

QUALITY SERVICES REVIEW
VENANGO COUNTY
**CHILDREN, YOUTH AND FAMILY SERVICES/
JUVENILE PROBATION**



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

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On Behalf of the
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TABLE OF CONTENTS

Introduction	1
Child/Youth Demographics.....	5
Child/Youth & Family Status Domain	11
Safety	11
Permanency	14
Well-Being	19
Parent/Caregiver Functioning	24
Practice Performance Status Domain.....	26
Additional Organizational Considerations.....	42
QSR Results Summary.....	44
Key Questions for Next Steps Planning	47
Appendix A: Summary of Ratings	49
Quality Service Review Protocol Rating Scale Logic	49
Appendix B: Summary of QSR Sub-indicator Ratings.....	51

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

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.

baseline for nine specific CFSR items needing improvement; during the second year, progress is 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. Venango County falls into stratum V, meaning that there were 10 cases selected for review -- four in-home cases and six placement cases, two of which were "shared cases."³ The in-home sample is family-based⁴ and was selected for Venango County from a list provided by the county of families with open in-home cases on December 21, 2011. The placement sample is child-based and was selected for Venango County from a list provided by the county of those children in out-of-home placement on the same date.

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

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

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

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

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

Venango County conducted its QSR over three days in March 2012. Over the course of the review, 116 interviews were conducted, an average of 11.6 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, private providers, and school personnel, judges, and youth involved in the county’s new School-based Outreach Program. Each group identified key strengths and challenges for Venango 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 Venango 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 Venango 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 ten cases reviewed in Venango County four were in-home cases and six were out-of-home cases, two of which were shared cases. Demographic breakdowns of the sampled cases and Venango County's foster care population are shown in Figure 1.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population ⁶
	#	%	#	%	#	%	%
Male	2	50%	3	50%	5	50%	50%
Female	2	50%	3	50%	5	50%	50%
Total	4	100%	6	100%	10	100%	100%

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% ⁷	#	%	%
0 – 6	2	50%	2	33%	4	40%	43%
7 – 14	1	25%	0	0%	1	10%	27%
15 – 18	1	25%	3	50%	4	40%	30%
19 +	0	0%	1	17%	1	10%	<1%
Total	4	100%	6	100%	10	100%	100%

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

The distribution by gender of the children/youth from the sampled cases reflects the distribution of children/youth in the Venango County foster care population. The distribution by age of the children/youth from sampled out-of-home cases generally reflects the distribution of children/youth in the Venango County foster care population, though there were no children/youth seven to 14 years old represented in the sampled out-of-home cases.

⁶ Percentages were determined based on the total number of children in care on December 21, 2011, N= 56.

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

Race/Ethnicity ⁸	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	3	75%	6	100%	9	90%	95%
Black/African-American	0	0%	0	0%	0	0%	4%
American Indian or Alaskan Native	1	25%	0	0%	1	10%	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%	0	0%	0	0%	-
Unable to Determine	0	0%	0	0%	0	0%	<1%
Hispanic	0	0%	0	0%	0	0%	0%
Total	4		6		10		

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

The distribution of race, as seen in Figure 2, is relatively similar between the out-of-home cases reviewed and Venango’s overall foster care population with all the sample cases involving children/youth who are white/Caucasian.

Current Placement	In-home		Out of Home		Foster Care Population ⁹
	#	%	#	%	%
Birth home (Biological Mother)	4	100%	-	-	-
Birth home (Biological Father)	0	0%	-	-	-
Birth home (Both Biological Parents)	0	0%	-	-	-
Pre-Adoptive Home	-	-	-	-	-
Post-Adoptive Home	-	-	0	0%	0%
Traditional foster home	-	-	1	17%	45%
Therapeutic foster home	-	-	0	0%	
Formal kinship foster home	-	-	3	50%	27%
Informal kinship foster home	-	-	0	0%	
Subsidized/Permanent Legal Custodianship	-	-	0	0%	27%
Group/congregate home	-	-	1	17%	20%
Residential treatment facility	-	-	1	17%	9%
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	-
Detention	-	-	0	0%	
Other	-	-	0	0%	-
Total	4	100%	6	100%	100%

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

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.

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.

Figure 3 displays the current placement types of the sampled children/youth and Venango County’s foster care population. All four in-home cases involved children/youth living at home with only their birth mothers.

The proportion of sampled children/youth currently placed in traditional foster homes is smaller (17%) than that of the foster care population placed in traditional/therapeutic foster homes (45%). While only 27 percent of the total Venango County foster care population were reported as being placed in a formal kinship home, half of all out-of-home sample cases had children/youth living in these placement types.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Lack of Parenting Skills	4	100%	4	80%	8	89%
Lack of Transportation	4	100%	3	60%	7	78%
Insufficient Income	3	75%	3	60%	6	67%
Mental Health Problems	2	50%	3	60%	5	56%
Difficulty Budgeting	2	50%	3	60%	5	56%
Overwhelming Child Care/Parenting Responsibilities	2	50%	3	60%	5	56%
Drug Abuse/Addiction	1	25%	2	40%	3	33%
Job Related Problems	1	25%	2	40%	3	33%
Unstable Living Conditions	2	50%	1	20%	3	33%
Family Discord/Marital Problems	0	0%	3	60%	3	33%
Chronic Illness	1	25%	1	20%	2	22%
Other Medical Condition	2	50%	0	0%	2	22%
Alcohol Abuse/Addiction	1	25%	1	20%	2	22%
Sexual Abuse	1	25%	1	20%	2	22%
Inadequate Housing	1	25%	1	20%	2	22%
Recent Relocation	1	25%	1	20%	2	22%
Legal Problems	1	25%	1	20%	2	22%
Domestic Violence	1	25%	1	20%	2	22%
Physical Disability	0	0%	1	20%	1	11%
Physical Abuse	0	0%	1	20%	1	11%
Neglect	0	0%	1	20%	1	11%
Social Isolation	1	25%	0	0%	1	11%
Incarceration	0	0%	1	20%	1	11%
Not Applicable	0	0%	1	17%	1	10%

Figure 4: Identified Stressors of Mothers

Overall, “lack of parenting skills” and “lack of transportation” were listed as the most-identified stressors among the mothers of the applicable sampled cases, as seen in Figure 4.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Not Applicable	2	50%	0	0%	2	20%
Unknown	2	100%	2	33%	4	50%
Legal Problems	0	0%	3	50%	3	38%
Incarceration	0	0%	3	50%	3	38%
Lack of Parenting Skills	0	0%	3	50%	3	38%
Insufficient Income	0	0%	2	33%	2	25%
Mental Health Problems	0	0%	1	17%	1	13%
Drug Abuse/Addiction	0	0%	1	17%	1	13%
Alcohol Abuse/Addiction	0	0%	1	17%	1	13%
Difficulty Budgeting	0	0%	1	17%	1	13%
Job Related Problems	0	0%	1	17%	1	13%
Inadequate Housing	0	0%	1	17%	1	13%
Unstable Living Conditions	0	0%	1	17%	1	13%
Lack of Transportation	0	0%	1	17%	1	13%
Family Discord/Marital Problems	0	0%	1	17%	1	13%
Overwhelming Child Care/Parenting Responsibilities	0	0%	1	17%	1	13%

Figure 5: Identified Stressors of Fathers

When stressors of the fathers were known they were most often reported as “legal problems” and “incarceration.” Reviewers were able to identify the focus child's father in only half of the in-home cases.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Not Applicable	4	100%	1	10%	5	50%
None	0	0%	3	60%	3	60%
Visual/Hearing Impaired	0	0%	1	20%	1	20%
Overwhelming Child Care/Parenting Responsibilities	0	0%	1	20%	1	20%

Figure 6: Identified Stressors of Caregivers

Only one out-of-home case reported stressors for an identified caregiver. This case was reported to have a caregiver with “overwhelming child care/parenting responsibilities” and “visual/hearing impaired” stressors.

