



# **Commonwealth of Pennsylvania**

## **Department of Public Welfare**

Child Welfare Title IV-E Waiver Demonstration Project

Initial Design and Implementation Report

Allegheny County Initial, Second and Final Submissions to  
ACF

July 3, 2013

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## ***INITIAL SUBMISSION***

The Pennsylvania Child Welfare Demonstration Project is unique in our Year 1 requirements in that we are taking our first year to identify the actual interventions that will be part of our project for the remainder of the demonstration period. It is also understood that our county based system will actually produce county specific implementation projects that follow Pennsylvania overarching strategy of Family Engagement, Assessment, and Interventions. The interventions selected for Years 2-5 will be identified Evidence Based/Evidence Informed Practices and/or system changes that are identified during Year 1 of the demonstration project. Our Initial Design and Implementation Report will focus on the Family Engagement and Assessment strategies that are being implemented in each demonstration project county.

**Name of County:** Allegheny County

### **Introduction/Overview:**

**(The State will develop an overarching view of the project and our “theory of change” linking engagement, assessment and interventions with the goals of our demonstration project.) The overview should also contain an overview for each county’s specific project plans. Please provide a concise answer to the following sections to assist in the development of our introduction/overview:**

### **Expected Short and Long-Term Outcomes:**

In the short term (years one and two of the demonstration project), most of the outcomes Allegheny County expects to see are related to the rapid implementation of our stated strategies. This will not only include serving more families, but also the implementation of process measures as it takes family engagement and assessments to scale and monitors these activities for fidelity.

Further, because some of Allegheny County’s reforms (i.e. the best interest placement tool, Permanency Roundtables) are being implemented over the next several months, the County expects to begin to see increases in the percentage of children served in family settings and improved timeliness to permanency.

The long-term outcomes that will be achieved through the demonstration project (year’s two through five) are those that would result from an implementation of the theory of change as stated below. These outcomes include fewer children placed in congregate settings, reduced reentry rates, reduced days of care, better linkages between identified needs and service planning and enhanced child and family wellbeing.

### **How the demonstration project components and interventions are linked to the population and intended outcomes (theory of change):**

Allegheny County has a strong record of reducing placements and has become a national leader in the use of kinship care. Of the total number of children in foster care, the percentage of children placed in kinship care has risen from 25% in 1996 to 64% in 2012. Yet, Allegheny County realizes that there is still work to be done to improve its system, particularly by reducing the overutilization of congregate care,

reducing re-entries to care and improving strategies to address child and family well-being. Allegheny County will accomplish this work in the demonstration project through 6 main approaches:

- 1) Improving family engagement and service integration by implementing Family Team Conferencing
- 2) Implementing strong assessment tools to direct clients and families to appropriate services
- 3) Developing and implementing decision support tools to improve placement and service decision making
- 4) Improving process and quality of care through the upscaling of evidence based interventions
- 5) Reforming contracting and payment procedures to align county and provider incentives
- 6) Using strong quality improvement processes to continuously assess and evaluate our work

This comprehensive approach will take time and effort to produce system level reform. Overall, this broad framework is built on the premise that when family engagement is central to case practice, and identifying consumer needs and strengths is a collaborative process, service planning becomes more effective and outcomes resulting from those services will be better. However, the best engagement, assessment, and planning can only go so far without high quality services available to meet the needs of individuals and families once they are connected to those services. This is why improving quality of care, building in mechanisms to continuously evaluate service provision and outcomes, and ensuring that contracting and payment procedures align with these goals are integral parts of the demonstration process.

## **II. Clearly Defined Target Population(s)**

### ***INITIAL SUBMISSION***

#### **Family Engagement**

The agreed upon Issue Paper identified Family Group Decision Making and Family Team Conferencing (Allegheny specifically) as the methods of Family Engagement being utilized for the demonstration project. Please note if there are other family engagement strategies that you intend on specifying as part of our implementation plan.

#### **Other Engagement Strategies (if applicable):**

Allegheny County believes engagement and collaboration with families in the child welfare system improves system effectiveness by involving families in the decision making process. Allegheny County is currently engaged in two family engagement case practices models, Family Group Decision Making (FGDM) and High Fidelity Wraparound (HFW). Both models, while different, involve families and children in addressing a child's safety, well-being, and placement decisions to a limited number of children and families in Allegheny County's child welfare system. However, because Allegheny County is implementing Family Team Conferencing (FTC) as its long-term engagement practice model throughout the County, this plan will focus on FTC exclusively.

As part of a system-wide effort to integrate services and resources around the needs and strengths of families, Allegheny County is implementing Family Team Conferencing (FTC) as its core engagement case management practice model. In the model, critical decisions and service planning are made by family, friends and other informal and formal supports that have an interest in the safety and well-being of the child. The Family Team Conference is the forum where informal and formal supports form a team to help the family craft, implement or change the individualized course of action. By moving to this model, Allegheny County will unify our engagement strategies and achieve broad improvements in outcomes for all children and families in the County's human serving system, including improved child and family well-being and functioning and better placement decisions.

#### **Describe the population of clients/families participating in FGDM/FTC/other strategies prior to the waiver. (i.e. child characteristics, placement characteristics and family characteristics)**

FGDM has been used in Allegheny County since 1999, and over 4000 families have received FGDM services. Participating children range in age from under one through 17-year-old youth, with the majority (68 percent) of referrals received for children under 12 years old. There is roughly equal representation of males and females; more than half of those children referred to FGDM are African American. Following a first report of maltreatment, a family's experience with FGDM in Allegheny County can occur at any point along the child's service trajectory. Reasons for report include parent-child conflict, unsafe/no housing, neglect, physical abuse, substance abuse, truancy and others. Referrals are made to the FGDM unit within the County's Office of Children, Youth and Families or the Allegheny County Family Court. Participation is voluntary.

HFW has been used in Allegheny County since 2008, and is also a voluntary service. Participating children can range in age from 6 through 21 years old, and fit at least one of the following four criteria: jointly active with child welfare and juvenile probation; entering child welfare shelter/group care for a second or subsequent episode; experiencing intensive mental health needs; or, pregnant or parenting teens active with child welfare. Approximately 80 percent of participating youth are between the ages of 13 and 17 years old.

Allegheny County is in the initial stages of implementing FTC as its core case management practice model across the entire Allegheny County Department of Human Services (DHS). The official roll-out of FTC will begin on April 1, 2013. Prior to implementation, cases are referred on an informal basis by casework supervisors, judges, and attorneys that have learned about FTC through the County's outreach to community stakeholders. Children and youth participating in the FTC planning period range in age from children under one through 17 year-old youth in-placement or receiving in-home services in the child welfare system. Reasons for report include parent-child conflict, unsafe/no housing, physical abuse, substance abuse, truancy and others.

**Describe the population of clients/families subject to FGDM/TCM/other strategies that you intend to provide as part of the demonstration project. Include a rationale for the population involved. (Note: The rationale must describe the characteristics (demographics; placement history; other) and needs (circumstances or conditions amendable to change).)**

The County's commitment to implement FTC in its child welfare system is part of a larger effort to expand the model across the entire Allegheny County Department of Human Services. For more than fifteen years, Allegheny County has worked hard to integrate child welfare services with other human services critical to family success including, mental health, intellectual disabilities, drug and alcohol, community services and aging services. Allegheny County believes that the implementation of a family engagement case practice model at scale augments the demonstration project's theory of change and will contribute to comprehensive improvements in County's human serving system.

Allegheny County will introduce FTC one community based office at a time. The Central Regional Office, the first of five regional offices, will implement the model initially, followed by the North Regional Office in July and another regional office every two months thereafter.

The FTC rollout schedule is as follows:

- Central Regional Office (CRO): April 1, 2013
- North Regional Office (NRO): July 1, 2013
- East Regional Office (ERO): September 2, 2013
- South Regional Office (SRO): November 1, 2013
- Mon Valley Regional Office (MVRO): January 1, 2014

Since FTC is a case practice model that engages families in a new way, Allegheny County is starting FTC with children under one through 17 year old youth rather than changing case practice for families' already receiving child welfare services. The characteristics of children in these families will match those of youth served by CYF at large; about half are African American, thirty percent Caucasian, and the

remaining youth are another single race, multiracial, or their race is unknown. Few families active with child welfare in Allegheny County are Hispanic. The ages of children served are consistent across all age groups, with a slightly higher representation of teenagers and infants than youth ages one through twelve.

By implementing FTC, families will be more engaged in the process which will lead to better assessment and participation in services that meet their needs, thereby reducing first entries into placement and improving safety and wellbeing outcomes for children and families.

The County's FTC framework includes the following steps:

Record Review → Family Preparation → Family Team Conference → Family Team Meetings

- 1) Record Review is an internal process that is completed to assure a thorough understanding of the family before formal engagement occurs. Cases that are accepted for service in the child welfare system proceed to a family prep meeting.
- 2) Family Preparation Meeting occurs once the case is accepted for service in the child welfare system. It is the first meeting with the family. The focus of the meeting is on engagement, building a trusting relationship, identifying strengths and introducing the family to the FTC process.
- 3) Family Team Conference occurs within 30 days of a case being accepted for service in the child welfare system. The Family Team Conference is the forum where the family addresses their needs and goals and a plan is created. For children and youth in placement, the CANS will be used in this forum to connect children and families to evidence based interventions that match their assessed needs. Allegheny County has also built private family time into the conference framework for family members to consider their plan.
- 4) Family Team Meeting occurs within at least 90 days of the Family Team Conference and every 90 days thereafter or when a significant event occurs. All providers of evidence based services that the family is receiving will be required to attend and participate in family meetings in order to authorize services and receive payments for services rendered. Embedded in these meetings are planning processes like permanency planning, reunification, the CANS and visitation planning. Given Allegheny County's commitment to reduce reentries to care, FTC will include a family team meeting prior to planned exit from placement and prior to case closure.

**Provide an estimate of clients/families for each strategy above for Year 1 of the waiver and estimate forward through the course of the waiver:**

FTC will be rolled out to the regional offices in phases. Since the target population for FTC will be new families accepted for service, and about 25 new families are accepted for service by office each month, the schedule below reflects the number of estimated families who will receive FTC by the end of FY 2013/14, which totals about 1275 families.

FY 2013/14

- April 1: CRO 25 per month would be 375 by June of 2014
- July 1: NRO 25 per month would be 300

- September 2: ERO 25 per month would be 250
- November 1: SRO 25 per month would be 200
- January 1: MVRO 25 per month would be 150
- Total cases receiving FTC in 13/14 would be 1275

FY 14-15 (year 2): 2475

FY 15-16 (year 3): 3600

FY 16-17 (year 4): 3650

FY 17-18 (year 5): 3650

*ACF has provided a document entitled "Target Population Template." This is a good tool for considering the answers needed for this template. There are questions above outside of this document that do need to be answered.*

### **Assessment**

**The agreed upon Issue Paper identified the CANS as the method of Assessment being utilized for the demonstration project. Please note if there are other assessment strategies that you intend on specifying as part of our implementation plan.**

### **Other Assessment Strategies (if applicable):**

The Child and Adolescent Needs and Strengths (CANS) will be the primary functional assessment tool used in Allegheny County's demonstration project because of its strength, validity, and ability to measure well-being on an ongoing basis.

### **Describe the population of clients/families that utilize the CANS/other strategies prior to the waiver:**

Allegheny County began using the CANS Comprehensive to promote communication between families and child-serving systems in 2008. The tool was initially used by service coordination and Joint Planning Team staff from the County's Office of Behavioral Health (OBH) and recently expanded to group home and shelter care providers in the County's Office of Children, Youth and Families (CYF).

Currently, CANS assessments are performed at the point of entry in placement and every six months, or when life altering circumstances occur. Populations receiving the CANS assessment include children and youth ages 5 through 21 years old who are receiving child welfare services and residing in shelter or group care, or who are receiving specific behavioral health services, including blended case service coordination. The following table describes the demographics of the youth who have received the CANS to date.

### **Characteristics of Children Receiving CANS**

	<b>NUMBER</b>	<b>PERCENT</b>
<b>Total CANS Received</b>	4921	.
<b>Unique Children Received CANS</b>	2440	.
Number receiving CANS through CYF	102	



<b>DEMOGRAPHICS, AT TIME OF FIRST CANS (UNIQUE CHILDREN)</b>		
<b>Age</b>		
5 to 12 years old	1118	46%
13 to 17 years old	1058	43%
18 and older	192	8%
<b>Race</b>		
African American	837	34%
White	1079	44%
Other	57	2%
Unknown/Refused	467	19%
<b>Gender</b>		
Female	965	40%
Male	1475	60%
<b>Living Situation</b>		
Home with parents	1858	76%
CYF placement	296	12%
MH treatment facility	137	6%
JPO placement	17	1%
Living independently	31	1%
Homeless	5	<1%
Other	96	4%

Date range: 4/2010 - 6/20/2012

**Describe the population of clients/families subject to CANS/other strategies that you intend to provide this instrument to as part of the demonstration project. Include a rationale for the population involved.**

The target population subject to CANS during the demonstration project are children and youth, age 5 through 17 years old in placement in the County's child welfare system. Currently and throughout the demonstration project, the CANS assessment is performed at the point of entry in placement and every six months, or when life altering circumstances occur. Allegheny County believes that by better engaging and assessing youth entering placement, the County will meet their needs more effectively, improve wellbeing, and prevent unnecessary or prolonged system involvement such as more restrictive levels of care, longer periods of time in care and reentries into care. This is particularly possible for older youth who often re-enter care for their behavior problems rather than parental abuse.

