also unwilling to accept any responsibility and his position is causing his relationship with his daughter to worsen. Basic family needs are unmet. For example, the need to remain connected to his child through visitation remains unmet because his unstable moods have been difficult to manage. Therefore, he remains isolated regarding case planning.

Areas of Strength for Practice Performance

Cultural Identity, Engagement, and Assessment

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 2022, QSR ratings indicated successful engagement of all parties to a case, especially teenagers, but also all age-appropriate children, as well as birth parents, substitute caregivers and other parties to a child's case.

Social workers often focus on the successful engagement of fathers who may not have been actively involved with the family prior to CFSA involvement. This dedicated engagement is imperative when the family identifies the father as a potential permanency resource, or a kin caregiver to prevent a child from entering foster care.

Practice Performance: Engagement of Child

Engagement of the 13-year-old focus child has been excellent. There is evidence of a trust-based relationship as the social worker provides the focus child with an outlet for exploration and expression of his bisexuality. Various providers have engaged the focus child, and educated him on safe practice, while embracing his right to self-determination.

Practice Performance: Engagement of Father

The social worker has been particularly thoughtful for the father's quick adaptation to raising another son in the same household as his current girlfriend and younger son. Within the three months of the father's voluntary in-home case, the social worker consistently engages the father who participates in planning and scheduling. He takes advantage of concrete supports like transportation to appointments. He reports appreciation and gratitude for the social worker.

Practice Performance: Planning Interventions

The planning is optimal for the 3-year-old focus child, including adoption finalization. The child will also remain connected with her current primary care physician. Planning also includes a daily schedule to help the child develop structure and balance as she grows up. Transition planning includes keeping the child connected to the family. The child will remain in her current school placement until next year when she will be enrolled in a new school in her adoptive home's neighborhood.

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 tailored interventions for the child and family, based on identified needs.

Throughout 2022, 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.

Areas of Challenge for Practice Performance

Pathway to Case Closure

For children to achieve permanency, the pathway to case closure must be achievable, clearly outlined for family members and team members, and include time-sensitive reasonable efforts to achieve all identified case goals. When the team addresses complex generational trauma for a youth, the team often confronts challenges that may seem insurmountable, which can make the direct path to closure difficult to achieve.

Practice Performance: Pathway to Case Closure

There is no clear pathway to closing this 17-year-old’s case. Currently the team is awaiting a placement in a psychiatric residential treatment facility and there is no indication of when a bed will become available for the youth. Also, while waiting, the youth’s behaviors are becoming even more risky to herself and others. The youth will turn 18 in August, and she has stated that she does not want to go into a residential facility. She would therefore be able to leave under her own volition. This does not give much time for the youth to get the benefit of treatment.

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)*.⁶ 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.*⁷

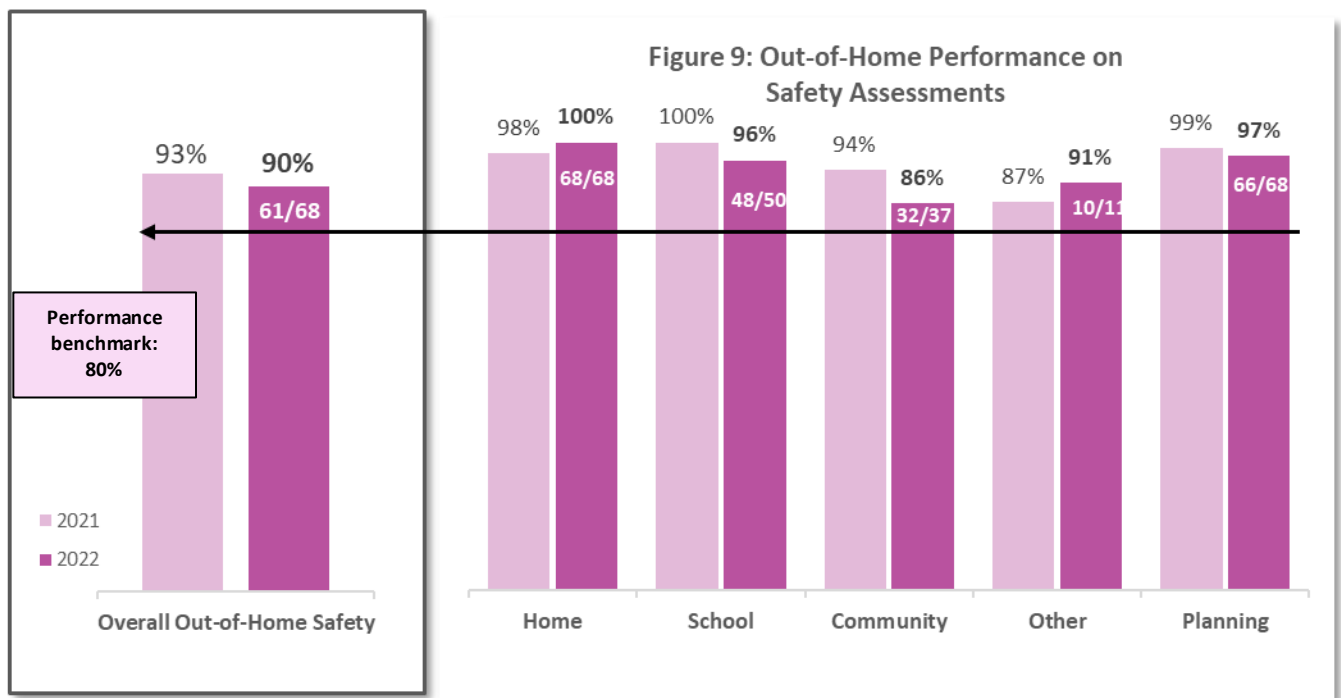
⁶ See the *Executive Summary* for additional context.

⁷ CFSA’s Office of Youth Empowerment is under the Clinical Case Management & Support Administration (formerly Permanency Administration).

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 indicate that effective teaming has resulted in the maintenance of safety standards across both the *Child and Family Status* and the *Practice Performance* domains. **All 2022 safety indicators exceeded the 80 percent *Performance Framework* benchmark.**

The 2022 ratings for overall safety for Out-of-Home cases were 10 percentage points above the 80 percent standard (Figure 9), despite a 3 percentage-point decrease from 2021. Across the individual safety indicators, *child safety at home* increased by 2 percentage points at 100 percent. *Safety in “other” environments* (e.g., a child’s regularly scheduled visits with extended kin, or a youth’s place of employment) also increased from 87 percent in 2021 to 91 percent in 2022 (4 percentage points). *Safety at school* decreased by 4 percentage points while *safety in the community* decreased by 8 percentage points from 94 percent in 2021 to 86 percent in 2022. *Planning for safety* decreased by 2 percentage points between 2021 and 2022 but remained 17 percentage points above the standard.



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 7 percentage-point decrease in overall ratings compared to 2021. *Safety for children at home* maintained a 97 percent acceptable rating between 2021 and 2022. However, the remaining subset indicators each experienced slight or notable decreases, e.g., *child safety at school* decreased by 4 percentage points from 100 percent in 2021 to 96 percent in 2022. *Safety in the community* decreased by 9 percentage points. *Planning for safety* decreased by 1 percentage point. The most significant decrease occurred for *safety in “other” environments*, which decreased by 12 percentage points from 100 percent in 2021 to 88 percent in 2022. For safety in the community, there were four families with children involved in risky behaviors in the community, including older youth involved in sex trafficking. For the one case under “other,” the child was known to visit the unsafe environment of a non-residential parent’s home.

