# County Improvement Plan (CIP)

**County Name:** Lycoming                     **Date of Plan:** June 2015

| √ | **Initial** |
|---|-------------|
|   | **Update**  |

## Section I.  Team Members

**Sponsor Team:**
Mark Egly, Administrator
Rick Saylor, Support Services Director
Matt Salvatori, Clinical Director
Lori Baier, Quality Improvement Specialist

**Implementation Team:**
Mark Egly, Administrator
Rick Saylor, Support Services Director
Matt Salvatori, Casemanagement Services Director
Lori Baier, Quality Improvement Specialist
Mark Longenberger, Community Support Services Supervisor
Matt Wood, Assessment Services Supervisor
Joe Weber, Evening Children's Services/SCR Supervisor
Mary Jo Westbrook, Ongoing Services Supervisor
John Lamoreaux, Specialized Services Supervisor
Ed Robbins, Chief Juvenile Probation Officer

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

The CYS Sponsor Team met and evaluated the QSR findings, HZA data, and focus group reports in order to establish the three priority outcomes.  LCYS QSR results were very positive, simplifying the process for selecting and establishing areas for improvement.  QSR results were reviewed with staff, and all were invited to participate in CIP development.  Outcomes #1 and #2 were selected based on QSR results; Outcome #3 was in direct response to staff concerns identified in focus groups.  Workgroups were then established to evaluate and address each outcome area.  Workgroups were facilitated by members of the Sponsor Team and were led by supervisor members of the Implementation Team, with caseworkers also participating in each workgroup.

The selected outcomes include:
Outcome # 1:  Enhance Stability in Child Living Arrangements
Outcome # 2:  Refine Shared Case Responsibility Practices
Outcome # 3:  Improve Internal Communication Processes

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

| STRATEGIES | ACTION STEPS | INDICATORS/ BENCHMARKS | EVIDENCE OF COMPLETION | PERSON(S) RESPONSIBLE | TIMEFRAME | RESOURCES NEEDED | STATUS | MONITORING |
|---|---|---|---|---|---|---|---|---|
| **Outcome #1:  Enhance Stability in Child Living Arrangements** | | | | | | | | |
| **Reduce homelessness and housing instability of families that are accepted for LCYS services** | Allocate and/or increase NBB for housing and related needs | Funding available for unmet housing needs | Approval of NBB submission and request | Administrator | 8/15/15 (FY16-17) | Staff time, NBB funding | Inclusion in FY16-17 NBB | Annual evaluation and modification in the NBB |
| | CYS staff appointment as Team Member of the Lycoming County Housing Task Force | Team Member working proactively with the Task Force to address local housing needs | Team Member appointed and active in Task Force meetings and functions | Administration, Task Force Team Member, Housing Authority | January 2016 | Staff Time | | Annual review of staff appointment |
| | Pursue obtaining a public housing unit to be made available for LCYS families | Short-term housing option available (unless determined not be a viable option) | Signed lease (if determined to be a viable option) | Task Force Team Member, Administration, Housing Authority, County Commissioners | January 2016 | Staff Time, NBB funding | | Quarterly administrative review by CYS and Housing Authority |
| | Staff education related to available local shelters and housing programming | Up-to-date housing resource information is available for staff use | Detailed resource list developed, training needs identified, curriculum established | Outreach Supervisor, Assessment Supervisor, Directors | 9/1/15 and ongoing | Staff time | | Bi-annual evaluation; supervisory monitoring during weekly conferences |

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| **Development of a Big Brothers/Big Sisters Program (BBBS)** | Make contact with National BBBS to request reestablishment of local programming | Local BBBS programming pursued as a support for CYS children and youth | New Lycoming County BBBS programming approved or denied | Foster Care Coordinator | Completed - October, 2014 | Staff Time, NBB Funding | | Monthly meetings to review progress |
| | Meet with Catholic Social Services (CSS) to discuss beginning a BBBS program under their auspices | Local BBBS programming approved or rejected | BBBS programming approved or denied as part of CSS programming | Director and Foster Care Coordinator | Completed - January, 2015 | Staff Time, NBB Funding | | Annual review meetings by LCYS and CSS |
| | Develop policy and procedure for local BBBS programming | BBBS policy and procedure developed | BBBS policy and procedure is completed and available for staff use | Housing Subcommittee, Administrator, Directors, QI Specialist | P&P to be completed by December, 2015 | Staff Time | | Following completion of the BBBS Policy and Procedure, the Housing Subcommittee will meet annually to review and modify, as needed |
| | Allocate funds in the 2016-17 NBB for BBBS programming | Funding available to support BBBS | Approval of NBB submission and request | Administration | 8/15/15 (2016-17 Budget Year) | NBB Funding | | Annual evaluation and modification in the NBB |

