

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



**Prepared for:**  
**Lackawanna County Children and Youth Services/Juvenile Probation**

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**Pennsylvania Office of Children, Youth and Families**  
**Department of Public Welfare**

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## Background

Implementing change at the local level is critical to the achievement of positive child, youth and family outcomes, particularly in a state-supervised and county-administered state. A well-developed Continuous Quality Improvement (CQI) process will be one vehicle to drive change forward in Pennsylvania (PA). 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.<sup>1</sup>

Pennsylvania’s *QSR Protocol*, developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The *QSR Protocol* contains qualitative indicators that measure the current status of the focus child/youth<sup>2</sup> 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 PA in 2008. Items found not to be in substantial conformity had to be addressed in the statewide PIP, which was approved by the Administration for Children and Families (ACF). The QSRs are being utilized as one way to gauge progress in meeting the safety, permanency and well-being needs of children, youth and families. During the first year following the approval of the PIP (July 1, 2010 – June 29, 2011), Pennsylvania established a baseline for nine specific CFSR items needing improvement; during the second year, progress is being measured

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

<sup>2</sup> 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.

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. Lackawanna County falls into stratum III, meaning that there were 15 cases selected for review -- six in-home cases and nine placement cases, one of which was a “shared case.”<sup>3</sup> The in-home sample is family-based<sup>4</sup> and was selected for Lackawanna County from a list provided by the county of families with open in-home cases on November 29, 2011. The placement sample is child-based and was selected for Lackawanna 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

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<sup>3</sup> 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.

<sup>4</sup> 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).

- the quality of practice exhibited by the county.

Lackawanna County conducted its QSR over five days in February and March 2012. Over the course of the review, 147 interviews were conducted, an average of 9.8 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 are 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 their county improvement plan. Participants included Office of Children, Youth and Families case workers, supervisors, fathers, and IL youth. Each group identified key strengths and challenges for Lackawanna 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 Lackawanna 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, when possible, Lackawanna County’s foster care population. Please note that 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*.<sup>5</sup>

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

## CHILD/YOUTH DEMOGRAPHICS

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

Sex	In-home		Out-of-home		Combined Total		Foster Care Population <sup>6</sup>
	#	%	#	%	#	%	%
Male	3	50%	2	22%	5	33%	51%
Female	3	50%	7	78%	10	67%	49%
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>100%</b>

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	% <sup>7</sup>	#	%	%
0 – 6	2	33%	2	22%	4	27%	52%
7 – 14	2	33%	2	22%	4	27%	36%
15 – 18	2	33%	5	56%	7	47%	12%
19 +	0	0%	0	0%	0	0%	0%
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>15</b>	<b>100%</b>	<b>100%</b>

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

Twice as many female children/youth were sampled for the review than male children/youth. A larger proportion of the sample (47%) involves youth 15-18 years old as compared to the proportion in the overall foster care population (12%).

Race/Ethnicity <sup>8</sup>	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	6	100%	7	78%	13	87%	91%
Black/African-American	0	0%	3	33%	3	20%	26%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	2%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	1%
Asian	0	0%	0	0%	0	0%	2
Other	0	0%	0	0%	0	0%	-
Unknown	0	0%	0	0%	0	0%	-
Unable to Determine	0	0%	0	0%	0	0%	2%
Hispanic	1	17%	3	33%	4	27%	15%
<b>Total</b>	<b>6</b>		<b>9</b>		<b>15</b>		

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

<sup>6</sup> Percentages were determined based on the total number of children in care on November 29, 2011; N= 281.

<sup>7</sup> Percentages throughout the report may not sum to 100 percent due to rounding.

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

The distribution of race, as seen in Figure 2, is relatively similar between the sampled cases and Lackawanna’s overall foster care population; the majority of cases selected for review involved children/youth who are white/Caucasian.

Current Placement	In-home		Out of Home		Foster Care Population <sup>9</sup>
	#	%	#	%	%
Birth home (Biological Mother)	5	83%	-	-	-
Birth home (Biological Father)	0	0%	-	-	-
Birth home (Both Biological Parents)	1	17%	-	-	-
Pre-Adoptive Home	-	-	0	0%	1%
Post-Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	6	67%	57%
Therapeutic foster home	-	-	2	22%	
Formal kinship foster home	-	-	1	11%	
Informal kinship foster home	-	-	0	0%	30%
Subsidized/Permanent Legal Custodianship	-	-	0	0%	
Group/congregate home	-	-	0	0%	
Residential treatment facility	-	-	0	0%	<1%
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	3%
Other <sup>10</sup>	-	-	0	0%	9%
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>100%</b>

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

Figure 3 displays the current placement types of the sampled children/youth and Lackawanna County’s foster care population. Of the six sampled in-home cases, five involved children/youth living at home with only their birth mothers, while the sixth involved a child/youth living at home with both parents.

The proportion of sampled children/youth currently placed in traditional foster homes (67%) is roughly similar to the placement settings of the county’s foster care population (57%). While three percent of Lackawanna’s County foster care population were reported as being placed in an institution there were no children/youth from the sample placed in a higher level of care.

<sup>9</sup> 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.

<sup>10</sup> Of the nine percent reported as in an “other” placement setting, 91 percent were reported as being on a trial home visit and the remaining nine percent were reported to AFCARS as “runaway” and the other.



Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	6	100%	6	86%	12	92%
Lack of Parenting Skills	5	83%	6	86%	11	85%
Insufficient Income	4	67%	4	57%	8	62%
Unstable Living Conditions	4	67%	4	57%	8	62%
Lack of Transportation	3	50%	4	57%	7	54%
Inadequate Housing	2	33%	3	43%	5	38%
Chronic Illness	2	33%	2	29%	4	31%
Difficulty Budgeting	2	33%	2	29%	4	31%
Job Related Problems	2	33%	2	29%	4	31%
Recent Relocation	1	17%	3	43%	4	31%
Overwhelming Child Care/Parenting Responsibilities	2	33%	2	29%	4	31%
Physical Disability	2	33%	2	29%	3	23%
Alcohol Abuse/Addiction	1	17%	2	29%	3	23%
Legal Problems	2	33%	1	14%	3	23%
Family Discord/Marital Problems	3	50%	0	0%	3	23%
Other medical Condition	1	17%	1	14%	2	15%
Drug Abuse/Addiction	1	17%	1	14%	2	15%
Sexual Abuse	1	17%	1	14%	2	15%
Neglect	2	33%	0	0%	2	15%
Social Isolation	2	33%	0	0%	2	15%
Domestic Violence	1	17%	1	14%	2	15%
Learning Disability	1	17%	0	0%	1	8%
Emotional Abuse	0	0%	1	14%	1	8%
Language Barriers	0	0%	1	14%	1	8%
Incarceration	1	17%	0	0%	1	8%

Figure 4: Identified Stressors of Mothers

Overall, “mental health problems” and “lack of parenting skills” were listed as the most identified stressors among the mothers of the applicable sampled cases, as seen in Figure 4. The lack of parenting skills has a significant impact on the mother’s caregiving capability, as will be discussed in the indicator rating sections of this report.

Stressors	In-home		Out of Home		In-home	
	#	%	#	%	#	%
Mental Health Problems	4	67%	0	0%	4	31%
Social Isolation	1	17%	3	43%	4	31%
Unknown	2	33%	2	29%	4	31%
Legal Problems	1	17%	2	29%	3	23%
Unstable Living Conditions	2	33%	0	0%	2	15%
Family Discord/Marital Problems	1	17%	1	14%	2	15%
Mental Retardation	1	17%	0	0%	1	8%
Physical Disability	2	33%	0	0%	1	8%
Learning Disability	1	17%	0	0%	1	8%
Other medical Condition	1	17%	0	0%	1	8%
Drug Abuse/Addiction	1	17%	0	0%	1	8%

Stressors	In-home		Out of Home		In-home	
	#	%	#	%	#	%
Pregnancy/New Child	0	0%	1	14%	1	8%
Difficulty Budgeting	1	17%	0	0%	1	8%
Job Related Problems	1	17%	0	0%	1	8%
Inadequate Housing	1	17%	0	0%	1	8%
Recent Relocation	0	0%	1	14%	1	8%
Language Barriers	0	0%	1	14%	1	8%
Lack of Transportation	1	17%	0	0%	1	8%
Incarceration	1	17%	0	0%	1	8%
Domestic Violence	1	17%	0	0%	1	8%
Lack of Parenting Skills	1	17%	0	0%	1	8%
Overwhelming Child Care/Parenting Responsibilities	1	17%	0	0%	1	8%
Suicide	0	0%	1	14%	1	8%

Figure 5: Identified Stressors of Fathers

Fathers also reported “mental health problems” as a likely stressor. Unlike mothers, fathers were just as likely to have reported “social isolation” as a stressor in applicable cases.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
None	0	0%	7	100%	7	54%
Insufficient Income	2	33%	0	0%	2	15%
Not Applicable	0	0%	2	29%	2	15%
Mental Health Problems	1	17%	0	0%	1	8%
Job Related Problems	1	17%	0	0%	1	8%
Lack of Transportation	1	17%	0	0%	1	8%

Figure 6: Identified Stressors of Caregivers

There were no stressors identified for caregivers of the children/youth in the applicable out-of-home cases. As seen in Figure 6, when a stressor was identified for an in-home case among caregivers, it was most often “insufficient income.”

