

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



**Prepared for:**  
**Venango County Children and Youth Services/Juvenile Probation**

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**Department of Public Welfare**

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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 (PA). Continuous quality improvement is not a time limited project or initiative. Casey Family Programs and the National Resource Center for Organizational Improvement define continuous quality improvement as “the ongoing process by which an agency makes decisions and evaluates its progress.” The CQI process 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.<sup>1</sup>

Pennsylvania’s *QSR Protocol*, developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received and how well locally coordinated services are working for children, youth and families. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The *QSR Protocol* contains qualitative indicators that measure the current status of a focus child/youth’s<sup>2</sup> safety, permanency, and well-being and the child/youth’s parents’ and/or caregivers’ level of functioning. The QSR Protocol also provides a set of qualitative indicators for measuring the quality and consistency of core practice functions. The QSR serves as a measure of Pennsylvania’s Practice Model and standards for child welfare practice which have been established to promote a culture of excellence in serving children, youth and families.

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

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

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

against the baseline on an item-by-item basis. The phased in approach to this statewide CQI effort will allow for ongoing evaluation and monitoring of child welfare practice in the Commonwealth. This ongoing monitoring will continue to provide data that will allow better monitoring of 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. Venango County falls into stratum V, meaning that there were 10 cases<sup>3</sup> selected for review -- four in-home cases and six placement cases, one of which was a "shared case."<sup>4</sup> Between the time the sample was selected and the review occurred, however, the child/youth in one out-of-home case was reunified, and the final case review involved five in-home and five out-of-home cases. The in-home sample is family-based<sup>5</sup> and was selected for Venango County from a list provided by the county of families with open in-home cases on January 7, 2011. The placement sample is child-based and was chosen, using AFCARS, from those children in out-of-home placement on the same date.

The proportion of cases randomly selected, 50 percent in-home and 50 percent out-of-home, roughly reflects the proportions used by ACF during the 2008 onsite CFSR (60% in-home and 40% out-of-home). For each of the in-home cases selected for review, one child was selected as the "focus child" about whom reviewers were asked to rate the child-specific indicators.

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

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

Venango County conducted its QSR March 22 – 24, 2011. Over the course of the review, 98 interviews were conducted, an average of 9.8 interviews per case.

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<sup>3</sup> The original sample included six out-of-home and four in-home cases, however, at the time of the review a child from one of the case moved from out-of-home to in-home case. This resulted in five out-of-home and five in-home cases reviewed.

<sup>4</sup> 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.

<sup>5</sup> A "family-based" sample means that each family in the population represented a single unit that could be randomly sampled. This stands in contrast to a "child-based" sample, in which each child would represent a single sampleable unit (meaning that a single family could be represented in the sample by multiple children).

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.

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. Feedback from the focus groups and key stakeholder interviews are 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 their county improvement plan.

In addition to the ten cases reviewed, focus groups and key stakeholder interviews were conducted during the three day QSR case reviews in Venango County in March 2011. Participants of these groups/interviews included County Children and Youth case workers, supervisors, and managers, private providers, the County Solicitor and President Judge. Each group identified key strengths and challenges for Venango County and offered a number of recommendations to improve outcomes for children, youth and families. Information gleaned from the focus groups are included within this report where applicable and those themes not attributed to specific 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 Venango QSR. The demographics section gives the descriptive characteristics of the children/youth and their families. The tables in the demographics section are broken out by in-home, out-of-home and, when possible, Venango County's foster care population. Please note, a dash "-" is used in tables where no data are available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth and 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 **Quality Service Review Manual**.

## CHILD/YOUTH DEMOGRAPHICS

As noted earlier, of the ten cases reviewed in Venango County five represented in-home cases and five were out-of-home cases, one of which was a shared case. More male children/youth were sampled for the review than female children/youth. The gender and age distributions of the children/youth within the out-of-home cases are identical to that of in-home cases. The oldest youth was 17 years old and was involved in an in-home case.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population <sup>6</sup>
	#	%	#	%	#	%	% <sup>7</sup>
Male	4	80%	4	80%	8	80%	58%
Female	1	20%	1	20%	2	20%	42%
<b>Total</b>	<b>5</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>100%</b>

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% <sup>8</sup>	#	%	%
0 – 6	2	40%	2	40%	4	40%	44%
7 – 14	1	20%	1	20%	2	20%	28%
15 – 18	2	40%	2	40%	4	40%	28%
19 +	0	0%	0	0%	0	0%	0%
<b>Total</b>	<b>5</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>100%</b>

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

The gender distribution of the sampled children/youth is not consistent with the Venango County foster care population. A greater proportion of male children/youth was represented in the sample than found in the county's overall foster care population. A variance is also evident for the foster care population for children/youth over the age of six. A greater proportion of children/youth 15 to 18 years old and a smaller proportion of children seven to 14 years were included in the review than appear in the county's foster care population.

<sup>6</sup> Percentages were determined based on the total number of children in care in Venango County on January 7, 2011.

<sup>7</sup> Total In-care on January 7, 2011, N = 57

<sup>8</sup> Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity <sup>9</sup>	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	5	100%	5	100%	10	100%	96%
Black/African-American	0	0%	0	0%	0	0%	4%
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%	-
Unknown	0	0%	0	0%	0	0%	0%
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	0	0%	0	0%	0	0%	2%
<b>Total</b>	<b>5</b>		<b>5</b>		<b>10</b>		

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

The distribution of race is similar for the two sampled groups, with all children/youth reported as “White/Caucasian.” Sampled cases differed slightly from Venango County’s foster care population in that no children/youth’s ethnicity was reported to be “Hispanic” and no children/youth were reported as “Black/African American.”

Current Placement	In-home		Out of Home		Foster Care Population <sup>10</sup>
	#	%	#	%	%
Birth home (Biological Mother)	3	60%	-	-	-
Birth home (Biological Father)	1	20%	-	-	-
Birth home (Both Biological Parents)	0	0%	-	-	-
Post-Adoptive Home	1	20%	-	-	-
Pre-adoptive home	-	-	0	0%	0%
Relative foster home	-	-	1	20%	26%
Non-relative foster home	-	-	3	60%	43%
Therapeutic foster home	-	-	0	0%	0%
Group/congregate home	-	-	1	20%	26%
Residential treatment facility	-	-	0	0%	0%
Institution	-	-	-	-	5%
Subsidized/Permanent Legal Custodianship	-	-	0	0%	0%
Juvenile Correctional Facility	-	-	0	0%	0%
Medical/Psychiatric Hospital	-	-	0	0%	0%
Detention	-	-	0	0%	0%
Supervised independent living	-	-	-	-	0%
Runaway	-	-	-	-	0%
Other	-	-	0	0%	0%
<b>Total</b>	<b>5</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>100%</b>

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

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

<sup>10</sup> 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.

Of the five sampled in-home cases, three (60%) were found to have the children/youth living at home with only their birth mothers. One in-home case was reported to have the child/youth living with only the birth father. The child/youth in the final in-home case was living with his adoptive parents at the time of the review.<sup>11</sup>

The distribution of current placement settings reported for the children/youth in the out-of-home cases is similar to that of the county's foster care population. Fewer children/youth were placed in non-relative foster homes in the county's foster care population (43%), however, than in the sample of children/youth (60%).

Identified Stressors	In-home						Out-of-home						Combined Total #
	Mother		Father		Caregiver		Mother		Father		Caregiver		
	#	%	#	%	#	%	#	%	#	%	#	%	
Insufficient Income	2	40%	1	20%	1	20%	4	80%	2	40%	0	0%	10
Mental Health Problems	2	40%	0	0%	1	20%	3	60%	1	20%	0	0%	7
Child Care Responsibilities	1	20%	1	20%	1	20%	3	60%	1	20%	0	0%	7
Difficulty Budgeting	1	20%	0	0%	1	20%	3	60%	1	20%	0	0%	6
Unstable Living Conditions	1	20%	0	0%	0	0%	3	60%	1	20%	0	0%	5
Lack of Transportation	0	0%	1	20%	0	0%	3	60%	1	20%	0	0%	5
Legal Problems	0	0%	0	0%	0	0%	3	60%	2	40%	0	0%	5
Domestic Violence	0	0%	0	0%	1	20%	2	40%	2	40%	0	0%	5
Lack of Parenting Skills	1	20%	0	0%	0	0%	3	60%	1	20%	0	0%	5
Job Related Problems	1	20%	0	0%	0	0%	2	40%	1	20%	0	0%	4
Family Discord/Marital Problems	1	20%	0	0%	1	20%	1	20%	1	20%	0	0%	4
Unknown	0	0%	1	20%	0	0%	1	20%	2	40%	0	0%	4
Pregnancy/New Child	1	20%	0	0%	1	20%	0	0%	0	0%	1	20%	3
Inadequate Housing	0	0%	1	20%	0	0%	1	20%	1	20%	0	0%	3
Recent Relocation	1	20%	0	0%	0	0%	2	40%	0	0%	0	0%	3
Incarceration	0	0%	1	20%	0	0%	0	0%	2	40%	0	0%	3
Physical Disability	2	40%	0	0%	0	0%	0	0%	0	0%	0	0%	2
Learning Disability	0	0%	0	0%	0	0%	1	20%	1	20%	0	0%	2
Drug Abuse/Addiction	0	0%	0	0%	0	0%	2	40%	0	0%	0	0%	2
Sexual Abuse	0	0%	0	0%	0	0%	2	40%	0	0%	0	0%	2
Physical Abuse	0	0%	1	20%	0	0%	1	20%	0	0%	0	0%	2
Mental Retardation	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	1
Chronic Illness	1	20%	0	0%	0	0%	0	0%	0	0%	0	0%	1
Visual/Hearing Impaired	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%	1
Alcohol Abuse/Addiction	0	0%	0	0%	0	0%	0	0%	1	20%	0	0%	1
Emotional Abuse	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	1
Neglect	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	1

<sup>11</sup> The child/youth living with their adoptive parents was placed in the same home as an infant and later adopted by foster parents, along with the child/youth's older biological sibling.

