

QUALITY SERVICES REVIEW
YORK COUNTY
**CHILDREN, YOUTH AND FAMILIES/
JUVENILE PROBATION**



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

By
Hornby Zeller Associates, Inc.

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

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Background

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

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

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

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

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

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

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2008. York County falls into stratum III, meaning that there were 15 cases selected for review -- six in-home cases and nine placement cases, one of which was a “shared case.”³ The in-home sample is family-based⁴ and was selected for York County from a list provided by the county of families with open in-home cases on January 18, 2012. The placement sample is child-based and was selected for York 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.

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

⁴A “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).

York County conducted its QSR over six days in April 2012. Over the course of the review, 161 interviews were conducted, an average of 10.7 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 York County Children, Youth and Families case workers, supervisors, and managers. Each group identified key strengths and challenges for York County and offered a number of recommendations to improve outcomes for children, youth and families. Information gleaned from the focus groups 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 York 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 York County foster care population. A dash “-” is used in tables where no data are available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth & Family Domain and the Practice Performance Domain. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable. Below the pie charts a table is provided that gives the frequency of ratings, one through six, for each indicator. A summary of the indicator ratings is provided at the end of each section. Here the identified strengths and areas needing

improvement from the QSR are explored. The final section of this report lists key questions that county staff may ask themselves in regard to the findings of the QSR.

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

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

CHILD/YOUTH DEMOGRAPHICS

As noted earlier, of the 15 cases reviewed in York County six were in-home cases and nine were out-of-home cases, one of which was a shared case. Demographic breakdowns of the sampled cases and York County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population ⁶
	#	%	#	%	#	%	%
Male	2	33%	4	44%	6	40%	47%
Female	4	67%	5	56%	9	60%	53%
Total	6	100%	9	100%	15	100%	100%

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% ⁷	#	%	%
0 – 6	1	17%	2	22%	3	20%	40%
7 – 14	5	83%	3	33%	8	53%	37%
15 – 18	0	0%	3	33%	3	20%	23%
19 +	0	0%	1	11%	1	7%	0%
Total	6	100%	9	100%	15	100%	100%

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

The distribution by gender and age of the children/youth from the sampled out-of-home cases generally reflects the distribution of children/youth in the York County foster care population. One youth from an out-of-home case was reported to be 20 years old as of the first day of the review.

Race/Ethnicity ⁸	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	6	100%	8	89%	14	93%	69%
Black/African-American	0	0%	2	22%	2	13%	30%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	<1%
Other	0	0%	0	0%	0	0%	0%
Unknown	0	0%	0	0%	0	0%	-
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	1	17%	1	11%	2	13%	14%
Total	6		9		15		

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

⁶ Percentages were determined based on the total number of children in care on January 18, 2012 [n=276].

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

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

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

Current Placement	In-home		Out of Home		Foster Care Population ⁹
	#	%	#	%	%
Birth home (Biological Mother)	3	50%	-	-	-
Birth home (Biological Father)	2	33%	-	-	-
Birth home (Both Biological Parents)	1	17%	-	-	-
Pre-Adoptive Home	-	-	-	-	2%
Post-Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	6	67%	44%
Therapeutic foster home	-	-	0	0%	
Formal kinship foster home	-	-	2	22%	31%
Informal kinship foster home	-	-	0	0%	
Subsidized/Permanent Legal Custodianship	-	-	0	0%	
Group/congregate home	-	-	1	11%	9%
Residential treatment facility	-	-	0	0%	4%
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	
Other	-	-	0	0%	10%
Total	6	100%	9	100%	100%

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

Figure 3 displays the current placement types of the sampled children/youth and York County’s foster care population. Three in-home cases involved children/youth living at home with only their birth mothers.¹⁰ Two cases involved children/youth living at home with just their biological fathers and the last in-home case involved a child/youth residing with both biological parents.

The proportion of sampled children/youth currently placed in traditional foster homes is greater (67%) than that of the foster care population placed in traditional/therapeutic foster homes (44%). While only four percent of the total York County foster care population was reported as being placed in an institutional/facility setting, none of the out-of-home sample cases had children/youth living in these placement settings.

⁹Placement 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.

¹⁰A week before the review, one child/youth moved from his/her mother’s residence to his/her father’s residency. Since the child/youth had only been at the father’s home a week the mother’s home was reviewed as Family Home #1.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	5	83%	2	33%	7	58%
Insufficient Income	3	50%	4	67%	7	58%
Family Discord/Marital Problems	4	67%	3	50%	7	58%
Lack of Parenting Skills	4	67%	3	50%	7	58%
Difficulty Budgeting	3	50%	3	50%	6	50%
Lack of Transportation	1	17%	5	83%	6	50%
Drug Abuse/Addiction	1	17%	4	67%	5	42%
Inadequate Housing	3	50%	2	33%	5	42%
Unstable Living Conditions	2	33%	3	50%	5	42%
Overwhelming Child Care/Parenting Responsibilities	2	33%	2	33%	4	33%
Other Medical Condition	2	33%	1	17%	3	25%
Emotional Abuse	1	17%	2	33%	3	25%
Social Isolation	1	17%	2	33%	3	25%
Legal Problems	1	17%	2	33%	3	25%
Mental Retardation	1	17%	1	17%	2	17%
Chronic Illness	1	17%	1	17%	2	17%
Alcohol Abuse/Addiction	0	0%	2	33%	2	17%
Recent Relocation	1	17%	1	17%	2	17%
Learning Disability	1	17%	0	0%	1	8%
Sexual Abuse	1	17%	0	0%	1	8%
Physical Abuse	0	0%	1	17%	1	8%
Pregnancy/New Child	0	0%	1	17%	1	8%
Job Related Problems	0	0%	1	17%	1	8%
Incarceration	1	17%	0	0%	1	8%
Domestic Violence	0	0%	1	17%	1	8%
Other ¹¹	1	17%	0	0%	1	8%
Applicable Cases	6		6		12	

Figure 4: Identified Stressors of Mothers

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

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Family Discord/Marital Problems	2	33%	3	50%	5	42%
Insufficient Income	1	17%	3	50%	4	33%
Difficulty Budgeting	2	33%	2	33%	4	33%
Inadequate Housing	1	17%	3	50%	4	33%
Recent Relocation	2	33%	2	33%	4	33%
Drug Abuse/Addiction	0	0%	3	50%	3	25%
Unstable Living Conditions	1	17%	2	33%	3	25%

¹¹The “other” stressor identified for the In-home case was reported as a “custody battle with child’s father.”

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Legal Problems	1	17%	2	33%	3	25%
Lack of Parenting Skills	0	0%	3	50%	3	25%
Physical Disability	0	0%	2	33%	2	17%
Alcohol Abuse/Addiction	0	0%	2	33%	2	17%
Social Isolation	1	17%	1	17%	2	17%
Incarceration	1	17%	1	17%	2	17%
Overwhelming Child Care/Parenting Responsibilities	1	17%	1	17%	2	17%
Unknown	0	0%	2	33%	2	17%
Chronic Illness	0	0%	1	17%	1	8%
Other medical Condition	1	17%	0	0%	1	8%
Sexual Abuse	0	0%	1	17%	1	8%
Emotional Abuse	0	0%	1	17%	1	8%
Pregnancy/New Child	0	0%	1	17%	1	8%
Job Related Problems	0	0%	1	17%	1	8%
Lack of Transportation	1	17%	0	0%	1	8%
None	1	17%	0	0%	1	8%
Other ¹²	1	17%	0	0%	1	8%
Mental Health Problems	0	0%	1	17%	1	8%
Applicable Cases	6		6		12	

Figure 5: Identified Stressors of Fathers

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

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
None	2	33%	3	50%	5	42%
Job Related Problems	0	0%	2	33%	2	17%
Overwhelming Child Care/Parenting Responsibilities	0	0%	2	33%	2	17%
Other	1	17%	1	17%	2	17%
Physical Disability	0	0%	1	17%	1	8%
Other medical Condition	0	0%	1	17%	1	8%
Pregnancy/New Child	0	0%	1	17%	1	8%
Insufficient Income	0	0%	1	17%	1	8%
Inadequate Housing	0	0%	1	17%	1	8%
Lack of Transportation	0	0%	1	17%	1	8%
None	2	33%	3	50%	5	42%
Job Related Problems	0	0%	2	33%	2	17%
Overwhelming Child Care/Parenting Responsibilities	0	0%	2	33%	2	17%

¹²The “other” stressor identified for the In-home case was reported as a “custody battle with mother”

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Other	1	17%	1	17%	2	17%
Physical Disability	0	0%	1	17%	1	8%
Other medical Condition	0	0%	1	17%	1	8%
Pregnancy/New Child	0	0%	1	17%	1	8%
Insufficient Income	0	0%	1	17%	1	8%
Inadequate Housing	0	0%	1	17%	1	8%
Lack of Transportation	0	0%	1	17%	1	8%
Applicable Cases¹³	6		6		12	

Figure 6: Identified Stressors of Caregivers

Six of the nine applicable out-of-home cases reported stressors for an identified caregiver. When stressors were identified for caregivers they were most often reported as “job related problems” and “overwhelming caregiver responsibilities.” The “other” stressor identified for the In-home case was reported as a “custody battle.” The “other” stressor identified for the out-of-home case was reported as “adoption process/child's behaviors.”

Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Mental Health	3	50%	4	44%	7	47%
Emotional Disturbance	2	33%	2	22%	4	27%
History of Physical Abuse/Inappropriate Discipline	0	0%	4	44%	4	27%
History of Emotional Abuse	0	0%	4	44%	4	27%
School Related Problems	1	17%	3	33%	4	27%
Learning Disability	3	50%	1	11%	4	27%
Substance Exposed	0	0%	3	33%	3	20%
History of Sexual Abuse	1	17%	2	22%	3	20%
Undiagnosed/Untreated Behavioral Problems	0	0%	2	22%	2	13%
Mental Retardation	1	17%	1	11%	2	13%
None	1	17%	1	11%	2	13%
Other ¹⁴	1	17%	1	11%	2	13%
Chronic Illness	0	0%	1	11%	1	7%
Drug Abuse/Addiction	0	0%	1	11%	1	7%
Alcohol Abuse/Addiction	0	0%	1	11%	1	7%
Premature Birth	1	17%	0	0%	1	7%
Delinquent Behaviors	0	0%	1	11%	1	7%
Developmental Delay	0	0%	1	11%	1	7%
Visual/Hearing Impaired	1	17%	0	0%	1	7%
Suicide Risk	1	17%	0	0%	1	7%

¹³Reviewers in three out-of-home cases selected "not applicable" for the caregiver stressors.

¹⁴The “other” stressor identified for the In-home case was reported as “may need evaluation.” The “other” stressor identified for the out-of-home case was reported as “child welfare danger because of parental drug related charges.”

Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Witnessed Domestic Violence	0	0%	1	11%	1	7%
Applicable Cases	6		9		15	

Figure 7: Focus Child/Youth Stressors

Figure 7 shows overall that “mental health” was the most commonly identified stressor among children/youth. Four of the 11 children/youth in the sample who were enrolled in school were reported to have a stressor of “school related problems.”

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)¹⁵						
Bruises	1	17%	0	0%	1	7%
Sexual Assault	0	0%	1	11%	1	7%
Incest	1	17%	0	0%	1	7%
Imminent Risk of Sexual Abuse/Exploitation	0	0%	1	11%	1	7%
General Protection Services (GPS)¹⁶						
Environmental Neglect	2	33%	3	33%	5	33%
Inappropriate Discipline	2	33%	3	33%	5	33%
Substance Abuse: Parent	2	33%	2	22%	4	27%
Lack of Food, Shelter or Clothing	1	17%	2	22%	3	20%
Abandonment	0	0%	2	22%	2	13%
Lack of Medical/Dental Care	1	17%	1	11%	2	13%
Mental Health Concerns	0	0%	1	11%	1	7%
Illegal Manufacturing of Drugs/Exposure to Drugs	0	0%	1	11%	1	7%
Parent/Child/Youth Conflict	0	0%	1	11%	1	7%
Inappropriate Parenting	0	0%	1	11%	1	7%

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. GPS allegations were more frequently noted with “environmental neglect” and “inappropriate discipline” being the most common.

¹⁵Child 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.

¹⁶General Protective Services (GPS) - GPS cases include most instances of child neglect, including environmental conditions such as inadequate housing, inadequate clothing, and medical neglect not leading to a specific physical condition (e.g., failure to keep appointments or get prescriptions).

CHILD/YOUTH & FAMILY STATUS DOMAIN

The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Eleven indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review.¹⁷

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 threats, 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.



¹⁷For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	7	0	0	2	29%	2	1	2	71%
Family home #2	3	0	1	0	33%	1	0	1	67%
Substitute Home	9	0	0	0	0%	0	1	8	100%
School	13	0	0	0	0%	0	1	12	100%
Other settings	7	0	0	0	0%	0	0	7	100%
Total	-	0	1	2	8%	3	3	30	92%

Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (92%) were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. Acceptable ratings were attributed to the parents and caregivers having the capacity to respond to any threats or concerns that arise.

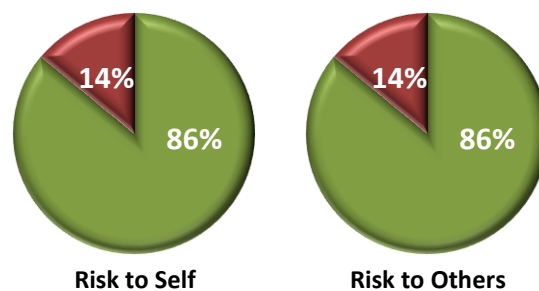
The only unacceptable ratings reported for Family Home #1 were related to two in-home cases. In one case, the mother's limited cognitive abilities inhibit her ability to appropriately supervise the child/youth that has special mental health needs. The second case involves a 12 year old who expressed a fear regarding the shootings that have occurred in his/her neighborhood.

Reviewers expressed concern about a third in-home case in which the mother and grandmother were uncertain about the requirements of the safety plan or whether the plan was still in effect. This case was rated within the acceptable range for Family Home #1 (where mother and grandmother reside) but not for Family Home #2, where the mother's paramour resides (and the child frequently stays), as no safety assessment had been completed for this setting.

Indicator 1b: Safety from Risk to Self/Others

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	14	0	1	1	14%	2	3	7	86%
Risk to others	14	0	1	1	14%	2	2	8	86%
Total	-	0	2	2	14%	4	5	15	86%

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 12 of the 14 applicable cases were found to be acceptable. While some children/youth have exhibited behaviors that pose a risk to themselves or others, those behaviors and what is thought to trigger them are being addressed and monitored in the majority of cases. Foster parents were highlighted as providing safe environments where the children/youth are given the guidance to stabilize their behaviors and have the opportunity to practice the skills they have acquired, such as conflict resolution.

The four unacceptable ratings were reported in two separate in-home cases in which both risk to self and others were found to be unacceptable. In one case the "sexual promiscuity" of the 12 year old child/youth was cited as a risk to self and the physical altercations of the child/youth and his/her mother was cited as a risk to others.

Additional Safety Data

Timeliness of Investigations

All six in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling nine accepted reports of abuse and neglect. Each of the nine reports had the investigation initiated in accordance with state and/or county timeframes¹⁸ 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 five reports. Overall, four of the six in-home cases were rated as a "strength" for the timeliness of the investigations.

Five of the nine sampled out-of-home cases had at least one CPS or GPS report received within the prior 12 months, totaling seven accepted reports of abuse and neglect. All seven reports had the investigation initiated in accordance with state and/or county timeframes and within the requirements for a report of the assigned priority. Face-to-face contact was made with each of the children/youth within the required timeframe. All five of the applicable out-of-home cases were rated as a "strength" for the timeliness of the investigations.

¹⁸ State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania's 67 counties.

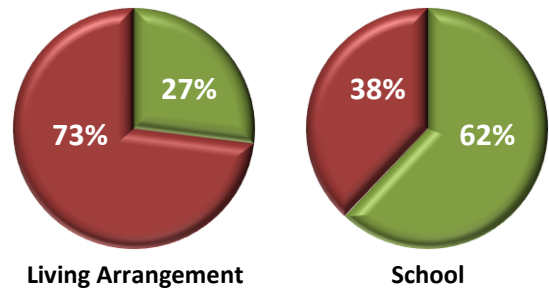
PERMANENCY

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

Indicator 2: Stability

Stability and continuity in a child/youth's living arrangement, school experience, and social support network is one factor that provides a foundation for normal development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. This indicator assesses the degree to which the

child/youth’s daily living and learning arrangements are stable and free from risk of disruptions; their daily settings, routines, and relationships are consistent over recent times; and known risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth’s living arrangement and school settings.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	15	0	3	8	73%	1	0	3	27%
School	13	0	2	3	38%	2	2	4	62%
Total	-	0	5	11	57%	3	2	7	43%

Figure 11: "Stability" QSR Results

Over half (57%) of the overall ratings for stability were rated as unacceptable. Ratings for the living arrangement (73%) were more likely to be rated within the unacceptable range than the school setting (38%). Four of the six in-home cases were rated unacceptable for the stability of the living arrangement based on the families’ change of residence within the past year. Though these families are facing future moves, only one child/youth is expected to experience a change in school.