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Emotional Disturbance	1	25%	2	33%	3	30%
History of Sexual Abuse	1	25%	2	33%	3	30%
History of Physical Abuse/Inappropriate Discipline	0	0%	3	50%	3	30%
School Related Problems	2	50%	1	17%	3	30%
Mental Health	0	0%	3	50%	3	30%
Substance Exposed	0	0%	2	33%	2	20%
Chronic Illness	1	25%	1	17%	2	20%
Drug Abuse/Addiction	0	0%	2	33%	2	20%
Alcohol Abuse/Addiction	0	0%	2	33%	2	20%
Delinquent Behaviors	1	25%	1	17%	2	20%
Suicide Risk	0	0%	2	33%	2	20%
Other	1	25%	1	17%	2	20%
Undiagnosed/Untreated Behavioral Problems	0	0%	1	17%	1	10%
Premature Birth	1	25%	0	0%	1	10%
History of Emotional Abuse	0	0%	1	17%	1	10%
Developmental Delay	1	25%	0	0%	1	10%
Learning Disability	0	0%	1	17%	1	10%
Witnessed Domestic Violence	0	0%	1	17%	1	10%

Figure 7: Focus Child/Youth Stressors

Figure 7 shows the children/youth stressors identified by the reviewers. Overall, “mental health” was the most-identified stressor. Of the six children/youth in the sample enrolled in school, half (50%) were reported to have a stressor of “school related problems;” all three cases involved children/youth who are between 14-16 years old.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)¹⁰						
Fractures	1	25%	1	17%	2	20%
Bruises	1	25%	1	17%	2	20%
Punctures/Bites	0	0%	1	17%	1	10%
Mental Injury	0	0%	1	17%	1	10%
Sexual Assault	1	25%	0	0%	1	10%
General Protection Services (GPS)¹¹						
Lack of Medical/Dental Care	2	50%	1	17%	3	30%
Mental Health Concerns	0	0%	2	33%	2	20%
Incorrigibility	0	0%	2	33%	2	20%
Inappropriate Discipline	1	25%	1	17%	2	20%
Parent/Child/Youth Conflict	0	0%	1	17%	1	10%
Substance Abuse: Parent	0	0%	1	17%	1	10%
Inappropriate Parenting	1	25%	0	0%	1	10%

Figure 8: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases, as listed in Figure 8. The most reported GPS allegation was the “lack of medical and dental care.”

¹⁰Child 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.

¹¹General 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.¹²

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.



¹² 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	0	2	29%	2	2	1	71%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute Home	6	0	0	0	0%	0	2	4	100%
School	7	0	0	0	0%	0	4	3	100%
Other settings	1	0	0	0	0%	0	0	1	100%
Total	-	0	0	2	9%	2	9	9	91%

Figure 9: "Exposure to Harm" QSR Results

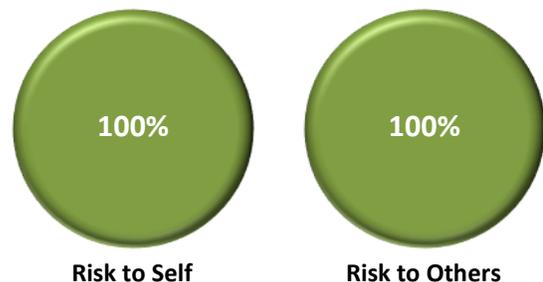
Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (91%) were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. The only two unacceptable ratings reported related to in-home cases.

While the ratings were overwhelmingly acceptable, reviewers noted some concerns. In one case they reported that "men with possible criminal histories" are allowed access to the home and provide child care in one in-home case. Through interviews reviewers also learned that a male sibling in the case had inappropriate sexual interaction with the four year old focus child. There were no mentions of safety plans to prevent further inappropriate contact between the siblings. The focus of this case has been one of the initial allegations which opened the case, a lice infestation in the home, which is still a health issue. As far as can be determined there has been no casework completed to address what the reviewers described as "significant safety concerns for the children" in this case.

In the other in-home case with an unacceptable rating, inappropriate discipline, which has declined dramatically over the last couple of months, was a concern. The mother is still utilizing a "disciplinary scream" but is no longer using "inappropriate, sometimes abusive disciplinary measures".

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	7	0	0	0	0%	2	1	4	100%
Risk to others	7	0	0	0	0%	0	2	5	100%
Total	-	0	0	0	0%	2	3	9	100%

Figure 10: "Behavioral Risk" QSR Results

Figure 10 gives the frequency of ratings for the Behavioral Risk indicator. Ratings in all applicable cases were found to be acceptable. While some children/youth have exhibited risky behaviors (e.g., self-harming behaviors, running away, and threatening suicide in the past), they are being managed by their current caregivers and through trauma therapy. Families with safety plans specific to keeping those around the child/youth safe and free from harm were being followed.

Additional Safety Data

Timeliness of Investigations

Three of the four in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling five accepted reports of abuse and neglect. All five reports had the investigation initiated in accordance with state and/or county timeframes¹³ and within the requirements for a report of the assigned priority. In each of those same five reports, face-to-face contact had been made with the child/youth within the required timeframe. All three of the applicable in-home cases were rated as a "strength" for the timeliness of the investigation.

Four of the six out-of-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling six accepted reports of abuse and neglect. All four 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 six reports, face-to-face contact had been made with the child/youth within the required timeframe. All four of the applicable out-of-home cases were rated as a "strength" for the timeliness of the investigation.

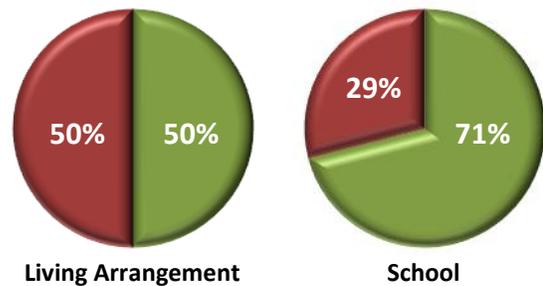
¹³ State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania's 67 counties.

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	10	0	3	2	50%	1	3	1	50%
School ¹⁴	7	0	0	2	29%	0	1	4	71%
Total	-	0	3	4	41%	1	4	5	59%

Figure 11: "Stability" QSR Results

Fifty-nine percent of the overall ratings for stability were rated as acceptable. The children/youth from out-of-home cases were reported as living in appropriate placements, without the threat of placement disruption, where they will be able to remain long-term or until permanency is achieved. The housing situations of the two in-home cases rated within the

¹⁴While only six children/youth are reported as enrolled in a school setting one child was reported as attending pre-school/Head Start and it is this location which is being rated.

acceptable range are reported to be stable, with no future moves or the likelihood of the child/youth being removed from the home.

