

QUALITY SERVICES REVIEW
ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN, YOUTH AND FAMILIES/
JUVENILE PROBATION



Prepared for:
Allegheny County DHS, Office of Children, Youth and Families/Juvenile Probation

By
Hornby Zeller Associates, Inc.

On Behalf of the
Pennsylvania Office of Children, Youth and Families
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TABLE OF CONTENTS

Introduction	1
Child/Youth Demographics.....	5
Child/Youth & Family Status Domain	11
Safety	11
Permanency	14
Well-Being	20
Parent/Caregiver Functioning	25
Practice Performance Status Domain.....	27
Organizational Considerations.....	42
QSR Results Summary	45
Key Questions	47
Appendix A: Summary of Ratings	50
Quality Service Review Protocol Rating Scale Logic	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.” We believe that the CQI process in Pennsylvania will support staff in improving their practice which will ultimately lead to healthier children, youth and families. The Quality Service Review (QSR) is one critical component of the CQI process that will be used to assess and monitor progress.¹

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 and how well locally coordinated services are working for children, youth and families. 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 and the child/youth’s parents and/or caregivers. In a sense, the measures of current status may be used to reveal outcomes achieved thus far in the life of the case. The QSR Protocol provides a set of qualitative indicators for measuring the quality and consistency of core practice functions. The QSR serves as a measure of Pennsylvania’s Practice Model and standards for child welfare practice which have been established to promote a culture of excellence in serving children, youth and families by developing consensus among those working at all levels in the system regarding the actions necessary to promote sounds outcomes.

Pennsylvania’s QSR instrument 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

¹ For more information on the framework of Pennsylvania’s Continuous Quality Improvement process, please see the *QSR Protocol*.

approval of the PIP (July 1, 2010 – June 29, 2011), Pennsylvania will establish 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 ongoing phased in approach to this statewide CQI effort which 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 us to better monitor the quality of practice across the Commonwealth.

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children served during federal fiscal year 2008. Allegheny County falls into stratum I, leading to 20 cases selected for review - eight in-home cases and 12 placement cases, one of which was a “shared case.”² While 20 cases were sampled one in-home case was dropped³, leaving 19 cases (seven in-home and 12 out-of-home cases) to be reviewed. The in-home sample is family-based⁴ and was selected for Allegheny County from a list provided by the county of families with open in-home cases on December 2, 2010. A focus child/youth was selected for each in-home case. The placement sample is child-based and was chosen, using AFCARS⁵ from those children in out-of-home placement on the same date.

The proportion of cases randomly selected, 40 percent in-home and 60 percent out-of-home, roughly reflects the proportions used by ACF during the 2008 onsite CFSR. For each of the cases selected for review, one child was selected as the “focus child” about whom reviewers were asked to rate the child-specific indicators.

The QSR utilizes case reviews, interviews with key stakeholders and focus groups to measure:

- the current status of the family including both the parents or caregivers and one child or youth selected as the focus of the review; and,
- the quality of practice exhibited by the county.

² A “shared case” refers to the sharing of responsibility for the care and services to youth who are under the direct supervision of either County Child and Youth Agencies (CCYA) or Juvenile Probation Offices (JPO), or both concurrently, and to the families of the youth. The youth include adjudicated delinquents in the CCYA administered Title IV-E Foster Care Maintenance Program.

³ This in-home case was dropped because the mother and focus child were unavailable to be seen and interviewed, despite many attempts by the reviewers.

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

⁵ County children and youth agencies submit case level information semi-annually on all their children in foster care to the Adoptions and Foster Care Analysis and Reporting Systems (AFCARS) administered by the Children’s Bureau within the Administration for Children and Families. The Children’s Bureau identifies trends to improve child welfare outcomes.

Allegheny County conducted its QSR over six days in February 2011. A total of 203 interviews were conducted, an average of 10.7 interviews per case.

The status indicators 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. Changes in status over time may be considered the near-term outcomes at a given point in the life of a case. In measuring child/youth and family status, the QSR generally focuses on the most recent 30 day period, as of the review date.

Practice indicators, on the other hand, measure the extent to which core practice functions associated with recognized best practice guidelines are applied successfully by members of the team serving the family and child/youth. Regardless of any change or lack of change in the status of the cases examined, these indicators generally identify the quality of the work being done within the 90 days immediately prior to the review.

The QSR instrument uses a Likert scale of 1 to 6 for each indicator, with a score of 1 representing “adverse” performance and a score of 6 representing “optimal” performance. The percentages of cases rated as “acceptable” and “unacceptable” are calculated for each indicator, with scores between 1 and 3 representing the “unacceptable” range and scores between 4 and 6 representing the “acceptable” range.

In addition to the twenty cases reviewed, four focus groups were conducted during the six days of QSR case reviews in February 2011. These focus groups brought together diverse representatives from the Office of Children, Youth and Families (CYF) caseworkers and supervisors, transition-aged youth participating in Allegheny County’s Independent Living Initiative, and Juvenile Court judges. Twelve caseworkers and eleven supervisors representing each of the five CYF regional offices and the intake and adoption/foster care offices participated. Fifteen youth ages 16 and over participated in the transition-aged youth focus group. At the time of the review, all of the youths were receiving or had previously received services through CYF. Four juvenile court judges participated in the judicial focus group. Each group identified key strengths and challenges for Allegheny County and offered a number of recommendations to improve outcomes for children, youth and families.

How the Report is Organized

This report consists of five major sections, all of which explain the findings of the Allegheny County QSR. The demographics section gives the descriptive characteristics of the children/youth and their families. The tables in the demographics section are broken out by in-home, out-of-home and, when possible, Allegheny County County’s foster care population. Please note, a dash “-“is used in tables where no data are available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth & Family Domain and the

Practice Performance Domain. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated as acceptable and unacceptable. Below the pie charts a table is provided that gives the frequency of ratings, one through six for each indicator. A summary of the indicator ratings is provided at the end of each section. Here the identified strengths and areas needing improvement from the QSR are explored. The final section of this report lists key questions that the county may ask themselves in regard to the findings of the QSR.

More detailed information on the QSR methodology, including sampling, definitions of indicators and scoring, may be found in the Quality Service Review Manual.

CHILD/YOUTH DEMOGRAPHICS

As noted earlier, of the 19 cases reviewed in Allegheny County, seven were in-home cases and 12 were out-of-home cases, one of which was a shared case. More male children/youth (71%) than female (29%) were included in the sample for the in-home cases, while an equal number (50%) of male and female children/youth were represented in the sample of out-of-home cases. All seven in-home cases were represented by children under the age of 15, while 83 percent of the placement cases involved children within that age range.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population ⁶
	#	%	#	%	#	%	% ⁷
Male	5	71%	6	50%	11	58%	52%
Female	2	29%	6	50%	8	42%	48%
Total	7	100%	12	100%	19	100%	100%

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% ⁸	#	%	%
0 – 6	2	29%	7	58%	9	47%	41%
7 – 14	5	71%	3	25%	8	42%	38%
15 – 18	0	0%	2	17%	2	11%	20%
19 +	0	0%	0	0%	0	0%	0%
Total	7	100%	12	100%	19	100%	100%

Figure 1: Sex and Age of Focus Children/Youth and Countywide Foster Care Population

Overall, when the two groups of cases are combined, the gender and age distributions of the children/youth are relatively consistent with the Allegheny County foster care population. The most notable difference among the groups is that the in-home case sample lacks children/youth who are over the age of 14.

⁶ Percentages were determined based on the total number of children in care on December 2, 2010.

⁷ Total In-care on December 2, 2010, N = 1,881

⁸ Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity ⁹	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	2	29%	6	50%	8	42%	30%
Black/African-American	4	57%	4	33%	8	42%	68%
American Indian or Alaskan Native	0	0%	1	8%	1	5%	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	0%
Other ¹⁰	1	14%	3	25%	4	21%	-
Unknown	0	0%	0	0%	0	0%	-
Unable to Determine	0	0%	0	0%	0	0%	2%
Hispanic	0	0%	0	0%	0	0%	0%
Total	7		12		19		

Figure 2: Race and Ethnicity of Focus Children/Youth and Countywide Foster Care Population

A greater percentage of “white/Caucasian” children/youth were included in the out-of-home cases (50%) than in the in-home cases (29%). The children/youth’s race was reported to be “other” in 21 percent of the sampled cases. The proportion of “black/African American” children/youth in Allegheny County’s foster care population (68%) is more than twice the proportion of children/youth selected for the review of out-of-home cases (33%).

⁹ Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.

¹⁰ Although the reviewers had the option to select more than one race for each child/youth, in four cases the reviewers selected “other” and listed “bi-racial” as the race.

Current Placement	In-home		Out-of-Home		Foster Care Population ¹¹
	#	%	#	%	%
Birth home (Biological Mother)	5	71%	0	0%	-
Birth home (Biological Father)	2	29%	0	0%	-
Birth home (Both Biological Parents)	0	0%	0	0%	-
Pre-adoptive home	0	0%	1	8%	0%
Relative foster home	0	0%	5	42%	38%
Non-relative foster home	0	0%	2	17%	39%
Therapeutic foster home	0	0%	2	17%	-
Group/congregate home	0	0%	2	17%	10%
Residential treatment facility	0	0%	0	0%	-
Institution	-	-	-	-	8%
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	-	-	-	-	3%
Runaway	-	-	-	-	1%
Other	0	0%	0	0%	-
Total	7	100%	12	100%	100%

Figure 3: Current Placement Types of Focus Children/Youth and Countywide Foster Care Population

Of the seven in-home cases, five cases or 71 percent were found to have the children/youth living at home with only their biological mother. In the remaining two in-home cases, the children lived with only their biological fathers. Five children/youth (42 percent) in the out-of-home cases were placed in a relative foster home. Six cases or 51 percent of the children/youth were found to be residing at either a non-relative foster home, therapeutic foster home or group/congregate home.

