

## Allegheny County Improvement Plan

County Name: Allegheny

Date of Plan: August 2014

Initial

Update

### Section I: Sponsor Team Members

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### Section II: Background

Allegheny County has hosted several forums to gather input for the development of the *Allegheny County Improvement Plan 2014*. Leadership from the Pennsylvania Department of Public Welfare, Office of Children, Youth and Families Western Region, the University of Pittsburgh's Pennsylvania Child Welfare Resource Center and the Allegheny County Department of Human Services (DHS) hosted the Quality Service Review (QSR) Next Steps Meeting on June 09, 2014. The Next Steps Meeting involved 65 participants from DHS's program and support offices in a comprehensive review of the March 2014 QSR findings, with a focus on data that

identified opportunities for improving outcomes for children and families served by our child welfare program office. QSR findings were also presented to the DHS Children’s Cabinet, CYF regional offices, DHS Youth Support Partners and Family Support Partners; input from these stakeholders informed the development of the improvement plan.

Allegheny County’s Improvement Plan reflects current and future DHS initiatives, particularly two significant investments currently underway: 1) expansion of *Conferencing and Teaming* as our engagement and teaming practice model and 2) participation in Pennsylvania’s *Child Welfare Demonstration Project* in partnership with the state and four other Pa. counties. Both are designed to further our progress toward service integration and drive policy and practice improvements incorporated within the plan.

### **Section III: Actions Addressed in County Improvement Plan 2013**

The Allegheny County Improvement Plan of 2013 focused on improvement strategies in the three priority improvement areas of permanency, teaming and engagement and highlighted implementation of *Conferencing and Teaming* as our universal practice model across DHS, beginning with child welfare. The CIP 2013 also addressed the five-year federal *Child Welfare Demonstration Project*, whereby Allegheny County began to implement a plan to identify and implement new approaches to service delivery in an effort to improve outcomes for children and families involved in the child welfare system. Allegheny County continues to build on the practice model and better define strategies to improve safety, permanency and well-being outcomes for children and families and, specifically, to reduce the use of congregate care, impact reentry rates and decrease days in care.<sup>1</sup>

#### 1) Conferencing and Teaming

Conferencing and Teaming is a first step towards achieving long-term department-wide goals that include adoption of common practices, structural integration, financial and

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<sup>1</sup> Allegheny County has identified six main approaches to achieve lasting systems changes and improved outcomes for children and families; each approach is connected to the data identified in this plan:

- a. Improvement in family engagement and service integration through implementation of Conferencing and Teaming, Permanency Roundtables, in partnership with Casey Family Programs
- b. Implementation of assessment approaches to assist families to state their needs in their own terms and to direct clients and families to appropriate natural and professional services and supports (CANS, FAST).
- c. Development and implementation of decision support tools to improve placement and service decision making (Best Interest Placement Tool; expanded resource care recruitment and retention programs)
- d. Improvement of process and quality of care through the expanded use of evidence-based interventions
- e. Reformation of contracting and payment procedures to align county and provider incentives (Performance-based Contracting)
- f. Use of strong quality improvement processes to continuously assess and evaluate services.

operational efficiencies, and quality improvement processes. Conferencing and Teaming is the core engagement, teaming and decision-making practice model for DHS. In the child welfare context, Conferencing and Teaming provides a vehicle for parents to partner with child welfare to identify what they feel needs to happen within their family in order for children to be safe. Conferencing and Teaming ensures that all family supports - professional and nonprofessional - have an opportunity to coordinate the ways in which they will help the family make necessary changes. These meetings mark an important shift in practice, as DHS will no longer create family plans based primarily on the input of professionals; instead, families are the architects of their own plans. Conferencing and Teaming is currently in place in the Central, North, Mon Valley and East regional offices; training has been completed for the South region and implementation began at the end of July 2014.

## 2) Common Assessments

DHS continues to expand its common assessment approach to assist families in identifying and stating their needs in their own terms and to direct families to appropriate natural and professional services and supports. This approach utilizes the CANS (Children and Adolescents Needs and Strengths) and FAST (Family Advocacy and Support Tool). The FAST, which is the family version of the CANS, is aimed at service planning and decision making at the family level (including fathers and paternal kin). The FAST is most commonly used to address the needs of families who are at risk of child welfare involvement; it is designed to help identify strengths and underlying issues and needs for families that have been accepted for service in CYF, in order to support effective interventions focused on the entire family. Results from the FAST are used to inform the planning process and to help set goals, objectives and strategies to meet needs in a strengths-based manner. The implementation of these assessments has been strengthened by the development of a training curriculum, developed by the DHS Common Assessment Team (CAT) with input from child welfare staff and Conferencing and Teaming coaching staff.

Since October 2013, DHS has conducted seven FAST training and certification sessions for all Family Advocates and Managers who are responsible to conduct family assessments. Also, in the last five months, the CAT has established a formal structure and method for providing ongoing technical assistance and support to Family Advocates through the assignment of a CAT member to three regional offices, providing two full support days per month. The same model will be implemented in the two remaining regional offices (East and South), beginning in July 2014.

A major aspect of the demonstration project has been the integration of both common assessments and Family Finding within the family engagement model; these were not originally included in Conferencing and Teaming. However, since October 2013, they have been integrated so that curriculum, training, coaching support and technology reflect a comprehensive family engagement model.

### 3) Effective Practice Modalities

Allegheny County has committed to introducing, expanding and measuring the impact of Evidence-Based, Evidence-Informed and Promising Practices<sup>2</sup> that are more likely to result in positive outcomes for children and families.

In summer 2013, DHS began an analysis of our existing non-placement services to better understand what outcomes we are achieving with the current service array and to identify service gaps. We also distributed a "Request for Information" to local providers to learn which Evidence-Based, Evidence-Informed or Promising Practices they have implemented, what outcomes have been achieved, and what Promising Practices they have learned about, developed or adopted.

In Fiscal Year 2014-2015, Allegheny County plans to launch the first phase of our implementation of evidence-based practices by focusing on six interventions designed to help families avoid placement or increase their chances of success after children have returned home. The six interventions are: 1) *Outpatient Mental Health Treatment [Alternative for Families-Cognitive Behavioral Therapy]* (AF-CBT); 2) *Trauma-Focused Cognitive Behavioral Therapy* (TF-CBT); 3) *Family Focused Solution Based* (FFSB); 4) *Home-based family treatment- Multi-Systemic Therapy* (MST); 5) *Skill development for parents of young children- Parent-Child Interaction Therapy* (PCIT); and 6) *Placement prevention/crisis stabilization- Homebuilders Model*. The first five of these interventions are already in place in Allegheny County's behavioral health system; our initial efforts will focus on increasing their use within child welfare by educating and training DHS staff and other stakeholders. *Homebuilders*, which was selected because it is a nationally-recognized program with decades of evidence of improved outcomes for

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<sup>2</sup> *Evidence-Based Practices* - social work or treatment modalities that have been proven in testing via one or more high quality randomized control trials. *Promising Practices* - social work or treatment modalities that have a defined approach and emerging evidence of efficacy but have not yet been robustly evaluated.

families in crisis, will replace all existing contracts for “crisis in-home services” in or around January 2015.

#### 4) Performance-Based Contracting

Concurrent with the expansion of Evidence-Based Practices within non-placement services, DHS continues to implement performance-based contracting (PBC) within placement services. By enacting a performance-based model, DHS aims to focus attention on – and align payments with – desirable child outcomes, such as increased permanent exits, decreased care days and decreased re-entry rates. Through this approach, we are learning how to support clear and timely measurement and analysis on an ongoing basis, with an emphasis on identifying areas for improvement and informing practice changes. This same focus on performance and outcome measurement will be emphasized in our evidence-based practice work.