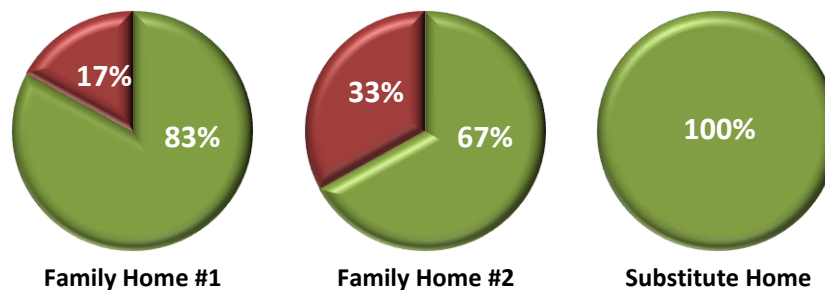
Cases are reviewed for the last 12 months of the case and what is anticipated for the upcoming six months for this indicator. The living arrangement was rated as marginal for one out-of-home

case due to the placement being considered unstable for the first ten months under review; however, the foster parents are taking steps toward adopting the child/youth. In a second case the family of a child/youth now in foster care experienced multiple moves prior to his/her removal; the current (and only known) placement has been stable. The concern that a placement may disrupt was cited as the rationale for unacceptable stability in a third out-of-home case.

Reviewers reported that a lack of stability has negatively affected the emotional well-being of some children/youth; this will be discussed later in the report.

Indicator 3: Living Arrangement

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1 ¹⁹	6	0	0	1	17%	0	4	1	83%
Family home #2	3	0	1	0	33%	0	2	0	67%
Substitute home	9	0	0	0	0%	1	3	5	100%
Total	-	0	1	1	11%	1	9	6	89%

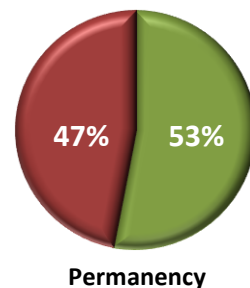
Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the "Living Arrangement" indicator was found to be within the acceptable range for 89 percent of the ratings. Reviewers recognized the efforts of substitute caregivers to provide safe and appropriate homes for children/youth where caregivers meet the specific needs of the children/youth. Reviewers also recognized that while the current placements of the foster children/youth were not always stable and considered as permanency options, they were the most appropriate settings to meet the specific needs of the children/youth at that point in time. Reviewers also recognized the willingness of the county to keep siblings together whenever possible and appropriate to do so.

The two unacceptable ratings were reported in two separate in-home cases. Family Home #1 for one case is in jeopardy due to financial concerns and the threat of eviction. The mother was reported as having no plan in place to address these concerns. The child/youth moved into his/her father's home (rated as Family Home #2) a week before the review and the home was rated appropriate and acceptable. The second in-home case involves the mother's paramour's house (as Family Home #2); at the time of the review the safety in this home had not been assessed or monitored.

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.



¹⁹A week before the review the child/youth in one case moved from his/her mother's residence to his/her father's residency. Since the child/youth had only been at his/her father's home a week the mother's home was reviewed as Family Home #1.

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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	15	0	5	2	47%	3	4	1	53%
Total	-	0	5	2	47%	3	4	1	53%

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed acceptable in 53 percent of the cases reviewed. Of the eight cases reported as acceptable, half involved out-of-home cases. Of those, two are likely to result in adoption. The foster family of a 20-year-old youth is considering adopting the youth and another child/youth is residing with a foster family who is willing to consider adoption.

Unacceptable ratings from three of the five out-of-home cases were attributed to two issues: reunification no longer being an appropriate permanency goal and older youth being unprepared to leave care once they reach the age of maturity. Three of the four cases in which "return home" was the primary permanency goal were rated as unacceptable for this indicator. Parents were given services to address their needs, particularly parenting skills, and to aid in the reunification with their children; but, the parents, specifically mothers, were either not attending or not attending services consistently in cases where "return home" is still the permanency goal. Goal change options are being considered in these cases but the agency has discovered the current foster parents are not interested in adopting and no fit and willing relatives have been identified.

Two out-of-home cases that were rated unacceptable involved youth 17 or older who have not decided whether they will remain in care past their 18th birthdays and who have no clear discharge plans or independent living skills.

In-home cases rated within the unacceptable range for permanency, first involve child/youth who may very likely be removed due to "behavioral manifestations that resulted in being admitted to a [mental health] hospital with a recommendation of going to a therapeutic foster home." In the second case, the permanency of a child/youth residing with his/her mother was rated unacceptable due to the child/youth moving out of the mother's home into the father's home. The team agrees this move is in the best interest of the child/youth and there are no concerns regarding stability or permanency while the child/youth resides with the father.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care ²⁰ Population
	#	%	#	%	%
<i>In-Home Cases</i>					
Remain in Home	6	100%	-	-	
Adoption	0	0%	0	0%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	1	17%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	5	83%	
Total	6	100%	6	100%	
<i>Out-of-Home Cases</i>					
Return Home	4	44%	0	0%	74%
Adoption	2	22%	1	11%	8%
Permanent Legal Custodian /Subsidized Legal Custodian	1	11%	3	33%	<1%
Placement with a Fit and Willing Relative	0	0%	2	22%	1%
Other Planned Placement Intended to be Permanent/APPLA	2	22%	1	11%	14%
Emancipation	-	-	-	-	2%
No Goal Established	0	0%	2	22%	0%
Total	9	100%	9	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 York County's entire foster care population. The primary permanency goal for all in-home cases reviewed was to "remain in the home." The distribution of the primary goals for children/youth from the out-of-home sample is roughly similar to that of the York County foster care population, with the majority of cases having a goal of "return home."

Seven of the nine out-of-home cases were reported to have a concurrent goal. One in-home case was reported to have an established concurrent permanency goal of "placement with a fit and willing relative."²¹

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	6	100%	8	89%	14	93%
Concurrent Goal Appropriate	1	17%	6	67%	7	47%
Total Cases	6		9		15	

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

²⁰Placement 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.

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

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 child/youth in an out-of-home case. For this case, the parents and 16 year old youth have mutually agreed they no longer desire to have contact with one another and reunification is no longer a goal either wish to work towards. Six of the seven out-of-home cases in which a concurrent goal was established were found to be appropriate.

Additional Permanency Data

Caseworker Turnover

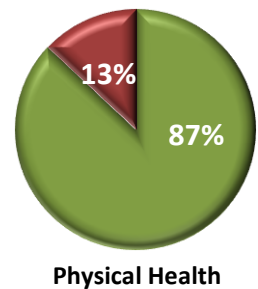
The average number of caseworkers assigned to the in-home cases under review was 3.0 caseworkers, with no less than two workers assigned to each case over its history. The number of caseworkers assigned to the out-of-home cases under review averaged 6.0 caseworkers, with a minimum number of two and a maximum number of 15 workers having been assigned.²²

WELL-BEING

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

Indicator 5: Physical Health

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	15	0	0	2	13%	2	2	9	87%
Total	-	0	0	2	13%	2	2	9	87%

Figure 16: "Physical Health" QSR Results

Figure 16 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 13 of the 15 cases reviewed. The

²²The case with 15 caseworkers reported has been opened for over 14 years and involves a youth 20 years old.

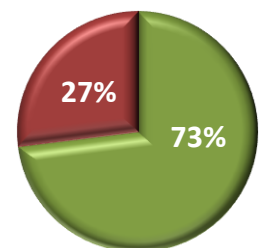
review found that while some children/youth had chronic and/or serious medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers.

The out-of-home case in which an unacceptable rating was reported involved a child/youth who was diagnosed as morbidly obese and the reviewers found no indication this health issue is currently being addressed. The in-home case involves a seven year old child who has never received dental care.

Participants of the caseworkers’ focus group noted an obstacle to ensuring the physical health of children in agency care. Health Care Providers prefer the use of their own releases and there have been challenges with accepting the agency’s releases.

