

County Improvement Plan (CIP)

County Name: Washington

Date of Plan: 8/12/2014

Initial

Update

Section I. Team Members

(List the members of the Sponsor Team and members of the Implementation Team(s))

Members of the Sponsor Team:

Kim Rogers, LSW – Administrator

Dee Dee Blossnich-Gooden – Deputy Administrator

Jane Zupancic, LSW – Program Specialist

Jennifer Caruso, MA – Practice Improvement Specialist, PA Child Welfare Resource Center

Members of the Continuous Improvement Team:

Kim Rogers, LSW – Agency Administrator

Dee Dee Blossnich-Gooden – Deputy Administrator

Maureen Griffin, LSW – Ongoing Manager

Jennifer Caruso, MA – Practice Improvement Specialist,
PA Child Welfare Resource Center

Jane Zupancic, LSW – Program Specialist

Jody Saint, Program Specialist

David Cincinnati, Intake Supervisor

Kate Grant, Caseworker, foster care

Heather Miller, Caseworker, intake

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

(Provide a detailed narrative about the process that was implemented during the development of the CIP. Who was involved? What data was reviewed? How did you analyze your data? How were the outcomes determined and prioritized? List and describe the overarching outcomes that were identified.

NOTE: Outcomes can be limited to approximately two to four priority areas.

Following the Quality Service Review (QSR) and licensing inspection, a Continuous Improvement Team was assembled. The CI Team consisted of agency administration, program specialists, and caseworkers from each department (intake, ongoing, adoption, and foster care). The CI Team was charged with developing a CI Plan focused on building relationships with families, colleagues, other professionals and the community by improving communication, ongoing assessment and planning in an effort to increase positive outcomes for the families involved the social service community in Washington County.

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To begin development of CI Plan, the CI Team examined the data from the Quality Service Review (QSR) and the licensing inspection. They reviewed the QSR case stories to identify themes, strengths, and gaps in practice. This review also helped them gain a better understanding of how the agency’s practice impacts children and families and the outcomes achieved. The licensing inspection revealed the need for supervisors to take a more active role in ensuring that case documentation reflects both the information gathered and the assessment of the information to support the decisions made. Agency administration also provided information about service trends to the CI Team.

A “Next Steps” meeting was held on June 13th. The purpose of the meeting was to have those in attendance provide input into the desired future state of agency practice and to help identify some short and longer-term remedies. In addition to the CI team, all agency supervisors, program specialists, and administrators were invited, as were representatives from all of the agency’s providers and OCYF’s Western Regional Office. The meeting was jointly facilitated by Jennifer Caruso, CWRC Practice Improvement Specialist, Mark Nuzzo, OCYF, and Jane Zupancic, agency program specialist. An overview of the QSR and CQI process was provided and the QSR indicator rankings were reviewed, focusing on the indicators which represented areas of strength in agency performance (highest percentage of acceptable ratings) and those where the greatest improvement is needed (lowest percentage of acceptable ratings) – see tables, below.

QSR Indicators with the Highest Percentage of “Acceptable” Scores

QSR Indicator	Ranking	% Acceptable Scores
Pathway to Independence	1	100%
Living Arrangement	2	94%
Safety: Risk to Self/Others	3	93%
Safety: Exposure to Threats of Harm	4	90%
Cultural Awareness and Responsiveness	5	90%
Stability	6	88%

QSR Indicators with the Lowest Percentage of “Acceptable” Scores

QSR Indicator	Ranking	% Acceptable Scores
Tracking & Adjustment	18	57%
Child/Youth & Family Planning Process	19	49%
Teaming	20	46%
Planning for Transitions & Life Adjustments	21	46%
Long-term View	22	43%
Parent or Caregiver Functioning	23	41%

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After reviewing the data and the input gathered at the Next Steps meeting, the CI Team used the strengths and gaps surfaced during the QSR and licensing to identify a desired future state and root causes for the gaps in practice. Finally, the group identified desired impacts expected as a result of implementation of the improvement plan.

Based on their analysis of all of the information, the CI Team determined that there was a clear need to improve the case planning process. Most of the indicators with the lowest percentage of acceptable scores related to planning – the child/youth’s involvement in the planning process, tracking and adjusting the plan based on progress, planning for transitions/live adjustments, and working with family and others as a team to plan and to identify a common long-term view of “success” for the family and child/youth. It was determined that the gaps in the planning process were due to gaps in the gathering and analysis of information.

Three priority outcomes were developed based on the fact that if comprehensive information about a family’s history, dynamics and functioning is gathered and analyzed to identify the underlying causes of the maltreatment, and if effective interventions can be implemented to resolve these underlying issues, then cases can be safely and successfully closed. The developed outcomes are:

- **Outcome # 1:** Supervisors and caseworkers will increase their skill in gathering comprehensive information about a family’s history, dynamics, and functioning.
- **Outcome # 2:** Supervisors and caseworkers will increase their critical thinking and analysis of information gathered about a family’s history, dynamics, and functioning to accurately identify the underlying causes of current maltreatment.
- **Outcome #3:** Supervisors and caseworkers will increase their effectiveness at implementing interventions designed to resolve underlying causes of current maltreatment.

