

## County Improvement Plan Template (CIP)

**County Name:** Venango

**Date of Plan:** November 2012

**Initial**

**Update**

### Section I. Sponsor Team Members:

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### Implementation Team(s)/ Members

Amber Kalp                      WR OCYF

Others to be determined

### Section II. Background:

Venango County first participated as a pilot QSR county in May of 2010. Phase I QSR was held in March 2011. The Phase II QSR was held in March 2012 and the Next Steps Meeting on 13 July 2012. This Next Steps Meeting produced two outcomes for the coming year. One is to continue with the Teaming Project and the second, also a Priority Outcome for 2011, is to develop the assessment process. Shortly before the Next Steps Meeting, the QA/Training supervisor resigned to accept another job within Human Services. Her replacement was not hired until the end of October 2012 and as such Venango County will not have a QSR review in 2013. One of the first tasks of this new supervisor is to institutionalize this process through the development of a policy and procedures manual. Additionally, Amie will be charged with restarting the QA projects that are in hiatus due to the change in personnel. The Agency has engaged a consultant, Richard Gold, to assist in this process as well as other matters related to the QA process.

### Section III. Priority Outcomes:

**Outcome # 1: Improved teaming** to support better assessment, planning and service delivery that encourages families to be active participants in all phases of the case process. As stated above, this Outcome is continued from the 2011 Review.

**Outcome # 2: Improved engagement through a comprehensive assessment such as the CANS** to ensure the family is receiving appropriate assessment and services. This will improve outcomes and family buy-in. The goal is to empower family members to be active team members, decrease recidivism and improve relationships with families and the community.

**Section IV. Findings** *(Identify the findings that explain why each priority outcome was chosen. List any related findings: e.g., strength and gap trends, data, and connections to CFSR indicators of Safety, Permanency, and Well-Being and/or QSR Practice Performance indicators:*

#### **Findings related to Outcome # 1: Teaming**

As per the QSR final report Teaming was rated as acceptable in 50 percent of the cases reviewed, an increase of 5% over the 2011 review. Team formation was rated acceptable in 60% of the cases while team functioning was only rated acceptable in 40% of the cases. Teaming was cited in other indicators related to planning and life adjustment as a contributing factor for unacceptable ratings. Reviewers felt when teams were formed they were not functioning well. A lack of communication was frequently cited for unacceptable team functioning, similar to the findings last review.

#### **Findings related to Outcome # 3: Engagement/Assessment and Understanding**

As per the QSR Final Report: Engagement was rated as unacceptable in 21% of cases, a vast improvement over the 48% rating of the previous QSR. Fathers were the least “engaged”, receiving a 57% unacceptable rating. While the fathers who were also rated as caregivers were also rated as acceptable in the engagement area, they were in the minority. Finding and/or engaging fathers needs to be more of a priority.

Assessment was in the acceptable range in two thirds of the cases in the sample. The assessment of fathers though saw 71% of the ratings being in the unacceptable range, and this bore true even when the fathers were involved in the family. Another area of concern, that will be addressed through the use of an evidence-based tool is only

looking at the presenting problems and ignoring the underlying issues that are contributing to the presenting problem.

## **Section V. Strategies and Action Steps for each Outcome**

**The following should guide the development of specific strategies and action steps for each of the priority outcomes.**

- a. Identify existing strengths
- b. Identify existing gaps
- c. Identify the root causes for the gaps
- d. Identify potential remedies for the root causes
- e. Identify which remedies can be quick wins, midterm, and long term

**The following components should be included in the plan for each priority outcome:**

**Strategy:** *The overall approach/plan to achieve the outcome. Several strategies may be identified for each, but should all connect to the particular outcome you are trying to achieve.*

**Action Steps:** *Clear and specific steps to be taken to achieve the strategy. There may be several action steps identified for each particular strategy.*

**Indicators/Benchmarks:** *These indicate how the strategies and action steps have impacted the outcome as well as indicating how progress is measured and monitored.*

**Evidence of Completion:** *Evidence that verifies that each individual action step has been completed.*

**Persons Responsible:** *The individual who is responsible for completing each individual action step.*

**Timeframe:** *Expected time of completion for each individual action step.*

**Resources Needed:** *Resources needed to achieve the strategy or action step. May include, but is not limited to, financial resources, partnerships with technical assistance providers, and staff resources.*

