QUALITY SERVICES REVIEW RESULTS

STATE-SUPPORTED QSR: ROUND FOUR
DECEMBER 2013 – NOVEMBER 2014

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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On Behalf of the
Pennsylvania Office of Children, Youth and Families
Department of Human Services

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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 has been one vehicle to drive change forward in Pennsylvania (PA). Continuous quality improvement is not a time limited project or initiative. Casey Family Programs and the National Resource Center for Organizational Improvement define continuous quality improvement as "the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process." The CQI process developed in Pennsylvania supports 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 is used to assess and monitor progress.[1] The QSR process takes a closer look at each county's implementation of Pennsylvania's Child Welfare Practice Model while also conducting a system-wide evaluation about how all system partners work together as a team to provide quality and effective services. This case-specific and system-wide process assures that we gather data that informs outcome-driven goals and objectives to guide improvement of local and statewide practice efforts, policy development, and system change.

Pennsylvania believes, and the National Resource Center for Organizational Improvement's "Guide for Developing and Implementing Child Welfare Practice Models" outlines, that a clearly articulated practice model will:

> Help child welfare executives, administrators and managers identify the outcomes they hope to achieve, develop a vision and consistent rationale for organizational and policy decision, decide how to use agency resources, define staff performance expectations, develop an array of services, create a qualitative case review system, collaborate with

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[1] For more information on the framework of Pennsylvania's Continuous Quality Improvement process please see the *QSR Protocol* which can be found at www.pacwrc.pitt.edu/CQI.htm

families and youth, and work across systems. Supervisors will fulfill their role as keepers of the agency's culture with responsibility for: training, guiding and supporting frontline staff; monitoring and assessing staff performance and child/family outcomes; modeling the agency's values and approach to working with families; and observing and advocating for needed change. Child welfare caseworkers will have a consistent basis for decision making; clear expectations and values for their approach to working with families, children, and youth; a focus on desired outcomes; guidance in working with service providers and other child welfare serving systems; and a way to evaluate their own performance. The community, the network of stakeholders, and children, youth and families will engage with the agency in fulfilling its mission by: ensuring effective and consistent practice; articulating the need for funding; and clarifying the purpose and scope of the (child welfare system; and communicating the values, principles and skills the child welfare system should possess as well as the outcomes the child welfare system hopes to achieve.) (NRCOI, 2012)

Pennsylvania's QSR Protocol,[2] developed in collaboration with Human Systems and Outcomes (HSO), uses an in-depth case review method to evaluate the implementation of PA's Child Welfare Practice Model by evaluating the impact of practice performance on the outcomes of safety, permanency and well-being. Pennsylvania's Child Welfare Practice Model is referenced in Appendix B of this report. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained cross-systems reviewers regarding children, youth and families receiving services. A pair of reviewers, supported by a team of Site Leads, utilizes a specific set of indicators when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of core practice functions. Indicators are divided into two distinct domains: child, youth and family status and practice performance.

Pennsylvania has been utilizing a phased-in approach to implementing this statewide CQI effort which 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. Annual survey and evaluations of county agencies measuring compliance with statute and regulation are also framed around the Child/Youth and Family Status and Practice Performance QSR indicators. QSR findings are also used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices for the

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[2] The PA Protocol version 3.0 was utilized for all QSRs conducted between December 2013 and November 2014.

purpose of improving outcomes for children, youth and their families who are receiving child welfare services.

The information provided within this report includes the findings from the fourth round of state-supported Quality Service Reviews which were conducted between December 2013 and November 2014. QSRs were held in 14 counties; five new Phase Four counties conducted their first state-supported QSRs.

METHODOLOGY

As seen in Figure 1, Pennsylvania conducted Quality Service Reviews in 14 counties during Round Four which occurred between December 2013 and November 2014. In total, 181 cases were selected for review -- 74 out-of-home cases and 107 in-home cases. The proportion of cases randomly selected, roughly 60 percent in-home and 40 percent out-of-home, closely reflect caseloads throughout the Commonwealth.[3] For each of the in-home cases selected for review, one child was randomly selected as the "focus child" about whom reviewers were asked to rate the child-specific indicators.

The in-home sample is family-based[4] and was selected for each individual county from a list, provided by the county, of families with open in-home cases as of the effective sampling date[5] (which varies by county and is listed in Figure 1.). The out-of-home sample is child-based and was chosen from those children in out-of-home placement as of the effective sampling date.

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[3]During Rounds One and Two each county's sample included 60 percent out-of-home cases and 40 percent in home cases to be reviewed. To better reflect the true population of children/youth served in Pennsylvania the proportion of cases sampled for review during Round Three was switched to 60 percent in-home cases and 40 percent out-of-home cases.

[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 represents a single sample-able unit (meaning that a single family could be represented in the sample by multiple children).

[5] The Effective Sampling Date (ESD) is exactly 90 days prior to the first day of the county on-site review. The sample of children from out-of-home care and in-home cases is based on the population of children from open cases on the ESD.

County	QSR Month/Year	Effective Sampling Date	In-Home Cases	Out-of-Home Cases	Total Cases Reviewed
Phase I Counties					
Philadelphia	Dec 2013	9/3/2013	13	11	24
Allegheny	Feb 2014	12/4/2013	10	8	18
Lackawanna	Mar 2014	12/24/2013	9	6	15
York	Apr 2014	1/8/2014	9	6	15
Butler	Apr 2014	1/1/2014	7	5	12
Venango	May 2014	2/20/2014	6	4	10
Phase II Counties					
Dauphin	Apr 2014	1/30/2014	9	5	14
Washington	Apr 2014	1/7/2014	9	5	14
Wyoming	Jun 2014	3/13/2014	3	2	5
Phase IV Counties					
Delaware	Apr 2014	12/31/2013	9	6	15
Lycoming	May 2014	2/20/2014	6	4	10
Adams	Sept 2014	7/23/2014	6	4	10
Cumberland	Nov 2014	7/30/2014	7	5	12
Warren	Nov 2014	8/7/2014	4	3	7
Total (All Phases)			**107**	**74**	**181**

Figure 1. Types of Cases Reviewed During State-Supported QSR: Round Four

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

- the current status of the family including both the parents or caregivers and the focus child/youth, and
- the quality of practice exhibited in the county.

During the fourth round of state-supported on-site QSRs, 1,582 interviews were conducted with key stakeholders identified in each of the sampled cases (an average of 8.7 interviews per case). Key stakeholders included the focus child/youth (when age appropriate), caseworkers, supervisors, the child/youth's family members, service providers, Guardians ad Litem, mental health professionals, educational professionals and juvenile probation officers (when applicable).

The QSR uses *status indicators* to 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. In measuring child/youth and family status, the QSR generally focuses on the most recent 30-day period prior to the date of the on-site review.

Practice indicators, on the other hand, are used to measure the extent to which best practice guidelines are applied successfully by members of the team serving the family and child/youth. These indicators generally identify the quality of the work being done within the most recent 90-day period prior to the date of the on-site review.

The QSR instrument uses a Likert scale of one to six for each indicator, with a score of one representing "adverse" status/performance and a score of six representing "optimal" status/performance. The percentage 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.

The individual percentages of acceptable and unacceptable ratings for each sub-indicator are calculated by dividing the total number of acceptable or unacceptable ratings for a specific sub-indicator by the total number of all applicable cases, also known as "N," rated for the sub-indicator. An "applicable" case is one where a rating was assigned to the case for the sub-indicators.

The overall (total) acceptable and unacceptable percentages for each indicator are calculated by dividing the total number of all acceptable or unacceptable ratings by the total number of all applicable cases (of all sub-indicators).

Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Sub-indicator #1	6	3	2	0	83%	0	1	0	17%
Sub-indicator #2	4	1	0	0	25%	1	2	0	75%
Total	-	4	2	0	**60%**	1	3	0	**40%**

Figure 2. Example of how indicators are calculated

In the example provided above, the proportion of cases with an acceptable rating on sub-indicator #1 is calculated by taking the sum of the number of acceptable ratings (3 + 2 = 5) and dividing it by the total number of applicable cases (N=6). The result is 83 percent of cases being rated as "acceptable."