In 2008, Allegheny County worked directly with the tool's original designer, Dr. John Lyons, to adapt early versions of the CANS to a version best suited for Allegheny County. Initially used by Allegheny County staff from the Office of Behavioral Health (OBH), the CANS tool was expanded to the County's shelter and group home providers in 2011. The demonstration project was the impetus to accelerate

this work to include foster and kinship care providers in the use of the CANS by July 2013. The County's version has both a short and long form with 7 core domains with 80 items and 12 extension modules. Extension modules are utilized when certain items trigger the need for additional information. The short form is a subset of the long form and has 4 core domains with 53 items. It is completed within 10 days of a child entering emergency shelter following the court hearing. The comprehensive version of the CANS is subsequently completed within 30 days. If a child leaves shelter and is placed in a group home, foster or kinship care, the CANS is reviewed and updated, if necessary, within 30 days of placement.

The CANS assessment supports the demonstration project's theory of change because it identifies the needs and strengths and matches children and families appropriately to service pathways. The CANS tool will become an integral part of the County's child welfare case practice by integrating cross systems information, providing service planning and support and tracking changes in functioning over time on the child level. The CANS data will also be used in the aggregate to determine the services needed to support children and families. Throughout the first year of the demonstration project, Allegheny County will use information from the CANS to improve the quality of care children and families receive by scaling down ineffective service interventions and scaling up the County's service array of evidence-based programs.

Currently and during the demonstration project, the County's child welfare contracted placement providers will conduct the CANS assessments for children and youth in placement. Information from the CANS is then collected and reviewed with the child and family to encourage discussion, brainstorming and decision-making that results in a transparent service planning process. As FTC is rolled out in the first year of the waiver, the County will use the CANS in the Family Team Conference forum to connect children and youth to services that match their assessed need. Using CANS to inform subsequent planning needs and to track changes in functioning overtime will take place during Family Team Meetings, which occur within 90 days of the Family Conference and every 90 days thereafter.

During the first year of the demonstration project Allegheny County will also explore the family version of the CANS, the Family Advocacy and Support Tool (FAST). The FAST is designed to maximize communication about the needs and strengths of families and includes ratings of the family, each caregiver, and all children and youth. Because of the family-centric perspective of FAST, Allegheny County is considering the tool as a way to assess children and families receiving in-home services. As Allegheny County explores implementing the FAST assessment, outreach to other jurisdictions using FAST will occur. Their experiences will help to inform how Allegheny County will move forward with the FAST assessment.

**Provide an estimate of clients/families for each strategy above for Year 1 of the waiver and estimate forward through the course of the waiver:**

The target population to receive the CANS in FY 13/14 is all children entering placement, so the projected estimate for FY 13/14 is about 1100 youth. In years two through five, the projected estimates reflect not only new entries, but also the estimates of children who will remain in out of home placement (for at least part of that year) who began to receive the CANS in a prior year.

- FY 13-14 (year 1): 1100

- FY 14-15 (year 2): 1700
- FY 15-16 (year 3): 1800
- FY 16-17 (year 4): 1900
- FY 17-18 (year 5): 2000

As Allegheny County explores how the FAST and the CANS may complement and be integrated with FTC, the CANS projections will be evaluated and projections may be revised as appropriate.

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## **SECOND SUBMISSION**

### **ALLEGHENY**

- ***Can Allegheny provide information on entries, reentries, congregate care, permanency, safety, and well-being outcomes (as delineated on page 15) for the target population currently? What other specific information on the needs (as defined in the IDIR) can Allegheny pull from administrative and/or qualitative data sources to best tailor the interventions?***

Allegheny County has a strong capacity to use administrative data (both local and national) and qualitative data to inform the tailoring of interventions. The data in the table below presents some of the basic data that was compiled and reviewed during the development of the IDIR. Some additional analysis performed by the county that was very pertinent to the plan included findings that, in Allegheny County, 44% of youth in care between 13 and 17 years old are in congregate care settings, and 43% of them have been in care for a year or longer. However, only 25% of youth exiting care in the county receive any paid non-placement services following their exit.

Additionally, early review of a sample of CANS data revealed that 21% of children demonstrated “actionable need” due to their difficulty adjusting to trauma. Since very few CANS were available for youth in care prior to the Demonstration Project, part of the work to be accomplished by Allegheny County through the project is to conduct more analysis of this data as it becomes available to determine the services needed throughout the county to best support children and families.

#### **Child Welfare Indicators - 2011**

	<b>Allegheny</b>
<b>Child Abuse Reports</b>	1,506
<b>In-home Services</b>	14,769
<b>Children in Foster Care</b>	
All Entries	1,058
First Entries	67.6%
<b>Age</b>	
0 to 1	10.1%
2 to 5	19.5%

6 to 12	21.5%
13 and over	48.9%
<b>Race and Ethnicity</b>	
White	32.5%
African-American	65.1%
Other	2.4%
Latino	0.2%
<b>Placement Setting</b>	
Pre-adoptive home	0.1%
Foster Family Home -- Relative	36.3%
Foster Family Home -- Non Relative	37.0%
Congregate Care	22.1%
Supervised Independent Living	3.0%
Runaway	1.4%
<b>Timely Reunification with Parents or Relatives</b> (reunified within 12 months of first entry)	57.3%
<b>Children Exiting Care</b>	1,253 (42.2%)
Children Exiting to Permanency	82.4%
<i>Reunification</i>	50.8%
<i>Adoption</i>	19.2%
<i>Permanent Legal Custodianship</i>	5.9%
<i>Live with Other Relatives</i>	6.4%
Children Exiting to Non-Permanency	17.6%
<i>Emancipation</i>	10.6%
<i>Transfer to Another Agency</i>	3.4%
<i>Runaway</i>	3.6%
<i>Death of Child</i>	0.0%
<b>Placement Stability</b> (Children in care 12 to 23 months with 3 or more placements)	32.7%
<b>Reentry to Care</b> (within 12 months of reunification)	22.2%

- *How did you arrive at the projections provided on pages 13-14?*

The projected estimates for the number of families served through Conferencing and Teaming (and the number receiving a FAST) are based on historical trends in the number of families accepted for service each month. Year One estimates reflect the staged rollout of Conferencing and Teaming by regional office (number of families accepted for service each month multiplied by number of months that office will provide Conferencing and Teaming during FY 13/14).

Estimates for families served in year's two to five reflect the projected number of new families accepted for service who will be engaged with Conferencing and Teaming, as well as families who remain active from a previous year who received Conferencing and Teaming at the time they were accepted for service.

The CANS estimates were calculated in a similar fashion, by estimating the number of children ages 5 through 17 who enter care each year (about 700), and adding to that a projected number of youth who were in care in a previous year who still has a CANS that is updated as appropriate. Some revisions have been made to the original estimates due to a recalculation and a change in the business process (in-home youth who demonstrate an actionable need on the FAST also receive a CANS). The section that more fully describes the CANS implementation has a detailed description of these revised calculations.

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### **FINAL SUBMISSION**

Describe the characteristics and needs of the identified target population(s).

### **ALLEGHENY**

- ***Can Allegheny provide information on entries, reentries, congregate care, permanency, safety, and well-being outcomes (as delineated on page 15) for the target population currently? What other specific information on the needs (as defined in the IDIR) can Allegheny pull from administrative and/or qualitative data sources to best tailor the interventions?***

Allegheny County has a strong capacity to use administrative data (both local and national) and qualitative data to inform the tailoring of interventions. The data in the table below presents some of the basic data that was compiled and reviewed during the development of the IDIR. Some additional analysis performed by the county that was very pertinent to the plan included findings that, in Allegheny County, 44% of youth in care between 13 and 17 years old are in congregate care settings, and 43% of them have been in care for a year or longer. However, only 25% of youth exiting care in the county receive any paid non-placement services following their exit.

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	<b>Allegheny</b>
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- How did you arrive at the projections provided on pages 13-14?

The projected estimates for the number of families served through Conferencing and Teaming (and the number receiving a FAST) are based on historical trends in the number of families accepted for service each month. Year One estimates reflect the staged rollout of Conferencing and Teaming by regional office (number of families accepted for service each month multiplied by number of months that office will provide Conferencing and Teaming during FY 13/14).

Estimates for families served in year's two to five reflect the projected number of new families accepted for service who will be engaged with Conferencing and Teaming, as well as families who remain active from a previous year who received Conferencing and Teaming at the time they were accepted for service.

The CANS estimates were calculated in a similar fashion, by estimating the number of children ages 5 through 17 who enter care each year (about 700), and adding to that a projected number of youth who were in care in a previous year who still has a CANS that is updated as appropriate. Some revisions have been made to the original estimates due to a recalculation and a change in the business process (in-home youth who demonstrate an actionable need on the FAST also receive a CANS). The section that more fully describes the CANS implementation has a detailed description of these revised calculations.

### **III. Clearly Defined Demonstration Components and Associated Interventions**

#### ***INITIAL SUBMISSION***

The following section may involve collaboration between your county and other counties involved in the demonstration project that are utilizing the same project component.

Based on our Issue Paper response, the following demonstration project components are being utilized during waiver year 1:

- Engagement (interventions: FGDM, Family Team Conferencing, other (?))
- Assessment (interventions: CANS)

In the Target Population section above, individual counties may have identified other Family Engagement and/or Assessment program strategies that will be utilized as part of the **demonstration project for waiver year 1** under the Engagement and Assessment components. For each program component, please provide the following detailed information to assist in the writing of our Initial Design and Implementation Report:

#### **The demonstration project component(s) and associated interventions planned for each target population**

In the first year of the demonstration project, Allegheny County will begin to implement the engagement and assessment components of the demonstration project. The target populations for these components are:

- *Engagement*—FTC will be the primary engagement intervention for children under one through 17-year-old youth in the demonstration project.
- *Assessment*—the CANS will be the primary assessment intervention for children and youth, age 5 through 17 years old in placement during the demonstration project.

During the first year of the demonstration project, Allegheny County will also begin to develop the intervention component of project. This includes the scaling up of evidence based interventions, implementing decision support tools to improve placement and service decision making, rolling out performance based contracting to align county and provider incentives and developing strong quality improvement efforts to evaluate and assess the County's work. Together these efforts create the framework to reduce entries and reentries into placement, reduce the use of congregate care, increase permanency and improve child and safety well-being outcomes.

#### **Who will receive demonstration programs and services in the demonstration project;**

For the family engagement component of the demonstration project, Allegheny County will introduce FTC one community based office at a time. The Central Regional Office, one of five regional offices, will implement the model initially. The roll out will begin April 1, 2013 for every case accepted for service,



children under one through 17-year-old youth. The assessment component will be for children and youth, age 5 through 17 years old in placement.

**How the demonstration's components and associated interventions will address the various needs of the target population(s);**

Improving case practice through an engagement model that recognizes the importance of family and other support systems in the life of the child is a core component in Allegheny County's framework that will lead to reduced first entries into placement and improved well-being outcomes. Utilizing a robust assessment tool to identify and match children and families to appropriate services and monitor and track functioning over time is also an important piece that will reduce re-entries into care and improve well-being. Together the engagement and assessment components will augment the County's system level reforms to improve the process and quality of care child and families receive to achieve the demonstration project's desired outcomes.

**Existing research and/or data linking this program component and associated intervention(s) to child welfare outcomes.;**

*What information do we have to demonstrates positive outcomes for FTC (or family engagement more broadly) and CANS?*

This response would be most effective if presented by the State. ACF cited some research regarding well-being and assessments in the following memorandums:

[IM-12-05](#)

May 14, 2012: This Information Memorandum (IM) announces the Child Welfare Demonstration Projects for Fiscal Years (FYs) 2012- 2014.

[IM-12-04](#)

April 17, 2012: This Information Memorandum (IM) explains the promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services.

**The role this component and associated intervention(s) will play in selecting specific interventions/program changes that will make up the Intervention component of the demonstration project (starting year 2);**

Strengthening the engagement and assessment components in Allegheny County's child welfare system are important strategies that will inform the quality of care children and families receive in the demonstration project. On the child level, the CANS supports the FTC case practice model by collecting and integrating information from children and families and other formal and informal supports that is used in the planning process. To support this work, Allegheny County is developing decision support tools to help caseworkers and families make informed decisions that are in the best interest of the child. For example, when a child needs to be placed in out-of-home care, the County is implementing a tool that will allow caseworkers to enter information about the child(ren) being placed and in return receive a list of available facilities ranked by the best fit factors. Factors include placements with the most

family-like setting, placements located in the child's community and school catchment area, and placements willing to care for the child's identified behavioral challenges, mental health and/or medical needs. Since foster homes will always be ranked above group homes and second to neighborhood/school stability by ranking homes based on shortest distance from the home removal address, the tool is expected reduce congregate care placements, increase placement stability and improve child well-being outcomes.