While there were two out-of-home cases in which the youth were between ages 16 and 17 years old, neither youth was reported as being in a “supervised independent living” placement. One youth was placed in a group/congregate home and the other was placed in a therapeutic foster home.

The percentage of out-of-home cases reviewed (17%) with a placement setting reported as “non-relative foster home” was disproportionate to the percentage of children/youth in that setting within Allegheny County’s foster care system (39%).

¹¹ Placement settings reported in AFCARS include: pre-adoptive home, relative foster family home, non-relative foster family home, group home, institution, supervised independent living, runaway and trial home visit.

Identified Parent/Caregiver Stressors ¹²	In-home						Out-of-home						Combined Total #
	Mother		Father		Caregiver		Mother		Father		Caregiver		
	#	%	#	%	#	%	#	%	#	%	#	%	
Mental Health Problems	6	86%	1	14%	1	14%	11	92%	4	33%	0	0%	23
Drug Abuse/Addiction	5	71%	0	0%	1	14%	8	67%	4	33%	0	0%	18
Insufficient Income	5	71%	1	14%	1	14%	7	58%	2	17%	1	8%	17
Lack of Parenting Skills	5	71%	0	0%	1	14%	7	58%	4	33%	0	0%	17
Inadequate Housing	3	43%	1	14%	1	14%	7	58%	2	17%	1	8%	15
Child Care Responsibilities	4	57%	0	0%	1	14%	4	33%	2	17%	3	25%	14
Legal Problems	3	43%	0	0%	0	0%	6	50%	4	33%	0	0%	13
Unstable Living Conditions	3	43%	0	0%	1	14%	6	50%	2	17%	0	0%	12
Difficulty Budgeting	5	71%	0	0%	1	14%	4	33%	1	8%	0	0%	11
Lack of Transportation	4	57%	1	14%	1	14%	5	42%	0	0%	0	0%	11
Domestic Violence	5	71%	0	0%	1	14%	3	25%	2	17%	0	0%	11
Job Related Problems	1	14%	2	29%	0	0%	5	42%	1	8%	1	8%	10
Alcohol Abuse/Addiction	4	57%	0	0%	1	14%	3	25%	1	8%	0	0%	9
Family Discord/Marital Problems	2	29%	0	0%	0	0%	4	33%	2	17%	1	8%	9
Recent Relocation	3	43%	0	0%	1	14%	4	33%	0	0%	0	0%	8
Physical Disability	2	29%	0	0%	1	14%	3	25%	1	8%	0	0%	7
Incarceration	1	14%	1	14%	0	0%	2	17%	3	25%	0	0%	7
Chronic Illness	2	29%	0	0%	1	14%	2	17%	1	8%	0	0%	6
Pregnancy/New Child	4	57%	0	0%	0	0%	2	17%	0	0%	0	0%	6
Unknown	0	0%	2	29%	0	0%	0	0%	4	33%	0	0%	6
Social Isolation	1	14%	0	0%	0	0%	3	25%	1	8%	0	0%	5
Learning Disability	1	14%	0	0%	0	0%	3	25%	0	0%	0	0%	4
Neglect	0	0%	0	0%	0	0%	3	25%	1	8%	0	0%	4
Other Medical Condition	0	0%	0	0%	0	0%	1	8%	1	8%	1	8%	3
Mental Retardation	0	0%	1	14%	0	0%	1	8%	0	0%	0	0%	2
Physical Abuse	0	0%	0	0%	0	0%	2	17%	0	0%	0	0%	2
Emotional Abuse	1	14%	0	0%	0	0%	1	8%	0	0%	0	0%	2
Suicide Risk	0	0%	0	0%	0	0%	2	17%	0	0%	0	0%	2
Sexual Abuse	0	0%	0	0%	0	0%	0	0%	0	0%	1	8%	1
Total	7		7		7		12		12		12		57

Figure 4: Identified Stressors of Parent/Caregivers

Overall, “mental health problems” were listed as the most identified stressor among the mothers of the sampled in-home cases (86%) and out-of-home cases (92%). “Drug abuse/addiction” was also identified frequently among mothers as a stressor. Fathers were more likely than mothers to be identified with having “job related problems” in the in-home cases but mothers were more likely than fathers to have job related problems in the out-of-

¹²Stressors not included in Figure 4 were not reported in any case reviewed in Allegheny County. The other stressor reported by an out-of-home case for mother was “transportation.” Since transportation is already an identified stressor this will not be reported as an “other” stressor in this report.

home cases. Caregivers¹³ were identified as having few stressors overall; just one in-home case reported caregivers to have any stressors while five out-of-home cases reported caregiver stressors, the most common of which was child care responsibilities (three cases).

Identified Child/Youth Stressors ¹⁴	In-Home		Out-of-Home		Combined Total #
	#	%	#	%	
School Related Problems	2	29%	6	50%	8
Emotional Disturbance	2	29%	4	33%	6
History of Physical Abuse/Inappropriate Discipline	2	29%	4	33%	6
Substance Exposed	2	29%	3	25%	5
History of Emotional Abuse	0	0%	5	42%	5
Witnessed Domestic Violence	4	57%	1	8%	5
Undiagnosed/Untreated Behavioral Problems	1	14%	3	25%	4
Mental Health	0	0%	4	33%	4
Other ¹⁵	1	14%	3	17%	4
Chronic Illness	1	14%	1	8%	2
Pregnancy	0	0%	2	17%	2
History of Sexual Abuse	0	0%	2	17%	2
Learning Disability	1	14%	1	8%	2
Battered Child Syndrome	0	0%	1	8%	1
Physical Disability	0	0%	1	8%	1
Delinquent Behaviors	0	0%	1	8%	1
Developmental Delay	0	0%	1	8%	1
Visual/Hearing Impaired	0	0%	1	8%	1
Suicide Risk	0	0%	1	8%	1
Total	7		12		19

Figure 5: Focus Child/Youth Stressors

When looking at stressors from the perspective of the children/youth, 57 percent of the in-home cases identified “witnessed domestic violence” as a stressor and eight percent of the out-of-home cases reported the same stressor. Out-of-home cases were most likely to have reported “school related problems” than did the in-home cases, with half of the out-of-home cases reporting it as a stressor compared to 29 percent of the in-home cases.

¹³ A “caregiver” can include anyone who is caring for the child/youth other than a custodial parent or congregate care provider.

¹⁴ Stressors not included in Figure 5 were not reported in any case reviewed in Allegheny County.

¹⁵ Two in-home cases reported the following “other” stressors: “recent separation from siblings and mother” and “born addicted to methadone.” Since the “born addicted to methadone” is a specific instance of another stressor “substance exposed” this other stressor was removed and entered into the substance exposed category for this report. Two out-of-home cases reported the following other stressors: “disruption to relationship with adoptive mother and to biological sibling; concern for siblings safety” and “resolving heart condition.”

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)¹⁶						
Bruises	1	14%	0	0%	1	5%
Lacerations/Abrasions	1	14%	0	0%	1	5%
Drugs/Alcohol	1	14%	0	0%	1	5%
General Protective Services (GPS)¹⁷						
Inappropriate Parenting	4	57%	6	50%	10	53%
Mental Health Concerns	3	43%	5	42%	8	42%
Substance Abuse: Parent	4	57%	4	33%	8	42%
Lack of Food, Shelter or Clothing	3	43%	3	25%	6	32%
Environmental Neglect	1	14%	4	33%	5	26%
Inappropriate Discipline	2	29%	3	25%	5	26%
Poor Hygiene	1	14%	2	17%	3	16%
Lack of Medical/Dental Care	1	14%	2	17%	3	16%
Abandonment	1	14%	1	8%	2	11%
Truancy	1	14%	1	8%	2	11%
Parent/Child/Youth Conflict	1	14%	1	8%	2	11%
Incorrigibility	0	0%	2	17%	2	11%
Substance Exposed Infant: Heroin	0	0%	1	8%	1	5%
Substance Exposed Infant: Prescription Drugs	0	0%	1	8%	1	5%
Illegal Manufacturing of Drugs/Exposure to Drugs	1	14%	0	0%	1	5%

Figure 6: Allegations

Figure 6 displays the allegations which led to the most recent case opening for both the in-home and out-of-home sample cases. All three of the Child Protective Service (CPS)¹⁸ allegations (“bruises,” “lacerations/abrasions” and “drugs/alcohol”) were reported for a single in-home case. Fifty-three percent of all identified General Protective Service (GPS)¹⁹ allegations involved “inappropriate parenting,” with four in-home cases (57%) reporting this allegation compared to six out-of-home cases (50%).

¹⁶Child 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.

¹⁷General 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).

¹⁸Child 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

¹⁹General 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).

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 the child/youth. Nine indicators are used to assess the current status of the focus child/youth and their parents and caregivers. These indicators generally focus on the past 30 days from the date of the review, unless otherwise indicated.

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

Safety is the primary and essential 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; and, if the child/youth's parents and/or caregivers provide the attention, actions and supports and possess the skills and knowledge necessary to protect the child/youth from known and potential threats of harm in the home, school and other daily settings.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	12	1	0	0	8%	3	6	2	92%
Family home #2	1	0	1	0	100%	0	0	0	0%
Substitute Home	12	0	0	0	0%	2	4	6	100%
School	15	0	0	0	0%	3	3	9	100%
Other settings	3	0	0	1	33%	1	0	1	67%
Total	-	1	1	1	7%	9	13	18	93%

Figure 7: "Exposure to Harm" QSR Results

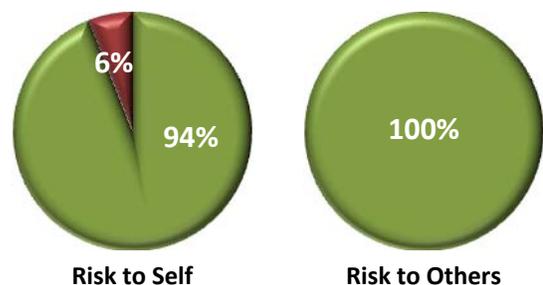
The majority of the cases (93%) were rated as acceptable across the five settings, meaning the children/youth were protected from all known threats of harm in most cases. CYF assesses for threats of harm at frequent intervals and develops safety plans with families when risks of harm are identified. In all cases in which the children/youth had a school setting, reviewers reported the children/youth were safe from exposure to harm at their school setting.