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Health	4	67%	6	67%	10	67%
Emotional Disturbance	2	33%	5	56%	7	47%
School Related Problems	2	33%	4	44%	6	40%
Undiagnosed/Untreated Behavioral Problems	2	33%	2	22%	4	27%
Substance Exposed	1	17%	2	22%	3	20%
History of Sexual Abuse	1	17%	2	22%	3	20%
History of Physical Abuse/Inappropriate Discipline	1	17%	2	22%	3	20%
Delinquent Behaviors	1	17%	2	22%	3	20%
Learning Disability	0	0%	3	33%	3	20%
Mental Retardation	0	0%	2	22%	2	13%
Drug Abuse/Addiction	0	0%	2	22%	2	13%

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Alcohol Abuse/Addiction	0	0%	2	22%	2	13%
History of Emotional Abuse	0	0%	2	22%	2	13%
Developmental Delay	1	17%	1	11%	2	13%
Other <sup>11</sup>	1	17%	1	11%	2	13%
Chronic Illness	1	17%	0	0%	1	7%
Premature Birth	1	17%	0	0%	1	7%
Suicide Risk	0	0%	1	11%	1	7%
Witnessed Domestic Violence	0	0%	1	11%	1	7%
<b>Total</b>	<b>6</b>		<b>9</b>		<b>15</b>	

**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, which is unsurprising considering both mothers and fathers often reported “mental health problems” as a stressor. Of the 13 children/youth in the sample enrolled in school, six (46%) were reported to have a stressor of “school related problems.”

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<sup>11</sup>The “other” stressor reported for the in-home case is “lack of consistent parenting with structure;” for one out-of-home case it was the youth’s “sexual identity.”

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
<b>Child Protective Services (CPS)<sup>12</sup></b>						
Shaken Baby Syndrome	0	0%	1	11%	1	7%
Fatality	0	0%	1	11%	1	7%
<b>General Protection Services (GPS)<sup>13</sup></b>						
Truancy	3	50%	4	44%	7	47%
Mental Health Concerns	3	50%	4	44%	7	47%
Educational Neglect	1	17%	3	33%	4	27%
Environmental Neglect	1	17%	3	33%	4	27%
Lack of Food, Shelter or Clothing	0	0%	4	44%	4	27%
Inappropriate Parenting	2	33%	2	22%	4	27%
Poor Hygiene	2	33%	1	11%	3	20%
Lack of Medical/Dental Care	2	33%	1	11%	3	20%
Incorrigibility	1	17%	2	22%	3	20%
Substance Abuse: Parent	1	17%	1	11%	2	13%
Inappropriate Discipline	2	33%	0	0%	2	13%
Abandonment	0	0%	1	11%	1	7%
Parent/Child/Youth Conflict	0	0%	1	11%	1	7%
Substance Abuse: Child/Youth	1	17%	0	0%	1	7%

Figure 8: Allegations

**ALLEGATIONS WHICH LED TO A CASE OPENING WERE REPORTED FOR BOTH THE IN-HOME AND OUT-OF-HOME CASES, AS LISTED IN FIGURE 8. THE REPORTED GPS ALLEGATIONS ALIGN WITH THE MOST IDENTIFIED STRESSORS FOR PARENT/CAREGIVERS AND CHILDREN/YOUTH, I.E. "MENTAL HEALTH PROBLEMS" AND "SCHOOL RELATED PROBLEMS." THE ALLEGATIONS OF "SHAKEN BABY SYNDROME" AND "FATALITY" COME FROM A SINGLE OUT-OF-HOME CASE IN WHICH THE FOCUS CHILD/YOUTH'S SIBLING WAS THE VICTIM OF ABUSE. THE CASE OPENED AFTER THE INVESTIGATION OF THE SIBLING'S DEATH.**

<sup>12</sup>Child Protective Services (CPS) - CPS cases are those with alleged harm, or with threat or risk of harm to the child. These cases include allegations of physical abuse that result in severe pain or dysfunction, sexual abuse, medical neglect, or lack of supervision resulting in a specific physical condition or impairment, psychological abuse attested to by a physician, or repeated injuries with no explanation.

<sup>13</sup>General Protective Services (GPS) - GPS cases include most instances of child neglect, including environmental conditions such as inadequate housing, inadequate clothing, and medical neglect not leading to a specific physical condition (e.g., failure to keep appointments or get prescriptions).

## CHILD/YOUTH & FAMILY STATUS DOMAIN

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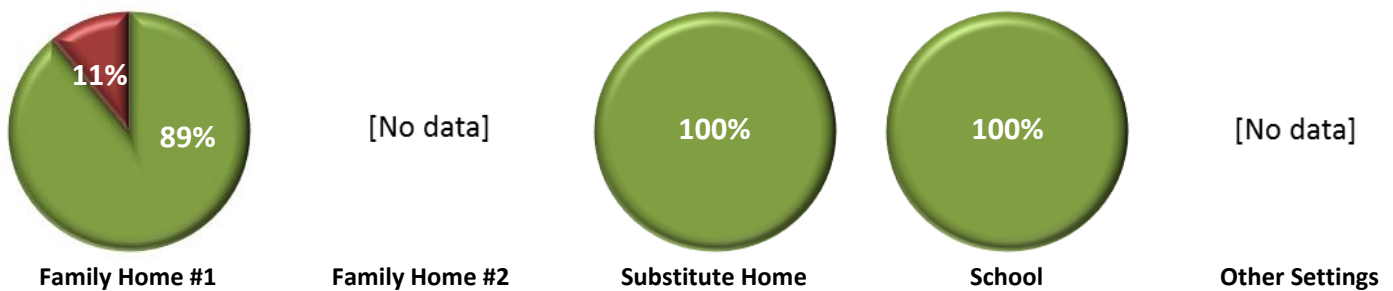
The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized to evaluate and these indicators generally focus on the 30 days prior to the on-site review.<sup>14</sup>

### 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 focus 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.



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<sup>14</sup> 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	9	0	0	1	11%	4	4	0	89%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute Home	8	0	0	0	0%	1	3	4	100%
School	13	0	0	0	0%	2	6	5	100%
Other settings	0	0	0	0	-	0	0	0	-
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>1</b>	<b>3%</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>97%</b>

Figure 9: "Exposure to Harm" QSR Results

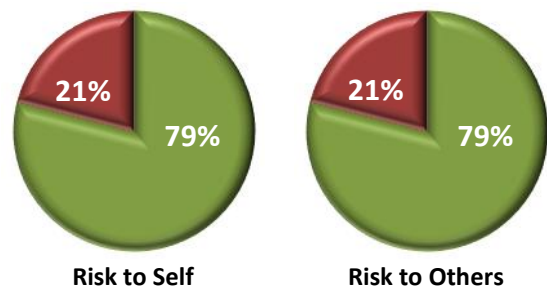
Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (97%) were acceptable for Exposure to Harm across the three applicable settings, meaning the threat of harm to the children/youth was limited. Safety of the children/youth served in Lackawanna County is a top priority and significant effort is made to maintain a safe environment. In one out-of-home case the county has maintained a placement of one child/youth by keeping the location confidential at various levels so that the step-father, who has expressed a desire to harm the child/youth, is unable to locate him/her. This extra level of safety planning has improved the overall quality of the child/youth's life.

The one unacceptable rating was reported for an in-home case. The seven year old child/youth was known to get out of bed in the middle of the night and climb on the kitchen counters. The family was aware of the safety concerns, such as the child/youth accidentally turning on the oven at night, and has been responding with appropriate measures, such as removing stove knobs at bedtime, as new safety concerns arise.

### Indicator 1b: Safety from Risk to Self/Others

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

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	14	0	0	3	21%	2	3	6	79%
Risk to others	14	0	0	3	21%	1	3	7	79%
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>6</b>	<b>21%</b>	<b>3</b>	<b>6</b>	<b>13</b>	<b>79%</b>

Figure 10: "Behavioral Risk" QSR Results

Figure 10 gives the frequency of ratings for the Behavioral Risk indicator. Overall, 79 percent of the ratings were found to be acceptable. Reviewers attributed the acceptable ratings to the success in improving negative behaviors; it was recommended that appropriate supports and behavior plans be put into effect to encourage continuation of the positive changes.

Situations where safety measures were not fully implemented were highlighted as areas to address. For example, the parents from an in-home case purchased indoor alarms for the purpose of preventing the child/youth from entering the bedrooms of his/her siblings; but, the alarms had not been installed and therefore provided no added level of safety.

### ***Additional Safety Data***

#### **Timeliness of Investigations**

Five of the six in-home cases had at least one CPS or GPS report received within the prior 12 months, totaling seven accepted reports of abuse and neglect. Four of the seven reports had the investigation initiated in accordance with state and/or county timeframes<sup>15</sup> and within the requirements for a report of the assigned priority. In each of those same four reports, face-to-face contact had been made with the child/youth within the required timeframe. Four of the applicable cases were rated as a "strength" for the timeliness of the investigation.

Six of the nine out-of-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling 11 accepted reports of abuse and neglect. Ten of the 11 reports had the investigation initiated in accordance with state and/or county timeframes<sup>16</sup> and within the requirements for a report of the assigned priority. In each of those same ten reports, face-to-face contact had been made with the child/youth within the required timeframe. Five of the six applicable out-of-home cases were rated as a "strength" for the timeliness of the investigation.

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<sup>15</sup>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.

