County Improvement Plan

County Name: Allegheny   **Date of Plan:** August 12, 2011

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Update | |

Section I. Sponsor Team Members

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Section II. Background:

The Allegheny County Improvement Plan (CIP) is developed in collaboration with the Allegheny County Department of Human Services (Offices of Children, Youth and Families; Behavioral Health; Intellectual Disabilities; Community Services; and, Integrated Services and Independent Living Initiatives through the DHS Executive Office), as well as the PA Department of Public Welfare, Office of Children, Youth and Families, representatives of the Children's Court and Juvenile Probation, the University of Pittsburgh Child Welfare Training Program, Pennsylvania Technical Assistance Collaborative, and representatives of DHS consumers, legal advocates and the private provider community.

Allegheny County draws from a number of data sources in the development of this CIP. These data sources include: findings from: 2011 Quality Service Review[1]; Key Information and Data System (KIDS- Allegheny County's child welfare case management system); the Adoption and Foster Care Analysis and Reporting System (AFCARS); and, the National Governor's Association, Center for Best Practices Policy Academy on Safely Reducing the Number of Children in Foster Care. [2]

Allegheny County hosted several forums to garner input for the development of the CIP. Pennsylvania DPW OCYF, the University of Pittsburgh's Child Welfare Training Program and Allegheny County DHS leadership hosted the Quality Service Review (QSR) "Next Steps Meeting" on May 19, 2011 before an audience of 50 participants, representing public and private stakeholders involved in child welfare and other family-serving systems. The Next Steps Meeting provided a comprehensive review of the February 2011 QSR findings, with focus on data that identified opportunities for improving outcomes for children and families served by Allegheny County DHS and its Office of Children, Youth and Families. DHS Family and Youth Support Partners, representing consumers of services, reviewed the QSR findings and gave input to improvement priorities and strategies for improving outcomes for children and families. The PA Office of Children, Youth and Families, the Child Welfare Training Program and Allegheny County DHS hosted our CQI Planning Meeting on June 30, 2011 to identify the County's priorities and recommended strategies for improvement efforts, to be measured over the next year against this year's QSR baseline. The CQI Implementation Team met on July 22, 2011 to select strategies and action steps associated with the three priority outcomes. The Cqi Sponsor Team met on August 09, 2011 to review, revise and approve the CIP and to charge the continuous quality improvement process.

Section III. Priority Outcomes:

Outcome # 1:   Improved Permanency

Outcome # 2:   Improved Engagement of Fathers

Outcome # 3:   Improved Teaming (Formation and Function)

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[1] The Quality Service Review (QSR) process is a key component to Allegheny County's CQI process and serves as a measure of Pennsylvania's practice model and standards in child welfare practice. Providing a set of qualitative indicators for measuring the quality and consistency of core practice functions used in CYF cases, the process uses an in-depth case review method and practice appraisal process to find out how children and families are benefiting from services received and how well locally coordinated services are working.

[2] Pennsylvania is one of six states selected to participate in the National Governor's Association Center for Best Practices Policy Academy on Safely Reducing the Number of Children in Foster Care which aims to reduce the number of children in care, decrease the length of stay for those in care, improve permanency outcomes and create a plan for sustaining these efforts.

Section IV. Findings

Findings related to Outcome # 1: <u>Improved Permanency</u>

Permanency in child welfare refers to achievement of "a legally permanent, nurturing family" for children served within the child welfare system. Child welfare professionals' foremost focus is "on preserving families and preventing the need to place children outside of their family homes". If efforts to preserve the family and ensure the child's safety are unsuccessful and children must be removed from their homes, permanency planning efforts then "focus on returning them home as soon as is safely possible or on placing children with another permanent family. Other permanent families may include relatives, adoptive families or guardians who obtain legal custody"[3]. 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. Permanency, commonly identified with the meaning of "family" or "home," suggests not only a stable setting but also stable caregivers and peers, continuous supportive relationships and a necessary level of parental/caregiver commitment and affection. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the caregiver, and the achievement of stability in the child/youth's home and school settings.[4]

<u>**Administrative Data**</u>

Unlike Teaming and Engagement priority outcomes, there are significant child welfare administrative data to describe Permanency in Allegheny County. Permanency for the purposes of this review includes placement stability, living arrangement (placement type) and permanency as defined above.

Placement Stability

Allegheny County has conducted minimal analysis on placement stability to date due to current limitations in the data. Allegheny County's child welfare electronic information system, Key Information Demographic System (KIDS), gives information about placement stability that will be more reliable, and evaluation of this metric will examine the number of moves youth make during a home removal episode, the nature of the moves (e.g., move from a congregate to a family setting), and how placement stability varies by demographic characteristics.

