

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



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

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On Behalf of the
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Background

Implementing change at the local level is critical to the achievement of positive child, youth and family outcomes, particularly in a state-supervised and county-administered state. A well-developed Continuous Quality Improvement (CQI) process will be one vehicle to drive change forward in Pennsylvania. Continuous quality improvement is not a time limited project or initiative. Casey Family Programs and the National Resource Center for Organizational Improvement define continuous quality improvement as “the ongoing process by which an agency makes decisions and evaluates its progress.” The CQI process being developed in Pennsylvania will support staff in improving their practice which will ultimately lead to healthy children, youth and families. The Quality Services Review (QSR) is one critical component of the CQI process that will be used to assess and monitor progress.¹

Pennsylvania’s *QSR Protocol*, developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The *QSR Protocol* contains qualitative indicators that measure the current status of the focus child/youth² and the child/youth’s parents and/or caregivers, that status reflecting the outcomes that have been achieved thus far. The QSR serves as a measure of Pennsylvania’s Practice Model and associated standards which have been established to promote a culture of excellence in serving children, youth and families. The Practice Model was developed through consensus among those working at all levels in the system regarding the actions necessary to promote sound outcomes.

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

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

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

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

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2008. Washington 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."³ The in-home sample is family-based⁴ and was selected for Washington County from a list provided by the county of families with open in-home cases on January 5, 2012. The placement sample is child-based and was selected for Washington County from a list provided by the county of those children in out-of-home placement on the same date.

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

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

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

³ A "shared case" refers to the sharing of responsibility for the care and services to youth who are under the direct supervision of either County Child and Youth Agencies (CCYA) or Juvenile Probation Offices (JPO), or both concurrently, and to the families of the youth. The youth include adjudicated delinquents in the CCYA administered Title IV-E Foster Care Maintenance Program.

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

Washington County conducted its QSR over six days in April 2012. Over the course of the review, 155 interviews were conducted, an average of ten interviews per case.

The *status indicators* measure the extent to which certain desired conditions relevant to safety, permanence and well-being are present in the life of the child/youth and the parents/caregivers. Changes in status over time may be considered the near-term outcomes at a given point in the life of a case. In measuring child/youth and family status, the QSR generally focuses on the most recent 30 day period, as of the review date.

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

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

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

How the Report is Organized

This report consists of five major sections, all of which explain the findings of the Washington County QSR. The demographics section gives the descriptive characteristics of the children/youth and their families. The tables in the demographics section are broken out by in-home, out-of-home and are compared, when possible, to the entire Washington County foster care population. A dash “-” is used in tables where no data are available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth & Family Domain and the Practice Performance Domain. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable. Below the pie charts a

table is provided that gives the frequency of ratings, one through six, for each indicator. A summary of the indicator ratings is provided at the end of each section. Here the identified strengths and areas needing improvement from the QSR are explored. The final section of this report lists key questions that county staff may ask themselves in regard to the findings of the QSR.

More detailed information on the QSR methodology, including sampling, definitions of indicators and scoring, may be found in the *Pennsylvania Quality Service Review Protocol Version 2.0*.⁵

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

CHILD/YOUTH DEMOGRAPHICS

As noted earlier, of the 15 cases reviewed in Washington 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 Washington County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population ⁶
	#	%	#	%	#	%	%
Male	4	67%	5	56%	9	60%	59%
Female	2	33%	4	44%	6	40%	41%
Total	6	100%	9	100%	15	100%	100%

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% ⁷	#	%	%
0 – 6	2	33%	4	44%	6	40%	45%
7 – 14	1	17%	3	33%	4	27%	34%
15 – 18	3	50%	2	22%	5	33%	21%
19 +	0	0%	0	0%	0	0%	0%
Total	6	100%	9	100%	15	100%	100%

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

The distribution by gender and age of the children/youth from sampled out-of-home cases generally reflects the distribution of children/youth in the Washington County foster care population.

Race/Ethnicity ⁸	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	6	100%	6	67%	12	80%	68%
Black/African-American	0	0%	2	22%	2	13%	32%
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%	<1%
Other	0	0%	0	0%	0	0%	-
Unknown	0	0%	0	0%	0	0%	-
Unable to Determine	0	0%	1	11%	1	7%	0%
Hispanic	0	0%	0	0%	0	0%	3%
Total	6		9		15		

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

⁶ Percentages were determined based on the total number of children in care on January 5, 2012 (N=219).

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

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

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

Current Placement	In-home		Out-of-home		Foster Care Population ⁹
	#	%	#	%	%
Birth home (Biological Mother)	4	67%	0	0%	-
Birth home (Biological Father)	0	0%	0	0%	-
Birth home (Both Biological Parents)	1	17%	0	0%	-
Pre-Adoptive Home	-	-	0	0%	1%
Post-Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	4	44%	45%
Therapeutic foster home	-	-	2	22%	
Formal kinship foster home	-	-	2	22%	
Informal kinship foster home	-	-	0	0%	30%
Subsidized/Permanent Legal Custodianship	-	-	0	0%	
Group/congregate home	-	-	1	11%	
Residential treatment facility	-	-	0	0%	18%
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	
Other ¹⁰	1	17%	0	0%	
Total	6	100%	9	100%	100%

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

Figure 3 displays the current placement types of the sampled children/youth and Washington County’s foster care population. Four in-home cases involved children/youth living at home with only their birth mothers. One case involved a child/youth living at home with both biological parents and the last in-home case involved a 17-year-old youth voluntarily residing at a community residential rehabilitation center.

The proportion of sampled children/youth currently placed in traditional foster homes is greater (66%) than that of the foster care population placed in traditional/therapeutic foster homes (45%). While only 18 percent of the total Washington County foster care population were reported as being placed in an institutional/facility setting none of the out-of-home sample cases had children/youth living in these placement types.

⁹ Placement settings reported in AFCARS include: pre-adoptive home, relative foster family home, non-relative foster family home, group home, institution, supervised independent living, runaway and trial home visit.

¹⁰ The “other” in-home placement setting is reported as “Community Residential Rehabilitation (CRR) Foster Home.”

The “other” placement settings for the Washington County foster care population are supervised independent living and runaway.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Insufficient Income	6	100%	5	63%	11	79%
Mental Health Problems	5	83%	5	63%	10	71%
Family Discord/Marital Problems	4	67%	4	50%	8	57%
Lack of Parenting Skills	3	50%	5	63%	8	57%
Difficulty Budgeting	3	50%	4	50%	7	50%
Lack of Transportation	2	33%	5	63%	7	50%
Overwhelming Child Care/Parenting Responsibilities	4	67%	2	25%	6	43%
Drug Abuse/Addiction	3	50%	3	38%	6	43%
Job Related Problems	3	50%	2	25%	5	36%
Domestic Violence	2	33%	2	25%	4	29%
Pregnancy/New Child	2	33%	1	13%	3	21%
Incarceration	1	17%	2	25%	3	21%
Alcohol Abuse/Addiction	2	33%	0	0%	2	14%
Recent Relocation	1	17%	1	13%	2	14%
Physical Abuse	1	17%	0	0%	1	7%
Emotional Abuse	1	17%	0	0%	1	7%
Neglect	1	17%	0	0%	1	7%
Mental Retardation	0	0%	1	13%	1	7%
Physical Disability	0	0%	1	13%	1	7%
Chronic Illness	0	0%	1	13%	1	7%
Learning Disability	0	0%	1	13%	1	7%
Applicable Cases	6		8		14	

Figure 4: Identified Stressors of Mothers

Overall, “insufficient income” and “mental health problems” and were listed as the most-identified stressors among the mothers of the applicable sampled cases, as seen in Figure 4.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Family Discord/Marital Problems	3	50%	1	13%	4	29%
Physical Disability	1	17%	1	13%	2	14%
Mental Health Problems	1	17%	1	13%	2	14%
Insufficient Income	1	17%	1	13%	2	14%
Job Related Problems	1	17%	1	13%	2	14%
Legal Problems	1	17%	1	13%	2	14%
Overwhelming Child Care/Parenting Responsibilities	1	17%	1	13%	2	14%
Unknown	1	17%	1	13%	2	14%
Drug Abuse/Addiction	0	0%	2	25%	2	14%
Difficulty Budgeting	0	0%	2	25%	2	14%
Lack of Transportation	0	0%	2	25%	2	14%
Chronic Illness	1	17%	0	0%	1	7%
Visual/Hearing Impaired	1	17%	0	0%	1	7%
Other medical Condition	1	17%	0	0%	1	7%
Physical Abuse	1	17%	0	0%	1	7%
Neglect	1	17%	0	0%	1	7%
Lack of Parenting Skills	1	17%	0	0%	1	7%

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Pregnancy/New Child	0	0%	1	13%	1	7%
Inadequate Housing	0	0%	1	13%	1	7%
Domestic Violence	0	0%	1	13%	1	7%
None	0	0%	1	13%	1	7%
Applicable Cases	6		8		14	

Figure 5: Identified Stressors of Fathers

When stressors of the fathers were known they were most often reported as “family discord/marital problems.” This same stressor was reported for over half of the mothers of applicable cases.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Recent Relocation	1	17%	1	13%	2	14%
None	1	17%	1	13%	2	14%
Physical Disability	0	0%	1	13%	1	7%
Chronic Illness	0	0%	1	13%	1	7%
Other Medical Condition	0	0%	1	13%	1	7%
Pregnancy/New Child	1	17%	0	0%	1	7%
Job Related Problems	0	0%	1	13%	1	7%
Social Isolation	0	0%	1	13%	1	7%
Family Discord/Marital Problems	0	0%	1	13%	1	7%
Overwhelming Child Care/Parenting Responsibilities	0	0%	1	13%	1	7%
Other	0	0%	1	13%	1	7%
Applicable Cases	6		8		14	

Figure 6: Identified Stressors of Caregivers

Six of the eight applicable out-of-home case reported stressors for an identified caregiver. “Recent relocation” was identified as a stressor in half of all applicable cases.

Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Emotional Disturbance	5	83%	2	22%	7	47%
School Related Problems	4	67%	3	33%	7	47%
Mental Health	4	67%	3	33%	7	47%
Witnessed Domestic Violence	2	33%	3	33%	5	33%
Delinquent Behaviors	2	33%	2	22%	4	27%
Developmental Delay	3	50%	1	11%	4	27%
Learning Disability	3	50%	1	11%	4	27%
Substance Exposed	1	17%	2	22%	3	20%
Undiagnosed/Untreated Behavioral Problems	1	17%	2	22%	3	20%
Other	0	0%	3	33%	3	20%
Mental Retardation	1	17%	1	11%	2	13%

Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Drug Abuse/Addiction	1	17%	1	11%	2	13%
Alcohol Abuse/Addiction	1	17%	1	11%	2	13%
Premature Birth	0	0%	2	22%	2	13%
History of Physical Abuse/Inappropriate Discipline	2	33%	0	0%	2	13%
Physical Disability	1	17%	0	0%	1	7%
Visual/Hearing Impaired	1	17%	0	0%	1	7%
Suicide Risk	0	0%	1	11%	1	7%
Applicable Cases	6		9		15	

Figure 7: Focus Child/Youth Stressors

Figure 7 shows the children/youth stressors identified by the reviewers. Overall, “emotional disturbance,” “school related problems,” and “mental health” were the most-identified stressors. Seven of the 11 children/youth in the sample who were enrolled in school were reported to have a stressor of “school related problems.” Truancy was also reported as an allegation in three of these cases. In each of the seven cases in which the child/youth was reported as having “mental health” stressors the mother was also reported as having “mental health problems.”

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)¹¹						
Fatality ¹²	0	0%	1	11%	1	7%
Lack of Supervision (resulting in injury)	0	0%	1	11%	1	7%
Imminent Risk of Physical Injury	1	17%	0	0%	1	7%
General Protective Services (GPS)¹³						
Inappropriate Parenting	2	33%	2	22%	4	27%
Truancy	2	33%	1	11%	3	20%
Substance Abuse: Parent	1	17%	2	22%	3	20%
Mental Health Concerns	1	17%	1	11%	2	13%
Lack of Food, Shelter or Clothing	0	0%	2	22%	2	13%
Substance Abuse: Child/Youth	1	17%	1	11%	2	13%
Inappropriate Discipline	1	17%	1	11%	2	13%
Substance Exposed Infant: Cocaine	0	0%	1	11%	1	7%
Substance Exposed Infant: Heroin	0	0%	1	11%	1	7%
Substance Exposed Infant: Marijuana	0	0%	1	11%	1	7%
Substance Exposed Infant: Other ¹⁴	0	0%	1	11%	1	7%

¹¹Child 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.

¹²The out-of-home case with an allegation of “fatality” involves a child/youth’s two year old sibling dying from “non-accidental head injuries.”

¹³General 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).

¹⁴“Opiates and benzos” were reported as the “other” substances.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Environmental Neglect	0	0%	1	11%	1	7%
Lack of Medical/Dental Care	1	17%	0	0%	1	7%
Incorrigibility	0	0%	1	11%	1	7%
Other ¹⁵			1	11%	1	7%
Applicable Cases	6		9		15	

Figure 8: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases, as listed in Figure 8. The most reported GPS allegation was the “inappropriate parenting.” Both cases in which “substance abuse: child/youth” was reported as an allegation involved youth 17 years old.

¹⁵The “other” GPS allegation was reported as “Child was born premature and Mother was attempting to leave the hospital AMA.”

CHILD/YOUTH & FAMILY STATUS DOMAIN

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

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

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



¹⁶ 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	8	0	1	1	25%	0	4	2	75%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute Home	9	0	0	0	0%	0	4	5	100%
School	11	0	0	0	0%	0	1	10	100%
Other settings	2	0	0	0	0%	0	2	0	100%
Total	-	0	1	1	6%	0	12	17	94%

Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (94%) were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. Acceptable ratings were attributed to the parents and caregivers having the capacity to respond to any threats or concerns that arise. For example, safety plans, when needed, were in place and followed and general safety precautions, such as wearing a helmet while riding a bicycle, were adhered to in these homes. Substitute caregivers were reported to have vast experience in providing homes that are safe from harm; one case involved caregivers with 30 years of experience fostering children/youth in their home and a separate case involved a caregiver who is a trained therapist.

The only two unacceptable ratings reported related to in-home cases. One case involves a child/youth with serious developmental delays whose mother "minimizes all concerns of medical and developmental needs," raising concerns for the child/youth's health and safety. In addition, reviewers observed the paramour having "difficulty demonstrating an ability to respect [the child/youth's] personal boundaries" by touching¹⁷ him/her even when he/she communicated he/she did not want to be touched in such a manner.¹⁸ The second in-home case involves a mother with serious chronic mental health issues who is known as a drug and alcohol abuser. The mother's paramour encourages unsafe behavior by allowing the child/youth to engage in drug abuse, even participating in the drug abuse with the child/youth in the home at times.

According to judges participating in a focus group, the county fails to bring cases to court and/or follow court orders which places children/youth's safety at risk. The commissioners stated during their focus group discussions that there is a philosophical difference on how the court and the agency think safety should be ensured.

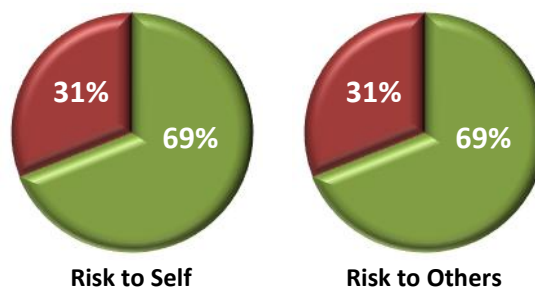
¹⁷The observations included the mother's paramour touching the three year old child's chest and putting his hands down the child's shirt.

¹⁸The mother's paramour was previously suspected of sexual assault of the child/youth but the allegations were not substantiated by the agency.

Indicator 1b: Safety from Risk to Self/Others

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	13	0	2	2	31%	2	2	5	69%
Risk to others	13	0	2	2	31%	1	3	5	69%
Total	-	0	4	4	31%	3	5	10	69%

Figure 10: "Behavioral Risk" QSR Results

Figure 10 gives the frequency of ratings for the Behavioral Risk indicator. In both the "risk to self" and "risk to others" domains, ratings in eight of the 13 applicable cases were found to be acceptable. While some children/youth have exhibited behaviors that pose a risk to themselves or others those behaviors and what is thought to trigger them are being addressed and monitored. The establishment of daily routines and structure regarding discipline and homework expectations were cited as changes that have reduced the incidences of risk to self and others among the sampled children/youth. Specifically, caregivers were found to acknowledge and understand the difficulties children/youth can have transitioning from a visit with parents back to the care of the foster home providers and appropriately addressing those difficulties with sensitivity rather than as a behavioral problem.

The eight unacceptable ratings were reported in four separate cases (two in-home and two out-of-home cases) in which both risk to self and others were found to be unacceptable. An in-home and an out-of-home case each involved youth engaged in underage drinking. The youth from the out-of-home case was also facing charges of terroristic threats for the harassment of a peer and was reported to have waved a knife around while intoxicated. Another in-home case included a child/youth who has been hitting, spitting and swearing at other children on the school bus. One child/youth from an out-of-home case was reported as having suicidal ideation and self-harming behaviors (e.g., cutting behavior) as well as a history of threatening his mother's life, though he/she has not carried out any of those threats against his/her mother.

