QUALITY SERVICES REVIEW
WYOMING COUNTY
CHILDREN AND YOUTH SERVICES/
JUVENILE PROBATION

Wyoming County Children and Youth Services/Juvenile Probation

By
Hornby Zeller Associates, Inc.

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

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Background

Implementing change at the local level is critical to the achievement of positive child, youth and family outcomes, particularly in a state-supervised and county-administered state. A well-developed Continuous Quality Improvement (CQI) process will be one vehicle to drive change forward in Pennsylvania. 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/youth[2] 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

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[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.

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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. Wyoming County falls into stratum VII, meaning that there were five cases selected for review -- two in-home cases and three placement cases.[3] The in-home sample is family-based[4] and was selected for Wyoming County from a list provided by the county of families with open in-home cases on March 13, 2012. The placement sample is child-based and was selected for Wyoming 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.

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[3] None of the five cases reviewed were shared cases. No shared cases were open in Wyoming County on the effective sampling date.
[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).

Wyoming County conducted its QSR over three days in June 2012. Over the course of the review, 46 interviews were conducted, an average of 9.2 interviews per case.

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

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

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

Feedback from the focus groups and key stakeholder interviews is used in conjunction with results of reviewed cases and incorporated into the Next Steps Meeting so that the county can utilize this information in the development of its county improvement plan. Participants included Office of Children, Youth and Families case workers and supervisors. Each group identified key strengths and challenges for Wyoming 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 Wyoming 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 Wyoming 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]

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

As noted earlier, of the five cases reviewed in Wyoming County two were in-home cases and three were out-of-home cases. Demographic breakdowns of the sampled cases and Wyoming County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population[6]
	#	%[7]	#	%	#	%	%
Male	1	50%	1	33%	2	40%	57%
Female	1	50%	2	67%	3	60%	43%
Total	**2**	**100%**	**3**	**100%**	**5**	**100%**	**100%**
Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
0 – 6	0	0%	1	33%	1	20%	57%
7 – 14	1	50%	0	0%	1	20%	29%
15 – 18	1	50%	2	67%	3	60%	14%
19 +	0	0%	0	0%	0	0%	0
Total	**2**	**100%**	**3**	**100%**	**5**	**100%**	**100%**

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

Three of Wyoming County's seven open out-of-home cases, as of the effective sampling date,[8] were reviewed. The distribution by gender and age of the children/youth from the sampled out-of-home cases reflects the distribution of Wyoming County's foster care population. All three of the older youth were 15 years of age as of the first day of the review. All five children/youth in the QSR sample were reported as being white/Caucasian, mirroring the overall foster care population in the county, as seen in Figure 2.

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[6] Percentages were determined based on the total number of children in care on March 13, 2012 [N = 7].

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

[8] While a large proportion of out-of-home cases were reviewed, the results are not statistically significant at a 90 percent (or greater) confidence interval. Due to the low total population size, all cases would have had to have been reviewed to garner statistically significant results.

Race/Ethnicity[9]	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	2	100%	3	100%	5	100%	100%
Black/African-American	0	0%	0	0%	0	0%	0%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	0%
Unknown	0	0%	0	0%	0	0%	0%
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	0	0%	0	0%	0	0%	0%
Total	**2**		**3**		**5**		

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

Current Placement	In-home		Out of Home		Foster Care Population[10]
	#	%	#	%	%
Birth home (Biological Mother)	1	50%	-	-	-
Birth home (Biological Father)	1	50%	-	-	-
Birth home (Both Biological Parents)	0	0%	-	-	-
Pre-Adoptive Home	-	-	0	0%	0%
Post-Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	3	100%	
Therapeutic foster home	-	-	0	0%	100%
Formal kinship foster home	-	-	0	0%	
Informal kinship foster home	-	-	0	0%	
Subsidized/Permanent Legal Custodianship	-	-	0	0%	0%
Group/congregate home	-	-	0	0%	0%
Residential treatment facility	-	-	0	0%	
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	0%
Other	-	-	0	0%	0%
Total	**2**	**100%**	**3**	**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 Wyoming County's foster care population. One child/youth from an in-home case involved the child/youth living at home with only his or her birth mother and the other in-home case involved the child/youth living with only his or her birth father.

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[9] Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.
[10] 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.

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All children/youth in the Wyoming County foster care population were placed in "traditional foster homes" on the effective sampling date and the three sampled youth remained in "traditional foster homes" as of the first day of the review.

Identified Stressors	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %
Mental Health Problems	0	0%	2	67%	2	40%
Lack of Transportation	0	0%	2	67%	2	40%
Legal Problems	1	50%	1	33%	2	40%
Family Discord/Marital Problems	0	0%	2	67%	2	40%
Domestic Violence	0	0%	2	67%	2	40%
Lack of Parenting Skills	0	0%	2	67%	2	40%
Mental Retardation	0	0%	1	33%	1	20%
Chronic Illness	0	0%	1	33%	1	20%
Sexual Abuse	0	0%	1	33%	1	20%
Physical Abuse	0	0%	1	33%	1	20%
Emotional Abuse	0	0%	1	33%	1	20%
Insufficient Income	0	0%	1	33%	1	20%
Difficulty Budgeting	0	0%	1	33%	1	20%
Inadequate Housing	0	0%	1	33%	1	20%
Unstable Living Conditions	0	0%	1	33%	1	20%
Drug Abuse	1	50%	0	0%	1	20%
Alcohol Abuse	1	50%	0	0%	1	20%
Incarceration	1	50%	0	0%	1	20%
Unknown	1	50%	1	33%	2	40%
Applicable Cases	**2**		**3**		**5**	

Figure 4: Identified Stressors of Mothers

"Legal problems" and "unknown" stressors were the only stressors mothers from in-home cases and out-of-home cases had in common.

Identified Stressors	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %
Legal Problems	1	50%	1	33%	2	40%
Lack of Parenting Skills	1	50%	1	33%	2	40%
Incarceration	1	50%	1	33%	2	40%
Recent Relocation	0	0%	1	33%	1	20%
Inadequate Housing	0	0%	1	33%	1	20%
Unstable Living Conditions	0	0%	1	33%	1	20%
Drug Abuse	0	0%	1	33%	1	20%
Unknown	0	0%	1	33%	1	20%
Other	1	50%	0	0%	1	20%
Applicable Cases	**2**		**3**		**5**	

Figure 5: Identified Stressors of Fathers

The most often reported stressors for fathers were "legal problems," "lack of parenting skills," and "incarceration." The "other" stressor reported for an in-home case was "child's school program."

Identified Stressors	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %
None	0	0%	3	100%	3	60%
Applicable Cases	2		3		5	

Figure 6: Identified Stressors of Caregivers

Caregivers did not report having any stressors.

Stressors	In-Home #	In-Home %	Out-of-Home #	Out-of-Home %	Combined Total #	Combined Total %
Emotional Disturbance	1	50%	1	20%	2	40%
Drug Abuse/Addiction	1	50%	0	0%	1	20%
Alcohol Abuse/Addiction	1	50%	0	0%	1	20%
History of Physical Abuse/Inappropriate Discipline	1	50%	0	0%	1	20%
History of Emotional Abuse	1	50%	0	0%	1	20%
School Related Problems	1	50%	0	0%	1	20%
Developmental Delay	0	0%	1	20%	1	20%
Other	0	0%	1	20%	1	20%
None	0	0%	1	20%	1	20%
Total	2		3		5	

Figure 7: Focus Child/Youth Stressors

Figure 7 shows the children/youth stressors identified by the reviewers. "Emotional disturbance" was the most commonly identified stressor. A 15 year old youth from an in-home case was reported as having both drug and alcohol abuse/addiction stressors. The "other" stressor identified for an out-of-home case, involving a 15 year old female youth, was reported as "attention-seeking behaviors from older males/promiscuity."

