



# 2015 Pennsylvania State Roundtable Report



## Permanency Practice Initiative



## **Permanency Practice Initiative Workgroup**

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Dear Members of the Pennsylvania State Roundtable:

This is the first year the Permanency Practice Initiative (PPI) Oversight Team has functioned as a workgroup and presented recommendations directly to the State Roundtable. Previously, an Oversight Team was given the responsibility to examine and give suggestions to the Office of Children and Families in the Court on modifications or changes to the elements of the initiative.

During the 2014 State Roundtable meeting, Erin Wick, Esq. presented research she had compiled for the Pennsylvania Supreme Court comparing different family engagement practices including Family Group Decision Making and Family Teaming. In light of Erin's work, the State Roundtable directed the Workgroup to review the elements of the Permanency Practice Initiative and to provide recommendations to the 2015 State Roundtable.

After review by the Office of Children and Families in the Court, it was felt that given the importance of the PPI, a workgroup should be formed to provide recommendations to the State Roundtable on the elements of the PPI.

This year the workgroup made modifications to the data form submitted by PPI counties to the Office of Children and Families in the Court and makes recommendations to the State Roundtable on Family Development Credentialing/Strength-based Worker Credential (FDC/SWC), Family Group Decision Making (FGDM), Phase 5 of the Permanency Practice Initiative (PPI), target populations and strengthening local Children's Roundtables (CRT). The workgroup will also provide the State Roundtable with results of a survey the workgroup completed on family engagement practices across the state.

We wish to thank each workgroup member for their time, expertise and commitment to improvement of the Permanency Practice Initiative. We also would like to thank Stephenie Strayer for her support and guidance with this workgroup. Lastly, we would like to thank the Office of Children and Families in the Court for giving us the opportunity to be involved with the Roundtable's efforts to improve outcomes for children in Pennsylvania.