Additional Safety Data

Timeliness of Investigations

All six in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling nine accepted reports of abuse and neglect. Eight of the nine reports had the investigation initiated in accordance with state and/or county timeframes¹⁹ and within the requirements for a report of the assigned priority. Of those eight reports, face-to-face contact had been made with the child/youth within the required timeframe for six reports. Overall, four of the six in-home cases were rated as a “strength” for the timeliness of the investigation.

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

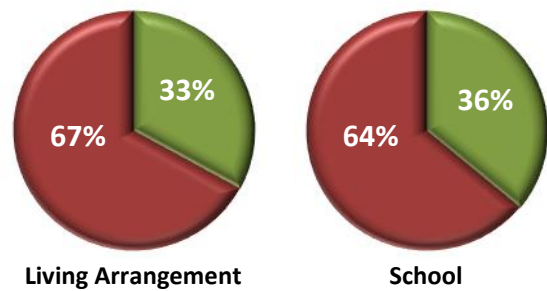
¹⁹ State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania’s 67 counties.

PERMANENCY

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

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	4	5	67%	1	2	2	33%
School	11	0	5	2	64%	0	1	3	36%
Total	-	1	9	7	65%	1	3	5	35%

Figure 11: "Stability" QSR Results

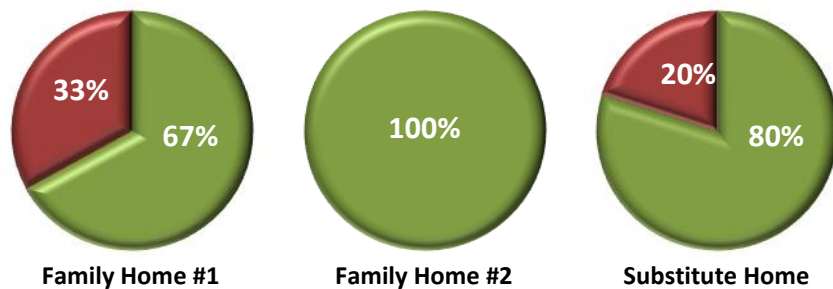
Sixty-five percent of the overall ratings for stability were rated as unacceptable. Both ratings for living arrangement and school were equally likely to be rated in the unacceptable range. Unacceptable ratings were reported for a variety of reasons but for out-of-home cases the known or probable upcoming placement change was cited in five cases. Three of those cases involve a placement change requested by the substitute caregiver. For out-of-home cases another common stability concern reported was recent placement and school changes within the last 30 days. Stability within in-home cases was impacted in one case by recent evictions from the family house and in another by the threat of removal of the child/youth from the

home due to increasing safety concerns. It should be noted that while living arrangements were not likely to be stable they were rated as appropriate more often than not, as will be seen in the Living Arrangement indicator.

As living arrangements changed for children/youth, a change in schools almost always coincided. There was widespread concern among reviewers about the extent to which disruption in school settings negatively impacts academic achievement.

Indicator 3: Living Arrangement

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	6	0	0	2	33%	0	2	2	67%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute home	10	0	0	2	20%	1	5	2	80%
Total	-	0	0	4	24%	1	8	4	76%

Figure 12: "Living Arrangement" QSR Results

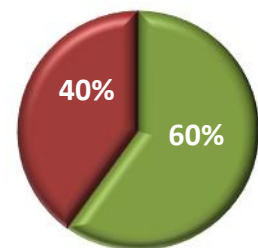
As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for 76 percent of the ratings. Reviewers recognized the efforts of substitute caregivers to provide safe and appropriate homes for children/youth where caregivers meet the specific needs of the child/youth. Reviewers also recognized that while the current placements of children/youth from out-of-home cases were not always stable and were not being considered as permanency options, they were the most appropriate setting to meet the specific needs of the child/youth at that point in time, especially given that the need most often identified was continued contact with the biological parents. Reviewers often referenced the rapport and positive relationship many of the substitute caregivers maintained with the biological parents which increased contact with the child/youth and biological family.

In-home cases with unacceptable ratings for living arrangement most often were reported to have a threat of removal looming due to safety issues in the home. Out-of-home cases with unacceptable living arrangement ratings cited a lack of bonding between the substitute caregiver and child/youth that often underlay a request for a placement change. The child/youth's behaviors were reported to be the basis for the lack of bonding.

Indicator 4: Permanency

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

Where such support is not available, the review assesses the timeliness of the permanency efforts to ensure that the child/youth will be enveloped in enduring relationships that will provide a sense of family, stability, and belonging.



Permanency

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	15	2	2	2	40%	3	4	2	60%
Total	-	2	2	2	40%	3	4	2	60%

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed as acceptable in 60 percent of the cases reviewed. Of the nine ratings reported as acceptable, four involved out-of-home cases. Of those, two are likely to result in adoption, another is on the verge of discharge to the care of his/her father, and in the fourth the foster parents have committed to continuing to care for the child/youth until he/she reaches adulthood (though adoption is not being considered by the foster parents). In the five in-home cases rated as acceptable, reviewers found that the children were in a stable and safe living arrangement with no threat of removal.

Unacceptable ratings for the two out-of-home cases are attributed to the child/youth's negative behaviors, including legal troubles, and disrupting potentially permanent placements. One child/youth from an in-home case was reported to be living with family who encouraged and participated in negative behaviors, such as alcohol and drug abuse.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care ²⁰ Population
	#	%	#	%	%
<i>In-home Cases</i>					
Remain in Home	6	100%	-	-	-
Adoption	0	0%	0	0%	0%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	0%
Placement with a Fit and Willing Relative	0	0%	0	0%	0%
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	0%
No Goal Established	0	0%	6	100%	100%
Total	6	100%	6	100%	
<i>Out-of-home Cases</i>					
Return Home	6	67%	0	0%	85%
Adoption	1	11%	5	56%	9%
Permanent Legal Custodian /Subsidized Legal Custodian	1	11%	0	0%	4%
Placement with a Fit and Willing Relative	0	0%	2	22%	<1%
Other Planned Placement Intended to be Permanent/APPLA	1	11%	1	11%	1%
Emancipation	-	-	-	-	1%
No Goal Established	0	0%	1	11%	0%
Total	9	100%	9	100%	100%

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

²⁰ Permanency goals reported in AFCARS includes: reunification, live with other relatives, adoption, long term foster care, emancipation, guardianship, and case plan goal not yet established.

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

Eight of the nine out-of-home cases were reported to have a concurrent goal. The concurrent goal was reported as "adoption" in the majority of cases. No in-home cases were reported to have established concurrent permanency goals.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	6	100%	9	100%	15	100%
Concurrent Goal Appropriate ²¹	0	0%	6	67%	6	40%
Total Cases	6		9		15	

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

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

Participants in the administration, judges, and supervisors focus groups reported that the county is moving toward goals of adoption more often and that this shift is appropriate.

Additional Permanency Data

Caseworker Turnover

The average number of caseworkers assigned to the in-home cases under review was 2.2 caseworkers, with no more than three workers assigned to each case over its history. The number of caseworkers assigned to the out-of-home cases under review averaged 4.0 caseworkers, with a minimum number of two and a maximum number of seven workers having been assigned.

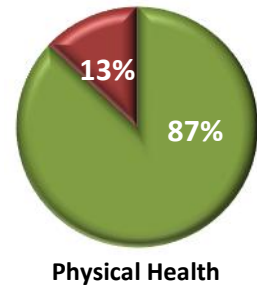
²¹It should be noted that practice in Pennsylvania does not require the establishment of concurrent goals for in-home cases, but Pennsylvania's practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

WELL-BEING

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

Indicator 5: Physical Health

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	15	0	0	2	13%	0	5	8	87%
Total	-	0	0	2	13%	0	5	8	87%

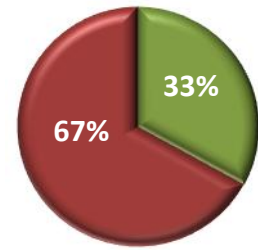
Figure 16: "Physical Health" QSR Results

Figure 16 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 13 of the 15 cases reviewed. The review found that while some children/youth had chronic and/or serious medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. When medical needs arise they are immediately met and medication is routinely monitored by both parents/caregiver and school personnel.

The two in-home cases in which unacceptable ratings were reported both involved parents, specifically mothers, who minimize the medical needs of the child/youth, though both children are reported to have serious chronic medical disabilities (e.g., cerebral palsy, developmental delays, and seizures). Medical appointments are often cancelled or simply ignored and requests by the county to receive medical records to verify all medical concerns of the child/youth are not being met in one case.

Indicator 6: Emotional Well-being

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



Emotional Well-being

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	15	1	2	7	67%	1	2	2	33%
Total	-	1	2	7	67%	1	2	2	33%

Figure 17: "Emotional Well-being" QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 67 percent of the cases reviewed, the emotional well-being of the child/youth was rated within the unacceptable range. Reviewers attributed unacceptable ratings to a variety of concerns but most often instability was cited as a barrier to acceptable emotional well-being in out-of-home cases. Placement instability impacts the emotional well-being of children/youth in care at varying degrees, especially the anxiety and uncertainty stemming from knowing that future moves are probable or possible. In addition, the reluctance to bond with substitute caregivers (including potential adoptive caregivers) can cause or exacerbate poor emotional well-being. Instability was also found to be a barrier to securing mental health evaluations or treatment due to frequent placement moves.

