

# **QUALITY SERVICES REVIEW**

**YORK COUNTY**

**OFFICE OF CHILDREN, YOUTH AND FAMILIES / JUVENILE PROBATION**



**pennsylvania**

DEPARTMENT OF PUBLIC WELFARE

**Prepared for:  
York County Office of Children, Youth and Families / Juvenile Probation**

**By  
Hornby Zeller Associates, Inc.**

**On Behalf of the  
Pennsylvania Office of Children, Youth and Families  
Department of Public Welfare  
July 2011**

## TABLE OF CONTENTS

---

Introduction.....	1
Child/Youth Demographics.....	5
Child/Youth & Family Status Domain .....	11
Safety .....	11
Permanency.....	14
Well-Being .....	20
Parent/Caregiver Functioning .....	25
Practice Performance Status Domain.....	27
QSR Results Summary.....	44
Key Questions.....	45
Appendix A: Summary of Ratings .....	48

### 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. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The *QSR Protocol* contains qualitative indicators that measure the current status of the focus child/youth<sup>2</sup> and the child/youth’s parents and/or caregivers, that status reflecting the outcomes that have been achieved thus far. The QSR serves as a measure of Pennsylvania’s Practice Model and associated standards which have been established to promote a culture of excellence in serving children, youth and families. The Practice Model was developed through consensus among those working at all levels in the system regarding the actions necessary to promote sound outcomes.

Pennsylvania’s *QSR Protocol* is also designed to capture information for the Program Improvement Plan (PIP) that resulted from the most recent Child and Family Services Review (CFSR). The U.S. Department of Health and Human Services (HHS) conducted the second round of CFSRs in 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

---

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

specific CFSR items needing improvement; during the second year, progress will be measured against the baseline on an item-by-item basis. The phased in approach to this statewide CQI effort will allow for ongoing evaluation and monitoring of child welfare practice in the Commonwealth. This ongoing monitoring will continue to provide data that will allow the Pennsylvania Office of Children, Youth and Families to better monitor the quality of practice across the Commonwealth.

## Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2008. York County falls into stratum III, meaning that there were 15 cases selected for review -- six in-home cases and nine placement cases, one of which was a "shared case."<sup>3</sup> The in-home sample is family-based<sup>4</sup> and was selected for York County from a list provided by the county of families with open in-home cases on January 28, 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, 40 percent in-home and 60 percent out-of-home, roughly reflects the proportions used by ACF during the 2008 onsite CFSR. For each of the in-home cases selected for review, one child was 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 selected focus child for in-home cases, and
- the quality of practice exhibited by the county.

York County conducted its QSR over four days in April 2011. During that time, 157 interviews were conducted with key stakeholders (an average of 10.5 interviews per case) with the children/youth, the caseworker, casework supervisor, parents and family of the children/youth, service providers, attorneys and teachers and school administrators.

---

<sup>3</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>4</sup> A "family-based" sample means that each family in the population represented a single unit that could be randomly sampled. This stands in contrast to a "child-based" sample, in which each child would represent a single sample able unit (meaning that a single family could be represented in the sample by multiple children).

The *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. Participants included Office of Children, Youth and Families case workers, supervisors, and biological/kinship families. Each group identified key strengths and challenges for York County and offered a number of recommendations to improve outcomes for children, youth and families. Information gleaned from the focus groups is included within this report. Themes which are not attributed to specific review indicators are outlined in the Organizational Considerations section.

## How the Report is Organized

This report consists of five major sections, all of which explain the findings of the York 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, York County's foster care population. Please note, a dash "-" is used in tables where no data are available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth & Family Domain and the Practice Performance Domain. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated 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 15 cases reviewed in York County six were in-home cases and nine were out-of-home cases, one of which was a shared case. Demographic breakdowns of the sampled cases and York County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population <sup>5</sup>
	#	%	#	%	#	%	% <sup>6</sup>
Male	2	33%	7	78%	9	60%	50%
Female	4	67%	2	22%	6	40%	50%
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>100%</b>

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% <sup>7</sup>	#	%	%
0 – 6	4	67%	3	33%	7	47%	36%
7 – 14	1	17%	3	33%	4	27%	40%
15 – 18	1	17%	3	33%	4	27%	23%
19 +	0	0%	0	0%	0	0%	<1%
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>100%</b>

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

More male children/youth were sampled for the review than female children/youth. The gender distribution of the children/youth within the combined sample of cases is roughly similar to that of the York County foster care population. The age distribution of the out-of-home sample is more similar to that of the York County foster care population than of in-home cases. The oldest youth selected for review was 18 years old and involved in an out-of-home case while the youngest child selected for review was 11 months old from an in-home case.

<sup>5</sup> Percentages were determined based on the total number of children in care on January 28, 2011.

<sup>6</sup> Total In-care on January 28, 2011, N = 239

<sup>7</sup> Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity <sup>8</sup>	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	4	67%	6	67%	10	67%	65%
Black/African-American	2	33%	3	33%	5	33%	35%
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 <sup>9</sup>	0	0%	1	11%	1	7%	-
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	1	17%	0	0%	1	7%	19%
<b>Total</b>	<b>6</b>		<b>9</b>		<b>15</b>		

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

The distribution of race is similar for the two sampled groups, as seen in Figure 2, with the majority of children/youth reported as "White/Caucasian."

Current Placement	In-home		Out of Home		Foster Care Population <sup>10</sup>
	#	%	#	%	%
Birth home (Biological Mother)	4	67%	-	-	-
Birth home (Biological Father)	0	0%	-	-	-
Birth home (Both Biological Parents)	2	33%	-	-	-
Pre-adoptive home	0	0%	0	0%	3%
Relative foster home	0	0%	2	22%	25%
Non-relative foster home	0	0%	4	44%	59%
Therapeutic foster home	0	0%	2	22%	-
Group/congregate home	0	0%	1	11%	5%
Residential treatment facility	0	0%	0	0%	-
Institution	-	-	-	-	3%
Subsidized/Permanent Legal Custodianship	0	0%	0	0%	-
Juvenile Correctional Facility	0	0%	0	0%	-
Medical/Psychiatric Hospital	0	0%	0	0%	-
Detention	0	0%	0	0%	-
Supervised independent living	-	-	-	-	3%
Runaway	-	-	-	-	1%
Other <sup>11</sup>	0	0%	0	0%	1%
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>100%</b>

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

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

<sup>9</sup> One out-of-home case reported the race of the child/youth as both "black" and "biracial." Since biracial is not a race, the child/youth's race in this case will be reported as "black" and "unknown."

<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.

<sup>11</sup> Three children/youth in the York County Foster Care Population were reported to be in "trial home visits."



Figure 3 displays the current placement types of the sampled children/youth and York County's foster care population. Of the six sampled in-home cases, four (67%) were found to have the children/youth living at home with only their birth mothers and two children/youth were found to be living with both biological parents.

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, although a smaller proportion of the children/youth from the review were placed in non-relative foster homes than the county's foster care population.

