QUALITY SERVICES REVIEW

**DAUPHIN COUNTY
CHILDREN AND YOUTH SERVICES/
JUVENILE PROBATION**

Background

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

Pennsylvania's *QSR Protocol*, developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method and practice appraisal process to find out how children, youth and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The *QSR Protocol* contains qualitative indicators that measure the current status of the focus child/youth[2] and the child/youth's parents and/or caregivers. Status reflects the outcomes that have been achieved thus far. The QSR serves as a measure of Pennsylvania's Practice Model and associated standards which have been established to promote a culture of excellence in serving children, youth and families. The Practice Model was developed through consensus among those working at all levels in the system regarding the actions necessary to promote sound outcomes.

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

---

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

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

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

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2008. Dauphin County falls into stratum III, meaning that there were 15 cases selected for review -- six in-home cases and nine placement cases.[3] One of the cases was a "shared case."[4] The case type for one of the foster care sampled cases had changed to an in-home case by the start of the case review changing the proportion of cases to seven in-home cases and eight placement cases. The in-home sample is family-based[5] and was selected for Dauphin County from a list provided by the county of families with open in-home cases on November 24, 2011. The placement sample is child-based and was selected for Dauphin County from a list provided by the county of those children in out-of-home placement on the same date.

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

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

---

[3] One sampled out-of-home case became an in-home case, bring the total number of out-of-home cases to eight and in-home cases to seven.
[4] 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.
[5] 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 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.

Dauphin County conducted its QSR over six days in February 2012. Over the course of the review, 125 interviews were conducted, an average of nine interviews per case.

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

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

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

Feedback from the focus groups and key stakeholder interviews is used in conjunction with results of reviewed cases and incorporated into the Next Steps Meeting so that the county can utilize this information in the development of its county improvement plan. Participants included Office of Children, Youth and Families case workers, supervisors, and biological/kinship families. Each group identified key strengths and challenges for Dauphin County and offered a number of recommendations to improve outcomes for children, youth and families. Information gleaned from the focus groups and interviews is included within this report. Themes which are not attributed to specific review indicators are outlined in the Organizational Considerations section.

How the Report is Organized

This report consists of five major sections, all of which explain the findings of the Dauphin County QSR. The demographics section gives the descriptive characteristics of the children/youth and their families. The tables in the demographics section are broken out by in-home and out-of-home and are compared, when possible, to the entire Dauphin County foster care population. A dash "-" is used in tables where no data are available or applicable. The next

two sections summarize the ratings for each indicator in the Child/Youth & Family Domain and the Practice Performance Domain. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable. Below the pie charts a table is provided that gives the frequency of ratings, one through six, for each indicator. A summary of the indicator ratings is provided at the end of each section. Here the identified strengths and areas needing improvement from the QSR are explored. The final section of this report lists key questions that county staff may ask themselves in regard to the findings of the QSR.

More detailed information on the QSR methodology, including sampling, definitions of indicators and scoring, may be found in the *Pennsylvania Quality Service Review Protocol Version 2.0*.[6]

---

[6] http://www.pacwcbt.pitt.edu/Resources/PA%20QSR%20Protocol%20Version%202%200.pdf

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

Sex	In-home		Out-of-home		Combined Total		Foster Care Population[7]
	#	%	#	%	#	%	%
Male	4	57%	5	63%	9	60%	58%
Female	3	43%	3	38%	6	40%	42%
Total	**7**	**100%**	**8**	**100%**	**15**	**100%**	**100%**

Age	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%[8]	#	%	%
0 – 6	4	57%	1	13%	5	33%	40%
7 – 14	1	14%	4	50%	5	33%	35%
15 – 18	2	29%	3	38%	5	33%	24%
19 +	0	0%	0	0%	0	0%	0%
Total	**7**	**100%**	**8**	**100%**	**15**	**100%**	**100%**

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

Although more male children/youth were sampled for the review than female children/youth, the distribution by gender roughly reflects the distribution of children/youth in the Dauphin County foster care population. The ages of children/youth of the sample are evenly distributed among the first three age groups, with no children in the sample being over the age of 17.

---

[7]Percentages were calculated based on the total number of children in care on November 24, 2011.
[8]Percentages throughout the report may not sum to 100 percent due to rounding.

Race/Ethnicity[9]	In-home		Out-of-home		Combined Total		Foster Care Population
	#	%	#	%	#	%	%
White/Caucasian	2	29%	3	38%	5	33%	45%
Black/African-American	4	57%	6	75%	10	67%	63%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	<1%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	<1%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	-
Unknown	0	0%	0	0%	0	0%	-
Unable to Determine	1	14%	0	0%	1	7%	0%
Hispanic	1	14%	2	25%	3	20%	19%
Total	7		8		15		

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

The distribution of race, as seen in Figure 2, is relatively similar between the out-of-home cases reviewed and Dauphin's overall foster care population; the majority of cases selected for review involved children/youth who were black/African American or white/Caucasian. The sample size included twice as many Black/African American children/youth than White/Caucasian.

Current Placement	In-home		Out-of-Home		Foster Care Population[10]
	#	%	#	%	%
Birth home (Biological Mother)	3	43%	-	-	-
Birth home (Biological Father)	1	14%	-	-	-
Birth home (Both Biological Parents)	1	14%	-	-	-
Pre -Adoptive Home	-	-	0	0%	0%
Post -Adoptive Home	-	-	0	0%	-
Traditional foster home	-	-	4	50%	47%
Therapeutic foster home	-	-	0	0%	
Formal kinship foster home	-	-	0	0%	16%
Informal kinship foster home	-	-	0	0%	
Subsidized/Permanent Legal Custodianship	-	-	0	0%	
Group/congregate home[11]	1	14%	4	50%	17%
Residential treatment facility	-	-	0	0%	
Juvenile Correctional Facility	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	16%
Other[12]	1	14%	0	0%	5%
Total	7	100%	8	100%	

[9]Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.
[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 in-home case was reported as living in a residential placement through Juvenile Probation, but the child/youth was not in the care and custody of Dauphin Children and Youth Services.
[12]The "other" identified in-home placement setting was reported as "Living with boyfriend and his parents."

Figure 3 displays the current placement types of the sampled children/youth and Dauphin County's foster care population. Of the seven sampled in-home cases, three involved children/youth living at home with only their birth mothers.

The proportion of sampled children/youth currently placed in traditional foster homes is similar to that of the foster care population placed in traditional/therapeutic foster homes. While 16 percent of the Dauphin County foster care population were reported as being placed in an institution there were no children/youth from the sample placed in a higher level of care.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	5	71%	1	17%	6	46%
Insufficient Income	5	71%	1	17%	6	46%
Legal Problems	4	57%	1	17%	5	38%
Family Discord/Marital Problems	4	57%	1	17%	5	38%
Lack of Parenting Skills	3	43%	2	33%	5	38%
Overwhelming Child Care/Parenting Responsibilities	4	57%	1	17%	5	38%
Job Related Problems	3	43%	0	0%	3	23%
Inadequate Housing	2	29%	1	17%	3	23%
Lack of Transportation	3	43%	0	0%	3	23%
Unknown	0	0%	3	50%	3	23%
Drug Abuse/Addiction	1	14%	1	17%	2	15%
Difficulty Budgeting	2	29%	0	0%	2	15%
Recent Relocation	2	29%	0	0%	2	15%
Physical Disability	1	14%	0	0%	1	8%
Chronic Illness	0	0%	1	17%	1	8%
Other medical Condition	1	14%	0	0%	1	8%
Sexual Abuse	1	14%	0	0%	1	8%
Emotional Abuse	0	0%	1	17%	1	8%
Pregnancy/New Child	1	14%	0	0%	1	8%
Unstable Living Conditions	1	14%	0	0%	1	8%
Language Barriers	1	14%	0	0%	1	8%
Social Isolation	1	14%	0	0%	1	8%
Incarceration	0	0%	1	17%	1	8%
Domestic Violence	0	0%	1	17%	1	8%
Other [13]	0	0%	1	17%	1	8%
Total Applicable Cases	**7**	**100%**	**6**	**100%**	**13**	**100%**

Figure 4: Identified Stressors of Mothers

Overall, "mental health problems" and "insufficient income" were listed as the most-identified stressors among the mothers of the sampled cases, as seen in Figure 4.

---

[13] The "other" stressor from an in-home case was reported as "stressed that child has not yet been placed w/ kin."

Stressors	In-Home #	%	Out-of-Home #	%	Combined Total #	%
Unknown	3	43%	2	33%	5	38%
Mental Health Problems	3	43%	1	17%	4	31%
Insufficient Income	1	14%	1	17%	2	15%
Job Related Problems	1	14%	1	17%	2	15%
Inadequate Housing	0	0%	2	33%	2	15%
Lack of Transportation	1	14%	1	17%	2	15%
Legal Problems	2	29%	0	0%	2	15%
Incarceration	1	14%	1	17%	2	15%
Family Discord/Marital Problems	2	29%	0	0%	2	15%
Lack of Parenting Skills	1	14%	1	17%	2	15%
Physical Disability	1	14%	0	0%	1	8%
Pregnancy/New Child	1	14%	0	0%	1	8%
Unstable Living Conditions	1	14%	0	0%	1	8%
Language Barriers	1	14%	0	0%	1	8%
Domestic Violence	0	0%	1	17%	1	8%
Overwhelming Child Care/Parenting Responsibilities	0	0%	1	17%	1	8%
None	1	14%	0	0%	1	8%
Total Applicable Cases	**7**	**100%**	**6**	**100%**	**13**	**100%**

Figure 5: Identified Stressors of Fathers

Like mothers, when stressors of the fathers were known they were most often reported as "mental health problems."

