

Crawford County Children and Youth Services

Initial Continuous Improvement Plan (CIP)

SECTION I.

SPONSER TEAM MEMBERS

1. Mark Weindorf, Crawford Human Services Director
2. Kelly Schwab, Human Services (CYS) Associate Director
3. Brian Setta, CYS Program Specialist

CONTINUOUS IMPROVEMENT TEAM MEMBERS

1. Mela Calomino-Zinz, Planning Coordinator
2. Brian Setta, CYS Program Specialist
3. Joe Barnhart,
4. Kaml Ingraham, CYS Program Manager
5. Meredith Ketcham, CYS Supervisor

SECTION II.

Background:

Crawford County CYS volunteered to participate in Phase III of the Quality Services Review (QSR) in the spring of 2013. Preparations began in January of 2013. The first meeting was held on January 7, 2013 to discuss the process and the action steps. Telephone conferences were held between the State and Local Leads at least twice a month from February to April to discuss the logistics of the review and to ensure that all details were addressed. The Associate Director and CYS Program Specialist were assigned the tasks of performing the logistical preparations. The QSR training for the reviewers was held at Crawford County Human Services on April 30, 2013 and May 1, 2013. On May 2, 2013 the refresher course for reviewers was held at the Child Welfare Training room in Crawford. The actual reviews were held during the weeks of May 13, 2013 and May 20, 2013. A total of twelve cases were chosen, seven in home cases and five placement cases.

The agency's final report was received at the end of June 2013. Based on the findings of the report, it was determined *Role and Voice* and *Permanency* were the two goals to be addressed in the County Improvement Plan (CIP). These goals were chosen after analyzing the data that was derived from the QSR, the American Bar Association (ABA) Permanency to Barriers Project and our annual Licensing Inspection Summary (LIS). The Next Steps meeting was held on August 7, 2013 at Crawford County Human Services. During this meeting a brainstorming session was held to help develop the CIP strategies and action steps. The continuous improvement team met on August 12, 2013 and another meeting was held on September 4, 2013 with the CYS staff to gain their input on the CIP. A final meeting was held on September 25, 2013 to complete the CIP for submission.

SECTION III.

Priority Outcomes:

1. **Outcome # 1 ROLE AND VOICE**-*improve a family's role and voice by enhancing our engagement efforts to include all immediate members of a family and extended families. The family is to have an active role within the team and is to be the driving force in the development of their plan and how that plan is achieved.*

Discussion:

For a family to be active participants in the plan that they develop, they need to have a role and voice. To obtain this level of involvement, engagement efforts must be made and trusting professional relationships need to be formed.

Consistently identifying the parents and children as the leads of the team will be critical in developing case plans that are reflective of the desired change and ultimately lead to short and long term successes of the family. The family will need to be included in the development of goals and objectives that are realistic and achievable for the family. By identifying services that fit the needs of the family and entrusting the family to make key decisions about the delivery of services will assist in moving towards safe case closure and stability within the home.

Identifying the family as having a central and directive role with their case will lead to a decrease in the amount of time from the initial opening of the case through case closure. Ensuring that the family and child have a meaningful voice will shape team decisions that will be advantageous towards providing quality services to the family.

Findings Related to Outcome # 1 QSR Child/Youth and Family Status Indicators and Practice Performance Indicators

- Indicator # 1A – Engagement Efforts (Taking actions to find, engage, and build rapport with families and overcome barriers to participation.)
 - Acceptable for Father – 67%
 - Acceptable for Other – 20%
- Indicator # 1B – Role and Voice (parents, children and team members are active participants in shaping decisions made about the child and family.)
 - Acceptable for Mother - 55%
 - Acceptable for Father - 33%
 - Acceptable for Others – 20%

- Indicator # 10 Maintaining Family Relationships (the interventions used to build and maintain positive interactions between family members and other important people in the family's life, when family members are temporarily living away from one another)
 - Acceptable for Mother – 86%
 - Acceptable for Father – 50%
 - Acceptable for other – 75%

- 2. Outcome # 2 PERMANENCY-*Improve the array of services that are currently available able to address the underlying reasons that a family is opened for ongoing CYS case management to prevent children from being placed. In situations where a child must be placed for safety reasons, a child shall be placed in the least restrictive setting which will provide a lifelong home to that child if that child cannot return home.*

Discussion:

Permanency is paramount for every child, to have a home with a family that can provide safety, wellbeing and a sense of belonging. Children who age of the system without a permanent home, particularly from group homes, have a higher risk of being homeless or incarcerated. It is our mission to ensure that children have their fundamental needs met and this includes a home that a child will remain in till they reach adulthood and beyond; a home that will support them and give them the tools that are needed to be contributing members of society.