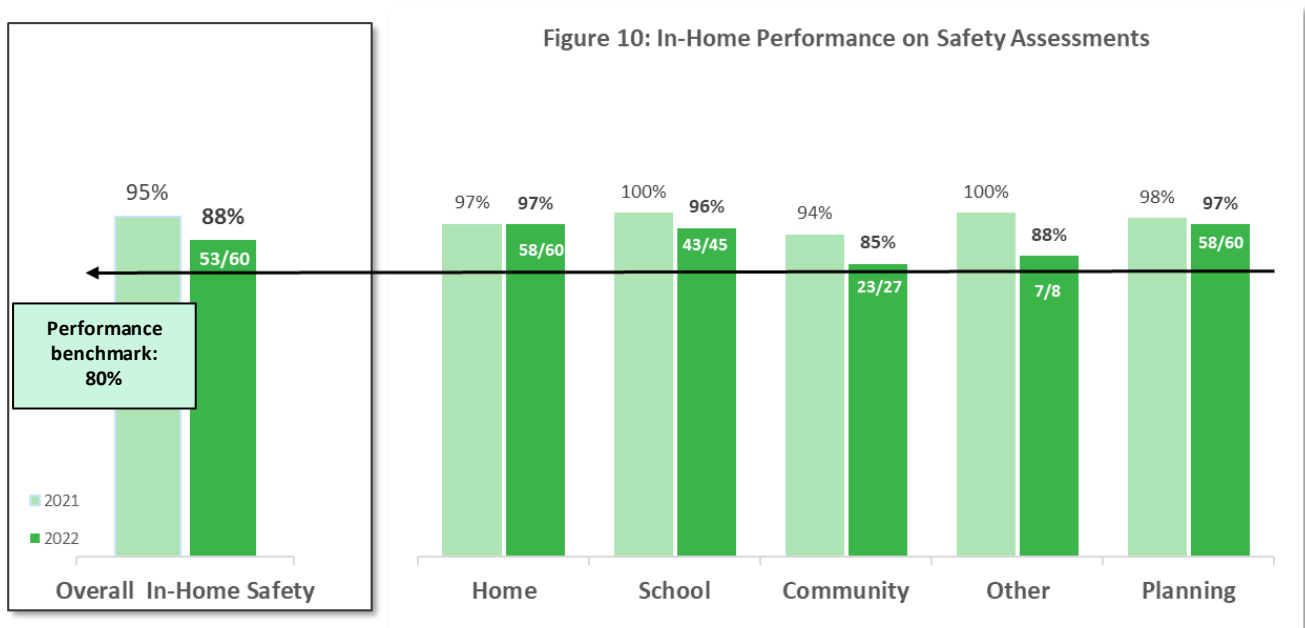
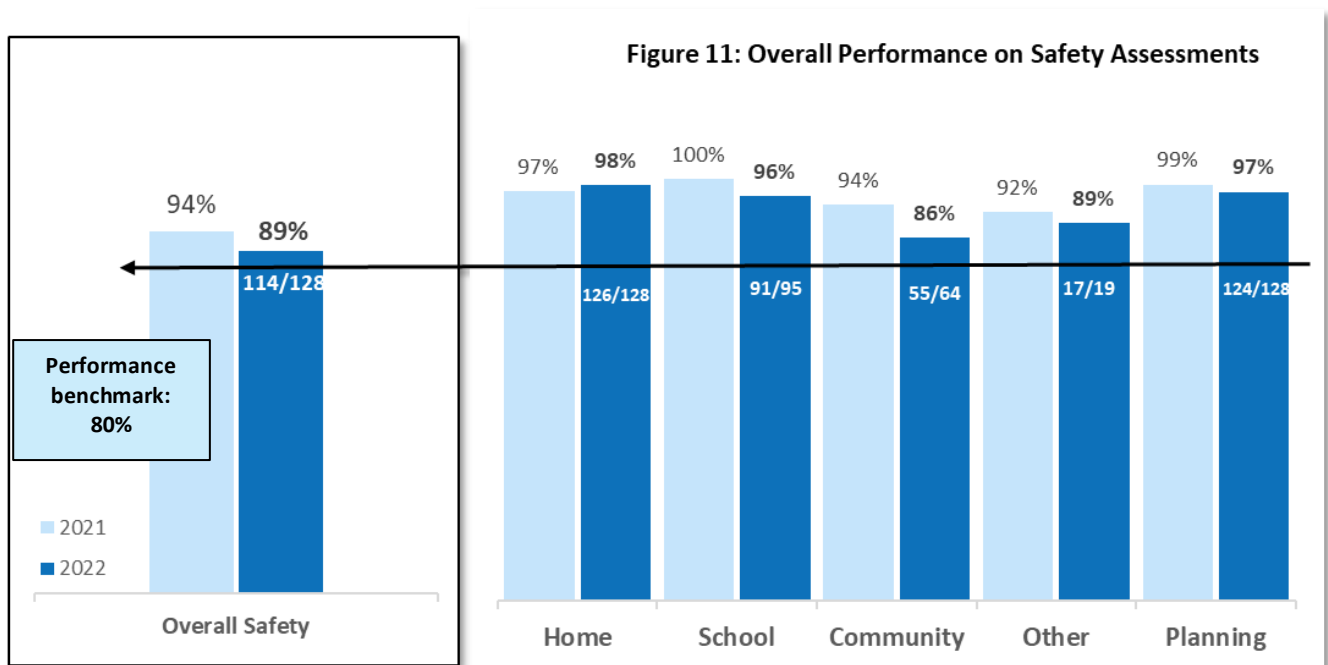


Figure 11 examines the overall combined safety outcomes for both In-Home and Out-of-Home services. **Overall safety was 9 percentage points above the 80 percent Performance Framework benchmark for the Agency, indicating that the Agency’s strategies are still successful for ensuring children and youth are safe in their respective settings.** Some subset indicators decreased either slightly or notably. *Safety at school* decreased by 4 percentage points from 100 percent acceptable in 2021 to 96 percent in 2022, yet still remaining 16 percentage points above the standard. *Safety in the community* decreased by 8 percentage points while *safety for “other” environments* decreased by 3 percentage points from 92 percent in 2021 to 89 percent in 2022. *Planning for safety overall* decreased by 2 percentage points from 99 percent in 2021 to 97 percent in 2022.



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 14 percentage points for the combined six planning interventions subsets (Figure 12). All subset scores remained above the benchmark for both 2021 and 2022. Although *planning for safety* slightly decreased by 2 percentage points from 99 percent in 2021 to 97 percent in 2022, both years are well above the 80 percent standard (19 and 17 percentage points, respectively).

The following four subsets of the planning indicator all increased in acceptable ratings from 2021 to 2022: (1) *planning for daily functioning*, (2) *transition and life adjustment*, (3) *planning for permanency*, and (4) *planning for well-being* increased.

Planning interventions for families receiving Out-of-Home services from 2021 through 2022 indicated planning was successful, especially regarding planning for case goals and strategies for meeting targeted needs to achieve children and families’ safety, permanency, and well-being.