Allegheny County is beginning to examine its service inventory to identify gaps and assess the quality of services available. The county is using its internal capacity to conduct service reviews on parenting and truancy prevention programs. The County is well positioned to conduct a thorough analysis; it houses a central repository of social services data (i.e. behavioral health, public housing, criminal justice and public education), enabling the county to track and report client demographic and service data across its program offices. These service reviews will often end with a recommendation to issue a solicitation (RFP) to either increase the number, diversity, or types of services we are offering. The County expects that the RFPs will also reset its provider network's expectations related to monitoring, outcome data collection, and performance expectations. For example, last year we conducted a review of Batterer Intervention Programs and found many issues in the way services are offered and administered, both by government partners and by the providers themselves. There was scant data and no outcome assessment. The County, working with its court partners, issued an RFP to expand the use of evidenced based/informed interventions while also changing the way we assign, monitor and assess provider performance. We are implementing this same process for several other intervention areas in the first year of the demonstration project.

The assessment and service review process also involves the development of process and outcome data collection screens. These new screens will be developed for each intervention whether it is an evidenced based parenting program or trauma-informed model. These data collection screens will track a client/family progress through the specific intervention and allow us to assess intervention fidelity, client completion/intervention implementation that will allow us to tie these interventions to outcomes (faster permanency, reduction in a need as assessed by the CANS).

**Describe any program adaptations or development necessary to implement each program component for your county.**

To create a platform for caseworkers and service providers to facilitate meetings around the needs and goals of families, Allegheny County is performing program adaptations to augment this work. The County's engagement component is including private family time to the Family Conference which occurs within 30 days of a case being accepted for service. This strategy, borrowed from FGDM, gives families time alone to consider the information presented, deliberate and make decisions that are presented back to staff. The County may also consider using peer support in Team Meetings to ensure that children and families voices are heard and incorporated in the service planning process.

For case practice to successfully adopt and implement the engagement and assessment components of the demonstration project, Allegheny County will conduct extensive training and staff support both

within the agency and its service provider network. Presently, the County's Family Conferencing Institute is building its internal capacity to implement staff training and skill development in family conferencing and service integration. The institute utilizes peer coaches to work in conjunction with supervisors to support and guide skill development of caseworkers as facilitators in the engagement component of the demonstration project. Facilitator training, beginning April 1, 2013 in the CRO, includes a three day course followed by six to nine months of coaching. Facilitators must complete two successful Family Conferences to receive certification.

The County's internal CANS's Team is also conducting extensive training of its Foster and Kinship care providers prior to the demonstration project. Staff and supervisors from foster and kinship care providers must attend an all-day training and pass a certification test prior to using the CANS. Following certification, foster and kinship care provider staff are required to attend one half-day training on the use of the CANS in the County's child welfare IT system, KIDS. The County has also built TA support and small group review sessions into its training schedule for placement provider staff that did not receive a passing score on the CANS certification test.

Allegheny County will use the Family Conferencing Institute and CANS's Team in FY 13-14 to train County and provider staff. Beginning in FY 14-15, the County will create a Training Institute where all new and existing staff will be trained to use Family Conferencing, CANS and evidence based interventions that will be put into practice during the demonstration project. The County is also committed to using the Training Institute to provide training in common practices in the human service system. Differences in perspectives, language and service definitions have created barriers to addressing the needs of children and families. Beginning in FY 14-15, the County and its provider system will become trauma informed with trainings in trauma for mental health, child welfare and other service providers.

The demonstration project components also requires IT development. Allegheny County is a large system of care and as such, each major new development or change to case practice requires changes and additions to our child welfare case management system (KIDS) to support those business processes. Changes are required to the KIDS system to the demonstration project. Today, there is no electronic data to support FTC. The County must work together with its IT contractor to develop the business and IT requirements to support the FTC process. This work is estimated to take 3-5 months from project start to system go-live.

DHS has been building the electronic infrastructure for the CANS and other assessments for several years (assisted by a grant from the RK Mellon Foundation). However, a considerable amount of work is required to link the CANS to FTC to existing child welfare case practice. Considerable thought (and possibly IT development) is required to tie the workflow of child welfare to these new tools. For example, if the CANS data is informing the family service plan, it will not be utilized to the fullest extent. Further, we can use the existing child welfare data system to "trigger" a team meeting. If a child unexpectedly changes placements, this is likely a reason to consider a family meeting. Logic can be built into the system to prevent case closure without a family meeting, as an example. DHS will continue to develop its IT systems to support its waiver demonstration project.

The CANS quality assurance and monitoring tool SPANS (Service Process Adherence to Needs and Strengths) will also need to be automated and built into the KIDS system. The SPANS determines the

degree to which needs and strengths identified in the CANS are being addressed in service planning. Finally, if Allegheny County moves forward with the FAST tool, the CANS application within the KIDS information system will need to be enhanced to include the FAST application.

*ACF has developed a document entitled "Intervention Template." This template is recommended as a tool for providing the needed information. Keep in mind that the "components" are Engagement and Assessment, and the "interventions" are the specific strategies (ex. FGDM, CANS, etc.).*

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## **SECOND SUBMISSION**

- ***The demonstration component(s) and associated interventions planned for each target population;***

### **ALLEGHENY**

***The associated interventions for FTC and CANS assessments need to be described – what specifically will be done in each component?***

#### **Family Team Conferencing:**

As part of a system-wide effort to integrate services and resources around the needs and strengths of families, Allegheny County is implementing its version of Family Team Conferencing as its core engagement case management model under the Child Welfare Demonstration Project. We are in the initial stages of implementing the model across the entire child welfare system. Allegheny County believes that the implementation of a family engagement case practice model at scale augments the Demonstration Project's theory of change and will contribute to the comprehensive improvements in the County's human service system.

Unlike Paul Vincent's Family Team Conferencing (FTC) model, Allegheny County's version enables family members to participate in private time. Providing family groups with the opportunity to meet on their own, without the caseworker and other non-family members present, is a practice adopted from the Family Group Decision Making model. The inclusion of the private time opportunity for families makes Allegheny County's model unique from FTC. Thus, subsequent to the Allegheny County's initial IDIR, we changed the name of our case practice model from Family Team Conferencing to Conferencing and Teaming.

For case practice to successfully adopt and implement Conferencing and Teaming, Allegheny County is extensively training its staff. This strategy assures that the basic practices of child welfare workers will transform, rather than add to existing practices. The Coach and the Facilitator are two important roles in the model.

- The Coach is responsible to teach, train, support and motivate facilitators and casework supervisors in an effort to encourage facilitators to implement effective engagement skills. The Coach is a bachelor-level social work related position with expertise in family

engagement practices as well as child protective services policies and mandates. Eight coach positions were posted in the fall of 2012 and filled in December 2012.

- The Facilitator role is carried out by the caseworker during the Conference and Team Meeting. Their job is to bring children, families, service providers, natural supports and other stakeholders together to collaborate and achieve synergy during the Conferencing and Teaming process. Facilitator training began in March of 2013 in the Central Regional Office. It includes a 3 day intensive training followed by six to nine months of coaching. Certification occurs after the successful demonstration of at least two Family Conferences and advancement of engagement skills. Approximately 35 caseworkers from each regional office will receive Facilitator training. Caseworkers must also be recertified as Facilitators every two years.

Allegheny County is introducing Conferencing and Teaming one community based child welfare office at a time. The Central Regional Office, the first of five regional offices, is implementing the model initially, followed by the North Regional Office in September and another regional office every two to three months thereafter. Each regional office will begin to receive training on the Conferencing & Teaming model one month prior to implementation.

The Conferencing and Teaming rollout schedule is as follows:

- Central Regional Office (CRO): April 1, 2013
- North Regional Office (NRO): September 1, 2013
- East Regional Office (ERO): November 1, 2013
- South Regional Office (SRO): January 1, 2014
- Mon Valley Regional Office (MVRO): March 1, 2014

Since Conferencing and Teaming is a case practice model that engages families in a new way, Allegheny County is starting the model with children under one through 17 year old youth accepted for service rather than changing case practice for families' already receiving child welfare services. The characteristics of children in these families will match those of youth served by CYF at large; about half are African American, thirty percent Caucasian, and the remaining youth are another single race, multiracial, or their race is unknown. Few families in Allegheny County are Hispanic. The ages of children served are consistent across all age groups, with a slightly higher representation of teenagers and infants than youth ages one through twelve.

By implementing Conferencing & Teaming, families will be more engaged in the process which will lead to better assessment and participation in services that meet their needs, thereby reducing first entries into placement and improving safety and wellbeing outcomes for children and families.

Allegheny County's Conferencing and Teaming framework includes the following steps:

Record Review → Family Preparation → Family Team Conference → Family Team Meetings

- 1) Record Review is an internal process that is completed to assure a thorough understanding of the family before formal engagement occurs. The initial record review process occurs when the first report is made and completed by a caseworker. The caseworker must review current and previous case records in order to identify strengths, significant life events and prior system involvement.
- 2) Family Preparation Meetings occurs once the case is accepted for service in the child welfare system. It is the meeting where the caseworker begins to gather more information and plan for the conference. The focus of the meeting is on engagement, building a trusting relationship, identifying strengths, needs and natural supports and introducing the family to the Conferencing & Teaming process. The results of the safety, risk and FAST assessment which are completed prior to the Family Preparation Meeting are reviewed and discussed with the family during the meeting. For children in placement, the strengths and the needs identified by the CANS will also be reviewed and discussed with the family.
- 3) The Family Team Conference occurs within 30 to 60 days of a case being accepted for service in the child welfare system. This time frame reflects the current mandates for the Family Service Plan. The Conference is the forum where the family and the Facilitator create the family plan. The family plan is built from the strengths and needs identified by the family, the FAST and CANS assessment when completed, and the non-negotiables identified by safety and risk assessments, court orders and statements from the family.

During the conference, the facilitator uses the non-negotiables identified in the risk and safety assessments along with strengths and needs identified in the FAST and CANS (when completed) to build the family service plan. IT development is required to facilitate this integration so that the information reflected in the FAST and CANS tools directly populates into to the family service plan. The development will be completed by September 2013.

Together, the facilitator and the family create action steps to address the family's needs utilizing the family's natural supports and formal supports when it is necessary.

- 4) Teaming Meeting occurs within 90 days of the Family Team Conference and every 90 days thereafter or when a significant event occurs. Examples of a significant event include a change in placement, hospitalization, change in the permanency goal or a change in risk or safety. A family member or caseworker can also call a Team Meeting prior to the 90 day requirement. All providers of services the family is receiving, including evidence based services, are required to attend and participate in family meetings.

During the meeting, the family reviews the family service plan and identifies progress on action steps. The non-negotiables are also tracked and discussed. The FAST and CANS are updated every six months and reviewed with the family and team members at the Team Meeting. Embedded in these meetings are planning processes for reunification, concurrent-permanency planning, transition and education planning and visitation schedules, facilitated by the

caseworker in partnership with the family's team. A final team meeting will be held prior to case closure.

**FAST:**

Allegheny County's initial plan was to explore the family version of the Family Advocacy and Support Tool (FAST) during the first year of the Demonstration Project. The decision was made, however, to expedite the implementation to occur in Year One of the project.

Because FAST is a new assessment tool for all of the counties involved in the Demonstration Project, the five counties worked together with John Lyons to create a project FAST. The counties "common" FAST includes 3 core domains: Family Together, Caregiver Functioning, and Child Functioning. Within those three domains are 35 items. There is only one extension module, Trauma Experiences, which is triggered under the Caregiver Functioning domain. In the Allegheny County version of FAST, there are 2 additional items and 1 additional extension module under the Child Functioning domain. The additional items are Child High Risk Behaviors and Adjustment to Trauma. The additional extension module, Trauma Experiences, would be triggered when Adjustment to Trauma is identified as an actionable need.

If a child rates a 2 or 3 on certain items within the Child Functioning domain, a CANS will be completed so that additional information can be gathered to determine his/her needs. The items that trigger are the following:

- Physical/Medical Status
- Mental Health Status
- Intellectual/Developmental
- Self-Regulation Skills
- Social Functioning
- School
- Child High Risk Behaviors
- Adjustment to Trauma

Beginning in September of 2013, Allegheny County will utilize the FAST for all families accepted for service, with children ages 5 through 17 years old being assessed in the child section of the assessment tool. The administrator of the FAST in Allegheny County will be the Family Advocate Specialist. The Family Advocate Specialist will work in close coordination with the caseworker, but will be responsible for the coordination, facilitation, implementation and evaluation of the FAST. There are currently five Family Advocate Specialists and one Family Advocate Manager in each of the five regional offices (25 Family Advocate Specialists and 5 Family Advocate Managers). To hold the position, both the specialist and manager must be an experienced licensed social worker. Since the FAST is new to the Family Advocate Specialist's role, the County may require additional specialists as the Demonstration Project progresses.

Similar to the CANS, the FAST requires that each assessor be trained and certified to use the FAST assessment reliably. First, the Family Advocate Specialist will participate in a 6 hour training where the following is reviewed: the values and key principles of FAST; definitions of the individual FAST items; utility of the FAST as part of the planning and service delivery process; and a practice vignette test is completed and discussed. Once each specialist completes the training, they are required to take a certification vignette test to determine their level of inter-rater reliability. To become certified, staff must achieve a reliability factor of .70 or above. In addition, staff will be trained in the IT application of FAST. This is a two hour training conducted to demonstrate how to access, input, and extract FAST information and reports from the KIDS information system.

