

# **QUALITY SERVICES REVIEW**

## **PHASE I STATEWIDE REPORT**



**Prepared for:**  
**Pennsylvania Office of Children, Youth and Families**  
**Department of Public Welfare**

**By**  
**Hornby Zeller Associates, Inc.**

**October 2011**

## TABLE OF CONTENTS

---

Introduction .....	1
Child/Youth Demographics.....	5
Child/Youth & Family Status Domain .....	14
Safety .....	14
Permanency.....	17
Well-Being .....	22
Parent/Caregiver Functioning .....	27
Practice Performance Status Domain.....	29
QSR Results Summary.....	45
Appendix A: Summary of Ratings .....	48
Quality Service Review Protocol Rating Scale Logic .....	48
Appendix B: Summary of QSR Sub-indicator Ratings .....	50

### 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 will be 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 ongoing process by which an agency makes decisions and evaluates its progress.” The CQI process developed in Pennsylvania will support 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.<sup>1</sup>

Pennsylvania’s QSR Protocol, developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The QSR Protocol contains qualitative indicators that measure the current status of the focus child/youth<sup>2</sup> and the child/youth’s parents and/or caregivers, that status reflecting the outcomes that have been achieved thus far.

Pennsylvania’s QSR Protocol is also designed to capture information for the Program Improvement Plan (PIP) that resulted from the most recent Child and Family Services Review (CFSR). The U.S. Department of Health and Human Services (HHS) conducted the second round of CFSRs in PA in 2008. Items found not to be in substantial conformity had to be addressed in the statewide PIP, which was approved by the Administration for Children and Families (ACF). The QSRs are being utilized as one way to gauge progress in meeting the safety, permanency and well-being needs of children, youth and families. During the first year following the approval of the PIP (July 1, 2010 – June 29, 2011), Pennsylvania established a baseline for nine specific CFSR items needing improvement; during the second year, progress will be measured against the baseline on an item-by-item basis. The phased-in approach to this statewide CQI effort will allow for ongoing evaluation and monitoring of child welfare practice in the Commonwealth. This ongoing monitoring will continue to provide data that will allow the

---

<sup>1</sup> For more information on the framework of Pennsylvania’s Continuous Quality Improvement process, please see the *QSR Protocol*, which can be found at [www.pacwcbt.pitt.edu/SQID.htm](http://www.pacwcbt.pitt.edu/SQID.htm)

<sup>2</sup> For each of the in-home and out-of-home cases selected for review, one child was selected as the “focus child” about whom reviewers were asked to rate the child-specific indicators.

Pennsylvania Office of Children, Youth and Families to better monitor the quality of practice across the Commonwealth.

## Methodology

As seen in Figure 1, Pennsylvania conducted QSRs in six counties during the first phase of Pennsylvania's CQI effort. In total, 100 cases were sampled -- 60 foster care cases and 40 in-home cases. The proportion roughly reflects the proportion used by ACF during the 2008 onsite CFSR. For each of the in-home and out-of-home cases, one child/youth was selected as the "focus child/youth" about whom reviewers were asked to rate the child/youth-specific indicators.

One in-home case was dropped from the sample as family members were not available for interviews bringing the total number of cases reviewed to 99, 40 in-home and 59 out-of-home. The in-home sample is family-based<sup>3</sup> 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 date (which varies by county and is listed in Figure 1.). The placement sample is child-based and was chosen from those children in out-of-home placement on the effective sampling date.

County	Review Month/Year	Effective Sampling Date	In-Home Cases	Out-of-Home Cases	Total Cases Reviewed
Philadelphia	December/2010	9/30/2010	10	15	25
Allegheny	February/2011	12/2/2010	7	12	19
Lackawanna	February/2011	12/6/2010	5	10	15
Venango	March/2011	1/7/2011	5	5	10
Butler	April/2011	1/28/2011	7	8	15
York	April/2011	1/28/2011	6	9	15
Total			40	59	99

Figure 1. Types of Cases Reviewed During Phase I

The QSR utilizes case reviews, 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.

---

<sup>3</sup> 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 would represent a single sample-able unit (meaning that a single family could be represented in the sample by multiple children).

The Phase I on-site QSRs took place between December 2010 and April 2011. Over this course of time, 969 interviews were conducted with key stakeholders identified in each of the cases in the sample (an average of 9.8 interviews per case). Key stakeholders included: the child/youth, when age appropriate; caseworkers; supervisors; the child/youth's family members; service providers; Guardian ad Litem; mental health professionals; educational professionals; and school administrators.

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 6 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.

## How the Report is Organized

This report consists of four major sections, all of which provide summative findings of Phase I on-site QSRs. The demographics section gives the descriptive characteristics of the children/youth and their families whose cases were selected for the review. The tables in the demographics section are broken out by in-home cases, out-of-home cases and, when possible, the combined foster care population of the six Phase I counties.<sup>4</sup> Please note a dash "-" is used in tables where no data is available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth & Family Domains and the Practice Performance Domains. 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. A summary of the indicator ratings is provided at the end of each section, with the intention that the areas of strengths and areas needing improvement identified during the QSR can be further explored.

---

<sup>4</sup> For individual county reports, the foster care population was based on the total number of children in care on each county's specific effective sampling date. For this report, these foster care populations have been combined.

More detailed information on the QSR methodology, including sampling, definitions of indicators and scoring, can be found in Pennsylvania's Quality Service Review (QSR) Protocol.<sup>5</sup>

---

<sup>5</sup> The QSR protocol is posted on the Child Welfare Training Program website at <http://www.pacwcbt.pitt.edu/SQID.htm>

## CHILD/YOUTH DEMOGRAPHICS

As noted earlier, of the 99 cases reviewed during Phase I of the CQI effort, 40 were in-home cases and 59 were out-of-home cases, six of which were under the joint responsibility of the County Children and Youth Agency and the Juvenile Probation Office (these cases are considered to have “shared case responsibility,” and are known as SCR). Demographic breakdowns of the sampled cases selected for Phase I are shown in Figure 2.

Sex	In-home		Out-of-home		Combined Total	
	#	% <sup>6</sup>	#	%	#	%
Male	23	58%	37	63%	60	61%
Female	17	43%	22	37%	39	39%
Total	40	100%	59	100%	99	100%

Age	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
0 – 6	19	48%	24	41%	43	43%
7 – 14	15	38%	13	22%	28	28%
15 – 18	6	15%	18	31%	24	24%
19 +	0	0%	4	7%	4	4%
Total	40	100%	59	100%	99	100%

Figure 2: Sex and Age of Focus Children/Youth of the six Phase I Counties

More male children/youth were included in the sample than female children/youth. The oldest youth selected for review was a 20 year old who was involved in an out-of-home case. Of the 43 total children six and younger, seven percent (six children) were less than a year old and all of those children were involved in out-of-home cases.

---

<sup>6</sup> Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity <sup>7</sup>	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
White/Caucasian	25	63%	38	64%	63	64%
Black/African-American	14	35%	19	32%	33	33%
American Indian or Alaskan Native	0	0%	1	2%	1	1%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%
Other <sup>8</sup>	1	3%	3	5%	8	8%
Unknown	1	3%	3	5%	0	0%
Unable to Determine	0	0%	0	0%	0	0%
Hispanic	6	15%	2	3%	8	8%
<b>Total</b>	<b>40</b>		<b>59</b>		<b>99</b>	

**Figure 3: Race and Ethnicity of Focus Children/Youth of the Six Phase I Counties**

The proportion of children identified under each race/ethnicity category was roughly the same for in-home cases and out-of-home cases with the exception that there were more children/youth identified as Hispanic from in-home cases (15%) than out-of-home cases (3%).

<sup>7</sup> Reviewers were able to report more than one race for each focus child/youth, in addition to recording whether the child is of Hispanic ethnicity.

<sup>8</sup> Four reviewers reported the race of the child/youth as "other: biracial." Since "biracial" is not a race, these cases have been marked as "unknown" in this report.



Current Placement	In-home		Out of Home	
	#	%	#	%
Birth home (Biological Mother)	27	68%	1	2%
Birth home (Biological Father)	4	10%	0	0%
Birth home (Both Biological Parents)	6	15%	1	2%
Pre-adoptive home	0	0%	2	3%
Post-Adoptive home	1	3%	0	0%
Relative foster home	0	0%	16	27%
Non-relative foster home	0	0%	20	34%
Therapeutic foster home	0	0%	5	8%
Group/congregate home	0	0%	9	15%
Residential treatment facility	0	0%	3	5%
Institution	0	0%	0	0%
Subsidized/Permanent Legal Custodianship	0	0%	0	0%
Juvenile Correctional Facility	0	0%	0	0%
Medical/Psychiatric Hospital	0	0%	0	0%
Detention	0	0%	0	0%
Supervised independent living	0	0%	1	2%
Runaway	0	0%	0	0%
Other <sup>9</sup>	2	5%	1	2%
<b>Total</b>	<b>40</b>	<b>100%</b>	<b>59</b>	<b>100%</b>

**Figure 4: Current Placement Types of Focus Children/Youth of the Six Phase I Counties**

Figure 4 displays the current placement types of the sampled children/youth of the six Phase I counties. Of the 40 sampled in-home cases, 68 percent of the children/youth were found to be living at home with only their birth mothers, 10 percent were reported as living with only their birth fathers, and 15 percent were found to be living with both biological parents.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	27	68%	37	63%	64	65%
Insufficient Income	22	55%	28	47%	50	51%
Lack of Parenting Skills	18	45%	27	46%	45	45%
Overwhelming Child Care Responsibilities	22	55%	18	31%	40	40%
Drug Abuse/Addiction	15	38%	23	39%	38	38%
Lack of Transportation	21	53%	16	27%	37	37%
Difficulty Budgeting	18	45%	17	29%	35	35%
Unstable Living Conditions	8	20%	24	41%	32	32%
Inadequate Housing	8	20%	23	39%	31	31%

<sup>9</sup> One in-home case was found to have the child/youth living at an “informal family placement” and the other in-home case was found to have the child living with the maternal grandmother and the biological mother. Both the mother and grandmother had shared legal custody of the child/youth. One child/youth from an out-of-home case was reported as being in an “other” setting but the reviewers stated it was a supervised independent living arrangement (SIL). Since SIL is already an existing placement setting this was removed from “other” and placed in “supervised independent living” for this report. The remaining out-of-home case in which the child/youth was reported to be in an “other” setting involved a youth was incarcerated at the county prison at the time of the review.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Family Discord/Marital Problems	14	35%	15	25%	29	29%
Recent Relocation	12	30%	17	29%	29	29%
Job Related Problems	10	25%	15	25%	25	25%
Legal Problems	7	18%	16	27%	23	23%
Domestic Violence	7	18%	14	24%	21	21%
Alcohol Abuse/Addiction	7	18%	10	17%	17	17%
Neglect	3	8%	13	22%	16	16%
Social Isolation	8	20%	8	14%	16	16%
Pregnancy/New Child	10	25%	4	7%	14	14%
Victim of Physical Abuse	5	13%	9	15%	14	14%
Victim of Emotional Abuse	5	13%	8	14%	13	13%
Victim of Sexual Abuse	5	13%	7	12%	12	12%
Physical Disability	5	13%	6	10%	11	11%
Learning Disability	3	8%	8	14%	11	11%
Chronic Illness	5	13%	5	8%	10	10%
Other <sup>10</sup>	3	8%	6	10%	9	9%
Unknown	1	3%	6	10%	7	7%
Mental Retardation	0	0%	6	10%	6	6%
Incarceration	1	3%	4	7%	5	5%
Other Medical Condition	3	8%	1	2%	4	4%
Suicide Risk	0	0%	4	7%	4	4%
Visual/Hearing Impaired	0	0%	1	2%	1	1%
Language Barrier	0	0%	0	0%	0	0%
None	0	0%	0	0%	0	0%

**Figure 5: Identified Stressors of Mothers**

Figure 5 displays the identified stressors among mothers of the six Phase I counties. Overall, “mental health problems” and “insufficient income” were listed as the most-identified stressors among the mothers of the sampled cases. . “Lack of parenting skills” and “overwhelming child care responsibilities” were also identified frequently among the mothers as a stressor. Mothers were least likely to be identified as having “visual/hearing impaired” and “language barrier” stressors.