The overall (total) acceptable rating is calculated by taking the total number of acceptable ratings of all sub-indicators (3 + 2 + 1 = 6) and dividing it by the total number of applicable cases of all sub-indicators (6 + 4 = 10). The result is 60 percent of cases overall receiving an acceptable indicator rating.

HOW THE REPORT IS ORGANIZED

This report consists of summative findings of the fourth round of state-supported on-site QSRs which were conducted between December 2013 and November 2014.[6] A summary of the demographic characteristics of the children/youth and their families whose cases were selected for the reviews are summarized at the beginning of this report. A brief presentation of the overall indicator ratings are also provided via bar graphs displaying the child/youth and family indicators as well as the practice performance indicators, which provide the percentage of applicable cases rated as acceptable. The table which follows each bar graph provides the frequency of both acceptable and unacceptable ratings for each of the indicators. The next two sections of the report display the ratings for each sub-indicator in the Child/Youth and Family Domains and the Practice Performance Domains for the third round of QSRs. A pie chart is displayed for each sub-indicator providing the proportions of applicable cases rated acceptable and unacceptable. A table follows each series of pie charts which provides the frequency of ratings, one through six, for each indicator. The final section, Next Steps, outlines how the state and participating counties utilize the results of the QSR.

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[6] Appendix C also offers results from the first three rounds of state-supported QSRs.

CHILD/YOUTH DEMOGRAPHICS

The demographics of each child/youth and the current placement setting from the fourth round of state-supported QSRs are reported below.

Sex	#	%[7]
Male	100	55%
Female	81	45%
Total	**181**	**100%**
Age	**#**	**%**
0 – 1	17	9%
2 – 5	42	23%
6 – 9	37	20%
10 – 12	19	10%
13 – 15	40	22%
16 – 17	21	12%
18 +	5	3%
Total	**181**	**100%**

Figure 3: Sex and Age of Focus Children/Youth from Round Four

Race/Ethnicity[8]	%
White/Caucasian	69%
Black/African-American	31%
American Indian or Alaskan Native	1%
Native Hawaiian or Pacific Islander	0%
Asian	1%
Other	4%
Unknown	1%
Hispanic	8%

Figure 4: Race and Ethnicity of Focus Children/Youth from Round Four

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[7] Throughout this document, percentages may not sum to 100% due to rounding.

[8] Reviewers are instructed to report all races that apply. If the child/youth is identified as bi-racial or multi-racial, all applicable races are reported; therefore the sum total of the percentages listed in Figure 4 may be more than 100%. Ethnicity is reported separately from race.

Current Placement	#	%
Birth home (Biological mother)	67	37%
Birth home (Biological father)	10	6%
Birth home (Both biological parents)	18	10%
Post-adoptive home	3	2%
Traditional foster home	23	13%
Formal kinship foster home	8	4%
Informal kinship foster home	29	16%
Therapeutic foster home	1	1%
Group/congregate home	6	3%
Residential treatment facility	6	3%
Subsidized/permanent Legal Custodianship	4	2%
Juvenile correctional facility	1	1%
Medical/psychiatric hospital	0	0%
Detention	1	1%
Other	4	2%
Total	**181**	**100%**

Figure 5: Current Placement Types of Focus Children/Youth from Round Four

SUMMARY RESULTS

The QSR instrument uses a rating scale of 1 to 6 for each indicator. 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.
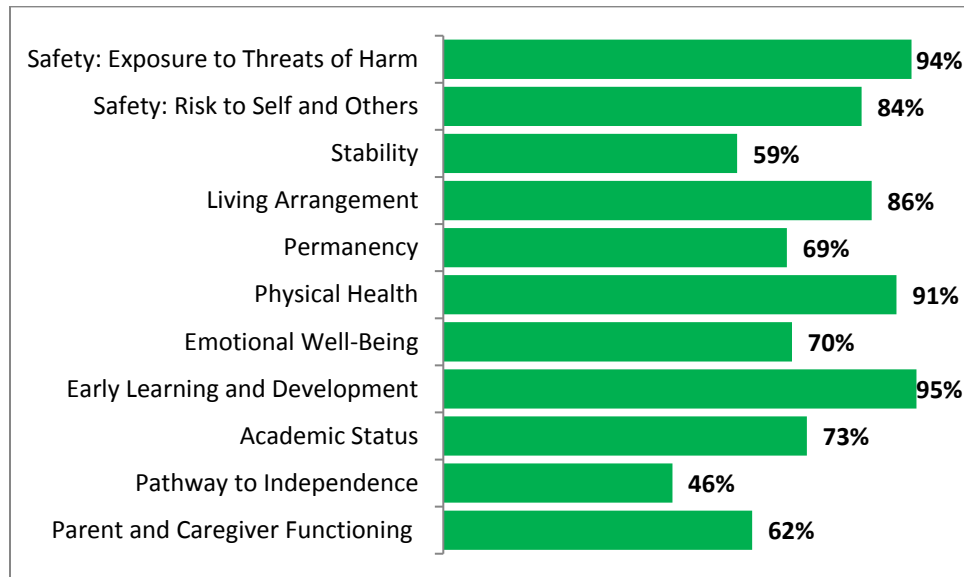

Figure 6: "Child/Youth & Family Domain" Overall Percentage of Acceptable Ratings

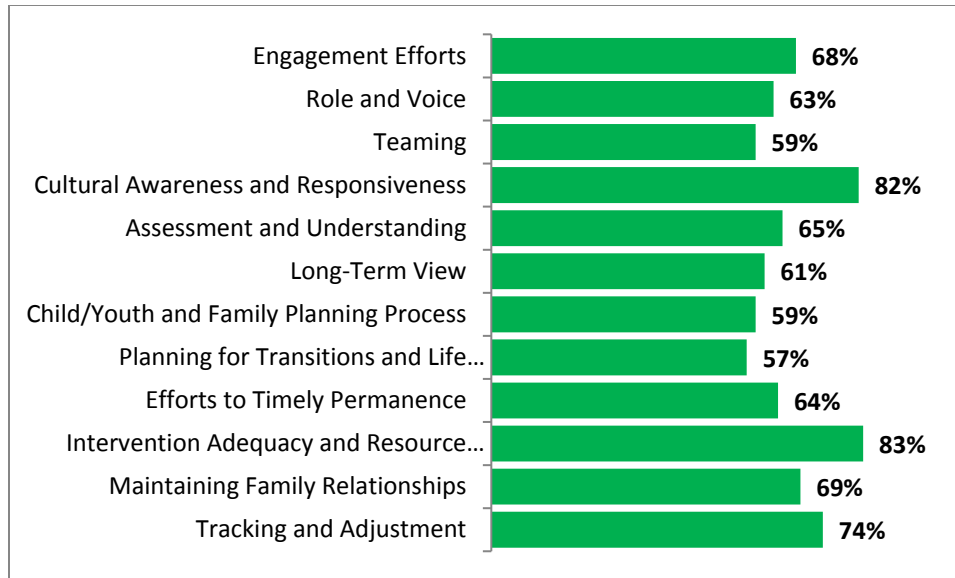| Indicator	% Acceptable	% Unacceptable
Safety: Exposure to threats of harm	94%	6%
Safety: Risk to self and others	84%	16%
Stability	59%	41%
Living arrangement	86%	14%
Permanency	69%	31%
Physical health	91%	9%
Emotional well-being	70%	30%
Early learning and development	95%	5%
Academic status	73%	27%
Pathway to independence	46%	54%
Parent and caregiver functioning	62%	38%

Figure 7: "Child/Youth & Family Domain" Overall Ratings

Figure 8: "Practice Performance Domain" Overall Percentage of Acceptable Ratings

Indicator	% Acceptable	% Unacceptable
Engagement efforts	68%	32%
Role and voice	63%	37%
Teaming	59%	41%
Cultural awareness and responsiveness	82%	18%
Assessment and understanding	65%	35%
Long-term view	61%	39%
Child/youth and family planning process	59%	41%
Planning for transitions and life adjustments	57%	43%
Efforts to timely permanence	64%	36%
Intervention adequacy and resource availability	83%	17%
Maintaining family relationships	69%	31%
Tracking and adjustment	74%	26%

Figure 9: "Practice Performance Domain" Overall Ratings

The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review. The percentage of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and scores between 4 and 6 representing the "acceptable" range.

