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

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

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

By
Hornby Zeller Associates, Inc.

On Behalf of the
Pennsylvania Office of Children, Youth and Families
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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.[1]

Pennsylvania's QSR Protocol, developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The *QSR Protocol* contains qualitative indicators that measure the current status of the focus child/youth[2] 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 will establish a baseline for nine

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[1] For more information on the framework of Pennsylvania's Continuous Quality Improvement process, please see the *QSR Protocol*.
[2] For each of the in-home cases selected for review, one child was selected as the "focus child" about whom reviewers were asked to rate the child-specific indicators.

specific CFSR items needing improvement; during the second year, progress will be measured against the baseline on an item-by-item basis. The phased in approach to this statewide CQI effort will allow for ongoing evaluation and monitoring of child welfare practice in the Commonwealth. This ongoing monitoring will continue to provide data that will allow the Pennsylvania Office of Children, Youth and Families to better monitor the quality of practice across the Commonwealth.

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2008. Butler County falls into stratum III, meaning that there were 15 cases selected for review -- seven in-home cases and eight placement cases, one of which was a "shared case."[3] The in-home sample is family-based[4] and was selected for Butler County from a list provided by the county of families with open in-home cases on January 28, 2011. The placement sample is child-based and was chosen, using AFCARS, from those children in out-of-home placement on the same date.

The proportion of cases randomly selected, 47 percent in-home and 53 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 selected as the "focus child" about whom reviewers were asked to rate the child-specific indicators.

The QSR utilizes case reviews, interviews with key stakeholders and focus groups to measure both:

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

Butler County conducted its QSR over six days in April 2011. Over the course of the review, 141 interviews were conducted with key stakeholders (an average of 9.4 interviews per case) with the children/youth, the caseworker, supervising caseworker, family of the children/youth, service providers, and teachers and school administrators.

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

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

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.

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. 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.

In addition to the 15 cases reviewed, focus groups and key stakeholder interviews were conducted. Participants included case workers, supervisors, the Advisory Board, and the Collaborative Board. Each group identified key strengths and challenges for Butler County and offered a number of recommendations to improve outcomes for children, youth and families. Information gleaned from the focus groups is included within this report. Themes which are not attributed to specific review indicators are outlined in the Organizational Considerations section.

How the Report is Organized

This report consists of five major sections, all of which explain the findings of the Butler 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, Butler County's foster care population. Please note, 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 Quality Service Review Manual.

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

Sex	In-home		Out-of-home		Combined Total		Foster Care Population[5]
	#	%	#	%	#	%	%[6]
Male	4	57%	7	88%	11	73%	53%
Female	3	43%	1	13%	4	27%	47%
Total	**7**	**100%**	**8**	**100%**	**15**	**100%**	**100%**
Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%[7]	#	%	%
0 – 6	3	43%	2	25%	5	33%	45%
7 – 14	3	43%	3	38%	6	40%	37%
15 – 18	1	14%	3	38%	4	27%	18%
19 +	0	0%	0	0%	0	0%	0%
Total	**7**	**100%**	**8**	**100%**	**15**	**100%**	**100%**

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

More male children/youth were sampled for the review than female children/youth. The gender and age distributions of the children/youth within the in-home cases are more similar to that of the Butler County foster care population than the out-of-home sampled cases. A smaller proportion of the foster care children/youth under seven years old and a greater proportion of children 15 to 18 years were included in the review than appear in the county's foster care population. The oldest youth selected for review was 17 years old and involved in an out-of-home case.

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[5] Percentages were determined based on the total number of children in care on January 28, 2011.
[6] Total In-care on January 28, 2011, N = 119
[7] Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity[8]	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	7	100%	7	88%	14	93%	87%
Black/African-American	1	14%	0	0%	1	7%	13%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	-
Unknown[9]	0	0%	1	13%	1	7%	-
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	0	0%	0	0%	0	0%	<1%
Total	7		8		15		

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

The distribution of race is similar for the two sampled groups, as seen in Figure 2, with the majority of children/youth reported as "White/Caucasian."

Current Placement	In-home		Out of Home		Foster Care Population[10]
	#	%	#	%	%
Birth home (Biological Mother)	3	43%	0	0%	-
Birth home (Biological Father)	1	14%	0	0%	-
Birth home (Both Biological Parents) [11]	3	43%	1	13%	-
Pre-adoptive home	0	0%	1	13%	<1%
Relative foster home	0	0%	2	25%	34%
Non-relative foster home	0	0%	3	38%	49%
Therapeutic foster home	0	0%	0	0%	-
Group/congregate home	0	0%	1	13%	17%
Residential treatment facility	0	0%	0	0%	-
Institution	-	-	-	-	0%
Subsidized/Permanent Legal Custodianship	0	0%	0	0%	-
Juvenile Correctional Facility	0	0%	0	0%	-
Medical/Psychiatric Hospital	0	0%	0	0%	-
Detention	0	0%	0	0%	-
Supervised independent living	-	-	-	-	0%
Runaway	-	-	-	-	0%

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

[9] In one out-of-home case, the child/youth's race was reported as "other" but when asked to specify the race the reviewers entered "biracial." Since biracial is not a race, this case will be included in the "unknown" race category for this analysis. The child's ethnicity was reported as "Not Hispanic" in this case.

[10] 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.

[11] The child/youth from the out-of-home case was placed in a emergency shelter for 13 days after the child/youth was removed from both of his biological parents. At the time of the review the judge had ordered the child/youth to return to the home of his biological parents.

Current Placement	In-home		Out of Home		Foster Care Population[10]
	#	%	#	%	%
Other	0	0%	0	0%	-
Total	**7**	**100%**	**8**	**100%**	**100%**

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

Figure 3 displays the current placement types of the sampled children/youth and Butler County's foster care population. Of the seven sampled in-home cases, nearly half (43%) were found to have the children/youth living at home with only their birth mothers and another 43 percent were found to be living with both biological parents. One child/youth from an out-of-home case was living with both biological parents at the time of the review.[12]

The distribution of current placement settings reported for the children/youth in the out-of-home cases is similar to that of the county's foster care population. More children/youth were placed in relative and non-relative foster homes in the county's foster care population, however, than in the QSR sample.

	In-home						Out-of-home						Combined	
	Mother		Father		Caregiver		Mother		Father		Caregiver		Total	
Identified Stressors	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Insufficient Income	2	29%	2	29%	1	14%	4	50%	2	25%	1	13%	12	80%
Mental Health Problems	4	57%	1	14%	1	14%	2	25%	3	38%	0	0%	11	73%
Difficulty Budgeting	3	43%	3	43%	1	14%	3	38%	1	13%	0	0%	11	73%
Inadequate Housing	2	29%	1	14%	1	14%	4	50%	3	38%	0	0%	11	73%
Lack of Transportation	4	57%	4	57%	1	14%	1	13%	1	13%	0	0%	11	73%
Family Discord/Marital Problems	3	43%	4	57%	0	0%	2	25%	1	13%	0	0%	10	67%
Job Related Problems	2	29%	2	29%	1	14%	2	25%	2	25%	0	0%	9	60%
Unstable Living Conditions	1	14%	1	14%	1	14%	4	50%	2	25%	0	0%	9	60%
Recent Relocation	1	14%	1	14%	1	14%	3	38%	2	25%	0	0%	8	53%
Child Care Responsibilities	1	14%	1	14%	1	14%	3	38%	2	25%	0	0%	8	53%
Neglect	1	14%	0	0%	0	0%	2	25%	3	38%	0	0%	6	40%
Lack of Parenting Skills	2	29%	2	29%	1	14%	1	13%	0	0%	0	0%	6	40%
Unknown	1	14%	2	29%	1	14%	1	13%	1	13%	0	0%	6	40%
Drug Abuse/Addiction	1	14%	1	14%	0	0%	1	13%	2	25%	0	0%	5	33%
Pregnancy/New Child	1	14%	2	29%	1	14%	0	0%	0	0%	1	13%	5	33%
Social Isolation	2	29%	1	14%	1	14%	1	13%	0	0%	0	0%	5	33%
Domestic Violence	0	0%	1	14%	0	0%	3	38%	1	13%	0	0%	5	33%
Alcohol Abuse/Addiction	1	14%	1	14%	0	0%	1	13%	1	13%	0	0%	4	27%
Legal Problems	0	0%	0	0%	0	0%	1	13%	3	38%	0	0%	4	27%

