

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



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

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On Behalf of the
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Background

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

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

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

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

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

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

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2008. Butler 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 Butler 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 Butler County from a list provided by the county of those children in out-of-home placement on the same date.

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

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

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

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

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

Butler County conducted its QSR over six days in April 2012. Over the course of the review, 149 interviews were conducted, an average of 9.9 interviews per case.

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

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

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

Feedback from the focus groups and key stakeholder interviews is used in conjunction with results of reviewed cases and incorporated into the Next Steps Meeting so that the county can utilize this information in the development of its county improvement plan. Participants included Office of Children, Youth and Families case workers, supervisors, and service providers. Each group identified key strengths and challenges for Butler 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 Butler 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 Butler 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 Butler 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 Butler County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population ⁶
	#	%	#	%	#	%	%
Male	5	83%	5	56%	10	67%	48%
Female	1	17%	4	44%	5	33%	52%
Total	6	100%	9	100%	15	100%	100%

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% ⁷	#	%	%
0 – 6	3	50%	3	33%	6	40%	55%
7 – 14	3	50%	2	22%	5	33%	28%
15 – 18	0	0%	4	44%	4	27%	17%
19 +	0	0%	0	0%	0	0%	0%
Total	6	100%	9	100%	15	100%	100%

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

Most of the male children selected for review fell into one of two groupings. Three of the five male children/youth from the in-home cases are between the ages of ten and 14. All four of the children/youth between 15 and 18 years old are male children from out-of-home cases.

Race/Ethnicity ⁸	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	6	100%	8	89%	14	93%	92%
Black/African-American	0	0%	1	11%	1	7%	13%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	-
Unknown	0	0%	1	11%	1	7%	-
Unable to Determine	0	0%	0	0%	0	0%	<1%
Hispanic	0	0%	0	0%	0	0%	0%
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 = 103).

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 Butler’s overall foster care population. While no children/youth from the overall foster care population were reported as being “unable to determine” their race, one male child from an out-of-home case who is under the age of one, is reported to have an “unknown” race.

Current Placement	In-home		Out of Home		Foster Care Population ⁹
	#	%	#	%	%
Birth home (Biological Mother)	2	30%	-	-	-
Birth home (Biological Father)	0	0%	-	-	-
Birth home (Both Biological Parents)	3	50%	-	-	-
Pre-Adoptive Home	-	-	-	-	2%
Post-Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	0	0%	41%
Therapeutic foster home	-	-	1	11%	
Formal kinship foster home	-	-	4	44%	
Informal kinship foster home	-	-	0	0%	
Subsidized/Permanent Legal Custodianship	-	-	0	0%	44%
Group/congregate home	-	-	4	44%	12%
Residential treatment facility	-	-	0	0%	<1
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	
Other ¹⁰	1	20%	0	0%	<1
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 Butler County’s foster care population. Half of the in-home cases involved children/youth living at home with both biological parents. Two children/youth were living at home with just their mother and one child/youth from an in-home case was reported as living at the step-father’s home.

The proportion of sampled children/youth currently placed in group/congregate homes is greater (44%) than that of the foster care population placed in group/congregate homes (12%). While 41 percent of the total Butler County foster care population were reported as being placed in a traditional/therapeutic foster homes setting only one sampled out-of-home (11%) had the child/youth living in these placement types. Four or 44 percent of the children/youth were reported as being in kinship care, which is representative of the county’s foster care population.

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

¹⁰The “other” placement setting for the in-home case was reported as the step-father’s home. The “other” placement setting for the foster care population is supervised independent living.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	6	100%	5	83%	11	92%
Drug Abuse/Addiction	4	67%	4	67%	8	67%
Difficulty Budgeting	4	67%	4	67%	8	67%
Unstable Living Conditions	3	50%	5	83%	8	67%
Lack of Parenting Skills	2	33%	6	100%	8	67%
Alcohol Abuse/Addiction	4	67%	3	50%	7	58%
Insufficient Income	3	50%	4	67%	7	58%
Job Related Problems	3	50%	3	50%	6	50%
Overwhelming Child Care/Parenting Responsibilities	2	33%	4	67%	6	50%
Inadequate Housing	2	33%	3	50%	5	42%
Recent Relocation	1	17%	4	67%	5	42%
Family Discord/Marital Problems	2	33%	3	50%	5	42%
Chronic Illness	1	17%	3	50%	4	33%
Sexual Abuse	2	33%	2	33%	4	33%
Social Isolation	4	67%	0	0%	4	33%
Domestic Violence	0	0%	4	67%	4	33%
Physical Disability	2	33%	1	17%	3	25%
Lack of Transportation	2	33%	1	17%	3	25%
Legal Problems	2	33%	1	17%	3	25%
Physical Abuse	1	17%	1	17%	2	17%
Emotional Abuse	1	17%	1	17%	2	17%
Pregnancy/New Child	1	17%	1	17%	2	17%
Learning Disability	0	0%	1	17%	1	8%
Neglect	1	17%	0	0%	1	8%
Language Barriers	1	17%	0	0%	1	8%
Incarceration	1	17%	0	0%	1	8%
Suicide	1	17%	0	0%	1	8%
Unknown	0	0%	1	17%	1	8%
Total Applicable Cases	6		6		12	

Figure 4: Identified Stressors of Mothers

Overall, “mental health problems” was listed as the most-identified stressor among the mothers of the applicable sampled cases, as seen in Figure 4. In one in-home case the mental health problems of the mother include suicidal ideations which are of particular concern as the child/youth lives with only his/her mother. All eight cases in which drug abuse or addiction was cited as a stressor also had mental health problems reported as a stressor.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Difficulty Budgeting	2	33%	2	33%	4	33%
Job Related Problems	2	33%	2	33%	4	33%
Drug Abuse/Addiction	1	17%	2	33%	3	25%
Insufficient Income	1	17%	2	33%	3	25%
Unstable Living Conditions	1	17%	2	33%	3	25%
Legal Problems	1	17%	2	33%	3	25%
Family Discord/Marital Problems	2	33%	1	17%	3	25%
Lack of Parenting Skills	1	17%	2	33%	3	25%
Unknown	2	33%	1	17%	3	25%
Not Applicable	0	0%	3	50%	3	25%
Alcohol Abuse/Addiction	1	17%	1	17%	2	17%
Inadequate Housing	1	17%	1	17%	2	17%
Recent Relocation	0	0%	2	33%	2	17%
Social Isolation	2	33%	0	0%	2	17%
Language Barriers	1	17%	0	0%	1	8%
Lack of Transportation	0	0%	1	17%	1	8%
Incarceration	0	0%	1	17%	1	8%
Domestic Violence	0	0%	1	17%	1	8%
Overwhelming Child Care/Parenting Responsibilities	0	0%	1	17%	1	8%
Mental Health Problems	0	0%	1	17%	1	8%
Total Applicable Cases	6		6		12	

Figure 5: Identified Stressors of Fathers

When stressors of the fathers were known they were, overall, most often reported as “difficulty budgeting” and “job related problems”. These same stressors were reported for at least half of the mothers of applicable cases.