Currently, the AFCARS placement stability measure is one tool used to look at stability in Allegheny County. According to these data, placement stability in Allegheny County is comparable to stability in the state and the region within 0-12 months of placement and has been improving over time. Allegheny County performs slightly better than the state and region for placement stability beyond 12 months in care.

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[3] Child Welfare Information Gateway, "Achieving and Maintaining Permanency: Overview", 2011.
[4] Pennsylvania Quality Service Review Protocol Version 1.0, 2011.

Placement Stability, 0-12 Months, Allegheny County
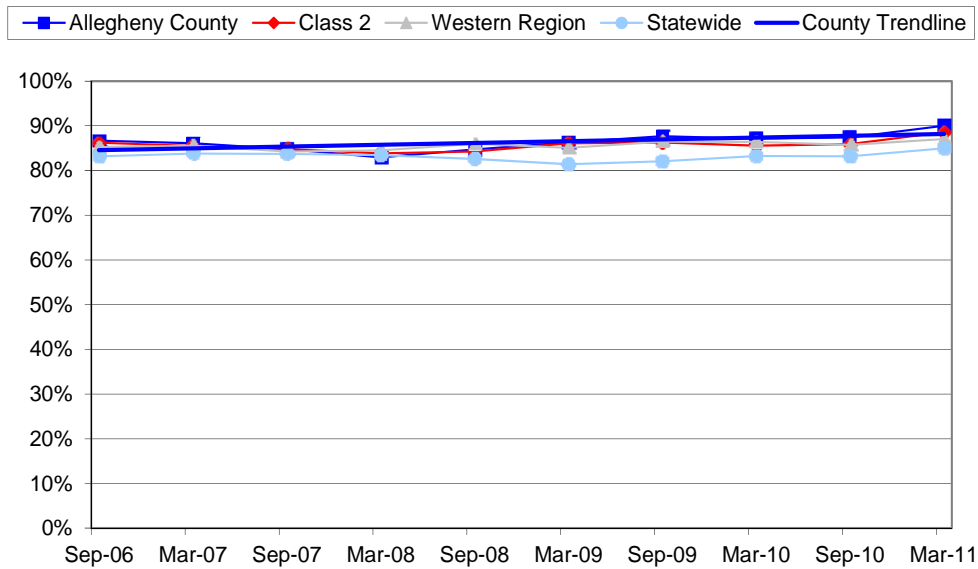
Living Arrangement (Placement Type)

In the most recent years (2005 to 2009), there has been a reduction in congregate care and an increase in kinship care as the primary placement type (where children spend 50 percent or more of their total time in placement) for Allegheny County's foster care population.

Primary Placement Type for First Entries, by Entry Year (Chapin Hall)

	2005	2006	2007	2008	2009
Count	1162	1167	916	906	867
Kinship care	38%	40%	35%	38%	38%
Foster care	33%	33%	39%	35%	38%
Congregate Care	27%	25%	23%	24%	21%
Independent Living	1%	1%	1%	1%	1%

A recent point in time (June 17, 2011) showed that about 44 percent of all children in placement are in a kinship care setting.

Point in Time Placement Settings (KIDS)

June 17, 2011

	Number of Children	Percent
Kinship Care	701	44%
Foster Care	436	27%
Shelter Foster Care	139	9%
Group Home	133	8%
Shelter Group Home	87	5%
Residential	35	2%
Independent Living	36	2%
Residential Treatment Facility	18	1%
Total	**1586**	**100%**

Permanency

From 2005 to 2009, about 70 percent of all exits were to a permanent setting. Half of all youth exiting care returned to their family, 14 percent were adopted, and another five percent of children exited to Permanent Legal Custodianship.

Exit Destinations from All Placement Episodes (Chapin Hall)

	2005	2006	2007	2008	2009
Count	1951	2001	2031	1961	1843
Return to Family	48%	51%	52%	47%	49%
Adoption	14%	14%	15%	15%	13%
PLC	4%	4%	5%	5%	6%
Reach Majority	5%	6%	5%	4%	5%
Non-permanent	16%	5%	5%	7%	5%
Runaway	7%	14%	13%	14%	13%
Other	6%	4%	4%	6%	6%
Unknown	0%	1%	1%	1%	1%

About 30 percent of all youth who enter placement will exit and experience a re-entry. The majority of reentries (about 80%) occur within twelve months. Re-entry rates from permanent exits (return to family, adoption or PLC) within one year are slightly lower than overall rates, but still average about 21 percent.

