

# County Improvement Plan (CIP)

County Name: Union

Date of Plan: December 12, 2018

Initial

Update

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

## Section I. Team Members

*(List the members of the Sponsor Team and members of the Implementation Team(s) and identify co-chairs with an asterisk, if applicable):*

### Sponsor Team Members:

Matthew Ernst (UCCYS Administrator)  
Dave Vactor (CWRC)

Kathleen Pino (UCCYS Program Specialist)  
Jill Bruce (CWRC)

Megan Stover, (OCYF),  
Andrew Grimm (CWRC)

### Continuous Improvement Team Members:

Matthew Ernst (Administrator)  
Tracey Breisch (Caseworker)  
Aimee Benfer (Caseworker)

Kathleen Pino (Program Specialist)  
Susan Flood (Social Service Aide)  
Inglis Cruz (Caseworker)

Jayne LeVan (Supervisor)  
Jane Kessler (Caseworker)  
Alyssa Byers (LSI Paralegal)

Brenda Erdley (Supervisor)

## 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.)*

Union County Children and Youth Services held its initial state-supported Quality Service Review in 2015 and held its second QSR in May 2018. Data from the 2015 CIP, consideration of Child/Youth and Family Status and Practice Performance Indicators, feedback from 4 focus groups, and the 2018 QSR report were referenced in order to identify outcomes for this CIP. Teaming, and Maintaining Family Relationships are the two outcomes the agency plans to address in order to enhance practice. With support from CWRC's newly added Quality Improvement Specialist position, similar findings related to teaming and maintaining family relationships from previous QSR's from various counties were referenced to help develop goals and strategies to achieve the 2 identified outcomes. It is proposed

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that with improved teaming efforts and enhanced efforts to maintain family relationships, other indicators, including Permanency, Parent Functioning, Engagement Efforts, Role and Voice, Cultural Awareness and Responsiveness, Assessment and Understanding, Long-Term View, Child/Youth and Family Planning Process will also be positively impacted.

Based on the Agency's QSR results, the Sponsor Team, comprised of the Agency's administration, management staff, and program specialist, identified the following areas to be addressed in the County Improvement Plan (CIP):

Outcome #1: Teaming

Outcome #2: Maintaining Family Relationships

Agency staff members were invited and encouraged to participate in the development of the County Improvement Plan via the established Continuous Improvement Team. With the facilitation by Practice Improvement Specialists from the Pennsylvania Child Welfare Resource Center, APHSA's DAPIM framework was applied in order to develop a comprehensive plan for addressing the identified priority areas over a series of work sessions.

- **Outcome # 1: Enhance teaming efforts to support safe and timely case closure**

**Definition:** Teams will be composed of family members and people providing support/services for youth and families. Members would have a shared understanding of the family's culture, strengths and challenges. There would be a clearly identified leader responsible for accountability, communication and assuring inclusivity. Evidence of this desired future state include the following:

- Smooth transitions and collaboration
- Team approach to identifying, measuring, monitoring and adjusting goals/plans
- Team ownership versus individual ownership of cases
- Consistent case consultation
- Monthly MDT/MDIT meetings to discuss progress towards safe case closure
- Focus on frontloading of support, interventions and services
- Consistent review of Family Service Plans with the family
- Decreased repeat families
- Good and consistent communication
- Clearly defined process for developing goals
- Empowering families, not fostering dependency
- Identifying and incorporating family strengths into identifying/achieving goals
- Consistent use of assessment tools/domains to make decisions
- Individualized service plans with realistic timelines – no cookie cutter plans
- No working from a place of fear of families failing
- Utilizing CAPS to its full potential

**Strengths:**

- Agency buy-in to continuous quality improvement
- Empowered families taking an active role

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- Positive relationships with outside agencies/schools
- Monthly meetings with the elementary school
- Spirit of problem solving at the agency
- Dedicated staff willing to jump in and help each other
- System support from the commissioners (resources)
- Good understanding of the culture of UC families
- Very open to new ideas to help youth/families
- Implementation of triage meetings
- Implementation of Rapid Response meetings
- Union is a Phase 1 Family Engagement Initiative county
- Increased collaboration with families
- Community views CYS as a resource
- Communication
- Smaller sized agency
- Smart, experienced, motivated staff
- Morale and team building efforts
- Use of agendas for permanency planning meetings
- Implementation of case consultation meetings
- Consideration of implementing MDT meetings for GPS