**Status:** *Progress toward completion of each action step upon review of the County Improvement Plan.*



## Section V. Strategies and Action Steps for each Outcome

Outcome # 1: Improved Teaming							
STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIME FRAME	RESOURCES NEEDED	STATUS
Develop a county wide protocol which will establish roles and responsibilities for family members and all other team members.	Develop work charter.	Clear idea of purpose and responsibilities of workgroup	Written charter	CI team		Child Welfare Training Program Technical Assistant	Completed
	Invitation to community members to participate in workgroup to develop protocol.	Community members will have a role and voice in the teaming process	Next Steps Meeting with workgroup sign-up sheets	QSR Site Leads	June 14, 2011	None	Completed
	Work group will develop teaming protocol	<p>Better understanding of roles and responsibilities of team members</p> <p>Families will have role and voice in case planning and service provision</p> <p>All providers will have role and voice in case planning and service provision</p> <p>Team members will have a shared view of long term success that carries over as</p>	<p>Work charter products including protocol, system of accountability for all team members, and plan for communication</p> <p>Completion of plan consistent with protocol</p> <p>Family participation in team</p>	Workgroup, CI team, Sponsor team	Sept, 2011	Meeting room, staff time	In progress

		team members change					
	Communication/Dissemination to all key stakeholders – FOOF(Focus on our Future Collaborative Board), Children’s Roundtable, LICC (Local Interagency Coordinating Council), Superintendants	Key stakeholders will be informed of process	Notes from Committee meetings  Attendance/pre presentation at scheduled community and group meetings	Workgroup, CI team, Sponsor team	Ongoing	Clerical time, Staff time	In progress
	Teaming protocol will be attached to provider contracts as an expectation of providing service in Venango County.	Contracts will reflect emphasis on teaming.	Signed contracts	CYS Administrative Officer, CYS Fiscal Officer	July 2013	Staff time Provider meetings	Planning
An internal Quality Assurance system will be established to monitor work.	Develop a protocol using existing structures and strengths of the agency.	Improved assessment and planning for individual children and	Use of file reviews, interviews, focus groups to gather information about effectiveness of team and impact on Safety, Permanency and well being.  Survey of parents, caregivers and youth to determine impact on functioning, outcomes and adequacy of	CYS Quality Assurance Supervisor, CI team, Sponsor team	Ongoing	Staff time Consultant time	Planning; partially in progress

			services				
	Develop a communication plan and training for staff regarding internal QA structure.	Staff will have an understanding of internal QA process	Staff meeting notes Policies and Procedures QSR Results Documentation in files	CYS QA Supervisor	April 2013	Staff time	Planning with consultant

Outcome # 2: Improved engagement efforts/Assessment practices							
STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFR AME	RESOURCES NEEDED	STATUS
Staff will be hired who have the skills and willingness to engage families.	Implement new hiring process that speaks to organizational fit and the values of Venango County CYS. The merit hiring includes several steps.	Increased pool of applicants Lower turnover Staff will demonstrate skills necessary for the job Increased morale Quality Assessments Higher quality and frequency of More timely	Hiring protocol Annual Retention Report QSR Results Internal QA reports Quality Visitation Report	Human Resources, QA Supervisor, Administration, Line Supervisors	July 2011 and ongoing	Staff time, training	In progress

	Establish a mentoring program for new employees an interns that outlines goals, policies and procedures for orientation.	permanence  Service provision will improve because caseworkers will know how to access resources	Policies and Procedures for new employee and intern orientation.	Administration supervisors	Feb. 2011 ongoing	TA Collaborative Supports, Community Collaborative Supports Protocol developed; policy needs written	In practice
Best practice will be modeled in supervision through a strengths based approach.	Roles and responsibilities of managers, supervisors, caseworkers and intern will be clearly defined.	Updated job descriptions  Organizational chart	Updated job descriptions signed and in employee files.	Human Resources, Supervisors	Ongoing	New paperwork	In progress
	Supervisors will receive ongoing training and support to develop supervisory skills through work with the TA Collaborative	Supervision will model positive behaviors/attitudes about families  Increased retention of staff members	Notes from Facilitated sessions  Additional policies and procedures  Supervisory conference notes	Administration, Line Supervisors, Training Supervisor	Ongoing	TA Collaborative Supports  The county HR Dept has developed a training module for supervisory practices  Child welfare supervisory training	On going
	Benchmarks for quality supervision will be established for	Supervisors will have better understanding of roles  Lower turnover  Staff will demonstrate skills necessary for the job  Increased morale	QSR Results  Internal QA  Annual Retention report	Internal workgroup, Administration	On going	Staff time  New supervisor is working with consultant to establish performance benchmarks	In progress