**Re-entries from Permanent Exits in 2005-2009 (Chapin Hall)**

	Reunification	PLC
Total exits	3128	321
Reentries	1100	29
Percent reentries	35%	9%
Time to reentry, as percent of reentries		
1 to 2 months	27%	21%
3 to 5 months	27%	0%
6 to 11 months	22%	21%
12 to 17 months	8%	14%
18 to 35 months	11%	31%
3 years or longer	4%	14%

Re-entries among youth who return home are higher than the average at 35 percent. The federal AFCARS measure for permanency tracks the re-entry rate within 12 months of exit for youth who are reunified with their families. While Allegheny County's performance is comparable to the state, Class 2 counties and the Western Region, the average re-entry rate (25%) is well above the national benchmark (9%).

Exits and Re-entries from First Placement Episode (Chapin Hall)

	2005	2006	2007	2008	2009
Entries to First Spell	1162	1167	916	906	867
Total Exits	1145	1109	855	762	607
As percent of all entries	99%	95%	93%	84%	70%
Percent permanent exits	81%	83%	87%	80%	82%
Total Reentries	394	367	280	254	181
As percent of all entries	34%	31%	31%	28%	21%
As percent of all exits	34%	33%	33%	33%	30%
Reentries Within 1 Year	299	288	211	214	174
As percent of all exits	26%	26%	25%	28%	29%
As percent of permanent exits	21%	21%	20%	22%	21%

Of all children who were discharged from foster care to reunification in the 12 month period prior to the target year, percentage of children who re-entered foster care in less than 12 months following the date of discharge.

Reunification Measure 1.4: Prospective Re-Entry
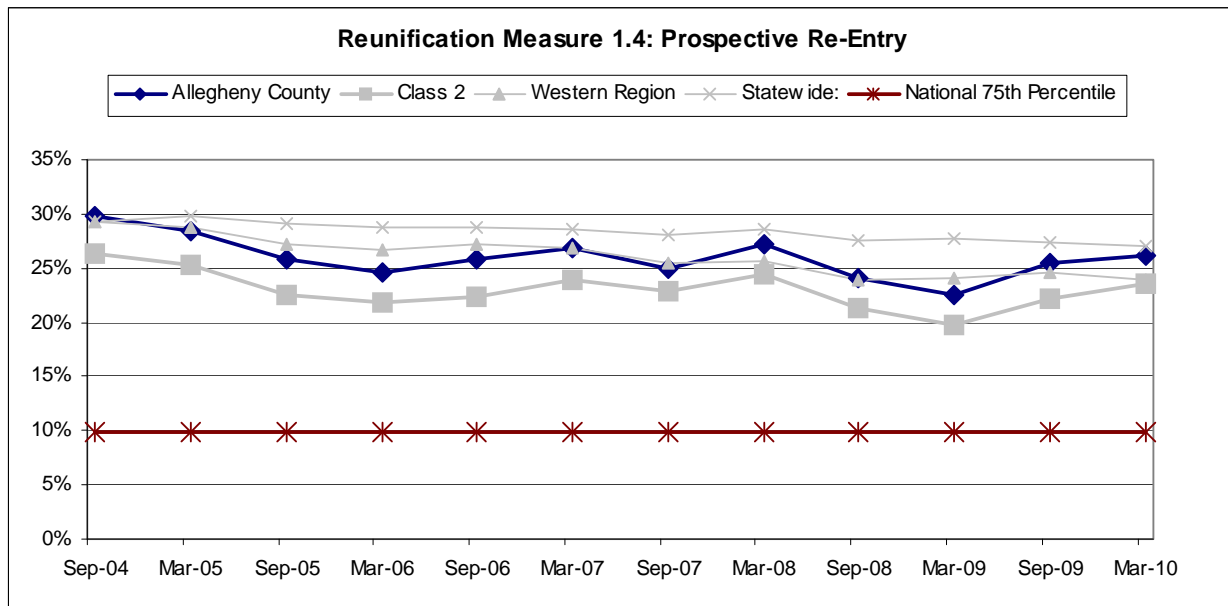
Data from Review Processes

In addition to the data available in regard to quantitative indicators of permanency, DHS has participated in several review processes to obtain a more detailed picture of permanency efforts and plan for permanency for the children reviewed. These processes include the Quality Service Review, conducted in May 2011 and the National Governor's Association roundtable meetings to improve permanency outcomes.

Quality Service Review

The QSR protocol identifies *Stability, Living Arrangement* and *Permanency* as the indicators that comprise the outcome measure of Permanency.