Identified Stressors	In-Home #	%	Out-of-Home #	%	Combined Total #	%
None	0	0%	5	83%	5	38%
Family Discord/Marital Problems	1	14%	0	0%	1	8%
Total	**7**	**100%**	**6**	**100%**	**13**	**100%**

Figure 6: Identified Stressors of Caregivers

No stressors were identified for caregivers of the children/youth in out-of-home placements. As seen in Figure 6, the one in-home case where a caregiver stressor was identified cited "family discord/marital problems" as a stressor.

Identified Stressors	In-Home #	%	Out-of-Home #	%	Combined Total #	%
Mental Health	1	14%	5	63%	6	40%
History of Physical Abuse/Inappropriate Discipline	1	14%	4	50%	5	33%
School Related Problems	2	29%	2	25%	4	27%
Undiagnosed/Untreated Behavioral Problems	2	29%	1	13%	3	20%
Emotional Disturbance	1	14%	2	25%	3	20%

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Learning Disability	1	14%	2	25%	3	20%
Other [14]	3	43%	0	0%	3	20%
History of Sexual Abuse	0	0%	2	25%	2	13%
Developmental Delay	0	0%	2	25%	2	13%
Drug Abuse/Addiction	0	0%	1	13%	1	7%
Pregnancy	1	14%	0	0%	1	7%
History of Emotional Abuse	0	0%	1	13%	1	7%
Delinquent Behaviors	0	0%	1	13%	1	7%
Witnessed Domestic Violence	0	0%	1	13%	1	7%
Total Applicable Cases	7	100%	8	100%	15	100%

Figure 7: Identified Stressors of Focus Child/Youth

Figure 7 shows the children/youth stressors identified by the reviewers. Overall, "mental health" was the most-identified stressor, which is not surprising considering both mothers and fathers often reported "mental health problems" as a stressor.   Of the 11 children/youth in the sample enrolled in school, four (36%) were reported to have a stressor of "school related problems."

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)[15]						
Other Physical Abuse	2	29%	0	0%	2	13%
Fractures	0	0%	1	13%	1	7%
Bruises	1	14%	0	0%	1	7%
Lacerations/Abrasions	1	14%	0	0%	1	7%
General Protection Services (GPS)[16]						
Mental Health Concerns	3	43%	1	13%	4	27%
Lack of Food, Shelter or Clothing	0	0%	4	50%	4	27%
Truancy	2	29%	1	13%	3	20%
Parent/Child/Youth Conflict	2	29%	1	13%	3	20%
Inappropriate Discipline	1	14%	2	25%	3	20%
Educational Neglect	1	14%	1	13%	2	13%
Environmental Neglect	2	29%	0	0%	2	13%
Substance Abuse: Parent	2	29%	0	0%	2	13%
Abandonment	0	0%	1	13%	1	7%
Poor Hygiene	0	0%	1	13%	1	7%
Incorrigibility	1	14%	0	0%	1	7%

---

[14] "Other" in-home case child/youth stressors included" grieving loss of maternal grandmother and delayed with reading and math;" "speech delays" and "birth of sibling."

[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).

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Substance Abuse: Child/Youth	1	14%	0	0%	1	7%

Figure 8: Allegations

Allegations which led to a case opening were reported for both the in-home and out-of-home cases, as listed in Figure 8. "Mental health problems" was one of the most commonly identified stressors of mothers and fathers for both in-home and out-of-home cases. With mothers and fathers having also reported "insufficient income" as a stressor, it is not surprising the GPS allegation of "lack of food, shelter, or clothing" was commonly reported.

The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review. [17]

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

Safety is the primary and essential factor that informs and guides all decisions made from intake through case closure. The focus is on identifying safety factors, present and/or impending danger, protective capacities and interventions with caregivers to supplement protective capacities. The first safety indicator assesses the degree to which the child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings. It also addresses whether the child/youth's parents and/or caregivers 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.

| Family Home #1 | Family Home #2 | Substitute Home | School | Other Settings |

---

[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	8	0	0	2	25%	1	3	2	75%
Family home #2	2	0	0	0	0%	0	2	0	100%
Substitute Home	8	0	0	0	0%	0	2	6	100%
School	11	0	0	0	0%	0	3	8	100%
Other settings	1	0	0	0	0%	0	1	0	100%
Total	-	0	0	2	7%	1	11	16	93%

Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (93%) were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. Reviewers also noted that casework staff conducted safety assessments and implemented safety plans when necessary. During the private provider focus group, it was noted that Dauphin County Children and Youth Services is clearly here to protect children.

While the ratings were overwhelmingly acceptable, reviewers noted some concerns. Safety concerns identified included an in-home case in which the heat has not working properly for several months during the wintertime. In addition to the home setting, reviewers also look at the child/youth's exposure to harm in the school setting. In one in home case, the parents expressed concern regarding the school their child/youth would attend if the child/youth were reunified, because the school was reported to be in a dangerous neighborhood.

Indicator 1b: Safety from Risk to Self/Others

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

Risk to Self   Risk to Others

This indicator applies only to children/youth ages three or older.
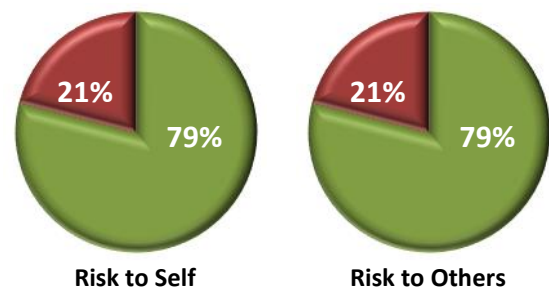
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	14	0	0	3	21%	0	6	5	79%
Risk to others	14	0	0	3	21%	1	5	5	79%
Total	**-**	**0**	**0**	**6**	**21%**	**1**	**11**	**10**	**79%**

Figure 10: "Behavioral Risk" QSR Results

Figure 10 gives the frequency of ratings for the Behavioral Risk indicator. Overall, 79 percent of the ratings were found to be acceptable. Reviewers attributed the acceptable ratings to the fact that children/youth were placed in the most appropriate settings for their levels of risk.

Risk to self and risk to others were found to be unacceptable for some of the cases. It should be noted that 40% of the children/youth in this sample were identified as having mental health stressors. One case involved a child/youth who was exhibiting aggressive behaviors in school. Although his behaviors were not aimed at any particular person, his actions, which included striking out, kicking and throwing objects, could have caused harm to the child or others. Another case involved a child/youth who struggles with some significant mental health issues and at times places himself or others in his placement at risk due to his aggressive behaviors. One in home case included a child/youth who was seen holding dangerous items that had to be taken away from him by his caseworker and Family Preservation worker

Additional Safety Data

Timeliness of Investigations

Five of the seven in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling 11 accepted reports of abuse and neglect. Eight of the 11 reports had the investigation initiated in accordance with state and/or county timeframes[18] and within the requirements for a report of the assigned priority. In each of those same eight reports, face-to-face contact had been made with the child/youth within the required timeframe. All but one of the five applicable in-home cases was rated as a "strength" for the timeliness of the investigation.

None of the eight out-of-home cases had any CPS or GPS reports received within the prior 12 months.

---

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

PERMANENCY

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

Indicator 2:   Stability

Stability and continuity in a child/youth's living arrangement, school experience, and social support networks are factors that provide 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.

Living Arrangement   **School**
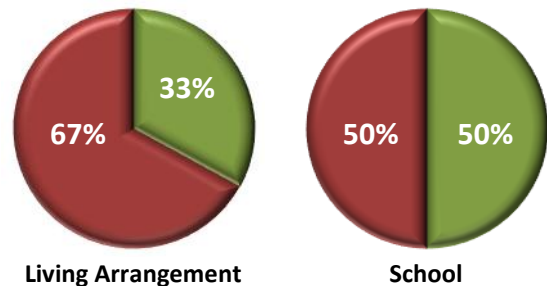
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	15	0	5	5	67%	3	0	2	33%
School	12	0	2	4	50%	2	2	2	50%
Total	-	0	7	9	59%	5	2	4	41%

Figure 11: "Stability" QSR Results

Fifty-nine percent of the overall ratings for stability were unacceptable. The stability of living arrangements for ten of the fifteen children/youth in the sample were identified as unacceptable. Many of these unacceptable settings came as a result of the agency's efforts to find permanency for the child/youth. During the onsite review, one child/youth transitioned to a positive pre-adoptive placement, but during the past 12 months, that youth had experienced two failed pre-adoptive placements. Half of the school settings were found to be unacceptable for stability. Instability in the child/youth's school setting was often correlated to the number of placement moves that some of the children/youth in the out-of-home sample experienced.

Indicator 3: Living Arrangement

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

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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	8	0	0	1	13%	1	4	2	88%
Family home #2	2	0	0	0	0%	2	0	0	100%
Substitute home	8	0	0	0	0%	1	5	2	100%
Total	-	**0**	**0**	**1**	**6%**	**4**	**9**	**4**	**94%**

Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for 94 percent of the ratings. Reviewers recognized the efforts of substitute caregivers, most notably, formal kinship providers, in providing stable homes for children/youth, as well as the efforts of the providers to meet the specific needs of the children/youth. For several of the out-of-home cases, the placement setting attempted to assure that the living arrangement was consistent with the need for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. Reviewers also recognized the

willingness of the county to keep siblings together whenever possible[19] and appropriate to do so. In one case, where a youth was living in a group home, the youth's sibling was also placed in the same group home; so although the child/youth was not in the least restrictive setting, the child/youth was in an appropriate setting where he was able to maintain contact with his sibling as well as extended family who visited on a weekly basis. In one in home case, the child/youth is living with his father and has no contact with his mother, yet the father assures that the child has ongoing contact and interaction with his maternal aunt. Another positive that was noted by reviewers included a case situation in which the resource family was working collaboratively with the child/youth's biological parents.