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)[11]						
Bruises	1	50%	0	0%	1	20%
General Protection Services (GPS)[12]						
Lack of Food, Shelter or Clothing	1	50%	1	33%	2	40%
Incorrigibility	1	50%	1	33%	2	40%
Inappropriate Parenting	0	0%	2	67%	2	40%
Educational Neglect	1	50%	0	0%	1	20%
Truancy	1	50%	0	0%	1	20%
Mental Health Concerns	0	0%	1	33%	1	20%
Lack of Medical/Dental Care	0	0%	1	33%	1	20%
Parent/Child/Youth Conflict	0	0%	1	33%	1	20%
Substance Abuse: Child/Youth	1	50%	0	0%	1	20%

Figure 8: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases, as listed in Figure 8. The most reported GPS allegations were "lack of food, shelter, or clothing," "incorrigibility," and "inappropriate parenting."

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[11] Child Protective Services (CPS) - CPS cases are those with alleged harm, or with threat or risk of harm to the child. These cases include allegations of physical abuse that result in severe pain or dysfunction, sexual abuse, medical neglect, or lack of supervision resulting in a specific physical condition or impairment, psychological abuse attested to by a physician, or repeated injuries with no explanation.
[12] General Protective Services (GPS) - GPS cases include most instances of child neglect, including environmental conditions such as inadequate housing, inadequate clothing, and medical neglect not leading to a specific physical condition (e.g., failure to keep appointments or get prescriptions).
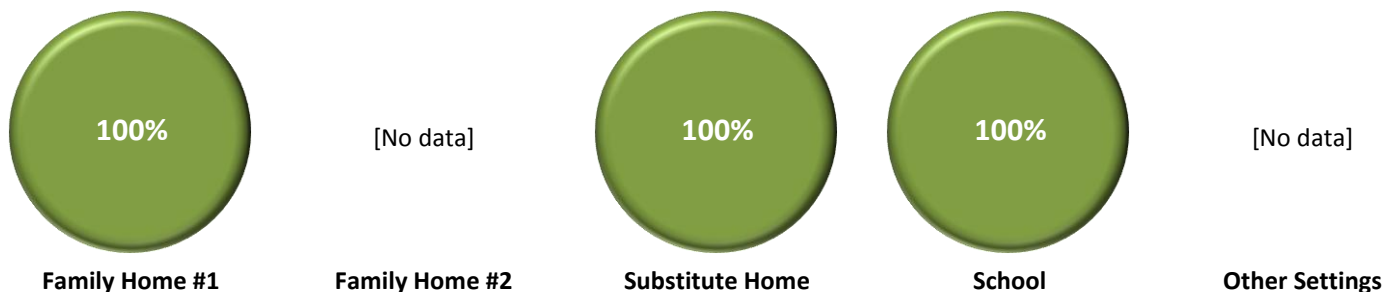
The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review. [13]

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.

100%	[No data]	100%	100%	[No data]
Family Home #1	**Family Home #2**	**Substitute Home**	**School**	**Other Settings**

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[13] 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	3	0	0	0	0%	0	1	2	100%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute Home	3	0	0	0	0%	0	0	3	100%
School	5	0	0	0	0%	0	1	4	100%
Other settings	0	0	0	0	-	0	0	0	-
Total	**-**	**0**	**0**	**0**	**0%**	**0**	**2**	**9**	**100%**

Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. All ratings were acceptable for Exposure to Harm across the three applicable settings, meaning the threat of harm to the children/youth was limited. Acceptable ratings were attributed to parents and caregivers having the capacity to respond to any threats or concerns that arise. In one case, reviewers highlighted the increased level of supervision the foster parents provided as contributing to the safety of a 15 year old youth.

In a discussion within the caseworkers' focus group regarding systemic factors that impact children/youths' exposure to harm, participants stated that safety and risk assessments are redundant and should be combined, rather than remain separate assessments.

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.

100%

Risk to Self

100%

Risk to Others

This indicator applies only to children/youth ages three or older.
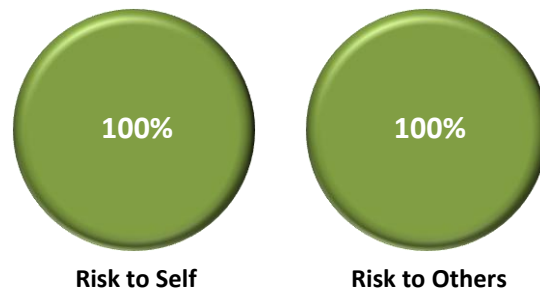
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	5	0	0	0	0%	2	1	2	100%
Risk to others	5	0	0	0	0%	1	1	3	100%
Total	**-**	**0**	**0**	**0**	**0%**	**3**	**2**	**5**	**100%**

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 all cases were found to be acceptable. When risks

arose parents and caregivers sought appropriate intervention. For example, foster parents sought counseling, on the advice of the teacher, for a five year old child/youth who was biting and hitting other children at Head Start. Reviewers also noted a youth from an in-home case had just returned from a 30 day boot camp and the camp was credited with the youth's diminished behavioral risk. In an out-of-home case, reviewers noted one child/youth "remains at risks for poor judgment, promiscuous behaviors, and impulsive acts but continues to address these issues and make improvements."

Additional Safety Data

Timeliness of Investigations

Both of the in-home cases had two CPS or GPS reports received within the prior 12 months, totaling four accepted reports of abuse and neglect. All four reports had the investigation initiated in accordance with state and/or county timeframes[14] and within the requirements for a report of the assigned priority. Face-to-face contact was made with the child/youth within the required timeframe for each report. Both of the in-home cases were rated as a "strength" for the timeliness of the investigations.

One of the three out-of-home cases reviewed had one CPS or GPS report received within the prior 12 months. The investigation was initiated in accordance with state and/or county timeframes and within the requirements for a report of the assigned priority. Face-to-face contact had been made with the child/youth within the required timeframe. The out-of-home case was rated as a "strength" for the timeliness of the investigation.

PERMANENCY

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

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

Indicator 2:   Stability

Stability and continuity in a child/youth's living arrangement, school experience, and social support network is one factor that provides a foundation for normal development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. This indicator assesses the degree to which the child/youth's daily living and learning arrangements are stable and free from risk of disruptions; their daily settings, routines, and relationships are consistent over recent times; and known risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.
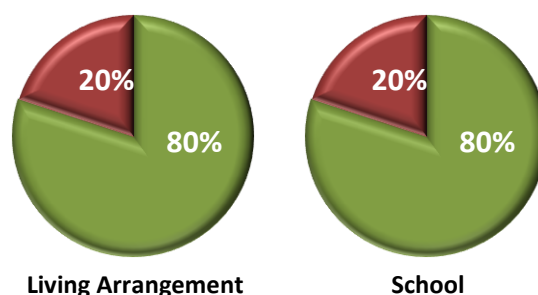
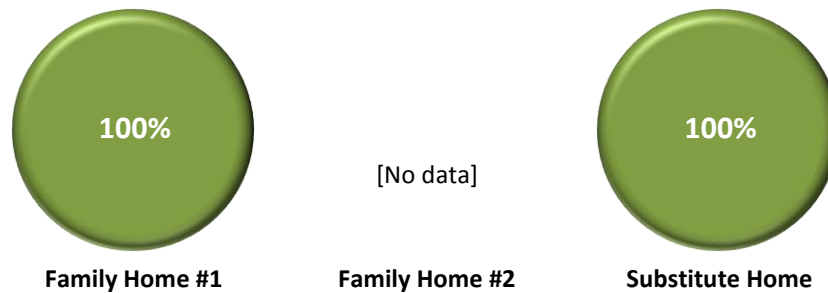| Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	5	0	0	1	20%	0	3	1	80%
School	5	0	0	1	20%	0	1	3	80%
Total	**-**	**0**	**0**	**2**	**20%**	**0**	**4**	**4**	**80%**

Figure 11: "Stability" QSR Results

Eighty percent of the overall ratings for stability were rated as acceptable. Acceptable ratings were attributed to the appropriateness of the foster home settings for out-of-home cases which were meeting the needs of the children/youth, decreasing the likeliness of placement disruptions. No threats of removal were reported among in-home cases.