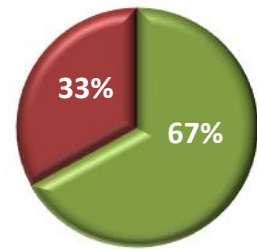
Reviewers reported that the county is aware of the declining emotional well-being of the children/youth and the county exercises great effort to assist the children/youth. However, children/youth have reported those efforts sometimes have little to no impact. One youth stated the counseling he/she attends does not help him/her and the youth's risky negative behaviors have increased to the point that the youth is "in crisis" and facing legal problems. A child/youth who is dealing with the death of a sibling was given a trauma evaluation but no services were recommended based on the evaluation.

Unacceptable emotional well-being reported for in-home cases was more likely to be attributed to insufficient or inappropriate parenting/caregiving functioning. One youth was reported to be

living in a home with three older generations of family members but not one could be described as an “authority figure” who takes a primary caregiving role over the youth. Instead, the adults show no encouragement for promoting the sobriety of the youth or preventing self-harming behaviors and were reported to have previously engaged in drug abuse alongside the youth.

Indicator 7a: Early Learning & Development

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



Early Learning & Development

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	3	0	1	0	33%	0	1	1	67%
Total	-	0	1	0	33%	0	1	1	67%

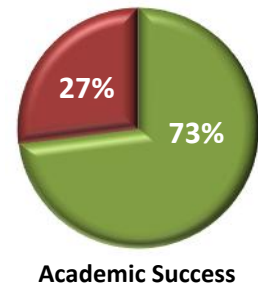
Figure 18: “Early Learning & Development” QSR Results

Two of the three cases for which this indicator is rated were rated as acceptable. Both cases are out-of-home cases in which the child is placed in kinship foster homes and permanency efforts are progressing. Both children were reported as developing appropriately and being on target with developmental milestones. The unacceptable rating was reported for an in-home case involving a three-year-old whose medical needs are not being met by his/her mother. The child's eyesight is deteriorating and his/her glasses have been broken since December 2011.

No children are reported to attend Head Start/Pre-school settings.

Indicator 7b: Academic Status

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	11	0	0	3	27%	0	4	4	73%
Total	-	0	0	3	27%	0	4	4	73%

Figure 19: "Academic Status" QSR Results

The frequency of ratings for the Academic Status indicator is displayed in Figure 19. The academic status was considered acceptable in 73 percent of applicable cases, including all six in-home cases. Acceptable ratings were attributed to placing the child/youth in the most appropriate school setting with teachers and school personnel who take active roles in the academic success of the child/youth. One seven-year-old has made remarkable progress attending a self-contained special education setting where he/she has exceeded expectations and learned to not only talk but has successfully learned to count, identify colors, and recognize the letters in his/her name. Overall, the children/youth from in-home cases were found to be in grade-appropriate classes, passing and attending their subjects, and being assessed appropriately for individualized services.

Again, placement stability was cited as a major contributing factor in unacceptable ratings on this indicator in three of the five applicable out-of-home cases. Cases in which placement stability was high were more likely to have acceptable ratings for academic success. In cases where the placement setting could not remain stable but the school setting did not change during a placement move, higher academic success ratings were found. Similarly, foster parents from one out-of-home case reported that they were requesting a placement change for the child/youth but would wait until after the child/youth completed the school year, so not to disrupt his/her schooling. Disruptions in school settings were also attributed to the child/youth becoming more disruptive in the classroom (e.g., yelling, interrupting the teacher, and teasing other students). One child/youth, currently in sixth grade, was found to have transferred to at

least four different schools since he/she entered kindergarten and these circumstances were thought to have contributed to unacceptable academic status.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	1	20%	3	43%	4	33%
Alternative Education	1	20%	1	14%	2	17%
Part-Time Special Education	2	40%	0	0%	2	17%
Full Inclusion Special Education	0	0%	1	14%	1	8%
Self-Contained Special Education	1	20%	1	14%	2	17%
None (No school setting)	0	0%	1	14%	1	8%
Total	5	100%	7	100%	12	100%

Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Eleven of the sampled children/youth are enrolled in school; of those, seven (64%) were reported to have “school-related problems” identified as a stressor. In one case, the 17-year-old focus youth had completed all of the requirements for a GED, but was being denied the certification by the state's Department of Education. Planning to attend college in the fall of 2012, the youth had obtained a court order mandating the release of the GED certification, but those documents had not been delivered as of the date of the review.

In all five of the in-home cases where an IEP was needed, the child/youth had a current one. Of the four out-of-home cases in which children/youth were found to need an IEP, however, only two had a current IEP.

Indicator 8: Pathway to Independence

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	3	0	1	2	100%	0	0	0	0%
Total	-	0	1	2	100%	0	0	0	0%

Figure 21: "Pathways to Independence" QSR Results

As seen in Figure 21, not one of the three qualifying cases (one out-of-home and two in-home) were rated as acceptable for the Pathway to Independence indicator. While the youth from the out-of-home case was described as making good progress in his/her independent living placement setting the reviewers reported the youth disrupted from this setting and is now living in a shelter where he/she is not receiving Independent Living services (IL), is currently "in crisis" and is facing legal problems. One youth from an in-home case is receiving IL services but is reported to be not learning or retaining those necessary skills. The other in-home case involves a youth not enrolled in any IL services. Both youth were described as lacking the knowledge needed for budgeting, employment, and other basic life skills.

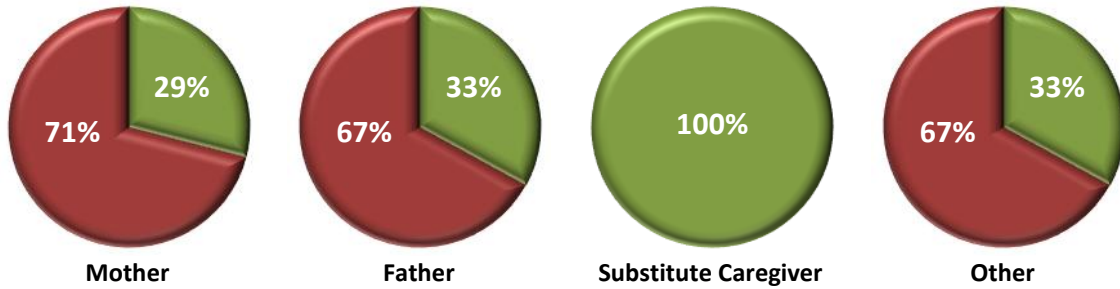
Participants in the administration focus group noted that older, intellectually disabled youth who are aging out of care are not eligible for adult services while dependent.

PARENT/CAREGIVER FUNCTIONING

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

Indicator 9: Parent/Caregiver Functioning

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	14	3	3	4	71%	2	1	1	29%
Father	9	1	1	4	67%	1	2	0	33%
Substitute Caregiver	9	0	0	0	0%	2	5	2	100%
Other	3	0	1	1	67%	0	1	0	33%
Total	-	4	5	9	51%	5	9	3	49%

Figure 22: "Caregiver Functioning" QSR Results

As seen in Figure 22, the caregiving functioning of the parents was found to be significantly lacking. Mothers were only found to be performing acceptably at their caregiving function in 29 percent of applicable cases. Father's functioning as a caregiver was only slightly more likely (33%) than mothers to be acceptable.

Both mother and fathers were found to have deficiencies in parenting but only a few parents were reported to be receiving services to address those deficiencies. One specific out-of-home case involved both parents stating they are overwhelmed, especially when parenting the child/youth and their siblings simultaneously. Several parents were not interested in the services recommended or court-ordered.

In all eight applicable out-of-home cases and half of all in-home cases the mother's caregiver functioning was rated within the unacceptable range. Mothers were found to be inconsistent in obtaining medical care for their children/youth, though at least one mother was thought to be limited cognitively which reviewers felt explained why the mother did not seem to understand the importance of obtaining medical care. For several cases, particularly out-of-home cases, there was no indication that the mother is pursuing case goals in an effort to secure reunification. The mother from one out-of-home case was reported to have limited contact with the child/youth, and what little contact took place occurred solely by phone.

Though in the minority, there were mothers whose caregiving functioning was reported as acceptable. One mother, with the support of the child/youth's father, is making "wonderful" progress in completing case goals and obtaining case closure. Mothers who were reported to have the support of other family members, such as the child/youth's grandparents, were more likely to be rated acceptable in caregiving functioning.