Identified Stressors	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Family Discord/Marital Problems	1	50%	1	17%	2	25%
Overwhelming Child Care/Parenting Responsibilities	0	0%	2	33%	2	25%
Alcohol Abuse/Addiction	1	50%	0	0%	1	13%
Insufficient Income	0	0%	1	17%	1	13%
Recent Relocation	0	0%	1	17%	1	13%
Incarceration	1	50%	0	0%	1	13%
Other	0	0%	1	17%	1	13%
Unknown	1	50%	0	0%	1	13%
Total Applicable Cases	2		6		8	

Figure 6: Identified Stressors of Caregivers

Regardless of case type, family centric stressors, such as “family discord/marital problems” and “overwhelming child care/parenting responsibilities,” were most often reported for caregivers in applicable sampled cases.

Stressors	In-home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Substance Exposed	3	50%	5	56%	8	53%
School Related Problems	2	33%	5	56%	7	47%
Learning Disability	0	0%	7	78%	7	47%
Emotional Disturbance	0	0%	6	67%	6	40%
Developmental Delay	0	0%	6	67%	6	40%
History of Sexual Abuse	2	33%	3	33%	5	33%
Mental Health	0	0%	5	56%	5	33%
Undiagnosed/Untreated Behavioral Problems	1	17%	3	33%	4	27%
History of Physical Abuse/Inappropriate Discipline	0	0%	4	44%	4	27%
Witnessed Domestic Violence	0	0%	4	44%	4	27%
History of Emotional Abuse	1	17%	2	22%	3	20%
None	2	33%	1	11%	3	20%
Mental Retardation	0	0%	2	22%	2	13%
Delinquent Behaviors	0	0%	2	22%	2	13%
Other	1	17%	1	11%	2	13%
Premature Birth	1	17%	0	0%	1	7%
Visual/Hearing Impaired	0	0%	1	11%	1	7%
Suicide Risk	0	0%	1	11%	1	7%
Total	6		9		15	

Figure 7: Focus Child/Youth Stressors

Figure 7 shows the children/youth stressors identified by the reviewers. Overall, “substance exposed” was the most-identified stressor, unsurprising since “drug abuse/addiction” was cited as a stressor for mothers in eight of the 12 applicable cases. Seven of the 11 children/youth in the sample who were enrolled in school were reported to have a stressor of “school related problems.” Of those seven cases, five children/youth were reported as having a “learning disability” stressor.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)¹¹						
Sexual Assault	1	17%	0	0%	1	7%
General Protection Services (GPS)¹²						
Inappropriate Parenting	4	67%	5	56%	9	60%
Substance Abuse: Parent	4	67%	2	22%	6	40%
Mental Health Concerns	1	17%	3	33%	4	27%
Parent/Child/Youth Conflict	1	17%	3	33%	4	27%
Abandonment	0	0%	2	22%	2	13%
Environmental Neglect	1	17%	1	11%	2	13%
Lack of Food, Shelter or Clothing	1	17%	1	11%	2	13%
Lack of Medical/Dental Care	1	17%	1	11%	2	13%
Incorrigibility	0	0%	2	22%	2	13%
Truancy	0	0%	1	11%	1	7%
Illegal Manufacturing of Drugs/Exposure to Drugs	1	17%	0	0%	1	7%
Poor Hygiene	0	0%	1	11%	1	7%
Inappropriate Discipline	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. The most commonly reported GPS allegation was “inappropriate parenting.” Just one case was reported as having a CPS allegation. The sibling of the focus child/youth from an in-home case is the alleged victim of the sexual abuse and the mother is the alleged perpetrator by reason of omission.

¹¹Child Protective Services (CPS) - CPS cases are those with alleged harm, or with threat or risk of harm to the child. These cases include allegations of physical abuse that result in severe pain or dysfunction, sexual abuse, medical neglect, or lack of supervision resulting in a specific physical condition or impairment, psychological abuse attested to by a physician, or repeated injuries with no explanation.

¹²General 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. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review.¹³

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

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



¹³ For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	7	0	1	0	14%	1	3	2	86%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute Home	9	0	0	0	0%	0	1	8	100%
School	13	0	0	0	0%	0	5	8	100%
Other settings	2	0	0	0	0%	0	0	2	100%
Total	-	0	1	0	3%	1	10	20	97%

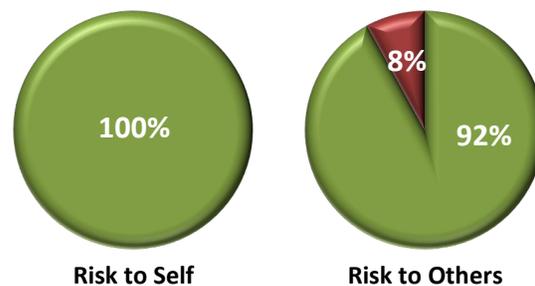
Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (97%) were rated acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. While there were a few in-home cases in which concern regarding an acceptable level of supervision and maintaining a clean home was expressed by the reviewers, those concerns were not great enough to rate the cases within the unacceptable range. For out-of-home cases, acceptable ratings were attributed to the children/youth's current placements. As will be seen in the stability indicator, while the living arrangement is safe and appropriate it is not always a stable setting.

The only unacceptable rating reported related to an out-of-home case. Within the last thirty days the agency discovered the mother was not following through with the agreed upon safety plan. During an overnight weekend visit numerous service providers observed as many as five unauthorized people in the home.

Indicator 1b: Safety from Risk to Self/Others

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	13	0	0	0	0%	1	3	9	100%
Risk to others	13	0	0	1	8%	0	4	8	92%
Total	-	0	0	1	4%	1	7	17	96%

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 13 applicable cases were found to be acceptable. While some children/youth have exhibited behaviors that pose a risk to themselves or others, those behaviors and what is thought to trigger them are being addressed and monitored.

The one unacceptable rating was reported in the same case which had the only unacceptable rating under the "Exposure to Harm" indicator. In this case the child/youth recently demonstrated aggressive behaviors, including hitting and pushing, toward the other children/youth in the foster home and school.

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 ten accepted reports of abuse and neglect. All ten reports had the investigation initiated in accordance with state and/or county timeframes¹⁴ and within the requirements for a report of the assigned priority. Face-to-face contact had been made with the child/youth within the required timeframe for each of the ten reports. Overall, all six in-home cases were rated as a "strength" for the timeliness of the investigation.

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

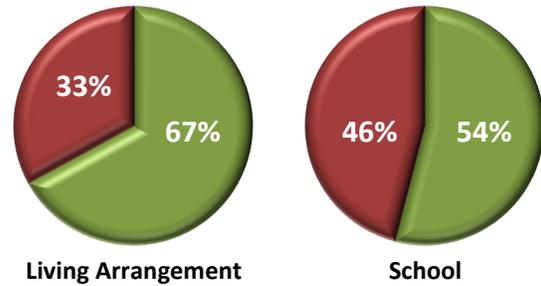
¹⁴ State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania's 67 counties.

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	2	3	33%	2	3	5	67%
School	13	0	2	4	46%	0	3	4	54%
Total	-	0	4	7	39%	2	6	9	61%

Figure 11: "Stability" QSR Results

Sixty-one percent of the overall ratings for stability were rated as acceptable. Ratings for the living arrangement were more likely to be rated in the acceptable range (67%) than those for the school setting (54%). All applicable in-home cases were rated as acceptable for both living arrangement and school, meaning there is little threat of removal or instability for the children/youth who remain in their homes. Known risks, such as mental health problems and drug/alcohol abuse of parents, are being managed to reduce the possibility of future disruptions.