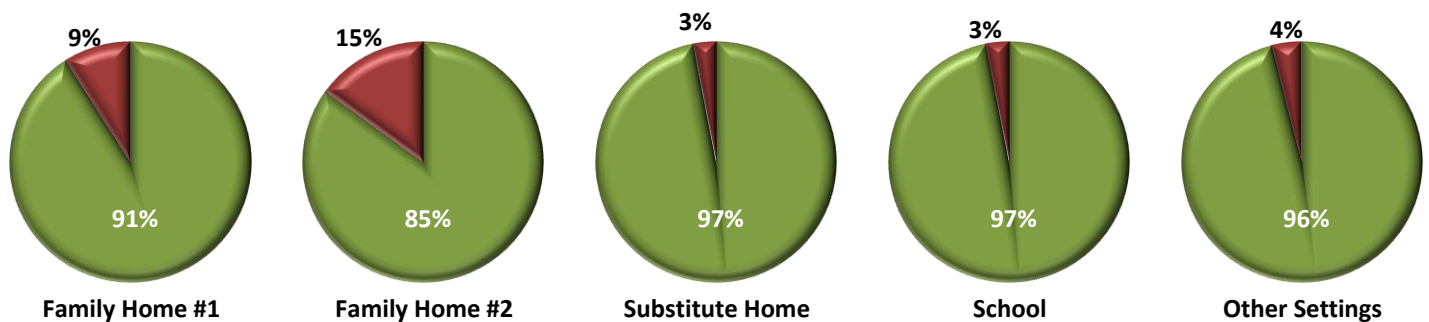| Indicator	% Acceptable	% Unacceptable
Safety: Exposure to threats of harm	**94%**	**6%**
Family home #1	91%	9%
Family home #2	85%	15%
Substitute home	97%	3%
School	97%	3%
Other setting	96%	4%
Safety: Risk to self and others	**84%**	**16%**
Risk to self	84%	16%
Risk to others	85%	15%
Stability	**59%**	**41%**
Living arrangement	59%	41%
School	60%	40%
Living arrangement	**86%**	**14%**
Family home #1	88%	12%
Family home #2	90%	10%
Substitute home	83%	17%
Permanency	**69%**	**31%**
Physical health	**91%**	**9%**
Emotional well-being	**70%**	**30%**
Early learning and development	**95%**	**5%**
Academic status	**73%**	**27%**
Pathway to independence	**46%**	**54%**
Parent or caregiver functioning	**62%**	**38%**
Mother	51%	49%
Father	46%	54%
Substitute caregiver	94%	6%
Other	78%	22%

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

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.

9%	15%	3%	3%	4%
91%	85%	97%	97%	96%
Family Home #1	**Family Home #2**	**Substitute Home**	**School**	**Other Settings**

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	120	34	46	29	91%	9	1	1	9%
Family home #2	20	9	6	2	85%	2	1	0	15%
Substitute Home	72	44	20	6	97%	1	1	0	3%
School	118	80	27	8	97%	2	1	0	3%
Other settings	25	18	3	3	96%	1	0	0	4%
Total		**185**	**102**	**48**	**94%**	**15**	**4**	**1**	**6%**

Figure 5: "Exposure to Harm" QSR Results

Indicator 1b: Safety from Risk to Self/Others

Throughout development, a child/youth learns to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors and actions that can put themselves or others at risk of harm. The second safety indicator assesses the degree to which the child/youth avoids self-endangerment and if the child/youth refrains from using behaviors that may put others at risk of harm. This indicator applies only to children/youth ages three or older.
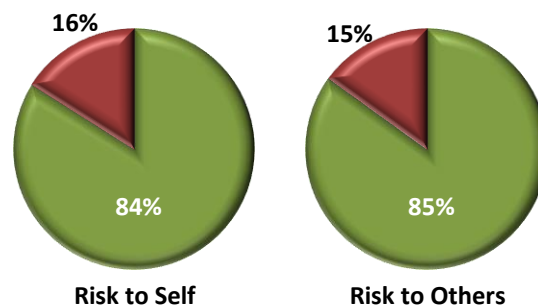
| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Risk to self	153	76	38	14	84%	17	5	3	16%
Risk to others	153	75	43	12	85%	13	8	2	15%
Total		**151**	**81**	**26**	**84%**	**30**	**13**	**5**	**16%**

Figure 6: "Behavioral Risk" QSR Results

PERMANENCY

The following three indicators focus on the permanency of the focus child/youth.

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
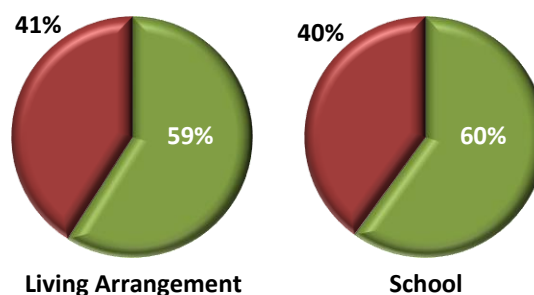
risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Living arrangement	181	32	43	31	59%	37	32	6	41%
School	130	32	33	13	60%	31	17	4	40%
Total		**64**	**76**	**44**	**59%**	**68**	**49**	**10**	**41%**

Figure 7: "Stability" QSR Results

Indicator 3:   Living Arrangement

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


Family Home #1	Family Home #2	Substitute Home
12% / 88%	10% / 90%	17% / 83%
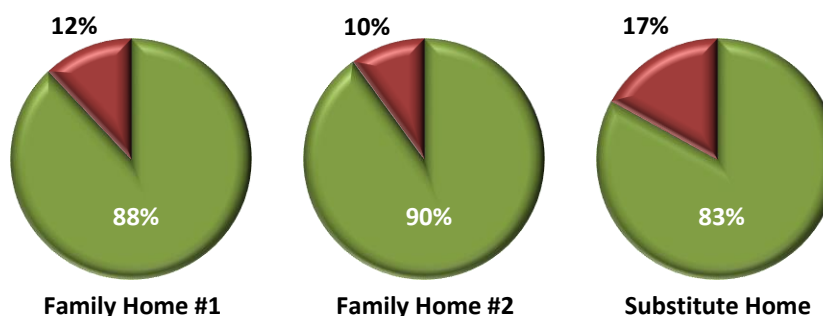
Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	121	45	36	25	88%	11	1	3	12%
Family home #2	20	7	8	3	90%	2	0	0	10%
Substitute home	71	28	20	11	83%	9	3	0	17%
Total	■	**80**	**64**	**39**	**86%**	**22**	**4**	**3**	**14%**

Figure 8: "Living Arrangement" QSR Results

Indicator 4: Permanency

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

31%

69%
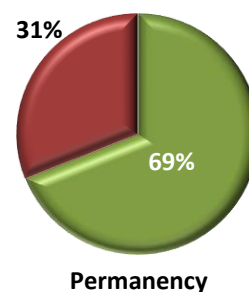
Permanency

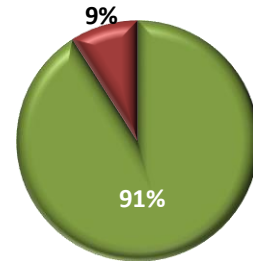| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Permanency	181	43	51	30	69%	35	19	3	31%
Total	■	**43**	**51**	**30**	**69%**	**35**	**19**	**3**	**31%**

Figure 9: "Permanency" QSR Results

WELL-BEING

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

Indicator 5:   Physical Health

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


Physical Health

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Physical Health	181	102	43	20	91%	16	0	0	9%
Total		**102**	**43**	**20**	**91%**	**16**	**0**	**0**	**9%**

Figure 10: "Physical Health" QSR Results

Indicator 6:   Emotional Well-being

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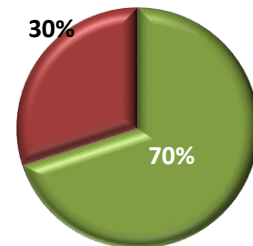

Emotional Well-being

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Emotional Well-Being	181	30	52	44	70%	41	11	3	30%
Total		**30**	**52**	**44**	**70%**	**41**	**11**	**3**	**30%**

Figure 11: "Emotional Well-being" QSR Results

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 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.