Identified Stressors	In-home						Out-of-home						Combined Total #
	Mother		Father		Caregiver		Mother		Father		Caregiver		
	#	%	#	%	#	%	#	%	#	%	#	%	
Social Isolation	1	20%	0	0%	0	0%	0	0%	0	0%	0	0%	1
Suicide Risk	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	1
Total	5		5		5		5		5		5		

Figure 4: Identified Stressors of Parent/Caregivers

Overall, “insufficient income” was listed as the most-identified stressor among the parents/caregivers of the sampled cases. “Mental health problems” and “child care responsibilities” were also identified frequently among parents/caregivers as a stressor. Fathers were more likely than mothers to have stressors associated with “incarceration.”

Stressors	In-Home		Out-of-Home		Combined Total #
	#	%	#	%	
School Related Problems	2	40%	2	40%	4
Developmental Delay	1	20%	3	60%	4
Mental Health	1	20%	3	60%	4
Emotional Disturbance	1	20%	2	40%	3
History of Physical Abuse/Inappropriate Discipline	1	20%	2	40%	3
Undiagnosed/Untreated Behavioral Problems	0	0%	2	40%	2
History of Sexual Abuse	1	20%	1	20%	2
Delinquent Behaviors	0	0%	2	40%	2
Learning Disability	1	20%	1	20%	2
Witnessed Domestic Violence	0	0%	2	40%	2
Substance Exposed	0	0%	1	20%	1
Drug Abuse/Addiction	0	0%	1	20%	1
Alcohol Abuse/Addiction	0	0%	1	20%	1
History of Emotional Abuse	0	0%	1	20%	1
Total	5		5		

Figure 5: Child/Youth Stressors

Overall, “school related problems,” “developmental delays” and “mental health” problems were the most-identified stressors among the children/youth of the sampled cases. Stressors related to substance abuse or substance exposure were reported only among out-of-home cases. Similarly the only parents/caregivers to have substance abuse stressors were reported in out-of-home cases.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
<b>Child Protective Services (CPS)<sup>12</sup></b>						
Burns/Scalding	1	20%	0	0%	1	10%
Bruises	0	0%	1	20%	1	10%
Mental Injury	1	20%	0	0%	1	10%
Sexual Assault	0	0%	1	20%	1	10%
Incest	1	20%	0	0%	1	10%
Lack of Supervision (resulting in injury)	0	0%	1	20%	1	10%
Imminent Risk of Sexual Abuse/Exploitation	0	0%	1	20%	1	10%
<b>General Protection Services (GPS)<sup>13</sup></b>						
Lack of Food, Shelter or Clothing	1	20%	2	40%	3	30%
Environmental Neglect	1	20%	1	20%	2	20%
Poor Hygiene	2	40%	0	0%	2	20%
Parent/Child/Youth Conflict	1	20%	1	20%	2	20%
Abandonment	0	0%	1	20%	1	10%
Educational Neglect	0	0%	1	20%	1	10%
Truancy	1	20%	0	0%	1	10%
Mental Health Concerns	1	20%	0	0%	1	10%
Incorrigibility	0	0%	1	20%	1	10%
Substance Abuse: Parent	0	0%	1	20%	1	10%
Inappropriate Parenting	0	0%	1	20%	1	10%
Inappropriate Discipline	1	20%	0	0%	1	10%

**Figure 6: Allegations**

The allegations, which led to a case opening, were reported for both the in-home and out-of-home samples. Two in-home cases and three out-of-home cases were found to have at least one child protective services (CPS) allegation. A general protective services (GPS) allegation was reported in eight of the ten cases reviewed. The most common allegation reported for the in-home cases (40%) was “poor hygiene,” while “lack of food, shelter or clothing” was the most common allegation reported in the out-of-home cases (40%). While “mental health problems” was one of the most identified parent/caregiver and child/youth stressor, “mental health concerns” and “mental injury” were reported as allegations for only one in-home case.

<sup>12</sup>Child Protective Services (CPS) - CPS cases are those with alleged harm, or with threat or risk of harm to the child. These cases include allegations of physical abuse that result in severe pain or dysfunction, sexual abuse, medical neglect, or lack of supervision resulting in a specific physical condition or impairment, psychological abuse attested to by a physician, or repeated injuries with no explanation.

<sup>13</sup>General Protective Services (GPS) - GPS cases include most instances of child neglect, including environmental conditions such as inadequate housing, inadequate clothing, and medical neglect not leading to a specific physical condition (e.g., failure to keep appointments or get prescriptions).

## CHILD/YOUTH AND FAMILY STATUS DOMAIN

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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 used and generally focus on the 30 days prior to the review.<sup>14</sup>

### SAFETY

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

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

Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure. The focus is on identifying safety factors, present and/or impending danger, protective capacities and interventions with caregivers to supplement protective capacities. The first safety indicator assesses the degree to which the child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings; 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.



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<sup>14</sup> For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable (shown in green) and unacceptable (shown in red).

Sub-indicator	N <sup>15</sup>	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	5	0	0	0	0%	1	3	1	100%
Family home #2	1	0	0	0	0%	1	0	0	100%
Substitute Home	5	0	0	0	0%	0	2	3	100%
School	7	0	0	0	0%	0	1	6	100%
Other settings	1	0	0	0	0%	0	1	0	100%
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>7</b>	<b>10</b>	<b>100%</b>

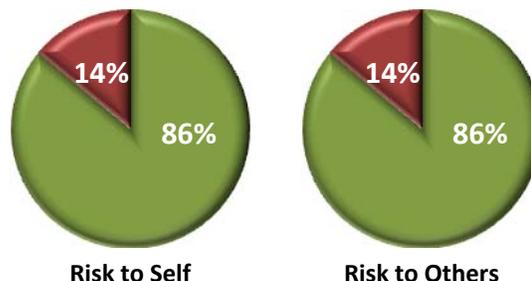
Figure 7: "Exposure to Harm" QSR Results

All cases were rated as acceptable for Exposure to Harm across the five settings, meaning the threat of harm to the children/youth was limited or non-existent. With half of the cases selected for review involving children under the age of eight, the reviewers noted that Early Head Start services and family engagement programs enhanced the level of supervision and parenting skills which further protected the children/youth in the home. When appropriate or required, supervised visitations between the parent/caregivers and the children/youth were utilized and noted as a contributing strength.

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

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	7	1	0	0	14%	1	2	3	86%
Risk to others	7	0	1	0	14%	0	3	3	86%
<b>Total</b>	-	<b>1</b>	<b>1</b>	<b>0</b>	<b>14%</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>86%</b>

Figure 8: "Behavioral Risk" QSR Results

Of the seven applicable cases, 86 percent of the ratings were found to be acceptable. Reviewers attributed the acceptable ratings to the fact that children/youth were placed in the

<sup>15</sup> For each table of ratings, the "N" is the number of applicable cases rated for each sub-indicator.

most appropriate setting, one that was addressing the safety concerns which the children/youth had previously faced.

The two unacceptable ratings were reported for a single foster care case in which the child/youth was displaying self-harming behaviors. These self-harming behaviors also created an increased risk to those around the child/youth. Reviewers recommended a “self-harm plan” be implemented to help prevent additional incidences.

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

#### **Timeliness of Investigations**

Of the five in-home cases reviewed, two 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 timeframes<sup>16</sup> and within the requirements for a report of that priority. Face-to-face contact had been made with the child/youth within the required timeframe for each of the three accepted reports. Of the two in-home cases where at least one accepted report was received during the last 12 months, both were rated as a “strength” for the timeliness of the investigation.

One of the five out-of-home cases reviewed had a CPS or GPS report received on a child/youth in the family over the last 12 months. The report was accepted and the investigation was initiated in accordance with state timeframes and requirements for a report of the respective priority. The accepted report had the face-to-face contact made with the subject child/youth within the required timeframe. This case was also rated as a “strength” for the timeliness of the investigation.