<sup>10</sup> The other stressor reported in two in-home cases was “grief/loss,” and the other stressor reported in one in-home case was “child’s educational placement.” The child/youth from this in-home case was expelled from school at the time of the review. The out-of-home case involved a mother who expressed stressor from an ex-paramour being released from prison and the ex-paramour moving back to the area.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Unknown	10	25%	17	29%	27	27%
Insufficient Income	9	23%	12	20%	21	21%
Mental Health Problems	5	13%	14	24%	19	19%
Incarceration	7	18%	12	20%	19	19%
Legal Problems	4	10%	14	24%	18	18%
Family Discord/Marital Problems	8	20%	9	15%	17	17%
Drug Abuse/Addiction	4	10%	10	17%	14	14%
Job Related Problems	5	13%	9	15%	14	14%
Alcohol Abuse/Addiction	5	13%	9	15%	14	14%
Lack of Parenting Skills	3	8%	10	17%	13	13%
Lack of Transportation	6	15%	6	10%	12	12%
Inadequate Housing	4	10%	8	14%	12	12%
Domestic Violence	3	8%	8	14%	11	11%
Difficulty Budgeting	4	10%	6	10%	10	10%
Unstable Living Conditions	1	3%	9	15%	10	10%
Overwhelming Child Care Responsibilities	2	5%	7	12%	9	9%
Recent Relocation	3	8%	4	7%	7	7%
Victim of Neglect	0	0%	6	10%	6	6%
Other <sup>11</sup>	0	0%	1	2%	1	1%
Physical Disability	0	0%	5	8%	5	5%
Learning Disability	0	0%	4	7%	4	4%
Physical Abuse	1	3%	2	3%	3	3%
Chronic Illness	0	0%	3	5%	3	3%
Other Medical Condition	1	3%	2	3%	3	3%
Pregnancy/New Child	2	5%	0	0%	2	2%
Social Isolation	1	3%	1	2%	2	2%
Victim of Sexual Abuse	0	0%	2	3%	2	2%
Victim of Emotional Abuse	0	0%	1	2%	1	1%
Mental Retardation	1	3%	0	0%	1	1%
Suicide Risk	0	0%	1	2%	1	1%
Visual/Hearing Impaired	1	3%	0	0%	1	1%
Language Barrier	0	0%	0	0%	0	0%
None	0	0%	0	0%	0	0%

**Figure 6: Identified Stressors of Fathers**

<sup>11</sup> The “other” stressors reported by reviewers included a father struggling with “single parent adoption”.

As seen in Figure 6, for many fathers the stressors were not known at the time of the review, with 27 percent of cases selecting the father's stressors as "unknown". "Insufficient income" and "mental health problems" were listed as the most-identified stressors of the sampled cases when the stressors were known. Similar to mothers, fathers were less likely to be identified as having "visual/hearing impaired" and "language barrier" stressors.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Insufficient Income	6	15%	3	5%	9	9%
Overwhelming Child Care Responsibilities	4	10%	5	8%	9	9%
Lack of Transportation	5	13%	1	2%	6	6%
Mental Health Problems	5	13%	0	0%	5	5%
Family Discord/Marital Problems	3	8%	2	3%	5	5%
Difficulty Budgeting	5	13%	0	0%	5	5%
Inadequate Housing	3	8%	2	3%	5	5%
Other <sup>12</sup>	1	3%	3	5%	4	4%
Recent Relocation	4	10%	0	0%	4	4%
Unknown	3	8%	1	2%	4	4%
Pregnancy/New Child	2	5%	2	3%	4	4%
Lack of Parenting Skills	3	8%	0	0%	3	3%
Physical Disability	2	5%	1	2%	3	3%
Unstable Living Conditions	2	5%	0	0%	2	2%
Job Related Problems	1	3%	1	2%	2	2%
Domestic Violence	2	5%	0	0%	2	2%
Social Isolation	2	5%	0	0%	2	2%
Chronic Illness	2	5%	0	0%	2	2%
Drug Abuse/Addiction	1	3%	0	0%	1	1%
Alcohol Abuse/Addiction	1	3%	0	0%	1	1%
Victim of Neglect	1	3%	0	0%	1	1%
Victim of Sexual Abuse	0	0%	1	2%	1	1%
Mental Retardation	1	3%	0	0%	1	1%
Other Medical Condition	0	0%	1	2%	1	1%
Legal Problems	0	0%	0	0%	0	0%
Incarceration	0	0%	0	0%	0	0%
Victim of Physical Abuse	0	0%	0	0%	0	0%
Learning Disability	0	0%	0	0%	0	0%

<sup>12</sup> The "other stressor" reported for caregivers in the in-home case was "glbt issues". The out-of-home cases involved caregivers who were "frustrated with the [foster care] system", the stress of a new foster child being placed in the caregiver's home; and a caregiver whose age (caregiver is 75) was listed as an "other stressor".

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Victim of Emotional Abuse	0	0%	0	0%	0	0%
Suicide Risk	0	0%	0	0%	0	0%
Visual/Hearing Impaired	0	0%	0	0%	0	0%
Language Barrier	0	0%	0	0%	0	0%
None	0	0%	0	0%	0	0%

**Figure 7: Identified Stressors of Caregivers**

Similar to the stressors for mothers, caregivers were also often identified as having “insufficient income” stressors. Caregivers are more likely than mothers and fathers to have “overwhelming childcare responsibility” stressors identified, as seen in Figure 7.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
School Related Problems	14	35%	16	27%	30	30%
Mental Health	7	18%	22	37%	29	29%
Emotional Disturbance	8	20%	17	29%	25	25%
History of Physical Abuse/Inappropriate Discipline	6	15%	19	32%	25	25%
Developmental Delay	6	15%	17	29%	23	23%
Witnessed Domestic Violence	7	18%	11	19%	18	18%
Substance Exposed	8	20%	10	17%	18	18%
Learning Disability	3	8%	13	22%	16	16%
Other <sup>13</sup>	5	13%	13	22%	18	18%
Undiagnosed/Untreated Behavioral Problems	5	13%	8	14%	13	13%
History of Sexual Abuse	1	3%	10	17%	11	11%
History of Emotional Abuse	0	0%	11	19%	11	11%
Delinquent Behaviors	3	8%	8	14%	11	11%
Mental Retardation	1	3%	6	10%	7	7%
Chronic Illness	4	10%	3	5%	7	7%
Drug Abuse/Addiction	2	5%	5	8%	7	7%
Premature Birth	0	0%	7	12%	7	7%
Alcohol Abuse/Addiction	2	5%	3	5%	5	5%
Physical Disability	0	0%	4	7%	4	4%
Pregnancy	1	3%	3	5%	4	4%
Suicide Risk	1	3%	3	5%	4	4%
Medically Fragile/Complex	1	3%	2	3%	3	3%
Visual/Hearing Impaired	1	3%	2	3%	3	3%
Battered Child Syndrome	0	0%	3	5%	3	3%
Failure to Thrive	0	0%	2	3%	2	2%
None	0	0%	0	0%	0	0%

**Figure 8: Focus Child/Youth Stressors**

<sup>13</sup> Reviewers were allowed to write-in “other” stressors. Four “other” stressors for children/youth from three in-home cases were removed from this category because they fit better in pre-existing categories. One was reassigned to “substance exposed,” another to “school related problems,” and one became “developmental delay.” One “other” stressor from an out-of-home case was reassigned to “developmental delay.”

Figure 8 shows the stressors identified by the reviewers for the children/youth. Overall, “school related problems” and “mental health” were the most-identified stressors among the children/youth of the sampled cases. More children/youth in out-of-home care experienced mental health problems or emotional disturbances than children/youth in in-home cases. Reviewers identified more stressors for children/youth in out-of-home cases than children/youth in in-home cases.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
<b>Child Protective Services (CPS)<sup>14</sup></b>						
Bruises	2	5%	6	10%	8	8%
Lacerations/Abrasions	2	5%	2	3%	4	4%
Imminent Risk of Sexual Abuse/Exploitation	2	5%	2	3%	4	4%
Sexual Assault	1	3%	2	3%	3	3%
Burns/Scalding	1	3%	1	2%	2	2%
Drugs/Alcohol	1	3%	1	2%	2	2%
Other Physical Abuse	2	5%	0	0%	2	2%
Welts	1	3%	0	0%	1	1%
Shaken Baby Syndrome	0	0%	1	2%	1	1%
Asphyxiation/Suffocation	0	0%	1	2%	1	1%
Mental Injury	1	3%	0	0%	1	1%
Incest	1	3%	0	0%	1	1%
Pornography	1	3%	0	0%	1	1%
Lack of Supervision (resulting in injury)	0	0%	1	2%	1	1%
Medical Neglect (resulting in physical condition)	1	3%	0	0%	1	1%
<b>General Protection Services (GPS)<sup>15</sup></b>						
Substance Abuse: Parent	9	23%	20	34%	29	29%
Inappropriate Discipline	16	40%	13	22%	29	29%
Inappropriate Parenting	7	18%	18	31%	25	25%
Mental Health Concerns	7	18%	13	22%	20	20%
Lack of Food, Shelter or Clothing	8	20%	12	20%	20	20%
Environmental Neglect	5	13%	11	19%	16	16%
Parent/Child/Youth Conflict	3	8%	11	19%	14	14%
Truancy	5	13%	8	14%	13	13%
Abandonment	1	3%	10	17%	11	11%
Lack of Medical/Dental Care	2	5%	8	14%	10	10%
Poor Hygiene	4	10%	5	8%	9	9%
Incorrigibility	2	5%	6	10%	8	8%
Substance Abuse: Child/Youth	2	5%	4	7%	6	6%
Substance Exposed Infant: Cocaine	0	0%	4	7%	4	4%

<sup>14</sup>Child Protective Services (CPS) - CPS cases are those with alleged harm, or with threat or risk of harm to the child. These cases include: allegations of physical abuse that result in severe pain or dysfunction; sexual abuse; medical neglect, or lack of supervision resulting in a specific physical condition or impairment; psychological abuse attested to by a physician, or repeated injuries with no explanation.