5%

95%
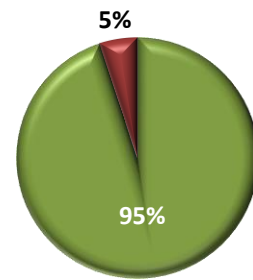
Early Learning & Development

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Early Learning & Development	57	33	13	8	95%	2	1	0	5%
Total		**33**	**13**	**8**	**95%**	**2**	**1**	**0**	**5%**

Figure 12: "Early Learning & Development" QSR Results

Indicator 7b: Academic Status

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

27% 73%
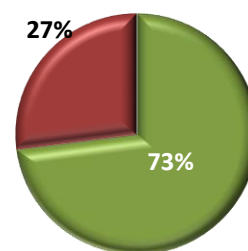
Academic Success

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Academic Status	124	32	39	19	73%	21	9	4	27%
Total		**32**	**39**	**19**	**73%**	**21**	**9**	**4**	**27%**

Figure 13: "Academic Status" QSR Results

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.

54% 46%
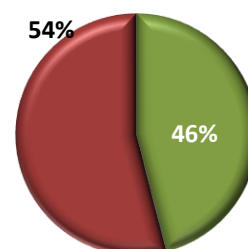
Pathway to Independence

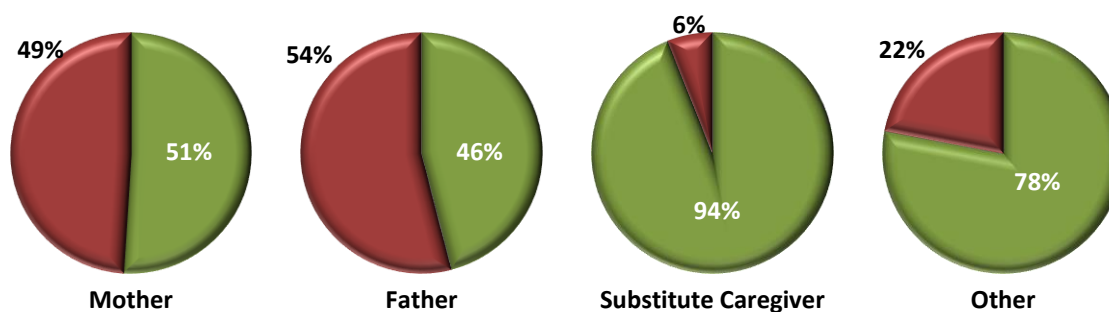| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Pathway to Independence	26	0	5	7	46%	4	3	7	54%
Total		**0**	**5**	**7**	**46%**	**4**	**3**	**7**	**54%**

Figure 14: "Pathways to Independence" QSR Results

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, as well as awareness of relevant milestones, expectations, and appropriate methods for shaping behavior are key to parental capacity to support their child/youth's healthy growth and learning. This indicator assesses the degree to which the parent(s), other significant adult(s) and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living. If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), those added supports should also meet the child/youth's needs.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	146	9	27	39	51%	31	19	21	49%
Father	84	10	15	14	46%	18	14	13	54%
Substitute Caregiver	69	29	28	8	94%	4	0	0	6%
Other	45	9	14	12	78%	4	4	2	22%
Total		**57**	**84**	**73**	**62%**	**57**	**37**	**36**	**38%**

Figure 15: "Caregiver Functioning" QSR Results

The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the on-site review, unless otherwise indicated. The percentage of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and scores between 4 and 6 representing the "acceptable" range.

Indicator	% Acceptable	% Unacceptable
Engagement efforts	**68%**	**32%**
Child/youth	81%	19%
Mother	70%	30%
Father	46%	54%
Substitute caregiver	84%	16%
Other	54%	46%
Role & voice	**63%**	**37%**
Child/youth	78%	22%
Mother	63%	37%
Father	36%	64%
Substitute caregiver	86%	14%
Other	52%	48%
Teaming	**59%**	**41%**
Formation	65%	35%
Functioning	54%	46%
Cultural awareness & responsiveness	**82%**	**18%**
Child/youth	90%	10%
Mother	86%	14%
Father	65%	35%
Assessment & understanding	**65%**	**35%**
Child/youth	73%	27%
Mother	61%	39%
Father	44%	56%
Substitute caregiver	86%	14%
Long-term view	**61%**	**39%**
Child/youth & family planning process	**59%**	**41%**
Child/youth	67%	33%
Mother	58%	42%
Father	39%	61%
Substitute caregiver	76%	24%
Planning for transitions & life adjustments	**57%**	**43%**
Efforts to timely permanence	**64%**	**36%**
Efforts	67%	33%
Timeliness	54%	46%

Indicator	% Acceptable	% Unacceptable
Intervention adequacy & resource availability	**83%**	**17%**
Adequacy	77%	23%
Availability	90%	10%
Maintaining family relationships	**69%**	**31%**
Mother	79%	21%
Father	46%	54%
Siblings	74%	26%
Other	80%	20%
Tracking & adjusting	**74%**	**26%**
Tracking	77%	23%
Adjusting	71%	29%

Figure 16: "Practice Performance Domain Ratings" QSR Results

Indicator 1a: Engagement Efforts

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

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


19% 81% **Child/Youth**   30% 70% **Mother**   54% 46% **Father**   16% 84% **Substitute Caregiver**   46% 54% **Other**
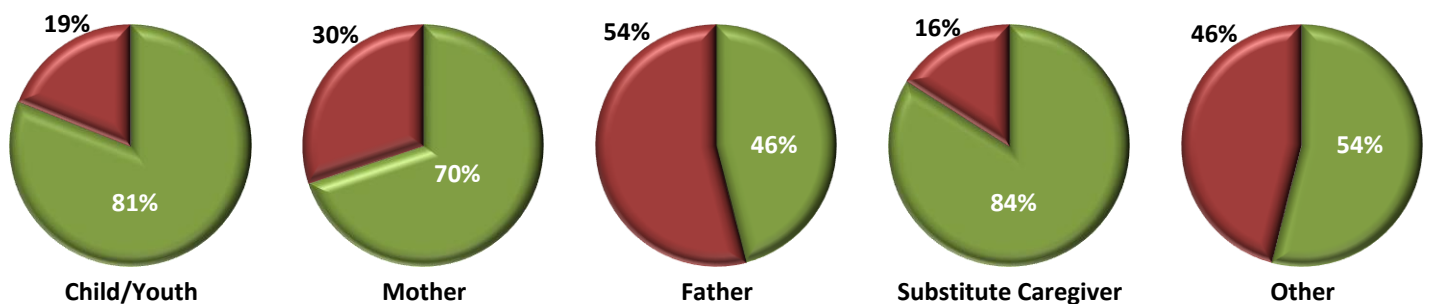
Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	139	29	52	32	81%	17	8	1	19%
Mother	157	36	44	30	70%	24	14	9	30%
Father	124	16	21	20	46%	19	30	18	54%
Substitute Caregiver	77	21	25	19	84%	9	3	0	16%
Other	50	5	12	10	54%	10	11	2	46%
Total		**107**	**154**	**111**	**68%**	**79**	**66**	**30**	**32%**

