

QUALITY SERVICE REVIEW (QSR) RESULTS

STATE-SUPPORTED QSR: ROUND THREE

DECEMBER 2012 – NOVEMBER 2013



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BACKGROUND

Implementing change at the local level is critical to the achievement of positive child, youth and family outcomes, particularly in a state-supervised and county-administered state. A well-developed Continuous Quality Improvement (CQI) process has been one vehicle to drive change forward in Pennsylvania (PA). Continuous quality improvement is not a time limited project or initiative. Casey Family Programs and the National Resource Center for Organizational Improvement define continuous quality improvement as “the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.” The CQI process developed in Pennsylvania supports staff in improving their practice which will ultimately lead to healthy children, youth and families.

The Quality Services Review (QSR) is one critical component of the CQI process that will be used to assess and monitor progress.¹ The QSR process takes a closer look at each county’s implementation of Pennsylvania’s Child Welfare Practice Model while also conducting a system-wide evaluation about how all system partners work together as a team to provide quality and effective services. This case-specific and system-wide process assures that we gather data that informs outcome-driven goals and objectives to improve outcomes to guide local and statewide practice efforts, policy development, and system change.

Pennsylvania believes, and the National Resource Center for Organizational Improvement’s “Guide for Developing and Implementing Child Welfare Practice Models” outlines, that a clearly articulated practice model will:

Help child welfare executives, administrators and managers identify the outcomes they hope to achieve, develop a vision and consistent rationale for organizational and policy decision, decide how to use agency resources, define staff performance expectations, develop an array of services, create a qualitative case review system, collaborate with families and youth, and work across systems. Supervisors will fulfill their role as keepers of the agency’s culture with responsibility for: training, guiding and supporting frontline

¹ For more information on the framework of Pennsylvania’s Continuous Quality Improvement process please see the *QSR Protocol* which can be found at www.pacwrc.pitt.edu/CQI.htm

staff; monitoring and assessing staff performance and child/family outcomes; modeling the agency's values and approach to working with families; and observing and advocating for needed change. Child welfare caseworkers will have a consistent basis for decision making; clear expectations and values for their approach to working with families, children, and youth; a focus on desired outcomes; guidance in working with service providers and other child welfare serving systems; and a way to evaluate their own performance. The community, the network of stakeholders, and children, youth and families will engage with the agency in fulfilling its mission by: ensuring effective and consistent practice; articulating the need for funding; and clarifying the purpose and scope of the (child welfare system; and communicating the values, principles and skills the child welfare system should possess as well as the outcomes the child welfare system hopes to achieve.) (NRCOI, 2012)

Pennsylvania's Child Welfare Practice Model is referenced in Appendix B of this report. Pennsylvania's QSR Protocol,² developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method to evaluate the implementation of PA's Child Welfare Practice Model by evaluating the impact of practice performance on the outcomes of safety, permanency and well-being. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained cross-systems reviewers regarding children, youth and families receiving services. A pair of reviewers, supported by a team of Site Leads, utilizes a specific set of indicators when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of core practice functions. Indicators are divided into two distinct domains: child, youth and family status and practice performance.

Pennsylvania has been utilizing a phased-in approach to implementing this statewide CQI effort which allows for ongoing evaluation and monitoring of child welfare practice in the Commonwealth. This ongoing monitoring will continue to provide data that will allow the Pennsylvania Office of Children, Youth and Families to better monitor the quality of practice across the Commonwealth. Annual survey and evaluations of county agencies measuring compliance with statute and regulation are also framed around the Child/Youth and Family Status and Practice Performance QSR indicators. QSR findings are also used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices for the purpose of improving outcomes for children, youth and their families who are receiving child welfare services.

The information provided within this report includes the findings from the third round of state-supported Quality Service Reviews which were conducted between December 2012 and

² The PA Protocol version 3.0 was utilized for all QSRs conducted between December 2012 and November 2013.

November 2013. QSRs were held in 11 counties; seven new Phase Three counties conducted their first state-supported QSRs, one Phase Two county conducted its second state-supported QSRs, and three Phase One counties conducted their third QSR.

METHODOLOGY

As seen in Figure 1, Pennsylvania conducted Quality Service Reviews in 11 counties during Round Three which occurred between December 2012 and November 2013. In total, 146 cases were selected for review -- 62 out-of-home cases and 84 in-home cases. The proportion of cases randomly selected, roughly 60 percent in-home and 40 percent out-of-home, closely reflect caseloads throughout the Commonwealth.³ For each of the in-home cases selected for review, one child was randomly selected as the “focus child” about whom reviewers were asked to rate the child-specific indicators.

Two out-of-home cases and one in-home case were dropped from the original sample. This case exclusion decreased the total number of cases reviewed to 143, 60 out-of-home and 83 in-home cases.

The in-home sample is family-based⁴ and was selected for each individual county from a list, provided by the county, of families with open in-home cases as of the effective sampling date⁵ (which varies by county and is listed in Figure 1.). The out-of-home sample is child-based and was chosen from those children in out-of-home placement as of the effective sampling date.

³During Rounds One and Two each county’s sample included 60 percent out-of-home cases and 40 percent in home cases to be reviewed. To better reflect the true population of children/youth served in Pennsylvania the proportion of cases sampled for review during Round Three was switched to 60 percent in-home cases and 40 percent out-of-home cases.

⁴ A “family-based” sample means that each family in the population represented a single unit that could be randomly sampled. This stands in contrast to a “child-based” sample, in which each child represents a single sample-able unit (meaning that a single family could be represented in the sample by multiple children).

⁵ The Effective Sampling Date (ESD) is exactly 90 days prior to the first day of the county on-site review. The sample of children from out-of-home care and in-home cases is based on the population of children from open cases on the ESD.

County	QSR Month/Year	Effective Sampling Date	In-Home Cases	Out-of-Home Cases	Total Cases Reviewed
Phase One Counties					
Philadelphia	December 2012	9/6/2012	14	9	23
Allegheny	February 2013	11/21/2012	11	8	19
Lackawanna	March 2013	12/11/2012	8	7	15
Phase Two Counties					
Wyoming	June 2013	3/7/2013	2	3	5
Phase Three Counties					
Montgomery	April 2013	1/15/2013	9	6	15
Snyder	May 2013	2/6/2013	3	2	5
Luzerne	May 2013	2/12/2013	9	6	15
Crawford	May 2013	2/13/2013	7	5	12
Schuylkill	July 2013	4/10/2013	7	5	12
Erie	July 2013	4/17/2013	9	6	15
Clarion	November 2013	8/19/2013	4	3	7
Total (All Phases)			83	60	143

Figure 1. Types of Cases Reviewed During State-Supported QSR: Round Three

The QSR utilizes case reviews and interviews with key stakeholders to measure both:

- the current status of the family including both the parents or caregivers and the focus child/youth, and
- the quality of practice exhibited in the county.

During the third round of state-supported on-site QSRs, 1,339 interviews were conducted with key stakeholders identified in each of the sampled cases (an average of nine interviews per case). Key stakeholders included the focus child/youth (when age appropriate), caseworkers, supervisors, the child/youth's family members, service providers, Guardians ad Litem, mental health professionals, educational professionals and juvenile probation officers (when applicable).

The QSR uses *status indicators* to measure the extent to which certain desired conditions relevant to safety, permanence and well-being are present in the life of the child/youth and the parents/caregivers. In measuring child/youth and family status, the QSR generally focuses on the most recent 30-day period prior to the date of the on-site review.

Practice indicators, on the other hand, are used to measure the extent to which best practice guidelines are applied successfully by members of the team serving the family and child/youth. These indicators generally identify the quality of the work being done within the most recent 90-day period prior to the date of the on-site review.

The QSR instrument uses a Likert scale of one to six for each indicator, with a score of one representing “adverse” status/performance and a score of six representing “optimal” status/performance. The percentage of cases rated as “acceptable” and “unacceptable” is calculated for each indicator, with scores between one and three representing the “unacceptable” range and scores between four and six representing the “acceptable” range.

The individual percentages of acceptable and unacceptable ratings for each sub-indicator are calculated by dividing the total number of acceptable or unacceptable ratings for a specific sub-indicator by the total number of all applicable cases, also known as “N,” rated for the sub-indicator. An “applicable” case is one where a rating was assigned to the case for the sub-indicators.

The overall (total) acceptable and unacceptable percentages for each indicator are calculated by dividing the total number of all acceptable or unacceptable ratings by the total number of all applicable cases (of all sub-indicators).

Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Sub-indicator #1	6	3	2	0	83%	0	1	0	17%
Sub-indicator #2	4	1	0	0	25%	1	2	0	75%
Total	-	4	2	0	60%	1	3	0	40%

Figure 2. Example of how indicators are calculated

In the example provided above, the proportion of cases with an acceptable rating on sub-indicator #1 is calculated by taking the sum of the number of acceptable ratings ($3 + 2 = 5$) and dividing it by the total number of applicable cases ($N=6$). The result is 83 percent of cases being rated as “acceptable.”

The overall (total) acceptable rating is calculated by taking the total number of acceptable ratings of all sub-indicators ($3 + 2 + 1 = 6$) and dividing it by the total number of applicable cases of all sub-indicators ($6 + 4 = 10$). The result is 60 percent of cases overall receiving an acceptable indicator rating.