<sup>15</sup>General Protective Services (GPS) - GPS cases include: most instances of child neglect, including environmental conditions such as inadequate housing; inadequate clothing; and medical neglect not leading to a specific physical condition (e.g., failure to keep appointments or get prescriptions).

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Educational Neglect	1	3%	3	5%	4	4%
Illegal Manufacturing of Drugs/Exposure to Drugs	1	3%	2	3%	3	3%
Substance Exposed Infant: Heroin	0	0%	2	3%	2	2%
Substance Exposed Infant: Marijuana	1	3%	1	2%	2	2%
Substance Exposed Infant: Prescription Drugs	0	0%	2	3%	2	2%
Substance Exposed Infant: Other	1	3%	1	2%	2	2%

**Figure 9: Allegations which Led to the Most Recent Case Opening**

Allegations which led to a case opening were reported for both the in-home and out-of-home cases, as listed in Figure 9. “Substance abuse: parent” and “inappropriate discipline” were the most frequently reported GPS allegations (29%). Twelve cases (12%) had at least one CPS allegation and at least one GPS allegation, with half being out-of-home cases. While mental health concerns were oft-reported as a lead stressor for both parents/caregivers and children/youth, no more than one-fifth of the sampled cases were reported to have a GPS allegation of “mental health concerns.”

## CHILD/YOUTH & FAMILY STATUS DOMAIN

---

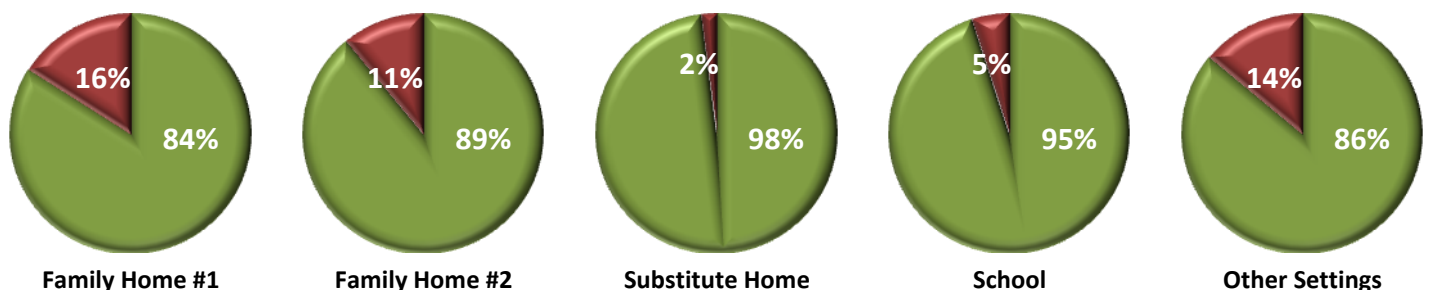
The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized to evaluate child/youth and family status and these indicators generally focus on the 30 days prior to the on-site review.<sup>16</sup>

### SAFETY

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

#### Indicator 1a: Safety from Exposure to Threats of Harm

Safety is the primary and essential focus 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.



---

<sup>16</sup> For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable.



Sub-indicator <sup>17</sup>	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	62	2	5	3	16%	12	26	14	84%
Family home #2	9	0	1	0	11%	4	2	2	89%
Substitute Home	59	0	0	1	2%	4	15	39	98%
School	66	1	0	2	5%	4	14	45	95%
Other settings	21	0	2	1	14%	1	5	12	86%
<b>Total</b>	-	<b>3</b>	<b>8</b>	<b>7</b>	<b>8%</b>	<b>25</b>	<b>62</b>	<b>112</b>	<b>92%</b>

**Figure 10: “Exposure to Harm” QSR Results**

Figure 10 gives the frequency of ratings for the Exposure to Harm indicator. The vast majority of cases (92%) were rated as acceptable for Exposure to Harm across the five sub-indicator settings, meaning the threat of harm to the child/youth was limited.

Acceptable ratings were often attributed to parents/caregivers consciously avoiding and preventing safety risks which the child/youth had previously encountered, such as baby gates, child proofing and limiting toys to those that were age appropriate. Reviewers also attributed the acceptable ratings to the Children and Youth Agency assessing for threats of harm at frequent intervals and developing safety plans with families when risks of harm were identified. Additionally, Early Head Start services and family engagement efforts were thought to enhance the level of supervision and parenting skills which further protected the child/youth in the home. Reviewers noted, when appropriate or required, that supervised visitations between the parents/caregivers and the child/youth were often utilized and noted as a contributing strength in preserving safety from exposure to harm.

Unacceptable ratings were just as likely to be rooted in the potential threat posed by the condition of the house as well as the people living in the house. Cleanliness of the home, hoarding, and a lack of housing (homelessness) were reported as often as the frequency of homes with a known history of domestic abuse or the exposure to a threatening situation (i.e., a child/youth residing in prison or having run away).

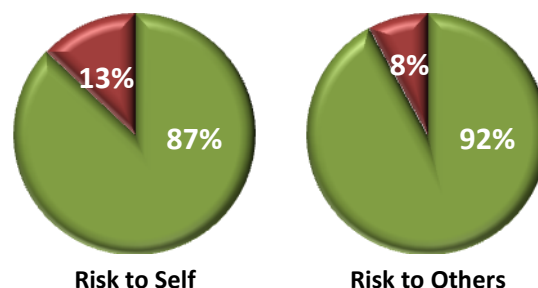
---

<sup>17</sup> Reviewers identified “family home 1” and “family home 2” based on the circumstances of each individual case.

## Indicator 1b: Safety from Risk to Self/Others

Throughout development, children and youth learn 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.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	75	2	2	6	13%	10	23	32	87%
Risk to others	75	1	3	2	8%	8	27	34	92%
Total	-	3	5	8	11%	18	50	66	89%

Figure 11: "Behavioral Risk" QSR Results

Figure 11 shows the frequency of ratings for the Behavioral Risk indicator. Of the 75 applicable cases, 89 percent of the ratings were found to be acceptable; meaning, the majority of children/youth avoided endangering themselves and refrained from placing others in harm's way. Reviewers attributed the acceptable ratings to child/youth being placed in the most appropriate placement setting with caretakers who made certain the child/youth received the counseling and medication he/she was prescribed/needed.

Reviewers noted that when unacceptable ratings were reported they often involved cases in which the child/youth exhibited self-harmful behavior, yet the behavior was fortunately known and being treated at the time of the on-site review.

### ***Additional Safety Data***

#### **Timeliness of Investigations**

Timeliness of investigations is associated with the type of report received. Of the 40 in-home cases reviewed, 75 percent (30 cases) had at least one CPS or GPS report received on a child/youth within the last 12 months, totaling 40 accepted reports of abuse and neglect. Of the 40 reports, 95 percent (38 reports) had the investigation initiated in accordance with state

and/or county timeframes<sup>18</sup> and within the requirements for a report of that priority. Face-to-face contact had been made with the child/youth within the required timeframe for each report. For the cases where initiation of the investigation was not timely, a reason for the delay (which was beyond the control of the agency) was noted. Reviewers rated the timeliness of the investigations as a “strength” for all 40 in-home cases where at least one accepted report was received during the 12 months prior to the review.

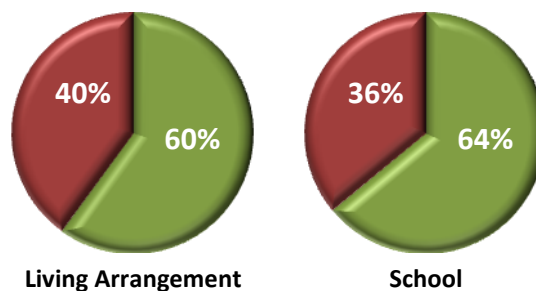
Of the 59 out-of-home cases reviewed, 47 percent (28 cases) had at least one CPS or GPS report received within the prior 12 months, totaling 44 accepted reports of abuse and neglect. All 44 reports had the investigation initiated in accordance with state and/or county timeframes and within the requirements for a report of that priority. Face-to-face contact had been made with the child/youth within the required timeframe for each case. The 59 out-of-home cases where at least one accepted report was received during the last 12 months were rated as a “strength” for the timeliness of the investigation.

## PERMANENCY

When measuring permanency, the federal Child and Family Services Review (CFSR) only examines the circumstances for those children/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



<sup>18</sup> State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania’s 67 counties; county-specific policies and protocols were provided to reviewers so that they could determine timeliness in responding to reports.

months to assess the relative stability of the child/youth's living arrangement and school settings.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	99	1	10	29	40%	14	26	19	60%
School	66	2	9	13	36%	8	14	20	64%
<b>Total</b>	-	<b>3</b>	<b>19</b>	<b>42</b>	<b>39%</b>	<b>22</b>	<b>40</b>	<b>39</b>	<b>61%</b>

Figure 12: "Stability" QSR Results

More than half (61%) of the cases reviewed were rated as acceptable for the Stability indicator, as seen in Figure 12. The average number of placements over the last 12 months (including placement changes from prior removal episodes) for the 59 sampled out-of-home cases was 1.9 placements. Reviewers attributed the acceptable ratings to the agency's practice to prevent multiple placements. For example, seven out-of-home cases the children/youth had only one (the current) placement reported. The conscious efforts of the substitute caregivers in maintaining the stability for the foster care children/youth were also highlighted by reviewers. For example, one substitute caregiver was able to keep the child/youth in the same school even though the caregiver was moving residences. The conscious efforts by parents/caregivers to address known safety issues to prevent the likelihood of further instability were also cited as evidence of acceptable ratings. For example, in one case, the possibility of removal led the parents to immediately address known safety concerns by installing in-door alarms.

While the overall rating for this indicator is acceptable, reviewers noted multiple moves in several cases, some of which resulted from multiple unsuccessful and possibly premature attempts to return the child/youth to the home from which they were removed. When placement changes were noted a school change was almost always noted as well, which in turn affects the overall rating for the stability of "school."

### 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 their 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 or a congregate care setting. The child/youth's home community is generally the area in which he or she has lived for a considerable amount of time generally 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.