#### **County Data Package Data**

Between October 1, 2009 and September 30, 2010 161 reports of abuse and neglect were received in Venango County, of which 17 percent were substantiated. Every maltreatment allegation during this timeframe involved physical abuse, neglect or sexual abuse. Children between the ages of ten and 12 were most often the victims of the substantiated reports, with 30 percent of the substantiated reports involving children in that age range, compared to 15 percent for the state.

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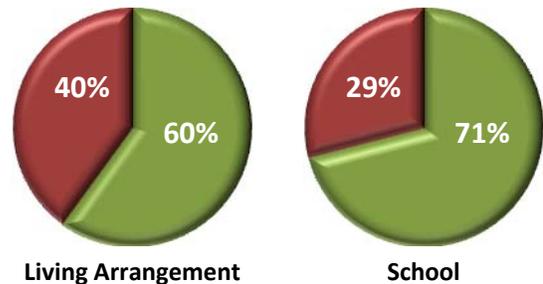
<sup>16</sup> State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania’s 67 counties.

## PERMANENCY

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

### Indicator 2: Stability

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	10	0	1	3	40%	2	1	3	60%
School	7	0	2	0	29%	0	0	5	71%
<b>Total</b>	-	<b>0</b>	<b>3</b>	<b>3</b>	<b>35%</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>65%</b>

Figure 9: "Stability" QSR Results

The majority of cases (60%) reviewed were rated as acceptable for the stability of the “living arrangement.” Reviewers attributed the acceptable ratings to the conscious efforts of the substitute caregivers in maintaining the stability for the foster care children/youth. For example, one substitute caregiver was able to keep the child/youth in the same school even though the caregiver was moving residences.

Unacceptable ratings were attributed to multiple moves, some of which resulted from multiple unsuccessful and possibly premature attempts to return the children/youth to the home from which they were removed. When placement changes were noted a school change was almost

always noted as well. In two of the cases where a placement change is expected, the change will place the children/youth in a relative foster home.

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

### Indicator 3: Living Arrangement

The child/youth's home is the one that the individual has lived in for an extended period of time. For children/youth that are not in out-of-home care, this home can be the home of their parents, informal kinship care, adoptive parents, or a guardian. For children/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	5	0	0	0	0%	0	2	3	100%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute home	5	0	0	1	20%	0	3	1	80%
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>1</b>	<b>9%</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>91%</b>

Figure 10: "Living Arrangement" QSR Results

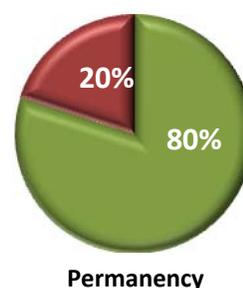
The Living Arrangement indicator was found to be within the acceptable range for 91 percent of the ratings. Reviewers recognized the efforts of substitute caregivers to provide stable homes for the children/youth and often for siblings as well. Substitute caregivers were found to provide opportunities (often daily) for the children/youth to speak and/or visit with their biological families.

The out-of-home case where the substitute home was rated unacceptable involved a 16-year-old youth who was living in a non-relative home that was located 90 miles from the youth's natural community, which limited contact with the biological family.

## Indicator 4: Permanency

Every child/youth is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child/youth is living successfully in a family situation that the child/youth, parents, caregivers, and other team members believe will endure lifelong. This indicator assesses the degree to which there is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will sustain in this role until the child/youth reaches adulthood and will continue to provide enduring family connections and supports into adulthood.

Where such support is not available, the review will assess the timeliness of the permanency efforts being implemented 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	1	1	20%	4	3	1	80%
<b>Total</b>	-	<b>0</b>	<b>1</b>	<b>1</b>	<b>20%</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>80%</b>

Figure 11: "Permanency" QSR Results

The ratings for the Permanency indicator were deemed acceptable in 80 percent of the cases. Reviewers generally attributed the acceptable ratings to timely and appropriate primary permanency goals and steps being taken to achieve permanence for the child/youth. Placing the children/youth in the most appropriate living arrangement was also found to contribute to the acceptable ratings. For one out-of-home case where the child/youth was placed in a non-relative foster home, plans were being made to change the placement to a relative foster home which will offer the child/youth a higher degree of permanency.

In one of the cases in which permanency was rated unacceptable, the child/youth had experienced four placement changes over the past 12 months, was living in a non-relative placement 90 miles from the child/youth's natural community and the primary goal of "return

home” was expected to change. Due to this uncertainty, the reviewers felt permanency was not acceptable. The other unacceptable out-of-home case involved a child/youth whose sexual offending behaviors made it difficult to find and maintain a placement with any sort of permanency.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care <sup>17</sup> Population
	#	%	#	%	%
<b><i>In-Home Cases</i></b>					
Remain in Home	5	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%	1	20%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	4	80%	
<b>Total</b>	<b>5</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	
<b><i>Out-of-Home Cases</i></b>					
Return Home	3	60%	0	0%	68%
Adoption	0	0%	1	20%	11%
Permanent Legal Custodian /Subsidized Legal Custodian	2	40%	1	20%	8%
Placement with a Fit and Willing Relative	0	0%	2	40%	0%
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	2%
Emancipation	-	-	-	-	11%
No Goal Established	0	0%	1	20%	0%
<b>Total</b>	<b>5</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>100%</b>

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

The primary permanency goal for all in-home cases reviewed was “remain in the home.” Out-of-home cases were reported to have a primary permanency goal of “return home” in 60 percent of the cases reviewed. The children/youth in the remaining two out-of-home cases (40%) had a primary permanency goal of “permanent legal custodian/subsidized legal custodian.” These contrast with the eight percent reported in AFCARS for the Venango County foster care population. The goal to “return home” occurred slightly less often than seen in the overall Venango County foster care population, where 68 percent have that primary permanency goal, as reported in AFCARS.

Eighty percent of the out-of-home cases reviewed had a concurrent goal; in two of the four cases, the concurrent goal was “placement with a fit and willing relative;” the concurrent goals in the remaining two cases was “adoption” and “permanent legal custodian/subsidized legal

<sup>17</sup> 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.

custodian”. One in-home case was reported as having a concurrent goal of “placement with a fit and willing relative.”<sup>18</sup>

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	5	100%	5	100%	10	100%
Concurrent Goal Appropriate	1 <sup>19</sup>	20%	4	80%	5	50%
Total Cases	5		5		10	

**Figure 13: Appropriateness of Permanency Goals of Children/Youth**

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the appropriateness of the goals was also assessed. The primary permanency goal was considered appropriate for each of the ten cases reviewed. The concurrent goal for the out-of-home cases was found to be appropriate in four of the five cases and in the one in-home case with such a goal.

### ***Additional Permanency Data***

#### **Caseworker Turnover**

The average number of caseworkers assigned to the in-home cases under review was three, with a minimum count of one (the current caseworker) and a maximum number of four over the life of the case. The number of caseworkers assigned to the out-of-home cases under review averaged 4.8, with a minimum number of two and a maximum number of eight having been involved.

#### **County Data Package Data**

Venango County exceeded the national standard (86%) and outperformed the state (85%) for placement stability (two or fewer placements) as stability was found for 95 percent of the children/youth in care less than one year during the 2010 federal fiscal year. The county fell below the national standard (65%) and failed to meet the state performance (65%) for children in care 12 to 24 months with 48 percent of the children/youth in Venango County experiencing two or fewer placements. Venango fell well short of the national standard (42%) and the state (43%) for children/youth in care longer than two years with only 13 percent of the children in care for longer than two years achieving placement stability. Thirty-five percent of those in

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<sup>18</sup> At the time of the review one in-home case’s permanency goals had not been updated after the case changed from out-of-home to in-home. The primary goal was “return home” but reviewers reported it as “remain in the home.” The concurrent goal for this in-home case was “placement with a fit and willing relative” and had not been updated since the case changed from out-of-home to in-home. Reviewers reported the concurrent goal as “appropriate.”

<sup>19</sup> None of the four remaining in-home cases had a concurrent goal established.

care 24 months or longer on October 1, 2009 were discharged to a permanent home<sup>20</sup> within the following 12 months.

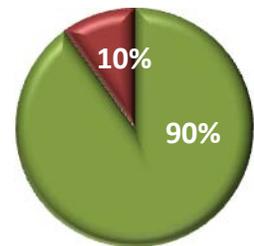
Between October 1, 2009 and September 30, 2010, seven children/youth were adopted in Venango County. On the last day of the reporting period, 12 percent of the county’s children/youth in foster care had their parental rights terminated.

## WELL-BEING

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

### Indicator 5: Physical Health

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



Physical Health

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	10	0	0	1	10%	1	4	4	90%
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>1</b>	<b>10%</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>90%</b>

Figure 14: “Physical Health” QSR Results

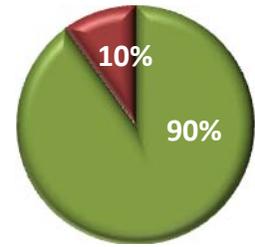
The physical health of the children/youth was rated within the acceptable range for 90 percent of the cases reviewed. The review found that while many children/youth had medical conditions (e.g., underweight and dangerous lead levels in the blood) the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. The one in-home case where an unacceptable rating was reported involved a 17 year old who had recently given birth and was suffering from related health issues. The case had been closed<sup>21</sup> prior to the time of the review; but, reviewers felt that the youth had physical health needs that would have warranted keeping the case open for services.

