

County Improvement Plan (CIP)

County Name: Lackawanna County

Date of Plan: 7/24/14

Initial

Update x

Instructions: Please refer to Section XIX of the Quality Service Review Manual for further assistance in developing the County Improvement Plan (CIP).

Section I. Team Members

The members of the Lackawanna County Department of Human Services Office of Youth and Family Services' (YFS) Administrative Team form the Sponsor Team form the core Sponsor Team: William Browning, Executive Director; Kerry Browning Court and Community Service Director; Adrian Maillet, Chief Administrative Officer; Kathy Synder Fiscal Administrative Officer II; Nancy Johnson Casework Manager; Jason Kavulich Casework Manager; and Amanda Helring, Quality Assurance Manager.

Section II. Background and Development of the Desired Future State including Priority Outcomes

The OYFS fourth County Improvement Plan (CIP) was developed by the Sponsor Team. The CIP contains updates on the progress made by the agency since the 2013 Licensing Inspection Summary (LIS) and Quality Service Review (QSR). As in previous years the Sponsor Team reviewed data from the QSR, LIS, Adoption and Foster Care Analysis and Reporting System (AFCARS), QSR Focus Group reports and data gathered from the Child Welfare Demonstration Project (CWDP) to prioritize the outcomes for the upcoming year.

The 2013 CIP identified the CWDP as the major project/initiative for 2014. While engaging in this effort OYFS has implemented the use of the Family and Adolescent Support Tool (FAST), Child and Adolescent Needs and Strengths (CANS) and the Ages and Stages Assessment. These tools, in conjunction with Teaming Meetings, Family Team Conferences, and Family Group Decision Making Conferences, has provided the agency with the data used to identify evidence based practices to further expand our development and refine our practice. OYFS completed it training and planning phase and is moving forward with the implementation of the Safe Cares Program while continuing to support other evidence based practices such Parent Child Interactional Therapy (PCIT).

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These efforts are consistent with the agencies underlying philosophy, established since 2005, to reduce the number of duplicate efforts, streamline the case management process, and conserve time and resources.

Teaming meetings and the Family Team Conference Process have assisted immensely in the development and implementation of improved FSP/ CPP goals and visitation plans. By utilizing Permanency Team Meetings at key case decision points, two months, five months, eight months and eleven months, the agency will maintain compliance with permanency planning, concurrent planning and identify quickly any obstacles preventing progress with the family. Through discussion and review of the active case permanency goals are reached in less time and workers and supervisors are provided with a forum to further their knowledge and understanding of the case planning process.

After analyzing the available data OYFS has determined efforts should focus on families experiencing trauma and separation due to issues surrounding substance use disorder for a significant portion of active OYFS cases. It is our belief that by identifying addiction early in the assessment phase, barriers can be addressed quickly and families will have a greater chance of remaining intact. By actively addressing addiction as a root cause difficult barriers such as incarceration, housing, and employment are addressed as symptoms as opposed to the primary goal services are focused on. Additionally by providing adequate support to individuals and families on a consistent basis through a recovery oriented system of care success is achievable.

Staff training began on June 27th with an agency wide meeting to discuss and review the agency vision and direction. Evidence based practices such as Safe Care, Parent Child Interactional Therapy, Parents as Teachers and Trauma Focused CBT were presented additionally the staff was introduced to the concept of a recovery oriented system of care. This event represents a continued effort to move towards integrated human services and a commitment to the CWDP.

- **Outcome # 1:** To consistently engage fathers in the assessment and planning process for their children at all levels of and points in the family's involvement with OYFS.

Outcome #1: We continue to prioritize this outcome by including it in our County Improvement Plan (CIP) because we realize many opportunities for growth and improvement exist. True engagement of families makes a difference in the relationship between an agency and the family, in the caseworker's and supervisor's outputs, in family's opportunity for progress in achieving outcomes and sustaining lasting change. Engagement is critical in working with families as it impacts every interaction. This belief meant that our Continued Quality Improvement (CQI) work had to begin at the most basic yet essential element of our process.