The one in-home case in which an unacceptable rating was reported involved a mother with "rapidly deteriorating mental health" which was impeding her ability to maintain a clean and safe home and meet the supervision needs of her child/youth. The mother's growing fear of leaving the home raised concerns about her ability to complete activities which take place out of the home, such as taking her child/youth to doctors' visits.

Indicator 4:   Permanency

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

Permanency

Where such support is not available, the review assesses the timeliness of the permanency efforts to ensure that the child/youth will be enveloped in enduring relationships that will provide a sense of family, stability, and belonging.
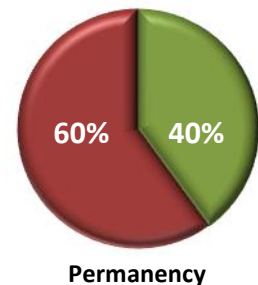
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	15	0	1	8	60%	3	1	2	40%
Total	**-**	**0**	**1**	**8**	**60%**	**3**	**1**	**2**	**40%**

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed acceptable in only 40 percent of the cases reviewed. The children/youth in the four in-home cases with acceptable ratings were under no threat of removal and their living arrangements were stable

---

[19]Three of the five out-of-home cases (60%), in which the focus child/youth had siblings also in care, were all placed in the same foster home.

and safe. There were two out-of-home cases that were acceptable for the Permanency indicator. The positive aspects identified by reviewers surrounded the agency's determination that the placement setting was no longer appropriate and that action was being taken to remedy the child/youth's permanency. In both cases the foster parents reported they would give the child/youth permanency either through adoption or by providing long term care.

Six of the nine unacceptable ratings were reported for out-of-home cases, while three in-home cases had unacceptable ratings. Among such cases, one involved a youth from an in-home case, living with her boyfriend's parents, as was the youth's choice; this living situation was not meant to be permanent for this child/youth and although this child/youth was able to return to her mother's home, there were no active plans to assure a positive and permanent reunification with the child/youth's mother.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care[20] Population
	#	%	#	%	%
In-Home Cases					
Remain in Home	7	100%	-	-	
Adoption	0	0%	0	0%	
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	
Placement with a Fit and Willing Relative	0	0%	0	0%	
Other Planned Placement Intended to be Permanent/APPLA	0	0%	0	0%	
No Goal Established	0	0%	7	100%	
Total	**7**	**100%**	**7**	**100%**	
Out-of-Home Cases					
Return Home	2	25%	0	0%	73%
Adoption	3	38%	2	25%	21%
Permanent Legal Custodian /Subsidized Legal Custodian	2	25%	0	0%	3%
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	-	-	-	-	3%
No Goal Established	0	0%	6	75%	0%
Total	**8**	**100%**	**8**	**100%**	**100%**

Figure 14: Permanency Goals of Focus Children/Youth and Countywide Foster Care Population

Figure 14 shows the permanency goals of the sampled children/youth and those of Dauphin County's entire foster care population. The primary permanency goal for all in-home cases reviewed was "remain in the home." All out-of-home cases had a primary permanency goal established. The distribution of the primary goals for children/youth from the out-of-home sample is dissimilar to that of the Dauphin County foster care population. One quarter of the

---

[20] 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.

out-of-home cases reviewed had a primary permanency goal of "return home" compared to nearly three quarters (73%) of the total foster care population.

Two of the eight out-of-home cases were reported to have a concurrent goal. The concurrent goal was reported as "adoption" in both cases while their primary goals were reported as "return home." Lack of a concurrent goal in the other six placement cases resulted in unclear permanency planning for the child/youth and team, making permanency even more difficult to achieve.

The focus group of legal representatives addressed the need for having a definition as to what is meant by "permanency success;" they are aware it can mean different things to every child/youth and family. . Caseworkers and legal representatives noted that there is a need to enhance the practice of concurrent planning. It was further noted that the practice of concurrent planning can be difficult, as it seems as though it is "what is in the child's best interest versus what is in the family's best interest." Caseworkers acknowledged that they often look at one discharge option at a time, but agree that there is a benefit to having a plan, a backup plan and a second back of plan. Legal representatives believe that the Concurrent Planning Bulletin (set to be released in May 2012) will have a positive impact on practice and will ultimately assist in children/youth achieving more timely permanence.

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	7	100%	8	100%	15	100%
Concurrent Goal Appropriate	-	-	2	25%	2	13%
Total Cases	7		8		15	

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

As well as identifying the primary and concurrent permanency goals of the children/youth involved in the cases reviewed, the appropriateness of the goals was also assessed, as seen in Figure 15. The primary permanency goal was considered appropriate for all 15 children/youth. Although only two out-of-home cases had a concurrent goal established, both were found to be appropriate.

***Additional Permanency Data***

Caseworker Turnover

The average number of caseworkers assigned to the in-home cases under review was 3.3 caseworkers, with a minimum count of two and a maximum number of six workers. The number of caseworkers assigned to the out-of-home cases under review averaged 3.6 caseworkers, with a minimum number of two and a maximum number of six workers having been assigned.

WELL-BEING

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

Indicator 5:   Physical Health

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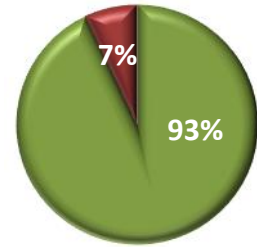
Physical Health

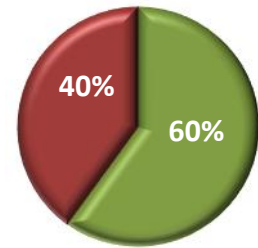| Indicator	N	Unacceptable				Acceptable			
		1	**2**	**3**	**%**	**4**	**5**	**6**	**%**
Physical Health	15	0	0	1	7%	1	2	11	93%
Total	-	**0**	**0**	**1**	**7%**	**1**	**2**	**11**	**93%**

Figure 16: "Physical Health" QSR Results

Figure 16 gives the frequency of ratings for the Physical Health indicator. The physical health of the children/youth was rated within the acceptable range for 93 percent of the cases reviewed. The review found that while many children/youth had chronic and often serious medical conditions, the medical concerns were being appropriately addressed and closely monitored by the agency and caregivers in the majority of the cases. In one out-of-home case, reviewers noted that the child/youth has regular doctor visits and actively uses the placement facility's on-ground nurse for any physical ailments. In one in-home case, the mother was very proactive about taking all the children to regular medical and dental appointments.

The one unacceptable rating was attributed to multiple sources reporting having witnessed the child/youth eating "moldy or spilled food" and food found in the garbage.

Indicator 6:   Emotional Well-being

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

Emotional Well-being

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.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Emotional Well-Being	15	0	2	4	40%	1	6	2	60%
Total	-	0	2	4	40%	1	6	2	60%

Figure 17: "Emotional Well-being" QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In 60 percent of the cases reviewed, the emotional well-being of the child/youth was rated within the acceptable range. The children/youth that were reported to be in the most appropriate placement were also more likely to have an acceptable rating for this indicator. In one out-of-home case, the group home had identified educational, recreational, and social activities for a 16 year old youth which was found to ease the adjustment of the youth's placement change. Extended family members who are supportive and involved in the case also contributed to the acceptable ratings. A maternal aunt from an in-home case was reported to visit the child/youth twice a week which assisted in maintaining the child/youth's emotional well-being.

In two in-home cases, the unacceptable ratings were found in cases where children/youth had known behavioral problems and were exhibiting difficulties with self-management of emotions and behavior. The children in the three out-of-home cases in which unacceptable ratings were reported had issues with socialization. One child/youth was said to be "over affectionate and lack[ing] boundaries" and attaching to strangers. Another youth was reported as having a tendency to withdraw and not interact with those in his/her own age group. Reviewers recommended involving the youth in social activities and encouraging independent living related goals (i.e., searching for employment, volunteering, and mentoring programs) as an excellent way to bolster independence while learning to socialize. Another barrier to children/youth socializing with their peers once they are in care, as presented by the legal representative focus group, is the paperwork involved in authorizing clearances for sleepovers,

a common activity among older children/youth. The third out-of-home case rated unacceptably involved a child/youth with a long history of living in institutional settings. Reviewers noted a concern that the child/youth has little understanding of what a family is and how it interacts.

Indicator 7a: Early Learning & Development

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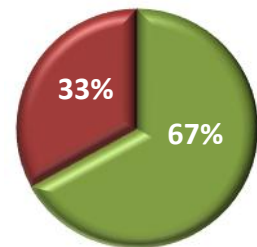
Early Learning & Development

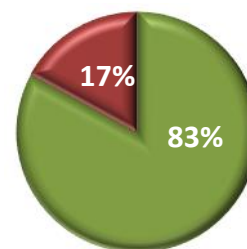| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Early Learning & Development	3	0	0	1	33%	1	1	0	67%
Total	-	0	0	1	**33%**	1	1	0	**67%**

Figure 18: "Early Learning & Development" QSR Results

Of the seven cases with children under the age of eight, three cases were applicable[21] for review of the Early Learning and Development indicator (see Figure 18). Of those three, two (67%) were rated as acceptable. Children were reported as developing appropriately and being on target with developmental milestones. No children were enrolled in a Head Start/Pre-school setting. The one child that was identified as having an unacceptable rating for Early Learning & Development was identified to have speech and language difficulties that were not being addressed.

---

[21] The four inapplicable cases involved children six and seven years old who were officially enrolled in kindergarten and therefore, these children were rated for Indicator 7b: Academic Status.

Indicator 7b: Academic Status

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

17%
83%

Academic Success

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	12	1	0	1	17%	1	4	5	83%
Total	-	1	0	1	17%	1	4	5	83%

Figure 19: "Academic Status" QSR Results

The frequency of ratings for the Academic Status indicator is displayed in Figure 19. The academic status was considered acceptable in 83 percent of the applicable cases. Acceptable ratings were attributed most to the schools devising and following a behavioral and academic plan intended to monitor not only academic success but the children/youth's behavioral progress as well. These plans were found to help children/youth who are both developmentally delayed and those who suffer from behavioral problems.

