

QUALITY SERVICES REVIEW
BEAVER COUNTY
**CHILDREN AND YOUTH SERVICES/
JUVENILE PROBATION**



Prepared for:
Beaver County Children and Youth Services/Juvenile Probation

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Background

Implementing change at the local level is critical to the achievement of positive child, youth and family outcomes, particularly in a state-supervised and county-administered state. A well-developed Continuous Quality Improvement (CQI) process will be one vehicle to drive change forward in Pennsylvania. Continuous quality improvement is not a time limited project or initiative. Casey Family Programs and the National Resource Center for Organizational Improvement define continuous quality improvement as “the ongoing process by which an agency makes decisions and evaluates its progress.” The CQI process being developed in Pennsylvania will support staff in improving their practice which will ultimately lead to healthy children, youth and families. The Quality Services Review (QSR) is one critical component of the CQI process that will be used to assess and monitor progress.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. 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/youth² and the child/youth’s parents and/or caregivers, that status reflecting the outcomes that have been achieved thus far. The QSR serves as a measure of Pennsylvania’s Practice Model and associated standards which have been established to promote a culture of excellence in serving children, youth and families. The Practice Model was developed through consensus among those working at all levels in the system regarding the actions necessary to promote sound outcomes.

Pennsylvania’s *QSR Protocol* is also designed to capture information for the Program Improvement Plan (PIP) that resulted from the most recent Child and Family Services Review (CFSR). The U.S. Department of Health and Human Services (HHS) conducted the second round of CFSRs in Pennsylvania in 2008. Items found not to be in substantial conformity had to be addressed in the statewide PIP, which was approved by the Administration for Children and Families (ACF). The QSRs are being utilized as one way to gauge progress in meeting the safety, permanency and well-being needs of children, youth and families. During the first year following the approval of the PIP (July 1, 2010 – June 29, 2011), Pennsylvania established a baseline for nine specific CFSR items needing improvement; during the second year, progress is

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

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

being measured against the baseline on an item-by-item basis. The phased in approach to this statewide CQI effort allows for ongoing evaluation and monitoring of child welfare practice in the Commonwealth. This ongoing monitoring will continue to provide data that will allow the Pennsylvania Office of Children, Youth and Families to better monitor the quality of practice across the Commonwealth.

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 it served during federal fiscal year 2008. Beaver County falls into stratum V, meaning that there were ten cases selected for review -- four in-home cases and six placement cases, one of which was a “shared case.”³ The in-home sample is family-based⁴ and was selected for Beaver County from a list provided by the county of families with open in-home cases on February 22, 2012. The placement sample is child-based and was selected for Beaver County from a list provided by the county of 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 in-home cases selected for review, one child was randomly selected as the “focus child” about whom reviewers were asked to rate the child-specific indicators.

The QSR process combines the use of focus groups and key stakeholder interviews with the use of in-depth case reviews to create a multi-method qualitative inquiry process. Focus group and key stakeholder interviews provide information about local practices, resources, collaboration, coordination, and working conditions that helps to provide context for and explain the case-specific review findings which provide a set of micro-point, drill-down analyses that reveal how well children, youth and their caregivers are benefiting from practices and services they are receiving in local sites. The micro- and macro-views of practice are combined to develop a big-picture understanding of local review results and factors that have shaped current outcomes. The QSR process measures both:

- the current status of the family including both the parents or caregivers and the selected focus child for in-home cases, and
- the quality of practice exhibited by the county.

³ 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.

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).

Beaver County conducted its QSR over three days in May 2012. Over the course of the review, 122 interviews were conducted, an average of 12.2 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 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 leading up 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 percentage of cases rated as “acceptable” and “unacceptable” is calculated for each indicator, with scores between 1 and 3 representing the “unacceptable” range and scores between 4 and 6 representing the “acceptable” range.

Feedback from the focus groups and key stakeholder interviews is used in conjunction with results of reviewed cases and incorporated into the Next Steps Meeting so that the county can utilize this information in the development of its county improvement plan. Participants included Office of Children, Youth and Families case workers, supervisors, and judges/court officials, youth, mental health/mental retardation service providers, and a roundtable group. Each group identified key strengths and challenges for Beaver County and offered a number of recommendations to improve outcomes for children, youth and families. Information gleaned from the focus groups and interviews is included within this report. Themes which are not attributed to specific review indicators are outlined in the Organizational Considerations section.

How the Report is Organized

This report consists of five major sections, all of which explain the findings of the Beaver 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 are compared, when possible, to the entire Beaver County foster care population. 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 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 county staff 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 *Pennsylvania Quality Service Review Protocol Version 2.0*.⁵

⁵ <http://www.pacwcbt.pitt.edu/Resources/PA%20QSR%20Protocol%20Version%202%200.pdf>

CHILD/YOUTH DEMOGRAPHICS

As noted earlier, of the ten cases reviewed in Beaver County four were in-home cases and six were out-of-home cases, one of which was a shared case. Demographic breakdowns of the sampled cases and Beaver County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population ⁶
	#	%	#	%	#	%	%
Male	1	25%	3	50%	4	40%	49%
Female	3	75%	3	50%	6	60%	51%
Total	4	100%	6	100%	10	100%	100%

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% ⁷	#	%	%
0 – 6	1	25%	0	0%	1	10%	44%
7 – 14	2	50%	1	17%	3	30%	30%
15 – 18	1	25%	5	83%	6	60%	26%
19 +	0	0%	0	0%	0	0%	0%
Total	4	100%	6	100%	10	100%	100%

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

The distribution by gender of the children/youth from the sampled out-of-home cases reflects the distribution of Beaver County's foster care population. However, the age distribution of the sampled children/youth is not similar to the Beaver County foster care population. Nearly half (44%) of the county's foster care population is under the age of seven yet no child/youth from the sample represents this age group. Instead, the children/youth from the sampled out-of-home cases are almost all over the age of 14.

⁶ Percentages were determined based on the total number of children in care on February 22, 2012 [n=57].

⁷ Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity ⁸	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	2	50%	4	67%	6	60%	53%
Black/African-American	2	50%	4	67%	6	60%	47%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	0%
Unknown	0	0%	0	0%	0	0%	-
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	0	0%	0	0%	0	0%	4%
Total	4		6		10		

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

The distribution of race, as seen in Figure 2, is relatively similar between the out-of-home cases reviewed and Beaver’s overall foster care population.

Current Placement	In-home		Out of Home		Foster Care Population ⁹
	#	%	#	%	%
Birth home (Biological Mother)	3		-	-	-
Birth home (Biological Father)	0		-	-	-
Birth home (Both Biological Parents)	0		-	-	-
Pre-Adoptive Home	-	-	-		4%
Post-Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	2	33%	
Therapeutic foster home	-	-	0	0%	47%
Formal kinship foster home	-	-	0	0%	
Informal kinship foster home ¹⁰	1	-	0	0%	
Subsidized/Permanent Legal Custodianship	-	-	0	0%	28%
Group/congregate home	-	-	0	0%	9%
Residential treatment facility	-	-	2	33%	
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	1	17%	7%
Other ¹¹	-	-	1	17%	5%
Total	4	100%	6	100%	100%

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

⁸ Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.

⁹ 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.

¹⁰ Child/youth is living with his/her maternal grandmother at the request of the biological mother.

¹¹ The “other” placement setting was reported as maternal grandmother’s house, as this was a trial home visit but the child is officially in “traditional foster care”.

Figure 3 displays the current placement types of the sampled children/youth and Beaver County’s foster care population. Three of the four in-home cases involved children/youth who were living at home with only their birth mothers. One case involved a child/youth living at the maternal grandmother’s home.