When fathers were known to the case they most often had very limited contact with child/youth and limited involvement in the case. Not all fathers were found to be unacceptable in their caregiving functioning. A father from an in-home case, who does not live in the home, expressed concern for the child/youth and the care the mother and paramour are providing and has taken action to obtain custody of the child. In addition, one father from an in-home case supported the mother's positive efforts in meeting case goals even if he did not participate in the family functioning.

The substitute caregivers' functioning was always rated within the acceptable range. Substitute caregivers were found to provide a safe environment, work cooperatively with parents and caseworkers, and always put the best interests of the child/youth first. This is best exemplified by a case where the substitute caregivers no longer wish to foster the child/youth and have requested a placement change but not until after the child/youth finishes the school year, so as not to disrupt the child/youth's academic success.

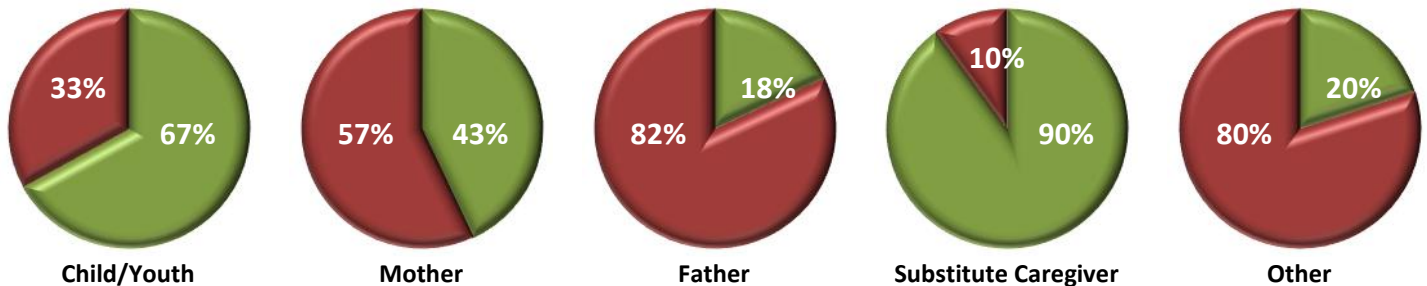
PRACTICE PERFORMANCE STATUS DOMAIN

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

Indicator 1a: Engagement Efforts

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	12	0	1	3	33%	4	4	0	67%
Mother	14	1	2	5	57%	1	4	1	43%
Father	11	3	5	1	82%	2	0	0	18%
Substitute Caregiver	10	0	0	1	10%	3	4	2	90%
Other	5	0	3	1	80%	1	0	0	20%
Total	-	4	11	11	50%	11	12	3	50%

Figure 23: "Engagement Efforts" QSR Results

Figure 23 shows the ratings for the Engagement Efforts indicator. Overall, half of all ratings for this indicator were acceptable over the five sub-indicators. Engagement with mothers (43%) was more likely to be rated within the acceptable range than engagement with fathers (18%). A greater proportion of out-of-home cases (50%) were rated acceptable for the engagement with the child, mother, and father than among in-home cases (35%). Regardless of case type, when engagement was evident, parents and caregivers reported that the county was consistent in contacting them and offered meaningful explanations of case goals and planning.

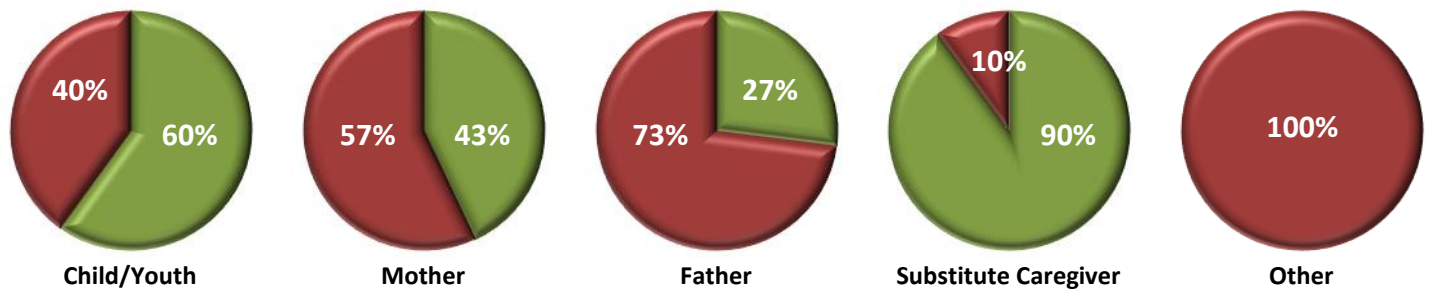
Among out-of-home cases, reviewers noted mothers and fathers not being engaged by the county and not being notified of case decisions, even when the parents specifically requested notification and the opportunity to participate in meetings, court proceedings, and school events. In fact, some parents reported only being consulted when parental authorization was required. Other evidence of the absence of engagement with parents, as noted by reviewers, was a lack of understanding by the parents of basic case and court proceedings. Beyond parents not having the full understanding of the case, this lack of engagement has resulted in potentially missed opportunities to place children/youth with relatives, as parents were not always asked about potential kinship placements.

Fathers from in-home cases were less likely to be engaged and were reported in several cases to have little to no interest in participating in the case planning process. In one case, however, the father was not engaged even though he has shown a sincere interest to participate and ensure the health and welfare of the child/youth. Reviewers noted that the father called the agency numerous times to inquire about his child/youth's safety but his calls were not returned. An agency representative later informed the father that information about the child/youth could not be released to him. Without the assistance from the county the father has sought legal counsel to obtain custody, as he has concerns about the child/youth's well-being in his/her current home. Reviewers were unable to determine any reason why the father should not be engaged and participate in the case.

The administration and court focus groups noted that Family Finding is improving but still needs to be utilized more often.

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	10	1	0	3	40%	4	2	0	60%
Mother	14	2	1	5	57%	3	2	1	43%
Father	11	6	2	0	73%	2	1	0	27%
Substitute Caregiver	10	0	0	1	10%	2	6	1	90%
Other	4	0	3	1	100%	0	0	0	0%
Total	-	9	6	10	51%	11	11	2	49%

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Overall, just under half (49%) of ratings for this indicator were deemed acceptable. Role and Voice was most likely to be rated as acceptable for the child/youth (60%) and the substitute caregiver (90%). Older children/youth from out-of-home cases were most likely to be given an acceptable role and voice. This is likely due to the power the substitute caregiver has in the case and the level of engagement they receive. Older children are also more capable of adequately articulating their needs when asked.

Unsurprisingly, mothers with unacceptable engagement were more likely to have unacceptable role and voice. Even those mothers with marginal engagement were reported to be "passive" in their role and voice. This may be a result of the mothers not fully understanding the case and court procedures and the county not making these procedures more clear. The proportion of acceptable ratings for fathers actually increased from the Engagement Efforts indicator to the Role and Voice indicator due to one father (from an in-home case) who was not acceptably engaged, yet was still found to have an acceptable rating for role and voice.

	More than once a week		Once a week		Less than once a week		Less than twice a month		Less than once a month		Never		Combined Total of Applicable Cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
In-home														
Child	0	0%	0	0%	1	17%	3	50%	2	33%	0	0%	6	100%
Mother	0	0%	0	0%	1	17%	4	67%	1	17%	0	0%	6	100%
Father	0	0%	0	0%	0	0%	0	0%	2	33%	3	50%	6	100%
Out-of-home														
Child	0	0%	1	11%	1	11%	6	67%	1	11%	0	0%	9	100%
Mother	0	0%	1	11%	1	11%	2	22%	3	33%	1	11%	9	100%
Father	0	0%	1	11%	0	0%	1	11%	2	22%	3	33%	9	100%
Combined														
Child	0	0%	1	7%	2	13%	9	60%	3	20%	0	0%	15	100%
Mother	0	0%	1	7%	2	13%	6	40%	4	27%	1	7%	15	100%
Father	0	0%	1	7%	0	0%	1	7%	4	27%	6	40%	15	100%

Figure 25: Caseworker Visits

The frequency of visits between the caseworkers (or other responsible parties) and the focus children/youth was found to be sufficient to address the issues pertaining to the safety, permanency and well-being of the focus children/youth and promote the achievement of case plan goals in four of the six in-home cases. In seven of the nine out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the children/youth was reported to be sufficient.

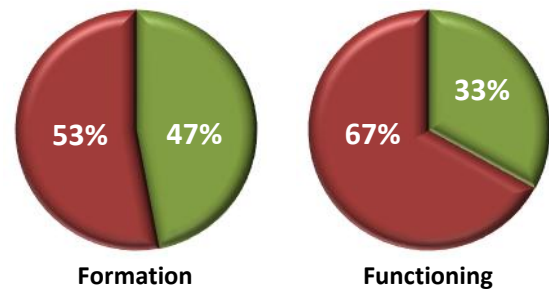
The frequency of visits between the caseworkers (or other responsible parties) and the mothers was slightly more likely to be considered sufficient in the in-home cases (five of the six cases) compared to the applicable out-of-home cases (six of the eight cases).