HOW THE REPORT IS ORGANIZED

This report consists of summative findings of the third round of state-supported on-site QSRs which were conducted between December 2012 and November 2013.⁶ A summary of the demographic characteristics of the children/youth and their families whose cases were selected for the reviews are summarized at the beginning of this report. A brief presentation of the overall indicator ratings are also provided via bar graphs displaying the child/youth and family indicators as well as the practice performance indicators, which provide the percentage of applicable cases rated as acceptable. The table which follows each bar graph provides the frequency of both acceptable and unacceptable ratings for each of the indicators. The next two sections of the report display the ratings for each sub-indicator in the Child/Youth and Family Domains and the Practice Performance Domains for the third round of QSRs. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable. A table follows each series of pie charts which provides the frequency of ratings, one through six, for each indicator. The final section, Next Steps, outlines how the state and participating counties have utilized the results of the Round Three QSR.

⁶ Appendix C also offers results from the first two rounds of state-supported QSRs.

STATE-SUPPORTED QSR: ROUND THREE

CHILD/YOUTH DEMOGRAPHICS

The demographics of each child/youth and the current placement setting from the third round of state-supported QSRS are reported below.

Sex	#	% ⁷
Male	81	57%
Female	62	43%
Total	143	100%
Age	#	%
0 – 1	22	15%
2 – 5	31	22%
6 – 9	26	18%
10 – 12	18	13%
13 – 15	24	17%
16 – 17	19	13%
18 +	3	2%
Total	143	100%

Figure 3: Sex and Age of Focus Children/Youth from Round Three

Race/Ethnicity	# ⁸	%
White/Caucasian	109	76%
Black/African-American	57	40%
American Indian or Alaskan Native	2	1%
Native Hawaiian or Pacific Islander	2	1%
Asian	0	0%
Other	0	0%
Unknown	0	0%
Unable to Determine	0	0%
Hispanic	9	6%
Total	143	

Figure 4: Race and Ethnicity of Focus Children/Youth from Round Three

⁷ Throughout this document, percentages may not sum to 100% due to rounding.

⁸ Reviewers were able to select all races that apply in addition to ethnicity.

Current Placement	#	%
Birth home (Biological mother)	40	28%
Birth home (Biological father)	8	6%
Birth home (Both biological parents)	23	16%
Post-adoptive home	3	2%
Traditional foster home	24	17%
Formal kinship foster home	18	13%
Informal kinship foster home	7	5%
Therapeutic foster home	3	2%
Group/congregate home	5	3%
Residential treatment facility	4	3%
Subsidized/permanent Legal Custodianship	3	2%
Juvenile correctional facility	1	1%
Medical/psychiatric hospital	0	0%
Detention	0	0%
Other	4	3%
Total	143	100%

Figure 5: Current Placement Types of Focus Children/Youth from Round Three

SUMMARY RESULTS

The QSR instrument uses a rating scale of 1 to 6 for each indicator. The percentage of cases rated as “acceptable” and “unacceptable” is calculated for each indicator, with scores between 1 and 3 representing the “unacceptable” range and scores between 4 and 6 representing the “acceptable” range.

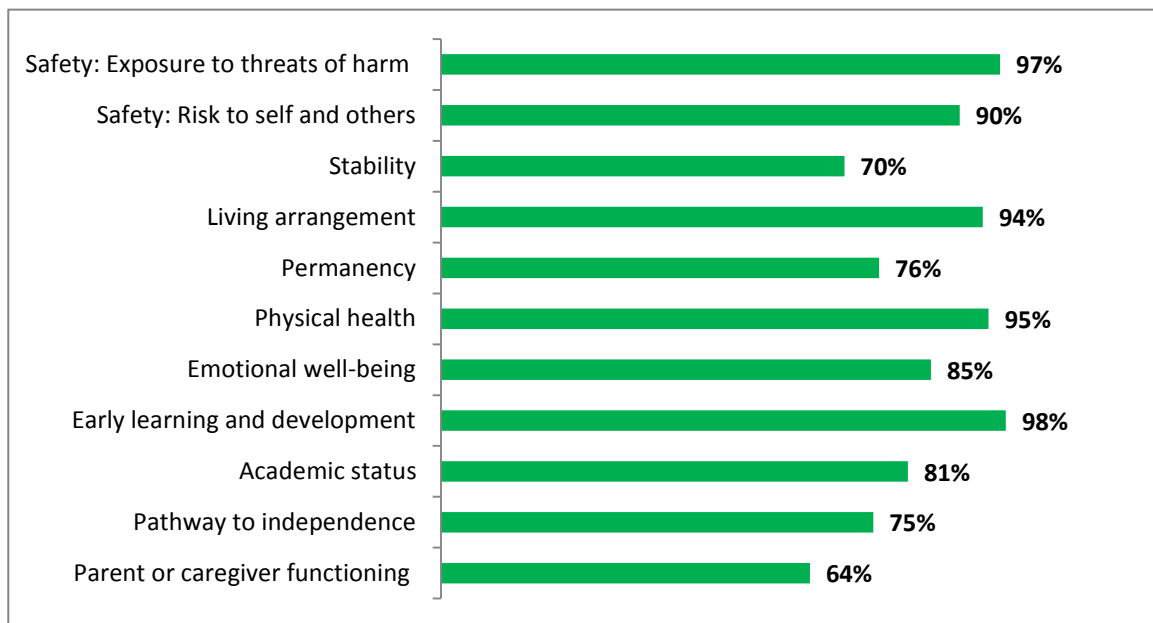


Figure 6: “Child/Youth & Family Domain” Overall Percentage of Acceptable Ratings

Indicator	% Acceptable	% Unacceptable
Safety: Exposure to threats of harm	97%	3%
Safety: Risk to self and others	90%	10%
Stability	70%	30%
Living arrangement	94%	6%
Permanency	76%	24%
Physical health	95%	5%
Emotional well-being	85%	15%
Early learning and development	98%	2%
Academic status	81%	19%
Pathway to independence	75%	25%
Parent and caregiver functioning	64%	36%

Figure 7: “Child/Youth & Family Domain” Overall Ratings

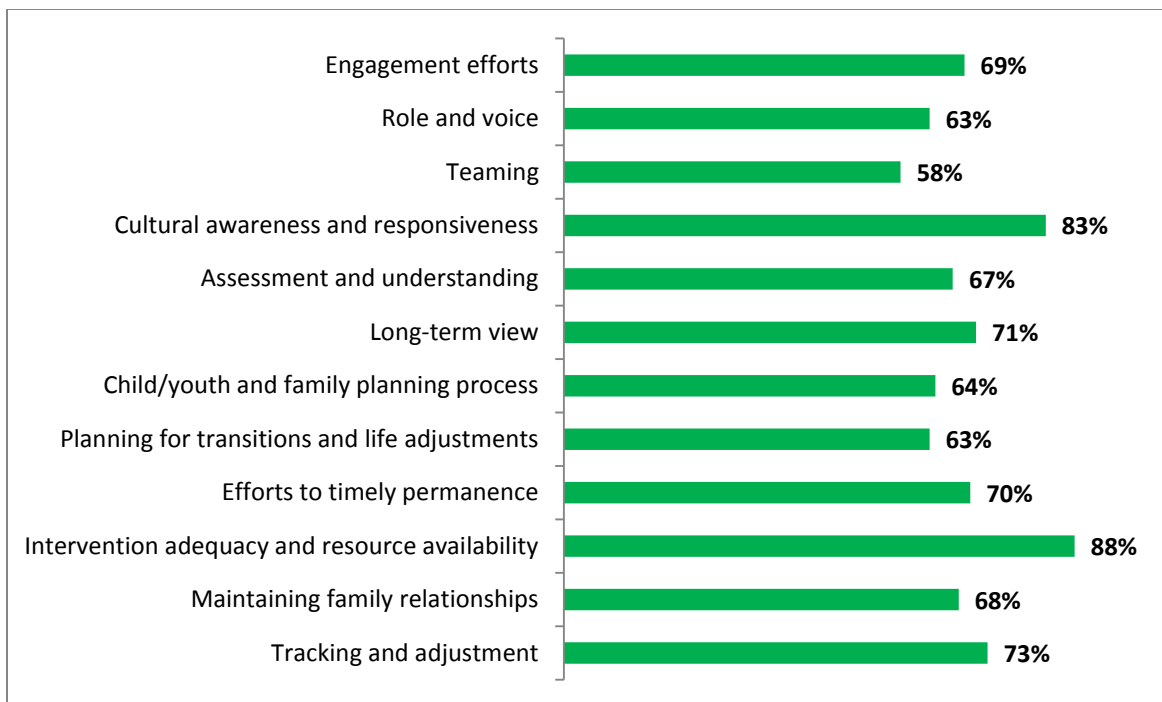


Figure 8: "Practice Performance Domain" Overall Percentage of Acceptable Ratings

Indicator	% Acceptable	% Unacceptable
Engagement efforts	69%	31%
Role and voice	63%	37%
Teaming	58%	42%
Cultural awareness and responsiveness	83%	17%
Assessment and understanding	67%	33%
Long-term view	71%	29%
Child/youth and family planning process	64%	36%
Planning for transitions and life adjustments	63%	37%
Efforts to timely permanence	70%	30%
Intervention adequacy and resource availability	88%	12%
Maintaining family relationships	68%	32%
Tracking and adjustment	73%	27%

Figure 9: "Practice Performance Domain" Overall Ratings

CHILD/YOUTH AND FAMILY STATUS INDICATOR RATINGS

The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review. Several of the nine indicators have sub-indicators that are rated separately which then make up the overall score for each of the indicators that were previously described in the report. The percentage of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and scores between 4 and 6 representing the "acceptable" range.

