QUALITY SERVICES REVIEW

LEBANON COUNTY
CHILDREN AND YOUTH SERVICES/
JUVENILE PROBATION

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

By
Hornby Zeller Associates, Inc.

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

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Background

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, that status reflecting the outcomes that have been achieved thus far. The QSR serves as a measure of Pennsylvania's Practice Model and associated standards which have been established to promote a culture of excellence in serving children, youth and families. The Practice Model was developed through consensus among those working at all levels in the system regarding the actions necessary to promote sound outcomes.

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

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

[2] For each of the in-home 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.

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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. Lebanon County falls into stratum IV, meaning that there were 12 cases selected for review -- five in-home cases and seven placement cases, one of which was a "shared case."[3] 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.

However, at the time of the review seven in-home cases and five out-of-home cases were reviewed. An out-of-home case was reviewed as if it were an in-home case since the child/youth had been on an extended trial home visit. In a second out-of-home case where the child/youth was placed in a group home, the case was rated as an in-home case as it was a JPO-only case which had been ordered as a shared case by the judge, and CYS does not have custody. The in-home sample is family-based[4] and was selected for Lebanon County from a list provided by the county of families with open in-home cases on December 29, 2011. The placement sample is child-based and was selected for Lebanon County from a list provided by the county of those children in out-of-home placement on the same date.

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-

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

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

picture understanding of local review results and factors that have shaped current outcomes. The QSR process measures both:

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

Lebanon County conducted its QSR over three days in March 2012. Over the course of the review, 125 interviews were conducted, an average of 8.8 interviews per case.

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

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

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

Feedback from the focus groups and key stakeholder interviews 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 Lebanon County Office of Children, Youth and Families case workers, supervisors, foster parents, and a key stakeholder interview with a private provider. Each group identified key strengths and challenges for Lebanon 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 Lebanon County QSR. The demographics section gives the descriptive characteristics of the children/youth and their families. The tables in the demographics section are broken out by in-home, out-of-home and are compared, when possible, to the entire Lebanon County foster care population. A dash "-" is used in tables where no data are available or applicable. The next two sections summarize the ratings for each indicator in the Child/Youth & Family Domain and the Practice Performance Domain. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable. Below the pie charts a table is provided that gives the frequency of ratings, one through six, for each indicator. A summary of the indicator ratings is provided at the end of each section. Here the identified strengths and areas needing improvement from the QSR are explored. The final section of this report lists key questions that county staff may ask themselves in regard to the findings of the QSR.

More detailed information on the QSR methodology, including sampling, definitions of indicators and scoring, may be found in the *Pennsylvania Quality Service Review Protocol Version 2.0.*[5]

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

As noted earlier, of the 12 cases reviewed in Lebanon County seven were in-home cases and five were out-of-home cases, one of which was a shared case. Demographic breakdowns of the sampled cases and Lebanon County's foster care population are shown in Figure 1.

Sex	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %	Foster Care Population[6] %
Male	2	29%	0	0%	2	17%	49%
Female	5	71%	5	100%	10	83%	51%
Total	**7**	**100%**	**5**	**100%**	**12**	**100%**	**100%**

Age	In-home #	In-home %	Out-of-home #	Out-of-home %[7]	Combined Total #	Combined Total %	Foster Care Population %
0 – 6	3	43%	1	20%	4	33%	25%
7 – 14	1	14%	2	40%	3	25%	53%
15 – 18	3	43%	2	40%	5	42%	22%
19 +	0	0%	0	0%	0	0%	0%
Total	**7**	**100%**	**5**	**100%**	**12**	**100%**	**100%**

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

More female children/youth were sampled for the review than were male children/youth. Of the two male children/youth in the sample, one is five years old and the other is 15 years old. A larger proportion of the sample (42%) is youth 15-18 years old compared to the proportion of youth in the overall foster care population (22%).

Race/Ethnicity[8]	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %	Foster Care Population %
White/Caucasian	6	86%	4	80%	10	83%	94%
Black/African-American	1	14%	1	20%	2	17%	5%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	1%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	0%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	0%
Unknown	0	0%	0	0%	0	0%	0%
Unable to Determine	0	0%	0	0%	0	0%	0%
Hispanic	2	29%	2	40%	4	33%	41%
Total	7		5		12		

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

[6]Percentages were determined based on the total number of children in care on December 29, 2011; N = 96.
[7]Percentages throughout the report may not sum to 100 percent due to rounding.
[8] Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.

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

Current Placement	In-home		Out of Home		Foster Care Population[9]
	#	%	#	%	%
Birth home (Biological Mother)	5	71%	-	-	-
Birth home (Biological Father)	1	14%	-	-	-
Birth home (Both Biological Parents)	0		1	20%	-
Pre-Adoptive Home	-	-	-	-	2%
Post-Adoptive Home	-	-	-	-	0%
Traditional foster home	-	-	2	40%	
Therapeutic foster home	-	-	-	-	54%
Formal kinship foster home	-	-	-	-	
Informal kinship foster home	-	-	-	-	
Subsidized/Permanent Legal Custodianship	-	-	-	-	5%
Group/congregate home	1	14%	1	20%	9%
Residential treatment facility	-	-	-	-	
Juvenile Correctional Facility	-	-	-	-	
Medical/Psychiatric Hospital	-	-	-	-	
Detention	-	-	-	-	10%
Supervised Independent Living	-	-	-	-	7%
Trial Home Visit	-	-	-	-	11%
Other[10]	-	-	1	20%	0%
Total	7	100%	5	100%	100%

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

Figure 3 displays the current placement types of the sampled children/youth and Lebanon County's foster care population. Of the seven sampled in-home cases, five involved children/youth living at home with only their birth mothers, one living with only their biological father, and one child/youth living in a group/congregate home. The child/youth residing at a group/congregate home was placed there by the Juvenile Probation Office, as this is a shared case.

The proportion of sampled children/youth currently placed in traditional foster homes (40%) is roughly similar to that of the foster care population so placed (54%). While ten percent of Lebanon County's foster care population was reported as being placed in an institution, there were no children/youth from the sample placed in a higher level of care. One child/youth is reported as living at home with both parents even though this child/youth is part of the out-of-

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[9] Placement settings reported in AFCARS include: pre-adoptive home, relative foster family home, non-relative foster family home, group home, institution, supervised independent living, runaway and trial home visit.
[10] The "other" placement for the out-of-home case was reported as "mother/baby foster care".

home sample. The county reported the child/youth was reunified on the first day of the review.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	5	71%	3	75%	8	73%
Lack of Parenting Skills	3	43%	3	75%	6	55%
Insufficient Income	5	71%	0	0%	5	45%
Family Discord/Marital Problems	2	29%	2	50%	4	36%
Overwhelming Child Care/Parenting Responsibilities	4	57%	0	0%	4	36%
Drug Abuse/Addiction	1	14%	2	50%	3	27%
Difficulty Budgeting	3	43%	0	0%	3	27%
Recent Relocation	2	29%	1	25%	3	27%
Physical Disability	1	14%	1	25%	2	18%
Sexual Abuse	1	14%	1	25%	2	18%
Neglect	1	14%	1	25%	2	18%
Unstable Living Conditions	1	14%	1	25%	2	18%
Language Barriers	1	14%	1	25%	2	18%
Lack of Transportation	2	29%	0	0%	2	18%
Legal Problems	2	29%	0	0%	2	18%
Mental Retardation	0	0%	1	25%	1	9%
Learning Disability	1	14%	0	0%	1	9%
Other medical Condition	0	0%	1	25%	1	9%
Alcohol Abuse/Addiction	0	0%	1	25%	1	9%
Physical Abuse	0	0%	1	25%	1	9%
Emotional Abuse	0	0%	1	25%	1	9%
Job Related Problems	0	0%	1	25%	1	9%
Inadequate Housing	1	14%	0	0%	1	9%
Domestic Violence	0	0%	1	25%	1	9%
Other	0	0%	1	25%	1	9%
Unknown	1	14%	0	0%	1	9%
Not Applicable	0	0%	1	20%	1	8%

Figure 4: Identified Stressors of Mothers

Overall, "mental health problems" and "lack of parenting skills" were listed as the most-identified stressors among the mothers of the applicable sampled cases, as seen in Figure 4. Mothers from the in-home cases were also likely to note "insufficient income" as a stressor.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Health Problems	4	57%	1	25%	5	45%
Family Discord/Marital Problems	2	29%	2	50%	4	36%
Drug Abuse/Addiction	2	29%	1	25%	3	27%
Legal Problems	2	29%	1	25%	3	27%
Incarceration	2	29%	1	25%	3	27%
Learning Disability	2	29%	0	0%	2	18%
Alcohol Abuse/Addiction	2	29%	0	0%	2	18%