Honorable Eleanor L. Bush  
Court of Common Pleas of Allegheny County

Rick Saylor  
Director of Children's Services  
Lycoming County

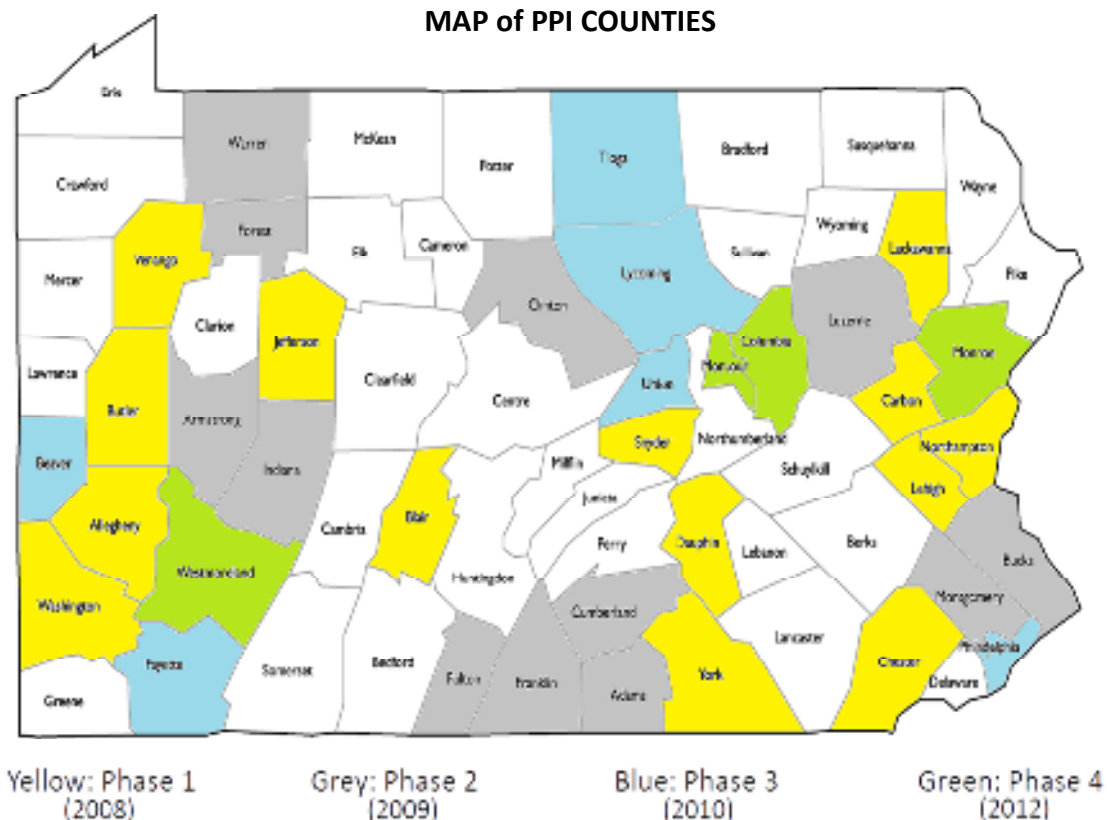




## Permanency Practice Initiative (PPI)

### Overview:

The Pennsylvania Permanency Practice Initiative (PPI) was commissioned by the State Roundtable in June 2007. The PPI forms the practice change foundation for Pennsylvania's Dependency System. Currently, thirty-six (36) counties are participating in the PPI. These counties represent 78% of all children in Pennsylvania's out-of-home care system.



The underlying premise of the PPI is that enhanced judicial oversight combined with strength-based, family-led social work practice will ultimately increase the number of children safely maintained in their own homes and support expedited permanency either through safe reunification or the finalization of another permanent plan.

Counties entered the PPI in four phases. Counties wanting to participate submitted a letter of intent signed by the lead Dependency Judge, Child Welfare Administrator, Human Service Director and County Commissioner. They further agreed to implement the PPI required elements within 6 months of acceptance and select a target population of dependency cases

upon which to apply these practices. Data reports to measure the progress of the PPI elements would be submitted quarterly by the counties.

The PPI practice combination includes:

- Local Children’s Roundtable – Co-convened by the lead Dependency Judge and Agency Administrator
- Common Pleas Case Management System (CPCMS) - Dependency Module
- 3 Month Judicial Reviews
- Family Group Decision Making (FGDM)
- Family Finding (FF)
- Family Development Credentialing/ Strength-based Worker Credential (FDC/SWC)
- Grief & Loss Education

**Charge from the 2014 State Roundtable:**



During the 2014 State Roundtable, the PPI Workgroup Team was tasked with the following:

- Gather information regarding family engagement practices in Pennsylvania
- Identify a research component for the PPI
- Speak with Hawaii regarding the Early 'Ohana/'Ohana models
- Review and evaluate the current required elements of the PPI, as well as, consider possible new elements and make recommendations to the State Roundtable
- Re-convene the State Roundtable in October to discuss these recommendations

### **Accomplishments:**

#### **Workgroup Structure –**

Prior to undertaking the tasks identified by the State Roundtable, it was essential to assure that the workgroup had adequate representation. Therefore, membership was reviewed. Membership now includes state partners (Department of Human Services/Office of Children Youth and Families, Statewide Adoption and Permanency Network, The Pennsylvania Child Welfare Resource Center, Pennsylvania Child Welfare Administrators Association), Family Group Decision Making and Family Development Credentialing/Strength-based Worker providers and representatives including Judges and Administrators from every Leadership Roundtable. Finally, the Honorable Eleanor Bush, Court of Common Pleas of Allegheny County and Rick Saylor, Director of Children's Services, Lycoming County agreed to serve as co-chairpersons.