The premise of our work since 2005 has utilizing the Interactional Helping Skills to engage families and external team members. The engagement of "present" family members improved, but family members who were not the focus of the case were often overlooked,

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primarily the father. At least 75% of the families served are headed by a single mother, most often the father is overlooked, even if he is having some contact with his child.

Failure to engage all parents negatively impacts permanency, stability, maintenance of family connections, assessment of the parent, planning for the parents, and the provision of services, as well as violating the parents' legal rights. Exclusion of one parent automatically reduces the child's possibilities, connections, and resources by half.

One of our greatest challenges has been helping staff to understand the importance of engaging fathers beyond the placement of the child. Staff have been extensively trained and mentored on engaging fathers. Training, modeling, and mentoring on (1) addressing staff's knowledge and awareness, (2) staff's personal beliefs about fathers, (3) educate staff on father's rights and the impact of fathers' involvement has on the children's' lives, and (4) emphasize the responsibility of the agency to ensure father's involvement when the agency is making significant decisions that will forever change a family's life.

The Quality Service Review (QSR) ratings regarding engagement efforts of fathers have improved over the last year. Results, however, indicate we are consistently at a 55-65% unacceptable rate in regard to engagement, role and voice assessment and children/youth & family process. QSR ratings for maintaining family relationships is actually at a 75% unacceptable level indicating caseworkers continue not to engage fathers at the level on which we engage mothers. By expanding the engagement process through the implementation of the Family Team Conference (FTC) on placement cases, we believe we have begun to improve upon the understanding of the importance of engaging fathers. Also instrumental to the engagement of fathers is the implementation of the FAST Assessment. The FAST, an observation-based tool, is completed with the family and other team members. Since July 2013, the FAST has aided caseworker/supervisor to identify/assess the father's role.

Agency strategies to address father's involvement through the Team Meetings and Family Team Conferences have been very effective in what we believe may be a continued shift in the practice of engaging fathers in every real sense of the meaning. Transfer of learning is a gradual process, but one which we as an agency will continue to support in our engagement of fathers and critical thinking efforts.

However, the engagement of fathers is severely impacted by the extremely high rate of incarcerated fathers and the limited accessibility of the ability to engage those fathers. Also, the lack of services available to incarcerated fathers, such as domestic violence, parenting, or visitation programs with their children has an impact on the ability for the agency to monitor engagement and progress. Partnering with community law enforcement, prisons, the courts, and service providers needs to be explored in an attempt to break down these barriers to meaningful engagement with incarcerated fathers.

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The QSR ratings on the engagement of fathers affect many other ratings such as assessment/understanding, planning, role and voice, etc. The connection of these ratings supports the assertion that engagement is the cornerstone of the work done by OYFS.

- **Outcome # 2:** To accurately assess the functioning and well-being and identify the areas of need for the mothers, fathers, and children working with the agency.

Outcome #2: This outcome is identified as a priority for OYFS as it has been identified as a core belief that prior to the fully implemented Family Team Conferences/Conferencing (FTC), the Family Advocacy & Support Tool (FAST) and the Child & Adolescent Needs & Strengths (CANS), and Ages & Stages (ASQ) assessments; service selection and overall decision making for families was based on subjective beliefs. These beliefs were based on family history and general familiarity with certain service providers, as well as staff's personal beliefs, biases and values. Services were sought based upon anecdotal evidence and familiarity with providers. Through analysis of the FAST and CANS and confirmed by individual case reviews, OYFS has determined that a continuum of evidence parenting instruction and support, along with trauma therapy would benefit the largest number of families being served.