<sup>20</sup> Permanent home includes a discharge to reunification, relative care, guardianship or adoption.

<sup>21</sup> At the decision of the direct service supervisor and the clinical review team and against caseworker and service provider recommendations the case was closed based on the fact the family had not been compliant with attending services.

## Indicator 6: Emotional Well-being

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



Emotional Well-being

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	10	1	0	0	10%	4	2	3	90%
<b>Total</b>	-	<b>1</b>	<b>0</b>	<b>0</b>	<b>10%</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>90%</b>

Figure 15: "Emotional Well-being" QSR Results

In 90 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. The acceptable ratings were attributed to the children/youth residing with caregivers in settings that offered stability and catered to the children/youth's specific needs and concerns. One 16 year old youth was reported to be making significant progress toward developing the ability to self-regulate his behaviors; this was due in large part to the non-relative foster parents who were actively assisting the youth with developing methods of dealing with set-backs and frustration.

The one unacceptable rating occurred in an out-of-home case in which the child/youth was distraught over his mother's sudden disappearance. He socially isolated himself from his peers at school and began to act out violently, including self-harming. Reviewers recommended providing opportunities outside of school for the child/youth to socialize with children his own age.

## Indicator 7a: Early Learning & Development

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



**Early Learning & Development**

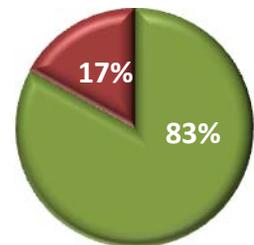
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	4	0	0	0	0%	0	2	2	100%
<b>Total</b>	-	0	0	0	<b>0%</b>	0	2	2	<b>100%</b>

**Figure 16: "Early Learning & Development" QSR Results**

Of the four applicable cases reviewed, half in-home and half out-of-home cases, all were rated as acceptable for the Early Learning and Development indicator. All children are developing appropriately and are on target with developmental milestones. Two of the children, one from an in-home case and one from an out-of-home case were reported to attend Head Start programs.

## Indicator 7b: Academic Status

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



**Academic Success**

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	6	0	0	1	17%	1	1	3	83%
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>1</b>	<b>17%</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>83%</b>

Figure 17: "Academic Status" QSR Results

Six of the reviewed cases involved children/youth who were of school age.<sup>22</sup> Their academic status was rated as acceptable for 83 percent of those cases. While many were reported as having educational needs, the needs were being met at the time of the review. Acceptable ratings were attributed to solid academic plans on track for older youth to graduate and having a current and appropriate Individual Educational Plan (IEP) when needed.

For the in-home case in which an unacceptable rating was reported (which was originally opened due to truancy), the 17 year old youth's main case goal was to graduate from high school; however, the case was closed before this goal could be reached. The youth was found to have been persistently truant and the goal of graduating was in jeopardy. The probability of the youth not graduating is especially disconcerting since the youth has her own child to raise and was not employed.

The future academic success of two children/youth may be influenced by the expected school change due to their anticipated placement changes, as reported under the stability indicator.

Educational Situation <sup>23</sup>	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	1	33%	2	67%	3	50%
Alternative Education	0	0%	1	33%	1	17%
Part-Time Special Education	2	67%	0	0%	2	33%
<b>Total</b>	<b>3</b>	<b>100%</b>	<b>3</b>	<b>100%</b>	<b>6</b>	<b>100%</b>

Figure 18: Educational Situation of the Child/Youth

Of the six cases involving school-aged youth, three attended a "regular K-12" educational setting, one attended "alternative education" and two attended "part-time education." The children/youth involved in the out-of-home cases were more likely than those in the out-of-home cases to attend an alternative or special education setting.

Two children/youth from the in-home cases and two from the out-of-home cases had issues warranting an IEP; all four were found to have a current IEP at the time of the review.

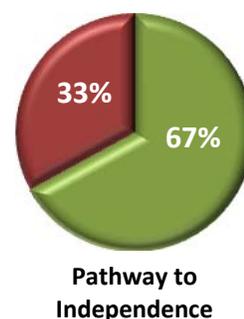
<sup>22</sup> To be considered school-aged the child/youth must be at least eight years or older OR attending school.

<sup>23</sup> Reviewers reported the child/youth from an in-home case had no educational placement in the rollup-sheet but wrote of the child/youth's pre-school in the case story narrative. The child/youth will be reported as attending pre-school in this report.

Focus groups described an increase in referrals from schools for truancy. They also spoke about the inconsistencies amongst the school districts in Venango County regarding their level of collaboration with Children and Youth. Relationships between schools and Children and Youth were described to be “adversarial” at times. As a result, several strategies have been put in place to work on these issues. The Roundtable continues to be one way to improve collaboration and has helped improve relationships between Children and Youth and schools; the Intermediate Unit (IU) is a good resource for the region with good collaboration; and a liaison position in the schools is being created to help improve relationships and work on truancy intervention.

## Indicator 8: Pathway to Independence

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	3	1	0	0	33%	2	0	0	67%
<b>Total</b>	-	<b>1</b>	<b>0</b>	<b>0</b>	<b>33%</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>67%</b>

Figure 19: “Pathways to Independence” QSR Results

In two of the three qualifying cases (67%), the Pathway to Independence indicator was rated as acceptable. Reviewers noticed youth were actively working with the Independent Living Program in both cases. Goals to reach independence were clear in these two cases and preparation for employment appeared to be a priority.

In the one in-home case<sup>24</sup> where this indicator was rated unacceptable the youth requested her Independent Living services be “put on hold” due to her being overwhelmed with the number

<sup>24</sup> At the time of the review, the youth had given birth just five months previous, suffered from related medical concerns, stopped attending high school (and is in serious jeopardy of not graduating) and her in-home case had been closed for six weeks. There was agreement between service providers the youth was not prepared to transition into adulthood.

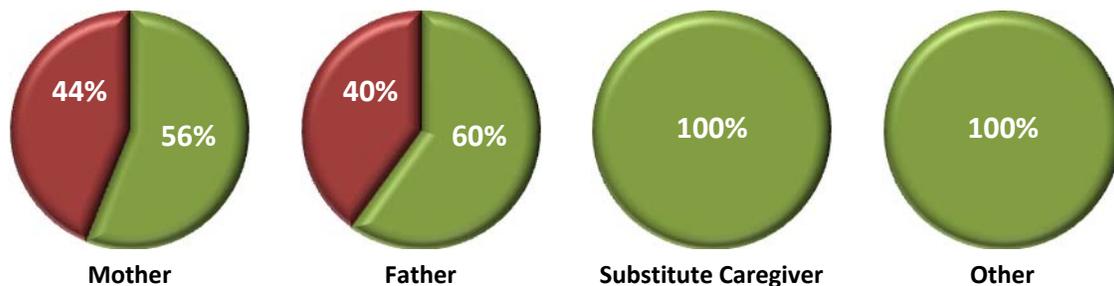
of service providers involved in her case. The service providers who were still working with the youth stated they would no longer be available once the youth graduates.

## PARENT/CAREGIVER FUNCTIONING

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

### Indicator 9: Parent/Caregiver Functioning

Parents/caregivers should have and use the necessary levels of knowledge, skills, and situational awareness to provide their child/youth with nurturance, guidance, age-appropriate discipline, and supervision necessary for protection, care, and normal development. Understanding the basic developmental stages that children/youth experience, relevant milestones, expectations, and appropriate methods for shaping behavior are key to parental capacity to support 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	9	1	3	0	44%	4	0	1	56%
Father	5	1	1	0	40%	1	1	1	60%
Substitute Caregiver	4	0	0	0	0%	0	3	1	100%
Other	3	0	0	0	0%	3	0	0	100%
<b>Total</b>	-	<b>2</b>	<b>4</b>	<b>0</b>	<b>29%</b>	<b>8</b>	<b>4</b>	<b>3</b>	<b>71%</b>

Figure 20: "Caregiver Functioning" QSR Results

The functioning of the parent/caregiver was rated acceptable for 71 percent of the cases reviewed. Reviewers attributed the acceptable scores to parents/caregivers being capable and willing caregivers and to being emotionally connected with the children/youth.

Among the ratings, the “father’s caregiver functioning” was likely to be rated as unacceptable more often than the other caregiver types. It should be noted, however, that the one in-home case in which the child/youth’s primary caretaker was the child/youth’s father, the rating for this indicator was acceptable (actual rating was 6).

The out-of-home cases were more likely to be rated unacceptable for the “mother’s caregiver functioning,” with three of the four unacceptable ratings coming from out-of-home cases. For one out-of-home case, the mother had recently “disappeared” and her whereabouts were unknown.