The unacceptable rating for "family home #1" was reported for an out-of-home case in which the child/youth expressed that he no longer felt safe in his mother's home due to the presence of the mother's boyfriend whom the child/youth stated had verbally threatened to harm him. The unacceptable rating for "family home #2" was reported for an in-home case in which the child/youth and her mother visited at another family member's home where the mother's boyfriend reportedly engaged in inappropriate discipline, domestic violence and possible drug dealing from the home. The unacceptable rating for "other setting" came from the same in-home case where the child/youth's mother experienced domestic abuse by her boyfriend at another residence.

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 the children/youth ages three or older.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	16	0	0	1	6%	3	5	7	94%
Risk to others	16	0	0	0	0%	5	3	8	100%
Total	-	0	0	1	3%	8	8	15	97%

Figure 8: "Behavioral Risk" QSR Results

Of the 16 applicable cases in which the children/youth were three or older, 97 percent were rated as acceptable. The majority of children/youth avoided endangering themselves and refrained from placing others at harm. The one case with an unacceptable rating occurred in an in-home case where an eight year old boy was getting into fights which placed him in "precarious situations", according to the case story.

Additional Safety Data

Timeliness of Investigations

Reviewers rated the timeliness of investigations as a "strength" for each of the in-home cases. Of the seven in-home cases reviewed, four had at least one CPS or GPS report received on a child/youth within the last 12 months, totaling seven accepted reports of suspected abuse and neglect. CYF initiated the investigations on all seven reports in accordance with State and/or County timeframes²⁰ and within the requirements for a report of that priority Face-to-face contact had been made with the child/youth within the required timeframes for all seven of the accepted reports.

As with the in-home cases, each of the out-of-home cases was rated as a "strength" for the timeliness of investigation. Of the 12 out-of-home cases reviewed, eight had at least one CPS or GPS report received on a child/youth in the family over the last 12 months. In total, there were eleven accepted reports, each of which CYF initiated the investigation in accordance with State and/or County timeframes and requirements for a report of the respective priority. All of the accepted reports had face-to-face contact made with the subject child/youth within the required timeframes.

Focus group discussions centered on the unique qualifications required to face the challenges in working within the CYF intake department. Participants recommended recruitment of intake workers who had previous work experience in a child serving system. A transfer to intake would be considered an advancement. It was also deemed necessary to evaluate caseworkers' experiences and abilities to ensure a better fit with intake's high-impact challenging work environment to decrease burn-out and turnover.

²⁰ 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 Data Package Data

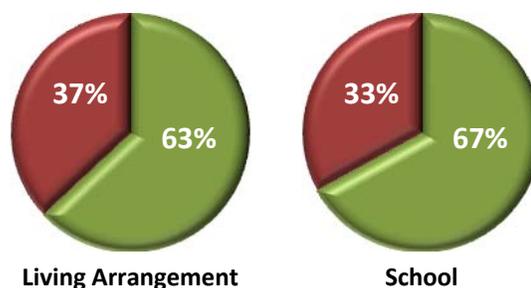
Between October 1, 2009 and September 30, 2010 there were a total of 1,552 reports of abuse and neglect in Allegheny County, of which eight percent were substantiated. The majority (96%) of the maltreatment allegations for the county's substantiated and unsubstantiated reports involved physical abuse or sexual abuse. Children ages six to nine and 13 to 15 years old were most often the victims of the substantiated reports.

PERMANENCY

When measuring permanency, the 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 are factors that provide a foundation for normal child/youth development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. This indicator assesses the degree to which the child/youth's daily living and learning arrangements are stable and free from risk of disruptions; their daily settings, routines, and relationships are consistent over recent times; and, known risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	19	0	1	6	37%	2	6	4	63%
School	15	0	1	4	33%	3	3	4	67%
Total	-	0	2	10	35%	5	9	8	65%

Figure 9: "Stability" QSR Results

Nearly two-thirds (65%) of the cases reviewed were rated as acceptable for stability across all settings. Sixty-three percent of the cases were rated as acceptable when assessing the current

“living arrangement”, and 67 percent were rated as acceptable when rating the children/youth’s “school” for stability. Reviewers attributed the acceptable ratings to the agency’s practice to prevent multiple placements. For seven out-of-home cases the children/youth had only one (the current) placement reported. In fact, one child/youth had been in their original placement for over 2.5 years for one out-of-home case. While the school setting was considered to be safe from exposure to harm (Indicator 1: Safety) in all 15 cases where the child/youth was reported as having a school setting, the stability of the school setting was not rated as favorably. Four of the five (80%) out-of-home cases were rated unacceptable for stability in the school setting. The unacceptable rating for school stability tended to be attributed to numerous school changes in recent months or an academic disruption expected to occur within the next few months.

The average number of placements over the last 12 months (including placement changes from prior removal episodes) for the twelve sampled out-of-home cases was 1.8 placements. The minimum number of placement changes was one, and the maximum was four.

Indicator 3: Living Arrangement

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	10	1	0	1	20%	2	4	2	80%
Family home #2	1	0	0	0	0%	1	0	0	100%
Substitute home	12	0	0	0	0%	1	7	4	100%
Total	-	1	0	1	9%	4	11	6	91%

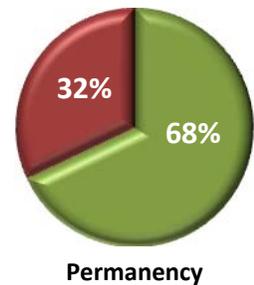
Figure 10: "Living Arrangement" QSR Results

In 91 percent of the cases, reviewers rated the living arrangement indicator within the acceptable range, with “family home #1” as the only setting which was rated as unacceptable (two cases). Reviewers attributed the acceptable ratings to the agency’s effective use of kinship foster homes which is a living arrangement that the agency has found offers more stability over time.

Of the two out-of-home cases in which the “family home #1” was rated as unacceptable, both cases involved the home of the child’s mother where the child/youth visits regularly.

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. And if not, permanency efforts are being implemented on a timely basis that will 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	19	0	2	4	32%	5	4	4	68%
Total	-	0	2	4	32%	5	4	4	68%

Figure 11: "Permanency" QSR Results

The ratings for 68 percent of the cases were acceptable while 32 percent of the cases reviewed found permanency in the case to be unacceptable. Reviewers attributed the acceptable ratings for this indicator to the availability of kinship caregivers and their willingness to provide a permanent home for the children/youth.

All six cases in which permanency was rated as unacceptable were out-of-home cases. Among the cases where the permanency indicator was rated as unacceptable, the reviewers reported that permanency plans were unclear or inappropriate and lacked concurrent goals.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care ²¹ Population
	#	%	#	%	%
<i>In-Home Cases</i>					
Remain in Home	7	100%	-	-	
No Goal Established	0	0%	7	100%	
Total	7	100%	7	100%	
<i>Out-of-Home Cases</i>					
Return Home	9	75%	1	8%	73%
Adoption	1	8%	4	33%	12%
Permanent Legal Custodian /Subsidized Legal Custodian	1	8%	0	0%	3%
Placement with a Fit and Willing Relative	0	0%	1	8%	6%
Other Planned Placement Intended to be Permanent/APPLA	1	8%	0	0%	5%
Emancipation	-	-	-	-	1%
No Goal Established	0	0%	6	50%	0%
Total	12	100%	12	100%	100%

Figure 12: Permanency Goals of Focus Children/Youth and Countywide Foster Care Population

The primary permanency goal for all in-home cases reviewed was to “remain in the home.” Three-quarters of the out-of-home cases reported a primary permanency goal of “return home.” The proportion of the sampled out-of-home cases with a goal to “return home” (75%) was similar to that of the Allegheny County foster care population, where 73 percent of the county’s children/youth have that primary permanency goal, as reported in AFCARS.

²¹ Placement settings reported in AFCARS includes: pre-adoptive home, relative foster home, non-relative foster home, group home, institution, supervised independent living, runaway and trial home visit.

Half of the out-of-home cases reviewed had a concurrent goal, with 33 percent having a concurrent goal of “adoption.” In one out-of-home case, the primary permanency goal was reported as “adoption” and the concurrent goal as “return home.” There were no concurrent goals established for any of the in-home cases reviewed. Additionally, focus group participants identified the lack of concurrent goals as a concern and possible barrier to timely permanence.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	7	100%	9	75%	16	84%
Concurrent Goal Appropriate	-	-	3	25%	3	16%
Total Cases	7		12		19	

Figure 13: 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. In all in-home cases reviewed, the primary permanency goal was reported as appropriate. In the majority of the out-of-home cases, the primary permanency goal was reported as appropriate (75%). “Return home” was reported as the primary permanency goal in the three out-of-home cases where the goal was considered inappropriate. Based on facts presented in the case record and through stakeholder interviews, reviewers felt “adoption” would have been the appropriate permanency goal in those three cases. For cases with a concurrent goal, the goal was considered to be appropriate for three of the out-of-home cases.