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[12] The foster child/youth living with both biological parents was originally placed in-care due to insufficient housing and homelessness. At the time of the review the child/youth had been reunified with both parents with a goal of "remain in the home."

| Identified Stressors | In-home | | | | | | Out-of-home | | | | | | Combined Total | |
| | Mother | | Father | | Caregiver | | Mother | | Father | | Caregiver | | | |
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Learning Disability	0	0%	0	0%	0	0%	2	25%	1	13%	0	0%	3	20%
Sexual Abuse	1	14%	0	0%	0	0%	1	13%	0	0%	0	0%	2	13%
Emotional Abuse	0	0%	0	0%	0	0%	1	13%	1	13%	0	0%	2	13%
Mental Retardation	0	0%	0	0%	0	0%	1	13%	0	0%	0	0%	1	7%
Physical Disability	0	0%	0	0%	0	0%	0	0%	1	13%	0	0%	1	7%
Chronic Illness	0	0%	0	0%	0	0%	0	0%	1	13%	0	0%	1	7%
Other Medical Condition	1	14%	0	0%	0	0%	0	0%	0	0%	0	0%	1	7%
Physical Abuse	0	0%	0	0%	0	0%	1	13%	0	0%	0	0%	1	7%
Incarceration	0	0%	0	0%	0	0%	0	0%	1	13%	0	0%	1	7%
Other[13]	0	0%	0	0%	0	0%	0	0%	0	0%	1	13%	1	7%
Total	7		7		7		8		8		8		15	

Figure 4: Identified Stressors of Parent/Caregivers

Overall, "insufficient income" was listed as the most-identified stressor among the parents/caregivers of the sampled cases, as seen in Figure 4. "Mental health problems," "difficulty budgeting," "inadequate housing" and "lack of transportation were also identified frequently among parents/caregivers as a stressor. Fathers were more likely than mothers to have stressors associated with "legal problems." Mothers from the in-home cases were just as likely as fathers to have "drug abuse/addiction" (14%) while fathers (25%) from the out-of-home cases were more likely to report this stressor than were mothers (13%).

| Stressors | In-Home | | Out-of-Home | | Combined Total | |
	#	%	#	%	#	%
School Related Problems	4	57%	1	13%	5	33%
Mental Health	1	14%	3	38%	4	27%
Learning Disability	0	0%	4	50%	4	27%
Witnessed Domestic Violence	2	29%	2	25%	4	27%
Developmental Delay	1	14%	3	38%	4	27%
Emotional Disturbance	0	0%	3	38%	3	20%
History of Sexual Abuse	0	0%	3	38%	3	20%
History of Physical Abuse/Inappropriate Discipline	1	14%	2	25%	3	20%
History of Emotional Abuse	0	0%	3	38%	3	20%
Other[14]	0	0%	2	25%	2	13%
Mental Retardation	0	0%	2	25%	2	13%
Medically Fragile/Complex	1	14%	1	13%	2	13%

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[13] For out-of-home cases "other" stressors reported by reviewers included a father struggling with "single parent adoption," and a caregiver who was "frustrated with the [foster care] system."

[14] For in-home cases "other" child/youth stressors reported by reviewers included "truancy" and "high lead levels suspected to cause developmental delays." Since categories already exist for these two stressors truancy will be reported under the "school related problems" category and the other under the "developmental delays" category. For out-of-home cases "other" child/youth stressors reported by reviewers included the stress of being separated from the child/youth's biological parents and in a separate case the emotional shock of the child/youth discovering the biological mother's body after she committed suicide.

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Chronic Illness	1	14%	0	0%	1	7%
Premature Birth	0	0%	1	13%	1	7%
Delinquent Behaviors	0	0%	1	13%	1	7%
Total	7		8		15	

Figure 5: Focus Child/Youth Stressors

Figure 5 shows the children/youth stressors identified by reviewers. Overall, "school related problems" were the most-identified stressors among the children/youth of the sampled cases. While the proportion of children/youth with reported school related problems was greater for in-home cases (57%) than out-of-home cases (13%), the proportion of children/youth with a "learning disability" was greater for out-of-home cases (50%) than in-home cases (0%). Children/youth from in-home cases (29%) were slightly more likely to have witnessed domestic abuse than children/youth from out-of-home cases (25%).

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)[15]						
Imminent Risk of Sexual Abuse/Exploitation	2	29%	1	13%	3	20%
Bruises	0	0%	1	13%	1	7%
Lacerations/Abrasions	0	0%	1	13%	1	7%
Other Physical Abuse	1	14%	0	0%	1	7%
Sexual Assault	0	0%	1	13%	1	7%
Pornography	1	14%	0	0%	1	7%
General Protection Services (GPS)[16]						
Inappropriate Discipline	5	71%	2	25%	7	47%
Lack of Food, Shelter or Clothing	1	14%	2	25%	3	20%
Parent/Child/Youth Conflict	1	14%	2	25%	3	20%
Truancy	1	14%	1	13%	2	13%
Inappropriate Parenting	0	0%	2	25%	2	13%
Environmental Neglect	1	14%	0	0%	1	7%
Substance Abuse: Parent	0	0%	1	13%	1	7%

Figure 6: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases and are listed in Figure 6. Two in-home cases and two out-of-home cases were found to have at least one child protective services (CPS) allegation. At least one general protective services (GPS) allegation was reported in all 15 cases reviewed. The most common allegation reported (47%) was "inappropriate discipline," followed by "lack of food, shelter or clothing"

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[15]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.
[16]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).

(20%),"parent/child/youth conflict" (20%) and "imminent risk of sexual abuse or exploitation" (20%).

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. Nine indicators are used and generally focus on the 30 days prior to the review.

SAFETY

The following two indicators focus on the safety of the 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.[17]

33% 67%	100%	100%	100%	100%
Family Home #1	**Family Home #2**	**Substitute Home**	**School**	**Other Settings**

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[17] 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	2	1	33%	0	3	3	67%
Family home #2	2	0	0	0	0%	1	0	1	100%
Substitute Home	8	0	0	0	0%	0	2	6	100%
School	13	0	0	0	0%	1	5	7	100%
Other settings	3	0	0	0	0%	0	1	2	100%
Total	-	0	2	1	9%	2	11	19	91%

Figure 7: "Exposure to Harm" QSR Results

Figure 7 gives the frequency of ratings for the Exposure to Harm indicator. The majority of cases (91%) were rated as acceptable for Exposure to Harm across the five settings, meaning the threat of harm to the children/youth was limited. Reviewers attributed the acceptable ratings to substitute caregivers consciously avoiding and preventing safety risks which the children/youth had encountered in other homes.

Two unacceptable ratings occurred in out-of-home cases, both for the primary family home from which the child was removed. In one case, the home from which the child/youth was removed was an observable safety concern as "hoarding" issues were reported. The other out-of-home case with an unacceptable rating on this indicator involved a family who did not have sufficient housing and was homeless at the time of the removal and the review. The in-home case with an unacceptable rating involved a family with four children under the age of five living in a home with cleanliness, lead paint and a cockroach infestation reported as issues.

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 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.

Risk to Self   Risk to Others
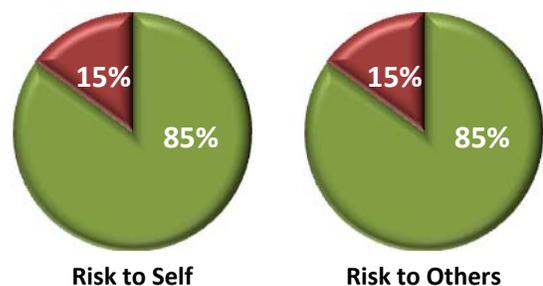
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	13	0	1	1	15%	0	3	8	85%
Risk to others	13	0	0	2	15%	0	3	8	85%
Total	-	0	1	3	15%	0	6	16	85%

Figure 8: "Behavioral Risk" QSR Results

Figure 8 gives the frequency of ratings for the Behavioral Risk indicator. Of the 13 applicable cases, 85 percent of the ratings were found to be acceptable. Examples of safety concerns successfully addressed by the agency include an in-home case where the intervention and services provided by the agency directly resulted in a significant decrease in domestic conflict between biological parents, as reported by their children. A 13 year old youth from an out-of-home case reported that while he was concerned for his safety at his current placement[18] he was aware there was several policies in place to gurantee his personal safety.