## PRACTICE PERFORMANCE STATUS DOMAIN

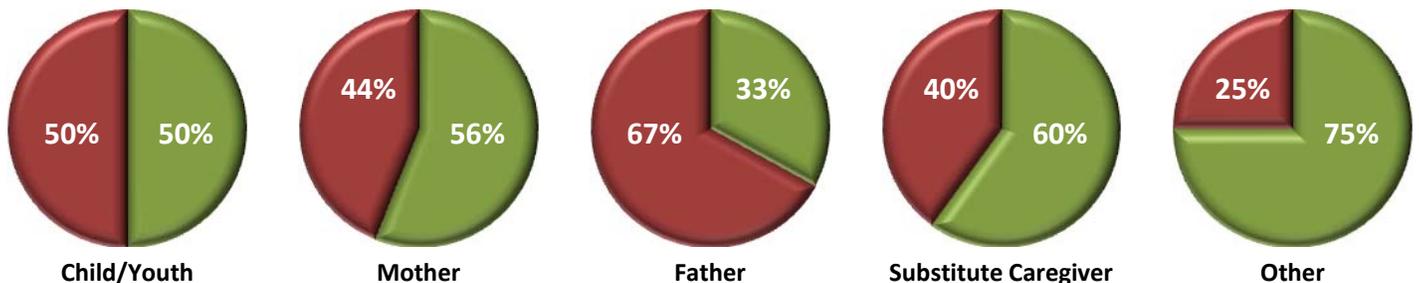
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The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the review, unless otherwise indicated.

### Indicator 1a: Engagement Efforts

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 their families (parents and other caregivers) are:

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	6	0	0	3	50%	0	2	1	50%
Mother	9	0	1	3	44%	1	3	1	56%
Father <sup>25</sup>	9	4	2	0	67%	1	2	0	33%
Substitute Caregiver	5	0	0	2	40%	0	3	0	60%
Other	4	0	0	1	25%	0	3	0	75%
<b>Total</b>	-	<b>4</b>	<b>3</b>	<b>9</b>	<b>48%</b>	<b>2</b>	<b>13</b>	<b>2</b>	<b>52%</b>

Figure 21: "Engagement Efforts" QSR Results

A slightly higher proportion of cases were rated as acceptable (52%) than unacceptable (48%) for the Engagement Efforts indicator. While engagement efforts were most likely to be rated as acceptable for other caregivers (75%), they were less likely to be rated as acceptable for the fathers<sup>26</sup> (33%) and the children/youth (50%). In one out-of-home case, the engagement with the father was considered unacceptable as he was only partially engaged; this is especially disconcerting as the child/youth was set to return to the primary care of the father.<sup>27</sup>

Noted barriers to engagement included conflicting work schedules, financial issues, proximity of the children/youth to their natural communities and limited or nonexistent sibling visitations. A lack of communication was also noted; in some cases this appeared to stem from a general mistrust by the stakeholders. For example, the identified kinship resource for an out-of-home case was reported to be mistrusting of the "agency's agenda," resulting in delays in the completion of the kinship home study and the ultimate transition of the child/youth.

Focus groups identified several strategies that Venango County can build upon to help improve engagement efforts. The first is the effort by the court to make the court process less adversarial and less intimidating by changing the physical arrangement of court to include a conference table that everyone, include in the judge, sits at during review hearings. The approach of encouraging people to talk and empowering parents and giving children/youth input will continue to have a positive impact. Focus group participants acknowledged that the most successful families are those who want to change and "take ownership of their issues" therefore, "they need to be allowed to be part of the change and be provided with a venue to be involved and engaged". Secondly, the emphasis on placing children/youth with kin, using family finding, and FGDM to regularly to engage family in planning should continue to be strengthened. FGDM was noted to have the potential to improve lines of communication

<sup>25</sup> Please note, from this point on in the report that one out-of-home case will rate the father sub-indicator as unacceptable (always a "1") due to the way the current protocol (version 1.0) is written which does not take into consideration aggravating circumstances of the case. For this case, the father was rated unacceptable however, there was a no-contact order between the father and child at the time of the review as the father had sexually offended on the child/youth. Therefore, it was in the child's best interest not to have contact with the father.

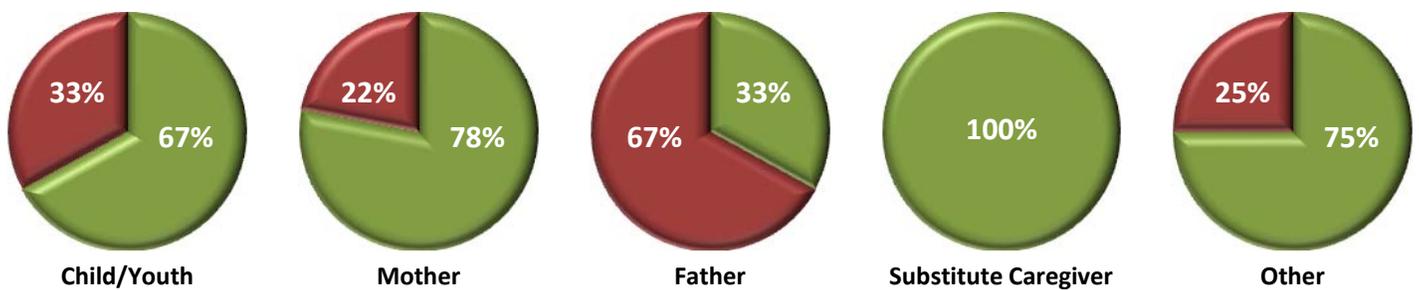
<sup>26</sup> As previously noted in footnote 24, one case will always rate the father sub-indicator as unacceptable even though it was completely appropriate that the agency did not engage the fathers due to a no contact order.

<sup>27</sup> The father in this case was incarcerated during part of the case history but even during his incarceration he was considered the primary parent to the child/youth.

between all members of the team. Focus group participants also acknowledged that it is important to include foster parents and providers in the engagement efforts.

## 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	6	0	1	1	33%	1	3	0	67%
Mother	9	0	1	1	22%	4	1	2	78%
Father	9	4	1	1	67%	1	2	0	33%
Substitute Caregiver	5	0	0	0	0%	4	1	0	100%
Other	4	0	1	0	25%	1	2	0	75%
<b>Total</b>	-	<b>4</b>	<b>4</b>	<b>3</b>	<b>33%</b>	<b>11</b>	<b>9</b>	<b>2</b>	<b>67%</b>

Figure 22: "Role & Voice" QSR Results

More cases were rated as acceptable (67%) than unacceptable (33%) for the Role and Voice indicator. While there is room for improvement across all sub-indicators, it was the father and children/youth that were found to have played a smaller role and were less active in the planning for their families than other stakeholders. The "father's role and voice"<sup>28</sup> was rated as unacceptable for 67 percent of the cases and the "child/youth's role and voice" was rated as unacceptable for 33 percent of the cases.

<sup>28</sup> As previously noted in footnote 24, two cases will always rate the father sub-indicator as unacceptable even though it was completely appropriate of the agency to not involve the fathers.

More often than not, when engagement is rated as unacceptable the indicators pertaining to the role and voice indicator will be rated just as poorly or worse. Interestingly the proportion of acceptable ratings for the child/youth and the mother improved significantly from engagement to role and voice. While not being fully engaged, they were still able to be active participants in their cases and have their voices heard. Reviewers attributed the acceptable ratings to mothers taking the lead in identifying the needs of the children/youth. In fact, all stakeholders, with the exception of the fathers, were found to have the sense of feeling heard, especially when Family Group Decision Making meetings occurred.

Reviewers noticed some children/youth were not clear as to their role or the role of others (such as the county and service providers) in the case. Reviewers recommended caseworkers clarify everyone’s purpose and expected role to the children/youth when the case first opens and at regular intervals as the case progresses.

	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	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>In-home</b>														
Child	0	0%	1	20%	1	20%	3	60%	0	0%	0	0%	5	100%
Mother	0	0%	1	20%	1	20%	2	40%	1	20%	0	0%	5	100%
Father	0	0%	0	0%	0	0%	1	20%	0	0%	3	60%	4	100%
<b>Out-of-home</b>														
Child	0	0%	0	0%	1	20%	4	80%	0	0%	0	0%	5	100%
Mother	0	0%	0	0%	0	0%	2	40%	2	40%	0	0%	4	100%
Father	0	0%	0	0%	0	0%	1	20%	2	40%	0	0%	3	100%
<b>Combined</b>														
Child	0	0%	1	10%	2	20%	7	70%	0	0%	0	0%	10	100%
Mother	0	0%	1	10%	1	10%	4	40%	3	30%	0	0%	9	100%
Father	0	0%	0	0%	0	0%	2	20%	2	20%	3	30%	7	100%

Figure 23: Caseworker Visits

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

The frequency of visits between the caseworker (or other responsible party) and the mother was found to be sufficient in all five of the in-home cases. In two of the four applicable out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the mother was also reported as sufficient.