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Insufficient Income	2	29%	0	0%	2	18%
Difficulty Budgeting	2	29%	0	0%	2	18%
Unstable Living Conditions	1	14%	1	25%	2	18%
Lack of Parenting Skills	1	14%	1	25%	2	18%
Other	1	14%	1	25%	2	18%
Unknown	1	14%	1	25%	2	18%
Mental Retardation	1	14%	0	0%	1	9%
Physical Disability	1	14%	0	0%	1	9%
Chronic Illness	1	14%	0	0%	1	9%
Job Related Problems	1	14%	0	0%	1	9%
Inadequate Housing	1	14%	0	0%	1	9%
Recent Relocation	1	14%	0	0%	1	9%
Domestic Violence	0	0%	1	25%	1	9%
Overwhelming Child Care/Parenting Responsibilities	1	14%	0	0%	1	9%
Not Applicable	0	0%	1	20%	1	8%

Figure 5: Identified Stressors of Fathers

Like mothers, when stressors of the fathers were known, they were most often reported as "mental health problems." Unlike mothers, "incarceration" was reported as a stressor for fathers in both in-home and out-of-home cases. Drug abuse was also a commonly reported stressor among mothers and fathers. Participants in the provider focus group noted an increase in synthetic drug use and an increase in mental health issues in Lebanon County.

Identified Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
None	0	0%	2	50%	2	50%
Physical Disability	0	0%	1	25%	1	25%
Other	0	0%	1	25%	1	25%

Figure 6: Identified Stressors of Caregivers

Only two separate out-of-home cases reported to have a "caretaker" with any identified stressors. As seen in Figure 6, one out-of-home case where a caregiver stressor was identified cited "physical disability" as a stressor.
The "other" stressor was reported as "child's behavioral and mental health concerns."

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Health	5	71%	4	80%	9	75%
Emotional Disturbance	2	29%	4	80%	6	50%
History of Sexual Abuse	5	71%	1	20%	6	50%
School Related Problems	2	29%	2	40%	4	33%
History of Physical Abuse/Inappropriate Discipline	3	43%	0	0%	3	25%
Undiagnosed/Untreated Behavioral Problems	2	29%	0	0%	2	17%

Stressors	In-Home		Out-of-Home		Combined Total	
	#	%	#	%	#	%
Mental Retardation	2	29%	0	0%	2	17%
Developmental Delay	2	29%	0	0%	2	17%
Learning Disability	2	29%	0	0%	2	17%
Witnessed Domestic Violence	1	14%	1	20%	2	17%
Other	1	14%	1	20%	2	17%
Drug Abuse/Addiction	0	0%	1	20%	1	8%
Alcohol Abuse/Addiction	0	0%	1	20%	1	8%
Pregnancy	0	0%	1	20%	1	8%
History of Emotional Abuse	1	14%	0	0%	1	8%
Delinquent Behaviors	1	14%	0	0%	1	8%
Medically Fragile/Complex	1	14%	0	0%	1	8%

Figure 7: Focus Child/Youth Stressors

Figure 7 shows the children/youth stressors identified by the reviewers. Overall, "mental health" was the most-identified stressor, which is consistent with stressors reported for both mothers and fathers.   Seventy-one percent of all children/youth from the in-home sample were reported as having a "history of sexual abuse." The five children/youth (three females and two males) ranged from five to 15 years old at the time of the review; "sexual assault" was reported as an allegation in one of the in-home cases.

Of the ten children/youth in the sample enrolled in school, four (40%) were reported to have a stressor of "school related problems;" all four involved children/youth who were 12 years or older at the time of the review.

Allegations	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Child Protective Services (CPS)[11]						
Bruises	2	29%	1	20%	3	25%
Sexual Assault	1	14%	0	0%	1	8%
General Protection Services (GPS)[12]						
Inappropriate Parenting	1	14%	3	60%	4	33%
Lack of Food, Shelter or Clothing	2	29%	1	20%	3	25%
Poor Hygiene	2	29%	1	20%	3	25%
Parent/Child/Youth Conflict	1	14%	2	40%	3	25%
Mental Health Concerns	2	29%	0	0%	2	17%
Incorrigibility	1	14%	1	20%	2	17%
Substance Abuse: Parent	1	14%	1	20%	2	17%
Inappropriate Discipline	1	14%	1	20%	2	17%
Substance Exposed Infant: Cocaine	1	14%	0	0%	1	8%
Substance Exposed Infant: Marijuana	1	14%	0	0%	1	8%
Educational Neglect	1	14%	0	0%	1	8%
Truancy	0	0%	1	20%	1	8%
Environmental Neglect	1	14%	0	0%	1	8%

Figure 8: Allegations

Allegations which led to a case opening were identified for both the in-home and out-of-home cases, as listed in Figure 8. The reported GPS allegations roughly align with the most identified stressors for parent/caregivers and children/youth. "Lack of parenting skills" and "overwhelming child care/parenting responsibilities" were commonly identified stressors among mothers. With mothers 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.

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[11]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.
[12]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).

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. [13]

SAFETY

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

Indicator 1a: Safety from Exposure to Threats of Harm

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

29% 71%	100%	100%	100%	100%
Family Home #1	**Family Home #2**	**Substitute Home**	**School**	**Other Settings**

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[13]For each indicator throughout the report, a pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	7	0	2	0	29%	2	1	2	71%
Family home #2	2	0	0	0	0%	2	0	0	100%
Substitute Home	6	0	0	0	0%	0	2	4	100%
School	10	0	0	0	0%	1	1	8	100%
Other settings	1	0	0	0	0%	0	1	0	100%
Total	-	0	2	0	8%	5	5	14	92%

Figure 9: "Exposure to Harm" QSR Results

Figure 9 gives the frequency of ratings for the Exposure to Harm indicator. The majority of ratings (92%) were acceptable for Exposure to Harm across the five applicable settings, meaning the threat of harm to the children/youth was limited. Parents and caregivers were found to be putting forth effort to identify and overcome safety concerns in both types of cases. For example, a family from an in-home case who had a GPS allegation of environmental neglect recently relocated to a larger home and the new home conditions were reported to be significantly improved with no evidence of the safety concerns found in the previous setting. Another in-home case was reported to have a mother who adhered to a strict safety plan which required a sibling (living at another location) and the target child/youth not to be alone together when the siblings visited on weekends. Children/youth from the out-of-home cases were reported to be placed in the least restrictive and safe settings. Visitations with parents and other family members were conducted in a safe manner and trial home visits only occured when all safety threats had been removed.

The two unacceptable ratings were reported for in-home cases. One six year old child/youth was the target of an older sibling who regularly hit, bit, and kicked the child/youth. In this case, reviewers noted concerns about sleeping arrangements, as the child/youth and the older sibling shared a bedroom and the older sibling had been reported as acting out sexually. At the time of the review the older sibling was hospitalized. A recommendation was made by reviewers for the team to develop a safety plan for when the sibling is discharged and returns home. The second in-home case involved a 14 year old whose father was observed having difficulty controlling his temper and disciplining his child/youth without employing negative behaviors. The father only recently had an order of protection[14] lifted from his child/youth and had since been legally allowed to move back in the home.

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[14]The order of protection was granted after the father physically assaulted the child/youth.

Indicator 1b: Safety from Risk to Self/Others

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

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

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Risk to self	12	0	0	2	17%	2	4	4	83%
Risk to others	12	0	1	0	8%	4	3	4	92%
Total	**-**	**0**	**1**	**2**	**13%**	**6**	**7**	**8**	**88%**

Figure 10: "Behavioral Risk" QSR Results

Figure 10 gives the frequency of ratings for the Behavioral Risk indicator. Overall, 88 percent of the ratings were found to be acceptable. Reviewers did not identify specific reasons, other than the lack of identified safety concerns.

Two children/youth, one from an in-home case and one from an out-of-home case, were reported as being a risk to themselves. One child/youth engaged in self-injurious behaviors. The exposure to harm indicator for the family home #1 sub-indicator was also rated unacceptably for this case, which is where the self-injurious behavior occurred. The out-of-home case with an unacceptable rating involved a 12 year old who exhibited hoarding behaviors. In a separate in-home case, an 18 year old youth was unable to resolve conflicts between his/her siblings without utilizing aggressive action.