The one out-of-home case with unacceptable ratings for both "living arrangement" and "school" involved a child/youth who was set to be discharged from his/her foster home to live with his/her grandmother. The grandparent resides in a different school district than the foster parents.

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.


| Family Home #1 | Family Home #2 | Substitute Home |
| 100% | [No data] | 100% |

| Sub-indicator | N | Unacceptable | | | | Acceptable | | | |
		1	2	3	%	4	5	6	%
Family home #1	3	0	0	0	0%	1	1	1	100%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute home	3	0	0	0	0%	0	0	3	100%
Total	-	**0**	**0**	**0**	**0%**	**1**	**1**	**4**	**100%**

Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for all ratings. Reviewers recognized the efforts of substitute caregivers to provide safe and appropriate homes for the children/youth and to meet the specific needs of the children/youth. Parents from in-home cases were found to be maintaining appropriate and safe housing.

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.
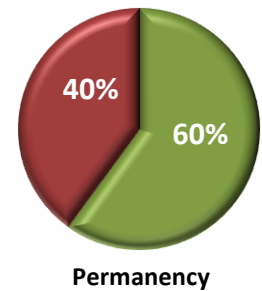
Permanency

| Indicator | N | Unacceptable | | | | Acceptable | | | |
		1	2	3	%	4	5	6	%
Permanency	5	0	0	2	40%	2	0	1	60%
Total	-	0	0	2	40%	2	0	1	60%

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed to be acceptable in three of the five cases reviewed. Permanency was rated as acceptable for both in-home cases. Reviewers noted there were no threats of removal among these two cases and the parents were making notable efforts to improve the circumstances that lead to the case opening.
Two out-of-home cases were rated as unacceptable. In one case it appears there are conflicting intentions in regards to permanency expectations and goals.

The foster parents stated they are "committed" to the child/youth but recently withdrew their intent to become the "legal permanent custodians," which happens to be the current primary permanency goal listed on the case plan. A recent change in caseworkers, in this case, has brought about a new attempt towards reunification with the mother. The revitalized efforts towards reunification have confused the team, as they believed reunification with the mother was no longer a suitable permanency option.

The second out-of-home case involves a child/youth set to leave his foster family to live with his grandmother. While the living arrangement is acceptable there is concern the child/youth will not handle the transition well with the change in schools, leaving his/her friends, and the

impact this will have on his/her siblings.[15] Overwhelmingly all parties (foster parents, focus child/youth, biological father, and the grandmother) believe discharging the child/youth to his grandmother is not in the best interests of the child/youth. Instead, they agree the child/youth should remain in the long term foster home.

In the out-of-home case with an acceptable rating, the foster parents informed reviewers they wish to provide a permanent home to the child/youth by adopting him/her and steps have been taken to start this process.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care[16] Population
	#	%	#	%	%
In-Home Cases					
Remain in Home	2	100%	-	-	
Adoption	0	0%	0	0%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	0	0%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	2	100%	
Total	**2**	**100%**	**2**	**100%**	
Out-of-Home Cases					
Return Home	1	33%	0	0%	100%
Adoption	1	33%	2	67%	0%
Permanent Legal Custodian /Subsidized Legal Custodian	1	33%	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%
Emancipation	-	-	-	-	0%
No Goal Established	0	0%	1	33%	0%
Total	**3**	**100%**	**3**	**100%**	**100%**

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

Figure 14 shows the permanency goals of the sampled children/youth and those of Wyoming County's entire foster care population. The primary permanency goal for all in-home cases reviewed was to "remain in the home." The three out-of-home cases had different primary permanency goals: "return home," "adoption," and "permanent legal custodian /subsidized legal custodian."

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[15] The child/youth's younger siblings already reside at the grandparent's home. The concern is a previous allegation of "sexual involvement between the three boys" and what that means once they are reunited, even though all three boys completed a Sexual Issues Training & Education Program.

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

Two of the three out-of-home cases were reported to have a concurrent goal. The concurrent goal was reported as "adoption" in both cases. None of the in-home cases has a concurrent permanency goal.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	2	100%	2	67%	4	80%
Concurrent Goal Appropriate	0	0%	0	0%	0	0%
Total Cases	2		3		5	

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, with the exception of one out-of-home case. This case involves the family, foster family, and child/youth who disagree with the goal of reunification. While a second out-of-home case was reported as having an appropriate primary permanency goal of adoption, there is disagreement among the family as to the appropriateness of the goal. Only two of the three out-of-home cases had a concurrent goal; the goal of adoption was found to be appropriate in both cases.

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 2.7 caseworkers, with a minimum number of two and a maximum number of three workers having been assigned.

WELL-BEING

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

Indicator 5:   Physical Health

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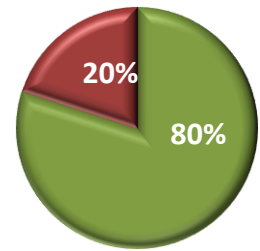
Physical Health

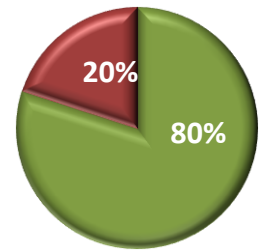| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	5	0	0	1	20%	0	1	3	80%
Total	**-**	**0**	**0**	**1**	**20%**	**0**	**1**	**3**	**80%**

Figure 16: "Physical Health" QSR Results

Figure 16 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for four of the five 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 addressed and medication is routinely monitored by both parents/caregiver and school personnel.

The one unacceptable rating was reported for an in-home case. The child/youth stated he/she experiences frequent headaches and has been without his/her eyeglasses for some time. The child/youth also struggles with drug and alcohol issues.

Indicator 6:   Emotional Well-being

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

Emotional Well-being

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	5	0	0	1	20%	1	1	2	80%
Total	-	0	0	1	20%	1	1	2	80%

Figure 17: "Emotional Well-being" QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 80 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. Reviewers found children/youth were encouraged to build strong relationships with their peers and families. Among out-of-home cases children/youth reported making great strides in developing their social skills and establishing positive and enduring relationships with their foster families.   When recommended by teachers, foster parents also sought counseling for children/youth in their care.

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

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	1	0	0	0	0%	1	0	0	100%
Total	-	0	0	0	**0%**	1	0	0	**100%**

Figure 18: "Early Learning & Development" QSR Results

Only one out-of-home case, involving a five year old, met the criteria to rate the Early Learning and Development indicator. The child had been regularly attending Head Start and received speech therapy. The child recently started kindergarten.