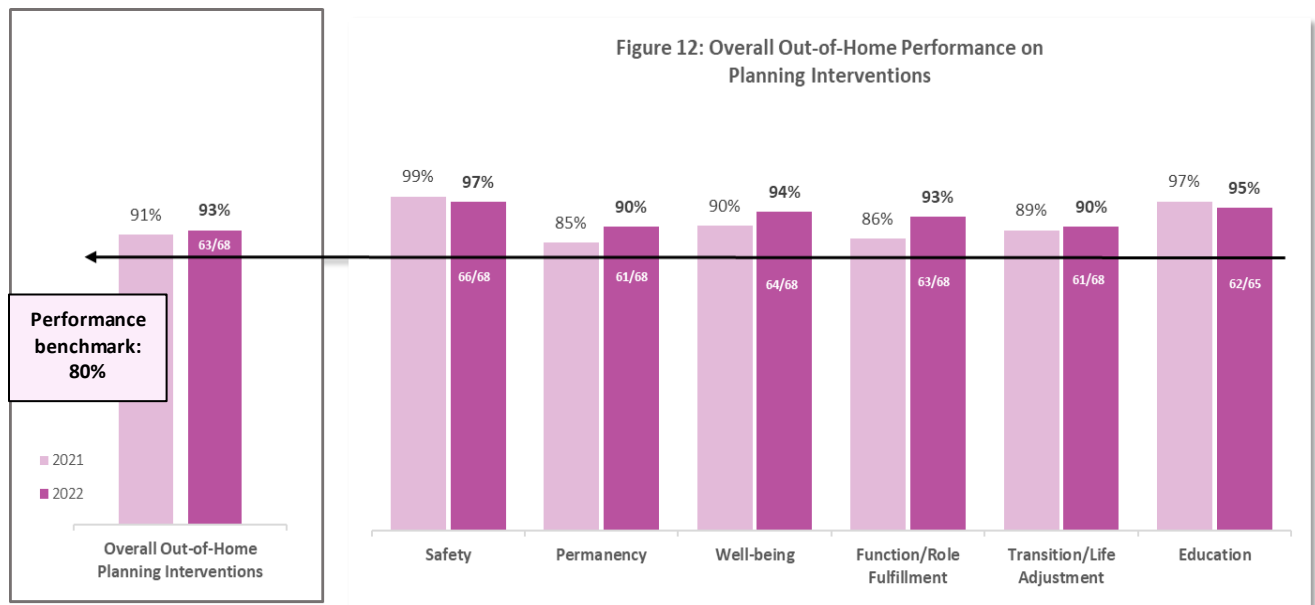


Figure 13 reveals that overall **In-Home ratings exceeded the 80 percent Performance Framework benchmark by 12 percentage points in 2022**. Each of the six subsets continued to exceed the benchmark from 2021 to 2022, although only *planning for permanency* increased in ratings between 2021 and 2022. The remaining subset indicators all decreased in ratings. The largest decrease was 12 percentage points for *planning in education*, decreasing from 94 percent in 2021 to 82 percent in 2022. The second largest decrease was 10 percentage points for *planning for daily functioning and life role fulfillment* from 98 percent to 88 percent, followed by *planning for transition and life adjustment* with an 8 percentage-point decrease. Several reasons accounted for the decreases in these three planning indicators, e.g., QSR specialists noted that inconsistent planning for parents with medical and mental health issues impacted the children’s attendance at school, daily functioning, and successful transitions to family stabilization.

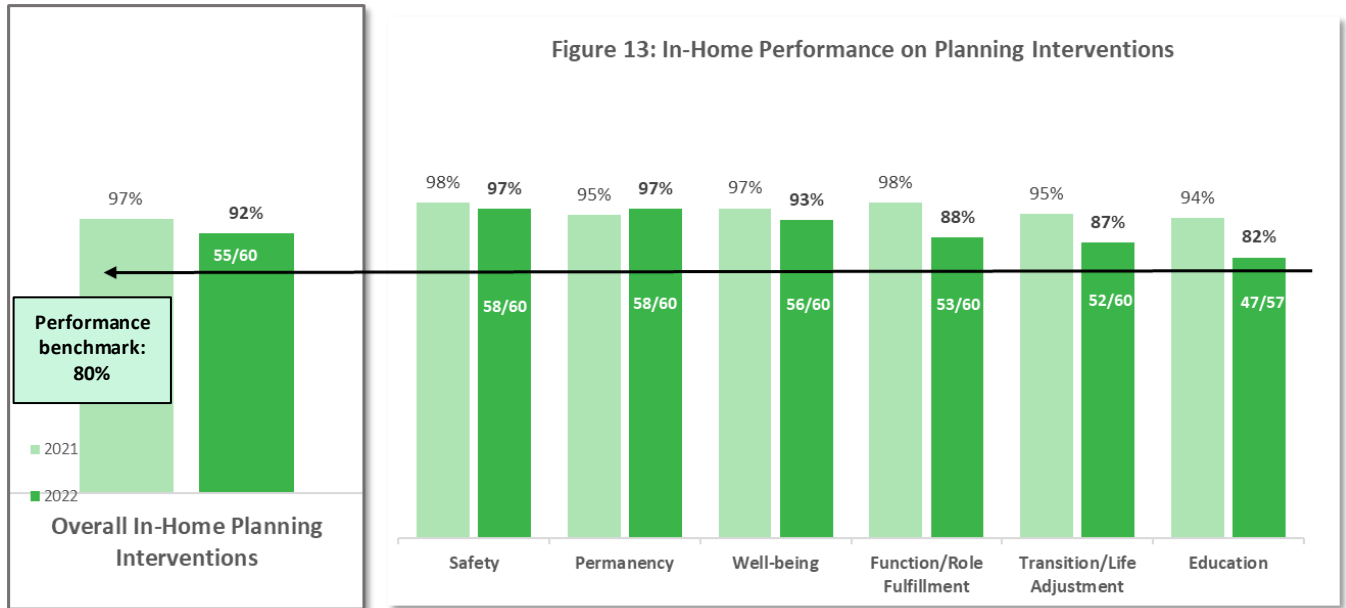
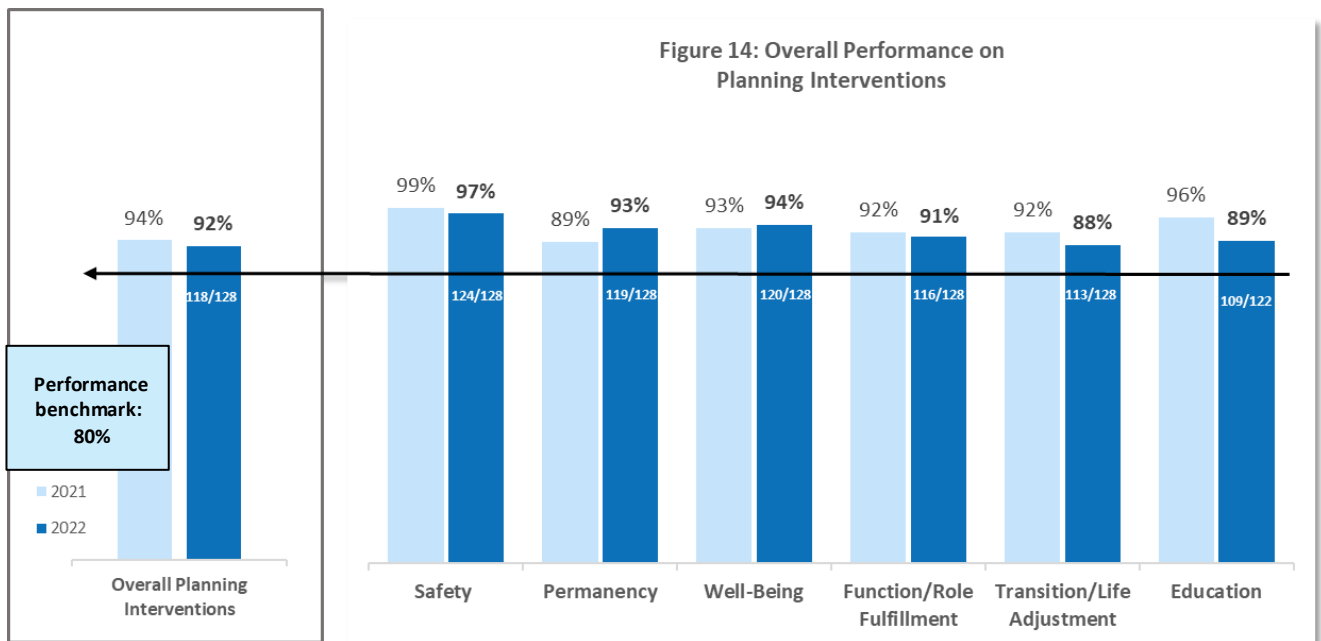