Even though half of out-of-home cases and half of in-home cases were rated in the unacceptable range for living arrangement, the school setting was reported as unstable in only one of these out-of-home cases and one in-home case. When living arrangements were disrupted the placement change or the family's move almost always occurred within the same area, allowing the child/youth to continue attending their school.

Unacceptable ratings were reported for a variety of reasons. One child/youth from an in-home case moved four times over the past year; the most recent move was intended to provide the family with greater access to services and employment opportunities and an impending move is based on the potential for lower utility bills. According to reviewers, a one-year-old in one case "has experienced multiple placement changes within the previous 12 months and most frequently within the last 30 days." A four-year-old child from an in-home case who is attending pre-school/Head Start is at risk of losing his/her enrollment because of excessive absences due to chronic head lice. A 17-year-old youth in another case was reported to "use school performance as a means to control her placement and as an outlet for her emotional state."

Indicator 3: Living Arrangement

The child/youth's home is the one in which 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 ¹⁵	6	0	1	0	17%	2	2	1	83%
Family home #2	1	0	0	0	0%	0	1	0	100%
Substitute home	6	0	0	0	0%	3	1	2	100%
Total	-	0	1	0	8%	5	4	3	92%

Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for 92 percent of the ratings. Reviewers recognized the efforts of substitute caregivers, most notably formal kinship providers, in providing stable homes for children/youth, as well as the efforts of the providers to meet the specific needs of the children/youth. Reviewers also recognized the willingness of the county to keep siblings together whenever possible and appropriate to do so.

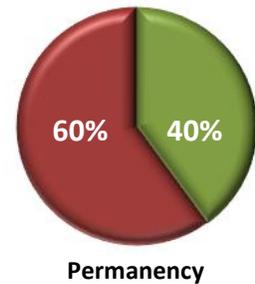
The one in-home case in which an unacceptable rating was reported involved a family living in a home described as filthy and falling apart. The safety and health concerns the home presents are so severe the county is considering removing the child/youth from the home.

In one out-of-home case that was rated acceptable for the living arrangement of the substitute home (a residential treatment facility), reviewers reported that the facility was not meeting the emotional needs of the child/youth. A private psychologist recommended the child/youth be transferred to an inpatient sexual offender treatment program.

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

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	10	0	2	4	60%	3	1	0	40%
Total	-	0	2	4	60%	3	1	0	40%

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed as acceptable in only 40 percent of the cases reviewed. Of the six ratings reported as unacceptable, two involved in-home cases and four out-of-home cases; in the two in-home cases rated as acceptable, reviewers found that the children were in a stable and safe living arrangement with no threat of removal.

Although the living arrangement (Child/Youth & Family Domain, indicator #3) was rated as acceptable in the majority of cases it was often not considered permanent by reviewers. The lack of progress or effort made by biological parents to improve their parenting skills (the most identified stressor of mothers and fathers) decreased the likelihood of permanency via reunification in most out-of-home cases. This lack of progress was also found among in-home cases where parents' inappropriate parenting is threatening to lead to the removal of the child/youth.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care ¹⁶ Population
	#	%	#	%	%
<i>In-Home Cases</i>					
Remain in Home	4	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%	2	50%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	2	50%	
Total	4	100%	4	100%	
<i>Out-of-Home Cases</i>					
Return Home	4	67%	0	0%	68%
Adoption	0	0%	0	0%	9%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	1	17%	7%
Placement with a Fit and Willing Relative	1	17%	1	17%	11%
Other Planned Placement Intended to be Permanent/APPLA	1	17%	0	0%	-
Emancipation	-	-	-	-	5%
No Goal Established	0	0%	4	67%	0%
Total	6	100%	6	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 Venango County's entire foster care population. The primary permanency goal for all in-home cases reviewed was "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 Venango County foster care population, but the sample included no children/youth with an adoption goal compared to nine percent of the total foster care population.

Two of the six out-of-home cases were reported to have a concurrent goal. The concurrent goal was reported as "permanent legal custodian /subsidized legal custodian" or "placement with a fit and willing relative" while their primary goals were reported as "return home." Half of the in-home cases were reported to have a concurrent goal; both goals were reported as "placement with a fit and willing relative."

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

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	3	75%	4	67%	7	70%
Concurrent Goal Appropriate ¹⁷	2	50%	2	33%	4	40%
Total Cases	4		6		10	

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 70 percent of all children/youth. Although only two out-of-home cases and two in-home cases had a concurrent goals established; all four were found to be appropriate.

Additional Permanency Data

Caseworker Turnover

The average number of caseworkers assigned to the in-home cases under review was 2.3 caseworkers, with two or three workers assigned to each case over its history. The number of caseworkers assigned to the out-of-home cases under review averaged 2.2 caseworkers, with a minimum number of one and a maximum number of three workers having been assigned.

WELL-BEING

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

Indicator 5: Physical Health

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



Physical Health

¹⁷It should be noted that practice in Pennsylvania does not require the establishment of concurrent goals for in-home cases, but Pennsylvania's practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

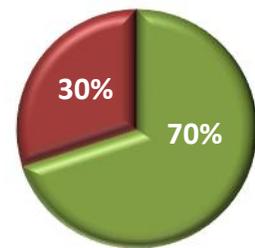
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	10	0	0	0	0%	4	1	5	100%
Total	-	0	0	0	0%	4	1	5	100%

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 ten cases reviewed. The review found that while some children/youth had chronic and/or serious medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. For example, a child/youth from an in-home case suffers from chronic head lice due to the unsanitary conditions of the home. In an effort at resolve this health problem the family was given a washer and vacuum to assist with eliminating the lice. In addition, the providers involved in this case had a "Lice Eradication Day" where the providers went into the home to treat the lice infestation. Nevertheless, all efforts have been unsuccessful and lice continue to be a major health concern for the child/youth and his/her family.

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	10	0	0	3	30%	2	3	2	70%
Total	-	0	0	3	30%	2	3	2	70%

Figure 17: "Emotional Well-being" QSR Results

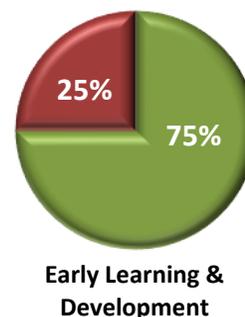
Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 70 percent of the cases reviewed, the emotional well-being of the child/youth was rated within the acceptable range. Reviewers attributed acceptable ratings to the child/youth displaying an

adequate pattern of emotional well-being and observing a noticeably strong bond between the child/youth and their caregiver.

The emotional well-being of one child/youth from an in-home case was rated as unacceptable because the child/youth was reported to be troubled by the lack of information regarding the identity of his/her father, which was being kept from the child/youth for unknown reasons. For an out-of-home case in which the child’s emotional well-being was considered unacceptable, the placement setting (a residential treatment facility) does not fully address the child/youth’s emotional traumas and offender behaviors. A private psychologist recommended the child/youth be transferred to an inpatient sexual offender treatment program which would better provide focused treatment on both his past victimization and offender behavior. It is unclear from the case story if this placement change is being considered by the county and JPO.

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.