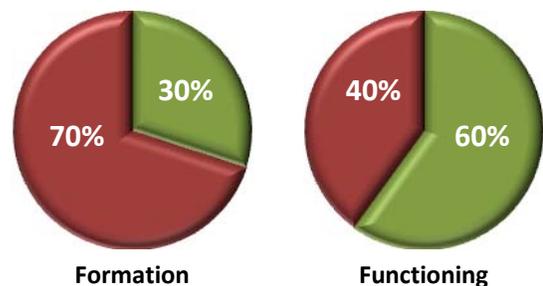
In two of the five in-home cases, the frequency of visits between the caseworker (or other responsible party) and the father was reported as being sufficient to address issues pertaining to the safety, permanency and well-being of the child/youth and to promote the achievement of case goals. In one of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

Reviewers identified the number of additional children/youth residing in the home of the in-home focus child/youth. There was at least one other child/youth residing in the home in all five in-home cases. In-home cases averaged two additional children/youth in the home, with a minimum of one and a maximum of four.

Of the ten additional children/youth in the home, all were visited by a caseworker less than twice a month but 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 each 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	3	4	70%	1	2	0	30%
Functioning	10	0	3	1	40%	5	1	0	60%
<b>Total</b>	-	<b>0</b>	<b>6</b>	<b>5</b>	<b>55%</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>45%</b>

Figure 24: "Teaming" QSR Results

In the majority (55%) of the cases the Teaming indicator was rated as unacceptable. The "formation" indicator was rated as unacceptable (70%) for a higher proportion of cases than the "functioning" (40%) indicator; meaning, that when a team was formed it was more likely to function within the acceptable range. The majority of the unacceptable formation ratings involved in-home cases. Reviewers noted that when teams were formed members appeared to be acting independently and were not sharing vital information or communicating with the rest of the team. This lack of communication was found to be detrimental to the health and safety of one child/youth whose escalating self-harming behaviors had not been known to most team members.

Noted barriers to forming a team included appropriate team members not having been identified and engaged, mistrust among family members and providers, and role confusion and/or a lack of an identified team leader.

During the focus group/stakeholder interviews the majority of the groups discussed Venango County's court facilitation process. The goal of the process is to involve the family early on in dependency in a team meeting so that their first meeting is not in court. Notable strengths of the process are that it that it engages families up front in their planning process and the right people are at the table for the facilitations. It gives the case worker an opportunity to explain to the family what services are available and it engages the parents in the process of having input into what they think they need. The process has improved the agency's interaction with the court but there continues to be room for improvement as not everyone is strengths-based and it takes time to implement change.

### 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	1	1	20%	2	2	4	80%
Mother	9	0	1	1	22%	2	3	2	78%
Father	9	5	0	1	67%	2	1	0	33%
<b>Total</b>	-	<b>5</b>	<b>2</b>	<b>3</b>	<b>36%</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>64%</b>

Figure 25: "Cultural Awareness & Responsiveness" QSR Results

The Cultural Awareness indicator was rated as acceptable in 64 percent of the cases. The proportion of unacceptable ratings was split evenly between in-home cases and out-of-home cases. More often than not reviewers attributed the acceptable ratings to the consideration which the county gave to the placement setting for out-of-home cases. One example was a child who had been placed with a family friend with whom the family shared many interests such as fishing. However, reviewers noted one case in which the mother was angry that her child/youth was not attending church while in a kinship foster care placement and the perception that the substitute caregivers were "indifferent" to religion.

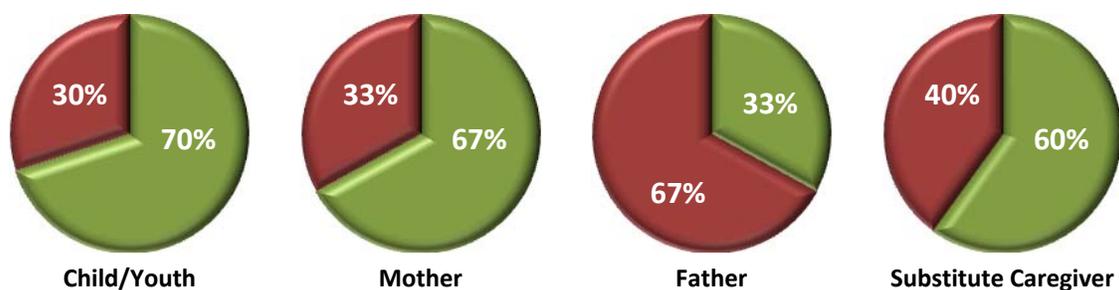
The cultural awareness of the father<sup>29</sup> was least likely to be rated as acceptable with 33 percent of the applicable cases being rated as acceptable. In cases where the father was incarcerated, reviewers noted the father was not engaged and his culture not considered.

## Indicator 4: Assessment & Understanding

Assessment involves understanding the core story of the child/youth and family and how the family reached its present situation. This story provides a framework for the child/youth/family's history and is supplemented by the assessment/evaluation of the

<sup>29</sup> As previously noted in footnote 24, one case will always rate the father sub-indicator as unacceptable even though it was completely appropriate of the agency to not involve the father.

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	10	0	2	1	30%	4	2	1	70%
Mother	9	0	2	1	33%	3	3	0	67%
Father	9	5	0	1	67%	2	1	0	33%
Substitute Caregiver	5	1	1	0	40%	0	3	0	60%
<b>Total</b>	-	<b>6</b>	<b>5</b>	<b>3</b>	<b>42%</b>	<b>9</b>	<b>9</b>	<b>1</b>	<b>58%</b>

Figure 26: "Assessment & Understanding" QSR Results

The Assessment and Understanding indicator was rated as acceptable for 58 percent of the cases reviewed. The "assessment and understanding of fathers"<sup>30</sup> (33%) was the least likely to be considered acceptable followed by the "assessment and understanding of the substitute caregiver" (60%). The "assessment and understanding of the child/youth" (70%) and the "assessment and understanding of the mother" (67%) sub-indicators were most likely to be rated as acceptable. Reviewers attributed the acceptable ratings to early assessments and understanding of the needs which allowed services and supports to be put in place quickly to stabilize known concerns. For example, the mental health issues of a child were adequately assessed and identified early on as well as the child's problem behaviors. In another case,

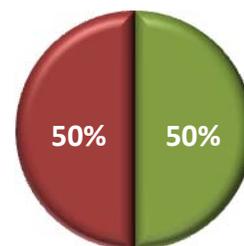
<sup>30</sup> As previously noted in footnote 24, two cases will always rate the father sub-indicator as unacceptable even though it was completely appropriate of the agency to not involve the fathers.

sexual abuse issues as both victim and perpetrator were considered in service planning and delivery for the youth.

Reviewers noted unacceptable ratings were often related to a lack of engagement with key stakeholders of the case. For example, a child/youth from an out-of-home case had a goal of reunification with the father who was incarcerated at the time of the review; however, an assessment of the father’s capacity to care for his child/youth had not been completed.

## Indicator 5: Long-term View

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



Long-Term View

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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	10	1	2	2	50%	1	4	0	50%
<b>Total</b>	-	<b>1</b>	<b>2</b>	<b>2</b>	<b>50%</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>50%</b>

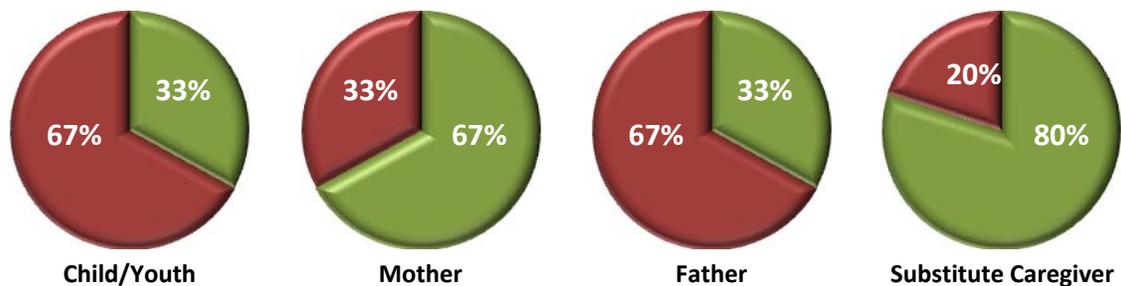
Figure 27: “Long-term View” QSR Results

In half of all cases reviewed the Long-term View indicator was rated as acceptable. Out-of-home cases (60%) were rated as unacceptable more often than the in-home cases (40%). Reviewers attributed the unacceptable ratings to a lack of teaming; noting that team members may not know the goal of the case and/or are working independently of one another to achieve an alternative goal. Reviewers recommended increasing teaming efforts with a strong leader and making clear to the family what must occur for a safe case closure.