Additional Permanency Data

Caseworker Turnover

The average number of caseworkers assigned to the in-home cases under review was 2.7 caseworkers, with a minimum count of one worker (the current caseworker) and a maximum number of workers of four. The number of caseworkers assigned to the out-of-home cases under review averaged three caseworkers, with a minimum number of one worked assigned (the current caseworker) and a maximum number of nine workers.²²

The four focus groups gave thoughtful consideration to the issue of staff turnover. The groups identified high caseloads as one of the primary factors contributing to staff turnover. Additional factors identified included: some degree of unrealistic portrayal of job duties and conditions in new staff training a need for improved evaluations of potential job candidates’ abilities to perform demanding casework and their commitment to child welfare as a profession; and a desire for greater appreciation and acknowledgement of work performance.

²² The out-of-home case in which nine caseworkers had been reported has been opened for services since June 1992.

Some participants emphasized the difficulty for some families to trust their caseworkers and the lack of understanding by caseworkers of individual family issues, resulting from caseworker turnover and high caseloads.

Focus group participants made a number of recommendations to address these concerns: adjustment of work requirements when enhancing work expectations, mandates and practices; enhancement of training by offering examples of realistic expectations and requirements; recognition of individual caseworkers for commitment to work, to the organization; and solicitation of feedback when considering policy and practice changes that are not legally mandated.

County Data Package Data

Placement stability for children/youth in care in Allegheny County (two or fewer placements) was found for 88 percent of the children in care less than one year, 67 percent of the children in care 12-24 months, and 49 percent of the children in care for longer than two years. Thirty-three percent of those in care 24 months or longer on October 1, 2009 were discharged to a permanent home²³ within the following 12 months.

Between October 1, 2009 and September 30, 2010, 217 children/youth were adopted in Allegheny County. On the last day of the reporting period, 11 percent of the county's children/youth in foster care had termination of parental rights (TPR) finalized.

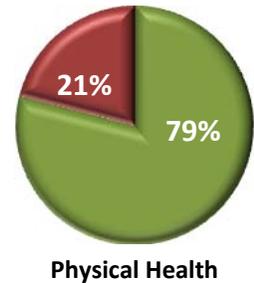
²³ Permanent home includes a discharge to reunification, relative care, guardianship or adoption.

WELL-BEING

The following five indicators examine the well-being needs of the focus 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.



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	19	0	0	4	21%	3	4	8	79%
Total	-	0	0	4	21%	3	4	8	79%

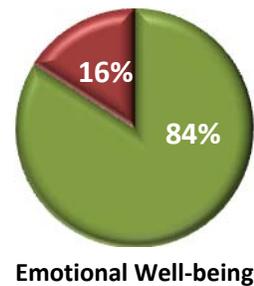
Figure 14: "Physical Health" QSR Results

The physical health of the children/youth was rated within the acceptable range in nearly 80 percent of the sampled cases. The review found that while some children/youth had serious or chronic medical conditions, the majority of the medical concerns were being addressed and closely monitored by the agency. Reviewers attributed the high scores to the teaming and open communication among the caseworkers, health care providers and the caregivers.

Of the four cases where the physical health of the children was rated as unacceptable, three of the cases were out-of-home cases. Reviewers noted that additional and/or updated evaluations of the children/youth's physical health were needed in order to achieve and/or maintain optimal health.

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, children/youth are 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.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	19	0	2	1	16%	8	6	2	84%
Total	-	0	2	1	16%	8	6	2	84%

Figure 15: “Emotional Well-being” QSR Results

In 84 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. In twelve of the cases rated as acceptable, the child/youth resided with their mother, father or a kinship caregiver. The children/youth were described as happy, presenting with no or few behavioral problems.

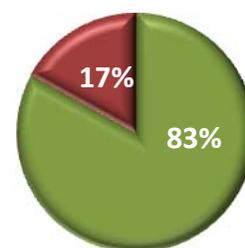
Of the three cases in which the emotional well-being indicator was rated as unacceptable, reviewers reported that continued intervention was needed to manage behaviors/emotions. Reviewers further recommended that the children/youth exposed to trauma and/or violence should receive additional evaluations to determine if they would benefit from specialized, trauma-informed therapies.

Although emotional well-being was overall rated favorably in the cases reviewed, a focus group comment reflected the need for increased availability of treatment family settings to avoid placement in more highly restrictive congregate care settings for children with emotional health needs.

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 future 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 only applies to children under the age of 8 years who are not attending school.



Early Learning & Development

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	6	0	1	0	17%	1	3	1	83%
Total	-	0	1	0	17%	1	3	1	83%

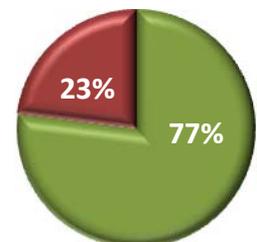
Figure 16: "Early Learning & Development" QSR Results

Of the six applicable cases reviewed, all but one was rated as acceptable for the early learning and development indicator. The five children whose ratings were in the acceptable range are participating in early learning environments that are commensurate with their ages and developmental needs.

The single unacceptable rating was reported in an out-of-home case of a child/youth who was not progressing at an acceptable rate academically. The reviewers recommended review of the child's Individualized Education Plan (IEP) before the child may progress to the next grade level.

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, consistent with age and/or ability, is: regularly attending school; placed in a grade level consistent with age or developmental level; is actively engaged in instructional activities; reading at grade level or IEP expectation level; and, 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	13	0	1	2	23%	4	3	3	77%
Total	-	0	1	2	23%	4	3	3	77%

Figure 17: "Academic Status" QSR Results

Thirteen of the reviewed cases involved children/youth who were of school age.²⁴ The academic status of the children/youth was rated as acceptable for 77 percent of those cases. Reviewers attributed the acceptable scores to children/youth performing at or above their grade level and/or having a current IEP that addressed the child's/youth's special educational needs in place.

²⁴ To be considered school aged the child/youth must be at least 6 years or older OR attending school.

Two of the three cases in which the academic status was rated as unacceptable were in-home cases. The ratings for stability in the school setting and exposure to harm in a school setting were also rated low for these two cases, most within the unacceptable range. Reviewers recommended regular contact with the schools is maintained in order to understand the children/youth’s academic success and changing needs and to adapt the educational plan accordingly.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Head Start/Pre-School	1	14%	1	13%	2	14%
Regular K-12 Education	5	71%	6	75%	11	73%
Part-Time Special Education	1	14%	0	0%	1	7%
Full Inclusion Special Education	0	0%	1	13%	1	7%
Total	7	100%	8	100%	15	100%

Figure 18: Educational Situation of the Focus Child/Youth

Fifteen of the reviewed cases involved children/youth who were enrolled in a school setting. Nearly three-quarters (73%) of those children/youth attended a “regular K-12” school. Two children/youth that were enrolled in a school setting are not of school age yet and are enrolled in a “Head Start/preschool” program.

Four of the children/youth in the in-home cases and six of the children/youth in the out-of-home cases were assessed to need an IEP. Of the children who needed an IEP, one of the three children in the in-home cases had a current IEP while three of the six children in the out-of-home cases had a current IEP.

Indicator 8: Pathway to Independence

The goal of assisting a youth is to build the capacities that will enable him/her 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	2	0	1	1	100%	0	0	0	0%
Total	-	0	1	1	100%	0	0	0	0%

Figure 19: "Pathways to Independence" QSR Results

Two of the cases selected for review involved youth who were 16 years or older and who were in the out-of-home sample. The pathway to independence indicator was rated as unacceptable for both youth because formal independent living (IL) services had just commenced for the two youth, ages 16 and 17. Reviewers recommended IL planning be made clearer in the case plan and implemented in a timely manner for older youth.

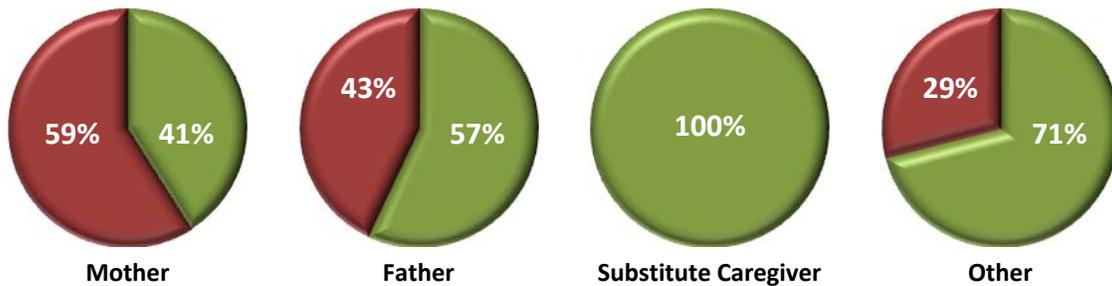
Although only two QSR cases met the criteria for rating the "Pathway to Independence" indicator, a focus group was conducted with 15 youth ages 16 and older. These youth provided a unique perspective as recipients of both CYF and independent living services. Their recommendations to enhance services included: extension of the IL program beyond age 21, with the continuation of conciliation opportunities until at least age 25; increase in the variety of activities for participation, with solicitation of input from youth on selected topics and speakers for groups and/or events; increase of information about services and programs, eligibility and methods to access them; posting of job openings through social media networking; increased opportunities for older youth to share their stories with teens who are transitioning to adulthood; greater participation in advocacy efforts, such as the Youth Advisory Board; and, an increase in assistance with life skills development and practice.

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 possess and use the necessary levels of knowledge, skills and situational awareness to provide their children/youth with nurturance, guidance, age-appropriate discipline and supervision required for protection, care and normal development. Keys to parental capacity to support their children’s/youth’s growth and learning include understanding the basic developmental stages that children/youth experience, relevant milestones, expectations and appropriate methods for shaping behavior. 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 additional supports should also meet the children/youth’s needs.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	17	3	2	5	59%	5	1	1	41%
Father	7	0	2	1	43%	2	2	0	57%
Substitute Caregiver	10	0	0	0	0%	1	8	1	100%
Other	7	0	1	1	29%	2	2	1	71%
Total	-	3	5	7	37%	10	13	3	63%

Figure 20: "Caregiver Functioning" QSR Results

The functioning of the parent/caregiver was rated as acceptable for 63 percent of the cases selected for review. Reviewers noted the seven acceptable ratings for the “mother’s caregiver functioning” involved mothers who were actively addressing their known mental health and substance abuse issues.