A risk-free PBC pilot year began on July 01, 2013. Using individual agency-specific data, DHS worked with each provider to define their baseline and outcome targets. Providers were measured only against their own data. During the pilot year, reimbursements were not adjusted based upon these data. However, beginning July 01, 2014, there will be financial implications based on providers’ success in improving their outcomes. Agencies serving a large number of youth may receive an incentive payment or recoupment based upon their performance relative to their baseline. Smaller agencies will not face penalties at this time, but, based upon their performance, may be eligible to share in system-wide savings.

The following outcomes measures will be tracked:

- Permanent Exits – Permanent exits include adoptions, reunification or permanent legal custodianship (PLC)
- Care Days/Cost of Those Care Days –The number of days (and the cost of those days) during which the child is served by an agency
- Reentry Rates – For children who have exited to reunification or PLC during the performance period, the percent who returned to care with any provider within 12 months of that permanent exit
- Non-Permanent Exits – Includes Transfers and “Other” Exits, defined as:
  - Transfers – A transfer occurs when a youth exits a provider’s facility for any reason
  - “Other” Exit – When a youth ages out of care or runs away and does not return to the provider from which s/he absconded.

## 5) Permanency Roundtables

Allegheny County, in partnership with Casey Family Programs, the Pennsylvania Office of Children, Youth and Families, the Statewide Adoption and Permanency Network (SWAN) and other systems, conducted Permanency Roundtables- structured, professional case consultations designed to expedite permanency for youth in out-of-home care through innovative thinking, application of best practices, and working through systemic barriers. Permanency Roundtables provide the opportunity for us to examine our child welfare system and determine where the greatest need for expediting permanency lies. The primary goals of the Permanency Roundtables are to: 1) develop an action plan that will expedite permanency for select cohorts of children and youth in care; 2) stimulate thinking and learning about pathways to permanency for children in care; and 3) identify and address systemic barriers to expedited permanency.

In addition to the two cohorts of youth for whom roundtables were conducted in 2012 (youth with a permanency goal of OPLA) and 2013 (youth in congregate care), DHS conducted a third round of roundtables in November 2013; given the age of the cohort, the focus was on safe return to family. The Safety Roundtables were conducted on 24 focus children and 17 siblings:<sup>3</sup>

- Children ages five and younger
- Reunification as permanency goal
- In care 15 months or longer, in any placement type

Each child is monitored monthly, to determine progress in the following areas: *achievement of legal permanence; improvement in permanency status; and change in level of placement restrictiveness.*

Roundtable outcome data (through March 2014):

- Achievement of Legal Permanence through reunification, adoption or legal guardianship

A total of 20 children (15 percent) achieved legal permanency through reunification, PLC or adoption:

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<sup>3</sup> for one focus child and two siblings who had recently returned home, the focus was on aftercare and safety planning in order to maximize stability and reduce the risk of re-entry

- OPLA Cohort (11 percent of reviewed youth with permanency)
- Congregate Care Cohort (27 percent of reviewed youth reunified)
- Age 5 and under Cohort (17 percent of reviewed youth achieved permanency)
- Siblings (11 percent of reviewed youth)
- Improved Permanency Status<sup>4</sup> – progress towards permanency for individual children

Forty-three percent of children achieved improved permanency status:

- OPLA Cohort (34 percent of reviewed youth)
- Congregate Care Cohort (35 percent of reviewed youth)
- Age 5 and under Cohort (67 percent of reviewed children)
- Siblings (46 percent of reviewed youth)
- Reduction in Level of Restrictiveness<sup>5</sup>

Ten percent of children moved to a less restrictive setting

#### 6) Synchronization of Family and Child Permanency Planning

Allegheny County received state approval for a revised family plan that combines elements of both the former Family Service Plan and the Child Permanency Plan. CYF service planning and documentation processes are now synchronized through DHS Conferencing and Teaming, through which we will continually evaluate the effectiveness of this combined service plan to measure its impact on achieving desired outcomes, including timely legal permanence.

#### 7) Enhancement of Concurrent Permanency Planning

Last summer, the state approved Allegheny County's Concurrent Planning Self-Assessment and Plan; we continue to work with the state and other TA Collaborative members to implement the plan, with a compliance target of July 2015.

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<sup>4</sup> Improved Permanency Ratings: permanency achieved; very good; good; fair; marginal; poor (Casey Family Programs)

<sup>5</sup> Children who aged out, achieved legal permanency through adoption, or return home not included in analysis of level of restrictiveness

Updates on action steps for concurrent planning follow:

### Core Component 2: Family Search and Engagement

Family Advocates, who have experience in family teaming models of assessment and planning, have been assigned as lead staff for Family Finding. They have received training in the Family Finding model developed by Kevin Campbell. Family Advocates work in partnership with the family's casework staff, and are responsible for administering the FAST assessment and conducting Family Finding for each child placed in out-of-home care. The Family Advocate teams with a Family Service worker to share case information, advocate on behalf of the family and youth, and ensure that the information they glean from their assessments and Family Finding are incorporated into the case plan. This information is entered into the KIDS application; it includes the names of relatives identified through Family Finding and the results of efforts to locate and engage them, as well as any safety considerations with respect to the identified relative/kin. Family Finding training was hosted in July 2013 and July 2014, with assistance from The Child Welfare Resource Center and TA Collaborative.

A new Parent Handbook was developed and disseminated to complement the revised Relative Notification Letter, supported by our DPW regional staff and TA Collaborative members.

### Core Component 5: Clear Time Lines

Allegheny County conducts permanency reviews every three months. These reviews, and strategies for enhanced and timely dialogue between caseworker and parent/guardian, have been incorporated into the Conferencing and Teaming training. This information is also included in the revised Parent Handbook.

### Core Component 7: Collaboration

In concert with investments in Permanency Roundtables and the Crossover Youth Practice Model, Conferencing and Teaming requires that a conference be held within 30 to 60 days of acceptance for service. In preparation for the conference and development of the Family Plan and Child Permanency Plan (CPP), the caseworker and supervisor notify the parents, the youth, caregivers and natural supports identified by the parents, legal representatives, educational, behavioral health, medical health providers and other system partners, both by letter and by face-to-face or telephone contact. Each of the participants is provided context for the meeting as well as

encouragement to share pertinent information toward the development of the Family Plan and CPP.

## 8) Design and Implementation of Decision Support Tools

### Best Interest Placement Tool

DHS designed and implemented a decision-support tool to assist casework staff with identifying placements that are in the best interest of the child and family. The objective of the tool is to increase placement stability and improve permanency and well-being outcomes for children in care through better, more informed placement decisions. Expected results include: 1) to reduce congregate care placements (since resource homes will always be ranked above group homes); and 2) to improve neighborhood/school stability by ranking homes based on shortest distance from the home removal address. Additionally, the tool allows DHS to capture more comprehensive data on placement needs and share the information with providers to inform more targeted recruiting, enabling DHS and provider agencies to expand placement resources in the county.

The Best Interest Placement Tool is designed to impact placement decisions for foster, group and residential home placements but does not apply to kinship care homes at this time. Best interest factors include, but are not limited to: the most family-like setting; location in the child's community and school catchment area (if preferred); and placement provider willing to care for the child's identified physical and behavioral health needs.

When making placement decisions, caseworkers electronically enter specific information about the child. The tool matches that information with the information entered by providers about active/available placements and generates a list of available homes, ranked by the best fit factors identified.

Key process changes of the Best Interest Placement Tool include:

- *Removal of up-front selection of care type*

Prior to implementation of the Best Interest Placement Tool, caseworkers were required to select a specific type of service prior to posting the request. With the new process, caseworkers post more generically and the tool prioritizes homes based on the least restrictive environment.