Stability (degree to which the child/youth's daily living and learning arrangements are stable and free from risk of disruptions; daily settings, routines and relationships are consistent over recent times; and, known risks are managed to achieve stability and reduce the probability of future disruption) was rated as acceptable across all settings in nearly two-thirds (65%) of cases reviewed. Reviewers attributed the acceptable ratings to the agency's practice to prevent multiple placements. Stability is also important in achieving timely permanence, as it has been shown that children with fewer placements are more likely to achieve timely permanency.[5]

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[5] "Concurrent Planning: What the Evidence Shows", Child Welfare Information Gateway (2005),

Living Arrangement (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) was rated as acceptable in 91 percent of reviewed cases, which reviewers attributed to Allegheny County's effective use of kinship foster homes which offers more stability over time.

Permanency (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) was rated as acceptable in 68 percent of the cases. Seventy five percent of the out-of-home cases reported a primary permanency goal of "Return Home", a proportion that is similar to that of the Allegheny County foster care population, where 73 percent of the county's children/youth have that primary permanency goal, as reported in AFCARS. Half of the out-of-home cases reviewed had an identified concurrent goal, with 33 percent of cases that have a concurrent goal of "Adoption." Concurrent planning is important because it, "involves considering all reasonable options for permanency at the earliest possible point."[6] Reviewers reported that often permanency plans were unclear or inappropriate and lacked concurrent goals. Focus group participants also identified the lack of concurrent goals as a concern and possible barrier to timely permanence.

National Governors' Association (NGA)

Allegheny County has participated in the NGA initiative since February 2009 and implemented a regional team that is comprised of representatives of the state OCYF, DHS leadership, Allegheny County Children's Court, the University of Pittsburgh Child Welfare Training Program and permanency experts through the Technical Assistance Collaborative. The Allegheny NGA Team engages in comprehensive and critical review of case samples in order to achieve improvement of: our understanding of the County's child welfare data trends and what drives those trends (e.g., re-entry rates, timely establishment and achievement of permanency); collaboration across DHS program offices and child and family- serving systems; and, ultimately, permanency outcomes for children and families served in our child welfare system.

The NGA Roundtables are designed to reduce the number of children in care, decrease the length of stay for those in care, improve permanency outcomes and create a plan for sustaining these efforts. Allegheny County's National Governors' Association Team reviewed 43 cases in 2010, for a total of 96 children as foci of the reviews.[7] The majority of children reviewed through this permanency improvement process were placed in foster care, with the next higher number of children who remained at home, followed by placements in kinship and congregate care. Most children were placed with some of their siblings. The majority of children had been in care for less than one year, and few children were in care three years or more. Reunification and

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[6] Child Welfare Information Gateway (2005). "Concurrent Planning: What the Evidence Shows."
[7] The NGA Team also reviewed 88 siblings of the focus children as part of the review but in less detail than the focus children.

Remain Home were the most commonly identified permanency goals. Adoption was the most common goal in cases where reunification was no longer a viable permanency goal.

An April 2011 point-in-time review of the implementation of the NGA recommendations showed no changes in recommended permanency goals for nearly one half (49%) of the children reviewed. For the other half of cases reviewed, forty-three percent fit into one of the following categories: finalized adoption (9%); case closure (11%); family reunification (10%); or, goal change to adoption/SPLC (11%). An additional seven percent achieved a permanency goal change to reunification. Thirty-six percent stepped down to a less restrictive level of care following the NGA reviews. Fifty-four percent of children remained in the same type of placement. Related to placement location, fifty-six percent of children remained in the same placement location from the time of the review. In twenty-one percent of cases, the child had moved once; nine percent had moved more than one time. Six children (6%) who had been placed with no siblings at the time of review were placed with all or some of their siblings; five children (5% who had been with some or all of their siblings were no longer placed with any siblings.

Findings related to Outcome # 2: <u>Engagement of Fathers</u>

Father involvement is relevant to the three major outcomes of the child welfare system: safety, permanency and well-being. There is evidence that a healthy father-child relationship produces positive benefits for all family members across all socio-economic and cultural groups. "When fathers are involved, children can learn more, perform better in school, and exhibit healthier behaviors. Even when fathers do not share a home with their children, their active involvement can have a lasting and positive impact."[8] Children living in homes without a father are significantly more likely to be poor and to be incarcerated and are twice as likely to repeat a grade in school. They are also more likely to use drugs, alcohol and tobacco, and they generally have poorer physical and mental health. Furthermore, children from single-parent homes have a 120 percent greater risk of suffering some form of child abuse or neglect, as compared to children from two-parent homes.[9] A report to the Pennsylvania State Roundtable (May 2011) noted disparities within Pennsylvania's dependency system in the engagement, inclusion and treatment of fathers, particularly non-resident fathers, and those efforts underway to raise awareness and effectuate changes with the system, both in culture and practice.