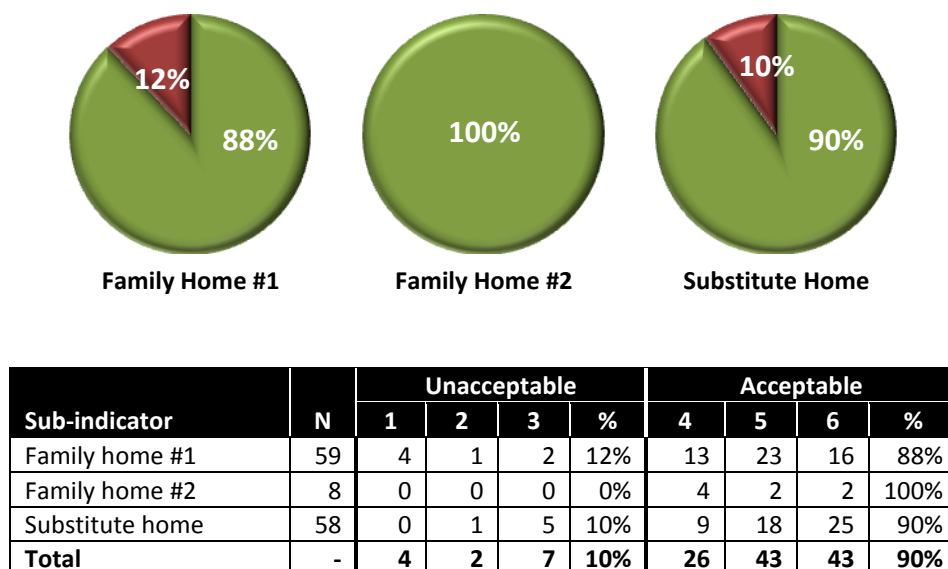


Figure 13: "Living Arrangement" QSR Results

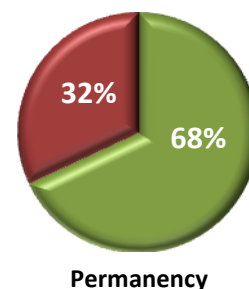
As seen in Figure 13, the Living Arrangement indicator was found to be within the acceptable range for 90 percent of the overall ratings. Reviewers recognized the efforts of substitute caregivers to provide stable homes for the child/youth and often for siblings as well. Substitute caregivers were also found to provide opportunities (often daily) for the child/youth to speak and/or visit with their biological families.

Reviewers noted cases in which the family home was rated unacceptable were due to two common issues: the home was environmentally hazardous or lacking in necessary amenities or the family home was deemed temporary. Hoarding, to a degree that made the home unsafe and unclean, was observed as well as homes with utilities turned off. Families were also found to be living in temporary shelters, at the time of the review, which while necessary for the family was not the most appropriate setting for the child/youth.

## 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 lifelong. 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 reviewers assess 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	99	1	7	24	32%	26	25	16	68%
<b>Total</b>	-	<b>1</b>	<b>7</b>	<b>24</b>	<b>32%</b>	<b>26</b>	<b>25</b>	<b>16</b>	<b>68%</b>

Figure 14: "Permanency" QSR Results

The ratings for the Permanency indicator were deemed acceptable in 68 percent of the cases, as displayed in Figure 14. Reviewers generally attributed the acceptable ratings to timely and appropriate primary permanency goals and steps being actively taken to achieve permanence. Placing children/youth in the most appropriate living arrangement was also found to contribute to the acceptable ratings. Reviewers noted that lasting permanency was possible in several out-of-home cases where foster parents expressed interest in adopting the child/youth.

Reviewers attributed the unacceptable ratings to unclear permanency plans, as well as inappropriate or lack of concurrent goals. The problem of unacceptable permanency was compounded with the knowledge that some children/youth were expected to make placement moves in the future and that those placement moves were not well-defined.

	Primary Permanency Goal		Concurrent Permanency Goal	
	#	%	#	%
Remain in Home	37	93%	-	-
Adoption	0	0%	1	3%
Permanent Legal Custodian /Subsidized Legal Custodian	1	3%	0	0%
Placement with a Fit and Willing Relative	0	0%	1	3%
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%
No Goal Established	2	5%	38	95%

	Primary Permanency Goal		Concurrent Permanency Goal	
	#	%	#	%
<b>In-home Case Totals</b>	<b>40</b>	<b>100%</b>	<b>40</b>	<b>100%</b>
Remain in Home <sup>19</sup>	1	2%	0	0%
Return Home	37	63%	1	2%
Adoption	5	8%	14	24%
Permanent Legal Custodian /Subsidized Legal Custodian	4	7%	3	5%
Placement with a Fit and Willing Relative	0	0%	6	10%
Other Planned Placement Intended to be Permanent/APPLA	12	20%	5	8%
No Goal Established	0	0%	30	51%
<b>Out-of-Home Case Totals</b>	<b>59</b>	<b>100%</b>	<b>59</b>	<b>100%</b>

**Figure 15: Permanency Goals of Focus Children/Youth of the Six Phase I Counties**

Figure 15 shows the permanency goals of the sampled children/youth in the six Phase I counties. The primary permanency goal for all but three in-home cases reviewed was “remain in the home.” One in-home case was found to have a primary goal of “Permanent Legal Custodianship/Subsidized Legal Custodianship” and the other two in-home cases did not have a primary permanency goal established.

While concurrent goals are not mandatory for in-home cases, two (5%) in-home cases were reported to have a concurrent goal at the time of the review. Concurrent goals are required for out-of-home case; however, more than half (51%) of the out-of-home cases did not have a concurrent goal established.

Appropriateness of Permanency Goals	In-home		Out-of-home	
	#	%	#	%
Primary Goal Appropriate	38	95%	46	78%
Concurrent Goal Appropriate <sup>20</sup>	2	5%	22	37%

**Figure 16: Appropriateness of Permanency Goals of Focus Children/Youth**

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the appropriateness of the goals was assessed, as seen in Figure 16.

<sup>19</sup> In one case, the child/youth was placed with a relative, and the goal was that the child/youth remain with that relative. Reunification was considered impossible at the time of the review because a registered sex offender was living in the child/youth’s home. No concurrent goal had been established.

<sup>20</sup> It should be noted that practice in Pennsylvania does not require the establishment of a concurrent goal for in-home cases, but Pennsylvania’s practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

## ***Additional Permanency Data***

### **Caseworker Turnover**

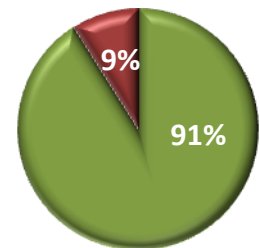
Permanency is affected by several indirect influences, including caseworker turnover. The average number of caseworkers assigned to the in-home cases under review was 2.9, with a minimum count of one (the current caseworker) and a maximum number of 13 over the life of the case. The number of caseworkers assigned to the out-of-home cases under review averaged 3.9, with a minimum number of one (the current caseworker) and a maximum number of nine having been involved over the life of the case.

## **WELL-BEING**

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

### **Indicator 5: Physical Health**

Children/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.



**Physical Health**

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	99	0	1	8	9%	15	24	51	91%
Total	-	0	1	8	9%	15	24	51	91%

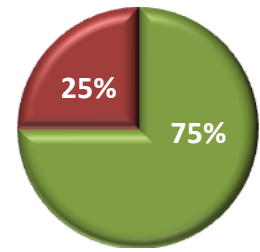
**Figure 17: "Physical Health" QSR Results**

Figure 17 gives the frequency of ratings for the Physical Health indicator. The physical health of the child/youth was rated within the acceptable range for 91 percent of the cases. Based on the identified stressors and interviews reviewers conducted, many children/youth were found to have serious and often chronic medical conditions. The majority of these medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. Reviewers attributed the high scores for the Physical Health indicator to the open communication and teaming amongst the caseworker, health care provider and the caregiver.



## 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, the 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 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.



Emotional Well-being

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	99	3	3	19	25%	24	30	20	75%
Total	-	3	3	19	25%	24	30	20	75%

Figure 18: "Emotional Well-being" QSR Results

Figure 18 gives the frequency of ratings for the Emotional Well-being indicator. In 75 percent of the cases reviewed, the emotional well-being of the child/youth was rated within the acceptable range. Reviewers attributed the high acceptable rating to the fact that the majority of the children/youth with mental and emotional health concerns were seeing appropriate therapists and counselors. The acceptable ratings were also attributed to the children/youth residing with caregivers in settings that offered stability and catered to their specific needs and concerns.

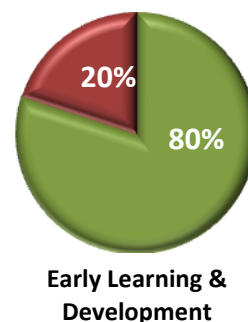
The unacceptable ratings were attributed to the children/youth whose well-being was adversely affected by a lack of or untimely utilization and/or availability of resources, such as psychological evaluations. Reviewers were more likely to rate the child/youth emotional well-being as unacceptable if they experienced several placement moves.<sup>21</sup>

---

<sup>21</sup> There was a negative correlation between the number of placement moves a child/youth experienced and the rating reviewers gave to the emotional wellbeing indicator, though this finding is not statistically significant ( $r = .120$ ,  $n = 99$ ,  $p = .258$ ). As the number of placement moves increased the rating of the emotional wellbeing decreased.

## Indicator 7a: Early Learning & Development

From birth, children progress 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.



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	35	1	3	3	20%	6	10	12	80%
<b>Total</b>	-	1	3	3	<b>20%</b>	6	10	12	<b>80%</b>

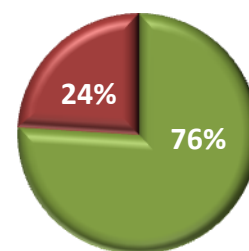
Figure 19: "Early Learning & Development" QSR Results

Figure 19 gives the frequency of ratings for the Early Learning and Development indicator. Of the 35 applicable cases reviewed, 80 percent were rated as acceptable. Reviewers reported the majority of the children were developing appropriately and were on target with developmental milestones and many were participating in early learning environments that were commensurate with their ages and developmental needs. Twenty percent (seven cases) of the applicable children were reported to be enrolled in Head Start/Preschool, involving three in-home cases and four out-of-home cases.

Reviewers noted when unacceptable ratings were reported they often involved a case in which the child's services to address his/her developmental needs were only recently set up.

## Indicator 7b: Academic Status

Children/youth are expected to be actively engaged in developmental, educational, and/or vocational processes that will enable them to build skills and functional capabilities at a rate and level consistent with their 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.



