QUALITY SERVICES REVIEW RESULTS

ALLEGHENY COUNTY
CHILDREN AND YOUTH SERVICES/
JUVENILE PROBATION

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

By
Hornby Zeller Associates, Inc.

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

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Background

The information provided within this report are the findings from Allegheny County's Quality Service Review (QSR) which was conducted in March 2014.

The QSR is an in-depth case-based quality review process of frontline practice in specific locations and points in time. It is used for: (1) appraising the current status of a focus child/youth in key life areas, (2) status of the parent/caregiver, and (3) performance of key practices for the same child/youth and family. The review examines recent results for children/youth in protective care and their caregivers as well as the contributions made by local service providers and the system of care in producing those results.

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 provides reviewers with a specific set of indicators to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions. Indicators are divided into two distinct domains: child, youth and family status and practice performance.

Child, youth and family 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 measure the extent to which core practice functions are applied successfully by practitioners and others who serve as members of the child/youth and family team. 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.

QSR findings are used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices used for children and youth and their families who are receiving child welfare services in the Commonwealth of Pennsylvania.

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 2011. Allegheny County falls into stratum II, resulting in 18 cases being selected for review - ten in-home cases and eight placement cases. The in-home sample is family-based[1] and was selected for Allegheny County from a list provided by the county of families with open in-home cases on December 4, 2013. The placement sample is child-based and was selected for Allegheny 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, 60 percent in-home and 40 percent out-of-home, closely reflect caseloads throughout the Commonwealth. 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.

Allegheny County conducted its QSR over 6 days in March 2014. A total of 175 interviews were conducted, an average of ten interviews per case.

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[1] 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 unit to be sampled (meaning that a single family could be represented in the sample by multiple children).

The demographics of each child/youth and the current placement setting is reported below and broken out by case type, in-home and out-of-home. The proportion of children in care on December 4, 2013 is reported as a comparison of the out-of-home sampled children/youth to that of the total Allegheny County foster care population.

Sex	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%[2]	#	%	#	%	%
Male	5	50%	5	62%	10	56%	50%
Female	5	50%	3	38%	8	44%	50%
Total	**10**	**100%**	**8**	**100%**	**18**	**100%**	**100%**

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
0 – 4	5	50%	2	25%	7	39%	35%
5 – 9	0	0%	3	38%	3	17%	19%
10 – 13	1	10%	1	12%	2	11%	18%
14 +	4	40%	2	25%	6	33%	28%
Total	**10**	**100%**	**8**	**100%**	**18**	**100%**	**100%**

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

Race/Ethnicity[3]	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	3	30%	3	38%	6	33%	35%
Black/African-American	6	60%	6	75%	12	67%	60%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	<1%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	<1%
Other	1	10%	0	0%	1	6%	
Unknown	0	0%	0	0%	0	0%	8%
Unable to Determine	0	0%	0	0%	0	0%	
Hispanic	2	20%	0	0%	2	11%	<1%
Total	**10**		**8**		**18**		

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

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[2] Percentages throughout the report may not sum to 100 percent due to rounding.
[3] Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.

Current Placement	In-home		Out-of-Home		Foster Care Population[4]
	#	%	#	%	%
Birth home (Biological Mother)	6	60%	-	-	
Birth home (Biological Father)	1	10%	-	-	
Birth home (Both Biological Parents)	1	10%	-	-	
Post-Adoptive Home (Mother)	0	0%	-	-	
Post-Adoptive Home (Father)	0	0%	-	-	
Post-Adoptive Home (Both Parents)	1	10%	-	-	
Kinship – Formal	-	-	5	62%	
Kinship – Informal	1	10%	0	0%	
Permanent Legal Custodian/Subsidized Legal Custodian	-	-	0	0%	35%
Traditional Foster Home	-	-	1	12%	
Therapeutic Foster Home	-	-	0	0%	37%
Group/Congregate Home	-	-	1	12%	22%
Residential Treatment Facility	-	-	0	0%	
Juvenile Correctional	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	1	12%	5%
Other	-	-	0	0%	1%
Total	10	100%	8	100%	100%

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

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[4] 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.

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

Indicator[5]	% Acceptable	% Unacceptable
Safety: Exposure to threats of harm	**94%**	**6%**
Family home #1	83%	17%
Family home #2	-	-
Substitute home	100%	0%
School	100%	0%
Other setting	100%	0%
Safety: Risk to self and others	**79%**	**21%**
Risk to self	71%	29%
Risk to others	86%	14%
Stability	**50%**	**50%**
Living arrangement	50%	50%
School	50%	50%
Living arrangement	**80%**	**20%**
Family home #1	92%	8%
Family home #2	-	-
Substitute home	62%	38%
Permanency	**56%**	**44%**
Physical health	**89%**	**11%**
Emotional well-being	**72%**	**28%**
Early learning and development	**100%**	**0%**
Academic status	**50%**	**50%**
Pathway to independence	**0%**	**100%**
Parent or caregiver functioning	**70%**	**30%**
Mother	50%	50%
Father	83%	17%
Substitute caregiver	100%	0%
Other	80%	20%

Figure 4: "Child/Youth & Family Domain Ratings" QSR Results

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[5] Indicator ratings in bold represent the indicator's overall score, which includes the ratings from all sub-indicators.

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

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

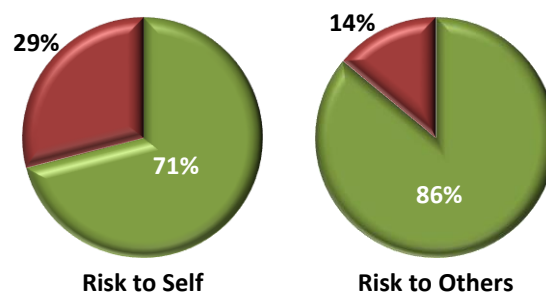| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	12	3	4	34	83%	2	0	0	17%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute Home	8	4	3	1	100%	0	0	0	0%
School	11	7	4	0	100%	0	0	0	0%
Other settings	3	3	0	0	100%	0	0	0	0%
Total		**17**	**11**	**4**	**94%**	**2**	**0**	**0**	**6%**

Figure 5: "Exposure to Harm" QSR Results

Figure 5 shows the frequency of ratings for the Safety from Exposure to harm indicator. The majority of ratings (97%) were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children was extremely limited. Parents worked with agency staff to rectify safety concerns and ensure safety of the children; together, they worked toward resolving those safety concerns. For example, in one in home case, mother obtained a Protection from Abuse order (PFA) against father, relocated from another state and required a safety contract when the child visits paternal family out of state.

While the ratings were overwhelmingly acceptable for this category, reviewers noted some exceptions. One in home case involved an early adolescent youth who was recently reunified with her mother after being in care for three years. Mother has a medical condition that manifests itself with chronic physical and cardiac issues as well as depression and anxiety. Mother's parent functioning is less than adequate, protective strategies are undocumented/unclear and child has little structure in the home (e.g., lack of curfew.)

Indicator 1b: Safety from Risk to Self/Others

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

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Risk to self	14	7	3	0	71%	3	1	0	29%
Risk to others	14	5	5	2	86%	1	0	1	14%
Total		12	8	2	79%	4	1	1	21%

Figure 6: "Behavioral Risk" QSR Results

The majority of the cases (79%) were rated as acceptable, meaning the children/youth were protected from all known threats of harm in most cases. CYF assesses for threats of harm at frequent intervals and develops safety plans with families when risks of harm are identified. In all cases in which the children/youth had a school setting, reviewers reported the children/youth were safe from exposure to harm at their school settings.