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	4	0	0	1	25%	0	0	3	75%
Total	-	0	0	1	25%	0	0	3	75%

Figure 18: “Early Learning & Development” QSR Results

Three of the four cases for which this indicator is rated were rated as applicable. Children were reported as developing appropriately and being on target with developmental milestones. One four year old from an in-home case is enrolled in preschool/Head Start, though his/her enrollment is threatened due to excessive absences.

The one unacceptable rating was reported for an in-home case where reviewers expressed a great deal of concern over the 18 month old child’s “lack of speaking abilities.” According to reviewers this developmental issue is apparent but has not been addressed by the team.

Indicator 7b: Academic Status

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	6	0	0	0	0%	2	2	2	100%
Total	-	0	0	0	0%	2	2	2	100%

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 all six applicable cases. The academic success of children/youth was attributed to the stability of the school setting. As well as school setting stability the county has ensured the credits children/youth earn while in-care are transferable when a placement change requires a change in the school setting. Grade point averages were reported as above average in two cases and a youth from an out-of-home case was reported to be attending college and maintaining a 3.9 GPA.

In one in-home case the school principal was highlighted as going above and beyond at keeping the family informed and up to date with the progress of the child/youth. This principal also maintained a nearly daily contact with the student.

The academic status of a 16 year old youth who attends a “regular K-12 school” from an in-home case was rated as acceptable, though it was reported the youth has ongoing issues of truancy. According to reviewers, the family and service providers have made a positive impact on school attendance and performance within the past thirty days, though truancy still occurs despite their best efforts.

According to the Truancy Outreach Program focus group, the Franklin School District offers a Truancy Outreach Program that provides a truancy elimination plan to get the family informed and the child/youth attending classes again. When the case is severe enough to warrant judicial intervention the program offers attendance data to the judge to support the judge’s determination of what is included in the court order or finding. The rate of truancy in high school settings has decreased from 24 percent in January 2011 to four percent in January 2012.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	2	100%	2	50%	4	67%
Alternative Education	0	0%	1	25%	1	17%
Post-Secondary Education ¹⁸	0	0%	1	25%	1	17%
Total	2	100%	4	100%	6	100%

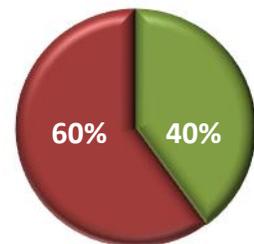
Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Six of the sampled children/youth are enrolled in school; of those, three (50%) were reported to have “school-related problems” identified as a stressor. All three children/youth are between 14-16 years old and two attend a “regular K-12 education” setting. The youth enrolled in college is 19 years old.

No children/youth from in-home cases were found to need an individual educational plan (IEP). Two children/youth from out-of-home cases were found to need an IEP but only one child/youth had a current IEP.

Indicator 8: Pathway to Independence

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



Pathway to Independence

¹⁸The educational placement setting for one out-of-home case was originally reported as “other: enrolled in college” but is being reported as “post-secondary education” in this report.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	5	0	2	1	60%	2	0	0	40%
Total	-	0	2	1	60%	2	0	0	40%

Figure 21: "Pathways to Independence" QSR Results

As seen in Figure 21, only two of the five qualifying cases (40%) were rated as acceptable for the Pathway to Independence indicator. One out-of-home case in which this indicator was rated as acceptable involved a youth with clear educational and career goals who works part time, attends college, and has the support of substitute caregivers as he/she transitions into adulthood. The other out-home-case with an acceptable rating involves a youth who only recently became involved in the county independent living program but the program has made great strides in teaching the youth money management.

The only applicable in-home case was rated as unacceptable for this indicator. The reviewers stated the youth "has no plan in place to address her life as an adult." Pathways to Independence was also rated as unacceptable for one youth from an out-of-home case placed in an IL Living Cottage to foster life skills, but of whom the reviewers reported the youth has limited success with services due to his/her "inability to grasp the concept as well as inability to maintain himself independently."

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	9	1	0	5	67%	3	0	0	33%
Father	3	1	1	1	100%	0	0	0	0%
Substitute Caregiver	4	0	0	0	0%	1	2	1	100%
Other	4	0	0	0	0%	1	2	1	100%
Total	-	2	1	6	45%	5	4	2	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 only found to be acceptable in their caregiving functioning in 33 percent of applicable cases. The father's functioning as a caregiver was not found to be acceptable in any of the three applicable cases. These findings are extremely disconcerting since two out-of-home cases have a primary permanency goal of returning the children/youth to the care of their parents yet were rated as unacceptable. Similarly, three-fourths of all in-home cases have children/youth living with a mother who was rated as unacceptable for caregiving functioning; those children/youth continue to have a permanency goal of remaining in the home.

Parents, particularly mothers, are reported as being overwhelmed with parenting. Parenting classes as well as other services were recommended and even completed by the majority of mothers; however, mothers and fathers are still struggling to appropriately parent. On top of the overwhelming parenting stressors, parents are facing instances of drug and alcohol abuse, incarceration, an inability to maintain a safe home, and an unwillingness to seek and receive treatment for known and serious mental health problems. Further, inappropriate and sometimes "abusive discipline" was found to be utilized and an inability of the parents to accept and/or act on the safety concerns their child/youth poses to rest of the family, are other issues a few parents are facing. Considering all this, it is not surprising that 60 percent of cases were rated in the unacceptable range for permanency, when most children/youth have a goal to return home. Unfortunately most of these issues are major safety concerns which are not improving despite agency involvement. The agency has been found to be working diligently with these mothers to treat the symptoms, such as unhygienic homes and inappropriate discipline, but in many cases the underlying issues, such as severe mental health concerns (i.e., schizophrenia and past trauma and victimization), were being ignored and/or not addressed.

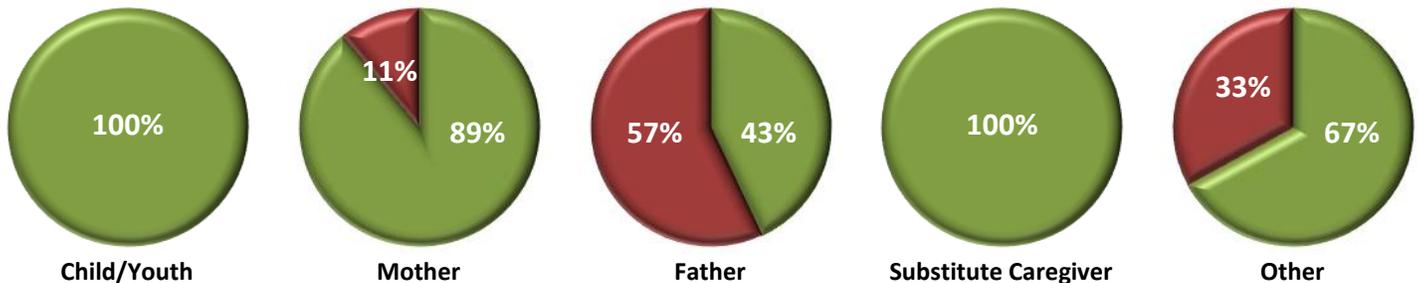
PRACTICE PERFORMANCE STATUS DOMAIN

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	6	0	0	0	0%	1	5	0	100%
Mother	9	0	1	0	11%	3	3	2	89%
Father	7	3	1	0	57%	1	2	0	43%
Substitute Caregiver	5	0	0	0	0%	2	2	1	100%
Other	6	0	1	1	33%	3	1	0	67%
Total	-	3	3	1	21%	10	13	3	79%