**Academic Success**

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	62 <sup>22</sup>	3	2	10	24%	13	19	15	76%
<b>Total</b>	-	<b>3</b>	<b>2</b>	<b>10</b>	<b>24%</b>	<b>13</b>	<b>19</b>	<b>15</b>	<b>76%</b>

**Figure 20: "Academic Status" QSR Results**

The frequency of ratings for the Academic Status indicator is displayed in Figure 20. More than half (63%) of the reviewed cases involved children/youth who were of school age.<sup>23</sup> Their academic status was considered acceptable in 76 percent of cases. Reviewers reported the children/youth were performing well academically, were in appropriate grade levels, had a current and appropriate Individual Educational Plan (IEP) when needed, and were attending school regularly. Reviewers cautioned that known upcoming placement moves in several cases could likely impact the future academic success of the child/youth and that measures should be taken to ensure a smooth transition to a new school setting.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	19	70%	19	53%	38	60%
Part-Time Special Education	3	11%	2	6%	5	8%
Full Inclusion Special Education	1	4%	4	11%	5	8%
Self-Contained Special Education	1	4%	2	6%	3	5%
Vocational Education	1	4%	2	6%	3	5%
None	1	4%	1	3%	2	3%
Completed/Graduated	0	0%	2	6%	2	3%
Alternative Education	0	0%	1	3%	1	2%

<sup>22</sup> Of the two cases in which the child/youth graduated, only one case was rated for the Academic Status indicator.

<sup>23</sup> To be considered school-aged the child/youth must be at least eight years or older (six years or older in Philadelphia County) OR attending school.

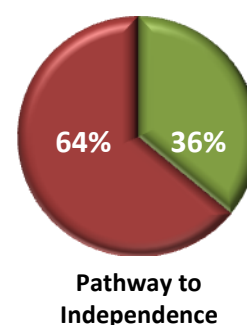
Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Adult Basic/GED	0	0%	1	3%	1	2%
Expelled/Suspended	1	4%	0	0%	1	2%
Post-Secondary Education	0	0%	1	3%	1	2%
Other	0	0%	1	3%	1	2%
<b>Total<sup>24</sup></b>	<b>27</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>63</b>	<b>100%</b>

**Figure 21: Educational Situation of the Focus Child/Youth**

Figure 21 shows the frequency of children/youth attending different educational settings. Of the 63 cases involving a school-aged child/youth, 60 percent attended a “regular K-12” educational setting and eight percent attended a “part-time special educational” or a “full inclusion special education” setting. Two cases (3%) involved children/youth old enough to attend school but who were reported as not attending any school setting.

## 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 age and/or ability, following the conclusion of children’s 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 looks at outcomes beyond formal independent living services.



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	25	4	5	7	64%	7	2	0	36%
<b>Total</b>	<b>-</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>64%</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>36%</b>

**Figure 22: “Pathways to Independence” QSR Results**

As seen in Figure 22, the Pathway to Independence indicator was rated as acceptable in nine of the 25 applicable cases (36%). This is the only Child/Youth status indicator where the majority of applicable cases were rated as unacceptable. While a variety of reasons were referenced for the unacceptable ratings, one reason was reported more often than any other; specifically, the

<sup>24</sup> The combined total does not equal the “N” in Figure 18 because two cases had youth who had graduated/completed school but only one case was rated for academic status while the other case reported “N/A” for the academic status indicator.

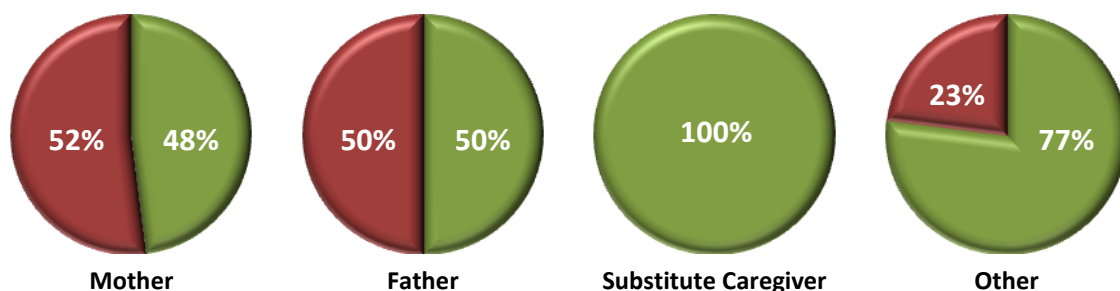
youth was not connected with or attending independent living programs (IL) and life skills courses. Reviewers stated that IL programs received by most youth were not structured or individualized for the youth. Reviewers reported youth were not prepared for independence and it went beyond a lack of independent living specific skills; it was also attributed to the constant disruptions in the youth's academic life as affected by placement moves. Overall, reviewers noted that youth were not only lacking independent skills but also were at risk of not gaining basic educational knowledge which would be necessary for independence.

## 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 children/youth experience, relevant milestones, expectations, and appropriate methods for shaping behavior are key to parental capacity to support 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	81	11	14	17	52%	21	12	6	48%
Father	46	9	9	5	50%	14	8	1	50%
Substitute Caregiver	47	0	0	0	0%	5	21	21	100%
Other	26	0	1	5	23%	10	9	1	77%
<b>Total</b>	-	<b>20</b>	<b>24</b>	<b>27</b>	<b>36%</b>	<b>50</b>	<b>50</b>	<b>29</b>	<b>65%</b>

**Figure 23: “Parent/Caregiver Functioning” QSR Results**

As seen in Figure 23, the functioning of the parent/caregiver was rated as acceptable for 65 percent of the cases reviewed. Reviewers noted parents/caregivers whose functioning was rated acceptable were also individuals who fully cooperated with the agency and had strong family supports. Additionally, the parents/caregivers with a substance abuse problem were actively seeking treatment.

The “mother’s functioning” was the least likely to be rated acceptable with less than half (48%) of the cases rated acceptable. The unacceptable ratings were most often attributed to mothers who had a substance abuse problem and refused treatment, a demonstrated inadequate pattern of parenting capacities due to mental health concerns, and/or a lack of bonding with their children/youth.

The “father’s functioning” was just as likely to be rated as acceptable as unacceptable (50%). When the father's caregiving was rated acceptable, the fathers were often found to either live in the same home as the child/youth and/or were shown to be active team members of the case. Unacceptable ratings were most often associated with fathers who were completely absent from the child/youth’s life, even when the father and his location were known.

Substitute caregivers were always rated acceptable (100%) for this indicator. The acceptable ratings were attributed to the child/youth being placed in the most appropriate foster home in which the caregiver was capable of caring for a child/youth with particular needs.

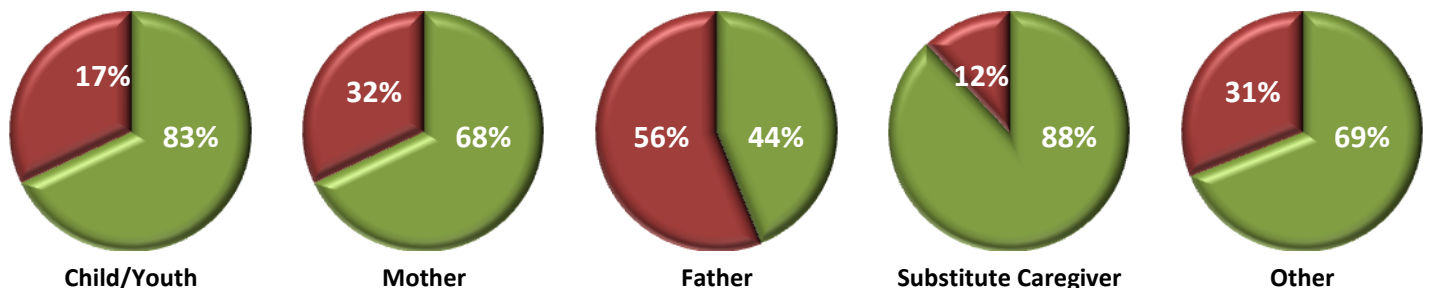
## PRACTICE PERFORMANCE STATUS DOMAIN

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.

### 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 family and overcoming barriers to the family's participation. This indicator assesses the degree to which those working with the child/youth and their 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	75	0	3	10	17%	13	30	19	83%
Mother	87	3	10	15	32%	18	26	15	68%
Father	68	12	20	6	56%	15	14	1	44%
Substitute Caregiver	57	0	2	5	12%	12	24	14	88%
Other	29	2	3	4	31%	4	13	3	69%
<b>Total</b>	-	<b>17</b>	<b>38</b>	<b>40</b>	<b>30%</b>	<b>62</b>	<b>107</b>	<b>52</b>	<b>70%</b>

Figure 24: "Engagement Efforts" QSR Results

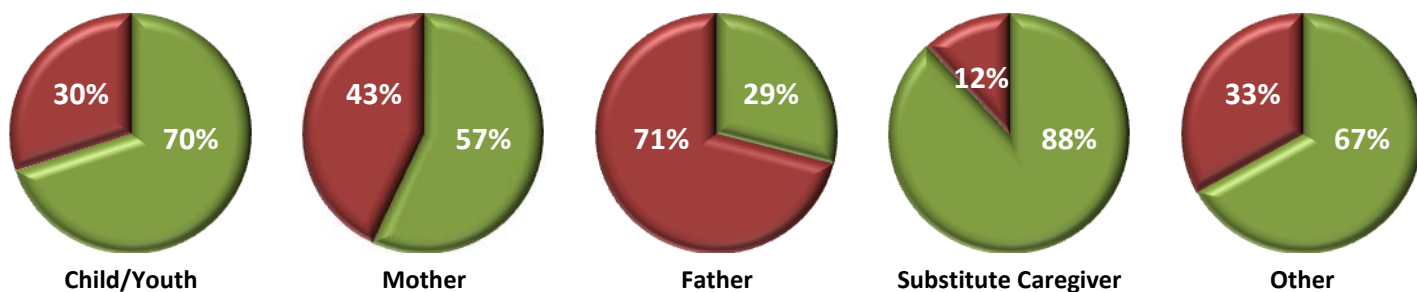
Figure 24 gives the frequency of ratings for the Engagement Efforts indicator. The majority of cases for this indicator were rated as acceptable across four of the five sub-indicators, with fathers being the exception. Engagement efforts were more likely to be rated as acceptable for the child/youth (83%) and substitute caregiver (88%).

A consistent theme where the engagement of fathers was rated acceptable was a father who was actively and directly involved in the case; this was particularly noticed for the in-home cases. The practice of making families aware of the factors that would determine a successful case closure, including dates of when that might occur, was also identified as an example of positive engagement.

A noted barrier to engagement involved conflicts between the birth family and the agency caseworker, resulting from the birth family not fully understanding the importance of agency intervention; this was especially true when examining the lack of engagement with mothers. Generally, fathers were found to be uninterested in pursuing parenting responsibilities and the caseworkers did not engage the fathers any further when they did not wish to be a part of the process. Reviewer recommendations for this indicator included reaching out not only to the fathers but also to the extended paternal side of the child/youth's family and including them in the Family Service Plan (FSP) meetings.

## Indicator 1b: Role & 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-making 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.





Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	69	1	9	11	30%	15	21	12	70%
Mother	88	6	12	20	43%	19	16	15	57%
Father	62	21	12	11	71%	7	8	3	29%
Substitute Caregiver	57	0	3	4	12%	15	20	15	88%
Other	30	2	5	3	33%	6	9	5	67%
<b>Total</b>	-	<b>30</b>	<b>41</b>	<b>49</b>	<b>39%</b>	<b>62</b>	<b>74</b>	<b>50</b>	<b>61%</b>

Figure 25: "Role & Voice" QSR Results

As seen in Figure 25, more cases were rated as acceptable (61%) than unacceptable (39%) for the Role and Voice indicator. Reviewers attributed the acceptable ratings to mothers taking the lead in identifying the needs of their child/youth. Reviewers noted that stakeholders, with the exception of the fathers, were found to have the sense of feeling heard, especially when Family Group Decision Making meetings occurred.

More often than not, when engagement was rated as unacceptable, the indicators pertaining to role and voice fared just as poorly, if not worse. The proportion of acceptable ratings across all sub-indicators decreased significantly between the engagement and role and voice indicators. While there is room for improvement across all sub-indicators, fathers were found to have played a much smaller role and were less active in the planning for their family than other stakeholders.

	More than once a week		Once a week		Less than once a week		Less than twice a month		Less than once a month		Never	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>In-home</b>												
Child	5	13%	4	10%	5	13%	24	60%	2	5%	0	0%
Mother	5	13%	5	13%	8	20%	17	43%	3	8%	2	5%
Father	0	0%	0	0%	3	8%	7	18%	5	13%	21	53%
<b>Out-of-home</b>												
Child	5	8%	1	2%	16	27%	35	59%	2	3%	0	0%
Mother	1	2%	0	0%	4	7%	18	31%	23	39%	7	12%
Father	1	2%	0	0%	1	2%	6	10%	12	20%	23	39%
<b>Combined</b>												
Child	10	10%	5	5%	21	21%	59	60%	4	4%	0	0%
Mother	6	6%	5	5%	12	12%	35	35%	26	26%	9	9%
Father	1	1%	0	0%	4	4%	13	13%	17	17%	44	44%

Figure 26: Caseworker Visits

The frequency of visits between the caseworker (or other responsible party)<sup>25</sup> and the focus child/youth was found to be sufficient to address the issues pertaining to the safety, permanency and well-being of the focus child/youth and to promote the achievement of case plan goals in 93 percent (37 cases) of the in-home cases. In 81 percent (48 cases) of the out-of-home cases, the frequency of visits between the caseworker (or other responsible party) and the child/youth was reported as sufficient.

The frequency of visits between the caseworker (or other responsible party) and the mother was found to be sufficient in 90 percent of the applicable in-home cases. In 63 percent of the applicable out-of-home cases, the frequency of visits between the caseworker (or other responsible party) and the mother was reported as sufficient.

The frequency of visits between the caseworker (or other responsible party) and the father was reported as being sufficient to address issues pertaining to the safety, permanency and well-being of the child/youth and to promote the achievement of case goals in less than half (47%) of the applicable in-home cases. In 38 percent of the applicable out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the father was reported as sufficient.

Reviewers identified the number of additional children/youth residing in the home of the in-home focus child/youth. There was at least one other child/youth residing in 29 of the 40 in-home cases. Applicable in-home cases averaged 2.6 additional children/youth in the home, with a minimum of one and a maximum of seven.

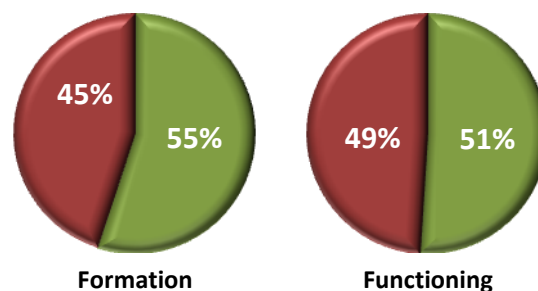
Of the 29 additional children/youth in the home, 86 percent (25 children) were visited by a caseworker (or other responsible party) at least once a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for 86 percent of the additional children/youth.

---

<sup>25</sup> "Or other responsible party" is defined as, "In fulfilling its case management responsibilities, the CCYA is responsible to see that contacts and visits occur whether the county itself or another provider is making the required contacts. The CCYA is required to visit the child/youth as often as necessary to carry out the service plan regardless of whether services are being purchased from another agency. At a minimum, one visit must be made every 6 months. The required case contacts may be made by the CCYA or by another agency with whom the CCYA has an agreement to provide services to implement a family service plan. In fulfilling its case management responsibilities, the CCYA must have clearly defined expectations regarding how other provider agencies report situations in which child safety is jeopardized and the actions to be taken by each agency in responding to such reports."

## 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 effectively together 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	99	4	18	23	45%	20	25	9	55%
Functioning	99	7	18	24	49%	24	21	5	51%
<b>Total</b>	-	<b>11</b>	<b>36</b>	<b>47</b>	<b>47%</b>	<b>44</b>	<b>46</b>	<b>14</b>	<b>53%</b>

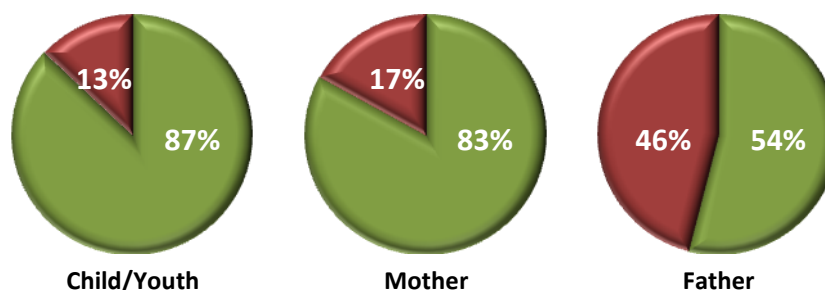
Figure 27: “Teaming” QSR Results

In over half (53%) of the cases the Teaming indicator was rated as acceptable, as seen in Figure 27. The “formation” indicator was rated as acceptable (55%) for a slightly higher proportion of cases than was the “functioning” (51%) indicator, meaning that teams were just as likely to form as they were to function successfully. Reviewers attributed the acceptable ratings to the continuity of the assigned caseworkers and service providers, even in the cases that had been opened for long periods of time.

Reviewers attributed unacceptable ratings to teams that were formed but in which members appeared to be acting independently and not sharing vital information or communicating with the rest of the team. Reviewers noted a lack of unified vision and effective problem solving which directly led to poor team performance. An identified team leader was recommended to clear the communication path and ensure all information is shared between team members.

## Indicator 3: Cultural Awareness & Responsiveness

Making cultural accommodations involves 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; 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 the degree to which natural, cultural, or community supports, appropriate for this child/youth and family, are being provided. It also examines if necessary supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery process being used with the child/youth and family.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	99	3	5	5	13%	13	40	33	87%
Mother	87	4	7	4	17%	17	35	20	83%
Father	65	17	8	5	46%	8	20	7	54%
<b>Total</b>	-	<b>24</b>	<b>20</b>	<b>14</b>	<b>23%</b>	<b>38</b>	<b>95</b>	<b>60</b>	<b>77%</b>

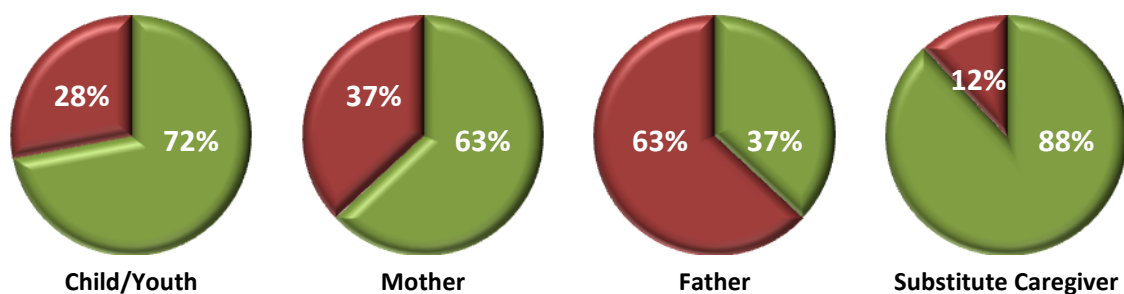
Figure 28: “Cultural Awareness & Responsiveness” QSR Results

The Cultural Awareness and Responsiveness indicator was rated as acceptable in 77 percent of the cases, as displayed in Figure 28. Reviewers noted that family members who were interviewed readily acknowledged how team members asked about and accommodated their identified cultures throughout the service process.

The cultural awareness of the father was least likely to be rated as acceptable with 54 percent of the applicable cases being rated as acceptable. Reviewers attributed the unacceptable ratings due to the lack of engagement and lack of role or voice of the fathers, which resulted in a lack of cultural responsiveness. In cases where the father was incarcerated, reviewers noted the father was not engaged and his culture was not considered.

## Indicator 4: Assessment & 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 child/youth/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 and family's strengths and needs based on their 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 to improve the child/youth and 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	99	3	7	18	28%	24	29	18	72%
Mother	87	5	12	15	37%	25	18	12	63%
Father	65	22	10	9	63%	12	7	5	37%
Substitute Caregiver	51	1	3	2	12%	11	22	12	88%
<b>Total</b>	-	<b>31</b>	<b>32</b>	<b>44</b>	<b>35%</b>	<b>72</b>	<b>76</b>	<b>47</b>	<b>65%</b>

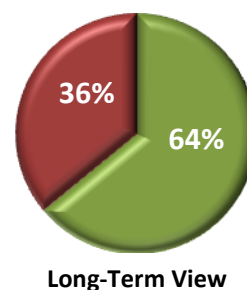
Figure 29: "Assessment & Understanding" QSR Results

As seen in Figure 29, the Assessment and Understanding indicator was rated as acceptable for 65 percent of the cases reviewed. Reviewers attributed the acceptable ratings to completion of early assessments and understanding of the family members' needs which allowed services and supports to be put in place quickly to stabilize known concerns.

The “assessment and understanding of fathers” was rated unacceptable in 63 percent of the applicable cases while the “assessment and understanding of the mothers” was rated unacceptable in 37 percent of the applicable cases. Reviewers noted a lack of assessment and understanding directly impacted the unacceptable ratings of cultural awareness and teaming practice performance indicators citing that if team members had been engaged more effectively the opportunity to assess the children/youth and their parents/caregivers would have been more prevalent.