The FAST implementation will kick off with an informational session conducted by Dr. John Lyons in July 2013. This session will be open to the Family Advocate Specialists and Family Advocate Managers, regional office directors, administrators, caseworkers and the provider community. Dr. Lyons will provide an overview of the FAST, its utility and how it supports cross-systems communication. The training and implementation of the FAST will be timed to occur alongside the roll out of Conferencing and Teaming in the County's regional offices. The official training roll-out will begin in August 2013 when the first set of FAST training certification sessions is offered. Please note that the CRO and NRO will be implemented together so that the FAST can be rolled out in conjunction with Conferencing and Teaming.

Specifically,

Regional Office	FAST Training and Certification Sessions	FAST Implementation Schedule for Families Accepted for Service
Central Regional Office (CRO)	August 2013	September 1, 2013
North Regional Office (NRO)	August 2013	September 1, 2013
East Regional Office (ERO)	October 2013	November 1, 2013
South Regional Office (SRO)	December 2013	January 1, 2014
Mon Valley Regional Office (MVRO)	February 2014	March 1, 2014

The FAST will be done on all families accepted for service which will include children 5 through 17 years old. If a child receives a two or three on the items described previously, the CANS will be completed on the child within 30 days of the FAST. In Allegheny County's business process, the FAST will be performed before the Family Prep Meeting so that results of the safety, risk and FAST assessment can be reviewed and discussed with the family prior to the Conference. Following the family prep meeting, the Facilitator will use the FAST in the Conference and subsequent Team Meetings to help identify families' strengths and needs and connect the family to services that match their assessed need. IT development will be



completed by September 2013 to tie the workflow of child welfare to the FAST tool so that it informs the family service plan to the fullest extent. As subsequent FAST assessments are performed, changes in the functioning will be tracked over time and reflected in the family service plan.

As long as the family is involved with the child welfare system and there are children in the home, the FAST will be completed every six months. As subsequent FAST assessments are performed, changes in functioning will be tracked over time and reflected in the family service plan.

Like Conferencing and Teaming, the FAST will be implemented in the regional offices in phases. Since the target population for both is new families accepted for service, and about 25 new families are accepted for service by office each month, the schedule below reflects the number of estimated families who will receive the FAST by the end of FY 13/14. It totals approximately 950 families.

- September 2013: CRO 25 per month would be 250
- September 2013: NRO 25 per month would be 250
- November 2013: ERO 25 per month would be 200
- January 2013: SRO 25 per month would be 150
- March 2013: MVRO 25 per month would be 100

In years two through five, we expect approximately 1500-1600 new families each year to receive the FAST when they are accepted for service, in addition to a portion of the families who remain active from the previous year, with whom the FAST will be revisited every six months.

- FY 14-15 (year 2): 2325
- FY 15-16 (year 3): 3500
- FY 16-17 (year 4): 3650
- FY 17-18 (year 5): 3650

### **CANS:**

In 2008, Allegheny County worked directly with the tool's original designer, Dr. John Lyons, to adapt early versions of the CANS to a version best suited for Allegheny County. Initially used by Allegheny County staff from the Office of Behavioral Health (OBH), the CANS tool was expanded to the County's child welfare shelter and group home providers in 2011. The Demonstration Project was the impetus to accelerate this work to include foster and kinship care providers in the use of the CANS by July 2013. The recent addition of FAST to the Demonstration Project will also create opportunities to utilize the CANS tool for children and youth when the need for additional information is identified.

The CANS is comprised of seven core domains in Allegheny County. The domains are Life Functioning, Youth Strengths, Caregiver Strengths & Needs, Culture, Youth Behavioral/Emotional Needs, Youth Risk Behaviors/Factors, and Trauma Experiences. Within each of those domains is a comprehensive list of specific items (n=80) related to each of those life areas. Additionally, some items in the County's version

of the CANS trigger an extension module when the need for additional information is identified. There are 12 extension modules: School, Intellectual/Developmental Needs, Vocational, Justice, Substance Use, Suicide Risk, Runaway, Fire Setting, Sexual Abuse, Traumatic Stress Symptoms, RTF, and Transition Age.

As part of our collaboration with the four other counties, we identified a common set of CANS elements that are consistent across the five counties. In this version, all seven core domains are included; however, there are fewer items (n=63) within each domain and in some cases, we have added a new item. For example, we created a new trauma item, Systems-Induced Trauma, as a result of our work group. There are no extension modules in the "Common Elements" CANS. All of the changes, edits, and additions were done in partnership among the five counties and John Lyons. Due to some of these changes, the Allegheny County version will have some minor adjustments so that it meets the parameters of the "Common Elements" list.

The original target population subject to CANS during the demonstration project was children and youth, age 5 through 17 years old, in placement. For this population, the CANS assessment will be performed at the point of entry in placement and every six months, or when life altering circumstances occur. As indicated in the initial IDIR, contracted placement providers will administer the CANS assessments for children and youth in placement. Similar to the FAST training, staff and supervisors from the County's placement provider agencies must attend an all-day training and pass a certification test prior to using the CANS. The County will complete training for foster and kinship care providers by July 2013.

Following the submission of the initial IDIR and the addition of FAST to the demonstration project, the target population was expanded to include children and youth, age 5 through 17 years old, not in placement but who's FAST identified a need for a CANS assessment. In these circumstances, the initial CANS will be completed within 30 days of the FAST and every 180 days thereafter. Given that the timing of the CANS for this population is dependent on when the FAST is completed, the Family Advocate Specialist will provide enough time for the CANS to be done prior to the Conference or Team Meetings so that the child's strengths and needs can be fully incorporated into the family service plan.

Due to the expedited timeframe the County has to incorporate FAST into its business process, for children and youth with a FAST score that identifies the need for the CANS, the CANS will be administered by a contracted provider agency. The agency designated to complete the CANS for this population is already trained and certified in the CANS. While the administrator may change to the Family Advocate Specialist in the future, the county will utilize the contracted provider screening unit for this population of children and youth in the short term.

As Conferencing and Teaming is implemented in each regional office, the facilitator will use the CANS in the Conference and Team Meetings to help identify a child's strengths and needs and connect the child to services that match his or her assessed need. IT development will be completed that ties the workflow of child welfare to the CANS tool so that it informs the family service plan to the fullest extent. As subsequent CANS assessments are performed, changes in the functioning will tracked over time and

reflected in the family service plan. During the demonstration project, data collected from the CANS will be used in the aggregate to identify system level needs to inform the type and amount of evidence based services to purchase. A final CANS will also be completed prior to case closure.

In the original IDIR, the target population to receive the CANS was all children and youth ages 5 through 17 years old entering placement and some who were already in placement and receiving the CANS, so the projected estimate for FY 13/14 was about 1100 a month. The projected estimates for years two through five reflect new entries into placement and estimates of children who remain in placement (at least for part of the year) and began to receive the CANS in the prior year. Since this time, the projected estimates have changed for two reasons. First, the original estimates were based on the number of all children entering care, which incorrectly included children under the age of 5. Adjusting the figures to accurately include children ages 5 to 17 would decrease the projection by about 400 children per year. However, the target population has also expanded to include children and youth being served in the home who's FAST triggered a CANS assessment. Since this is a new business process and there is no concrete baseline estimate, the estimated of the number of additional children that receive a CANS may need to be revised, but we are currently estimating that approximately 5 children per month from each regional office will receive a CANS as a result of an actionable need indicated on the FAST.

FY 13-14 (year one): 1100 (original estimate) – 400 overestimate + # of FAST to be completed by regional office by the end of FY 13/14:

- September 2013: CRO 5 per month would be 50
- September 2013: NRO 5 per month would be 50
- November 2013: ERO 5 per month would be 40
- January 2013: SRO 5 per month would be 30
- March 2013: MVRO 5 per month would be 20

Revised FY 13/14 total: 940

FY 14-15 (year 2): 1700 (original estimate) + (25x12-400)=1600

FY 15-16 (year 3): 1800 (original estimate) +(25x12-400)=1700

FY 16-17 (year 4): 1900 (original estimate) +(25x12-400)=1800

FY 17-18 (year 5): 2000 (original estimate)+ (25x12-400)=1900

### **Ages & Stages:**

Subsequent to the State's initial IDIR, the counties participating in the demonstration project decided to expand the Ages & Stages assessment to include all children from birth through age 5 that are accepted for service in the child welfare system.

Allegheny County's current policy provides the Ages & Stages assessment for two groups of children under age 5. The first group, children from 0 to age three with a substantiated case of abuse/neglect, is

referred to a contracted agency by the County. The provider conducts the developmental screening, Ages & Stages, within the CAPTA timeline requirements. The provider provides a written summary of the results to the caseworker, birth parents and foster parents if the child is in placement. If the results indicate age appropriate development then the child is screened at a frequency that depends on the age of the child. For children older than 3, the screen is completed once a year. However, if the result from the assessment indicates a concern or the family has a concern about the child's development, a referral to Early Intervention is made. If the child is enrolled in Early Intervention Services, the child's service plan and progress reports are sent to the caseworker, birth parents, and foster parents. The information from the forms is incorporated into the child's Individual Service Plan (ISP). In both cases, the contracted provider agency continues monitoring the child until the child turns five.

The second group, children under age 5 who are in placement or a homeless shelter, also receive the Ages & Stages assessment in Allegheny County. Currently, the County sends a contracted provider a regular report of children in placement. The contracted provider contacts the provider where the child is placed and conducts an assessment within 45 days of referral. The child is screened based on the Ages & Stages recommended timeframe that depends on age. If the assessment indicates that the child has a development delay, the child is enrolled in Early Intervention Services. The child's service plan and progress reports are sent to the caseworker, birth parents, and foster parents. Early Intervention Therapy and screening can continue until the child turns five.

To implement the Ages & Stages assessment for all children under age 5 that are accepted for service, the County will engage the same process that exists today for children who are in placement. In addition to the report the County sends to the contracted provider of children under 5 in placement, the County will send a report of children under 5 who have been accepted for service that remain in the home. The contracted provider will then contact the family to conduct an assessment within 30 days the case is accepted for service. If the results indicate age appropriate development, the child will not be assessed again unless the caseworker or family has a concern about the child's development. However, if the result from the assessment indicates a concern or the family has a concern about the child's development, a referral to Early Intervention services will be made. If the child is enrolled in Early Intervention Services, the child's service plan and progress reports will be sent to the caseworker and birth parents. The information from the forms will be incorporated into the family's service plan and discussed during the Conference and/or the Team Meetings.

Approximately 1000 children under age 5 are accepted for service each year, and in 2012, about 425 children under age 5 entered placement (and received a screening). A small percentage of children entering placement do so at the time of case opening, so we expect that some of the children who receive a screening at the time of placement may also receive a screening at the time they are accepted for service. As a result, we estimate that approximately 800-1000 additional children under age 5 will receive an Ages & Stages assessment every year as part of the demonstration project.

### **ALLEGHENY**

***Please specify who will receive which interventions for each component (i.e., FTC and CANS) – the child? Parent? Foster parent? Caseworker? What role does each person play in the intervention?***

#### Conferencing and Teaming:

In the Conferencing and Teaming model, the family is the focus of the intervention. The County defines the family as the birth parents, their children and members of the household. Their role is to participate and enlist as partners in the Conferencing and Teaming process. Central to the work of the family is the establishment of the primacy of safety, permanency and sustainable family independence. The Conferencing and Teaming process also allows the family to invite extended members of the family, along with friends and natural supports to attend the Conference and Team Meetings. The inclusion of natural supports in the process helps the family identify strengths and identify solutions that may not involve formal system supports. If the child is in placement, the caregiver participates in the Family Prep Meeting, Conference and Team Meetings to help give a voice to child and establish a trusting relationship with the family. Finally, in Allegheny County, the caseworker plays the role of the Facilitator in the Conference and Team Meetings. The Facilitator is responsible for building the team, directs the process and resolves differences. The Facilitator helps the family to build the family service plan around the non-negotiables, strengths and needs identified by all of the assessments.

#### FAST:

The family is the focus of the FAST. The County defines the family as the birth parents, their children and members of the household. The FAST will be completed on all families accepted for service which will include children 5 through 17 years old. As long as the family is involved with the child welfare system and there are children in the home, the FAST will be completed every six months.

The Family Advocate Specialist will conduct the FAST. The specialist will work in close coordination with the caseworker, but will be responsible for the coordination, facilitation, implementation and evaluation of the FAST.

#### CANS:

Two target populations will receive the CANS: 1) all children and youth ages 5 through 17 years old in placement and 2) children and youth, age 5 through 17 years old, who's FAST triggered a CANS assessment. While the caregiver will not receive a FAST if the child is in placement, there is a caregiver section of the CANS where the strengths and needs of the caregiver are addressed.

For the children and youth in placement, the contracted placement providers will administer the CANS assessments for children and youth in placement. Due to the expedited timeframe the County has to incorporate FAST into its business process, for children and youth with a FAST score that identifies the need for the CANS, it will be administered by a contracted provider agency for the time being.

#### Ages and Stages:

As part of the demonstration project, all children under age 5 that are accepted for service will receive an Ages & Stages assessment. A contracted provider that is currently performing the assessment on children under 3 with a substantiated case of abuse/neglect and children under 5 in foster care will conduct an assessment within 30 days the case is accepted for service.