At this time, Allegheny County has no recent findings from administrative data related to the engagement of fathers.   However, Allegheny County's Quality Service Review findings draw attention to the need for improved engagement with fathers served within Allegheny County CYF. The QSR Practice Performance Indicator of Engagement [10] measures the diligence shown by the team in taking actions to find, engage and build a rapport with children and families and to overcome barriers to families' participation. This indicator assesses the degree

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[8] Child Welfare Sector Analysis: Linking Father" (Minnesota Fathers & Families Network, 2011.)
[9] Engaging Fathers in the Child Welfare System (Casey Family Programs, 2009.)
[10] While there is no specific measure for father involvement, there are four items on the Child and Family Services Review (CFSR) that can be examined for engagement with fathers: parental visitation; needs/services provided to parents; child/family involvement in case planning; and, worker visits with parents (Minnesota Fathers & Families Network, 2011.)

to which those working with the children/youth and their families (parents and other caregivers) are:

- Finding family members who can provide support and permanency for the child/youth

- Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child/youth and family

- Focusing on the child/youth and family's strengths and needs

- Being receptive, dynamic and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning

- Offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts

Although more cases were rated as acceptable (73%) than unacceptable (27%) for overall engagement efforts, engagement efforts with children were rated dramatically higher than efforts with fathers. Eighty three percent of cases were rated as acceptable for "Engagement with Children," while 73 percent were rated as acceptable for "Engagement with Mothers." Sixty-seven percent of cases were rated in the unacceptable range for "Engagement with Fathers." Reviewers recommended reaching out to fathers individually and not solely in conjunction with the mothers of the case. Reviewers also recommended more thorough and timely outreach to incarcerated fathers and greater efforts to engage all fathers, whether children are at home or in out-of-home care.

One focus group identified the lack of father engagement as a significant barrier to positive outcomes for children, youth and families. They recommended that genetic testing be conducted at the very start of a case when paternity is not legally established so that fathers are identified and engaged early in the case.

Findings related to Outcome # 3: Teaming (Formation and Function)

Families across all cultures have a long history of developing informal, natural support networks to deal with crises. Despite this, professional service systems often substitute formal services for informal supports selected and/or already used by families, too frequently resulting in families' marginal compliance with or refusal to engage in services and consequently resulting in poorer outcomes for children and families.[11]

Using integrated administrative data[12] for persons served by DHS in 2010, we find that: 34 percent of children under age 18 years were served by one DHS program office; 20 percent were served by two program offices; 15 percent were served by three program offices; and 31 percent were served by four or more program offices. In December 2010, 46 percent of children in CYF placements were active in the behavioral health system; eight percent of children placed

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[11] Family Teaming Conference (The Child Welfare Policy & Practice Group, Alabama.)
[12] Allegheny County DHS Data Warehouse

in CYF care were active in the juvenile justice system. Upon review of parents of children served by CYF, we found that 19 percent of parents were also involved in the behavioral health system. These administrative data point to the strong need for teaming.

The QSR Practice Performance Indicator of Teaming examines and evaluates the formation of the team and the functioning of the team as two separate components. 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 are expected to have sufficient craft knowledge, skills and cultural awareness to work effectively with the child and family to share information, plan, provide and evaluate services.

In more than half of the QSR cases, the teaming indicator was rated as acceptable. In the ten cases in which team functioning was acceptable, all of the primary caregivers served an integral role in case planning and teams as a whole reported to the reviewers having a clear understanding of the family's needs and their role on the team. The "Formation" indicator was rated as acceptable (58%) for a higher proportion of cases than was the "Functioning" (53%) indicator. Reviewers rated 41 percent of the in-home cases in the improvement or refinement range for the indicators of Formation and Functioning.

Reviewers attributed the acceptable ratings to the continuity of the assigned caseworkers and service providers, even in the cases that have been opened for long periods of time. To improve teaming, reviewers recommended strengthening the communication among all service providers and utilizing integrated system meetings to coordinate care between foster care agencies and mental health providers.