Indicator	% Acceptable	% Unacceptable
Safety: Exposure to threats of harm		
Family home #1 (n=100) ⁹	93%	7%
Family home #2 (n=19)	95%	5%
Substitute home (n=57)	98%	2%
School (n=96)	99%	1%
Other setting (n=20)	100%	0%
Safety: Risk to self and others		
Risk to self (n=114)	89%	11%
Risk to others (n=114)	90%	10%
Stability		
Living arrangement(n=143)	69%	31%
School (n=100)	72%	28%
Living arrangement		
Family home #1 (n=98)	93%	7%
Family home #2 (n=18)	94%	6%
Substitute home (n=58)	95%	5%
Permanency (n=143)	76%	24%
Physical health (n=143)	95%	5%
Emotional well-being (n=143)	85%	15%
Early learning and development (n=50)	98%	2%
Academic status (n=93)	81%	19%
Pathway to independence (n=20)	75%	25%
Parent and caregiver functioning		
Mother (n=124)	54%	46%
Father (n=85)	50%	50%
Substitute caregiver (n=58)	97%	3%
Other (n=35)	83%	17%

Figure 10: "Child/Youth & Family Domain" Ratings by Sub-Indicators

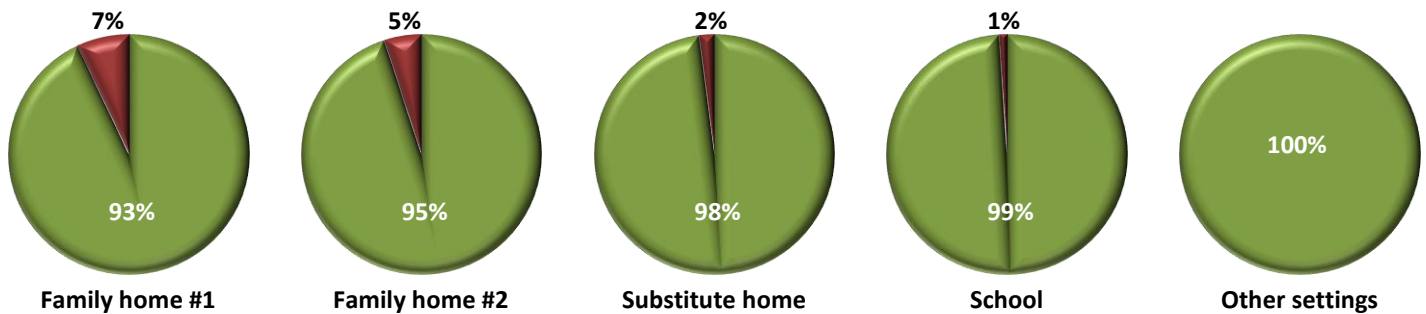
⁹ "n" refers to the total number of applicable cases and is treated as the denominator.

Safety

The following two indicators focus on the safety of the focus child/youth.

Indicator 1a: Safety from exposure to threats of harm

Safety is the primary and essential factor that informs and guides all decisions made from intake through case closure. The focus is on identifying safety factors, present and/or impending danger, protective capacities and interventions with caregivers to supplement protective capacities. The first safety indicator assesses the degree to which the child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings; it also addresses whether the child/youth's parents and/or caregivers provide the attention, actions, and supports and possess the skills and knowledge necessary to protect the child/youth from known and potential threats of harm in the home, school, and other daily settings.



Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	100	27	43	23	93%	5	1	1	7%
Family home #2	19	5	8	5	95%	1	0	0	5%
Substitute home	57	36	15	5	98%	1	0	0	2%
School	96	71	21	3	99%	0	0	1	1%
Other settings	20	15	4	1	100%	0	0	0	0%
Total		154	91	37	97%	7	1	2	3%

Figure 11: "Exposure to threats of harm" QSR Results

Indicator 1b: Safety from risk to self/others

Throughout development, a child/youth learns to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors and actions that can put themselves or others at risk of harm. The second safety indicator assesses the degree to which the child/youth avoids self-endangerment and if the child/youth refrains from using behaviors that may put others at risk of harm. This indicator applies only to children/youth ages three or older.

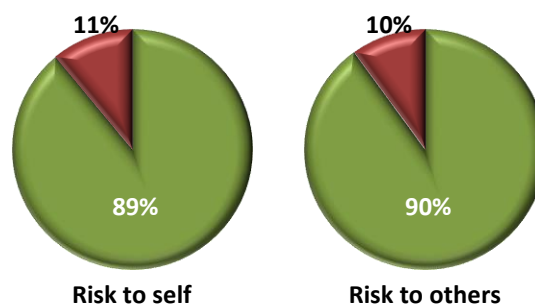


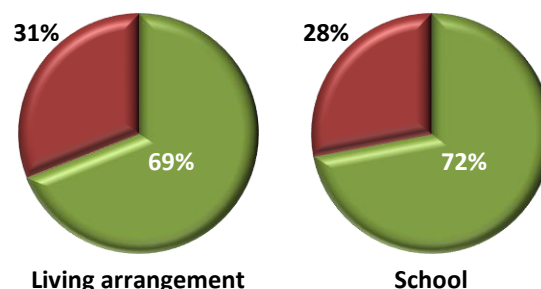
Figure 12: "Risk to self/others" QSR Results

PERMANENCY

When measuring permanency, the Child and Family Services Review (CFSR) only examines the circumstances for the child/youth placed in out-of-home care. Pennsylvania's QSR, however, examines the permanency needs of all children and youth, those removed from their homes as well as those who continue to live with their parents/caretakers.

Indicator 2: Stability

Stability and continuity in a child/youth's living arrangement, school experience, and social support network is one factor that provides a foundation for normal development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. This indicator assesses the degree to which the



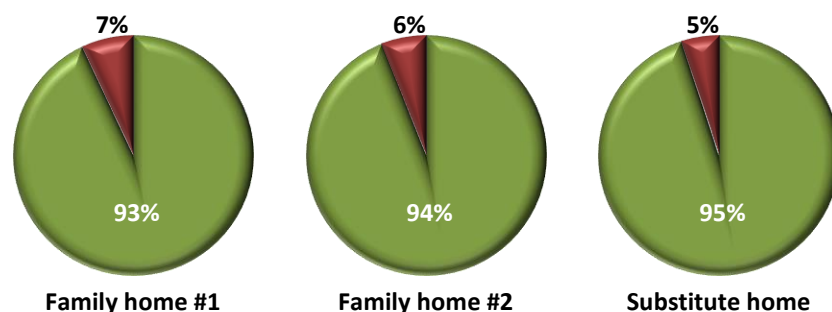
child/youth's daily living and learning arrangements are stable and free from risk of disruptions; their daily settings, routines, and relationships are consistent over recent times; and known risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Living arrangement	143	33	38	28	69%	27	14	3	31%
School	100	34	24	14	72%	15	11	2	28%
Total		67	62	42	70%	42	25	5	30%

Figure 13: "Stability" QSR Results

Indicator 3: Living Arrangement

The child/youth's home is the one that the individual has lived in for an extended period of time. For a child/youth that is not in out-of-home care, this home can be the home of his or her parents, informal kinship care, adoptive parents, or a guardian. For a child/youth in out-of-home care, the living arrangement can be a resource family setting or a congregate care setting. The child/youth's home community is generally the area in which the child/youth has lived for a considerable amount of time and is usually the area in which the child/youth was living prior to removal. This indicator assesses the degree to which the child/youth, consistent with age and/or ability, is currently living in the most appropriate/least restrictive living arrangement, consistent with the need for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. If the child/youth is in out-of-home care, the living arrangement should meet the child/youth's basic needs as well as the inherent expectation to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group. This indicator evaluates the child/youth's current living situation.

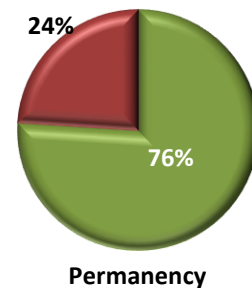


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	98	41	30	20	93%	6	0	1	7%
Family home #2	18	5	6	6	94%	1	0	0	6%
Substitute home	58	28	22	5	95%	1	2	0	5%
Total		74	58	31	94%	8	2	1	6%

Figure 14: "Living arrangement" QSR Results

Indicator 4: Permanency

Every child/youth is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child/youth is living successfully in a family situation that the child/youth, parents, caregivers, and other team members believe will endure for a lifetime. This indicator assesses the degree to which there is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will sustain in this role until the child/youth reaches adulthood and will continue to provide enduring family connections and supports into adulthood. Where such support is not available, the review assesses the timeliness of the permanency efforts to ensure that the child/youth will be enveloped in enduring relationships that will provide a sense of family, stability, and belonging.



Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Permanency	143	41	34	33	76%	26	6	3	24%
Total		41	34	33	76%	26	6	3	24%

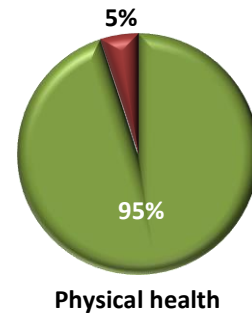
Figure 15: "Permanency" QSR Results

WELL-BEING

The following five indicators examine the well-being needs of the child/youth.

Indicator 5: Physical health

A child/youth should achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account. This indicator assesses the degree to which the child/youth is achieving and maintaining his/her optimum health status. If the child/youth has a serious or chronic physical illness, the child/youth should be achieving his/her best attainable health status given the disease diagnosis and prognosis.