***How the demonstration's components and associated interventions will address the various needs of the target population(s);***

**ALLEGHENY**

***Please describe how each component ties back to the needs of the target population. Why do families need to be engaged differently? Assessed differently?***

Improving case practice through an engagement model that recognizes the importance of family and other support systems in the life of the child is a core component in Allegheny County's framework that will lead to reduced first entries into placement and improved well-being outcomes. Utilizing a robust assessment tool to identify and match children and families to appropriate services and monitor and track functioning over time is also an important piece that will reduce re-entries into care and improve well-being. Together the engagement and assessment components will augment the County's system level reforms to improve the process and quality of care child and families receive to achieve the demonstration project's desired outcomes.

**ALLEGHENY**

- ***It would be helpful to have a description of the needs/gap assessment of the service inventory – what is entailed in the service reviews? Who conducts them? What is being assessed? When will this be started / completed? Frequency of assessment?***

There are a number of internal and external forces encouraging child welfare system to examine its purchased service delivery system. In Allegheny County, those influences include the Child Welfare Demonstration Project, a recent ACF Information Memorandum (<http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>) and the emergence of the DHS practice model reliant on engagement, the identification of strengths and needs, and linking to high quality, specific formal interventions when needed.

The service inventory reviews is part of this work to better understand and improve the county's service offerings. Currently, the county is using its internal capacity to conduct service reviews on parenting and truancy prevention programs. The services reviews involve holding focus groups with providers and clients, analyzing client outcomes, as well as examining the referral and reauthorization process.

The County is well positioned to conduct a thorough analysis; it houses a central repository of social services data (i.e. behavioral health, public housing, criminal justice and public education), enabling the

county to track and report client demographic and service data across its program offices. These service reviews will likely result in a solicitation (RFP) to the fall of 2013 to increase the number, diversity, or types of services we are offering. The County expects that the RFPs will also reset its provider network's expectations related to monitoring, outcome data collection, and performance expectations. Where evidence based interventions are being used and continuation of the service makes sense, DHS will work with its provider network to ensure fidelity to the model(s).

- ***Similarly, more information on the development of process and outcome data collection would be helpful. What are the data sources?***

Allegheny County will have to wait until it identifies the evidence based interventions to describe the development of the process, outcomes and data sources that will be collected and utilized. This will begin once the CANS and FAST assessments are fully operationalized and the County issues an RFP for evidence based interventions. Nevertheless, the expectation is that by developing data collection screens into our KIDS system, we will be able to track a client/family's progress through the specific interventions the county implements as part of the demonstration project. This will allow us to assess intervention fidelity, client/completion and intervention implementation. More specifics regarding this work will be provided in our second implementation plan.

#### ALLEGHENY

***It was not immediately clear if the narrative provided in this section described the interventions or adaptations of the interventions. For both FTC and the CANS, please address the following:***

- ***What is the core model?***

Explanations of the core model for Conferencing and Teaming, FAST, CANS and Ages & Stages is described under the question: *"The associated interventions for FTC and CANS assessments need to be described – what specifically will be done in each component?"*

- ***What additional "optional" components are being considered?***

#### ***Conferencing and Teaming:***

Unlike Paul Vincent's Family Team Conferencing (FTC) model, Allegheny County's version enables family members to participate in private time. Providing family groups with the opportunity to meet on their own, without the caseworker and other non-family members present, is a practice adopted from the Family Group Decision Making model. The inclusion of the private time opportunity for families makes Allegheny County's model unique from FTC. Thus, subsequent to the Allegheny County's initial IDIR, we changed the name of our case practice model from Family Team Conferencing to Conferencing and Teaming.

#### **CANS:**

Adaptations to the CAN's previously discussed in the above narrative.

- ***It also may be helpful to consider how the IT enhancements may inform and/or describe the actual business process mapping of the interventions.***

Work is underway to enhance the County's KIDS system so that the strengths and needs identified by the FAST and CANS directly populate the family service plan. This work will be completed by September 2013. Once the County's decides which evidence based interventions it will implement, development will occur so that the results from the FAST and CANS help to identify possible interventions that address the family's assessed needs. More information regarding this work will be described in the second plan.

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### **THIRD SUBMISSION**

- ***The demonstration component(s) and associated interventions planned for each target population;***

### **ALLEGHENY**

***The associated interventions for FTC and CANS assessments need to be described – what specifically will be done in each component?***

#### **Family Team Conferencing:**

As part of a system-wide effort to integrate services and resources around the needs and strengths of families, Allegheny County is implementing its version of Family Team Conferencing as its core engagement case management model under the Child Welfare Demonstration Project. We are in the initial stages of implementing the model across the entire child welfare system. Allegheny County believes that the implementation of a family engagement case practice model at scale augments the Demonstration Project's theory of change and will contribute to the comprehensive improvements in the County's human service system.

Unlike Paul Vincent's Family Team Conferencing (FTC) model, Allegheny County's version enables family members to participate in private time. Providing family groups with the opportunity to meet on their own, without the caseworker and other non-family members present, is a practice adopted from the Family Group Decision Making model. The inclusion of the private time opportunity for families makes Allegheny County's model unique from FTC. Thus, subsequent to the Allegheny County's initial IDIR, we changed the name of our case practice model from Family Team Conferencing to Conferencing and Teaming.

For case practice to successfully adopt and implement Conferencing and Teaming, Allegheny County is extensively training its staff. This strategy assures that the basic practices of child welfare workers will transform, rather than add to existing practices. The Coach and the Facilitator are two important roles in the model.



- The Coach is responsible to teach, train, support and motivate facilitators and casework supervisors in an effort to encourage facilitators to implement effective engagement skills. The Coach is a bachelor-level social work related position with expertise in family engagement practices as well as child protective services policies and mandates. Eight coach positions were posted in the fall of 2012 and filled in December 2012.
- The Facilitator role is carried out by the caseworker during the Conference and Team Meeting. Their job is to bring children, families, service providers, natural supports and other stakeholders together to collaborate and achieve synergy during the Conferencing and Teaming process. Facilitator training began in March of 2013 in the Central Regional Office. It includes a 3 day intensive training followed by six to nine months of coaching. Certification occurs after the successful demonstration of at least two Family Conferences and advancement of engagement skills. Approximately 35 caseworkers from each regional office will receive Facilitator training. Caseworkers must also be recertified as Facilitators every two years.

Allegheny County is introducing Conferencing and Teaming one community based child welfare office at a time. The Central Regional Office, the first of five regional offices, is implementing the model initially, followed by the North Regional Office in September and another regional office every two to three months thereafter. Each regional office will begin to receive training on the Conferencing & Teaming model one month prior to implementation.

The Conferencing and Teaming rollout schedule is as follows:

- Central Regional Office (CRO): April 1, 2013
- North Regional Office (NRO): September 1, 2013
- East Regional Office (ERO): November 1, 2013
- South Regional Office (SRO): January 1, 2014
- Mon Valley Regional Office (MVRO): March 1, 2014

Since Conferencing and Teaming is a case practice model that engages families in a new way, Allegheny County is starting the model with children under one through 17 year old youth accepted for service rather than changing case practice for families' already receiving child welfare services. The characteristics of children in these families will match those of youth served by CYF at large; about half are African American, thirty percent Caucasian, and the remaining youth are another single race, multiracial, or their race is unknown. Few families in Allegheny County are Hispanic. The ages of children served are consistent across all age groups, with a slightly higher representation of teenagers and infants than youth ages one through twelve.

By implementing Conferencing & Teaming, families will be more engaged in the process which will lead to better assessment and participation in services that meet their needs, thereby reducing first entries into placement and improving safety and wellbeing outcomes for children and families.

Allegheny County's Conferencing and Teaming framework includes the following steps:

Record Review → Family Preparation → Family Team Conference → Family Team Meetings

- 4) Record Review is an internal process that is completed to assure a thorough understanding of the family before formal engagement occurs. The initial record review process occurs when the first report is made and completed by a caseworker. The caseworker must review current and previous case records in order to identify strengths, significant life events and prior system involvement.
- 5) Family Preparation Meetings occurs once the case is accepted for service in the child welfare system. It is the meeting where the caseworker begins to gather more information and plan for the conference. The focus of the meeting is on engagement, building a trusting relationship, identifying strengths, needs and natural supports and introducing the family to the Conferencing & Teaming process. The results of the safety, risk and FAST assessment which are completed prior to the Family Preparation Meeting are reviewed and discussed with the family during the meeting. For children in placement, the strengths and the needs identified by the CANS will also be reviewed and discussed with the family.
- 6) The Family Team Conference occurs within 30 to 60 days of a case being accepted for service in the child welfare system. This time frame reflects the current mandates for the Family Service Plan. The Conference is the forum where the family and the Facilitator create the family plan. The family plan is built from the strengths and needs identified by the family, the FAST and CANS assessment when completed, and the non-negotiables identified by safety and risk assessments, court orders and statements from the family.

During the conference, the facilitator uses the non-negotiables identified in the risk and safety assessments along with strengths and needs identified in the FAST and CANS (when completed) to build the family service plan. IT development is required to facilitate this integration so that the information reflected in the FAST and CANS tools directly populates into to the family service plan. The development will be completed by September 2013.

Together, the facilitator and the family create action steps to address the family's needs utilizing the family's natural supports and formal supports when it is necessary.

- 4) Teaming Meeting occurs within 90 days of the Family Team Conference and every 90 days thereafter or when a significant event occurs. Examples of a significant event include a change in placement, hospitalization, change in the permanency goal or a change in risk or safety. A family member or caseworker can also call a Team Meeting prior to the 90 day requirement. All providers of services the family is receiving, including evidence based services, are required to attend and participate in family meetings.

During the meeting, the family reviews the family service plan and identifies progress on action steps. The non-negotiables are also tracked and discussed. The FAST and CANS are updated every six months and reviewed with the family and team members at the Team Meeting. Embedded in these meetings are planning processes for reunification, concurrent-permanency

planning, transition and education planning and visitation schedules, facilitated by the caseworker in partnership with the family's team. A final team meeting will be held prior to case closure.

**FAST:**

Allegheny County's initial plan was to explore the family version of the Family Advocacy and Support Tool (FAST) during the first year of the Demonstration Project. The decision was made, however, to expedite the implementation to occur in Year One of the project.

Because FAST is a new assessment tool for all of the counties involved in the Demonstration Project, the five counties worked together with John Lyons to create a project FAST. The counties "common" FAST includes 3 core domains: Family Together, Caregiver Functioning, and Child Functioning. Within those three domains are 35 items. There is only one extension module, Trauma Experiences, which is triggered under the Caregiver Functioning domain. In the Allegheny County version of FAST, there are 2 additional items and 1 additional extension module under the Child Functioning domain. The additional items are Child High Risk Behaviors and Adjustment to Trauma. The additional extension module, Trauma Experiences, would be triggered when Adjustment to Trauma is identified as an actionable need.

If a child rates a 2 or 3 on certain items within the Child Functioning domain, a CANS will be completed so that additional information can be gathered to determine his/her needs. The items that trigger are the following:

- Physical/Medical Status
- Mental Health Status
- Intellectual/Developmental
- Self-Regulation Skills
- Social Functioning
- School
- Child High Risk Behaviors
- Adjustment to Trauma

Beginning in September of 2013, Allegheny County will utilize the FAST for all families accepted for service, with children ages 5 through 17 years old being assessed in the child section of the assessment tool. The administrator of the FAST in Allegheny County will be the Family Advocate Specialist. The Family Advocate Specialist will work in close coordination with the caseworker, but will be responsible for the coordination, facilitation, implementation and evaluation of the FAST. There are currently five Family Advocate Specialists and one Family Advocate Manager in each of the five regional offices (25 Family Advocate Specialists and 5 Family Advocate Managers). To hold the position, both the specialist and manager must be an experienced licensed social worker. Since the FAST is new to the Family Advocate Specialist's role, the County may require additional specialists as the Demonstration Project progresses.

Similar to the CANS, the FAST requires that each assessor be trained and certified to use the FAST assessment reliably. First, the Family Advocate Specialist will participate in a 6 hour training where the following is reviewed: the values and key principles of FAST; definitions of the individual FAST items; utility of the FAST as part of the planning and service delivery process; and a practice vignette test is completed and discussed. Once each specialist completes the training, they are required to take a certification vignette test to determine their level of inter-rater reliability. To become certified, staff must achieve a reliability factor of .70 or above. In addition, staff will be trained in the IT application of FAST. This is a two hour training conducted to demonstrate how to access, input, and extract FAST information and reports from the KIDS information system.

The FAST implementation will kick off with an informational session conducted by Dr. John Lyons in July 2013. This session will be open to the Family Advocate Specialists and Family Advocate Managers, regional office directors, administrators, caseworkers and the provider community. Dr. Lyons will provide an overview of the FAST, its utility and how it supports cross-systems communication. The training and implementation of the FAST will be timed to occur alongside the roll out of Conferencing and Teaming in the County's regional offices. The official training roll-out will begin in August 2013 when the first set of FAST training certification sessions is offered. Please note that the CRO and NRO will be implemented together so that the FAST can be rolled out in conjunction with Conferencing and Teaming.