Figure 23: "Engagement Efforts" QSR Results

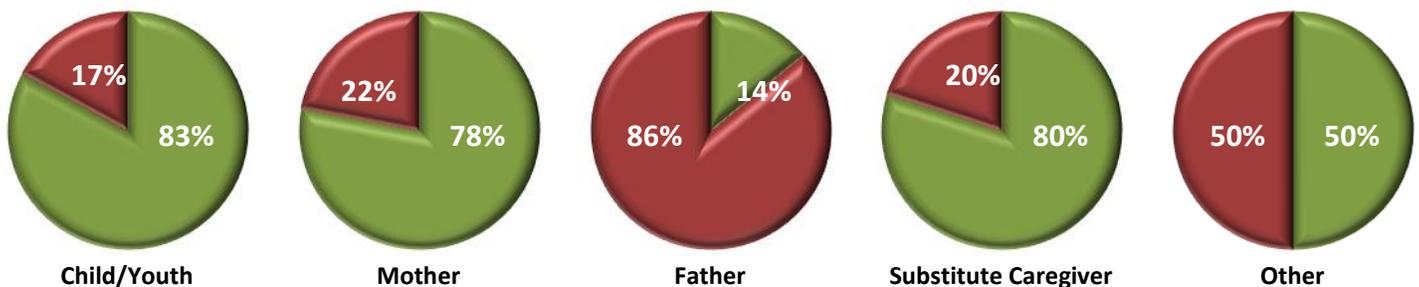
Figure 23 shows the ratings for the Engagement Efforts indicator. Overall, 79 percent of ratings for this indicator were acceptable over the five sub-indicators. The child/youth was rated as acceptable for engagement in all six applicable cases.¹⁹

Overwhelmingly, mothers expressed satisfaction of the level of engagement they received. This level of engagement, both in effort and in successfulness, should be highlighted as a major strength. Although mothers were not found to be acceptable caregivers, the county has built a relationship and rapport with the mothers and is able to engage them in services and continue to assist them in improving their parenting skills.

The three fathers who are also rated as caregivers were all rated as acceptable for engagement; on the other hand, fathers who were not identified as caregivers to their children were found not to be fully engaged. These fathers were either not known and no family finding was conducted; were incarcerated; or were described as absent and uninvolved in their child/youth's life. Considering the overwhelming parenting difficulties which the mothers are facing, finding and engaging the fathers would seem like a constructive use of resources.

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.



¹⁹Inapplicable cases involved children four years and younger at the time of the review.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	6	0	0	1	17%	3	2	0	83%
Mother	9	0	1	1	22%	3	2	2	78%
Father	7	4	1	1	86%	1	0	0	14%
Substitute Caregiver	5	0	0	1	20%	0	3	1	80%
Other	6	0	1	2	50%	0	3	0	50%
Total	-	4	3	6	39%	7	10	3	61%

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Overall, 61 percent of ratings for this indicator were deemed acceptable. Role and Voice was most likely to be rated as acceptable for the child/youth (83%) and the substitute caregiver (80%). While the majority of ratings were acceptable across all five sub-indicators, all ratings were lower than the corresponding engagement results.

Mothers were far more likely than fathers, even fathers identified as caregivers, to be rated as acceptable for role and voice. This is encouraging since the county not only engages mothers but also listens and acknowledges what the mothers need and say. This can only assist in improving the unacceptable caregiver functioning.

Two of the three fathers identified as caregivers, all of whom were rated as acceptable for engagement, were not given an acceptable role and voice. In one case reviewers cited the father's limited exposure to the planning process due to his incarceration out of state, and his prior non-involvement in the child/youth's life as reasons for a diminished role and voice.

	More than once a week		Once a week		Less than once a week		Less than twice a month		Less than once a month		Never		Combined Total of Applicable Cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
In-home														
Child	0	0%	1	25%	0	0%	3	75%	0	0%	0	0%	4	100%
Mother	0	0%	1	25%	1	25%	2	50%	0	0%	0	0%	4	100%
Father	0	0%	0	0%	0	0%	0	0%	0	0%	1	25%	4	100%
Out-of-home														
Child	0	0%	0	0%	0	0%	5	83%	1	17%	0	0%	6	100%
Mother	1	17%	0	0%	2	33%	0	0%	2	33%	1	17%	6	100%
Father	0	0%	0	0%	0	0%	1	17%	1	17%	3	50%	6	100%
Combined														
Child	0	0%	1	10%	0	0%	8	80%	1	10%	0	0%	10	100%
Mother	1	10%	1	10%	3	30%	2	20%	2	20%	1	10%	10	100%
Father	0	0%	0	0%	0	0%	1	10%	1	10%	4	40%	10	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 three of the four in-home cases. In five of the six out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the children/youth was reported to be sufficient.

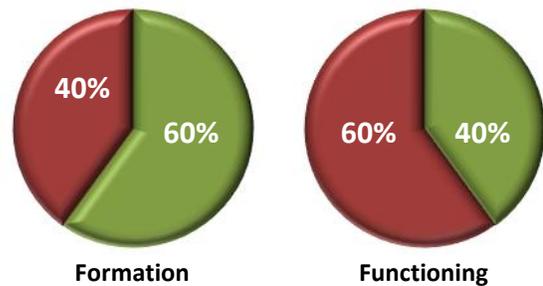
The frequency of visits between the caseworkers (or other responsible parties) and the mothers was slightly less likely to be considered sufficient in the in-home cases (three of the four cases) compared to the applicable out-of-home cases (four of the five cases).

The frequency of visits between the caseworkers (or other responsible parties) and the father was found to be sufficient in the one applicable in-home case. In two of the three 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 three of the five in-home cases reviewed. All eight additional children/youth in the home were visited less than once a week but more than twice a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for seven of the eight (88%) 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	10	1	1	2	40%	4	1	1	60%
Functioning	10	0	4	2	60%	3	0	1	40%
Total	-	1	5	4	50%	7	1	2	50%

Figure 26: "Teaming" QSR Results

Overall, the teaming indicator was rated as acceptable in half of the ratings. The "formation" indicator was rated as acceptable (60%) for a higher proportion of cases than the "functioning" (40%) indicator, meaning that when teams did form they were not guaranteed to function successfully. Forty percent of all cases (two in-home and two out-of-home cases) had acceptable ratings for both formation and functioning. What the six cases where formation was rated as acceptable had in common was strong communication among the team members, a sound understanding of the family dynamics and functioning, and a shared long-term view of the case which allowed them to work towards the same goals. Two cases reported the identified team leader to be the caseworker. As such, the caseworker was found to make the most contacts between team members to ensure everyone stayed up to date.

In 40 percent of the cases (three out-of-home cases and one in-home case) reviewers rated teaming as unacceptable for both sub-indicators – "formation" and "functioning." A lack of communication within the team was the most identified reason for the unacceptable team functioning, especially among cases where team members were working toward different case plan goals. As will be seen later in the report, a lack of acceptable teaming usually negatively impacts the indicators related to planning and life adjustments; where cases not rated as acceptable for both team formation and functioning rated as unacceptable in the upcoming indicators.