Half of the children/youth from the sampled out-of-home cases were placed in traditional foster homes; one child/youth was reported as being in an “other” setting due to being on a trial home visit during the review period.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	3	75%	3	75%	6	75%
Lack of Parenting Skills	3	75%	3	75%	6	75%
Overwhelming Child Care/Parenting Responsibilities	3	75%	3	75%	6	75%
Insufficient Income	3	75%	2	50%	5	63%
Other medical Condition	1	25%	3	75%	4	50%
Difficulty Budgeting	3	75%	1	25%	4	50%
Inadequate Housing	3	75%	1	25%	4	50%
Lack of Transportation	3	75%	1	25%	4	50%
Chronic Illness	3	75%	0	0%	3	38%
Drug Abuse/Addiction	2	50%	1	25%	3	38%
Alcohol Abuse/Addiction	1	25%	2	50%	3	38%
Family Discord/Marital Problems	1	25%	2	50%	3	38%
Physical Disability	1	25%	1	25%	2	25%
Job Related Problems	1	25%	1	25%	2	25%
Unstable Living Conditions	1	25%	1	25%	2	25%
Learning Disability	1	25%	0	0%	1	13%
Recent Relocation	1	25%	0	0%	1	13%
Social Isolation	1	25%	0	0%	1	13%
Legal Problems	1	25%	0	0%	1	13%
Domestic Violence	1	25%	0	0%	1	13%
Applicable Cases	4		4		8	

Figure 4: Identified Stressors of Mothers

Overall, “mental health problems,” “lack of parenting skills,” and “overwhelming childcare/parenting responsibilities” were listed as the most-identified stressors among the mothers of the applicable sampled cases, as seen in Figure 4.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Insufficient Income	1	25%	1	25%	2	25%
Family Discord/Marital Problems	1	25%	1	25%	2	25%
Lack of Parenting Skills	1	25%	1	25%	2	25%
Mental Health Problems	1	25%	0	0%	1	13%

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Learning Disability	1	25%	0	0%	1	13%
Drug Abuse/Addiction	1	25%	0	0%	1	13%
Neglect	1	25%	0	0%	1	13%
Job Related Problems	0	0%	1	25%	1	13%
Lack of Transportation	1	25%	0	0%	1	13%
Legal Problems	1	25%	0	0%	1	13%
Incarceration	1	25%	0	0%	1	13%
Domestic Violence	1	25%	0	0%	1	13%
Overwhelming Child Care/Parenting Responsibilities	0	0%	1	25%	1	13%
None	1	25%	0	0%	1	13%
Other	0	0%	1	25%	1	13%
Unknown	1	25%	0	0%	1	13%
Applicable Cases	4		4		8	

Figure 5: Identified Stressors of Fathers

When stressors of the fathers were known they were most often reported as “insufficient income,” “family discord/marital problems” and, like mothers, a “lack of parenting skills”.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Overwhelming Child Care/Parenting Responsibilities	1	25%	1	25%	2	25%
Mental Health Problems	1	25%	0	0%	1	13%
Chronic Illness	1	25%	0	0%	1	13%
Other medical Condition	1	25%	0	0%	1	13%
Drug Abuse/Addiction	1	25%	0	0%	1	13%
Insufficient Income	0	0%	1	25%	1	13%
Difficulty Budgeting	0	0%	1	25%	1	13%
Recent Relocation	0	0%	1	25%	1	13%
Lack of Transportation	1	25%	0	0%	1	13%
Family Discord/Marital Problems	1	25%	0	0%	1	13%
None	0	0%	1	25%	1	13%
Mental Health Problems	1	25%	0	0%	1	13%
Applicable Cases	4		4		8	

Figure 5: Identified Stressors of Caregivers

Much like mothers, caregivers were most often reported as having “overwhelming childcare/parenting responsibilities.”

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
School Related Problems	2	50%	6	100%	8	80%
Mental Health	2	50%	5	83%	7	70%
Emotional Disturbance	1	25%	5	83%	6	60%
Undiagnosed/Untreated Behavioral Problems	1	25%	3	50%	4	40%
Drug Abuse/Addiction	0	0%	3	50%	3	30%
History of Sexual Abuse	0	0%	3	50%	3	30%
History of Physical Abuse/Inappropriate Discipline	0	0%	3	50%	3	30%
History of Emotional Abuse	0	0%	3	50%	3	30%
Delinquent Behaviors	0	0%	3	50%	3	30%
Learning Disability	0	0%	3	50%	3	30%
Developmental Delay	0	0%	2	33%	2	20%
Substance Exposed	0	0%	1	17%	1	10%
Alcohol Abuse/Addiction	0	0%	1	17%	1	10%
Witnessed Domestic Violence	0	0%	1	17%	1	10%
Other ¹²	0	0%	1	17%	1	10%
Total	4		6		10	

Figure 7: Focus Child/Youth Stressors

Figure 7 shows the children/youth stressors identified by the reviewers. Overall, “school related problems” and “mental health” were the most commonly identified stressors. Eight of the nine children/youth in the sample who were enrolled in school were reported to have a stressor of “school related problems.” Truancy was also reported as an allegation for half of the school-aged children/youth.

¹²The “other” child/youth stressor was reported as “teen parent”.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)¹³						
Rape	0	0%	1	17%	1	10%
Sexual Assault	0	0%	1	17%	1	10%
Involuntary Deviate Sexual Intercourse	0	0%	1	17%	1	10%
Imminent Risk of Sexual Abuse/Exploitation	0	0%	1	17%	1	10%
General Protection Services (GPS)¹⁴						
Truancy	1	25%	3	50%	4	40%
Parent/Child/Youth Conflict	0	0%	4	67%	4	40%
Lack of Food, Shelter or Clothing	1	25%	2	33%	3	30%
Substance Abuse: Parent	1	25%	2	33%	3	30%
Educational Neglect	1	25%	1	17%	2	20%
Mental Health Concerns	0	0%	2	33%	2	20%
Substance Abuse: Child/Youth	0	0%	2	33%	2	20%
Inappropriate Parenting	1	25%	1	17%	2	20%
Inappropriate Discipline	0	0%	2	33%	2	20%
Substance Exposed Infant: Marijuana	1	25%	0	0%	1	10%
Environmental Neglect	1	25%	0	0%	1	10%
Poor Hygiene	1	25%	0	0%	1	10%
Lack of Medical/Dental Care	0	0%	1	17%	1	10%
Incorrigibility	0	0%	1	17%	1	10%

Figure 8: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases, as listed in Figure 8. The most reported GPS allegations were “truancy” and “parent/child/youth conflict.” The four CPS allegations were reported in two out-of-home cases.

¹³Child 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.

¹⁴General 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 that child/youth. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review.¹⁵

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

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



¹⁵For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	7	0	0	0	0%	5	1	1	100%
Family home #2	2	0	0	0	0%	0	2	0	100%
Substitute Home	6	0	0	0	0%	1	2	3	100%
School	9	0	0	0	0%	2	2	5	100%
Other settings	2	0	0	0	0%	0	1	1	100%
Total	-	0	0	0	0%	8	8	10	100%

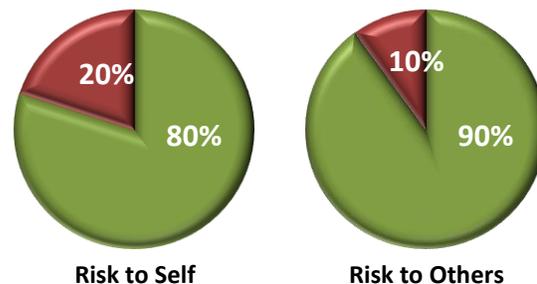
Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. All ratings were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. Acceptable ratings were attributed to parents and caregivers having the capacity to respond to any threats or concerns that arise. The agency's efforts were recognized in the swift and appropriate handling of Childline report allegations, thoroughly investigating the allegation and removing children/youth when necessary to ensure the safety of the children/youth.