The agency's focus of improved relationships among parties includes higher quality and more frequent communication, which is vital to case planning. This is clearly evident during FTC's where discussion among parents, substitute caregivers, and providers regarding the care of the children has resulted in clear communication among all parties. Since behavioral health managed care is represented at the FTC, service recommendations and authorizations are reviewed immediately to assist in plan development. Services are discussed and referrals are based upon specific needs rather than on unfocused general referrals sporadically made. This is based upon monitoring the content of the FTC and review of the assessment tools (FAST, CANS and Safety Assessments). As of July 1, 2014, the agency has also implemented expanded permanency team meetings which include permanency planning meetings at 2, 5, 8 and 11 month intervals. Discussions regarding Fostering Connections, kinship study requests, diligent search, will be ongoing. FTC recommendations will be monitored for follow through and barriers to implementation of the plan. This increased collaboration will allow the agency to assure carefully selected services at the FTC will be utilized and agency workers, parents and substitute care providers will be receiving appropriate services in a timely manner and that those services will be communicated in a manner which provides clarity and consistency.

It should be noted that several interventions are being developed by OYFS to form a continuum of parenting instruction to address the heath of needs revealed, but only Parent-Child Interaction Therapy (PCIT) and Safe Care will be included in the CWDP given the

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predominant ages of the children in the CWDP (under 6-years-old), coupled with evidence of neglect, abuse, and child behavioral issues.

- **Outcome # 3:** To successfully identify, assess and engage individuals and their families working through substance use disorder ensuring their access to consistent supports and service delivery based upon their individual needs and path to recovery.

Outcome #3: We prioritize this outcome as a significant number of our cases receiving services through OYFS have one or more parent involved or in need of substance abuse treatment of some kind. The implementation of the Family Advocacy Support Tool (FAST) has overwhelmingly confirmed this as a predominant reason children enter the foster care system. Substance abuse disorders typically require long-term involvement with the healthcare system and parallel information networks necessary for recovery-oriented services and supports which include provisions of continuing care following treatment, education regarding self-care, and linkage to community resources need to be identified correctly by caseworkers/supervisors through ensuring their access to consistent supports and service delivery based upon their individual needs and path to recovery.

Working closely with our County Drug & Alcohol Office, based on a Recovery Oriented System of Care (ROSC) model will be an integral part of the county's objective to assess our community's strengths and needs in order to create the most favorable outcomes for individuals and families in our community. Joint Teaming Meetings with Lackawanna Drug & Alcohol have been initiated and will continue to be evaluated on an ongoing basis.

The central focus of ROSC is to create a system of care with the resources to effectively address the full range of substance use problems within our community. The specialty substance use disorder field provides the full continuum of care (prevention, early intervention treatment, continuing care, and recovery) in partnership with other disciplines such as mental health care and primary care. A menu of individualized person-centered and strength-based services with a self-defined network is the goal of a ROSC and would enable us to provide individuals and families with more options with which to make informed decisions regarding their care. The fundamental value of involving people in their recovery, as well as their families, would continually improve access to and quality of services.

The provision of network of services and supports to address the full spectrum of substance use problems, from harmful use to chronic conditions, needs to be provided through education to benefit the community at large and specifically the families we serve.

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Section III. Plan Strategies and Action Steps to be Implemented and Monitored

(The purpose of the plan is to remind leadership and work team(s) of commitments made, track accountability, and monitor progress. There are essentially three types of continuous improvement planning – quick wins, which can start being identified and implemented as gaps are being identified, mid-term improvement planning, and longer term improvement planning.)