Specifically,

Regional Office	FAST Training and Certification Sessions	FAST Implementation Schedule for Families Accepted for Service
Central Regional Office (CRO)	August 2013	September 1, 2013
North Regional Office (NRO)	August 2013	September 1, 2013
East Regional Office (ERO)	October 2013	November 1, 2013
South Regional Office (SRO)	December 2013	January 1, 2014
Mon Valley Regional Office (MVRO)	February 2014	March 1, 2014

The FAST will be done on all families accepted for service which will include children 5 through 17 years old. If a child receives a two or three on the items described previously, the CANS will be completed on the child within 30 days of the FAST. In Allegheny County's business process, the FAST will be performed before the Family Prep Meeting so that results of the safety, risk and FAST assessment can be reviewed and discussed with the family prior to the Conference. Following the family prep meeting, the Facilitator will use the FAST in the Conference and subsequent Team Meetings to help identify families' strengths and needs and connect the family to services that match their assessed need. IT development will be

completed by September 2013 to tie the workflow of child welfare to the FAST tool so that it informs the family service plan to the fullest extent. As subsequent FAST assessments are performed, changes in the functioning will be tracked over time and reflected in the family service plan.

As long as the family is involved with the child welfare system and there are children in the home, the FAST will be completed every six months. As subsequent FAST assessments are performed, changes in functioning will be tracked over time and reflected in the family service plan.

Like Conferencing and Teaming, the FAST will be implemented in the regional offices in phases. Since the target population for both is new families accepted for service, and about 25 new families are accepted for service by office each month, the schedule below reflects the number of estimated families who will receive the FAST by the end of FY 13/14. It totals approximately 950 families.

- September 2013: CRO 25 per month would be 250
- September 2013: NRO 25 per month would be 250
- November 2013: ERO 25 per month would be 200
- January 2013: SRO 25 per month would be 150
- March 2013: MVRO 25 per month would be 100

In years two through five, we expect approximately 1500-1600 new families each year to receive the FAST when they are accepted for service, in addition to a portion of the families who remain active from the previous year, with whom the FAST will be revisited every six months.

- FY 14-15 (year 2): 2325
- FY 15-16 (year 3): 3500
- FY 16-17 (year 4): 3650
- FY 17-18 (year 5): 3650

### **CANS:**

In 2008, Allegheny County worked directly with the tool's original designer, Dr. John Lyons, to adapt early versions of the CANS to a version best suited for Allegheny County. Initially used by Allegheny County staff from the Office of Behavioral Health (OBH), the CANS tool was expanded to the County's child welfare shelter and group home providers in 2011. The Demonstration Project was the impetus to accelerate this work to include foster and kinship care providers in the use of the CANS by July 2013. The recent addition of FAST to the Demonstration Project will also create opportunities to utilize the CANS tool for children and youth when the need for additional information is identified.

The CANS is comprised of seven core domains in Allegheny County. The domains are Life Functioning, Youth Strengths, Caregiver Strengths & Needs, Culture, Youth Behavioral/Emotional Needs, Youth Risk Behaviors/Factors, and Trauma Experiences. Within each of those domains is a comprehensive list of specific items (n=80) related to each of those life areas. Additionally, some items in the County's version

of the CANS trigger an extension module when the need for additional information is identified. There are 12 extension modules: School, Intellectual/Developmental Needs, Vocational, Justice, Substance Use, Suicide Risk, Runaway, Fire Setting, Sexual Abuse, Traumatic Stress Symptoms, RTF, and Transition Age.

As part of our collaboration with the four other counties, we identified a common set of CANS elements that are consistent across the five counties. In this version, all seven core domains are included; however, there are fewer items (n=63) within each domain and in some cases, we have added a new item. For example, we created a new trauma item, Systems-Induced Trauma, as a result of our work group. There are no extension modules in the “Common Elements” CANS. All of the changes, edits, and additions were done in partnership among the five counties and John Lyons. Due to some of these changes, the Allegheny County version will have some minor adjustments so that it meets the parameters of the “Common Elements” list.

The original target population subject to CANS during the demonstration project was children and youth, age 5 through 17 years old, in placement. For this population, the CANS assessment will be performed at the point of entry in placement and every six months, or when life altering circumstances occur. As indicated in the initial IDIR, contracted placement providers will administer the CANS assessments for children and youth in placement. Similar to the FAST training, staff and supervisors from the County’s placement provider agencies must attend an all-day training and pass a certification test prior to using the CANS. The County will complete training for foster and kinship care providers by July 2013.

Following the submission of the initial IDIR and the addition of FAST to the demonstration project, the target population was expanded to include children and youth, age 5 through 17 years old, not in placement but who’s FAST identified a need for a CANS assessment. In these circumstances, the initial CANS will be completed within 30 days of the FAST and every 180 days thereafter. Given that the timing of the CANS for this population is dependent on when the FAST is completed, the Family Advocate Specialist will provide enough time for the CANS to be done prior to the Conference or Team Meetings so that the child’s strengths and needs can be fully incorporated into the family service plan.

Due to the expedited timeframe the County has to incorporate FAST into its business process, for children and youth with a FAST score that identifies the need for the CANS, the CANS will be administered by a contracted provider agency. The agency designated to complete the CANS for this population is already trained and certified in the CANS. While the administrator may change to the Family Advocate Specialist in the future, the county will utilize the contracted provider screening unit for this population of children and youth in the short term.

As Conferencing and Teaming is implemented in each regional office, the facilitator will use the CANS in the Conference and Team Meetings to help identify a child’s strengths and needs and connect the child to services that match his or her assessed need. IT development will be completed that ties the workflow of child welfare to the CANS tool so that it informs the family service plan to the fullest extent. As subsequent CANS assessments are performed, changes in the functioning will tracked over time and

reflected in the family service plan. During the demonstration project, data collected from the CANS will be used in the aggregate to identify system level needs to inform the type and amount of evidence based services to purchase. A final CANS will also be completed prior to case closure.

In the original IDIR, the target population to receive the CANS was all children and youth ages 5 through 17 years old entering placement and some who were already in placement and receiving the CANS, so the projected estimate for FY 13/14 was about 1100 a month. The projected estimates for years two through five reflect new entries into placement and estimates of children who remain in placement (at least for part of the year) and began to receive the CANS in the prior year. Since this time, the projected estimates have changed for two reasons. First, the original estimates were based on the number of all children entering care, which incorrectly included children under the age of 5. Adjusting the figures to accurately include children ages 5 to 17 would decrease the projection by about 400 children per year. However, the target population has also expanded to include children and youth being served in the home who's FAST triggered a CANS assessment. Since this is a new business process and there is no concrete baseline estimate, the estimated of the number of additional children that receive a CANS may need to be revised, but we are currently estimating that approximately 5 children per month from each regional office will receive a CANS as a result of an actionable need indicated on the FAST.

FY 13-14 (year one): 1100 (original estimate) – 400 overestimate + # of FAST to be completed by regional office by the end of FY 13/14:

- September 2013: CRO 5 per month would be 50
- September 2013: NRO 5 per month would be 50
- November 2013: ERO 5 per month would be 40
- January 2013: SRO 5 per month would be 30
- March 2013: MVRO 5 per month would be 20

Revised FY 13/14 total: 940

FY 14-15 (year 2): 1700 (original estimate) + (25x12-400)=1600

FY 15-16 (year 3): 1800 (original estimate) +(25x12-400)=1700

FY 16-17 (year 4): 1900 (original estimate) +(25x12-400)=1800

FY 17-18 (year 5): 2000 (original estimate)+ (25x12-400)=1900

### **Ages & Stages:**

Subsequent to the State's initial IDIR, the counties participating in the demonstration project decided to expand the Ages & Stages assessment to include all children from birth through age 5 that are accepted for service in the child welfare system.

Allegheny County's current policy provides the Ages & Stages assessment for two groups of children under age 5. The first group, children from 0 to age three with a substantiated case of abuse/neglect, is

referred to a contracted agency by the County. The provider conducts the developmental screening, Ages & Stages, within the CAPTA timeline requirements. The provider provides a written summary of the results to the caseworker, birth parents and foster parents if the child is in placement. If the results indicate age appropriate development then the child is screened at a frequency that depends on the age of the child. For children older than 3, the screen is completed once a year. However, if the result from the assessment indicates a concern or the family has a concern about the child's development, a referral to Early Intervention is made. If the child is enrolled in Early Intervention Services, the child's service plan and progress reports are sent to the caseworker, birth parents, and foster parents. The information from the forms is incorporated into the child's Individual Service Plan (ISP). In both cases, the contracted provider agency continues monitoring the child until the child turns five.

The second group, children under age 5 who are in placement or a homeless shelter, also receive the Ages & Stages assessment in Allegheny County. Currently, the County sends a contracted provider a regular report of children in placement. The contracted provider contacts the provider where the child is placed and conducts an assessment within 45 days of referral. The child is screened based on the Ages & Stages recommended timeframe that depends on age. If the assessment indicates that the child has a development delay, the child is enrolled in Early Intervention Services. The child's service plan and progress reports are sent to the caseworker, birth parents, and foster parents. Early Intervention Therapy and screening can continue until the child turns five.

To implement the Ages & Stages assessment for all children under age 5 that are accepted for service, the County will engage the same process that exists today for children who are in placement. In addition to the report the County sends to the contracted provider of children under 5 in placement, the County will send a report of children under 5 who have been accepted for service that remain in the home. The contracted provider will then contact the family to conduct an assessment within 30 days the case is accepted for service. If the results indicate age appropriate development, the child will not be assessed again unless the caseworker or family has a concern about the child's development. However, if the result from the assessment indicates a concern or the family has a concern about the child's development, a referral to Early Intervention services will be made. If the child is enrolled in Early Intervention Services, the child's service plan and progress reports will be sent to the caseworker and birth parents. The information from the forms will be incorporated into the family's service plan and discussed during the Conference and/or the Team Meetings.

Approximately 1000 children under age 5 are accepted for service each year, and in 2012, about 425 children under age 5 entered placement (and received a screening). A small percentage of children entering placement do so at the time of case opening, so we expect that some of the children who receive a screening at the time of placement may also receive a screening at the time they are accepted for service. As a result, we estimate that approximately 800-1000 additional children under age 5 will receive an Ages & Stages assessment every year as part of the demonstration project.



**ALLEGHENY**

***Please specify who will receive which interventions for each component (i.e., FTC and CANS) – the child? Parent? Foster parent? Caseworker? What role does each person play in the intervention?***

**Conferencing and Teaming:**

In the Conferencing and Teaming model, the family is the focus of the intervention. The County defines the family as the birth parents, their children and members of the household. Their role is to participate and enlist as partners in the Conferencing and Teaming process. Central to the work of the family is the establishment of the primacy of safety, permanency and sustainable family independence. The Conferencing and Teaming process also allows the family to invite extended members of the family, along with friends and natural supports to attend the Conference and Team Meetings. The inclusion of natural supports in the process helps the family identify strengths and identify solutions that may not involve formal system supports. If the child is in placement, the caregiver participates in the Family Prep Meeting, Conference and Team Meetings to help give a voice to child and establish a trusting relationship with the family. Finally, in Allegheny County, the caseworker plays the role of the Facilitator in the Conference and Team Meetings. The Facilitator is responsible for building the team, directs the process and resolves differences. The Facilitator helps the family to build the family service plan around the non-negotiables, strengths and needs identified by all of the assessments.

**FAST:**

The family is the focus of the FAST. The County defines the family as the birth parents, their children and members of the household. The FAST will be completed on all families accepted for service which will include children 5 through 17 years old. As long as the family is involved with the child welfare system and there are children in the home, the FAST will be completed every six months.

The Family Advocate Specialist will conduct the FAST. The specialist will work in close coordination with the caseworker, but will be responsible for the coordination, facilitation, implementation and evaluation of the FAST.

**CANS:**

Two target populations will receive the CANS: 1) all children and youth ages 5 through 17 years old in placement and 2) children and youth, age 5 through 17 years old, who's FAST triggered a CANS assessment. While the caregiver will not receive a FAST if the child is in placement, there is a caregiver section of the CANS where the strengths and needs of the caregiver are addressed.

For the children and youth in placement, the contracted placement providers will administer the CANS assessments for children and youth in placement. Due to the expedited timeframe the County has to incorporate FAST into its business process, for children and youth with a FAST score that identifies the need for the CANS, it will be administered by a contracted provider agency for the time being.

**Ages and Stages:**

As part of the demonstration project, all children under age 5 that are accepted for service will receive an Ages & Stages assessment. A contracted provider that is currently performing the assessment on children under 3 with a substantiated case of abuse/neglect and children under 5 in foster care will conduct an assessment within 30 days the case is accepted for service.

***How the demonstration's components and associated interventions will address the various needs of the target population(s);***

**ALLEGHENY**

***Please describe how each component ties back to the needs of the target population. Why do families need to be engaged differently? Assessed differently?***

Improving case practice through an engagement model that recognizes the importance of family and other support systems in the life of the child is a core component in Allegheny County's framework that will lead to reduced first entries into placement and improved well-being outcomes. Utilizing a robust assessment tool to identify and match children and families to appropriate services and monitor and track functioning over time is also an important piece that will reduce re-entries into care and improve well-being. Together the engagement and assessment components will augment the County's system level reforms to improve the process and quality of care child and families receive to achieve the demonstration project's desired outcomes.

**ALLEGHENY**

- ***It would be helpful to have a description of the needs/gap assessment of the service inventory – what is entailed in the service reviews? Who conducts them? What is being assessed? When will this be started / completed? Frequency of assessment?***

There are a number of internal and external forces encouraging child welfare system to examine its purchased service delivery system. In Allegheny County, those influences include the Child Welfare Demonstration Project, a recent ACF Information Memorandum (<http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf>) and the emergence of the DHS practice model reliant on engagement, the identification of strengths and needs, and linking to high quality, specific formal interventions when needed.