Identified Parent/Caregiver Stressors <sup>12</sup>	In-home						Out-of-home						Combined Total
	Mother		Father		Caregiver		Mother		Father		Caregiver		
	#	%	#	%	#	%	#	%	#	%	#	%	#
Mental Health Problems	6	100%	2	33%	2	33%	6	67%	2	22%	0	0%	18
Insufficient Income	4	67%	4	67%	2	33%	6	67%	2	22%	0	0%	18
Lack of Transportation	4	67%	0	0%	2	33%	2	22%	3	33%	1	11%	12
Family Discord/Marital Problems	3	50%	2	33%	2	33%	2	22%	2	22%	0	0%	11
Difficulty Budgeting	3	50%	1	17%	1	17%	3	33%	1	11%	0	0%	9
Lack of Parenting Skills	3	50%	1	17%	1	17%	3	33%	1	11%	0	0%	9
Alcohol Abuse/Addiction	1	17%	3	50%	0	0%	1	11%	3	33%	0	0%	8
Child Care Responsibilities	4	67%	0	0%	1	17%	1	11%	1	11%	1	11%	8
Recent Relocation	2	33%	1	17%	2	33%	1	11%	1	11%	0	0%	7
Drug Abuse/Addiction	2	33%	0	0%	0	0%	2	22%	1	11%	0	0%	5
Inadequate Housing	1	17%	1	17%	0	0%	3	33%	0	0%	0	0%	5
Social Isolation	2	33%	0	0%	1	17%	2	22%	0	0%	0	0%	5
Unknown <sup>13</sup>	0	0%	1	17%	0	0%	1	11%	3	33%	0	0%	5
Physical Abuse	2	33%	0	0%	0	0%	2	22%	0	0%	0	0%	4
Emotional Abuse	2	33%	0	0%	0	0%	2	22%	0	0%	0	0%	4
Job Related Problems	1	17%	1	17%	0	0%	0	0%	2	22%	0	0%	4
Legal Problems	0	0%	1	17%	0	0%	2	22%	1	11%	0	0%	4
Domestic Violence	1	17%	1	17%	0	0%	1	11%	1	11%	0	0%	4
Other <sup>14</sup>	3	50%	1	17%	0	0%	0	0%	0	0%	0	0%	4
Physical Disability	1	17%	0	0%	1	17%	0	0%	1	11%	0	0%	3
Chronic Illness	1	17%	0	0%	1	17%	0	0%	1	11%	0	0%	3
Neglect	2	33%	0	0%	1	17%	0	0%	0	0%	0	0%	3
Unstable Living Conditions	0	0%	0	0%	0	0%	3	33%	0	0%	0	0%	3
Incarceration	0	0%	1	17%	0	0%	1	11%	1	11%	0	0%	3
Learning Disability	1	17%	0	0%	0	0%	1	11%	0	0%	0	0%	2
Other Medical Condition	1	17%	0	0%	0	0%	0	0%	1	11%	0	0%	2
Sexual Abuse	1	17%	0	0%	0	0%	1	11%	0	0%	0	0%	2
Suicide Risk	0	0%	0	0%	0	0%	1	11%	1	11%	0	0%	2
Mental Retardation	0	0%	0	0%	0	0%	1	11%	0	0%	0	0%	1
Pregnancy/New Child	1	17%	0	0%	0	0%	0	0%	0	0%	0	0%	1
<b>Total</b>	<b>6</b>		<b>6</b>		<b>6</b>		<b>9</b>		<b>9</b>		<b>9</b>		<b>15</b>

Figure 4: Identified Stressors of Parent/Caregivers

Overall, “mental health problems” and “insufficient income” were listed as the most-identified stressors among the parents/caregivers of the sampled cases, as seen in Figure 4. “Lack of transportation” and “family discord” was also identified frequently among parents/caregivers

<sup>12</sup>Stressors not included in Figure 4 were not reported in any case reviewed in York County.

<sup>13</sup> Reasons for “unknown” stressors included the parent/caregiver being deceased, parental rights having been terminated, unknown paternal parentage and no recent contact between the child/youth and parent/caregiver.

<sup>14</sup> The other stressor reported in two in-home cases was “grief/loss,” for both the mother and father, and the other stressor reported in one in-home case was “child’s educational placement.” The child/youth from this in-home case was expelled from school at the time of the review.

as a stressor. Fathers were more likely to have stressors associated with “legal problems,” “incarceration,” and “alcohol abuse/addiction.”

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
History of Physical Abuse/Inappropriate Discipline	0	0%	5	56%	5	33%
Emotional Disturbance	3	50%	1	11%	4	27%
School Related Problems	2	33%	2	22%	4	27%
Mental Health	1	17%	3	33%	4	27%
Learning Disability	1	17%	3	33%	4	27%
Undiagnosed/Untreated Behavioral Problems	2	33%	1	11%	3	20%
History of Sexual Abuse	0	0%	3	33%	3	20%
Developmental Delay	1	17%	2	22%	3	20%
Other <sup>15</sup>	2	33%	1	11%	3	20%
Mental Retardation	1	17%	1	11%	2	13%
Witnessed Domestic Violence	0	0%	2	22%	2	13%
Substance Exposed	1	17%	0	0%	1	7%
Premature Birth	0	0%	1	11%	1	7%
Delinquent Behaviors	0	0%	1	11%	1	7%
Suicide Risk	1	17%	0	0%	1	7%
<b>Total</b>	<b>6</b>		<b>9</b>		<b>15</b>	

Figure 5: Focus Child/Youth Stressors

Figure 5 shows the children/youth stressors identified by reviewers. Overall, “history of physical abuse/inappropriate discipline” was the most-identified stressor among the children/youth of the sampled out-of-home cases. “Emotional disturbance” was the most reported child/youth stressor from in-home cases. While the parent/caregiver’s were most likely to have mental health issues only 27 percent of the children/youth of the sampled cases were reported to have a mental health concern.

Allegations	In-home	Out-of-home	Combined Total
-------------	---------	-------------	----------------

<sup>15</sup> Other identified stressors from in-home cases included, “educational placement” and “grief.” Other identified stressors from out-of-home cases included, “lack of permanency” and “speech delay.” Since a speech delay are a specific developmental delay this was removed from being reported in the “other” category and is now reported in the developmental delay category.

	#	%	#	%	#	%
<b>Child Protective Services (CPS)<sup>16</sup></b>						
Bruises	0	0%	2	22%	2	13%
Shaken Baby Syndrome	0	0%	1	11%	1	7%
Drugs/Alcohol	0	0%	1	11%	1	7%
<b>General Protection Services (GPS)<sup>17</sup></b>						
Substance Abuse: Parent	1	17%	3	33%	4	27%
Inappropriate Discipline	3	50%	1	11%	4	27%
Environmental Neglect	2	33%	1	11%	3	20%
Mental Health Concerns	1	17%	1	11%	2	13%
Truancy	0	0%	1	11%	1	7%
Illegal Manufacturing of Drugs/Exposure to Drugs	0	0%	1	11%	1	7%
Lack of Food, Shelter or Clothing	1	17%	0	0%	1	7%
Parent/Child/Youth Conflict	0	0%	1	11%	1	7%
Inappropriate Parenting	0	0%	1	11%	1	7%
Abandonment <sup>18</sup>	0	0%	1	11%	1	7%
Other <sup>19</sup>	0	0%	1	11%	1	7%

Figure 6: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases and are listed in Figure 6. "Substance abuse: parent" and "inappropriate discipline" were the most reported GPS allegations (27%).

<sup>16</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>17</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).

<sup>18</sup>The reviewers reported the allegation as "CPS: other physical abuse" and explained the parents were both arrested and unable to care for their child/youth. This allegation better fits under the "GPS: abandonment."

<sup>19</sup>The other GPS allegation was reported as "lack of supervision."

## CHILD/YOUTH & FAMILY STATUS DOMAIN

---

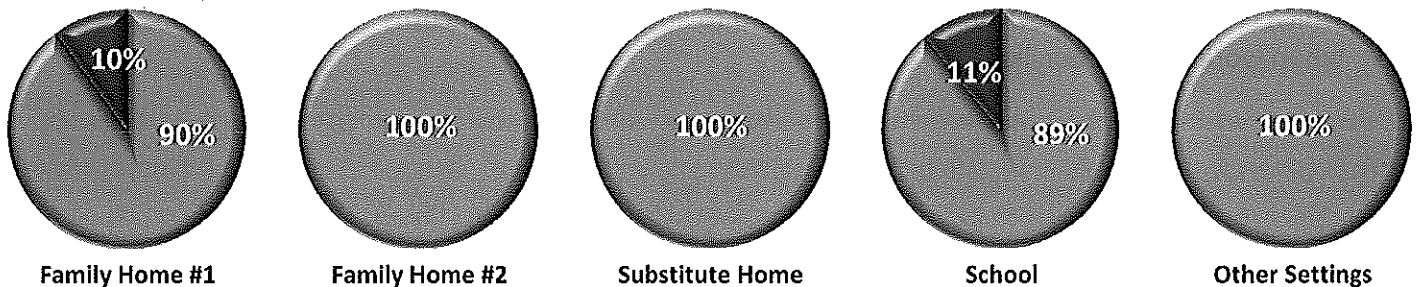
The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are used and generally focus on the 30 days prior to the review.<sup>20</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.



---

<sup>20</sup> For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	10	0	1	0	10%	3	5	1	90%
Family home #2	2	0	0	0	0%	1	0	1	100%
Substitute Home	9	0	0	0	0%	0	1	8	100%
School	9	1	0	0	11%	0	0	8	89%
Other settings	3	0	0	0	0%	0	1	2	100%
<b>Total</b>	-	<b>1</b>	<b>1</b>	<b>0</b>	<b>6%</b>	<b>4</b>	<b>7</b>	<b>20</b>	<b>94%</b>

Figure 7: "Exposure to Harm" QSR Results

Figure 7 gives the frequency of ratings for the Exposure to Harm indicator. The majority of cases (94%) were rated as acceptable for Exposure to Harm across the five settings, meaning the threat of harm to the children/youth was limited. For one in-home case reviewers attributed the acceptable ratings to the fact the family secured community-based services, such as Section 8 housing and cash assistance, which was shown to be used to maintain a safe home environment. Reviewers also noted safety precautions were taken for younger children, such as baby gates, child proofing and limiting toys to those that were age appropriate.