- *Availability of additional home-level information*

Both caseworkers and providers now have access to more information in order to support placement decisions. There is a comparison report available that allows users to select up to five homes to compare. The real-time report shows detailed information about the child(ren) being placed and compares it to information about each available home. Information includes:

- Child-level characteristics and whether or not the provider is willing to consider serving a child with the specified characteristics. The report also highlights homes with experience fostering a child with the specified characteristic
- Capacity and distance from the target address
- Information about household members including age, gender, race and religion
- Information about other children currently placed in the home
- Whether or not the home is willing to provide legal permanence

Benefits of the Best Interest Placement Tool:

- *Child welfare staff are able to review and consider best fit homes across all agencies*

Prior to the Best Interest Placement Tool, caseworkers were limited to choosing homes that were proposed and recommended by providers. In the new process, they still receive recommendations from providers, but they see how each of those recommended homes were ranked by the tool. They can also see a list of all available homes, regardless of provider response. This enables them to be more proactive and contact providers with best-fit homes who may not have responded.

- *More targeted outreach for shelter/emergency placements:*

A quick search tool was also created to be used for emergency placements. Shelter coordinators and night and evening intake staff use this tool to quickly generate a list of best fit homes based on child-level information entered. The staff currently uses the Shelter Search tool to prioritize calls, contacting providers with the highest tier homes first. This tool is designed to improve placement stability by identifying a better fit home at the initial emergency placement.

DHS conducted training for all CYF regional office casework staff during the first week of April 2013, and all staff are now utilizing the tool. DHS is in the process of evaluating the process and effectiveness of the tool and will continue to provide support to casework staff and providers to maximize its impact on child permanency and well-being.

### Predictive Analytics

To support our continued improvements in the delivery of services, DHS is in the process of evaluating proposals that develop predictive analytics and enhanced decision support capacity through the design of decision support tools. These tools will identify inputs, outputs, process for decision-making and visual display that best support staff in making data-informed decisions. The analytic model will identify the most significant predictors of key questions, including:

- What is the best way to prioritize child welfare intake cases for response?
- Which child welfare placements are most likely to disrupt?
- How can we predict which child welfare reunifications are most likely to disrupt?
- Which child welfare clients are at risk of *crossing over* into the juvenile justice system?
- In which child welfare cases has risk of future harm been sufficiently reduced to close the case?

## **Section IV: Continuous Quality Improvement Data 2014**

### 1. Data Source: DHS Administrative Data

Administrative data include: placement stability; living arrangement (placement type); and permanency (as defined by the QSR Protocol). This year's updated administrative data do not reveal significant changes from the previous year.

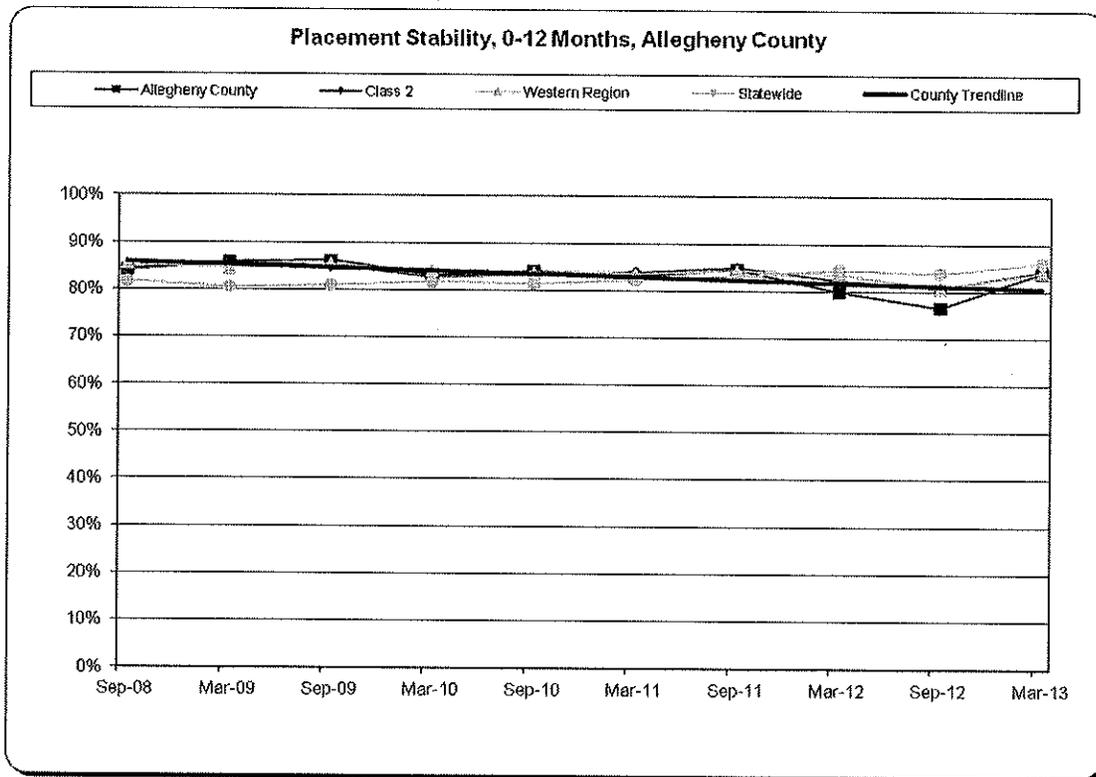
### Placement Stability

AFCARS<sup>6</sup> placement stability measure is one tool used to assess stability in Allegheny County. According to these data, placement stability in Allegheny County was comparable to stability in the state and the region within 0-12 months of placement until a decrease was noted in 2012; stability increased to previous levels by March 2013. At 42 percent, Allegheny County continues

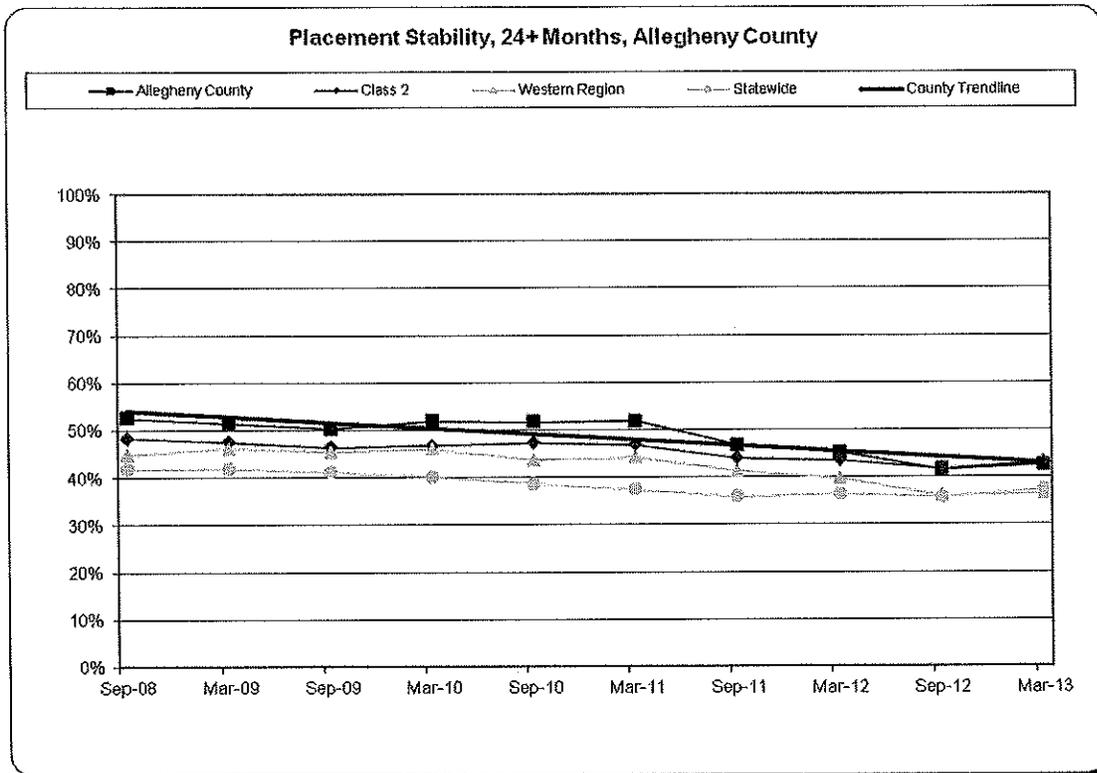
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<sup>6</sup> AFCARS (Adoption and Foster Care Analysis and Reporting System) collects case level information on all children in foster care for whom a Title IV-E agency has responsibility for placement, care or supervision and on children who are adopted under the auspices of the public child welfare agency.

to outperform the state (37 percent) and region (36 percent) for placement stability beyond two years in care.