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	15	0	0	4	27%	4	5	2	73%
Total	-	0	0	4	27%	4	5	2	73%

Figure 17: “Emotional Well-being” QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 73 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. While many children/youth were found to have behavioral and/or emotional problems, those issues were being addressed by appropriate service providers. There has been marked improvement in many cases.

Reviewers noted a concern that service intervention had not been provided for some children/youth, specifically individual counseling. In one case, a referral was made for

attachment therapy; the child/youth was sent to a trauma therapist instead as the appropriate service was not available. The trauma therapist reported that the therapy provided did not meet the child/youth’s needs. In another case reviewers noted concern about the emotional ramifications of multiple placement moves experienced by a child/youth; despite the concern, the case was rated in the acceptable range for this indicator.

Pennsylvania child custody law was amended to require the court to consider the commission of certain crimes before making a decision related to custody of a child. When a party or member of their household has committed one of the enumerated crimes an evaluation is to be conducted to ensure no threats are posed to the child. The requirement for these evaluations has been extended to dependency proceedings in York County and during the supervisors’ focus group, concerns were expressed regarding the difficulty families face in having the evaluations completed in a timely manner and the cost of these evaluations.

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

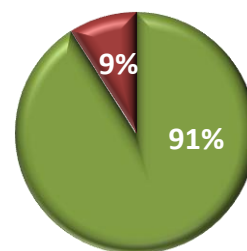
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	4	0	0	0	0%	0	2	2	100%
Total	-	0	0	0	0%	0	2	2	100%

Figure 18: “Early Learning & Development” QSR Results

All four cases for which this indicator is rated are rated within the acceptable range. Three of the four cases are out-of-home cases. All children were reported as developing appropriately and being on target with developmental milestones. Two children (one in-home and one out-of-home) were enrolled in Head Start/Preschool.

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	11	0	0	1	9%	1	5	4	91%
Total	-	0	0	1	9%	1	5	4	91%

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 91 percent of the applicable cases, including all nine out-of-home cases. Acceptable ratings were attributed to placing the child/youth in the most appropriate school setting. Even though the stability of the living arrangement was not always guaranteed for the children/youth, the school setting was secure therefore was a contributor to children/youth's acceptable academic status.

The one unacceptable rating involves a child/youth who had recently moved into his/her father's home and not yet been enrolled in school. Reviewers stated there was no clear plan as to how the child/youth's educational needs would be addressed and the child/youth's grade level promotion could be in jeopardy.

According to participants of the supervisors' focus group, because of the agency's increased referral rate, the Truancy Unit has been completely reassigned and is currently not performing preventative work like they once did.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	3	60%	2	29%	5	42%
Completed/Graduated	0	0%	1	14%	1	8%
Alternative Education	0	0%	2	29%	2	17%
Other	2	40%	0	0%	2	17%
Part-Time Special Education	0	0%	2	29%	2	17%

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Total	5	100%	7	100%	12	100%

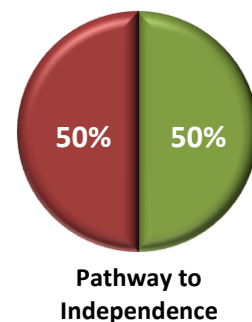
Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Twelve of the sampled children/youth are enrolled in school; of those, four (33%) were reported to have “school-related problems” identified as a stressor. The two “other” educational settings for in-home cases were reported as “partial education program with learning support” and “life skills.”

In three of the six in-home cases, an IEP was needed; the child/youth had a current IEP in two of the three cases. Of the four out-of-home cases in which children/youth were found to need an IEP, three had a current IEP.

Indicator 8: Pathway to Independence

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	4	0	2	0	50%	2	0	0	50%
Total	-	0	2	0	50%	2	0	0	50%

Figure 21: “Pathways to Independence” QSR Results

As seen in Figure 21, half of the four applicable out-of-home cases were rated as acceptable for the "Pathway to Independence" indicator. Cases which were rated within the acceptable range involved youth already receiving independent living services. Reviewers reported that life skills were being actively demonstrated by the youth obtaining and maintaining full-time employment, having obtained valid identification, having a history of successful budgeting including obtaining and paying for car insurance, and passing the driver’s exam to become a licensed driver.

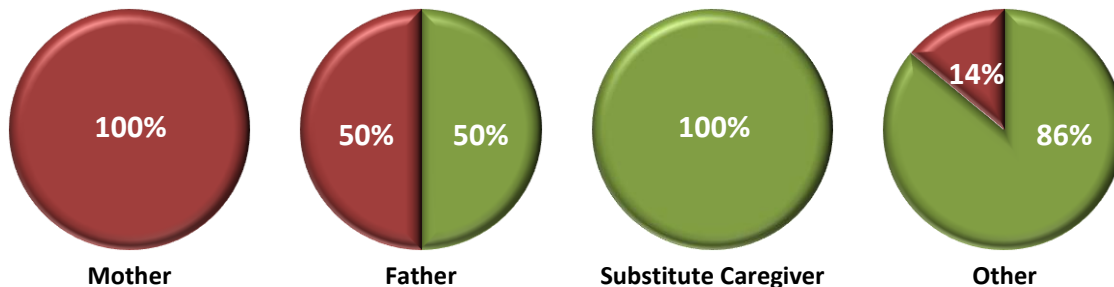
Unacceptable ratings were attributed to two issues. In one case, the youth had only just turned 16 and no IL services had been completed at the time of the review. In the other case, IL services were deemed insufficient to meet the needs of the youth. One group home/congregate care provider stated that he/she was not comfortable with discharge preparedness of the 18 year old in the provider's care and recommended that the youth enroll in a daily life skills workshop.

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	10	2	3	5	100%	0	0	0	0%
Father	10	2	2	1	50%	4	1	0	50%
Substitute Caregiver	8	0	0	0	0%	0	5	3	100%

Sub-indicator	N	Unacceptable				Acceptable			
Other	7	0	0	1	14%	2	3	1	86%
Total	-	4	5	7	46%	6	9	4	54%

Figure 22: "Caregiver Functioning" QSR Results

As seen in Figure 22, the caregiving functioning of the parents was found to be significantly lacking. Not one of the ten applicable cases was found to have acceptable caregiver functioning of the mother. This is particularly disconcerting since four children/youth live in a home with their mother as a primary caregiver and three have a primary permanency goal intended for the children/youth to remain in their mothers' care. Reviewers stated teams were having difficulty in planning for the children/youth's case closures when the mothers' caregiving functioning was described as inconsistent, particularly in terms of discipline. Inconsistency may be partly attributed to instances where services were provided to address the needs of the mothers and aid in achievement of permanency; but, those services were no longer being provided at the time of the review.

Mothers were found to be relying heavily on other family members to offer the bulk of caregiving. The maternal grandmother was asked by the mother to become the primary caregiver for one child/youth from an in-home case. Reviewers determined from interviews with team members that without the assistance of the step-father in a separate in-home case the child/youth would not have his/her needs met and "would likely not be safe in the home."

The father's functioning as a caregiver was considered acceptable in half of the applicable cases. These fathers were reported as having fair parenting capabilities and demonstrating a sincere interest in the well-being of their children/youth. For example, in one out-of-home case, the father was incarcerated but was diligent in maintaining contact with the child/youth. This contact was cited as being a strength to the emotional well-being of the child/youth, who coincidentally was not receiving any contact from his/her mother. A father from an in-home case had his child/youth move into his home because the child/youth was at risk of being removed from the mother's home. Reviewers reported the arrangement is working well and the father is proving to be a capable caregiver.

Services have not improved either of the parents' capacities to provide long term care to the children/youth in the majority of applicable cases; service providers have struggled to assess definitively the underlying cause of parents' inability to meet the needs of their children.

The substitute caregivers' functioning was always rated within the acceptable range. Substitute caregivers were found to provide a safe environment, work cooperatively with parents and caseworkers, and always put the best interests of the children/youth first.