Indicator 7b: Academic Status

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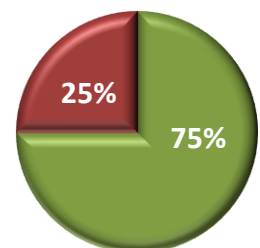
Academic Success

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	4	0	1	0	25%	0	0	3	75%
Total	-	**0**	**1**	**0**	**25%**	**0**	**0**	**3**	**75%**

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 three of the four applicable cases. Children/youth were academically on target and in most cases excelling in their current educational settings. There was concern that one child/youth from an out-of-home case would be changing schools in the near future; once he/she is discharged to live with his grandmother, there was concern his/her academic success could be impacted when changing schools.

The unacceptable rating was reported for an in-home case in which the child/youth has known truancy problems. The child/youth has participated in alternative education summer programs and truancy prevention services, and has received educational assistance (IEP); he/she still does not attend school consistently.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Head Start/Pre-School	1	50%	2	67%	3	60%
Regular K-12 Education	0	0%	0	0%	0	0%
Educational Situation	**In-home**		**Out-of-home**		**Combined Total**	
	#	%	#	%	#	%
Regular K-12 Education	1	50%	2	100%	3	75%
Alternative Education	1	50%	0	0%	1	25%
Total	**2**	**100%**	**2**	**100%**	**4**	**100%**

Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Four of the sampled children/youth are enrolled in school; of those, three (75%) were reported to be attending a "regular K-12 education" setting.

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

Indicator 8: Pathway to Independence

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

[No data]

Pathway to Independence

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

**Figure 21: "Pathways to Independence" QSR Results**

No youth were 16 or older as of the first day of the review.

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.
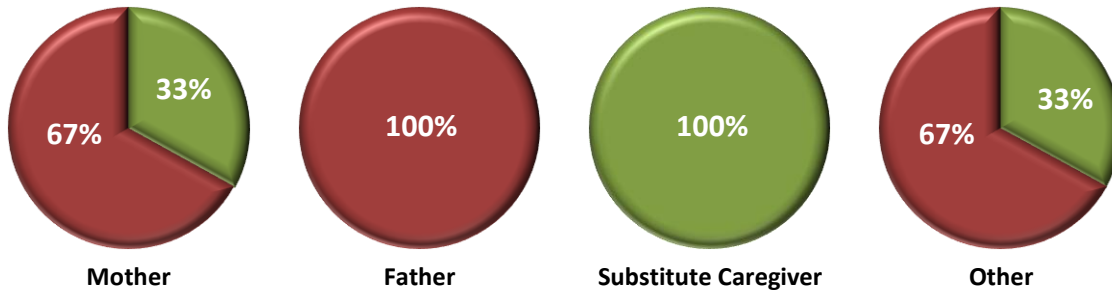
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	3	0	2	0	67%	0	0	1	33%
Father	3	1	1	1	100%	0	0	0	0%
Substitute Caregiver	3	0	0	0	0%	0	0	3	100%
Other	3	0	1	1	67%	0	0	1	33%
Total	-	**1**	**4**	**2**	**58%**	**0**	**0**	**5**	**42%**

Figure 22: "Caregiver Functioning" QSR Results

As seen in Figure 22, the caregiving functioning of the parents was found to be significantly lacking. Mothers were only found to be performing acceptably at their caregiving function in one of three applicable cases. In the one acceptably-rated case the mother has made a safe and supportive environment for her child/youth and respects the wishes of her child/youth in regard to visitation with the biological father. In the same case, reviewers highlighted the efforts by the county to ensure the mother would be able to appropriately care for the child/youth and his/her sibling, and their unique emotional struggles, [17] by referring them to family preservation services to "nurture the relationship between [all] family members."

Overall mothers from the out-of-home cases were reported as only marginally involved and/or committed to their children/youth. Contact with the mothers was difficult to maintain the longer cases remain active; the mothers would move without notification and/or they would frequently fail to attend meetings and visitations. Two mothers have passed on their caregiving responsibilities; in one instance the children/youth's grandparent(s) now have responsibility and in the other the mother agrees her child/youth would benefit by remaining in the care of the foster family.

The father's functioning as a caregiver was not rated acceptable in any of the applicable cases. In one case, the father (who was the primary caregiver) case was reported as having mental retardation and is "inconsistent in his parenting" and "easily manipulated" by the child/youth. The child/youth has truancy problems and the father has been unable to ensure the child/youth

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[17] The circumstances surrounding the in-home case are unique because the biological father "took and hid" the child/youth from the mother for several years and told the child/youth the mother and sibling did not want the child/youth anymore. Reuniting with an unfamiliar family that he/she was told did not want him/her was a struggle for all involved.

attends school regularly. A paramour also lives in the home but she was not rated as a caregiver. The fathers from the two remaining cases were reported as being absent or uninvolved.

"Other" caregivers were rated in three cases (one in-home and two out-of-home cases). The other caregiver was rated acceptably in the one in-home case; reviewers found that the caregiver (the stepfather) was "very supporting" of the child/youth. In an out-of-home case where the youth is set to discharge to the care of his grandmother, the grandmother's caregiver functioning was rated unacceptable. The grandmother has completed parenting classes and is reported as being "receptive to receiving services to support her efforts in raising her three grandsons," in spite of her belief the child/youth would be better served by his or foster family. The grandparents from a second out-of-home case were reported as having a history of unsuitable supervision.

The substitute caregivers were rated acceptable in all three out-of-home cases. These caregivers have bonded with the children/youth and exercised appropriate discipline when needed. For example, a 15-year-old youth attributes his/her improved behaviors, previously described as "out-of-control," to the structure the foster family has put in place for him/her. The child/youth further states that while he/she still has episodes of poor judgment and occasionally acts impulsively, he/she is able to address these issues with his/her substitute caregiver.

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.
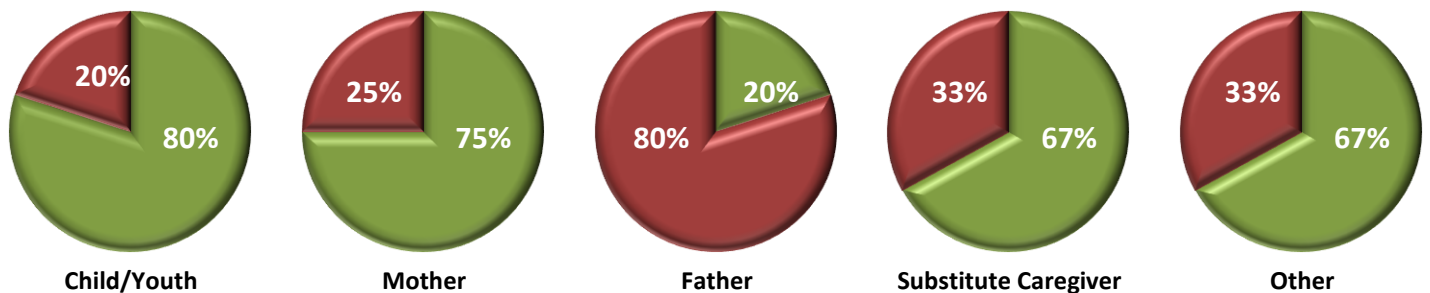
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	5	0	0	1	20%	0	2	2	80%
Mother	4	0	1	0	25%	0	2	1	75%
Father	5	1	0	3	80%	0	1	0	20%
Substitute Caregiver	3	0	0	1	33%	0	1	1	67%
Other	3	0	0	1	33%	0	2	0	67%
Total	**-**	**1**	**1**	**6**	**40%**	**0**	**8**	**4**	**60%**

Figure 23: "Engagement Efforts" QSR Results

Figure 23 shows the ratings for the Engagement Efforts indicator. Overall, 60 percent of all ratings for this indicator were acceptable over the five sub-indicators. Engagement with mothers (75%) was more likely to be rated within the acceptable range than engagement with fathers (20%). Regardless of case type, when engagement was evident, parents and caregivers reported that the county was consistent in contacting them and offering meaningful service recommendations. Strong engagement was linked to achieving case goals in a timely manner. For example, a grandmother from an out-of-home case who was reluctant to participate in parenting classes was fully engaged when the caseworker helped her to understand the importance of attending the classes. The father from an in-home case (also the child's primary caregiver) was reported to be appropriately engaged. Reviewers recommended in this case, however, that the father's cognitive understanding of each case plan goal be assessed, due to his mental retardation diagnosis, so that he might be in a better position to succeed in achieving his case plan goals.