Source: PA Dept of Public Welfare



Source: PA Department of Public Welfare

### Living Arrangement (Placement Type)

Data indicate minimal change in use of congregate and kinship care. Kinship care remains the primary placement type for Allegheny County's foster care population. The table below indicates placement types for first entries only.

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

	2006	2007	2008	2009	2010	2011	2012	2013
<b>Count</b>	<b>1,112</b>	<b>869</b>	<b>841</b>	<b>851</b>	<b>773</b>	<b>795</b>	<b>834</b>	<b>779</b>
<b>Kinship Care</b>	41%	36%	39%	42%	42%	42%	44%	45%
<b>Foster Care</b>	33%	40%	36%	35%	34%	39%	29%	30%
<b>Congregate Care</b>	23%	21%	22%	19%	19%	16%	22%	20%
<b>Independent Living</b>	1%	1%	1%	1%	1%	0%	1%	0%

At a recent point in time (May 30, 2014), half of all children in placement were with family in a kinship care setting and 80 percent were in a family setting. About 17 percent of youth were placed in a congregate setting.

**Point in Time Placement Settings (KIDS), 5/30/14**

<b>Current Placement Type</b>		<b>Total</b>	<b>Percent</b>
Foster Care	Kinship Care	703	50%
	Non-Kinship Care	359	26%
	Shelter Foster	56	4%
Congregate Care	RTF	14	1%
	Group Home	118	8%
	Residential	42	3%
	Shelter Group	70	5%
Independent Living		42	3%
Alternate Location		3	0%
<b>Total</b>		<b>1407</b>	<b>100%</b>

Permanency

From 2006 through 2012, about 59 percent of youth entering care exited within 12 months. While the percentage of youth exiting within one year was slightly higher in 2007 through 2009 than it is more recently, the percentage of those exits that are to permanency has risen over the last several years, from 82% to 88%. Exits to permanency as a proportion of all exits has remained fairly stable.

The percentage of youth reentering care following an exit to permanency seems to be declining in recent years. More reentries may still occur since many youth who entered care in 2011 and 2012 had not exited at the time this data was prepared (12/31/13), but the lower rates in 2009 and 2010 indicate a drop in the reentry rates.

## Exits and Re-entries from First Placement Episode, By Entry Year

	2006	2007	2008	2009	2010	2011	2012
<b>Entries</b>	<b>1112</b>	<b>869</b>	<b>841</b>	<b>851</b>	<b>773</b>	<b>795</b>	<b>834</b>
<b>Exits*</b>	<b>1102</b>	<b>865</b>	<b>828</b>	<b>824</b>	<b>733</b>	<b>695</b>	<b>572</b>
<i>As a percent of entries</i>	99%	100%	98%	97%	95%	87%	69%
<b>Exits within one year</b>	<b>651</b>	<b>567</b>	<b>538</b>	<b>529</b>	<b>451</b>	<b>470</b>	<b>492</b>
<i>As a percent of entries</i>	59%	65%	64%	62%	58%	59%	59%
<b>Exits to permanency*</b>	<b>915</b>	<b>759</b>	<b>689</b>	<b>697</b>	<b>644</b>	<b>617</b>	<b>497</b>
<i>As a percent of entries</i>	82%	87%	82%	82%	83%	78%	60%
<i>As a percent of exits</i>	83%	88%	83%	85%	88%	89%	87%
<b>Exits to permanency within one year</b>	<b>531</b>	<b>489</b>	<b>431</b>	<b>450</b>	<b>393</b>	<b>414</b>	<b>433</b>
<i>As a percent of entries</i>	48%	56%	51%	53%	51%	52%	52%
<i>As a percent of exits within 1 year</i>	82%	86%	80%	85%	87%	88%	88%
<b>Reentries from permanency within one year of exit*</b>	<b>219</b>	<b>179</b>	<b>152</b>	<b>129</b>	<b>111</b>	<b>91</b>	<b>101</b>
<i>As percentage of exits to permanency</i>	24%	24%	22%	19%	17%	15%	20%

\* Exits and reentry rates (without the one year limit) in recent years are likely to increase since some youth who entered care in those years are still exiting and may still experience reentry.

### 2. Data Source: Annual Licensing Review

DPW OCYF Western Region conducted its annual licensing review of DHS's CYF Office in March 2014. The review included: review of the same cases randomly selected for the Quality Service Review process (QSR); interviews with administrative, supervisory and casework staff; review of internal policies and procedures; review of personnel records, including required training; review of intake and resource family records; and review of agency fiscal documentation.

### Practice Strengths

- Improvement in quality of assessments and dictation
- Monthly casework visitation of children at home and in care
- Prioritization of kinship placement
- Family visitation for children in care, including siblings
- KIDS system that enables effective communication among team members

### Recommendations for Improvement

- Development of documentation process for parents' refusal to allow child's photograph to be taken
- Development of procedure to ensure completion of the ten-day supervisory logs
- Finalization of policy on casework visitation of children in the home when sibling is in placement
- Update of supervisory log in KIDS to document levels of service consistent with risk to child

### Regulatory Findings Requiring Plan of Correction

- Act 126 per 3130.21 (b): no updated photos for three cases; requires establishment and implementation of procedure to ensure that all children who have been accepted for services have annual photos taken
  - *Action:* By July 30, 2014, CYF will finalize and distribute procedures related to photographs of children whose cases are accepted for service. Procedures will include the process by which photographs are taken, stored, printed and will outline caseworker responsibilities. Procedures will also direct caseworker actions in the event that a parent or caregiver refuses to allow photographs to be taken. Compliance will be measured through administrative review and internal and external quality assurance processes.
- 3130.63 (a): Family Service Plans were not completed every six months in three cases; requires establishment and implementation of a procedure to ensure that FSPs are reviewed every six months
  - *Action:* CYF will continue to reinforce and monitor the existing procedures for the development and review of Family Plans. Conferencing and Teaming, DHS's practice model that engages families in all practice performance, including assessment, planning, tracking and adjusting, is now implemented at various

levels across the five regional offices. Family Plans developed by the team, including families, are to be reviewed and adjusted at least every six months, through this practice model. Supervisors and casework staff will use SafeMeasures to monitor their workload and due dates. Other quality assurance processes will be applied to measure compliance with this regulation and, more importantly, to ensure that Family Plans are tracked and adjusted as the team routinely monitors the family's status and progress, interventions and results for makes necessary adjustments to create a self-correcting service process that leads to finding what works for families.

- 3490.235 (f): in two cases, the supervisor failed to approve the FSP within the required ten-day period of completion; requires establishment and implementation of a procedure to ensure that all FSPs are reviewed and signed by a supervisor within ten days of the plan completion
  - *Action:* CYF will continue to reinforce and monitor the existing procedures that require ten-day supervisory approval of Family Plans. Compliance will continue to be measured through the use of SafeMeasures and internal quality assurance strategies to measure compliance with existing agency procedures related to this regulation.
  