Two unacceptable ratings were reported for a single in-home case in which the reviewers noted that the child/youth was not being monitored closely by the biological parents and had the potential to ingest lead paint from the walls.

Additional Safety Data

Timeliness of Investigations

Of the seven in-home cases reviewed, five had at least one CPS or GPS report received within the prior 12 months, totaling six accepted reports of abuse and neglect. All six reports had the investigation initiated in accordance with state and/or county timeframes[19] and within the requirements for a report of that priority. Face-to-face contact had been made with the child/youth within the required timeframe for each of the six accepted reports. Of the five in-home cases where at least one accepted report was received during the last 12 months, all were rated as a "strength" for the timeliness of the investigation.

Of the eight out-of-home cases reviewed, half had at least one CPS or GPS report received within the prior 12 months, totaling five accepted reports of abuse and neglect. All five reports had the investigation initiated in accordance with state and/or county timeframes and within the requirements for a report of that priority. Face-to-face contact had been made with the child/youth within the required timeframe for each. Of the four out-of-home cases where at

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[18] The youth was residing at Mars Home for Youth where other juvenile sex offenders are housed. The youth stated that living with other juvenile sex offenders was disconcerting.
[19] 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.

least one accepted report was received during the last 12 months, all were rated as a "strength" for the timeliness of the investigation.

County Data Package Data

Between October 1, 2009 and September 30, 2010 232 reports of abuse and neglect were received in Butler County, of which eight percent were substantiated. Every maltreatment report during this timeframe involved an allegation of physical or sexual abuse. Children between the ages of six and nine were most often the victims of the substantiated reports, with 28 percent of the substantiated reports involving children in that age range, compared to 20 percent for the state.

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.
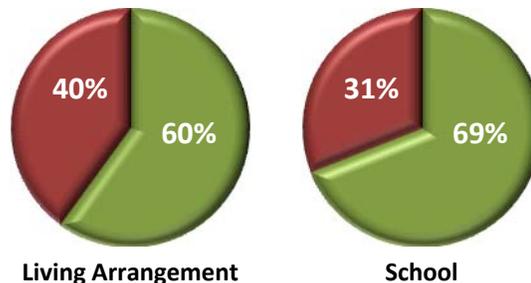
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	15	0	1	5	40%	1	6	2	60%
School	13	0	1	3	31%	2	5	2	69%
Total	-	0	2	8	36%	3	11	4	64%

Figure 9: "Stability" QSR Results

Nearly two-thirds of cases (64%) reviewed were rated as acceptable for the Stability indicator, as seen in Figure 9.   Reviewers attributed the acceptable ratings to the conscious efforts by parents/caregivers to address known safety issues to prevent the likelihood of further instability. For example, in one case, the possibility of removal led the parents to immediately address known safety concerns by installing in-door alarms.

While the average number of placements over the last 12 months (including placement changes from prior removal episodes) for the eight sampled out-of-home cases was 1.6 placements, reviewers reported that multiple placement moves was the central factor contributing to unacceptable stability ratings. These ratings take into consideration the placement instability the children/youth experienced while in their parent's care, either before they were known to the county and/or before they were removed from their homes, as well as their stability once they were removed. While no children/youth from the out-of-home cases experienced more than two placement changes in the last 12 months, their parents had moved the children/youth often before their removals.

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.

		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Family home #1	9	2	0	0	22%	1	2	4	78%
Family home #2	2	0	0	0	0%	0	1	1	100%
Substitute home	8	0	0	0	0%	2	2	4	100%
Total	-	**2**	**0**	**0**	**11%**	**3**	**5**	**9**	**89%**

Figure 10: "Living Arrangement" QSR Results

As seen in Figure 10, the Living Arrangement indicator was found to be within the acceptable range for 89 percent of the ratings. Reviewers recognized the efforts of substitute caregivers to provide stable homes for the children/youth and often for siblings as well.

One of the two unacceptable ratings for "Family Home #1" involved an out-of-home case where the child/youth was removed for chronic homelessness. At the time of the review the parents had not found housing. The other case, an in-home case, involved the family's landlord not following through on necessary safety repairs to remove the lead paint health risk.

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 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. If not, are other permanency efforts being implemented on a timely basis?
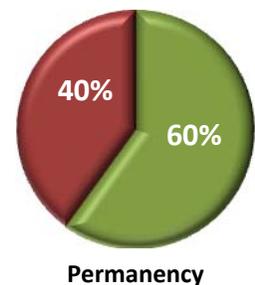
Permanency

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	15	0	1	5	40%	1	5	3	60%
Total	**-**	**0**	**1**	**5**	**40%**	**1**	**5**	**3**	**60%**

Figure 11: "Permanency" QSR Results

As seen in Figure 11, the ratings for the Permanency indicator were deemed acceptable in 60 percent of the cases. Caregivers from four of the eight out-of-home cases stated they were working towards becoming adoptive parents to the children/youth or that they were seriously considering becoming an adoptive parent.

Reviewers generally attributed the unacceptable ratings for out-of-home cases to inappropriate placements; one caregiver stated they will not adopt or keep the child/youth beyond a specific date and one caregiver stated they were undecided as to whether to continue fostering the child/youth beyond a specific date. One in-home case was rated unacceptable due to the potential for the child/youth to be removed from the home if proper residential therapy could not be arranged.[20]

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care[21] Population
	#	%	#	%	%
In-Home Cases					
Remain in Home	7	100%	-	-	
Adoption	0	0%	1	14%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	0	0%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	6	86%	
Total	**7**	**100%**	**7**	**100%**	
Out-of-Home Cases					
Return Home	5	63%	0	0%	99%
Adoption	2	25%	2	25%	<1%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	-
Placement with a Fit and Willing Relative	0	0%	0	0%	0%
Other Planned Placement Intended to be Permanent/APPLA	1	13%	0	0%	1%
Emancipation	-	-	-	-	0%
No Goal Established	0	0%	6	75%	0%
Total	**8**	**100%**	**8**	**100%**	**100%**

Figure 12: Permanency Goals of Focus Children/Youth and Countywide Foster Care Population

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[20] The child/youth from this in-home case was attending a residential facility to treat his issues surrounding the sexual offense he committed. The child/youth was forced to leave the facility due to his insurance provider dropping coverage of that treatment.
[21] 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 12 shows the permanency goals of the sampled children/youth and Butler County foster care population. The primary permanency goal for all in-home cases reviewed was "remain in the home." Based on the small sample size, it is not surprising that differences are evident when comparing the sampled out-of-home cases to the county's foster care population. For example, a smaller proportion of the sampled children have a primary permanency goal of "return home"[22] (63%) compared to the Butler County foster care population (99%). Two children/youth from the out-of-home cases (25%) had a primary permanency goal of "adoption," which is a much larger proportion[23] of children with a goal of adoption in the overall foster care population (<1%). The final out-of-home case had a primary permanency goal of "Other Planned Placement Intended to be Permanent/APPLA."

Only two out-of-home cases and one in-home case were reported to have a concurrent goal; the goal was reported as "adoption" for all three cases.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	6	86%	7	88%	13	87%
Concurrent Goal Appropriate	1[24]	14%	2[25]	25%	3	20%
Total Cases	7		8		15	

Figure 13: Appropriateness of Permanency Goals of Children/Youth

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the appropriateness of the goals was also assessed, as seen in Figure 13. The primary permanency goal was considered appropriate for 13 (87%) of the cases reviewed. Although only 20 percent of cases had a concurrent goal established, the concurrent goal for the cases was found to be appropriate in each of the three cases where a concurrent goal was reported.