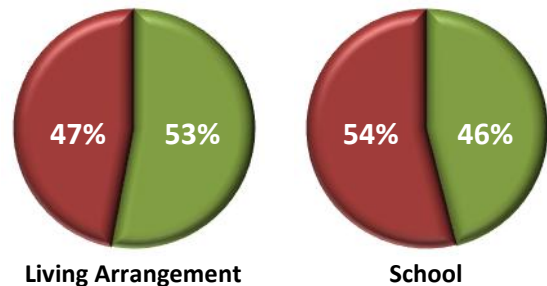
<sup>16</sup>State timeframes - For CPS allegations the agency has 24 hours to respond to the report. GPS allegations are handled differently in each of Pennsylvania's 67 counties.

## PERMANENCY

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

### Indicator 2: Stability

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	15	0	4	3	47%	3	4	1	53%
School	13	0	2	5	54%	2	3	1	46%
<b>Total</b>	-	<b>0</b>	<b>6</b>	<b>8</b>	<b>50%</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>50%</b>

Figure 11: "Stability" QSR Results

Half of the overall ratings for stability fell into the unacceptable range. Unacceptable ratings were attributed to two major concerns, the threat of placement disruption due to poor living conditions and the lack of services to support foster families. Reviewers noted one case in which the foster parents made repeated requests for support services; those requests went unanswered by the county. Reviewers also noted that while some less-than-ideal living conditions could be improved with effort, other situations were dependent on fluctuating income or the threat of losing income sources.

In one unique out-of-home case the child/youth was reported as having experienced over eighty placement settings during the fourteen years of being in foster care -- six of those



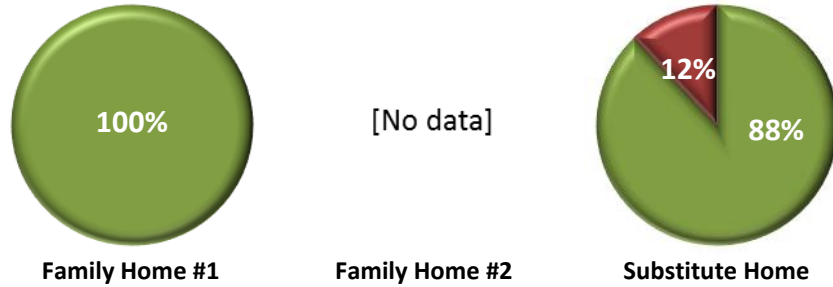
placements having occurred over the past 12 months. The county identified the causes of the disruptions (the child/youth's behavior, specifically running away, and a lack of training or commitment by resource homes) and is making efforts to improve the situation.

Cases where the living arrangement was rated unacceptable were far more likely to have the school setting rated unacceptable, meaning school stability was a factor even when necessary placement moves were required. Reviewers raised concerns about the impact school instability may have on the academic success of the children/youth.

Reviewers noted that not all placement changes need to affect school stability. An out-of-home case was found to have the child/youth placed in a new foster home which was in a new school district; the county was able to arrange for the child/youth to remain at the same school and finish the school year with the same teachers. Once the school year was completed the county arranged to transition the child/youth to the new school district where the child/youth is reported to be thriving academically.

### **Indicator 3: Living Arrangement**

The child/youth's home is the one that the individual has lived in for an extended period of time. For children/youth that are not in out-of-home care, this home can be the home of their parents, informal kinship care, adoptive parents, or a guardian. For children/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	7	0	0	0	0%	2	5	0	100%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute home	8	0	0	1	13%	0	2	5	88%
<b>Total</b>	-	<b>0</b>	<b>0</b>	<b>1</b>	<b>7%</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>93%</b>

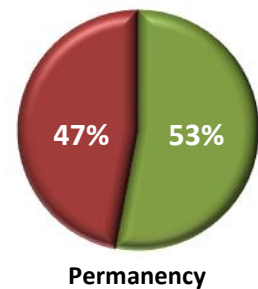
Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for 93 percent of the ratings. Reviewers recognized the efforts of substitute caregivers, most notably traditional foster home caregivers, in providing homes for children/youth, as well as the efforts of the caregivers to meet the specific needs of the children/youth. The foster parents of one case were highlighted by reviewers for their acceptance of the youth in their care as he sought clarity of his sexual identity. The youth expressed this was what he needed most to feel safe and move forward. Participants of the Independent Living (IL) Youth focus group stated that “foster care gave youth advantages and opportunities; they don’t feel captured in placement.”

While living arrangements are overwhelmingly found to be acceptable, reviewers expressed concerns about the potential future stability of those settings, noting that in several cases improving the living conditions would increase stability in the homes.

#### 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 sustain in this role until the child/youth reaches adulthood and will continue to



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	15	0	2	5	47%	1	7	0	53%
<b>Total</b>	-	<b>0</b>	<b>2</b>	<b>5</b>	<b>47%</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>53%</b>

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed acceptable in 53 percent of the cases reviewed. Acceptable ratings were more likely to be reported for in-home cases than out-of-home cases, with only one in-home case having an unacceptable rating.

A number of permanency options are available to children/youth but not all options (including relatives and former foster parents) have been thoroughly pursued for a number of the out-of-home cases with an unacceptable rating. Family finding can be a successful avenue, as evidenced in one case where paternal half-siblings were recently found and are now being tapped as potential permanency sources. In other out-of-home case, permanency has been found for the child/youth but it is in jeopardy due to the biological parent's lack of understanding of the process for terminating parental rights; adoption is being seriously considered by the team but the parents have not been fully prepared.

Of the seven cases in which permanency was rated unacceptable, five (71%) did not have a concurrent permanency goal reported.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care <sup>17</sup> Population
	#	%	#	%	%
<b><i>In-Home Cases</i></b>					
Remain in Home	6	100%	0	0%	
Adoption	0	0%	0	0%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	1	17%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	1	17%	
No Goal Established	0	0%	4	67%	
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>6</b>	<b>100%</b>	
<b><i>Out-of-Home Cases</i></b>					
Return Home	5	56%	0	0%	89%
Adoption	1	11%	2	22%	6%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	0%
Placement with a Fit and Willing Relative	0	0%	0	0%	4%
Other Planned Placement Intended to be Permanent/APPLA	3	33%	2	22%	<1%
Emancipation	-	-	-	-	0%
No Goal Established	0	0%	5	56%	0%
<b>Total</b>	<b>9</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>100%</b>

**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 Lackawanna 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 Lackawanna County foster care population, except for the larger proportion of sampled children/youth with a primary permanency goal of "other planned placement intended to be permanent/APPLA."

Of the five out-of-home cases with no concurrent permanency goals established, two cases have a primary permanency goal of "return home" and three have a primary permanency goal of "other planned placement intended to be permanent/APPLA."

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	6	100%	7	78%	13	87%
Concurrent Goal Appropriate	2	33%	4	44%	6	40%
Total Cases	6		9		15	

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

As well as identifying the primary and concurrent permanency goals of the children/youth involved in the cases reviewed, the appropriateness of the goals was also assessed, as seen in

<sup>17</sup> Placement settings reported in AFCARS includes: pre-adoptive home, relative foster home, non-relative foster home, group home, institution, supervised independent living, runaway and trial home visit.

Figure 15. The primary permanency goal was considered appropriate for all children/youth in the in-home cases and for 78 percent of those from the out-of-home cases. Although only four out-of-home cases and two in-home cases had a concurrent goal established, all were found to be appropriate.

**Additional Permanency Data**

**Caseworker Turnover**

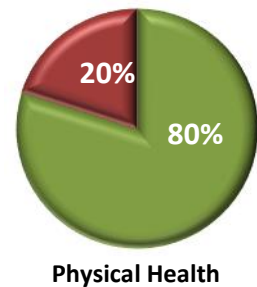
The average number of caseworkers assigned to the in-home cases under review was 3.7 caseworkers, with a minimum count of three and a maximum number of four workers. The number of caseworkers assigned to the out-of-home cases under review averaged 4.3 caseworkers, with a minimum number of one and a maximum number of 11 workers<sup>18</sup> having been assigned.

**WELL-BEING**

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

**Indicator 5: Physical Health**

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



Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	15	0	1	2	20%	1	6	5	80%
<b>Total</b>	-	<b>0</b>	<b>1</b>	<b>2</b>	<b>20%</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>80%</b>

Figure 16: "Physical Health" QSR Results

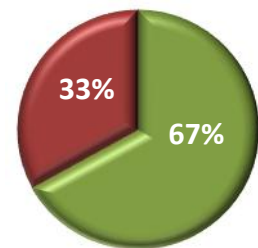
Figure 16 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 80 percent of the cases reviewed. The review found that while many children/youth had chronic and often serious medical

<sup>18</sup> The case in which 11 caseworkers were reported involved a 17 year old youth who had been in care for over four years.

conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers in the majority of the cases. Reviewers also recognized the efforts of teachers assisting children/youth in maintaining their physical health. For example, a six year old child from an in-home case has made improvement on personal hygiene with the attention of his/her teacher. In another instance a therapeutic foster home was found to be very proactive in addressing the child/youth’s medical needs and ensuring the child/youth attended all scheduled medical appointments.

## 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, children/youth are 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 the result of unmet needs. This indicator assesses the degree to which the child/youth, consistent with age and/or ability, is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors.