- 3490.55 9 (c): in one case, there was no documentation in the case record to indicate that a young child was seen by the agency; requires the establishment and implementation of a procedure that requires the agency to ensure the safety of all children in the family home upon receipt of a report of suspected abuse.
  - *Action:* CYF procedure requires that casework staff see all children residing in a family home upon receipt of report of suspected abuse. Caseworkers are responsible to ensure the immediate safety of the children living in the home. All children living in the target household must be interviewed separately. If the child is too young or non-verbal to interview, that child must be observed to note physical condition and development. Administration will review this procedure in supervisory meetings, and compliance will be measured through administrative review and internal and external quality assurance processes.

### 3. Data Source: Quality Service Review 2014 (Overall Findings)

DHS conducted the annual Quality Service Review, in partnership with the state Office of Children, Youth and Families and the University of Pittsburgh PA Child Welfare Resource Center,

over a two-week period in March 2014. A total of 20<sup>7</sup> randomly-selected cases were reviewed on 22 factors related to child and parent/caregiver status (*safety, permanency and well-being outcomes*), as well as the overall quality of our child welfare practice performance. The reviewers reviewed case records, conducted interviews for each case, and applied a statewide QSR Protocol to each indicator to measure child and parent/caregiver status and overall practice performance.

In addition to the on-site case reviews, DHS hosted three focus groups, two of which were comprised of randomly-selected caseworkers and supervisors across the regional offices and comprised of representatives from our child welfare and drug and alcohol services. The two CYF focus groups were conducted by University of Pittsburgh researchers and addressed the county's preparation and implementation of the Child Welfare Demonstration Project. The third focus group elicited feedback on our integration of child welfare and drug and alcohol services within Allegheny County and ways in which we can improve these systems.

Strengths related to Status Indicators (child safety, permanency, well-being and caregiving functioning, generally over past 30 days)

- Child Safety: children are free from exposure to threats of harm, from risk to self and others in all settings
- Emotional Well-being: children, consistent with age and/or ability, are displaying adequate patterns of attachment and positive social relationships; coping and adapting skills; and appropriate self-management of emotions and behaviors
- Physical Health: children are achieving and maintaining optimum health status
- Early Learning and Development: young children are attending and thriving in early education settings. Children who were too young for a formal educational setting had been evaluated and were receiving services as needed for any developmental delays.
- Parent Functioning: Fathers<sup>8</sup> are providing and sustaining parenting roles throughout the lifetime of their children

Opportunities for improvement related to Status Indicators

- Stability (home and school): stability in home and school settings should be free from the risk of disruption. Children are demonstrating a pattern of inconsistent home and

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<sup>7</sup> Two in-home cases were excluded from the final submission, as the focus children were unavailable for interview and observation with their caregivers.

<sup>8</sup> Six fathers rated during this review period; all had connections to mothers and shared in caregiving roles with their children. Four fathers were household members.

school stability that places them at risk of future disruption and imposes undue challenges for academic success and legal permanency.

- Permanency: children require an unconditional commitment for achieving legal permanency in one of the following ways: safely remaining with family; safe and permanent return to family; achieving legal permanence; and family connections, including adoption and permanent legal custodianship. Children were experiencing delays in achievement of legal permanency and lacked a clear path that would lead to legal permanency.
- Academic Status: academic status requires immediate and concerted attention, including: attendance; educational setting that meets need; meeting requirements for annual promotion; and course completion.
- Parent Functioning (Mother): Mothers faced a number of challenges including substance use, mental health challenges, co-occurring disorder, domestic violence, lack of support, poverty and intellectual disability. Mothers require additional supports to meet the protection, supervision and support needs of their children.

Strengths related to Practice Performance Indicators (the extent to which best practice guidelines are applied successfully by members of the team serving the family and child, generally over the past 90 days)

- Cultural Awareness and Responsiveness: identification of culture is addressed in practice with focus children and mothers
- Resource Availability: Allegheny County continues to provide a rich array of accessible community resources

Opportunities for improvement related to Practice Performance Indicators

- All practice performance indicators for Fathers: Fathers need to be included as full and equal team members throughout all phases of child welfare involvement.
- Assessment and Understanding: collection and sharing of essential information should include: understanding of strengths and needs based on underlying issues; identifying what changes must occur in order for child and family to live safely together; achieving timely permanence; and improving well-being and functioning.
- Teaming: all team members should be identified and effectively work together to share information, plan, provide and evaluate services to achieve desired outcomes and safe case closure.
- Efforts to Timely Permanence: CYF needs to demonstrate a pattern of urgency and relentlessness in efforts to achieve permanency for children to return and/or to remain safely home or to achieve legal permanence through adoption or legal custodianship.

- Maintaining Family Relationships: interventions for building and maintaining positive interactions, providing emotional support between the child and his/her parents, siblings, relatives and other important people in the child's life<sup>9</sup>
- All Planning Indicators (Long-term View; Planning for Transitions and Life Adjustments; Family Planning Process): practice should ensure that adequate planning occurs for safe, timely case closure; reduction of re-entry and/or re-referral; and achievement of lifelong permanency for children. This should include all children and family members as a focus of planning, not only those children who are in placement or those parents who live in the home with the child(ren).

#### 4. QSR Data related to *Permanency, Teaming and Engagement with Fathers*

##### Permanency (Priority One)

The QSR measures permanency across three child status indicators (*Stability, Living Arrangement and Permanency*) and one practice performance indicator (*Efforts to Timely Permanence*).

*Stability* is a measure of the degree to which the child's daily living and learning arrangements are stable, free from risk of disruptions, and known risks are managed to achieve and maintain stability. *Living Arrangement* is a measure of the degree to which the child, consistent with age and/or ability, is currently living in the most appropriate and least restrictive living arrangement. *Permanency* is a measure of the degree of confidence that the child is living with (or will exit care to adults who are) caregivers who will sustain their caregiver role until the child reaches adulthood.

Reviewers rated 76 percent of cases as acceptable across the three status indicators:

- Stability: 50 percent for Stability
- Living Arrangement: 80 percent
  - Family home: 92 percent
  - Substitute home: 62 percent
- Permanency: 56 percent

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<sup>9</sup> Seven cases were rated as unacceptable for Connections to Siblings (four out-of-home and three in-home cases, where the focus child or a sibling were in out-of-home care and were rated as unacceptable for sibling connections through visitation and other forms of contact. Allegheny County CYF is working to improve the visitation process for children and families. Through our Conference and Teaming, visits and a visitation plan should be family driven when possible. This means that preferably visits will be coordinated by kin and kin would provide the location and supervision for the visits. When visits cannot be coordinated by kin, the goal will be that visits will occur in the least restrictive setting, such as the family home or a community location. To help enhance this service, OCYF will be looking to increase their visitation services through a RFP for services to include a visitation coaching program as well as visitation space in the community. The absolute last resort for family visits will be the OCYF office and the goal will be to eliminate these visits with an increase in visitation services in the community.

STABILITY Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Living Arrangement	18	4	2	3	50%	4	4	1	50%
School	12	5	0	1	50%	2	3	1	50%
<b>Total</b>		<b>9</b>	<b>2</b>	<b>4</b>	<b>50%</b>	<b>6</b>	<b>7</b>	<b>2</b>	<b>50%</b>

Figure 7: Stability QSR Results

Living Arrangement Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	12	4	4	3	92%	1	0	0	8%
Family home #2	0	0	0	0	-	0	0	0	-
Substitute home	8	2	2	1	62%	2	1	0	38%
<b>Total</b>		<b>6</b>	<b>6</b>	<b>4</b>	<b>80%</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>20%</b>

Figure 8: Living Arrangement QSR Results

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Permanency	18	4	5	1	56%	5	3	0	44%
<b>Total</b>		<b>4</b>	<b>5</b>	<b>1</b>	<b>56%</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>44%</b>

Figure 9: Permanency QSR Results

*Efforts to Timely Permanence* measures the degree to which current efforts for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision. This indicator looks at both efforts (for both in-home and out-of-home cases) and timeliness (only for out-of-home cases and gives specific timeframes for timely achievement).