Permanency is not only a goal for children who are placed in substitute care but also children who are in the care of their parents. Having adequate assessments and services that identify and address underlying reasons for children who are unsafe will assist in keeping children with their parents. Encouraging the family's that we serve to include immediate and extended family within their case plan development and as part of the service planning will increase accountability and assist in building natural supports around the family.

Findings Related to Outcome # 2-QSR Child/Youth and Family Status Indicators and Practice Performance Indicators

- Indicator # 4 - Permanency (The degree to which there is confidence by the child, parents and team members that the child/youth is living with, will sustain in this role until the child/youth reaches adulthood and will continue onward to provide enduring family connections and supports into adulthood.)
 - Acceptable 67%

- Indicator # 4 – Assessment and Understanding (The degree to which the team has gathered and shared essential information so that all members of the team have a shared understanding of the families strengths and needs based on underlying issues. It assesses the development of an understanding of what things must change in order for the child and to live together safely and achieve timely permanence.)

- Acceptable for Father – 56%
- **Indicator # 8 – Effort to Timely Permanence (Permanency goals are being met within the mandated time frames.)**
 - Acceptable for Timeliness – 67%

Section III.

<p>Outcome # 1: ROLE AND VOICE-improve a family's role and voice by enhancing our engagement efforts to include all immediate members of a family and extended families. The family is to have an active role within the team and is to be the driving force in the development of their plan and how that plan is achieved.</p>							
STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	<p>* Identify and begin engaging all immediate and extended family members when a case is accepted for assessment.</p>	<p>*Number of cases in which all immediate family members are identified.</p>	<p>*Immediate and extended family members will be listed on the ICAMS members page</p>	<p>*Intake and Ongoing Caseworker/s, Supervisors and Program Managers</p>	<p>*Will be fully implemented by January 2015 and continue through the duration of the case/s in ongoing services. The pilot of this action will be implemented by Spring/Summer of 2014</p>	<p>*Additional LSI SWAN paralegals (at least two) * Additional ACCURINT licenses (at least two)</p>	<p>*To be determined</p>
	<p>* To locate any unknown immediate family member a diligent search will be completed by the LSI paralegal.</p>	<p>*85% of cases accepted for ongoing services will have the absent parent identified, engaged and if not compliant attempts will be documented in ICAMS.</p>	<p>*Corresponding releases /form will be located in the hard file for extended family members who are located in ICAMS</p> <p>*Identification of father will be tracked during the case transfer meeting</p>	<p>*LSI paralegal</p>	<p>*October of 2014 if 2 additional LSI SWAN paralegals are approved and hired</p>	<p>*In progress since 2012 for immediate family members; regarding extended family members the status is pending the approval of additional paralegals</p>	<p>*Trainings are currently being identified and developed</p>
	<p>*A tool such as Circles, Eco map, Geno gram (yet to be determined) will be used with the family to identify existing</p>	<p>* tools are chosen and utilized in the initial phases for cases accepted for ongoing services</p>	<p>*Every family opened for ongoing services will have a tool that was utilized with the family in their file. Case documentation</p>	<p>*Kami Ingraham and/or additional person/s identified</p>	<p>*Summer 2014</p>	<p>*No additional resources have been identified as being required for completion</p>	

<p>natural supports and extended family members</p> <ul style="list-style-type: none"> *Identify a curriculum and train CYS caseworkers on engagement techniques 	<ul style="list-style-type: none"> *A policy will be developed to engaging families early on and reference when and how to use the tool. *An engagement training is found and scheduled for CYS caseworkers to attend *Number of caseworker who do attend the engagement training 	<ul style="list-style-type: none"> *A policy is created and signed off by the Director of Crawford County Human Services. The policy will be located on the I:Drive. *The engagement training was held and attended. Documentation will be present in employees training file. 	<ul style="list-style-type: none"> *Debbie Lesik, Meredith Ketcham and/or additional person/s identified and the CWRC 	<p>*Spring 2014</p>	<p>*No additional resources have been identified as being required for completion</p>	<p>*Initiated</p>
<ul style="list-style-type: none"> * Hire a third CYS program specialist to facilitate FGDM conferences and CYS team meetings * CYS casework staff will follow FSP team meeting policy. 	<ul style="list-style-type: none"> * number of cases receiving a team meeting or FGDM conference for the initial FSP in relation to the number of cases opened for ongoing services *100% of FSPs developed by Crawford County CYS will have followed the Team Meeting policy *55% of all cases 	<ul style="list-style-type: none"> *Three individuals will be listed as FGDM program specialists in our employee roster. *Every case file will have the documentation that a FSP Team Meeting was held or a FGDM conference/Team Meeting was offered, explained and/or held 	<ul style="list-style-type: none"> *Training Supervisor, Program Managers, Ongoing Supervisors and Caseworkers 	<p>*Fall of 2014</p>	<p>*No additional resources have been identified as being required for completion</p>	<p>*Completed</p>
<ul style="list-style-type: none"> Involve all immediate family and all family identified resources in the beginning of a case to be members of the team that assists in the development of the initial FSP, CPP and safety plans. 	<ul style="list-style-type: none"> *All cases opened 	<ul style="list-style-type: none"> *Every case file will 	<p>*Training</p>	<p>*Fall of 2014</p>	<p>*No additional resources have been identified as being required for completion</p>	<p>*Initiated</p>