Indicator 1b: Safety from Risk to Self/Others

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

This indicator applies only to children/youth ages three or older.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	10	0	1	1	20%	0	4	4	80%
Risk to others	10	0	0	1	10%	2	2	5	90%
Total	-	0	1	2	15%	2	6	9	85%

Figure 10: "Behavioral Risk" QSR Results

Figure 10 gives the frequency of ratings for the Behavioral Risk indicator. In both the "risk to self" and "risk to others" domains, ratings in eight of the ten applicable cases were found to be acceptable. Acceptable ratings were often qualified by the appropriateness of the placement setting, such as residential treatment centers, where staff/caregivers are equipped to deal with instances of safety risks by decreasing the negative behaviors attributed to risk to self and

others. For example, a child/youth from an out-of-home case was known to exhibit self-injurious behaviors but in his/her current placement setting there has not been an incident in over 30 days.

One out-of-home case was rated within the unacceptable range for both sub-indicators. This case involved a youth who disrupted from her foster home because of “conflict” with a “peer” who was also living in the foster home at the time.

Additional Safety Data

Timeliness of Investigations

Two of the four in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling three accepted reports of abuse and neglect. All three reports had the investigation initiated in accordance with state and/or county timeframes¹⁶ and within the requirements for a report of the assigned priority. Face-to-face contact was made with the child/youth within the required timeframe for each report. Both of the in-home cases were rated as a “strength” for the timeliness of the investigation.

Three of the six out-of-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling four accepted reports of abuse and neglect. All four reports had the investigation initiated in accordance with state and/or county timeframes and within the requirements for a report of the assigned priority. In all but one of those same four reports, face-to-face contact had been made with the child/youth within the required timeframe. Despite workers in one case having failed to make contact with the child within the required timeframe, all three of the applicable out-of-home cases were rated as a “strength” for the timeliness of the investigation.

PERMANENCY

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

¹⁶ 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.

Indicator 2: Stability

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

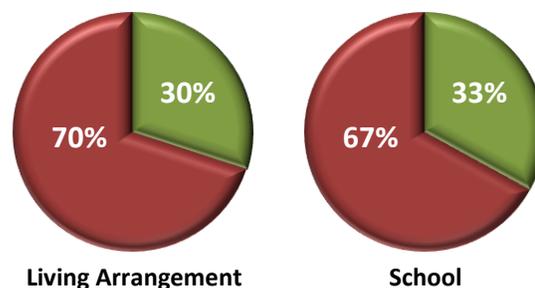


Figure 11: "Stability" QSR Results

Sixty-eight percent of the overall ratings for stability were rated as unacceptable. Both ratings for living arrangement and school were equally likely to be rated in the unacceptable range. Among out-of-home cases behavioral problems on the part of the children/youth was often cited as a reason for recent and upcoming placement disruptions. Instability among in-home cases was attributed to a variety of reasons, such as housing loss and frequent moving to secure subsidized housing. But not all of the instability was unwanted; a mother from an in-home case is set to be discharged from a drug treatment facility and she and her child/youth will move to a permanent home.

Regardless of case type, a change in living arrangement was almost always accompanied by a change in school settings. In one in-home case the frequent moving required the child/youth to not only change schools but also school districts. As will be discussed later in the report, school instability can disrupt the academic success of children/youth.

Indicator 3: Living Arrangement

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1 ¹⁷	6	0	0	1	17%	4	0	1	83%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute home	6	0	0	1	17%	2	2	1	83%
Total	-	0	0	2	15%	6	3	2	85%

Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for 85 percent of the ratings. Reviewers recognized the efforts of substitute caregivers to provide safe and appropriate homes for children/youth where caregivers meet the specific needs of the child/youth. Reviewers also recognized that while the current placements of children/youth from out-of-home cases were not always stable and were not being considered

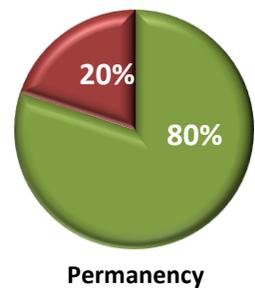
¹⁷ Family home #1 was rated for all four in-home cases but was only applicable to two out-of-home cases.

as permanency options, they were the most appropriate setting to meet the specific needs of the children/youth at that point in time.

Maternal grandmothers were found to be providing appropriate living arrangements in two separate cases (one in-home and one out-of home). The in-home case involved the grandmother taking the child/youth into her home at the request of the child/youth’s mother. This arrangement prevented a formal removal of the child/youth and allows the child/youth to remain with family and see his/her parents regularly. A child/youth from an out-of-home case is formally placed in a traditional foster home but has been on an extended trial home visit with the maternal grandmother. The grandmother’s home has been reported as safe and appropriate.

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 remain in this role until the child/youth reaches adulthood and will continue to provide enduring family connections and supports into adulthood. Where such support is not available, the review assesses the timeliness of the permanency efforts to ensure that the child/youth will be enveloped in enduring relationships that will provide a sense of family, stability, and belonging.



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	10	0	0	2	20%	5	3	0	80%
Total	-	0	0	2	20%	5	3	0	80%

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed to be acceptable in eight of the ten cases reviewed. Of the five ratings reported as acceptable among the out-of-home cases, two cases are nearing a case closing which will result in reunification. The grandparents in a third case are ready to become the permanent guardians of a 17-year-old youth and the youth’s infant but a court order requires the youth to significantly improve academically before permanency will be granted. In one in-home case, the maternal grandmother has applied to gain full custody of the child/youth who has been residing with her throughout the case. The children/youth from the two other in-home cases rated as acceptable were not reported to be in threat of removal.

Two cases were rated as unacceptable. In the in-home case, the child/youth is expected to move again in the near future. Reviewers stated there is no permanency plan developed for the child/youth whose mother's health is declining in the event she is unable to care for her child/youth. The out-of-home case involves a 17-year-old youth residing in a residential treatment facility; the youth is uncertain about what he/she wishes to do once he/she turns 18. Due to the indecisiveness no transition plan has been developed.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care ¹⁸ Population
	#	%	#	%	%
<i>In-Home Cases</i>					
Remain in Home	4	100%	-	-	
Adoption	0	0%	0	0%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	0	0%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	4	100%	
Total	4	100%	4	100%	
<i>Out-of-Home Cases</i>					
Return Home	5	83%	0	0%	74%
Adoption	0	0%	0	0%	11%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	9%
Placement with a Fit and Willing Relative	1	17%	2	33%	2%
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	4%
Emancipation	-	-	-	-	0%
No Goal Established	0	0%	4	67%	0%
Total	6	100%	6	100%	100%

Figure 14: Permanency Goals of Focus Children/Youth and Countywide Foster Care Population

Figure 14 shows the permanency goals of the sampled children/youth and those of Beaver County's entire foster care population. The primary permanency goal for all in-home cases reviewed was to "remain in the home." The distribution of the primary goals for children/youth from the out-of-home sample is roughly similar to that of the Beaver County foster care population, with the majority of cases having a goal of "return home."

Two of the six out-of-home cases were reported to have a concurrent goal. The concurrent goal was reported as "placement with a fit and willing relative" in both cases. No in-home cases were reported to have established concurrent permanency goals.

¹⁸ 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.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	4	100%	6	100%	10	100%
Concurrent Goal Appropriate	0	0%	2	33%	2	20%
Total Cases	4		6		10	

Figure 15: Appropriateness of Permanency Goals of Focus Children/Youth

As well as identifying the primary and concurrent permanency goals of the children/youth involved in the cases reviewed, the appropriateness of the goals was also assessed, as seen in Figure 15. The primary permanency goal was considered appropriate for all children/youth. Only two of the six out-of-home cases had a concurrent goal; both were found to be appropriate.

