QUALITY SERVICES REVIEW RESULTS
CRAWFORD COUNTY
CHILDREN AND YOUTH SERVICES/
JUVENILE PROBATION

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Prepared for:
Crawford County Children and Youth Services/Juvenile Probation

By
Hornby Zeller Associates, Inc.

On Behalf of the
Pennsylvania Office of Children, Youth and Families
Department of Public Welfare

June 2013

TABLE OF CONTENTS

Background

This report presents the findings from Crawford County's Quality Service Review (QSR) which was conducted in May 2013.

The QSR is an in-depth case-based quality review process of frontline practice in specific locations and points in time. It is used for: (1) appraising the current status of a focus child/youth in key life areas, (2) status of the parent/caregiver, and (3) performance of key practices for the same child/youth and family. The review examines recent results for children/youth in protective care and their caregivers as well as the contributions made by local service providers and the system of care in producing those results.

The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth and families receiving services. The QSR Protocol provides reviewers with a specific set of indicators to use when examining the status of the child/youth and parent/caregiver and analyzing the responsiveness and effectiveness of the core practice functions. Indicators are divided into two distinct domains: child, youth and family status and practice performance.

Child, youth and family status indicators measure the extent to which certain desired conditions relevant to safety, permanence and well-being are present in the life of the child/youth and the parents/ caregivers. Changes in status over time may be considered the near-term outcomes at a given point in the life of a case. In measuring child/youth and family status, the QSR generally focuses on the most recent 30 day period, as of the review date.

Practice indicators measure the extent to which core practice functions are applied successfully by practitioners and others who serve as members of the child/youth and family team. Regardless of any change or lack of change in the status of the cases examined, these indicators generally identify the quality of the work being done within the 90 days leading up to the review.

The QSR instrument uses a Likert scale of 1 to 6 for each indicator, with a score of 1 representing "adverse" performance and a score of 6 representing "optimal" performance. The percentage of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and scores between 4 and 6 representing the "acceptable" range.

QSR findings are used by local agency leaders and practice partners in stimulating and supporting efforts to improve practices used for children and youth and their families who are receiving child welfare services in the Commonwealth of Pennsylvania.

Methodology

For the purposes of selecting a sample for the QSR, each county has been assigned to one of eight strata based on the number of dependent (including dependent/delinquent) children it served during federal fiscal year 2011. Crawford County falls into stratum IV, resulting in 12 cases being selected for review - seven in-home cases and five placement cases. The in-home sample is family-based[1] and was selected for Crawford County from a list provided by the county of families with open in-home cases on February 13, 2013. The placement sample is child-based and was selected for Crawford County from a list provided by the county of those children in out-of-home placement on the same date.

The proportion of cases randomly selected, 60 percent in-home and 40 percent out-of-home, closely reflect caseloads throughout the Commonwealth. For each of the in-home cases selected for review, one child was randomly selected as the "focus child" about whom reviewers were asked to rate the child-specific indicators.

Crawford County conducted its QSR over six days in May 2013. A total of 135 interviews were conducted, an average of 11 interviews per case.

---

[1] A "family-based" sample means that each family in the population represented a single unit. This stands in contrast to a "child-based" sample, in which each child represents a single unit within the population (meaning that a single family in the child-based sample could be represented by multiple children).

The demographics of each child/youth and the current placement setting are reported below and broken out by case type, in-home and out-of-home. Comparisons to the total Crawford County foster care population in care on February 13, 2013 are provided.

Sex	In-home #	In-home %[2]	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %	Foster Care Population %
Male	4	57%	3	60%	7	58%	47%
Female	3	43%	2	40%	5	42%	53%
Total	7	100%	5	100%	12	100%	100%

Age	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %	Foster Care Population %
0 – 4	3	43%	1	20%	4	33%	35%
5 – 9	1	14%	2	40%	3	25%	17%
10 – 13	2	29%	1	20%	3	25%	19%
14 +	1	14%	1	20%	2	17%	28%
Total	7	100%	5	100%	12	100%	100%

Figure 1: Sex and Age of Focus Children/Youth and Countywide Foster Care Population

Race/Ethnicity[3]	In-home #	In-home %	Out-of-home #	Out-of-home %	Combined Total #	Combined Total %	Foster Care Population %
White/Caucasian	7	100%	5	100%	12	100%	97%
Black/African-American	0	0%	1	20%	1	8%	10%
American Indian or Alaskan Native	0	0%	0	0%	0	0%	2%
Native Hawaiian or Pacific Islander	0	0%	0	0%	0	0%	1%
Asian	0	0%	0	0%	0	0%	0%
Other	0	0%	0	0%	0	0%	
Unknown	0	0%	0	0%	0	0%	0%
Unable to Determine	0	0%	0	0%	0	0%	
Hispanic	0	0%	0	0%	0	0%	2%
Total	7		5		12		

Figure 2: Race and Ethnicity of Focus Children/Youth and Countywide Foster Care Population

---

[2] Percentages throughout the report may not sum to 100 percent due to rounding.

[3] Reviewers were able to report more than one race for each focus child, in addition to recording whether the child is of Hispanic ethnicity.

Current Placement	In-home		Out-of-Home		Foster Care Population[4]
	#	%	#	%	%
Birth home (Biological Mother)	2	29%	-	-	
Birth home (Biological Father)	1	14%	-	-	
Birth home (Both Biological Parents)	3	43%	-	-	
Post-Adoptive Home (Mother)	0	0%	-	-	
Post-Adoptive Home (Father)	0	0%	-	-	
Post-Adoptive Home (Both Parents)	0	0%	-	-	
Kinship – Formal	-	-	3	60%	
Kinship – Informal	1	14%	0	0%	
Permanent Legal Custodian/Subsidized Legal Custodian	-	-	0	0%	35%
Traditional Foster Home	-	-	1	20%	
Therapeutic Foster Home	-	-	0	0%	28%
Group/Congregate Home	-	-	1	20%	26%
Residential Treatment Facility	-	-	0	0%	
Juvenile Correctional	-	-	0	0%	
Medical/Psychiatric Hospital	-	-	0	0%	
Detention	-	-	0	0%	8%
Other	-	-	0	0%	4%
Total	7	100%	5	100%	100%

Figure 3: Current Placement Types of Focus Children/Youth and Countywide Foster Care Population

---

[4] Placement settings reported in AFCARS include: pre-adoptive home, relative foster family home, non-relative foster family home, group home, institution, supervised independent living, runaway and trial home visit.

The Child/Youth and Family Status Domain section examines the safety, permanence and well-being of the child/youth, as well as the capacity of the child/youth's caregivers (both familial and substitute) to provide support to that child/youth. Nine indicators are utilized, with the indicators generally focusing on the 30 days immediately prior to the on-site review. The percentage of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and scores between 4 and 6 representing the "acceptable" range.