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

There was at least one other child/youth residing in the home in six in-home cases reviewed. Of these 14 additional children/youth, six were visited once a week, four were visited less than once a week but more than twice a month, and four were visited less than twice a month but at least once a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for ten of the 14 (71%) 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	1	3	4	53%	3	4	0	47%
Functioning	15	1	5	4	67%	4	1	0	33%
Total	-	2	8	8	60%	7	5	0	40%

Figure 26: “Teaming” QSR Results

Overall, the Teaming indicator was rated as acceptable in fewer than half of the ratings. The “formation” indicator was rated as acceptable (47%) for a higher proportion of cases than the “functioning” (33%) indicator, meaning that when teams did form they were not guaranteed to function successfully. Only 20 percent of all cases (three out-of-home cases) had acceptable ratings for both formation and functioning. What the three cases had in common was strong communication among the team members, a sound understanding of the family dynamics and functioning, discernible engagement with the parents/caregivers, and a shared long-term view of the case which allowed them to work towards the same goals. One case reported the identified team leader to be the caseworker who not only is responsible for disseminating information but collecting feedback from each team members. Acceptable team functioning is also directly related to acceptable ratings for the child/youth planning process and tracking and adjustment indicators.

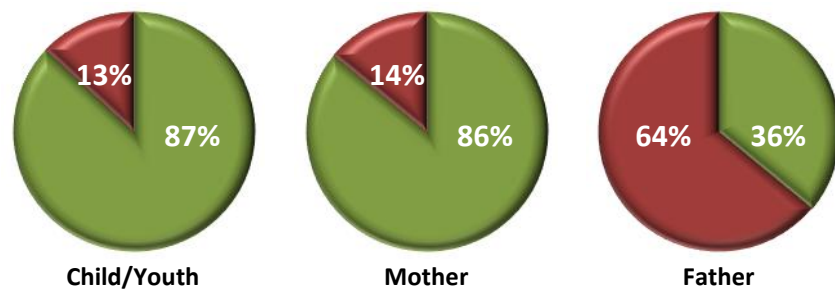
In 40 percent of the cases (four out-of-home cases and two in-home cases) reviewers rated teaming as unacceptable for both sub-indicators – “formation” and “functioning.” A lack of communication and cohesion within the team was the most identified reason for the unacceptable team functioning; while most team members agreed on the case goals there was little communication on how those goals should be reached. It should be noted that parents

were not always clear on why there are two permanency goals and how the concurrent goal comes into play in the case. The lack of engagement with parents/caregivers was cited as the cause for this specific concern.

Participants in the administration, supervisors, and caseworker focus groups stated that internal team meetings are held regularly to assess the safety and engage the family.

Indicator 3: Cultural Awareness & Responsiveness

Making cultural accommodations may involve a set of strategies used by practitioners to individualize the service process to improve the “goodness-of-fit” between family members and providers who work together in the family change process. The term “culture” is broadly defined; focus is placed here on whether the child/youth’s and family’s culture has been assessed, understood, and accommodated. This indicator assesses the degree to which any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice (e.g., culture of poverty, urban and rural dynamics, faith and spirituality and youth culture). It examines if the natural, cultural, or community supports, appropriate for this child/youth and family, are being provided; and, if necessary, supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes in use among the child/youth and family.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	1	1	13%	3	6	4	87%
Mother	14	1	1	0	14%	3	5	4	86%
Father	11	5	2	0	64%	1	1	2	36%
Total	-	6	4	1	28%	7	12	10	73%

Figure 27: “Cultural Awareness & Responsiveness” QSR Results

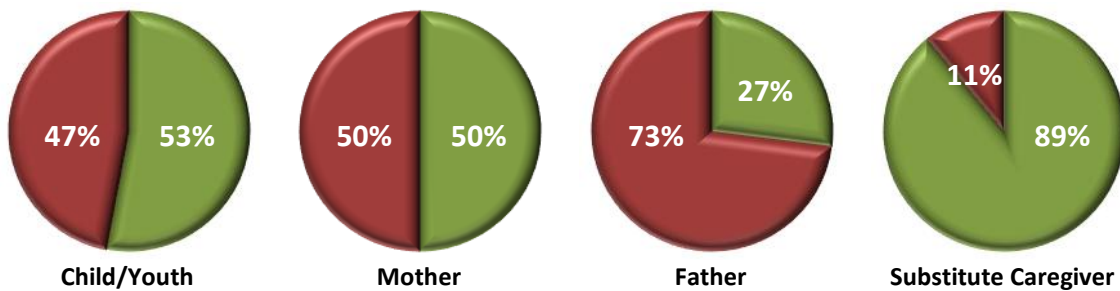
The Cultural Awareness and Responsiveness indicator was rated as acceptable in 73 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally addressed. According to reviewers, caseworkers were culturally competent and there were no issues regarding the family’s cultural needs in the majority of

cases. The most prominent demonstration of cultural awareness and responsiveness by the county among out-of-home cases is the placement of children/youth with kin and/or within a placement where the substitute caregiver maintains a positive rapport with the biological family and they communicate with each other independent of the county and private providers. Through this positive relationship cultural responsiveness is maintained as issues or concerns arise.

Reviewers noted when cultural awareness and responsiveness was not rated within the acceptable range it appeared the county did not take culture into consideration “because the family was Caucasian,” noting that cultural responsiveness is not simply a consideration of race and ethnicity but also of the religious preference of the child/youth and their family.

Indicator 4: Assessment & Understanding

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	3	4	47%	3	5	0	53%
Mother	14	1	1	5	50%	3	4	0	50%
Father	11	5	2	1	73%	2	1	0	27%
Substitute Caregiver	9	0	1	0	11%	2	6	0	89%
Total	-	6	7	10	47%	10	16	0	53%

Figure 28: "Assessment & Understanding" QSR Results

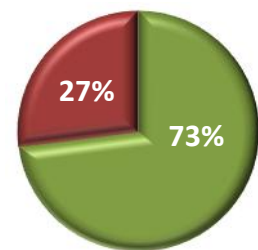
As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 53 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (73%) when fathers were assessed in comparison to mothers (50%). This is the only indicator in which the rating pertaining to the focus child/youth was found to be unacceptable in at least 40 percent of applicable cases.

The limited understanding of the mother and child/youth's cognitive abilities impacted the rating of this indicator for several cases. This concern may have also affected the ratings of engagement and planning, as it is difficult to acceptably engage and plan for someone with limited cognitive ability without taking those extenuating circumstances into account. Further, poor teaming decreased the likelihood of members sharing information related to their independent assessments and understanding of the case.

According to the providers, caseworkers, and supervisors who participated in focus groups, team members do not always agree on which services are needed for the family. In addition, according to participants in the providers' focus group, county courts order assessments that are not within the scope of the agency.

Indicator 5: Long-term View

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



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	0	4	0	27%	4	6	1	73%
Total	-	0	4	0	27%	4	6	1	73%

Figure 29: “Long-term View” QSR Results

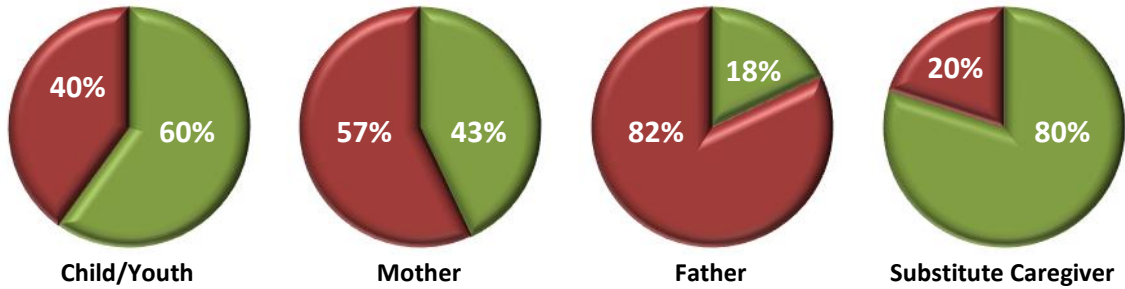
Figure 29 gives the frequency of ratings for the Long-term View indicator. In 73 percent of all cases reviewed this indicator was rated as acceptable. Cases with acceptable team formation and functioning also tended to have acceptable long-term views of the case. This may be the influence of team members who routinely discuss and work towards the same long-term permanency goals and who are continuously tracking and adjusting the case plan.

Of the four unacceptable ratings, three are from out-of-home cases and one is from an in-home case, and each of the four was directly related to the likelihood of achieving permanency. Those cases with unacceptable permanency ratings were also likely to have an unacceptable long-term view (three of the four cases). This is unsurprising when considering the level of caregiver functioning of the parents with whom the agency intends the child to reunify or remain.