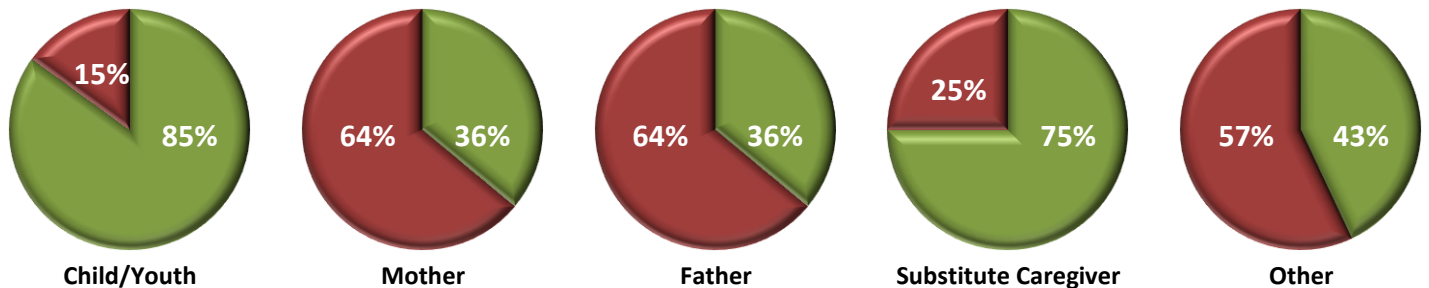
PRACTICE PERFORMANCE STATUS DOMAIN

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

Indicator 1a: Engagement Efforts

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	13	1	0	1	15%	5	3	3	85%
Mother	11	0	3	4	64%	3	1	0	36%
Father	11	2	2	3	64%	2	1	1	36%
Substitute Caregiver	8	0	1	1	25%	1	3	2	75%
Other	7	2	0	2	57%	2	1	0	43%
Total	-	5	6	11	44%	13	9	6	56%

Figure 23: "Engagement Efforts" QSR Results

Figure 23 shows the ratings for the Engagement Efforts indicator. Overall, 56 percent of all ratings for this indicator were acceptable over the five sub-indicators. Engagement with mothers (64%) was just as likely to be rated outside the acceptable range as engagement with fathers (64%). This lack of engagement was found to result in inconsistent participation in the case and services. While many parents were appropriately engaged earlier in the case, the level of engagement dropped over time. In one case, a father who was incarcerated received higher levels of engagement while in prison; once released (and even more available to be engaged), he was engaged to a much lesser extent.

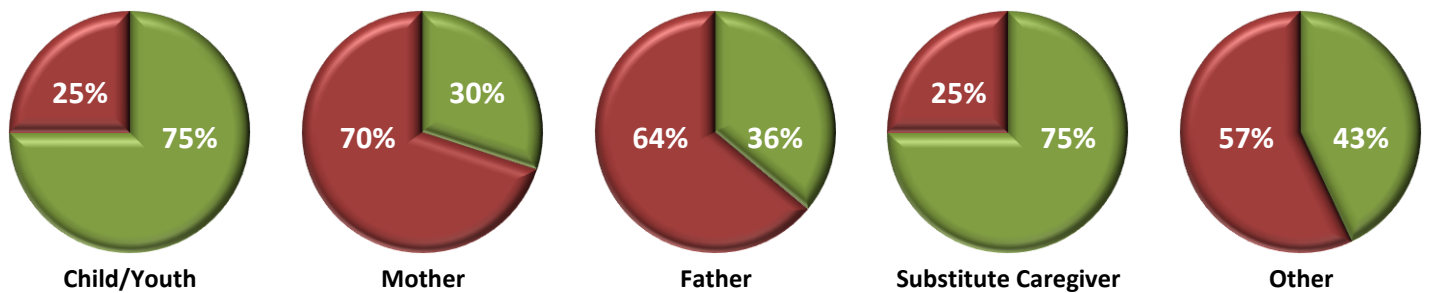
When mothers and fathers were engaged, engagement resulted in proper assessments, service referrals, and, in one in-home case, the identification of a new primary caregiver. The child's father was identified, engaged and on his way to becoming the primary caregiver to the child/youth.

Substitute caregivers were almost always acceptably engaged but "other" caregivers, who consisted of stepfathers, grandmothers, and paramours (all of whom have primary caregiving responsibilities over the focus children/youth), were rarely rated acceptably for engagement. Three of the four unacceptable ratings for substitute caregivers, i.e., family members, were reported among in-home cases.

According to the supervisors' focus group, family group decision-making (FGDM) has improved and is being utilized as a tool for engagement in York County.

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	12	1	1	1	25%	2	5	2	75%
Mother	10	0	4	3	70%	3	0	0	30%
Father	11	3	2	2	64%	3	1	0	36%
Substitute Caregiver	8	0	2	0	25%	1	3	2	75%
Other	7	2	0	2	57%	3	0	0	43%
Total	-	6	9	8	48%	12	9	4	52%

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the "Role and Voice" indicator. Overall, 52 percent of the ratings for this indicator were deemed acceptable. Role and Voice was most likely to be rated as acceptable for the child/youth (75%) and the substitute caregiver (75%). Older children/youth 16+ years old were most likely to be given an acceptable role and voice.

Unfortunately, a direct result of the diminished role and voice of one child/youth was an identified lack of relationship with family. One child/youth expressed his/her desire to have contact with his/her biological father but no active support has resulted from the request.

Unsurprisingly, mothers and fathers rated as unacceptable for engagement were more likely to be rated unacceptable for role and voice. Parents stated that they did not feel heard or that their opinions were valued. This directly resulted in the disagreement between the parents and the team about the most appropriate permanency goals. Mothers who had a diminished role and voice were more likely to have limited visitation with their children/youth.

	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%	1	17%	0	0%	5	83%	0	0%	0	0%	6	100%
Mother	0	0%	1	17%	0	0%	3	50%	2	33%	0	0%	6	100%
Father	0	0%	0	0%	0	0%	2	33%	2	33%	2	33%	6	100%
Out-of-home														
Child	1	11%	1	11%	1	11%	5	56%	1	11%	0	0%	9	100%
Mother	1	11%	0	0%	1	11%	2	22%	0	0%	1	11%	9	100%
Father	0	0%	0	0%	0	0%	1	11%	1	11%	2	22%	9	100%
Combined														
Child	1	7%	2	13%	1	7%	10	67%	1	7%	0	0%	15	100%
Mother	1	7%	1	7%	1	7%	5	33%	2	13%	1	7%	15	100%
Father	0	0%	0	0%	0	0%	3	20%	3	20%	4	27%	15	100%

Figure 25: Caseworker Visits

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

permanency and well-being of the focus children/youth and promote the achievement of case plan goals in five of the six in-home cases. In each of the nine out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the children/youth was reported to be sufficient.

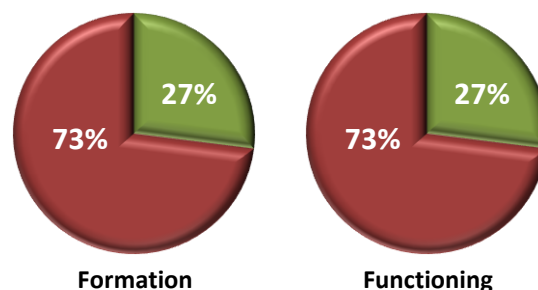
For mothers, the frequency of visits with the caseworkers (or other responsible parties) was less likely to be considered sufficient in the in-home cases (four of the six cases) compared to the applicable out-of-home cases (three of the four cases).

The frequency of visits between the caseworkers (or other responsible parties) and the fathers was found to be insufficient in four of the six in-home cases. In only one of the four applicable out-of-home cases was the frequency of visits between the caseworkers (or other responsible parties) and the fathers reported as sufficient.

There was at least one other child/youth residing in the home in three of the six in-home cases reviewed. Of these eight additional children/youth, six were visited less than once a week but more than twice a month and two additional children/youth (from the same in-home case) were never visited. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being when they did occur, and to promote the achievement of permanency goals for all eight additional children/youth.

Indicator 2: Teaming

This indicator focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem-solving, providing effective services, and achieving positive results with the child/youth and family. This indicator assesses the degree to which appropriate team members have been identified and formed into a working team that shares a common “big picture” understanding and long-term view of the child/youth and family. Team members should have sufficient professional knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should demonstrate a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	15	1	3	7	73%	2	1	1	27%
Functioning	15	2	4	5	73%	1	2	1	27%
Total	-	3	7	12	73%	3	3	2	27%

Figure 26: "Teaming" QSR Results

Overall, the Teaming indicator was rated as acceptable for a little over a quarter of the ratings. The "formation" indicator was rated as unacceptable as often as the "functioning" indicator. Three of the four out-of-home cases that acceptably formed also functioned well. "Good communication" between team members was most often attributed to successful teaming. The consistency of team members, as in limited turnover of essential team members, such as the guardian ad litem (GAL), was mentioned as contributing to a well-functioning team. Sadly, even a formed and functioning team was not operating in a clear fashion. In one case, reviewers felt that a mother from an in-home case was unaware of exactly who was on the team and what role the team members filled. A lack of engagement and a diminished role and voice of the mother was cited as contributing to the mother's lack of understanding.