Indicator[5]	% Acceptable	% Unacceptable
Safety: Exposure to threats of harm	96%	4%
Family home #1	88%	12%
Family home #2	100%	0%
Substitute home	100%	0%
School	100%	0%
Other setting	100%	0%
Safety: Risk to self and others	95%	5%
Risk to self	90%	10%
Risk to others	100%	0%
Stability	76%	24%
Living arrangement	75%	25%
School	78%	22%
Living arrangement	100%	0%
Family home #1	100%	0%
Family home #2	100%	0%
Substitute home	100%	0%
Permanency	67%	33%
Physical health	100%	0%
Emotional well-being	83%	17%
Early learning and development	100%	0%
Academic status	88%	12%
Pathway to independence	100%	0%
Parent or caregiver functioning	76%	24%
Mother	60%	40%
Father	86%	14%
Substitute caregiver	100%	0%
Other	67%	33%

Figure 4: "Child/Youth & Family Domain Ratings" QSR Results

---

[5] Indicator ratings in bold represent the indicator's overall score, which includes the ratings from all sub-indicators.

SAFETY

The following two indicators focus on the safety of the focus child/youth.

Indicator 1a: Safety from Exposure to Threats of Harm

Safety is the primary and essential factor that informs and guides all decisions made from intake through case closure. The focus is on identifying safety factors, present and/or impending danger, protective capacities and interventions with caregivers to supplement protective capacities. The first safety indicator assesses the degree to which the child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings; it also addresses whether the child/youth's parents and/or caregivers provide the attention, actions, and supports and possess the skills and knowledge necessary to protect the child/youth from known and potential threats of harm in the home, school, and other daily settings.

| Family Home #1 | Family Home #2 | Substitute Home | School | Other Settings |
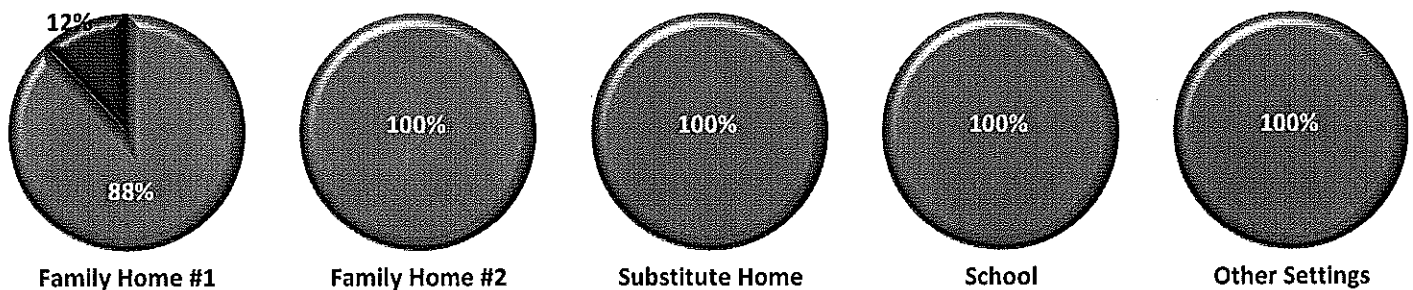
Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	8	2	3	2	88%	1	0	0	12%
Family home #2	4	1	1	2	100%	0	0	0	0%
Substitute Home	5	4	1	0	100%	0	0	0	0%
School	9	6	3	0	100%	0	0	0	0%
Other settings	1	0	1	0	100%	0	0	0	0%
Total		13	9	4	96%	1	0	0	4%

Figure 5: "Exposure to Harm" QSR Results

Indicator 1b: Safety from Risk to Self/Others

Throughout development, a child/youth learns to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors and actions that can put themselves or others at risk of harm. The second safety indicator assesses the degree to which the child/youth avoids self-endangerment and if the child/youth refrains from using behaviors that may put others at risk of harm. This indicator applies only to children/youth ages three or older.
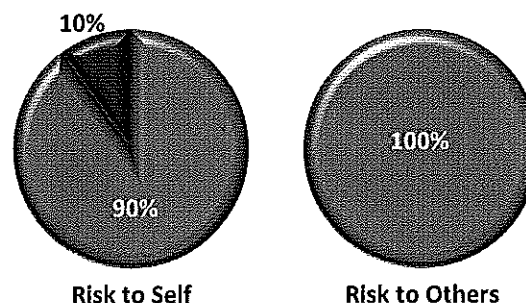

Risk to Self   Risk to Others

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Risk to self	10	6	3	0	90%	0	1	0	10%
Risk to others	10	7	3	0	100%	0	0	0	0%
Total		13	6	0	95%	0	1	0	5%

Figure 6: "Behavioral Risk" QSR Results

PERMANENCY

When measuring permanency, the Child and Family Services Review (CFSR) only examines the circumstances for the child/youth placed in out-of-home care. Pennsylvania's QSR, however, examines the permanency needs of all children and youth, those removed from their homes as well as those who continue to live with their parents/caretakers.

Indicator 2:   Stability

Stability and continuity in a child/youth's living arrangement, school experience, and social support network is one factor that provides a foundation for normal development. Continuity in caring relationships and consistency of settings and routines are essential for a child/youth's sense of identity, security, attachment, trust, social development and sense of well-being. This indicator assesses the degree to which the
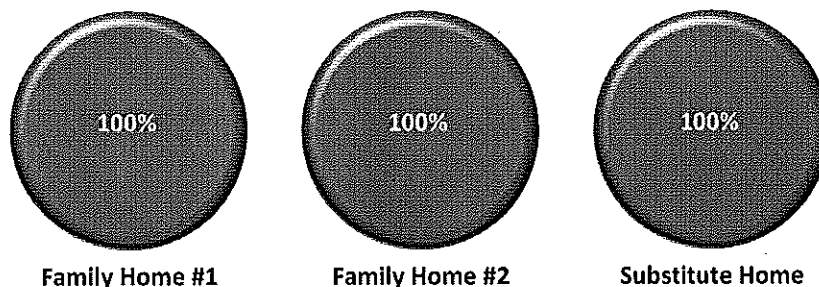

Living Arrangement   School
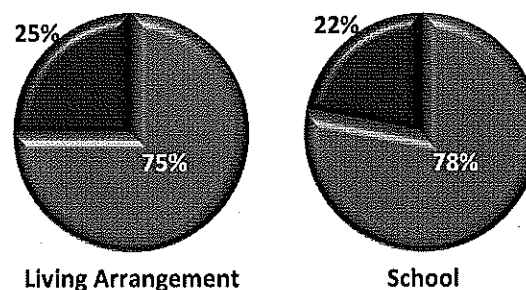
child/youth's daily living and learning arrangements are stable and free from risk of disruptions; their daily settings, routines, and relationships are consistent over recent times; and known risks are being managed to achieve stability and reduce the probability of future disruption. This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess the relative stability of the child/youth's living arrangement and school settings.