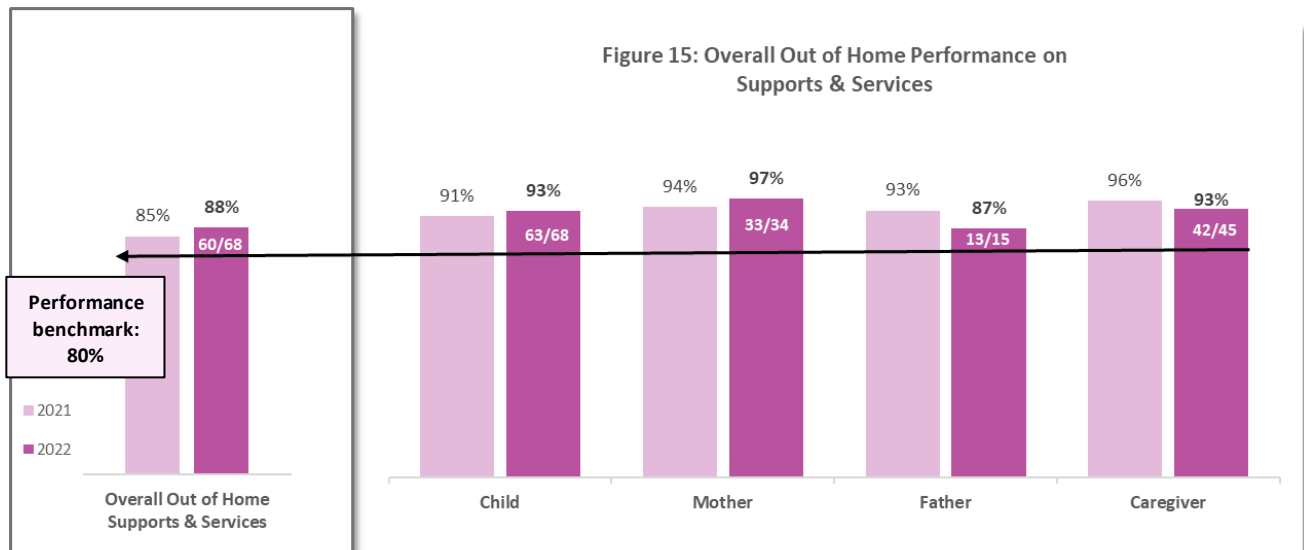
Figure 14 shows the overall intervention planning performance both by Out-of-Home and In-Home in 2022. **At 92 percent, the overall ratings were 12 percentage points above the 80 percent benchmark.** The individual six ratings between 2021 and 2022 continued to surpass the 80 percent benchmark, indicating that social workers had a more comprehensive assessment and understanding of the children and families’ needs in order to plan for delivery of effective services.



Supports and Services

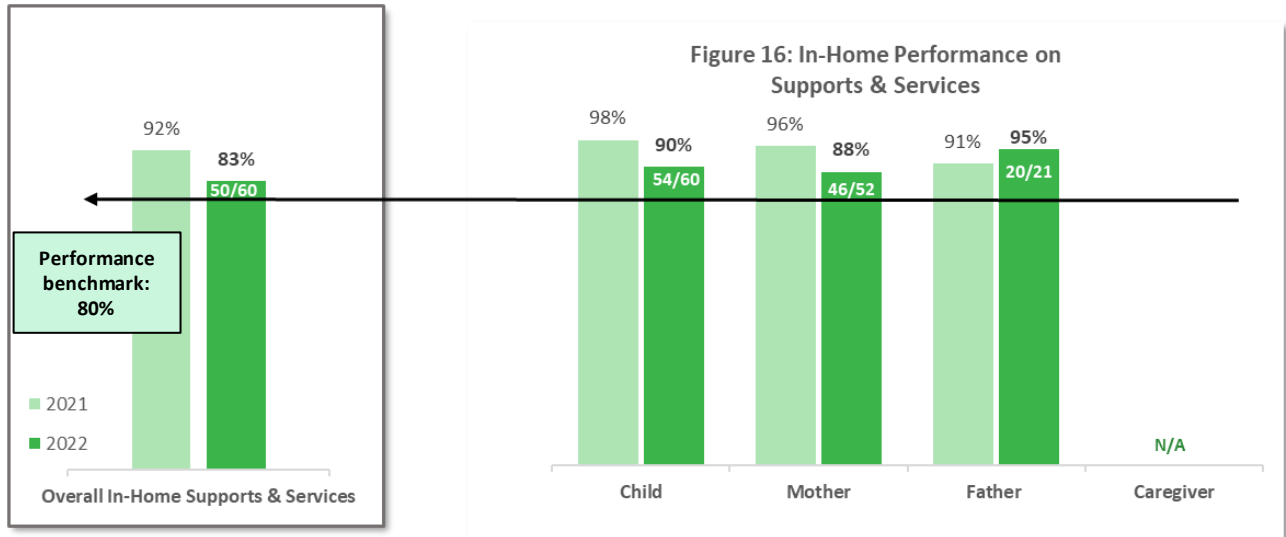
Implementation of *supports and services* is a practice strategy for ensuring that families have sufficient and appropriate opportunities to address the reasons for coming to the Agency’s attention. This indicator applies to the array of services potentially needed by a child, a mother, a father and, 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 2022**. At 88 percent, the overall Out-of-Home ratings exceeded the benchmark by 8 percentage points. Services to children exceeded the benchmark by 13 percentage points. With all ratings above 80 percent, indicators for *supports and services* to mothers increased while ratings for fathers, and caregivers both decreased from 2021 to 2022. These decreases indicated challenges with the assessments of the fathers and caregivers’ needs, subsequently impacting implementation of appropriate supports and services.

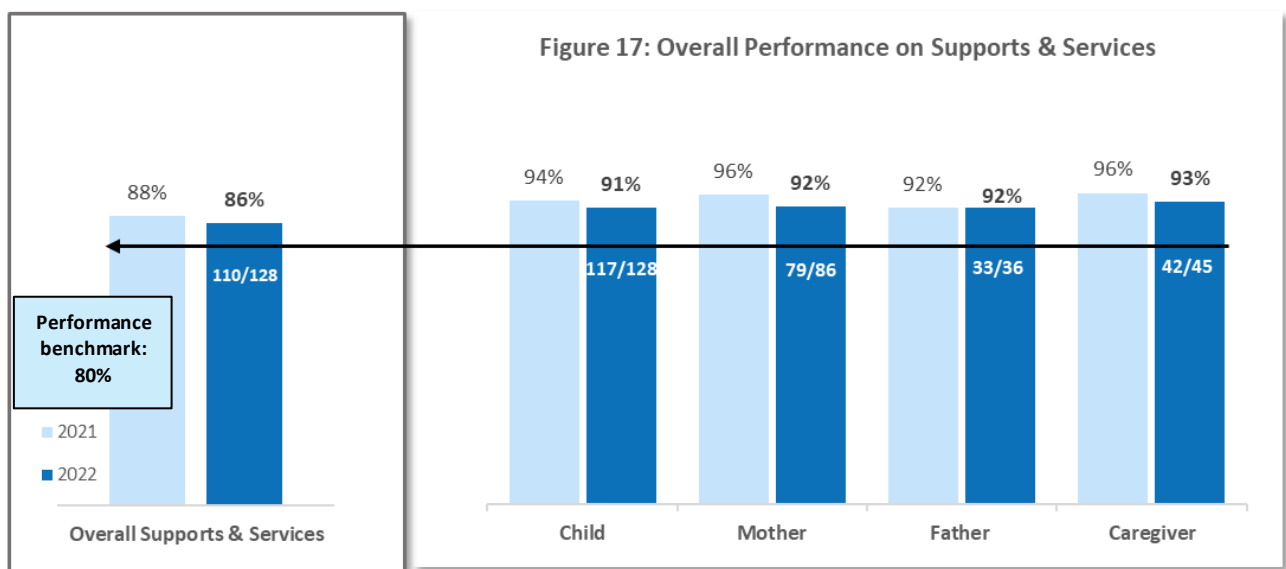


Despite a 9 percentage-point decrease for overall In-Home Supports and Services (from 92 percent acceptable in 2021 to 83 percent acceptable in 2022), both years exceeded the benchmark (Figure 16). In-Home performance improved for implementation of *supports and services* for fathers (91 to 95 percent acceptable) while services for children and mothers both decreased. Similar to the Out-of-Home decreases for fathers and caregivers, there were challenges with accurate assessments for service delivery. For the children, there were also

concerns for accurate assessments as well as delays in receipt of services, e.g., a mental health provider had not yet assigned a therapist. 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 decreased by 2 percentage points from 88 percent in 2021 to 86 percent in 2022. Every 2022 subset for the supports and services indicator exceeded the 80 percent *Performance Framework* benchmark, despite decreases from 2021 by 3, 4, and 3 percentage points for children, mothers, and substitute caregivers (respectively). Services for fathers remained stable at 92 percent between 2021 and 2022.