Because supervisors are key to the successful implementation of any change, the CI Team developed strategies and action steps focused on ways the supervisory staff could ensure that all three of these critical steps occur to improve the overall case planning process. Members of the CI Team met with the supervisors to gather their input about the strategies and to identify resources the supervisors needed to carry out the strategies which were incorporated into the action steps of the plan. While this plan focuses primarily on caseworkers and supervisors, it is expected that a parallel process will occur with supervisors and managers as well as managers and administrators.

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

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Outcome #1: Supervisors and caseworkers will increase their skill in gathering and recording comprehensive information about a family’s history, dynamics, and functioning.					
STRATEGIES	ACTION STEPS	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Caseworkers will gather comprehensive information about a family’s history, dynamics, and functioning.	Caseworkers will visit families and speak with each family/household member/caregiver regularly to learn their history, role in the family, and what their needs are.	Caseworkers Supervisors	July – Dec. 2014	Genogram Training Staff time and capacity	
	Caseworkers will actively gather information from the perspective of all key stakeholders (family, providers, school, etc.) to form the most accurate picture of the family possible.	Caseworkers Supervisors	July – Dec. 2014	Staff time and capacity	
	Caseworker IIIs will be assigned to newly hired caseworkers to act as mentors.	Administrators Managers	July – Dec. 2014	No additional resources needed	ongoing
Supervisors will help caseworkers identify and use existing tools to gather comprehensive information about a family’s history, dynamics, and functioning.	Supervisors will be able to identify at least 3 tools that can be used to gather comprehensive information about a family and its members.	Supervisors	June – Dec 2015	Training on tools “Reusable Learning Object”	
	Supervisors will know how to use identified tools to gather information.	Supervisors	June – Dec. 2015	Training on tools	
	Supervisors will accompany new caseworkers in the field at least: <ul style="list-style-type: none"> • Once within the first 30 days of being assigned to the unit; and • A minimum of once every 6 months, thereafter. 	Supervisors Casework Managers	July – Dec. 2014	No additional resources needed	
Supervisors will teach caseworkers how to gather social histories by using genograms and other tools/ techniques.	When there is a need to gather additional information regarding a family, their history, dynamics, or functioning, supervisors will assist caseworkers in identifying a tool / technique to be used.	Supervisors Caseworkers	July – Dec. 2016	Training on tools Social history outline	
	Supervisors will provide information and assistance (modeling, practice, etc.) to caseworkers to teach them	Supervisors	July – Dec. 2016	Technical Assistance	

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	how to use the identified tool.	Managers		Transfer of learning	
Regular supervision will uncover areas where further exploration and information gathering is necessary.	Supervisors will schedule regular supervision based on needs of worker, but at least once every 10 days during assessment and every 30 days during ongoing services.	Supervisors Managers	July – Dec. 2014	Monitoring tool	Ongoing
	Supervisors will review case information (including documentation of contacts/other reports/info.) prior to supervision.	Supervisors Managers	Jan. – June 2015	Staff time and capacity	
	Based on their review of information, sups. will come to supervision prepared to ask the CW questions designed to uncover areas which need further exploration.	Supervisors Managers	Jan. – June 2015	No additional resources needed	
	The purpose of the next casework visit will be identified during supervision.	Supervisors Caseworkers	Jan. – June 2015	No additional resources needed	
	Supervision will be documented in CAPS using the “data – assessment – plan” format.	Supervisors Managers	Jan. – June 2015	No additional resources needed	
Supervisors will provide feedback to caseworkers regarding thoroughness of information gathered, and its documentation in the case file to enhance and strengthen case documentation.	Supervisors will review case information (including documentation of contacts/other reports/info.) prior to supervision to: <ul style="list-style-type: none"> 1. Identify areas requiring further exploration; 2. Identify additional stakeholders who may have information that needs to be gathered; and 3. Ensure gathered information is recorded in case file – contacts, RA/SA, FSP/ CPP, case summaries, etc.). 	Supervisors Managers	Jan. – June 2015	Goal Attainment Scale to be developed Technical Assistance re: Goal Attainment Scaling Staff time and capacity – learning Goal Attainment Scaling, developing data points/scale and collecting data	
	Supervisors will provide feedback to caseworkers about how gathered information is reflected in case	Supervisors	July – Dec. 2015	Technical Assistance to	