The two children/youth with unacceptable ratings involved in-home cases. In one, the 17 year old youth was not attending any school setting and there were limited attempts by parties to identify other academic options for the youth. The other case involved a seven year old who had been having excessive absences and there were concerns that the child/youth might be delayed compared to his/her peers.

| Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	3	43%	4	50%	7	47%
Alternative Education	0	0%	1	13%	1	7%
Part-Time Special Education	1	14%	1	13%	2	13%
Self-Contained Special Education	0	0%	1	13%	1	7%
None (No school setting)	3	43%	1	13%	4	27%
Total	7	100%	8	100%	15	100%

Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending different educational settings. Eleven of the sampled children/youth are enrolled in school; of those, four (36%) were reported to have "school related problems" identified as a stressor.

Participants from the legal representative and supervisor focus group stated there are delays in enrolling children/youth in school who are in out-of-home care and this can impact the educational outcomes for children/youth.

Indicator 8: Pathway to Independence

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

Pathway to Independence
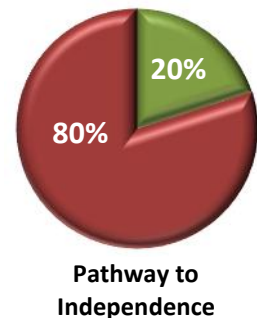
Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Pathway to Independence	5	0	1	3	80%	1	0	0	20%
Total	**-**	**0**	**1**	**3**	**80%**	**1**	**0**	**0**	**20%**

Figure 21: "Pathways to Independence" QSR Results

As seen in Figure 21, only one of the five qualifying cases (20%) was rated as acceptable for the Pathway to Independence indicator. Of the four applicable unacceptable cases three involved youth who were 16 years old and one who was 17 years old.

Unacceptable ratings were attributed mainly to not involving the youth in any independent living (IL) services and reviewers identified that the youths' knowledge of how to navigate through community resources and services is very minimal, as are their skill levels regarding budgeting, employment and obtaining housing.

Although case circumstances warranted an unacceptable rating, two of the involved youth had just turned 16 in the weeks before the review. Reviewers confirmed that workers were working towards setting up IL services and were making referrals to the county's IL Unit.

The legal representative focus group participants recommended that IL services should begin at age 14, not 16 (as federally required).

PARENT/CAREGIVER FUNCTIONING

The following indicator evaluates the capacity of the child/youth's caregivers (both familial and substitute) to provide support to the child/youth.

Indicator 9: Parent/Caregiver Functioning

Parents/caregivers should have and use the necessary levels of knowledge, skills, and situational awareness to provide their child/youth with nurturance, guidance, age-appropriate discipline, and supervision necessary for protection, care, and normal development. Understanding the basic developmental stages that a child/youth experiences, relevant milestones, expectations, and appropriate methods for shaping behavior are key to parental capacity to support their child/youth's healthy growth and learning. This indicator assesses the degree to which the parent(s), other significant adult(s) and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living. If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), those added supports should also meet the child/youth's needs.
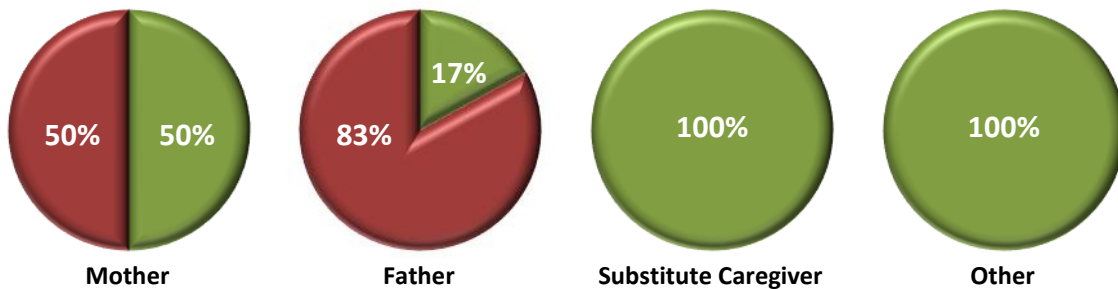
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Mother	10	1	3	1	50%	2	2	1	50%
Father	6	2	2	1	83%	1	0	0	17%
Substitute Caregiver	4	0	0	0	0%	1	1	2	100%
Other	1	0	0	0	0%	0	1	0	100%
Total	-	3	5	2	48%	4	4	3	52%

Figure 22: "Caregiver Functioning" QSR Results

As seen in Figure 22, overall the functioning of parents/caregivers was found to be acceptable for 52 percent of the ratings across the four sub-indicators. Cases involving substitute and "other" caregivers were all rated acceptably. The father's functioning as a caregiver was less likely to be rated as acceptable (17%) than the "mother's caregiver functioning" (50%). One mother's functioning was seen as a strength despite multiple stressors regarding her own situation and the situation of her children. Another mother utilized informal supports by developing connections at a local church and securing child care with maternal relatives for extra support.

Three of the five unacceptable ratings for the father's caregiver functioning were reported for in-home cases. One of these cases involved a father who reviewers stated wanted to be a better caregiver but was unable to "be in the same room" with the child/youth's mother due to domestic problems, which made it difficult for the father to be near his child/youth. A separate case involved a father who was "absent for a long period of time" and who was facing legal problems, including deportation, and has little to no understanding of basic caregiving skills, such as nutrition. The third in-home case involved a father who has been incarcerated throughout the entirety of the case and who, according to the reviewers, has been unable to provide "adequate or appropriate nurturance, guidance, protection, education, medical care, and supervision."

Mothers were found to be committed to caring for their children and resolving the issues that originally brought CYS into their lives. Reviewers attribute this to the willingness of mothers to attend mental health services, drug and alcohol abuse counseling, and parenting classes, which were identified as interventions that would enhance their functioning. Out-of-home cases with unacceptable ratings for the mother's caregiver functioning were often attributed to the mother self-reporting her unfitness as a permanency resource, fully acknowledging a lack of parenting skills to properly care for her child/youth or the mother withdrawing from the case planning process.

The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the on-site review, unless otherwise indicated.

Indicator 1a: Engagement Efforts

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

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

	Child/Youth	Mother	Father	Substitute Caregiver	Other
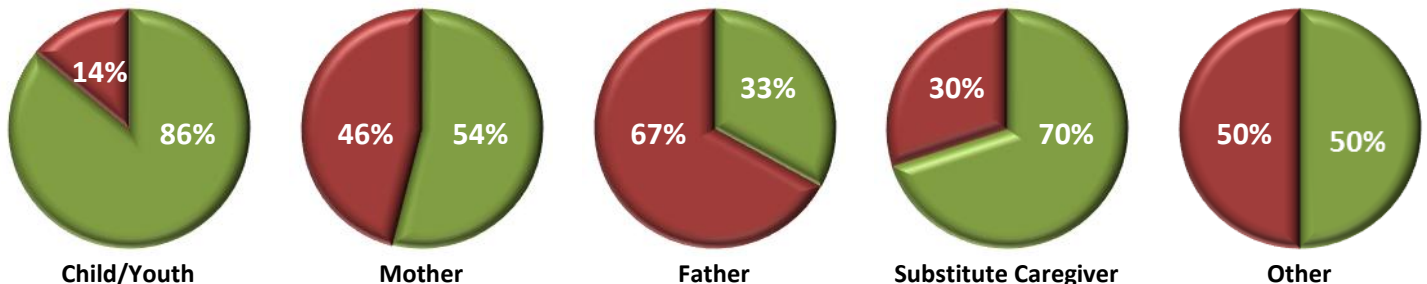
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	14	0	2	0	14%	4	5	3	86%
Mother	13	0	3	3	46%	2	4	1	54%
Father	12	3	3	2	67%	2	0	2	33%
Substitute Caregiver	10	0	0	3	30%	1	2	4	70%
Other	2	1	0	0	50%	0	1	0	50%
Total	-	4	8	8	39%	9	12	10	61%

Figure 23: "Engagement Efforts" QSR Results

Figure 23 gives the frequency of ratings for the Engagement Efforts indicator. Over half of the key players involved in these cases were rated acceptable for this indicator. Engagement efforts for the children/youth (86%) and substitute caregivers (70%) were most likely to be rated as acceptable.

Overwhelmingly, children/youth expressed satisfaction with the level of engagement they are permitted, according to reviewers. All five cases in which the youth was 16 years of age or older had acceptable ratings for the engagement of the child/youth. Reviewers from one in-home case stated all parties, "expressed satisfaction with engagement efforts." The two unacceptable ratings involved one seven year old child/youth from an in-home case and one ten year old from an out-of-home case. The seven year old child in the in-home case had limited contact with the caseworker and as a result, the child didn't have a relationship with his caseworker. The ten year old child in the out-of-home case had few opportunities to express her feelings and wishes due to lack of engagement.

Seventy percent of the substitute caregivers were found to be acceptably engaged. One foster mother and father expressed that they had a strong trusting working relationship with the child/youth's team and they were involved in assessment and planning.

Unfortunately, reviewers found that fathers were rarely engaged, at least in an acceptable regard. Fathers that were identified as caregivers were more likely to be engaged than fathers that were not in a primary caregiving role. There were two instances among in-home cases where the father was known to the agency but limited effort was made to contact him. There were several out-of-home cases in which the agency limited contact or engagement of fathers once the proceedings for termination of parental rights occurred.