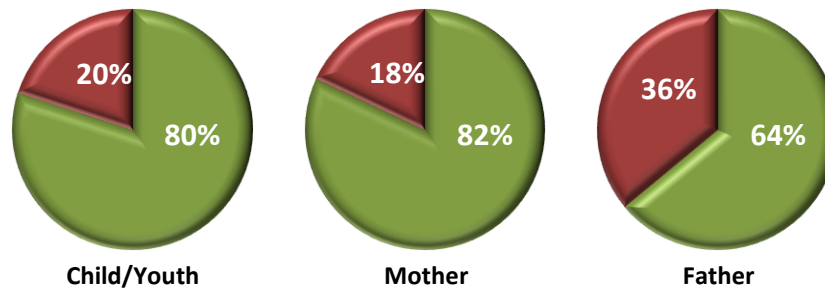
When teams did form, individuals tended to act independently and toward differing permanency goals. This is especially disconcerting when it was related to cases involving older youth who have not themselves made a determination of how to proceed once they reach the age of maturity. These youth are facing a difficult decision to remain in care or proceed toward living independently and are relying on the advice of the team. Instead of sound and consistent advice they were reported to be receiving conflicting suggestions.

A common theme was presented in the supervisors' and managers' focus groups regarding teaming; specifically, participants discussed how agency staff team with one another to discuss case issues. Both groups acknowledged that teaming should branch out beyond the agency staff. Knowing that caseworkers are able and willing to consult internally, however, is a positive sign.

Indicator 3: Cultural Awareness & Responsiveness

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

engagement, assessment, planning, and service delivery processes in use among the child/youth and family.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	1	2	20%	1	5	6	80%
Mother	11	0	1	1	18%	1	6	2	82%
Father	11	2	2	0	36%	1	3	3	64%
Total	-	2	4	3	24%	3	14	11	76%

Figure 27: “Cultural Awareness & Responsiveness” QSR Results

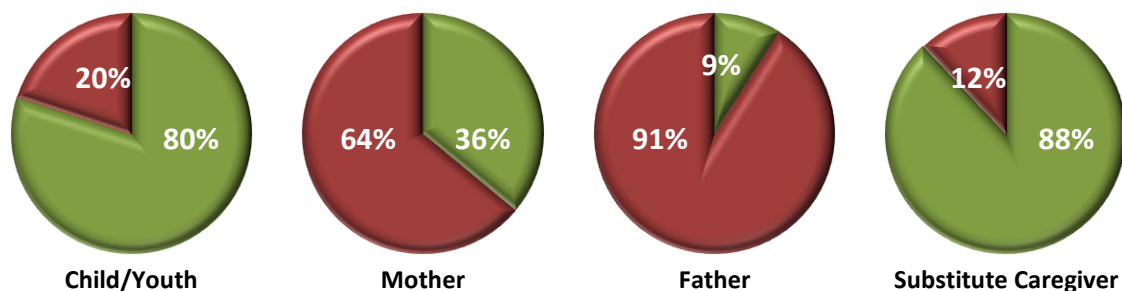
The Cultural Awareness and Responsiveness indicator was rated as acceptable in 76 percent of the ratings overall, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally addressed. According to reviewers, caseworkers were culturally competent and there were no issues regarding the families’ cultural needs in the majority of cases.

The cultural responsiveness of the father was least likely to be rated within the acceptable range. A lack of engagement and role and voice of the father is directly linked to the poor ratings. Three-fourths of the unacceptable ratings were reported among in-home cases.

Indicator 4: Assessment & Understanding

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

change process, and ongoing assessments of the child/youth and family situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	1	2	20%	5	3	4	80%
Mother	11	0	5	2	64%	1	1	2	36%
Father	11	3	3	4	91%	0	0	1	9%
Substitute Caregiver	8	0	1	0	13%	0	4	3	88%
Total	-	3	10	8	47%	6	8	10	53%

Figure 28: "Assessment & Understanding" QSR Results

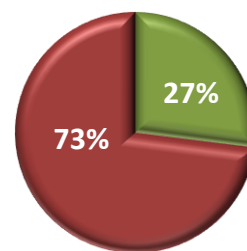
As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 53 percent of the ratings. The acceptable assessment and understanding of the children/youth was cited as directly contributing to the emotional well-being, physical health, and academic success of the children/youth. Children/youth were also reported to be "routinely assessed" to account for their ever evolving needs.

As with other measures, this indicator had a higher proportion of cases rated as unacceptable (91%) when fathers were assessed in comparison to mothers (64%). The limited understanding of the mother and fathers, as expressed in the engagement and role and voice ratings, contributed to the unacceptable level of assessment and understanding of the needs of the parents. If, like their children/youth, parents were routinely assessed, the services that are no longer active (but essential to improving their caregiver functioning) might not have slipped off the radar. The services offered to the parents of an out-of-home case were offered without taking into consideration the parent's specific needs and educational or comprehension levels. In this example, the father stated he works extended hours in an effort to earn money to improve his family's financial problems; but, because of his limited available time, he needs assistance setting up service appointments. In the same case the mother reports not understanding why she needs counseling. The parents have stated they feel the services they have been given are not helping them in their particular circumstances and are in fact setting them up to fail, due to missing service appointments from being away at work.

Participants in both the supervisor and caseworker focus groups, identified concerns with the documentation requirements of the Safety Assessment. They felt at times there was duplication of documentation between the Safety Assessment Worksheet and the Structured Case Note.

Indicator 5: Long-term View

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



Long-Term View

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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	15	1	3	7	73%	1	1	2	27%
Total	-	1	3	7	73%	1	1	2	27%

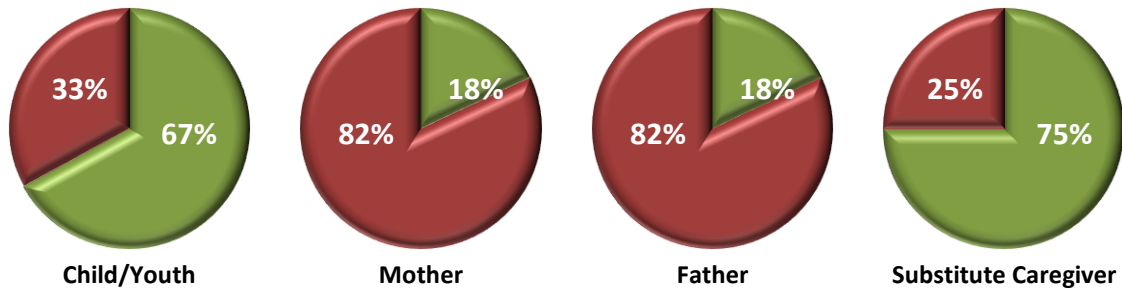
Figure 29: “Long-term View” QSR Results

Figure 29 gives the frequency of ratings for the Long-term View indicator. In 73 percent of all cases reviewed, this indicator was rated as unacceptable. Five of the six in-home cases and six of the nine out-of-home cases have a poor long-term view. The cases with acceptable team formation and functioning also tended to be rated as acceptable for long-term view. This may be the influence of team members who routinely discuss and work towards the same long-term permanency goals and who are continuously tracking and adjusting the case plan.

Indicator 6: Child/Youth & Family Planning Process

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

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



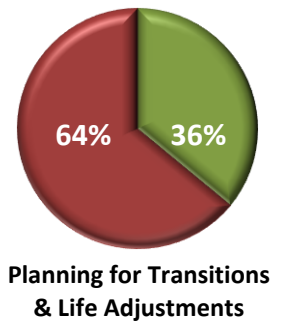
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	12	0	0	4	33%	4	4	0	67%
Mother	11	0	3	6	82%	2	0	0	18%
Father	11	1	5	3	82%	1	1	0	18%
Substitute Caregiver	8	0	1	1	25%	1	4	1	75%
Total	-	1	9	14	57%	8	9	1	43%

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 43 percent of all ratings. Unacceptable ratings on this indicator appeared to be directly related to the lack of engagement and role and voice of the parents/caregivers and children/youth. Parents reported feeling as though services were not designed to take into account the parents’ specific individual needs and educational/cognitive levels. Often family plans were not being adjusted once services were completed and goals achieved. A mother from an out-of-home case reported that she met all the agency requirements but was still not allowed to see her child/youth due to an outdated safety plan. Reviewers described similar situations in other cases as well; for instance, in one case, reviewers found that there was “not a clear plan outlining the steps the family needed to take to have its case closed with the agency.