### Gaps:

- Planning and implementation of MDT meetings for GPS still needs to be accomplished
- Low belief that families will be ok if we close
- Budget (limited access to some needed resources)
- FGDM is underutilized and operates in a silo
- Current meetings with schools might be more beneficial if the CW/Supervisor attends versus Program Specialist attending
- Anxiety/fear driven case management
- Schools making repeat referrals because they are not a part of teaming efforts
- Explore other resources available to provide trauma therapy
- Considering other ways to utilize the expertise of the trauma therapist
- IL Program needs to be updated and a need to address concerns that the program operates in a silo
- IL has plenty of funds but is under utilized
- Schools/other agencies not understanding CYS limitations
- GPS can get used to just going out to lay eyes on the family monthly (compliance)
- Need to draw more of a line on closing cases from the management level
- Resistant families who also have personal agendas
- Staff meetings could be more interactive, need to consider reformatting

### Root Cause:

#### Multidisciplinary Team (MDT) process has remained unchanged for many years

- Compliance-based rather than best practice guided
- Lack of understanding/forward momentum re: Differences between MDIT/MDT and how to implement for maximum teaming and effectiveness

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- Need for increased staff education on the MDIT/MDT models that are different than what we currently practice
- Need to increase active involvement from staff, service providers, DA's office, schools

### Safe & timely case closure

- Over-personalization of families' success/failure by caseworkers
- Enmeshment with families
- Fear of criticism from co-workers if families are re-referred after closing the case
- Supervisors could be more active/assertive in helping caseworkers make decisions about closure

### Monthly School meetings with Union County CYS

- Staff is unclear about the purpose of the meetings and make-up of team
- Caseworker or Supervisor has more direct information about families/cases than the Program Specialist. Communication can get muddled in the current process
- Schools/outside agencies sometimes lack awareness about the intricacies of child welfare services (though this has improved over the last ten years due to agency efforts)

### Compliance vs. Best Practice during home visits

- More purposeful contacts/home visits needed, lack of an agenda during contacts with families
- Current services sometimes go on too long because caseworkers are fearful that the family will be re-referred or do poorly without Agency involvement
- Complacency with "the way we have always done things." There are opportunities to connect services to measurable outcomes; for example, parenting, visitation coaching, FGDM.
- Staff meeting – Staff would like more interaction about cases, less reading off dates from the form. Motivation to attend is low as result.

- **Outcome # 2: Enhance teaming efforts with contracted providers in order to increase/maintain family engagement in assuring safety, permanency and well-being.**

**Definition:** The interactions between families, stakeholders, community programs, and contracted service providers results in seamless and purposeful collaboration focused on maintaining and/or building family, peer and lifelong connections. Evidence of this desired future state would include the following:

- There is open, honest, and on-going communication
- Increased use of preventive services individualized to the families' needs
- Effective and consistent communication
- Empowering families, not fostering dependency

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- Increased participation and follow-through with rapid response meetings
- Increased participation in FGDM
- Decreased placement and re-involvement with the agency
- Increase in identification and engagement of lifelong networks and supports for older youth
- Continuous family finding team effort throughout the life of the case
- Better understanding of community programs and services available to families
- Streamlined and consistent approach to sharing information
- Consistent case consultation between agency and contracted providers
- Utilizing family strengths to identify and attain goals
- Formalized process to assess, monitor, and modify service delivery from contracted providers

### Strengths:

- Provide FGDM educational materials to families
- Rapid response protocol in place
- FEI county
- Committed to best practice beyond compliance
- Agency buy-in regarding the importance of family engagement
- Administration and Supervisors strategize with contracted providers to improve service delivery
- Court support and accountability for meaningful engagement
- Agency has a strong network of support
- Partners are willing to collaborate with the agency on new initiatives
- Long standing relationships with contracted providers and community stakeholders
- Agency staff dedication to families and positive outcomes

### Gaps:

- Lack of family buy-in
- Ability of staff to engage families in utilization of contracted services
- Duplicated efforts by team members
- Not a formal process for sharing information gathered from the families
- Underutilization of FGDM process
- Limited local specialty services
- May be other opportunities for COI, i.e. gathering feedback from families following services; file audits for quality

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**Root Cause:**

**Maximizing the use of and identifying opportunities for growth with contracted providers**

- Underutilization of existing contracted resources:
- No written formal policy defining coordinator responsibilities versus caseworker responsibilities for coordinating Family Group Conferences
- There is no process for documenting and sharing feedback/debriefing after family group conferences (i.e. After-Action Review)
- No process to capture how families experience FGDM
- Difficult to get family buy-in/engage when coordination efforts are not seamless