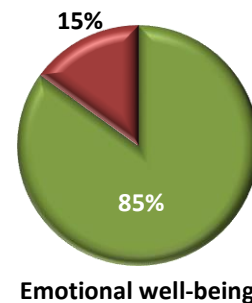


Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Physical health	143	87	37	12	95%	7	0	0	5%
Total		87	37	12	95%	7	0	0	5%

Figure 16: "Physical health" QSR Results

Indicator 6: Emotional well-being

Emotional well-being is achieved when an individual's essential human needs are met in a consistent and timely manner. These needs vary across life span, personal circumstances and unique individual characteristics. When these needs are met, a child/youth is able to successfully attach to caregivers, establish positive interpersonal relationships, cope with difficulties, and adapt to change. They develop a positive self-image and a sense of optimism. Conversely, problem behaviors, difficulties in adjustment, emotional disturbance, and poor achievement are often the result of unmet needs. This indicator assesses the degree to which the child/youth, consistent with age and/or ability, is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors.

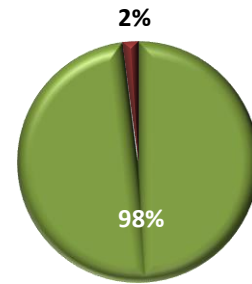


Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Emotional well-being	143	38	56	28	85%	14	4	3	15%
Total		38	56	28	85%	14	4	3	15%

Figure 17: "Emotional well-being" QSR Results

Indicator 7a: Early Learning and Development

From birth, a child progresses through a series of stages of learning and development. The growth during the first eight years is greater than any subsequent developmental stage. This offers a great potential for accomplishment, but it also creates vulnerabilities if the child's physical status, relationships, and environments do not support appropriate learning, development, and growth. These developmental years provide the foundation for later abilities and accomplishments. Significant differences in children's abilities are also associated with social and economic circumstances that may affect learning and development. This indicator assesses the degree to which the young child's developmental status is commensurate with the child's age and developmental capacities; and whether or not the child's developmental status in key domains is consistent with age and/or ability-appropriate expectations. This indicator applies only to children under the age of eight years and not attending school.



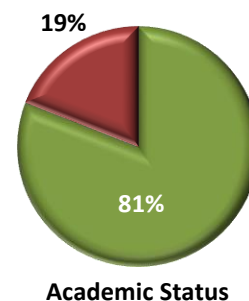
Early learning and development

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Early learning and development	50	30	13	6	98%	1	0	0	2%
Total		30	13	6	98%	1	0	0	2%

Figure 18: "Early learning and development" QSR Results

Indicator 7b: Academic status

A child/youth is expected to be actively engaged in developmental, educational, and/or vocational processes that will enable him or her to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. This indicator assesses the degree to which the child/youth is regularly attending school; is placed in a grade level consistent with age or developmental level; is actively engaged in instructional activities; is reading at grade level or Individualized Education Plan (IEP) expectation level; and is meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent. This indicator applies to a child/youth eight years or older or attending school.

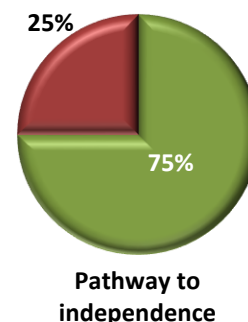


Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Academic status	93	26	39	10	81%	13	4	1	19%
Total		26	39	10	81%	13	4	1	19%

Figure 19: "Academic status" QSR Results

Indicator 8: Pathway to Independence

The goal of assisting youth is to build the capacities that will enable them to live safely and function successfully and independently, consistent with their ages and abilities, following the conclusion of youth services. This indicator assesses the degree to which the youth is gaining the skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of the agency's services, and is developing long-term connections and informal supports that will support him/her into adulthood. This indicator applies to any youth who is age 16 or older and it looks at outcomes beyond formal independent living services.



Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Pathway to independence	20	1	8	6	75%	3	1	1	25%
Total		1	8	6	75%	3	1	1	25%

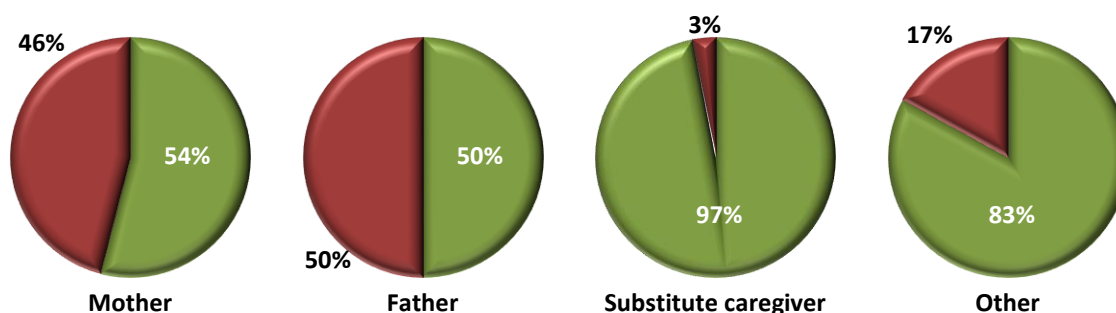
Figure 20: "Pathway to independence" QSR Results

PARENT/CAREGIVER FUNCTIONING

The following indicator evaluates the capacity of the child/youth's caregivers (both familial and substitute) to provide support to the child/youth.

Indicator 9: Parent/caregiver functioning

Parents/caregivers should have and use the necessary levels of knowledge, skills, and situational awareness to provide their child/youth with nurturance, guidance, age-appropriate discipline, and supervision necessary for protection, care, and normal development. Understanding the basic developmental stages that a child/youth experiences, as well as awareness of relevant milestones, expectations, and appropriate methods for shaping behavior are key to parental capacity to support their child/youth's healthy growth and learning. This indicator assesses the degree to which the parent(s), other significant adult(s) and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living. If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), those added supports should also meet the child/youth's needs.



Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	124	4	27	36	54%	23	17	17	46%
Father	84	5	16	21	50%	6	12	24	50%
Substitute caregiver	58	28	24	4	97%	1	0	1	3%
Other	35	6	14	9	83%	3	3	0	17%
Total		43	81	70	64%	33	32	42	36%

Figure 21: "Parent/Caregiver functioning" QSR Results

PRACTICE PERFORMANCE INDICATOR RESULTS

The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the on-site review, unless otherwise indicated. Most of the twelve indicators have sub-indicators that are rated separately which then make up the overall score for each of the indicators that were previously described in the report. The percentage of cases rated as “acceptable” and “unacceptable” is calculated for each indicator, with scores between 1 and 3 representing the “unacceptable” range and scores between 4 and 6 representing the “acceptable” range.

Indicator	% Acceptable	% Unacceptable
Engagement efforts		
Child/youth (n=106)	84%	16%
Mother (n=129)	74%	26%
Father (n=107)	44%	56%
Substitute caregiver (n=67)	85%	15%
Other (n=40)	52%	48%
Role and voice		
Child/youth (n=93)	77%	23%
Mother (n=128)	66%	34%
Father (n=105)	37%	63%
Substitute caregiver (n=66)	83%	17%
Other (n=40)	52%	48%
Teaming		
Formation (n=143)	59%	41%
Functioning (n=143)	57%	43%
Cultural awareness and responsiveness		
Child/Youth (n=143)	90%	10%
Mother (n=127)	89%	11%
Father (n=106)	65%	35%
Assessment and understanding		
Child/youth (n=143)	79%	21%
Mother (n=128)	65%	35%
Father (n=106)	41%	59%
Substitute caregiver (n=64)	86%	14%
Long-term view (n=143)	71%	29%
Child/youth and family planning process		
Child/youth (n=143)	76%	24%
Mother (n=128)	63%	37%
Father (n=106)	40%	60%
Substitute caregiver (n=65)	78%	22%
Planning for transitions and life adjustments (n=109)	63%	37%

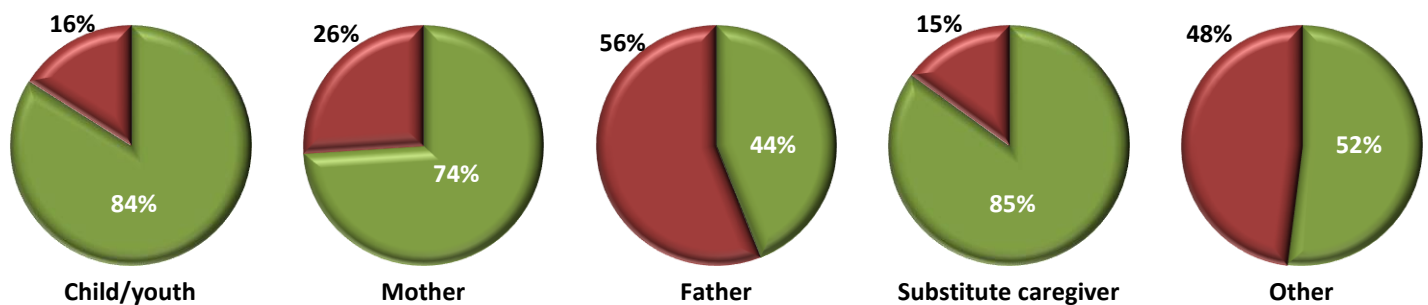
Indicator	% Acceptable	% Unacceptable
Efforts to timely permanence		
Efforts (n=143)	71%	29%
Timeliness (n=64)	67%	33%
Intervention adequacy and resource availability		
Adequacy (n=143)	83%	17%
Availability (n=143)	94%	6%
Maintaining family relationships		
Mother (n=73)	79%	21%
Father (n=73)	40%	60%
Siblings (n=72)	78%	22%
Other (n=32)	81%	19%
Tracking and adjustment		
Tracking (n=143)	74%	26%
Adjustment (n=143)	72%	28%

Figure 22: "Practice Performance Domain" Ratings by Sub-Indicators

Indicator 1a: Engagement efforts

For this indicator the central focus is on the diligence shown by the team in taking actions to find, engage, and build a rapport with the child/youth and families and overcoming barriers to families' participation. This indicator assesses the degree to which those working with the child/youth and his/her family (parents and other caregivers) are:

- Finding family members who can provide support and permanency for the child/youth;
- Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child/youth and family;
- Focusing on the child/youth and family's strengths and needs;
- Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning; and
- Offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.



Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/youth	106	25	41	23	84%	11	5	1	16%
Mother	129	30	40	26	74%	17	11	5	26%
Father	107	14	18	15	44%	24	20	16	56%
Substitute caregiver	67	21	25	11	85%	6	3	1	15%
Other	40	10	6	5	52%	5	9	5	48%
Total		100	130	80	69%	63	48	28	31%

Figure 23: "Engagement efforts" QSR Results

Indicator 1b: Role and voice

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process. Service arrangements should build on the strengths of the child/youth and family and they should reflect their strengths, views and preferences. This indicator assesses the degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about the child/youth and family strengths and needs, goals, supports, and services.

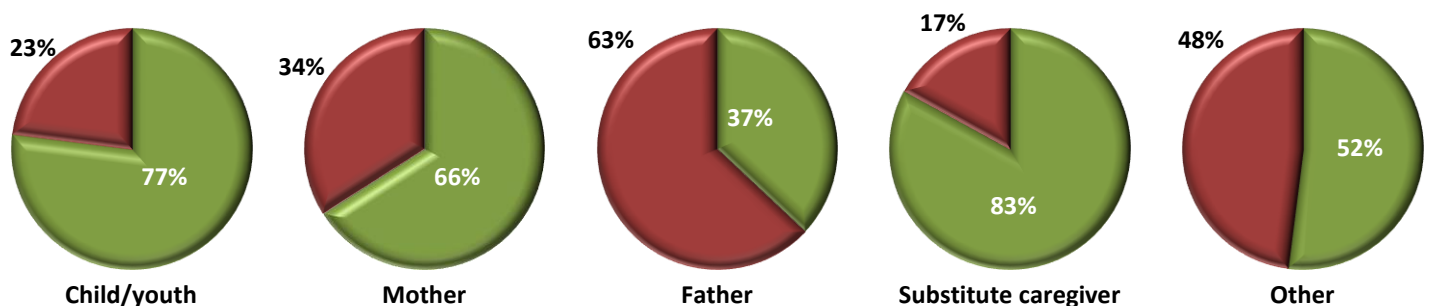
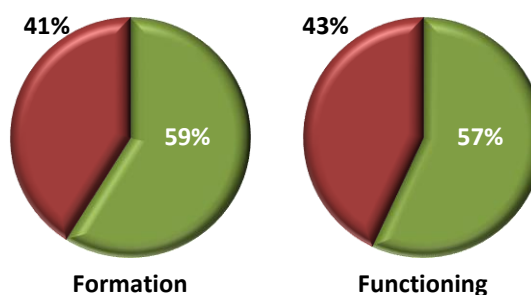


Figure 24: "Role and voice" QSR Results

Indicator 2: Teaming

This indicator focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child/youth and family. This indicator assesses the degree to which appropriate team members have been identified and formed into a working team that shares a common “big picture” understanding and long-term view of the child/youth and family.

Team members should have sufficient professional knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should demonstrate a pattern of working together effectively to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.

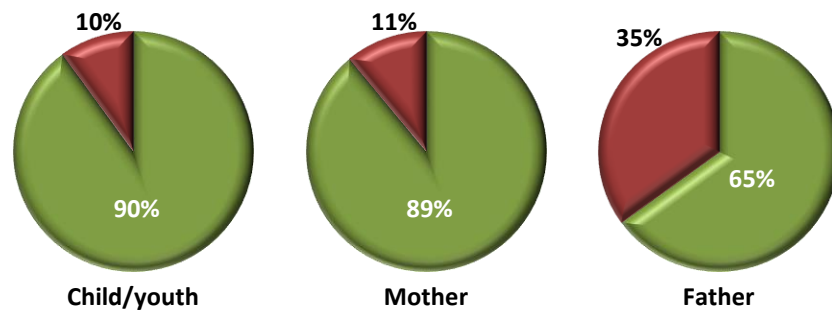


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Formation	143	23	41	21	59%	27	23	8	41%
Functioning	143	24	34	23	57%	25	28	9	43%
Total		47	75	44	58%	52	51	17	42%

Figure 25: “Teaming” QSR Results

Indicator 3: Cultural awareness and responsiveness

Making cultural accommodations may involve a set of strategies used by practitioners to individualize the service process to improve the “goodness-of-fit” between family members and providers who work together in the family change process. The term “culture” is broadly defined; here, focus is placed on whether the child/youth’s and family’s culture has been assessed, understood, and accommodated. This indicator assesses the degree to which any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice (e.g., culture of poverty, urban and rural dynamics, faith and spirituality and youth culture). It examines if the natural, cultural, or community supports, appropriate for this child/youth and family, are being provided; and, if necessary, supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes in use among the child/youth and family.

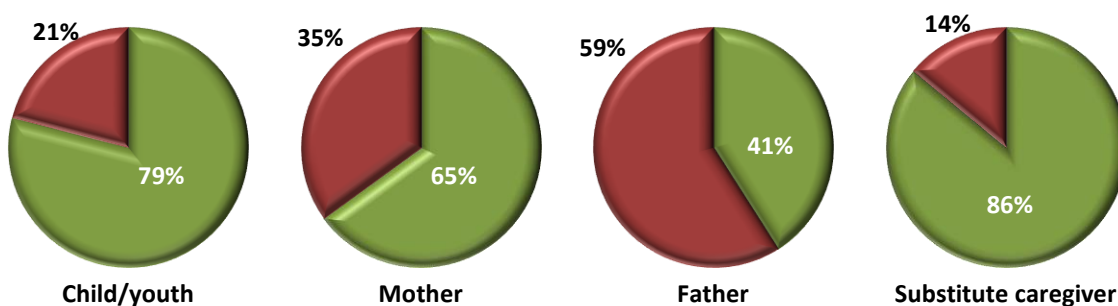


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/youth	143	63	48	18	90%	11	3	0	10%
Mother	127	47	41	25	89%	10	4	0	11%
Father	106	31	25	13	65%	11	5	21	35%
Total		141	114	56	83%	32	12	21	17%

Figure 26: "Cultural awareness and responsiveness" QSR Results

Indicator 4: Assessment and understanding

Assessment involves understanding the core story of the child/youth and family and how the family reached its present situation. This story provides a framework for the family's history and is supplemented by the assessment/evaluation of the child/youth and family's current situation, environment, and support networks. This indicator assesses the degree to which the team has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on the underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. It assesses the development of an understanding of what changes must take place in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. The team's assessment and understanding of the child/youth and family situation should evolve throughout the family change process, and ongoing assessments of the child/youth and family situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.

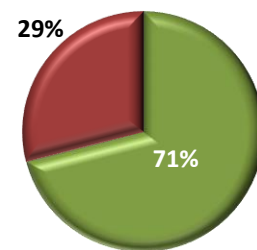


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/youth	143	38	43	32	79%	24	6	0	21%
Mother	128	19	26	38	65%	29	13	3	35%
Father	106	11	16	16	41%	23	16	24	59%
Substitute caregiver	64	17	25	13	86%	7	2	0	14%
Total		85	110	99	67%	83	37	27	33%

Figure 27: "Assessment and understanding" QSR Results

Indicator 5: Long-term view

Having a long-term view of a better life enables the child/youth, family, and those helping them to see both the next steps forward and the end-points on the horizon that provide a clear vision of the pathway ahead. This indicator focuses on the specification and use of the capacities and conditions that must be attained by the child/youth and family (birth, adoptive, or guardianship) to achieve stability, adequate functioning, permanency, and other outcomes necessary to achieve their desired improvements and goals. This indicator assesses the degree to which there is a guiding strategic vision shared by the family team, including the parents and child/youth, which describes:



Long-term view

- The purpose and path of interventions for achieving safe case closure;
- The capacities and conditions necessary for safe case closure; and
- The family's knowledge and supports to sustaining those capacities and conditions following safe case closure with child welfare intervention.