Risk to self was measured as in need of improvement in four cases, three of which were out-of-home cases. Two of those cases were also in need of improvement in risk to others. One case with concerns in both risk to self and risk to others involved a youth who is currently placed in out of home care. Increased visits with biological mother have led to negative behavior in the home (including verbal and physical aggression) and in the school setting (use of obscene hand gestures, spitting, hitting, flipping lunch trays and tripping classmates). The second case that was rated as unacceptable in both risk to self and risk to others involved a youth who had recently assaulted a staff member, causing significant physical injury while in a group home

setting. Child self-reported feeling angry enough to "murder someone." Congregate care placements have disrupted due to youth's refusal to return to the facility or youth's aggression.

PERMANENCY

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

Indicator 2:   Stability

Stability and continuity in a child/youth's living arrangement, school experience, and social support network is one factor that provides a foundation for normal development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. This indicator assesses the degree to which the child/youth's daily living and learning arrangements are stable and free from risk of disruptions; their daily settings, routines, and relationships are consistent over recent times; and known risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess relative stability of the child/youth's living arrangement and school settings.
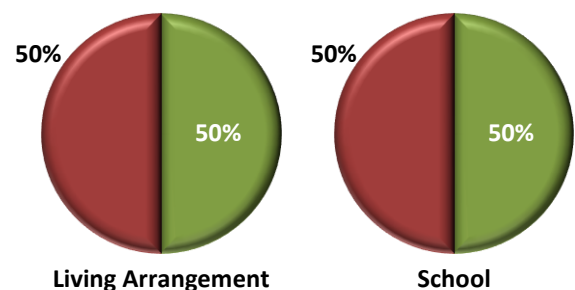
Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Living arrangement	18	4	2	3	50%	4	4	1	50%
School	12	5	0	1	50%	2	3	1	50%
Total		9	2	4	50%	6	7	2	50%

Figure 7: "Stability" QSR Results

Overall, among the applicable cases, stability ratings were equally divided between acceptable and unacceptable ratings. Reviewers attributed acceptable ratings to the lack of disruption in the placement settings, positive behavioral health status of the youth and lack of risk to harm to self or others. One particularly favorable rating was for a 14-year-old who has attended the same school for one year. Child displays maturity and responsibility as displayed by his independently travelling to school via public transportation (two buses to and from school daily).

When multiple placements did occur, they often resulted from attempts to secure permanency for the children/youth. One unfavorable rating involved a youth who experienced nine different

placements within a six-month period, including one three-month stay at an out of county group home. Youth had been in six shelters or group homes and three detention centers which interfered with permanency planning. The moves were due to the youth's own violent and out of control behaviors.

Indicator 3: Living Arrangement

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

| Family Home #1 | Family Home #2 | Substitute Home |

		Acceptable				Unacceptable			
Sub-indicator	N	6	5	4	%	3	2	1	%
Family home #1	12	4	4	3	92%	1	0	0	8%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute home	8	2	2	1	62%	2	1	0	38%
Total		**6**	**6**	**4**	**80%**	**3**	**1**	**0**	**20%**

Figure 8: "Living Arrangement" QSR Results

As seen in Figure 8, the Living Arrangement indicator was found to be within the acceptable range for 80 percent of the cases. Reviewers recognized the efforts of substitute caregivers, most notably formal kinship home providers, in providing stable homes for children/youth, as well as the efforts of caseworkers in ensuring children/youth in need of residential treatment were placed in the most appropriate facility to meet their specific needs. Reviewers also

recognized the willingness of the county to keep siblings together whenever possible and appropriate to do so.

In one out-of-home case, a favorable rating involved a child who had resided with resource mother for almost two years and had no reported safety concerns in the home or community. In another out of home case, the reviewers heard from several sources that the home has safety and stability concerns which could result in future disruption in placement. Caregiver is not consistently meeting the child's needs and has minimally appropriate living arrangements (residence is sparsely furnished and meets minimal standards for cleanliness), leading to the unfavorable rating.

Unacceptable ratings were attributed to a lack of supervision of the children/youth in their current living arrangements. For example, in one in home case, the child and mother have a described strained relationship, and mother reportedly makes poor parenting decisions due to her mental health instability that affect the child's stability and living arrangement. Child engages in drug and alcohol and associates with peers who engage in delinquent behavior. Mother's history of frequent moves has resulted in child's inability to do well in school. The current living arrangement is stable with his maternal aunt who provides structure and boundaries for him.

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 for a lifetime. 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.

44%   56%
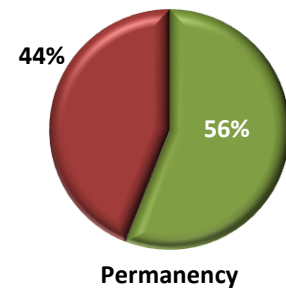
Permanency

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Permanency	18	4	5	1	56%	5	3	0	44%
Total		4	5	1	56%	5	3	0	44%

Figure 9: "Permanency" QSR Results

As seen in Figure 9, the ratings for the Permanency indicator was deemed acceptable in 56 percent of the cases reviewed. In one-third of the out-of-home cases, the kinship/foster care resource family was considering adoption or legal guardianship. All in-home cases were reported to have the children/youth living with at least one of their biological parents with no reported threats of future removal. In fact, as noted earlier in one in-home case, the biological mother and father reported planning to reunite the family once the mother has stabilized her mental health, further increasing stability and permanency for the child/youth. Another child has already achieved legal permanence through adoption, and the caregivers are working to reduce the risk of future family disruption through post- permanency services.

Unacceptable ratings stemmed from a variety of causes, including a youth's aging out of the system with no permanency plan and the youth's refusal to sign an affidavit to remain involved with the agency. For others, the unacceptable permanency ratings were due to caregiver's instability, legal decisions for placement due to child's truancy and strained caregiver/parent relationship which could jeopardize a potentially permanent placement.

WELL-BEING

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

Indicator 5: Physical Health

A child/youth should achieve and maintain 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.
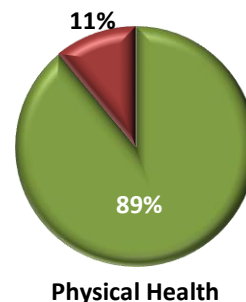
Physical Health

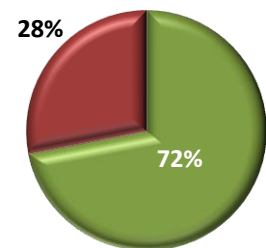| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Physical Health	18	8	7	1	89%	2	0	0	11%
Total		**8**	**7**	**1**	**89%**	**2**	**0**	**0**	**11%**

Figure 10: "Physical Health" QSR Results

Figure 10 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 89 percent of the cases reviewed. The review found that, while many children/youth had chronic and oftentimes serious medical

conditions, medical concerns were being appropriately addressed and closely monitored by the agency and caregivers.

Of the two unacceptable ratings, one rating was attributed to a youth with a chronic sleeping condition and irregular heartbeat. Mother has not maintained consistent medical follow up for child due to her untreated mental health that limits her ability to make sound parenting decisions, thus preventing the youth from receiving medication for a behavioral health diagnosis. Another unacceptable rating was due to a child in need of follow up for a cleft palate, cavities audiology evaluation and a well-child visit. In this situation, the parents also have unaddressed mental health challenges that affect their ability to maintain physical health care for their child.