Among out-of-home cases instability was most often attributed to the multiple moves over the past 12 months of the cases, as well as the acknowledgement of potential moves in the near future. Though multiple placement changes resulted in a better living arrangement in most cases a change in schools almost always coincided. Placement disruptions typically result in changes in school district settings due to the rural geography of Butler County. Reviewers noted that school setting disruptions may adversely affect academic success.

Three of the five unacceptable ratings for living arrangement were reported for cases in which the children/youth are currently placed in group homes/congregate care. While those placements were deemed safe from the exposure to harm, reviewers felt that the living arrangement was not stable.

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	8	0	1	0	13%	1	1	5	88%
Family home #2	1	0	0	0	0%	0	0	1	100%
Substitute home	9	0	1	0	11%	0	5	3	89%
Total	-	0	2	0	11%	1	6	9	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, particularly kinship foster parents, to provide safe and appropriate homes for children/youth which meet their specific needs.

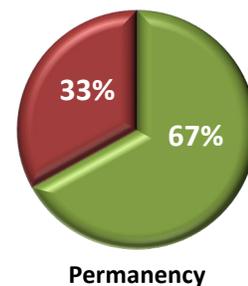
Reviewers also recognized that while the current placements of children/youth from out-of-home cases were not always stable and considered as permanency options, they were the most appropriate settings to meet the specific needs and safety concerns of the children/youth at that point in time. For example, three of the four out-of-home cases in which the children/youth are reported as living at a group home/congregate care setting were rated as acceptable. Reviewers referenced the positive impact the appropriate placement settings were having on the children/youth and in one case referred to the setting as "stabilizing" for the child/youth's behavior.

While children in six out-of-home cases have a permanency goal of reunification, the family home was considered in only one case. It is unclear if visitation in the homes from which the children/youth were removed is occurring in any of these cases. A goal change from reunification to adoption is being considered for one of the six cases.

No unacceptable ratings are reported for any in-home cases. Acceptable ratings for in-home cases were attributed to the children/youth living in the home with their parent or legal guardian without the threat of removal or any known safety concerns.

Indicator 4: Permanency

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



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	15	0	2	3	33%	3	4	3	67%
Total	-	0	2	3	33%	3	4	3	67%

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed acceptable in 67 percent of the cases reviewed. Of the ten cases rated as acceptable, four involved out-of-home cases. Of those, one is likely to result in adoption and another is a kinship provider who has recently identified him- or herself as a permanent resource. The other two out-of-home cases involve children/youth living in stable and enduring kinship placements. In all six in-home cases rated as acceptable, reviewers found that the children were in a stable and safe living arrangement with no threat of removal.

Unacceptable ratings for the five out-of-home cases are attributed to two main issues: the children/youth having no permanency plan or the parents having jeopardized the goal of reunification. One mother violated the safety plan during a scheduled overnight visit and now the progress to reunification has been set back. Three youth do not have a transition plan; and, while they are old enough to work towards independent living, they either are not medically fit to do so and/or have no independent living plan to follow. One youth is on the verge of reaching the age of maturity and does not have independent living skills nor a family¹⁵ to return to if he/she decides to leave care.

The final out-of-home case with an unacceptable rating for permanency is one in which potential permanency options have not been explored by the agency despite the child/youth being in care for over four years. In this case, parental rights have not been terminated and potential permanency options within the child/youth's family, such as the grandparents and the biological father, have not been explored.

¹⁵This youth was adopted at the age of two but removed from the home and parental rights of the adoptive parents were terminated.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care ¹⁶ 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%	0	0%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	6	100%	
Total	6	100%	6	100%	
<i>Out-of-Home Cases</i>					
Return Home	6	67%	0	0%	82%
Adoption	0	0%	4	44%	8%
Permanent Legal Custodian /Subsidized Legal Custodian	1	11%	1	11%	3%
Placement with a Fit and Willing Relative	0	0%	0	0%	0%
Other Planned Placement Intended to be Permanent/APPLA	2	22%	2	22%	5%
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 Butler 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 Butler 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. The concurrent goal was reported as "adoption" in the majority of cases. No in-home cases were reported to have established concurrent permanency goals.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	6	100%	8	89%	14	93%
Concurrent Goal Appropriate	0	0%	7	78%	7	47%
Total Cases	6		9		15	

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

As well as identifying the primary and concurrent permanency goals of the children/youth involved in the cases reviewed, the appropriateness of the goals was also assessed, as seen in Figure 15. The primary permanency goal was considered appropriate for all but one

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

child/youth from an out-of-home case. The primary permanency goal of “return home” was considered inappropriate for the child/youth that has been in care for over four years with no progress having been made toward reunification. Of the seven out-of-home cases in which a concurrent goal is established all were found to be appropriate.

Additional Permanency Data

Caseworker Turnover

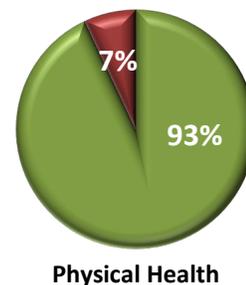
The average number of caseworkers assigned to the in-home cases under review was 2.0 caseworkers, with no more than three workers assigned to each case over its history. The number of caseworkers assigned to the out-of-home cases averaged 2.2 caseworkers, with a minimum number of one and a maximum number of four workers having been assigned.

WELL-BEING

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

Indicator 5: Physical Health

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	15	0	1	0	7%	1	3	10	93%
Total	-	0	1	0	7%	1	3	10	93%

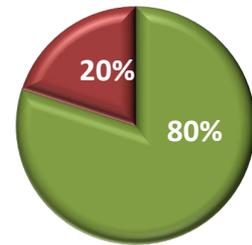
Figure 16: “Physical Health” QSR Results

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 all but one case reviewed. The review found that while some children/youth had chronic and/or serious medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. When medical needs arise they are immediately met and medication is routinely monitored by both parents/caregiver and school personnel.

The one out-of-home case in which an unacceptable rating is reported involves a youth residing in a group home/congregate care setting who reports chronic back pain that has gone untreated. The youth also reported not having his/her ADHD medication or pre-diabetic medication since being placed in the group home, over a month as of the start of the review. Reviewers stated concerted efforts need to be made to ensure the youth’s health.

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	1	2	20%	6	4	2	80%
Total	-	0	1	2	20%	6	4	2	80%

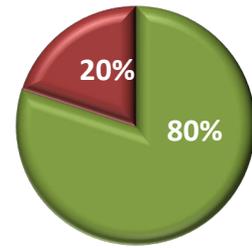
Figure 17: “Emotional Well-being” QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 80 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. Again, all six in-home cases are reported to have acceptable ratings under this indicator. While many children/youth have experienced trauma, such as previous sexual abuse and/or have known emotional problems, such as diagnosed attachment disorders, those issues are being addressed.

The emotional well-being of the children/youth were reported as unacceptable for three out-of-home cases which was attributed to the lack of services offered to support the children/youth in strengthening their coping and adapting skills, as well as addressing low self-esteem.

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	5	0	0	1	20%	0	1	3	80%
Total	-	0	0	1	20%	0	1	3	80%

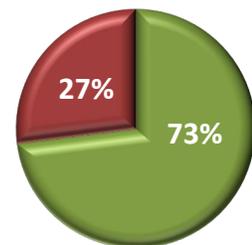
Figure 18: "Early Learning & Development" QSR Results

Four of the five cases for which this indicator is rated were rated as acceptable. Three of the four acceptable ratings were reported among in-home cases. For those cases the children were reported as developing appropriately and being on target with developmental milestones. Two of the three children were reported to attend Head Start/preschool settings.