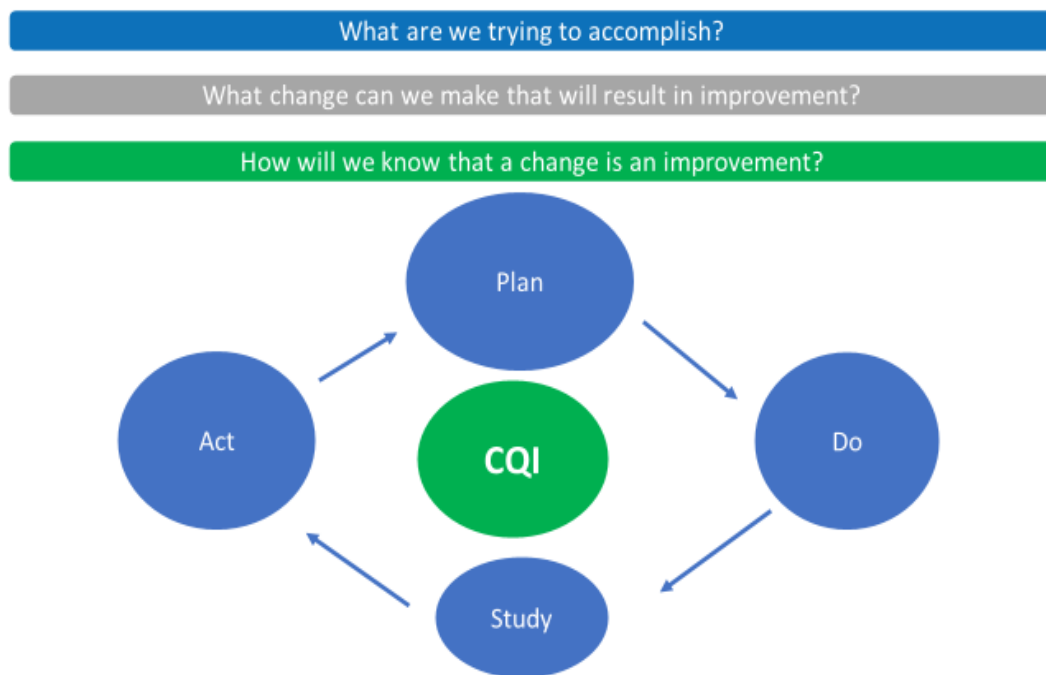
Moving forward into 2022, CFSA will continue to monitor the same measures of performance for safety, intervention planning, and implementation of supports and services, based on QSR ratings for Out-of-Home and In-Home services. Both CFSA and the private agencies will also continue developing improvement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

Section IV: Continuous Quality Improvement for 2022 (below) outlines some of the strategies that CFSA and its contracted private agency partners implemented between 2021 and 2022 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) 2022

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 89 percent (n=31/35) as acceptable for the 2022 Practice Performance domain.** As a result, there were four areas in need of improvement, previously discussed under *Findings: Practice Performance*. Within the acceptable ratings for the remaining 31 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 improvement and the protocol language that explains the missing key practice standards.

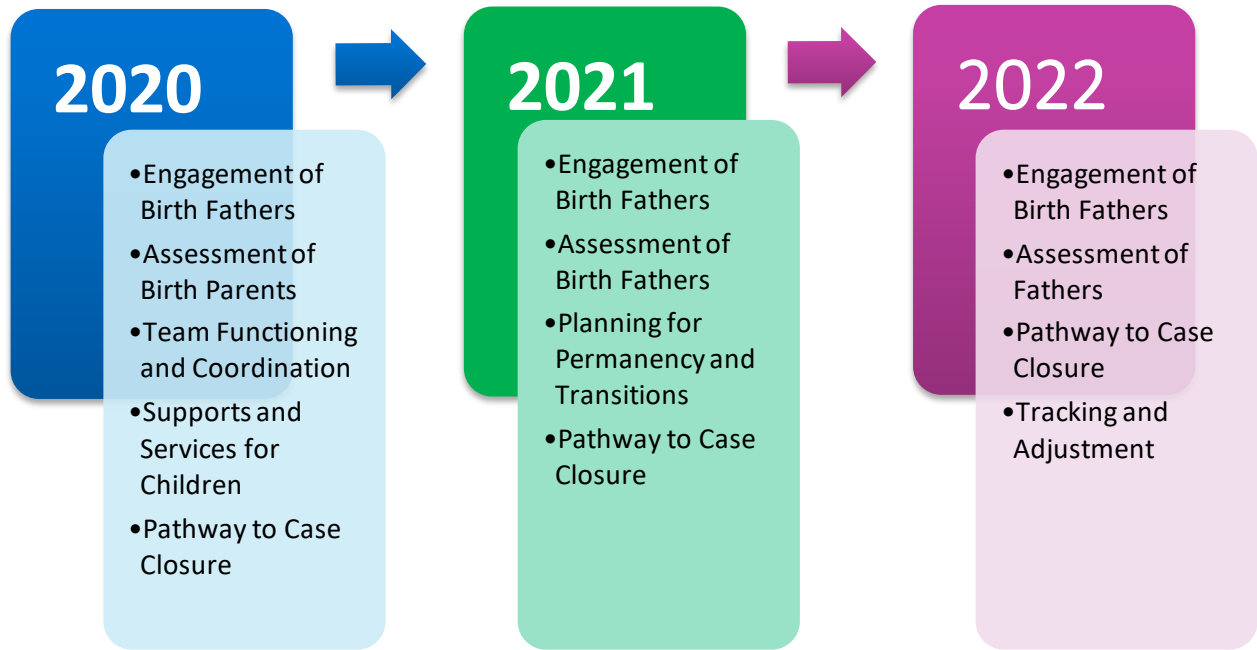
Table 3: Top Four Practice Areas of Strength / Areas in Need of Refinement 2022	
Practice Areas of Strength	Practice Areas in Need of Improvement
<p>Engagement of Birth Mothers The team provided culturally-competent outreach efforts to find and engage birth parents in the case planning process. The team ensured accommodations for birth mothers’ schedules and adjusted mothers’ needs for virtual attendance at case planning meetings, based on the pandemic continuing into 2022. The team developed a trust-based relationship.</p>	<p>Engagement of Birth Fathers The team may need to expand upon and maximize successful engagement efforts. The team might need to deepen its understanding of birth fathers’ 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 amongst themselves and the child and family. There is evidence of excellent leadership and effective coordination for</p>	<p>Assessment of Birth Fathers A father’s functioning and support systems may not be well understood. There is limited information on the father’s strengths, risks, and underlying needs for service referrals. Absent or incorrect assessments may also</p>

Table 3: Top Four Practice Areas of Strength / Areas in Need of Refinement 2022	
Practice Areas of Strength	Practice Areas in Need of Improvement
service organization and integration of goals and service delivery.	impact tailored service referrals. A completely new assessment may be required.
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.	Pathway to Case Closure Team members may not understand or agree with the case goal. Marginal or inconsistent efforts have been made to achieve the permanency goal or to remove any barriers to permanency. Steps to achieve closer may not have been identified or steps do not fully address the reasons the case was first opened with the Agency.
Supports and Services The combination of formal and informal <i>supports and services</i> 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.	Tracking and Adjustment Intervention strategies may not be responsive to changing conditions of the family or the child’s circumstances. Monitoring of the case may be inadequate for adapting to needs.

CFSA’s Permanency and In-Home Administrations had four indicators in 2022 under the 80 percent *Performance Framework* benchmark. Figure 18 outlines all four indicators, compared to the indicators from 2020 and 2021.

Of CFSA’s two contracted private agencies, **The National Center for Children and Families (NCCF) received unacceptable ratings for two indicators (*planning for “other” and pathway to case closure*).** Of the three reviews from Lutheran Social Services (LSS), one case had **unacceptable ratings across several domains, including *cultural identity, teamwork, assessment, planning, and services*.** This particular case included an unaccompanied refugee minor who is deaf and has cognitive challenges, including the trauma associated with fleeing the country of origin and suicidal ideations. Planning in all subdomains with the exception of safety had been thwarted by inadequate engagement and teaming.