Additional Permanency Data

Caseworker Turnover

The average number of caseworkers assigned to the in-home cases under review was 1.9, with a minimum count of one (the current caseworker) and a maximum number of three over the life of the case. The number of caseworkers assigned to the out-of-home cases under review averaged three, with a minimum number of two and a maximum number of seven[26] having been involved.

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[22] One case involved a child/youth who had already been returned home at the time of the review.
[23] The significantly larger proportion of children/youth with a primary permanency goal of "adoption" in the review sample than that of the Butler County foster care population is due to the small sample size of eight out-of-home cases reviewed.
[24] None of the other six in-home cases were reported as having a concurrent goal.
[25] None of the other six out-of-home cases were reported as having a concurrent goal.
[26] The case in which seven caseworkers had been assigned over the life of the case had been opened for 2.8 years at the time of the review.

County Data Package Data

Butler County exceeded the national standard (86%) and outperformed the state (85%) for placement stability (two or fewer placements) as stability was found for 91 percent of the children/youth in care less than one year during the 2010 federal fiscal year. The county also exceeded the national standard (65%) and outperformed the state (65%) for children in care 12 to 24 months with 70 percent of the children/youth in Butler County experiencing two or fewer placements. Butler County continued to exceed the national standard (42%) and outperform the state (43%) by achieving placement stability for 47 percent of the children in care for 24 months or longer.

Between October 1, 2009 and September 30, 2010, 39 children/youth were adopted in Butler County; on the last day of the year, however, no children/youth were reported as having a permanency goal of adoption. At the same time, 11 percent of the county's children/youth in foster care had had their parental rights terminated.

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.
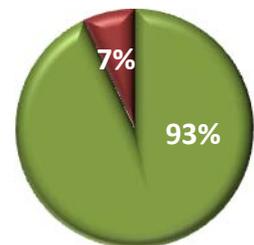
Physical Health

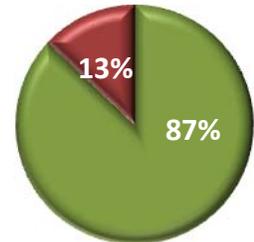| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	15	0	0	1	7%	3	3	8	93%
Total	-	0	0	1	7%	3	3	8	93%

Figure 14: "Physical Health" QSR Results

Figure 14 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 93 percent of the cases reviewed. The review found that while many children/youth had medical conditions (e.g., brittle bone disorder, mental health concerns and developmental delays) the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers. The one in-home

case where an unacceptable rating was reported involved an 11 year old male who had an untreated brain tumor prior to entering care.

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

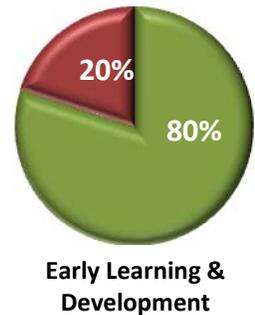| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	15	0	0	2	13%	1	6	6	87%
Total	**-**	**0**	**0**	**2**	**13%**	**1**	**6**	**6**	**87%**

Figure 15: "Emotional Well-being" QSR Results

Figure 15 gives the frequency of ratings for the Emotional Well-being indicator. In 87 percent of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. The acceptable ratings were attributed to the children/youth residing with caregivers in settings that offered stability and catered to the children/youth's specific needs and concerns.

One unacceptable rating occurred in an out-of-home case in which the child/youth was distraught over not seeing his friends from his natural community. The child/youth was reported as having a difficult time making friends and socializing in his new school. The in-home case with an unacceptable rating involved a child/youth who needed intense therapy to deal with his sexually inappropriate behaviors but due to insurance issues was no longer receiving such services.

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	5	0	1	0	20%	2	1	1	80%
Total	-	0	1	0	**20%**	2	1	1	**80%**

Figure 16: "Early Learning & Development" QSR Results

Figure 16 gives the frequency of ratings for the Early Learning and Development indicator. Of the five applicable cases reviewed, four were rated as acceptable. Three children/youth (two out-of-home and one in-home) were reported to attend preschool or Head Start. Reviewers reported the majority of the children/youth were developing appropriately and were on target with developmental milestones. The one unacceptable rating involved a case with a four-year-old boy who was reported to have speech and toilet training delays. This child was reported to be attending a preschool/Head Start educational setting.

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

Academic Success

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	10	0	0	0	0%	3	5	2	100%
Total	**-**	**0**	**0**	**0**	**0%**	**3**	**5**	**2**	**100%**

Figure 17: "Academic Status" QSR Results

The frequency of ratings for the Academic Success indicator is displayed in Figure 17. Ten of the reviewed cases involved children/youth who were of school age. [27] Their academic status was rated as acceptable for all cases. Reviewers reported the children/youth were doing well academically, were in appropriate grade levels and were attending school regularly (with no unexcused absences). Even the children from the four cases in which the stability of the educational setting was rated unacceptable were found to be thriving in their current school settings. Reviewers warned upcoming placement moves could likely impact the future academic success of the children/youth and measures should be taken to ensure a smooth transition to new school settings.

While the Academic Status indicator was rated acceptable in all ten applicable cases the collaborative board and advisory focus groups noted that caseworkers do not always understand educational law; this could be remedied through improved teaming/collaboration with schools.

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	4	100%	4	67%	8	80%
Part-Time Special Education	0	0%	2	33%	2	20%
Total	**4**	**100%**	**6**	**100%**	**10**	**100%**

**Figure 18: Educational Situation of the Child/Youth**

Figure 18 shows the frequency of children/youth attending different educational settings. Of the ten cases involving school-aged youth, eight attended a "regular K-12" educational setting; two attended "Part-time special education."

One child/youth from an in-home case and four children/youth from out-of-home cases had issues warranting an IEP; all five were found to have a current IEP at the time of the review.

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[27] To be considered school-aged the child/youth must be at least eight years or older OR attending school.

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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 youth are 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 are developing long-term connections and informal supports that will support them into adulthood. This indicator applies to any youth who is age 16 or older and looks at outcomes beyond formal independent living services.

Pathway to Independence
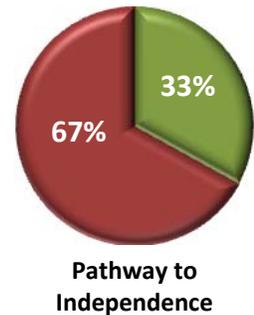
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	3	0	1	1	67%	1	0	0	33%
Total	-	0	1	1	67%	1	0	0	33%

Figure 19: "Pathways to Independence" QSR Results

As seen in Figure 19, in two of the three qualifying cases (67%) the Pathway to Independence indicator was rated as unacceptable. Reviewers noted that youth were not actively engaged with the Independent Living Program and did not possess the skills needed to live independently, and that no plans were being made for life outside foster care.[28] The caseworker focus group noted that the specialized unit which dealt exclusively with older youth/teens is no longer operating; as a consequence, caseworkers are having difficulty dealing with the unclear policies related to older youth/teens.

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.

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[28] Both youth had significant developmental delays, including low IQs, and require intensive supervision. While the youth will never be traditionally independent, no plans have been developed to ensure the youth are set up with adult services once they leave foster care.