#### **Family Group Decision Making –**

During the 2014 State Roundtable the Honorable Max Baer, Supreme Court Justice, Sandy Moore, OCFC Administrator and Erin Wick, Esq., Law Clerk presented an overview of a research paper on Family Group Decision Making (FGDM) authored by Ms. Wick. The research paper, "FGDM: From Research to Application" compared various models of family meetings, including Family Group Conferencing (FGC), Family Team Conferencing (FTC) and Team Decision Making (TDM). Each model incorporates various elements and degrees of family involvement. The paper further included definitions of terms being used in various models, a brief background

discussion as to why the paper was commissioned, and a discussion of the various elements which seemed most important in any family engagement model such as the referral process, type of facilitator, timing, participants, decision-making, planning, training and follow up.

The paper concluded that existing research suggests no one model is capable of meeting all child welfare system needs. For example, FGDM may lend itself better to more long term planning, whereas a crisis situation may require a more immediate approach. Ms. Wick's research suggests that a two-tiered approach to family engagement may better serve families. It was recommended that the 'Ohana and Early 'Ohana conferencing model used in Hawaii should be further explored and considered.

Immediately following the SRT, counties in Pennsylvania were surveyed to see if anyone was using a crisis conferencing model similar to the Early 'Ohana Conference. There was no evidence that a similar model was currently being used.

In order to gather more information, the Workgroup explored several states' use of various models, beginning with a call to Laurie Tochiki, Executive Director of Epic, Inc. the provider for Early 'Ohana Conferencing in Honolulu, Hawaii. To summarize, an Early 'Ohana Conference occurs at the moment of crisis. A neutral facilitator is dispatched at intake and the conference can occur almost anywhere (i.e., hospital, family home or street corner). Family finding begins en-route and discussions with the family to identify supports begin immediately. The role of the facilitator is to listen, engage the family, identify family, call relatives and build trust in the system while the agency social worker's role is to conduct the investigation. The Early 'Ohana Conference occurs within hours and a full 'Ohana Conference (FGC) occurs within a week.

While Hawaii's initial outcomes appeared to be promising, the conclusion of their Family Connections Grant combined with significant budget reductions and subsequent staffing issues led to the practice being discontinued in 2012. That said, Hawaii was recently accepted into the IV-E Waiver program, with the hopes of re-introducing the Early 'Ohana practice through IV-E savings.

The next call was to North Dakota for a conversation with Sandi Zaleski, Project Coordinator at The Village Family, provider for family engagement services. North Dakota initiated FGC in 2004, but quickly learned that while it was effective as a long term planning model, it did not meet their needs as a crisis model. Currently, they are utilizing a Family Teaming model for more immediate planning.

North Dakota, like Pennsylvania, is a county system with state oversight and similarly has counties at various levels of implementation.

The final discussion was with Kelli DeCook, Program Director, Family Service Rochester, the provider for coordination and facilitation in Olmsted County, Minnesota.

*Olmsted County uses a continuum of four family meeting models as follows:*

**Rapid Response Conference** – this conference is called by the agency and occurs within hours to a day of the initial call to the agency. The purpose is to involve family in determining an immediate safety plan.

**Case Planning Conference** – this conference is considered to be professionally driven and family infused. The conference is used to share information and develop a longer term case plan with the agency and family having equal voice. Private family time occurs upon request of the family.

**Parallel Protection Conference** – this is a case planning conference that is judicially ordered and held prior to the initial court hearing on Minnesota’s equivalent of a dependency petition. The purpose is to share information in lay terms and negotiate a settlement. The agency might hold the petition, monitor and provide services or move forward with a court hearing. Present are family members, supports, legal professionals and agency staff.

**Family Group Conference (FGC)** – this conference follows the New Zealand model used for long term planning, includes private family time and requires an average of 60 hours of coordination time. While professionals are involved in portions of this model, it is family directed.