Figure 18: Areas in Need of Improvement 2020 –2022



Notably in 2021, CFSA’s Out-of-Home practice (versus private agencies) experienced no indicators under the 80 percent standard. As evidenced in Tables 4-5, CFSA’s contracted private agency partner, NCCF, and CFSA’s In-Home practice all listed 2021 areas that required improvement strategies. Both program areas implemented tactics to increase ratings across indicators.

Table 4 lists the improvements based on strategies developed by NCCF (Table 4). **After implementation of corrective strategies in 2021, the NCCF 2022 ratings increased significantly in all areas, engagement and assessment of birth parents, planning interventions, and supports and services.** Pathway to case closure increased slightly by 3 percentage points.

Table 4: 2021 Out-of-Home (NCCF) CQI Strategies and 2022 Outcomes

2021 Areas in Need of Improvement	Performance Improvement Strategies	2022 Outcomes
Engagement of Birth Parents	<ul style="list-style-type: none"> The NCCF clinical coach will continue to help orient new social workers regarding best case practices which includes, engaging and assessing birth parents. NCCF also continues to utilize the Parent Advocates through our Triple P Positive Parenting evidence-based program to engage birth parents throughout the reunification process. NCCF will offer refresher training to the case management team by the end of FY2022 to help improve performance in this area. These trainings will also be offered to the foster parents to help improve shared parenting practices that is encouraged by NCCF 	<p>49 percentage-point improvement for birth fathers</p> <p>23 percentage-point improvement for birth mothers</p>
Assessment of Birth Parents	<ul style="list-style-type: none"> Implementation of the same strategies listed above for engagement of birth parents 	<p>33 percentage-point improvement for birth fathers</p> <p>17 percentage-point improvement for birth mothers</p>
Pathway to Case Closure	<ul style="list-style-type: none"> NCCF will continue to participate in monthly Permanency Goal Review Meetings (PGRMs) facilitated by CFSA. Beginning January 2022, PGRMs also include quarterly reviews of “Long Stayer” clients and clients who are not captured in the monthly meetings. During these meetings, clear and strategic next steps are developed with consultation from NCCF, CFSA, and Office of the Attorney General (OAG). 	<p>3 percentage-point improvement</p>
Planning Interventions: Permanency, Functioning & Role Fulfillment, and Transition & Life Adjustment	<ul style="list-style-type: none"> NCCF is launching its custom-designed, comprehensive, integrated platform to maximize the collection of vital and timely information about families and services and support provided to families within a community context. Team members will be able to share information live and in real-time across the specialty teams. We will have the capacity to centralize and access reporting and track participant outcomes. 	<p>19 percentage-point improvement in Permanency Planning</p> <p>22 percentage-point improvement in Planning for Functioning & Role Fulfillment</p> <p>15 percentage-point improvement in</p>

		Planning for Transition & Life Adjustment
Supports and Services for Children	<ul style="list-style-type: none"> NCCF will be launching the new “Family Focused Initiative” (FFI) which offers success to families by providing parenting education and supports, reliance on family strengths and community resources to assist parents to provide a safe, nurturing home environment where children can grow and thrive, and when necessary, a continuum of culturally competent family-based care outside of the home. NCCF is awaiting final budget modification approval to on-board two in-home Mental Health Specialists and an additional Behavioral Specialist which will provide enhanced capacity to meet the ever-increasing acuity of youth served. 	16 percentage-point improvement

In 2022, there was a 19 and 17 percentage-point increase (respectively) for the In-Home Administration’s 2020 *assessment of birth fathers* and the *implementation of supports and services to children* (Table 5).

Table 5: 2021 In-Home CQI Strategies and 2022 Outcomes

2021 Areas in Need of Improvement	Performance Improvement Strategies	2022 Outcomes
Assessment of Birth Fathers	<ul style="list-style-type: none"> Intentional focus around engagement and assessment of birth fathers during supervision and other CQI processes. Supervisors have been challenging their workers through clinical supervision to make all reasonable efforts to engage, assess and provide support and services to fathers whether they are the primary caregivers or not. 	14 percentage-point decline

For the identified 2022 areas in need of improvement, Tables 6 and 7 outline the proposed program area strategies.

Table 6: 2022 Out-of-Home CQI Strategies

2022 Areas in Need of Improvement	Performance Improvement Strategies
Pathway to Case Closure (CFSA)	<ul style="list-style-type: none"> • Permanency Mediation – This informal court process involves an independent mediation provider to facilitate resolutions for differences of opinion regarding the permanency goal. The assigned assistant attorney general (AAG) submits the request for mediation after consultation with the social worker. AAGs will continue to rely upon permanency mediation for any cases where legal differences of opinion impact expedient case closure. • Permanency Family Team Meeting (FTM) – When resolving disputes among family members or concerns between family and team members, social workers may refer the case to the FTM Unit, maximizing the professional skills of these trained facilitators. FTM efforts include invitations to as many case participants as possible to move past barriers that appear to be stalling case closure, and to open discussions toward collaborative solutions. • Increased PEER⁸ involvement with parents - Social workers include the assigned PEER specialist during team meetings. PEER attendance ensures that PEERs have the relevant information to comprehensively understand any challenges specific to the birth parents' ability to achieve case goals. In addition, PEERs will rely on their own direct experience to mentor the birth parents toward case closure.
Pathway to Case Closure (NCCF)	<ul style="list-style-type: none"> • In January 2023, NCCF implemented the Integrated Case Management (ICM) meeting as part of the new Family Focused Initiative (FFI). ICM meetings consist of “core” team members participating in the initial case planning process, including “super team” members for ongoing quarterly meetings. Participants review and establish planning with clients as part of a “whole family system” and help to focus family progress to the court-established goal. Anticipated ICM meeting outcomes include identification of and agreed upon resources and programs required to ensure a successful pathway to case closure.

⁸ CFSA’s Parent Engagement, Education, and Resource (PEER) program employs individuals who have had personal experience with children being successfully reunited after separation from the home. PEERs provide birth parents with support navigating the system and addressing the reasons their family came to the attention of the Agency.

Table 7: 2022 In-Home CQI Strategies

2022 Areas in Need of Improvement	Performance Improvement Strategies
Engagement and Assessment of Birth Fathers	<ul style="list-style-type: none"> • Social workers will increase collaborations with the Community Partnerships Administration on the Fatherhood initiatives to develop strategies for increasing and maintaining father engagement. In-Home program managers will also participate in the Fatherhood Steering Committee to partner on initiatives. • Social workers will utilize CFSA outlined business processes for accessing incarcerated fathers involved in various local and federal penal systems. Social workers will intentionally contact the jail or prison system to speak with assigned case managers as needed. Social workers will also document both attempted and successful contacts, including telephone, email, and letters. • Social workers will increase use of the Diligent Search Unit (DSU) to locate known fathers. Social workers will utilize the resulting DSU information to confirm paternity and subsequently engage birth fathers in the case planning process.
Pathway to Case Closure	<ul style="list-style-type: none"> • Social workers will commit to clear documentation in case notes regarding the plan to achieve case closure, including identified next steps and consistent updates on the family’s status. • Group supervision will be used to address barriers to case closure to determine adjustments needed in case plan goals to achieve case closure. • Social workers will document ongoing conversations with the family with regard to case closure, initiating these conversations from the onset of the case and continuing throughout the life of the case.
Tracking and Adjustment	<ul style="list-style-type: none"> • Elevate issues related to unresponsive service providers as well as delays in access to supports to CFSA management, as well as the provider management level. • Case Plans to be adjusted to include significant changes for the family that changes the direction of the case. • Maximize social workers’ skill sets as interventionists through 1:1 supervision as well as during group supervision; social workers will provide support in the absence of formal services.