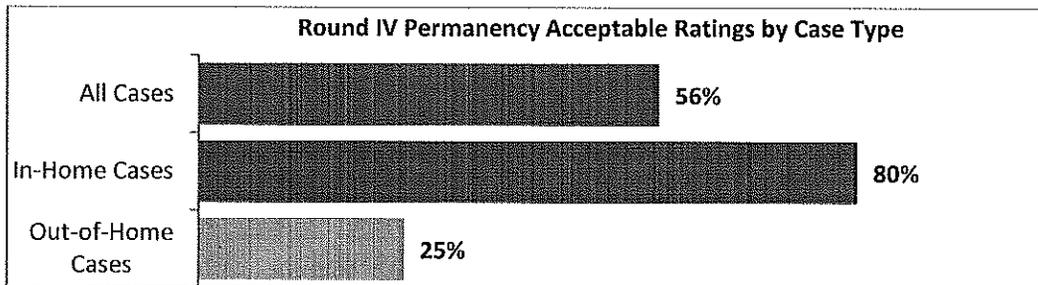
Sub-indicators	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Efforts	18	1	3	4	44%	5	5	0	56%
Timeliness	8	0	1	1	25%	4	2	0	75%

Sub-indicators	N	Acceptable				Unacceptable			
		1	4	5	38%	9	7	0	62%
<b>Total</b>									

FIGURE 25: "EFFORTS TO TIMELY PERMANENCE" QSR RESULTS

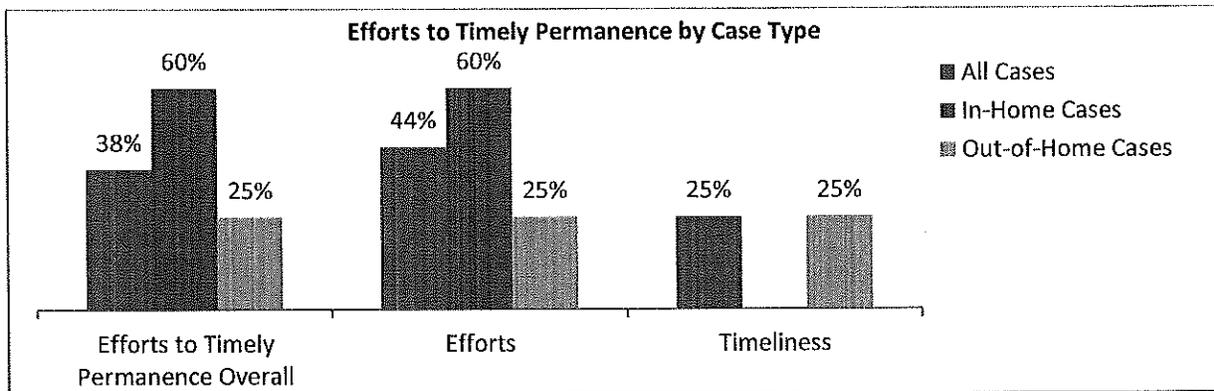
In-Home vs. Out-of-Home Cases<sup>10</sup>

Fifty six percent of all reviewed cases were rated as acceptable for permanency. In-home cases were more likely to be rated acceptable (80 percent) than out-of-home cases (25 percent). While in-home cases may have potential threats to permanency, the majority of in-home cases had plans established to address these threats and to mitigate the risk of placement.



Under the *Efforts* sub-indicator, in-home cases were more likely to be rated as acceptable (60 percent) than out-of-home cases (25 percent). In-home cases were reported to have fewer obstacles to permanency and required less effort to ensure permanency than out-of-home cases. *Timeliness* was rated acceptable in a quarter of out-of-home cases. *Reunification* was the most commonly reported permanency goal among out-of-home cases, and of those cases where *Effort* was found to be acceptable, *Timeliness* was also found to be acceptable. The average length of time in care for the child involved in out-of-home cases was 16 months, with a minimum of three months and a maximum of 60 months. Of the two out-of-home cases in which *Timeliness* ratings were acceptable, one of the children was in care for six months and the other for 21 months.

<sup>10</sup>Allegheny County Round IV QSR: Result Highlights, Hornby Zeller Associates, 2014



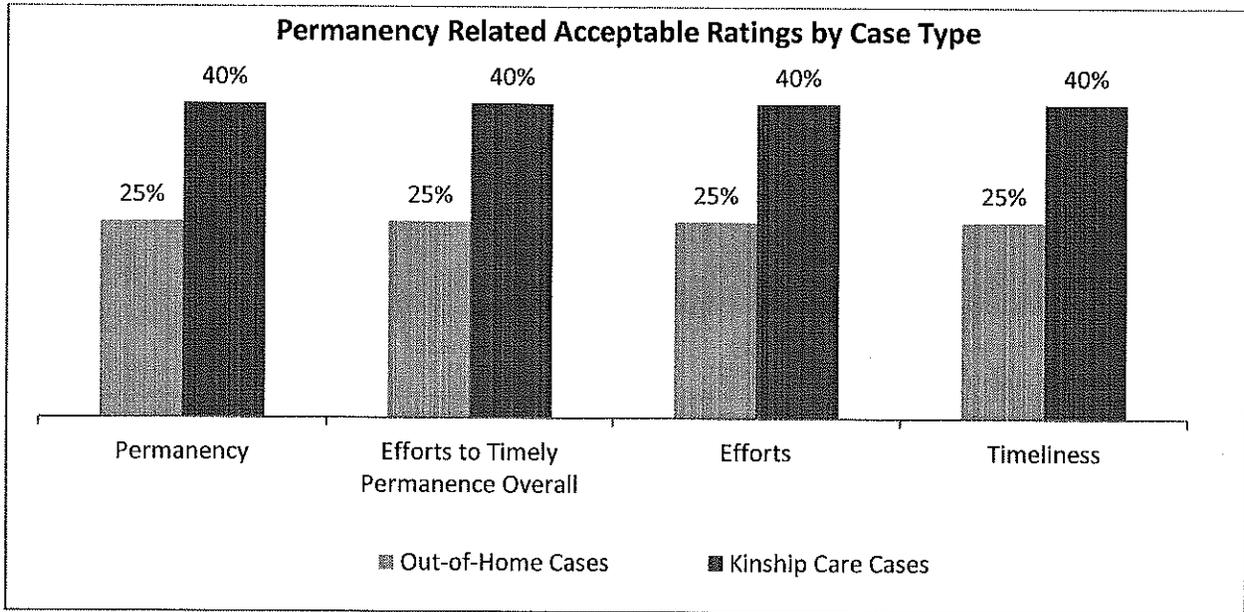
### Out-of-Home Cases<sup>11</sup>

Another method of comparing cases across the permanency indicators is to consider the factors underlying the unacceptable ratings. Two out-of-home cases (25 percent) were rated acceptable for *Permanence*; another two out-of-home cases were rated acceptable for overall *Efforts to Timely Permanence*. Of the eight out-of-home cases reviewed, only one case (13 percent) was rated within the acceptable range for both *Permanence* and *Efforts to Timely Permanence*.

Five of the eight out-of-home cases involved children in formal kinship placements. These placements were more likely to be connected to the maternal family, and living arrangements tended to be the most appropriate and favorable to maintaining family connections. The kinship providers in two cases described a positive working relationship with the caseworkers, and the caseworkers continuously encouraged the kinship providers to consider adoption as the legal permanent plan and fully engaged them in the planning process.

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<sup>11</sup> Allegheny County Round IV QSR: Result Highlights, Hornby Zeller Associates, 2014



**Teaming (Priority Two)**

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 participants have been identified and formed into a working team that shares a common “big picture” understanding and long-term view of the child and family. Team members are expected to have sufficient knowledge, skills and cultural awareness to work effectively with the child and family to share information, plan, provide and evaluate services.