Participants of the legal representative focus group observed that some parents or family members will not work with the county no matter what the county does to engage them. In cases like these, on occasion assigning a new caseworker can help, but that is not a method that can be employed in a routine manner. Focus group participants also acknowledged the efforts of caseworkers who have been utilizing Family Group Conferencing and Family Finding; this has resulted in fewer cases having unknown/unidentified kin come forward just as TPR is imminent. Representatives of the private provider's focus group agreed that more resources should be devoted to finding the paternal family, especially early on in the case.

Indicator 1b: Role & Voice

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process. Service arrangements should build on the strengths of the child/youth and family and they should reflect their strengths, views and preferences. This indicator assesses the degree to which the child/youth, parents,

family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about the child/youth and family strengths and needs, goals, supports, and services.

| | Child/Youth | Mother | Father | Substitute Caregiver | Other |
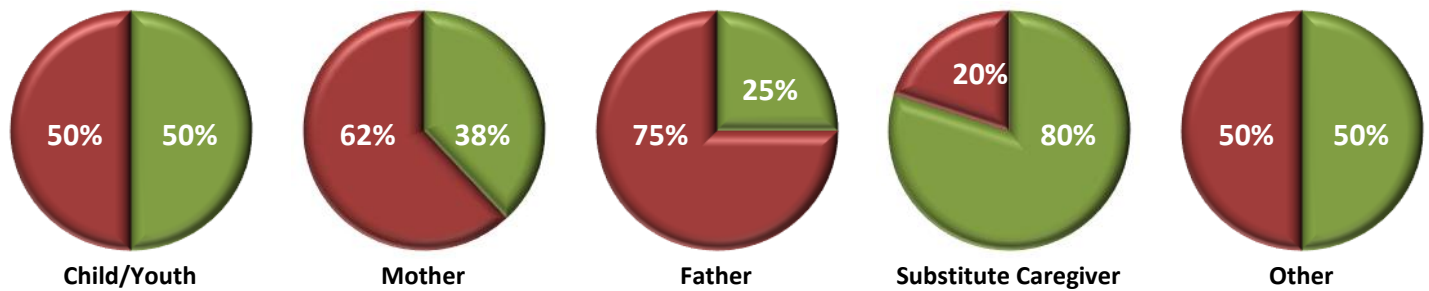
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	10	0	1	4	50%	0	2	3	50%
Mother	13	2	2	4	62%	3	1	1	38%
Father	12	5	4	0	75%	0	2	1	25%
Substitute Caregiver	10	0	0	2	20%	2	2	4	80%
Other	2	0	1	0	50%	0	1	0	50%
Total	-	7	8	10	53%	5	8	9	47%

Figure 24: "Role & Voice" QSR Results

Figure 24 gives the frequency of ratings for the Role and Voice indicator. Overall, just over half (53%) of the cases for this indicator were rated as unacceptable. Role and Voice was most likely to be rated as acceptable for the substitute caregivers (80%).

Mothers and fathers who were engaged were far more likely to be given a role and voice. Of the seven mothers acceptably engaged, 71 percent were also found to have been given a role and voice. Of the four fathers acceptably engaged, 75 percent were given a role and voice. Three of the twelve applicable cases (two in-home and one out-of-home) were reported to have both parents engaged and given a role and voice. Although there continues to be room for improvement, focus group participants noted that one of Dauphin County Children and Youth Service's strengths are there efforts to alleviate child/youth/family struggles by increasing the utilization of Family Group Conferencing (FGC) and Family Finding. Legal representatives noted that caseworkers are becoming more aware about the importance of engaging fathers. They also noted that the Court is asking more questions about paternity and the child/youth paternal family.

	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%	0	0%	5	71%	2	29%	0	0%	7	100%
Mother	0	0%	0	0%	1	14%	3	43%	2	29%	1	14%	7	100%
Father	0	0%	0	0%	0	0%	1	14%	2	29%	4	57%	7	100%
Out-of-home														
Child	0	0%	0	0%	2	25%	5	63%	1	13%	0	0%	8	100%
Mother	0	0%	0	0%	0	0%	0	0%	2	25%	4	50%	8	100%
Father	0	0%	0	0%	0	0%	1	13%	1	13%	3	38%	8	100%
Combined														
Child	0	0%	0	0%	2	13%	10	67%	3	20%	0	0%	15	100%
Mother	0	0%	0	0%	1	7%	3	20%	4	27%	5	33%	15	100%
Father	0	0%	0	0%	0	0%	2	13%	3	20%	7	47%	15	100%

Figure 25: Frequency of Caseworker Visits

The frequency of visits between the caseworkers (or other responsible parties)[22] and the focus children/youth was found to be sufficient to address the issues pertaining to the safety, permanency and well-being of the focus children/youth and promote the achievement of case plan goals in five of the seven in-home cases. In addition, six of the eight out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the children/youth was reported as sufficient.

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

The results for fathers pose a bigger challenge. In one 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 his children/youth and to promote the achievement of case goals. The frequency of visits between the caseworkers (or other responsible parties) and the fathers was not found to be sufficient in any of the five applicable out of home cases. In all, there were twelve cases where the frequency of visitation with the father was evaluated; in only one of those cases was frequency found to be sufficient.

---

[22] **"Other responsible party"** refers to contracted service providers who have full responsibility for case planning and case management (for example, fully or partially privatized child welfare systems where full case management responsibilities are delegated to contract agencies). It does not refer to contracted service providers who provide services while the agency maintains decision making and case management responsibilities regarding the case or the child.

There was at least one other child/youth residing in the home in five of the seven in-home cases reviewed. Of the ten additional children/youth in the home, eight were visited by a caseworker less than once a week but more than twice a month, one was visited less than twice a month but at least once a month, and one was visited less than once a month. Visits were found to be sufficient to address the issues pertaining to their safety, permanency and well-being, and to promote the achievement of permanency goals for eight of the 10 (80%) additional children/youth.

Indicator 2: Teaming

This indicator focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child/youth and family. This indicator assesses the degree to which appropriate team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child/youth and family. Team members should have sufficient professional knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should demonstrate a pattern of working effectively together to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.
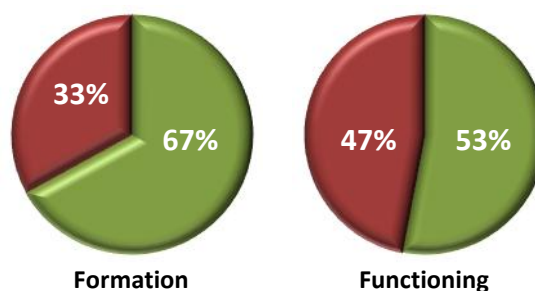
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Formation	15	0	2	3	33%	4	4	2	67%
Functioning	15	0	5	2	47%	4	3	1	53%
Total	-	0	7	5	40%	8	7	3	60%

Figure 26: "Teaming" QSR Results

The teaming indicator was rated as acceptable in 60 percent of the ratings overall. The "formation" indicator was rated as acceptable (67%) for a higher proportion of cases than the "functioning" (53%) indicator, meaning that even sometimes when teams did form they were not always guaranteed to function successfully.   Forty percent of all cases (one in-home and five out-of-homes) had acceptable ratings for both formation and functioning. What these six cases had in common was strong communication among the team members which allowed them to work towards the same goals, while also keeping the number of team members to an appropriate and conducive size. Smaller teams found keeping clear communication and sharing information with all team members easier. Smaller groups also found it easier to meet

regularly, as there were fewer schedules to accommodate. One observation to note was that small teams were able to name team members, which was not the case with the larger teams.

Within the last year, Dauphin County Family Court initiated a new model of practice in which a child/youth/family's case is assigned to a team which includes a Hearing Master, Guardian ad Litem, and the Agency's solicitor. This team will work with the family throughout the life of the case while the family remains involved with the system. Both the legal representatives and caseworker focus group participants expressed positive thoughts about this practice.

In 20 percent of the cases (two out-of-home cases and one in-home case) reviewers rated teaming as unacceptable for both sub-indicators – "formation" and "functioning." A lack of communication within the team was the most identified reason for the unacceptable team functioning, especially among cases where team members were working toward different case plan goals.

Participants in the supervisor's focus group acknowledged an increased communication between caseworkers and service providers which has provided the benefit of having more private providers join and participate in teaming. Representatives of the private provider focus group stated that team members need a well-defined team leader who can take all team members' singular missions and combine and direct them together.

Indicator 3: Cultural Awareness & Responsiveness

Making cultural accommodations may involve a set of strategies used by practitioners to individualize the service process to improve the "goodness-of-fit" between family members and providers who work together in the family change process. The term "culture" is broadly defined; focus is placed here on whether the child/youth's and family's culture has been assessed, understood, and accommodated. This indicator assesses the degree to which any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice (e.g., culture of poverty, urban and rural dynamics, faith and spirituality and youth culture). It examines if the natural, cultural, or community supports, appropriate for this child/youth and family, are being provided; and, if necessary, supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes in use among the child/youth and family.
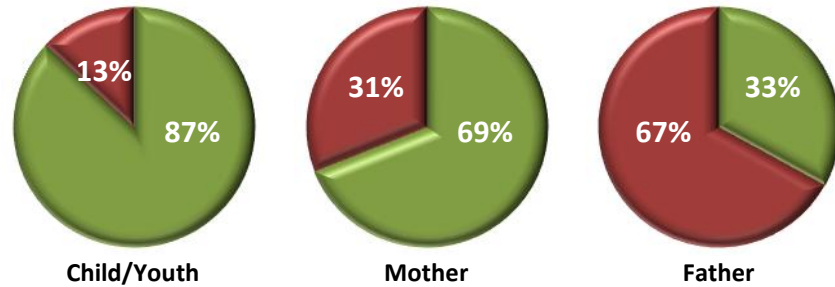
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	1	1	0	13%	2	5	6	87%
Mother	13	4	0	0	31%	2	3	4	69%
Father	12	6	1	1	67%	0	0	4	33%
Total	-	**11**	**2**	**1**	**35%**	**4**	**8**	**14**	**65%**

**Figure 27: "Cultural Awareness & Responsiveness" QSR Results**

The Cultural Awareness indicator was rated as acceptable in 65 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the case were identified they were generally met. Acceptable ratings were attributed to the county placing children/youth, when possible and appropriate, in kinship homes, in the children/youth's communities, and in close proximity to family members. One out-of-home case found a bilingual team member who took special care and responsibility to communicate with a maternal grandmother who only spoke Spanish. In another case, the family expressed its satisfaction with the Juvenile Probation Office placement of the child/youth in a school that is faith-based; allowing the child/youth the opportunity to attend a church of his/her identified denomination.