Additional Safety Data

Timeliness of Investigations

Six of the seven in-home cases reviewed had at least one CPS or GPS report received within the prior 12 months, totaling 14 accepted reports of abuse and neglect. All 14 reports had the investigation initiated in accordance with state and/or county timeframes[15] and within the

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[15] 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.

requirements for a report of the assigned priority. In 12 of those same 14 reports, face-to-face contact had been made with the child/youth within the required timeframe. Five of the six applicable in-home cases were rated as a "strength" for the timeliness of the investigation.

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

PERMANENCY

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

Indicator 2:   Stability

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

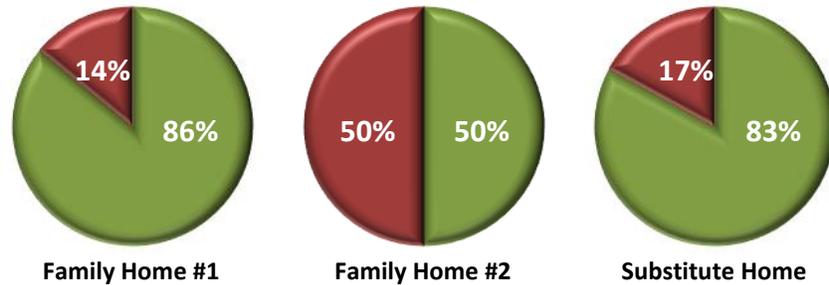| Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Living arrangement	12	0	3	1	33%	4	3	1	67%
School	10	0	0	0	0%	3	3	4	100%
Total	-	0	3	1	18%	7	6	5	82%

Figure 11: "Stability" QSR Results

The majority of the overall ratings for stability fell into the acceptable range. Acceptable ratings were attributed to children/youth being placed in the most suitable and least restrictive placement and were found to be meeting the service and safety needs of the children/youth in-care. The placements were described as supportive, nurturing, and stable. One foster parent stated they were committed and willing to care for the child/youth until permanency was achieved. The majority of out-of-home cases were reported as not having any threat of future disruptions.

Three of the four unacceptable ratings were reported for in-home cases. One child/youth was placed in a group home by JPO and had ten different roommates in the space of nine months; the group home at which JPO placed the child/youth next is part of the same facility as the shelter. In two in-home cases parents raised the possibility of moving to a neighboring county.

The school sub-indicator was reported as acceptable regarding stability in all ten applicable cases despite the potential instability in the living arrangements and possibilities of moving to other counties.

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.

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Family home #1	7	0	0	1	14%	1	2	3	86%
Family home #2	2	0	0	1	50%	0	1	0	50%
Substitute home[16]	6	0	0	1	17%	0	4	1	83%
Total	-	0	0	3	20%	1	7	4	80%

Figure 12: "Living Arrangement" QSR Results

As seen in Figure 12, the Living Arrangement indicator was found to be within the acceptable range for 80 percent of the ratings. Reviewers recognized the efforts of substitute caregivers, most notably traditional foster home caregivers, in providing homes for children/youth, as well as the efforts of the caregivers to meet the specific needs of the children/youth. All five out-of-home cases were rated acceptable across the three sub-indicators. Children/youth were by and large living in the least restrictive and most appropriate setting. One 17 year old youth was placed in a special foster home where the caregivers assisted the youth in caring for her new baby and educated the youth on how to properly care for her child.

The three unacceptable ratings were reported for two in-home cases. Living arrangements were deemed unacceptable due to the mounting safety concerns; one case involved a mother whose mental health had deteriorated significantly in recent months. The substitute home was rated unacceptably for the in-home case involving a child/youth placed in a group home by JPO. Reviewers stated that "the living arrangement minimally provides conditions to maintain or form connections with family, other adults, or peers."

[16]Reviewers rated a substitute home for an in-home case because the child/youth was placed in a group home by JPO.

Indicator 4: Permanency

Every child/youth is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child/youth is living successfully in a family situation that the child/youth, parents, caregivers, and other team members believe will endure lifelong. This indicator assesses the degree to which there is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will remain in this role until the child/youth reaches adulthood and will continue to provide enduring family connections and supports into adulthood. Where such support is not available, the review assesses the timeliness of the permanency efforts to ensure that the child/youth will be enveloped in enduring relationships that will provide a sense of family, stability, and belonging.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Permanency	12	0	2	3	42%	2	4	1	58%
Total	**-**	**0**	**2**	**3**	**42%**	**2**	**4**	**1**	**58%**

Figure 13: "Permanency" QSR Results

As seen in Figure 13, the ratings for the Permanency indicator were deemed acceptable in 58 percent of the cases reviewed.

For the out-of-home cases, acceptable ratings were attributed to the foster family or placement provider ensuring permanency for the child/youth. For example, one foster family stated they were willing to continue caring for the child/youth for as long as it took for permanency to be achieved or until the child/youth turned 18 years old. Another case involved a youth who had "a realistic permanency plan" and lived in an Independent Living Group Home where he/she is being fully prepared to live independently once he/she reaches maturity. The child/youth from a third case was returned home prior to the start of the review period. In cases where permanency was rated unacceptable, the children/youth expressed a desire to not be adopted even though reunification was not a probable outcome, stating they would reunite with their parents after "aging out of care."

In-home cases with acceptable permanency ratings were found to be "participating in the necessary services to maintain the home and family." These cases involved both parents and children/youth who stated they are "vested" in the services and keen to make progress for a safe case closure. In those cases in which permanency was rated unacceptably, the parents and/or children/youth were not committed to completing services and in at least one case the child/youth was at risk for entering care.

	Primary Permanency Goal		Concurrent Permanency Goal		Foster Care[17] 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	3	60%	0	0%	50%
Adoption	0	0%	1	20%	11%
Permanent Legal Custodian /Subsidized Legal Custodian	0	0%	0	0%	1%
Placement with a Fit and Willing Relative	0	0%	1	20%	6%
Other Planned Placement Intended to be Permanent/APPLA	2	40%	2	40%	15%
Emancipation	-	-	-	-	17%
No Goal Established	0	0%	1	20%	0%
Total	**5**	**100%**	**5**	**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 Lebanon County's entire foster care population. The primary permanency goal for all in-home cases reviewed was "remain in the home." The distribution of the primary goals for children/youth from the out-of-home sample is roughly similar to that of the Lebanon County foster care population, with at least half of the children/youth having a primary goal of "return home."

Four of the five out-of-home cases were reported to have a concurrent goal. The concurrent goal was reported as "Other Planned Placement Intended to be Permanent/APPLA" in two cases in which the primary goal was "return home."

Appropriateness of Permanency Goals	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Primary Goal Appropriate	7	100%	4	80%	11	92%
Concurrent Goal Appropriate	-	-	4	80%	4	33%
Total Cases	7		5		12	

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

As well as identifying the primary and concurrent permanency goals of the children/youth, the appropriateness of the goals was also assessed, as seen in Figure 15. The primary permanency goal was considered appropriate for 11 of the 12 children/youth. Although only four out-of-

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[17] 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.

home cases had a concurrent goal established, all four were found to be appropriate. There were no concurrent goals established for children/youth who reside with their families.
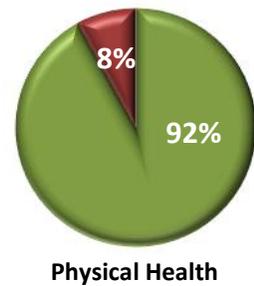
Additional Permanency Data

Caseworker Turnover

The average number of caseworkers assigned to the in-home cases under review was 2.6 caseworkers, with a minimum count of two and a maximum number of five workers. The number of caseworkers assigned to the out-of-home cases under review averaged 2.4 caseworkers, with two to three workers having been assigned over the life of each case.

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

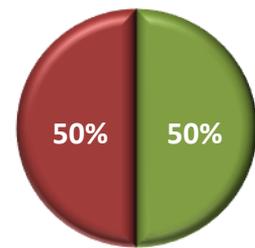| Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Physical Health	12	0	0	1	8%	1	2	8	92%
Total	**-**	**0**	**0**	**1**	**8%**	**1**	**2**	**8**	**92%**

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 92 percent of the cases reviewed. The review found that while some 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. Further, a commitment to maintain the child/youth's physical health was observed in one in-home case where the 18 year old youth walked two miles to and from school each day. A second example involved a healthy 14 year old who; through the support of her family attended all her medical appointments. She wears glasses, is consistent with taking her medication, and is free of any health issues.