Emotional Well-being

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	15	0	2	3	33%	3	7	0	67%
<b>Total</b>	-	<b>0</b>	<b>2</b>	<b>3</b>	<b>33%</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>67%</b>

Figure 17: “Emotional Well-being” QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In two-thirds of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. Cases in which all family members were actively involved in therapy (either individual or family/group therapy) were more likely to be rated acceptable. Reviewers noted proper assessment of the children/youth was critical to assuring their emotional well-being. For example, one child/youth in need of an individualized education plan (IEP) was appropriately assessed with the resulting IEP, in place for emotional support, already showing progress.

In contrast, cases in which mental health issues and other needs were not properly assessed or addressed were more likely to have unacceptable emotional well-being ratings. Parents who are unable or unwilling to adequately attend to their own mental health issues offered little support in maintaining or improving the well-being of their children/youth. Reviewers also

noted several cases where the children/youth were lacking age appropriate social networks, resulting in social isolation. One child/youth’s history of placement instability was attributed to the child/youth limiting attachments to others, decreasing his/her ability to cope with frustration, and limiting his/her ability to “self-regulate.”

A concern raised by the youth participating in the IL Youth focus group was that many feel like they are “strangers living in other people’s homes their whole lives.” However, participants also stated that the “group [IL Youth Support Group] helps the participating youth feel safe and be safe”.

### Indicator 7a: Early Learning & Development

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



**Early Learning & Development**

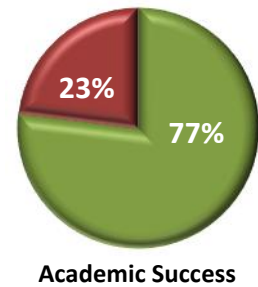
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	2	0	0	0	0%	1	1	0	100%
<b>Total</b>	-	0	0	0	<b>0%</b>	1	1	0	<b>100%</b>

**Figure 18: “Early Learning & Development” QSR Results**

Of the two applicable cases for review of the Early Learning and Development indicator (see Figure 18) both were found to be acceptable. Children were reported as developing appropriately and being on target with developmental milestones. One child was evaluated for and in receipt of early intervention services through enrollment in “early Headstart.”

## Indicator 7b: Academic Status

Children/youth are expected to be actively engaged in developmental, educational, and/or vocational processes that will enable them to build skills and functional capabilities at a rate and level consistent with their 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	13	0	2	1	23%	4	4	2	77%
<b>Total</b>	-	<b>0</b>	<b>2</b>	<b>1</b>	<b>23%</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>77%</b>

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 77 percent of the applicable cases. Acceptable ratings were attributed to the continued efforts by teachers and tutors to engage the children/youth and to maintain or improve upon academic performance. One consequence of this engagement, beyond improved grades and behavior in the classroom, was higher attendance. Considering that truancy was one of the most identified GPS allegations, methods which promote continued learning and class attendance should be highlighted as a strength. Participants in the supervisors and caseworkers focus groups noted that school-based programs have been helpful in learning about school operations (strengths and limitations) as well as allowing for more positive collaboration with child welfare.<sup>19</sup>

Eight children/youth from out-of-home cases were found to need an individual educational plan but only five were reported to have a current IEP. Two children/youth from in-home cases were found to need an IEP; each had a current IEP. Reviewers noted that children/youth who were not regularly assessed and do not have a current or appropriate IEP were not performing as well academically. A child/youth from an out-of-home case reported that he/she enjoyed school but is academically behind; while known that the child/youth is behind in school, no testing has been performed nor has an IEP been developed.

<sup>19</sup>This improvement was stated to be a direct result of the 2011 QSR in Lackawanna County and the subsequent effort to improve relations with school personnel.



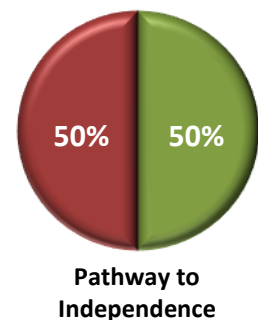
Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	3	60%	5	63%	8	62%
Part-Time Special Education	1	20%	3	38%	4	31%
Self-Contained Special Education	1	20%	0	0%	1	8%
<b>Total</b>	<b>5</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>13</b>	<b>100%</b>

Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Thirteen of the sampled children/youth are enrolled in school; of those six (46%) were reported to have “school-related problems” identified as a stressor. Three-quarters of children/youth enrolled in “part-time special education” needed and possessed a current IEP. Nearly two-thirds of children/youth enrolled in “regular k-12 education” needed an IEP and 80 percent of those children/youth possessed 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 age and/or ability, following the conclusion of children’s 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 looks at outcomes beyond formal independent living services.



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

Figure 21: “Pathways to Independence” QSR Results

As seen in Figure 21, only half of the qualifying cases were rated as acceptable for the Pathway to Independence indicator. The three with unacceptable ratings, all from out-of-home cases, involved 17 year old females, two of whom have been in care for over three years.<sup>20</sup> The acceptable ratings included cases involving one male youth and two female youths.

<sup>20</sup> The third youth had been in care a little over four months at the time of the review.

Reviewers reported youth were not prepared to live independently and in some cases no IL services had been put in place, although those youth not receiving IL services were attending the IL Youth Support Group. All the youth were reported as doing well academically but they lacked transition plans for when they turn 18, which in most cases were only a few short months away. Decisions to remain in care past their 18<sup>th</sup> birthday had not been fully discussed with youth, and the current placements of the youth may not be available when they reach maturity. Unsurprisingly, stability and permanency were rated unacceptable in the same cases rated unacceptable under this indicator.

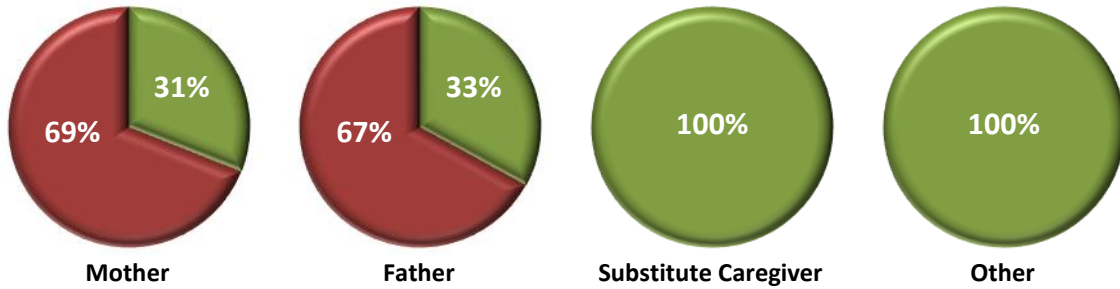
The Engagement Efforts indicator was rated acceptably for all six youth 16 or older, meaning the county has established a rapport with these youth and is in a position to work with the youth so that they may gain independence. Youth participating in the IL Youth focus group stated they are given educational opportunities and the resources they need to become successful 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 children/youth experience, 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	13	5	2	2	69%	3	1	0	31%
Father	3	2	0	0	67%	1	0	0	33%
Substitute Caregiver	9	0	0	0	0%	1	6	2	100%
Other	2	0	0	0	0%	1	1	0	100%
<b>Total</b>	-	<b>7</b>	<b>2</b>	<b>2</b>	<b>41%</b>	<b>6</b>	<b>8</b>	<b>2</b>	<b>59%</b>

Figure 22: “Caregiver Functioning” QSR Results

As seen in Figure 22, overall the functioning of parents/caregivers was found to be acceptable for 59 percent of the ratings across the four sub-indicators. Cases involving substitute and “other” caregivers were all rated acceptably. The father’s functioning as a caregiver was slightly more likely to be rated as acceptable (33%) than the “mother’s caregiver functioning” (31%).

Of the cases with unacceptable ratings, reviewers reported parents being inadequate or completely absent from their parenting responsibilities. Not surprisingly, the capacity to parent and engage in recommended services were worse among parents known to have drug related or mental health problems. While mothers were most often present they were not fully engaged in parenting; fathers tended to be absent, living out of state, or incarcerated. It was noted in one in-home case that the absent father may not have been legally allowed to interact with his child/youth due to a previous Megan’s Law offense.

Though parental estrangement was often found in cases with unacceptable ratings, one out-of-home case had both estranged parents playing significant roles in their child/youth’s life. The mother consistently attended visitations and the father remained in contact via phone as he resides out of state. In order to promote contact with parents and avoid further family disruptions the caseworker arranged for the mother and child/youth to meet in the community and away from siblings, as having all of them in a room at once tended to end in conflict.

According to the participants of the fathers’ focus group, caseworkers have helped fathers to have a perspective on their personal lives and how their actions impact the lives of their children/youth. Fathers stated that they were given guidance to “fix the way [we] are living” and maintain the positive changes.