Unacceptable ratings for the cultural awareness and responsiveness for fathers was most often attributed to the lack of engagement with fathers. Reviewers acknowledged that there would be greater cultural awareness and responsiveness if more fathers were engaged and assessed throughout the case process. In one particular case, a father that didn't speak English and although the agency attempted to locate a translator, one was not available. This impacted the team's ability to engage, assess and plan with the father.

Private providers and legal representatives identified Dauphin County as being a diverse county; and therefore, they acknowledged that one style/approach doesn't work with all families. Yet, it was also noted that the culture of poverty is present in many families served by the system and that greater sensitivity to this would be beneficial as focus group participants felt that socio-economic status seemed to be the first and foremost barrier that keeps families from succeeding.

Indicator 4: Assessment & Understanding

Assessment involves understanding the core story of the child/youth and family and how the family reached its present situation. This story provides a framework for the family's history and is supplemented by the assessment/evaluation of the child/youth and family's current situation, environment, and support networks. This indicator assesses the degree to which the team has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on the underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. It assesses the development of an understanding of what changes must take place in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. The team's assessment and understanding of the child/youth and family situation should evolve throughout the family change process, and ongoing assessments of the child/youth and family situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.
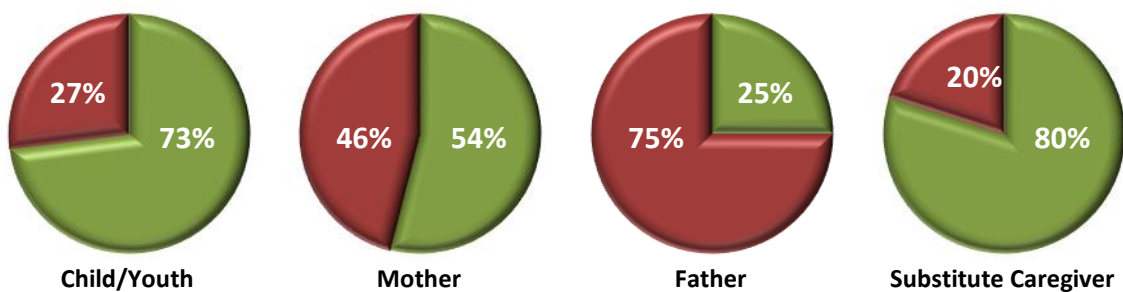
| Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	15	0	1	3	27%	7	3	1	73%
Mother	13	2	2	2	46%	5	1	1	54%
Father	12	5	2	2	75%	3	0	0	25%
Substitute Caregiver	5	0	0	1	20%	2	1	1	80%
Total	-	7	5	8	44%	17	5	3	56%

Figure 28: "Assessment & Understanding" QSR Results

As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 56 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (75%) when fathers were assessed in comparison to mothers (46%). Reviewers also noted that the lack of assessment and understanding was tied to the lack of engagement of the family or giving members of the family a role or voice, especially fathers. Among in-home cases that were reviewed and in focus group discussions, it was revealed that Family Group Conferencing helps engage families while also examining a child/youth/families strengths as well as concerns; yet, it was also noted that underlying issues aren't always

addressed at Family Group Conferencing meetings. Reviewers observed that the more thorough assessments were completed on those that were effectively engaged. Participants of the caseworker and legal representative's focus groups expressed their belief that there are a disproportionate number of parents whose parental rights are being terminated due to untreated mental health issues and noted that those issues could be treated more effectively if proper assessments and treatments were provided. Representatives of the caseworker's focus group stated many family members "challenge the assessment process;" therefore, there may be times that assessments were attempted but challenged by family members/caregivers.

Indicator 5: Long-term View

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

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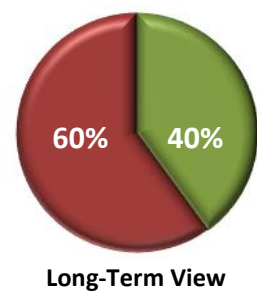
- The purpose and path of interventions for achieving safe case closure;
- The capacities and conditions necessary for safe case closure; and
- The family's knowledge and supports to sustaining those capacities and conditions following safe case closure with child welfare intervention.

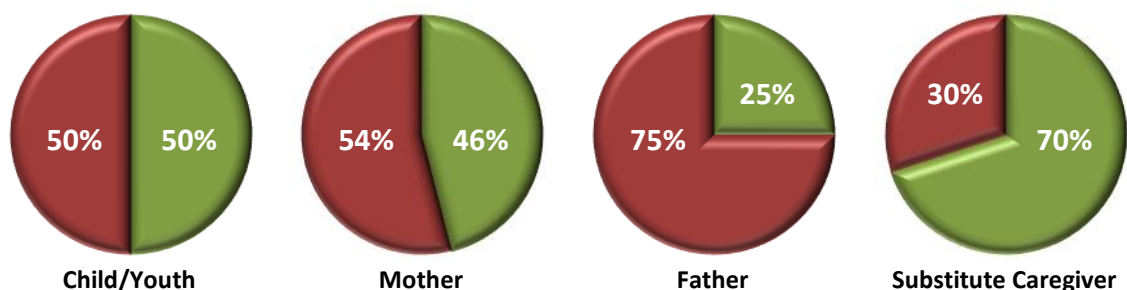| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Long-Term View	15	0	1	8	60%	2	4	0	40%
Total	**-**	**0**	**1**	**8**	**60%**	**2**	**4**	**0**	**40%**

Figure 29: "Long-term View" QSR Results

Figure 29 gives the frequency of ratings for the Long-term View indicator. In 40 percent of all cases reviewed this indicator was rated as acceptable. Reviewers noted cases which scored an acceptable rating for this indicator also tended to have been rated acceptably for teaming. Focus group participants also noted the strength of Family Group Conferencing and how this practice helps to establish a clear vision and plan based on the practice that brings a team together for a unified purpose so that the family can plan how best to utilize their strengths to address areas of concern. Reviewers noted that when everyone involved is clear on the focus of the case and the goals to be met, the long-term view may be more easily determined. . The

lack of planning, assessment, contact, and documentation led to a failure to achieve safe case closure in several cases where it might have otherwise been achieved.

Indicator 6: Child/Youth & Family Planning Process

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

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

| Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	12	0	1	5	50%	3	1	2	50%
Mother	13	1	2	4	54%	3	2	1	46%
Father	12	5	1	3	75%	1	2	0	25%
Substitute Caregiver	10	0	0	3	30%	1	3	3	70%
Total	-	6	4	15	53%	8	8	6	47%

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

As seen in Figure 30, reviewers rated the Child/Youth and Family Planning Process indicator as acceptable for - 47 percent of the ratings. Individuals who expressed their involvement with the child/youth family planning process expressed that they were engaged and had a role in developing the child/youth/family's plan. Foster parents of one out-of-home child/youth expressed having a role and voice in current decisions made for the child/youth as well as future planning to assure that the child/youth's needs are met. Unacceptable ratings regarding the indicator appeared to be directly impacted by the lack of concurrent planning and

unacceptable planning for transitions and life adjustments. This was evidenced in the written case review summaries of the reviewers which cited that the planning process was made more difficult, or in some cases, non-existent, due to the lack of teaming and assessment.

Indicator 7: Planning for Transitions & Life Adjustments

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

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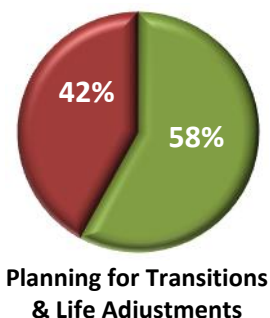
Alternative timeframes are used for the ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Planning for Transitions & Life Adjustments	12	0	1	4	42%	3	3	1	58%
Total	-	**0**	**1**	**4**	**42%**	**3**	**3**	**1**	**58%**

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

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in 58 percent of the applicable cases. The out-of-home cases were more likely to be rated as acceptable than were the in-home cases. Of the cases rated as acceptable, they usually involved a well-functioning team that responded to changes in permanency planning quickly and with care. For example, an in-home case involved a father who was facing deportation but the team quickly responded to this turn of events by adjusting and preparing services to be in place for the child/youth when this event occurred. The planning process was rated favorably when Family Finding and Family Group Conferencing were utilized. These additional services, as well as child preparation services, were identified as helping to assist in more effectively planning for future transitions.

Reviewers suggested that poor teaming and a lack of concurrent planning directly contributed to the unacceptable ratings.   The lack of planning, especially concurrent permanency planning,

was of special concern for two out-of-home cases where the TPR was under appeal or no longer moving forward. During a caseworker focus group, it was also noted concerns about the confusion that both parents and children/youth experience while parents continue to visit with children/youth while awaiting termination of parental rights and adoption finalization, as is the current practice.   A lack of service planning, associated with a lack of assessment and understanding, was evident in a case involving a youth from an in-home case where the 17 year old was reported as pregnant and not receiving any parenting or life skills classes Participants in the legal representative focus group pointed out the parent's plans require the parents to acknowledge that abuse/neglect occurred and that if a parent is unwilling to do so, the plan cannot proceed. Other barriers to effective planning surrounded in home cases and the need to better individualize Family Service Plans. Many focus group participants felt that plans tended to be very similar and were described as "boilerplate." To remedy these concerns, it was recommended that families be engaged and involved in plan development. Furthermore, it was noted that families often become overwhelmed by multiple plans; therefore, it was recommended that the various plans be combined together into one plan.