The single unacceptable rating was reported for an in-home case. The child/youth was found to have a rash. The child/youth was seen by service providers but the rash has not improved.

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	12	0	0	6	50%	3	3	0	50%
Total	**-**	**0**	**0**	**6**	**50%**	**3**	**3**	**0**	**50%**

Figure 17: "Emotional Well-being" QSR Results

Figure 17 displays the frequency of ratings for the Emotional Well-being indicator. In half of the cases reviewed, the emotional well-being of the children/youth was rated within the acceptable range. Children/youth were reported as bonded to their caregivers and assimilating well with their peers. One child/youth from an out-of-home case was described as "exhibits the normal emotional ups and downs of a 14 year old girl, she readily forms attachments to those around her."

Four of the six unacceptable ratings were reported for in-home cases. Children/youth were reported as socially withdrawing, being bullied at school, developing poor self-esteem, exhibiting self-destructive behaviors (e.g., hoarding and self-harming behaviors), and not always utilizing therapy sessions appropriately.

In one in-home case the consistent perceived abandonment of maternal figures in the child/youth's life caused significant emotional turmoil for the child/youth. The biological mother gave up the child/youth and the adoptive mother (who later married the child/youth's biological father) recently left her marriage and also the children. Neither mother maintained

contact with the child/youth. With supportive services having been initiated, the child/youth's well-being was beginning to improve.

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.
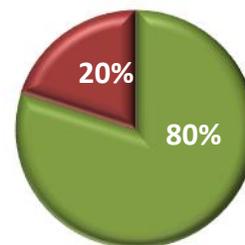
100%

Early Learning & Development

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

Figure 18: "Early Learning & Development" QSR Results

Of the two applicable cases for review of the Early Learning and Development indicator (see Figure 18) both were found to be acceptable. Children were reported as developing appropriately and being on target with developmental milestones. Neither child was reported as being enrolled in pre-school or Head Start.

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

20%
80%

Academic Success

annual promotion and course completion leading to a high school diploma or equivalent. This indicator applies to a child/youth eight years or older or attending school.

Indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Academic Status	10	0	0	2	20%	2	3	3	80%
Total	-	0	0	2	20%	2	3	3	80%

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 80 percent of the applicable cases. No out-of-home cases were reported as having an unacceptable academic status. Acceptable ratings were attributed to the stability and appropriateness of the school settings. More often than not, children/youth were found to be in classes appropriate for their learning abilities, maintaining attendance, and on track to graduate.

 Six children/youth from in-home cases had school performance issues that may have warranted consideration for an individual educational plan (IEP) with only four having a current IEP at the time of the review. Reviewers felt that three children/youth from out-of-home cases may have warranted consideration for an IEP; one had a current IEP.

Participants from the foster parents and caseworkers focus groups reported limited partnership or collaboration with the schools. According to the caseworkers, this limited collaboration stems from the "perceived lack of understanding by the schools as to what CYS does."

Educational Situation	In-home		Out-of-home		Combined Total	
	#	%	#	%	#	%
Regular K-12 Education	3	50%	3	75%	6	60%
Vocational Education	1	17%	0	0%	1	10%
Other[18]	2	33%	1	25%	3	30%
Total	6	100%	4	100%	10	100%

Figure 20: Educational Situation of the Focus Child/Youth

Figure 20 shows the frequency of children/youth attending various educational settings.   Ten of the twelve sampled children/youth are enrolled in school. The majority of children/youth are reported to be attending a "regular K-12 education" setting. The youth attending a "vocational education" setting is an 18-year-old female.

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[18]The "other" educational setting was reported as "ESL" for the out-of-home case. Both in-home cases were reported the educational setting as "emotional support".

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	3	0	2	0	67%	1	0	0	33%
Total	**-**	**0**	**2**	**0**	**67%**	**1**	**0**	**0**	**33%**

Figure 21: "Pathways to Independence" QSR Results

As seen in Figure 21, only a third of the qualifying cases were rated as acceptable for the Pathway to Independence indicator. Of the three cases, two are out-of-home and one is an in-home case. The one youth with an acceptable rating was living at an Independent Living (IL) Group Home where the youth was taking full advantage of the opportunities for support in school and developing a plan to attend a vocational program next year. A guidance counselor from the IL Group Home worked exclusively with the youth of the facility and had very frequent contact with the youth and his/her social worker.

The out-of-home case with an unacceptable rating involved a youth and his/her foster parents who were not fully aware of what IL services/assistance are available and how to obtain such resources. The youth who was reported as lacking services did have a strong work history yet did not appear to have "meaningful and achievable" future plans. There were some IL skills the youth was learning (e.g., basic budgeting and banking, accessing public transport, accessing affordable housing and childcare) but those skills were not being adequately tracked or monitored.
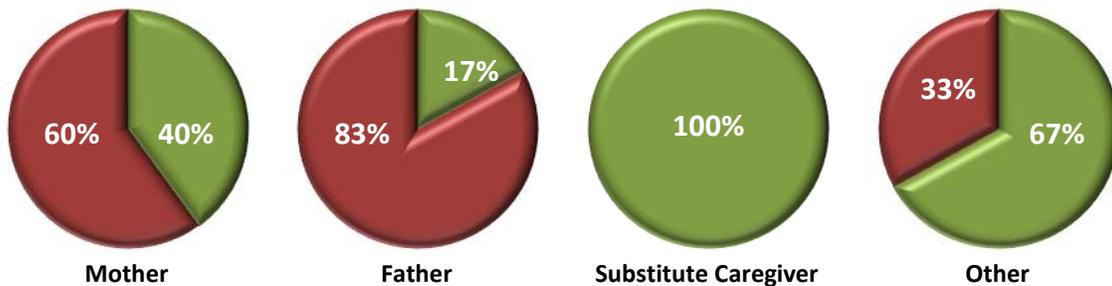
The youth from the in-home case was reported as having very limited IL skills. A private agency involved with the family identified skills that need to be learned or enhanced, but the formal IL plan does not address the targeted areas of need.

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.

		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Mother	10	1	3	2	60%	1	3	0	40%
Father	6	3	1	1	83%	0	1	0	17%
Substitute Caregiver[19]	4	0	0	0	0%	0	1	3	100%
Other	6	1	0	1	33%	1	2	1	67%
Total	-	5	4	4	50%	2	7	4	50%

Figure 22: "Caregiver Functioning" QSR Results

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[19]Please note that while there are five out-of-home cases only four ratings were given for substitute caregivers. The child/youth from one out-of-home case was on an extended trial home visit during the review period.

As seen in Figure 22, overall the functioning of parents/caregivers was found to be acceptable for half of the ratings across the four sub-indicators. Cases involving substitute caregivers were all rated acceptably. The mother's functioning as a caregiver was more likely to be rated as acceptable (40%) than the father's caregiver functioning (17%).

Half of all applicable in-home cases were rated as unacceptable for the mother's caregiving functioning and in all three the mother was the sole caregiver in the home. Seventy-five percent of the mothers from the applicable out-of-home cases were rated unacceptable in their caregiving functioning. Fathers in five of the six applicable cases were found to be deficient in their level of functioning.

Reviewers noted that the mental health issues of the mothers, though being treated, were worsening (regardless of case type), which impacted the degree of caregiving which they could adequately perform. Fathers who were not incarcerated were found to be concentrating on gaining and maintaining sobriety, taking focus away from caregiving. Aggressive parenting (using intimidation, bullying, and physical force when disciplining) was also found in cases where fathers were rated unacceptably.

Applicable cases in which mothers and fathers were rated acceptable for caregiving functioning were those in which parents expressed a deep bond to their children/youth, and the youth in turn expressed a sense of belonging in the homes. Parents were committed and vested in completing recommended services. In-home cases were also found to have the support of extended their families who offered occasional respite to the parents.