Reviewers measured Teaming (Formation and Functioning) for the 18 cases submitted as Allegheny County’s final sample. Thirty-three percent of cases were rated as acceptable across both sub-indicators (formation and functioning): 37 percent received an acceptable rating for Team Formation and 32 percent received an acceptable rating for Team Functioning. Issues identified included: lack of a working team that identifies and holds equal all members, including the family and child; lack of an identified team leader; and lack of a shared vision (“long term view”) and failure to work in unison toward common goals.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	6	5	4	%
Formation	18	2	0	6	44%	6	4	0	56%
Functioning	18	1	1	5	39%	6	4	1	61%

Sub-indicator	N	Acceptable				Unacceptable			
Total		3	1	11	42%	12	8	1	58%

FIGURE 19: "TEAMING" QSR RESULTS

### Engagement with Fathers (Priority Three)

The QSR rates engagement with fathers according to seven individual sub-indicators, one of which is in the status domain (*Parent/Caregiver Functioning*) and six within the practice performance domain (*Engagement Efforts; Role and Voice; Cultural Awareness and Responsiveness; Assessment and Understanding; Planning Process; Family Connections*).

Percentage of Acceptable Ratings by QSR Sub-Indicators	Father Sub-Indicators (acceptable ratings)
Caregiver Functioning	83%
Engagement Efforts	33%
Role and Voice	30%
Cultural Awareness and Responsiveness	50%
Assessment and Understanding	25%
Child/Youth and Family Planning Process	33%
Maintaining Family Connections	29%

### *Fathers<sup>12</sup> as Caregivers*

Parent/Caregiver Functioning sub-indicator for fathers, rated as 83 percent acceptable<sup>13</sup>, is a considerable strength for Allegheny County.

Of the acceptable cases, four were girls ages 13 or 14 years old. Two cases involved children three years old or younger (one male, one female). Fathers tended to live in the home (four of the six applicable cases) and have long-term relationships with the mother. Reviewers

<sup>12</sup> "Father" refers to any adult male individual who takes on the caregiving role and responsibilities attributed to father figures. For this analysis reviewers included the following fathers: biological, adoptive, and male formal kinship home providers.

<sup>13</sup> An acceptable rating is a score of 4, 5 or 6 on a scale of 6 (optimal status) to 1 (adverse status.)

described fathers as “reliable,” as exercising a “calm demeanor and is measured in his approach to care [for focus child/youth],” as the “identified authority figure in the home,” and as having “exceptional knowledge and parenting capabilities.”

The single applicable case in which the father was not rated in the acceptable range involved both a mother and father with limited or inconsistent parenting capacities on a daily basis, and father with limited interaction with his child.

*Agency Relationship with Fathers*

While caregiver functioning is rated as overall acceptable for fathers, the Practice Performance indicators were rated as unacceptable, especially when compared to ratings of mothers.

<b>Comparison of Acceptable Ratings for Mother and Father Sub-indicators</b>		
<b>Percentage of Acceptable Ratings by QSR Sub-Indicators</b>	<b>Father Sub-Indicators (acceptable ratings)</b>	<b>Mother Sub-Indicators (acceptable ratings)</b>
Caregiver Functioning	83%	50%
Engagement Efforts	33%	62%
Role and Voice	30%	62%
Cultural Awareness and Responsiveness	50%	94%
Assessment and Understanding	25%	44%
Child/Youth and Family Planning Process	33%	50%
Maintaining Family Connections	29%	67%

Overall findings from the four rounds of QSR reviews highlight the continued need to prioritize work with fathers within our child welfare system. Participants at the Next Steps Meeting further analyzed these findings, concluding that the agency’s matriarchal focus reinforces poor practice performance with fathers, describing working with mothers as easier, that mothers are more accessible and that the system promotes mothers and maternal kin over fathers and paternal kin.

As noted in previous Improvement Plans, father involvement remains critically relevant to child 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.”*<sup>14</sup> Children living in homes without a father are significantly more likely to experience poverty and incarceration 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.<sup>15</sup>

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 in those efforts underway to raise awareness and effectuate changes within the system.

## **Section V: Action Steps for 2014-15**

### Improved Legal Permanency (Priority One)

- Strategy 1: Sustainability of Permanency Roundtables

As a strategy to support the reduction of use of congregate care, impact re-entry rates and decrease days in care<sup>16</sup>, DHS has implemented a plan to sustain the roundtable process within each regional office, with a focus on youth in congregate care and youth who have not achieved legal permanence within 15 months of care. We are also planning to conduct roundtable boosters for youth with a previous roundtable and unchanged or worsened permanency outcomes. We will continue to work with Casey Family Programs and the state OCYF, Child Welfare Resource Center and SWAN to strengthen our internal capacity to sustain the process and imbed it within practice, including: periodic review of data of youth in care with no achievable legal permanency plan to identify cohorts that will benefit from the Roundtable process; identification and training of local permanency champions who assume formal roles (neutral facilitators; permanency leads, scribes) in the process; continued staff training to elevate legal permanence as a priority outcome for youth and their families (imbedded in concurrent planning training). Casey Family Programs will also continue to support the process by facilitating permanency training for our legal partners and other external stakeholders.

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<sup>14</sup> Minnesota Fathers & Families Network (2011). “Child Welfare Sector Analysis: Linking Father.”

<sup>15</sup> Casey Family Programs (2009). “Engaging Fathers in the Child Welfare System.”

<sup>16</sup> Outcomes identified in the Child Welfare Demonstration Project

- Strategy 2: Continued Implementation of Concurrent Planning Process

We are continuing our implementation of the Concurrent Planning Process, as approved by the state OCYF last summer. Of note is Concurrent Planning training, with the assistance of the Child Welfare Resource Center, Administration of PA Courts and the American Bar Association, that is scheduled for Oct 22, 2014 for all court and legal representatives.

- Strategy 3: Child Welfare Leadership Fellows

DHS selected 28 professionals, including casework staff, to participate in its Child Welfare Data Leadership Fellowship, a series of trainings designed to introduce staff members to use the multitude of data collected by DHS to improve problem-solving, decision-making and practice. The Fellowship is a natural extension of DHS's commitment to and development of data and is supported with grants from the Casey Family Programs and Heinz Endowments. Public Catalyst Group of Iselin, N.J. began training on June 11, 2014, and the Leadership Fellows will run through April 2015. A primary topic to be addressed as a result of their studies is placement stability – ensuring to the extent possible that children in the child welfare system have consistent, stable schools, home and families.

- Strategy 4: Diligent Recruitment of Resource Homes

As previously described, DHS has enhanced its practice model for client and family engagement, the family finding process, and the way in which placement decisions are made. In recognition of the interdependencies among these new initiatives and the recruitment and engagement of resource families, we conducted a comprehensive data analysis that demonstrated that our resource family network does not meet our current placement needs, particularly in specific neighborhoods and for older youth and children with behavioral and medical needs. The analysis also supported the need for additional training and support for resource families.

To further DHS's efforts and create a comprehensive approach to recruit, engage and support resource families, DHS successfully submitted a federal grant application for the implementation of a *Recruiting and Engagement Continuum*, with five components:

- Identify DHS's needs for resource families – leverage existing data collection and reporting capacity.

- Recruit a representative network of resource families through a data-driven, comprehensive, multi-faceted diligent recruiting campaign led by a selected marketing agency in partnership with community stakeholders.
- Match child(ren) to the placement resource that is in their best interest – using DHS’s recently-implemented placement decision support tool
- Ongoing training, engagement and support for resource families – includes DHS’s Conferencing and Teaming engagement model and a new comprehensive training plan targeting resource families as well as a peer support model - *Parent Support Partners* - to be piloted in one regional office.
- Feedback loop to lead continuous quality improvement – systemic approach to using youth and resource family feedback to guide efforts.

The five-year award period runs through 2018, with planning in year one and implementation in years two through five.