Indicator 8: Efforts for Timely Permanency

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the relationship once protective supervision ends. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members. This indicator assesses the degree to which current efforts by system agents for

achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision. This indicator looks at both efforts and timeliness. The "efforts" for achieving permanence are assessed for both out-of-home and in-home cases; however, the "timeliness" of achieving permanence is rated for out-of-home cases only and includes specific timeframes which reviewers must consider.
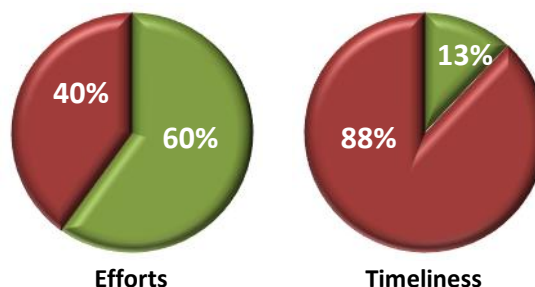
Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Efforts	15	0	2	4	40%	6	2	1	60%
Timeliness	8	1	2	4	88%	0	1	0	13%
Total	-	1	4	8	57%	6	3	1	43%

Figure 32: "Efforts for Timely Permanency" QSR Results

As seen in Figure 32, 43 percent of the overall ratings for the Efforts for Timely Permanency indicator were acceptable. The "efforts" indicator was much more likely to be rated as

acceptable (60%) than was the "timeliness" indicator (13%). Reviewers who met with key individuals in the "shared case" found that the family expressed great satisfaction with the efforts of those involved in monitoring and adjusting, as needed, to assure the youth's achievement of permanency.   Reviewers attributed the unacceptable ratings to the failure to establish concurrent goals in a timely manner and the lack of teaming, which lead to team members pursuing separate and often conflicting goals.

The private provider focus groups voiced their observations that the county's focus is often on the child/youth rather than additionally addressing any underlying conditions that are present within the family environment. This narrow focus tends to undermine efforts to achieve safe case closure, and leads to an increased possibility of re-entry if chronic problems are not addressed.

Months In Care[23]	#	%
0 – 6	2	25%
6.1 – 12	0	0%
12.1 – 24	2	25%
24.1 – 48	3	38%
More than 48[24]	1	13%
Total	**8**	**100%**

Figure 33: Months In Care

Slightly more than half (51%) of the children/youth in the out-of-home sample have spent over two years in care.

 Some of the most consistent concerns voiced across all focus groups included the concerns that Termination of Parental Rights (TPR) hearings often have continuations due to the multiple days of testimony and the Court's scheduling. It was also noted that this can often impact a child/youth's length of stay in foster care unnecessarily. This is at times compounded due to the delays associated with timely completion of court paperwork.

	In-home		Out-of-home		Combined Total	
Timeliness of Permanency Goals	**#**	**%**	**#**	**%**	**#**	**%**
Primary Goal Established Timely	7	100%	8	100%	15	100%
Concurrent Goal Established Timely	0	0%	2	25%	2	13%
Total Cases	**7**		**8**		**15**	

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

As well as reporting the primary and concurrent permanency goals of the cases reviewed, the timeliness[25] in determining the goals was assessed (see Figure 34). In all 15 cases the primary

---

[23] Time in care was calculated as the difference between the last removal date and the date of discharge or if the child was still in care, the difference between the last removal date and the first day of the Dauphin County QSR (February 21, 2012).

[24]The child/youth had been in care 87 months from the first date of the review.

[25] 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

goal had been established in a timely manner. In the two out of home cases in which a concurrent permanency goal was established both had been determined in a timely manner.

Timely & Finalized Termination of Parental Rights						
	Yes		No		Compelling Reason Given[26]	
Out-of-Home Cases	#	%	#	%	#	%
TPR Filed Timely						
Mother	2	29%	5	71%	4	80%
Father	2	33%	4	67%		
TPR Finalized						
Mother	1	20%	4	80%		
Father	2	50%	2	50%		

Figure 35: TPR Summary

Seven 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 [27] for termination of parental rights. A petition for termination of parental rights was filed for all seven cases, although the petition was not filed in a timely manner in five of the seven cases.[28] Reviewers reported that there was a compelling reason[29] for not doing so in four of the five cases. The compelling reasons given included an agency determination that a TPR would "not be in the best interest of the child" (two cases); the child was not interested in being adopted (two cases); and that the father was making progress towards case plan goals (one case).[30]

---

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.

[26] 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.

[27] 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.

[28] 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.

[29] 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.

[30] One case cited both "not in the best interest" and the child not wanting to be adopted as reasons not to pursue TPR.

Indicator 9: Intervention Adequacy & Resource Availability

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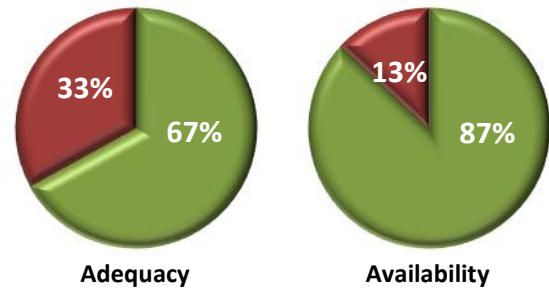

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Adequacy	15	0	3	2	33%	3	5	2	67%
Availability	15	0	1	1	13%	0	8	5	87%
Total	-	**0**	**4**	**3**	**23%**	**3**	**13**	**7**	**77%**

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

Figure 36 gives the frequency of ratings for the Intervention Adequacy and Resource Availability indicator. This indicator was rated as acceptable in 77 percent of the ratings overall. Reviewers attributed the acceptable ratings to the breadth of services available county-wide. Services most often provided for these target children/youth included grief counseling, mental health services, and academic support. Representatives from the caseworker and legal representative focus groups concurred with this finding and stated the county has a wide availability of services, particularly drug and alcohol treatment services.

While the majority of ratings were acceptable for this indicator, it should be noted that while resources are indeed available in Dauphin County, reviewers proposed a failure to assess and understand each family member may be one reason case participants were not always receiving the services they need, such as Independent Living services and parenting classes. Ultimately, reviewers felt that greater engagement efforts would lead to better assessments and more appropriate and effective provision of services.

Participants of the caseworker and legal representative focus groups were concerned the county often utilizes the Schaffner Youth Center Shelter [31]as a temporary placement. Since

---

[31] Schaffner is currently an "unlocked facility" that houses delinquent and dependent youth.

Quality Service Review   Prepared by Hornby Zeller Associates, Inc.
Dauphin County   Page 40
April 2012

there is no "true shelter" available for non-delinquent children/youth in the county, children and youth are often housed with delinquent children/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.
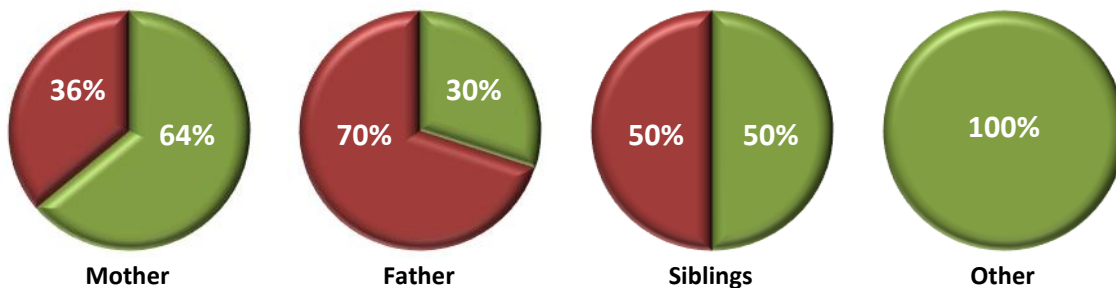
| Sub-indicator | N | Unacceptable | | | | Acceptable | | | |
		1	2	3	%	4	5	6	%
Mother	11	3	1	0	36%	3	1	3	64%
Father	10	6	0	1	70%	2	1	0	30%
Siblings	10	1	3	1	50%	1	1	3	50%
Other	3	0	0	0	0%	0	2	1	100%
Total	-	**10**	**4**	**2**	**47%**	**6**	**5**	**7**	**53%**

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, over half (53%) of the ratings were acceptable for maintaining family connections. The agency ensured regularly scheduled visits and assistance with transportation for a mother from an in-home case to visit her child/youth while they were not residing in the same home. Visitation summaries in the file indicated that visits were positive and gradually increased in duration.

The county performed better at maintaining connections among the mothers and "other" family members, but could make improvements at maintaining family connections with fathers and siblings. Participants of the caseworker focus groups voiced concerns that biological

parents continue to visit with their children/youth while the children/youth are awaiting TPR and adoption finalizations. Focus group participants felt that this ongoing contact confuses all parties involved and makes the process that much more difficult for the children/youth and their biological parents. This observation by focus group participants was in contrast to what reviewers noted in the eight sampled out-of-home cases, which is that the contacts/visitations with parents tended to decline or stop altogether once the prospect of a TPR was introduced into the case plan. Reviewers noted that parents become less likely to participate in visits and maintain contact when adoption and/or TPR is being pursued even though it is considered "best practice" to maintain these connections.

Reviewers also noted that sometimes the family refused to maintain contact, such as in the instance of an out-of-home case in which the adoptive mother refused visitation with a child/youth and visitation between the child/youth and his/her's biological siblings. Occasionally the lack of visitation between the child/youth and his/her siblings was attributed to the negative effect the visits had on the child/youth after the visits.