Interestingly, two overarching themes became evident in the research paper and in the conversations with the other states. The first are the key elements of successful family engagement models. **Regardless of the title given to the model, the key elements that are consistent in best practice included: automatic referral, use of a trained neutral facilitator, fidelity to a model, follow-up conferences, private family time and time to prepare/coordination services.** The other theme is ***the need for a minimum of a two tier approach to family meetings; a model that can be implemented quickly in a crisis situation (i.e., Early ‘Ohana or Rapid Response) and a model for long term planning (i.e., FGC).***

As a result of these discussions, as directed by the 2014 SRT, and in order to gather additional information, the PPI Workgroup next created a survey to better assess the range of family meetings being implemented in Pennsylvania. The survey is available for review at: <https://www.surveymonkey.com/s/CWGP26V>

Surveys were completed by 35 counties for a 52 percent return rate. In summary, the results of the survey indicate that counties are utilizing a wide range of family involved meetings including:

- **'Ohana Family Meetings** (occurring at the same time as the emergency child welfare response) – 2 counties
- **Team Decision Making** (occurring within 24-48 hours of the initial contact) - 6 counties
- **Family Team Meetings** (ongoing family meetings with optional private family time) – 12 counties
- **Family Group Decision Making** (ongoing meetings which include private family time) – 21 counties
- **Pre-court Conferences** (occurring in preparation for a court hearing) – 6 counties

These meetings all differ in the level of family ownership, and to some degree depending upon the conference type, incorporate mix of the common elements such as the use of a neutral facilitator, coordination time, automatic referral and at least the opportunity for private family time. Counties participating in the survey were split on whether or not the plans generated from these meetings were shared with the court. However, it should be noted, the survey collected data on both court active and non-court active cases. Of course, plans would not be presented to the court for cases not under court supervision.

After considering the information gathered and lengthy discussion the PPI Workgroup came to the following consensus in regard to FGDM:

- The best practice elements for family meetings include a neutral facilitator, coordination time, automatic referral and private family time.
- When it comes to family involved meetings, one size does not fit all. There are a variety of family meetings that complement each other and serve a useful purpose based upon the task at hand and timing. For example, while FGDM remains the preferred model for long term planning, the required coordination time is neither practical nor realistic when decisions must be made immediately in a crisis situation. Thus, a tiered approach to family meetings appears beneficial.

Over the next year, the PPI Workgroup requests permission to further discuss family involved meetings and explore the development of a multi-tier practice model addressing a continuum of needs, from emergency response through long range planning.

## **Family Development Credentialing/Strength-based Worker Credential –**

Family Development Credentialing/Strength-based Worker Credential (FDC/SWC) is currently a required element of the PPI. The intent behind including FDC/SWC as a required element was to train providers to deliver the same strength-based, family focused and solution focused practices that are the foundation of the PPI.

Over the past year, the Workgroup was approached by several counties regarding their concerns with implementing FDC. In order to better determine the benefits as well as the barriers to FDC, the Workgroup surveyed the PPI counties. The survey is available for review at: <https://www.surveymonkey.com/s/BF63GH7>. In summary, counties identified the following benefits.

Credentialed agency workers and providers:

- were better able to engage families
- practiced with a more strength-based approach
- were able to apply strength-based practices to both agency and community systems
- demonstrated improved communication skills
- were more supportive of families in creating and reaching goals

Counties also identified the following barriers:

- length of time and cost of the training
- resistance from providers due to the loss of billable direct service hours
- lack of measurable outcomes
- inability to connect outcomes directly to the PPI practices and overall outcomes for children/families

In conclusion, the Workgroup recognizes both the vital importance of training providers in the same strength-based philosophy being utilized by the PPI child welfare agencies and courts, as well as, the barriers to implementing the FDC/SWC curriculum. The Workgroup discussed the pros and cons of the practice at length. Paramount in the discussions was the amount of time/costs associated with implementation and the lack of any direct evidence which supports the effectiveness of the practice.