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Living arrangement	12	6	2	1	75%	1	2	0	25%
School	9	4	1	2	78%	1	1	0	22%
Total		10	3	3	76%	2	3	0	24%

Figure 7: "Stability" QSR Results

Indicator 3:   Living Arrangement

The child/youth's home is the one that the individual has lived in for an extended period of time. For a child/youth that is not in out-of-home care, this home can be the home of his or her parents, informal kinship care, adoptive parents, or a guardian. For a child/youth in out-of-home care, the living arrangement can be a resource family setting or a congregate care setting. The child/youth's home community is generally the area in which the child/youth has lived for a considerable amount of time and is usually the area in which the child/youth was living prior to removal. This indicator assesses the degree to which the child/youth, consistent with age and/or ability, is currently living in the most appropriate/least restrictive living arrangement, consistent with the need for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. If the child/youth is in out-of-home care, the living arrangement should meet the child/youth's basic needs as well as the inherent expectation to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group. This indicator evaluates the child/youth's current living situation.


| Family Home #1 | Family Home #2 | Substitute Home |

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Family home #1	8	4	2	2	100%	0	0	0	0%
Family home #2	4	1	1	2	100%	0	0	0	0%
Substitute home	5	2	3	0	100%	0	0	0	0%
Total		7	6	4	100%	0	0	0	0%

Figure 8: "Living Arrangement" QSR Results

Indicator 4: Permanency

Every child/youth is entitled to a safe, secure, appropriate, and permanent home. Permanency is achieved when the child/youth is living successfully in a family situation that the child/youth, parents, caregivers, and other team members believe will endure for a lifetime. This indicator assesses the degree to which there is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will sustain in this role until the child/youth reaches adulthood and will continue to provide enduring family connections and supports into adulthood. Where such support is not available, the review assesses the timeliness of the permanency efforts to ensure that the child/youth will be enveloped in enduring relationships that will provide a sense of family, stability, and belonging.
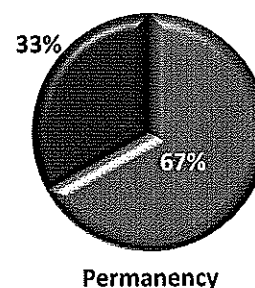
Permanency

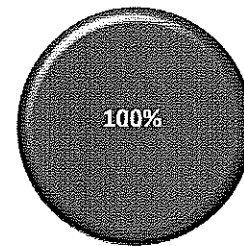| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Permanency	12	2	4	2	67%	2	2	0	33%
Total		2	4	2	67%	2	2	0	33%

Figure 9: "Permanency" QSR Results

WELL-BEING

The following five indicators examine the well-being needs of the child/youth.

Indicator 5: Physical Health

A child/youth should achieve and maintain their best attainable health status, consistent with their general physical condition when taking medical diagnoses, prognoses, and history into account. This indicator assesses the degree to which the child/youth is achieving and maintaining his/her optimum health status. If the child/youth has a serious or chronic physical illness, the child/youth should be achieving his/her best attainable health status given the disease diagnosis and prognosis.

Physical Health

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Physical Health	12	6	4	2	100%	0	0	0	0%
Total		6	4	2	100%	0	0	0	0%

Figure 10: "Physical Health" QSR Results

Indicator 6: Emotional Well-being

Emotional well-being is achieved when an individual's essential human needs are met in a consistent and timely manner. These needs vary across life span, personal circumstances and unique individual characteristics. When these needs are met, a child/youth is able to successfully attach to caregivers, establish positive interpersonal relationships, cope with difficulties, and adapt to change. They develop a positive self-image and a sense of optimism. Conversely, problem behaviors, difficulties in adjustment, emotional disturbance, and poor achievement are often the result of unmet needs. This indicator assesses the degree to which the child/youth, consistent with age and/or ability, is displaying an adequate pattern of attachment and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors.
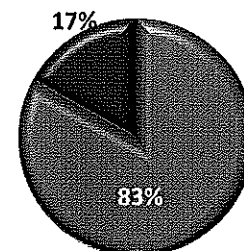
Emotional Well-being

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Emotional Well-Being	12	2	5	3	83%	0	2	0	17%
Total		2	5	3	83%	0	2	0	17%

Figure 11: "Emotional Well-being" QSR Results

Indicator 7a: Early Learning & Development

From birth, a child progresses through a series of stages of learning and development. The growth during the first eight years is greater than any subsequent developmental stage. This offers a great potential for accomplishment, but it also creates vulnerabilities if the child's physical status, relationships, and environments do not support appropriate learning, development, and growth. These developmental years provide the foundation for later abilities and accomplishments. Significant differences in children's abilities are also associated with social and economic circumstances that may affect learning and development. This indicator assesses the degree to which the young child's developmental status is commensurate with the child's age and developmental capacities; and whether or not the child's developmental status in key domains is consistent with age and/or ability-appropriate expectations. This indicator applies only to children under the age of eight years and not attending school.
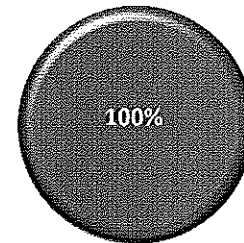

Early Learning &
Development

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Early Learning & Development	4	2	1	1	100%	0	0	0	0%
Total		2	1	1	100%	0	0	0	0%

Figure 12: "Early Learning & Development" QSR Results

Indicator 7b: Academic Status

A child/youth is expected to be actively engaged in developmental, educational, and/or vocational processes that will enable him or her to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. This indicator assesses the degree to which the child/youth is regularly attending school; is placed in a grade level consistent with age or developmental level; is actively engaged in instructional activities; is reading at grade level or Individualized Education Plan (IEP) expectation level; and is meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent. This indicator applies to a child/youth eight years or older or attending school.
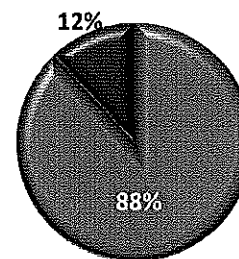

Academic Success

Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Academic Status	8	1	5	1	88%	1	0	0	12%
Total		1	5	1	88%	1	0	0	12%

Figure 13: "Academic Status" QSR Results

Indicator 8: Pathway to Independence

The goal of assisting youth is to build the capacities that will enable them to live safely and function successfully and independently, consistent with their ages and abilities, following the conclusion of youth services. This indicator assesses the degree to which the youth is gaining the skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of the agency's services, and is developing long-term connections and informal supports that will support him/her into adulthood. This indicator applies to any youth who is age 16 or older and it looks at outcomes beyond formal independent living services.
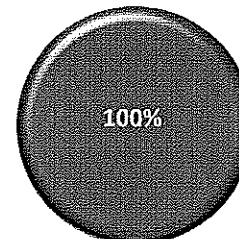
Pathway to Independence

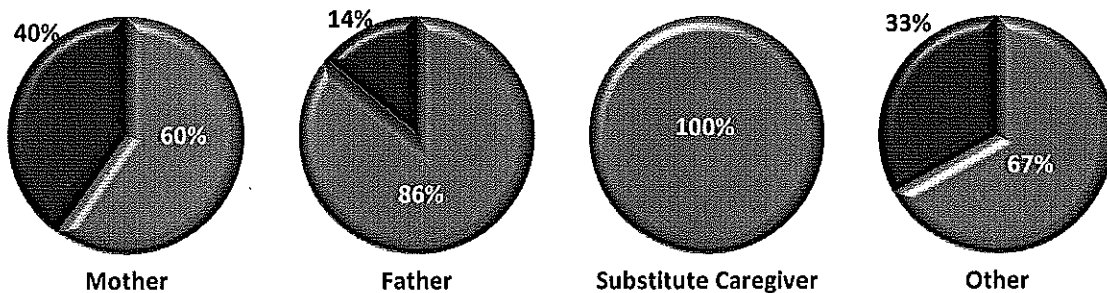| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Pathway to Independence	1	0	1	0	100%	0	0	0	0%
Total		0	1	0	100%	0	0	0	0%

Figure 14: "Pathways to Independence" QSR Results

PARENT/CAREGIVER FUNCTIONING

The following indicator evaluates the capacity of the child/youth's caregivers (both familial and substitute) to provide support to the child/youth.