Indicator 6: Child/Youth & Family Planning Process

Planning is an ongoing team-based process for specifying and organizing intervention strategies and directing resources toward the accomplishment of defined outcomes set forth in the long-term view for the child/youth and family. This indicator assesses:

- The degree to which the planning process is individualized and matched to the child/youth’s and family’s present situation, preferences, near-term needs and long-term view for safe case closure; and
- Provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child/youth’s and family’s evolving situation so as to maximize potential results and minimize conflicts and inconveniences.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	10	0	1	3	40%	3	2	1	60%
Mother	14	1	3	4	57%	2	3	1	43%
Father	11	4	4	1	82%	1	1	0	18%
Substitute Caregiver	10	0	1	1	20%	2	6	0	80%
Total	-	5	9	9	51%	8	12	2	49%

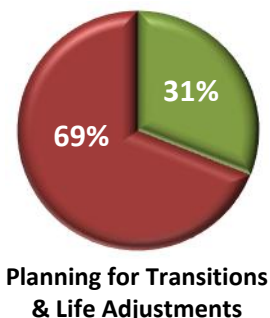
Figure 30: "Child/Youth & Family Planning Process" QSR Results

As seen in Figure 30, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable for 49 percent of all ratings. Acceptable ratings are directly linked to engagement efforts also being rated acceptably. Mothers and fathers who were not engaged were also not involved in the planning process; in addition, in every case where the child/youth was engaged to an acceptable degree, reviewers also found that the child/youth's level of participation in the planning process was appropriate. Sixty-seven percent of these cases involved children/youth who are 13 years or older.

Unacceptable ratings on this indicator appeared to be directly impacted by the lack of engagement and role and voice of the parents/caregivers.

Indicator 7: Planning for Transitions & Life Adjustments

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



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	13	0	3	6	69%	1	3	0	31%
Total	-	0	3	6	69%	1	3	0	31%

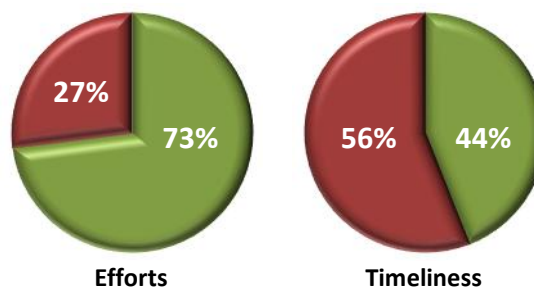
Figure 31: "Planning for Transitions & Life Adjustments" QSR Results

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in only 31 percent of the applicable cases, with both in-home and out-of-home cases receiving acceptable ratings in equal proportions.

Three of the four unacceptable ratings were found in cases involving youth 17 years old who were not rated acceptably for pathways to independence, and who are approaching their 18th birthdays without adequate life skills to live independently. Impending transitions and life adjustments are known to the county but have yet to be addressed for these youth; for example, one youth is facing legal problems which could result in incarceration.

Indicator 8: Efforts for Timely Permanency

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the relationship once protective supervision ends. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members. This indicator assesses the degree to which current efforts by system agents for



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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	15	0	2	2	27%	8	2	1	73%
Timeliness	9	1	2	2	56%	2	1	1	44%
Total	-	1	4	4	38%	10	3	2	63%

Figure 32: "Efforts for Timely Permanency" QSR Results

As seen in Figure 32, 63 percent of the ratings overall for the Efforts for Timely Permanency indicator were rated as acceptable. The "efforts" sub-indicator was more likely (73%) to be rated as acceptable as the "timeliness" sub-indicator (44%). Acceptable ratings were attributed to the appropriateness of the primary permanency goals (100% of cases) and the majority (87% of cases) of those goals being established in a timely manner. It should be noted, however, that the timeliness of achieving permanency can be affected by the county changing goals repeatedly which delays reunification, according to the providers' focus group.

Reviewers attributed the unacceptable ratings to a lack of prioritizing and planning. In many cases future transitions were not being planned for in advance.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	6	100%	7	78%	13	87%
Concurrent Goal Established Timely ²²	0	0%	6	67%	6	40%
Total Cases	6		9		15	

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

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness²³ in establishing the goals was assessed (see Figure 33). In 87 percent of cases the primary goal had been established in a timely manner. Of the eight out-of-home cases in which a concurrent permanency goal was found, six had been established on time.

²²It should be noted that practice in Pennsylvania does not 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.

²³Goal established timely - For children who recently entered care, reviewers should expect the first permanency goal to be established no more than 60 days from the date of the child/youth's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption. Reviewers should answer this question for all permanency goals in effect during the past 12 months. Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in their documentation.

Months In Care ²⁴	#	%
0 – 6	2	22%
6.1 – 12	3	33%
12.1 – 24	1	11%
24.1 – 48	2	22%
More than 48	1	11%
Total	9	100%

Figure 34: Months In Care

Just over half (56%) of the children/youth in the out-of-home sample have spent no more than a year in care, as of the first day of the review. One outlier was a case involving a 13-year-old child/youth who has been in care for seven years, and has a primary permanency goal of permanent legal custodian/subsidized legal custodian and a concurrent goal of adoption.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given ²⁵	
	#	%	#	%	# ²⁶	%
TPR Filed Timely						
Mother	1	25%	3	75%	0	0%
Father	0	0%	3	75%		
TPR Finalized						
Mother	1	25%	3	75%		
Father	1	25%	3	75%		

Figure 35: TPR Summary

Four 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) criteria²⁷ for termination of parental rights. A petition for termination of parental rights was filed in a timely manner in one of the cases.²⁸ Reviewers reported that there were no compelling reasons²⁹ for not filing TPR in a timely manner in the three remaining cases.

²⁴Time in care was calculated as the difference between the last removal date and the date of discharge or if the child was still in care, the difference between the last removal date and the first day of the Washington County QSR (April 3, 2012).

²⁵ 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.

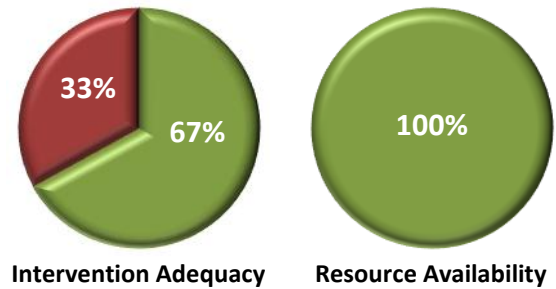
²⁶One out-of-home case was excluded from this analysis. TPR was finalized before the child/youth was placed in a SPLC home. The SPLC home disrupted and while the child/youth has been in care 15 of the last 22 months TPR has already been finalized.

²⁷ 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.

²⁸ 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.

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	2	3	33%	4	5	1	67%
Availability	15	0	0	0	0%	1	11	3	100%
Total	-	0	2	3	17%	5	16	4	83%

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

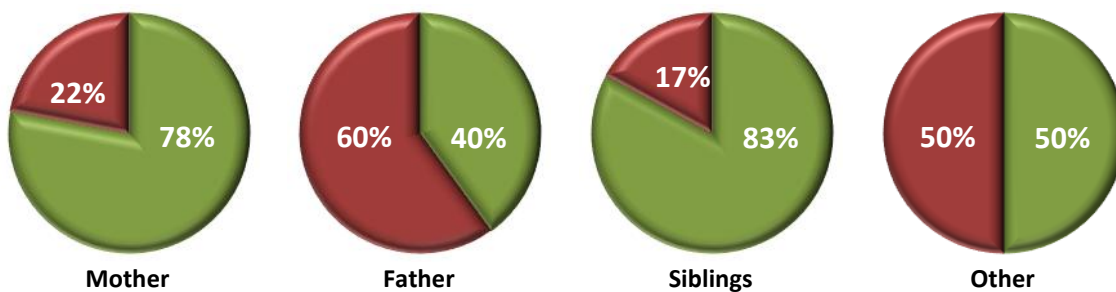
Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 83 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services, both formal and informal supports, available county-wide. Various and client-specific services were offered to the families, such as in-home family resource specialists and educational advocates. Among the sampled cases, regardless of case type, the children/youth were found to have serious and/or chronic medical concerns that are being treated and monitored by the resources found countywide.

According to the caseworker and supervisors focus groups, there are inadequate resources for sexual and domestic violence perpetrators, lack of transportation resources, and in-home services specific to mental health and drug and alcohol.

²⁹ 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.

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	9	1	0	1	22%	2	5	0	78%
Father	10	3	3	0	60%	1	2	1	40%
Siblings	6	0	1	0	17%	2	2	1	83%
Other	4	1	1	0	50%	2	0	0	50%
Total	-	5	5	1	38%	7	9	2	62%

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, 62 percent of the ratings were deemed as acceptable for the Maintaining Family Connections indicator. The county performed better at maintaining connections among the child, their mother and siblings, but did significantly worse at maintaining family connections with fathers. Substitute caregivers were reported to be especially significant in assisting mothers and children/youth to maintain contact by ensuring visitations and phone contacts. The county was also recognized for flexibility in scheduling visitation.