Two unacceptable ratings were reported for two separate cases, one in an out-of-home case and one in an in-home case. The out-of-home case involved a youth who was known to run away from his mother's home. The in-home case involved a child/youth whose destructive behaviors could not be managed by school personnel. At the time of the review the child/youth had been expelled from her school.

The Office of Children, Youth and Families (OCYF) staff focus groups stated safety was being looked at more closely with regards to where children/youth are placed, which has decreased the speed to which children/youth are placed. According to OCYF staff, the Safety Threshold, which is also known as SOOVI<sup>21</sup> is being utilized to address safety concerns as the primary focus when working with families.

<sup>21</sup> The SOOVI is part of the Safety Assessment and Management Process. The SOOVI acronym represents: Have potential to cause **Serious** harm to the child; Be specific and **Observable**; Be **Out-of-Control**; Affect a **Vulnerable** child; and Be **Imminent**. For more information, refer to the Safety Assessment and Management Process Reference Manual.

## 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.

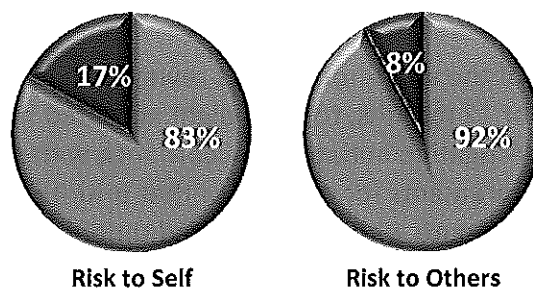


Figure 8: "Behavioral Risk" QSR Results

Figure 8 gives the frequency of ratings for the Behavioral Risk indicator. Of the 12 applicable cases, 88 percent of the ratings were found to be acceptable. Reviewers attribute the acceptable ratings to children/youth being placed in the most appropriate placement with caretakers who make certain the children/youth receive the counseling and medication as prescribed/needed.

Three unacceptable ratings were reported for two separate cases, one for an out-of-home case which rated both sub-indicators as unacceptable and one for an in-home case. The out-of-home case involved the youth who alleged abuse<sup>22</sup> by the residential treatment facility (RTF) where he was placed. In this same case the child/youth was reported to have runaway three times in a single month. The in-home case involved a child/youth who has suffered abuse at the hands of school peers. According to the parents, the school has not responded to the concerns of the alleged bullying and physical abuse.<sup>23</sup>

<sup>22</sup> The alleged abuse was reported as an overly aggressive restraint by RTF staff.

<sup>23</sup> The child/youth reported she was thrown down a staircase by another student.

## ***Additional Safety Data***

### **Timeliness of Investigations**

All of the six in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling eight accepted reports of abuse and neglect. All eight reports had the investigation initiated in accordance with state and/or county timeframes<sup>24</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 eight accepted reports. Each of the in-home cases was rated as a "strength" for the timeliness of the investigation.

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

### **County Data Package Data**

Between October 1, 2009 and September 30, 2010, 1,119 reports of abuse and neglect were received in York County, of which 12 percent were substantiated. Nearly every maltreatment report during this timeframe involved an allegation of physical or sexual abuse, with three percent involving medical neglect. Children between the ages of two and nine were most often the victims of the substantiated reports, with 40 percent of the substantiated reports involving children in that age range, compared to 37 percent for the state.

## **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.

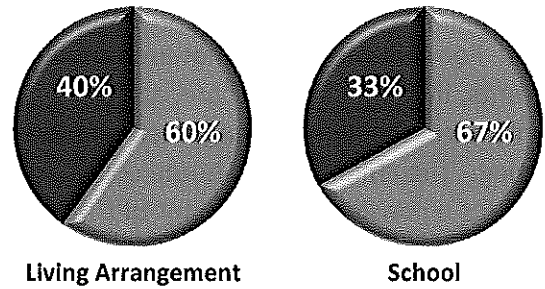
---

<sup>24</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.



## 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	15	1	1	4	40%	1	7	1	60%
School	9	2	0	1	33%	1	2	3	67%
Total	-	3	1	5	38%	2	9	4	63%

Figure 9: "Stability" QSR Results

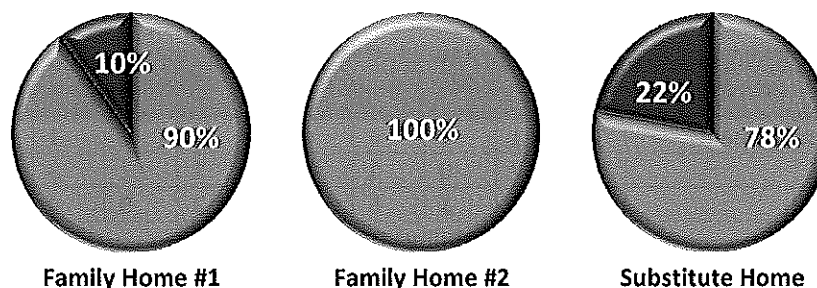
Nearly two-thirds of the cases (63%) reviewed were rated as acceptable for the Stability indicator, as seen in Figure 9. Reviewers attributed the unacceptable ratings to the fact some children/youth already had planned moves scheduled.

The average number of placements over the last 12 months (including placement changes from prior removal episodes) for the nine sampled out-of-home cases was 2.7 placements. Reviewers reported that multiple placement moves was the central factor contributing to unacceptable stability ratings. One out-of-home case was reported to involve a child/youth who had experienced eight placement changes over the last 12 months and another out-of-home case was reported to have a child/youth that experienced five placement changes.

One youth experienced 27 moves during the ten years he had been in care. The youth reported he felt the exorbitant number of placement changes were the main challenges to reaching his goals. The youth stated that the successes in his life (earning a GED, locating a kinship home, and gaining employment) could never be attributed to agency involvement but were, in fact, achieved despite agency involvement.

### 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 <sup>25</sup>	10	0	1	0	10%	3	5	1	90%
Family home #2	2	0	0	0	0%	2	0	0	100%
Substitute home	9	0	1	1	22%	0	2	5	78%
<b>Total</b>	-	<b>0</b>	<b>2</b>	<b>1</b>	<b>14%</b>	<b>5</b>	<b>7</b>	<b>6</b>	<b>86%</b>

Figure 10: "Living Arrangement" QSR Results

As seen in Figure 10, the Living Arrangement indicator was found to be within the acceptable range for 86 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. An unacceptable rating for the substitute home was reported in two foster care cases. In one case, the child/youth, who was placed in an RTF, reportedly has a history of running away from the

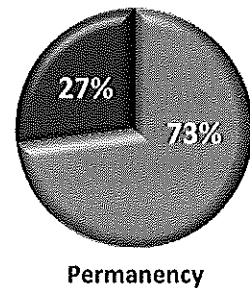
<sup>25</sup> Family home #1 was rated for seven of the 15 out-of-home cases. In the one in-home case where the family home was not rated, the child/youth had been placed by the mother in the home of the maternal great-grandmother.

RTF; there is also an allegation of abuse by the RTF staff being currently investigated. The concern for the other child/youth, residing in the therapeutic foster home, is that the child/youth is living with five youth who are all alleged sexual offenders.

The biological/kinship family focus group stated that, while it may take much longer and be more burdensome for the agency, caseworkers should never give up on locating the children/youth's families when placements are being considered for children/youth from out-of-home cases. One parent stated, "If there is family out there, exhaust every inch of road to find them before you [declare there] is no 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	15	1	0	3	27%	5	4	2	73%
Total	-	1	0	3	27%	5	4	2	73%

Figure 11: "Permanency" QSR Results

As seen in Figure 11, the ratings for the Permanency indicator were deemed acceptable in 73 percent of the cases. Older youth in care, those who are 18+ years old or those nearing their 18<sup>th</sup> birthday, were found to have stable and enduring foster care placements. Reviewers noted the caregivers were actively assisting the youths to gain independent living skills. Reviewers also noted lasting permanency was possible in three out-of-home cases where foster parents expressed interest in adopting the children/youth.