The service inventory reviews is part of this work to better understand and improve the county's service offerings. Currently, the county is using its internal capacity to conduct service reviews on parenting and truancy prevention programs. The services reviews involve holding focus groups with providers and clients, analyzing client outcomes, as well as examining the referral and reauthorization process.

The County is well positioned to conduct a thorough analysis; it houses a central repository of social services data (i.e. behavioral health, public housing, criminal justice and public education), enabling the

county to track and report client demographic and service data across its program offices. These service reviews will likely result in a solicitation (RFP) to the fall of 2013 to increase the number, diversity, or types of services we are offering. The County expects that the RFPs will also reset its provider network's expectations related to monitoring, outcome data collection, and performance expectations. Where evidence based interventions are being used and continuation of the service makes sense, DHS will work with its provider network to ensure fidelity to the model(s).

- ***Similarly, more information on the development of process and outcome data collection would be helpful. What are the data sources?***

Allegheny County will have to wait until it identifies the evidence based interventions to describe the development of the process, outcomes and data sources that will be collected and utilized. This will begin once the CANS and FAST assessments are fully operationalized and the County issues an RFP for evidence based interventions. Nevertheless, the expectation is that by developing data collection screens into our KIDS system, we will be able to track a client/family's progress through the specific interventions the county implements as part of the demonstration project. This will allow us to assess intervention fidelity, client/completion and intervention implementation. More specifics regarding this work will be provided in our second implementation plan.

#### ALLEGHENY

***It was not immediately clear if the narrative provided in this section described the interventions or adaptations of the interventions. For both FTC and the CANS, please address the following:***

- ***What is the core model?***

Explanations of the core model for Conferencing and Teaming, FAST, CANS and Ages & Stages is described under the question: *"The associated interventions for FTC and CANS assessments need to be described – what specifically will be done in each component?"*

- ***What additional "optional" components are being considered?***

#### ***Conferencing and Teaming:***

Unlike Paul Vincent's Family Team Conferencing (FTC) model, Allegheny County's version enables family members to participate in private time. Providing family groups with the opportunity to meet on their own, without the caseworker and other non-family members present, is a practice adopted from the Family Group Decision Making model. The inclusion of the private time opportunity for families makes Allegheny County's model unique from FTC. Thus, subsequent to the Allegheny County's initial IDIR, we changed the name of our case practice model from Family Team Conferencing to Conferencing and Teaming.

#### **CANS:**

Adaptations to the CAN's previously discussed in the above narrative.

- ***It also may be helpful to consider how the IT enhancements may inform and/or describe the actual business process mapping of the interventions.***

Work is underway to enhance the County's KIDS system so that the strengths and needs identified by the FAST and CANS directly populate the family service plan. This work will be completed by September 2013. Once the County's decides which evidence based interventions it will implement, development will occur so that the results from the FAST and CANS help to identify possible interventions that address the family's assessed needs. More information regarding this work will be described in the second plan.

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## ***FINAL SUBMISSION***

The following information is needed prior to approval:

- **Allegheny did not identify the expected outcomes for each demonstration component, which is necessary for approval. Philadelphia's IDIR provides an example which may be a helpful reference.**

Allegheny County has a strong record of reducing placements and has become a national leader in the use of kinship care. Of the total number of children in foster care, the percentage of children placed in kinship care has risen from 25% in 1996 to 64% in 2012. Yet, Allegheny County realizes that there is still work to be done to improve its system, particularly by reducing the overutilization of congregate care, reducing re-entries to care and improving strategies to address child and family functioning. Allegheny County will accomplish this work in the demonstration project by:

- Improving family engagement and service integration by implementing Family Team Conferencing
- Implementing strong assessment tools to direct clients and families to appropriate services
- Improving process and quality of care through the upscaling of evidence based interventions
- Reforming contracting and payment procedures to align county and provider incentives
- Using strong quality improvement processes to assess and evaluate our work

Overall, this broad framework is built on the premise that when family engagement is central to case practice, and identifying consumer needs and strengths is a collaborative process, service planning becomes more effective and outcomes resulting from those services will be better. However, the best engagement, assessment, and planning can only go so far without high quality services available to meet the needs of individuals and families once they are connected to those services. This is why improving quality of care, building in mechanisms to evaluate service provision and outcomes, and ensuring that contracting and payment procedures align with these goals are integral parts of the demonstration process.

The outcomes that will be achieved through the demonstration project are those that would result from an implementation of the theory of change. Specifically:

Outcome Description	Outcome Name	Method of Measurement
<b>More children/youth achieving timely permanence</b>		
More children/youth achieving permanency (reunification) with 1 year	Timely Reunification	% of youth with Reunification in 12 mo. of spell start date
More children/youth achieving permanency (adoption, PLC) within 2 years	Timely Adoption/PLC	% of youth with Adoption or PLC in 24 mo. of spell start date
<b>Reduce reentry</b>		
Expand placement provider capacity to service children and families in the home following placement discharge	Stable Transitions from Care	Percentage of youth/families receiving services within 90 days of placement discharge; percentage of youth reentering care within 90 days of a discharge
Fewer reentries from permanent exits	Reentry	Percentage of youth reentering care within 12 months of exits to family or PLC
<b>A reduction in the use of congregate care</b>		
Reduction in the use of congregate care	Congregate Care Use	Percentage of youth in congregate care (point in time, and entry cohort-predominant care type) AND congregate care utilization as bed days
<b>Improved child, youth and family functioning</b>		
Increase placement stability	Placement Stability	Placement changes - including location change, step up, transfer
More children/youth placed in their own community	Community Placement	Percent of youth 0-X miles from home, X-Y, Y-Z
More children/youth placed within their school catchment areas	Education Stability	Percent of youth who transfer schools as a result of placement or must be bused in from outside their district
More siblings kept together while in placement	Sibling Placement	Percent of siblings placed together
Increased child functioning (as measured by identified assessment)	Wellbeing	CANS data (change over time of the % of actionable items, or items with a score of a 2 or 3)

Improved linkages between individual needs and strengths and services provided	Targeted Service Referrals	Evaluate patterns in referral data and how well workers are able to link children and caregivers with services that directly address their needs (as identified using validated assessments).
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- **Page 7 states that “Certification occurs after the successful demonstration of at least two Family Conferences and advancement of engagement skills.” How is this defined?**

As part of the Conferencing and Teaming implementation process, Allegheny County developed a curriculum to ensure caseworkers have the proper engagement skills to fulfill the Facilitator role. This involves a five-star progressive process that begins with shadowing the Caseworker’s Conferencing and Teaming Coach to the facilitation of Conference and Teaming meetings with and eventually without the assistance of the Caseworker’s Coach.

Key to the Facilitator role is the demonstration of engagement skills during both Conference and Teaming meetings. These engagement skills include:

- Asking questions that encourage participation, brainstorming and the expansion of ideas
- Connecting needs to action steps
- Engaging the team to help assess family’s strengths and needs
- Connecting needs to action steps
- Managing conflict through redirecting techniques, identifying commonalities and/or using validation
- Normalizing reactions to change
- Using reflective listening
- Using time efficiently by staying on task, referring to the agenda, giving time cues and redirecting when needed without rushing the family

The final step in the certification process is the successful completion of two Conferences. A successful Conference is defined as 1) the Facilitator demonstrating all of the engagement skills identified above; 2) creating a family plan built from the strengths and needs identified by the family, assessments, and the non-negotiables identified by safety and risk assessments, court orders and statements from the family.

- Although the timing for FTC and Team Meetings were provided, it was not provided for the record review and family preparation meetings. Please provide when these activities will occur.

The Record Review occurs within the first 60 days that a referral for investigation is made.

The Family Preparation Meeting occurs once the case is accepted for service and prior to the Conference. Family Prep Meetings occur approximately two weeks prior to the Conference. The Conference occurs within 30 to 60 days of a case being accepted for service in the child welfare system.

- How will the information from the FAST and CANS be populated into the family service plan until the IT system supports this function in September 2013?

Until September 2013, caseworkers have the ability to review CANS results in the County's KIDS system; however, caseworkers must manually incorporate the needs and strengths identified by the CANS into the Family Service Plan. As indicated in Allegheny County's work plan, FAST will not be implemented until September 2013. Rolling out FAST in conjunction with the advancement of the IT system's functionality will prevent caseworkers from manually incorporating the family's strengths and needs identified by the FAST into the Family Service Plan.

- Page 23 provided qualifications for many of the roles, but not for the Family Advocate Specialists and Family Advocate Managers. Please provide qualifications for these two roles.

The qualifications for Family Advocate Specialist is a minimum of two years of professional level experience in the field of children, youth and families and a bachelor's degree or any combination of experience and training.

The qualifications for Family Advocate Manager is a minimum of one year as a Family Advocate Specialist or three years of professional level experience in the field of children, youth and families; and a bachelor's degree; or any equivalent combination of experience and training.

## IV. Assessing Readiness to Implement the Demonstration

### ***INITIAL SUBMISSION***

- **Assess the fit of each demonstration component within your agency's values, culture, and mission.**

For over 15 years, Allegheny County has embraced a community-developed vision for meeting the human service needs of county residents. The DHS Guiding Principles were developed as part of the county's redesign of human services. The Guiding Principles state all services will be:

- High quality—reflecting best practices in case management, counseling, and treatment.
- Readily accessible—in natural, least-restrictive settings, often community-based.
- Strengths-based—focusing on the capabilities of individuals and families, not their deficits.
- Culturally competent—demonstrating respect for individuals, their goals, and preferences.
- Individually tailored and empowering—by building confidence and shared decision-making as routes to independence rather than dependency.
- Holistic—serving the comprehensive needs of families as well as individuals through tangible aid and a full continuum of services

The demonstration project clearly supports the County's community derived guiding principles; the project exemplifies a strengths based, culturally competent, empowering and quality-driven approach to case practice. The County's work to improve the process and quality of care children and families receive through extensive training, quality improvement strategies and the scaling up of evidenced based interventions also embody the County's guiding principles and vision statement.

Further, the demonstration project strengthens the County's work to achieve full integration of its human service offices. The County is adopting common practices and models of service across all program areas--the engagement, assessment and interventions components in the demonstration project support this work. Plans are underway to expand Family Conferencing, CANS and the adult version of CANS—ANSA to all appropriate service areas. Finally, the County committed to expanding evidence based interventions throughout its service inventory.

- **Comment on the demonstration components fit with community values, culture, and context.**

Allegheny County has a demonstrated history of authentically engaging the community in its work and turning to stakeholders for input, advice and even solutions. From DHS's inception in 1997, it has turned to the community to help inform and craft its vision and principles, structure, operations, programs and priorities. Stakeholder input and value has come from many areas of the community including consumers, the general public, , corporations and universities, the Chamber of Commerce, allied professionals such as law enforcement and education, the legal profession and judiciary and foundations.



Allegheny County commitment to a community-involved system can be seen by the numerous advisory bodies, representing the county's diverse populations, that have been established and supported. In addition to the Advisory Boards/Councils mandated by law, the County has voluntarily created advisory bodies to advise the DHS Director and Senior Staff regarding the human service needs, values and concerns of—

- Youth who are active or alumni of DHS child-serving systems including: child welfare, mental health, mental retardation, developmental disabilities, juvenile justice, and drug and alcohol.
- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) county residents; and
- Immigrant and international county residents.

The county has been equally committed to individual resident/consumer engagement and involvement in our practices. All of the demonstration project's components—engagement, assessment and interventions—reflect and support the County's history of consumer participation on the individual level and support the theory of change. This is exemplified in our work to implement a family engagement case practice model that will eventually reach all children in care as well as the expansion of CANS to strengthen the engagement and assessment process. Improving the quality of care children and families will receive by scaling up evidence based interventions and other system level reforms also align with these engagement practices.

- **Organizational and system capacity for implementation, at a minimum:**

**Leadership support;**

The Allegheny County Department of Human Services (DHS) is well positioned to administer the demonstration project. Through its integrated structure, Allegheny County DHS is responsible for providing and administering publicly-funded human services to County residents through its five Program Offices:

- Area Agency on Aging (AAA)
- Office of Behavioral Health (OBH)
- Office of Children, Youth and Families (CYF)
- Office of Community Services (OCS)
- Office of Intellectual Disability (OID)

Allegheny County DHS also has three Support Offices and an Executive Office:

- Office of Administrative and Information Management Services (AIMS)— provides administrative support services for the entire DHS, including fiscal, human resources, and management. Assists in the research and informational needs and evaluation processes for all DHS program offices.
- Office of Community Relations (OCR) — offers internal and external communications, including media relations, public events and education, and donations. Also handles

- consumer concerns/complaints (Director’s Action Line). The Allegheny Link and Children’s Court Liaison are also part of OCR.
- Office of Data Analysis, Research and Evaluation (DARE) – supports and conducts research to produce community-ready information about the work of DHS.
- Executive Office—directs the overall policy, administration and operation of DHS, its offices, programs and services, and for ensuring that the department meets the human service needs of Allegheny County residents. Members of the DHS executive office staff also provide leadership and support for various multi-system, collaborative efforts.

The DHS Director oversees all of the program and support offices, including the Executive Office. Each program and support office is managed by a Deputy Director. Leadership from every office meets regularly with the Director, plans and functions as an integrated team. Senior leadership from the DHS Executive Office and Office of Children, Youth and Families will provide a majority of the programmatic support during the demonstration project while the administrative, information management, data analysis and community relations will be addressed by the support offices.