No rationale was given for the unacceptable rating for the out-of-home case which involves a five-year-old.

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



Academic Success

annual promotion and course completion leading to a high school diploma or equivalent. This indicator applies to a child/youth eight years or older or attending school.

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

Figure 19: "Academic Status" QSR Results

The frequency of ratings for the Academic Status indicator is displayed in Figure 19. The academic status was considered acceptable in 73 percent of the applicable cases. When reasons for the acceptable ratings were reported they were most often attributed to the good grades the children/youth received on their last report cards or the fact that academic problems were being immediately addressed, usually by the development of an individualized education plan (IEP), when present.

Among the three cases where the child's current academic status was rated poorly, reviewers attributed it in one case to the child/youth's poor grades, and in another case to the residential school setting being "inconsistent with his/her grade level or intellectual abilities."

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	3	100%	5	63%	8	73%
Alternative Education	0	0%	1	13%	1	9%
Other ¹⁷	0	0%	1	13%	1	9%
Full Inclusion Special Education	0	0%	1	13%	1	9%
Total	3	100%	8	100%	11	100%

Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Eleven of the sampled children/youth are enrolled in school; of those, seven (64%) were reported to have "school-related problems" identified as a stressor

Children from three of the five in-home cases were in need of an IEP, but they did not have one. Of the seven out-of-home cases in which children/youth were found to need an IEP only five had a current IEP.

¹⁷The "other" school setting was reported as an "emotional support class room."

Indicator 8: Pathway to Independence

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



Pathway to Independence

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

Figure 21: “Pathways to Independence” QSR Results

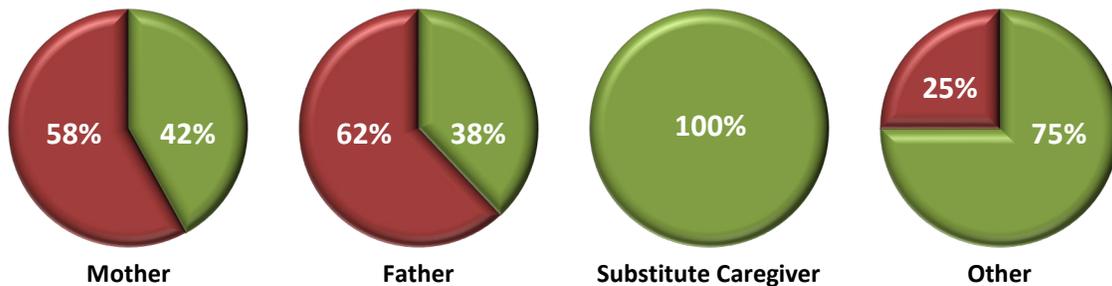
As seen in Figure 21, not one of the four qualifying cases (all out-of-home cases) was rated as acceptable for the Pathway to Independence indicator. Two cases involve youth who may not be able to live independently due to developmental delays and mental health problems; the primary permanency goal for one is “other planned placement intended to be permanent/APPLA” and no concurrent goal has been established. The other two cases involve youth who are reported as having made “no progress toward independence” or who were recently placed in a residential treatment facility’s transition skills program, but the independent living provider has not yet had time to work with the youth on IL skills. The lack of acceptable ratings for this indicator are made even more disconcerting when considering three of the youth are 17 years old and will soon age out of the foster care system.

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	12	4	3	0	58%	3	2	0	42%
Father	8	0	3	2	63%	3	0	0	38%
Substitute Caregiver	5	0	0	0	0%	0	4	1	100%
Other	4	0	1	0	25%	1	2	0	75%
Total	-	4	7	2	45%	7	8	1	55%

Figure 22: "Caregiver Functioning" QSR Results

As seen in Figure 22, the caregiving functioning of the parents was found to be significantly lacking. Mothers were found to be performing acceptably at their caregiving function in 42 percent of the applicable cases. Father’s functioning as a caregiver was only slightly less likely (38%) than mothers to be acceptable.

All five of the acceptable ratings for the mother's caregiving functioning were reported for in-home cases. In each of these five cases the mother was found to providing a safe and appropriate home and disciplining their children/youth in an appropriate manner. The one unacceptable rating is attributed to the mother not seeking treatment for drug addiction which, according to reviewers, has essentially severed her relationship with the child/youth. When reasoning was offered for the unacceptable ratings among the out-of-home cases the mother's drug abuse was most often cited as contributing to poor caregiving functioning. "Adverse parenting" was observed in one case as well as the mother calling the child/youth names. Reviewers noted in one case the mother's inability to improve parenting due to a cognitive limitation, though parenting classes and other services have been utilized.

When fathers were known to the case they most often had limited contact with the children/youth and limited involvement in their cases. The most common reason for unacceptable parenting for fathers was frequent and prolonged incarcerations, which limited parenting opportunities.

Three fathers from in-home cases were rated acceptably for caregiver functioning. One father was described by reviewers as a good provider. The child/youth from another case spends every other week during the summer at his/her father's home. This father declined to participate in the review and according to reviewers has not been assessed by the agency.

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. Two substitute caregivers are considering making the placement a permanent option.

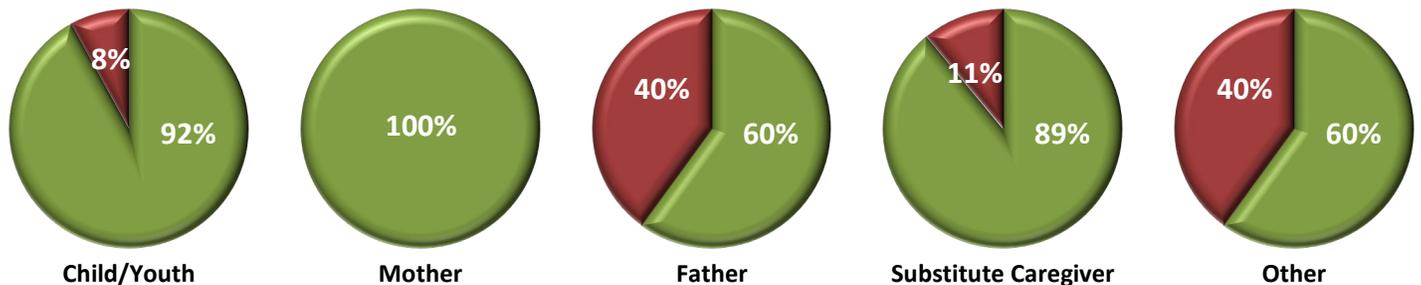
PRACTICE PERFORMANCE STATUS DOMAIN

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	0	0	1	8%	1	7	4	92%
Mother	12	0	0	0	0%	2	4	6	100%
Father	10	3	0	1	40%	2	3	1	60%
Substitute Caregiver	9	0	0	1	11%	2	2	4	89%
Other	5	0	1	1	40%	1	1	1	60%
Total	-	3	1	4	16%	8	17	16	84%

Figure 23: "Engagement Efforts" QSR Results

Figure 23 shows the ratings for the Engagement Efforts indicator. Overall, 84 percent of all ratings for this indicator were acceptable over the five sub-indicators. Engagement with mothers (100%) was more likely to be rated within the acceptable range than engagement with fathers (60%). Mothers from applicable cases reported they were sufficiently engaged and they felt “cared for” by the agency and the team.