Participants in the supervisors' focus group noted that there appears to be a "generational trend of families who become involved with child welfare in the county."
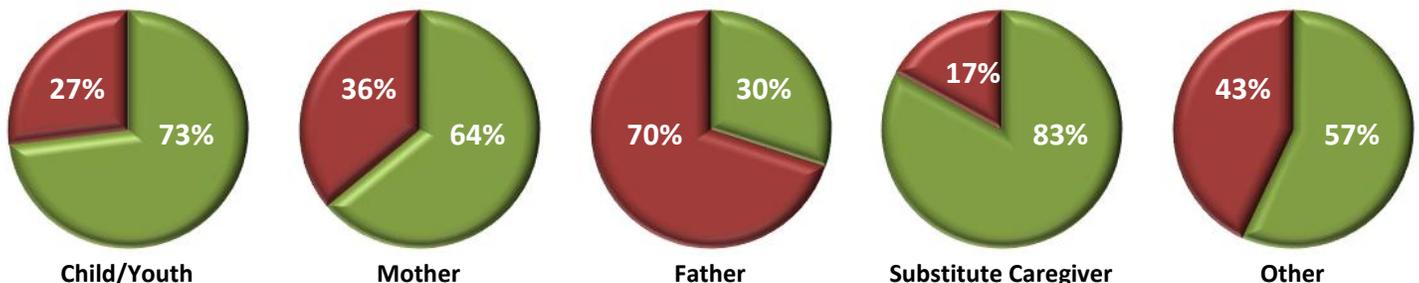
The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the on-site review, unless otherwise indicated.

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.

27% 73%	36% 64%	30% 70%	17% 83%	43% 57%
Child/Youth	**Mother**	**Father**	**Substitute Caregiver**	**Other**

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	11	0	1	2	27%	2	4	2	73%
Mother	11	1	0	3	36%	4	2	1	64%
Father	10	4	1	2	70%	2	0	1	30%
Substitute Caregiver	6	0	0	1	17%	0	3	2	83%
Other	7	0	1	2	43%	2	1	1	57%
Total	-	**5**	**3**	**10**	**40%**	**10**	**10**	**7**	**60%**

Figure 23: "Engagement Efforts" QSR Results

Figure 23 gives the frequency of ratings for the Engagement Efforts indicator. Three fifths (60%) of the ratings were reported as acceptable across the five sub-indicators. Engagement efforts for the children/youth (73%) and substitute caregivers (83%) were most likely to be rated as acceptable.
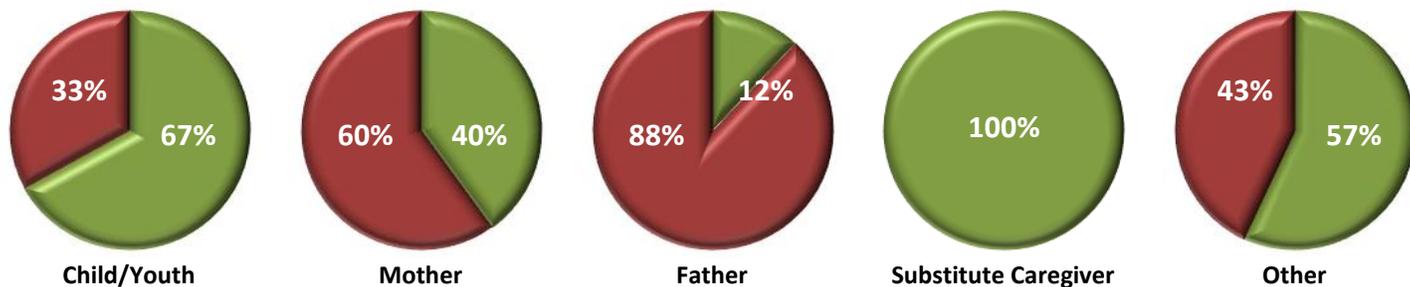
All children/youth from the applicable out-of-home cases expressed satisfaction with the level to which they were engaged.. For out-of-home cases, particularly involving older youth, the team demonstrated an understanding of the long term goals and the individual desires of the children/youth. Two cases showed the county respecting the youths' decision to not work toward adoption and finding appropriate long-term foster care placements for the youth. No unacceptable ratings were reported for the engagement of children/youth from out-of-home cases.

Similarly, mothers from the applicable out-of-home cases expressed a satisfactory level of engagement, except in one case. Mothers reported that they were asked about their individual needs and given referrals for services (most often mental health services) and transportation assistance to get to service appointments and team meetings. Of the three applicable out-of-home cases, only one was rated acceptable for the engagement of fathers; engagement with fathers was either limited or nonexistent.

Family members from in-home cases were less likely to be rated acceptable on engagement. Reviewers reported a variety of reasons for the lack of engagement. A six year old child/youth in with developmental disabilities was not being engaged or given the opportunity to express his/herself even though he/she was capable. A separate in-home case involved a family that reported it felt informed and in agreement with the goals and action steps to close the case; however, the family felt it was not part of the development process. Some fathers were not engaged even when their whereabouts were known. A father currently incarcerated was not considered for involvement in the development of the family service plan.

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	9	0	2	1	33%	1	3	2	67%
Mother	10	0	2	4	60%	3	1	0	40%
Father	8	5	1	1	88%	1	0	0	12%
Substitute Caregiver	6	0	0	0	0%	2	1	3	100%
Other	7	0	1	2	43%	1	3	0	57%
Total	-	**5**	**6**	**8**	**48%**	**8**	**8**	**5**	**53%**

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 acceptable with the indicator consistently being rated as acceptable for the substitute caregivers.

The ratings significantly declined across the other three subcategories between the engagement and role and voice indicators, suggesting that although efforts had been made to engage family members, they still did not feel as though they had a role and voice. Out-of-home cases were more likely than in-home cases to be rated as unacceptable for the role and voice indicator. A lack of role and voice was evidenced in one case when the family stated the family service plan was "dropped off for their signatures" and they had not been given an opportunity to help create the plan nor given the opportunity to review the plan with the case worker.

Participants from the foster parents' focus group stated they do not always get the opportunity to speak in court hearings.

	More than once a week		Once a week		Less than once a week		Less than twice a month		Less than once a month		Never		Combined Total of Applicable Cases	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
In-home														
Child	0	0%	0	0%	1	14%	6	86%	0	0%	0	0%	7	100%
Mother	0	0%	0	0%	2	29%	3	43%	2	29%	0	0%	7	100%
Father	0	0%	0	0%	0	0%	1	14%	2	29%	3	43%	7	100%
Out-of-home														
Child	0	0%	1	20%	2	40%	2	40%	0	0%	0	0%	5	100%
Mother	0	0%	0	0%	2	40%	1	20%	1	20%	0	0%	5	100%
Father	0	0%	0	0%	0	0%	1	20%	1	20%	0	0%	5	100%
Combined														
Child	0	0%	1	8%	3	25%	8	67%	0	0%	0	0%	12	100%
Mother	0	0%	0	0%	4	33%	4	33%	3	25%	0	0%	12	100%
Father	0	0%	0	0%	0	0%	2	17%	3	25%	3	25%	12	100%

Figure 25: Caseworker Visits

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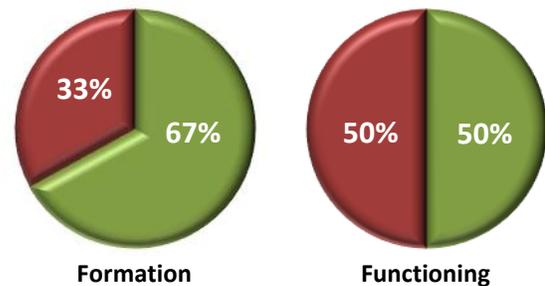
The frequency of visits between the caseworkers (or other responsible parties) and the mother was found to be sufficient in three of the six applicable in-home cases. In all four of the applicable out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the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

The frequency of visits between the caseworkers (or other responsible parties) and the father was found to be sufficient in only one of the six applicable in-home cases.. In the two applicable out-of-home cases the frequency of visits between the caseworkers (or other responsible parties) and the father was reported as sufficient.

There was at least one other child/youth residing in the home in five of the seven in-home cases reviewed. 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 five of the 12 (42%) 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	12	0	3	1	33%	2	4	2	67%
Functioning	12	1	3	2	50%	3	3	0	50%
Total	-	1	6	3	42%	5	7	2	58%

Figure 26: "Teaming" QSR Results

The teaming indicator was rated as acceptable in 58 percent of the ratings overall. The "formation" indicator was rated as acceptable (67%) for a higher proportion of the cases than the "functioning" (50%) indicator, meaning that when teams did form they were not guaranteed to function successfully.   Fifty percent of the cases (two in-home and four 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, and they involved all appropriate service providers. These teams were also described as organized, which aided in the ability to optimally respond to changes in the cases.