Five of the eight unacceptable ratings were reported in one out-of-home case; each case participant, including the child/youth, reported they had "very little trust" in the agency and that the caseworker did not include them in the case planning process, particularly in planning for the "ultimate outcome of the case." The parents, foster parents, child/youth, and grandmother collectively agree the child/youth should remain in long-term foster care with the current foster parents instead of being discharged to the grandmother.

When asked to evaluate agency efforts to engage children/youth and families, participants in the caseworker and supervisors' focus groups stated that "workers know clients well" and the confidentiality of clients is always respected by staff.

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.
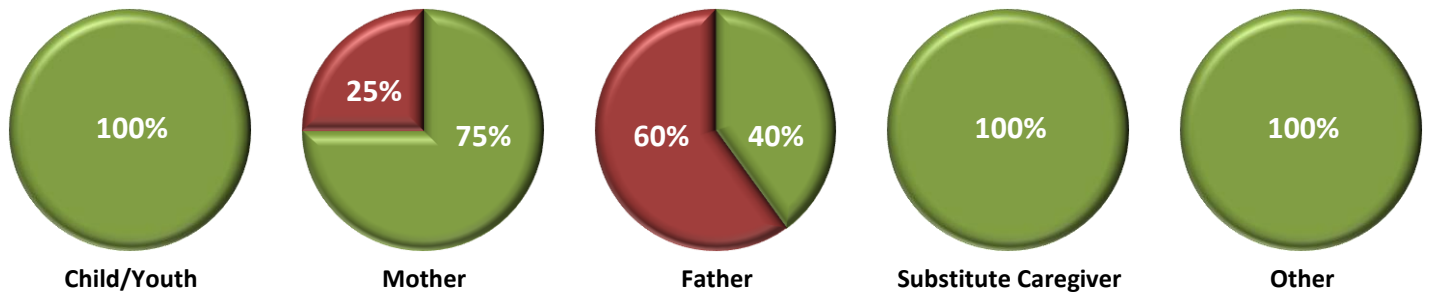
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	5	0	0	0	0%	2	1	2	100%
Mother	4	0	1	0	25%	2	0	1	75%
Father	5	2	1	0	60%	2	0	0	40%
Substitute Caregiver	3	0	0	0	0%	1	1	1	100%
Other	3	0	0	0	0%	1	2	0	100%
Total	-	**2**	**2**	**0**	**20%**	**8**	**4**	**4**	**80%**

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Overall, 80 percent of the ratings for this indicator were deemed acceptable. Surprisingly, for one out-of-home case, those who were not engaged were almost always rated acceptably for role and voice. While the case participants (child/youth, father, substitute caregiver, and grandmother) were engaged to an acceptable degree, reviewers determined their role was clearly defined and their voices were heard. These case participants clearly voiced they felt the child/youth would be better off residing with the foster parents instead of discharging to the grandmother.

All other unacceptable ratings were reported for fathers. [Fathers reported to be reluctant or uninterested in participating in the case were found to have a weak or nonexistent role and voice. Engagement efforts with these fathers also tended to be found unacceptable.

|	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	50%	1	50%	0	0%	0	0%	2	100%
Mother	0	0%	0	0%	1	50%	0	0%	0	0%	0	0%	2	100%
Father	0	0%	0	0%	0	0%	1	50%	1	50%	0	0%	2	100%
Out-of-home														
Child	1	33%	0	0%	1	33%	1	33%	0	0%	0	0%	3	100%
Mother	0	0%	0	0%	0	0%	1	33%	2	67%	0	0%	3	100%
Father	0	0%	0	0%	0	0%	0	0%	2	67%	1	33%	3	100%
Combined														
Child	1	20%	0	0%	2	40%	2	40%	0	0%	0	0%	5	100%
Mother	0	0%	0	0%	1	20%	1	20%	2	40%	0	0%	5	100%
Father	0	0%	0	0%	0	0%	1	20%	3	60%	1	20%	5	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 the in-home and out-of-home cases. All three of the out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the children/youth was reported to be sufficient.

The frequency of visits between the caseworkers (or other responsible parties) and the mothers was considered sufficient in the one applicable in-home case and in one of the two applicable out-of-home cases. Visits between the caseworkers (or other responsible parties) with the fathers were found to be insufficient in the four applicable cases.

There was one other child/youth residing in each of the two in-home cases reviewed. Of the two additional children/youth, one was visited more than once a week and the other was visited less than once a week but more than twice 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 the additional children/youth.

Indicator 2: Teaming

This indicator focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child/youth and family. This indicator assesses the degree to which appropriate team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child/youth and family. Team members should have sufficient professional knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should demonstrate a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.
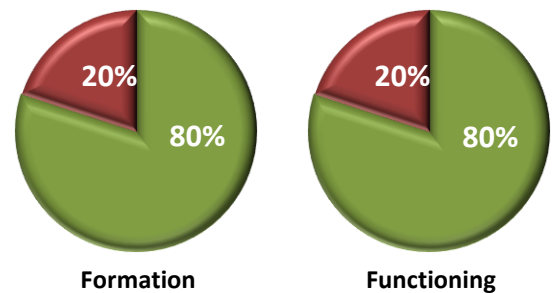
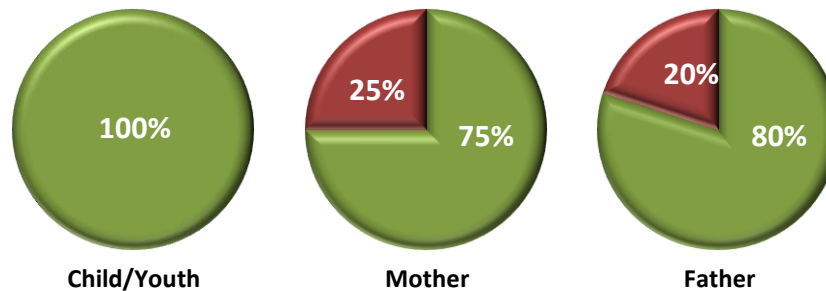| Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	5	0	0	1	20%	1	2	1	80%
Functioning	5	0	1	0	20%	2	1	1	80%
Total	-	0	1	1	20%	3	3	2	80%

Figure 26: "Teaming" QSR Results

Overall, the Teaming indicator was rated as acceptable in 80 percent of the ratings. The same out-of-home case rated unacceptable for "formation" was also rated as unacceptable for "functioning." When teams did form they were found to function successfully. Teams mainly consisted of primary case participants (biological parents, foster parents, grandparents, child/youth, and caseworker). Service providers were actively included in teaming as well. An understanding by the team of the obstacles and challenges case participants face was cited in one in-home case as an example of positive teaming. The mother experienced a "setback" in her drug and alcohol treatment but the reviewers reported the mother was "not written off;" the entire team agrees minor setbacks happen to everyone and this would not serve as a reason to discontinue working with the family.