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

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

**Outcome # 1: Enhance teaming efforts to support safe and timely case closure**

**Goal #1: To enhance MDT/MDIT/MDRT meeting process**

	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
<b>a. Increase involvement of outside agencies in teaming meetings</b>				
	<p><b>Multidisciplinary Team Meetings (MDT)</b></p> <ul style="list-style-type: none"> <li>• MDT meetings will now be called GPS Case Review Meeting</li> <li>• Purpose is to make sure all entities involved with the family are on the same page related to goals, strengths, gaps, progress in order to help the agency make informed case decisions.</li> <li>• Identify and engage a point person in each school to educate on purpose and determine best times for meetings</li> </ul>	<p>Meeting notes</p> <p>Sign-in sheet</p> <p>Dated letter sent to participants</p> <p>Monthly GPS reviews</p>	<p>GPS caseworker</p> <p>GPS supervisor</p> <p>Program Specialist</p>	<p>CI Team to meet quarterly at a minimum or as otherwise specified</p> <p>Staff meetings, CI Team meetings</p> <p>Routine QA review</p>

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	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
	<ul style="list-style-type: none"> <li>• Identify role/availability of CMSU targeted caseworker</li> <li>• Casework identifies all involved services/agencies and is main point of contact (i.e. school, MH, JPO, Head start, etc.)</li> <li>• Supervisor sends out letter to schedule meeting and caseworker follows up</li> <li>• During monthly reviews, start planning for the 6-month review at 4 months and hold the GPS Case Review at 5 months</li> <li>• Use standard agenda to facilitate meeting (i.e. strengths, gaps, next-steps, questions, after action report)</li> </ul>	Standard agenda will contain notes from meeting and be maintained in file		
	<p><b>Multidisciplinary Investigative Team meetings (MDIT)</b></p> <ul style="list-style-type: none"> <li>• Meeting between Supervisor, Director, DA, CAC to determine the protocol for MDIT meetings</li> <li>• CYS intention for MDIT meetings:               <ul style="list-style-type: none"> <li>○ To discuss results, progress, next steps for CPS Cases</li> <li>○ Occur monthly or determine best frequency that also meetings regulations</li> <li>○ Includes CPS worker, police, District Attorney/ADA, Child Advocacy Center</li> <li>○ Casework identifies all involved services/agencies and is main point of contact (i.e. school, MH, JPO, Head start, etc.)</li> <li>○ Supervisor sends out letter to schedule meeting and caseworker follows up</li> <li>○ Moving location to the courthouse to encourage attendance</li> </ul> </li> </ul>	MOU and protocol  Meeting notes  Sign- in sheet  Dated letter sent to participants  CPS checklist completed	CPS caseworker  CPS supervisor  MDIT participants	CI Team to meet quarterly at a minimum or as otherwise specified

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	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
	<p><b>Multidisciplinary Review Team (MDRT)</b></p> <ul style="list-style-type: none"> <li>• CPS indicated and moved to GPS. Information is gathered in order to discuss abuse investigation details and how to address safety threats/risk</li> <li>• Casework identifies all involved services/agencies and is main point of contact</li> <li>• CPS &amp; GPS worker required; additional participants can include the school, CMSU/Targeted Caseworker, families etc.</li> <li>• Supervisor sends out letter to schedule meeting and caseworker follows up</li> <li>• Use standard agenda for MDRT mtg</li> <li>• Based on data and regulations, CYS will determine frequency of meetings</li> <li>• Meeting to support informed decisions for service planning</li> </ul>	<p>Meeting notes</p> <p>Sign- in sheet</p> <p>Dated letter sent to participants</p>	<p>CPS caseworker</p> <p>GPS caseworker</p> <p>CPS supervisor</p> <p>Quality Assurance Specialist</p>	<p>CI Team to meet quarterly at a minimum or as otherwise specified</p> <p>Routine QA review</p>
b.	<p><b>Educate staff and stakeholders on the MDIT/MDT models, purpose, timing, etc.</b></p>			
	<ul style="list-style-type: none"> <li>• As part of protocol development, Supervisor will observe other county CYS MDIT/MDRT meetings.</li> <li>• CYS and key stakeholders will develop written protocol for meetings.</li> <li>• Once protocol is approved, CYS will educate staff, service providers and stakeholders on the process.</li> <li>• CYS to distribute information about purpose and rebranding/enhancement of meetings by the following:               <ul style="list-style-type: none"> <li>○ Roundtable meetings</li> </ul> </li> </ul>	<p>Approved written protocol</p> <p>Letters maintained in records</p> <p>Meeting agendas and notes</p>	<p>Supervisor</p> <p>Director</p> <p>CYS staff</p>	<p>Weekly staff meetings</p> <p>Quarterly CI Team meetings</p>



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	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
	<ul style="list-style-type: none"> <li>○ Weekly staff meetings</li> <li>○ CI team meetings</li> <li>○ Letters and phone calls to service providers</li> </ul>			

**Goal #2: To explore opportunities for growth and enhanced communication with In-House services provided to children, youth, and families.**