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| **Recruitment of new resource parents** | Review and refine the current Resource Care Recruitment Plan | Tracking of new homes, their locations, and ages/genders/races are they will foster | Resource Care Approval Committee will review data monthly | Resource Family Caseworker, Specialized Services Supervisor, Resource Care Approval Committee | 9/1/15 and ongoing | Staff Time, NBB Recruitment Budget | | Resource Care Approval Committee will meet monthly to review and update the Resource Care Recruitment Plan |
| | Develop new recruitment strategies to identify families willing to foster identified children | Monthly review of recruitment plan and ongoing development of new strategies | | Resource Family Caseworker, Specialized Services Supervisor, Resource Care Approval Committee | 9/1/15 and ongoing | | | Resource Care Approval Committee will meet monthly to review and update recruitment related strategies |

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| **Address caretaker substance abuse to reduce potential disruptions and improve family stability** | Streamline West Branch D&A (WB D&A) referral process | Joint Release of Information/ Consent Form developed, along with unified referral forms | Forms available and statistical reports maintained to monitor usage | Community Support Supervisor, Directors, WB Administration | Completed – May, 2015 | Staff time | Release and Referral forms have been developed and are ready to deploy | Annual review of statistics specific to use of forms |
| | Establish liaison at each local D&A program to streamline services | Liaisons available at each program | Liaisons identified and active | LCYS Directors, D&A Program Administrators | September, 2015 | Staff time | Ongoing communication methods established | Annual meetings/contact with liaisons |
| | Provide staff training on each local D&A program | Trainings completed specific to all community programs, with increased staff knowledge | Documentation of trainings and improved staff casework practice | LCYS Administration, WB D&A | September to November 2015 | Staff time, training materials | In planning stages | Annual Training or Refreshers, along with review at Unit Meetings as needed |
| | Continued WB D&A representation on Children's Clinical Team | Children's Clinical Team Membership by WB D&A | Participation by WB D&A representative and increased referrals | Agency staff, D&A agencies | Ongoing since 2005 | WB D&A staff time | Completed | Monthly contact with WB D&A |
| | Establish a Lycoming County In-Depth Technical Assistance (IDTA) committee | Committee formed | Committee formed | Directors | Completed – September, 2014 | LCYS staff, Community D&A staff | Completed | Ongoing monitoring will occur at local Roundtable meetings |

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| **Improve Emergency Caregiver and Kinship Process** | Provide caseworkers with updated training on the Emergency Caregiver and Kinship Process | Staff training developed | Training provided to caseworkers on Emergency Caregiver and Kinship Care | Resource Family Caseworker, Specialized Services Supervisor | January, 2016 | Staff Time | | Annual Training or Refreshers, along with review at Unit Meetings as needed |
| | Improve the Approval Criteria Checklist and update all kinship forms | All kinship approval forms reviewed and recommendations for revisions made | Updated forms for kinship approval are available for staff use | Resource Family Caseworker, Specialized Services Supervisor, Directors | January, 2016 | Staff Time | | Administrative and Supervisory staff will monitor and enforce these practices during the placement process |
| | Offer kinship families the opportunity for FGDM and Family Teaming | The importance of offering FGDM and Family Teaming to kinship families is reinforced | Casenote documentation that FGDM/Family Finding is offered to all kinship families | Caseworkers, Supervisors, Administration | 9/1/15 and ongoing | Staff Time | | Supervisory staff will enforce this practices during the placement process, and Casenote documentation will be monitored by Supervisors and the QI Specialist |