Section V. Strategies and Action Steps for Each Outcome[13]

Outcome #1: Improved Permanency

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Identification of Work Group for Permanency outcome	Request for volunteer participants on Engagement of Fathers Work Group from public, private provider, consumer representatives	Cross-section of team members who are available to volunteer time, skill and understanding to improved permanency for children in out of home care and their families	Identification of diverse work group members that that are representative of child and family-serving systems, with emphasis on consumer representation	DARE staff	September 2011	Staffing resources	
Analysis of data related to re-entry rates to better understand why children enter care	1) Qualitative analysis of transition planning from foster care to family reunification that includes: • Interviews with 60 families of children who successfully transitioned home • Surveys of caseworkers in cases with unsuccessful	Identification of case practice components that successfully impact return home with reduced re-entry (i.e., reduction in re-entry rates)	1) Completion of interviews with caregivers, survey of caseworkers and case record reviews 2) Compilation of quantitative and qualitative data resulting from interviews, surveys, record review 3) Analysis and report	DHS DARE	October 2011	DARE staff resources	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	reunification (25 completed, ongoing) • Provider interviews, where applicable • Qualitative case record reviews (for conformance to standards for case transition) of above cases		ing on data to identify patterns and make recommendations for improved planning at discharge				
Implementation of Casey Permanency Roundtable model with identified cohorts to penetrate volumes of cases where legal permanency is not achieved	1) Analysis of administrative data to determine cases that would most benefit from Permanency Roundtable process (i.e., children whose permanency is most compromised) 2) Development and implementation of Permanency Roundtable protocol	Measurement of timeline by which children achieve legal permanency after implementation of Permanency Roundtable Process	1) Identification of cohorts for review based on CYF data sources 2) Administrative approval of written protocol for development and implementation of Permanency Roundtable process	1) DARE Analysts and QI Team 2) DARE QI Team	November 2011	Technical support from Casey Family Programs	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Through the NGA Case Review Process, analysis of case practice, systems' performance as reflected in PA QSR Protocol	1) Implementation of enhanced review process with focus one three priority outcomes identified in CIP (Teaming; Permanency; Engagement with Fathers), provides vehicle for case practice and systems' performance analyses, while supporting : • Practice that is consistent with QSR protocol • Clearer definition of specific elements of best case practices that meet or exceed federal and state mandates and standards • Preparation for opportunities for improvement for CYF's annual QSR process (February 2012) • Forecast opportunities for	Measurement of improved priority outcomes (permanency, teaming, engagement of Fathers) associated with cases selected for review	1) Approval of enhanced NGA Protocol by DHS leadership, with input from state OCYF	DHS leadership, with staffing resources from DARE	October 2011	DARE staff resources; T.A. Collaborative	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	required practice and policy changes, enhancements • Identification of additional training and staff development opportunities that will assist staff in operationalizing improved consistency in practice across CYF and the provider community 2) Enhancement of NGA process includes: • Identification of review cohort that is data-driven and that reflects priority outcomes identified in the CIP (permanency; teaming; and, engagement of Fathers) • Evaluation of the extent to which cases are moving						

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	toward legal compliances, best practices related to achievement of permanency, improved teaming across systems, and enhanced engagement of Fathers in all facets of child welfare involvement • Enhancement of NGA review process logistics, including: increase in frequency of individual case reviews (initial and minimum of two follow- up reviews); co-facilitation of case review process with CYF with DHS Office of Data Analysis, Research and Evaluation and CYF Regional Office leadership to enhance integration, improve						

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	communication, and model best case practices • Development and implementation of Improvement Planning (documentation of recommendations and action steps required to actualize case practice and systems' enhancements) • Measurement of completion of Action Planning as related to three priority outcome areas						
Planning for and implementation of uniform post-discharge service planning, aftercare services by placement providers	1) Identification of cohort with high re-entry rates by level of care	Reduction in number of re-referrals, re-entries	1) Completion of evaluation of discharge planning and recommendations for successful discharge planning and aftercare services	1) DARE QI Team	January 2012 for all Action Steps	Staff resources identified under "person(s) responsible"; T.A. Collaborative	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	2) Development of work group comprised of DHS staff (practice, contract monitor), private providers to develop aftercare service protocol for youth discharged from placement setting (placement provider to provide aftercare services to youth, family)		2) Implement new policies for discharge planning	2) OCYF Leadership, Contract Staff, Case Practice Unit; provider representation			
Development and implementation of Safe Case Closure Protocol	1) Definition of safe case closure based upon state mandates, risk and safety measures	1) Consistent definition of safe case closure	1) Uniform standards disseminated to CYF staff, key stakeholders (decision-makers; family members; providers)	DHS OCYF leadership, PA OCYF Western Regional Staff, Children's Court representative	January 2012	Staff resources identified; T.A. Collaborative	
	2) Development of Safe Case Closure Protocol	2) Consistent standards available to guide decision making, understanding of closure criteria	2) CYF caseworkers demonstrate understanding and practice of safe case closure by adherence to defined criteria and practice requirements		April 2012		