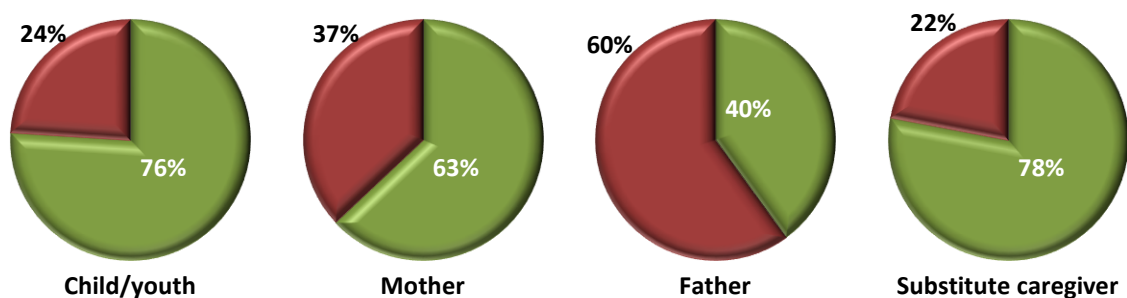
Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Long-term view	143	30	38	33	71%	24	14	4	29%
Total		30	38	33	71%	24	14	4	29%

Figure 27: "Long-term view" QSR Results

Indicator 6: Child/youth and family planning process

Planning is an ongoing team-based process for specifying and organizing intervention strategies and directing resources toward the accomplishment of defined outcomes set forth in the long-term view for the child/youth and family. This indicator assesses:

- The degree to which the planning process is individualized and matched to the child/youth's and family's present situation, preferences, near-term needs and long-term view for safe case closure; and
- Provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child/youth's and family's evolving situation so as to maximize potential results and minimize conflicts and inconveniences.

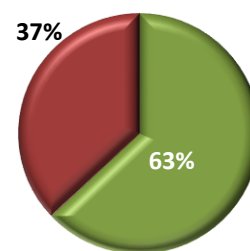


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/youth	143	31	42	35	76%	24	8	3	24%
Mother	128	12	32	37	63%	28	17	2	37%
Father	106	8	19	15	40%	22	22	20	60%
Substitute caregiver	65	20	17	14	78%	11	3	0	22%
Total		71	110	101	64%	85	50	25	36%

Figure 28: "Child/youth and family planning process" QSR Results

Indicator 7: Planning for transitions and life adjustments

A child/youth and family move through several critical transitions over the course of childhood and adolescence. Well-coordinated efforts in assisting the child/youth through significant transitions are essential for success. This indicator assesses the degree to which the current or next life change transition for the child/youth and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment after the change occurs. Plans and arrangements should be made to assure a successful transition and life adjustment in daily settings. Well-planned follow-along supports should be provided during the adjustment period to ensure that successes are achieved in the home or school situation.



Planning for transitions and life adjustments

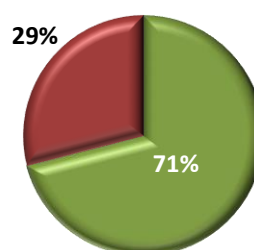
Alternative timeframes are used for the ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Planning for transitions and life adjustments	109	17	32	20	63%	24	15	1	37%
Total		17	32	20	63%	24	15	1	37%

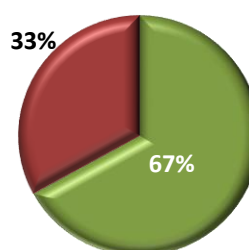
Figure 29: "Planning for transitions and life adjustments" QSR Results

Indicator 8: Efforts to timely permanence

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the relationship once protective supervision ends. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members. This indicator assesses the degree to which current efforts by system agents for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanence with sustained adequate functioning of the child/youth and family following cessation of protective supervision. This indicator looks at both efforts and timeliness. The "efforts" for achieving



Efforts



Timeliness

permanence are assessed for both out-of-home and in-home cases; however, the “timeliness” of achieving permanence is rated for out-of-home cases only and includes specific timeframes which reviewers must consider.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Efforts	143	27	37	38	71%	34	6	1	29%
Timeliness	64	15	10	18	67%	7	5	9	33%
Total		42	47	56	70%	41	11	10	30%

Figure 30: “Efforts to timely permanence” QSR Results

Indicator 9: Intervention adequacy and resource availability

To be adequate, the intensity and consistency of service delivery should be commensurate with that required to produce sustainable and beneficial results for the child/youth and family. An adequate, locally available array of services must exist in order to implement the intervention and support strategies planned for the child/youth and family. This indicator assesses the degree to which planned interventions, services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet near-term needs and achieve the conditions necessary for safe case closure defined in the long-term view. Resources required to implement current child/youth and family plans should be available on a timely, sufficient, and convenient local basis.

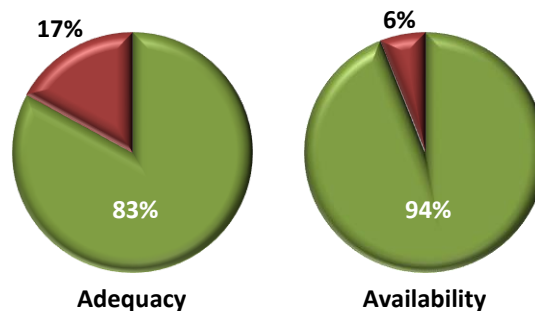
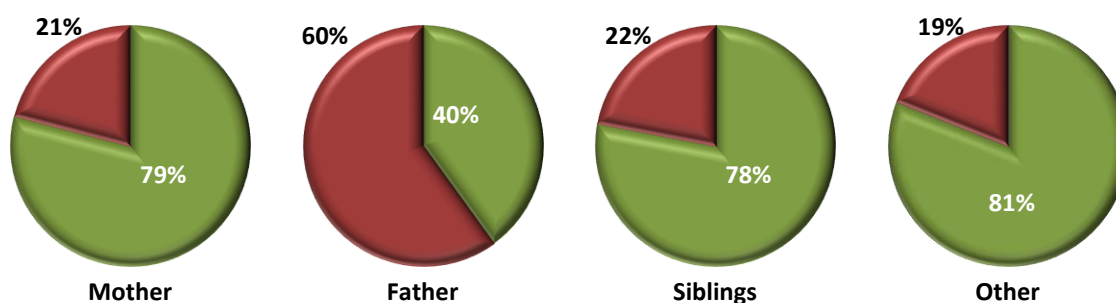


Figure 31: “Intervention adequacy and resource availability” QSR Results

Indicator 10: Maintaining family relationships

This indicator measures the quality of relationships between the child/youth and his/her family members and other important people in the child/youth's life. The quality of these relationships depends on opportunities for positive interactions; emotionally supportive, mutually beneficial connections; and engaging in nurturing exchanges with one another. When this occurs, it promotes the preservation of families and the successful reunification of the child/youth and his/her parents. This indicator assesses the degree to which interventions are building and maintaining positive interactions and providing emotional support between the child/youth and his/her parents, siblings, relatives and other important people in the child/youth's life, when the child/youth and family members are temporarily living away from one another.

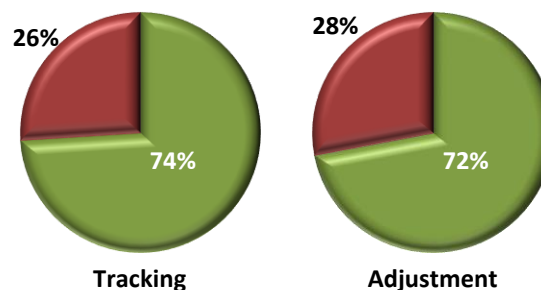


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	73	24	21	13	79%	4	7	4	21%
Father	73	13	12	4	40%	10	9	25	60%
Siblings	72	27	18	11	78%	2	6	8	22%
Other	32	8	15	3	81%	0	1	5	19%
Total		72	66	31	68%	16	23	42	32%

Figure 32: "Maintaining family relationships" QSR Results

Indicator 11: Tracking and adjusting

An ongoing examination process should be used by the team to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. This indicator assesses the degree to which:



- The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments;
- Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family; and
- Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child/youth and family.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Tracking	143	26	44	36	74%	30	6	1	26%
Adjustment	143	24	39	40	72%	19	20	1	28%
Total		50	83	76	73%	49	26	2	27%

Figure 33: "Tracking and adjusting" QSR Results

NEXT STEPS

Gathering data is only one step in the CQI process. Pennsylvania has established a framework to facilitate local and statewide analysis of data to inform strategic decision making, promote Pennsylvania's Child Welfare Practice Model, and support continuous improvement planning, implementation and monitoring. This data analysis should not be solely limited to the QSR findings, but should also include a review of additional data such as the county data packages, quantitative measures produced by the county, as well as the results of other qualitative data.

Utilizing qualitative and quantitative results to impact positive change is the shared responsibility of the local jurisdictions and their partners in addition to the larger statewide child welfare system. Counties involved in the statewide CQI effort are participating in state-supported QSRs either annually, bi-annually or every three years so that they can monitor their outcomes and practice improvement efforts. Once a county has participated in the state-supported QSR process, the county, in conjunction with its partners, develops a County Improvement Plan (CIP) detailing specific action steps and strategies that its child welfare community will focus on to improve specific outcomes prioritized as a result of a comprehensive review of its practice. Each applicable county's CIP are posted to the Department of Public Welfare's website under the link: <http://www.dpw.state.pa.us/searchforprovider/humanservicesproviderdirectory/index.htm>.¹⁰

The Quality Service Review Final Report and CIP are both listed and labeled together as "Quality Service Review" within each individual County Children and Youth Agency's section within the directory.

Ongoing technical assistance is available and accessible to local and statewide groups to support positive change, and technical assistance providers should work together to increase efficiency and effectiveness. Advisory groups and ongoing workgroups join with youth, families and child welfare partners to collaboratively support CQI efforts. Statewide use of data includes the identification of trends and corresponding strategies and action items to maintain positive findings and support priority changes. Key stakeholders in Pennsylvania's child welfare system are critical partners in this process.