In the majority of the cases (59%) where the mother was involved in the case the mother's caregiver functioning was rated in the unacceptable range. The unacceptable rating of the mother's caregiver functioning is of special concern since unacceptable ratings were reported in three of the five (60%) in-home cases where the mother is reported as the sole caregiver. In both in-home cases where the father is the only caregiver, the "father's caregiver functioning" was rated as acceptable. The reviewers noted these fathers are accepting of services and effectively utilize informal supports.

For the out-of-home cases, reviewers attributed the unacceptable ratings for this indicator to untreated drug and alcohol abuse of the parents/caregivers, presence of domestic violence and inadequate housing. While reviewers reported the agency was making efforts to assist the parents/caregivers with these issues, many of the caregivers did not participate in services that were offered to them.

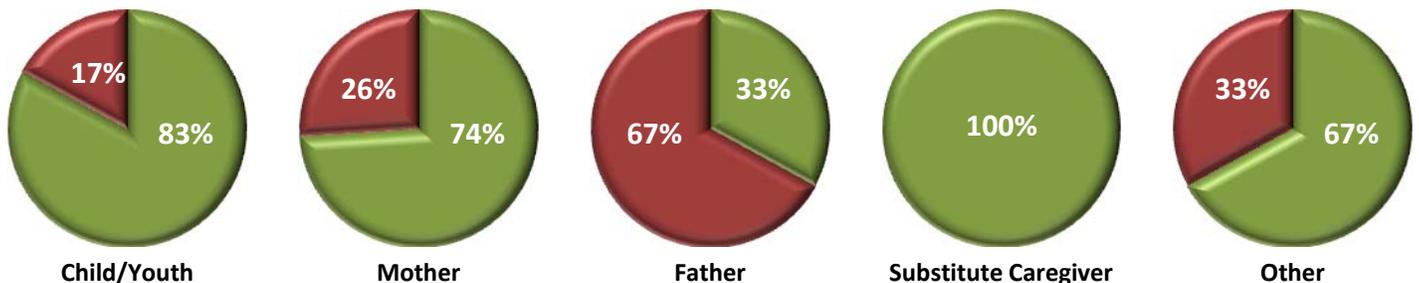
PRACTICE PERFORMANCE STATUS DOMAIN

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 review, unless otherwise indicated.

Indicator 1a: Engagement Efforts

The central focus of this indicator is on the diligence shown by the team in taking actions to find, engage and build a rapport with children, youth and families and overcome barriers to families' participation. This indicator assesses the degree to which those working with the children/youth and their families (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	18	0	0	3	17%	3	8	4	83%
Mother	19	0	1	4	26%	6	5	3	74%
Father	12	3	3	2	67%	2	2	0	33%
Substitute Caregiver	12	0	0	0	0%	3	7	2	100%
Other	6	1	1	0	33%	1	3	0	67%
Total	-	4	5	9	27%	15	25	9	73%

Figure 21: "Engagement Efforts" QSR Results

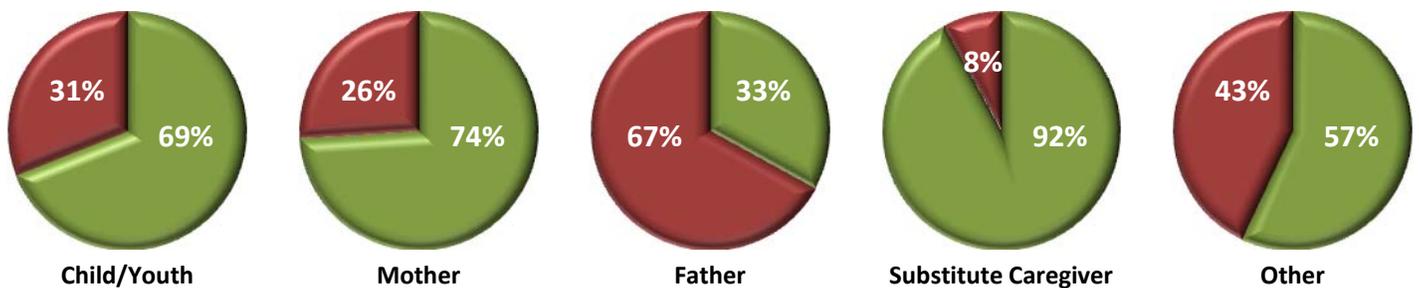
More cases were rated as acceptable (73%) than unacceptable (27%) for the engagement efforts indicator. Eighty-three percent of cases were rated as acceptable for “engagement with children “. Two-thirds of the cases were rated as unacceptable for “engagement with the father,” three of which were out-of-home cases and nine of which were in-home cases. In all three of the out-of-home cases, the father was uninterested in pursuing parenting responsibilities and the caseworkers did not engage the fathers any further. Among the four fathers who were incarcerated at the time of the review, CYF had briefly met one father at a hearing after his release from jail and engaged another father who was incarcerated in another county jail just prior to the QSR.

One focus group identified the lack of father engagement as a significant barrier to positive outcomes for children, youth and families. They recommended that genetic testing be conducted at the very start of a case when paternity is not legally established so that fathers are identified and engaged early in the case.

Reviewer recommendations for this indicator included reaching out to fathers individually and not in conjunction with the mothers of the case. Reviewers recommended more thorough and timely outreach to incarcerated fathers and greater efforts to engage all fathers, whether children are at home or in out-of-home care.

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 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	16	1	2	2	31%	3	4	4	69%
Mother	19	0	2	3	26%	7	5	2	74%
Father	12	4	2	2	67%	2	1	1	33%
Substitute Caregiver	12	0	1	0	8%	1	7	3	92%
Other	7	1	1	1	43%	1	2	1	57%
Total	-	6	8	8	33%	14	19	11	67%

Figure 22: "Role & Voice" QSR Results

More cases were rated as acceptable (67%) than unacceptable (33%) for the role and voice indicator. This indicator was more likely to be rated more acceptable than unacceptable for all subcategories except the "father's role and voice," where only 33 percent of the cases were rated as acceptable. The same cases where the engagement of fathers was rated as unacceptable also rated the father's role and voice as unacceptable. Reviewers attributed the unacceptable ratings to the fact that fathers were not engaged well enough to have adequate voice, and in one instance, the mother and father were engaged as a unit (not as individuals) and gave one combined voice through mother. As noted earlier, reviewers suggested that better individual engagement of fathers should naturally lead to more acceptable role and voice of fathers.

	More than once a week		Once a week		Less than once a week		Less than twice a month		Less than once a month		Never		Combined Total of Applicable Cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
In-home														
Child	0	0%	1	14%	2	29%	3	43%	1	14%	0	0%	7	100%
Mother	0	0%	2	29%	1	14%	3	43%	1	14%	0	0%	7	100%
Father	0	0%	0	0%	1	17%	0	0%	2	33%	3	50%	6	100%
Out-of-home														
Child	1	8%	0	0%	2	17%	7	58%	2	17%	0	0%	12	100%
Mother	0	0%	0	0%	0	0%	5	45%	6	55%	0	0%	11	100%
Father	0	0%	0	0%	0	0%	1	8%	2	17%	4	33%	12	100%
Combined														
Child	1	5%	1	5%	4	21%	10	53%	3	16%	0	0%	19	100%
Mother	0	0%	2	11%	1	6%	8	44%	7	39%	0	0%	18	100%
Father	0	0%	0	0%	1	8%	1	8%	4	31%	7	54%	13	100%

Figure 23: Caseworker Visits

The frequency of visits between the caseworker (or other responsible party) and the child/youth was found to be sufficient to address the issues pertaining to the safety, permanency and well-being of the child/youth and promote achievement of case plan goals in five of the seven (71%) in-home cases. In 83 percent 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.

Of the seven reviewed in-home cases, the frequency of visits between the caseworker (or other responsible party) and the mother was found to be sufficient in five cases (71 percent). In 91 percent of the eleven applicable²⁵ out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the mother was also reported as sufficient.

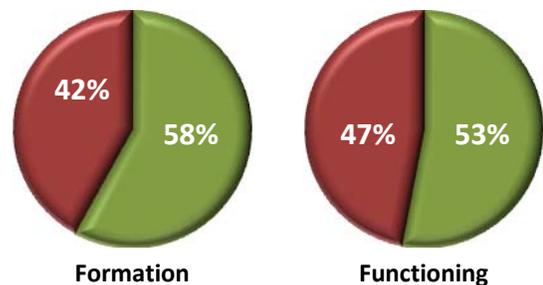
In half of the six applicable in-home cases, the frequency of visits between the caseworker (or other responsible party) and the father was reported as being insufficient to address issues pertaining to the safety, permanency and well-being of the child/youth and promote achievement of case goals. The frequency of visits between the caseworker (or other responsible party) and the father was also found to be insufficient in three of the five applicable out-of-home cases.

Reviewers identified the number of additional children/youth residing in the home of the in-home focus child/youth. In six of the seven in-home cases, at least one other child/youth was residing in the home. An average of 2.3 additional children/youth was found to be in the home, with a minimum of one and a maximum of five.

Of the 14 additional children/youth in the home, four (29%) were visited by a caseworker once a week and one (7%) was visited by a caseworker less than once a week but more than twice a month, two (14%) were visited by a caseworker less than twice a month but at least once a month and seven (50%) were visited less than once a month. Visits were found to be sufficient to address the issues pertaining to safety, permanency and well-being, and to promote the achievement of permanency goals for nine of the additional children/youth.

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 craft knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should have a pattern of working effectively together to share



²⁵ The out-of-home case that was not applicable involved a mother who was reported to be “transient” and her whereabouts were unknown to the county.