Unacceptable ratings, the majority of which were found among in-home cases, were attributed to team members not having common and clear case plans, which led to team members working toward different goals. Providers were not always invited to join the teams or were not consulted when case decisions were made. Trust among team members was also noted as lacking in these cases which, through interviews, was found to be rooted in poor communication.

Caseworkers may not be fully trained in court process, especially as a new hire, which complicates teaming with court personnel, according to participants in the caseworkers' focus group. Focus groups stated that the communication between the agency and providers seems fragmented at times.

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	12	0	1	0	8%	1	6	4	92%
Mother	11	1	1	1	27%	1	5	2	73%
Father	10	4	0	2	60%	2	2	0	40%
Total	**-**	**5**	**2**	**3**	**30%**	**4**	**13**	**6**	**70%**

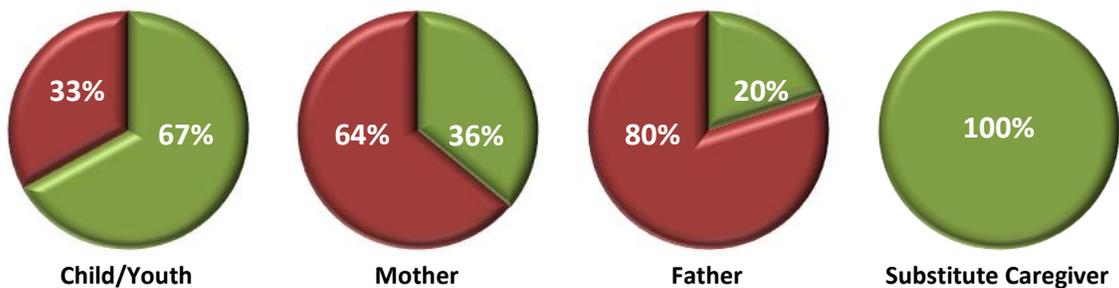**Figure 27: "Cultural Awareness & Responsiveness" QSR Results**

The Cultural Awareness indicator was rated as acceptable in 70 percent of the cases, as seen in Figure 27. Reviewers reported that when cultural aspects of the cases were identified they were generally met. Foster Parents were highlighted as meeting the cultural needs of the family most often. Examples identified included ensuring a child/youth was involved in a church youth group at the parents request, preparing meals that were familiar and favored by

the child/youth and his/her family, and celebrating the events specific to the child/youth and his/her family (e.g., one child/youth was planning her Quinceañera) .

Overall, the county met the cultural needs of the majority of the families. However, reviewers did note a child/youth from one in-home case that did not speak English and was unable to communicate with the caseworker. It was unknown why plans had not been made to accommodate the child/youth (such as utilizing a translator).

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.
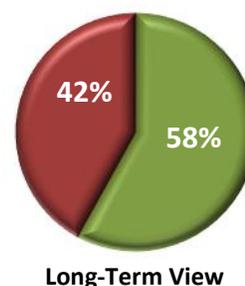

Sub-indicator	N	Unacceptable				Acceptable			
		1	2	3	%	4	5	6	%
Child/Youth	12	0	2	2	33%	2	3	3	67%
Mother	11	1	3	3	64%	1	2	1	36%
Father	10	5	2	1	80%	2	0	0	20%
Substitute Caregiver	4	0	0	0	0%	2	0	2	100%
Total	**-**	**6**	**7**	**6**	**51%**	**7**	**5**	**6**	**49%**

Figure 28: "Assessment & Understanding" QSR Results

As seen in Figure 28, the Assessment and Understanding indicator was rated as acceptable for 49 percent of the ratings. As with other measures, this indicator had a higher proportion of cases rated as unacceptable (80%) for fathers in comparison to mothers (64%). Unacceptable ratings were more likely to be reported for in-home cases than out-of-home cases. Reviewers noted that the lack of assessment and understanding was tied to not engaging the family or giving members a role or voice, especially fathers. Unacceptable ratings were also linked to poor teaming. A lack of communication among members led to different assessments being conducted and the development of separate and different goals.

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	12	2	1	2	42%	2	3	2	58%
Total	**-**	**2**	**1**	**2**	**42%**	**2**	**3**	**2**	**58%**

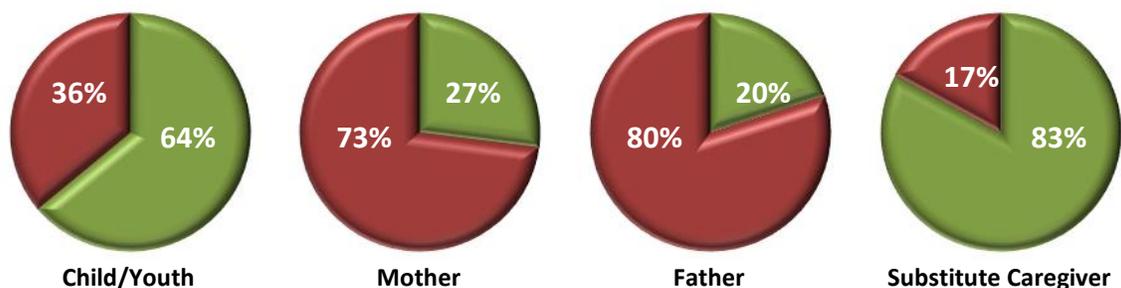Figure 29: "Long-term View" QSR Results

Figure 29 gives the frequency of ratings for the Long-term View indicator. In 58 percent of the cases reviewed this indicator was rated as acceptable. Reviewers noted cases which scored an acceptable rating also tended to have been rated acceptably for teaming. 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. While permanency is the ultimate goal in the long term, there were cases in which reunification was not an option and the children/youth expressed a desire not to be adopted. The teams worked to ensure the children/youth were living in a placement that prepared them for independence and understood their individual needs.

Unacceptable ratings were attributed to parents not working consistently to attain case goals to ensure reunification. Case plan goals had not been fully reviewed or changed in cases where there was a lack of commitment on the part of the family to attain safe case closure. In some in-home cases the mental health of the mother had declined significantly in recent months, and should have been considered in planning for the long term.

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.

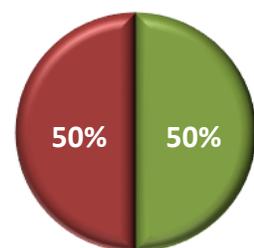|		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Child/Youth	11	1	1	2	36%	3	3	1	64%
Mother	11	2	1	5	73%	1	2	0	27%
Father	10	4	1	3	80%	2	0	0	20%
Substitute Caregiver	6	0	0	1	17%	3	0	2	83%
Total	-	7	3	11	55%	9	5	3	45%

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 less than half (45%) of the ratings. Planning for the child/youth occurred more often than with Mothers and Fathers, especially for out-of-home cases. The lack of planning led in many cases to a limited role and voice for the parents.

One mother from an out-of-home case was reported as not having an active role in the planning process and having little to no voice. While the mother was reported to express her concerns and wishes, and was acknowledged by the caseworker, her wishes could not be given serious consideration because she had not made any progress on any of her goals and was not part of the current permanency plan.[20]

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	10	1	2	2	50%	1	1	3	50%
Total	-	**1**	**2**	**2**	**50%**	**1**	**1**	**3**	**50%**

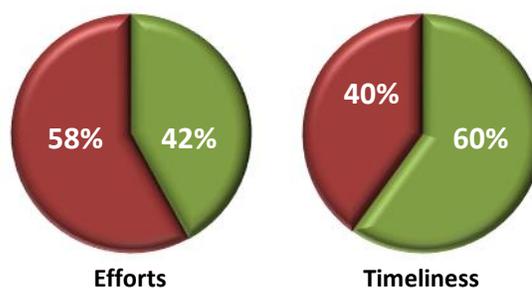Figure 31: "Planning for Transitions & Life Adjustments" QSR Results

Figure 31 gives the frequency of ratings for the Planning for Transitions and Life Adjustments indicator. Reviewers rated this indicator as acceptable in half of the applicable cases. The in-home cases (57%) were more likely to be rated as acceptable than were the out-of-home cases (20%). Cases rated as unacceptable for the Pathways to Independence Indicator were also rated unacceptable for this indicator. Examples of the lack of planning for transitions included long term transitions for the children/youth, such as learning independence, and immediate safety concerns, such as a sibling in one case (the identified perpetrator) returning home without any transition plan developed for the family.

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[20]The court has indicated the child/youth will never be returned to the mother's care.