¹⁰ To access the County Improvement Plans click on the link provided; go to the *service code* drop down box and click on "County Children and Youth Agencies"; go to the county drop down box and click on the name of the county that you are searching for and click on the button that says "Submit Search"; under the *status and license* column, click on "Quality Service Review"; under the *report* column, click "View Document". Please note: The QSR Final Report and CIP are both listed and labeled together as "Quality Service Review" button that says "Submit Search"; under the *status and license* column, click on "Quality Service Review"; under the *report* column, click "View Document". Please note: The QSR Final Report and CIP are both listed and labeled together as "Quality Service Review."

APPENDIX A: QSR PROTOCOL RATING SCALE LOGIC

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

Interpretative Guide for Child/Youth and Family Status Indicator Ratings					
Unacceptable Range: 1-3			Acceptable Range: 4-6		
Improvement Zone: 1-2		Refinement Zone: 3-4		Maintenance Zone: 5-6	
Status is problematic or risky. Quick action should be taken to improve the situation.		Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.		Status is favorable. Efforts should be made to maintain and build upon a positive situation.	
1	2	3	4	5	6
Adverse Status	Poor Status	Marginal Status	Fair Status	Substantial Status	Optimal Status
The individual's status in this area is poor, unacceptable and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.	Status is and may continue to be poor and unacceptable. The individual's status has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). Any risks may be mild to serious.	Status is mixed, limited or inconsistent and not quite sufficient to meet the individual's short-terms needs or objectives now in this area. Status has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.	Status is at least minimally or temporarily sufficient for the individual to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time over the past 30 days, but may be short-term due to changing circumstances, requiring change soon.	Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with eventual attainment of long-term needs or outcomes in this area. Status is good and likely to continue.	The best of most favorable status presently attainable for this individual in this area (taking age and ability into account). The individual is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.

Interpretative Guide for Practice Performance Indicator Ratings

Unacceptable Range: 1-3			Acceptable Range: 4-6		
Improvement Zone: 1-2		Refinement Zone: 3-4		Maintenance Zone: 5-6	
Performance is inadequate. Quick action should be taken to improve practice now.		Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.		Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.	
1	2	3	4	5	6
Adverse Practice	Poor Practice	Marginal Practice	Fair Practice	Substantial Practice	Optimal Practice
Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.	Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.	Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient for the individual to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.	This level of performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area may be no less than minimally adequate at any time in the past 30 days, but may be short - term due to change circumstances, requiring change soon.	At this level, the system function is working dependably for this individual, under changing conditions and over time. Effectiveness level is consistent with meeting long-term needs and goals for the individual.	Excellent, consistent, effective practice for this individual in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the individual.

APPENDIX B: PENNSYLVANIA'S CHILD WELFARE PRACTICE MODEL

Outcomes: Children, youth, families, child welfare representatives and other child and family service partners participate as team members with shared community responsibility to achieve and maintain the following:

- Safety from abuse and neglect.
- Enduring and certain permanence and timely achievement of stability, supports and lifelong connections.
- Enhancement of the family's ability to meet their child/youth's wellbeing, including physical, emotional, behavioral and educational needs.
- Support families within their own homes and communities through comprehensive and accessible services that build on strengths and address individual trauma, needs and concerns.
- Strengthened families that successfully sustain positive changes that lead to safe, nurturing and healthy environments.
- Skilled and responsive child welfare professionals, who perform with a shared sense of accountability for assuring child-centered, family-focused policy, best practice and positive outcomes.

Values and Principles: Our values and principles will be consistently modeled at every level and across partnerships. We believe in...

- **Children, Youth and Families**
 - Children and youth have the right to live in a safe, nurturing and stable family.
 - Families are the best place for children and youth to grow up.
 - Family connections are maintained whenever possible.
 - All families have strengths.
 - Families come in all shapes and sizes and family defines family.
 - Families are experts on themselves, are involved in decision making, and are willing to drive change.
- **Community**
 - Community is broadly defined. This includes, but is not limited to, families, neighbors, volunteers, spiritual, educational, medical, behavioral health and legal partners.
 - Natural partnerships must exist within a community to promote prevention, protection, well-being and lifelong connections.
- **Honesty**
 - Honesty serves as the basis for building trusting relationships.
 - Honesty is not only telling the truth, but also sharing information, clarifying roles and responsibilities and transparent decision making.
 - Honesty is an open and consistent exchange of communication in a way that everyone can understand.

- **Cultural awareness and responsiveness**
 - Culture is respected, valued and celebrated.
 - Culture is broadly defined. This includes but is not limited to families' beliefs, values, race, gender, socio-economic status, ethnicity, history, tribe, religion/spirituality/affiliations, sexual orientation and language.
 - Cultural identity is explored with the family. Each child, youth and family is served with sensitivity within their unique context.
- **Respect**
 - Everyone has their own unique perspective, the right to be heard and contribute to their success.
 - Every individual is treated with dignity and consideration.
- **Teaming**
 - Children, youth and families are best served through a team approach with shared responsibilities. All team members have a role and voice. Involving the child, youth, family, and extended support networks as active members of the team empowers the family.
 - Teams are strength-based and collaborate toward common goals.
 - Teams change as needed to include all formal and informal supports and resources.
 - Team members are accountable for their actions, keeping commitments and following through with agreed upon responsibilities.
- **Organizational excellence:**
 - Engaging children, youth and families, as an involved part of an accepting and empathetic team who can confront difficult issues, will effectively assist in the process toward positive change.
 - Advocating for and empowering children, youth, families and communities strengthen the organization.
 - Building, supporting and retaining a qualified, skilled and committed workforce whose own well being and safety are valued is essential.
 - Responsible allocation and management of resources demonstrates accountability.
 - Quality practice is assured by consistently monitoring and improving performance through critical self reflection and accountability.

Skills: To achieve our desired outcomes and commitment to these values and principles, demonstration of the following skills is essential across all aspects of the child welfare system.

- **Engaging:** Effectively establishing and maintaining a relationship with children, youth, families and all other team members by encouraging their active role and voice and successfully accomplishing sustainable shared goals.
- **Teaming:** Engaging and assembling the members of the team, including the family, throughout all phases of the change process and based on current needs and goals. Teaming is defining and demonstrating a unified effort, common purpose and clear roles and responsibilities that support positive change.
- **Assessing and Understanding:** Gathering and sharing information so the team has a common big picture of the strengths, challenges, needs and underlying issues. Assessing

includes thinking critically and using information to keep the team's understanding current and comprehensive.

- **Planning:** Applying information gathered through assessment and monitoring to develop an individualized well reasoned sequence of strategies and supports to achieve the agreed upon goals.
- **Implementing:** Actively performing roles to ensure the formal and informal resources, supports and services, identified in the plan, occur in a timely manner and with sufficient intensity, frequency and sequence to produce sustainable and beneficial results.
- **Monitoring and Adjusting:** Continuously analyzing and evaluating the impact and effectiveness of the plan implementation and modifying accordingly in response to the changing successes and needs until goals are achieved.

APPENDIX C: QSR ROUNDS ONE THROUGH THREE RESULTS

CHILD/YOUTH DEMOGRAPHICS

The demographics of each child/youth and the current placement setting from the first round of state-supported QSRs (QSRs conducted between December 2010 and April 2011)¹¹, the second round of state-supported QSRs (QSR conducted between December 2011 and June 2012)¹², and the third round of state-supported QSRs (QSR conducted between December 2012 and November 2013) are reported below.

Sex	Round One		Round Two		Round Three	
	#	%	#	%	#	%
Male	60	61%	73	47%	81	57%
Female	39	39%	82	53%	62	43%
Total	99	100%	155	100%	143	100%
Age	Round One		Round Two		Round Three	
	#	%	#	%	#	%
0 – 1	16	16%	14	9%	22	15%
2 – 5	22	22%	30	19%	31	22%
6 – 9	15	15%	28	18%	26	18%
10 – 12	9	9%	13	8%	18	13%
13 – 15	13	13%	24	15%	24	17%
16 – 17	17	17%	31	20%	19	13%
18 +	7	7%	15	10%	3	2%
Total	99	100%	155	100%	143	100%

Figure 34: Sex and Age of Focus Children/Youth from Rounds One, Two and Three

Race/Ethnicity	Round One		Round Two		Round Three	
	#	%	#	%	#	%
White/Caucasian	63	64%	96	62%	109	76%
Black/African-American	33	33%	61	39%	57	40%
American Indian or Alaskan Native	1	1%	1	1%	2	1%
Native Hawaiian or Pacific Islander	0	0%	2	1%	2	1%
Asian	0	0%	1	1%	0	0%
Other	8	8%	3	2%	0	0%
Unknown	0	0%	0	0%	0	0%
Unable to Determine	0	0%	0	0%	0	0%
Hispanic	8	8%	17	11%	9	6%
Total	99	100%	155	100%	143	100%

Figure 35: Race and Ethnicity of Focus Children/Youth from Rounds One, Two and Three

¹¹ The full Round One Statewide Supported QSR Report may be accessed at <http://www.pacwrc.pitt.edu/CQI/Statewide%20Quality%20Service%20Reviews%20Statewide%20Report%20-%20Round%20One.pdf>

¹² The full Round Two Statewide Supported QSR Report may be accessed at http://www.pacwrc.pitt.edu/CQI/Statewide%20QSR%20Final%20Report_Round%20II_MAY%202013.pdf

Current Placement ¹³	Round One		Round Two		Round Three	
	#	%	#	%	#	%
Birth home (Biological mother)	28	28%	40	26%	40	28%
Birth home (Biological father)	4	4%	6	4%	8	6%
Birth home (Both biological parents)	7	7%	11	7%	23	16%
Pre-adoptive home	2	2%				
Post-adoptive home	1	1%	0	0%	3	2%
Traditional foster home	20	20%	35	23%	24	17%
Relative foster home	16	16%				
Formal kinship foster home			21	14%	18	13%
Informal kinship foster home			1	1%	7	5%
Therapeutic foster home	5	5%	7	5%	3	2%
Group/congregate home	9	9%	15	10%	5	3%
Residential treatment facility	3	3%	7	5%	4	3%
Institution	0	0%				
Subsidized/permanent legal guardianship	0	0%	0	0%	3	2%
Juvenile correctional facility	0	0%	0	0%	1	1%
Medical/psychiatric hospital	0	0%	3	2%	0	0%
Detention	0	0%	2	1%	0	0%
Supervised independent living	1	1%				
Runaway	0	0%				
Other	3	3%	7	5%	4	3%
Total	99	100%	155	100%	143	100%

Figure 36: Current Placement Types of Focus Children/Youth from Rounds One, Two and Three

¹³ From Round One to Round Two the placement settings available to select by reviewers changed.