<p>for ongoing services will have the opportunity for a FGDM conference to develop the initial FSP. If declined the family will collaborate with the agency to convene a family team meeting.</p>	<p>opened will have a team meeting/FGDM conference facilitated by a neutral person to develop the initial FSP.</p>	<p>have the documentation that a FGDM conference was offered and explained.</p>	<p>Supervisor, Program Managers, Intake and Ongoing Supervisors and Caseworkers</p>	<p>*Fall of 2014</p>	<p>resources have been identified as being required for completion</p>	<p>*Initiated</p>
<p>*For any absent parent not involved with the FSP/ CPP development will have a goal on how this individual will be identified, located and engaged.</p>	<p>*All resources will be exhausted to locate, identify and engage the absent parent. Diligent search and structured case notes relating to the location of the absent parent will be located in the case file. Every case that has an absent parent will have a goal on how to locate that parent on the FSP/ CPP.</p>	<p>* Diligent search results, case documentation, absent parent located, supervision and FSP/ CPP goals for all parents/caregivers</p>	<p>*Program Managers, Ongoing Supervisors and Caseworkers, Paralegals and Families</p>	<p>*Spring 2015</p>	<p>*Additional access to Accrunt</p>	<p>*In progress</p>
<p>*Define what a quality visit is and implement the practice at family and child visits.</p>	<p>*The definition of a quality visit is reviewed with the CVS agency staff.</p> <p>*At least monthly a discussion regarding the FSP/ CPP objectives and tasks and Concurrent Planning will be held</p> <p>*The monthly contact sheet will be a</p>	<p>*Case documentation</p>	<p>*Training Supervisor, TA Collaborative, Program Managers, Supervisors, Caseworkers, Service Providers and Families</p>	<p>*Spring 2015</p>	<p></p>	<p></p>

	<p>discussion point during the home visit that the parents/caregivers will sign.</p> <p>* Risk and Safety assessment ratings will be discussed with the family</p> <p>* A discussion will be held and information will be gathered that pertain to the six safety domains.</p> <p>* An informal team meeting will be encouraged at least half-way through the case plan's review period in the home or where the family desires. The family will invite who should be invited to discuss the FSP/ CPP plan, services provided and the progress towards case closure. This meeting is separate from CPP/FSP plan review. Full disclosure should be discussed at this time.</p> <p>* The critical thinking training will be held with the CYS staff.</p>	<p>* Each case file will include a Team Meeting Sign In Sheet</p>	<p>* Training Supervisor, TA Collaborative, Ongoing Program Managers, Supervisors, Caseworkers, Service Providers and Families</p>	<p>* Spring 2015</p>	<p>* Additional funding to allow service provider participation and possible partnership with IPO</p>	<p>* Pending</p>
		<p>* Completion of training and documentation in training file.</p>	<p>* TA Collaborative</p>	<p>Fall/Winter of 2015/2016</p>	<p>* No additional resources have been identified as being required for</p>	<p>* Pending</p>

				<p>train the trainer on the CANS and FAST</p> <ul style="list-style-type: none"> * Completed assessments will be included in family case files. * Assessment tools will be present in the case file of the service provider, which will be evident during a monitor of the service provider. * Completion of evidence based/evidence informed training curriculum. * Schedule training on Visit Coaching for service providers and all CYS staff. 	<ul style="list-style-type: none"> * Intake/Ongoing Caseworkers, Supervisors, Program Managers and CYS Program Specialist * CYS staff 	<p>* Winter 2014</p> <p>* Summer 2015</p>	<p>* No additional resources have been identified as being required for completion</p> <p>* Funds were requested in 14/15 NBB</p>	<p>* Pending</p> <p>* Pending</p>
	<ul style="list-style-type: none"> * Completed CANS/FAST assessment tools will be shared with the service providers working with the family. * CYS will determine which evidence based/informed curriculums will be used. * Service Providers will be trained in each evidence based/informed curriculum. * All parenting service providers or counselors who supervise visits will be trained in Visit Coaching. 							