Figure 17: "Engagement Efforts" QSR Results

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
	22% / 78%	37% / 63%	64% / 36%	14% / 86%	48% / 52%
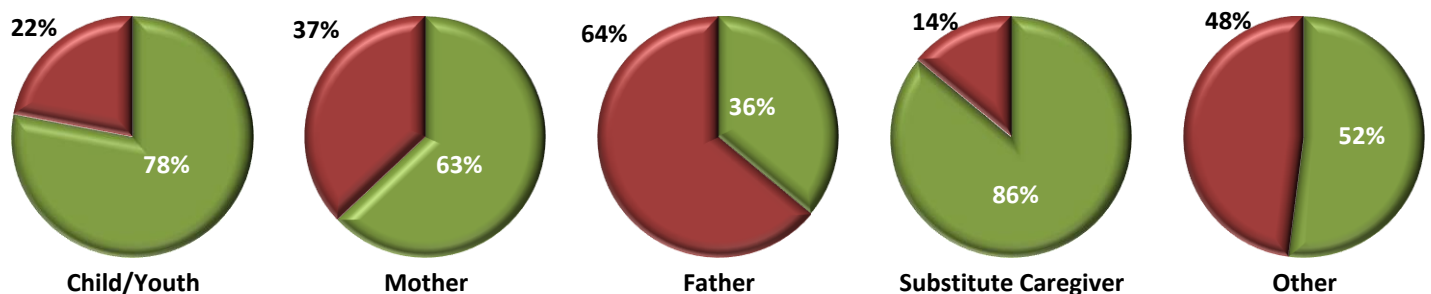
Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	127	23	42	34	78%	17	8	3	22%
Mother	156	31	35	33	63%	29	17	11	37%
Father	113	9	14	18	36%	13	22	37	64%
Substitute Caregiver	78	20	31	16	86%	9	2	0	14%
Other	52	6	8	13	52%	14	5	6	48%
Total		**89**	**130**	**114**	**63%**	**82**	**54**	**57**	**37%**

Figure 18: "Role & Voice" QSR Results

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 together effectively to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.
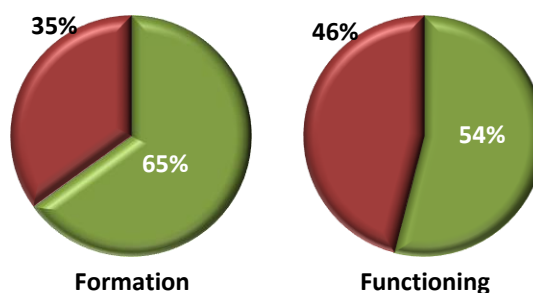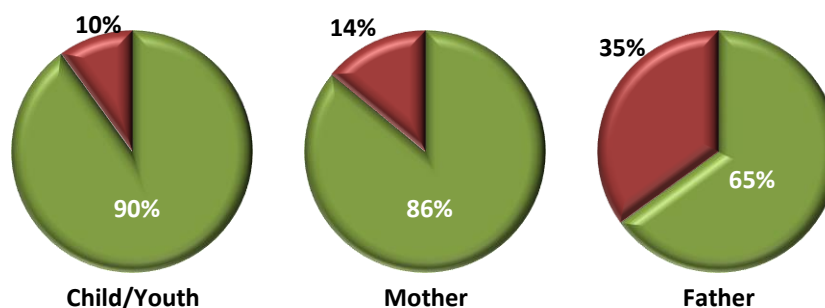

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Formation	181	29	44	44	65%	33	26	5	35%
Functioning	181	20	36	41	54%	40	36	8	46%
Total		**49**	**80**	**85**	**59%**	**73**	**62**	**13**	**41%**

Figure 19: "Teaming" QSR Results

Indicator 3: Cultural Awareness & Responsiveness

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

engagement, assessment, planning, and service delivery processes in use among the child/youth and family.

Child/Youth   **Mother**   **Father**

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	181	78	64	21	90%	11	2	5	10%
Mother	154	65	47	21	86%	8	7	6	14%
Father	122	39	27	13	65%	6	10	27	35%
Total		**182**	**138**	**55**	**82%**	**25**	**19**	**38**	**18%**

Figure 20: "Cultural Awareness & Responsiveness" QSR Results

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.
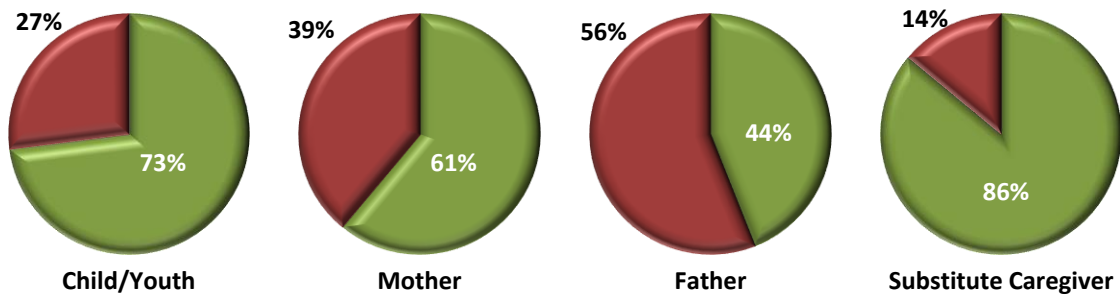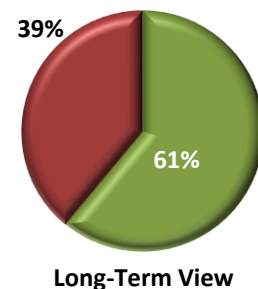
			Acceptable				Unacceptable		
Sub-indicator	N	6	5	4	%	3	2	1	%
Child/Youth	181	44	52	37	73%	26	18	4	27%
Mother	155	26	40	29	61%	26	24	10	39%
Father	122	11	20	23	44%	18	17	33	56%
Substitute Caregiver	72	14	35	13	86%	9	1	0	14%
Total	■	95	147	102	65%	79	60	47	35%

Figure 21: "Assessment & Understanding" QSR Results

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.
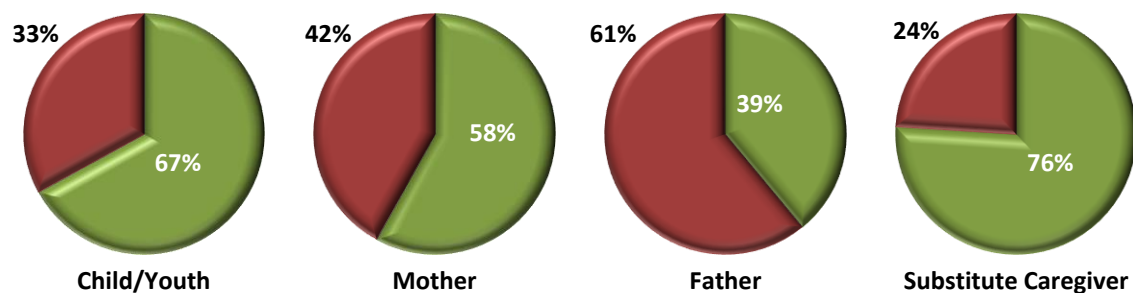
Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Long-Term View	181	38	36	37	61%	34	28	8	39%
Total		**38**	**36**	**37**	**61%**	**34**	**28**	**8**	**39%**

Figure 22: "Long-term View" QSR Results

Indicator 6: Child/Youth & Family Planning Process

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

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


Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	181	30	56	35	67%	37	16	7	33%
Mother	156	23	35	33	58%	34	20	11	42%
Father	122	11	13	24	39%	20	24	30	61%
Substitute Caregiver	78	10	31	18	76%	17	2	0	24%
Total		**74**	**135**	**110**	**59%**	**108**	**62**	**48**	**41%**

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

Indicator 7: Planning for Transitions & Life Adjustments

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

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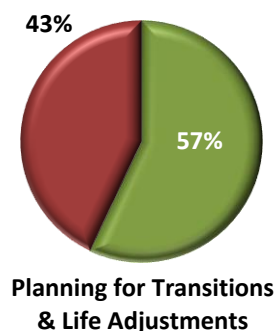
Alternative timeframes are used for the ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Planning for Transitions & Life Adjustments	145	20	41	21	57%	38	22	3	43%
Total		**20**	**41**	**21**	**57%**	**38**	**22**	**3**	**43%**