Additional Permanency Data

Caseworker Turnover

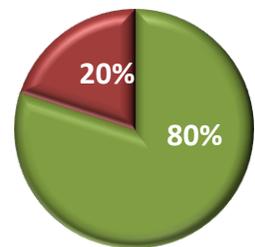
The average number of caseworkers assigned to the in-home cases under review was 2.5 caseworkers, with no more than four workers assigned to each case over its history. The number of caseworkers assigned to the out-of-home cases under review averaged 3.7 caseworkers, with a minimum number of two and a maximum number of five workers having been assigned.

WELL-BEING

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

Indicator 5: Physical Health

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



Physical Health

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	10	0	0	2	20%	1	2	5	80%
Total	-	0	0	2	20%	1	2	5	80%

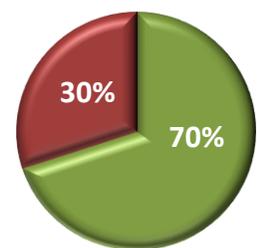
Figure 16: "Physical Health" QSR Results

Figure 16 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for eight of the ten cases reviewed. The review found that while some children/youth had chronic and/or serious medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. When medical needs arise they are immediately met and medication is routinely monitored by both parents/caregiver and school personnel.

Weight gain was cited as a health issue in two in-home cases and one out-of-home case but only the child/youth from the out-of-home case was reported to be seeing a physician (specifically a nutritionist) to monitor and address the health concern.

Indicator 6: Emotional Well-being

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



Emotional Well-being

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	10	0	0	3	30%	5	2	0	70%
Total	-	0	0	3	30%	5	2	0	70%

Figure 17: "Emotional Well-being" QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 70 percent of the cases reviewed, the emotional well-being of the child/youth was rated within the acceptable range. Reviewers found children/youth were encouraged to build strong relationships with their peers and families. Children/youth reported they have made great strides in developing social skills, establishing positive relationships with their siblings and adult

supports, successfully ceasing to take ADHD medication (under the supervision of a doctor), and admitting when they are in need of and accepting help when they feel emotionally overwhelmed.

The single unacceptable rating for an in-home case was attributed to untreated depression for a child/youth which caused him or her to be pulled from public school and be home-schooled. The symptom of this depression has been significant weight gain.

Two out-of-home cases were also rated unacceptably for this indicator. While one child/youth was reported to be establishing positive relationships with his/her mother and siblings, he/she also needed mental health services to deal with grief and loss. The second case involves a youth who was reported to have difficulty with social interactions and forming positive peer relationships.

Indicator 7a: Early Learning & Development

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



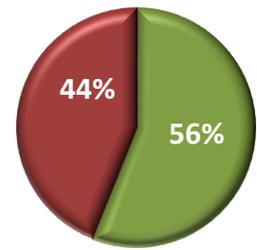
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	1	0	0	0	0%	0	0	1	100%
Total	-	0	0	0	0%	0	0	1	100%

Figure 18: "Early Learning & Development" QSR Results

The single in-home case for which this indicator is appropriate was rated as acceptable. The child was reported to be developing appropriately and on target with developmental milestones.

Indicator 7b: Academic Status

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



Academic Success

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	9	0	3	1	44%	1	4	0	56%
Total	-	0	3	1	44%	1	4	0	56%

Figure 19: "Academic Status" QSR Results

The frequency of ratings for the Academic Status indicator is displayed in Figure 19. The academic status was considered acceptable in 56 percent of the applicable cases.

Unacceptable ratings were attributed to school settings which disrupted, often due to frequent moves in living arrangements. Several children/youth were described as being a grade behind or at risk of failing to advance to the next grade level. Two children/youth are enrolled in cyber-school; this setting does not provide enough structure and the children/youth were reported as not completing assignments and "hanging up" on the online instructor. Participants of the Independent Living (IL) Youth focus group agreed cyber school is not always a benefit to children/youth.

The permanency of a 17 year old youth, and by extension the permanency of the youth's infant, from an out-of-home case is dependent on the academic success of the youth. A judge ordered the youth's current placement setting (kinship home: grandparents) not become permanent until the youth's grades significantly improve.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	2	67%	3	50%	5	56%
Alternative Education	0	0%	1	17%	1	11%
Other ¹⁹	1	33%	2	33%	3	33%
Total	3	100%	6	100%	9	100%

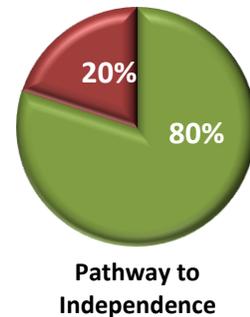
Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Nine of the sampled children/youth are enrolled in school; of those, eight (89%) were reported to have “school-related problems” identified as a stressor.

There were six cases (two in-home and four out-of-home) in which reviewers felt that an individualized educational plan (IEP) was warranted, but only two cases, one in-home and one out-of-home, had such a plan.

Indicator 8: Pathway to Independence

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	5	0	0	1	20%	4	0	0	80%
Total	-	0	0	1	20%	4	0	0	80%

Figure 21: “Pathways to Independence” QSR Results

As seen in Figure 21, four of the five applicable cases (four out-of-home and one in-home case) were rated as acceptable for the "Pathway to Independence" indicator. Youth are being offered and taking advantage of the independent living services made available in the majority of cases. One youth from an out-of-home case was reported to be indecisive about whether he

¹⁹The “other” school settings were described as an “RTF on grounds schooling” and a “cyber” school was reported for one in-home and one out-of-home case.

or she will remain in care beyond his or her 18th birthday but has been participating in IL services and has obtained employment. Another youth from an out-of-home case is also participating in IL services and has recently stated his desire to become an architect. The “treatment team” will continue to support the youth in this goal by exploring how this goal can be achieved.

The single unacceptable rating is associated with a case in which the youth has been offered IL services but refuses to participate. The foster parents do not encourage IL skills in the home; in fact, the youth is disallowed from performing household chores, such as using the washer and dryer.

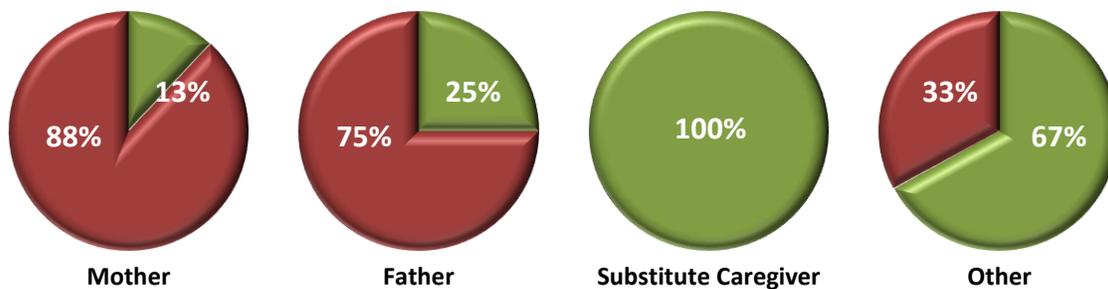
Participants of the IL Youth focus group stated the IL Program is helpful to youth and has been responsible for making youth more self-sufficient.