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	3) Education of public and private stakeholders on Safe Case Closure protocol (Court; legal representatives; providers, consumer representatives)	3) Utilization of materials for effective decision making, understanding	3) Measure of changes in practice (i.e., increased closures without re-openings)		June 2012		
	4) Publication of reference guides to be utilized by decision-makers, stakeholders (e.g., bench cards for Juvenile Court judges)	4) Same as above	4) Utilization of guidelines in decision-making		June 2012		

Outcome #2: Improved Engagement of Fathers

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Identification of Work Group for improvement in Engaging Fathers outcome	Request for volunteer participants on Engagement of Fathers Work Group from public, private provider, consumer representatives	Cross-section of team members who are available to volunteer time, skill and understanding to improve engagement with Fathers served in the	Identification of diverse work group members that that are representative of child and family-serving systems, with emphasis on consumer representation	DARE staff	September 2011	Staffing resources	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
		child welfare system					
Analysis of administrative data related to custodial and non-custodial Fathers served in DHS OCYF	Quantitative, qualitative analysis to describe Fathers served within CYF and to better inform strategies for improvement (KIDS and Data Warehouse; interview/focus group; case record reviews[14]	1) Identification of profiles of fathers that choose to participate in various interventions	Compilation of quantitative, qualitative data from interviews, surveys, record review	DHS Office of Data Analysis Research and Evaluation	January 2012	DHS Office of Data Analysis, Research and Evaluation	
Analysis and enhancement of CYF service capacity related to engagement of custodial and non-custodial Fathers	1) Development of protocol for quantitative, qualitative analysis of D.A.D.S. Program, the fatherhood model utilized by CYF	1) Increased understanding of D.A.D.S. Program model, other fatherhood engagement models and outcomes	1) D.A.D.S. Program documented regularly, utilized frequently as referral source for families, increased participation in program	1) DHS Office of Data Analysis Research and Evaluation	October 2011	DHS OCYF fatherhood leadership and Case Practice Unit	

[14] The *Father Friendly Check-Up*[TM] for child welfare agencies and organizations is a qualitative self-assessment of the degree to which the agency encourages father involvement in case planning and services. The scope of the case record reviews spans five themes- identification, location, contact, engagement and interagency collaboration specifically: number of visits by fathers with their child(ren); number of face-to-face contacts by caseworker with fathers by location (e.g., home of father, jail, agency office, etc.); number of paternal kin as considered and utilized as a placement and supportive resources; date of assessment of both father and his home; dates of referrals to Justice- Related Services; date of Accurint search; tailored FSP goals for fathers; participation rates of fathers at case planning meetings; and, participation rates of fathers in Family Group Decision-making and High Fidelity Wraparound (National Fatherhood Initiative, 2008.)

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	2) Review of best practices' literature on evidence-based fatherhood initiatives, including review of the Administrative Office of Pennsylvania Courts Improvement Roundtable[15] and "Engaging Fathers in the Child Welfare System "[16], with focus on three areas of planning development: • Father support and education • Policy reform and collaboration with cross-systems and community partners • Professional Practice and Training	2) Application of consistent standards of fatherhood engagement practices	2) All applicable personnel trained in practice related to engagement with fathers	2) DHS OCYF leadership, CYF Training Department, Courts, legal representatives, PA DPW OCYF	November 2011	Allegheny County Children's Court and Administrative Office of Pennsylvania Courts; Casey Family Programs	
Revision of CYF KIDS' data fields related to identification	Cost analysis for: • Addition of forced data fields	Increase in documentation on FSP, case notes, other case	Increase in number of cases with Fathers meaningfully	DHS DARE, AIM, OCYF Leadership,	November 2011 for all Action Steps	KIDS Work Team	

[15] "Kids Need Their Dads: Engaging Fathers in the Child Dependency System", A Report to the Pennsylvania State Roundtable, May 2011.
[16] "Engaging Fathers in the Child Welfare System", Casey Family Programs, 2009.