**Outcome # 2:  Refine Shared Case Responsibility (SCR) Practices**

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| **Revise/update SCR Policy and Procedure, along with associated SCR practices** | Review current practices, focus on desired changes, and evaluate programming | Areas for practice improvement identified | Programming evaluated, and recommendations for service improvements made | LCYS and LJPO Administration, SCR Subcommittee | By 8/1/15 and ongoing | Staff time | Preliminary recommendations have been made | Following completion of the updated SCR Policy and Procedure, the SCR subcommittee will meet at least annually to review practices and assure continued refinement of SCR services |
| | Revised Policy and Procedure and associated ongoing SCR practices | Improved SCR services | Updated SCR Policy and Procedure completed | LCYS and LJPO Administration, SCR Subcommittee | By 9/1/15 | Staff time | | |

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| **Develop and use a SCR Youth Checklist to monitor youth needs, safety, and well-being which will be utilized at each contact** | Develop SCR Youth Checklist | LCYS and LJPO collaboration to assure youth safety and well-being during all contacts | Checklist developed and utilized by LJPO and LCYS at every contact | SCR Subcommittee | By 12/1/15 | Staff time | | LCYS and LJPO Administration will provide oversight, and Supervisory staff from both agencies will reinforce the required SCR practices |
| | Establish a consistent contact protocol, which will be utilized regardless of which agency is seeing the youth | All youth needs are met during placement in out-of-home care | Safety and well-being clearly documented at every contact | LCYS and LJPO Administration, SCR Subcommittee | By 12/1/15 | Staff time | Preliminary recommendations have been made regarding a contact protocol | LCYS SCR Supervisor, Directors, QI Specialist, and JPO Administration will monitor practice and documentation requirements |
| | Incorporate established Youth Checklist and contact practices into the revised SCR Policy and Procedure | Clearly defined contact expectations communicated to LCYS and LJPO staff | Contact expectations clearly documented in the revised SCR Policy and Procedure | LCYS and LJPO Administration | By 12/1/15 | Staff time | | The SCR Checklist and related policy and procedure will be evaluated annually |

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| **Enhance family participation to strengthen the home environment and improve family functioning** | Meet with Juvenile Court judge to discuss inclusion of collateral services | Increased family participation | Family participation and associated services included in SCR court orders | LJPO and LCYS Administration | By 9/1/15 | Staff time | LJPO Chief has had preliminary conversations with Juvenile Court judge | LCYS and LJPO will meet annually to assure ongoing refinement of SCR services |
| | LJPO staff to encourage family participation in community and LCYS programming | Participation in services that enhance family functioning | FSP/CPP includes family based services | LJPO Officers and Supervisors | By 9/1/15 and ongoing | Staff time | | Annual meeting with SCR staff from LCYS and LJPO for refresher/ overview |
| | Develop community and agency service checklist | Increased use of collateral services as well as LCYS programming | Checklist developed and provided to LJPO and LCYS SCR staff | SCR Subcommittee, LCYS and JPO Administration and Supervisors | By 9/1/15 and ongoing | Staff time | | Annual SCR meeting with staff from LCYS and LJPO review and update resource lists |

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## Outcome # 3:  Improve Internal Communication Processes

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| **Assure regular individual unit meetings occur** | Develop Agency unit meeting requirements for consistency | Agency unit meeting policy developed | Unit staff meeting requirements posted in CYS section of Joinder homepage | Communications Subcommittee | By 8/1/15 | Staff time | | Administrative staff will monitor attendance at unit meetings |
| | Advise supervisors of requirements for unit meetings | Unit supervisors adhere to meeting requirements | Discussion documented in Clinical Team meeting minutes | Administration | By 8/31/15 | Staff time | | Practices will be evaluated and updated annually |
| | Each unit will develop and maintain an ongoing meeting schedule | Each unit's meeting schedule developed | Each unit's meeting schedule submitted to Administration | Supervisors | By 9/1/15 and ongoing | Staff time | | Meeting scheduling will be evaluated annually |
| | At least one administrative staff person will attend each unit meeting | Administrative staff commitment to attendance | Administrative participation documented in meeting minutes | Supervisors and Administrators | By 9/1/15 and ongoing | Staff time | | Administrative attendance will be monitored and an attendance schedule developed if needed |
| | Conduct 12 month follow-up staff survey on unit meeting practices | Brief staff survey conducted | Survey completed and results compiled for staff review | Communications Subcommittee, QI Specialist | 9/1/16 and ongoing | Staff time | | Results will be compiled and discussed annually at a quarterly staff meeting |