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	10	1	0	0	10%	1	3	5	90%
Mother	9	0	0	0	0%	2	3	4	100%
Father	7	3	0	0	43%	2	1	1	57%
Total	-	4	0	0	15%	5	7	10	85%

Figure 27: “Cultural Awareness & Responsiveness” QSR Results

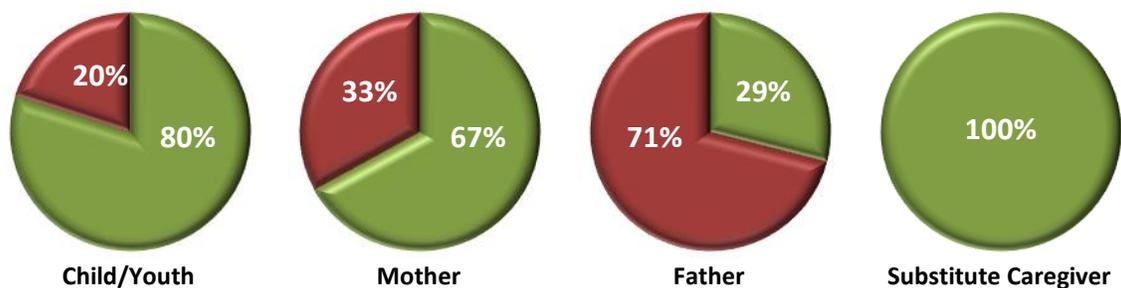
The Cultural Awareness indicator was rated as acceptable in 85 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally addressed. According to reviewers, caseworkers were culturally competent and there were no issues regarding the family’s cultural needs in the majority of cases. One example of cultural considerations by the county involved a child/youth from an out-of-home case being placed in a foster home that celebrates the same religious holidays as the child/youth’s family, such as Christmas; in another case, a child/youth was placed in a foster home that practices the same religion as his/her biological family; and in an in-home case it was noted that all appropriate procedures relating to the Indian Child Welfare Act (ICWA) were satisfied, as per court order.

No reasoning was given as to why an unacceptable rating was reported for one child/youth from an in-home case. In fact, the case story stated, “There were also no issues regarding cultural awareness.” No reasoning was given for the unacceptable ratings for the fathers either but it is likely it is due to the fact these fathers are also not being engaged and therefore their cultural needs are not being considered.

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	10	0	0	2	20%	4	1	3	80%
Mother	9	0	1	2	33%	2	2	2	67%
Father	7	4	1	0	71%	0	1	1	29%
Substitute Caregiver	4	0	0	0	0%	1	0	3	100%
Total	-	4	2	4	33%	7	4	9	67%

Figure 28: "Assessment & Understanding" QSR Results

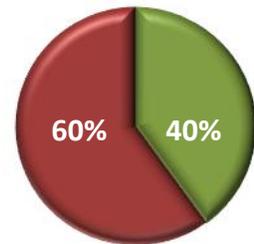
As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 67 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (71%) when fathers were assessed in comparison to mothers (33%). Children/youth were rated as acceptable more often than not. The county has been very focused on getting the children/youth the services they need; however, in one out of home case the number and intensity of the referred service providers was reported to exacerbate the child/youth's problem of connecting and building relationships among peers.

Reviewers noted that the lack of assessment and understanding was tied to not engaging the family or giving members a role or voice, especially for fathers. Reviewers also noted that a lack of assessment of fathers was especially disconcerting in cases in which the father was involved in caregiving responsibilities. It should be noted, however, that two of the fathers identified as caregivers are also incarcerated, making it more difficult to fully assess and give appropriate service referrals.

When assessments were conducted for mothers, only the presenting problems were looked at while the underlying issues were not addressed. For example, a mother from an in-home case is getting assistance in rectifying a head lice outbreak but the team appears to be ignoring the mother’s mental health and substance abuse issues.

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	10	0	1	5	60%	2	2	0	40%
Total	-	0	1	5	60%	2	2	0	40%

Figure 29: “Long-term View” QSR Results

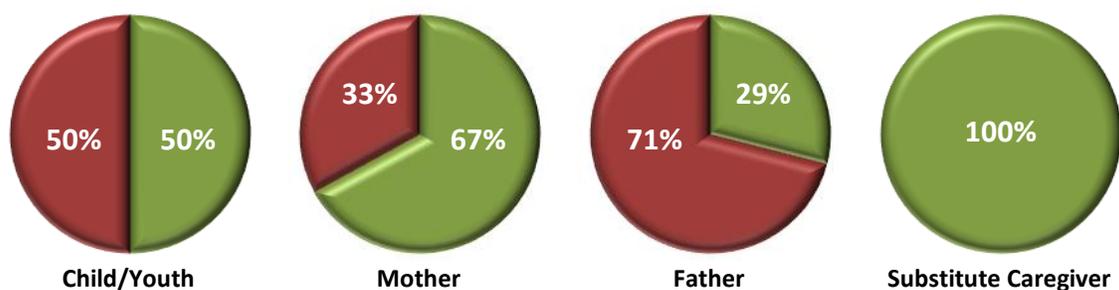
Figure 29 gives the frequency of ratings for the Long-term View indicator. In 40 percent of all cases reviewed this indicator was rated as acceptable. Cases with acceptable team formation and functioning also tended to have acceptable long-term views of the case. This may be the influence of team members who routinely discuss and work towards the same long-term permanency goals.

Unacceptable ratings were directly related to the likelihood of permanency in a case. Those cases with unacceptable permanency were more likely to have an unacceptable long-term view. This is unsurprising when considering the level of caregiver functioning of the parents with whom the agency intends the child to reunify or remain.

Indicator 6: Child/Youth & Family Planning Process

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth ²⁰	6	0	0	3	50%	2	0	1	50%
Mother	9	0	1	2	33%	3	3	0	67%
Father	7	3	1	1	71%	1	1	0	29%
Substitute Caregiver	5	0	0	0	0%	2	2	1	100%
Total	-	3	2	6	41%	8	6	2	59%

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 59 percent of all ratings. This is the only indicator in which the child/youth sub-indicator is rated as acceptable in less than 80 percent of applicable cases. Acceptable ratings are directly linked to engagement being rated as acceptable. Mothers and fathers who were not engaged were not considered in the planning process. Surprisingly, children/youth were rated as acceptable for engagement 100 percent of the time but of the six applicable cases only

²⁰The four children/youth not rated are all four years old or younger; one from an out-of-home case and three from in-home cases.

three children/youth were involved in the planning process. All three of these cases involved older youth who are 16 years or older.

Unacceptable ratings on this indicator appeared to be directly impacted by four issues: a lack of concurrent planning, little planning for underlying issues (such as mental health problems), lack of engagement with fathers, and life changes disrupting established plans. For example, the incarceration of a mother from an in out-of-home case negatively impacted the planning process since the mother was not able to attend meetings in person.

Indicator 7: Planning for Transitions & Life Adjustments

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



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	8	0	0	5	63%	1	2	0	38%
Total	-	0	0	5	63%	1	2	0	38%

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

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in only 38 percent of the applicable cases. The out-of-home cases were more likely to be rated as acceptable than were the in-home cases.