Among out-of-home cases, unacceptable ratings for the engagement of fathers boiled down in most cases to the agency ignoring the father even when he is a prevalent part of the case, and in one case a potential permanency option. One father from an in-home case has never been assessed or engaged by the agency, even though the child/youth spends weeks at a time at his/her father’s home, and his location is known. A father from an out-of-home case initially attended court hearings but then discontinued all involvement in the case. The agency did not seek this father out even though the child/youth is in need of a permanent home, now that reunification with the mother is not possible.

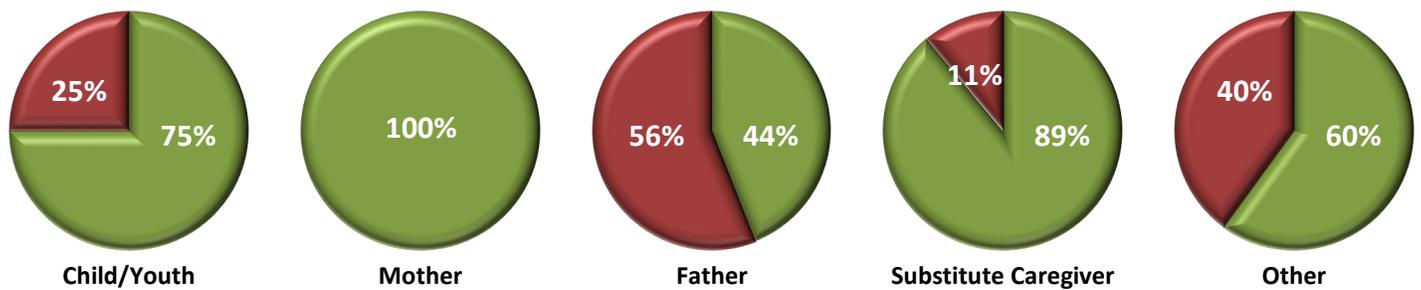
Three fathers were either incarcerated or have a history of frequent and prolonged incarceration. Though they do not have as many opportunities to parent they are still available to be engaged by the agency. This engagement may result in starting or strengthening relationships between the fathers and their children/youth and/or obtaining vital information regarding other previously unknown paternal relatives who could be considered as potential permanency providers.

All four youth, age 16 or older, were rated acceptably under engagement. It is recommended the agency utilize this already established rapport and work towards independent living goals which were rated poorly for the four youths.

Participants in the supervisors’ focus group stated that, “staff are reaching out more to extended families.” The participants of the human service providers’ focus group stated they were impressed with the level of contact by caseworkers of children/youth in placement. Caseworkers participating in a focus group reported they need to help families understand that caseworkers need their help in order to close a case; the agency will monitor the progress but the family needs to put in the work.

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 ¹⁸	12	0	0	3	25%	3	3	3	75%
Mother ¹⁹	10	0	0	0	0%	4	2	4	100%
Father ²⁰	9	2	2	1	56%	1	1	2	44%
Substitute Caregiver	9	0	0	1	11%	1	5	2	89%
Other	5	0	0	2	40%	0	2	1	60%
Total	-	2	2	7	24%	9	13	12	76%

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Overall, 76 percent of the ratings for this indicator were deemed acceptable. Role and Voice was most likely to be rated as acceptable for the mother (100%) and the substitute caregiver (89%). Except for mothers, who maintained acceptable ratings, the ratings from engagement to role and voice decreased among each sub-indicator, meaning that engaging a case member did not always result in them having an acceptable role and voice; but, strong engagement certainly invites case participants to have a meaningful role and voice.

¹⁸ Thirteen cases involved a child/youth old enough and/or developmentally capable of being engaged. However, only 12 cases involved a child/youth old enough and/or developmentally capable of having a role and voice.

¹⁹ Two out-of-home cases were rated acceptably (5 and 6) for the engagement of mothers but no rating of the role and voice of the mothers was reported. Both mothers were rated for all other mother sub-indicators (Engagement, Cultural Awareness, Assessment and Understanding, Planning Process, and Maintaining Family Connections).

²⁰ One father from an out-of-home case (AG) was rated for engagement but not role and voice. It is assumed that because the agency failed to engage the father no role and voice could be rated to the father.

	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	1	17%	1	17%	0	0%	4	67%	0	0%	0	0%	6	100%
Mother	1	17%	2	33%	2	33%	1	17%	0	0%	0	0%	6	100%
Father	0	0%	0	0%	0	0%	1	17%	2	33%	2	33%	6	100%
Out-of-home														
Child	0	0%	0	0%	1	11%	6	67%	2	22%	0	0%	9	100%
Mother	0	0%	0	0%	0	0%	4	44%	1	11%	1	11%	9	100%
Father	0	0%	0	0%	0	0%	1	11%	1	11%	2	22%	9	100%
Combined														
Child	1	7%	1	7%	1	7%	10	67%	2	13%	0	0%	15	100%
Mother	1	7%	2	13%	2	13%	5	33%	1	7%	1	7%	15	100%
Father	0	0%	0	0%	0	0%	2	13%	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 all 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.

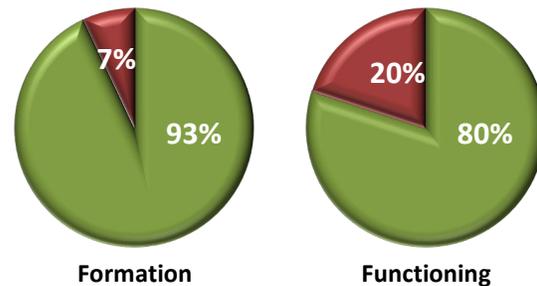
The frequency of visits between the caseworkers (or other responsible parties) and the mothers was slightly more likely to be considered sufficient in the in-home cases (six of the six cases) as compared to the out-of-home cases (five of the six applicable cases).

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

There was at least one other child/youth residing in the home in four of the six in-home cases reviewed. Of the five additional children/youth, three were visited once a week, two were visited more than once a week and two were visited less than once a week but more than once a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for all five additional children/youth.

Indicator 2: Teaming

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	15	0	0	1	7%	1	8	5	93%
Functioning	15	0	2	1	20%	1	6	5	80%
Total	-	0	2	2	13%	2	14	10	87%

Figure 26: “Teaming” QSR Results

Overall, the Teaming indicator was rated as acceptable in 87 percent of the ratings. The “formation” indicator was rated as acceptable (93%) for a slightly higher proportion of cases than the “functioning” (80%) indicator, meaning that when teams did form they were not guaranteed to function successfully, but most did. Strong communication among the team members, discernible engagement with the mothers and substitute caregivers, an understanding of the children/youth’s need, and a shared long-term view allowed team members to work towards the same goals.