Indicator 6: Emotional Well-being

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

Emotional Well-being

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Emotional Well-Being	18	5	5	3	72%	3	0	2	28%
Total		**5**	**5**	**3**	**72%**	**3**	**0**	**2**	**28%**

Figure 11: "Emotional Well-being" QSR Results

Figure 11 displays the frequency of ratings for the Emotional Well-being indicator. In 72 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. Reviewers attributed the acceptable ratings to strong attachments between children and their parents and caregivers, the overall stability of adults' own emotional well-being, and children's positive social interactions with siblings and peers.

Unacceptable ratings were found in five cases. Two youth engaged in violent behavior, with one in particular who self-identified as violent and angry, having boasted about hurting a staff

member. In another case, a 17-year-old youth demonstrates inconsistency with meeting established behavioral expectations. Child has demonstrated challenges in forming positive peer relationships, demonstrates a lack of trust and the ability to regulate emotions. The child identified a counselor from the group home as the only trustworthy person in the child's life and that the child often feels hopeless.

Indicator 7a: Early Learning and Development

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

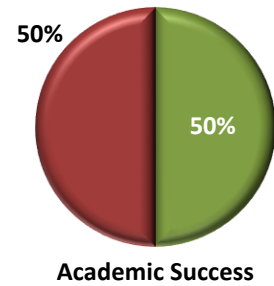| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Early Learning & Development	8	4	4	0	100%	0	0	0	0%
Total		4	4	0	100%	0	0	0	0%

Figure 12: "Early Learning & Development" QSR Results

Of the eight cases reviewed with children younger than age eight, all eight cases (100 percent) were rated as acceptable for the Early Learning and Development (see Figure 12). Reviewers reported that the children were progressing appropriately and were on target with development milestones. The children were enrolled in early intervention programs, attended daycare centers, and had regular monitoring of their health by medical providers. One of the five-year-old children is enrolled in a therapeutic pre-school program with an Individualized Education Plan (IEP). The caregiver requested a re-evaluation of the IEP in response to child's recommended transition to kindergarten.

Indicator 7b: Academic Status

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

50% **50%**

Academic Success

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Academic Status	10	3	1	1	50%	3	2	0	50%
Total		**3**	**1**	**1**	**50%**	**3**	**2**	**0**	**50%**

Figure 13: "Academic Status" QSR Results

The frequency of ratings for the Academic Status indicator is displayed in Figure 13. The academic status was considered acceptable for half of the applicable cases. Out of ten cases reviewed, five were out of home cases. In regard to favorable ratings, the reviewers found that in one out of home case the seven year old child was attending school regularly, doing well academically and participated in after school activities. In another out of home case rated favorably, the reviewers found that the child had been enrolled in school and that the resource caregiver was monitoring progress of special education services, as supported by the IEP.

In one out of home case, the child had moved among several placements. Within a 30-day period the child had been in five placements and had not attended a school at three of the placements. Another youth had an academic status rated as needing refinement despite the fact that the youth was in an appropriate educational program and was minimally meeting core requirements. A drop in grades during the last reporting period assumed to be attributed to a placement change caused concern for the youth's academic success. The youth has since shown improvement in academic achievement and maintains good school attendance.

Indicator 8: Pathway to Independence

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

100%

Pathway to Independence

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

Figure 14: "Pathways to Independence" QSR Results

As seen in Figure 14, only one case was rated for the Indicator Pathway to Independence. This rating was rated as unacceptable due to the lack of a clear path to independence for this soon-to-be 18-year-old youth. The current living arrangement for the youth imposed strict restrictions which led to exaggerated behaviors from the youth. After being in multiple group homes, the restrictions of the current placement led to a reported feeling of helplessness and, from the youth's perspective, no voice in planning to obtain independence. The youth appeared to be willing to sign an affidavit to remain in care past the 18th birthday if a new placement would be considered that would teach independent living skills.

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 basic developmental stages that children/youth experiences, as well as awareness of 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.
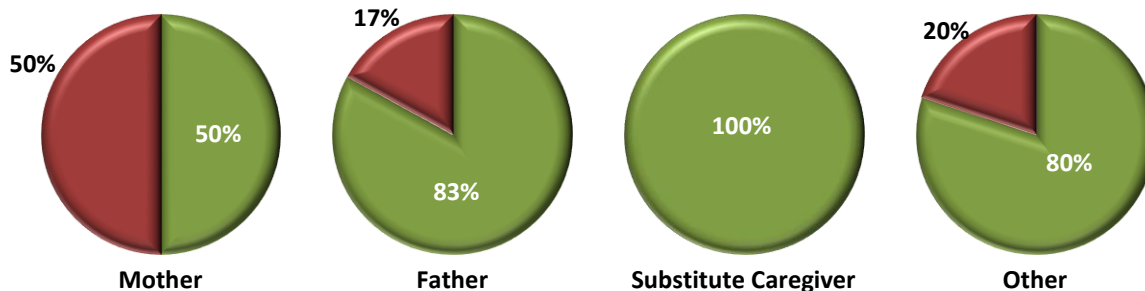
Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	16	3	1	4	50%	5	1	2	50%
Father	6	1	1	3	83%	1	0	0	17%
Substitute Caregiver	6	3	2	1	100%	0	0	0	0%
Other	5	1	1	2	80%	1	0	0	20%
Total		8	5	10	70%	7	1	2	30%

Figure 15: "Caregiver Functioning" QSR Results

As seen in Figure 15, overall, the functioning of the parent/caregiver was rated as acceptable for 70 percent of the sub-indicators. However, Mother's caregiver functioning was less likely to be rated as acceptable (50%) than the "father's caregiver functioning" (83%). All rated substitute caregivers were acceptable at 100 percent.

While the rating for the caregiving function of Fathers was rated as unacceptable in half of the applicable cases, many fathers in Allegheny County are demonstrating capacity as positive primary caregivers. In one in-home case, Father's functioning was deemed acceptable for child to visit out of state for a month due to his demonstration of adequate to fair parenting capacities on a reliable basis. Information from interviews reveals he has a connection with the youth and regularly communicates with the youth via telephone.

One case reviewed had an unacceptable rating for both Mother and Father. Neither parent is currently involved in the daily care, education, medical or behavioral health treatment decisions. In the past 90 days, Mother had not demonstrated the required behavioral changes necessary for reunification, as she had not begun family therapy nor has agreed to demonstrate flexibility in her parenting style and communication with her children to address parent-child conflict.

Among cases with unacceptable ratings, Mothers were most often reported to demonstrate inconsistency in parenting. Reviewers noted one Mother from an in-home case had untreated mental health challenges that affected her ability to parent her child. Mother's lack of mental

health stability contributed to her child's inability to receive consistent and necessary follow up physical health care.

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. 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.

