

Allegheny County PIP Reduction Strategies and Action Steps

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County: Allegheny

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Strategy 1: High-fidelity Wraparound Process

The high-fidelity wraparound model (HFW) is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a family-centered team, is individualized based on the strengths and culture of the child and his or her family, and is driven by the needs of the family, not by services. The first implementation phase began with the Office of Behavioral Health's Joint Planning Team (JPT). JPT has begun implementation of high-fidelity wraparound process with high-end children who are involved in multiple DHS systems (e.g. child welfare and mental health) with the goal of reducing high-end placements. Child Welfare will utilize the high-fidelity model at the shelter level for children who are reentering out-of-home care in order to reduce both returns to care and high-end placements. The Office of Mental Retardation /Developmental Disabilities is targeting youth with complex needs and high use of resources.

The high-fidelity wraparound model is being championed by DHS as part of its *Improving Outcomes for Children and Families* initiative, funded by DPW, Local Foundations, and Casey Family Programs.

Current Outcomes:

- Joint Planning Teams (JPT): The Youth and Family Training Institute has conducted training for 12 service coordinators, 3 supervisors, 9 family support partners and 4 youth support partners through January 2009 and potentially has the ability to serve 150 children using HFW within the first year. These children are high-end users of resources and/or are exiting residential treatment facilities, or are multi-system involved and have complex needs.
- Family and System Teams (FAST): The Time-Limited Family Reunification (TLFR) grant targets youth and families involved with both the juvenile justice and child welfare systems. TLFR is designed to reduce the amount of time children spend in foster care by stabilizing the family and facilitating swifter reunification. Families receive pre- and post-reunification assistance locating and securing critical resources like housing, drug and alcohol counseling, mental health treatment, employment and child care; families also receive counseling on improving their communication and parent skills. The HFW process has been used in this program. FAST has served 10 families since July 2008. FAST has the ability to provide services to 50 children per year over the next three years
- Systems of Care Initiative (SOCI) Through the SOCI initiative, 23 service coordinators, 7 supervisors, 11 family support partners and 2 youth support partners have been trained in HFW. They have the capacity to serve 270 youth and their families through HFW.

Action Steps and Timeline:

- Training:
 - DHS will identify and VVDB will train key personnel in OBH, CYF, and MR/DD to facilitate HFW (January – June, 2009)
 - VVDB will train DHS staff to be trainers in HFW (January – June, 2009)
 - VVDB will train DHS Providers. Three sessions are scheduled for January, 2009
 - DHS will provide an overview to Allegheny Juvenile Court judges on the high-fidelity wraparound philosophy and model, anticipating judges who embrace this model will reduce placements by providing families with the support they need to keep their children at home. This training is currently scheduled for February 3, 2009.

Strategy 2: Multi-Systemic Therapy (MST)

Multi-Systemic Therapy (MST) helps to reduce serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement by providing intensive family preservation interventions intended to stabilize the living arrangement, promote reunification, or prevent and reduce the utilization of out-of-home therapeutic resources.

Current Outcomes:

- The Adelphoi MST team had 14 cases between September and November 2008. They discharged seven families during that period: four families were successfully discharged after meeting all of their treatment plan goals; two families were discharged because the youth fled the home and JPO recommended a restrictive program; and, one case was closed due to lack of funding – the family became ineligible for CCBH (Community Care Behavioral Health) services during the middle of treatment.

Action Steps and Timeline:

- Contract with (**in process since April 2008**)
- Serve approximately 90 families in 2009-2010.
 - Adelphoi Village will continue to provide MST as a pilot project to serve youth referred at the following intercepts: school based probation, county interagency meetings and youth coming out of residential treatment centers. Two additional MST teams will be added through MARS Home for Youth and Harborcreek Youth Services: one team will focus on youth who are returning to the community from residential treatment facilities; the other team will focus on placement prevention

Strategy 3: Family Group Decision Making (FGDM)

Allegheny County CYF utilizes Family Group Decision Making (FGDM) in 3 of 5 regional offices with the goal of keeping children from dependency in the court system. With FGDM, families identify “natural supports” – individuals with whom they will work to develop a plan for keeping their children safe. The family, support individuals, FGDM Family Advocate, and CYF family advocate partner with a community coordinator who work together to meet the family’s immediate needs in a strengths-based, family-driven manner. Most children whose families participate in FGDM stay home during that process or are placed with extended family.

Current Outcomes:

In 2007-2008, Family Group Decision Making Units and providers served 224 families and 499 children. Of those children served, 458 (92%) remained at home with parents or relatives. 25 children (5%) were placed with relatives. Thirteen children (3%) were placed in non-kinship care. Four children were reunified with their families.