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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.
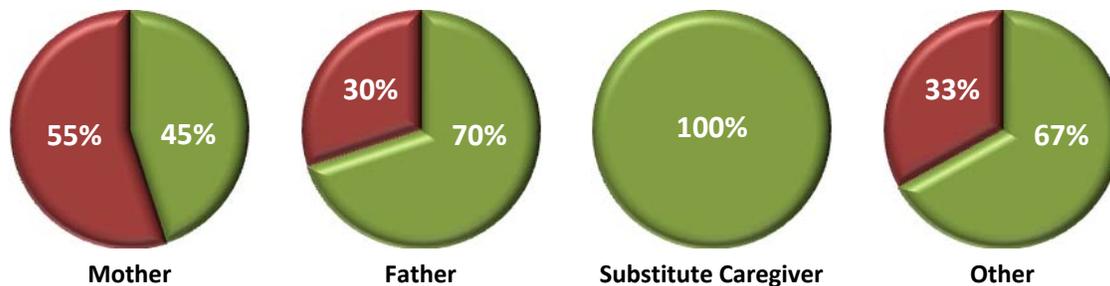
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	11	1	3	2	55%	1	3	1	45%
Father	10	2	0	1	30%	5	2	0	70%
Substitute Caregiver	8	0	0	0	0%	0	3	5	100%
Other	3	0	0	1	33%	0	2	0	67%
Total	-	**3**	**3**	**4**	**31%**	**6**	**10**	**6**	**69%**

Figure 20: "Caregiver Functioning" QSR Results

As seen in Figure 20, the functioning of the parent/caregiver was rated as acceptable for 69 percent of the cases reviewed. The "father's caregiver functioning" was more likely to be rated as acceptable (70%) than unacceptable (30%) with 86 percent of the favorable cases being an in-home case. Of the seven in-home cases and the one out-of home case where the child/youth had been returned home at the time of the review, 63 percent of those children lived in the same home as their father. Reviewers attributed these acceptable scores to fathers being present in the daily lives of their children even when they are not living in the same home as the children/youth, and the father's ability to accept the help his family needs and become directly involved to bring about change.

Among the ratings, the "mother's caregiver functioning" was likely to be rated as unacceptable (55%) more often than the other caregiver types. Four of the six unacceptable ratings for the mothers' caregiver functioning involved an out-of-home case in which a mother was described

as having an unwillingness to protect her child/youth,[29] an inability to consistently attend visits and maintain sobriety, an inability to maintain stable housing, and a lack of necessary parenting skills.

[29] The unwillingness to protect this mother's child/youth stems from the mother's failure to acknowledge that her paramour is the perpetrator in the case.

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 review, unless otherwise indicated.

Indicator 1a: Engagement Efforts

For this indicator the central focus is on the diligence shown by the team in taking actions to find, engage, and build a rapport with the child/youth and families and overcoming barriers to families' participation. This indicator assesses the degree to which those working with the child/youth and 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.
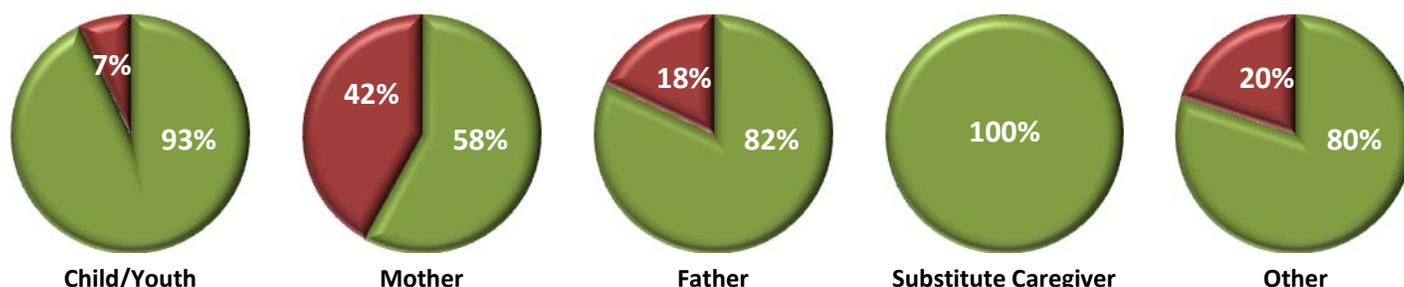
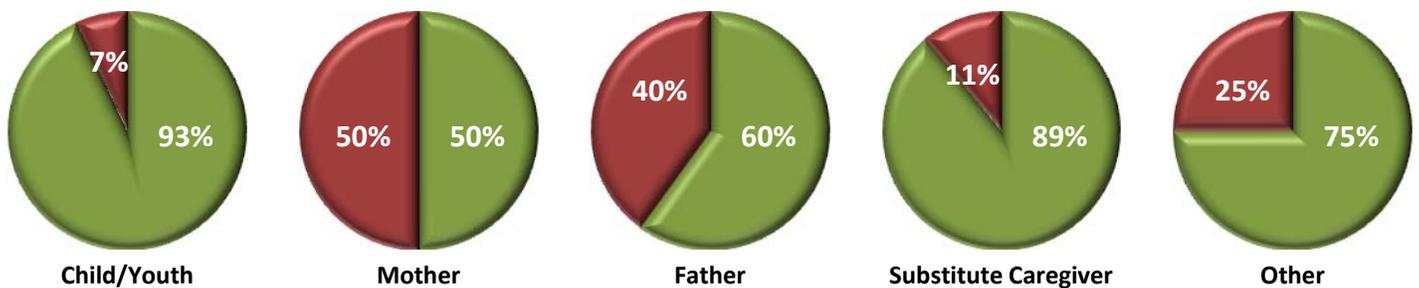| Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	14	0	0	1	7%	1	6	6	93%
Mother	12	1	2	2	42%	2	2	3	58%
Father	11	1	1	0	18%	4	5	0	82%
Substitute Caregiver	9	0	0	0	0%	1	5	3	100%
Other	5	0	0	1	20%	1	3	0	80%
Total	-	**2**	**3**	**4**	**18%**	**9**	**21**	**12**	**82%**

Figure 21: "Engagement Efforts" QSR Results

Figure 21 gives the frequency of ratings for the Engagement Efforts indicator. The majority of cases for this indicator were rated as acceptable across all five sub-indicators. Engagement efforts were more likely to be rated as acceptable for fathers (82%) than mothers (58%). Reviewers noted once fathers were engaged the case made significant progress and as the fathers began to become involved in the case the rest of the family followed their lead.

A consistent theme present in the cases where fathers were engaged and actively involved in the case, particularly in-home cases, was the family being aware of the factors that would determine a successful case closure. Fathers were noted as being aware of what had to occur and when this would likely be completed, which gave them a tentative end date. When involving the family in case planning, *A Guide for Caseworkers* states, "Caseworkers should help the family maintain a realistic perspective on what can be accomplished and how long it will take to do so."[30]

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
7% / 93%	50% / 50%	40% / 60%	11% / 89%	25% / 75%

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[30] DePanfilis, D., and M. K. Salus. "Child Protective Services: A Guide for Caseworkers. 2003." *Child Welfare Information Gateway*. U.S. Department of Human Services: Administration of Children and Families, 2003. Web Access. 2011. < http://www.childwelfare.gov/pubs/usermanuals/cps/cpsh.cfm>.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	14	0	1	0	7%	6	4	3	93%
Mother	12	1	2	3	50%	1	3	2	50%
Father	10	1	1	2	40%	3	3	0	60%
Substitute Caregiver	9	0	1	0	11%	3	2	3	89%
Other	4	0	0	1	25%	0	2	1	75%
Total	-	**2**	**5**	**6**	**27%**	**13**	**14**	**9**	**73%**

Figure 22: "Role & Voice" QSR Results

As seen in Figure 22, the majority of cases for the Role and Voice indicator were rated as acceptable across all five sub-indicators. As with previous indicators, the "role and voice of fathers" (60%) was more likely to be rated as acceptable the "role and voice of mothers" (50%). Reviewers noted, however, that while fathers were engaged by the county to a point where they became active in services they did not have as strong of a voice in the case, and that fathers would benefit from a stronger voice when it comes to the assessment and planning of the fathers' specific needs. Reviewers also recommended that mothers be given a stronger voice, encouraging them to offer suggestions/solutions aimed at increasing the frequency of visits between their children/youth, as well as those between the children/youth and their siblings, in order to better maintain family connections.