Unexpectedly, an out-of-home case was reported as having an acceptably functioning team even though two team members, namely the grandparents, have made it clear they do not agree the permanency goal is appropriate and in the best interest of the child/youth. Reviewers stated the team communicates on a regular basis and each member is aware of the agency's preference for the case move toward adoption. While the grandparents disagree with this plan "the team is still able to work together to benefit the well-being of [the child/youth]."

The single out-of-home case rated as unacceptable for teaming was also rated unacceptable for engagement and role and voice. The case participants did not feel they could trust the agency and did not believe their collective voice was being heard or considered in relation to case plan goals.

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	5	0	0	0	0%	0	3	2	100%
Mother[18]	4	0	1	0	25%	1	1	1	75%
Father	5	1	0	0	20%	1	1	2	80%
Total	-	**1**	**1**	**0**	**14%**	**2**	**5**	**5**	**86%**

Figure 27: "Cultural Awareness & Responsiveness" QSR Results

The Cultural Awareness and Responsiveness indicator was rated as acceptable in 86 percent of the ratings, as seen in Figure 27. Reviewers generally reported that cultural needs have been

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[18] The paternal grandmother was rated under the "mother" category for an out-of-home case.

addressed appropriately and that the agency has been responsive to the needs of the families. However, two out-of-home cases were reported as having unacceptable ratings for cultural awareness of the mother or father. No rationale was provided by the reviewers to support the ratings.

According to participants in the caseworkers' focus group, the staff are all local community members. Agency staff are responsive to economic changes, such as increasing gas prices, and are aware when criminal offenses are on the rise, such DUIs and "barroom fights."

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.

| Child/Youth | Mother | Father | Substitute Caregiver |
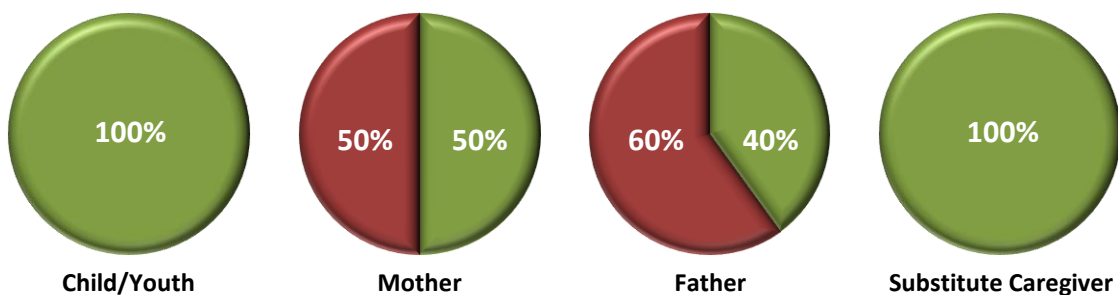
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	5	0	0	0	0%	1	3	1	100%
Mother[19]	4	0	1	1	50%	1	0	1	50%
Father	5	3	0	0	60%	1	1	0	40%
Substitute Caregiver	3	0	0	0	0%	1	2	0	100%
Total	**-**	**3**	**1**	**1**	**29%**	**4**	**6**	**2**	**71%**

**Figure 28: "Assessment & Understanding" QSR Results**

As seen in Figure 28, the "Assessment and Understanding" indicator was rated as acceptable for 71 percent of the ratings. Reviewers reported a high level of understanding by all team members of the families' needs and challenges. Service providers were found to have demonstrated consistent and thorough interventions. Case participants were found to be appropriately assessed, in the majority of cases, and receiving necessary services, such as truancy intervention, counseling, and family preservation services. Fathers who were not appropriately assessed were also not engaged.

Reviewers identified two cases in which the agency's assessment and understanding bear improvement; in one case, reviewers noted parenting assessments should be conducted of grandparents who wish to take custody of their grandchild who is in substitute care. In another case, although the in-home case was rated acceptably under this indicator, reviewers recommended that the father be assessed regarding his understanding of his responsibilities in the case.

According to the caseworkers' and supervisors' focus groups, staff are consistent in completing ten day reviews and assessments are "global" rather than allegation-based.

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:
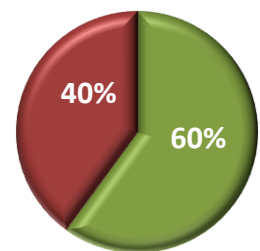
Long-Term View

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[19] The paternal grandmother was rated under the "mother" category for an out-of-home case.

- 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.

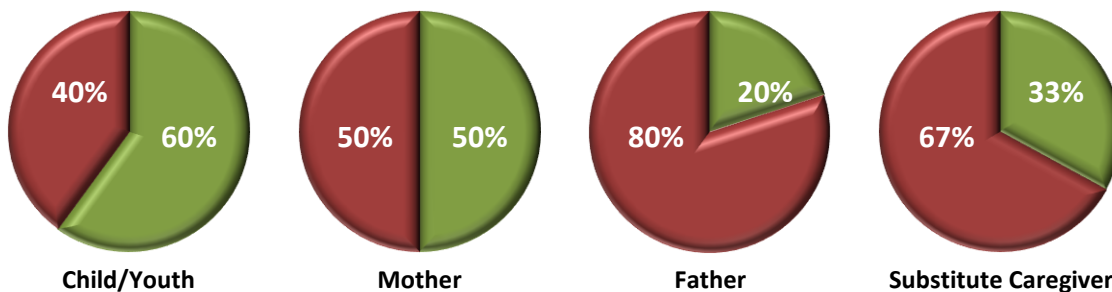| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	5	0	1	1	40%	0	2	1	60%
Total	**-**	**0**	**1**	**1**	**40%**	**0**	**2**	**1**	**60%**

Figure 29: "Long-term View" QSR Results

Figure 29 gives the frequency of ratings for the Long-term View indicator. In 60 percent of all cases reviewed this indicator was rated as acceptable. Strong engagement and role and voice were often associated with the cases having acceptable ratings. When the family and team members are fully engaged and given a voice, a collective awareness of, and agreement on, the case plan goals can be successfully made among the team members. Surprisingly, an out-of-home case involving family members not sharing in the "guiding strategic vision" of obtaining a safe case closure was rated acceptable in a shared long-term view.

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.

Child/Youth	Mother	Father	Substitute Caregiver
40% / 60%	50% / 50%	80% / 20%	67% / 33%

		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Child/Youth	5	0	0	2	40%	0	2	1	60%
Mother[20]	4	0	1	1	50%	1	0	1	50%
Father	5	1	1	2	80%	0	1	0	20%
Substitute Caregiver	3	0	0	2	67%	0	1	0	33%
Total	-	1	2	7	59%	1	4	2	41%

**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 less than half (41%) of all ratings. The crux of this indicator is the agency's ability to tailor a plan to individual members of the family and not just the focus child/youth. Reviewers highlighted the efforts made by one case team to ensure that not only the child/youth but his/her sibling received services to deal with the aftermath of the focus child/youth suddenly being reunited with his/her family after an extended and very difficult absence. Ensuring and improving the parenting skills, through parenting classes, of those caregivers who are, or who would be, the primary caregivers of the child/youth was also a priority in cases rated acceptably for this indicator.