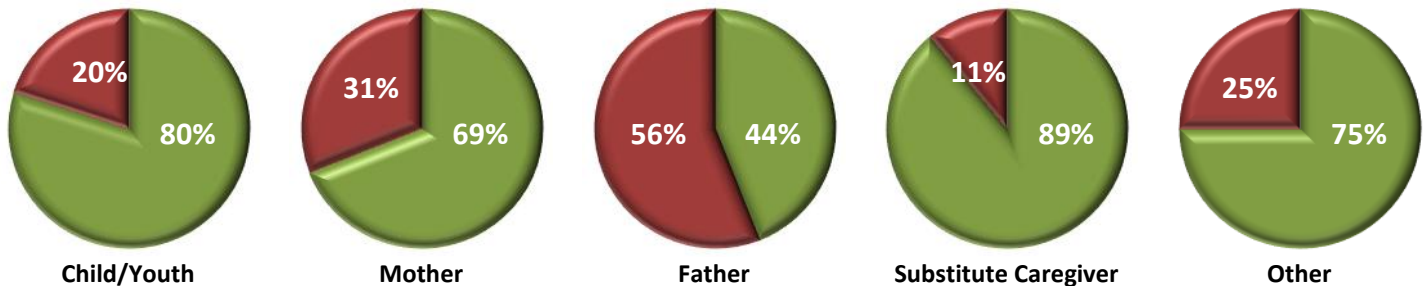
## PRACTICE PERFORMANCE STATUS DOMAIN

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 children/youth and families and overcoming barriers to families' participation. This indicator assesses the degree to which those working with the child/youth and their families (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	15	0	2	1	20%	1	5	6	80%
Mother	13	0	1	3	31%	4	3	2	69%
Father	9	3	2	0	56%	2	1	1	44%
Substitute Caregiver	9	0	1	0	11%	1	6	1	89%
Other	4	0	0	1	25%	0	2	1	75%
<b>Total</b>	-	<b>3</b>	<b>6</b>	<b>5</b>	<b>28%</b>	<b>8</b>	<b>17</b>	<b>11</b>	<b>72%</b>

Figure 23: "Engagement Efforts" QSR Results

Figure 23 gives the frequency of ratings for the Engagement Efforts indicator. Seventy-two percent of the ratings were deemed acceptable. Engagement efforts for the substitute caregivers (89%) and children/youth (80%) were most likely to be rated as acceptable.

Children/youth expressed an overall satisfaction with the level of engagement they receive, according to reviewers. Older youth, 16 years and older, were all rated in the acceptable range. Reviewers noted that the county has built a rapport with these youth, most of who have been in care for three or more years; caseworkers should use this successful engagement to push toward better independent living outcomes. This finding, however, is contrary with the conclusions drawn from the IL Youth focus group with youth indicating caseworkers do not maintain contact (either by phone or in person). Approximately half of the older youth did not find caseworkers stayed in contact with them.

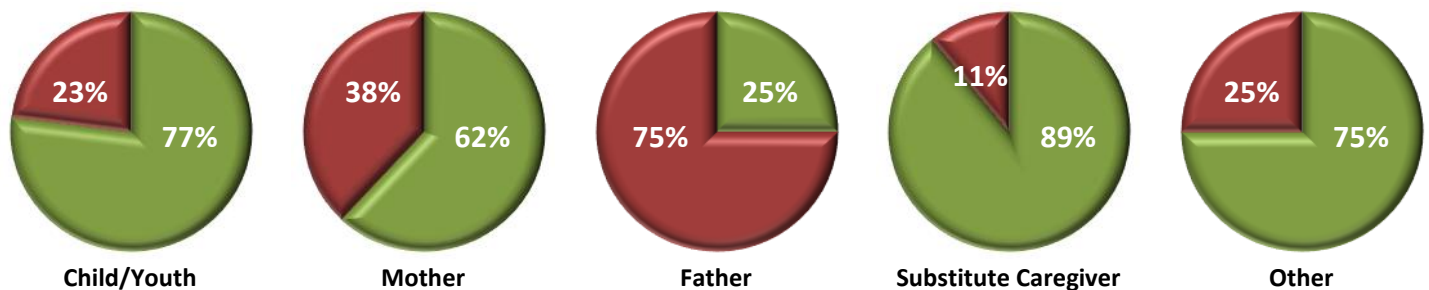
Fathers were rarely engaged; although, the fathers who were acceptably engaged were either primary caregivers involved in the daily lives of their children/youth or were living or incarcerated out-of-state and had requested limited involvement in the case. A lack of engagement was not always caused by a lack of effort on the part of the county, particularly in cases where the father is unknown. Reviewers noted instances when the family finding process was hindered by the lack of cooperation of the known family, especially in cases where the mother refused to offer information about the father. In a couple of instances, both involving in-home cases, previously unidentified and uninvolved fathers were located and were increasing their parental responsibilities. Reviewers recommended such new and developing relationships between parents and children/youth be explored in a therapeutic setting, when appropriate.

Reviewers acknowledged that distance and building a working relationship with correctional facilities increases the level of difficulty in the engagement of parents who live out of state and/or are incarcerated. The county was able to overcome these difficulties in one out-of-home case with the father found to be participating regularly in case planning despite being incarcerated out-of-state.

Participants in the supervisors' focus group stated that support groups have been extremely successful in bringing families with conflict together and offering them the support to resolve their conflicts and build stronger relationships with one another.

## Indicator 1b: Role & Voice

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process. Service arrangements should build on the strengths of the child/youth and family and they should reflect their strengths, views and preferences. This indicator assesses the degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about the child/youth and family strengths and needs, goals, supports, and services.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	13	0	1	2	23%	2	5	3	77%
Mother	13	1	2	2	38%	4	2	2	62%
Father	8	4	2	0	75%	1	1	0	25%
Substitute Caregiver	9	0	0	1	11%	2	2	4	89%
Other	4	0	0	1	25%	0	1	2	75%
<b>Total</b>	-	<b>5</b>	<b>5</b>	<b>6</b>	<b>34%</b>	<b>9</b>	<b>11</b>	<b>11</b>	<b>66%</b>

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Nearly two thirds (66%) of the cases for this indicator were rated as acceptable. Role and Voice was more likely to be rated as acceptable for the substitute caregivers (89%) and children/youth (77%) than for mothers or fathers. Children/youth and substitute caregivers reported they felt they had an active voice in case planning, in the majority of applicable cases. In several instances the parents, children/youth, and substitute caregivers were all actively involved and working with the team. Reviewers noted strong engagement with the parents and children/youth when the case first opens encourages case members to voice their concerns and preferences, such as having the opportunity to identify placement resources if the children/youth are removed from the home.

Unsurprisingly (since engagement efforts on their behalf were often found lacking), the fathers' roles and voices were most often rated unacceptably. What is disconcerting about the lack of

role and voice is potential for case closure, as fathers could be a potential permanency option at a future point for some cases.

	More than once a week		Once a week		Less than once a week <sup>21</sup>		Less than twice a month <sup>22</sup>		Less than once a month		Never		Combined Total of Applicable Cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<b>In-home</b>														
Child	0	0%	0	0%	0	0%	5	83%	1	17%	0	0%	6	100%
Mother	0	0%	0	0%	2	33%	4	67%	0	0%	0	0%	6	100%
Father	0	0%	0	0%	0	0%	1	17%	0	0%	4	67%	6	100%
<b>Out-of-home</b>														
Child	0	0%	0	0%	1	11%	7	78%	1	11%	0	0%	9	100%
Mother	0	0%	0	0%	1	11%	3	33%	2	22%	1	11%	9	100%
Father	0	0%	0	0%	0	0%	0	0%	2	22%	3	33%	9	100%
<b>Combined</b>														
Child	0	0%	0	0%	1	7%	12	80%	2	13%	0	0%	15	100%
Mother	0	0%	0	0%	3	20%	7	47%	2	13%	1	7%	15	100%
Father	0	0%	0	0%	0	0%	1	7%	2	13%	7	47%	15	100%

**Figure 25: Caseworker Visits**

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

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

The results for the fathers were far worse. In only one of the four applicable in-home cases was the frequency of visits between the caseworker (or other responsible party) and the father reported as being sufficient to address pertinent issues and to promote the achievement of case goals. The frequency of visits between the caseworkers (or other responsible parties) and the fathers reported was found to be sufficient in one of the three applicable out-of-home cases.

There was at least one other child/youth residing in the home in four of the six in-home cases reviewed. Of the ten additional children/youth in the home, one was visited by a caseworker once a week. The other nine children/youth 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

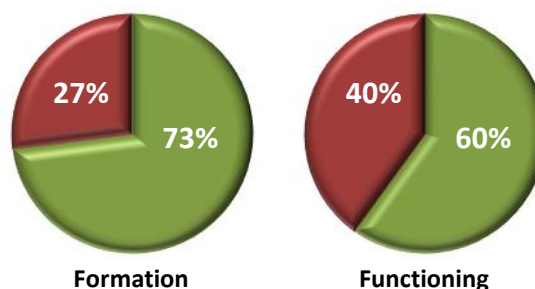
<sup>21</sup>Less than once a week but more than twice a month.

<sup>22</sup>Less than twice a month but at least once a month.

safety, permanency and well-being, and to promote the achievement of permanency goals for eight of the 10 (80%) additional children/youth.

## Indicator 2: Teaming

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	15	0	3	1	27%	2	7	2	73%
Functioning	15	0	3	3	40%	3	6	0	60%
<b>Total</b>	-	<b>0</b>	<b>6</b>	<b>4</b>	<b>33%</b>	<b>5</b>	<b>13</b>	<b>2</b>	<b>67%</b>

Figure 26: “Teaming” QSR Results

The teaming indicator was rated as acceptable in 67 percent of the ratings overall. The “formation” indicator was rated as acceptable (73%) for a slightly higher proportion of cases than the “functioning” (60%) indicator. Generally, when teams did form they tended to function more often than not. Sixty percent of all cases (three in-home and six out-of-home cases) had acceptable ratings for both formation and functioning. What these six cases had in common was strong communication among the team members which allowed them to share the same understanding of the key goals (e.g., eliminating truancy and developing a current IEP) and work toward effective service planning at every point in the case. Teams comprised of a variety of agency providers who are able to commit to meeting once a week demonstrated a much stronger ability to keep service planning up-to-date and to prepare for upcoming transitions in the children/youth’s life. Even well-functioning teams did not always agree but those teams that functioned well reported feeling mutual support and respect from other team members.