	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
<b>a.</b>	<b>Assessment and clarification of In-Home services and making the connections with agency goals.</b>			
	<ul style="list-style-type: none"> <li>• Administration and Supervisors have a discussion with In-Home Services to identify the following:               <ul style="list-style-type: none"> <li>○ Clearly define the desired future state of the service related to continuous quality improvement</li> <li>○ Identify strengths and gaps areas related to achieving desired future state</li> <li>○ Identify strategies to take practice from good to great</li> </ul> </li> </ul>	Meeting between Admin and supervisors	Director and supervisors	CI Team quarterly meeting or as determined
<b>b.</b>	<b>Educate agency staff on the In-House services</b>			
	<ul style="list-style-type: none"> <li>• Training/Q &amp; A session with the In-House services and staff</li> <li>• Develop a pamphlet to help staff explain services to families</li> <li>• Explore opportunities for special group events related to in-house services</li> <li>• Develop protocol/referral process for initiating and monitoring specialized services in order to improve communication and outcomes for families</li> </ul>	Completed pamphlet Referral form and policy Documentation of training	Director Program Specialist Social Service Aide Trauma	CI Team quarterly meetings

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			Therapist Foster Care Coord/IL Coordinator	
<b>c.</b>	<b>Enhance connections between In-House services and other staff in order to improve outcomes for families.</b>			
	<ul style="list-style-type: none"> <li>• Specialized service representative going out to meet family/youth with caseworker to support engagement efforts</li> <li>• Include specialists in team planning</li> <li>• Explore opportunities for special group events related to In-House services (i.e. IL movie night, mindfulness workshop)</li> <li>• Explore opportunities to expand additional services that could be provided by Trauma Therapist</li> <li>• Enhance the communication with IL, Social Service Aides, Trauma Therapist, and Program Specialist to improve teaming efforts</li> <li>• Develop a formalized format for sharing documented progress between In-house services and other staff</li> <li>• Develop formal process for gathering feedback from youth and families involved with In-House services (i.e. survey, focus group)</li> </ul>	<p>More detailed information in CPP's, FSP's regarding In-House service participation/progress</p> <p>Policy for implementation of services</p> <p>Special group events scheduled and occur</p> <p>Surveys or focus groups</p>	<p>Director</p> <p>Program Specialist</p> <p>Social Service Aide</p> <p>Trauma Therapist</p> <p>Foster Care Coord/IL Coordinator</p>	<p>CI Team quarterly meetings</p>

**Goal #3: To enhance the current format for staff meetings enhance teaming efforts.**

	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
<b>a. Increase interaction during staff meetings</b>				
	<ul style="list-style-type: none"> <li>• Use the listed dates on form as a springboard for discussion</li> </ul>	Revised staff agenda implemented	Administrator	Program Specialist will gather feedback from caseworkers quarterly

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	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
	<ul style="list-style-type: none"> <li>• Revise the staff meeting agenda</li> <li>• Explore morale, team building, professional development</li> </ul>	Team building events scheduled  Formation of a workgroup to develop team building strategies	CW Supervisors  Workgroup participants	CI Team Quarterly meetings

### Outcome # 2: Improve collaborative efforts to maintain or build family, peer and lifelong connections

**Goal #1: To enhance the functioning with contracted services.**

	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
<b>a. Identify opportunities for growth with FGDM</b>				
	<ul style="list-style-type: none"> <li>• Meet with provider to discuss current level of services and future desired state as related to the following:                             <ul style="list-style-type: none"> <li>○ Clarify roles/responsibilities of caseworkers and FGDM coordinators</li> <li>○ How to better utilize the service</li> <li>○ Share feedback on the FGDM process (pre-conference meetings, increased transparency, who's responsible for "vetting" families, appropriateness of referral)</li> <li>○ Develop/implement a step for debriefing immediately following FGC's with professionals.</li> </ul> </li> </ul>	Review and discuss surveys that are being used following family group conferences  Meeting with Kidspace will be scheduled and notes kept	KidsPeace Program Specialist Administrator CW Supervisors CI team Family Finding Specialist	Start with Administrator, and progress to include CI Team and Family Finding Specialist

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	Action Steps	Evidence of Completion	Person(s) Responsible	Monitoring
	<p>i.e. what went well, what could we do differently</p> <ul style="list-style-type: none"> <li>○ Strengthen connections between FGDM and FEI initiatives:               <ul style="list-style-type: none"> <li>➤ Develop policy/procedure for Rapid Response meetings and FGDM</li> <li>➤ Connect to FEI goals (i.e. Rapid Response, Family Finding)</li> </ul> </li> <li>○ The agency has requested a caseworker 3 position in their 2018/2019 NBPB (Family Finding Specialist)</li> </ul>	<p>Increased number of FGDM conferences</p>		

CI Team will meet quarterly to monitor and update the plan

Month and Year for the next state-supported Quality Service Review: May 2021

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