Reviewers attributed the unacceptable ratings to unclear permanency plans and the knowledge that some children/youth were expected to make placement moves in the future and that those placement moves were not well-defined.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care <sup>26</sup> Population
	#	%	#	%	%
<b><i>In-Home Cases</i></b>					
Remain in Home	5	83%	-	-	
Adoption	0	0%	0	0%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	0	0%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	1	17%	6	100%	
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	
<b><i>Out-of-Home Cases</i></b>					
Return Home	6	67%	0	0%	60%
Adoption	1	11%	3	33%	13%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	1	11%	2%
Placement with a Fit and Willing Relative	0	0%	1	11%	1%
Other Planned Placement Intended to be Permanent/APPLA	2	22%	0	0%	20%
Emancipation	-	-	-	-	4%
No Goal Established	0	0%	4	44%	<1%
<b>Total</b>	<b>9</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>100%</b>

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

Figure 12 shows the permanency goals of the sampled children/youth and York County foster care population. The primary permanency goal for all but one in-home cases reviewed was “remain in the home.” The remaining in-home case was found to have no primary goal established. The distributions of primary goals for children/youth from the out-of-home sample to that of the York County foster care population are very similar, with the exception of the proportion of children/youth with no concurrent goal established.

Fifty-six percent of the out-of-home cases were reported to have a concurrent goal; the goal was reported as “adoption” for three of the five cases. Of the four out-of-home cases in which no concurrent goal was established, two have a primary goal of “Other Planned Placement Intended to be Permanent/APPLA” and two have a primary goal of “reunification.”

<sup>26</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.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate <sup>27</sup>	5	88%	8	89%	13	87%
Concurrent Goal Appropriate <sup>28</sup>	0	0%	5	56%	5	33%
<b>Total Cases</b>	<b>6</b>		<b>9</b>		<b>15</b>	

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

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the appropriateness of the goals was also assessed, as seen in Figure 13. The primary permanency goal was considered appropriate for 13 (87%) of the cases reviewed. Although only one-third of the cases had a concurrent goal established, the concurrent goal was found to be appropriate in each of the five cases where such a goal was reported.

### **Additional Permanency Data**

#### **Caseworker Turnover**

The average number of caseworkers assigned to the in-home cases under review was 2.5, with a minimum count of two 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 nine<sup>29</sup> having been involved. Three children/youth were reported as having had seven caseworkers; one youth had been in care for five years, another for four years, and the other had been in care one year.<sup>30</sup>

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

York County came close to meeting the national standard (86%) and the state's success rate (85%) for placement stability (two or fewer placements). Stability was found for 81 percent of the children/youth in care less than one year during the 2010 federal fiscal year. The county did not meet the national standard (65%) or keep pace with the state (65%) for children in care 12 to 24 months with only 49 percent of the children/youth in York County experiencing two or fewer placements. York County did not meet the national standard (42%) or the state's rating (43%) for children in care for 24 months or longer either, achieving a placement stability rate of only 24 percent.

Between October 1, 2009 and September 30, 2010, 40 children/youth were adopted in York County. During the same time, 12 percent of the children in care had a primary permanency

<sup>27</sup> There was no primary goal established in one in-home case.

<sup>28</sup> There were no in-home cases with a concurrent goal established. There were four out-of-home cases with no concurrent goal established. It should be noted that practice in Pennsylvania doesn't require the establishment of concurrent goals for in-home cases, but Pennsylvania's practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

<sup>29</sup> For this out-of-home case the youth had been in care ten years.

<sup>30</sup> The children/youth that were reported as having seven caseworkers entered care March 2006, September 2009, and September 2008.

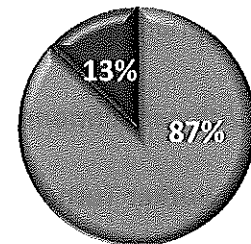
goal of adoption, while 15 percent of the county’s children/youth in foster care had had their parental rights terminated.

## 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

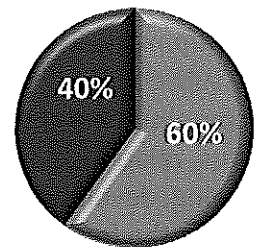
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	15	0	0	2	13%	2	4	7	87%
Total	-	0	0	2	13%	2	4	7	87%

Figure 14: "Physical Health" QSR Results

Figure 14 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 87 percent of the cases reviewed. The review found that while many children/youth had medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. The two in-home cases where an unacceptable rating was reported involved a five year old who had recently been diagnosed with enuresis and a 15 year old who had experienced significant weight gain and was not up to date on immunizations. Reviewers recommended the vital statistics and all other health related information (e.g., immunization records) of all children/youth be maintained and updated as necessary.

## 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	15	1	0	5	40%	2	6	1	60%
<b>Total</b>	-	<b>1</b>	<b>0</b>	<b>5</b>	<b>40%</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>60%</b>

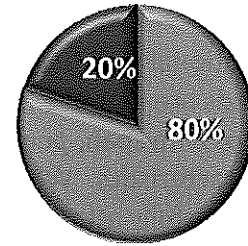
Figure 15: "Emotional Well-being" QSR Results

Figure 15 gives the frequency of ratings for the Emotional Well-being indicator. In 60 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. The unacceptable ratings were attributed to the children/youth whose well-being was adversely affected by a lack of or untimely utilization of available resources, such as psychological evaluations. Reviewers also noted children/youth in care that experienced several placement moves were more likely to have their emotional well-being rated as unacceptable. Two children/youth (between the ages of 5 and 9) were reported to have bedwetting issues, which research has shown can be a symptom of emotional disturbance in a child's life<sup>31</sup>. These issues had been recently identified and were being addressed at the time of the review.

<sup>31</sup> Swierzewski, III, M.D., Stanley J. "Pediatric Urology Enuresis (Bedwetting), Causes, Treatment." *Overview of Bedwetting (Nocturnal Enuresis)*. Health Communities, 10 June 1998. Web. 5 July 2011. <<http://www.healthcommunities.com/bedwetting/children/overview-of-bedwetting.shtml>>.

## 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	5	0	0	1	20%	0	2	2	80%
Total	-	0	0	1	20%	0	2	2	80%

Figure 16: "Early Learning & Development" QSR Results

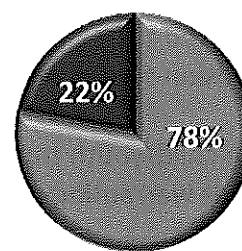
Figure 16 gives the frequency of ratings for the Early Learning and Development indicator. Of the five applicable cases reviewed, four were rated as acceptable. All five children/youth were three or younger and none of the children/youth were reported to attend preschool or Head Start. Reviewers reported the majority of the children/youth were developing appropriately and were on target with developmental milestones.

The one unacceptable rating involved a case with a two-year-old girl who was reported to have speech delays. This child was only recently set up with services to address her developmental needs.



## 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	9	2	0	0	22%	0	3	4	78%
Total	-	2	0	0	22%	0	3	4	78%

Figure 17: "Academic Status" QSR Results

The frequency of ratings for the Academic Success indicator is displayed in Figure 17. Nine of the reviewed cases involved children/youth who were of school age.<sup>32</sup> Their academic status was considered acceptable for 78 percent of cases. Reviewers reported the children/youth were doing well academically, were in appropriate grade levels and were attending school regularly. Reviewers cautioned that upcoming placement moves could likely impact the future academic success of the children/youth and measures should be taken to ensure a smooth transition to new school settings.

Educational Situation <sup>33</sup>	In-home		Out-of-home		Combined Total	
Regular K-12 Education	2	50%	2	40%	4	44%
Expelled/Suspended <sup>34</sup>	1	25%	0	0%	1	11%
Alternative Education	0	0%	1	20%	1	11%
Other <sup>35</sup>	0	0%	1	20%	1	11%
Full Inclusion Special Education	0	0%	1	20%	1	11%
Self-Contained Special Education	1	25%	0	0%	1	11%
Total	4	100%	5	100%	9	100%

Figure 18: Educational Situation of the Focus Child/Youth

<sup>32</sup> To be considered school-aged the child/youth must be at least eight years or older OR attending school.

<sup>33</sup> One youth from an out-of-home case was reported to have graduated.

<sup>34</sup> The five year old child who was expelled/suspended from her school at the time of the review was due to violent outbursts.