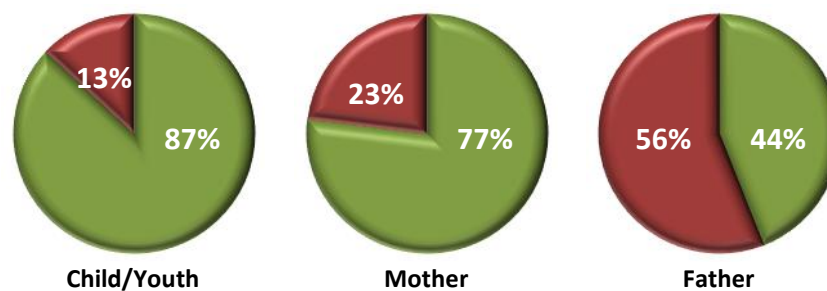


A lack of communication was found in all cases where teaming was rated poorly. This lack of communication was at the root of many identified conflicts between team members and a major reason team members were found to be working independently and toward differing case objectives. The team from one out-of-home case reported they work together but share no long term plan or a plan for safe case closure.

Participants of the supervisors’ focus group indicate foster parents are being brought into case decision making more frequently.

### Indicator 3: Cultural Awareness & Responsiveness

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



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	1	1	13%	1	9	3	87%
Mother	13	0	2	1	23%	1	5	4	77%
Father	9	4	1	0	56%	0	3	1	44%
<b>Total</b>	-	<b>4</b>	<b>4</b>	<b>2</b>	<b>27%</b>	<b>2</b>	<b>17</b>	<b>8</b>	<b>73%</b>

Figure 27: “Cultural Awareness & Responsiveness” QSR Results

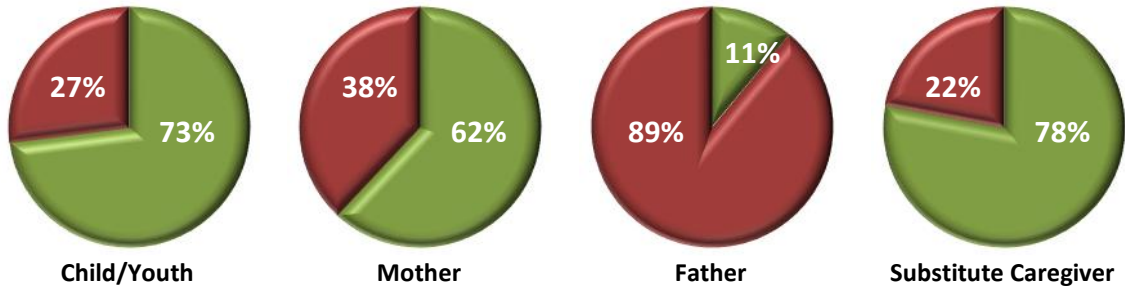
The Cultural Awareness indicator was rated as acceptable in 73 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally met. Acceptable ratings were attributed to the county placing children/youth, when possible and appropriate, in foster homes where the biological families' cultural preferences were met. For example, a child/youth of mixed ethnicity was placed in a setting with a strong Hispanic presence.

Language barriers were reported in two separate out-of-home cases. An interpreter was engaged to assist in communication and assessment of the mother. Reviewers noted this case would have benefited initially from a Spanish version of the assessment instrument of the mother's functioning, as the caseworker was not certain of the validity of the assessment when the questions were formally translated. The county has since found a psychologist who is able to administer the assessment using a Spanish version of the instrument. This barrier has hindered the county's ability to properly and appropriately provide services to the mother, as the county is unsure if the communication problems are completely language-based or exacerbated by limited cognitive ability on the mother's behalf. In the other out-of-home case, there has been little effort to conquer the language barrier and increase engagement with the mother's paramour.

Participants in the fathers' focus group reported that the use of kinship homes is a positive experience for the children/youth, as children in care are able to be close to their homes and families and the atmosphere is less traumatic for the children/youth entering care.

## **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 child/youth/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 their underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. It assesses the development of an understanding of what changes must take place in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. The team's assessment and understanding of the child/youth and family situation should evolve throughout the family change process, and ongoing assessments of the child/youth and family situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.



Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	2	2	27%	3	3	5	73%
Mother	13	0	3	2	38%	2	2	4	62%
Father	9	4	4	0	89%	0	1	0	11%
Substitute Caregiver	9	0	1	1	22%	2	3	2	78%
<b>Total</b>	-	<b>4</b>	<b>10</b>	<b>5</b>	<b>41%</b>	<b>7</b>	<b>9</b>	<b>11</b>	<b>59%</b>

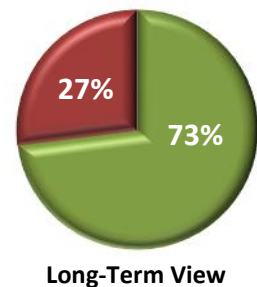
Figure 28: "Assessment & Understanding" QSR Results

As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 59 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (89%) when fathers were assessed, as compared to when mothers were assessed (38%). Reviewers noted that the lack of assessment and understanding was tied to not engaging the family or giving members a role or voice, especially fathers. Reviewers noted that a lack of assessment of fathers was especially disconcerting when newly-found fathers were taking on greater parenting responsibilities.

Reviewers noted that siblings in both types of cases, in-home and out-of-home, should not be forgotten in the assessment and understanding process. Preventive services should be offered to siblings, when appropriate.

### 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:



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

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	15	0	2	2	27%	3	4	4	73%
<b>Total</b>	-	<b>0</b>	<b>2</b>	<b>2</b>	<b>27%</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>73%</b>

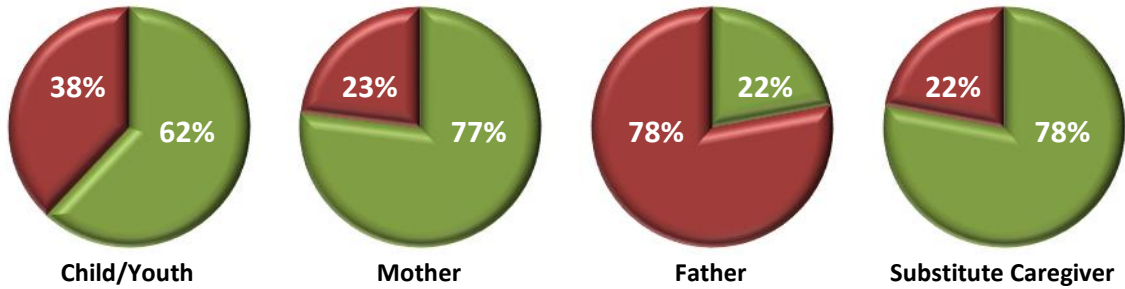
Figure 29: “Long-term View” QSR Results

Figure 29 gives the frequency of ratings for the Long-term View indicator. In 73 percent of all cases reviewed this indicator was rated as acceptable. Despite failing to achieve acceptable ratings for the pathways to independence indicator for half of the applicable cases, five of the six cases with youth 16 or older were rated acceptably for the long-term view indicator. Case reviewers noted that strong teaming was the key to developing and achieving long-term case planning. Forty-two percent of the acceptably rated cases also had timely and appropriate primary and concurrent permanency goals established.

## 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	13	0	2	3	38%	1	6	1	62%
Mother	13	0	1	2	23%	4	5	1	77%
Father	9	3	4	0	78%	0	1	1	22%
Substitute Caregiver	9	0	1	1	22%	1	4	2	78%
<b>Total</b>	-	<b>3</b>	<b>8</b>	<b>6</b>	<b>39%</b>	<b>6</b>	<b>16</b>	<b>5</b>	<b>61%</b>

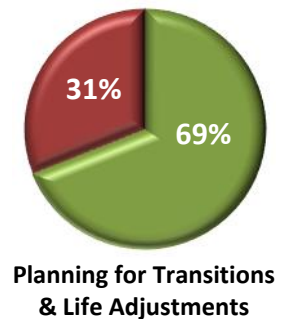
Figure 30: “Child/Youth & Family Planning Process” QSR Results

As seen in Figure 30, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable for 61 percent of the ratings. Proper engagement and role and voice, coupled with a high functioning teaming, are related to acceptable ratings under this indicator. While three of the older youth scored unacceptably for the pathways to independence indicator, only two were found to also have poor child/youth and family involvement in the planning process.

Unacceptable ratings were most often reported for fathers who have previously been found to lack engagement and a role or voice. While appropriate assessments may have been completed in a timely manner, this did not ensure that participants, particularly mothers, would attend recommended services. The failure to attend and complete services by mothers was preventing a safe case closure in several cases reviewed.

## Indicator 7: Planning for Transitions & Life Adjustments

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



home or school situation.

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

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

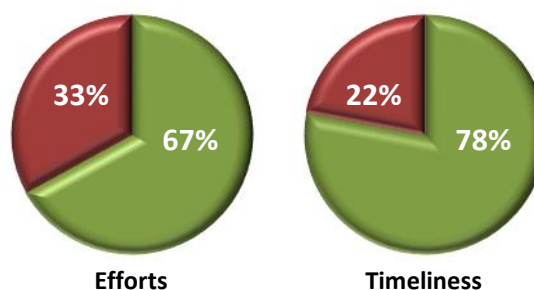
Figure 31: "Planning for Transitions & Life Adjustments" QSR Results

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in 69 percent of the applicable cases. The out-of-home cases were more likely to be rated as acceptable than were the in-home cases. Acceptable ratings were attributed to cases where individual members of the case were fully aware of their treatment goals and were accessing services to achieve those goals.