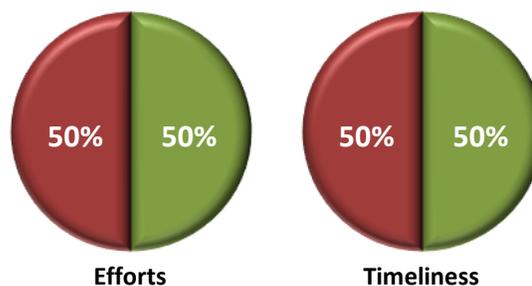
Unacceptable ratings were found in cases where the county knew of impending transitions and life adjustments but had yet to address the situation. For example, a mother from an in-home case is likely to be incarcerated in the very near future but no plan has been established as to

what happens to the four year old child/youth when this occurs. As seen under the Independent Living indicator, older youth are not being fully prepared to leave care. For example, an 18-year-old youth, on track to graduate, was placed in a group home and has no plan for post-graduation, and no transition plan has been established for the youth.

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	10	1	1	3	50%	5	0	0	50%
Timeliness	6	1	0	2	50%	2	0	1	50%
Total	-	2	1	5	50%	7	0	1	50%

Figure 32: “Efforts for Timely Permanency” QSR Results

As seen in Figure 32, half of the ratings overall for the Efforts for Timely Permanency indicator were rated as acceptable. The “efforts” sub-indicator was just as likely to be rated as acceptable as the “timeliness” sub-indicator. Reviewers attributed the unacceptable ratings to a lack of prioritizing and planning. In many cases the underlying issues were not being acknowledged or addressed and future transitions were not being planned for in advance.

Months In Care ²¹	#	%
0 – 6	0	0%
6.1 – 12	2	50%
12.1 – 24	1	25%
24.1 – 48	1	25%
More than 48	0	0%
Total²²	4	100%

Figure 33: Months In Care

Half of the children/youth in the out-of-home sample have spent no more than a year in care, as of the first day of the review.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	4	100%	6	100%	10	100%
Concurrent Goal Established Timely ²³	2	50%	2	33%	4	40%
Total Cases	4		6		10	

Figure 34: Timeliness of Permanency Goals of Focus Children/Youth

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness²⁴ in establishing the goals was assessed (see Figure 34). In all ten cases the primary goal had been established in a timely manner. In the two out-of-home cases and two in-home cases in which a concurrent permanency goal was found, both had also been established on time.

²¹Time 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 Dauphin County QSR (February 21, 2012).

²²The length of stay could not be determined for two out-of-home cases as the “most recent date of entry into foster care” was not provided in the rollup.

²³It should be noted that practice in Pennsylvania does not require the establishment of concurrent goals for in-home cases, but Pennsylvania’s practice does require that concurrent planning take place for in-home cases, in the event that the child/youth is unable to remain in the home.

²⁴Goal 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.

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

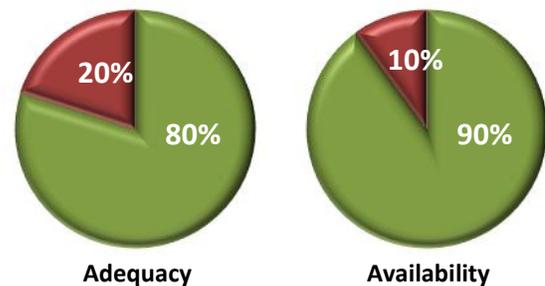
Figure 35: TPR Summary

None of the six 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.

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.



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.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Adequacy	10	0	0	2	20%	4	3	1	80%
Availability	10	0	0	1	10%	2	6	1	90%
Total	-	0	0	3	15%	6	9	2	85%

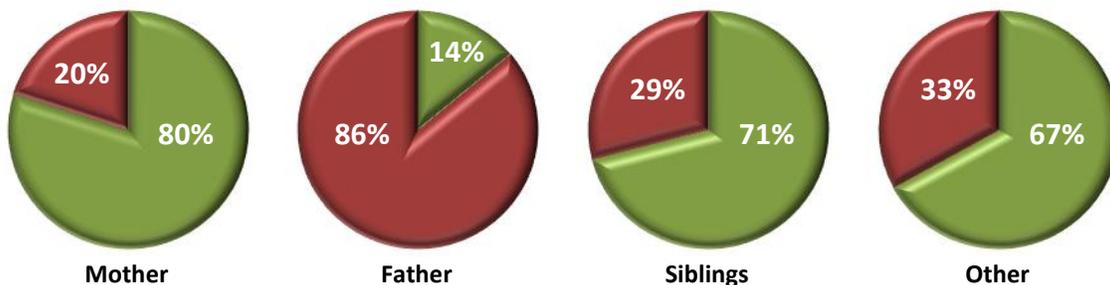
Figure 36: "Intervention Adequacy & Resource Availability" QSR Results

Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 85 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services available county-wide.

While the majority of ratings were deemed as acceptable for this indicator, it should be noted that while parents, particularly mothers, often attended and completed parenting classes the skills learned were not sufficient to improve their parenting capabilities. The underlying issues, such as mental health problems and dealing with past trauma, were largely ignored and these issues continue to go unaddressed. Resources are available in Venango County, as evidenced by the acceptable ratings, but not all appropriate referrals are being made.

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	5	0	0	1	20%	1	1	2	80%
Father	7	4	1	1	86%	0	1	0	14%
Siblings	7	1	0	1	29%	1	1	3	71%
Other	3	0	0	1	33%	0	2	0	67%
Total	-	5	1	4	45%	2	5	5	55%

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, just over half (55%) of the ratings were deemed as acceptable for the Maintaining Family Connections indicator. The county performed better at maintaining connections among the mothers and siblings, but did significantly worse at maintaining family connections with fathers. Two of the three out-of-home cases in which the fathers were rated as caregivers also have an unacceptable rating for maintaining connections with the father (in both cases the father is incarcerated). For one child/youth the only visitation with his/her father is when the CASA volunteer is available to take him/her to the prison.

Child/Youth Placed with:	#	%
All Siblings	0	0%
Some Siblings	1	100%
All Siblings in Separate Foster Homes	0	0%
Total ²⁷	1	100%

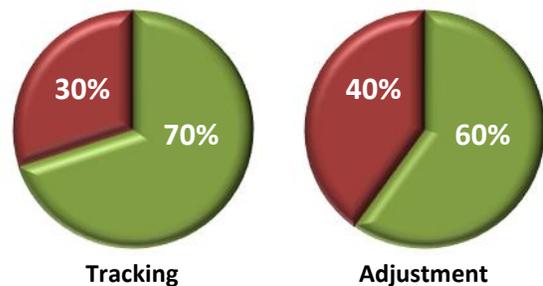
Figure 38: Sibling Placement

Figure 38 gives the frequency of out-of-home cases in which the children/youth were placed in foster homes with their siblings. Only one case involved a child/youth who has siblings who are also in care; some (but not all) of those siblings were placed in the same traditional foster home as the focus child/youth.

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;



²⁷ Results are not cumulative. Reviewers were instructed to select the best option.

- Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family; and
- Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child/youth and family.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	10	0	1	2	30%	3	3	1	70%
Adjustment	10	0	1	3	40%	3	1	2	60%
Total	-	0	2	5	35%	6	4	3	65%

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 65 percent of the ratings. "Tracking" (70%) was more likely than "Adjustment" (60%) to be rated as acceptable. Those with acceptable ratings tended to be cases that also rated as acceptable in teaming, planning, and transition indicators.