Indicator 9: Parent/Caregiver Functioning

Parents/caregivers should have and use the necessary levels of knowledge, skills, and situational awareness to provide their child/youth with nurturance, guidance, age-appropriate discipline, and supervision necessary for protection, care, and normal development. Understanding the basic developmental stages that a child/youth experiences, as well as awareness of relevant milestones, expectations, and appropriate methods for shaping behavior are key to parental capacity to support their child/youth's healthy growth and learning. This indicator assesses the degree to which the parent(s), other significant adult(s) and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living. If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), those added supports should also meet the child/youth's needs.

| | | Mother | Father | Substitute Caregiver | Other |

Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	10	0	4	2	60%	2	0	2	40%
Father	7	0	3	3	86%	0	0	1	14%
Substitute Caregiver	5	0	5	0	100%	0	0	0	0%
Other	3	0	2	0	67%	0	1	0	33%
Total		0	14	5	76%	2	1	3	24%

Figure 15: "Caregiver Functioning" QSR Results

The Practice Performance Domain section examines the twelve indicators used to assess the status of core practice functions. These indicators generally focus on the past 90 days from the date of the on-site review, unless otherwise indicated. The percentage of cases rated as "acceptable" and "unacceptable" is calculated for each indicator, with scores between 1 and 3 representing the "unacceptable" range and scores between 4 and 6 representing the "acceptable" range.

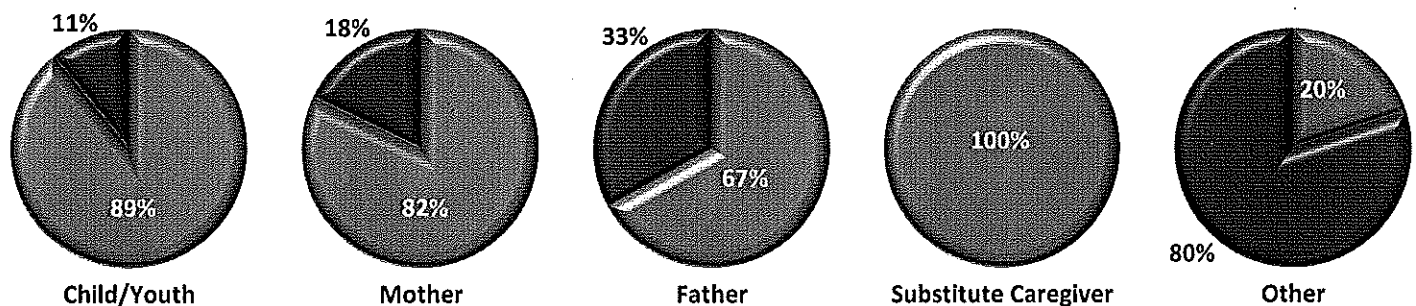| Indicator	% Acceptable	% Unacceptable
Engagement efforts	**75%**	**25%**
Child/youth	89%	11%
Mother	82%	18%
Father	67%	33%
Substitute caregiver	100%	0%
Other	20%	80%
Role & voice	**59%**	**41%**
Child/youth	88%	12%
Mother	55%	45%
Father	33%	67%
Substitute caregiver	100%	0%
Other	20%	80%
Teaming	**79%**	**21%**
Formation	75%	25%
Functioning	83%	17%
Cultural awareness & responsiveness	**91%**	**9%**
Child/youth	92%	8%
Mother	91%	9%
Father	89%	11%
Assessment & understanding	**79%**	**21%**
Child/youth	83%	17%
Mother	82%	18%
Father	56%	44%
Substitute caregiver	100%	0%
Long-term view	**83%**	**17%**
Child/youth & family planning process	**86%**	**14%**
Child/youth	92%	8%
Mother	91%	9%
Father	67%	33%
Substitute caregiver	100%	0%
Planning for transitions & life adjustments	**57%**	**43%**
Efforts to timely permanence	**78%**	**22%**
Efforts	83%	17%
Timeliness	67%	33%
Intervention adequacy & resource availability	**83%**	**17%**
Adequacy	83%	17%

Quality Service Review   Prepared by Hornby Zeller Associates, Inc.
Crawford County   Page 14
June 2013

Indicator	% Acceptable	% Unacceptable
Availability	83%	17%
Maintaining family relationships	**77%**	**23%**
Mother	86%	14%
Father	50%	50%
Siblings	100%	0%
Other	75%	25%
Tracking & adjusting	**83%**	**17%**
Tracking	75%	25%
Adjusting	92%	8%

Figure 16: "Practice Performance Domain Ratings" QSR Results

Indicator 1a: Engagement Efforts

For this indicator the central focus is on the diligence shown by the team in taking actions to find, engage, and build a rapport with the child/youth and families and overcoming barriers to families' participation. This indicator assesses the degree to which those working with the child/youth and his/her family (parents and other caregivers) are:

- Finding family members who can provide support and permanency for the child/youth;
- Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child/youth and family;
- Focusing on the child/youth and family's strengths and needs;
- Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including case planning; and
- Offering transportation and childcare supports, where necessary, to increase family participation in planning and support efforts.
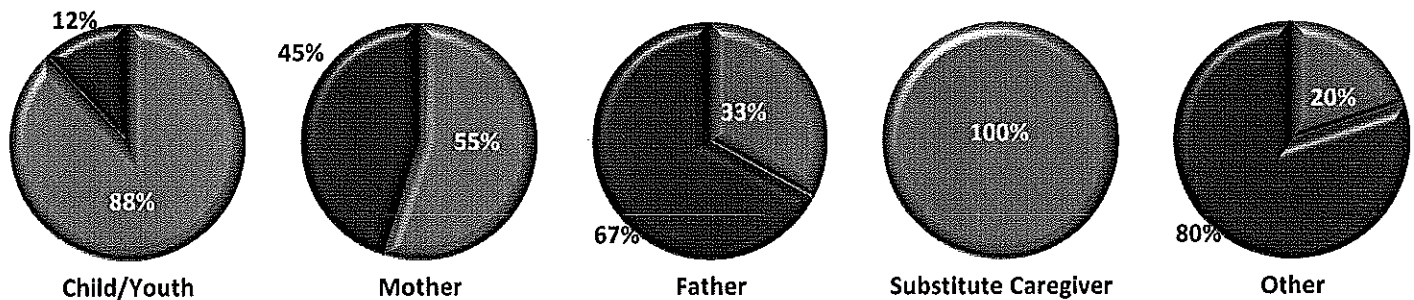