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	19	2	2	4	42%	4	5	2	58%
Functioning	19	3	2	4	47%	7	3	0	53%
Total	-	5	4	8	45%	11	8	2	55%

Figure 24: "Teaming" QSR Results

In more than half (55%) of the cases the teaming indicator was rated as acceptable. In the ten cases in which team functioning was acceptable, all of the primary caregivers served an integral role in case planning and teams as a whole reported to the reviewers having a clear understanding of the family's needs and their role on the team. The "formation" indicator was rated as acceptable (58%) for a higher proportion of cases than was the "functioning" (53%) indicator. Reviewers rated 41 percent of the in-home cases as unacceptable for both indicators – "formation" and "functioning."

Reviewers attributed the acceptable ratings to the continuity of the assigned caseworkers and service providers, even in the cases that have been opened for long periods of time. To improve teaming, reviewers recommended strengthening the communication among all service providers and utilizing integrated system meetings to coordinate care between foster care agencies and mental health providers.

Indicator 3: Cultural Awareness & Responsiveness

Making sensitive 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 here 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., race and ethnicity; culture of poverty; urban and rural dynamics; faith and spirituality; youth culture.) It examines if the natural, cultural or community supports, appropriate for this child/youth and family, are being provided and if necessary, if supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes in use among the child/youth and family.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	19	1	1	2	21%	1	9	5	79%
Mother	19	1	1	2	21%	1	11	3	79%
Father	12	2	3	0	42%	2	5	0	58%
Total	-	4	5	4	26%	4	25	8	74%

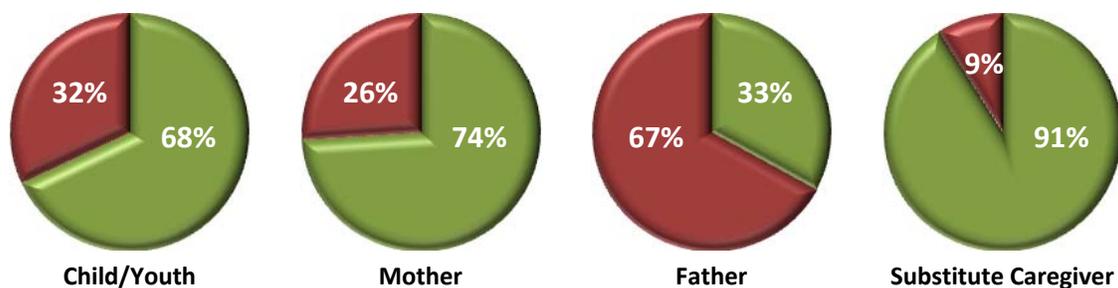
Figure 25: "Cultural Awareness & Responsiveness" QSR Results

The cultural awareness indicator was rated as acceptable in 74 percent of the cases. In these cases that were rated acceptable, reviewers noted that family members who were interviewed readily acknowledged how the system asked about and accommodated their identified cultures throughout service processes. In one case that was rated acceptable for cultural addressed race, ethnicity, family rituals, religion and intergenerational relationships with every family member who was interviewed. "Cultural awareness toward the father" was the least likely to be rated as acceptable, with 42 percent of the applicable cases being rated as unacceptable. In several cases, the father's cultural needs were not addressed because the father was not engaged by the agency.

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's 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 improve the child/family's well-being and functioning. The team's assessment and understanding of the child/youth and family situation should evolve throughout the family change process, and ongoing assessments of the child/youth and family

situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	19	0	1	5	32%	6	4	3	68%
Mother	19	1	2	2	26%	9	3	2	74%
Father	12	3	3	2	67%	2	1	1	33%
Substitute Caregiver	11	0	1	0	9%	2	6	2	91%
Total	-	4	7	9	33%	19	14	8	67%

Figure 26: “Assessment & Understanding” QSR Results

The assessment and understanding indicator was rated as acceptable for two-thirds of the cases reviewed. The “assessment and understanding of the mother” (74%) and the “assessment and understanding of the substitute caregiver” (91%) were most likely to be rated as acceptable

The “assessment and understanding of fathers” (33%) was least likely to be considered acceptable. In four applicable cases, both the assessment and understanding for the children/youth and their fathers were rated as acceptable.

Reviewers attributed the overall unacceptable ratings to a lack of understanding of mental health needs. With at least one family member (child, mother, father or caregiver) having been reported as having a “mental health” stressor in every case reviewed, it is likely that mental health stressors are common among cases in Allegheny County and a better understanding of the stress associated with mental health issues may improve outcomes.

Studies suggest up to 80 percent²⁶ of children/youth in foster care exhibit serious behavioral or mental health problems.²⁷ An estimated prevalence of mental health problems among these

²⁶ The official range is 50 to 80 percent.

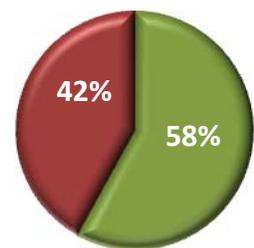
²⁷Stahmer, A. C., et al. (2005). Developmental and behavioral needs and service use of young children in child welfare. *Pediatrics*, 116, 891-900

children/youth is 2.5 times greater than in the general child/youth population.²⁸ As reported in AFCARS, two percent of children/youth in care on December 2, 2010 and under the supervision of Allegheny County had an emotional disturbance²⁹ while 13 percent children/youth were reported to have an emotional disturbance statewide.

Focus group participants' recommendations related to workers increased understanding of family strengths and challenges included: training that teaches differences between compliance and measurable, sustainable changes in behaviors within the family that will enhance children/youth and family outcomes; and service planning that is based on strength-based assessments, offering opportunities for individualized services that are more sensitive to families' needs and culture and more likely to yield long-term results.

Indicator 5: Long-term View

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



Long-Term View

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

²⁸ Burns, B., et al. (2004). Mental health services by youths involved in with child welfare: A national survey. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 960-970.

²⁹The only element collected in AFCARS that requires the child/youth to have a mental health diagnosis is element #14 (Emotional Disturbance). "Emotional disturbance" is defined in AFCARS as, "A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an ability to build or maintain satisfactorily interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances ; a general pervasive mood of unhappiness or depression ; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes person who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM III) or the most recent edition. "

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	19	1	3	4	42%	5	4	2	58%
Total	-	1	3	4	42%	5	4	2	58%

Figure 27: "Long-term View" QSR Results

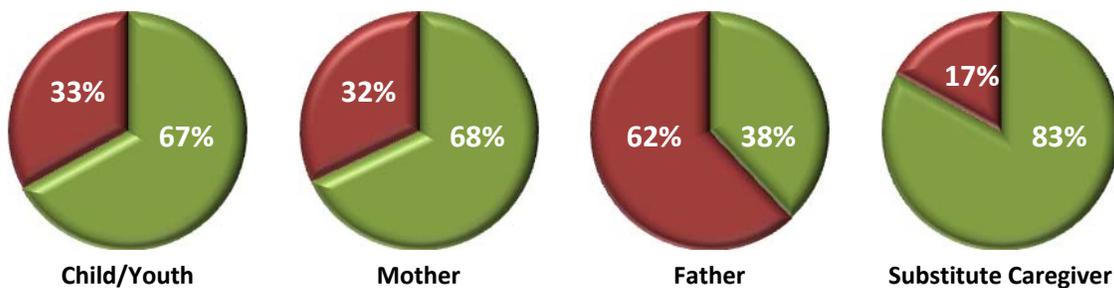
In over half of the cases (58%) the long-term view indicator was rated as acceptable. Reviewers attributed the acceptable ratings to effective teaming, clear plans to achieve permanency, and consensus among all parties on the family's goals.

Of the eight cases where the indicator was rated as unacceptable, six were out-of-home cases. Reviewers attributed the unacceptable ratings to "conflicting case planning" between the county and the service providers and noted improved teaming would help to diminish this from occurring in the future. Reviewers also recommended increased use of permanency planning conferences to discuss permanency planning with the children/youth and family.

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.



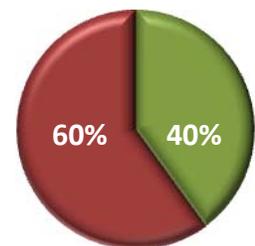
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	18	0	2	4	33%	3	7	2	67%
Mother	19	0	1	5	32%	4	7	2	68%
Father	13	3	2	3	62%	2	2	1	38%
Substitute Caregiver	12	0	1	1	17%	2	7	1	83%
Total	-	3	6	13	35%	11	23	6	65%

Figure 28: “Child/Youth & Family Planning Process” QSR Results

Sixty-five percent of the cases were rated as acceptable for the family planning process indicator. The “planning process for the substitute caregiver” was most likely (83%) to be rated as acceptable compared to that of the other sub-indicators or participants. Reviewers attributed the unacceptable ratings to: inadequate referrals to behavioral health service providers; multiple assessments, a lack of cohesion in treatment recommendations from these assessments; poor communication among team members; and, families’ disengagement from process. The lack of referrals for these types of services links back to the lack of assessment and understanding of the family as described in the “Assessment and Understanding” indicator.

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 for the child/youth and family 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 after a major change is made in a child/youth’s life to ensure successes are achieved in the home or school situation.