PARENT/CAREGIVER FUNCTIONING

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

Indicator 9: Parent/Caregiver Functioning

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	8	2	0	5	88%	1	0	0	13%
Father	4	1	1	1	75%	1	0	0	25%
Substitute Caregiver	3	0	0	0	0%	2	1	0	100%
Other	6	0	0	2	33%	0	4	0	67%
Total	-	3	1	8	57%	4	5	0	43%

Figure 22: “Caregiver Functioning” QSR Results

As seen in Figure 22, the caregiving functioning of the parents was found to be significantly lacking. Mothers were only found to be performing acceptably at their caregiving function in one case; similarly, the father’s functioning as a caregiver was rated acceptable in just one

applicable case. This finding is extremely disconcerting since two out-of-home cases will be closing in the very near future and the children/youth will be returning to the parent's homes.²⁰

Parents, particularly mothers, are reported as being inconsistent caregivers. The stressors parents face, financial problems, housing issues, drug and alcohol abuse, health concerns which limit cognitive functioning, and distance from their children/youth are overwhelming to them and negatively impacting their caregiving functioning. Parents' needs are being assessed and understood but there is a lack of commitment on their part to follow through with services and non-service centric recommendations (specifically in securing employment and stable housing). A mother from an out-of-home case was said to specifically "avoid appointments" with service providers on the weekends. Another mother from an out-of-home case continues to abuse alcohol and recently consumed alcohol during a supervised visit. Further, mothers verbalize their understanding of necessary parenting skills but consistently lack appropriate supervision skills. For example, both the mother and father from an in-home case were not supervising their three year old child while at a park; the child has a history of wandering off and ended up missing for a time.

One factor contributing to consistently low assessments of caretaker functioning, according to Roundtable participants, is that drug abuse is considered acceptable behavior among many caregivers.

²⁰The in-home case without a goal of remaining in the home of the parents involved a child/youth residing with his/her maternal grandmother during the case and the grandmother is working towards gaining full legal custody of the child/youth.

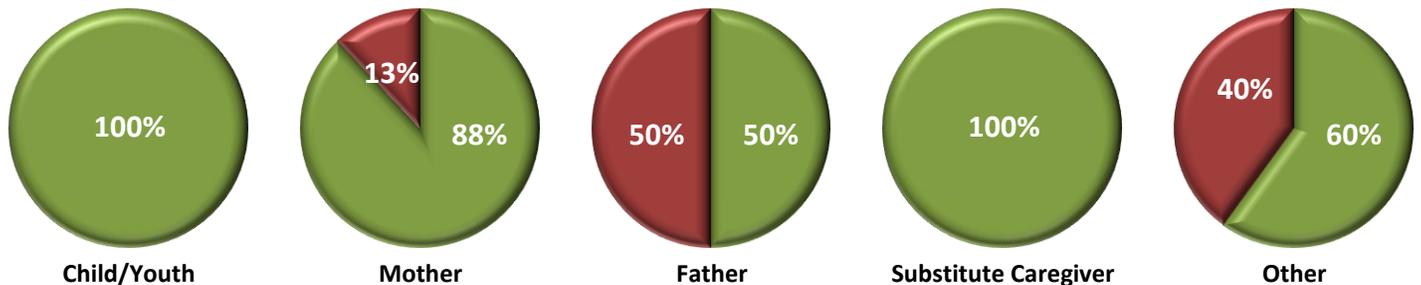
PRACTICE PERFORMANCE STATUS DOMAIN

The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the on-site review, unless otherwise indicated.

Indicator 1a: Engagement Efforts

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	10	0	0	0	0%	2	6	2	100%
Mother	8	0	0	1	13%	2	3	2	88%
Father	4	2	0	0	50%	1	1	0	50%
Substitute Caregiver	7	0	0	0	0%	1	5	1	100%
Other	5	0	1	1	40%	0	3	0	60%
Total	-	2	1	2	15%	6	18	5	85%

Figure 23: "Engagement Efforts" QSR Results

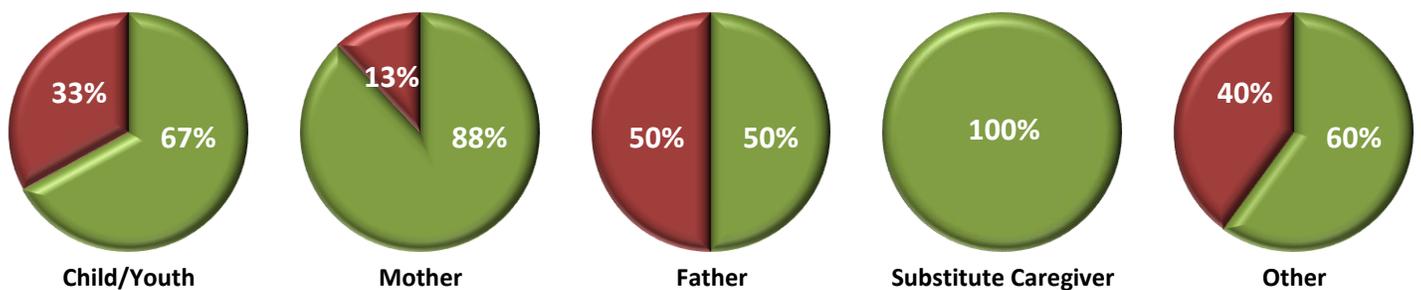
Figure 23 shows the ratings for the Engagement Efforts indicator. Overall, 85 percent of all ratings for this indicator were acceptable over the five sub-indicators. Engagement with mothers (88%) was more likely to be rated within the acceptable range than engagement with fathers (50%). Regardless of case type, when engagement was evident, parents and caregivers reported that the county was consistent in contacting them and offered meaningful explanations of case goals and planning.

Considering that four of the five out-of-home cases have a primary permanency goal of “return home” and all in-home cases have a reported goal of “remain in the home” and an acceptable level of engagement has been established with mothers, perhaps this rapport can be utilized to encourage service participation and progress toward other goals which will lead to improved caregiver functioning and case closure.

Fathers were acceptably engaged in half of the applicable cases. One father from an in-home case stated that though he lives in Florida he wants to become more involved in the case and with his child/youth. There is no indication, however, that the agency has made efforts to include the father.

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	9	1	0	2	33%	3	1	2	67%
Mother	8	0	0	1	13%	3	3	1	88%
Father	4	1	1	0	50%	1	1	0	50%
Substitute Caregiver	7	0	0	0	0%	1	4	2	100%
Other	5	0	1	1	40%	1	1	1	60%
Total	-	2	2	4	24%	9	10	6	76%

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Overall, just over three-fourths (76%) of the ratings for this indicator were deemed acceptable. Role and Voice was most likely to be rated as acceptable for the substitute caregiver (100%) and the mother (88%). The same mothers and fathers who were acceptably engaged were also given an acceptable role and voice.

Children/youth were reported to have been engaged in all applicable cases but only given an acceptable role and voice in 67 percent of applicable cases. The three cases where role and voice were found to be unacceptable involved 15- and 17-year-old youth in out-of-home cases, and an 11-year-old youth in an in-home case. In each case, the children/youth reported they are not involved in the service planning process. Children/youth with acceptable role and voice ratings were reported to be able to advocate for themselves and have the confidence to speak up and voice their wishes. Participants of the IL Youth focus group stated youth should be given a stronger voice regarding "where they are placed and what happens to them."

	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%	2	50%	1	25%	0	0%	1	25%	0	0%	4	100%
Mother	0	0%	2	50%	1	25%	1	25%	0	0%	0	0%	4	100%
Father	0	0%	0	0%	0	0%	0	0%	1	25%	2	50%	4	100%
Out-of-home														
Child	0	0%	0	0%	3	50%	3	50%	0	0%	0	0%	6	100%
Mother	0	0%	1	17%	2	33%	1	17%	0	0%	0	0%	6	100%
Father	0	0%	0	0%	0	0%	1	17%	1	17%	1	17%	6	100%
Combined														
Child	0	0%	2	20%	4	40%	3	30%	1	10%	0	0%	10	100%
Mother	0	0%	3	30%	3	30%	2	20%	0	0%	0	0%	10	100%
Father	0	0%	0	0%	0	0%	1	10%	2	20%	3	30%	10	100%

Figure 25: Caseworker Visits

The frequency of visits between the caseworkers (or other responsible parties) and the focus children/youth was found to be sufficient to address the issues pertaining to the safety, permanency and well-being of the focus children/youth and promote the achievement of case

plan goals in all four of the in-home cases. In each of the six out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the children/youth was reported to be sufficient.