Child/Youth	Mother	Father	Substitute Caregiver	Other
11% / 89%	18% / 82%	33% / 67%	100%	20% / 80%

Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	9	3	3	2	89%	1	0	0	11%
Mother	11	2	4	3	82%	2	0	0	18%
Father	9	3	1	2	67%	1	2	0	33%
Substitute Caregiver	6	0	5	1	100%	0	0	0	0%
Other	5	1	0	0	20%	0	2	2	80%
Total		9	13	8	75%	4	4	2	25%

Figure 17: "Engagement Efforts" QSR Results

Indicator 1b: Role & Voice

The family change process belongs to the family. The child/youth and family should have a sense of personal ownership in the plan and decision process. Service arrangements should build on the strengths of the child/youth and family and they should reflect their strengths, views and preferences. This indicator assesses the degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about the child/youth and family strengths and needs, goals, supports, and services.

Child/Youth — Mother — Father — Substitute Caregiver — Other

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	8	3	2	2	88%	0	0	1	12%
Mother	11	2	3	1	55%	4	0	1	45%
Father	9	1	2	0	33%	4	1	1	67%
Substitute Caregiver	6	2	0	4	100%	0	0	0	0%
Other	5	1	0	0	20%	0	0	4	80%
Total		9	7	7	59%	8	1	7	41%

Figure 18: "Role & Voice" QSR Results

Indicator 2: Teaming

This indicator focuses on the formation and functional performance of the family team in conducting ongoing collaborative problem solving, providing effective services, and achieving positive results with the child/youth and family. This indicator assesses the degree to which appropriate team members have been identified and formed into a working team that shares a common "big picture" understanding and long-term view of the child/youth and family.

Formation   Functioning

Team members should have sufficient professional knowledge, skills, and cultural awareness to work effectively with the child/youth and family. Members of the team should demonstrate a pattern of working together effectively to share information, plan, provide, and evaluate services for the child/youth and family. This indicator examines and evaluates the formation of the team, and the functioning of the team as two separate components.
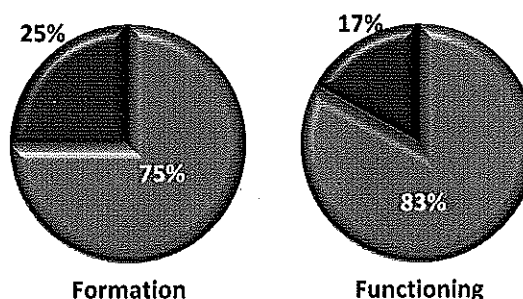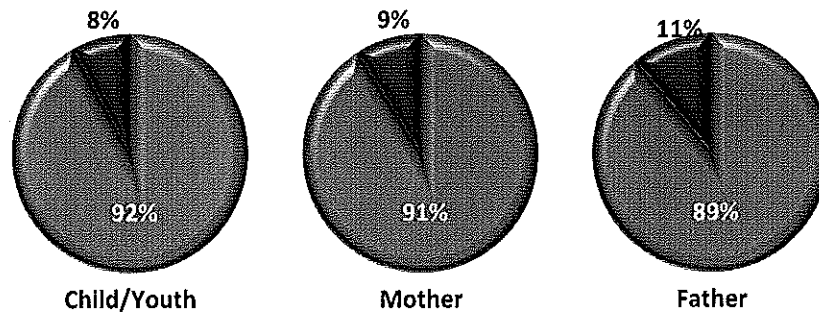
Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Formation	12	1	6	2	75%	2	0	1	25%
Functioning	12	1	6	3	83%	0	1	1	17%
Total		2	12	5	79%	2	1	2	21%

Figure 19: "Teaming" QSR Results

Indicator 3: Cultural Awareness & Responsiveness

Making cultural accommodations may involve a set of strategies used by practitioners to individualize the service process to improve the "goodness-of-fit" between family members and providers who work together in the family change process. The term "culture" is broadly defined; here, focus is placed on whether the child/youth's and family's culture has been assessed, understood, and accommodated. This indicator assesses the degree to which any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice (e.g., culture of poverty, urban and rural dynamics, faith and spirituality and youth culture). It examines if the natural, cultural, or community supports, appropriate for this child/youth and family, are being provided; and, if necessary, supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning, and service delivery processes in use among the child/youth and family.
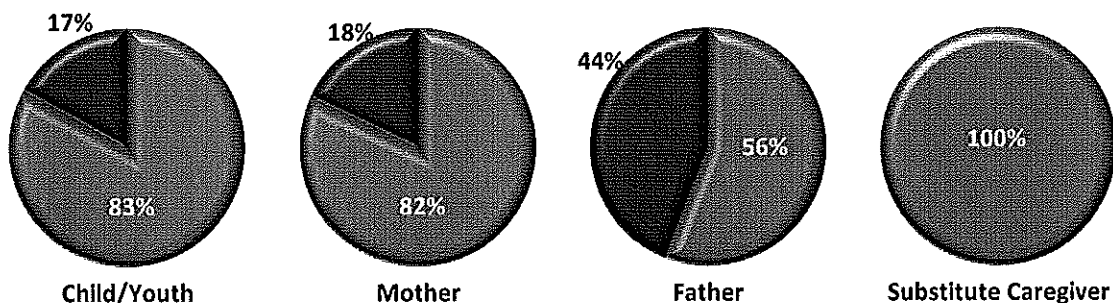
| | 8% | 9% | 11% |
| Child/Youth | Mother | Father |

| | | Acceptable | | | | Unacceptable | | | |
Sub-Indicator	N	6	5	4	%	3	2	1	%
Child/Youth	12	6	4	1	92%	1	0	0	8%
Mother	11	6	2	2	91%	1	0	0	9%
Father	9	4	3	1	89%	0	0	1	11%
Total		16	9	4	91%	2	0	1	9%

Figure 20: "Cultural Awareness & Responsiveness" QSR Results

Indicator 4: Assessment & Understanding

Assessment involves understanding the core story of the child/youth and family and how the family reached its present situation. This story provides a framework for the family's history and is supplemented by the assessment/evaluation of the child/youth and family's current situation, environment, and support networks. This indicator assesses the degree to which the team has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on the underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. It assesses the development of an understanding of what changes must take place in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. The team's assessment and understanding of the child/youth and family situation should evolve throughout the family change process, and ongoing assessments of the child/youth and family situation should be used to better understand what modifications in planning and intervention strategies are needed to achieve sustainable, safe case closure.