	More than once a week		Once a week		Less than once a week		Less than twice a month		Less than once a month		Never		Combined Total of Applicable Cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
In-home														
Child	0	0%	0	0%	1	14%	6	86%	0	0%	0	0%	7	100%
Mother	0	0%	0	0%	2	29%	3	43%	1	14%	1	14%	7	100%
Father	0	0%	0	0%	0	0%	4	57%	1	14%	2	29%	7	100%
Out-of-home														
Child	0	0%	0	0%	4	50%	4	50%	0	0%	0	0%	8	100%
Mother	0	0%	0	0%	2	25%	3	38%	1	13%	0	0%	8	100%
Father	0	0%	0	0%	1	13%	1	13%	2	25%	1	13%	8	100%
Combined														
Child	0	0%	0	0%	5	33%	10	67%	0	0%	0	0%	15	100%
Mother	0	0%	0	0%	4	27%	6	40%	2	13%	1	7%	15	100%
Father	0	0%	0	0%	1	7%	5	33%	3	20%	3	20%	15	100%

Figure 23: Caseworker Visits

Figure 23 shows the frequency of caseworker visits with the focus children/youth, the mother, and the father. The frequency of visits between the caseworker (or other responsible party) and the focus child/youth was found to be sufficient to address the issues pertaining to the safety, permanency and well-being of the focus child/youth and to promote the achievement of case plan goals in all seven of the in-home cases. In seven of the eight out-of-home cases the

frequency of visits between the caseworker (or other responsible party) and the child/youth was reported as sufficient.

The frequency of visits between the caseworker (or other responsible party) and the mother was found to be sufficient in five of the seven in-home cases. In four of the six applicable out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the mother was also reported as sufficient.

In five of the seven in-home cases, the frequency of visits between the caseworker (or other responsible party) and the father was reported as being sufficient to address issues pertaining to the safety, permanency and well-being of the child/youth and to promote the achievement of case goals. In two of the four applicable out-of-home cases the frequency of visits between the caseworker (or other responsible party) and the father was also reported as sufficient.

Reviewers identified the number of additional children/youth residing in the home of the in-home focus child/youth. There was at least one other child/youth residing in the home in five of the seven in-home cases. In-home cases averaged 2.2 additional children/youth in the home, with a minimum of one and a maximum of three.

Of the ten additional children/youth in the home, all were visited by a caseworker less than once a week but at least once a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for each of the 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.

Formation
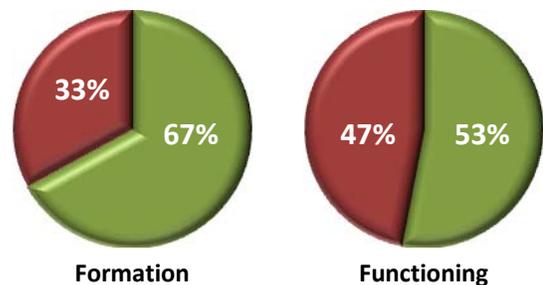
Functioning

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	15	0	2	3	33%	4	4	2	67%
Functioning	15	0	2	5	47%	0	6	2	53%
Total	-	0	4	8	40%	4	10	4	60%

Figure 24: "Teaming" QSR Results

As seen in Figure 24, in the majority (60%) of the cases the Teaming indicator was rated as acceptable. The "formation" indicator was rated as acceptable (67%) for a higher proportion of cases than the "functioning" (53%) indicator; meaning, that when a team was formed it didn't always function at an acceptable level. Reviewers noted that when teams were formed the team composition would suffer from frequent turnover when stakeholders left their respective positions within each agency. It takes time for new team members to be caught up on the case activity; in addition, because members would be joining the team at varying times of the case they often did not share the same case plan goals for the children/youth and family.

The collaborative board focus group suggested "cross-system training" was needed with all agencies working with CYS. This focus group further recommended teaming be emphasized as a key element to best practice casework and should include appropriate team members from other agencies and providers, as well as all appropriate family members. The collaborative board and advisory board focus groups came to the same conclusion that collaboration with schools is vital because caseworkers and supervisors often do not understand educational law.

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.
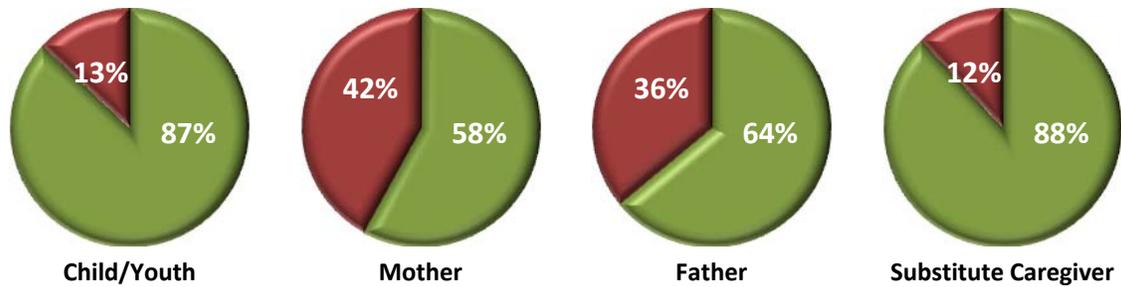
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	0	0	0%	1	9	5	100%
Mother	12	1	1	0	17%	1	4	5	83%
Father	11	1	0	0	9%	1	7	2	91%
Total	-	2	1	0	8%	3	20	12	92%

Figure 25: "Cultural Awareness & Responsiveness" QSR Results

The Cultural Awareness indicator was rated as acceptable in 92 percent of the cases, as seen in Figure 25. Reviewers attributed the acceptable ratings to the consideration which the county gave to the "rural culture of poverty" that is prevalent in Butler County and recommended services to address those issues. However, reviewers noted one mother's anger when her child/youth was placed in a non-relative foster home located in the city. The mother was upset that her child was being raised in the city where she believed her child/youth would be surrounded by bad influences.

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.

Child/Youth   Mother   Father   Substitute Caregiver

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	0	2	13%	3	5	5	87%
Mother	12	1	2	2	42%	2	2	3	58%
Father	11	1	0	3	36%	2	3	2	64%
Substitute Caregiver	8	0	1	0	13%	1	3	3	88%
Total	**-**	**2**	**3**	**7**	**26%**	**8**	**13**	**13**	**74%**

Figure 26: "Assessment & Understanding" QSR Results

As seen in Figure 26, the Assessment and Understanding indicator was rated as acceptable for 74 percent of the cases reviewed. The "assessment and understanding of fathers"[31] (64%) was more likely to be considered acceptable than the "assessment and understanding of the mother" (58%). Reviewers attributed the acceptable ratings to early assessments and putting services and supports in place quickly to stabilize known concerns. Reviewers further credited the county for having engaged family members to such a degree that appropriate assessments could be conducted, especially for the fathers.

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 for the child/youth and family to achieve their desired improvements and goals. This indicator assesses the degree to which there is a guiding strategic vision shared by the family team, including the parents and child/youth, which describes:

Long-Term View

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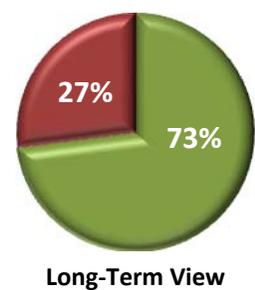
[31] As previously noted in footnote 24, two cases will always rate the father sub-indicator as unacceptable even though it was completely appropriate of the agency to not involve the fathers.

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

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

Figure 27: "Long-term View" QSR Results

Figure 27 gives the frequency of ratings for the Long-term View indicator. In 73 percent of all cases reviewed this indicator was rated as acceptable. The unacceptable ratings were split evenly between in-home and out-of-home cases. In several cases, reviewers expressed concern that the lack of a concurrent permanency goal could impact the long-term success of the case should the primary permanency goal not work out.

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.