Outcome # 1: To consistently engage fathers in the assessment and planning process for their children at all levels of and points in the family's involvement with OYFS.								
	ACTION STEPSⁱ	INDICATORS/ BENCHMARKSⁱⁱ	EVIDENCE OF COMPLETIONⁱⁱⁱ	PERSON(S) RESPONSIBLE^{iv}	TIMEFRAME^v	RESOURCES NEEDED^{vi}	STATUS^{vii}	MONITORING^{viii}
1. Engage fathers at point of assessment	Obtain pertinent and necessary demographic information from the referral source during the initial screening process.	Efforts to locate fathers, demographic information as well as any other pertinent information is identified and documented in the referral process.	All referrals have the father of each child identified with his demographic and contact information or documentation of why the information could not be obtained.	Improvement Team Screening Unit and Supervisor	Ongoing through March 2015	Staff and access to Accurant CIS UJS	Required as part of the agency's ongoing practice initiatives	Monitoring will continue through Quality assurance and the unit supervisor in conjunction with the CQI Team.
	Efforts are identified to locate information on fathers	Contact with family, friends, providers and government agencies. Diligent Search Family Finding	Documentation in the case file of efforts. Documented Diligent Search Results. Child Specific Recruitment Report	CQI Team Caseworkers Paralegals Supervisors SWAN Provider	Ongoing through March 2015	Staff and LSI Paralegals SWAN Units	Required as part of the agency's ongoing practice initiatives	Review of the information at the Teaming Meeting, Family Team Conference, and Permanency

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		Referral (CSR Unit)						Team Meeting. Staffing cases at these intervals will continue to address these needs.
	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
2. Engage fathers throughout the time the case is open for protective services.	Discuss case status determination with the father at all key decision making points and on an ongoing basis.	Fathers are informed and actively participate in case planning.	Documentation of engagement efforts identified in the record.	CQI Team, Caseworkers Supervisors	Ongoing through march 2015	Staff and Permanency Team Conferences	Required as part of the agency's ongoing practice initiatives	Engagement with the father through the FAST/CANS process. Ongoing Supervision Monitoring at key decision making points.
	Engage fathers in the development of the Family Service Plan, Family Team Conference and development	Fathers are engaged in the case planning process and assist in the development of goals and objectives for	Objectives on the FSP and CPP are specific to the needs and diminished or absent protective capacities.	CQI Team Caseworkers Supervisors Family Team/Group Facilitator	By March 2015	Staff, Family Group and Family Team Coordinator	Required as part of the agency's ongoing practice initiatives	Engagement with the father through the FAST/CANS process. Ongoing Supervision Monitoring at

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	of the Child Permanency Plan, Family Group Decision Making Conference, and key decision making points.	themselves and their children.	Documentation that the fathers were invited to participate in the processes.					key decision making points.
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Outcome # 2: To accurately assess the functioning and well-being and identify the areas of need for the mothers, fathers, and children working with the agency.

	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
1.Ensure proper utilization of the FAST and CANS	In conjunction with Risk and Safety Assessments use the FAST/CANS assessments to create a comprehensive plan with measureable objectives and specific needs.	Caseworkers will meet with the family members to complete the assessment tools and develop the plan. In placement cases a Family Team Conference is held to develop the plan with the	Case documentation and case sampling. Family Team Conference Data	CQI Team Caseworkers Supervisors Family Team/Group Facilitator	By March 2015	Staff, facilitators, cross trained providers	Required as part of the agency's ongoing practice initiatives	Teaming Meetings to review cases prior to placement. Permanency Team Conference

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		family. Through this collaboration the family may choose to have a Family Group Decision Making Conference						
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	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
2. Ensure proper CPP development through the use of the Family Team Conference	In conjunction with Risk and Safety Assessments, FAST/CANS assessments and collaboration with the family and providers a comprehensive plan with measureable objectives and specific needs is developed at the FTC	Family Team Conference is held to develop the plan with the family. Through this collaboration the family may choose to have a Family Group Decision Making	Case documentation and case sampling. Family Team Conference Data	CQI Team Caseworkers Supervisors Family Team/Group Facilitator	By March 2015	Staff, facilitators, cross trained providers	Required as part of the agency's ongoing practice initiatives	