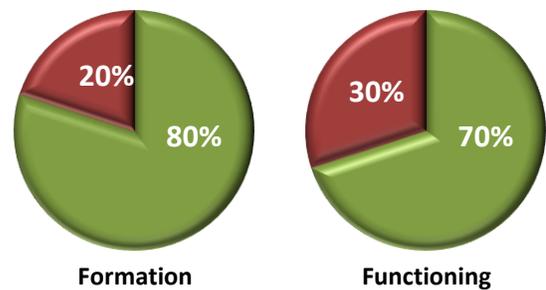
The frequency of visits between the caseworkers (or other responsible parties) and the mothers was considered sufficient in the in-home cases as well as the four applicable out-of-home cases.

The frequency of visits between the caseworkers (or other responsible parties) and the father was found to be insufficient in three of the four applicable in-home cases. In two of the three applicable out-of-home cases, the frequency of visits between the caseworkers (or other responsible parties) and the father was reported as sufficient.

There was at least one other child/youth residing in the home in four in-home cases reviewed. Of the seven additional children/youth, five were visited more than once a week, one was visited once a week, and the last additional child/youth was visited at least once a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for all seven 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 professional knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should demonstrate a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	10	0	2	0	20%	2	4	2	80%
Functioning	10	1	1	1	30%	4	2	1	70%
Total	-	1	3	1	25%	6	6	3	75%

Figure 26: "Teaming" QSR Results

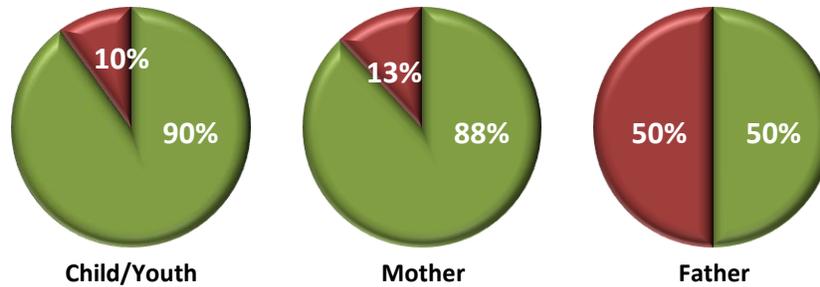
Overall, the Teaming indicator was rated as acceptable in 75 percent of the ratings. The "formation" indicator was rated as acceptable (80%) for a higher proportion of cases than the "functioning" (70%) indicator, meaning that when teams did form they were not guaranteed to function successfully, though most did. What the cases with acceptable teaming had in common was strong communication among the team members who are described as being comprised of professionals from a broad service array, a sound understanding of the family dynamics and functioning, and discernible engagement with the parents/caregivers. One out-of-home case reported the identified team leader to be the caseworker who not only is responsible for disseminating information but also collecting feedback from each team member.

A team from an out-of-home case included the 17-year-old youth as an active member. The team experience assisted in strengthening the youth's bonds to the treatment team members and increased the youth's commitment to attend services and advance towards independent living.

Collaboration among the agency and service providers is strong, though a bit strained among mental health service providers. Caseworkers stated in their focus group that the strained relationship may have to do with the limited mental health services and the level of difficulty caseworkers face accessing those services.

Indicator 3: Cultural Awareness & Responsiveness

Making cultural accommodations may involve a set of strategies used by practitioners to individualize the service process to improve the "goodness-of-fit" between family members and providers who work together in the family change process. The term "culture" is broadly defined; 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., culture of poverty, urban and rural dynamics, faith and spirituality and youth culture). It examines if the natural, cultural, or community supports, appropriate for this child/youth and family, are being provided; and, if necessary, supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes in use among the child/youth and family.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	10	0	0	1	10%	3	5	1	90%
Mother	8	0	0	1	13%	3	3	1	88%
Father	4	0	2	0	50%	2	0	0	50%
Total	-	0	2	2	18%	8	8	2	82%

Figure 27: “Cultural Awareness & Responsiveness” QSR Results

The Cultural Awareness and Responsiveness indicator was rated as acceptable in 82 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally addressed. According to reviewers, caseworkers were culturally competent and there were no issues regarding the family’s cultural needs in the majority of cases.

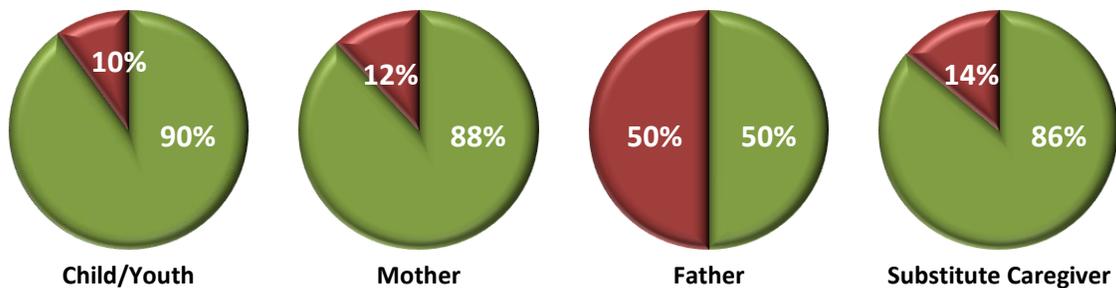
In one out-of-home case the entire team acknowledged the cultural needs of an adoptive father, although conflicts between the father and team were apparent. Reviewers stated the team treats the father with respect but they have a difficult time relating to his “frame of reference as an older, African American male, who is a leader in his community and church or to see why it is difficult for [the father] to admit to personal weaknesses or the need for help in parenting [and] understanding teens today.”

According to the IL Youth focus group participants many foster parents are not culturally fit. Youth find it difficult to maintain their regular activities (sports and social events) while in care.

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 family's history and is supplemented by the assessment/evaluation of the child/youth and family's current situation, environment, and support networks. This indicator assesses the degree to which the team has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth’s and family's strengths and needs based on the underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and

dreams. It assesses the development of an understanding of what changes must take place in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. The team's assessment and understanding of the child/youth and family situation should evolve throughout the family change process, and ongoing assessments of the child/youth and family situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.



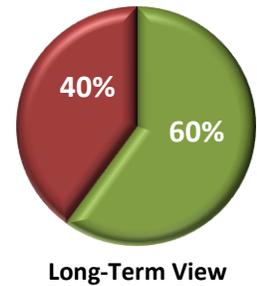
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	10	0	0	1	10%	3	4	2	90%
Mother	8	0	0	1	13%	2	5	0	88%
Father	4	0	2	0	50%	1	0	1	50%
Substitute Caregiver	7	0	0	1	14%	3	1	2	86%
Total	-	0	2	3	17%	9	10	5	83%

Figure 28: "Assessment & Understanding" QSR Results

As seen in Figure 28, the "Assessment and Understanding" indicator was rated as acceptable for 83 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (50%) when fathers were assessed in comparison to mothers (13%). Reviewers reported a high level of understanding by all team members of the families' needs and challenges. Service providers were found to have demonstrated consistent and thorough interventions, especially among children/youth. Service providers were also described as responsive to the preferences of children/youth, especially older youth.