Unacceptable ratings were attributed mainly to a complete lack of engagement or effort to locate the father. In four cases (three in-home and one out-of-home) the fathers' whereabouts were unknown and limited effort was documented in locating and engaging these fathers.

Child/Youth Placed with:	#	%
All Siblings	3	60%
Some Siblings	0	0%
All Siblings in Separate Foster Homes	2	40%
Total [32]	5	100%

Figure 38: Sibling Placement

Figure 38 gives the frequency of out-of-home cases in which the children/youth were placed in foster homes with their siblings. Among the five children/youth that have siblings who are also in care, three were reported to have been placed in the same home as all of their siblings. Two cases were reported as having all siblings placed in different settings.

---

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

Indicator 11: Tracking & Adjusting

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

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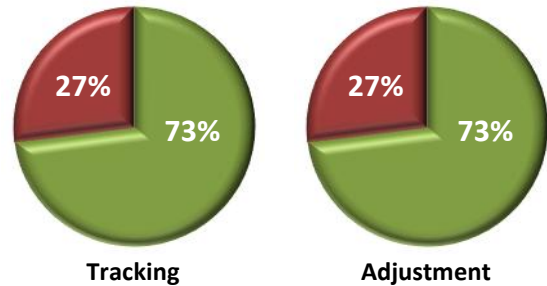
- The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments;
- Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family; and
- Constant efforts are made to gather and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

Sub-indicator	N	Unacceptable				Acceptable			
		1	**2**	**3**	**%**	**4**	**5**	**6**	**%**
Tracking	15	0	1	3	27%	5	4	2	73%
Adjustment	15	0	2	2	27%	4	5	2	73%
Total	**-**	**0**	**3**	**5**	**27%**	**9**	**9**	**4**	**73%**

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 73 percent of the ratings. "Tracking" (73%) was just as likely as "Adjustment" (73%) to be rated as acceptable. The tracking and adjustment efforts in one out-of-home case was thought to be "moving in the right direction" and are "age appropriate and timely," as the youth had recently turned 16 and was referred to independent living services. In-home cases were less likely to be rated as acceptable across the two sub indicators than out-of-home cases, with 75 percent of all unacceptable ratings coming from in-home cases.

Reviewers noted that in cases in which unacceptable ratings were reported, adjustments to the case plan appeared to be made in a reactive manner and with little to no planning. It was recommended that proper teaming and planning would improve this indicator. Further, Independent Living services were not always offered in a timely manner to youth who turn 16 while in care. Reviewers recommended a tracking system to alert caseworkers when youth reach 16 and qualify for IL services.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

Further input was gathered, beyond that noted earlier, from the participants of four focus groups[33] who were asked questions regarding the agency, the agency's practice, and how to improve outcomes for the children, youth and families served by the county. Additional trends that were identified are as follows.

- ***Organizational Structure & Climate:***
    - Staff are not always clear where to go to voice concerns.
    - There are gaps in information shared between the referring caseworker and the assigned caseworker which leads to redundancy in information gathering.
    - In cases in which there is a child/youth in care and a child/youth living at home, there are two separate caseworkers assigned to the case who do not always communicate and team well together.
    - According to the private provider focus group, the county is considered to be "leaps and bounds ahead of other counties" and if something is not being done in the county they are already working to get it in operation.
    - There is a need for an improved/quicker/more effective decision making process, particularly surrounding child placement, case closure, and goal changes.

- ***Work Force, Policies & Procedures:***
    - Caseworkers need to become more comfortable in court and trainings and mentoring needs to be made available.
    - Too many internal meetings take time away from necessary supervision, allowing only for case consultation and compliance enforcement.
    - Caseworkers seem to prefer the "group supervision" process.
    - Mobile technology should be used and encouraged in daily casework. This is especially true of accessing the "DCMS database" outside the office.
    - Direct line staff should be consulted when the state make policies and regulations.
    - Caseworkers are confused by the constant changes in policy.

- ***Collaborative Relationships:***
    - Schools feel as though the agency does not share information.
    - The county has good resource availability but needs to obtain an emergency shelter and residential treatment centers.
    - The QA Department regularly meets with providers to discuss cases and request outcomes.

---

[33] The four groups were comprised of caseworkers, supervisors, legal representatives, and private providers.

The QSR instrument uses a rating scale of 1 to 6 for each indicator. The percentages of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between one and three representing the "unacceptable" range and scores between four and six representing the "acceptable" range.

Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm	6%	93%
Safety: Risk to self and others	21%	79%
Stability	59%	41%
Living arrangement	6%	94%
Permanency	60%	40%
Physical health	7%	93%
Emotional well-being	40%	60%
Early learning and development	33%	67%
Academic status	17%	83%
Pathway to independence	80%	20%
Parent or caregiver functioning	48%	52%
Overall	**30%**	**70%**

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	39%	61%
Role & voice	53%	47%
Teaming	40%	60%
Cultural awareness & responsiveness	35%	65%
Assessment & understanding	44%	56%
Long-term view	60%	40%
Child/youth & family planning process	53%	47%
Planning for transitions & life adjustments	42%	58%
Efforts to timely permanence	57%	43%
Intervention adequacy & resource availability	23%	77%
Maintaining family relationships	47%	53%
Tracking and adjustment	27%	73%
Overall	**43%**	**57%**

Figure 41: "Practice Performance Domain Ratings" QSR Results

Figures 40 and 41 summarize the overall ratings for each of the indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain. An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (70%) than the Practice Performance domain (57%).

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

Areas of Strengths

Safe and Healthy Children/Youth
The safety (both exposure to threats of harm and risk to self and others), living arrangement, and the physical health of the children/youth indicators were all found to be appropriately addressed in the majority of the cases reviewed. These three indicators often complement one another in that children/youth living in appropriate living arrangements will likely be safe from harm and be emotionally stable.

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

Areas Needing Improvement

Timely Permanence & Concurrent Planning
Research shows that concurrent planning "can be an effective tool for expediting permanency;"[34] 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 75 percent of the out-of-home cases. Weak teaming and, by extension, the nonexistent long term view may account for a lack of concurrent planning and uncertain permanency. The uncertain permanency is clearly depicted with only 13 percent of acceptable ratings for the Timely sub-indicator of the Efforts to Timely Permanence indicator.

Older Youth
Significant improvement is needed for the "Pathway to Independence" indicator. Of the five applicable cases, 80 percent were rated as unacceptable for this indicator. Cases that were scored as unacceptable for the Pathway to Independence indicator were also likely to have the role and voice of the children/youth rated as unacceptable, as was seen in 60 percent of applicable cases.

---

[34] 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>.

Fathers

County agencies tend to have a more difficult time engaging, assessing and planning with fathers than with any other family member. In Dauphin County, cases where a father was applicable to be rated as a subcategory (in the six practice performance indicators) were consistently rated lower than efforts taken on behalf of the mother. By improving the scores for engagement and role and voice of the fathers, the overall score of fathers would improve dramatically, as the fathers' needs and concerns would be better known to the agency and thus could be addressed more appropriately.

Practice Performance Indicators	Percentage of Cases with Father Sub-Indicator Rated "Acceptable"	Percentage of Cases with Mother Sub-Indicator Rated "Acceptable"
Engagement efforts	33%	54%
Role & voice	25%	38%
Cultural awareness & responsiveness	33%	69%
Assessment & understanding	25%	54%
Child/youth & family planning process	25%	46%
Maintaining family connections	17%	50%
Overall Score	**26%**	**52%**

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.

Child/Youth & Family Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Safety: Exposure to threats of harm		
Family home #1	22%	78%
Family home #2	0%	100%
Substitute home	0%	100%
School	0%	100%
Other setting	0%	100%
Safety: Risk to self and others		
Risk to self	21%	79%
Risk to others	21%	79%
Stability		
Living arrangement	67%	33%
School	50%	50%
Living arrangement		
Family home #1	13%	88%
Family home #2	0%	100%
Substitute home	0%	100%
Permanency	60%	40%
Physical health	7%	93%
Emotional well-being	40%	60%
Early learning and development	33%	67%
Academic status	17%	83%
Pathway to independence	80%	20%
Parent or caregiver functioning		
Mother	50%	50%
Father	83%	17%
Substitute caregiver	0%	100%
Other	0%	100%

Quality Service Review   Prepared by Hornby Zeller Associates, Inc.
Dauphin County   Page 52
April 2012

Practice Performance Domain Sub-indicator Ratings		
Indicator	% Unacceptable	% Acceptable
Engagement efforts		
Child/youth	14%	86%
Mother	46%	54%
Father	67%	33%
Substitute caregiver	30%	70%
Other	50%	50%
Role & voice		
Child/youth	50%	50%
Mother	62%	38%
Father	75%	25%
Substitute caregiver	20%	80%
Other	50%	50%
Teaming		
Formation	33%	67%
Functioning	47%	53%
Cultural awareness & responsiveness		
Child/youth	13%	87%
Mother	31%	69%
Father	67%	33%
Assessment & understanding		
Child/youth	27%	73%
Mother	46%	54%
Father	75%	25%
Substitute caregiver	20%	80%
Long-term view	60%	40%
Child/youth & family planning process		
Child/youth	50%	50%
Mother	54%	46%
Father	75%	25%
Substitute caregiver	30%	70%
Planning for transitions & life adjustments	42%	58%
Efforts to timely permanence		
Efforts	40%	60%
Timeliness	78%	22%
Intervention adequacy & resource availability		
Adequacy	33%	67%
Availability	13%	87%
Maintaining family relationships		
Mother	36%	64%
Father	70%	30%
Siblings	50%	50%
Other	0%	100%
Tracking & adjusting		
Tracking	27%	73%
Adjusting	27%	73%

Quality Service Review   Prepared by Hornby Zeller Associates, Inc.
Dauphin County   Page 53
April 2012