As a result, the Workgroup recommends that FDC/SWC no longer be a required PPI element. That said, the Workgroup recognizes the critical importance of supporting strength-based capacity within the provider community. As such, the Workgroup also recommends that PPI counties be required to develop a plan for training providers and the community in strength-

based work. PPI counties may choose to utilize FDC/SWC as their training curriculum but would not be required to use that specific curriculum. Thus, the Workgroup recommends that PPI counties have the flexibility to identify some training curriculum other than FDC/SWC, as long as it incorporates strength-based practices.

## **PPI Phase 5**

Beginning in 2008, 36 counties, serving 78% of all children in placement, have entered the PPI in 4 phases. The last phase of the PPI, Phase 4 was offered in 2012. Over the past year, several additional counties have expressed interest in becoming a PPI county. In response, the PPI Workgroup discussed the possibility of offering counties the opportunity to enter the PPI as a Phase 5 county. The Workgroup recognizes the importance of additional counties receiving the necessary supports to further the PPI practices, the success of these practices in current PPI counties and the benefits of these practices to children and families across the state. Therefore, the Workgroup overwhelmingly recommends the addition of PPI Phase 5.

## **PPI Target Populations**

All counties entering the PPI have been required to select a target population. The composition of the target population is completely at the discretion of the county. The county then has 6 months to begin implementing the PPI practices for the target population. Selection of a target population appears to be particularly helpful for midsize to large counties which might otherwise be unable to implement several new practices all at one time to a large population. For the most part, historically, small counties applied the practices to their entire population. Counties with a target population were in no way precluded from providing any or all of the practices to children and families outside the target population.

Counties were encouraged to maintain a consistent target population for the purpose of comparing data between PPI and non-PPI counties and identifying trends statewide. However, due to the wide variety of target populations and the fact that many non-PPI counties have implemented various elements of the PPI, it has become virtually impossible to gather comparative data.

Recently, several counties have requested that the Workgroup reconsider the need for establishing target populations or at least allowing greater flexibility in making changes to target populations.



Accordingly, although the PPI Workgroup recommends the continuation of target populations for PPI counties, the Workgroup also recommends that counties be given the opportunity annually to adjust and expand target populations as they see fit with the original intent of eventually applying PPI practice to all children within the county on a timeframe identified by the county.

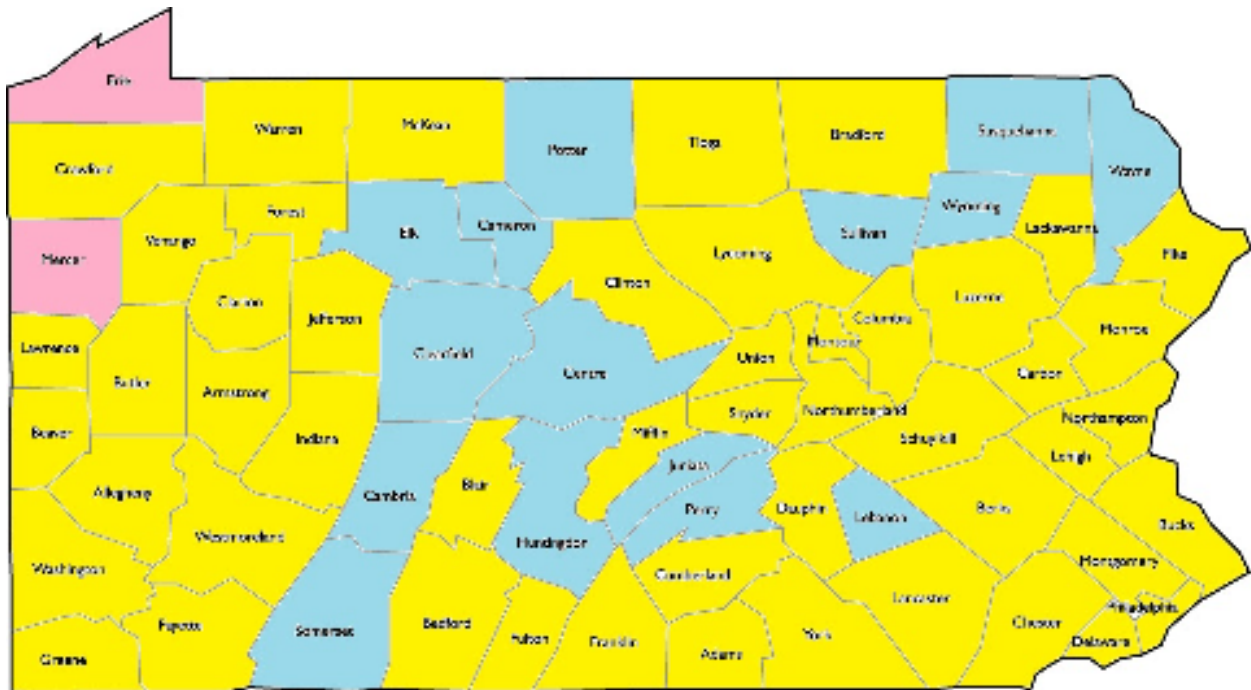
### Strengthening Local Children’s Roundtables (CRT)