Indicator 5: Long-term View

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



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	10	0	1	3	40%	3	3	0	60%
Total	-	0	1	3	40%	3	3	0	60%

Figure 29: “Long-term View” QSR Results

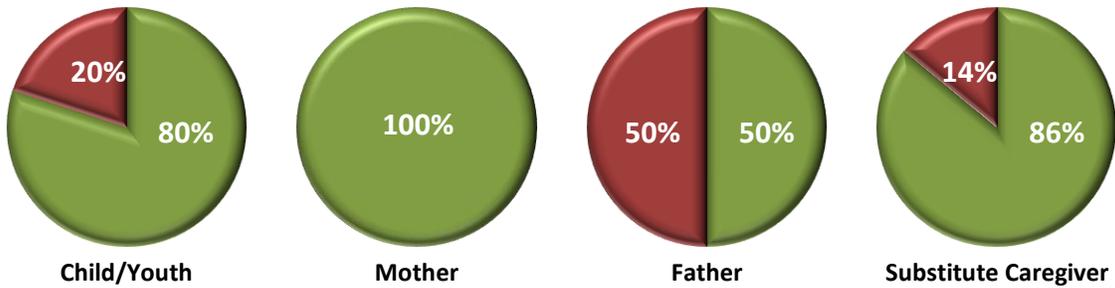
Figure 29 gives the frequency of ratings for the Long-term View indicator. In 60 percent of all cases reviewed this indicator was rated as acceptable. Cases with acceptable team formation and functioning also tended to have acceptable long-term views of the case. This may be the influence of team members who routinely discuss and work towards the same long-term permanency goals and who are continuously tracking and adjusting the case plan.

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	10	0	0	2	20%	6	1	1	80%
Mother	8	0	0	0	0%	6	2	0	100%
Father	4	0	2	0	50%	2	0	0	50%
Substitute Caregiver	7	0	0	1	14%	2	3	1	86%
Total	-	0	2	3	17%	16	6	2	83%

Figure 30: "Child/Youth & Family Planning Process" QSR Results

As seen in Figure 30, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable for 83 percent of all ratings. The acceptable ratings are directly linked to cases with acceptable ratings for engagement efforts. Mothers and fathers who were not engaged were also not involved in the planning process. The children/youth were engaged to an acceptable degree with the exception of two in-home cases; reviewers found the children/youth's level of participation in the planning process was tied to the ability to engage them.

Indicator 7: Planning for Transitions & Life Adjustments

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



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	8	0	1	0	13%	2	5	0	88%
Total	-	0	1	0	13%	2	5	0	88%

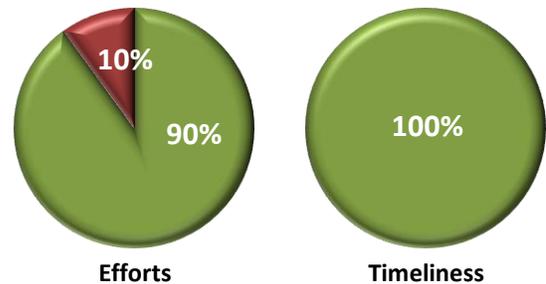
Figure 31: "Planning for Transitions & Life Adjustments" QSR Results

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in 88 percent of the applicable cases. Acceptable ratings were attributed to appropriate permanency plans being developed and adjusted as needed in the majority of cases. Strong teaming also contributed to the acceptable ratings. Teams who functioned and communicated well were able to plan for upcoming transitions together.

The one unacceptable rating was reported for an in-home case though no rationale was given for the rating.

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 relationship once protective supervision ends. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members. This indicator assesses the degree to which current efforts by system agents for



achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision. This indicator looks at both efforts and timeliness. The "efforts" for achieving permanence are assessed for both out-of-home and in-home cases; however, the "timeliness" of achieving permanence is rated for out-of-home cases only and includes specific timeframes which reviewers must consider.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	10	0	0	1	10%	3	4	2	90%
Timeliness ²¹	6	0	0	0	0%	2	3	1	100%
Total	-	0	0	1	6%	5	7	3	94%

Figure 32: “Efforts for Timely Permanency” QSR Results

As seen in Figure 32, 94 percent of the ratings overall for the Efforts for Timely Permanency indicator were rated as acceptable. The “efforts” sub-indicator was slightly less likely (90%) to be rated as acceptable as the “timeliness” sub-indicator (100%). Acceptable ratings were attributed to the appropriateness and timeliness of the primary permanency goals (100% of cases). Four of the ten cases under review are verging on case closure. Of the out-of-home cases, two cases are nearing a case closing resulting in reunification. Among in-home cases, a maternal grandmother has applied to gain full custody of the child/youth who has been residing with her throughout the case.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	4	100%	6	100%	10	100%
Concurrent Goal Established Timely	0	0%	2	33%	2	20%
Total Cases	4		6		10	

Figure 33: Timeliness of Permanency Goals of Focus Children/Youth

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness²² in establishing the goals was assessed (see Figure 33). In all ten cases reviewed the primary goal had been established in a timely manner. Of the two out-of-home cases in which a concurrent permanency goal was found, both had been established on time.

²¹Only out-of-home cases are rated for the subindicator “timeliness.”

²²Goal 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.

Months In Care ²³	#	%
0 – 6	2	33%
6.1 – 12	2	33%
12.1 – 24	2	33%
24.1 – 48	0	0%
More than 48	0	0%
Total	6	100%

Figure 34: Months In Care

Over half (67%) of the children/youth in the out-of-home sample have spent no more than a year in care, as of the first day of the review. No child/youth was in care more than 20 months from the first day of the review.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given ²⁴	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	0	0%	1	100%	1	100%
Father	0	0%	1	100%		
TPR Finalized						
Mother	0	0%	1	100%		
Father	0	0%	1	100%		

Figure 35: TPR Summary

One of the six out-of-home cases involved a child/youth who had been in care for 15 of the last 22 months or met other Adoption and Safe Families Act (ASFA) criteria²⁵ for termination of parental rights (TPR). A petition for termination of parental rights was not filed in a timely manner for this case.²⁶ Reviewers reported that the compelling reason²⁷ for not filing TPR in a timely manner was “per a court order.”

²³Time in care was calculated as the difference between the last removal date and the date of discharge or if the child was still in care, the difference between the last removal date and the first day of the Beaver County QSR (May 22, 2012).

²⁴Termination 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.

²⁵ASFA 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.

²⁶TPR 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.

²⁷TPR 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.

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.



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

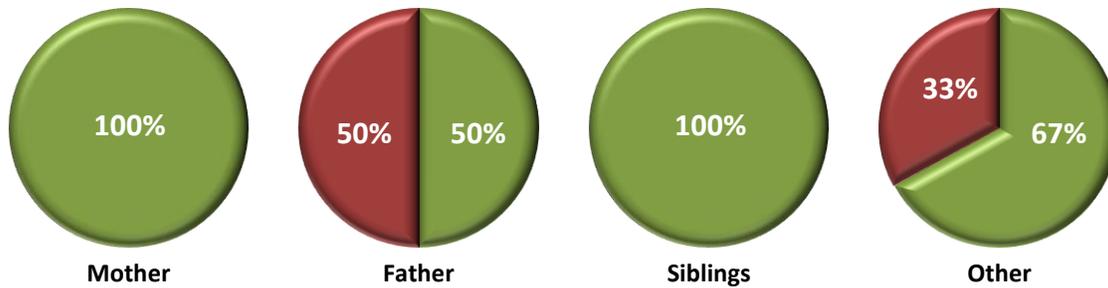
Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 95 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services, both formal and informal supports, available county-wide. Various and client-specific services were offered to the families, such as emergency housing, homemaker services, intensive outpatient drug and alcohol treatment, and individual counseling.

Participants from the caseworkers' focus group stated there is limited availability of housing services. There are also only two drug and alcohol abuse prevention providers in the county.