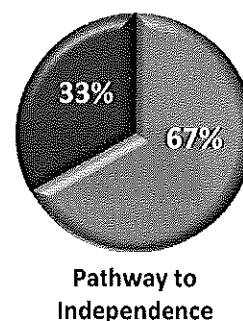
<sup>35</sup> The other educational setting was reported to be an "onground school."

Figure 18 shows the frequency of children/youth attending different educational settings. Of the nine cases involving school-aged youth, four attended a “regular K-12” educational setting; one attended “alternative education” setting; one attended an “other” setting which was reported to be an onground school; and the other two children/youth attended either a “full inclusion special education” setting or a “self contained special education” setting.

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

### 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%
Total	-	1	0	0	33%	2	0	0	67%

Figure 19: “Pathways to Independence” QSR Results

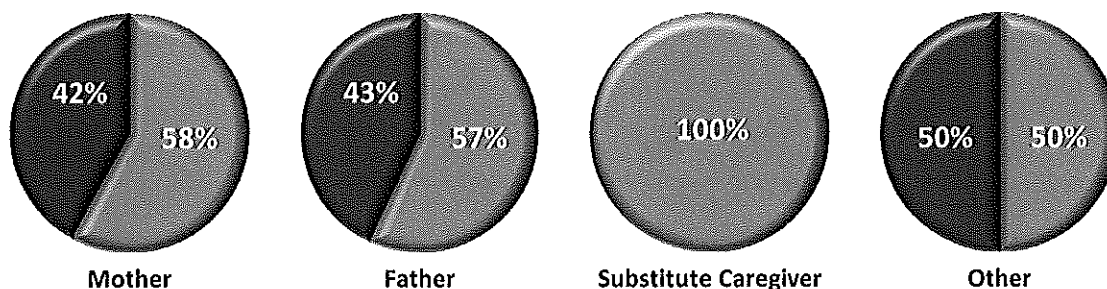
As seen in Figure 19, in two of the three qualifying cases (67%) the Pathway to Independence indicator was rated as acceptable. Reviewers noted that while youth were doing well to secure independence, the agency may not have any hand in making this happen. One youth reported his successes were his own doing and were accomplished despite agency involvement and not because of it. Another youth opted to remain in care past her 18<sup>th</sup> birthday so that she could attend college but has already made lifelong plans, made official by her recent engagement.

## 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	12	0	2	3	42%	6	0	1	58%
Father	7	1	1	1	43%	3	1	0	57%
Substitute Caregiver	8	0	0	0	0%	0	4	4	100%
Other	4	0	0	2	50%	1	1	0	50%
<b>Total</b>	-	1	3	6	32%	10	6	5	68%

Figure 20: "Caregiver Functioning" QSR Results

As seen in Figure 20, the functioning of the parent/caregiver was rated as acceptable for 68 percent of the cases reviewed. The "father's caregiver functioning" was almost as likely to be rated as acceptable (57%) as the "mother's caregiver functioning" (58%). Reviewers noted parents/caregivers whose functioning was rated acceptable were also individuals who fully cooperated with the agency.

In two cases, the mother's paramour -- the biological father of the focus child/youth's siblings -- was rated unacceptably for caregiver functioning.

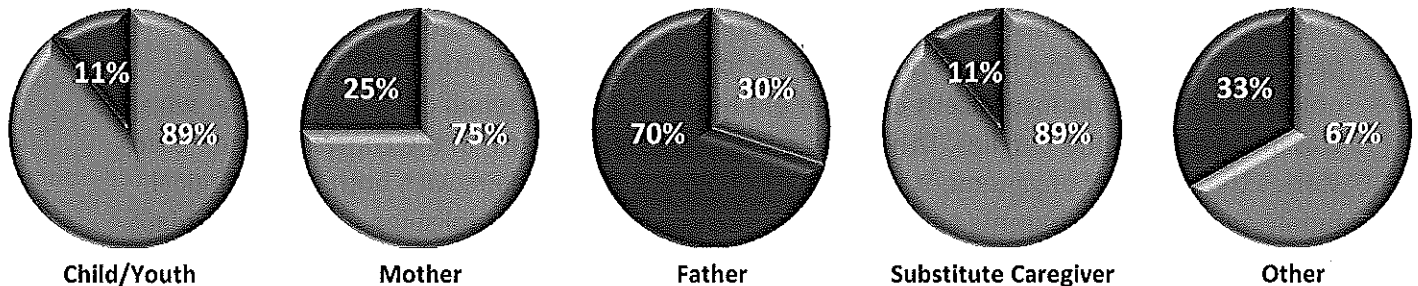
## PRACTICE PERFORMANCE STATUS DOMAIN

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

### Indicator 1a: Engagement Efforts

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	9	0	0	1	11%	3	5	0	89%
Mother	12	0	1	2	25%	4	4	1	75%
Father	10	1	4	2	70%	2	1	0	30%
Substitute Caregiver	9	0	1	0	11%	3	3	2	89%
Other	3	0	1	0	33%	1	1	0	67%
<b>Total</b>	-	1	7	5	30%	13	14	3	70%

Figure 21: "Engagement Efforts" QSR Results

Figure 21 gives the frequency of ratings for the Engagement Efforts indicator. The majority of cases for this indicator were rated as acceptable across all four of the five sub-indicators. Engagement efforts were more likely to be rated as acceptable for the children/youth (89%) and substitute caregivers (89%). Mothers were more likely to be engaged (75%) than fathers (30%), despite the fact that both parents were equally likely to be rated acceptably in the domain of caregiver functioning

One noted barrier to engagement included conflicts between the birth family and the agency caseworker, resulting from the birth family not fully understanding the importance of agency intervention; this is especially true when examining the lack of engagement with mothers.

For one in-home case the incarceration of the biological father was reported as a barrier to engagement. Sadly, for the one out-of-home case in which the permanency plan was to reunify with the biological father, the engagement with the father was rated as unacceptable. Reviewers noted concern with the biological father being unclear as to what he must do to ensure reunification. In another case, the father stated he did not feel his input was welcomed as demonstrated when the Family Service Plan (FSP) was mailed to his home without him being invited to be a part of the development of the process.

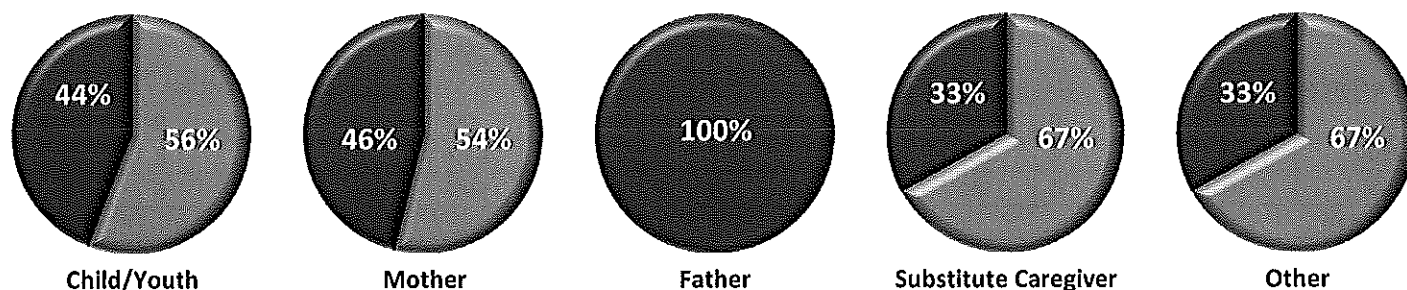
The caseworkers and supervisor focus groups stated the agency is striving to improve engagement methods with families. Instead of telling families what to do they now ask "what the agency can do to get the family where it needs to be." Caseworkers are also working on skills that will help them relate to the families and get both caseworkers and families to "think outside the box."

During the biological/kinship family focus groups one participant stated, "We were not prepared," referring to a lack of preparedness for Family Group Decision Making meetings, noting that there was insufficient engagement efforts made on behalf of the caseworker who was involved with the families. Other reviewers expressed concern in the context of their case stories that a lack of engagement on the part of agency caseworkers with both the biological family and the foster parents could lead to difficulties in clearly establishing permanency plans for children and youth. Specifically, this was described a concern in a cases where foster/resource families may be lead to believe or may assume that adoption of a child or youth is a possibility from the moment that the child or youth is place in the foster/resource family's home when in fact that may not be the case.