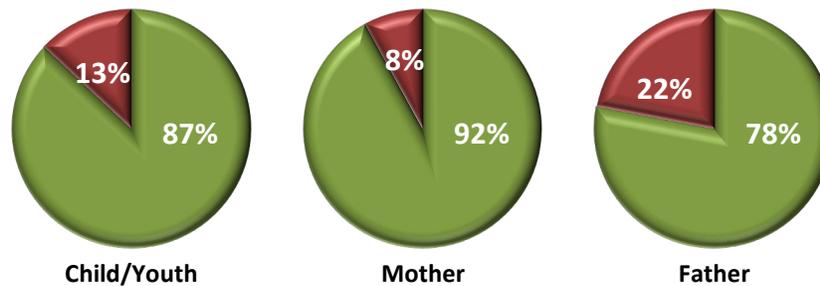
Service providers from all types of services were included in the formation of the team. The availability of service providers to participate in teaming may be attributed to the adequacy and availability of services found countywide (as will be seen in the Intervention Adequacy & Resource Availability Indicator) Successful teaming with teachers and school personnel was also attributed to the acceptable ratings within the "Academic Success" indicator.

In-home cases accounted for only one unacceptable rating under the formation sub-indicator, but of the five in-home cases in which a team was formed, all five functioned acceptably.

Participants in the human service provider focus group acknowledged an increased collaboration with the agency and more informal networking, much of which has had positive results. The “coordinated case plans” have been successful. The caseworkers’ focus group stated it is a positive experience when the lead caseworker and the intake caseworker make visits to the family together.

Indicator 3: Cultural Awareness & Responsiveness

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	1	1	13%	1	6	6	87%
Mother	12	0	0	1	8%	2	6	3	92%
Father	9	2	0	0	22%	2	3	2	78%
Total	-	2	1	2	14%	5	15	11	86%

Figure 27: “Cultural Awareness & Responsiveness” QSR Results

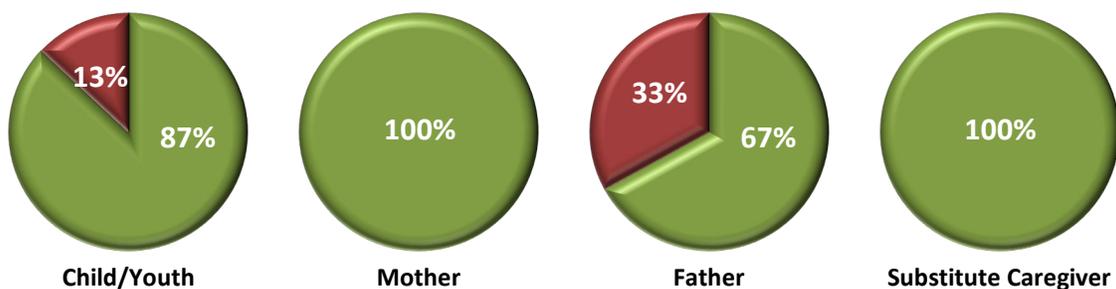
The Cultural Awareness and Responsiveness indicator was rated as acceptable in 86 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally addressed. According to reviewers, caseworkers were culturally competent and there were no issues regarding the families’ cultural needs in the majority of cases. The most prominent demonstration of cultural awareness and responsiveness by the

county among out-of-home cases is the team’s intervention to prevent a kinship provider from making insensitive remarks about the child/youth’s mother’s race and heritage. The team identified this issue and jointly intervened to respond to the kinship provider’s words and explain how those words are hurtful to the child/youth.

Lack of engagement appeared to be at the root of cases when cultural awareness and responsiveness was not rated within the acceptable range, particularly with the fathers. Further, one child/youth’s sexual identity was not considered or acknowledged by all team members. In another out-of-home case, reviewers reported that the child/youth’s religious preference and family-oriented love of outdoor sports was not acknowledged for a child/youth placed in a group home/congregate care setting.

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	0	2	13%	1	4	8	87%
Mother	12	0	0	0	0%	2	6	4	100%
Father	9	2	0	1	33%	2	3	1	67%
Substitute Caregiver	7	0	0	0	0%	1	3	3	100%
Total	-	2	0	3	12%	6	16	16	88%

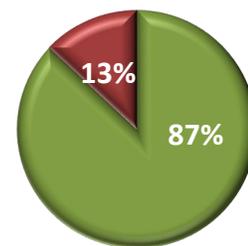
Figure 28: "Assessment & Understanding" QSR Results

As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 88 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (33%) when fathers were assessed in comparison to mothers (0%). The agency's assessment and understanding of the mothers' drug and alcohol abuse was most often cited as the reason for the acceptable ratings. Regardless of case type, those with acceptable ratings for teaming also tended to have acceptable ratings under assessment and understanding.

Unacceptable assessment of the child/youth can be damaging to the child/youth if needed services are not provided. Reviewers noted the agency and team members were completely unaware a 17 year old youth who has been in care over a year and has an extensive mental health history, even though the youth's chart and his/her grandparents could have provided the numerous diagnoses and previous treatments the youth has undergone. A lack of engagement and role and voice of the grandparents was cited as a possible contributing factor to the lack of assessment of the youth.

Indicator 5: Long-term View

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



Long-Term View

- The purpose and path of interventions for achieving safe case closure;
- The capacities and conditions necessary for safe case closure; and

- The family’s knowledge and supports to sustaining those capacities and conditions following safe case closure with child welfare intervention.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	15	0	0	2	13%	3	4	6	87%
Total	-	0	0	2	13%	3	4	6	87%

Figure 29: “Long-term View” QSR Results

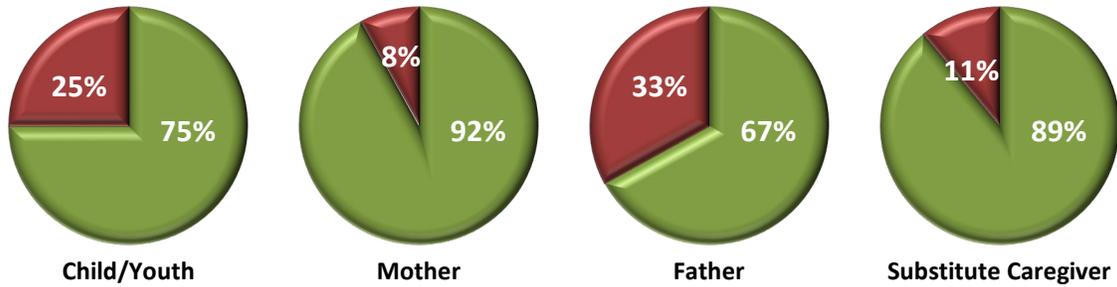
Figure 29 gives the frequency of ratings for the Long-term View indicator. In 87 percent of all cases reviewed this indicator was rated as acceptable. Cases with acceptable team formation and functioning also tended to be rated acceptable for long-term views. This positive trend may be influenced by team members who routinely discuss and work towards the same long-term permanency goals and who are continuously tracking and adjusting the case plans.

Both unacceptable ratings are reported for out-of-home cases. The first case involves a team working toward differing permanency goals; the team is split on working towards reunification and APPLA. The other case involves a child/youth who has been residing in a group home/ congregate care setting for the past 90 days; the transition plans developed to move the child/youth to a foster home are short term.

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 ²¹	12	0	0	3	25%	2	5	2	75%
Mother	12	0	0	1	8%	1	7	3	92%
Father	9	2	0	1	33%	2	3	1	67%
Substitute Caregiver	9	0	0	1	11%	4	1	3	89%
Total	-	2	0	6	19%	9	16	9	81%

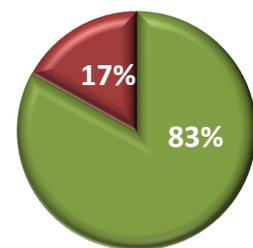
Figure 30: “Child/Youth & Family Planning Process” QSR Results

As seen in Figure 30, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable for 81 percent of all ratings. Acceptable ratings are directly linked to engagement efforts which were also rated acceptably, with 67 percent of the children/youth being rated acceptably under engagement and planning. Fathers who were not engaged were also not involved in the planning process.