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	documentation (contact summaries, information used to determine level of risk, presence or absence of safety threats, transfer summaries, etc.).			assist in development of structure / format and expectations for case documentation Transfer of Learning Strengths-Based Solution-Focused Supervision	
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Outcome #2: Supervisors and caseworkers will increase their critical thinking and analysis of information gathered about a family’s history, dynamics, and functioning to accurately identify the underlying causes of current maltreatment.					
STRATEGIES	ACTION STEPS	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Supervisors and caseworkers will discuss information gathered and perform root cause analysis during regular supervision to identify underlying concerns which contribute to child maltreatment.	Supervisors will schedule regular supervision based on needs of worker and with sufficient frequency to ensure each case is discussed at least once every 10 days during assessment and at least once every 30 days following case acceptance.	Supervisors Managers	July – Dec. 2014	No additional resources needed	ongoing
	Administrators and Managers will provide ongoing coaching to support mastery of supervisory skills.	Managers Administrators	Jan – July 2016	Personnel Staff time and capacity	
Supervisors will ensure that the analysis of the information is included in the case record.	Supervisors will review case documentation to ensure that the analysis of information gathered is included in risk/safety assessments (overall risk, overall severity, safety analysis) transfer summaries, etc.	Supervisors Managers	July – Dec. 2016	Staff time and capacity Technical Assistance to assist in development of structure / format and expectations for case documentation Goal Attainment Scale to be developed	
	Supervisors will provide feedback to caseworkers about how the analysis of information is reflected in case documentation (contact summaries, overall risk/severity, safety analysis, transfer summaries, etc.).	Supervisors Managers	July – Dec. 2015	Technical Assistance re: Goal Attainment Scaling Staff time and capacity –	

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				learning Goal Attainment Scaling, developing data points/scale and collecting data	
	Supervisors will be assigned a mentor when they are promoted to their new position.	Managers Administration	Jan. – June 2015	No additional resources needed	

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Outcome #3: Supervisors and caseworkers will increase their effectiveness at implementing interventions designed to resolve underlying concerns.					
STRATEGIES	ACTION STEPS	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Team meetings, which include family members and placement/service providers, will be held to share information gathered and determine the best course of action.	Must know who teams members are and document them in CAPS in the transfer summary.	Caseworker	Jan. – June 2015	No additional resources needed	
	Team meetings must be scheduled for every family, except for brief services.	Caseworker Supervisors Managers	July – Dec. 2015	Transportation Staff time and capacity	
	Initial meetings are co-facilitated by caseworker and “expert facilitator”.	Caseworker Caseworker III	July – Dec. 2015	Staff capacity (coaching/ modeling for skill development)	
	Schedule team meetings in community locations, whenever possible, to accommodate the family. Locations must provide privacy to ensure confidentiality.	Caseworker Caseworker III Manager	July – Dec. 2015	Community locations Technology resources (i.e. Skype, phone) Travel costs	
	Pilot holding team meetings in school districts on designated days.	Caseworker III Managers	July – Dec. 2014	Travel costs	
	Ongoing team meetings throughout the life of the case will be facilitated by caseworker and/or supervisor.	Caseworker Supervisor	Jan. – June 2016	Staff time and capacity	
Supervisors will ensure service provider goals are developed which are designed to address the underlying concerns contributing to child	When completing service authorizations, supervisors will include targeted goals for the service based on the identified needs of the family.	Supervisors Program Spec. Managers	July – Dec. 2015	No additional resources needed	

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maltreatment, as identified through information gathering and analysis.	Regular communication with providers will occur at least 2 times per month to gather and share information regarding services provided, information learned about the family’s history, needs and underlying causes of maltreatment.	Caseworkers Supervisors Managers	Jan. – June 2015	No additional resources needed	
Supervisors will help caseworkers regularly monitor service delivery and effectiveness to determine if the services are working to resolve the underlying causes of child maltreatment.	Supervisors and caseworkers will regularly communicate with service providers and review service provider reports.	Supervisors Caseworkers	Jan. – June 2015	Training and information on CANS/FAST	
	Program Specialist will schedule monthly meetings with providers so supervisors can meet with them to review services provided, progress made, and the need for ongoing services.	Supervisors Program Specialist Managers	Jan. – June 2016	Staff time	
	Before reauthorizing services, supervisors and caseworkers will review the progress made to determine if the service is achieving the designated goals or if a change in services/providers would benefit the family.	Supervisors Caseworkers Program Spec. Managers	July – Dec. 2015	No additional resources needed	

Next Steps and Monitoring

The CI Team will serve as the group to develop and implement an ongoing monitoring plan. Specific goals will be converted to Goal Attainment Scales¹ to support the monitoring process. The scales will describe where the agency expects to be with their implementation of each plan goal at the end of one year. All scales will consist of 5 points. The “3” point on the scale corresponds to what the team thinks would be the “most realistic/likely” level of implementation in relation to the goal. The focus will be on realistic and measurable goals with an understanding of where the county is, what barriers may exist, and what strategies will be implemented in order to make changes. An important step is to decide what evidence will be used and how it will be collected.

¹ Parry, C.F., *Step by Step Guide to Goal Attainment Scaling; 2013 OE Research Project*

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Using data from the Goal Attainment Scales the CI Team will assess progress through implementation reviews (measure accomplishments versus planned milestones and commitments); impact reviews (measure actual versus expected impact on organizational capacity and client outcomes); and lessons learned reviews. The lessons learned discussion address new and emerging questions and findings to motivate further improvement. The team will continue to follow the DAPIM™ flywheel through redefining the desired future state as data is collected and analyzed, assessing strengths and gaps, implementing and modifying the plan as necessary, and monitoring key strategies.

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

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