Forty percent of the unacceptable ratings were reported for a single out-of-home case. The case participants stated that while many of the services they received corresponded to the case plan, the case plan was not acceptable and therefore the family planning process was also unacceptable. For example, a grandmother received parenting classes because the child/youth is set to be discharged to her care. However, the grandmother and all other case participants feel that discharging the child to the care of the grandmother is not in the child/youth's best interests.

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[20] The paternal grandmother was rated under the "mother" category for an out-of-home case.

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.

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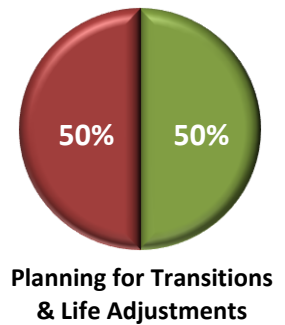
Alternative timeframes are used for the ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	4	0	1	1	50%	0	2	0	50%
Total	**-**	**0**	**1**	**1**	**50%**	**0**	**2**	**0**	**50%**

**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 half of the applicable cases. In a case where adoption is being pursued, a post-adoption agreement was being drafted to ensure the child/youth would be able to maintain contact with his/her extended biological family.

Instances in which the indicator was rated within the unacceptable range included an out-of-home case in which the foster parents were not informed of the permanency options they had after the primary permanency goal was no longer found to be viable and no concurrent goal was established. In another case the reviewers reported the child/youth is not fully prepared to discharge to his grandmother's home and no discussion has occurred among the team regarding the possibility of the child/youth and the foster family "maintaining a life connection" once he/she discharges to the grandmother's home.

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.
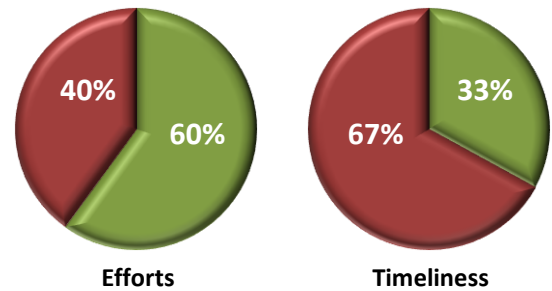
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	5	0	1	1	40%	0	1	2	60%
Timeliness[21]	3	0	0	2	67%	1	0	0	33%
Total	-	0	1	3	50%	1	1	2	50%

Figure 32: "Efforts for Timely Permanency" QSR Results

As seen in Figure 32, half of the ratings overall for the Efforts for Timely Permanency indicator were rated as acceptable. The "efforts" sub-indicator was more likely (60%) to be rated as acceptable than the "timeliness" sub-indicator (33%).   The acceptable efforts to maintain permanency among in-home cases was attributed to the appropriateness of service referrals and the commitment by the caregivers to successfully complete those services, such as parenting classes, family preservation support, and drug and alcohol abuse treatment.

The timely permanency of one out-of-home child/youth is in jeopardy due to the grandparents being at odds with the ultimate permanency plan. In a second out-of-home case the agency had not informed the foster parents of their permanency options after the foster parents stated they would be willing to be a long-term resource for the child/youth.

Supervisors find staff are generally optimistic about their clients' ability to change. Due to this optimism staff are often reluctant to move towards termination of parental rights.

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[21] Only out-of-home cases are rated for timeliness. All cases, regardless of case type are rated for efforts.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	2	100%	3	100%	5	100%
Concurrent Goal Established Timely	0	0%	2	67%	2	40%
Total Cases	2		3		5	

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 timeliness[22] of establishing the goals was assessed (see Figure 33). In all five cases reviewed the primary goal had been established in a timely manner. Of the two out-of-home cases in which a concurrent permanency goal was found, both had been established on time.

Months In Care[23]	#	%
0 – 6	0	0%
6.1 – 12	0	0%
12.1 – 24	2	66%
24.1 – 48	1	33%
More than 48	0	0%
Total	**3**	**100%**

Figure 34: Months In Care

All three of the children/youth in the out-of-home sample have spent more than a year in care, as of the first day of the review. No child/youth was in care more than 35 months as of the first day of the review.

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[22]Goal established timely - For children who recently entered care, reviewers should expect the first permanency goal to be established no more than 60 days from the date of the child/youth's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption. Reviewers should answer this question for all permanency goals in effect during the past 12 months. Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in their documentation.
[23]Time 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 Wyoming County QSR (March 13, 2012).

Timely & Finalized Termination of Parental Rights						
	Yes		No		Compelling Reason Given[24]	
Out-of-Home Cases	#	%	#	%	#	%
TPR Filed Timely						
Mother	1	33%	2	66%	2	100%
Father	1	0%	2	100%		
TPR Finalized						
Mother	0	0%	3	100%		
Father	0	0%	3	100%		

Figure 35: TPR Summary

All three of the out-of home cases involved a child/youth who had been in care for 15 of the last 22 months or met other Adoption and Safe Families Act (ASFA) criteria [25] for termination of parental rights (TPR). A petition for termination of parental rights was not filed in a timely manner for two of these cases.[26] Reviewers reported that the compelling reasons[27] for not filing TPR in a timely manner were "per a court order"[28] and "child is 15 and does not wish to be adopted."

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[24] 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.

[25] 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.

[26] 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.

[27] 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.

[28] Agency had requested a change of goal hearing; as of the time of the review, the hearing had been stayed by the judge.

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	5	0	0	0	0%	1	2	2	100%
Availability	5	0	0	0	0%	1	2	2	100%
Total	-	0	0	0	0%	2	4	4	100%

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 all the sampled cases. Reviewers attributed the acceptable ratings to the breadth of services, both formal and informal supports, available county-wide. Services included family preservation services, intensive outpatient drug and alcohol treatment, and individual counseling.

Caseworkers and supervisors–agree that mental health respite is needed in the community.

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.
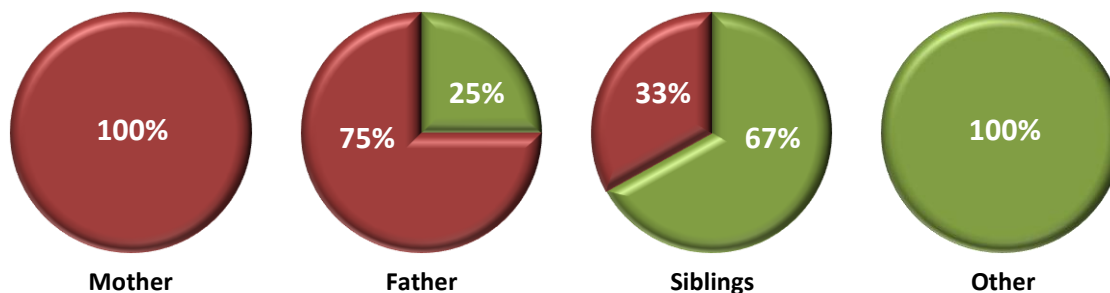
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	3	0	1	2	100%	0	0	0	0%
Father	4	3	0	0	75%	1	0	0	25%
Siblings	3	1	0	0	33%	0	0	2	67%
Other	3	0	0	0	0%	0	1	2	100%
Total	**-**	**4**	**1**	**2**	**54%**	**1**	**1**	**4**	**46%**

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, 46 percent of the ratings were deemed acceptable for the Maintaining Family Connections indicator. The county performed better at maintaining connections among the children/youth's siblings and grandparents ("other" family), but did worse at maintaining family connections with mothers and fathers. Two of the three out-of-home cases involved children/youth with a grandparent(s) as the primary caregiver due to the mother and father's absence or inability to parent. The relationships with those grandparents were maintained while the children/youth have been in-care. Due to the fact the siblings also reside with the grandparents, those relationships have been maintained as well. In the single case where a child/youth also had a sibling in care the sibling was placed in the same foster home as the focus child/youth. The agency and foster parents regularly encourage and facilitate family visitations.