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

Indicator 7: Planning for Transitions & Life Adjustments

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



Planning for Transitions & Life Adjustments

²¹Thirteen cases involved a child/youth old enough and/or developmentally capable of being engaged. However, only 12 cases involved a child/youth old enough and/or developmentally capable of participating in the planning process.

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	12	0	1	1	17%	2	5	3	83%
Total	-	0	1	1	17%	2	5	3	83%

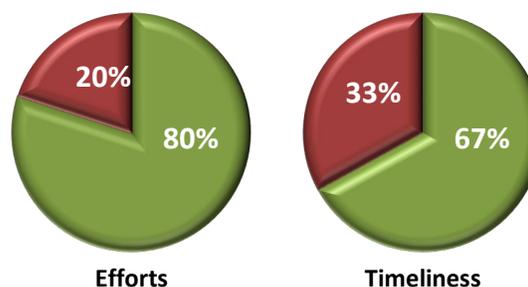
Figure 31: “Planning for Transitions & Life Adjustments” QSR Results

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in 83 percent of the applicable cases, with in-home cases receiving acceptable ratings in all applicable cases.

Surprisingly, two of the four cases involving older youth (16+ years old) were rated acceptably for planning for transitions and life adjustments even though timely permanence was rated within the unacceptable range in both cases and the two youths were described as completely unprepared for the next stages of their lives, which is directed toward independent living.

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	1	1	1	20%	2	3	7	80%
Timeliness	9	1	1	1	33%	3	1	2	67%
Total	-	2	2	2	25%	5	4	9	75%

Figure 32: "Efforts for Timely Permanency" QSR Results

As seen in Figure 32, 75 percent of the ratings overall for the Efforts for Timely Permanency indicator were rated as acceptable. The "efforts" sub-indicator was more likely (80%) to be rated as acceptable as was the "timeliness" sub-indicator (67%). Acceptable ratings were attributed to the appropriateness of the primary permanency goals and the majority (87% of cases) of those goals being established in a timely manner. Successful teaming was often cited as a driving force to achieving timely permanence. Teams working towards the same permanency goals were most successful in achieving timely permanency.

The unacceptable ratings were found in the out-of-home cases.²² Reviewers attributed the unacceptable ratings to a lack of prioritizing and planning. One 17 year old youth has been in care for over four years and continues to have a primary permanency goal of "return home." Reviewers stated termination of parental rights (TPR) was never considered in this case due to a "fear that an adoptive or guardianship home would not be found."

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	6	100%	9	100%	15	100%
Concurrent Goal Established Timely	0	0%	7	78%	7	47%
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 all 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, all seven had been established on time.

²²Reviewers in in-home cases only rate the "efforts" sub-indicator and never the "timeliness" sub-indicator.

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

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

Figure 34: Months In Care

The majority (67%) of children/youth from the out-of-home cases have spent no more than two years in care, as of the first day of the review. One outlier was a case involving a 17-year-old youth who has been in care for 11 years, and has a primary permanency goal of “other planned placement intended to be permanent/APPLA” and no concurrent goal.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given ²⁵	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	2	40%	3	60%	1	33%
Father	2	40%	3	60%		
TPR Finalized						
Mother	2	66%	1	33%		
Father	2	66%	1	33%		

Figure 35: TPR Summary

Five of the nine out-of home cases involved a child/youth who had been in care for 15 of the last 22 months or met other Adoption and Safe Families Act (ASFA) criteria²⁶ for termination of parental rights. A petition for termination of parental rights was filed in a timely manner in two of the cases.²⁷ Reviewers reported that there was a compelling reason²⁸ for not filing TPR in a

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 Butler County QSR (April 17, 2012).

²⁵ Termination of Parental Rights Exceptions include: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the his/her home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

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.

timely manner in one of the remaining three cases, namely the father is Native American and “the agency is exploring this new information.”

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.



Figure 36: “Intervention Adequacy & Resource Availability” QSR Results

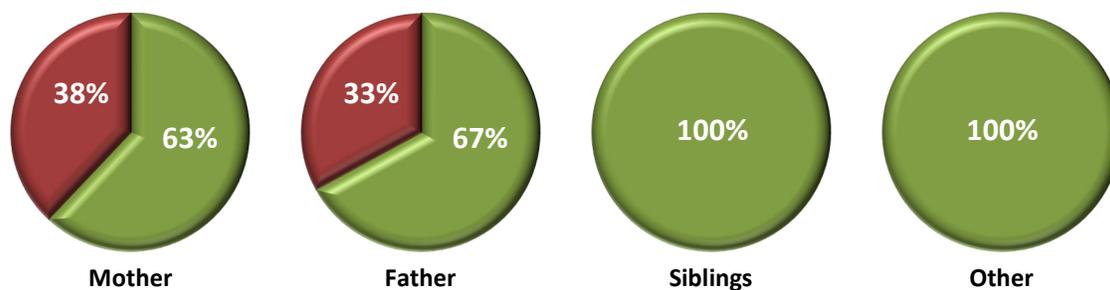
Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 97 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services, both formal and informal supports, available county-wide. The wide variety of service providers involved in each case was cited as a facet of appropriate teaming. Some of the services provided include inpatient crisis mental health, homemaker services, transportation, and parenting skills.

Reviewers did report the medical services for a child/youth in one out-of-home case as acceptable as they were scheduled within the child/youth’s hometown, a two hour drive from his/her kinship home; this has created a financial burden on the kinship home provider and complicates receiving timely follow-up care.

According to supervisors participating in a focus group, “families are being given more service provider options.”

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 ²⁹	8	2	1	0	38%	1	1	3	63%
Father	6	1	1	0	33%	1	3	0	67%
Siblings	3	0	0	0	0%	0	0	3	100%
Other	4	0	0	0	0%	2	0	2	100%
Total	-	3	2	0	24%	4	4	8	76%

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, 76 percent of the ratings were deemed as acceptable for the Maintaining Family Connections indicator. The county performed better at maintaining connections among the siblings and "other" family, but did significantly worse at maintaining family connections with mothers and fathers. Consistent visitation, as organized and implemented by the visitation provider, as well as kinship foster home providers travelling long distances to ensure visitations were attributed to the acceptable ratings.

²⁹Only eight cases were rated under the mother sub-indicator. Five in-home cases did not rate this sub-indicator because the child/youth resides with mother.

Reviewers described mothers from the cases rated within the unacceptable range as “uninvolved” in the overall case, “abandoning” their children in order to “focus on herself” or unwilling to maintain consistent contact with the children/youth. Fathers were described as being absent and uninvolved.