## 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	6	2	1	1	67%	1	0	1	33%
Mother	9	1	1	1	33%	3	2	1	67%
Father	9	5	0	1	67%	2	1	0	33%
Substitute Caregiver	5	1	0	0	20%	1	3	0	80%
<b>Total</b>	-	<b>9</b>	<b>2</b>	<b>3</b>	<b>48%</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>52%</b>

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

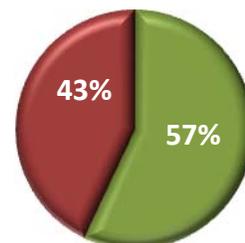
Reviewers rated the Child/Youth and Family Planning Process indicator as acceptable in 52 percent of the cases. Reviewers noted Family Group Decision Making was often found to be in use in cases with acceptable ratings. The "planning process for the father"<sup>31</sup> (67%) and the "planning process for the child/youth" (67%) were most likely to be rated as unacceptable. Fifty-seven percent of the unacceptable ratings involved in-home cases. Reviewers who rated cases as unacceptable tended to report a lack of involvement in the development of the Family

<sup>31</sup>As previously noted in footnote 24, one case will always rate the father sub-indicator as unacceptable even though it was completely appropriate of the agency to not involve the father.

Service Plan (FSP) by the family, and that the FSP goals and objectives were not modified according to the family's needs.

## Indicator 7: Planning for Transitions & Life Adjustments

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



Planning for Transitions & Life Adjustments

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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	7	0	1	2	43%	1	3	0	57%
<b>Total</b>	-	<b>0</b>	<b>1</b>	<b>2</b>	<b>43%</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>57%</b>

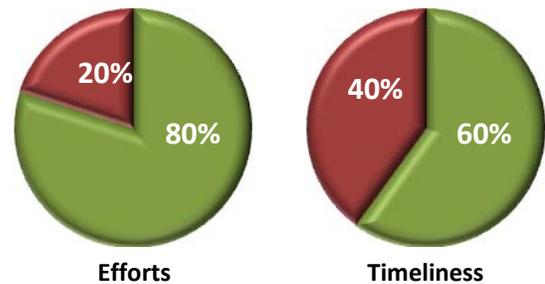
Figure 29: "Planning for Transitions & Life Adjustments" QSR Results

Reviewers rated the Planning for Transitions and Life Adjustments indicator as acceptable in 57 percent of the applicable cases. Reviewers attributed the acceptable ratings to adjustments to treatment plans that have the potential for long-term effectiveness. One case, for example, will remain open for the next six months to help the child and kinship caregiver with this transition and to assist in the ease of providing and maintaining services. Reviewer concerns were based on the complete lack of planning, in certain cases, for critical transitions, such as the imminent reunification of a child/youth with a father who has not been engaged or assessed as a caregiver.

## Indicator 8: Efforts for Timely Permanency

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the child/youth and family successfully following their exit from protective supervision. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members helping the child/youth and family.

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	10	0	1	1	20%	4	3	1	80%
Timeliness	5	1	1	0	40%	2	1	0	60%
<b>Total</b>	-	<b>1</b>	<b>2</b>	<b>1</b>	<b>27%</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>73%</b>

Figure 30: “Efforts for Timely Permanency” QSR Results

Seventy-three percent of the cases were rated as acceptable overall for the Efforts for Timely Permanency indicator. The “efforts” (80%) indicator was more likely to be rated as acceptable than was the “timeliness” (60%) indicator. Three of the four unacceptable ratings came from out-of-home cases. Reviewers noted Family Group Decision Making meetings need to ensure the team is aware of the family dynamics and the need for sustained permanency. Reviewers recommended that teams assess and identify the permanency goals for the children/youth and each member’s role in achieving the goal by developing clear action steps that are needed to achieve the goal.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	5	100%	5	100%	10	100%
Concurrent Goal Established Timely	1	20%	3	60%	4	40%
Total Cases	5		5		10	

Figure 31: Timeliness of Permanency Goals of Children/Youth

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness<sup>32</sup> in determining the goals was assessed; in each of the ten cases, the primary goal had been established in a timely manner.

A concurrent permanency goal was reported in one in-home case and was found to have been determined timely.<sup>33</sup> In three of the four out-of-home cases with a concurrent permanency goal, the concurrent goal was also found to have been determined timely.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given <sup>34</sup>	
	#	%	#	%	#	%
<b>TPR Filed Timely</b>						
Mother	1	33%	2	67%	0	0%
Father	1	33%	2	67%		
<b>TPR Finalized</b>						
Mother	1	33%	2	67%		
Father	1	33%	2	67%		

Figure 32: TPR Summary

Three of the five 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) criteria<sup>35</sup> for termination of parental rights. Two of the children/youth had a primary permanency goal of “permanent legal custodian/subsidized legal custodian” and the other had a goal of “return home.”

<sup>32</sup> Goal established timely - For children who recently entered care, reviewers should expect the first permanency goal to be established no more than 60 days from the date of the child/youth’s entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child’s entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption. Reviewers should answer this question for all permanency goals in effect during the past 12 months. Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in their documentation.

<sup>33</sup> At the time of the review one in-home case’s permanency goals had not been updated after the case changed from out-of-home to in-home. The primary goal was “return home” but reviewers reported it as “remain in the home.” The concurrent goal for this in-home case was “placement with a fit and willing relative” and had not been updated since the case changed from out-of-home to in-home. Reviewers reported the concurrent goal as “appropriate.”

<sup>34</sup> Termination of Parental Rights Exceptions include: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the his/her home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

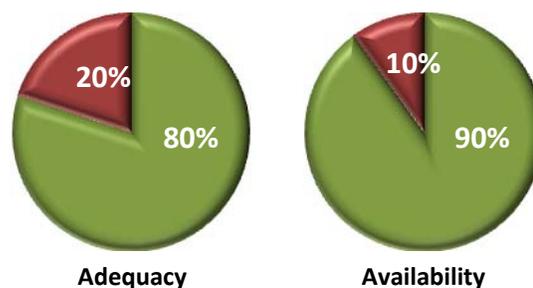
<sup>35</sup> ASFA criteria - ASFA requires an agency to seek TPR under the following circumstances: The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that: (1) the child is an abandoned child, or (2) the child’s parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including: (a) committed murder of another child of the parent; (b) committed voluntary manslaughter of another child of the parent; (c) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (d) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

In two of the three cases where a petition for termination of parental rights was filed, the petition was not filed in a timely manner;<sup>36</sup> reviewers reported there were no compelling reasons<sup>37</sup> for not doing so.

## Indicator 9: Intervention Adequacy & Resource Availability

To be adequate, the intensity and consistency of service delivery should be commensurate with that required to produce sustainable and beneficial results for the child/youth and family. An adequate, locally available array of services must exist in order to implement the intervention and support strategies planned for the child/youth and family. This indicator assesses the degree to which planned interventions,

services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet near-term needs and achieve the conditions necessary for safe case closure defined in the long-term view. Resources required to implement current child/youth and family plans should be available on a timely, sufficient, and convenient local basis.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Adequacy	10	0	1	1	20%	1	6	1	80%
Availability	10	0	0	1	10%	1	5	3	90%
<b>Total</b>	-	<b>0</b>	<b>1</b>	<b>2</b>	<b>15%</b>	<b>2</b>	<b>11</b>	<b>4</b>	<b>85%</b>

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

The Intervention Adequacy and Resource Availability indicator was rated as acceptable in 85 percent of the cases reviewed. Reviewers attributed the acceptable ratings to having all services available and in place, including specialized services such as trauma focused therapy and special educational needs. Since referrals for services were made in a timely manner children/youth were given the necessary resources needed to reach developmental milestones.

While services were adequate and needs were addressed for the cases in the sample, focus groups cited several needs for additional services and concerns regarding the adequacy of

<sup>36</sup> TPR filed timely - TPR is filed when the child has been in care for at least 15 of the most recent 22 months unless there are compelling reasons not to file.

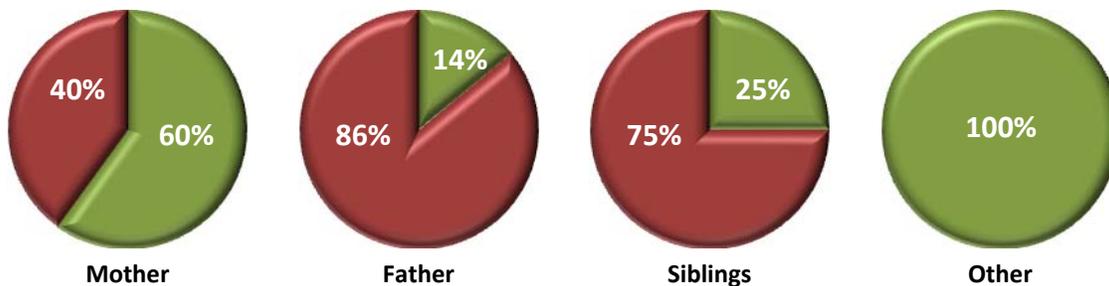
<sup>37</sup> TPR exceptions - Exceptions to the TPR requirement include the following: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the child/youth's home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

current services. Focus groups felt that the current drug and alcohol services are inadequate and unable to meet the needs of families. They also acknowledged that there has been an increase in referrals across families from infants born drug exposed, to teenagers experimenting with new ways to get high, to parents with drug dependency issues. A second need identified by several focus groups was for transportation which impacts a family's ability to receive the services they need. A third need was for a parenting program that includes a mentoring component because although there are several parenting programs available, there is a duplication of services that do not always go beyond providing transportation.