Planning for Transitions & Life Adjustments

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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	15	0	3	6	60%	2	2	2	40%
Total	-	0	3	6	60%	2	2	2	40%

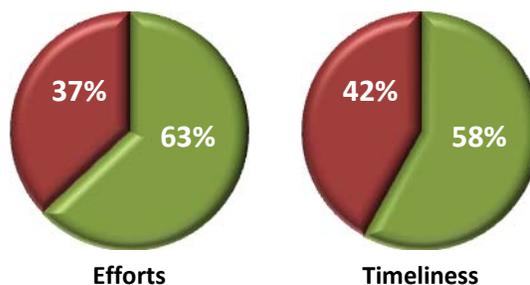
Figure 29: “Planning for Transitions & Life Adjustments” QSR Results

Reviewers rated the planning for transitions and life adjustments indicator as unacceptable (60%) more often than they rated it as acceptable (40%). The majority of the cases where this indicator was rated as unacceptable (78%) were out-of-home cases. Five of those out-of-home cases involved children/youth 12 years or younger at the time of the review, which is unexpected as older youth tend to have more transitions and life adjustments than younger children. Generally, reviewers attributed the unacceptable scores in the cases with younger children/youth to conflicting case plans which resulted from a lack of teaming with service providers. Reviewers recommended utilizing models of intervention and services more frequently, including: family group decision making; high fidelity wraparound; integrated service planning conferences; referrals to specialty supports, such as the Statewide Adoption Network, as well as after school and tutorial supports.

Indicator 8: Efforts for 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 child/youth and family successfully following their exit from protective supervision. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members helping the child/youth and family.

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.³⁰



³⁰Timeliness is rated for out-of-home cases only and has to do with the child’s achieving his/her goal before, in line with, or after expected timing. This timing is based on the goal. For children with goals of reunification, guardianship or permanent placement with a relative, the expected timeframe is 12 months. For children with goals of adoption, the expected timeframe is 24 months. Timeliness rates highest when permanency is achieved before the mandated timelines. The next highest rating assesses whether permanency will occur in the next several months even if the timeframes are not met. Scores for timeliness decrease as the amount of time past the expected timeframes increases.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	19	0	3	4	37%	8	0	4	63%
Timeliness	12	1	0	4	42%	2	3	2	58%
Total	-	1	3	8	39%	10	3	6	61%

Figure 30: "Efforts for Timely Permanency" QSR Results

Just over three-fifths of the cases (61%) were rated as acceptable for the efforts for the timely permanency indicator. The "efforts" (63%) indicator was more likely to be rated as acceptable as the "timeliness" (58%) indicator. Reviewers attributed the unacceptable ratings to the establishment of concurrent goals in an untimely manner and not necessarily being the most appropriate goal for the children/youth.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	7	100%	10	83%	17	89%
Concurrent Goal Established Timely	0	0%	6	50%	6	32%
Total Cases	7		12		19	

Figure 31: Timeliness of Permanency Goals of Focus Children/Youth

As well as assessing the extent to which cases have an assigned primary and concurrent permanency goal, the timeliness³¹ of establishing the goals was assessed. In all in-home cases reviewed, the primary permanency goal was reported as being determined timely. In the majority of the out-of-home cases, the primary permanency goal was reported as having been determined timely (83%). In each of the six out-of-home cases where a concurrent goal had been established, reviewers found that the concurrent goal had been established in a timely manner. The remaining six cases, however, were all rated as untimely due to a lack of any concurrent planning.

³¹ 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.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given ³²	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	2	67%	1	33%	1	100%
Father	2	67%	1	33%		
TPR Finalized						
Mother	0	0%	3	100%		
Father	0	0%	3	100%		

Figure 32: TPR Summary

Five of the out-of-home cases involved a child/youth who had been in-care for 15 of the last 22 months. Of those five cases, two children/youth had a primary permanency goal of “return home,” one had a goal of “other planned placement intended to be permanent/APPLA,” one had a goal of “adoption” and one had a goal of “permanent legal custodian.”

In two of the three cases where a petition for termination of parental rights (TPR) had been filed, the petition was filed in a timely manner.³³ There were no cases where a TPR was finalized on both parents. In the one case in which a TPR was not filed in a timely manner, reviewers noted a compelling reason³⁴ for not doing so: the youth was 17 years old and would turn 18 before the TPR could be finalized. TPR was determined to be appropriate for a child/youth who had not been in care 15 of the last 22 months; it was reported the case met other Adoption and Safe Families Act (ASFA) criteria³⁵ for pursuing termination of parental rights. For this last case, a TPR petition had not been filed at the time of the review.

³² 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.

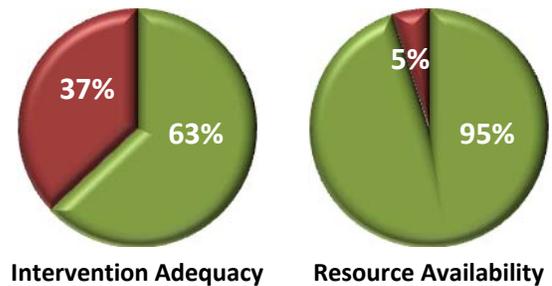
³³ TPR filed timely - TPR is filed when the child has been in care for at least 15 of the most recent 22 months unless there are compelling reasons not to file.

³⁴ 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.

³⁵ 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.

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	19	0	0	7	37%	8	1	3	63%
Availability	19	0	0	1	5%	0	15	3	95%
Total	-	0	0	8	21%	8	16	6	79%

Figure 33: "Intervention Adequacy & Resource Availability" QSR Results

The intervention adequacy and resource availability indicator was considered to be acceptable in 79 percent of the cases reviewed. Cases were more likely to be rated as acceptable for "availability" (95%) than for "adequacy" (63%). The unacceptable ratings were equally distributed over both case types.

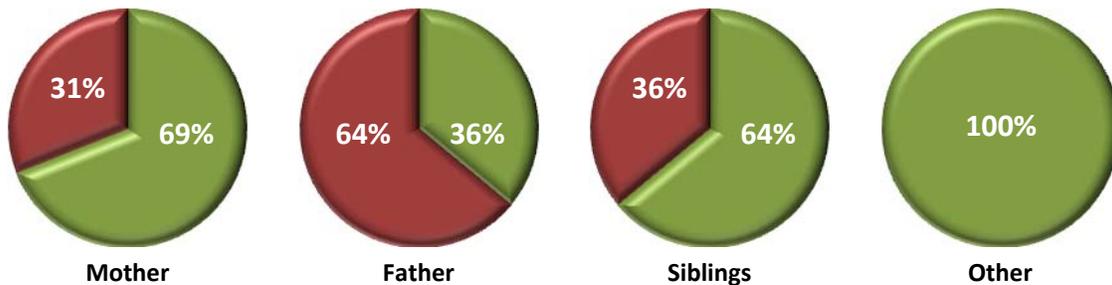
Reviewers noted that when the needs of the family were known, services were adequate to address those needs. The unacceptable ratings on the question of resource adequacy were attributed to the unknown needs of the families, such as medical and mental health needs. By improving the assessments of families these needs can be identified and therefore addressed by service referrals.

Intervention adequacy and resource availability were commonly discussed in all focus groups. One group voiced pride in the county's community partnerships and considerable resources and stated that CYF is creative in utilizing services or building new services to meet unique and emerging needs. Participants identified Family Group Decision-making as a valuable program that should be utilized more in Allegheny County (although there was also an observation shared that there is often a lack of cohesion between family services and FGDM workers.)

Some participants voiced a desire for increased competition among some service types in order to offer families a choice in providers. One group voiced concerns related to delay in administrative approval for purchase of concrete goods that would immediately address family needs and reduce court and CYF involvements. Youth cited the need for greater knowledge of and access to available adult services from local, state and federal agencies to assist with their transition to independent adulthood. They also cited concerns that some staff offer service opportunities to certain youth with whom staff have a relationship, rather than offering the same opportunities to all youth involved in services.

Indicator 10: Maintaining Family Connections

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	13	1	1	2	31%	3	3	3	69%
Father	11	4	1	2	64%	2	1	1	36%
Siblings	11	0	0	4	36%	1	3	3	64%
Other	6	0	0	0	0%	2	3	1	100%
Total	-	5	2	8	37%	8	10	8	63%

Figure 34: "Maintaining Family Connections" QSR Results

Cases were more likely to be rated as acceptable (63%) for maintaining family relationships than unacceptable (37%). The connection between fathers and children/youth, however, was rated as acceptable in only 36% of the applicable cases. In two of the four cases where the fathers were incarcerated at the time of the review, the father was reported to have some visitation with his children/youth. As noted earlier, fathers were less likely to be engaged by the county which may contribute to the unacceptable ratings for “maintaining family connections with the father.”

Child/Youth Placed with:	#	%
All Siblings	4	44%
Some Siblings	1	11%
All Siblings in Separate Foster Homes	3	33%
Total ³⁶	9	100%

Figure 35: Sibling Placement

Nine of the out-of-home cases involved children/youth who also had siblings in care. Of those cases, four children/youth were placed in the same home as their siblings, in one case the child/youth was placed in the same home as “some siblings”, and in the last three cases the child/youth was placed in a separate home than his or her siblings who were also in care. When siblings were separated, a reason for the child/youth’s separation from his/her siblings was documented for all applicable cases. For cases where the children/youth were separated from their siblings, reviewers recommended a plan be established to allow for consistent and frequent sibling visitation.

	#	%
Placed in the Same Community	5	42%
Placed in the Same County	5	42%
Placed in the Same State ³⁷	2	17%
Placed Out of State	0	0%
Total ³⁸	12	100%

Figure 36: Child/Youth’s Proximity to the Removal Home

The majority of the children/youth in care are placed geographically close to the home from which they were removed. The close proximity to their homes contributed to 63 percent of the cases rated as acceptable for the maintaining family connections indicator. To further improve the ability of children in care to maintain relationships with siblings, reviewers suggested including foster parents in the creation of sibling visitation plans.

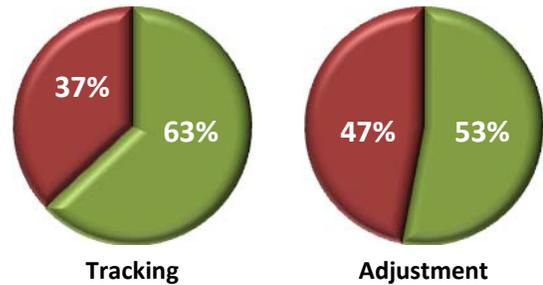
³⁶ Results are not cumulative. Reviewers were instructed to select the best option.