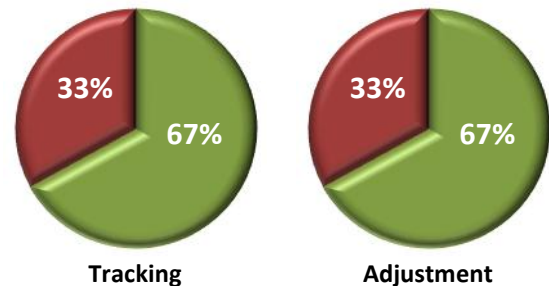
Child/Youth Placed with:	#	%
All Siblings	1	33%
Some Siblings	1	33%
All Siblings in Separate Foster Homes	1	33%
Total ³⁰	3	100%

Figure 38: Sibling Placement

Figure 38 gives the frequency of out-of-home cases in which the children/youth were placed in foster homes with their siblings. Three cases involved a child/youth who has siblings who are also in care; all siblings were placed in the same foster home in one cases, one case involved a child/youth placed with some (but not all) of his/her siblings, and the final case involved all siblings residing in separate foster homes.

Indicator 11: Tracking & Adjusting

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



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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	15	1	0	4	33%	5	5	0	67%
Adjustment	15	1	1	3	33%	5	5	0	67%
Total	-	2	1	7	33%	10	10	0	67%

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 67 percent of the ratings. Both ratings were equally likely to be rated as acceptable; the same ten cases (six out-of-home cases and four in-home cases) rated acceptable for tracking were also

³⁰ Results are not cumulative. Reviewers were instructed to select the best option.

rated acceptable for adjustment. Half of those cases with acceptable ratings also were rated as acceptable for teaming and long-term view. All three cases involving older youth (17 years old) were rated acceptable for both tracking and adjustment.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

The 2012 Washington County QSR included feedback generated from the participants of seven focus groups³¹ who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by Washington OCYF. Several findings of the focus groups were enumerated in the relevant sections of this report, but additional trends that were identified were as follows:

- **Organizational Structure & Climate:**
 - Caseworkers reported that upper management does not check in with staff and does not give staff a voice in developing solutions to agency challenges.
 - According to the administration and caseworker focus groups, there is a lack of communication among supervisors which results in supervisors not working as a team.
 - Caseworkers reported policy changes are not communicated which results in inconsistencies across the agency.

- **Human Resources/Workforce:**
 - Judges report there is a “dramatic turnover” within the agency.
 - Supervisors stated, turnover among providers is also an issue and there is not enough staff to meet the need.

- **Collaboration:**
 - According to the administration, caseworkers, and supervisor focus groups, a “pervasive fear and frustration” exists among staff over the court, resulting in recommendations being shaped to please the court.
 - Judges stated the court feels the agency is “deceptive” and “withholds information” to manipulate the facts and divert findings.
 - All focus groups agreed there is a lack of understanding of what each service provider is able to offer.
 - According to the providers, caseworkers, and supervisor focus groups, there is poor collaboration among line staff and system providers.

³¹ The seven groups were comprised of caseworkers, supervisors, private providers, judges, commissioners, administration and court personnel.

QSR RESULTS SUMMARY

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

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	6%	94%
Safety: Risk to self and others	31%	69%
Stability	65%	35%
Living arrangement	24%	76%
Permanency	40%	60%
Physical health	13%	87%
Emotional well-being	67%	33%
Early learning and development	33%	67%
Academic status	27%	73%
Pathway to independence	100%	0%
Parent or caregiver functioning	51%	49%
Overall	38%	62%

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	50%	50%
Role & voice	51%	49%
Teaming	60%	40%
Cultural awareness & responsiveness	28%	73%
Assessment & understanding	47%	53%
Long-term view	27%	73%
Child/youth & family planning process	51%	49%
Planning for transitions & life adjustments	69%	31%
Efforts to timely permanence	38%	63%
Intervention adequacy & resource availability	17%	83%
Maintaining family relationships	38%	62%
Tracking and adjustment	33%	67%
Overall	43%	57%

Figure 41: “Practice Performance Domain Ratings” QSR Results

Figures 40 and 41 summarize the overall ratings for each of the indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (62%) than the Practice Performance domain (57%).

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

Areas of Strengths

Safe and Healthy Children/Youth

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

Excellent Substitute Caregivers

While they might not be able to provide a permanent home to the children/youth they do provide safe and appropriate accommodations. Further, the substitute caregivers were shown to always put the children/youth's needs first and made sincere efforts to work alongside the biological parents to promote maintenance of family connections. Even when they were unable to continue to care for the child/youth and requested placement changes the substitute caregivers understood the importance of waiting for the most appropriate time to make the change, by considering school circumstances. Substitute caregivers were also reported to be highly experienced and possessing specific skills, such as being trained therapists.

Intervention and Resource Availability

Washington County has a variety of services, both formal and informal supports. Various client-specific services were offered to the families, such as in-home family resource specialists and educational advocates. Children/youth with serious and/or chronic medical concerns are being treated and monitored by the resources found countywide.

Areas Needing Improvement

Stability and the Impact on Emotional Well-being

Despite living arrangements being safe and appropriate, in the majority of cases stability is not ensured. Further, the instability was cited as affecting the emotional well-being of the children/youth. "Yo-yoing" and "living in limbo" were found to cause anxiety among the children/youth. Instability was also found to be a barrier to securing mental health evaluations or treatment due to frequent placement moves.

Parenting/Caregiver Functioning

The majority of mothers and fathers were found to have lower levels of caregiver functioning. Fathers tended to be completely uninvolved, and parents often struggled to fully participate in planned services to address the issues that lead to agency involvement. It is important to note

that known fathers were more often rated higher than mothers, specifically in out-of-home cases.

Transitioning Older Youth

Significant improvement is needed for the Pathway to Independence indicator. Not one of the three applicable cases was rated as acceptable for this indicator. Youth should be encouraged to participate in IL services and attention should be paid to the progress they are making in these efforts. Another indicator with unfavorable overall ratings that may affect the Pathway to Independence score includes the Planning for Transition and Life Adjustments indicator. This indicator received an overall acceptable rating of 31 percent. The same cases in which the Pathway to Independence were also rated low were also rated low for the Planning for Transition and Adjustments indicator.

KEY QUESTIONS FOR NEXT STEPS PLANNING

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

Safety Questions

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

Permanency Questions

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

Well-Being Questions

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

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

Parent/Caregiver Questions

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

Practice Performance Questions

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

APPENDIX A: SUMMARY OF RATINGS

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

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

Interpretative Guide for Practice Performance Indicator Ratings

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

APPENDIX B: SUMMARY OF QSR SUB-INDICATOR RATINGS

Child/Youth & Family Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm		
Family home #1	25%	75%
Family home #2	0%	100%
Substitute home	0%	100%
School	0%	100%
Other setting	0%	100%
Safety: Risk to self and others		
Risk to self	31%	69%
Risk to others	31%	69%
Stability		
Living arrangement	67%	33%
School	64%	36%
Living arrangement		
Family home #1	33%	67%
Family home #2	0%	100%
Substitute home	20%	80%
Permanency	40%	60%
Physical health	13%	87%
Emotional well-being	67%	33%
Early learning and development	33%	67%
Academic status	27%	73%
Pathway to independence	100%	0%
Parent or caregiver functioning		
Mother	71%	29%
Father	67%	33%
Substitute caregiver	0%	100%
Other	67%	33%

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	33%	67%
Mother	57%	43%
Father	82%	18%
Substitute caregiver	10%	90%
Other	80%	20%
Role & voice		
Child/youth	40%	60%
Mother	57%	43%
Father	73%	27%
Substitute caregiver	10%	90%
Other	100%	0%
Teaming		
Formation	53%	47%
Functioning	67%	33%
Cultural awareness & responsiveness		
Child/youth	13%	87%
Mother	14%	86%
Father	64%	36%
Assessment & understanding		
Child/youth	47%	53%
Mother	50%	50%
Father	73%	27%
Substitute caregiver	11%	89%
Long-term view	27%	73%
Child/youth & family planning process		
Child/youth	40%	60%
Mother	57%	43%
Father	82%	18%
Substitute caregiver	20%	80%
Planning for transitions & life adjustments	69%	31%
Efforts to timely permanence		
Efforts	27%	73%
Timeliness	56%	44%
Intervention adequacy & resource availability		
Adequacy	33%	67%
Availability	0%	100%
Maintaining family relationships		
Mother	22%	78%
Father	60%	40%
Siblings	17%	83%
Other	50%	50%
Tracking & adjusting		
Tracking	33%	67%
Adjusting	33%	67%