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
of, engagement with Fathers	in KIDS to include "Unknown Father", "Mother's refusal to disclose identity of Father" • Revision of Referral Snapshot, Family Service Plan in KIDS to prioritize data entry related to Fathers prior to data entry related to Mothers	documents to reflect identification of, engagement efforts with Fathers	involved in case planning Increase in number of cases in which father is a placement resource				
Enhancement of engagement with Fathers who are incarcerated	1) Identification of barriers that reduce casework access to Fathers who are incarcerated at Allegheny County Jail 2) Development of protocol for improved CYF access to Fathers in Allegheny County Jail	Increase in number of casework contacts with Fathers who are incarcerated in ACJ	Casework surveys related to access to Fathers who are incarcerated in ACJ	Erin Dalton, Deputy Director, DHS Office of Data Analysis Research and Evaluation ; William Phifer, DHS OCYF[17]	January 2012	DHS representatives on Allegheny County Jail Collaborative; Fatherhood Work Group	

[17] The Allegheny County Jail Collaborative consists of representatives from Allegheny County Department of Human Services, Allegheny County Jail, Allegheny County Health Department, court officials, service providers, faith-based community organizations, and other community and consumer stakeholders. The purpose of the Collaborative is to support re-entry into the community through integration of community resources.

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Enhancement of coaching and staff training strategies, inclusive of father engagement	1) Tailoring of internal training to include specific Father engagement module in CYF transfer of learning curricula 2) Implementation of staff training related to engagement with Fathers for all systems-partners	Development and implementation of father engagement module in statewide competency-based training for all new hires	All applicable personnel trained in practice related to engagement with Fathers	DHS OCYF Training Department for all Action Steps	March 2012 for all Action Steps	Technical Assistance from Casey Family Programs; Child Welfare Training Program for all Action Steps	
Development of new and improvement of existing communication strategies for Fathers to better access services and supports	1) Development of public awareness campaign related to fatherhood initiatives 2) Identification of faith-based models and other support services for Fathers to be added to resource listings	Measurement of increase in number of Fathers who access services through utilization of new communication materials Measurement of number of visitors to DHS website to access information	Improved linkages to appropriate services for fathers and their children	Fatherhood Work Group and DHS Office of Community Relations	March 2012 for all Action Steps	DHS Office of Community Relations staffing for all Action Steps	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	3) Development of Jail Collaborative resource guide 4) Revision of DHS website to include centralized, comprehensive listing of resources available to fathers						

Outcome #3: Improved Teaming Formation and Function

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Identification of Work Group for Teaming outcome	Request for volunteer participants on Teaming Work Group from public, private provider, consumer representatives	Cross-section of team members who are available to volunteer time, skill and understanding to improve teaming formation and functioning with cohort of consumers	Identification of diverse work group members that that are representative of child and family-serving systems, with emphasis on consumer representation	DARE staff	September 2011	Staffing resources	
Pilot of teaming best practices with select population of youth and families	1) Analysis of data related to cohort representative of youth served through shared case management (dually adjudicated	1) Identification of cases that meet inclusionary criteria for pilot; agreement on total number of cases for pilot	1) Sample criteria identified and sample selected	DHS DARE	September 2011	DHS program offices; DARE; Consultation from Casey Family Programs, PA OCYF, Child	

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
served across systems	youth through CYF and Juvenile Probation) who have involvement in an additional youth-serving system (e.g., behavioral health, intellectual disabilities); decision on number of youth to be served in teaming pilot				October 2012	Welfare Training Program, state OCYF Western Regional Office	
	2) Revision of language within Shared Case Management Protocol related to teaming best practices (as defined by QSR teaming practice indicator)[18] involvement	2) Revised SCM Protocol that specifies inter-relationship between CYF, JPO and third program office selected in action step #1	2) Document completed and approved by CYF, JPO leadership	SCM Protocol Workgroup (Dr. Marcia Sturdivant, Chair)	October 2011		

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[18] The Pennsylvania Quality Service Review Protocol (Version 1.0) defines teaming as, "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 have sufficient craft knowledge, skills and cultural awareness to work effectively with this child/youth and family; members of the team have a pattern of working effectively together to share information, plan, provide and evaluate services for the child/youth and family."

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	3) Evaluation of and decision on Teaming assessment instrument to be applied to cases selected for pilot	3) Selection of instrument best suited to review format and sample needs	3) Instrument selected		January 2012		
	4) Cross- systems' training for CYF, JPO, DHS program office staff and providers on teaming best practices as defined in the QSR protocol and on Teaming Protocol established for shared case management	4) Training completed by all required participants	4) Understanding of training developed by all participants		March 2012		
	5) Development of supervisory protocol to conduct oversight and staff support related to fidelity to requirements of protocol and best practices	5) Agreement on protocol and requirements	5) Protocol completed				

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Application of teaming principles and practices for youth and families receiving services from multiple systems of care	Through use of CANS assessment instrument, development of algorithm to flag cases above defined thresholds to determine need for team formation	Identification of threshold for case selection	Identification of cases that meet threshold	DHS Dare, DHS Integrated Program Services staff	April 2012	Staff resources (DARE; DHS Integrated Program Services); T.A. Collaborative	

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