## 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:



- 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	99	6	14	16	36%	18	32	13	64%
<b>Total</b>	-	<b>6</b>	<b>14</b>	<b>16</b>	<b>36%</b>	<b>18</b>	<b>32</b>	<b>13</b>	<b>64%</b>

Figure 30: “Long-term View” QSR Results

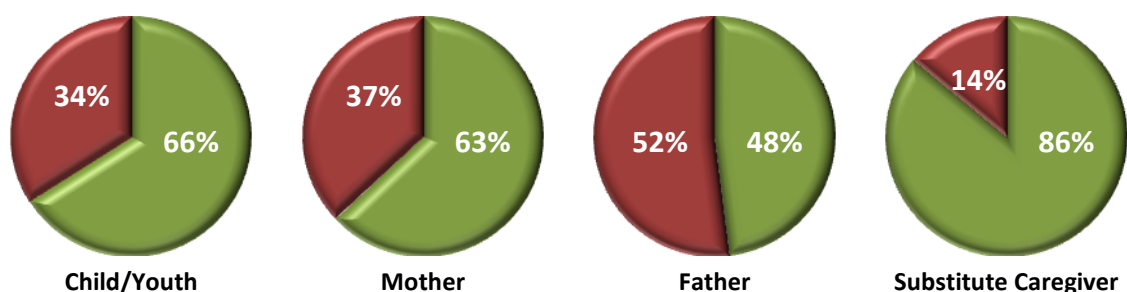
Figure 30 gives the frequency of ratings for the Long-term View indicator. In 64 percent of all cases reviewed this indicator was rated as acceptable. Reviewers attributed the acceptable ratings to effective teaming, clear plans to achieve permanency, and consensus among all parties on the family’s goals for achieving permanency and safe case closure.

Reviewers attributed the unacceptable ratings to a lack of planning for discharge, especially in circumstances when the biological family was not certain what had to be accomplished before reunification could occur. Reviewers further noted, in multiple cases, that uncertain placement stability would likely impact the long term view.

## Indicator 6: Child/Youth & 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	76	3	11	12	34%	14	31	5	66%
Mother	87	4	7	21	37%	20	27	8	63%
Father	65	16	12	6	52%	18	10	3	48%
Substitute Caregiver	57	2	5	1	14%	16	24	9	86%
<b>Total</b>	-	<b>25</b>	<b>35</b>	<b>40</b>	<b>35%</b>	<b>68</b>	<b>92</b>	<b>25</b>	<b>65%</b>

Figure 31: "Child/Youth & Family Planning Process" QSR Results

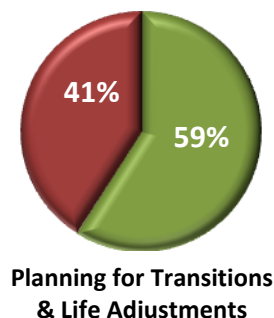
As seen in Figure 31, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable in 65 percent of the cases. Reviewers noted that the practice of Family Group Decision Making was often found to be utilized in cases with acceptable ratings.

Unacceptable ratings for this indicator appeared to be directly affected by unacceptable progress in planning for transitions and life adjustments. Reviewers stated the planning process was made more difficult, or in some cases non-existent, due to the lack of inclusivity of team

members. Reviewers who rated cases as unacceptable also tended to report a lack of involvement in the development of the Family Service Plan (FSP) by the family, and that the FSP goals and objectives were not modified according to the family's needs.

## Indicator 7: Planning for Transitions & Life Adjustments

A child/youth and family moves 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.



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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	82	1	9	24	41%	18	23	7	59%
<b>Total</b>	-	<b>1</b>	<b>9</b>	<b>24</b>	<b>41%</b>	<b>18</b>	<b>23</b>	<b>7</b>	<b>59%</b>

Figure 32: "Planning for Transitions & Life Adjustments" QSR Results

The frequency of ratings for the Planning for Transitions and Life Adjustments indicator is provided in Figure 32. Reviewers rated this indicator as acceptable in 59 percent of the applicable cases. Reviewers attributed the acceptable ratings to the high degree of stability (both residentially and educationally) for the child/youth and the capacity of team members to determine the needs of the child/youth and the ability to address them immediately. Reviewers also attributed acceptable ratings of this indicator to team members adjustments made to the child/youth and family's treatment plans as having more potential for improved long-term effectiveness.

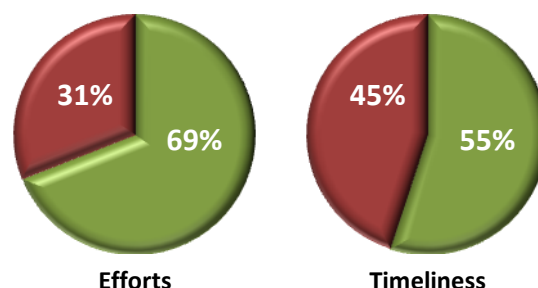
Reviewers suggested that the lack of teaming and assessment of the child/youth and their family directly contributed to the unacceptable ratings associated with the Planning for Transitions and Life Adjustments indicator. In several cases, reviewers also noted conflicting case plans which resulted from a lack of teaming with service providers.



## Indicator 8: Efforts to Timely Permanency

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 permanency 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 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	99	2	9	20	31%	30	20	18	69%
Timeliness	59	9	9	8	44%	11	10	12	56%
<b>Total</b>	-	<b>11</b>	<b>18</b>	<b>28</b>	<b>36%</b>	<b>41</b>	<b>30</b>	<b>30</b>	<b>64%</b>

Figure 33: “Efforts for Timely Permanency” QSR Results

Nearly two-thirds (64%) of the cases, as seen in Figure 33, were rated as acceptable overall for the Efforts for Timely Permanency indicator. The “efforts” (69%) indicator was more likely to be rated as acceptable than the “timeliness” (56%) indicator. Reviewers noted that when the needs of the family were known, services were adequate to address those needs.

Reviewers noted that frequent placement moves undermined permanency efforts and the lack of communication among the team members also contributed to the unacceptable ratings for the Efforts for Timely Permanence indicator. Reviewer recommendations to improve the outcomes measured by this indicator included ensuring a concurrent permanency goal was established in every case and that team meetings be utilized to solidify permanency goals, concurrent goals, concrete plans and permanency timeframes.

Timeliness of Permanency Goals	In-home		Out-of-home	
	#	%	#	%
Primary Goal Established Timely	37	93%	54	92%
Concurrent Goal Established Timely <sup>26</sup>	2	5%	23	39%
<b>Total Cases</b>	<b>40</b>		<b>59</b>	

**Figure 34: Timeliness of Permanency Goals of Focus Children/Youth**

Figure 34 illustrates the timeliness in which permanency goals for the reviewed cases were established. As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness<sup>27</sup> in determining the goals was assessed; the primary goal had been established in a timely manner for 92 percent of the cases.

Only two in-home cases were reported as having a concurrent permanency goal and each was determined to be established timely. A concurrent permanency goal was reported for 49 percent (29 cases) of the out-of-home cases with 79 percent (23 cases) found to have been established timely.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given <sup>28</sup>	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	7	32%	15	68%	12	80%
Father	7	32%	15	68%		
TPR Finalized						
Mother	6	34%	10	63%		
Father	5	31%	11	69%		

**Figure 35: Termination of Parental Rights Summary**

Figure 35 provides a summary of Timely and Finalized Termination of Parental Rights. Thirty of the 59 out-of home cases (51%) involved a child/youth who had been in care for 15 of the last

<sup>26</sup> It should be noted that practice in Pennsylvania doesn't require the establishment of concurrent goals for in-home cases, but Pennsylvania's practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

<sup>27</sup> Goal established timely - For children who recently entered care, reviewers should expect the first permanency goal to be established no more than 60 days from the date of the child/youth's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption. Reviewers should answer this question for all permanency goals in effect during the past 12 months. Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in their documentation.

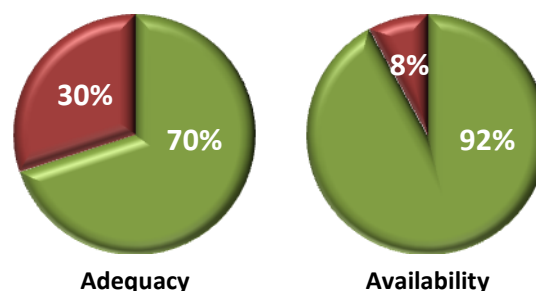
<sup>28</sup> Termination of Parental Rights Exceptions include: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the his/her home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

22 months or met other Adoption and Safe Families Act (ASFA) criteria<sup>29</sup> for termination of parental rights. In 15 of the 22 cases (68%) where a petition for termination of parental rights was filed, the petition was not filed in a timely manner;<sup>30</sup> reviewers reported there were compelling reasons<sup>31</sup> for not doing so in 12 of the cases.

## Indicator 9: Intervention Adequacy & 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.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Adequacy	99	0	8	22	30%	22	34	13	70%
Availability	99	0	1	7	8%	12	54	25	92%
<b>Total</b>	-	<b>0</b>	<b>9</b>	<b>29</b>	<b>19%</b>	<b>34</b>	<b>88</b>	<b>38</b>	<b>81%</b>

Figure 36: "Intervention Adequacy & Resource Availability" QSR Results

Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 81 percent of the cases reviewed.

Reviewers attributed the acceptable ratings to having all services available and in place for the child/youth and family, including specialized services and special educational needs. When

<sup>29</sup> ASFA criteria - ASFA requires an agency to seek TPR under the following circumstances: The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that: (1) the child is an abandoned child, or (2) the child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including: (a) committed murder of another child of the parent; (b) committed voluntary manslaughter of another child of the parent; (c) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (d) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

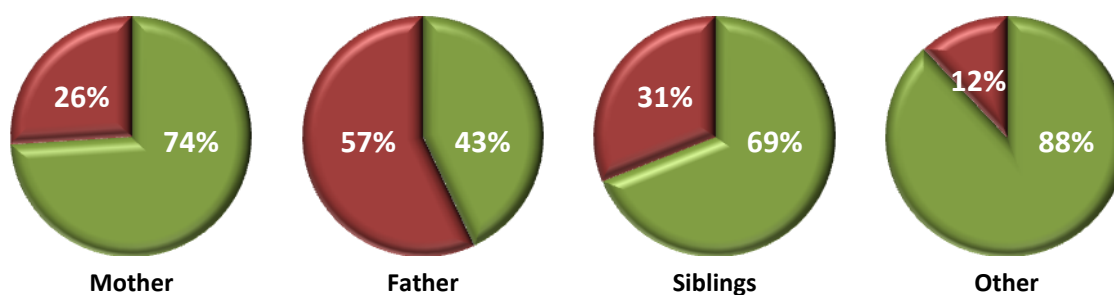
<sup>30</sup> TPR filed timely - TPR is filed when the child has been in care for at least 15 of the most recent 22 months unless there are compelling reasons not to file.

<sup>31</sup> TPR exceptions - Exceptions to the TPR requirement include the following: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the child/youth's home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

referrals for services were made in a timely manner the child/youth was found to have the necessary resources needed to reach developmental milestones.