| | 17% | 18% | 44% | |
| Child/Youth | Mother | Father | Substitute Caregiver |

Quality Service Review   Prepared by Hornby Zeller Associates, Inc.
Crawford County   Page 18
June 2013

		Acceptable				Unacceptable			
Sub-indicator	N	6	5	4	%	3	2	1	%
Child/Youth	12	4	1	5	83%	2	0	0	17%
Mother	11	2	5	2	82%	1	1	0	18%
Father	9	0	4	1	56%	3	0	1	44%
Substitute Caregiver	6	1	2	3	100%	0	0	0	0%
Total		7	12	11	79%	6	1	1	21%

Figure 21: "Assessment & Understanding" QSR Results

Indicator 5: Long-term View

Having a long-term view of a better life enables the child/youth, family, and those helping them to see both the next steps forward and the end-points on the horizon that provide a clear vision of the pathway ahead. This indicator focuses on the specification and use of the capacities and conditions that must be attained by the child/youth and family (birth, adoptive, or guardianship) to achieve stability, adequate functioning, permanency, and other outcomes necessary to achieve their desired improvements and goals. This indicator assesses the degree to which there is a guiding strategic vision shared by the family team, including the parents and child/youth, which describes:
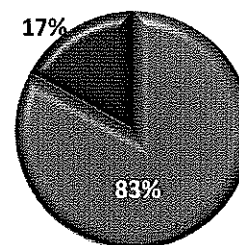
Long-Term View

- The purpose and path of interventions for achieving safe case closure;
- The capacities and conditions necessary for safe case closure; and
- The family's knowledge and supports to sustaining those capacities and conditions following safe case closure with child welfare intervention.

		Acceptable				Unacceptable			
Indicator	N	6	5	4	%	3	2	1	%
Long-Term View	12	4	5	1	83%	1	0	1	17%
Total		4	5	1	83%	1	0	1	17%

Figure 22: "Long-term View" QSR Results

Indicator 6: Child/Youth & Family Planning Process

Planning is an ongoing team-based process for specifying and organizing intervention strategies and directing resources toward the accomplishment of defined outcomes set forth in the long-term view for the child/youth and family. This indicator assesses:

- The degree to which the planning process is individualized and matched to the child/youth's and family's present situation, preferences, near-term needs and long-term view for safe case closure; and
- Provides a combination and sequence of strategies, interventions, and supports that are organized into a holistic and coherent service process providing a mix of services that fits the child/youth's and family's evolving situation so as to maximize potential results and minimize conflicts and inconveniences.

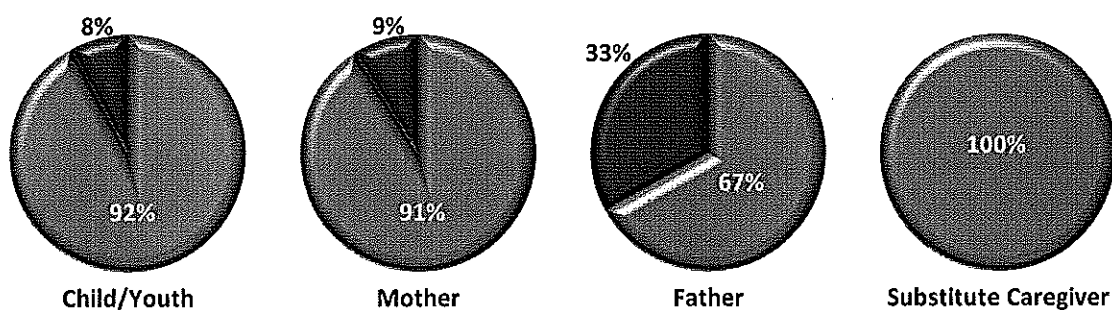| Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Child/Youth	12	4	3	4	92%	0	0	1	8%
Mother	11	3	3	4	91%	0	0	1	9%
Father	9	2	2	2	67%	0	2	1	33%
Substitute Caregiver	5	1	1	3	100%	0	0	0	0%
Total	■	10	9	13	86%	0	2	3	14%

Figure 23: "Child/Youth & Family Planning Process" QSR Results

Indicator 7: Planning for Transitions & Life Adjustments

A child/youth and family move through several critical transitions over the course of childhood and adolescence. Well-coordinated efforts in assisting the child/youth through significant transitions are essential for success. This indicator assesses the degree to which the current or next life change transition for the child/youth and family is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment after the change occurs. Plans and arrangements should be made to assure a successful transition and life adjustment in daily settings. Well-planned follow-along supports should be provided during the adjustment period to ensure that successes are achieved in the home or school situation.
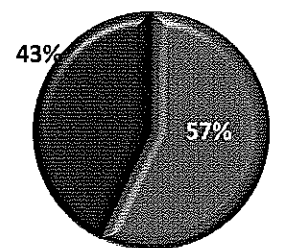
**Planning for Transitions & Life Adjustments**

Alternative timeframes are used for the ratings in this indicator. This indicator looks retrospectively over the past 90 days and prospectively over the next 90 days to assess the planning and transitioning through a significant life change and adjustment process of the child/youth and family.

| Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Planning for Transitions & Life Adjustments	7	2	2	0	57%	3	0	0	43%
Total		2	2	0	57%	3	0	0	43%

Figure 24: "Planning for Transitions & Life Adjustments" QSR Results

Indicator 8: Efforts to Timely Permanence

Conditions for timely permanence define requirements that have to be met in order for the child/youth to have a forever family with necessary supports to sustain the relationship once protective supervision ends. This indicator examines the pattern of diligent actions and the sense of urgency demonstrated by assigned team members. This indicator assesses the degree to which current efforts by system agents for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanence with sustained adequate functioning of the child/youth and family following cessation of protective supervision. This indicator looks at both efforts and timeliness. The "efforts" for achieving
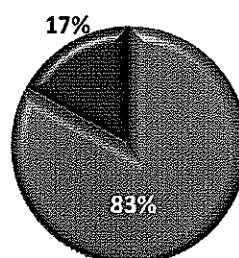
Efforts
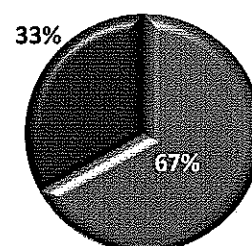
Timeliness

permanence are assessed for both out-of-home and in-home cases; however, the "timeliness" of achieving permanence is rated for out-of-home cases only and includes specific timeframes which reviewers must consider.

Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Efforts	12	5	2	3	83%	1	0	1	17%
Timeliness	6	0	1	3	67%	1	0	1	33%
Total	■	5	3	6	78%	2	0	2	22%

Figure 25: "Efforts to Timely Permanence" QSR Results

Indicator 9: Intervention Adequacy & Resource Availability

To be adequate, the intensity and consistency of service delivery should be commensurate with that required to produce sustainable and beneficial results for the child/youth and family. An adequate, locally available array of services must exist in order to implement the intervention and support strategies planned for the child/youth and family. This indicator assesses the degree to which planned interventions, services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet

Adequacy   Availability

near-term needs and achieve the conditions necessary for safe case closure defined in the long-term view. Resources required to implement current child/youth and family plans should be available on a timely, sufficient, and convenient local basis.
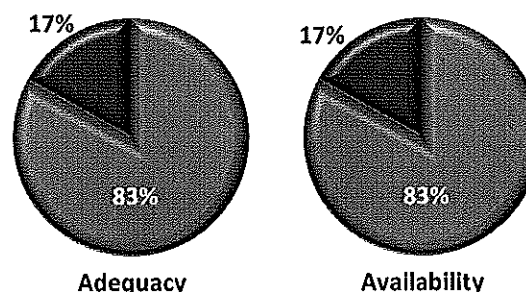
Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Adequacy	12	2	6	2	83%	1	1	0	17%
Availability	12	2	7	1	83%	2	0	0	17%
Total	■	4	13	3	83%	3	1	0	17%

Figure 26: "Intervention Adequacy & Resource Availability" QSR Results

Indicator 10: Maintaining Family Connections

This indicator measures the quality of relationships between the child/youth and his/her family members and other important people in the child/youth's life. The quality of these relationships depends on opportunities for positive interactions; emotionally supportive,

mutually beneficial connections; and engaging in nurturing exchanges with one another. When this occurs, it promotes the preservation of families and the successful reunification of the child/youth and his/her parents. This indicator assesses the degree to which interventions are building and maintaining positive interactions and providing emotional support between the child/youth and his/her parents, siblings, relatives and other important people in the child/youth's life, when the child/youth and family members are temporarily living away from one another.
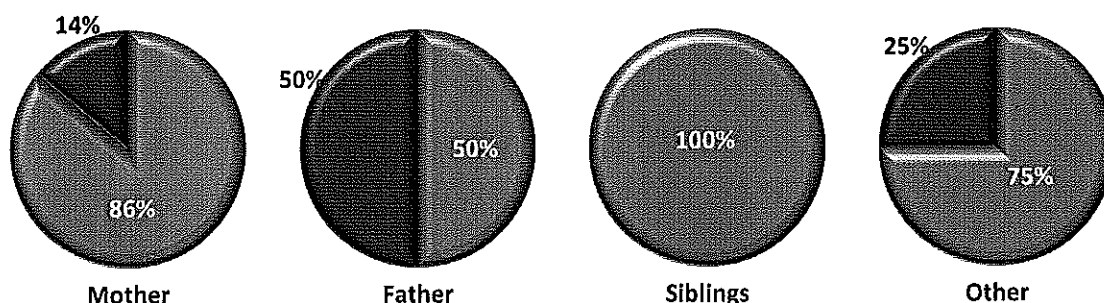

Sub-indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Mother	7	3	2	1	86%	0	1	0	14%
Father	6	1	1	1	50%	1	1	1	50%
Siblings	5	1	2	2	100%	0	0	0	0%
Other	4	0	3	0	75%	0	1	0	25%
Total		5	8	4	77%	1	3	1	23%

Figure 27: "Maintaining Family Connections" QSR Results

Indicator 11: Tracking & Adjusting

An ongoing examination process should be used by the team to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. This indicator assesses the degree to which:

- The team routinely monitors the child/youth's and family's status and progress, interventions, and results and makes necessary adjustments;
- Strategies and services are evaluated and modified to respond to changing needs of the child/youth and family; and
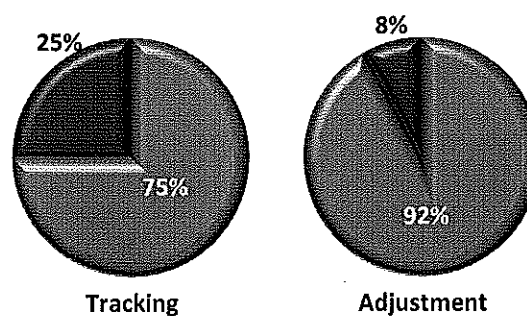
- Constant efforts are made to gather and assess information and apply knowledge gained to update planned strategies to create a self-correcting service process that leads to finding what works for the child/youth and family.

Sub-Indicator	N	Acceptable				Unacceptable			
		6	5	4	%	3	2	1	%
Tracking	12	3	3	3	75%	3	0	0	25%
Adjustment	12	4	3	4	92%	0	1	0	8%
Total		7	6	7	83%	3	1	0	17%

Figure 28: "Tracking & Adjusting" QSR Results

QUALITY SERVICE REVIEW PROTOCOL RATING SCALE LOGIC

Interpretative Guide for Child/Youth and Family Status Indicator Ratings					
Unacceptable Range: 1-3				Acceptable Range: 4-6	
Improvement Zone: 1-2		Refinement Zone: 3-4		Maintenance Zone: 5-6	
Status is problematic or risky. Quick action should be taken to improve the situation.		Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.		Status is favorable. Efforts should be made to maintain and build upon a positive situation.	
1	2	3	4	5	6
Adverse Status	Poor Status	Marginal Status	Fair Status	Substantial Status	Optimal Status
The individual's status in this area is poor, unacceptable and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.	Status is and may continue to be poor and unacceptable. The individual's status has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). Any risks may be mild to serious.	Status is mixed, limited or inconsistent and not quite sufficient to meet the individual's short-terms needs or objectives now in this area. Status has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.	Status is at least minimally or temporarily sufficient for the individual to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time over the past 30 days, but may be short-term due to changing circumstances, requiring change soon.	Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with eventual attainment of long-term needs or outcomes in this area. Status is good and likely to continue.	The best of most favorable status presently attainable for this individual in this area (taking age and ability into account). The individual is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.

Interpretative Guide for Practice Performance Indicator Ratings					
Unacceptable Range: 1-3				**Acceptable Range: 4-6**	
Improvement Zone: 1-2		**Refinement Zone: 3-4**		**Maintenance Zone: 5-6**	
Performance is inadequate. Quick action should be taken to improve practice now.		Performance is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.		Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.	
1	**2**	**3**	**4**	**5**	**6**
Adverse Practice	**Poor Practice**	**Marginal Practice**	**Fair Practice**	**Substantial Practice**	**Optimal Practice**
Practice may be absent or not operative. Performance may be missing (not done). - **OR** Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.	Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.	Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient for the individual to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.	This level of performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area may be no less than minimally adequate at any time in the past 30 days, but may be short - term due to change circumstances, requiring change soon.	At this level, the system function is working dependably for this individual, under changing conditions and over time. Effectiveness level is consistent with meeting long-term needs and goals for the individual.	Excellent, consistent, effective practice for this individual in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the individual.

December 13, 2013

Ms. Kelly Schwab, Associate Director
Crawford County Children & Youth Services
18282 Technology Drive, Suite 101
Meadville, Pennsylvania 16335

Dear Ms. Schwab:

The Department of Public Welfare, Office of children, Youth and Families, Western has received and reviewed the Crawford County Improvement Plan that was developed as a result of the Quality Services Review (QSR) conducted in May 2013.