		Service provision will improve					
	Supervisors will train and support caseworks, balancing praise with constructive criticism	<p>Caseworkers will be valued, they will be supported, and supervisors will represent their caseworkers' ideas in a concise way.</p> <p>Supervisors will be able to assess skills and work styles of the unit and adapt supervision accordingly.</p>	<p>Performance evaluations and staff action plans.</p> <p>QSR Results</p> <p>Fewer complaints to Administration and Human Resources</p>	Administration, Supervisors	Ongoing	Human Resources Merit Hiring Workgroup, TA Collaborative Supports, Community Collaborative Supports	In progress
	Transfer of Learning for supervisors	Supervisors will demonstrate application of knowledge.	<p>Written TOL products</p> <p>Performance Evaluations</p>	Administration	Ongoing	TA Collaborative Supports, Community Collaborative Supports, Staff time	Planning
Establish an agency protocol of family engagement at all stages of involvement with the agency	Develop a CYS Handbook to be given to families as a supplement to engagement	<p>Improved communication regarding procedures, requirements, and roles of agency</p> <p>Use of the handbook as a guide for the caseworker</p> <p>Families will be empowered to look up information without total dependence on</p>	<p>All families will be provided a handbook during intake</p> <p>Signature of receipt will be added to HIPAA form</p>	Internal Workgroup	July 1, 2013	Other county resources, Staff time, Publication and printing costs	Planning

		caseworker					
	Caseworkers and supervisors will understand and apply strength-based interactional skills with families	Quality assessments Appropriate services in place Families meeting the goals of the Family Service Plan Caseworkers will be competent and effective Increased trust in the caseworker and the agency on the part of the family	Structured case notes and six domains Improved scores in the Practice Performance Indicators on the Quality Service Review Study results through Heart to Heart Parent Mentor Program Involvement of the family in the teaming process	Supervisors, caseworkers, administration	Ongoing	Staff time	Planning
Develop protocol for timely and effective transition of cases opening from intake to ongoing	Determination of case opening through utilization of agency's Clinical Review Team	Quality assessments Appropriate services in place Consistency of information gathered and discussed	All cases to be opened will be reviewed prior to opening Copies of CRT form will be kept in the file and in the Intake CRT binder	Clinical Review Team members, Administration	Ongoing	Staff time	In progress
	Completed forms will be sent to identified ongoing worker via email/hard copy prior to transfer (Safety Assessment, Risk Assessment, Family Service Plan/Child Permanency Plan, Opening Summary, Safety Plan)	Timely first face to face contact by ongoing worker Reduction of duplication of	Ongoing worker's first visit conducted according to risk level Timely	Intake and ongoing caseworkers and supervisors	Ongoing	Staff time	Planning

		completion of family's identifying information  Reduction of possible triangulation	completion of paperwork				
	Intake caseworker will introduce ongoing caseworker to family in person	Reduction of stress, feelings of mistrust on the part of the family  Reduction of stress on part of ongoing worker  Improved understanding of roles	Structured case notes and six domains completed thoroughly and in system  QSR results  Interviews and focus groups	Intake and ongoing caseworkers and supervisors; clerical staff	Ongoing	Staff time	Planning/ in progress
	Timely assignment of case to ongoing caseworker	More time available to spend with families	Ongoing worker's first visit conducted according to risk level				
	Completed file given to ongoing supervisor in a timely manner	Quality visits	FSP/ CPP completed within required time frame				
	Most updated information in system		Cases transferred within 60 days  Database up to date				
Assessment of families needs and strengths	Workgroup will develop protocol and policy	Review assessment instruments	Policy	Workgroup			

will be completed to guide the case planning process		Develop policy Train on instrument Develop timeline for roll out Collect data	developed Training completed Timeline developed and communicated to staff Reports available	Workgroup Training supervisor QA supervisor MIS Staff, QA supervisor	Initial training completed December 2012 Official roll-out coordinate among the 5 waiver counties but no later than July 2013	Training	In progress
strategies	action steps	Indicators/ Benchmarks	evidence of completion	person(s) responsible	timeframe	resources needed	status