Of the six cases involving youth 16 years or older, three cases were rated unacceptably under this indicator. The county is aware of upcoming transitions for the older youth but is not prepared for the transition to occur. For example, a 17 year old youth has not been made aware of his/her educational options, nor has he/she been encouraged to remain in school upon reaching maturity; additionally, education on birth control and the risks of unprotected sex has not occurred even though it was an identified need.

## Indicator 8: Efforts for Timely Permanency

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the relationship once protective supervision ends. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members. This indicator assesses the degree to which current efforts by system agents for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision. This indicator looks at both efforts and timeliness. The "efforts" for achieving permanence are assessed for both out-



of-home and in-home cases; however, the “timeliness” of achieving permanence is rated for out-of-home cases only and includes specific timeframes which reviewers must consider.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	15	0	2	3	33%	1	8	1	67%
Timeliness	9	0	1	1	22%	3	1	3	78%
<b>Total</b>	-	<b>0</b>	<b>3</b>	<b>4</b>	<b>29%</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>71%</b>

Figure 32: “Efforts for Timely Permanency” QSR Results

As seen in Figure 32, 71 percent of the ratings overall for the Efforts for Timely Permanency indicator were acceptable. The “efforts” indicator (67%) was slightly less likely to be rated as acceptable than was the “timeliness” indicator (78%). This finding is interesting as it implies that there were cases where the timeliness of achieving permanency was acceptable, even though the agency's efforts to achieve permanency were lacking. In one out-of-home case, reviewers found that timely permanency was in fact achieved despite the agency's deficient efforts to secure it. According to the reviewers, efforts to timely permanence were not sufficient to address the urgency of the need for IL services since the youth had the option to sign out of care which was to occur within six weeks of the review. It was not clear from the case story why the timeliness sub-indicator was rated as acceptable when the youth had spent the past 11 years in care and the permanency indicator rating was also rated acceptable in this case.

Reviewers attributed the acceptable ratings to successful teaming and strong engagement of children/youth and their parents.

Months In Care <sup>23</sup>	#	%
0 – 6	2	22%
6.1 – 12	3	33%
12.1 – 24	0	0%
24.1 – 48	1	11%
More than 48	3	33%
<b>Total</b>	<b>9</b>	<b>100%</b>

Figure 33: Months In Care

Four of the nine (44%) children/youth in the out-of-home sample have spent over two years in care. The three youth who have been in care for more than four years are 17 years or older, and two of the three youths do not have concurrent goals established.

<sup>23</sup> Time in care was calculated as the difference between the last removal date and the date of discharge or if the child was still in care, the difference between the last removal date and the first day of the Lackawanna County QSR (February 27, 2012).

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

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 timeliness<sup>24</sup> in determining the goals was assessed (see Figure 34). In all 15 cases the primary goal was established in a timely manner. Five of the nine out of home cases had no concurrent goal but the concurrent goals were established timely for the four cases that did have one. Of the two in-home cases with established concurrent goals, only one had the goal established in a timely manner.

Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given <sup>25</sup>	
	#	%	#	%	#	%
<b>TPR Filed Timely</b>						
Mother	1	25%	3	75%	1	33%
Father	0	0%	2	100%		
<b>TPR Finalized</b>						
Mother	2	50%	2	50%		
Father	1	50%	1	50%		

Figure 35: TPR Summary

Four of the nine out-of home cases involved a child/youth who had been in care for 15 of the last 22 months or met other Adoption and Safe Families Act (ASFA) criteria<sup>26</sup> for termination of parental rights. A petition for termination of parental rights was filed in a timely manner in one

<sup>24</sup> Goal established timely - For children who recently entered care, reviewers should expect the first permanency goal to be established no more than 60 days from the date of the child/youth's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption. Reviewers should answer this question for all permanency goals in effect during the past 12 months. Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in their documentation.

<sup>25</sup> 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.

<sup>26</sup> 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.



of the cases.<sup>27</sup> Reviewers reported that there was a compelling reason<sup>28</sup> for not filing TPR in a timely manner in one of the three remaining cases. The compelling reason was not noted in the case review protocol, but reviewers did note that the "the agency has documented [it] in the case plan."

## Indicator 9: Intervention Adequacy & Resource Availability

To be adequate, the intensity and consistency of service delivery should be commensurate with that required to produce sustainable and beneficial results for the child/youth and family. An adequate, locally available array of services must exist in order to implement the intervention and support strategies planned for the child/youth and family. This indicator assesses the degree to which planned interventions, services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet near-term needs and achieve the conditions necessary for safe case closure defined in the long-term view. Resources required to implement current child/youth and family plans should be available on a timely, sufficient, and convenient local basis.

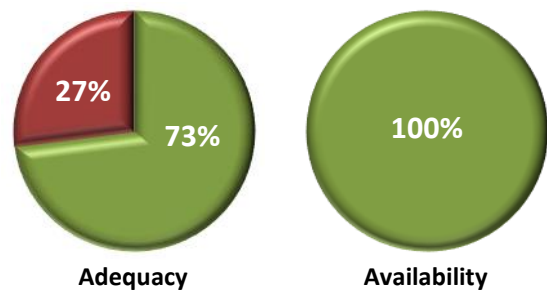


Figure 36: "Intervention Adequacy & Resource Availability" QSR Results

Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 87 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services available county-wide. Services most often provided included support groups, mental health services, early intervention parenting education, mentoring, and academic support. Representatives from the IL Youth and fathers' focus groups concurred with this finding, especially regarding the availability of support groups. Support groups were said to give participants opportunities to learn from others in similar situations and offer a safe and positive place to explore individual concerns.

<sup>27</sup> TPR filed timely - TPR is filed when the child has been in care for at least 15 of the most recent 22 months unless there are compelling reasons not to file.

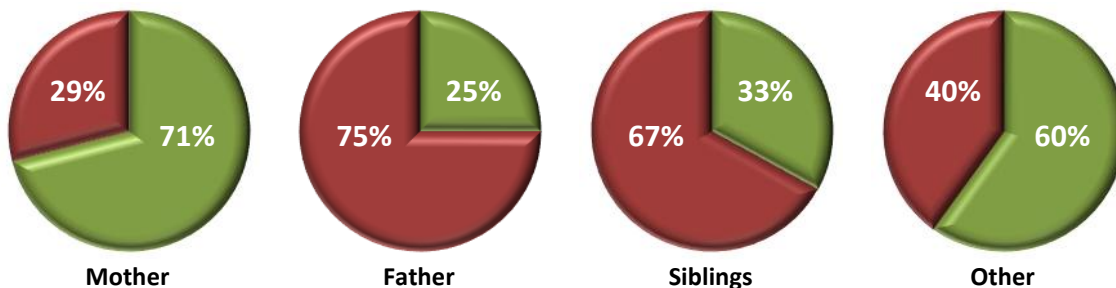
<sup>28</sup> TPR exceptions - Exceptions to the TPR requirement include the following: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the child/youth's home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

While the majority of the ratings were acceptable for this indicator, it should be noted that while resources are available in Lackawanna County, there were instances of a lack of access to services due to available funding. One child/youth was said to have experienced multiple placement disruptions due to the agency attempting to maintain the youth's access to funding for specific services. Mothers were also found to need more support to attend the services to which they have been referred, as well as encouragement to keep attending the services with which they were engaged at the case opening.

Participants in the fathers' focus group stated that mothers are given preference in services. To wit, shelters make beds available for mothers and even limit space to mothers and children only, leaving fewer resources for fathers.

### 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	7	2	0	0	29%	1	2	2	71%
Father	8	4	2	0	75%	1	0	1	25%
Siblings	9	3	0	3	67%	1	0	2	33%
Other	5	1	1	0	40%	0	2	1	60%
<b>Total</b>	-	<b>10</b>	<b>3</b>	<b>3</b>	<b>55%</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>45%</b>

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, less than half (45%) of the ratings were acceptable for maintaining family connections. The county performed better at maintaining connections among the mothers and "other" family members, but did significantly worse at maintaining family connections with fathers and siblings. Reviewers noted that sometimes the family refused to maintain contact, such as in the instance of an out-of-home case in which child/youth and siblings did not get along and refused to see each other. The county arranged for the mother to meet with the child/youth away from the siblings so as not to cause more conflict. Maintaining contact with fathers was difficult overall, especially when fathers were incarcerated out-of-state. Despite this, the county has found methods to maintain contact between incarcerated parents and children/youth that live far apart. Organizing weekly phone contacts has proved useful in these situations.

Unacceptable ratings were attributed mainly to a complete lack of engagement or effort to locate the father. Regarding a lack of sibling visitation, in one out-home-case the child/youth requested visits with his/her siblings and the court had even ordered such visits; at the time of the review a visitation plan had not been implemented.