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 2022, a total of 29 social workers received commendation letters** during the individual program area exit conferences. Of the 29 letters, the QSR Unit presented letters to 13 In-Home social workers, and 16 Out-of-Home social workers (including five social workers from NCCF). In addition, the QSR Unit acknowledged 15 social workers (eight In-Home and seven Out-of-Home) for exceptional performance in specific *Practice Performance* indicators, including *cultural identity, engagement, teamwork, assessment, planning interventions, and supports and services*. In addition, the QSR acknowledged an honorable mention to three NCCF social workers. All these social workers receive public acknowledgement and praise for their exemplary leadership and social work skills demonstrated on behalf of the children and families. 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 meeting 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**. Regarding *Practice Performance* of program areas, overall ratings surpassed the 80 percent standard by 10 percentage points. In particular, **CFSA maintained ratings above the standard across the three teaming indicators: formation, functioning, and coordination**. As a corollary, **CFSA continued to meet or exceed the 80 percent standard for the assessment of children, mothers, and fathers**. Moreover, **the Agency continued to meet or exceed that standard for planning interventions and delivery of *supports and services***.

All ratings under the Four Pillars Performance Framework met or exceeded the 80 percent benchmark, despite some decreases in ratings. Overall safety assessments for both In-Home and Out-of-Home (including contracted private agencies) continued to keep children safe at home, at school, in the community, and in other environments (e.g., homes of extended family members). Similarly, both In-Home and Out-of-Home (and private agencies) successfully exceeded ratings for *planning interventions* as well as provision of *supports and services*.

Despite the consistency of ratings above the standard, **there were six indicators in the *Child and Family Status* domain that did not meet the internal 80 percent standard:** (1) *legal custody*, (2) *substance use* (older youth), (3) *learning and academics*, (4) *preparation for adulthood* (older youth), (5) *parenting* (older youth), and (6) *family functioning* (birth parents). **Four indicators fell beneath the 80 percent standard for the *Practice Performance* domain:** (1) *assessment of others* (e.g., parties involved in the case but not listed as a parent or caregiver), (2) *pathway to case closure*, (3) *long-term guiding view* (mental health), and (4) *medication management*.

Due to the strong CQI collaboration between the QSR Unit and the individual program areas, CFSA continues utilizing 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 2022, even for those indicators that met the 80 percent benchmark, and 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

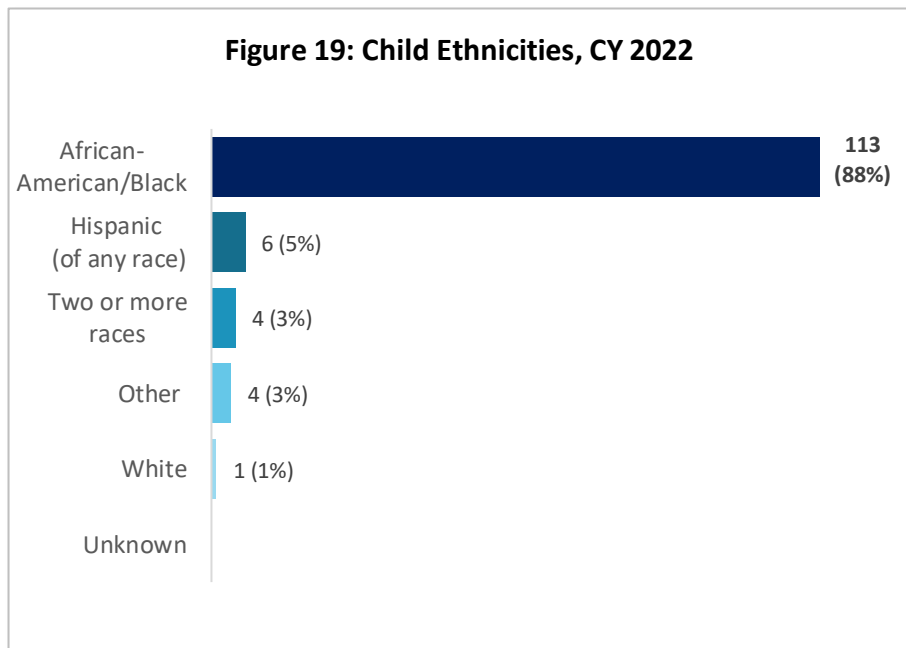
Of the 128 children and youth in the QSR sample, 44 percent (n=57) identified as female while 55 percent (n=70) identified as male. One percent (n=1) self-identified as transgender.⁹

Age Groups

The breakout of ages included the following age groups: birth to 5 (34 percent, n=43), 6 to 12 (32 percent, n=41), 13 to 17 (25 percent, n=32) and 18 to 20 (9 percent, n=12).

Child Ethnicities¹⁰

Figure 19 depicts the identified ethnicities within the QSR sample. **The majority served (88 percent, n=113) identified as African American or Black.** Three percent (n=4) identified as “two or more races,” including one youth who self-identified with three racial heritages: Native American, Puerto Rican, and African American. Another 3 percent (n=4) identified as “other,” which included Cameroonian, Eritrean, Guinean, and Nigerian. Five percent (n=6) identified as Hispanic and Latino. One percent (n=1) identified as Caucasian. There were no children whose ethnicities were unknown.

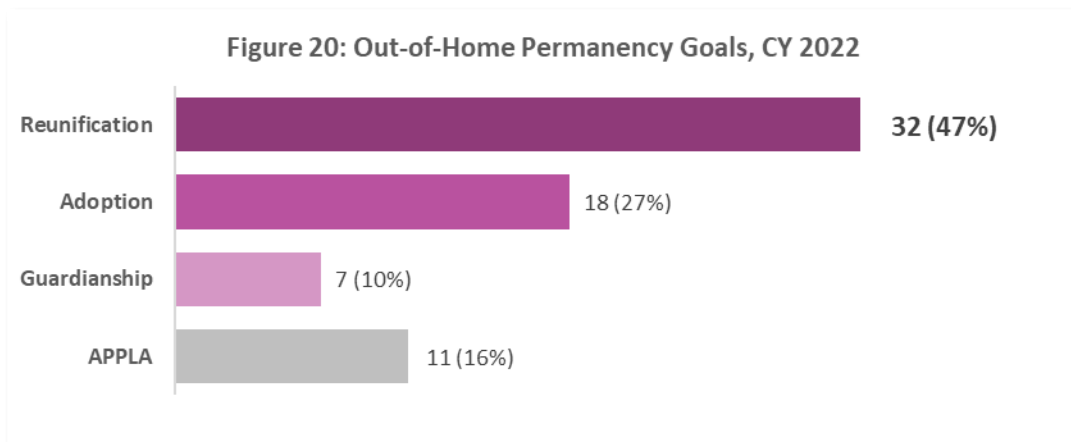


⁹ For purposes of this report, a “transgender” person is any individual whose personal sense of identity and gender does not correspond with their birth sex.

¹⁰ Figure 19 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 128 reviews for 2022, 47 percent (n=60) were living at home with parents, including four children who were living at home under protective supervision. For the 53 percent (n=68) of children who were living in foster care, due to imminent safety concerns or significant risk, **the greater majority (47 percent, n=32) held the permanency goal of reunification** (Figure 20) in line with CFSA’s prioritization of goals. The second majority (27 percent, n=18) were children with the goal of adoption. Sixteen percent (n=11) represented youth whose ages ranged from 16 to 20 years old with the 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.* Ten percent (n=7) of the children had a goal of guardianship.