ACCEPTABLE RATINGS BY ROUND

The percent of cases rated acceptable during the third round of state-supported QSRs are compared to those cases rated acceptable during the first and second rounds. Bar graphs (Figures 37 and 38) depict the acceptable ratings from Round One to Round Three by domain.

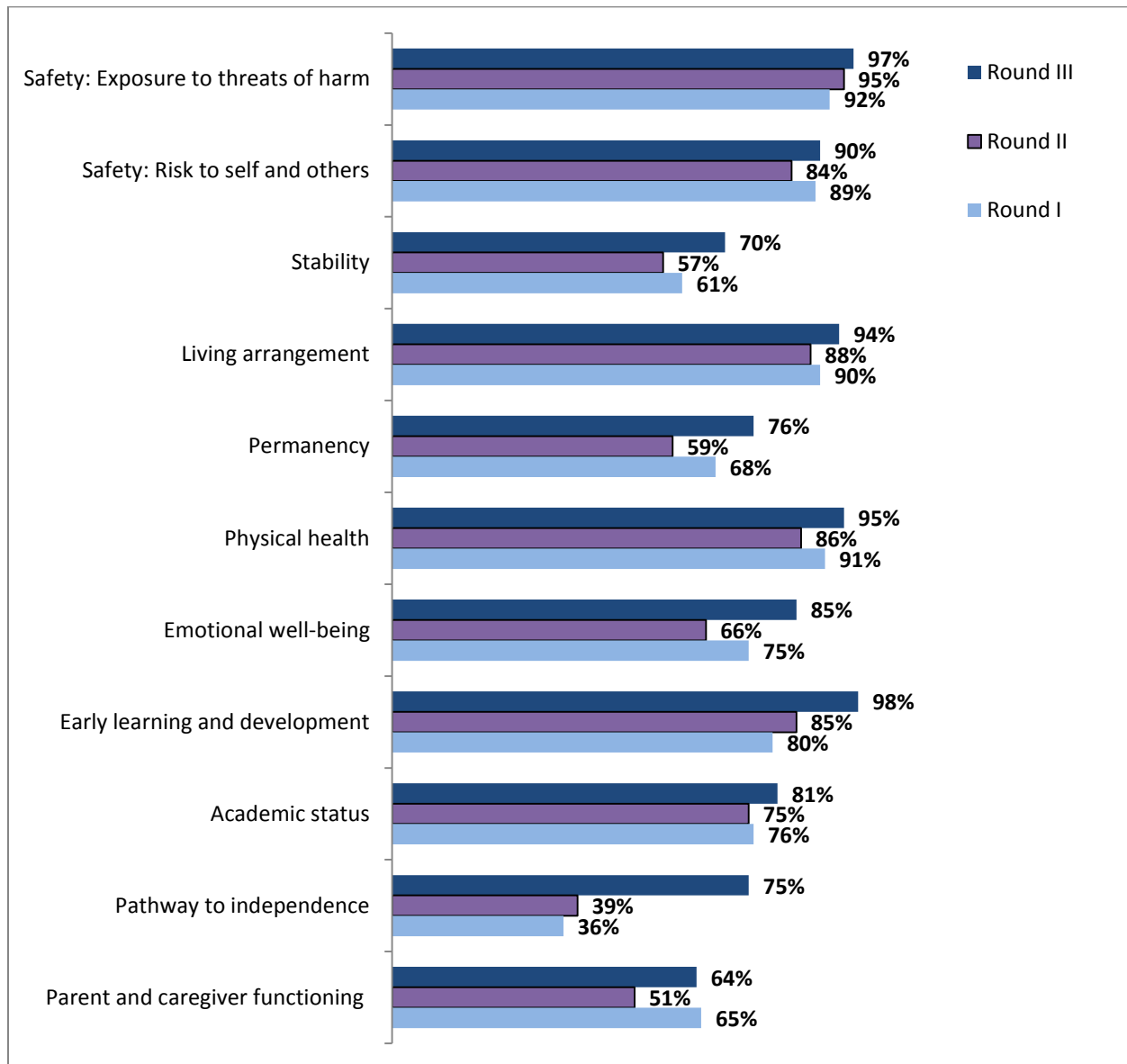


Figure 37: "Child/Youth & Family Domain" Acceptable Ratings by Round

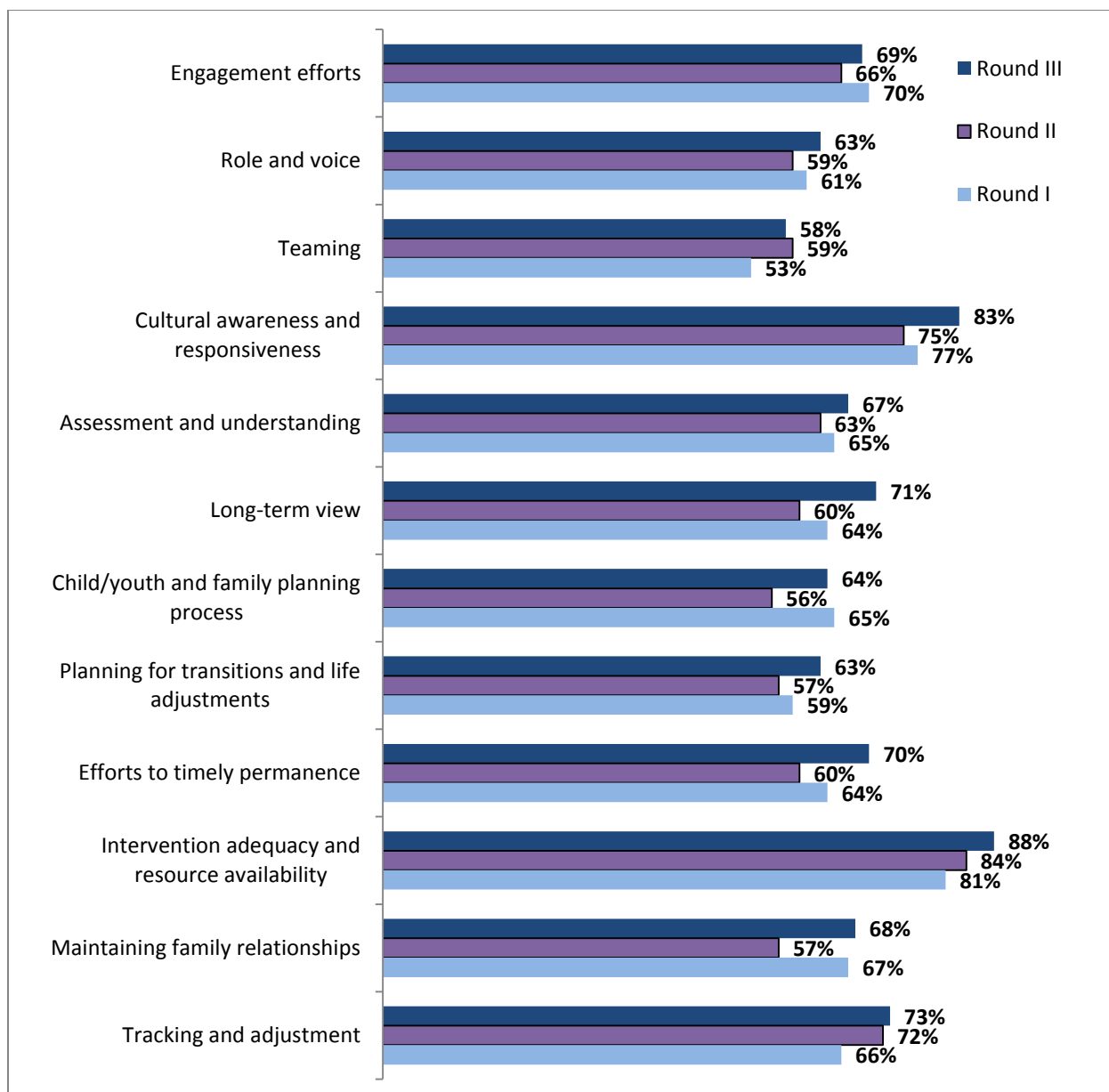


Figure 38: “Practice Performance Domain” Acceptable Ratings by Round