Indicator	% Acceptable	% Unacceptable
Engagement efforts	**55%**	**45%**
Child/youth	67%	33%
Mother	62%	38%
Father	33%	67%
Substitute caregiver	75%	25%
Other	20%	80%
Role & voice	**51%**	**49%**
Child/youth	60%	40%
Mother	62%	38%
Father	30%	70%
Substitute caregiver	62%	38%
Other	20%	80%
Teaming	**42%**	**58%**
Formation	44%	56%
Functioning	39%	61%
Cultural awareness & responsiveness	**80%**	**20%**
Child/youth	89%	11%
Mother	94%	6%
Father	50%	50%
Assessment & understanding	**47%**	**53%**
Child/youth	56%	44%
Mother	44%	56%
Father	25%	75%
Substitute caregiver	71%	29%
Long-term view	**50%**	**50%**
Child/youth & family planning process	**45%**	**55%**
Child/youth	50%	50%
Mother	50%	50%
Father	33%	67%
Substitute caregiver	44%	56%
Planning for transitions & life adjustments	**23%**	**77%**
Efforts to timely permanence	**38%**	**62%**
Efforts	44%	56%
Timeliness	25%	75%
Intervention adequacy & resource availability	**72%**	**28%**
Adequacy	61%	39%
Availability	83%	17%
Maintaining family relationships	**44%**	**56%**

18

Indicator	% Acceptable	% Unacceptable
Mother	67%	33%
Father	29%	71%
Siblings	30%	70%
Other	100%	0%
Tracking & adjusting	**69%**	**31%**
Tracking	72%	28%
Adjusting	67%	33%

Figure 16: "Practice Performance Domain Ratings" QSR Results

Indicator 1a: Engagement Efforts

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

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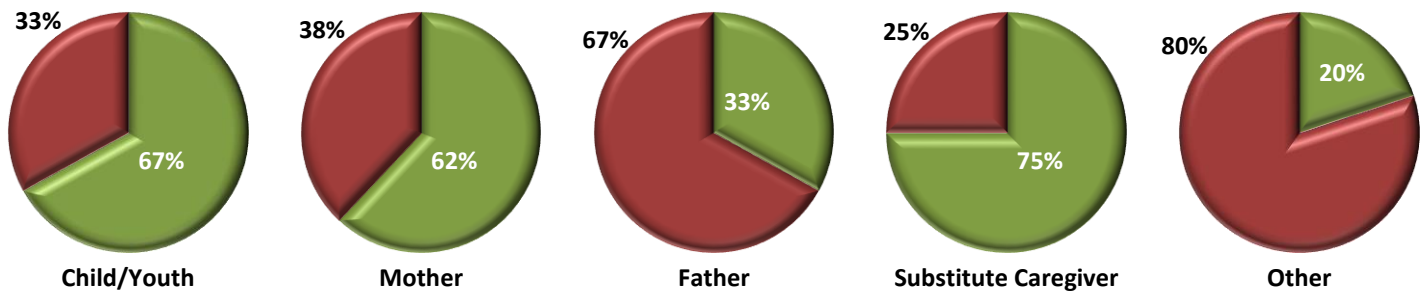

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	12	2	4	2	67%	1	3	0	33%
Mother	16	1	5	4	62%	2	3	1	38%
Father	12	0	3	1	33%	0	5	3	67%
Substitute Caregiver	8	2	1	3	75%	2	0	0	25%
Other	5	1	0	0	20%	2	2	0	80%
Total		6	13	10	55%	7	13	4	45%

Figure 17: "Engagement Efforts" QSR Results

Figure 17 gives the frequency of ratings for the Engagement Efforts indicator. Fifty five percent of cases were rated acceptable across the five sub indicators. Engagement efforts were more like to be as acceptable for the children/youth (67%) and substitute caregivers (75%). Based on earlier discussion, it is not surprising that mothers were much more likely to be engaged (62%) than fathers (33%). Four of 12 fathers were rated acceptable, equally divided between in-home and out-of-home cases.

In a favorable case, the family plan was generated late to allow for father's input and participation. His professional status was respected and taken into account, including maintaining email communication at his request.

Fathers were reportedly not engaged for a variety of reasons; however, in cases where fathers were present, they were minimally involved. One Father reported that the family plan was created without family input and consisted of goals which were not aligned with service providers' or family's long term view. Another Father reviewed had been minimally involved when the case opened. He reportedly has mental health challenges with no current assessments. There is concern about past harsh physical discipline and domestic violence with mother and it was reported that he attended a court hearing where his behavior was described as "disruptive" and "verbally aggressive."

One Father resides out of state, and the existing Family Service Plans do not address him or his child. There was no evidence that Father was engaged in the last planning process. CYF did not have a current contact number for Father, yet the information was readily available by child and Mother.

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.
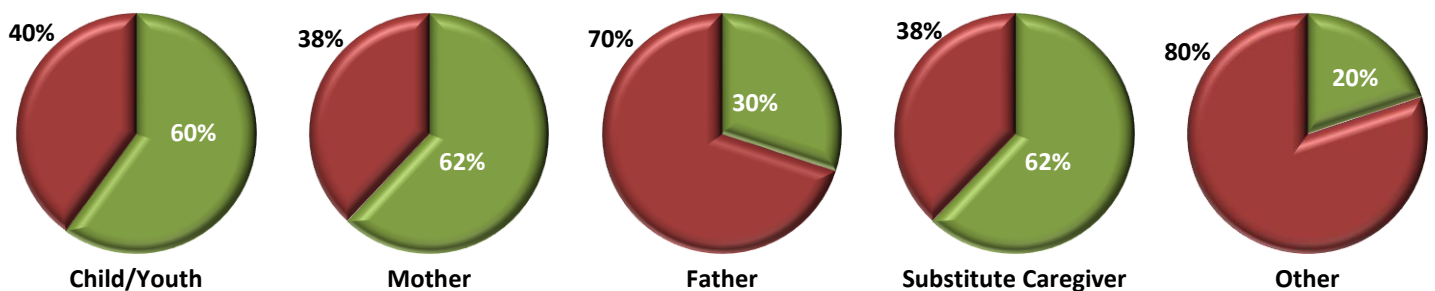
| Child/Youth | Mother | Father | Substitute Caregiver | Other |

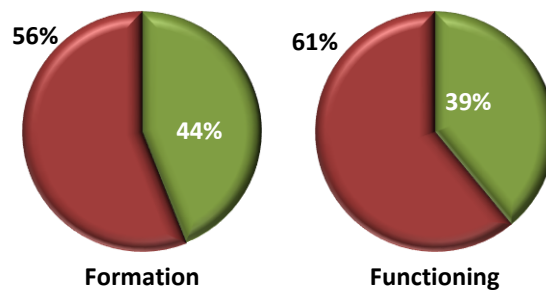| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	10	0	4	2	60%	3	0	1	40%
Mother	16	2	3	5	62%	3	3	0	38%
Father	10	0	1	2	30%	0	2	5	70%
Substitute Caregiver	8	1	2	2	62%	3	0	0	38%
Other	5	0	1	0	20%	2	0	2	80%
Total		3	11	11	51%	11	5	8	49%

Figure 18: "Role & Voice" QSR Results

Figure 18 gives the frequency of ratings for the Role and Voice indicator. Just over half (51%) of the cases were rated as acceptable across five sub-indicators. Role and Voice was rated favorably for mothers and substitute caregivers (62% for each). One 18-year-old mother with a three-year-old child reported that she is fully involved in the development and adjustment of goals. The team often works from Mother's strengths of being a committed parent. The number of acceptable ratings for three of the five sub-indicators, specifically children/youth, mothers and fathers, was lower for the Role and Voice indicator as compared to the Engagement indicator, suggesting that those who are engaged may not be given the opportunity for full participation. This is especially disconcerting, considering one of the ten cases reviewed involved an older youth who reported not feeling any say in case planning (unacceptable for the Pathway to Independence indicator).

Reviewers noted a Mother who feels that she plays a marginal role and has limited voice in reunification with her children who are in out of home kinship care. Another mother reviewed felt that her Family Plan was pushed through from an old plan and she was not involved in formulating goals. Other parents were reported as "disengaged" in their children/ youth's case and did not wish to participate.

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.

56% 44%
Formation

61% 39%
Functioning

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 together effectively 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.