Child/Youth Placed with:	#	%
All Siblings	1	25%
Some Siblings	1	25%
All Siblings in Separate Foster Homes	2	50%
<b>Total</b> <sup>29</sup>	<b>4</b>	<b>100%</b>

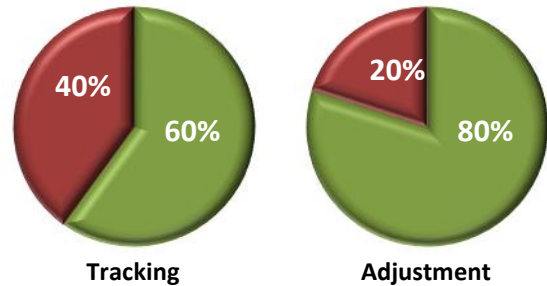
Figure 38: Sibling Placement

Figure 38 gives the frequency of out-of-home cases with which the children/youth were placed in foster homes with their siblings. Among the four children/youth with siblings who are also in care, one was reported to have been placed in the same home as all of his/her siblings and one was reported as having only some siblings in the same home.

<sup>29</sup> Results are not cumulative. Reviewers were instructed to select the best option.

## Indicator 11: Tracking & Adjusting

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



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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	15	1	0	5	40%	2	5	2	60%
Adjustment	15	0	2	1	20%	5	5	2	80%
<b>Total</b>	-	<b>1</b>	<b>2</b>	<b>6</b>	<b>30%</b>	<b>7</b>	<b>10</b>	<b>4</b>	<b>70%</b>

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 70 percent of the ratings. "Tracking" (60%) was less likely than "Adjustment" (80%) to be rated as acceptable. This finding is contrary to what is expected -- that tracking is more likely to be rated acceptable than is adjustment. For three cases, two out-of-home and one in-home case, the agency did not do well in tracking the progress of the case but was able to adjust to changing circumstances.

Acceptable ratings were most often attributed to team members communicating well among each other, enabling status updates to be made among all members, to the extent possible. This communication made the adjustments less reactive and more proactive in dealing with issues and potential problems among the family and individual family members. Reviewers recommended that improved assessment and understanding, especially of that of the mother and father, would only enhance a team's tracking and adjustment.

## ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

The 2012 Lackawanna County QSR included feedback generated from the participants of four focus groups<sup>30</sup> who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by Lackawanna OCYF. Several findings of the focus groups were enumerated in the relevant sections of this report, but additional trends that were identified are as follows:

- **Organizational Structure & Climate:**
  - Mobile technology has improved casework.
  - The development of a visitation center and school programs have had a positive impact on casework.
  - The administration supports evidence based practices in funding pragmatic decisions.
  - The community (other stakeholders) have not all adopted the same strengths based approach which creates a barrier in collaboration.
  - There are mixed reactions to the agency restructure where some find it strength based while others are having a difficult time learning new policies.
  - Concerns over the amount of paperwork and the time needed to do so takes away from serving families.
  - The peer supervisory support system has been positive.
  - Lawyers are not always available.
  
- **Work Force, Policies & Procedures:**
  - More mentoring was recommended for new hires.
  - There does not seem to be enough staff and many units are down three caseworkers.
  - CAPS is "cumbersome and difficult to learn."
  - Counseling is not always available in certain areas.

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<sup>30</sup> The four groups were comprised of caseworkers, supervisors, IL youth, and fathers.

## 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 score between four and six representing the “acceptable” range.

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	3%	97%
Safety: Risk to self and others	21%	79%
Stability	50%	50%
Living arrangement	7%	93%
Permanency	47%	53%
Physical health	20%	80%
Emotional well-being	33%	67%
Early learning and development	0%	100%
Academic status	23%	77%
Pathway to independence	50%	50%
Parent or caregiver functioning	41%	59%
<b>Overall</b>	<b>28%</b>	<b>72%</b>

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	28%	72%
Role & voice	34%	66%
Teaming	33%	67%
Cultural awareness & responsiveness	27%	73%
Assessment & understanding	41%	59%
Long-term view	27%	73%
Child/youth & family planning process	39%	61%
Planning for transitions & life adjustments	31%	69%
Efforts to timely permanence	29%	71%
Intervention adequacy & resource availability	13%	87%
Maintaining family relationships	55%	45%
Tracking and adjustment	30%	70%
<b>Overall</b>	<b>33%</b>	<b>67%</b>

**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 (72%) than the Practice Performance domain (67%).

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

### ***Areas of Strengths***

#### **Safe and Healthy Children/Youth**

The safety (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 are emotionally stable.

#### **Early Learning & Academic Success**

Children/youth are on track developmentally and those old enough to attend school are performing well in their current educational settings. In the majority of cases, learning disabilities are being addressed and current IEPs are in place. Tutors and extra attention in the classroom have been shown to make a significant positive impact in the academic success of children/youth. Teachers and school personnel have reached out and taken on mentoring and guiding children/youth by addressing concerns that are not always considered to be under the realm of a teacher's responsibility, such as addressing hygiene issues. Focus groups noted improved collaboration with schools is a direct result of the findings from the previous QSR. The improved collaboration has impacted the overall quality of teaming formation and functioning.

#### **Children/Youth Feel Heard**

Children/youth were found to be acceptably engaged and overall their role and voice was strong. This was further evidenced by the strong rating under cultural awareness and responsiveness. Reviewers noted instances where the county showed efforts to accommodate children/youth to avoid more stress and trauma in their lives as placements disrupted. Here are just two examples of the county's understanding of the children/youth they serve: The county arranged for children/youth to complete a school year at their school, even though a placement disruption moved them to a separate school district; and the county was also shown to understand the conflict between siblings and avoided further conflict by arranging separate visitations for mother and siblings.

### ***Areas Needing Improvement***

#### **Fathers**

County agencies tend to have a more difficult time working with fathers than with other family members. In Lackawanna County, cases where a father was applicable to be rated as a subcategory (in the six practice performance indicators) were consistently rated lower than the

mothers. 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.

<b>Practice Performance Indicators</b>	<b>Percentage of Cases with Father Sub-Indicator Rated “Acceptable”</b>	<b>Percentage of Cases with Mother Sub-Indicator Rated “Acceptable”</b>
Engagement efforts	44%	69%
Role & voice	25%	62%
Cultural awareness & responsiveness	44%	77%
Assessment & understanding	11%	62%
Child/youth & family planning process	22%	77%
Maintaining family connections	25%	71%
<b>Overall Score</b>	<b>29%</b>	<b>70%</b>

### **Older Youth**

Significant improvement is needed for the "Pathway to Independence" indicator. Of the applicable cases, 50 percent were rated as unacceptable for this indicator. Based on the reviews, older youth are not prepared to live independently, are not close to finding permanency, are lacking stability, and are not being given IL services. However, case planning for life adjustments and transitions for older youth, as well as service availability is rated strongly for the majority of these cases. Engagement with children/youth is strong and can be regarded as a useful tool in opening up to older youth and outlining their options while in care and preparing them to live independently.

### **Permanency**

While children/youth were found to be in the most appropriate placement settings and were noted to be living (most often) with traditional foster families who supported and accepted them, children/youth still lacked stability and permanency.



## KEY QUESTIONS FOR NEXT STEPS PLANNING

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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

<b>Child/Youth &amp; Family Domain Sub-indicator Ratings</b>		
	<b>% Unacceptable</b>	<b>% Acceptable</b>
<b>Safety: Exposure to threats of harm</b>		
Family home #1	11%	89%
Family home #2	-	-
Substitute home	0%	100%
School	0%	100%
Other setting	-	-
<b>Safety: Risk to self and others</b>		
Risk to self	21%	79%
Risk to others	21%	79%
<b>Stability</b>		
Living arrangement	47%	53%
School	54%	46%
<b>Living arrangement</b>		
Family home #1	0%	100%
Family home #2	-	-
Substitute home	13%	88%
Permanency	47%	53%
Physical health	20%	80%
Emotional well-being	33%	67%
Early learning and development	0%	100%
Academic status	23%	77%
Pathway to independence	50%	50%
<b>Parent or caregiver functioning</b>		
Mother	69%	31%
Father	67%	33%
Substitute caregiver	0%	100%
Other	0%	100%

<b>Practice Performance Domain Sub-indicator Ratings</b>		
	<b>% Unacceptable</b>	<b>% Acceptable</b>
<b>Engagement efforts</b>		
Child/youth	20%	80%
Mother	31%	69%
Father	56%	44%
Substitute caregiver	11%	89%
Other	25%	75%
<b>Role &amp; voice</b>		
Child/youth	23%	77%
Mother	38%	62%
Father	75%	25%
Substitute caregiver	11%	89%
Other	25%	75%
<b>Teaming</b>		
Formation	27%	73%
Functioning	40%	60%
<b>Cultural awareness &amp; responsiveness</b>		
Child/youth	13%	87%
Mother	23%	77%
Father	56%	44%
<b>Assessment &amp; understanding</b>		
Child/youth	27%	73%
Mother	38%	62%
Father	89%	11%
Substitute caregiver	22%	78%
Long-term view	27%	73%
<b>Child/youth &amp; family planning process</b>		
Child/youth	38%	62%
Mother	23%	77%
Father	78%	22%
Substitute caregiver	22%	78%
Planning for transitions & life adjustments	31%	69%
<b>Efforts to timely permanence</b>		
Efforts	33%	67%
Timeliness	22%	78%
<b>Intervention adequacy &amp; resource availability</b>		
Adequacy	27%	73%
Availability	0%	100%
<b>Maintaining family relationships</b>		
Mother	29%	71%
Father	75%	25%
Siblings	67%	33%
Other	40%	60%
<b>Tracking &amp; adjusting</b>		
Tracking	40%	60%
Adjusting	20%	80%