Indicator 7: Planning for Transitions & Life Adjustments

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



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	14	0	3	6	64%	1	3	1	36%
Total	-	0	3	6	64%	1	3	1	36%

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

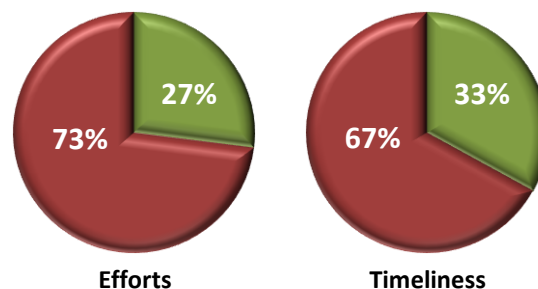
Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in only 36 percent of the applicable cases. Unacceptable ratings were far more likely to be reported among in-home cases, with 83 percent of all in-home cases being rated within the unacceptable range. All five in-home cases where this indicator was rated as unacceptable involved children/youth 12 years or younger.

In several in-home cases, a change in living arrangements is imminent, yet the families do not seem fully prepared for the changes. Although many of the changes will be positive (for example, in one case a child is moving in with his/her father to avoid entering foster care), the transitions and life adjustments have not been fully planned for by the agency.

Indicator 8: Efforts for Timely Permanency

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	15	0	3	8	73%	3	1	0	27%
Timeliness	9	1	3	2	67%	1	2	0	33%
Total	-	1	6	10	71%	4	3	0	29%

Figure 32: “Efforts for Timely Permanency” QSR Results

As seen in Figure 32, only 29 percent of the ratings overall for the Efforts for Timely Permanency indicator were rated as acceptable. The “efforts” sub-indicator was slightly less likely (27%) to be rated as acceptable as the “timeliness” sub-indicator (33%).

Reviewers attributed the unacceptable ratings to a lack of prioritizing and family planning or follow-through with planning. For example, the agency planned for a change in permanency goal for a child/youth from an out-of-home case to a “fit and willing relative” but no action was made to locate a fit and willing relative and make the goal a reality. Reviewers for this case stated “the efforts made by the members of the team have been convenient and common sense driven instead of connecting to [the child/youth’s] permanency” needs.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	6	100%	6	67%	12	80%
Concurrent Goal Established Timely	1	17%	4	44%	5	33%
Total Cases	6		9		15	

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

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness²³ in establishing the goals was assessed (see Figure 33). In 80 percent of the cases, the primary goal had been established in a timely manner. Of the seven out-of-home cases in which a concurrent permanency goal was found, five had been established on time.

Months In Care ²⁴	#	%
0 – 6	2	22%
6.1 – 12	2	22%
12.1 – 24	1	11%
24.1 – 48	0	0%
More than 48	5	56%
Total	9	100%

Figure 34: Months In Care

Fewer than half (44%) of the children/youth in the out-of-home sample have spent no more than a year in care, as of the first day of the review. Two of the youth have been in care for over 10 years. One of these youth is now 18-years old and the other youth is 20-years-old and has been in care for over 14 years. Both youth have a primary permanency goal of “other planned placement intended to be permanent/APPLA.”

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given ²⁵	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	2	40%	3	60%	2	67%
Father	2	40%	3	60%		
TPR Finalized						
Mother	3	100%	0	0%		
Father	3	100%	0	0%		

Figure 35: TPR Summary

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

²⁴Time in care was calculated as the difference between the last removal date and the date of discharge or if the child was still in care, the difference between the last removal date and the first day of the York County QSR (April 17, 2012).

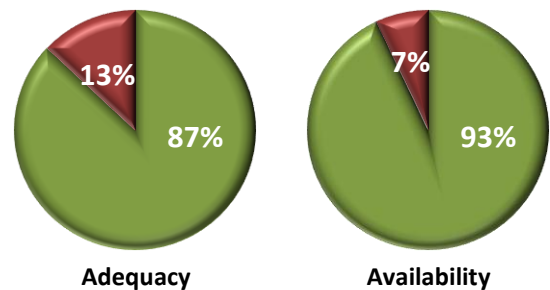
²⁵Termination of Parental Rights Exceptions include: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has 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.

Five of the nine out-of-home cases involved children/youth who had been in care for 15 of the last 22 months or met other Adoption and Safe Families Act (ASFA) criteria²⁶ for termination of parental rights (TPR). A petition for termination of parental rights was filed in a timely manner in two of the cases.²⁷ Reviewers reported that there were no compelling reasons²⁸ for not filing TPR in a timely manner in two of the three remaining cases. In the one case where a compelling reason was found, the “child does not wish to be adopted and has a strong relationship with his father.”

Indicator 9: Intervention Adequacy & Resource Availability

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Adequacy	15	0	2	0	13%	3	9	1	87%
Availability	15	0	0	1	7%	2	8	4	93%
Total	-	0	2	1	10%	5	17	5	90%

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

²⁶ 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.

²⁷ 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.

²⁸ 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.

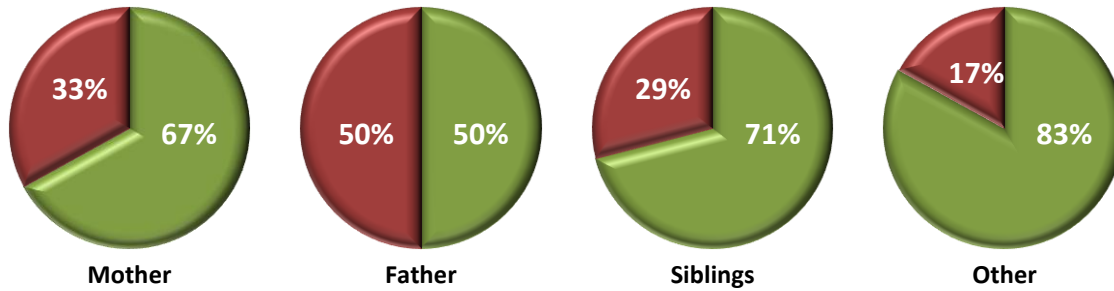
Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 90 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services, both formal and informal supports, available county-wide. Among the sampled cases, regardless of case type, the children/youth were found to have serious and/or chronic medical concerns that are being treated and monitored by the resources found county-wide. This overwhelming availability of appropriate services was directly linked to the emotional and physical well-being of the children/youth. While the service providers are available and easily accessed in York County, the providers are not being teamed with to an acceptable degree.

The county, however, does have some limitations in its service capacity. In one out-of-home case, a referral was made for attachment therapy but because no service was readily available for this specific therapy the child/youth was sent to a trauma therapist, who found that the service was not suited to the child/youth's needs. Reviewers reported in another case that while there are numerous dentists in the area, a child/youth has never had a dental exam and struggles to locate one that accepts medical assistance.

According to participants in the managers' focus group, the agency and service providers have a good relationship; and, if there are ever any issues, those issues are addressed early on to ensure that the quality of the services is maintained.

Indicator 10: Maintaining Family Connections

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	9	2	1	0	33%	2	4	0	67%
Father	8	1	2	1	50%	1	3	0	50%
Siblings	14	2	1	1	29%	5	1	4	71%
Other	6	0	0	1	17%	3	1	1	83%
Total	-	5	4	3	32%	11	9	5	68%

Figure 37: “Maintaining Family Connections” QSR Results

As seen in Figure 37, 68 percent of the ratings were deemed as acceptable for the Maintaining Family Connections indicator. The county performed better at maintaining connections among the children, their mother and siblings, but needs to make significant improvements to maintain family connections between youth and their fathers, despite the fact that fathers themselves made significant efforts to maintain contact with their children/youth. Substitute caregivers played an important role in ensuring that mothers and siblings remained in contact with the children/youth in out-of-home cases.

“Family finding” was cited by the supervisor and caseworker focus groups as improving connections for families.