Child/Youth — 8% / 92%
Mother — 33% / 67%
Father — 27% / 73%
Substitute Caregiver — 11% / 89%
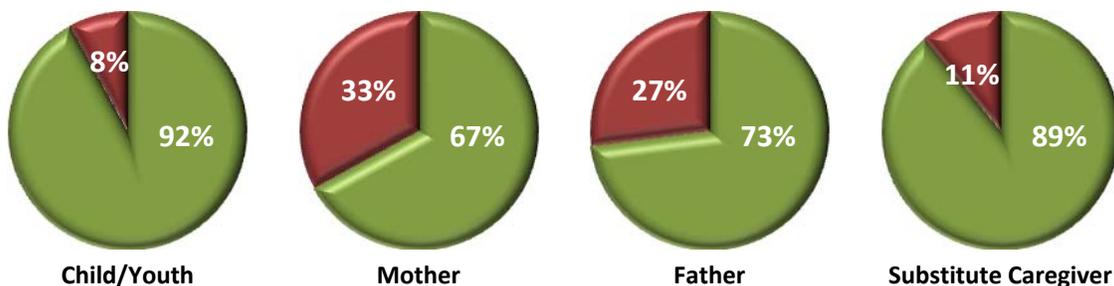
		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Child/Youth	12	0	0	1	8%	1	8	2	92%
Mother	12	1	1	2	33%	4	3	1	67%
Father	11	1	0	2	27%	6	2	0	73%
Substitute Caregiver	9	1	0	0	11%	2	4	2	89%
Total	-	3	1	5	20%	13	17	5	80%

Figure 28: "Child/Youth & Family Planning Process" QSR Results

As seen in Figure 28, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable in 80 percent of the cases. Reviewers noted that even though most cases did not have a concurrent permanency goal, concurrent planning was occurring in many cases, as evidenced by the number of out-of-home cases that had verbal confirmation from the foster parents that adoption of the children/youth was something they wanted or were seriously considering.

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 for the child/youth and family 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 after a major change is made in a child/youth's life to ensure successes are achieved in the home or school situation.
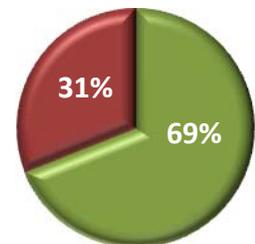
Planning for Transitions & Life Adjustments

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.

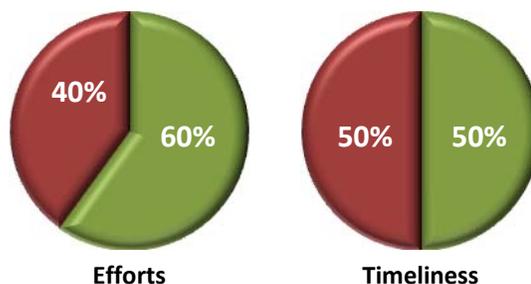|		Unacceptable				Acceptable			
Indicator	N	1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	13	0	1	3	31%	1	6	2	69%
Total	-	0	1	3	31%	1	6	2	69%

Figure 29: "Planning for Transitions & Life Adjustments" QSR Results

Figure 29 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. Reviewers suggested the lack of teaming in several cases directly affected the unacceptable ratings.

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 child/youth and family successfully following their exit from protective supervision. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members helping the child/youth and family.

Efforts   **Timeliness**

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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	15	0	3	3	40%	1	4	4	60%
Timeliness	8	2	1	1	50%	1	0	3	50%
Total	**-**	**2**	**4**	**4**	**43%**	**2**	**4**	**7**	**57%**

Figure 30: "Efforts for Timely Permanency" QSR Results

As seen in Figure 30, more than half (57%) of the cases were rated as acceptable overall for the Efforts for Timely Permanency indicator. The "efforts" (60%) indicator was more likely to be rated as acceptable as was the "timeliness" (50%) indicator. Reviewers noted a lack of recorded concurrent permanency goals contributed to the unacceptable ratings.

Timeliness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Established Timely	6	86%	8	100%	14	93%
Concurrent Goal Established Timely	1[32]	14%	1[33]	13%	2	13%
Total Cases	7		8		15	

Figure 31: Timeliness of Permanency Goals of Children/Youth

Figure 31 illustrates the timeliness in which permanency goals for the reviewed cases were established. As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness[34] in determining the goals was assessed; in 14 of the 15 cases, the primary goal had been established in a timely manner.

A concurrent permanency goal was reported in one in-home case which was found to have been established timely.[35] A concurrent permanency goal was reported for two out-of-home cases but only one was found to have been established timely.

Timely & Finalized Termination of Parental Rights						
	Yes		No		Compelling Reason Given[36]	
Out-of-Home Cases	#	%	#	%	#	%
TPR Filed Timely						
Mother	0	0%	2	100%	2	67%
Father	0	0%	1	100%		
TPR Finalized						
Mother	1	100%	0	0%		
Father	0	0%	0	0%		

Figure 32: TPR Summary

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[32] The other six in-home cases did not have a concurrent permanency goal.

[33] Six out-home cases did not have a concurrent permanency goal.

[34] 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.

[35] At the time of the review one in-home case's permanency goals had not been updated after the case changed from out-of-home to in-home. The primary goal was "return home" but reviewers reported it as "remain in the home." The concurrent goal for this in-home case was "placement with a fit and willing relative" and had not been updated since the case changed from out-of-home to in-home. Reviewers reported the concurrent goal as "appropriate."

[36] 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.

As seen in Figure 32, three of the eight 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 [37] for termination of parental rights. Two of the children/youth had a primary permanency goal of "adoption" and the other had a goal of "other Planned Placement Intended to be Permanent/APPLA."

In the three cases where a petition for termination of parental rights was filed, the petition was not filed in a timely manner;[38] reviewers reported there were compelling reasons[39] for not doing so in two of the three cases. The compelling reasons for one case pertained to the "child's circumstances [not lending] themselves to TPR/adoption or [permanent legal custodianship]." In the other case the "mother signed a consent to adopt" which had been confirmed by a judge at the time of the review.

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.

Adequacy: 27% / 73%
Availability: 13% / 87%

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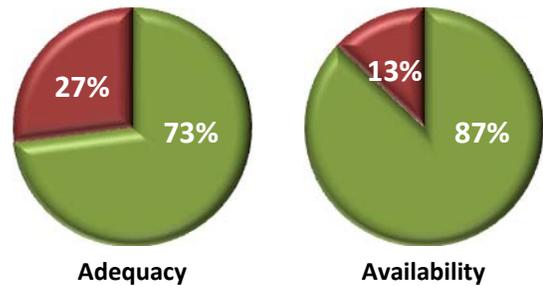
[37] ASFA criteria - ASFA requires an agency to seek TPR under the following circumstances: The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that: (1)the child is an abandoned child, or (2) the child's parents have been convicted 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.

[38] 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.

[39] 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.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Adequacy	15	0	2	2	27%	1	6	4	73%
Availability	15	0	1	1	13%	3	4	6	87%
Total	-	0	3	3	20%	4	10	10	80%

Figure 33: "Intervention Adequacy & Resource Availability" QSR Results

Figure 33 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 80 percent of the cases reviewed. Reviewers attributed the acceptable ratings to timely assessment of all family members and finding the appropriate service and provider for each family member.

While most families were able to get the services they needed reviewers noted that in some cases assessments were completed but the necessary service was not available, either due to lack of providers or due to insurance issues. For example, a youth from an in-home case had been seeking treatment at a residential facility for his inappropriate sexual behavior but was forced to leave treatment early on when the family's insurance could not cover the expense. At the time of the review, the family was still looking for a treatment facility they could afford.

Focus groups comprised of supervisors and collaborative board members confirmed this finding by noting that overall resources are rich and available in Butler County but even more effort could be made to improve the number of available substance abuse and domestic violence intervention services, as well as the number of services that directly serve older youth.

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.