Several focus groups recommended that information be made available via a "community resource manual" or a "one stop shop" where staff can be educated about the various community resources currently available for families.

### 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	5	2	0	0	40%	0	3	0	60%
Father	7	5	0	1	86%	0	1	0	14%
Siblings	4	1	0	2	75%	0	1	0	25%
Other	3	0	0	0	0%	1	2	0	100%
<b>Total</b>	-	<b>8</b>	<b>0</b>	<b>3</b>	<b>58%</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>42%</b>

Figure 34: "Maintaining Family Connections" QSR Results

Cases were more likely to be rated as unacceptable (58%) for maintaining family relationships than acceptable (42%). The relationship between the child/youth and his or her father<sup>38</sup> and sibling(s) was rated as unacceptable more often than between mothers or other caregivers, i.e., for 86 percent of the cases in regard to fathers, 75 percent of the cases in regard to siblings. Of the 11 unacceptable ratings, seven (64%) were from out-of-home cases. Reviewers attributed the unacceptable ratings to the children/youth living in foster homes a great distance away from the children/youth's community and a lack of contact with incarcerated fathers.

Child/Youth Placed with:	#	%
All Siblings	1	50%
Some Siblings	0	0%
All Siblings in Separate Foster Homes	1	50%
<b>Total</b> <sup>39</sup>	<b>2</b>	<b>100%</b>

Figure 35: Sibling Placement

Among the children/youth who have siblings who are also in care, one case was reported to have siblings placed in the same home as all of their siblings. In one case it was reported the siblings were placed in separate foster homes.

	#	%
Placed in the Same Community	3	60%
Placed in the Same County	0	0%
Placed in the Same State	2	40%
Placed Out of State	0	0%
<b>Total</b> <sup>40</sup>	<b>5</b>	<b>100%</b>

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

Sixty percent of the children/youth in the out-of-home cases were placed geographically close, within the same community, to the home from which they were removed. Two children/youth were not placed geographically close to their siblings but did remain in the state. In one case

<sup>38</sup> As previously noted in footnote 24, one case will always rate the father sub-indicator as unacceptable even though it was completely appropriate of the agency to not involve the father.

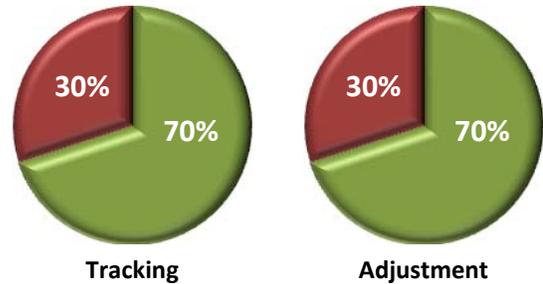
<sup>39</sup> Results are not cumulative. Reviewers were instructed to select the best option.

<sup>40</sup> Results are not cumulative. Reviewers were instructed to select the best option.

the child/youth was reported to be 90 miles away from the home from which they were removed. This distance made visitation with siblings and other family difficult.

## 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	1	2	30%	2	5	0	70%
Adjustment	10	0	2	1	30%	2	4	1	70%
<b>Total</b>	-	<b>0</b>	<b>3</b>	<b>3</b>	<b>30%</b>	<b>4</b>	<b>9</b>	<b>1</b>	<b>70%</b>

Figure 37: “Tracking & Adjusting” QSR Results

The Tracking and Adjustment indicator was rated as acceptable in 70 percent of the cases reviewed. “Tracking” (70%) was just as likely as “adjustment” (70%) to be rated as acceptable. Reviewers noted Family Group Decision Making was used as a vehicle to review family progress and make appropriate adjustments to services. In instances where tracking and adjustment were not rated as acceptable, teaming, or the lack thereof, was found to be at the root of the disconnect. Team members did not always make other team members aware of successes and failures in order to track progress and adjust tasks and services to achieve case goals.

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

Domain Ratings	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth/Family Status Domain	125	5	9	7	17%	25	35	44	83%
Practice Performance Status Domain	267	38	31	39	40%	56	84	19	60%
<b>Total</b>	<b>392</b>	<b>43</b>	<b>40</b>	<b>46</b>	<b>33%</b>	<b>81</b>	<b>119</b>	<b>63</b>	<b>67%</b>

**Figure 38: “Domain Ratings” QSR Results**

Sixty-seven percent of the ratings were found to be acceptable (rating between 4 and 6). An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (83%) than the Practice Performance domain (60%).

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 Strength***

**Safe, and Healthy, and On-target Children/Youth**

The safety (both exposure to threats of harm and risk to self and others), living arrangement, physical health and emotional well-being of the child/youth were all found to be appropriate in the majority of the cases reviewed. These four indicators often complement one another, in that a child/youth living in an appropriate living arrangement will likely be safe from harm.

As well as being safe and healthy, children/youth are thriving in their educational settings. Any learning disabilities have been addressed and current IEPs are in place. Teachers and other educational personnel work with the agency to address the needs of the children/youth. Reviewers also noted a high degree of intervention adequacy and resource availability in Venango County. Reviewers noted services were available and in place, including specialized services such as trauma-focused therapy and special educational needs. Since referrals for services were made in a timely manner, children/youth were given the necessary resources needed to reach developmental milestones.

## **Permanency**

Children/youth in Venango County have enduring and certain permanency. Children/youth from in-home cases were reported to be in situations which were thought to remain permanent and those children/youth from out-of-home cases were found to be in the placements that increased their degree of permanency, such as relative foster homes. While permanency was rated as acceptable for 80 percent of the cases under the child/youth family domain, the efforts to timely permanency was rated as acceptable less often, for 60 percent of cases. This result is directly related to issues with teaming where not all team members were aware of the permanency goals or were working independently of the others to reach the goals, often unknowingly causing delays in achieving permanency.

## ***Areas Needing Improvement***

### **Engagement**

Engagement was rated as unacceptable in nearly half (48%) of the cases reviewed. Engagement is the foundation from which success may be obtained for children/youth and their families. A lack of engagement with the children/youth and the families was found to directly affect other related indicators, such as teaming, role and voice child/youth and family planning process and long term view.

Fathers were most often overlooked when engagement was measured. While many fathers were not actively involved in their children/youth's lives they still deserve to be engaged and offered the opportunity to become involved in the case. One father who was set to be the primary caretaker for the child/youth was only contacted by the caseworker a few times and was never assessed as a caretaker during the time the case had been opened.

### **Teaming for Success Long Term**

Teaming was rated as acceptable in only 45 percent of the cases reviewed and was frequently cited in other indicators as a contributing factor for unacceptable ratings. Reviewers felt when teams were formed they were not functioning well. Most reviewers reported team members to be acting independently of the group and not sharing important information, once to the detriment of the safety of the child who unbeknownst to the majority of the team was self-harming. When team members are working independently they can often unwittingly work against each other's efforts, decreasing the possibility of any long term success in the case.

Unclear roles for team members were among the contributing factors leading to unsuccessful teaming. Reviewers noted team members being unclear as to their role and responsibilities to the team. Children/youth did not understand the purpose of the team or their place within it. Electing a team leader to direct the group, assigning roles and encouraging information sharing would help resolve these issues.

## **Fathers**

Fathers as a subcategory indicator were rated as unacceptable more often than not. Reviewers attributed this to a singular cause, a lack of engagement with fathers. Engagement with fathers was rated as unacceptable in 67 percent of the cases. Reviewers expressed a lack of engagement directly resulted in a lack of role and voice, cultural awareness, assessment and understanding and maintaining family connections with fathers. If fathers are not identified and included in case planning and if they are not engaged, there is no opportunity for fathers to have a voice, have their culture taken into consideration nor can concerted efforts be made to maintain the fathers' relationships with their children/youth.

Reviewers noted that even when fathers were involved in their children/youth's lives the fathers were not actively and appropriately engaged.

## **Communication**

Focus group/stakeholder interviewees expressed several concerns specific to communication. The need for improved communication both internally and with external partners surfaced during the discussions. Gaps in communication were noted to impact the functioning of the teams, and the provision of the most appropriate services to the children/youth and families.

The focus groups acknowledged efforts at improving communication including opening the lines of communication with court representatives, and Venango County's Clinical Review Teams (CRT) which are seen as "helpful, providing good conversation and oversight to cases". The focus groups reported that the CRT has started to help caseworkers be better prepared for court, and the court process has improved as a result. Focus group participants reported that cases are also brought to the team when the case worker or supervisor thinks they need additional expertise and it is helpful having a supervisor from Mental Health as a member of the CRT. The team develops next steps before leaving the meeting.

The CRT was originally put in place as a tool to help with assessment due to inconsistencies with regard to how people were assessing the needs of families as well as in the decisions that were being made, particularly at the intake level. The CRT process has helped caseworkers learn how to better assess situations and families and make better decisions. It has made the process more consistent, not just with intake but also with ongoing cases and with cases going to court. It has also made everyone more aware of available services that may be appropriate to meet the unique needs of the families served.

## KEY QUESTIONS FOR NEXT STEPS PLANNING

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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.