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

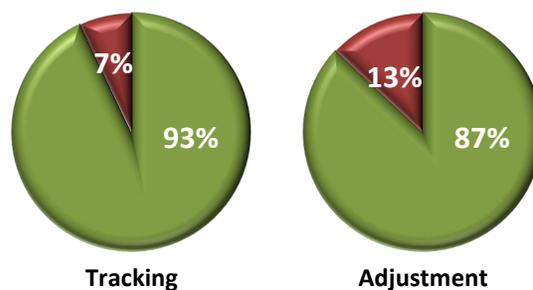
Figure 38: Sibling Placement

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

Indicator 11: Tracking & Adjusting

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

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



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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	15	0	0	1	7%	3	7	4	93%
Adjustment	15	0	2	0	13%	2	7	4	87%
Total	-	0	2	1	10%	5	14	8	90%

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 90 percent of the ratings. "Tracking" (93%) was slightly more likely than "Adjustment" (87%) to be rated as acceptable. Appropriate assessment and understanding coupled with the vast array and availability of services to tackle needs as they are identified were found to support acceptable tracking and adjustment ratings.

The two out-of-home cases in which the three unacceptable ratings were reported have both been open for at least three years and involve youth (16+ years old) who were not rated acceptably for independent living.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

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

- *Family Group Decision Making (FGDM):*
 - Supervisors feel there is a model in place and caseworkers have shifted to knowing when to make a referral for FGDM; however, the time from referral to the meeting is reported as being too long.
 - FGDM is being utilized as a method of engagement, according to supervisors, but only about half of the staff is supportive of the practice.
 - Caseworkers and supervisors agree FGDM is useful with youth who are transitioning.
 - Caseworkers are concerned the FGDM plan is not incorporated into the permanency plan.
 - Low caseloads are responsible for caseworkers being able to incorporate FGDM.

- *Resource Development:*
 - Human service providers believe the county has strong resources and the providers work hard to ensure positive working relationships among team members.
 - There is concern the agency is not fully aware of all the resources available countywide. This is thought to be the case because caseworkers seem to “get into a rut” about which providers they utilize.
 - In-house cross training was suggested by human service providers to bring about a better understanding of everyone's role.
 - Human service providers have concern for the self-care of agency staff and “secondary stress issues;” staff may be helped by the greater mental health system.

- *Organizational Issues:*
 - Caseworkers would like more guidance on what can be said when a family responds to a placement notification.
 - A new Master has been appointed and the impact of this has yet to be made known, except that time in court has increased.

³¹ The three groups were comprised of caseworkers, supervisors and private providers.

- There is no appropriate space for caseworkers to meet with attorneys, families, or other caseworkers prior to court proceedings.

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	3%	97%
Safety: Risk to self and others	4%	96%
Stability	39%	61%
Living arrangement	11%	89%
Permanency	33%	67%
Physical health	7%	93%
Emotional well-being	20%	80%
Early learning and development	20%	80%
Academic status	27%	73%
Pathway to independence	100%	0%
Parent or caregiver functioning	45%	55%
Overall	23%	77%

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	16%	84%
Role & voice	24%	76%
Teaming	13%	87%
Cultural awareness & responsiveness	14%	86%
Assessment & understanding	12%	88%
Long-term view	13%	87%
Child/youth & family planning process	19%	81%
Planning for transitions & life adjustments	17%	83%
Efforts to timely permanence	25%	75%
Intervention adequacy & resource availability	3%	97%
Maintaining family relationships	24%	76%
Tracking and adjustment	10%	90%
Overall	16%	84%

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 Practice Performance domain (84%) than the Child/Youth and Family domain (77%).

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

The County Understands Mothers

While mothers were rated as acceptable caregivers in only 44 percent of applicable cases the county was able to engage, assess, and plan around mothers; this is particularly true for mothers from in-home cases. With a strong understanding of mothers established early on in the case the county may be able to utilize the rapport it has built with mothers to improve caregiving functioning and maintaining family connections between mothers and the children/youth in out-of-home cases.

Resource Availability & Teaming with Providers

Butler County has a variety of services, both formal and informal supports. As well as having professionals available to provide appropriate services the service providers are engaging with the agency and becoming vital team members by providing vital information that might not otherwise be available to the team.

Safe and Healthy Children/Youth

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

Areas Needing Improvement

Fathers

County agencies, in general, tend to have a more difficult time working with fathers than with other family members. In Butler County, applicable fathers (in the six practice performance indicators) were consistently rated lower than the mothers for all but one indicator. By improving the scores for engagement and role and voice of the fathers, the overall score of fathers would improve dramatically, as the fathers' needs and concerns would be better known to the agency and thus could be addressed more appropriately.

Practice Performance Indicators	Percentage of Cases with Father Sub-Indicator Rated "Acceptable"	Percentage of Cases with Mother Sub-Indicator Rated "Acceptable"
Engagement efforts	60%	100%
Role & voice	44%	100%
Cultural awareness & responsiveness	78%	92%
Assessment & understanding	67%	100%
Child/youth & family planning process	67%	92%
Maintaining family connections	67%	63%
Overall Score	64%	91%

Transitioning Older Youth

Significant improvement is needed for the Pathway to Independence indicator. Not one of the four applicable cases was rated as acceptable for this indicator. Youth should be encouraged to participate in IL services and attention should be paid to the progress they are making in these efforts.

Parenting/Caregiver Functioning

Both mothers and fathers were found to be significantly lacking in their caregiving functioning. While the services to assist in changing this are available in Butler County and the agency has established an excellent rapport, especially with mothers, through engagement, parents are still not functioning at acceptable levels. Six of the nine out-of-home cases were reported as having a primary permanency goal of "return home" but the caregiving functioning of the mothers in these cases was rated as unacceptable in all six cases and the fathers functioning was rated unacceptable in all four applicable cases.

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	14%	86%
Family home #2	0%	100%
Substitute home	0%	100%
School	0%	100%
Other setting	0%	100%
Safety: Risk to self and others		
Risk to self	0%	100%
Risk to others	8%	92%
Stability		
Living arrangement	33%	67%
School	46%	54%
Living arrangement		
Family home #1	13%	88%
Family home #2	0%	100%
Substitute home	11%	89%
Permanency	33%	67%
Physical health	7%	93%
Emotional well-being	20%	80%
Early learning and development	20%	80%
Academic status	27%	73%
Pathway to independence	100%	0%
Parent or caregiver functioning		
Mother	58%	42%
Father	63%	38%
Substitute caregiver	0%	100%
Other	25%	75%

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	8%	92%
Mother	0%	100%
Father	40%	60%
Substitute caregiver	11%	89%
Other	40%	60%
Role & voice		
Child/youth	25%	75%
Mother	0%	100%
Father	56%	44%
Substitute caregiver	11%	89%
Other	40%	60%
Teaming		
Formation	7%	93%
Functioning	20%	80%
Cultural awareness & responsiveness		
Child/youth	13%	87%
Mother	8%	92%
Father	22%	78%
Assessment & understanding		
Child/youth	13%	87%
Mother	0%	100%
Father	33%	67%
Substitute caregiver	0%	100%
Long-term view	13%	87%
Child/youth & family planning process		
Child/youth	25%	75%
Mother	8%	92%
Father	33%	67%
Substitute caregiver	11%	89%
Planning for transitions & life adjustments	17%	83%
Efforts to timely permanence		
Efforts	20%	80%
Timeliness	33%	67%
Intervention adequacy & resource availability		
Adequacy	7%	93%
Availability	0%	100%
Maintaining family relationships		
Mother	38%	63%
Father	33%	67%
Siblings	0%	100%
Other	0%	100%
Tracking & adjusting		
Tracking	7%	93%
Adjusting	13%	87%