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	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
3. Refine the permanency planning process through Permanency Team meetings.	Reevaluate the current agency process	Administrative review of the concurrent planning bulletin and CWDP.	Permanency Team Conference Packet Completed for distribution to staff.	Case work mangers Court and Community Services Director SWAN LSI Paralegals	Completed July 2014	Time commitment, Concurrent Planning Bulletin.	Ongoing through March 2015	Permanency Conference reviews at 2,5,8,11 months
	Implementation of process agency wide incorporating Family Team Conference results, Family Group Conference Results.	Permanency Conference weekly	Permanency Team Conference Packet Completed for distribution to staff.	Administration, Supervisors, LSI Paralegals	July 2014 through March 2015	Staff, time commitment	Beginning July 2014 through March 2015	Permanency Conference reviews at 2,5,8,11 months.

Outcome # 3: To successfully identify, assess and engage individuals and their families working through substance use disorder ensuring their access to consistent supports and service delivery based upon their individual needs and path to recovery.

	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
1. Educate protective services	Train agency staff on the	All staff supervisors are trained and	Training Report and Survey	Administration CQI Team	Completed by January 2015	Training Staff, time commitment	Ongoing development	Ongoing CQI meetings, Teaming

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workers and supervisors on recovery oriented system of care (ROSC) and the specialty substance use disorder field.	ROSC and provide them with information	have a clear understanding of the process.						Meetings, Family Team Conferences and Permanency Team Meeting
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	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
2. Joint Teaming meetings with Lackawanna County Drug and Alcohol.	Continued collaboration with BHIDEI/DA	Staff interaction on the supervisor and casework level with the county drug alcohol line staff.	Parallel case documentation and increased coordinated services from both agencies.	CQI Team Administration Staff	Ongoing through March 2015	Time commitment staff	Planning process	Ongoing CQI meetings, Teaming Meetings, Family Team Conferences and Permanency Team Meeting
	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS	MONITORING
3. Creating measurable service plan goals through Family Teaming	Plan development with families and individuals at the FTC	County Drug and Alcohol Staff participation in FTC	Plans development occurs at the meeting creating a measurable	Facilitator Staff	Ongoing through March 2015	Time commitment cross system trainings, staff	Planning Process	Ongoing CQI meetings, Teaming Meetings, Family Team Conferences

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Meetings in collaboration with County Drug and Alcohol.			individualized plan.					and Permanency Team Meeting
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Copy and complete the above table for each outcome identified in Section II.

Month and Year for the next state-supported Quality Service Review: March 2016

State-supported QSRs must occur at least every 3 years, but frequency cannot occur more than once every year.

- i **Action Steps:** Clear and specific steps to be taken to achieve the strategy. There may be several action steps identified for each particular strategy.
- ii **Indicators/Benchmarks:** These indicate how the strategies and action steps will impact the outcome as well as indicating how progress is measured.
- iii **Evidence of Completion:** Evidence that verifies that each individual action step has been completed.
- iv **Persons Responsible:** The individual who is responsible for completing each individual action step.
- v **Timeframe:** Expected time of completion for each individual action step. Consider Quick Wins (completed in 30 days), mid-term improvements (completed in 6 months); and longer-term planning and continuous improvement goals.
- vi **Resources Needed:** Resources needed to achieve the strategy or action step. May include, but is not limited to, financial resources, partnerships with technical assistance providers, and staff resources.
- vii **Status:** Progress toward completion of each action step upon review of the County Improvement Plan.
- viii **Monitoring:** Although monitoring occurs after implementation, how a plan is to be monitored is actually established during the development of a plan. After the written plan is developed, the continuous improvement team takes increasing ownership of the improvement efforts. Continuous improvement teams should outline how they will monitor progress and communicate monitoring methods to staff and key stakeholders. Examples of monitoring:
 - Implementation Reviews: Measure accomplishments
 - Impact Reviews: Measure actual vs. expected impact
 - Lessons Learned Review: Address new and emerging questions
 - After Action Reviews: What worked, What did not work, What to do differently