Mother	Father	Siblings	Other
100%	17% / 83%	12% / 88%	40% / 60%
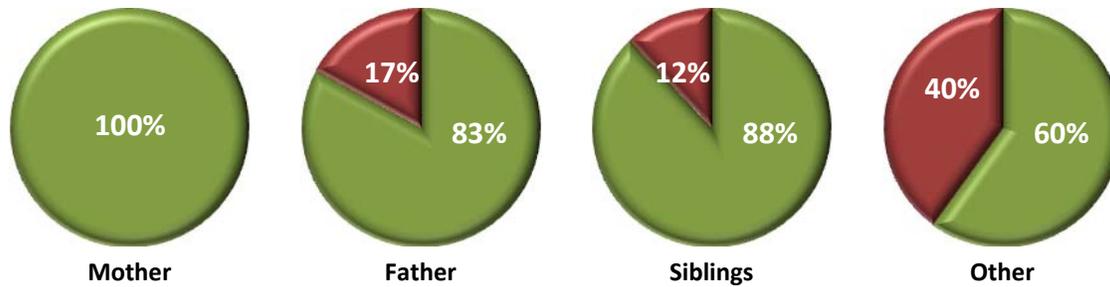
		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Mother	8	0	0	0	0%	3	2	3	100%
Father	6	1	0	0	17%	1	2	2	83%
Siblings	8	1	0	0	13%	1	3	3	88%
Other	5	0	2	0	40%	1	0	2	60%
Total	-	**2**	**2**	**0**	**15%**	**6**	**7**	**10**	**85%**

Figure 34: "Maintaining Family Connections" QSR Results

As seen in Figure 34, cases were more likely to be rated as acceptable (85%) for maintaining family relationships than unacceptable (15%). While fathers were consistently rated higher in indicators related to interacting with the agency (such as engagement, assessment and understanding, and cultural awareness), the agency's success at maintaining the connections between the children/youth and their mothers scored higher. The relationship between the children/youth and their fathers was rated as acceptable in all but one of the applicable cases while the relationship between children/youth and their mothers was rated as acceptable in each of the relevant cases.   The father in the one case was reported to have no involvement in the child/youth's life at the time of the review.

Child/Youth Placed with:	#	%
All Siblings	2	40%
Some Siblings	1	20%
All Siblings in Separate Foster Homes	2	40%
Total [40]	**5**	**100%**

Figure 35: Sibling Placement

Figure 35 gives the frequency of out-of-home cases in which the children/youth were placed in foster homes with their siblings. Among the five children/youth that have siblings who are also in care, two cases were reported to have siblings placed in the same home as all of their siblings. One case was reported to have some siblings placed in the same foster home. In two cases it was reported the siblings were placed in separate foster homes.

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[40] Results are not cumulative. Reviewers were instructed to select the best option.

|	#	%
Placed in the Same Community	1	13%
Placed in the Same County	3	38%
Placed in the Same State	4	50%
Placed Out of State	0	0%
Total [41]	**8**	**100%**

Figure 36: Child/Youth's Proximity to the Removal Home

Figure 36 gives the frequency of out-of-home cases in which the children/youth were placed geographically close to the home from which they were removed. Only one of the children/youth was placed geographically close, within the same community, to the home from which he or she was removed. Three children/youth were reported to be placed within the same county, but not the same community. Of the four children/youth that were not placed within Butler County but did remain in the state, one was placed with a non-relative foster home, one was residing in a pre-adoptive home, one was placed in a relative home, and the last child/youth had been placed in an emergency shelter. [42]

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.

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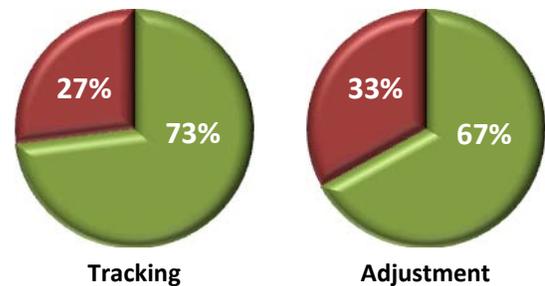
[41] Results are not cumulative. Reviewers were instructed to select the best option.

[42] At the time of the review the child/youth who had been placed in an emergency shelter had been returned home to both biological parents after 13 days in the emergency shelter.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Tracking	15	0	0	4	27%	2	5	4	73%
Adjustment	15	0	2	3	33%	1	4	5	67%
Total	-	0	2	7	30%	3	9	9	70%

Figure 37: "Tracking & Adjusting" QSR Results

As seen in Figure 37, the Tracking and Adjustment indicator was rated as acceptable in 70 percent of the cases reviewed. "Tracking" (73%) was slightly more likely than "adjustment" (67%) to be rated as acceptable. While this indicator was rated well overall, reviewers noted the provision of strategies, supports and services which were not always responsive or appropriate to the changing conditions of the case.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

Participants in the four focus groups also identified recommendations to improve coordination among systems and positive outcomes for children, youth, and families.

Continued Adjustment after the Re-structure

Two years ago a new director was appointed to the Butler County Children and Youth Services who implemented a restructuring which has had many positive effects on practice; there are still several issues that need to be addressed.

- Secretaries are no longer "specialists" assigned to a specific unit or department; this makes the work fragmented because the secretaries are not yet aware of how departments they are not familiar with operate.
- Offices are overcrowded which creates tension among workers.

Policies and Procedures

- An internal disciplinary process is needed to hold caseworkers accountable.
- The increase in mandatory paperwork has made supervisors and caseworkers feel as though the agency is developing into a "paperwork agency" which makes performing their other duties more difficult.
- Meetings are lengthy and redundant, limiting the amount of available time supervisors and caseworkers have to complete other duties.

The QSR instrument uses a rating scale of 1 to 6 for each indicator, regardless of type. The percentages of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and score between 4 and 6 representing the "acceptable" range.

Domain Ratings	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth/Family Status Domain	200	5	11	25	21%	22	63	74	80%
Practice Performance Status Domain	296	16	31	48	32%	70	35	96	68%
Total	496	21	42	73	27%	92	98	170	73%

Figure 38: "Domain Ratings" QSR Results

Figure 38 gives the frequency of ratings for all indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. Seventy-three percent of the ratings were found to be acceptable (rating between 4 and 6). An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (80%) than the Practice Performance domain (68%).

The following sections summarize the strengths of the indicators and those where improvement is warranted. Each of these sections is further broken out by the major themes identified by the type of rating.

Areas of Strengths

Fathers are Wonderful Caregivers!
Fathers in Butler County are present and involved in their children/youth's lives. They show a willingness to acknowledge that services are needed, and subsequently step up as parents to work diligently to improve their family's lives by complying with county recommendations. Even fathers who were not the primary caregivers were reported as making significant changes in their own behaviors for the sake of their children's well-being as well as being supportive of their children/youth who were working on improving their own behaviors. The efforts by the county to engage fathers allowed them to assess and understand the father's issues, enabling them to recommend appropriate services for the father. Improvement with fathers should extend to increasing their role and voice in the case.

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

Safe and Healthy Kids

The safety (both exposure to threats of harm and risk to self and others), living arrangement, physical health and emotional well-being of the child/youth were all found to be appropriate in the majority of the cases reviewed. These four indicators often complement one another, in that a child/youth living in an appropriate living arrangement will likely be safe from harm.

Areas Needing Improvement

Mothers as Caregivers

In each of the seven indicators where mothers were rated separately from fathers, the mothers were more likely to be rated unfavorably in comparison to the fathers. While mothers were rated unacceptable caregivers (indicator 9: Parent/Caregiver Functioning) in 55 percent of the applicable cases, the agency's efforts and success at engaging, understanding, and teaming with mothers scored better. Since the agency seems able to connect with mothers it is suggested the agency advocate parenting classes and substance abuse programs to assist mothers in becoming more capable caregivers.

Teaming Made More Difficult by Turnover

Teaming was rated as acceptable in just 60 percent of the cases reviewed and was frequently cited in other indicators as a contributing factor for unacceptable ratings. Reviewers felt when teams were formed they were not functioning well. Reviewers noted that turnover among the team members added to the already difficult process of keeping team members up to date on the case and working toward a common permanency goal. To lessen the impact on team member turnover reviewers suggested teams elect a team leader to make sure all new team members are on the same page as the rest of the team.

Permanency & Concurrent Planning

Research shows that concurrent planning "can be an effective tool for expediting permanency;"[43] however, reviewers found very few cases with a concurrent permanency plan. Concurrent goals were not established in 75 percent of the out-of-home cases. This is especially disconcerting considering the Permanency indicator was rated as unacceptable in 63 percent of the out-of-home cases. Weak teaming may account for a lack of concurrent planning and uncertain permanency.

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[43] United States. Department of Human Services. Administration of Children and Families. *Child Welfare Policy Manual*, § 8.3C.4, 3. Sept. 2001. Web. 10 Mar. 2011. <http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=59>.

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?

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-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.

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.