In addition to its integrated leadership structure, Allegheny County has a strong relationship with the courts. This was forged by the DHS Director in 1996 in his prior role as child welfare director. Since then DHS has worked in partnership with the court system to continue to reform and strengthen the child welfare system. For example, Allegheny County has been actively involved the Pennsylvania Court Improvement Program, a collaboration between county courts and child welfare agencies that works to create positive outcomes for foster children and has resulted in a substantial reduction in out-of-home placements. The County also participates in the Program’s State Children’s Roundtable Workshops which are led by dependency court judges and child welfare administrators to address issues of truancy, father engagement, visitation, and legal representation.

**For each program component identified above, please provide a narrative response to the following items specific to your county:**

**Staff characteristics (e.g., number of staff, roles in the component, qualifications)**

Allegheny County will train existing caseworkers and other child welfare staff in the engagement component of the demonstration project. This strategy assures that the basic practices of child welfare workers will transform, rather than add to existing practices. Unique to the FTC process is the role of the Coach and Facilitator.

- The Coach is responsible to teach, train, support and motivate facilitators and casework supervisors in an effort to encourage facilitators to implement engagement skills. The Coach is a bachelor-level social work related position with expertise in family engagement practices as well child protective services policies and mandates. Eight coach positions were posted in the fall of 2012 and filled in December 2012 with internal staff.
- The Facilitator role will be carried out by casework staff during the Family Team Conference. Their job is to bring children, families, service providers, natural supports and other stakeholders together to collaborate and achieve synergy during a Family Conference. The Facilitator supports everyone to do their best thinking and practice by encouraging full

participation and promoting mutual understanding. Facilitator training will begin at the CRO in March of 2013 followed by six to nine months of coaching and peer support. Certification occurs after the successful demonstration of at least two Family Conferences and advancement of identified skills. Approximately 35 caseworkers from each regional office will receive Facilitator training.

The expansion of CANS in the demonstration project will require the County to build its internal capacity to effectively implement the assessment component. The CANS team will hire three additional staff in the spring and summer of 2013. The preference is for Masters-level staff.

- CANS Trainer (2 positions): Assists in the coordination and implementation of cross-system CANS training activities; supports training material development; provides on-going training and technical assistance.
- CANS Quality Assurance Specialist (One position): Develops implementation plan for SPANS (Service Process Adherence to Needs & Strengths) in Child Welfare; partners with contract monitors, provides SPANS trainings; supports IT development & testing; collaborates with DARE on evaluation projects as identified.

#### **Availability of technical and financial resources to implement the component;**

Allegheny County has technical and financial resources available to implement the assessment and engagement component from a variety of sources. The County requested \$200,000 in developmental costs for IT enhancements to its KIDS and fiscal systems that will be impacted by the demonstration project. The County is also receiving technical and financial assistance from national foundations to help implement the demonstration project. Specifically—

- FTC  
Child Welfare Practice and Policy is providing technical assistance with the FTC curriculum and training support. This technical assistance is made possible by a grant from Casey Family Programs.
- CANS  
Allegheny County receives technical assistance from John Lyons at the Praed Foundation to assist with the expansion of CANS in the demonstration project. This technical assistance is made possible by we received funding from Casey Family Programs. Allegheny County has also received funding from RK Mellon for the IT development of CANS.

During the first year of the demonstration project, Allegheny County will build its technical and financial resource capacity to begin to implement the other demonstration project strategies that will be discussed more thoroughly in the County's second plan. Examples include support from Chapin Hall to implement performance based contracting as part of the County's broader strategy to reform and align county and provider incentives. Casey Family Program is also providing technical assistance for Permanency Roundtables which help the County to continuously assess and evaluate its work.

#### **Availability and quality of linkages to and support from community organizations (if any);**

Allegheny County engaged the Children’s Cabinet, a community advisory group consisting of consumer and professional stakeholders who are involved with child serving systems across Allegheny County, to serve in an advisory capacity for the demonstration project. Family members and youth advocates who have been recipients of DHS services participate as valued members of the Cabinet. The Children’s Cabinet has facilitated candid discussions and elicited a broad spectrum of input from the community regarding various initiatives focused on children and families. The group is led by DHS Director Cherna and meets on a quarterly basis. Additionally, DHS has held town hall meetings, submitted press releases, and engaged community stakeholders and organizations to build support for the demonstration project.

### **Available training and technical assistance resource capacity**

Prior to and during the demonstration project, the County’s internal CANS’s Team will conduct extensive training and ongoing technical assistance to its placement provider network. The CANS Team will also recruit and begin to train three staff prior to the demonstration project to increase the County’s internal capacity to help implement the CANS assessment tool. John Lyons will also provide additional technical assistance resource capacity.

Currently and during the demonstration project, Allegheny County will build its internal capacity to train new and existing caseworkers and other child welfare staff in FTC. To help do this work, the County is creating the FTC Institute to develop and execute curriculum development and training necessary to implement the demonstration project’s components.

### **Comment on any current processes or elements of county functioning that require attention in order to align with the demonstration components to ensure success.**

The County’s process and system level reforms (i.e. the intervention component of the plan) mentioned in the overview section reflect the elements of county functioning that require attention to ensure success. Specifically—

- Changing the way placement decisions are made through decision support tools to improve placement and service decision making
- Reforming contracting and payment procedures to align county and provider incentives by changing the way services are paid for by tying service to cost
- Implementing performance based contracting with congregate care providers to incentive performance and alignment with child outcomes
- Building process and outcome screens to assess intervention fidelity and implementation that will allow us to tie interventions to outcomes

Some of this work is already underway in Allegheny County, while other strategies will be developed during the first and second year of the project. Because this work falls outside the scope of the engagement and assessment components of the demonstration project, it will be discussed in the second implementation plan.

**Comment on any implementation supports (e.g. infrastructure enhancements, policy changes) that need to be developed to execute this program component as intended.**

The County must build its infrastructure capacity to collect more outcomes in order to assess the client and system level impact of the demonstration project. Doing so will enable the County to develop a comprehensive quality improvement process to monitor and evaluate the components of the project. For example, developing process and outcome screens will give the County the ability to track progress at the child and system level through a specific evidence based intervention. The County will use this information to assess intervention fidelity, completion and implementation. This infrastructural enhancement will also enable the County to tie evidence based interventions to system level outcomes (faster permanency, reduction in a need as assessed by the CANS, etc.). Additionally, the placement decision support tool will allow the county to capture more comprehensive data on placement needs that it will share with providers to inform more targeted recruiting. This will enable the county and provider agencies to build placement resources to better serve children and families.

Finally, the move toward integrated service delivery and the use of cross-system data to drive decision making raises confidentiality issues that will require legal analysis and potential changes in policy.

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**SECOND SUBMISSION****ALLEGHENY**

- *How do CANS and FTC fit in with the current community and cultural context? What might be welcomed versus challenged?*

Allegheny County believes that Conferencing and Teaming, the FAST, CANS and the expansion of Ages & Stages will be welcomed by the community because all help to plan and coordinate services in line with a family's needs, strengths and goals, which in turn means that Allegheny County is doing business more in line with our own values – promoting self-reliance, cultural competency, family unity. The county is utilizing both its internal resources as well as engaging its providers to help carry out this important work. Of course change is hard, which is why effective communication with community partners will remind everyone that the goal is not to change for the sake of change, but for the sake of improving the quality, accessibility and responsiveness of our system.

***What are the qualifications for the positions described (facilitator, CANS trainer, CANS Quality Assurance Specialist)?***

- Facilitator: In the Conferencing & Teaming model, the Facilitator is the caseworker. The qualifications for a caseworker are established by the Commonwealth of Pennsylvania.
- CANS Trainer: The CANS trainer must have a bachelor's degree with three or more years of experience in social work or a related field.

- CANS Quality Assurance Specialist: The specialist must hold a master's degree in social work, policy, or a related field, including experience in quality assurance and IT development.

***Regarding the creation of the FTC Institute, how many staff does Allegheny anticipate will be needed for this? What is the timing for this? Will this be county-specific, or available to other participating counties for fidelity purposes?***

The Conferencing & Teaming Institute is unique to Allegheny County. The Institute is made up of eight coaches and three administrators. They provide the training on the Conferencing and Teaming Model. Currently, the Institute is training caseworkers to be facilitators in the model in the Central Regional Office. In September, the coaches will transition to the next regional office for training.

***Does Allegheny view performance-based contracting as an intervention unto itself? What performance specifically will be incentivized for congregate care providers?***

Yes, we view performance-based contracting as an intervention unto itself. Designed with the help of Chapin Hall, congregate care providers will be evaluated based on how well they achieve the outcomes for the children and youth they serve. Each provider will be asked to improve from its current level of performance in four main areas: increasing Permanent Exits, decreasing Care Days, decreasing the Cost of those Care Days, and decreasing Re-Entry Rates.

The model will be discussed in greater detail in the second plan, but an overview of the process is described below:

- Agencies are measured against themselves, or against their own established baselines.
- Agencies work with DHS to establish targets, which are compared to year end actuals
- Agencies showing improved performance will receive a financial re-investment
- Agencies have flexibility in this process to meet outcomes

The first year of the County's performance based contracting model will be a trial year (FY 13/14). However, beginning in FY 14/15, the second year of the demonstration project, congregate care providers will be subject to the model.

***Does Allegheny have a sense of what the feedback look will look like linking the outcome screens to intervention fidelity, completion, and implementation, and ultimately to outcomes?***

Once the County's decides which evidence based interventions it will implement, work will begin to develop outcome screens. Because the County has not tracked interventions to this degree before, the County is looking forward to the process.

ALLEGHENY

- *How do CANS and FTC fit in with the current community and cultural context? What might be welcomed versus challenged?*

Allegheny County believes that Conferencing and Teaming, the FAST, CANS and the expansion of Ages & Stages will be welcomed by the community because all help to plan and coordinate services in line with a family's needs, strengths and goals, which in turn means that Allegheny County is doing business more in line with our own values – promoting self-reliance, cultural competency, family unity. The county is utilizing both its internal resources as well as engaging its providers to help carry out this important work. Of course change is hard, which is why effective communication with community partners will remind everyone that the goal is not to change for the sake of change, but for the sake of improving the quality, accessibility and responsiveness of our system.

***What are the qualifications for the positions described (facilitator, CANS trainer, CANS Quality Assurance Specialist)?***

- Facilitator: In the Conferencing & Teaming model, the Facilitator is the caseworker. The qualifications for a caseworker are established by the Commonwealth of Pennsylvania.
- CANS Trainer: The CANS trainer must have a bachelor's degree with three or more years of experience in social work or a related field.
- CANS Quality Assurance Specialist: The specialist must hold a master's degree in social work, policy, or a related field, including experience in quality assurance and IT development.

***Regarding the creation of the FTC Institute, how many staff does Allegheny anticipate will be needed for this? What is the timing for this? Will this be county-specific, or available to other participating counties for fidelity purposes?***

The Conferencing & Teaming Institute is unique to Allegheny County. The Institute is made up of eight coaches and three administrators. They provide the training on the Conferencing and Teaming Model. Currently, the Institute is training caseworkers to be facilitators in the model in the Central Regional Office. In September, the coaches will transition to the next regional office for training.

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The model will be discussed in greater detail in the second plan, but an overview of the process is described below:

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***Does Allegheny have a sense of what the feedback look will look like linking the outcome screens to intervention fidelity, completion, and implementation, and ultimately to outcomes?***

Once the County's decides which evidence based interventions it will implement, work will begin to develop outcome screens. Because the County has not tracked interventions to this degree before, the County is looking forward to the process.



## **Section IV: Work Plan**

(See the [attached Work Plan template](#))

## **Section V: Training and Technical Assistance Assessment**

### ***INITIAL SUBMISSION***

**Describe any training and technical assistance resources anticipated as a need in order to implement the demonstration project. Note any strengths or gaps in those resources.**

To implement FTC, Allegheny County is building its internal capacity to implement staff training and skill development in family conferencing and service integration. Currently, the Child Welfare Practice and Policy Group is providing technical assistance and training support, including curriculum development. While the goal is to build expertise in FTC internally to train and support existing employees and new hires, the County may require additional assistance if the need arises.

The County's internal CANS's Team has a strong knowledge base of the CANS tools and is frequently contacted by other jurisdictions to learn from the County's experience. Additional training and technical will be required if the FAST tool is implemented during the demonstration project. This will require a training curriculum specific to FAST to be created. Once the role of the FAST assessor is identified, a training schedule will also be implemented so that appropriate staff are trained and certified in the FAST tool.

Finally, the County anticipates requiring training and technical assistance for internal and provider network staff on evidence based interventions that it will implement as part of the demonstration project. Building the County's capacity to understand, install, implement and sustain evidence-based interventions will be paramount.

## **Section VI: Anticipated Barriers/Risk Management Strategies**

### ***INITIAL SUBMISSION***

**Identify any anticipated barriers to executing any of the program components and any potential strategies for addressing those barriers.**

The breadth and scope of Allegheny County's demonstration project will take significant time and effort to produce system level reform. However, the County is committed to this work and appreciates the opportunity to identify new ways to improve the safety, permanency, and well-being outcomes of the children and families of Allegheny County.