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

Indicator 8: Efforts to Timely Permanence

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


Efforts
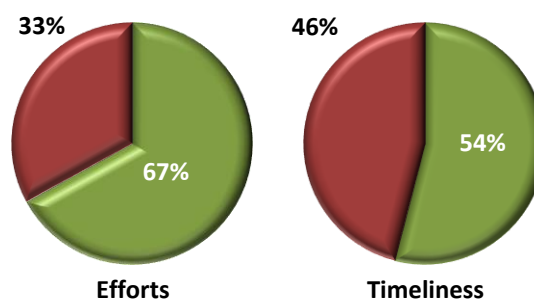
Timeliness

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	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Efforts	181	38	42	42	67%	40	17	2	33%
Timeliness	74	18	12	10	54%	15	13	6	46%
Total		**56**	**54**	**52**	**64%**	**55**	**30**	**8**	**36%**

Figure 25: "Efforts to Timely Permanence" QSR Results

Indicator 9: Intervention Adequacy & Resource Availability

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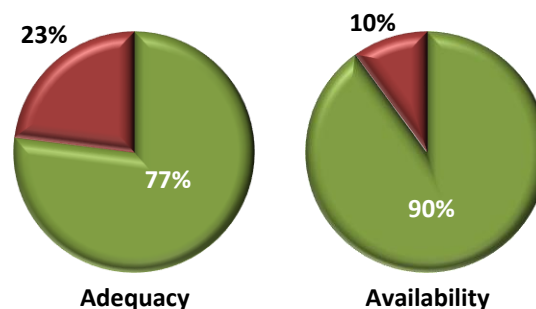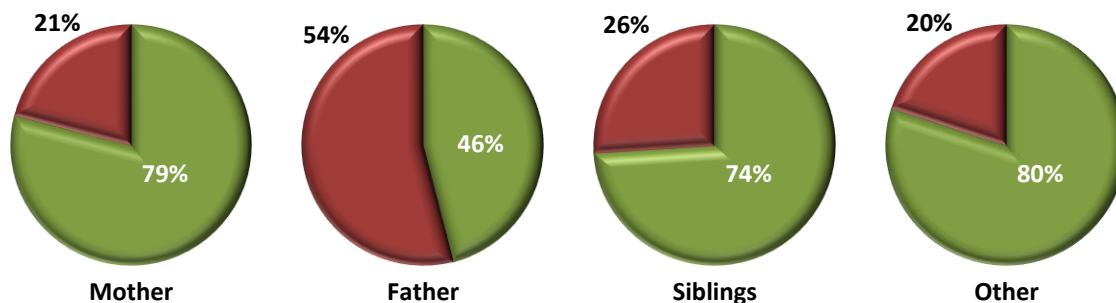

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Adequacy	181	42	53	44	77%	23	16	3	23%
Availability	181	49	79	35	90%	12	4	2	10%
Total		**91**	**132**	**79**	**83%**	**35**	**20**	**5**	**17%**

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

Indicator 10: Maintaining Family Connections

This indicator measures the quality of relationships between the child/youth and his/her family members and other important people in the child/youth's life. The quality of these relationships depends on opportunities for positive interactions; emotionally supportive, mutually beneficial connections; and engaging in nurturing exchanges with one another. When this occurs, it promotes the preservation of families and the successful reunification of the child/youth and his/her parents. This indicator assesses the degree to which interventions are building and maintaining positive interactions and providing emotional support between the child/youth and his/her parents, siblings, relatives and other important people in the child/youth's life, when the child/youth and family members are temporarily living away from one another.
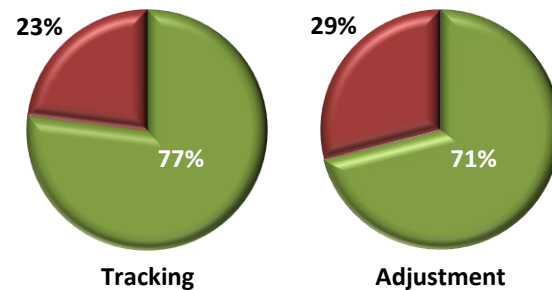

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	87	28	20	21	79%	5	5	8	21%
Father	83	12	18	8	46%	7	11	27	54%
Siblings	93	35	11	23	74%	6	7	11	26%
Other	46	18	11	8	80%	2	1	6	20%
Total		**93**	**60**	**60**	**69%**	**20**	**24**	**52**	**31%**

Figure 27: "Maintaining Family Connections" QSR Results

Indicator 11: Tracking & Adjusting

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

Tracking   **Adjustment**

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

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Tracking	181	32	66	41	77%	28	13	1	23%
Adjustment	181	34	56	39	71%	28	22	2	29%
Total		**66**	**122**	**80**	**74%**	**56**	**35**	**3**	**26%**

Figure 28: "Tracking & Adjusting" QSR Results

NEXT STEPS

Gathering data is only one step in the CQI process. Pennsylvania has established a framework to facilitate local and statewide analysis of data to inform strategic decision making, promote Pennsylvania's Child Welfare Practice Model, and support continuous improvement planning, implementation and monitoring. This data analysis should not be solely limited to the QSR findings, but should also include a review of additional data such as the county data packages, quantitative measures produced by the county, as well as the results of other qualitative data.

Utilizing qualitative and quantitative results to impact positive change is the shared responsibility of the local jurisdictions and their partners in addition to the larger statewide child welfare system. Counties involved in the statewide CQI effort are participating in state-supported QSRs either annually, bi-annually or every three years so that they can monitor their outcomes and practice improvement efforts. Once a county has participated in the state-supported QSR process, the county, in conjunction with its partners, develops a County Improvement Plan (CIP) detailing specific action steps and strategies that its child welfare community will focus on to improve specific outcomes prioritized as a result of a comprehensive review of its practice. Each applicable county's CIP are posted to the Department of Human Services website under the link:
http://www.dhs.pa.gov/citizens/searchforprovider/humanservicesproviderdirectory/index.htm [9]

The Quality Service Review Final Report and CIP are both listed and labeled together as "Quality Service Review" within each individual County Children and Youth Agency's section within the directory.

Ongoing technical assistance is available and accessible to local and statewide groups to support positive change, and technical assistance providers should work together to increase efficiency and effectiveness. Advisory groups and ongoing workgroups join with youth, families and child welfare partners to collaboratively support CQI efforts. Statewide use of data includes the identification of trends and corresponding strategies and action items to maintain positive findings and support priority changes. Key stakeholders in Pennsylvania's child welfare system are critical partners in this process.

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[9] To access the County Improvement Plans click on the link provided; go to the *service code* drop down box and click on "County Children and Youth Agencies"; go to the county drop down box and click on the name of the county that you are searching for and click on the button that says "Submit Search"; under the *status and license* column, click on "Quality Service Review"; under the *report* column, click "View Document". Please note: The QSR Final Report and CIP are both listed and labeled together as "Quality Service Review" button that says "Submit Search"; under the *status and license* column, click on "Quality Service Review"; under the *report* column, click "View Document". Please note: The QSR Final Report and CIP are both listed and labeled together as "Quality Service Review."

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

Interpretative Guide for Child/Youth and Family Status Indicator Ratings					
Acceptable Range: 4-6				Unacceptable Range: 3-1	
Maintenance Zone: 6-5		Refinement Zone: 4-3		Improvement Zone: 2-1	
Status is favorable. Efforts should be made to maintain and build upon a positive situation.		Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.		Status is problematic or risky. Quick action should be taken to improve the situation.	
6	5	4	3	2	1
Optimal Status	Substantial Status	Fair Status	Marginal Status	Poor Status	Adverse Status
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.	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.	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.	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 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.	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.

Interpretative Guide for Practice Performance Indicator Ratings					
Acceptable Range: 6-4				**Unacceptable Range:3-1**	
Maintenance Zone: 6-5		**Refinement Zone: 4-3**		**Improvement Zone: 2-1**	
Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.		Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.		Performance is inadequate. Quick action should be taken to improve practice now.	
6	**5**	**4**	**3**	**2**	**1**
Optimal Practice	**Substantial Practice**	**Fair Practice**	**Marginal Practice**	**Poor Practice**	**Adverse Practice**
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.	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.	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.	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.	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 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.