CRTs are the foundation of PPI work in counties. Their importance is paramount as it is through the CRT process that important issues are prioritized, rise to the Leadership Roundtables and eventually reach the State Roundtable. Numerous counties have requested assistance in enhancing their local CRT. Therefore, in response the OCFC and the Workgroup would like to focus on this particular element over the next year.

The Workgroup requests the support of the SRT to focus on strengthening CRTs across Pennsylvania. The Workgroup envisions developing a tool, 10 Key Components to a Successful Children’s Roundtable, to assist counties. To date, the Workgroup and OCFC have been collecting suggestions from each of the Leadership Roundtables regarding the elements that contribute to the success of their local CRT.

Currently, 51 counties across the state have an active CRT. The map (below) identifies the status of local CRTs across the state.

**Map of Pennsylvania’s Local Children’s Roundtables**



Yellow: Counties with a CRT Blue: Counties without a CRT Pink: Counties implementing a CRT

## **PPI Quarterly Data Report**

The Quarterly PPI Data Report was designed to collect data on the PPI practices as they were implemented for the target populations selected by counties. The initial intent was to compare outcomes for PPI and non-PPI populations. As noted above, comparisons are virtually impossible.

Additionally, since the early years of the PPI, practices have expanded throughout counties. In many cases, the practices have now become the norm with services provided to all children and families rather than just provided to a smaller distinct target population. Several counties have also started front loading the PPI practices. Counties report that using these practices at referral often resulted in children and families avoiding further agency or court involvement.

In order to get a more accurate view of the full extent of PPI work being done in counties, the Quarterly PPI Data Form was redesigned. The revised form will now gather data for all children under court supervision, as well as, all other children involved with the agency. The revised report is available for review at <http://www.ocfcpacourts.us/childrens-roundtable-initiative/permanency-practice-initiative/ppi-quarterly-data-report>

### **Recommendations:**

The PPI Workgroup respectfully submits to the Pennsylvania State Roundtable the following recommendations:

1. Continued examination of family involved meetings and development of a multi-tier practice model addressing a continuum of needs, from emergency response through long range planning.
2. Discontinuance of FDC/SWC as a required PPI element with simultaneous implementation of a new PPI requirement that PPI counties develop a plan for training providers and the community in strength-based practice/philosophy. Counties may choose to utilize FDC/SWC as their training curriculum. Thus, the Workgroup recommends that PPI counties have the flexibility to identify some

training curriculum other than FDC/SWC, as long as it incorporates strength-based practices.

3. Implementation of PPI Phase 5 in June 2015.
4. Continuation of target populations for PPI counties, with counties being given the opportunity to annually adjust and expand target populations as they see fit.
5. Support to focus on strengthening CRTs across Pennsylvania.