Action Steps and Timeline:

- Expand capacity and add an FGDM unit in an additional office if our request in Needs-Based is approved for 2009-2010.

Strategy 4: Family Finding

Family Finding has been successful in finding relatives so that children can maintain a sense of family and belonging while in foster care placements. Sometimes the relationships develop into kinship care placements for children, sometimes they do not. However, they almost always assist children psychologically by maintaining contacts with family members.

Action Steps and Timeline:

- CYF will devote three staff to locating relatives for children in placement and developing working relationships with those relatives to provide more stability and potentially more permanency for children in placement.
- Judge Hens-Grecco is chairing a work group to implement Family Finding by the spring of 2009.

Strategy 5: Family Support Centers

DHS funds 27 Family Support Centers in high-risk communities to provide support to vulnerable families with children under age 6. Family Support Centers provide services in a non-threatening environment with a goal of decreasing the need for families to become involved with CYF. We will develop and implement a formal process that will increase supervised visitation for CYF families in the family support centers as well as formalize a process to bring reunifying families to the family support centers so they can use it as a support. The parents groups have offered to establish welcoming committees for these families. We expect that this will reduce reentries for families with young children.

Strategy 6: Quality Assurance

Case oversight: All cases in which children are recommended for removal must be reviewed by CYF administrative staff prior to placing a child in out-of-home care. Pre-placement conferences with CYF upper management ensure that each case is handled with strict oversight and individualized attention. Particular consideration is given in cases with siblings; assigning siblings to separate placements requires specific approval. Internal permanency conferences are held quarterly as well as judicial reviews. We are visiting New York City to observe Childstat in January, 2009 and hope to implement the process to increase the effectiveness of our quality assurance efforts.

Child fatality review: An external Child Fatality Review process was established in November, 2008 to examine all child fatalities and near fatalities where abuse or neglect is alleged or suspected.

A *Quality Assurance unit* was established in DHS outside of the program offices jurisdiction to increase checks and balances and oversight with the goal of continuous quality improvement.

Strategy 7: Increase In-Home Services for Adolescents

DHS has increased its focus on in-home services for adolescents to reduce out-of-home placements for that age cohort.

Strategy 8: Truancy Prevention

DHS has increased truancy prevention contracts with Youth Advocate Program and Community Empowerment Association. The Department is also working with the Allegheny Intermediate Unit, which provides specialized educational services to Allegheny County's 42 school districts and 5 vocational/technical schools, to prevent truancy, a major indicator for future CYF involvement. The Truancy Prevention Program is an early intervention program operated collaboratively by the Allegheny Intermediate Unit, the Allegheny County Children and Youth Services, and the Juvenile Court; these organizations tackle the problem of chronic truancy by coordinating their efforts rather than acting in isolation.

Strategy 9: Expediting Adoptions

DHS is going to concentrate on reducing the time it takes for a child to achieve permanency through adoption by devoting additional resources that will be devoted exclusively to this effort.

Strategy 10: Expanding resources for Subsidized Permanent Legal Custodianship

DHS is going to concentrate on reducing the time it takes for a child to achieve permanency through SPLC by devoting additional resources that will be devoted exclusively to this effort.

Strategy 11: Neighborhood Review Teams

The Neighborhood Review Teams pilot program will reduce the number of placements from a specific neighborhood that has an overrepresentation of African American boys in the child welfare system. The community review team, comprised of family members, agency professionals from that specific neighborhood, and DHS and JPO personnel, will review each case before it is accepted for service. The team will help the family develop and implement a viable safety plan for the safety and well-being of their child(ren). Family-focused, strength-based principles such as those employed in Family Group Decision Making will be employed. Initial community meetings in the Hill District and Homewood are scheduled for February 2009.

Strategy 12: Functional Family Therapy

Allegheny County DHS will engage a provider to provide Functional Family Therapy for CYF families whose adolescent child is at risk of placement due to out-of-control behavioral problems. We believe this process can help us to reduce the number of children in placement and bring us closer to our long term goal of having 1,500 children or fewer in placement.

Action Steps and Timeline:

- Provide Functional Family Therapy services to 25 CYF families in 2009-2010.

Strategy 13: Multidimensional Treatment Foster Care

Allegheny County DHS will engage a provider to provide Multi-Dimensional Treatment Foster Care for adolescents and children with significant behavioral issues in order to keep more children out of higher-end placements (group homes and residential placements). Wesley Spectrum Services currently has a PCCD grant to train their staff in the model and DHS is modifying their contract to pay the per diem.