APPENDIX B: PENNSYLVANIA'S CHILD WELFARE PRACTICE MODEL

Outcomes: Children, youth, families, child welfare representatives and other child and family service partners participate as team members with shared community responsibility to achieve and maintain the following:

- Safety from abuse and neglect.
- Enduring and certain permanence and timely achievement of stability, supports and lifelong connections.
- Enhancement of the family's ability to meet their child/youth's wellbeing, including physical, emotional, behavioral and educational needs.
- Support families within their own homes and communities through comprehensive and accessible services that build on strengths and address individual trauma, needs and concerns.
- Strengthened families that successfully sustain positive changes that lead to safe, nurturing and healthy environments.
- Skilled and responsive child welfare professionals, who perform with a shared sense of accountability for assuring child-centered, family-focused policy, best practice and positive outcomes.

Values and Principles: Our values and principles will be consistently modeled at every level and across partnerships. We believe in…

- **Children, Youth and Families**
  - Children and youth have the right to live in a safe, nurturing and stable family.
  - Families are the best place for children and youth to grow up.
  - Family connections are maintained whenever possible.
  - All families have strengths.
  - Families come in all shapes and sizes and family defines family.
  - Families are experts on themselves, are involved in decision making, and are willing to drive change.
- **Community**
  - Community is broadly defined. This includes, but is not limited to, families, neighbors, volunteers, spiritual, educational, medical, behavioral health and legal partners.
  - Natural partnerships must exist within a community to promote prevention, protection, well-being and lifelong connections.
- **Honesty**
  - Honesty serves as the basis for building trusting relationships.
  - Honesty is not only telling the truth, but also sharing information, clarifying roles and responsibilities and transparent decision making.

- o Honesty is an open and consistent exchange of communication in a way that everyone can understand.
- **Cultural awareness and responsiveness**
  - o Culture is respected, valued and celebrated.
  - o Culture is broadly defined. This includes but is not limited to families' beliefs, values, race, gender, socio-economic status, ethnicity, history, tribe, religion/spirituality/affiliations, sexual orientation and language.
  - o Cultural identity is explored with the family. Each child, youth and family is served with sensitivity within their unique context.
- **Respect**
  - o Everyone has their own unique perspective, the right to be heard and contribute to their success.
  - o Every individual is treated with dignity and consideration.
- **Teaming**
  - o Children, youth and families are best served through a team approach with shared responsibilities. All team members have a role and voice. Involving the child, youth, family, and extended support networks as active members of the team empowers the family.
  - o Teams are strength-based and collaborate toward common goals.
  - o Teams change as needed to include all formal and informal supports and resources.
  - o Team members are accountable for their actions, keeping commitments and following through with agreed upon responsibilities.
- **Organizational excellence:**
  - o Engaging children, youth and families, as an involved part of an accepting and empathetic team who can confront difficult issues, will effectively assist in the process toward positive change.
  - o Advocating for and empowering children, youth, families and communities strengthen the organization.
  - o Building, supporting and retaining a qualified, skilled and committed workforce whose own well-being and safety are valued is essential.
  - o Responsible allocation and management of resources demonstrates accountability.
  - o Quality practice is assured by consistently monitoring and improving performance through critical self-reflection and accountability.

Skills: To achieve our desired outcomes and commitment to these values and principles, demonstration of the following skills is essential across all aspects of the child welfare system.
- **Engaging:** Effectively establishing and maintaining a relationship with children, youth, families and all other team members by encouraging their active role and voice and successfully accomplishing sustainable shared goals.
- **Teaming:** Engaging and assembling the members of the team, including the family, throughout all phases of the change process and based on current needs and goals.

Teaming is defining and demonstrating a unified effort, common purpose and clear roles and responsibilities that support positive change.

- **Assessing and Understanding:** Gathering and sharing information so the team has a common big picture of the strengths, challenges, needs and underlying issues. Assessing includes thinking critically and using information to keep the team's understanding current and comprehensive.
- **Planning:** Applying information gathered through assessment and monitoring to develop an individualized well-reasoned sequence of strategies and supports to achieve the agreed upon goals.
- **Implementing:** Actively performing roles to ensure the formal and informal resources, supports and services, identified in the plan, occur in a timely manner and with sufficient intensity, frequency and sequence to produce sustainable and beneficial results.
- **Monitoring and Adjusting:** Continuously analyzing and evaluating the impact and effectiveness of the plan implementation and modifying accordingly in response to the changing successes and needs until goals are achieved.

APPENDIX C: QSR ROUNDS ONE THROUGH FOUR RESULTS

CHILD/YOUTH DEMOGRAPHICS

The demographics of each child/youth and the current placement setting from the first through the fourth rounds are reported below.

Sex	Round One #	Round One %	Round Two #	Round Two %	Round Three #	Round Three %	Round Four #	Round Four %
Male	60	61%	73	47%	81	57%	100	55%
Female	39	39%	82	53%	62	43%	81	45%
Total	**99**	**100%**	**155**	**100%**	**143**	**100%**	**181**	**100%**
Age	Round One #	Round One %	Round Two #	Round Two %	Round Three #	Round Three %	Round Four #	Round Four %
0 – 1	16	16%	14	9%	22	15%	17	9%
2 – 5	22	22%	30	19%	31	22%	42	23%
6 – 9	15	15%	28	18%	26	18%	37	20%
10 – 12	9	9%	13	8%	18	13%	19	10%
13 – 15	13	13%	24	15%	24	17%	40	22%
16 – 17	17	17%	31	20%	19	13%	21	12%
18 +	7	7%	15	10%	3	2%	5	3%
Total	**99**	**100%**	**155**	**100%**	**143**	**100%**	**181**	**100%**

Figure 35: Sex and Age of Focus Children/Youth from Rounds One Through Four

Race/Ethnicity	Round One	Round Two	Round Three	Round Four
White/Caucasian	64%	62%	76%	69%
Black/African-American	33%	39%	40%	31%
American Indian or Alaskan Native	1%	1%	1%	1%
Native Hawaiian or Pacific Islander	0%	1%	1%	0%
Asian	0%	1%	0%	1%
Other	8%	2%	0%	4%
Unknown	0%	0%	0%	1%
Unable to Determine	0%	0%	0%	8%
Hispanic	8%	11%	6%	8%

Figure 36: Race and Ethnicity of Focus Children/Youth from Rounds One Through Four

Current Placement[10]	Round One		Round Two		Round Three		Round Four	
	#	%	#	%	#	%	#	%
Birth home (Biological mother)	28	28%	40	26%	40	28%	67	37%
Birth home (Biological father)	4	4%	6	4%	8	6%	10	6%
Birth home (Both biological parents)	7	7%	11	7%	23	16%	18	10%
Pre-adoptive home	2	2%						
Post-adoptive home	1	1%	0	0%	3	2%	3	2%
Traditional foster home	20	20%	35	23%	24	17%	23	13%
Relative foster home	16	16%						
Formal kinship foster home			21	14%	18	13%	8	4%
Informal kinship foster home			1	1%	7	5%	29	16%
Therapeutic foster home	5	5%	7	5%	3	2%	1	1%
Group/congregate home	9	9%	15	10%	5	3%	6	3%
Residential treatment facility	3	3%	7	5%	4	3%	6	3%
Institution	0	0%						
Subsidized/permanent legal custodianship	0	0%	0	0%	3	2%	4	2%
Juvenile correctional facility	0	0%	0	0%	1	1%	1	1%
Medical/psychiatric hospital	0	0%	3	2%	0	0%	0	0%
Detention	0	0%	2	1%	0	0%	1	1%
Supervised independent living	1	1%						
Runaway	0	0%						
Other	3	3%	7	5%	4	3%	4	2%
Total	**99**	**100%**	**155**	**100%**	**143**	**100%**	**181**	**100%**

Figure 37: Current Placement Types of Focus Children/Youth from Rounds One Through Four