	<p>*Service providers will provide evidence based/informed services.</p>	<p>*CVS will determine which evidence based/informed curriculums will be used.</p> <p>*Service providers will be trained in each evidence based/informed curriculum.</p> <p>* All parenting service providers or counselors who supervise visits will be trained in Visit Coaching.</p>	<p>* Completion of evidence based/evidence informed training curriculum</p> <p>* Schedule training on Visit Coaching for service providers and all CVS staff.</p>	<p>* CVS staff</p>	<p>* Summer 2015</p>	<p>* Funds were requested in 14/15 NBPB</p>	<p>* Pending</p>
	<p>*Services will be pre-authorized to begin working with a family immediately when opened for ongoing services.</p>	<p>*The number of preauthorization packets versus the number of cases opened will be reviewed</p>	<p>* A pre-authorization service packet will be created.</p> <p>* A policy will be developed for use of pre-authorization packet.</p> <p>*Staff will be trained on pre-authorization packets and sign off on policy.</p>	<p>*CVS Program Specialist and Training Supervisor</p>	<p>*PILOT Spring 2014</p>	<p>*No additional resources have been identified as being required for completion</p>	<p>* Pending</p>
<p>Addressing the family's issues throughout their involvement with the agency and beyond to ensure a more successful discharge.</p>	<p>*Family developed collection of a wide array of supports, resources and skills in a format of their choosing.</p>	<p>*Number of families that have a "Life Preserver", collection of resources, completed</p> <p>*Projected decrease in</p>	<p>*A toolbox will be opened and filled with resources and utilized appropriately as needed</p> <p>*Sign in sheets will be</p>	<p>*CWRC, Parent Focus Group, Intake/Ongoing Caseworkers & Supervisors, Training Supervisor,</p>	<p>*Spring 2016</p>	<p>*Cameras, photo paper, memory books, photo albums, and other resources</p>	<p>* Pending</p>

	<p>*Host meetings with families to discuss what types of things would be helpful to ensuring their success</p> <p>*Convene meetings with agency staff to discuss this benefits of developing a creative collection of supports with families</p>	<p>the number of families that reenter services</p> <p>*Increase the engagement of absent parents by encouraging them to join in the development of the collection of resources</p> <p>*Research will be completed to learn if similar resource projects currently exist</p> <p>*Staff will be trained and fully engaged in the process of building a collection of resources with families</p>	<p>maintained and the shared ideas will be included in the "Life Preserver" process</p>	<p>Service Providers</p>					
<p>Establish and/or improve the interactions between biological and resource families</p>	<p>*Resource families will be trained in Trauma Informed Care, Concurrent Planning, Bridging the Gap and Full Disclosure</p> <p>*Establish a standard curriculum that Resource Agencies utilize to train their staff and resource families</p>	<p>*80% of Resource Families employed by local agencies will receive these training</p> <p>*Contract language will be updated to include requirement of approved training program</p>	<p>*Each Resource Family will have evidence of completion of this training</p> <p>*The curriculum will be used and the contracts will be updated</p> <p>*This will be monitored through the CYS monitoring process.</p>	<p>*Associate Director and CYS Program Specialist; CWRC</p> <p>*County CFO, County Solicitor, Fiscal staff, CYS Program Specialist, CYS Associate Director</p>		<p>*partial training completed by Summer 2014 and on-going</p> <p>*Spring 2015</p>	<p>*Training costs</p> <p>**No additional resources have been identified as being required for completion</p>	<p>*Initiated</p> <p>*Pending</p>	

	<p>*Establish a resource family support group</p>	<p>*Group sessions will be initiated</p>	<p>*Sign in sheets from each meeting will be maintained by the foster agencies</p>	<p>*CYS Intern, CYS Supervisor, Service Providers, and others to be determined</p>	<p>*Winter 2014/Spring 2015</p>	<p>*To be determined</p>	<p>*Initiated</p>
	<p>*Specific tasks will be included in the CPP that relate to the resource and biological family interacting well with each other</p>	<p>*Number of CPPs that include details that outline interactions between Resource Families and Biological Families</p>	<p>*CPP language will be updated</p>	<p>*Training Supervisor, CWRC, CAPS Governance Board</p>	<p>*January 2015</p>	<p>*Funding has been requested through NBB 14/15</p>	<p>*Initiated</p>