Action Steps and Timeline:

- Pilot this endeavor with 25 children who have been carefully selected based on pre-determined criteria. **(2009-2010)**

Strategy 14: Stop Now and Plan (SNAP) Delinquency Prevention Initiative

The SNAP Program reduces offending behavior and improves social competence in children (ages 6 to 12) who have been in trouble with the police, or who are referred by other members of the community (such as school personnel) and are evaluated to be among the top 2 percent in terms of severe antisocial and defiant behavior. These children are at great risk for engaging in a course of escalating and severe criminal and antisocial behavior. This multi-component early intervention program is operated by two local DHS-contracted service providers, and is modeled after the highly successful and much replicated Toronto, Canada based S.N.A.P. program.

Strategy 15: Community Intensive Supervision Program

The Community Intensive Supervision Program (CISP) is designed to reduce number of youth in out-of-home placement. The program reduces initial placements by providing intense supervision to youth while they continue to reside in their homes; youth who would otherwise be removed from their homes are able to remain in the community and still receive a high degree of supervision, thereby also providing a high level of community protection. The program also reduces reentries into care: when used as an aftercare program, youth who are released from out-of-home placement receive intense supervision during the critical reentry phase as they return to their community. By providing this level of intervention, we increase the likelihood that the youth will be successfully reintegrated into their community and not fail at home which would result in additional out-of-home placements.

Current Outcomes:

- During 2007, 239 youth were committed to CISP
- The program currently operates seven days per week out of five treatment centers located in the following communities: Garfield, Hill District, Homewood, McKeesport and Wilkinsburg. The program staff includes two coordinators, six supervisors, five assistant supervisors, five drug and alcohol counselors, fifty community monitors, and six support staff.
- The program is quite successful, and 70% of participants or more have a positive discharge history.

Action Steps and Timeline:

- We intend to have six centers in operation for the 2009 –2010 fiscal year.

Strategy 16: System of Care Initiative, including the Starting Early Together program (SET)

The Starting Early Together (SET) team provides dedicated service coordination to families whose young children meet SET enrollment criteria, have a mental health diagnosis, and are involved in child protective services; the program is designed to prevent the children from further penetration into the child welfare system. The SET team is comprised of four reassigned CYF caseworkers who work in SOCI (System of Care Initiative) partner communities.

Strategy 17: Family Focused Solution Based Services

The Family Focused Solution Based (FFSB) Program is designed to work with families which are involved in either the child protective service system or the juvenile justice system who could benefit from intense therapeutic and support services such as coping capacities, problem-solving abilities and life skills, or improving management of stress and parenting skills. The FFSB team works in close partnership with the family to identify the family's strengths and to assess areas of need. The family, team and other providers such as the Office of Children, Youth and Families or Juvenile Court collaborate to develop a treatment plan to build upon strengths and address the identified needs through strategies as basic as arranging for babysitting services, or as complex as obtaining an appropriate school placement for a child. Treatment plans are highly individualized and tailored to each family's unique situation.

Strategy 18: Juvenile Crisis Intervention Team (CIT)

Pennsylvania is participating in the Models for Change Initiative, an effort to create successful and replicable models of juvenile justice system reform through targeted investments in key states. Front-end diversion has been identified as one of two priority issues for the coming year (the second was workforce development), and Pennsylvania opted to participate in a project to promote front-end diversion within the state during year one of the MH/JJ Action Network. Specifically, work will be focused on the pre-adjudicatory diversion of youth with mental health needs from the earliest points of contact within the juvenile justice system. Allegheny County will implement a project focused on diversion at the law enforcement level.

Specifically, this project (Juvenile CIT) will expand on and enhance the existing Crisis Intervention Team (CIT) model to train police officers on how to respond specifically to calls and incidences involving youth with mental health needs. Because most CIT programs target only adults, additional police training curricula is necessary to address juvenile-specific challenges; this added training will ensure that police are able to recognize mental health issues in youth; implement de-escalation techniques to prevent unnecessary and inappropriate juvenile justice involvement; and identify existing community linkages and diversion resources.

Action Steps and Timeline:

- With the Colorado Policing Institute, develop a youth-focused CIT training curriculum and visual education aids for use with law enforcement and other community stakeholders (current – March 2009)
- Increase the number of CIT trained law enforcement officers identified as appropriate for responding to youth with mental health issues, particularly officers who respond to or are based in schools.
 - Offer a “train the trainer” session (April 2009)

- Begin trainings for officers (we will hold an 8-hour “booster” training for officers already trained in the existing CIT curriculum; 16-, 24-, or 48-hour trainings will be available to school police/resource officers) (spring/summer 2009)
- Increase collaboration and linkages between law enforcement the mental health system, families, schools, and other key stakeholders.
- Increase youth contact with CIT trained law enforcement officers who otherwise would have had contact with a regular law enforcement officer.
- Increase the number of youth involved with a CIT officer who immediately receive a mental health intervention.