## **Indicator 1b: Role & Voice**

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process. Service arrangements should build on the strengths of the child/youth and family and they should reflect their strengths, views and preferences. This indicator assesses the degree to which the child/youth, parents,

family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about the child/youth and family strengths and needs, goals, supports, and services.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	9	0	2	2	44%	1	2	2	56%
Mother	13	1	1	4	46%	2	3	2	54%
Father	10	3	5	2	100%	0	0	0	0%
Substitute Caregiver	9	0	0	3	33%	1	2	3	67%
Other	3	0	1	0	33%	1	1	0	67%
<b>Total</b>	-	4	9	11	55%	5	8	7	45%

Figure 22: "Role & Voice" QSR Results

More cases were rated as unacceptable (55%) than acceptable (45%) for the Role and Voice indicator. While there is room for improvement across all sub-indicators, fathers were found to have played a much smaller role and were less active in the planning for their families than other stakeholders; in fact, in none of the ten applicable cases was the agency rated acceptably in their ability to provide the father with a role and voice in the planning process.

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, if not worse. The proportion of acceptable ratings across all sub-indicators decreased significantly from engagement to role and voice. While 89 percent of the applicable cases were rated as acceptable for engagement with the child/youth, only 56 percent of the applicable cases were rated acceptable for the role and voice of the child/youth.

The OCYF staff focus groups indicated the lack of role and voice for the majority of family members may stem from the once held practice of the agency that told the family what to do and less often asked the family how the agency could help them reach their goals and achieve safe case closure, which has been a shift in practice.

	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	2	33%	0	0%	0	0%	3	50%	1	17%	0	0%	6	100%
Mother	2	33%	0	0%	1	17%	3	50%	0	0%	0	0%	6	100%
Father	0	0%	0	0%	1	25%	1	25%	1	25%	1	25%	4	100%
<b>Out-of-home</b>														
Child	0	0%	0	0%	1	11%	8	89%	0	0%	0	0%	9	100%
Mother	0	0%	0	0%	0	0%	3	38%	5	63%	0	0%	8	100%
Father	0	0%	0	0%	0	0%	1	17%	3	50%	2	33%	6	100%
<b>Combined</b>														
Child	2	13%	0	0%	1	7%	11	73%	1	7%	0	0%	15	100%
Mother	2	14%	0	0%	1	7%	6	43%	5	36%	0	0%	14	100%
Father	0	0%	0	0%	1	10%	2	20%	4	40%	3	30%	10	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 six of the in-home cases. In seven of the nine (78%) 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 six of the in-home cases. In four of the applicable eight out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the child/youth was reported as sufficient.

In two of the four 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 six applicable out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the father was reported as sufficient.

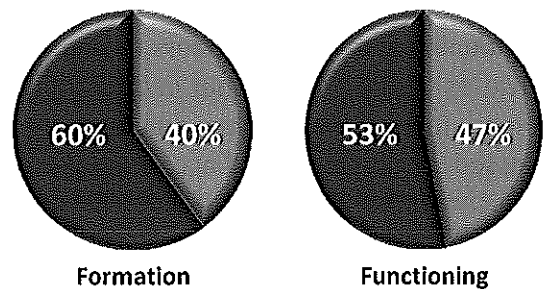
Reviewers identified the number of additional children/youth residing in the home of the in-home focus child/youth. There was at least one other child/youth residing in the home in five of the six in-home cases. Applicable in-home cases averaged 2.6 additional children/youth in the home, with a minimum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

Of the 13 additional children/youth in the home, 10 were visited by a caseworker 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	15	0	5	4	60%	3	3	0	40%
Functioning	15	1	4	3	53%	4	3	0	47%
<b>Total</b>	-	<b>1</b>	<b>9</b>	<b>7</b>	<b>57%</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>43%</b>

Figure 24: "Teaming" QSR Results

In the majority (57%) of the cases the Teaming indicator was rated as unacceptable. The “formation” indicator was rated as unacceptable (60%) for a slightly higher proportion of cases than the “functioning” (53%) indicator; meaning, that teams were not likely to form, but when they did, they did not function successfully for the majority of cases. Most of the unacceptable formation ratings involved out-of-home cases.

Reviewers noted a lack of unified vision and effective problem solving which directly leads to poor team performance. An identified team leader was recommended to clear the communication path and ensure all information is shared between team members.

The OCYF Staff focus groups reported that some facets of their daily job including training, extensive meetings, and a plethora of paperwork, takes significant time away from the potential for them to have direct contact not only with children, youth, and families but also with members of a family’s team. OCYF Staff focus groups also expressed frustration during some cases in which they perceived that they were given directives as to how to work within the context of a case as opposed to truly engaging in collaborative teaming activities with team members.

### 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.

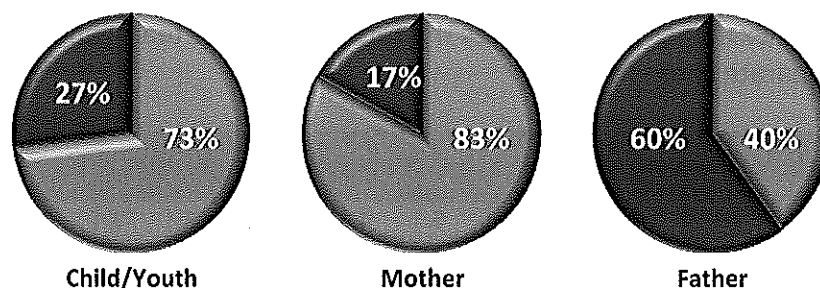


Figure 25: “Cultural Awareness & Responsiveness” QSR Results

The Cultural Awareness indicator was rated as acceptable in 68 percent of the cases, as seen in Figure 25. In one in-home case the caseworker and the biological mother did not find it easy to work with one another. The biological mother professed a preference for an African-American caseworker with whom she could better relate. Once the biological mother’s request was granted, significant progress was made in the case.

Reviewers attributed the unacceptable ratings for the cultural awareness of the father to the lack of engagement, role or voice of the fathers. As for the children/youth, efforts to be culturally aware and responsive were limited as the children’s histories were not always adequately explored. An example of this was seen in one out-of-home case in which the

child/youth was placed in a foster home where the family had the child/youth begin to practice a religion different than the faith under which she was raised. Once the biological mother was made aware of this situation she agreed to allow the family to introduce her child/youth to another religion, but this would not always be the reaction of the biological family. Concerted efforts should be made to make the foster family aware of what is acceptable and not in these circumstances.

## Indicator 4: Assessment & Understanding

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

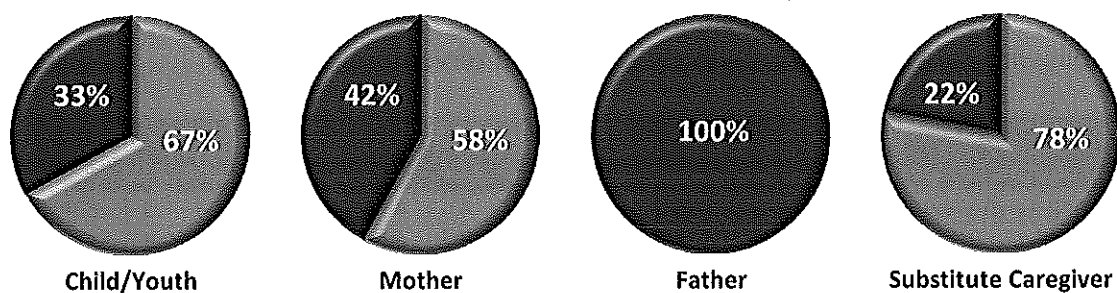
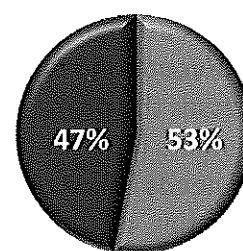


Figure 26: "Assessment & Understanding" QSR Results

As seen in Figure 26, the Assessment and Understanding indicator was rated as acceptable for 52 percent of the cases reviewed. The “assessment and understanding of fathers” was rated unacceptable in all ten applicable cases while the “assessment and understanding of the mother” was rated unacceptable in 42 percent of the 12 applicable cases. Reviewers noted a lack of assessment and understanding directly impacted the unacceptable ratings of the cultural awareness and teaming indicators citing that if case members had been engaged more effectively the opportunity to assess the child/youth and caregivers would have been more prevalent.