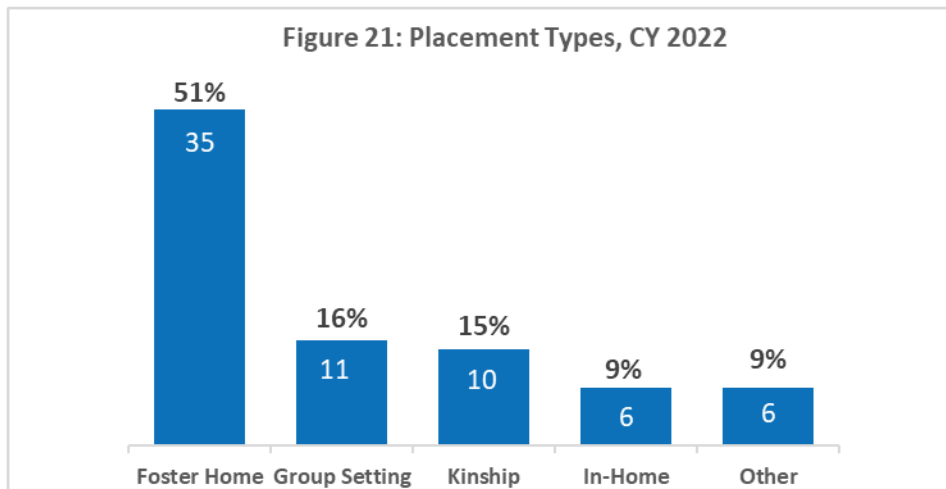


Child Placement

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,¹¹ and psychiatric

¹¹ NCCF case manages all therapeutic group homes.

residential treatment facilities (PRTFs).¹² are the preferred placement option whenever possible.



As Figure 21 depicts, CFSA fulfilled its prioritization of family-based foster homes (51 percent) with 9 percent (n=6/68) of children in the home under protective supervision (but technically still with open foster care cases).¹³ Another 9 percent were placed in “other” settings, which included youth in runaway or absent status, residing in a correction facility, detention center or shelter, and residential treatment. Sixteen percent (n=11) resided in group home settings.

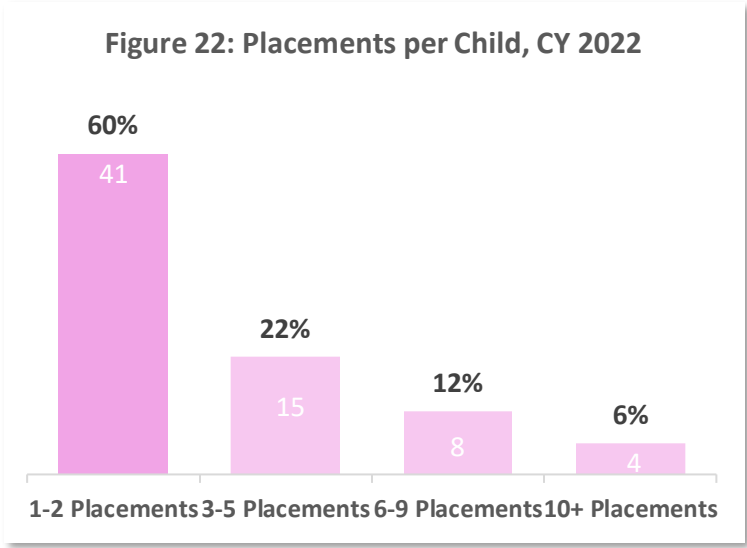
Number of Placements per Child

Figure 22 below reveals that of the 68 children¹⁴ with placement history, **CFSA and private agency teaming ensured that the majority of children (60 percent, n=41) 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.

¹² 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.

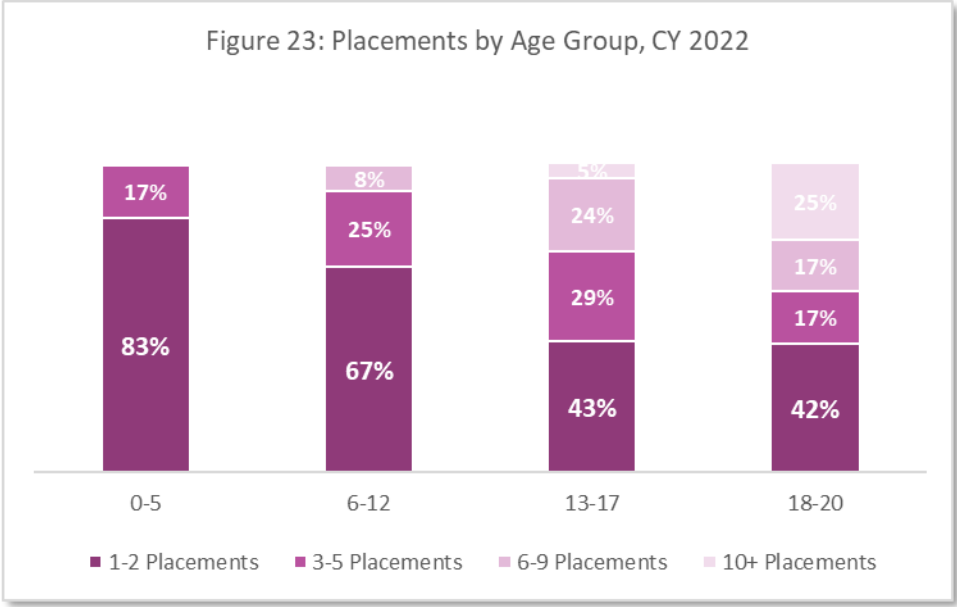
¹³ Protective supervision is a legal status created by the Family Court for neglect cases whereby a minor is permitted to remain in the family home under supervision. During a period of protective supervision, parents retain all legal rights and responsibilities, including guardianship, legal custody, and physical custody. CFSA may request the Family Court to issue an order of rescindment for earlier termination of the protective supervision if there is a clinical determination that the child and family are stabilized [DC Official Code § 16-2301(18-19) and §16-2322]

¹⁴ Although there were 81 children receiving services out-of-home, only 80 children had placement history.



An additional 22 percent (n=15) of the children had 3-5 placements. Of this group, QSR reviewers rated 47 percent (n=7) as having experienced “adverse stability,”¹⁵ contingent to how long the child had been in foster care and whether there were more than two disruptions within a 12-month period.

Twelve percent (n=8) of children had 6-9 placements. Only one of these eight cases included adverse stability ratings. Another 6 percent (n=4) had 10+ placements. Half 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. **For all 68 children in Out-of-Home care, the majority in each age group experienced only 1-2 placements.**

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

Out of the 23 children between the ages of birth to 5 in Out-of-Home care, figure 23 indicates that the majority (83 percent, n=18) experienced only one-to-two placements while 17 percent (n=5) experienced 3-5 placements. No child between birth and age 5 experienced more than 5 placements.

For the 12 children aged 6-12, 67 percent (n=8) experienced 1-2 placements while 25 percent (n=3) experienced 3-5 placements, and 8 percent (n=1) experienced 6-9 placements. For the 21 older children, ages 13-17, 43 percent (n=9) experienced 1-2 placements while 29 percent (n=6) experienced 3-5 placements. Twenty-four percent (n=5) of older children in the same age group experienced 6-9 placements, and another 5 percent (n=1) experienced 10 or more placements.

For the 12 young adults aged 18-20, 42 percent (n=5) experienced 1-2 placements while 17 percent (n=2) experienced both 3-5 and 6-9 placements. Lastly, 25 percent (n=3) experienced more than 10 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 - 2022



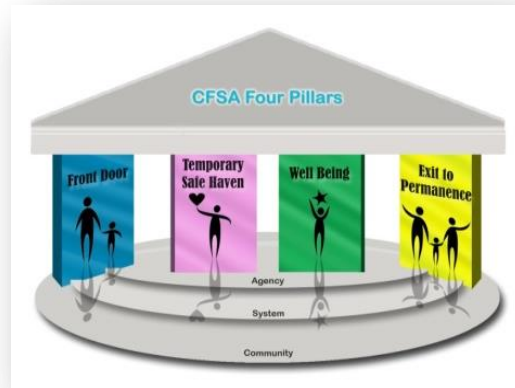
The entire QSR process allows for real time feedback to case-carrying social workers, their supervisors and leadership for individual program areas. The 2-day review involves interviews with all parties to a case: children (infants are observed), birth parents, resource parents, extended family, social workers, providers, and other professionals. Subsequent development of improvement strategies is a critical component of CFSA’s CQI process.¹⁶

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.	UNACCEPTABLE	
	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.	UNACCEPTABLE	
	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.		

¹⁶ 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 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 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 Every child deserves a nurturing environment that supports emotional healing, builds resilience, and promotes healthy development and academic achievement.</p>	<p>EXIT TO PERMANENCE 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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