

Problem/Driver	Outcome Measures	Interim Measures to Assess Progress	Strategies	Timeline
<p>1. High number of youth in placement</p> <p>Attached to Outcome Measures: A, B, C, D, E, F, G, H</p>	<p>A. Reduce the number of multi-system children in foster care</p> <p>Attached to Strategies: i, ii, iii, vi, vii, xii, xiv, xvi, xviii</p>	<p>Reduce the number of children in care by 10 percent per year.</p>	<p>i. High-fidelity wraparound model: The high-fidelity wraparound model 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.</p>	<p>Start date: 10/08 ongoing</p>
<p>2. High number of multi-system youth in placement</p> <p>Attached to Outcome Measures: A, B, D, F, G, H</p>	<p>B. Reduce the percentage of reentries into foster care</p> <p>Attached to Strategies: i, ii, iii, iv, v, vi, viii, xii, xv, xvi, xviii</p>	<p>Reduce the number of multi-system children in care by 5 percent per year.</p>	<p>ii. 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.</p>	<p>Ongoing with expansion planned for 4/09</p>
<p>3. High rate of reentry into care</p> <p>Attached to Outcome Measures: B, F, G</p>	<p>C. Reduce entries into foster care</p> <p>Attached to Strategies: i, ii, iii, vi, vii, viii, xi, xii, xiv, xvi, xviii</p>	<p>Reduce the number of returns to care in 12 months by 10 percent per year.</p>	<p>iii. Family Group Decision Making: 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.</p>	<p>Ongoing with expansion planned for 2009-2010</p>
<p>4. High number of children in congregate care and high-end placement</p> <p>Attached to Outcome Measures: F, G, H</p>	<p>D. Shorten length-of-stay for children in foster care</p> <p>Attached to Strategies: i, ii, iv, vi, vii, ix, x, xiii, xvi</p>	<p>Reduce the number of children in congregate care settings by 10% per year.</p>	<p>iv. 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.</p>	<p>Start date: Spring 2009</p>

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<p>5. Time to permanency is too long for many youth</p> <p>Attached to Outcome Measures: B, D, F, G</p>	<p>E. Reduce number of child placements resulting from truancy referrals</p> <p>Attached to Strategies: iii, vi, vii, viii</p>	<p>Reduce the time to permanency by 5 percent per year</p>	<p>v. 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 re-entries for families with young children.</p>	<p>Start date: 7/09</p>
	<p>F. Reduce time to SPLC</p> <p>Attached to Strategies: iv, vi, ix, x</p>	<p>Reduce the time to SPLC by 5 percent per year.</p>	<p>vi. Quality Assurance: <i>Case oversight:</i> 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.</p> <p><i>Child fatality review:</i> 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.</p> <p>A <i>Quality Assurance unit</i> was established in DHS outside of the program offices jurisdiction to increase checks and balances and oversight with the goal of continuous quality improvement.</p>	<p>Case oversight: ongoing</p> <p>CFNF: ongoing</p> <p>QA unit: start date 1/09</p>
	<p>G. Reduce time to adoption</p> <p>Attached to Strategies: iv, vi, ix, x</p>	<p>Reduce the time to adoption by 5 percent per year.</p>	<p>vii. Increase In-Home Services for Adolescents <i>In-home services:</i> DHS has increased its focus on in-home services for adolescents to reduce out-of-home placements for that age cohort.</p>	<p>Start date: 7/09</p>

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	<p>H. Reduce number of children in congregate care</p> <p>Attached to Strategies: i, ii, iii, iv, vi, vii, viii, xiii, xv, xvi, xviii</p>	<p>Reduce the number of children in congregate care settings by 10% per year.</p>	<p>viii: Truancy prevention: We have also increased our truancy prevention contracts with Youth Advocate Program and Community Empowerment Assn. 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.</p> <p>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.</p> <p>ix: Expedite adoption process for foster care children: DHS is going to concentrate on reducing the time it takes for a child to achieve permanency through adoption by using the services provided by SWAN and by devoting additional resources that will be devoted exclusively to this effort.</p> <p>x. Increase resources dedicated to Subsidized Permanent Legal Custodianship DHS is going to concentrate on reducing the time it takes for a child to achieve permanency through adoption or SPLC by devoting additional resources that will be devoted exclusively to this effort.</p> <p>xi. 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.</p> <p>xii. 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.</p>	<p>Ongoing with expansion planned for 2/09</p> <p>Start date: 2/09; ongoing</p> <p>Start date: 2/09; ongoing</p> <p>Start date 2009</p> <p>Start date 7/09</p>

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			<p>xiii. 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.</p>	Start date 7/09
			<p>xiv. 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.</p>	Ongoing
			<p>xv. 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.</p>	Ongoing
			<p>xvi. 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.</p>	Ongoing

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			<p>xvii. 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.</p>	Start date 7/09
			<p>xiii: Juvenile Crisis Intervention Team (CIT) The Juvenile CIT project 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.</p>	?? Kristen to provide