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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	12	1	3	3	58%	1	2	2	42%
Timeliness	5	1	1	0	40%	1	1	1	60%
Total	-	2	4	3	53%	2	3	3	47%

Figure 32: "Efforts for Timely Permanency" QSR Results

As seen in Figure 32, 47% percent of the ratings overall for the Efforts for Timely Permanency indicator were rated acceptable. The "efforts" indicator (42%) was less likely to be rated as acceptable than was the "timeliness" indicator (60%)[21]. The efforts of a caseworker from an out-of-home case were highlighted by reviewers. The caseworker located family out of state that provided a temporary placement for the child/youth in New York.

Reviewers attributed the unacceptable ratings to a lack of teaming, leading to team members pursuing separate and often conflicting goals. There were also cases in which older youth requested to stay in care until they reach the age of maturity.

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[21] Although a higher proportion of cases were rated positively for "timeliness" than for the "efforts" sub-indicator, there were only three of five applicable cases where timeliness was found to be acceptable, while five of twelve cases were found acceptable for "efforts." There were no cases where "timeliness" was acceptable while "efforts" were not, and only out-of-home cases are rated for timeliness of permanency.

Months In Care[22]	#	%
0 – 6	0	0%
6.1 – 12	1	25%
12.1 – 24	2	50%
24.1 – 48	0	0%
More than 48	1	25%
Total[23]	**4**	**100%**

Figure 33: Months In Care

As seen in Figure 33, three-fourths of the children/youth in the out-of-home sample have spent less than two years in care. The one youth that had been in care for more than four years is 17 years old.

	In-home		Out-of-home		Combined Total	
Timeliness of Permanency Goals	#	%	#	%	#	%
Primary Goal Established Timely	7	100%	4	80%	11	92%
Concurrent Goal Established Timely	-	-	3	60%	3	25%
Total Cases	7		5		12	

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[24] in determining the goals was assessed (see Figure 34). The primary goal had been established in a timely manner for 11 of the 12 cases, with one out-of-home case not having a primary permanency goal established timely. In the four out-of-home cases in which a concurrent permanency goal was found, three had been established in a timely manner.

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[22] 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 Lebanon County QSR (March 28, 2012).

[23] The total number of out-of-home cases is five, though only four are reported on for length of time in care, as one case did not report the child/youth's most recent entry date into care.

[24] Goal established timely - For children who recently entered care, reviewers should expect the first permanency goal to be established no more than 60 days from the date of the child/youth's entry into foster care consistent with the Federal requirement that a case plan be established within 60 days from the date of the child's entry into foster care. For children whose goal was changed from reunification to adoption, reviewers should consider the guidelines established by the Federal Adoption and Safe Families Act (ASFA) regarding seeking termination of parental rights, which might impact the timeliness of changing a goal from reunification to adoption. Reviewers should answer this question for all permanency goals in effect during the past 12 months. Reviewers should answer this question based on their professional judgment regarding the timeliness of establishing the goal, particularly with regard to changing a goal, and provide the rationale for their decision in their documentation.
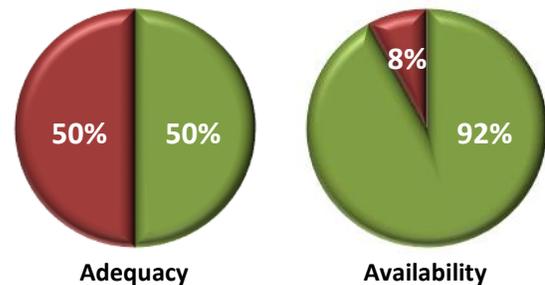
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Timely & Finalized Termination of Parental Rights						
	Yes		No		Compelling Reason Given[25]	
Out-of-Home Cases	#	%	#	%	#	%
TPR Filed Timely						
Mother	0	0%	2	100%	3	100%
Father	0	0%	1	100%		
TPR Finalized						
Mother	0	0%	2	100%		
Father	0	0%	1	100%		

Figure 35: TPR Summary

Three of the five 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 [26] for termination of parental rights. A petition for termination of parental rights was not filed for any of the three cases. Reviewers reported that there was a compelling reason[27] for not filing a petition for termination of parental rights in each instance, i.e., the child did not want to be adopted. The children/youth ranged from 12 to 17 years old.

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

Adequacy   Availability

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[25] Termination of Parental Rights Exceptions include: (1) at the option of the State, the child/youth is being cared for by a relative; (2) the agency has documented in the case plan a compelling reason for determining that TPR would not be in the best interests of the child/youth; or (3) the State has not provided to the family the services that the State deemed necessary for the safe return of the child/youth to the his/her home if reasonable efforts of the type described in Section 471(a)(15)(B)(ii) of the Social Security Act are required to be made with respect to the child/youth.

[26]ASFA criteria - ASFA requires an agency to seek TPR under the following circumstances: The child has been in care for at least 15 of the most recent 22 months, or a court of competent jurisdiction has determined that: (1)the child is an abandoned child, or (2) the child's parents have been convicted of one of the felonies designated in Section 475(5)(E) of the Social Security Act, including: (a) committed murder of another child of the parent; (b) committed voluntary manslaughter of another child of the parent; (c) aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter; or (d) committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

[27]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.

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	12	0	3	3	50%	1	2	3	50%
Availability	12	0	0	1	8%	3	7	1	92%
Total	-	0	3	4	29%	4	9	4	71%

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 71 percent of the ratings overall. Lebanon County has a variety of services, both formal and informal supports. Various services were reported to be offered to the families, such as "step-father" support, occupational therapy, speech therapy, early educational services, outpatient counseling, parenting classes, and in-home visiting nurses.

Reviewers noted services appeared to be available and easily accessible in Lebanon County. However, a lack of transportation and subsidized daycare was noted as placing financial burden on families utilizing recommended services. Reviewers in one out-of-home case did note that access to services is a challenge and behavioral health insurance has restrictions which can become a barrier to receiving mental health services.
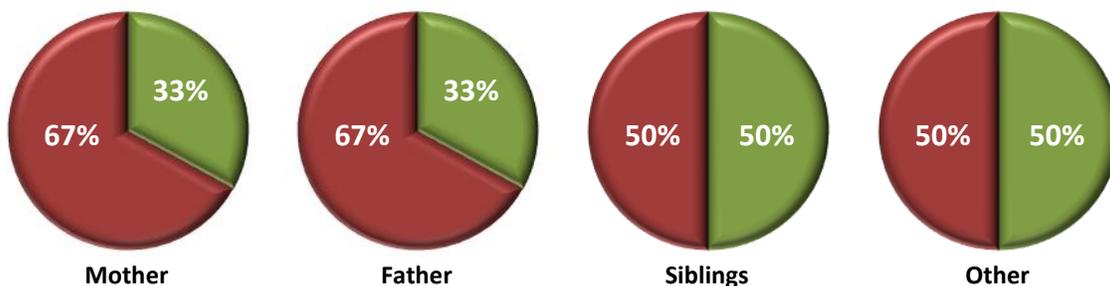
Reviewers recommended continuing services as a preventive measure to prevent future county involvement for a child/youth that had been reunified a few days prior to the review.

Participants in the providers' key stakeholder interview noted resources for clothing and food are limited in Lebanon County. Individuals from the providers and foster parent focus groups commented on the need for more medical assistance providers.

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	6	1	1	2	67%	1	0	1	33%
Father	9	5	1	0	67%	1	0	2	33%
Siblings	6	0	1	2	50%	2	1	0	50%
Other	4	1	1	0	50%	0	1	1	50%
Total	-	7	4	4	60%	4	2	4	40%

Figure 37: "Maintaining Family Connections" QSR Results

As seen in Figure 37, less than half (40%) of the ratings were acceptable for maintaining family connections. The county performed better at maintaining connections among the siblings and "other" family members than maintaining family connections with mothers and fathers. Reviewers noted a variety of reasons for not maintaining family connections. For one in-home case the adoptive mother left and refused contact with the child/youth. In another in-home case both parents chose to limit their contact with the child/youth that had been placed in a group home by JPO. The child/youth was reported to be the one who initiates most contact with his parents.

Maintaining connections via visitation occurred in the majority of the out-of-home cases but there were barriers noted to providing these visits. An interviewee expressed concern that a child/youth and other family members were being "ganged up on by the family" during visits but was uncertain as to the extent of the interactions because the family did not speak English during supervised visits. An interpreter was brought in but the family argued that this infringed on their privacy.