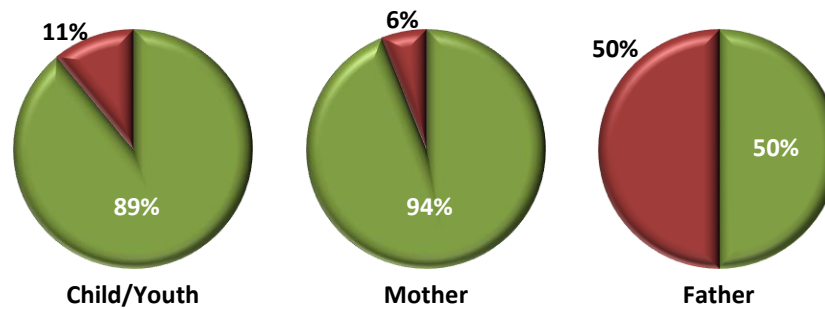| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Formation	18	2	0	6	44%	6	4	0	56%
Functioning	18	1	1	5	39%	6	4	1	61%
Total		**3**	**1**	**11**	**42%**	**12**	**8**	**1**	**58%**

Figure 19: "Teaming" QSR Results

Successful team formation and functioning was attributed to weekly communication regarding goals, and consistent visits with the family. For one family reviewed, team members communicate weekly regarding Mother and child's goals and remain a strong, strength- focused support for the family. For several cases, teaming and formation was evident but needed to be refined.

In more than half (58%) of the cases reviewed, the overall Teaming Indicator was rated as unacceptable. The "Formation" indicator was rated as (44%) and "Functioning" was (39%), when teams did form, they did were not likely to function successfully. Reviewers rated five of eight out of home cases unfavorably. In many instances there was no identified family team or assessments for the family. For one family, it was concerning that a sibling in placement would be returning home and the team members seemed to be unaware. For another youth, academic standing was perceived by some team members that the child/youth would be graduating when the actual grade standing was tenth grade. In one family, court documents were not sent to pertinent members of the team.

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; here, focus is placed 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.

		Acceptable				**Unacceptable**		
Sub-indicator	**N**	**6**	**5**	**4**	**%**	**3**	**2**	**1**	**%**
Child/Youth	18	7	8	1	89%	1	0	1	11%
Mother	16	6	6	3	94%	0	0	1	6%
Father	12	2	2	2	50%	0	2	4	50%
Total		**15**	**16**	**6**	**80%**	**1**	**2**	**6**	**20%**

**Figure 20: "Cultural Awareness & Responsiveness" QSR Results**

Cultural Awareness and Responsiveness indicator was rated as acceptable in 80 percent of the cases, as seen in Figure 20. Reviewers reported that when cultural aspects of the case were identified, they were generally addressed. In one family who identified as Hispanic, the cultural beliefs of the family are recognized and acknowledged. Providers working with the family are reportedly culturally sensitive and meet the family's cultural preferences.

Unacceptable ratings for this indicator for Fathers were attributed mostly to a lack of engagement with Fathers, as evidenced in each of the twelve cases. In one case, father was recently released from jail and was living in a halfway house outside of the city, but no one had engaged with him. His extended family had not been contacted as additional supports for Mother and child.

Indicator 4: Assessment & Understanding

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

used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.
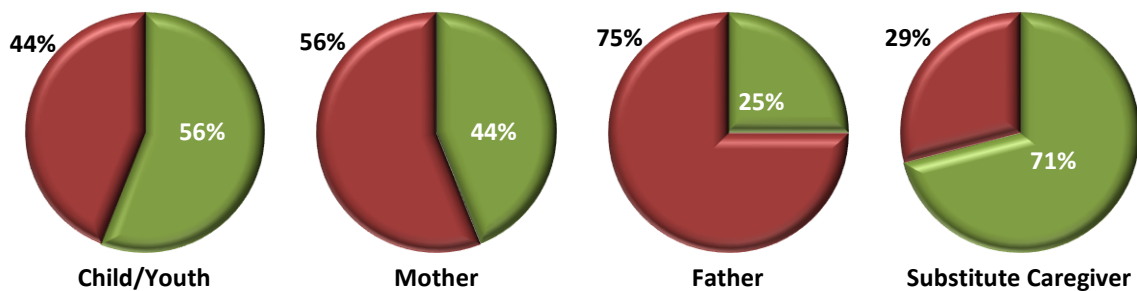
| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	18	1	5	4	56%	3	3	2	44%
Mother	16	0	5	2	44%	3	5	1	56%
Father	12	0	3	0	25%	2	1	6	75%
Substitute Caregiver	7	1	3	1	71%	2	0	0	29%
Total		2	16	7	47%	10	9	9	53%

Figure 21: "Assessment & Understanding" QSR Results

As seen in Figure 21, the Assessment and Understanding indicator was rated as acceptable in 47 percent of the cases reviewed, with 40 percent of the out of home cases and 70 percent of the in home cases rated as favorable. Substitute caregivers in out-of-home cases were significantly more likely to have a favorable rating (71%). One example of a favorable assessment and understanding rating is a case with a Father who has custody of eleven children. Father has been assessed as the lead of the family system; he exercises parental control and is the decision maker.

Assessment and understanding of one possible substitute caregiver was rated as unfavorable due to the agency's lack of immediate attention to the request for an interstate compact in order to assess the caregiver's current status, household dynamic and level of functioning. As it relates to Fathers, this indicator was rated as unacceptable in 75 percent of the cases, while it was rated as unacceptable in 56 percent of the cases relating to Mothers. Reviewers noted that the lack of assessment and understanding was tied to lack of engagement. For Fathers with no documented diligent efforts to locate and engage, feedback could not be attained on cultural beliefs or service planning from their perspective.

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:

50%

50%

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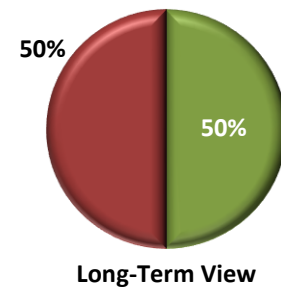
- The purpose and path of interventions for achieving safe case closure;
- The capacities and conditions necessary for safe case closure; and
- The family's knowledge and supports to sustaining those capacities and conditions following safe case closure with child welfare intervention.

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Long-Term View	18	2	3	4	50%	2	6	1	50%
Total		**2**	**3**	**4**	**50%**	**2**	**6**	**1**	**50%**

**Figure 22: "Long-term View" QSR Results**

Figure 22 gives the frequency of ratings for the Long-Term View indicator. In half of all cases reviewed, this indicator was rated as acceptable. In an acceptable rating, the providers understood the family's needs and agreed on what it will take to achieve safe case closure. Reviewers attribute the unacceptable ratings to a lack of teaming and communication among those responsible for the family as to what it will take to achieve safe case closure and strengthen the family, independent of formal system involvement.