Two out-of-home cases that rated as unacceptable for the majority of the planning and transitions indicators rated acceptable on both tracking and adjustment; it is unclear from the case stories why tracking and adjusting was rated acceptable in these instances.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

Further input was gathered, beyond that noted earlier, from the participants of four focus groups²⁸ who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by the county. Additional trends that were identified are as follows.

- **Organizational Structure & Climate:**
 - Caseworkers stated that while it has improved there is still some confusion and inconsistency in communication.
 - Conflict avoidance is problematic for caseworkers.
 - Caseworkers do not have the ability to challenge supervisors when they are in disagreement.
 - Supervisor's decisions are often overruled by superiors which undermines the supervisor's authority.
 - There is inconsistent employee treatment: promotions, pay increases, and the ability to use comp time. These inconsistencies impact staff retention.
 - Challenges in communication are rooted in the availability of supervisors, the overruling of decisions by their superiors, and workers circumventing the chain of command.

- **Work Force, Policies & Procedures:**
 - Supervisors attend too many meetings which makes them unavailable to staff.
 - Staff expressed exasperation with the volume of paperwork and asked the question "Is the expectation quality caseworker practice or paperwork completion?"
 - Cross-systems trainings have improved however a manual/handbook needs to be finalized to include names of service providers and contact information. Staff need time set aside to attend additional trainings.

- **Collaborative Relationships:**
 - Since the last QSR there has been significant improvement in collaboration between the county and private providers.
 - While working relationships with providers have improved the county still needs to work on expediting the referral system.
 - The "court's approach to not using a bench has created a more family friendly environment."

²⁸The three groups were comprised of caseworkers, supervisors, private providers, and school-based outreach program participants.

- **Initiatives:**

- In March 2011, the Franklin School District began offering the Truancy Outreach Program at every academic level, from elementary to high school.
- The rate of truancy decreased from 24 percent to 4 percent in high schools over a one year period (January 2011 to 2012).
- The program has been attributed to improving rapport among school personnel and the agency.
- Focus group participants recommended the program expand to reach other school districts.
- Attendance awards were recommended as an incentive to preventing truancy by the youth participating in the focus group.
- A system to better track students whose family moves out of the school district is recommended by the outreach focus group.

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	9%	91%
Safety: Risk to self and others	0%	100%
Stability	41%	59%
Living arrangement	8%	92%
Permanency	60%	40%
Physical health	0%	100%
Emotional well-being	30%	70%
Early learning and development	25%	75%
Academic status	0%	100%
Pathway to independence	60%	40%
Parent or caregiver functioning	45%	55%
Overall	25%	75%

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	21%	79%
Role & voice	39%	61%
Teaming	50%	50%
Cultural awareness & responsiveness	15%	85%
Assessment & understanding	33%	67%
Long-term view	60%	40%
Child/youth & family planning process	41%	59%
Planning for transitions & life adjustments	63%	38%
Efforts to timely permanence	50%	50%
Intervention adequacy & resource availability	15%	85%
Maintaining family relationships	45%	55%
Tracking and adjustment	35%	65%
Overall	35%	65%

Figure 41: “Practice Performance Domain Ratings” QSR Results

Figures 40 and 41 summarize the overall ratings for each of the indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (75%) than the Practice Performance domain (65%).

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

Children/Youth are involved in Their Own Case

Engagement, role and voice and assessment and understanding were rated acceptable for at least 80 percent of all cases. These relationships should be utilized to more thoroughly involve the child/youth in the planning process, especially for older youth.

Safe and Healthy Children/Youth

The safety (both exposure to threats of harm and risk to self and others), 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 be emotionally stable.

Academics

Children/youth were found to be thriving in their educational settings. Any learning disabilities have been addressed and current IEPs are in place. Teachers and other education personnel work with the agency to address the needs of the children/youth.

Areas Needing Improvement

Overwhelming Parenting Situations

The functioning of mothers and fathers were unacceptable in the vast majority of applicable cases. Most cases have the goal of the child/youth being to either remain in the home with (or return home to) an unacceptable caregiver. Via strong engagement and role and voice with the mothers the county is aware of the overwhelming parenting issues the parents are dealing with, however despite discernible efforts on behalf of the county and the parents, limited progress has been made. The county should be encouraged to continue to build rapport and engagement with the parents, especially fathers who were often forgotten, in an effort to improve overall parenting capabilities. Further, addressing the underlying issues parents are facing, such as mental health problems, may increase the likelihood of improved parenting capabilities.

Fathers

County agencies tend to have a more difficult time working with fathers than with any other family member. In Venango County, fathers were consistently rated lower than mothers in all

six Practice Performance Domain where indicators are broken out to include mother and father sub-indicators. It should be noted that fathers who are identified as caregivers²⁹ were rated as acceptable the majority of the time. 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	43%	89%
Role & voice	14%	78%
Cultural awareness & responsiveness	57%	100%
Assessment & understanding	29%	67%
Child/youth & family planning process	29%	67%
Maintaining family connections	14%	80%
Overall Score	31%	80%

²⁹Only three of the seven fathers were identified and rated as caregivers.

KEY QUESTIONS FOR NEXT STEPS PLANNING

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

Safety Questions

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

Permanency Questions

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

Well-Being Questions

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

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

Parent/Caregiver Questions

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

Practice Performance Questions

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

APPENDIX A: SUMMARY OF RATINGS

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

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

Interpretative Guide for Practice Performance Indicator Ratings

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

APPENDIX B: SUMMARY OF QSR SUB-INDICATOR RATINGS

Child/Youth & Family Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm		
Family home #1	29%	71%
Family home #2	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	0%	100%
Stability		
Living arrangement	50%	50%
School	29%	71%
Living arrangement		
Family home #1	17%	83%
Family home #2	0%	100%
Substitute home	0%	100%
Permanency	60%	40%
Physical health	10%	90%
Emotional well-being	30%	70%
Early learning and development	25%	75%
Academic status	0%	100%
Pathway to independence	60%	40%
Parent or caregiver functioning		
Mother	67%	33%
Father	100%	0%
Substitute caregiver	0%	100%
Other	0%	100%

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	0%	100%
Mother	11%	89%
Father	57%	43%
Substitute caregiver	0%	100%
Other	33%	67%
Role & voice		
Child/youth	17%	83%
Mother	22%	78%
Father	86%	14%
Substitute caregiver	20%	80%
Other	50%	50%
Teaming		
Formation	40%	60%
Functioning	60%	40%
Cultural awareness & responsiveness		
Child/youth	10%	90%
Mother	0%	100%
Father	43%	57%
Assessment & understanding		
Child/youth	20%	80%
Mother	33%	67%
Father	71%	29%
Substitute caregiver	0%	100%
Long-term view		
	60%	40%
Child/youth & family planning process		
Child/youth	50%	50%
Mother	33%	67%
Father	71%	29%
Substitute caregiver	0%	100%
Planning for transitions & life adjustments		
	63%	38%
Efforts to timely permanence		
Efforts	50%	50%
Timeliness	50%	50%
Intervention adequacy & resource availability		
Adequacy	20%	80%
Availability	10%	90%
Maintaining family relationships		
Mother	20%	80%
Father	86%	14%
Siblings	29%	71%
Other	33%	67%
Tracking & adjusting		
Tracking	30%	70%
Adjusting	40%	60%