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	6	0	0	0	0%	0	3	3	100%
Father	4	1	1	0	50%	1	1	0	50%
Siblings	8	0	0	0	0%	1	6	1	100%
Other	6	0	1	1	33%	1	0	3	67%
Total	-	1	2	1	17%	3	10	7	83%

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, 83 percent of the ratings were deemed acceptable for the Maintaining Family Connections indicator. The county performed better at maintaining connections among the children/youth's mothers and siblings, but did worse at maintaining family connections with fathers. Substitute caregivers were reported to be especially significant in assisting mothers and children/youth to maintain contact by ensuring visitations and phone contacts. Service providers encourage and facilitate family visitations.

In most of the cases where connections with the father were not being maintained, the father lived a great distance away from the child/youth (in Florida in one case).

Child/Youth Placed with:	#	%
All Siblings	1	100%
Some Siblings	0	0%
All Siblings in Separate Foster Homes	0	0%
Total ²⁸	1	100%

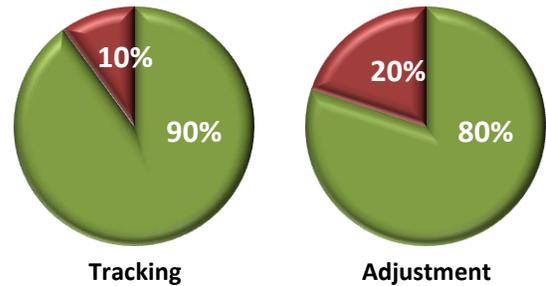
Figure 38: Sibling Placement

²⁸ Results are not cumulative. Reviewers were instructed to select the best option.

Figure 38 gives the frequency of out-of-home cases in which the children/youth were placed in foster homes with their siblings. Only one case involved a child/youth who has siblings who are also in care and all siblings were placed in the same foster home.

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	10	0	0	1	10%	2	5	2	90%
Adjustment	10	0	2	0	20%	3	5	0	80%
Total	-	0	2	1	15%	5	10	2	85%

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 85 percent of the ratings. Acceptable ratings were attributed to acceptable teaming and assessment and understanding. All three cases involving older youth (17 years old) were rated acceptable for both tracking and adjustment.

One in-home case was rated unacceptable for both tracking and adjusting. Reviewers stated team members are working independent of each other but they do share information with the agency. However, not all team members have full and current case information which creates a challenge to track what is occurring and to make adjustments in service provision.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

The 2012 Beaver County QSR included feedback generated from the participants of six focus groups²⁹ who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by Beaver OCYF. Several findings of the focus groups were enumerated in the relevant sections of this report; additional trends were also identified as follows:

- *Organizational Structure:*
 - Caseworkers feel the layout/structure of the units needs to be re-evaluated to enhance better communication and collaboration.
 - Supervisors feel there is a lack of communication between administration and supervisors.
 - Caseworkers expressed feeling powerless in terms of making decisions. They are required to get the supervisor's approval on case actions.
 - Supervisors feel administrators do not include them in the process of making case decisions.

- *Human Resources/Work Force:*
 - Supervisors do not have an annual performance review which is an opportunity for them to offer feedback on their own strengths and areas needing improvement.
 - According to supervisors there is a formalized staff orientation program for new hires that goes beyond the statewide trainings and is county specific.

- *Collaboration:*
 - Guardian ad litem and agency staff are meeting more frequently.
 - According to supervisors, judges and magistrates value their work.
 - While the administration feels mental health service providers and the agency collaborate well, the caseworkers and supervisors believe collaboration needs to improve.

²⁹ The six groups were comprised of caseworkers, supervisors, mental health/mental retardation providers, judges/court officials, youth, and a roundtable group.

QSR RESULTS SUMMARY

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

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	0%	100%
Safety: Risk to self and others	15%	85%
Stability	68%	32%
Living arrangement	15%	85%
Permanency	20%	80%
Physical health	20%	80%
Emotional well-being	30%	70%
Early learning and development	0%	100%
Academic status	44%	56%
Pathway to independence	20%	80%
Parent or caregiver functioning	57%	43%
Overall	29%	71%

Figure 40: “Child/Youth & Family Domain Ratings” QSR Results

Indicator	% Unacceptable	% Acceptable
Engagement efforts	15%	85%
Role & voice	24%	76%
Teaming	25%	75%
Cultural awareness & responsiveness	18%	82%
Assessment & understanding	17%	83%
Long-term view	40%	60%
Child/youth & family planning process	17%	83%
Planning for transitions & life adjustments	12%	88%
Efforts to timely permanence	6%	94%
Intervention adequacy & resource availability	5%	95%
Maintaining family relationships	17%	83%
Tracking and adjustment	15%	85%
Overall	17%	83%

Figure 41: “Practice Performance Domain Ratings” QSR Results

Figures 40 and 41 summarize the overall ratings for each of the indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. An acceptable rating was more likely to occur among indicators from the Practice Performance domain (83%) than the Child/Youth and Family domain (71%).

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 and Healthy Children/Youth

The safety, living arrangement, and the physical health of the children/youth indicators were all found to be appropriately addressed in the majority of the cases reviewed. These three indicators often complement one another in that children/youth living in appropriate living arrangements will likely be safe from harm and their physical/medical needs will be addressed.

Teaming

Teaming was rated as acceptable in 75 percent of the cases reviewed and it was frequently cited in other Practice Performance indicators as a contributing factor for acceptable ratings.

Areas Needing Improvement

Stability and the Impact on Academic Success

Despite living arrangements being safe and appropriate, in the majority of cases stability is not ensured. Further, the instability was cited as affecting the academic success of the children/youth. With each move a new educational setting was almost always required which often leads to the children/youth falling behind in their studies while they adjust to the new settings.

Parenting/Caregiver Functioning

The majority of parents, especially mothers, were found to have lower levels of caregiver functioning. While the service needs of mothers are assessed and addressed, mothers lack follow through in completing services and fulfilling other case plan goals, such as obtaining and/or maintaining housing and employment. The most noted parenting skill concern was inappropriate supervision.

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.

APPENDIX B: SUMMARY OF QSR SUB-INDICATOR RATINGS

Child/Youth & Family Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm		
Family home #1	0%	100%
Family home #2	0%	100%
Substitute home	0%	100%
School	0%	100%
Other setting	0%	100%
Safety: Risk to self and others		
Risk to self	20%	80%
Risk to others	10%	90%
Stability		
Living arrangement	70%	30%
School	67%	33%
Living arrangement		
Family home #1	17%	83%
Family home #2	0%	100%
Substitute home	17%	83%
Permanency	20%	80%
Physical health	20%	80%
Emotional well-being	30%	70%
Early learning and development	0%	100%
Academic status	44%	56%
Pathway to independence	20%	80%
Parent or caregiver functioning		
Mother	88%	13%
Father	75%	25%
Substitute caregiver	0%	100%
Other	33%	67%

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	0%	100%
Mother	13%	88%
Father	50%	50%
Substitute caregiver	0%	100%
Other	40%	60%
Role & voice		
Child/youth	33%	67%
Mother	13%	88%
Father	50%	50%
Substitute caregiver	0%	100%
Other	40%	60%
Teaming		
Formation	20%	80%
Functioning	30%	70%
Cultural awareness & responsiveness		
Child/youth	10%	90%
Mother	13%	88%
Father	50%	50%
Assessment & understanding		
Child/youth	10%	90%
Mother	13%	88%
Father	50%	50%
Substitute caregiver	14%	86%
Long-term view	40%	60%
Child/youth & family planning process		
Child/youth	20%	80%
Mother	0%	100%
Father	50%	50%
Substitute caregiver	14%	86%
Planning for transitions & life adjustments	13%	88%
Efforts to timely permanence		
Efforts	10%	90%
Timeliness	0%	100%
Intervention adequacy & resource availability		
Adequacy	10%	90%
Availability	0%	100%
Maintaining family relationships		
Mother	0%	100%
Father	50%	50%
Siblings	0%	100%
Other	33%	67%
Tracking & adjusting		
Tracking	10%	90%
Adjusting	20%	80%