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| **Reinstate structured quarterly staff meetings** | Develop quarterly staff meeting format and associated practices | Quarterly meeting schedule and format established | Quarterly staff meeting schedule posted on Joinder home page | Communications Subcommittee, Administrative staff | By 8/15/15 and ongoing | Staff time | | Annual Communications Subcommittee meetings to evaluate format and practices |
| | Establish a regular meeting schedule and attendance expectations | Staff informed of quarterly meeting requirements. | Documentation from unit meetings that staff were informed of quarterly meeting requirements | Communications Subcommittee, Administrative staff, Supervisors | By 9/1/15 and ongoing | Staff time | | Annual Communications Subcommittee meetings to monitor scheduling and attendance |
| | Designate staff person(s) to coordinate meetings | Designated staff person(s) identified for agenda preparation | Designated staff person(s) preparing meeting agendas and attendance log | Administration, Communications Subcommittee, Designated staff | By 9/1/15 and ongoing | Staff time | | Annual Communications Subcommittee meetings to evaluate meeting practices |
| | Promote staff input into agenda development and meeting presentation | Staff participation and input into agenda building | Staff participation in recommending agenda items and acting as presenters | Communications Subcommittee, Administrative staff, Supervisors, Caseworkers | By 10/1/15 and ongoing | Staff time | | Annual Communications Subcommittee meetings to evaluate presentation practices |
| | Conduct 12 month staff survey regarding staff meeting practices | Brief staff survey conducted | Survey completed and results compiled for staff review | Communications Subcommittee | 9/1/16 and ongoing | Staff time | | Results will be compiled and discussed annually at a quarterly staff meeting |

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| **Enhance orientation for new staff and existing staff transferring into new positions, with focus on day to day operational practices and procedures.** | Outline day-to-day processes and procedures for each position | Position specific day-to-day process and procedures list created | Process and procedures list is current | Administration, Supervisors, Caseworkers | By 9/1/15 and ongoing | Staff time | | Annual evaluation by Administration and Communications Subcommittee |
| | Assign a mentor for new/transferring staff | Identify a mentor for new/transferring staff in each unit and outline oversight needs | Mentor is established for each unit | Supervisor | By 9/1/15 and ongoing | Staff time | | Annual evaluation by Administration and Communications Subcommittee |
| | Supervisor will monitor caseworker progress and mentor effectiveness | Complete 30,60, and 90 day employee reviews utilizing the existing practice | Caseworker is meeting satisfactory levels on EPR (Employee Performance Review) | Administrators Supervisors Caseworkers\\\ | 9/1/15 and ongoing | Staff time | | Monitoring will occur through annual evaluation of mentoring process and input from the existing performance review process |

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| **Improve staff understanding of Children's Clinical Team decision making** | Reinforce availability of Clinical Team Policy and Procedure | Staff understanding of Clinical Team process | Clinical Team Policy and Procedure already in place and available via the CYS section of the Joinder Homepage | Administration, Supervisors, Caseworkers | By 9/1/15 and ongoing | | | Annual review of the Clinical Team Process at a Quarterly staff meeting |
| | Supervisor will inform staff of weekly Clinical Team decisions promptly (within one workday) of the meeting | Supervisor fully and clearly communicates the case-specific Clinical Team decision making process | Supervisor has advised staff of Clinical Team recommendations, helping staff to understand the Clinical Team process and final decision | Administration, Supervisors, Caseworkers | By 9/1/15 and ongoing | | | Monitoring will occur through ongoing discussions in unit meetings, staff meetings, and individual meetings |
| | If continued concerns remain regarding the Clinical Team decision, the caseworker will have the opportunity to meet with the responsible LCYS Director for additional clarification | The LCYS Director will clearly explain the rationale and process for the final decision | After meeting with his/her supervisor regarding the Clinical Team outcome, the caseworker will have the opportunity for Directorial clarification, as well as to ask any resulting/remaining questions | Directors, Supervisors, Caseworkers | By 9/1/15 and ongoing | | | Monitoring will occur through ongoing discussions in unit meetings, staff meetings, and individual meetings |

**Month and Year for the next state-supported Quality Service Review:** May 2017