## Indicator 10: Maintaining Family Relationships

This indicator measures the quality of relationships between the child/youth and 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, when the child/youth and family members are temporarily living away from one another.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	58	7	4	4	26%	13	11	19	74%
Father	53	20	3	7	57%	8	7	8	43%
Siblings	58	7	1	10	31%	7	15	18	69%
Other	32	1	2	1	13%	8	7	13	88%
<b>Total</b>	-	<b>35</b>	<b>10</b>	<b>22</b>	<b>33%</b>	<b>36</b>	<b>40</b>	<b>58</b>	<b>67%</b>

Figure 37: "Maintaining Family Relationships" QSR Results

As seen in Figure 37, two-thirds (67%) of the cases were rated as acceptable for maintaining family relationships. Team members working with the child/youth and family performed well at maintaining connections between the children/youth and their mothers, siblings, and other family members but were significantly worse at maintaining those family connections with fathers.

Reviewers found that cases with unacceptable ratings often involved visits which were missed and never successfully rescheduled with biological parents, especially with fathers. Reviewers suggested that further concerted efforts be taken to arrange prison visitation with parents and

to engage in outreach and visitation with formal and informal kin throughout the life of the case.

Child/Youth Placed with:	#	%
All Siblings	17	46%
Some Siblings	9	24%
All Siblings in Separate Foster Homes	11	30%
<b>Total</b> <sup>32</sup>	<b>37</b>	<b>100%</b>

**Figure 38: Sibling Placement**

Figure 38 gives the frequency of out-of-home cases in which the child/youth was placed with their siblings. Among the 37 children/youth that had siblings who were also in care, 46 percent of the cases were reported to have siblings placed in the same home as all of their siblings. Twenty-four percent of the cases were reported to have some siblings placed in the same foster home. Siblings were reported to be placed in separate foster homes for the remaining 30 percent.

	#	%
Placed in the Same Community	18	30%
Placed in the Same County	23	38%
Placed in the Same State	19	32%
Placed Out of State	0	0%
<b>Total</b> <sup>33</sup>	<b>60</b>	<b>100%</b>

**Figure 39: Child/Youth's Proximity to the Removal Home**

The frequency of out-of-home cases in which the child/youth was placed geographically close to the home from which they were removed is provided in Figure 39. Only 30 percent of the children/youth were placed within the same community. Thirty-eight percent of children/youth were reported to be placed within the same county, but not the same community. The remaining 32 percent were at least placed within the Commonwealth.

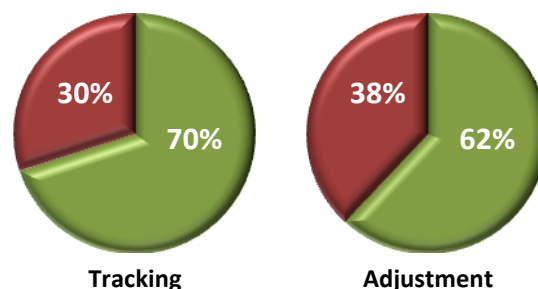
---

<sup>32</sup> Results are not cumulative. Reviewers were instructed to select the best option.

<sup>33</sup> Results are not cumulative. Reviewers were instructed to select the best option.

## Indicator 11: Tracking & Adjustment

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 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	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	99	1	4	25	30%	31	24	14	70%
Adjusting	99	1	16	21	38%	17	27	17	62%
<b>Total</b>	-	<b>2</b>	<b>20</b>	<b>46</b>	<b>34%</b>	<b>48</b>	<b>51</b>	<b>31</b>	<b>66%</b>

Figure 40: "Tracking & Adjusting" QSR Results

As seen in Figure 40, the Tracking and Adjusting indicator was rated as acceptable in 66 percent of the cases reviewed. "Tracking" (70%) was more likely than "adjustment" (62%) to be rated as acceptable. Reviewers noted that the practice of Family Group Decision Making was used as a vehicle to review family progress and make appropriate adjustments to services.

In instances where tracking and adjustment were not rated as acceptable, teaming, or the lack thereof, was found to be at the root cause for the disconnect. Team members did not always make other team members aware of successes and failures which prevented tasks and services from being adjusted, when needed, to achieve case goals.

## QSR RESULTS SUMMARY

The QSR instrument uses a rating scale of 1 to 6 for each indicator. The percentages of cases rated as “acceptable” and “unacceptable” is calculated for each indicator, with scores between one and three representing the “unacceptable” range and score between four and six representing the “acceptable” range.

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	8	92
Safety: Risk to self and others	11	89
Stability	39	61
Living arrangement	10	90
Permanency	32	68
Physical health	9	91
Emotional well-being	25	75
Early learning and development	20	80
Academic status	24	76
Pathway to independence	64	36
Parent or caregiver functioning	36	65

**Figure 41: “Child/Youth & Family Domain Ratings” QSR Results**

Indicator	% Unacceptable	% Acceptable
Engagement efforts	30	70
Role & voice	39	61
Teaming	47	53
Cultural awareness & responsiveness	23	77
Assessment & understanding	35	65
Long-term view	36	64
Child/youth & family planning process	35	65
Planning for transitions & life adjustments	41	59
Efforts to timely permanence	36	64
Intervention adequacy & resource availability	19	81
Maintaining family relationships	33	67
Tracking and adjustment	34	66

**Figure 42: “Practice Performance Domain Ratings” QSR Results**

Figures 41 and 42 give the ratings for all indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. Ratings were found to be acceptable when rated between 4 and 6 and unacceptable when rated between 1 and 3. Of the 23 indicators, only one overall indicator rating, Pathway to Independence, had the majority (64%) of applicable cases rated as unacceptable.

The following sections summarize the strengths of the indicators and those where improvement is warranted. Each of the sections is further broken out by the major themes identified by the type of rating.

### ***Areas of Strength***

#### **Safe and Healthy Children/Youth**

The Safety (both Exposure to Threats of Harm and Risk to Self and Others), Living Arrangement, Intervention Adequacy, and Physical Health of the children/youth indicators revealed that these factors were found to be appropriate in the majority of the cases reviewed. These five indicators often complement one another in that children/youth living in appropriate living arrangements will likely be safe from harm and their and physical health will be appropriately monitored. An appropriate living arrangement may also support efforts for intervention.

#### **Early Learning and Development**

Many children were participating in early learning environments that are commensurate with their ages and developmental needs. Most children developed appropriately and remained on target with developmental milestones. Teachers and other educational personnel were found to work well with the Children and Youth agencies to address the needs of the children.

### ***Opportunities for Improvement***

#### **Involvement of Fathers**

Fathers as a subcategory<sup>34</sup> in several indicators were rated as unacceptable more often than not. Reviewers attributed this to a lack of engagement with fathers. Engagement with fathers was rated as unacceptable in 56 percent of the cases. Reviewers often attributed this to a lack of engagement directly resulted in a lack of role and voice, cultural awareness, assessment and understanding and maintenance of family connections with fathers. Fathers need to be identified and included in case planning and engaged in order to have a voice, their culture taken into consideration and the relationship with their child/youth maintained.

---

<sup>34</sup> Subcategories in total make up an entire indicator. For example, ratings for “child/youth,” “mothers,” “fathers,” “substitute caregivers,” and “other” collectively make up the overall rating for Engagement Efforts. A significantly poor rating in one subcategory can bring down the overall rating of the indicator even when all other subcategories are rated well.



Practice Performance Indicators	Percentage of Cases with Father Sub-Indicator Rated "Acceptable"	Percentage of Cases with Mother Sub-Indicator Rated "Acceptable"
Engagement Efforts	44%	68%
Role & Voice	29%	57%
Cultural Awareness & Responsiveness	54%	83%
Assessment & Understanding	37%	63%
Child/Youth & Family Planning Process	48%	63%
Maintaining Family Relationships	43%	74%
<b>Overall Score</b>	<b>43%</b>	<b>65%</b>

**Figure 43: Overall Acceptable Sub-ratings: Fathers versus Mothers**

As seen in Figure 43, cases where a father was applicable to be rated as a subcategory (in the six practice performance indicators listed in the table above) were consistently rated lower than those efforts taken on behalf of the mother. By improving the practice of engagement and by providing fathers with a role and voice, the overall score of fathers would improve dramatically, as the fathers' needs and concerns would be better known to team members and thus could be addressed more appropriately.

### **Older Youth**

Significant improvement is needed in meeting the needs of older youth and will therefore impact the score for the Pathway to Independence indicator. Of the 25 applicable cases, nearly two-thirds (64%) were rated as unacceptable for this indicator. Reviewers identified reasons for the lack of acceptable ratings including: the youth's lack of long-term connections to their family or an adult role model inhibiting a successful transition into adulthood; and the youth not being connected with or not attending independent living programs and life skills courses; as well as the programs and courses not being structured or individualized for the youth.

### **Teaming**

While overall teaming was rated as acceptable in a little over half of the cases (53%), it was frequently cited by reviewers, particularly when providing narrative to support Practice Performance indicator ratings, as a contributing factor for unacceptable ratings. Reviewers agreed that case planning for permanency was often "conflicting" amongst team members and that many team members were under the impression the case's ultimate permanency goal was something other than what was listed in the case plan and, as a result, families were working toward the wrong goal.

## APPENDIX A: SUMMARY OF RATINGS

### 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-term 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: SUMMARY OF QSR SUB-INDICATOR RATINGS

Child/Youth & Family Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm		
Family home #1	16%	84%
Family home #2	11%	89%
Substitute home	2%	98%
School	5%	95%
Other setting	14%	86%
Safety: Risk to self and others		
Risk to self	13%	87%
Risk to others	8%	92%
Stability		
Living arrangement	40%	60%
School	36%	64%
Living arrangement		
Family home #1	12%	88%
Family home #2	0%	100%
Substitute home	10%	90%
Permanency	32%	68%
Physical health	9%	91%
Emotional well-being	25%	75%
Early learning and development	20%	80%
Academic status	24%	76%
Pathway to independence	64%	36%
Parent or caregiver functioning		
Mother	52%	48%
Father	50%	50%
Substitute caregiver	0%	100%
Other	23%	77%

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	17%	83%
Mother	32%	68%
Father	56%	44%
Substitute caregiver	12%	88%
Other	31%	69%
Role & voice		
Child/youth	30%	70%
Mother	43%	57%
Father	71 %	29%
Substitute caregiver	12%	88%
Other	33%	67%
Teaming		
Formation	45 %	55%
Functioning	49%	51%
Cultural awareness & responsiveness		
Child/youth	13 %	87%
Mother	17%	83%
Father	46%	54%
Assessment & understanding		
Child/youth	28%	72%
Mother	37%	63%
Father	63%	37%
Substitute caregiver	12%	88%
Long-term view	36%	64%
Child/youth & family planning process		
Child/youth	34 %	66%
Mother	37%	63%
Father	52 %	48%
Substitute caregiver	14%	86%
Planning for transitions & life adjustments	41%	59%
Efforts to timely permanence		
Efforts	31%	69%
Timeliness	44%	56%
Intervention adequacy & resource availability		
Adequacy	30%	70%
Availability	8%	92%
Maintaining family relationships		
Mother	26%	74%
Father	57%	43%
Siblings	31%	69%
Other	13%	88%
Tracking & adjusting		
Tracking	30%	70%
Adjusting	38%	62%