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.
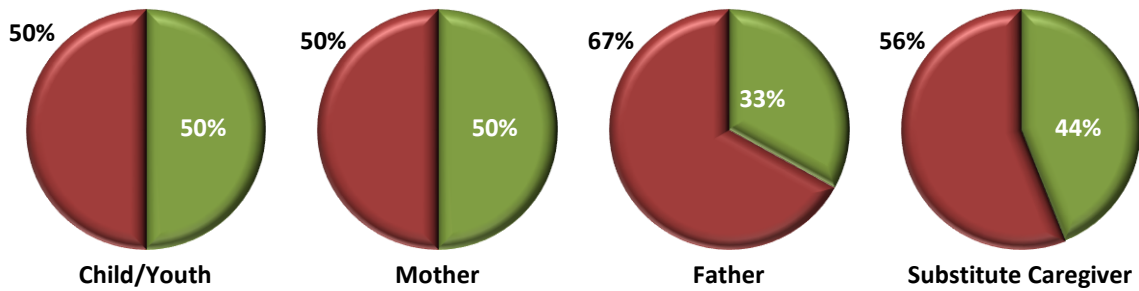
| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	18	2	0	7	50%	6	1	2	50%
Mother	16	1	0	7	50%	5	2	1	50%
Father	12	0	0	4	33%	1	2	5	67%
Substitute Caregiver	9	0	1	3	44%	5	0	0	56%
Total		3	1	21	45%	17	5	8	55%

Figure 23: "Child/Youth & Family Planning Process" QSR Results

As seen in Figure 23, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable for 45 percent of the sub indicators. In one favorable case reviewed, planning processes with the child, father and mother were rated as acceptable. With supports offered through an in-home services provider, the assessed needs of the family resulted in appropriate referrals. Mental health supports were in place for several of the siblings of the focus child. Family needs related to communication among the adult members, discipline practices for the children and creation of a daily structure were addressed in planning with the family.

Unacceptable ratings regarding the Child/Youth and Family Planning Process indicator appeared to be directly impacted by inadequate progress planning for transitions and life adjustments, as evidenced in written case summaries by reviewers which cited that the planning process was made more difficult, or in some cases did not exist, when team members working with the families were excluded from planning and did not understand goals.

Indicator 7: Planning for Transitions & Life Adjustments

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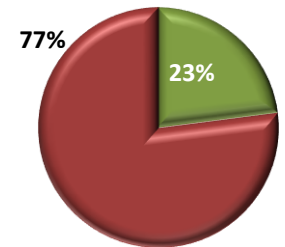
Planning for Transitions & Life Adjustments

Alternative timeframes are used for the ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.
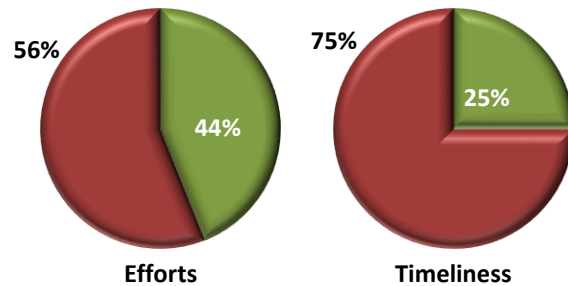
Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Planning for Transitions & Life Adjustments	13	0	1	2	23%	3	6	1	77%
Total		**0**	**1**	**2**	**23%**	**3**	**6**	**1**	**77%**

Figure 24: "Planning for Transitions & Life Adjustments" QSR Results

Figure 24 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. In one case, reviewers rated this indicator as acceptable in only 23 percent of cases. Reviewers suggested that poor teaming, especially in cases of older youth, directly contributed to the unacceptable ratings. In one family, there were no goals created to keep a child who had recently been reunified with mother safely at home. Child was not doing well in school, mother was unable to verbalize a current safety plan (as she had failed to keep child safe from harm in the past) and mother's other children were going to be reunified which would have led to target child being placed in the position to co parent the siblings. In addition, mother has a physical health condition that causes her to become incapacitated or Hospitalized without warning and there is no contingency plan in place to for child.)

Indicator 8: Efforts to Timely Permanence

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 permanence 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.

Efforts   **Timeliness**

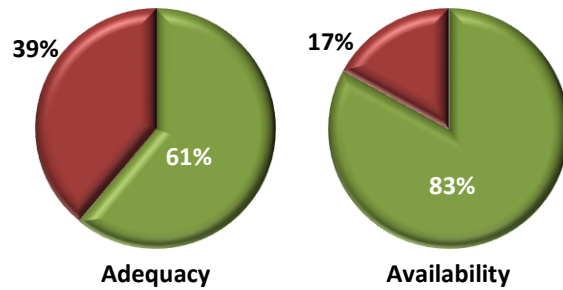| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Efforts	18	1	3	4	44%	5	5	0	56%
Timeliness	8	0	1	1	25%	4	2	0	75%
Total		**1**	**4**	**5**	**38%**	**9**	**7**	**0**	**62%**

Figure 25: "Efforts to Timely Permanence" QSR Results

As seen in Figure 25, 38 percent of the ratings overall for the Efforts to Timely Permanency indicator were acceptable. The "Efforts" indicator (44%) was more likely to be rated more acceptable than the "Timeliness" indicator (25%). There were two cases that were rated acceptable for both Efforts and Timeliness. In one out of home case, there had been an acceptable effort by team members to strategize around permanency, including termination of parental rights. However, the adoption petition had not yet been filed. The permanency goal of adoption was expected to occur within the next 60 days.

Reviewers attributed the unacceptable ratings to the failure to establish concurrent goals in a timely manner and a lack of teaming, leading to team members' pursuits of separate permanency goals. In one case reviewed mother did not wish to reunify with her child but the goal remains reunification. The child has been in placement for several months and would soon age out of the system. There was no alternative plan, and reviewers found that there needs to be a more in depth assessment of what the child needs to ensure the plan is individualized, feasible and attainable.

Indicator 9: Intervention Adequacy & Resource Availability

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

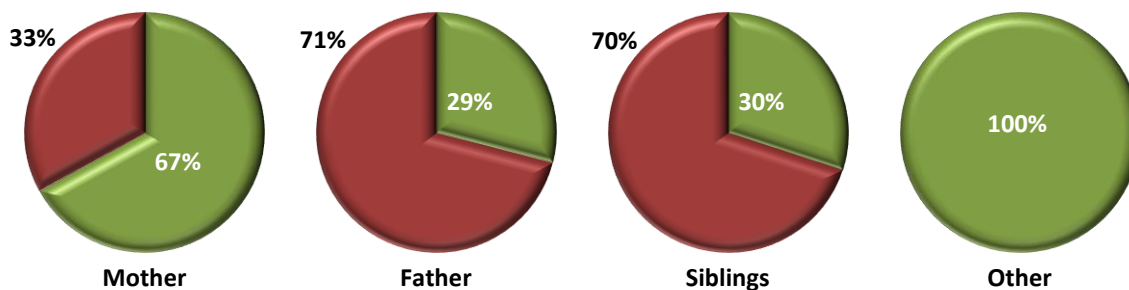| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Adequacy	18	1	5	5	61%	5	2	0	39%
Availability	18	4	9	2	83%	3	0	0	17%
Total		**5**	**14**	**7**	**72%**	**8**	**2**	**0**	**28%**

Figure 26: "Intervention Adequacy & Resource Availability" QSR Results

Figure 26 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 72 percent of ratings. Reviewers attributed the acceptable ratings to the services available county-wide. Culturally responsiveness post-permanency services were being utilized for a family to preserve an adoption, including race/ethnicity and educational needs. One mother with a successful case closure had been referred by CYF to a provider as she was not fully prepared for independent parenting, despite adequate resources in place to sufficiently maintain the home. When the referral was made, CYF did not have full understanding of the services offered. This provider made a crucial referral for a behavioral specialist for the mother which continues to work with her.

While the ratings were overwhelmingly acceptable for this indicator, it should be noted that while resources are available in Allegheny County, reviewers did find that in some areas informal supports located outside of the region have been inaccessible or inconsistently available to families due to limited transportation in certain housing communities. In addition, lack of assessments and understanding of each family member may be at the root for case participants' not receiving the services they need.