## Indicator 5: Long-term View

Having a long-term view of a better life enables the child/youth, family, and those helping them to see both the next steps forward and the endpoints 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	15	1	2	4	47%	2	5	1	53%
Total	-	1	2	4	47%	2	5	1	53%

Figure 27: “Long-term View” QSR Results

Figure 27 gives the frequency of ratings for the Long-term View indicator. In 53 percent of all cases reviewed this indicator was rated as acceptable. Two in-home cases and five out-of-home cases had unacceptable ratings for this indicator. Reviewers attributed the unacceptable ratings for out-of-home cases to a lack of planning for discharge, where the biological family was not always certain what had to be accomplished before reunification could occur. Further, the uncertain placement stability is likely to impact the long term view of several cases.

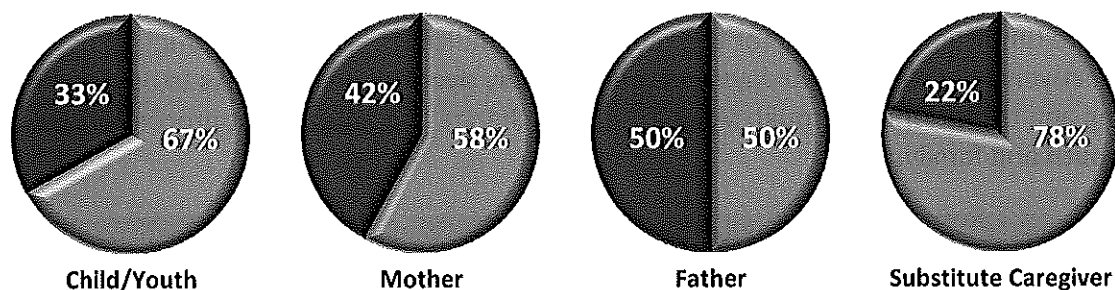
Reviewers learned that when most of the team working with the child/youth and family have a good understanding of strengths and needs and when there was agreement on what should

occur to assure safety case closure, it often lead to the team having a clear long-term view and improved path to interventions that would allow for achievement of 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	12	0	3	1	33%	3	5	0	67%
Mother	12	0	1	4	42%	4	3	0	58%
Father	10	2	3	0	50%	4	1	0	50%
Substitute Caregiver	9	0	2	0	22%	3	4	0	78%
Total	-	2	9	5	37%	14	13	0	63%

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

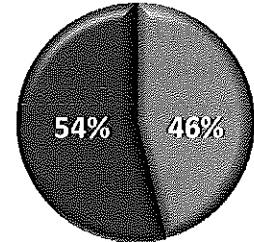
As seen in Figure 28, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable in 63 percent of the cases. Reviewers found services to be widely available in York County and planning for necessary services was not hindered by a lack of service array.

Unacceptable ratings regarding the Child/Youth and Family Planning Process indicator appeared to be directly impacted by unacceptable progress planning for transitions and life adjustments. This was evidenced in the written case review summaries of the reviewers, which cited that the

planning process was made more difficult, or in some cases, non-existent, due to lack of inclusivity of team members.

## 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	13	0	2	5	54%	2	4	0	46%
Total	-	0	2	5	54%	2	4	0	46%

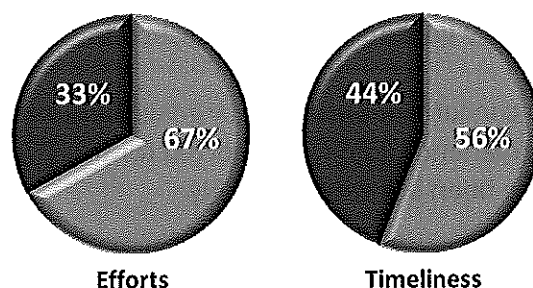
Figure 29: "Planning for Transitions & Life Adjustments" QSR Results

Figure 29 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in only 46 percent of the 13 applicable cases. Reviewers suggested the lack of teaming and assessment of the children/youth and their families directly contributed to the unacceptable ratings.

## 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	15	0	1	4	33%	6	2	2	67%
Timeliness	9	0	3	1	44%	4	1	0	56%
<b>Total</b>	-	0	4	5	38%	10	3	2	63%

Figure 30: “Efforts for Timely Permanency” QSR Results

As seen in Figure 30, more than three-fifths (63%) of the cases were rated as acceptable overall for the Efforts for Timely Permanency indicator. The “efforts” (67%) indicator was more likely to be rated as acceptable as was the “timeliness” (56%) indicator. Reviewers noted that frequent placement moves undermined permanency efforts and the lack of communication among the team members also contributed to the unacceptable ratings.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely <sup>36</sup>	5	83%	9	100%	14	93%
Concurrent Goal Established Timely <sup>37</sup>	0	0%	5	56%	5	33%
<b>Total Cases</b>	6		9		15	

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

<sup>36</sup> There was no primary goal established in an in-home case.

<sup>37</sup> There were no in-home cases with a concurrent goal established. There were four out-of-home cases with no concurrent goal established. It should be noted that practice in Pennsylvania doesn't require the establishment of concurrent goals for in-home cases, but Pennsylvania's practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

Figure 31 illustrates the timeliness in which permanency goals for the reviewed cases were established. As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness<sup>38</sup> in determining the goals was assessed; in 14 of the 15 cases, the primary goal had been established in a timely manner.

No concurrent permanency goals were reported for any of the six in-home cases. A concurrent permanency goal was reported for five (56%) out-of-home cases, all of which were found to have been established timely.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given <sup>39</sup>	
	#	%	#	%	#	%
<b>TPR Filed Timely</b>						
Mother	2	40%	3	60%	3	60%
Father	2	40%	3	60%		
<b>TPR Finalized</b>						
Mother	2	67%	1	33%		
Father	2	67%	1	33%		

Figure 32: TPR Summary

Seven of the nine 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>40</sup> for termination of parental rights. Four of the children/youth had a primary permanency goal of “reunification,” one had a primary permanency goal of “adoption” and the other two had a goal of “other Planned Placement Intended to be Permanent/APPLA.”

<sup>38</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>39</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>40</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.

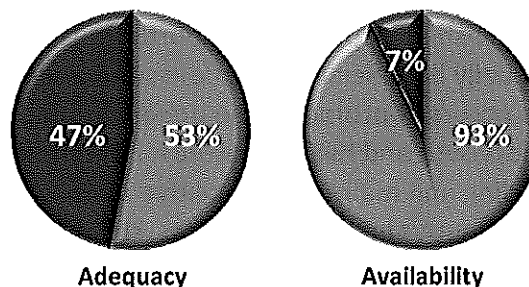


In two of the three cases where a petition for termination of parental rights was filed, the petition was not filed in a timely manner;<sup>41</sup> reviewers reported there were compelling reasons<sup>42</sup> for not doing so in two of the cases. The compelling reasons given pertained to the “child's circumstances [not lending] themselves to TPR/adoption or [permanent legal custodianship].”

## 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	15	0	4	3	47%	2	6	0	53%
Availability	15	0	0	1	7%	3	6	5	93%
Total	-	0	4	4	27%	5	12	5	73%

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

Figure 33 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 73 percent of the cases reviewed. Reviewers attributed the acceptable ratings to the plethora of services available county-wide, though reviewers noted that services were not always established for children/youth to enhance a placement or assure continued success of a placement.

Focus groups comprised of biological/kinship families confirmed this finding by noting that overall resources are rich and available in York County and members of the focus group

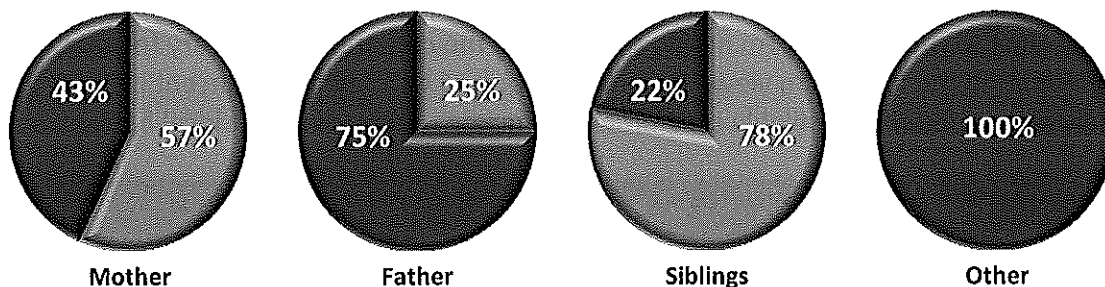
<sup>41</sup> TPR filed timely - TPR is filed when the child has been in care for at least 15 of the most recent 22 months unless there are compelling reasons not to file.