Mothers who were once involved in the case their involvement and commitment as time passed. Fathers were often reported as losing interest or commitment. The child/youth from one in-home case requested that contact with his/her father cease due to the circumstances surrounding the case opening.[29] The agency was supportive of this request.

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[29] The father essentially kidnapped the child/youth at the age of two and kept him/her from the mother until age nine. The father was incarcerated for child abuse.

Child/Youth Placed with:	#	%
All Siblings	1	100%
Some Siblings	0	0%
All Siblings in Separate Foster Homes	0	0%
Total [30]	**1**	**100%**

Figure 38: Sibling Placement

Reviewers also examined whether children in placement were placed with siblings (where the siblings were also in out-of-home care). Only one child in the sample had siblings who were also in out-of-home care as of the time of the review; the youth was placed with all of his/her siblings.

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:

Tracking   **Adjustment**
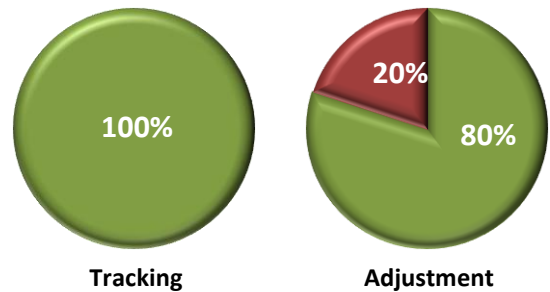
- The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments;
- Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family; and
- Constant efforts are made to gather and 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.

		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Tracking	5	0	0	0	0%	2	2	1	100%
Adjustment	5	0	0	1	20%	2	1	1	80%
Total	**-**	**0**	**0**	**1**	**10%**	**4**	**3**	**2**	**90%**

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 90 percent of the ratings. Acceptable ratings were attributed to favorable teaming. Teams were said to have monitored the families' progress and adjusted case plans around emerging developments in the cases.

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

The single unacceptable rating was reported for an out-of-home case and revolved around the lack of adjustments being made to the permanency plan, once the primary permanency goal no longer was an option.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

The 2012 Wyoming County QSR included feedback generated from the participants of two focus groups[31] who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by Wyoming OCYF. Several findings of the focus groups were enumerated in the relevant sections of this report, but additional trends were identified as follows:

- *Organizational Structure:*
  - Caseworkers and supervisors believe the agency is very well organized and this helps workers feel less overwhelmed. Caseworkers feel there is not much training available for the more seasoned caseworker and would welcome more advanced trainings.
  - Both caseworkers and supervisors agreed the smaller agency atmosphere allows staff to feel comfortable asking for and offering help.
  - There is a commitment to the ten day supervisor schedule; it works "like clockwork."
  - Supervisors believe "staff agree on the interpretation and implementation" of policy and procedure.
  - Caseworkers have concerns about their safety due to increases in domestic violence, use of bath salts, limited cell phone coverage, and venturing out to isolated rural areas.

- *Human Resources/Work Force:*
  - Training is considered to be a high priority by both caseworkers and supervisors.
  - The addition of a case aid has been suggested by caseworkers and supervisors to support client engagement and perform "family work."
  - Caseworkers feel salaries are inadequate when compared to the salaries of other local professionals.

- *Collaboration:*
  - Caseworkers and supervisors stated The Child and Adolescent Service System Program has been discontinued and managed care has limited choices.
  - Caseworkers feel work relationships are all built on trust of one another and this garners mutual respect. More effort should be put into building a better relationship with the State Police.
  - Caseworkers have concerns "the new judge is tentative, does not always accept the recommendation of the agency."

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[31] The two groups were comprised of caseworkers and supervisors.

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

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	0%	100%
Safety: Risk to self and others	0%	100%
Stability	20%	80%
Living arrangement	0%	100%
Permanency	40%	60%
Physical health	20%	80%
Emotional well-being	20%	80%
Early learning and development	0%	100%
Academic status	25%	75%
Pathway to independence	-	-
Parent or caregiver functioning	58%	42%
Overall	**20%**	**80%**

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	40%	60%
Role & voice	20%	80%
Teaming	20%	80%
Cultural awareness & responsiveness	14%	86%
Assessment & understanding	29%	71%
Long-term view	40%	60%
Child/youth & family planning process	59%	41%
Planning for transitions & life adjustments	50%	50%
Efforts to timely permanence	50%	50%
Intervention adequacy & resource availability	0%	100%
Maintaining family relationships	54%	46%
Tracking and adjustment	10%	90%
Overall	**32%**	**68%**

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 (80%) than the Practice Performance domain (68%).

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

Acceptable Teaming Leads to Appropriate Case Adjustment
Teaming was rated as acceptable in 80 percent of the cases reviewed. While not all members of the team, specifically family members, agreed with the permanency plans they all worked collaboratively together to meet the needs of the children/youth. When changes occurred in the case the team was able to adjust the plan and meet the new needs of the family.

Areas Needing Improvement

Engaging Parents to Parent and Maintain Contact
The biological parents were often absent or uninvolved in out-of-home cases. Engaging these parents may encourage them to participate and take advantage of the many services available to improve their parenting skills. The grandparents stepped up in many cases to take over caregiving responsibilities but this did not assist in maintaining meaningful contact between the children/youth and their biological parents.

The Planning Process for Timely Permanence
Case participants were not always given clear or individual goals in the family planning process. The lack of individual planning for each participant was found to become an obstacle in achieving timely permanence for children/youth. Further, a lack of concurrent permanency planning was found to delay permanency of the child/youth in one out-of-home case when the primary goal no longer remained feasible. Research has shown that concurrent planning "can be an effective tool for expediting permanency."[32]

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

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?

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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?

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QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

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

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

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

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Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	20%	80%
Mother	25%	75%
Father	80%	20%
Substitute caregiver	33%	67%
Other	33%	67%
Role & voice		
Child/youth	0%	100%
Mother	25%	75%
Father	60%	40%
Substitute caregiver	0%	100%
Other	0%	100%
Teaming		
Formation	20%	80%
Functioning	20%	80%
Cultural awareness & responsiveness		
Child/youth	0%	100%
Mother	25%	75%
Father	20%	80%
Assessment & understanding		
Child/youth	0%	100%
Mother	50%	50%
Father	60%	40%
Substitute caregiver	0%	100%
Long-term view	40%	60%
Child/youth & family planning process		
Child/youth	40%	60%
Mother	50%	50%
Father	80%	20%
Substitute caregiver	67%	33%
Planning for transitions & life adjustments	50%	50%
Efforts to timely permanence		
Efforts	40%	60%
Timeliness	67%	33%
Intervention adequacy & resource availability		
Adequacy	0%	100%
Availability	0%	100%
Maintaining family relationships		
Mother	100%	0%
Father	75%	25%
Siblings	33%	67%
Other	0%	100%
Tracking & adjusting		
Tracking	0%	100%
Adjusting	20%	80%