In conjunction with the QSR State Site Lead, the Western Regional Office has accepted the County Improvement Plan based on the plan development surrounding the identified priority areas of 1) Improved Role and Voice and 2) Improved Permanency.

We would like to thank you again for your efforts in making this first QSR in the county a beneficial experience for the state and local site leads, the QSR review teams and your staff whose case records were reviewed. Your efforts will positively impact the outcomes for the children and families in the Commonwealth of Pennsylvania and, specifically, Crawford County. We look forward to working with you in the Implementation of the County Improvement Plan. Please let us know if we can provide assistance to your office as you move forward with your plan.

Sincerely,

Elaine C. Bobick
Regional Director
Office of Children, Youth and Families

cc: Mark Weindorf, Human Services Director
    Roseann Perry, Bureau of Children and Family Services
    Jeanne Edwards, PA Child Welfare Resource Center

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

CONTINOUS IMPROVEMENT TEAM MEMBERS
1. Mela Calomino-Zinz, Planning Coordinator
2. Brian Setta, CYS Program Specialist
3. Joe Barnhart,
4. Kami 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 live, 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.

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.

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
	* Identify and begin engaging all immediate and extended family members when a case is accepted for assessment.	*Number of cases in which all immediate family members are identified.	*Immediate and extended family members will be listed on the ICAMS members page	*Intake and Ongoing Caseworker/s, Supervisors and Program Managers	*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 implemented by Spring/Summer of 2014	*Additional LSI SWAN paralegals (at least two) *Additional ACCURINT licenses (at least two)	*To be determined
	* To locate any unknown immediate family member a diligent search will be completed by the LSI paralegal.	*85% of cases accepted for ongoing services will have the absent parent identified, engaged and if not compliant attempts will be documented in ICAMS.	*Corresponding releases /form will be located in the hard file for extended family members who are located in ICAMS *Identification of father will be tracked during the case transfer meeting	*LSI paralegal	*October of 2014 if 2 additional LSI SWAN paralegals are approved and hired		*In progress since 2012 for immediate family members; regarding extended family members the status is pending the approval of additional paralegals
	*A tool such as Circles, Eco map, Geno gram (yet to be determined) will be used with the family to identify existing	* tools are chosen and utilized in the initial phases for cases accepted for ongoing services	*Every family opened for ongoing services will have a tool that was utilized with the family in their file. Case documentation	*Kami Ingraham and/or additional person/s identified	*Summer 2014	*No additional resources have been identified as being required for completion	*Trainings are currently being identified and developed

natural supports and extended family members	*Identify a curriculum and train CYS caseworkers on engagement techniques	*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	*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.	*Debbie Lesik, Meredith Ketcham and/or additional person/s identified and the CWRC	*Spring 2014	*No additional resources have been identified as being required for completion	*Initiated
	*Hire a third CYS program specialist to facilitate FGDM conferences and CYS team meetings	*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	*Three individuals will be listed as FGDM program specialists in our employee roster.			*No additional resources have been identified as being required for completion	*Completed
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.	*CYS casework staff will follow FSP team meeting policy.	*100% of FSPs developed by Crawford County CYS will have followed the Team Meeting policy	*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	*Training Supervisor, Program Managers, Ongoing Supervisors and Caseworkers	*Fall of 2014	*No additional resources have been identified as being required for completion	*Initiated
*All cases opened	*55% of all cases	*Every case file will	*Training	*Fall of 2014	*No additional		*Initiated

Action	Strategy	Activity/Description	Documentation	Responsible Parties	Timeframe	Resources	Status
	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.	opened will have a team meeting/FGDM conference facilitated by a neutral person to develop the initial FSP.	have the documentation that a FGDM conference was offered and explained.	Supervisor, Program Managers, Intake and Ongoing Supervisors and Caseworkers		resources have been identified as being required for completion	
	*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.	*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.	*Diligent search results, case documentation, absent parent located, supervision and FSP/CPP goals for all parents/caregivers	*Program Managers, Ongoing Supervisors and Caseworkers, Paralegals and Families	*Fall of 2014	*Additional access to Accurint	*Initiated
Quality visits will be held with each family at least monthly	*Define what a quality visit is and implement the practice at family and child visits.	*The definition of a quality visit is reviewed with the CYS agency staff. *At least monthly a discussion regarding the FSP/CPP objectives and tasks and Concurrent Planning will be held *The monthly contact sheet will be a	*Case documentation	*Training Supervisor, TA Collaborative, Program Managers, Supervisors, Caseworkers, Service Providers and Families	*Spring 2015		*In progress

discussion point during the home visit that the parents/caregivers will sign. *Risk and Safety assessment ratings will be discussed with the family *A discussion will be held and information will be gathered that pertain to the six safety domains. *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.	*Each case file will include a Team Meeting Sign In Sheet	*Training Supervisor, TA Collaborative, Ongoing Program Managers, Supervisors, Caseworkers, Service Providers and Families	*Spring 2015	*Additional funding to allow service provider participation and possible partnership with JPO	*Pending
*The critical thinking training will be held with the CYS staff.	*Completion of training and documentation in training file.	*TA Collaborative	Fall/Winter of 2015/2016	*No additional resources have been identified as being required for	*Pending

						completion	
	*Critical thinking will be incorporated into supervision of caseworkers.		*Supervision summary	*TA Collaborative and all Supervisors			

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.*

STRATEGIES	ACTION STEPS	INDICATORS/ BENCHMARKS	EVIDENCE OF COMPLETION	PERSON(S) RESPONSIBLE	TIMEFRAME	RESOURCES NEEDED	STATUS
Services provided to a family will address the underlying issues	*Crawford County has requested participation in the Child Welfare IV-E Demonstration Project.	*Crawford County submitted the proposal in the NBPB for 14/15 to ask to be part of the IV-E Demonstration Project.	*Acceptance letter to participate in the Child Welfare Demonstration Project.	*Kelly Schwab	*March 2014	*Funding for the training.

*Funding for service providers to provide a higher level of service. | *Initiated |
| | *Assessments (such as the CANS and FAST) will be used to identify underlying issues. | *John Lyons will be scheduled to train CYS staff on the CANS and FAST assessments. | *CYS staff has been trained on the CANS and FAST tool.

*Documentation of training completion will be present in staff training file

*Designated staff have been trained to be | *Joe Barnhart

*Training Supervisor | *CANS – Spring 2014; FAST – Summer 2014

*Summer 2014 | *Requested funding that was included in NBB 14/15 | *Initiated |

	*Completed CANS/FAST assessment tools will be shared with the service providers working with the family.	*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.	train the trainer on the CANS and FAST *Intake/Ongoing Caseworkers, Supervisors, Program Managers and CYS Program Specialist	*Winter 2014	*No additional resources have been identified as being required for completion	*Pending
	*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.	*Completion of evidence based/evidence informed training curriculum. *Schedule training on Visit Coaching for service providers and all CYS staff.	*CYS staff	*Summer 2015	*Funds were requested in 14/15 NBB	*Pending

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

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

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