There are varied and unclear expectations, as well as limited support, in maintaining contact with parents, according to input received from the foster parents' focus group.
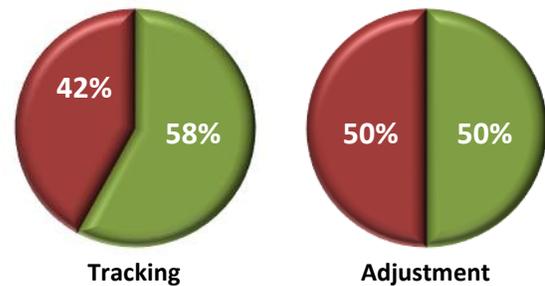
Child/Youth Placed with:	#	%
All Siblings	0	0%
Some Siblings	0	0%
All Siblings in Separate Foster Homes	3	100%
Total [28]	**3**	**100%**

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. Each of the three children/youth that have siblings who are also in care had been placed in separate foster homes from all of their siblings.

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.

		Unacceptable				Acceptable			
Sub-indicator	N	1	2	3	%	4	5	6	%
Tracking	12	0	3	2	42%	2	4	1	58%
Adjustment	12	1	2	3	50%	2	2	2	50%
Total	-	**1**	**5**	**5**	**46%**	**4**	**6**	**3**	**54%**

Figure 39: "Tracking & Adjusting" QSR Results

As seen in Figure 39, the Tracking and Adjustment indicator was rated as acceptable in 54 percent of the ratings. "Tracking" (58%) was slightly more likely than "Adjustment" (50%) to be rated as acceptable. In-home cases were less likely to be rated as acceptable across the two sub-indicators than out-of-home cases, with 82 percent of all unacceptable ratings coming from in-home cases.

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

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.

ADDITIONAL ORGANIZATIONAL CONSIDERATIONS

Further input was gathered, beyond that noted earlier, from the participants of three focus groups[29] and one key stakeholder interview 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:*
    o Expectations are sometimes unclear due to changing priorities and new requirements/mandates.
    o Current workforce has a sense of camaraderie and working together internally.
    o Agency has a sense of shared vision and commitment to purpose.
    o The current staff is experienced and has a good work ethic but do not feel recognized.
    o Lack of incentives to seek higher education.
    o Reliance on civil service makes hiring complicated

- *Work Force, Policies & Procedures:*
    o Paperwork is a priority that takes away from face-to-face contacts.
    o Staff turnover and changes in case assignments presents challenges to trust and communication.
    o Caseworkers would benefit from local/onsite trainings as well as additional trainings overall.
    o The structure of mandatory on-call time creates anxiety and burn-out.

- *Environmental Issues:*
    o Confidentiality is more difficult to maintain in the small communities.
    o The weak economy has impacted the merit system, as additional funds are not available.

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[29] The four groups were comprised of caseworkers, supervisors, private providers, and foster parents.

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	8%	92%
Safety: Risk to self and others	13%	88%
Stability	18%	82%
Living arrangement	20%	80%
Permanency	42%	58%
Physical health	8%	92%
Emotional well-being	50%	50%
Early learning and development	0%	100%
Academic status	20%	80%
Pathway to independence	67%	33%
Parent or caregiver functioning	50%	50%
Overall	**25%**	**75%**

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

Indicator	% Unacceptable	% Acceptable
Engagement efforts	40%	60%
Role & voice	48%	53%
Teaming	42%	58%
Cultural awareness & responsiveness	30%	70%
Assessment & understanding	51%	49%
Long-term view	42%	58%
Child/youth & family planning process	55%	45%
Planning for transitions & life adjustments	50%	50%
Efforts to timely permanence	53%	47%
Intervention adequacy & resource availability	29%	71%
Maintaining family relationships	60%	40%
Tracking and adjustment	46%	54%
Overall	**45%**	**55%**

Figure 41: "Practice Performance Domain Ratings" QSR Results

Figures 40 and 41 summarize the overall ratings for each of the indicators within the Child/Youth/Family Status Domain and the Practice Performance Status Domain.   An acceptable rating was more likely to occur among indicators from the Child/Youth and Family domain (75%) than the Practice Performance domain (55%).

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 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.

Early Learning & Academic Success
Children/youth are on track developmentally and those old enough to attend school are performing well in their current educational settings. Acceptable ratings were attributed to the stability and appropriateness of the school settings. More often than not, children/youth were found to be in classes which are appropriate for their learning abilities and maintaining attendance; they are on track to graduate.

Cultural Awareness
The culture of the children/youth and their families was recognized and considered in the majority of cases. Whether it was religious or ethnic traditions, the county and its foster families work towards keeping the culture of the children/youth and their families satisfied.

Intervention and Resource Availability
Lebanon County has a variety of services, both formal and informal supports. Various client-specific services were offered to the families, such as "step-father" support, occupational therapy, speech therapy, early educational services, outpatient counseling, parenting classes, and in-home "visiting nurses". Children/youth with serious and/or chronic medical concerns are being treated and monitored by the resources found countywide.

Areas Needing Improvement

Fathers
County agencies tend to have a more difficult time working with fathers than with any other family member. In Lebanon County, cases where a father was applicable to be rated as a subcategory (in the six practice performance indicators) were almost always 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	30%	64%
Role & voice	13%	40%
Cultural awareness & responsiveness	40%	73%
Assessment & understanding	20%	36%
Child/youth & family planning process	20%	27%
Maintaining family connections	33%	33%
Overall Score	**26%**	**47%**

Older Youth

Significant improvement is needed for the "Pathway to Independence" indicator. While the county has IL Youth Group Homes which provide care to older youth, youth residing at home (in-home cases) or with traditional foster families are not always provided the optimal IL services. Another indicator with unfavorable overall ratings that may affect the pathway to independence score includes the planning for transitions and life adjustments indicator. This indicator received an overall acceptable rating in just half of the cases. The same cases in which the pathway to independence and the child/youth's role and voice were rated low were also rated low for the planning for transitions and adjustments.

Teaming for Success Long Term

Teaming was rated as acceptable in only 58 percent of the cases reviewed and was frequently cited in other indicators as a contributing factor for the unacceptable ratings. Reviewers felt when teams were formed they were not always functioning well. Reviewers reported some team members to be acting independently of the group and not sharing important information, which was cited as the root cause of the lack of trust between some team members. When team members are working independently they can often unwittingly work against each other's efforts, decreasing the possibility of any long term success in the case.

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					
Unaccepptable 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.

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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	29%	71%
Family home #2	0%	100%
Substitute home	0%	100%
School	0%	100%
Other setting	0%	100%
Safety: Risk to self and others		
Risk to self	17%	83%
Risk to others	8%	92%
Stability		
Living arrangement	33%	67%
School	0%	100%
Living arrangement		
Family home #1	14%	86%
Family home #2	50%	50%
Substitute home	17%	83%
Permanency	42%	58%
Physical health	8%	92%
Emotional well-being	50%	50%
Early learning and development	0%	100%
Academic status	20%	80%
Pathway to independence	67%	33%
Parent or caregiver functioning		
Mother	60%	40%
Father	83%	17%
Substitute caregiver	0%	100%
Other	33%	67%

Practice Performance Domain Sub-indicator Ratings		
Indicator	**% Unacceptable**	**% Acceptable**
Engagement efforts		
Child/youth	27%	73%
Mother	36%	64%
Father	70%	30%
Substitute caregiver	17%	83%
Other	43%	57%
Role & voice		
Child/youth	33%	67%
Mother	60%	40%
Father	88%	13%
Substitute caregiver	0%	100%
Other	43%	57%
Teaming		
Formation	33%	67%
Functioning	50%	50%
Cultural awareness & responsiveness		
Child/youth	8%	92%
Mother	27%	73%
Father	60%	40%
Assessment & understanding		
Child/youth	33%	67%
Mother	64%	36%
Father	80%	20%
Substitute caregiver	0%	100%
Long-term view	42%	58%
Child/youth & family planning process		
Child/youth	36%	64%
Mother	73%	27%
Father	80%	20%
Substitute caregiver	17%	83%
Planning for transitions & life adjustments	50%	50%
Efforts to timely permanence		
Efforts	58%	42%
Timeliness	40%	60%
Intervention adequacy & resource availability		
Adequacy	50%	50%
Availability	8%	92%
Maintaining family relationships		
Mother	67%	33%
Father	67%	33%
Siblings	50%	50%
Other	50%	50%
Tracking & adjusting		
Tracking	42%	58%
Adjusting	50%	50%