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	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	6	1	1	2	67%	2	0	0	33%
Father	7	1	1	0	29%	0	1	4	71%
Siblings	10	1	0	2	30%	1	3	3	70%
Other	2	0	2	0	100%	0	0	0	0%
Total		3	4	4	44%	3	4	7	56%

Figure 27: "Maintaining Family Connections" QSR Results

As seen in Figure 27, 44 percent of the ratings were acceptable for maintaining family connections. The county performed well for maintaining relationships among Mothers and children/youth and their "other" family members but performed significantly poorer at maintaining family connections with Fathers and siblings. Reviewers noted that sometimes the family chose not to maintain contact, such as an in- home case with a sibling in placement who is unwilling to visit. One mother was given transportation assistance to visit with her child in placement and refused to attend. Another mother ensured that her children visit with one another by visiting with them all together.

Indicator 11: Tracking & Adjusting

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

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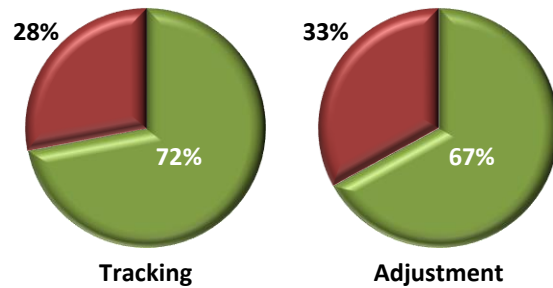
- The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments;
- Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family; and
- Constant efforts are made to gather and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

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Tracking	18	2	5	6	72%	1	4	0	28%
Adjustment	18	2	2	8	67%	2	3	1	33%
Total		**4**	**7**	**14**	**69%**	**3**	**7**	**1**	**31%**

Figure 28: "Tracking & Adjusting" QSR Results

As seen in Figure 28, the Tracking and Adjustment indicator was rated as acceptable in 69 percent of ratings. Tracking (72%) was more likely than Adjustment (67%) to be rated as acceptable. Reviewers directly related the acceptable scores to successful team formation and team functioning. For example, in one case, all service support workers are meeting with the child and foster parent routinely. The kinship foster parents expressed that they have open communication with the family services workers since the placement of the child and they advocated their desires to keep the children in their care, especially due to limited progress made by the biological parents.

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

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

Child/Youth Demographics

The demographics of each child/youth and the current placement setting from the first through the fourth rounds of state-supported QSRs (QSRs conducted February 2011, 2012, 2013, and March 2014), are reported below.

Sex	Round One		Round Two		Round Three		Round Four	
	#	%	#	%	#	%	#	%
Male	11	58%	7	37%	11	58%	10	56%
Female	8	42%	12	63%	8	42%	8	44%
Total	**19**	**100%**	**19**	**100%**	**19**	**100%**	**18**	**100%**
Age	**Round One**		**Round Two**		**Round Three**		**Round Four**	
	#	%	#	#	#	%	#	%
0 − 1	3	16%	4	21%	4	21%	4	22%
2 − 5	3	16%	7	37%	4	21%	4	22%
6 − 9	6	32%	3	16%	2	11%	2	11%
10 − 12	3	16%	0	0%	6	32%	0	0%
13 − 15	2	11%	1	5%	2	11%	7	39%
16 − 17	2	11%	2	11%	1	5%	1	6%
18 +	0	0%	2	11%	0	0%	0	0%
Total	**19**	**100%**	**19**	**100%**	**19**	**100%**	**18**	**100%**

Figure 29: Sex and Age of Focus Children/Youth from Rounds One through Four

Race/Ethnicity	Round One		Round Two		Round Three		Round Four	
	#	%	#	%	#	%	#	%
White/Caucasian	8	42%	7	37%	11	58%	6	33%
Black/African-American	8	42%	14	74%	9	47%	12	67%
American Indian or Alaskan Native	1	5%	0	0%	0	0%	0	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0	0%
Asian	0	0%	0	0%	0	0%	0	0%
Other	4	21%	0	0%	0	0%	1	6%
Unknown	0	0%	0	0%	0	0%	0	0%
Unable to Determine	0	0%	0	0%	0	0%	0	0%
Hispanic	0	0%	2	11%	0	0%	2	11%
Total	**19**		**19**		**19**		**18**	

Figure 30: Race and Ethnicity of Focus Children/Youth from Rounds One through Four

Current Placement[6]	Round One		Round Two		Round Three		Round Four	
	#	%	#	#	#	%	#	%
Birth home (Biological mother)	5	26%	4	21%	6	32%	6	33%
Birth home (Biological father)	2	11%	1	5%	2	11%	1	6%
Birth home (Both biological parents)	0	0%	2	11%	3	16%	1	6%
Pre-adoptive home	1	5%	■	■	■	■	■	■
Post-adoptive home	0	0%	0	0%	0	0%	1	6%
Traditional foster home	2	11%	2	11%	4	21%	1	6%
Relative foster home	5	26%	■	■	■	■	■	■
Formal kinship foster home	■	■	5	26%	4	21%	5	28%
Informal kinship foster home	■	■	0	0%	0	0%	1	6%
Therapeutic foster home	2	11%	2	11%	0	0%	0	0%
Group/congregate home	2	11%	0	0%	0	0%	1	6%
Residential treatment facility	0	0%	0	0%	0	0%	0	0%
Institution	0	0%	■	■	■	■	■	■
Subsidized/permanent legal custodianship	0	0%	0	0%	0	0%	0	0%
Juvenile correctional facility	0	0%	0	0%	0	0%	0	0%
Medical/psychiatric hospital	0	0%	2	11%	0	0%	0	0%
Detention	0	0%	1	5%	0	0%	1	6%
Supervised independent living	0	0%	■	■	■	■	■	■
Runaway	0	0%	■	■	■	■	■	■
Other	0	0%	0	0%	0	0%	0	0%
Total	19	100%	19	100%	19	100%	18	100%

Figure 31: Current Placement Types of Focus Children/Youth from Rounds One through Four

Acceptable Ratings by Round

The percent of cases rated acceptable during the fourth round of state-supported QSRs are compared to those cases rated acceptable during the first, second, and third rounds. Bar graphs (Figures 32 and 33) depict the acceptable ratings from Round One to Round Four by domain.