<sup>42</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.

expressed that appropriate services were available to meet their child’s needs and that should additional needs arise in the future, the family would know what channels to go through to seek out necessary services. .

## Indicator 10: Maintaining Family Connections

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	7	1	1	1	43%	2	1	1	57%
Father	8	4	0	2	75%	0	0	2	25%
Siblings	9	1	1	0	22%	3	1	3	78%
Other	1	1	0	0	100%	0	0	0	0%
<b>Total</b>	-	<b>7</b>	<b>2</b>	<b>3</b>	<b>48%</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>52%</b>

Figure 34: “Maintaining Family Connections” QSR Results

As seen in Figure 34, just over half (52%) of the cases were rated as acceptable for maintaining family connections. The county performed well at maintaining connections between the children/youth and their siblings but were significantly worse at maintaining those family connections with fathers. Reviewers noted that visits with bio-parents, especially fathers, were often missed and never successfully rescheduled. One father was incarcerated at the time of the review; he was, however, available to participate in visits but none occurred. The “other” family connection was reported for an out-of-home case where the contact between the paternal grandmother and the child/youth was “restricted.”

Child/Youth Placed with:	#	%
All Siblings	3	50%
Some Siblings	1	17%
All Siblings in Separate Foster Homes	2	33%
<b>Total</b> <sup>43</sup>	<b>6</b>	<b>100%</b>

Figure 35: Sibling Placement

Figure 35 gives the frequency of out-of-home cases in which the children/youth were placed in foster homes with their siblings. Among the six children/youth that have siblings who are also in care, three cases were reported to have siblings placed in the same home as all of their siblings. One case was reported to have some siblings placed in the same foster home. In two cases it was reported the siblings were placed in separate foster homes.

Child/Youth's Proximity:	#	%
Placed in the Same Community	2	25%
Placed in the Same County	4	50%
Placed in the Same State	2	25%
Placed Out of State	0	0%
<b>Total</b> <sup>44</sup>	<b>8</b>	<b>100%</b>

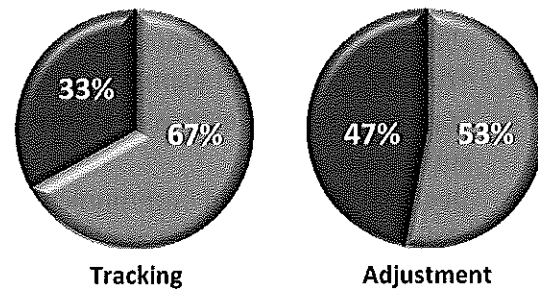
Figure 36: Child/Youth's Proximity to the Removal Home

Figure 36 gives the frequency of out-of-home cases in which the children/youth were placed geographically close to the home from which they were removed. Only two of the children/youth were placed geographically close, within the same community. Four children/youth were reported to be placed within the same county, but not the same community. Of the two children/youth that were not placed within York County but did remain in the state, one was placed in a group home and the other child/youth had been placed in a therapeutic foster home.

## Indicator 11: Tracking & Adjusting

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

- The team routinely monitors the child/youth's and family's status and



<sup>43</sup> Results are not cumulative. Reviewers were instructed to select the best option.

<sup>44</sup> Results are not cumulative. Reviewers were instructed to select the best option.

- 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	15	0	1	4	33%	8	1	1	67%
Adjustment	15	0	5	2	47%	4	3	1	53%
<b>Total</b>	-	0	6	6	40%	12	4	2	60%

Figure 37: "Tracking & Adjusting" QSR Results

As seen in Figure 37, the Tracking and Adjustment indicator was rated as acceptable in 60 percent of the cases reviewed. "Tracking" (67%) was more likely than "adjustment" (53%) to be rated as acceptable. Reviewers directly attributed the unacceptable scores to an insufficient level of teaming; a lack of teaming made it increasingly difficult, if near impossible, to be responsive and to make the necessary adjustments to the changing aspects of the case.

## ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

The 2011 York onsite QSR included feedback generated from the participants of three focus groups who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by York OCYF. The focus group trends that were identified were as follows:

- Shift in Practice- there was acknowledgement by staff that there is a lot of value in embracing initiatives that are focused on improved practice surrounding family engagement and more thorough safety assessments; however, staff expressed feeling overwhelmed with the multitude of tasks that initiatives/practice models require. Despite these frustrations, staff also observe the benefit in these shifts in practice.
- Trust/Respect- Staff express a desire to be viewed and treated as independent workers.
- Supervision- Staff express a desire and appreciation for regular and supportive supervision.
- Decision Making and Communication-York OCYF staff report that information is not always relayed in a clear and planful fashion. As a result, staff are often in a position of receiving mixed and/or unclear messages about policies and procedures.
- Resources- OCYF staff and biological/kinship families expressed that York County is a community rich with resources to meet the needs of those served by OCYF.
- Teaming/Collaborating- OCYF staff report that they can see the value in an increased level of teaming and collaborating, both internally and with their external system partners.

- Agency Structure and Staffing- OCYF staff encouraged leadership within their organization to take a closer look at the organizational structure to include an assessment of whether additional line staff support is an option to assist with assuring best practice and achievement of the agency's mission.
- Passion and Pride in the Work- OCYF staff and the biological/kinship families expressed their belief that staff are very committed to the children, youth, and families.

## QSR RESULTS SUMMARY

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	195	12	8	23	22%	34	59	59	78%
Practice Performance Status Domain	380	30	64	65	42%	89	95	37	58%
<b>Total</b>	<b>575</b>	<b>42</b>	<b>72</b>	<b>88</b>	<b>35%</b>	<b>123</b>	<b>154</b>	<b>96</b>	<b>65%</b>

Figure 38: “Domain Ratings” QSR Results

Figure 38 gives the frequency of ratings for all indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. Sixty-five percent of the ratings were found to be acceptable (rating between 4 and 6) overall. An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (78%) than the Practice Performance domain (58%). Half of the Practice Performance indicator’s overall ratings fell below the 55 percent acceptable range.

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

### ***Areas of Strengths***

#### **Early Learning & Academic Success**

Children/youth are on-track developmentally and those old enough to attend school are performing well in their current educational settings. Any learning disabilities have been addressed and current IEPs are in place. Reviewers noted that while the majority of children are doing well academically in their current settings several children/youth were known to have future moves which could upset their academic success. Also, while the academic success of the children/youth was apparent there was one instance of a child/youth being bullied and even physically abused by his or her peers. Such instances have the potential to derail the future academic success of the children/youth. Schools should be included in teaming efforts in order to reduce situations such as this.

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

The safety (both exposure to threats of harm and risk to self and others), living arrangement, and physical health of the children/youth were all found to be appropriate in the majority of

the cases reviewed. These three indicators often complement one another, in that children/youth living in appropriate living arrangements will likely be safe from harm. Reviewers noted that while children are safe and physically healthy their emotional well-being was being compromised as a result of frequent placement changes.

### **Service Array**

While many children/youth have medical, mental and emotional concerns, they are being treated by appropriate professionals. Services are not only available but are reported to be available from an array of sources.

### ***Areas Needing Improvement***

#### **Fathers**

Fathers as a subcategory<sup>45</sup> in several indicators 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 70 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 maintenance of family connections with fathers. Fathers need to be identified and included in case planning and engaged in order to have a voice, their culture taken into consideration and relationship with their children/youth maintained.

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

Teaming was rated as acceptable in only 43 percent of the cases reviewed and was frequently cited in other indicators as a contributing factor for unacceptable ratings. Reviewers reported that teams did not appear to be officially formed in most cases and, when teams were formed, they were not functioning well. Without the team members reporting their individual progress in the case, the caseworker was unable to track the progress in the case.

---

<sup>45</sup> Subcategories in total make up an entire indicator. For example, ratings for "child/youth," "mothers," "fathers," "substitute caregivers," and "other" collectively make up the overall rating for Engagement Efforts. A significantly poor rating in one subcategory can bring down the overall rating of the indicator even when all other subcategories are rated well.

## KEY QUESTIONS FOR NEXT STEPS PLANNING

---

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

### ***Safety Questions***

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

### ***Permanency Questions***

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

### ***Well-Being Questions***

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



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

***Parent/Caregiver Questions***

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

***Practice Performance Questions***

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

## APPENDIX A: SUMMARY OF RATINGS

### QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

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

**Interpretative Guide for Practice Performance Indicator Ratings**

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