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

ACCEPTABLE RATINGS BY ROUND

The percent of cases rated acceptable during the fourth round of state-supported QSRs are compared to those cases rated acceptable during the first, second, and third rounds. Bar graphs (Figures 38 and 39) depict the acceptable ratings from Round One to Round Four by domain.
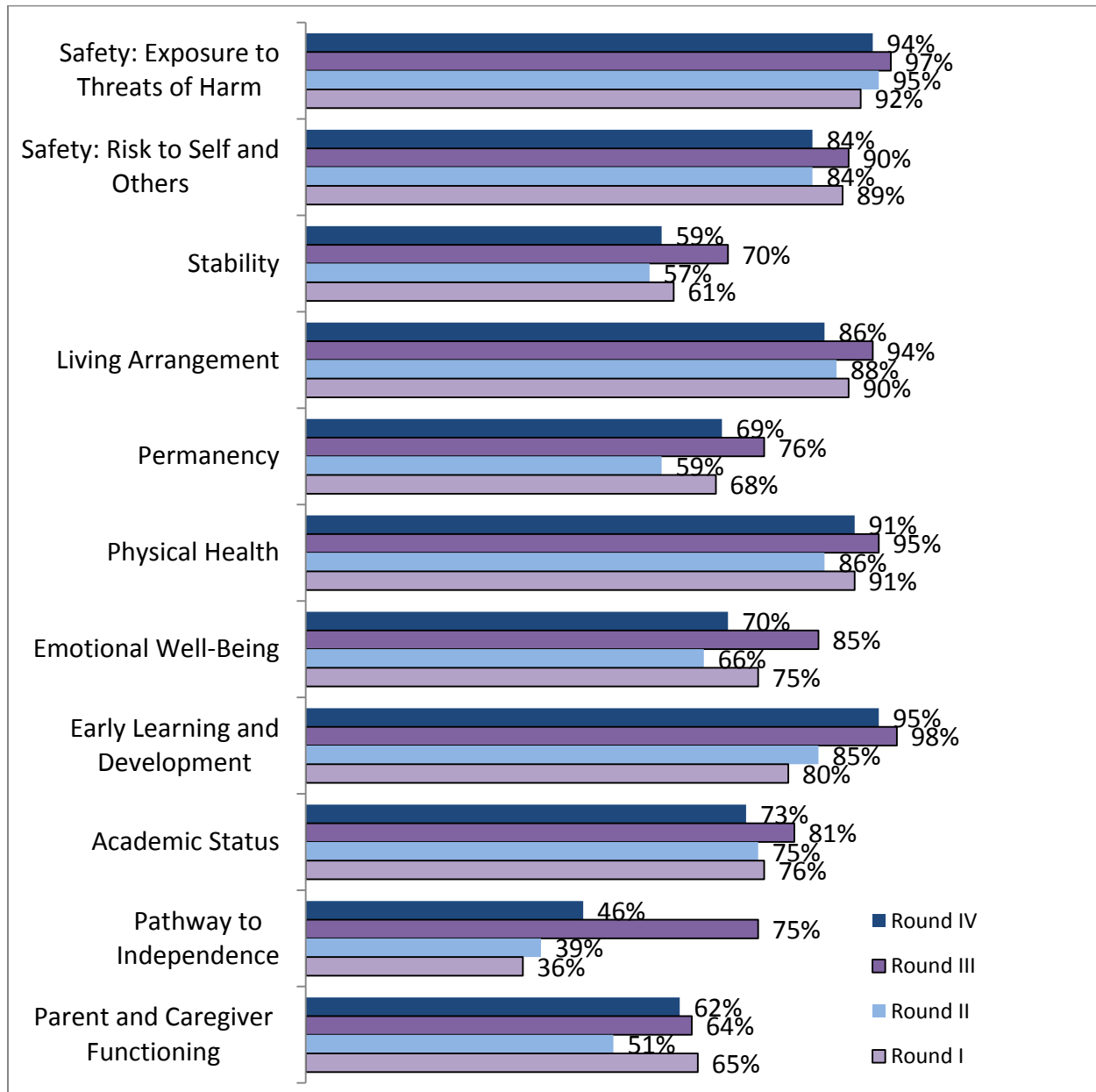

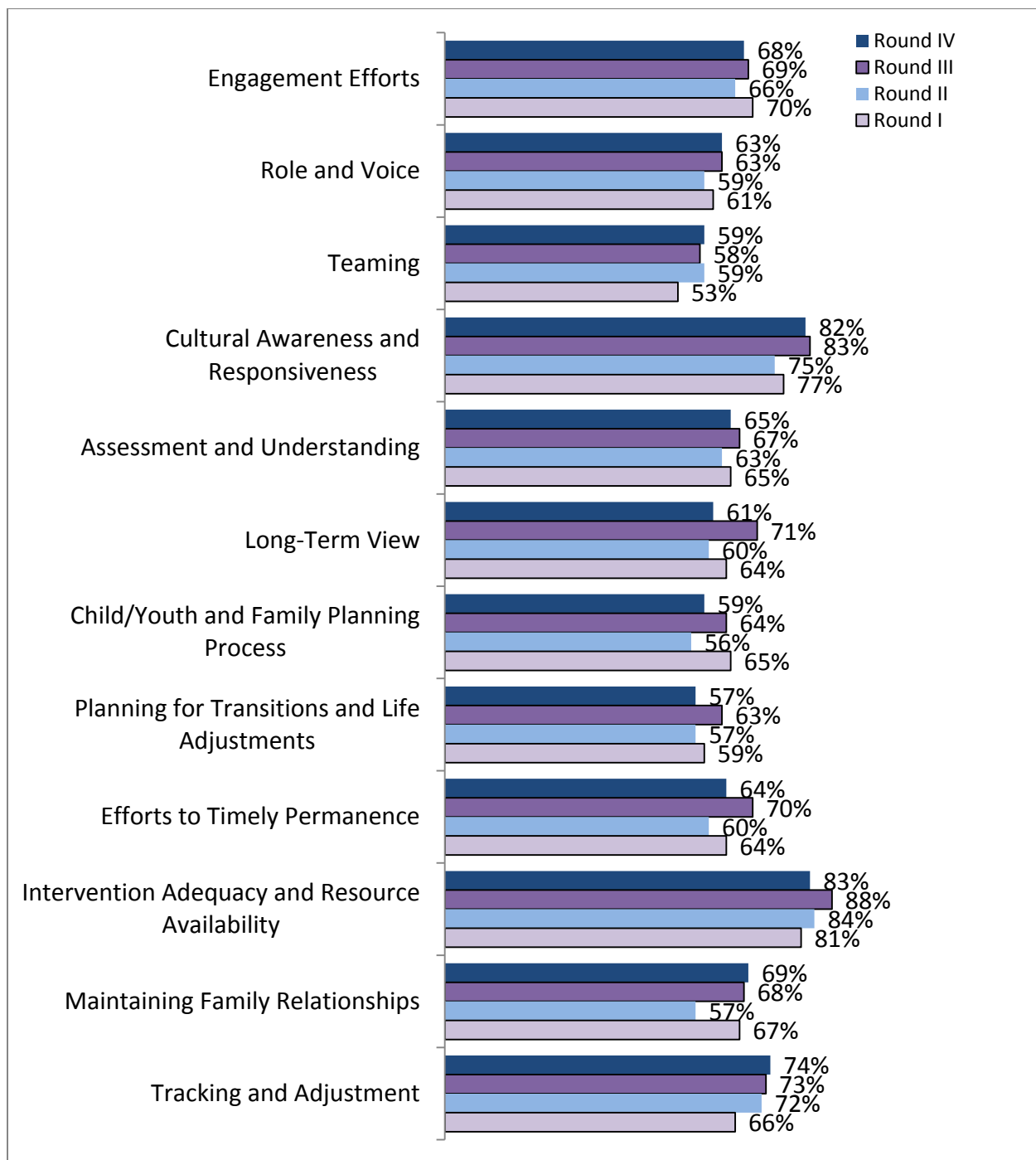**Figure 38: "Child/Youth & Family Domain" Acceptable Ratings by Round**

Figure 39: "Practice Performance Domain" Acceptable Ratings by Round