DHS recently published a Request for Proposals (RFP) to develop and execute a comprehensive awareness and recruitment marketing and public relations campaign strategy, designed to educate the Allegheny County community about the need for resource homes interested in fostering youth ages 14 through 17 and to build a teen-focused foster care network that represents the geographic, ethnic and racial diversity of children in care.

#### Improved Teaming (Priority Two)

- Strategy 1: Continued Implementation of Conferencing and Teaming Practice Model

As previously described, implementation of Conferencing and Teaming is a key strategy in the systemwide adoption of a DHS Practice Model, integrating DHS services according to a shared vision and values, in order to promote the health, well-being and self-reliance of those served. This common case practice of assessing, planning and integrating services fosters and supports the weaving of services around the particular needs of consumers.

The conferencing component of the model engages participants and natural support systems in a planning process that manages risks and improves long-term functioning. Using existing records and assessments, the participant, family and all natural supports formulate a plan based on the perceived needs and goals of all involved. The main

principle behind conferencing is that the participant benefits from decreased dependency and increased personal responsibility.

The teaming component of the model recognizes that as a person's situation changes, his or her plan may need alteration. The individual meets periodically with his or her natural supports and relevant professionals to address events or circumstances that may call for a reassessment of current plans and strategies. The goal of this process is to build a strong support system that can continue to assist families after services end.

DHS has now phased in Conferencing and Teaming in all five CYF regional offices and is planning for implementation of the model across DHS program offices. Once Conferencing and Teaming is fully implemented, all individuals needing services will participate in this newly developed approach.

DHS has also instituted a Family Conferencing Institute, a community-wide resource available to provide training, consultation and orientation regarding Conferencing and Teaming.

DHS has also begun planning for all DHS direct services staff and human service providers to utilize this integrated conferencing and teaming approach with consumers as their core case management practice. Any consumer who needs coordinated planning regardless of system involvement will have the option to participate.

- Strategy 2: Improved Teaming between Allegheny County's Office of Children, Youth and Families and Juvenile Probation Office (Shared Case Management)

Allegheny County's DHS, Juvenile Court Probation and Children's and Family Divisions Courts have partnered with the Georgetown University Public Policy Institute's Center for Juvenile Justice Reform (CJJR) and Casey Family Programs to launch a practice model that strengthens how the juvenile justice and child welfare systems serve crossover youth. The Crossover Youth Practice Model is designed to enhance practices to meet the high needs of youth who are involved in both the child welfare and juvenile justice systems and will be integrated into Conferencing and Teaming.

Since completion of training at Georgetown University's Public Policy Institute for Juvenile Justice Reform in October 2013, the Allegheny County team has been working on implementing the Crossover Youth Practice Model through a series of initial workgroups, including mapping, development of MOUs (Memoranda of Understanding), data collection and analysis, disproportionate minority contact (DMC) and prevention.

The *mapping* workgroup is documenting all the points through which the child welfare and juvenile justice systems should be intersecting, and identifying the protocol decisions to be made along the case processing and service continuum. The *MOU* workgroup is determining what information can legally be shared between child welfare, juvenile justice, education and behavioral health, along with the components of fully-informed consent. The *data collection* workgroup is examining what data elements are currently being collected, what is needed, and how data can and should be analyzed and evaluated. The *disproportionate minority contact* workgroup is aligning and integrating current DMC work into the model and ensuring that demographic data is being collected at major decision points in order to determine the scope of disparities and to mitigate disproportionality. The *prevention* workgroup is identifying potential strategies, policies and practices, particularly in the child welfare system, to prevent youth from crossing over into the juvenile justice system.

In the coming year, the workgroups will focus more specifically on each of the practice areas in the phases of implementation, and additional groups will be formed (e.g., protocol and education). In particular, the working groups will begin to design the training components that will be needed for adopting the model.

### Father Engagement (Priority Three)

- Strategy 1: Implementation of Recommendations from Improvement Roundtable Processes<sup>17</sup> through Allegheny County Children's Court and Administrative Office of Pennsylvania Courts.

CYF has been working closely with the court to ensure that fathers are established and engaged as early as possible (ideally, pre-adjudication). One way in which the recommendations of the State Children's Roundtable Father Engagement Workgroup are being implemented on a local level is through the Allegheny County Father Engagement Workgroup, co-chaired by two Family Division Hearing Officers and the CYF Court Liaison Manager. The local Workgroup has developed the following goals for 2014:

- Encouraging Judges to write Finding of Facts in the court orders which include the caseworkers' efforts to locate and engage fathers in dependency matters

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<sup>17</sup> Kids Need Their Dads: Engaging Fathers in the Child Dependency System. A Report to the Pennsylvania State Roundtable. May 2011.

- Expanding the father engagement model in dependency hearings to all sections of the Family Law Center, especially domestic relations proceedings
- Implementing the State Roundtable's father engagement recommendations on the local level within the court, specifically, following the Judicial Bench Cards

In order to improve efforts to locate and engage fathers early in dependency cases, court administrators have worked with CYF staff to draft updated protocols for genetic testing and accessing family location information.

Currently, CYF is supported by paralegals from the Statewide Adoption Network's Legal Services Initiative (SWAN-LSI), with access to the paternity tracking system, to determine if an acknowledgement of paternity exists for a child. Work is underway to incorporate an electronic process through KIDS to gain paternity information from the Allegheny County Family Division Court.

In efforts to continue expansion in the area of father engagement, CYF and Allegheny Family Network are partnering to offer a support program to fathers who are inmates at the Allegheny County Jail, planned to begin in 2014.

#### *Strategy 2: Dads Assisting Dads Program*

The *Dads Assisting Dads (DADS)* Program began in May 2010 with a mission to engage, educate and support fathers involved in the child welfare system. In January 2014, CYF revised the format and implemented a four-module curriculum developed by the State Children's Roundtable Father Engagement Workgroup. The four modules are designed to be completed in any order, so that interested fathers may begin the program at any time, eliminating the need for a waiting list. In addition to the structured curriculum, a more informal Self-Help Support meeting is held monthly.

In order to continually improve casework practice regarding father engagement in Allegheny County, systemic change is required, necessitating the hiring of two additional full-time facilitators in the Court Relations/Father Engagement unit of CYF, to expand the *Dads Assisting Dads (DADS)* Program. In addition to educating casework staff about the program and the referral process, facilitators are also responsible for sensitizing casework staff to the importance of the father's role in a child life. Facilitator duties also include:

- Receiving and accepting referrals from the caseworker staff
- Contacting fathers to explain the program and determine their willingness to participate in the program
- Arranging the schedule and aligning the presenters for each module topic

- Conducting and facilitating the curriculum, support meetings and all pro-dads events
  - Keeping attendance records for each participant
  - Communicating with caseworkers verbally and in writing by documenting progress for each participant and sending progress report to caseworkers on a monthly basis.
- Strategy 3: Enhanced Coaching and Staff Training Strategies

Child Welfare Resource Center- *“Building and Sustaining Father Engagement in the Welfare System” Training*

The University of Pittsburgh’s PA Child Welfare Resource Center is in the process of revising and releasing a training component on father engagement: *“Building and Sustaining Father Engagement in the Welfare System.”* DHS CYF has requested that it be selected as one of two counties to pilot the new curriculum. CYF will incorporate the new training module as required “callback” training for new caseworkers.

- Strategy 4: DHS Family Conferencing Institute

For caseworkers to successfully adopt and implement the engagement and assessment components of the demonstration project, with emphasis on fathers, Allegheny County will conduct extensive training and staff support both within CYF and externally with its service provider network. Presently, DHS’s Family Conferencing Institute is building its internal capacity to implement staff training and skill development in family conferencing and service integration. The Institute utilizes peer coaches to work in conjunction with supervisors to support and guide skill development of caseworkers as facilitators in the engagement component of the Demonstration Project. Facilitator training includes a three-day course followed by six to nine months of coaching. Facilitators must complete two successful Family Conferences to receive certification.