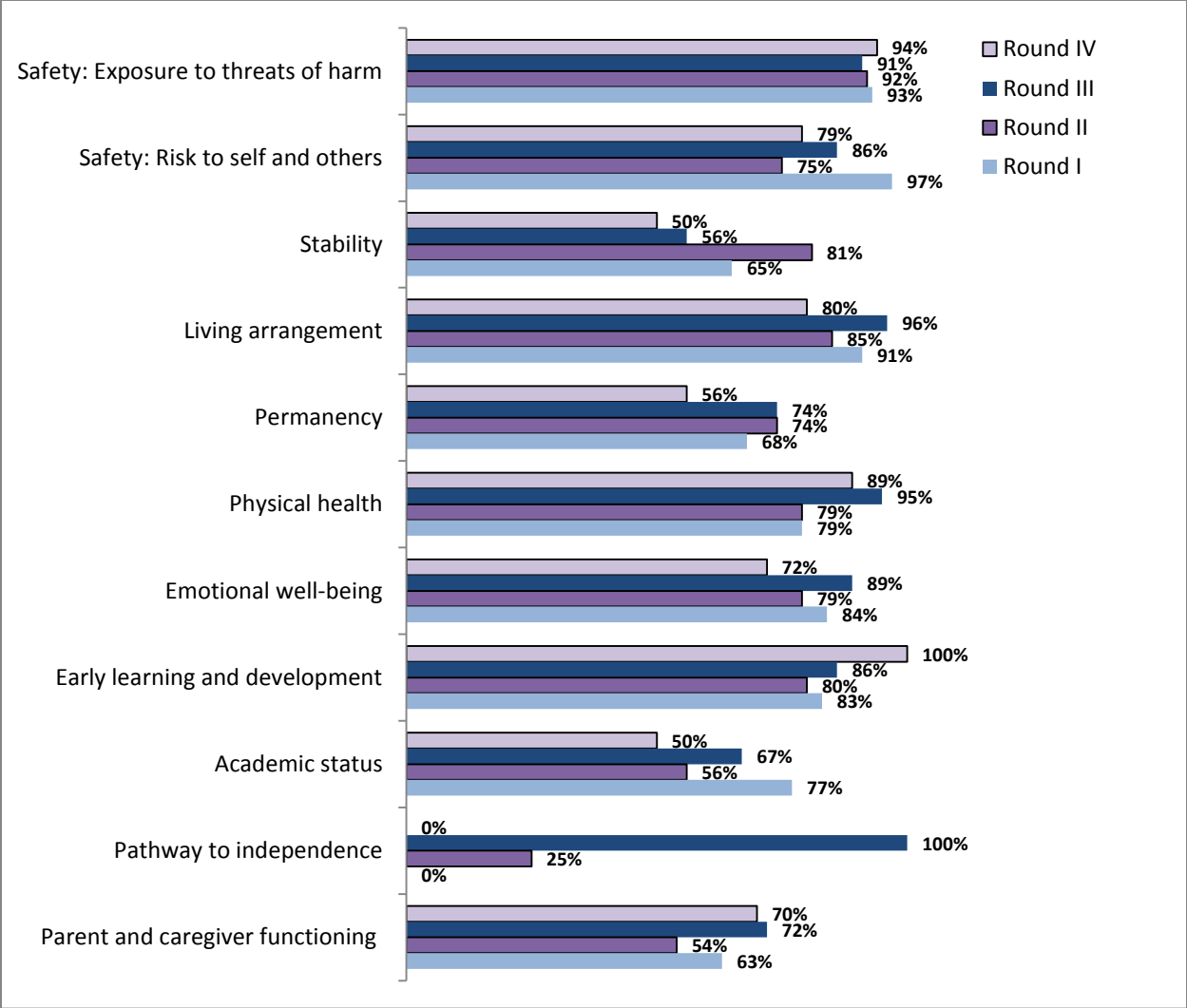[6] From Round One to Round Two the placement settings available to select by reviewers changed.

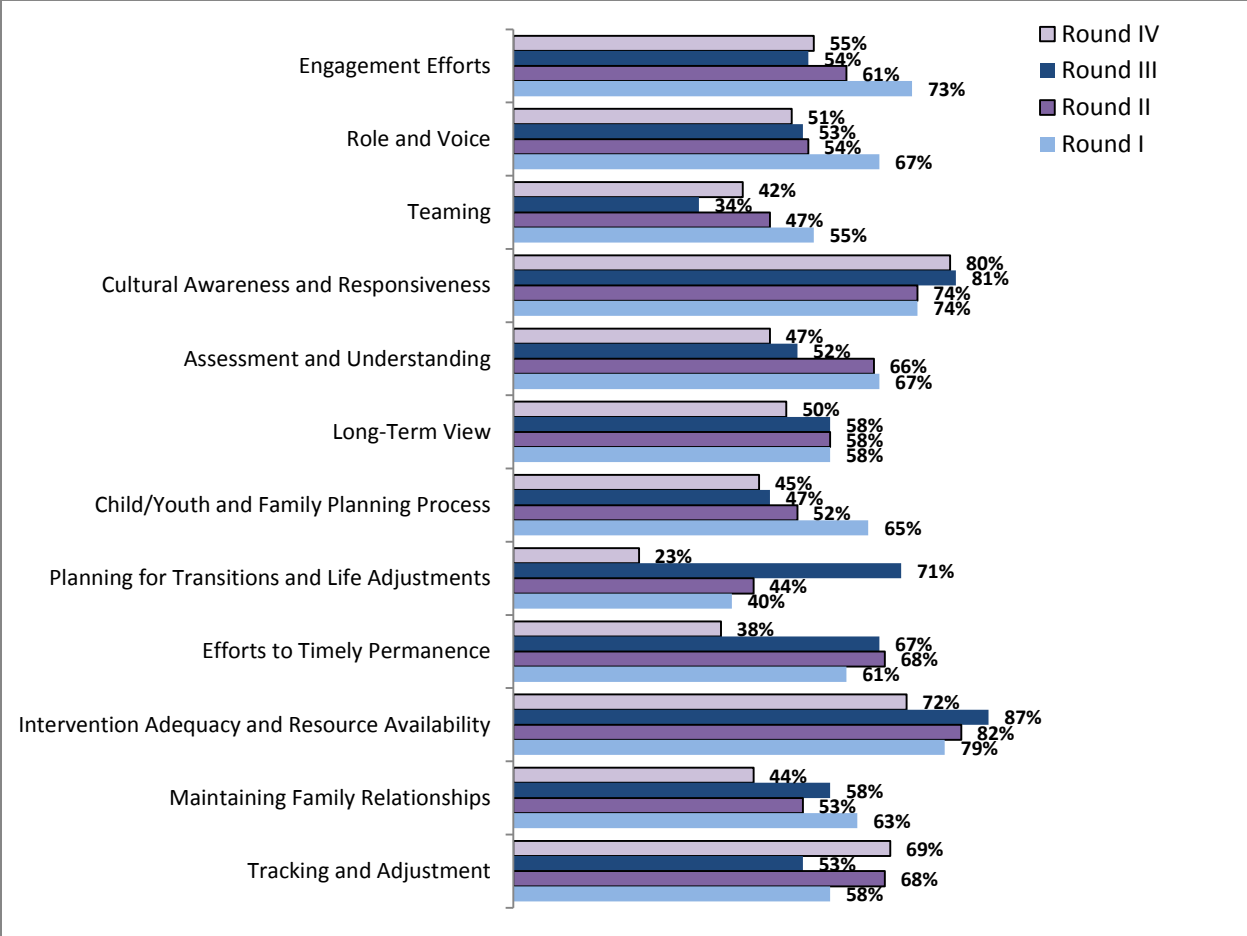**Figure 32: "Child/Youth & Family Domain" Acceptable Ratings by Round**

Figure 33: "Practice Performance Domain" Acceptable Ratings by Round

Legend: Round IV, Round III, Round II, Round I

Engagement Efforts: 55%, 54%, 61%, 73%

Role and Voice: 51%, 53%, 54%, 67%

Teaming: 42%, 34%, 47%, 55%

Cultural Awareness and Responsiveness: 80%, 81%, 74%, 74%

Assessment and Understanding: 47%, 52%, 66%, 67%

Long-Term View: 50%, 58%, 58%, 58%

Child/Youth and Family Planning Process: 45%, 47%, 52%, 65%

Planning for Transitions and Life Adjustments: 23%, 71%, 44%, 40%

Efforts to Timely Permanence: 38%, 67%, 68%, 61%

Intervention Adequacy and Resource Availability: 72%, 87%, 82%, 79%

Maintaining Family Relationships: 44%, 58%, 53%, 63%

Tracking and Adjustment: 69%, 53%, 68%, 58%