Child/Youth Placed with:	#	%
All Siblings	2	50%
All Siblings in Separate Foster Homes	2	50%
Total ²⁹	4	100%

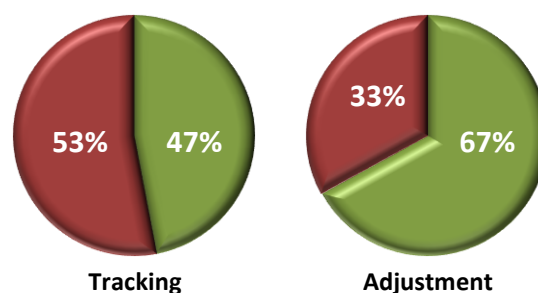
Figure 38: Sibling Placement

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

²⁹ Results are not cumulative. Reviewers were instructed to select the best option.

Indicator 11: Tracking & Adjusting

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



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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	15	0	2	6	53%	2	4	1	47%
Adjustment	15	0	3	2	33%	7	2	1	67%
Total	-	0	5	8	43%	9	6	2	57%

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 57 percent of the ratings. Tracking (47%) was less likely to be rated acceptable than Adjustment (67%). Unacceptable ratings were more likely to be reported among in-home cases (63% for tracking and 60% for adjustment).

Regardless of case type, inconsistent tracking and adjustment was more often related to poor teaming. The lack of communication between team members caused important case information to remain unknown. If teams were consistently tracking mothers who were participating in parenting classes and other services, those services might not have gone

inactive when services were still needed. The safety and health of one child/youth has been put at risk due to the failure to track the child/youth's drug and alcohol issues in the case.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

The 2012 York County QSR included feedback generated from the participants of three focus groups³⁰ who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by York County Children, Youth and Families. Several findings of the focus groups were enumerated in the relevant sections of this report, but additional trends were identified as follows:

- **Organizational Climate/Structure:**
 - **Strengths:**
 - Child Placement Advisory Committee (CPAC) is utilized to discuss a case before the child is removed to prevent placement, when possible.
 - There has been increased communication between the intake and ongoing case workers at the time of the case transfer. Weekly case assignment meetings are held to discuss case transfers. A process is in place to match the case being transferred to the worker with the strengths the case needs most.
 - Screening has improved with the ability to perform "call backs" to gather more information.
 - Independent Living is finally being viewed as a necessary service and is being taken seriously. This change in mindset is attributed to the IL Bulletin; although, there is concern that not everyone fully understands the bulletin.
 - The IL Unit has fostered communication within the agency and is no longer viewed as a separate unit.
 - **Areas of Concern:**
 - Concern exists that CPAC recommendations can become mandates that a caseworker is required to follow.
 - At times, the Resource Unit feels divided from the rest of the agency.
 - The screening process and assignment of referrals does not always take into account caseworker workload.
 - Supervisors believe more could be done on the screening end which could potentially prevent the case from needing to be investigated by the agency.

³⁰ The three groups were comprised of caseworkers, supervisors, and managers.

- There is discord between several units due to a lack of understanding of the value of other units.
- *Work Force/Human Resources:*
 - **Areas of Concern:**
 - There is an inconsistent direction regarding disciplining of staff. This is often seen in certain staff being “written up” but other staff not when both committed the same offense.
 - According to the caseworker’s focus group, there are “few people of color in the agency and only one at management staff level; yet, there are people of color qualified for management positions.” There are also no male managers.
 - More translators and bilingual staff are needed.
 - Caseworkers requested “personal safety training.”
 - Turnover is high and impacts caseload size.
 - **Strengths:**
 - Caseworkers prefer the option they now have to scan documents to email instead of faxing.
 - **Areas of Concern:**
 - There is much duplication and redundancy in paperwork. This becomes a cost concern too when those documents can only be printed on one side.
 - Internet search engines are not available which limits assistance to families who need help in locating jobs, housing, etc.
 - There is no email access outside the office which limits communication. Access to electronic calendars and phones outside the office would increase productivity. Caseworkers were informed it is not in the budget to replace their current system.
- *Policies and Procedures:*
 - **Strengths:**
 - Caseworkers prefer the option they now have to scan documents to email instead of faxing.
 - **Areas of Concern:**
 - There is much duplication and redundancy in paperwork. This becomes a cost concern too when those documents can only be printed on one side.
 - Internet search engines are not available which limits assistance to families who need help in locating jobs, housing, etc.
 - There is no email access outside the office which limits communication. Access to electronic calendars and phones outside the office would increase productivity. Caseworkers were informed it is not in the budget to replace their current system.

QSR RESULTS SUMMARY

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

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	8%	92%
Safety: Risk to self and others	14%	86%
Stability	57%	43%
Living arrangement	0%	100%
Permanency	47%	53%
Physical health	13%	87%
Emotional well-being	27%	73%
Early learning and development	0%	100%
Academic status	9%	91%
Pathway to independence	50%	50%
Parent or caregiver functioning	46%	54%
Overall	27%	73%

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	44%	56%
Role & voice	48%	52%
Teaming	73%	27%
Cultural awareness & responsiveness	24%	76%
Assessment & understanding	47%	53%
Long-term view	73%	27%
Child/youth & family planning process	57%	43%
Planning for transitions & life adjustments	64%	36%
Efforts to timely permanence	71%	29%
Intervention adequacy & resource availability	10%	90%
Maintaining family relationships	32%	68%
Tracking and adjustment	43%	57%
Overall	46%	54%

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 (73%) than the Practice Performance domain (54%).

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

Areas of Strengths

Safe and Healthy Children/Youth

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

Intervention and Resource Availability

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

Areas Needing Improvement

Teaming for Success Long Term

Teaming was rated as acceptable in only 27 percent of the cases reviewed and was frequently cited in other indicators as a contributing factor for the unacceptable ratings. Reviewers felt when teams were formed they were not functioning well. Reviewers reported some team members to be acting independently of the group. When team members are working independently they can often unwittingly work against each other's efforts, decreasing the possibility of any long term success in the case.

Understanding of Overwhelming Parenting Situations

The functioning of parents, especially mothers, was unacceptable in the vast majority of applicable cases. Most cases have the goal of the child/youth to remain in the home with (or return home to) an unacceptable caregiver. Engagement and role and voice with parents are also extremely lacking. The county should be encouraged to build a strong rapport and engage with the parents, especially mothers, in an effort to improve overall parenting capabilities.

KEY QUESTIONS FOR NEXT STEPS PLANNING

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

Safety Questions

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

Permanency Questions

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

Well-Being Questions

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

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

Parent/Caregiver Questions

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

Practice Performance Questions

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

APPENDIX A: SUMMARY OF RATINGS

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

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

Interpretative Guide for Practice Performance Indicator Ratings

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

APPENDIX B: SUMMARY OF QSR SUB-INDICATOR RATINGS

Child/Youth & Family Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm		
Family home #1	29%	71%
Family home #2	33%	67%
Substitute home	0%	100%
School	0%	100%
Other setting	0%	100%
Safety: Risk to self and others		
Risk to self	14%	86%
Risk to others	14%	86%
Stability		
Living arrangement	73%	27%
School	38%	62%
Living arrangement		
Family home #1	17%	83%
Family home #2	33%	67%
Substitute home	0%	100%
Permanency	47%	53%
Physical health	13%	87%
Emotional well-being	27%	73%
Early learning and development	0%	100%
Academic status	9%	91%
Pathway to independence	50%	50%
Parent or caregiver functioning		
Mother	100%	0%
Father	50%	50%
Substitute caregiver	0%	100%
Other	14%	86%

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	15%	85%
Mother	64%	36%
Father	64%	36%
Substitute caregiver	25%	75%
Other	57%	43%
Role & voice		
Child/youth	25%	75%
Mother	70%	30%
Father	64%	36%
Substitute caregiver	25%	75%
Other	57%	43%
Teaming		
Formation	73%	27%
Functioning	73%	27%
Cultural awareness & responsiveness		
Child/youth	20%	80%
Mother	18%	82%
Father	36%	64%
Assessment & understanding		
Child/youth	20%	80%
Mother	64%	36%
Father	91%	9%
Substitute caregiver	13%	88%
Long-term view		
	73%	27%
Child/youth & family planning process		
Child/youth	33%	67%
Mother	82%	18%
Father	82%	18%
Substitute caregiver	25%	75%
Planning for transitions & life adjustments		
	64%	36%
Efforts to timely permanence		
Efforts	73%	27%
Timeliness	67%	33%
Intervention adequacy & resource availability		
Adequacy	13%	87%
Availability	7%	93%
Maintaining family relationships		
Mother	33%	67%
Father	50%	50%
Siblings	29%	71%
Other	17%	83%
Tracking & adjusting		
Tracking	53%	47%
Adjusting	33%	67%