³⁷ One child/youth was placed in Washington County while the other was placed in Butler County.

³⁸ Results are not cumulative. Reviewers were instructed to select the best option.

Indicator 11: Tracking & Adjusting

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



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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	19	0	1	6	37%	7	4	1	63%
Adjustment	19	0	3	6	47%	4	5	1	53%
Total	-	0	4	12	42%	11	9	2	58%

Figure 37: "Tracking & Adjusting" QSR Results

The tracking and adjustment indicator was rated as acceptable in more than half of the cases (58%). "Tracking" (63%) was more likely than "adjustment" (53%) to be rated as acceptable. Two-thirds of the cases where "adjustment" was rated as unacceptable were in-home cases. Reviewers suggested that with improved teaming with service providers and continual assessment, the county would be better aware of when service plans are no longer effective.

Organizational Considerations

Participants in the four focus groups also identified recommendations to improve coordination among systems and positive outcomes for children, youth and their families.

Court Scheduling

- Consideration for six-month reviews instead of three-month reviews;
- Consideration for submission of written reports when direct testimony is not required; and

- Addition of court staff to ameliorate delays and scheduling challenges.

Role of Solicitors

- Solicitors to take the lead in preparing CYF cases for court, including preparation of legal documents; and
- Solicitors to meet with caseworkers prior to Court for testimony review.

Role of Caseworkers

- Caseworkers to receive additional training on court preparation, including strength-based testimony.
- Some focus group participants identified teaming within their respective work units as a strength and gave examples of teamwork shared in their work environments: presence of supervisory staff at court; information sharing; camaraderie and willingness to help among colleagues; and, consistently demonstrated goal of helping families. There was also discussion of how the court could better engage with CYF staff at regional office staff meetings or other events to discuss their concerns and ideas.

Court Environment

- Inclusion of strengths-based testimony to enhance supportive and positive environment at Court;
- Acknowledgement that Court receives positive feedback from families regarding CYF's assistance to families;
- Court's willingness to engage with CYF staff;
- Court's request to receive addenda prior to hearings;
- Court's interest in learning about the state Safety and Risk Assessments and request for assessments to be referenced in court hearings.

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

Domain Ratings	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth/Family Status Domain	249	6	16	33	22%	57	69	68	78%
Practice Performance Status Domain	517	40	47	82	38%	119	158	71	67%
Total	766	46	63	115	29%	176	227	139	71%

Figure 38: “Domain Ratings” QSR Results

Over 70 percent of the ratings were found to be acceptable (rating between 4 and 6). An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (78%) than the Practice Performance domain (67%).

The following sections describe the indicators’ scores which are areas of strengths and those which are areas identified as needing improvement. Each of these sections is further broken out by the major themes identified by the type of rating.

Areas of Strengths

Safe, Happy and Healthy Children and Youth

This area of strength reflects four child status indicators: safety (exposure to threats of harm and risk to self and others); living arrangement; physical health; and, emotional well-being of children and youth. All four child/youth status indicators were found to be acceptable in the majority of the cases reviewed. These four indicators often complement one another in that a child/youth living in an appropriate living arrangement will likely be safe from harm. For those children/youth who were reported to have serious or chronic medical problems and/or diagnosed emotional problems, they were receiving the medical attention and behavioral health treatment they needed to optimize their overall well-being.

Resource Availability

Allegheny County boasts a full array of locally available services in order to implement the intervention and support strategies planned for children/youth and family to meet near-term needs and to achieve the conditions necessary for safe case closure. DHS staff and more than 350 service providers deliver a broad range of services to individuals and families with intellectual disabilities and/or those in need of aging and older adult, behavioral health, or community services. This comprehensive service array provides an opportunity to form

integrated family-serving teams, to better address the needs of children/youth and families holistically and seamlessly. -

Casework Practice

Allegheny County has demonstrated leadership in practice that supports a number of family engagement models, including Family Group Decision Making, Family Finding, High Fidelity Wraparound, and a number of fatherhood initiatives, including DADS Program, UPMC Mathilda Theiss Center's Father's Support Groups, Healthy Start's Male Initiative, National Fatherhood Initiative, and others. Allegheny County has instituted Inua Ubuntu, a cultural and community-based intervention designed to address disproportionality in Allegheny County's child welfare system. The program is focused on African-American males, with the goals of reducing the rate at which African-American males are accepted for services by CYF and reducing the number of African-American males in out-of-home placement in the county. Allegheny County is also a nationally recognized leader in the use of kinship care, giving priority over other out-of-home placement types.

KIDS (Key Information and Demographics System)

Reviewers noted the strength of the KIDS system, developed to support and measure the outcomes of all of its child welfare activities. DHS uses a sustainable, automated web-based application known as KIDS (Key Information and Demographics System) to track services and outcomes for children and families involved in CYF. The application is accessible to all authorized staff and allows the direct input by caseworkers and providers of real-time information. The system supports case management (intake/investigation, in-home services, placement services, and adoption), eligibility and resource/provider management.

Opportunities for Improvement

Teaming

While overall teaming was rated as acceptable in 55 percent of the cases reviewed, it was frequently cited in other indicators (four Practice Performance indicators) as a contributing factor for unacceptable ratings. Reviewers felt several other indicators would benefit by strengthening teaming. Reviewers agreed permanency case planning was often "conflicting;" that team members were under the impression the case's ultimate permanency goal was something other than that which was listed in the case plan and the families were working toward the wrong goal. Service providers were under these misconceptions because there was a lack of communication or teaming and involvement in case planning.

Enhancement of Assessment for Improved Emotional Well-being for All Family Members

At least one family member in each case was reported as having a mental health concern. While mental health concerns appear to be common among the cases in Allegheny County, reviewers noted that these concerns were often not addressed due to a lack of comprehensive assessments of all family members in the case. The county scored well overall for resource

adequacy and availability, but this indicator only measures resource adequacy and availability of needs *known* to the county. Since proper assessment did not occur for all family members, not all mental health needs were known in each case.

Fathers

Fathers as a subcategory indicator were more often than not rated as unacceptable. Engagement with fathers was rated as unacceptable in 67 percent of the cases. Reviewers overwhelmingly attributed this area of improvement to a lack of engagement with fathers. Reviewers expressed a lack of engagement directly resulted in a lack of role and voice, cultural awareness and maintaining family connections with fathers. If fathers are neither identified nor included in case planning and if they are not engaged, there is little opportunity for fathers to have voice or to have their cultures respected and valued, nor can the team make concerted efforts to maintain the fathers' relationships with their children/youth. Reviewers noted that in cases where fathers were engaged, engagement with fathers was occasionally done in conjunction with mothers; the mother and father were engaged as a unit and not individually.

Concurrent Planning

Research shows that concurrent planning "can be an effective tool for expediting permanency."³⁹ Half of the out-of-home cases reviewed did not have a concurrent goal established. Of the six out-of-home cases that did have a concurrent goal, three were determined to be unacceptable based on the facts of the case. Therefore, only a quarter of the out-of-home cases had an appropriate concurrent goal established.

³⁹ United States. Department of Human Services. Administration of Children and Families. *Child Welfare Policy Manual*, § 8.3C.4, 3. Sept. 2001. Web. 10 Mar. 2011. <http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=59>.

KEY QUESTIONS FOR NEXT STEPS PLANNING

Outlined below are questions to consider when reviewing the QSR findings in conjunction with the agency's next steps, as the purpose of these questions is to help move the agency forward toward the next step of the Continuous Quality Improvement process. The development of a County Improvement Plan (CIP) is aimed to help agencies drive organizational improvements by beginning with an analysis of strengths and needs. The QSR findings are one source of data that should be used in conjunction with other data available to the agency to assess where the county is and in what direction you would like to move to improve the outcomes for the children, youth and families that are served by the agency.

Safety Questions

1. How did the agency's actions impact the unacceptable (ratings 1-3) scores associated with the safety related indicators?
2. What can the agency do to improve the safety related scores in the future?
3. How did the agency's actions impact the acceptable (ratings 4-6) scores associated with the safety related indicators?
4. How can the actions of the agency in the reviewed cases be generalized to other cases to promote the quality casework seen in the review?

Permanency Questions

5. How did the agency's actions impact the unacceptable (ratings 1-3) scores associated with the permanency related indicators?
6. What can the agency do to improve the permanency related scores in the future?
7. How did the agency's actions impact the acceptable (ratings 4-6) scores associated with the permanency related indicators?
8. How can the actions of the agency in the reviewed cases be generalized to other cases to promote the quality casework seen in the review?

Well-Being Questions

9. How did the agency's actions impact the unacceptable (ratings 1-3) scores associated with the well-being related indicators?
10. What can the agency do to improve these well-being related scores in the future?
11. How did the agency's actions impact the acceptable (ratings 4-6) scores associated with the well-being related indicators?

12. How can the actions of the agency in the reviewed cases be generalized to other cases to promote the quality casework seen in the review?

Parent/Caregiver Questions

13. How did the agency's actions impact the unacceptable (ratings 1-3) scores associated with the parent/caregiver functioning indicator?
14. What can the agency do to improve these scores in the future?
15. How did the agency's actions impact the acceptable (ratings 4-6) scores associated with the parent/caregiver indicator?
16. How can the actions of the agency in the reviewed cases be generalized to other cases to promote the quality casework seen in the review?

Practice Performance Questions

17. How did the agency's actions impact the unacceptable (ratings 1-3) scores associated with the practice performance indicators?
18. What can the agency do to improve the practice performance related scores in the future?
19. How did the agency's actions impact the acceptable (ratings 4-6) scores associated with the practice performance indicators?
20. How can the actions of the agency in the reviewed cases be generalized to other cases to promote the quality casework seen in the review?

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.