



Office of Children, Youth and Families
Title IV-B Child and Family Service Plan

Federal Fiscal Years 2015-2019

- **Title IV-B Subparts 1 and 2**
- **Child Abuse Prevention and Treatment Act**
- **Chafee Foster Care Independence Program**
- **Education and Training Voucher**

TABLE OF CONTENTS

General Information	5
• State Agency Administering the Programs	5
• Vision Statement	8
○ OCYF Vision, Mission and Values	8
○ PA Child Welfare Practice Model	9
• Collaboration with Stakeholders	13
○ Pennsylvania Department of Education	15
○ Collaboration with the Courts	17
○ Technical Assistance Collaborative	19
○ Sustaining Change Workgroup	21
Assessment of Performance	21
• Child and Family Outcomes	22
○ Safety Outcomes	22
○ Permanency Outcomes	31
○ Well-Being Outcomes	42
• Systemic Factors	56
○ Information System	56
○ Case Review System	60
○ Quality Assurance System	63
○ Staff and Provider Training	67
○ Service Array and Resource Development	72
○ Agency Responsiveness to the Community	77
○ Foster and Adoptive Parent Licensing, Recruitment and Retention	78
Plan for Improvement	87
• Goal 1 Children and Youth are Free from Incidents Of Abuse and/or Neglect	89
• Goal 2 Children and Youth Achieve Timely Permanency	96

• Goal 3 Families Have Enhanced Ability to Meet Their Child/Youths Well-Being, Including Physical, Emotional, Behavioral And Educational Needs	111
• Goal 4 Youth are Supported in their Transition to Adulthood	124
• Goal 5 Statewide Implementation of a Sustainable CQI System	133
• Goal 6 Pennsylvania Implements a Statewide Child Welfare Information Solution (CWIS)	137
• Additional Improvement Efforts	141
Services	146
• Child and Family Services Continuum	146
○ Child Protective Services and General Protective Services	146
○ Foster Care	156
○ Kinship Care	158
○ Permanent Legal Custodian	160
○ Another Planned Living Arrangement	162
• Service Coordination and Description	163
○ Family Preservation	163
○ Family Support	168
○ Fatherhood Initiative	171
○ Time-Limited Family Reunification	172
○ Adoption Promotion and Support Services	173
○ Service Decision Making Process for Family Support Services	183
• Populations at Greatest Risk of Maltreatment	184
• Services for Children Under the Age of Five	185
• Services for Children Adopted from Other Countries	191
Consultation and Coordination with Tribes	191
Chafee Foster Care Independence Program	194
• Agency Administering the CFCIP	194
• Description of Program Design and Delivery	194

• Serving Youth Across the State	204
• Serving Youth of Various Ages and Stages of Achieving Independence	205
• Collaboration with Other Private and Public Agencies	208
• Determining Eligibility for Benefits and Services	215
• Cooperation in National Evaluations	215
• Education and Training Vouchers (ETV) Program	215
• Coordination with Tribes	217
• CFCIP Program Improvement Efforts	217
• CFCIP Training	218
Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits	220
Adoption Incentive Payments	221
Child Welfare Waiver Demonstration Activities	222
Financial Limitations	226
Targeted Plans	227
• Foster and Adoptive Parent Diligent Recruitment Plan	227
• Health Care Oversight and Coordination Plan	232
• Disaster Plan	246
• Training Plan	277

General Information

State Agency Administering the Programs

The Pennsylvania (PA) Department of Human Services (DHS) Office of Children, Youth and Families (OCYF) is the state agency, located in the state capitol of Harrisburg, that is responsible to lead, plan, direct, and coordinate statewide children's programs including social services provided directly by County Children and Youth Agencies (CCYA) and OCYF's Bureau of Juvenile Justice Services (BJJS) through the Youth Development Centers and Youth Forestry Camps. OCYF is responsible for the development of the State's Child and Family Services Plan (CFSP) in collaboration with key stakeholders.

Title IV-B Part 1 funds for child welfare services are distributed to all 67 CCYAs based on the number of children served in each county. The CCYAs fund child welfare services that are within the state-specified guidelines. The state guidelines direct the CCYAs to use these funds for in-home services (excluding child protective services (CPS) and general protective services (GPS)), community-based and institutional services (excluding secure facilities) that are not funded with Temporary Assistance to Needy Families (TANF), Medicaid or Title IV-E funds.

Agency Organization (Attachment V)

To carry out its various duties, OCYF is organized into four separate bureaus: the Bureau of Children and Family Services (BCFS); the Bureau of Budget and Fiscal Support (BBFS); the Bureau of Policy, Programs and Operations (BPPO); and BJJS.

The Bureau of Children and Family Services (BCFS)

BCFS is primarily responsible for monitoring the delivery of services by county and private children and youth social service agencies. Oversight of these programs is conducted by the four OCYF Regional Offices.

The essential functions and responsibilities of the four OCYF Regional Offices include:

- Monitoring, licensing and providing technical assistance to the public and private children and youth social service agencies;

- Investigating child abuse when the alleged perpetrator is a county agency employee or one of its agents;
- Ensuring regulatory compliance of agencies by investigating complaints and conducting annual inspections;
- Assisting county and private agencies in the interpretation and implementation of DHS regulations;
- Conducting reviews of all child fatalities and near fatalities as a result of suspected child abuse that occur within the Commonwealth;
- Providing recommended levels of funding for CCYAs as a result of programmatic analysis of the county's Needs Based Plan and Budget (NBPB) Submission;
- Provide State Leadership in the Quality Service Reviews (QSR) of county agencies;
- Responding to inquiries and providing information to families, providers, stakeholders and the general public regarding the statutes, regulations and DHS requirements and processes for operating a public or private children and youth agency, foster care agency or adoption agency;
- Inspecting and monitoring agencies for continual compliance;
- Providing technical assistance and consultation to agencies;
- Conducting complaint investigations to determine validity of allegations, and performing follow-up as needed;
- Preparing detailed reports of survey findings, recommendations for licensure status, and enforcement actions; and
- Providing information regarding the certification or licensing history of a facility or agency.

Bureau of Budget and Fiscal Support (BBFS)

BBFS provides support functions for OCYF including: budgeting; personnel; management of federal grants and revenue; fulfillment of needs-based budget mandates; and administrative, financial and operational support. The BBFS increases fiscal accountability through cost reporting, recovery, containment, justification, and redistribution.

Bureau of Policy, Programs and Operations (BPPO)

The Bureau of Policy, Programs and Operations develops and publishes program procedures and directives governing child welfare activities in the Commonwealth related to:

- The administration of public and private children and youth agencies;
- Foster family care;
- Adoption;
- Child residential and day treatment programs; and
- CPS.

The BPPO plans, develops and implements new and revised regulations; provides program clarifications; conducts training and orientation on new/revised procedures; provides analysis of and recommendations for proposed legislation; develops program reports and publications; and coordinates and provides technical assistance and training materials for OCYF regional office staff and service providers.

The Bureau is responsible for programs required by Pennsylvania's CPSL and departmental regulations governing services to dependent and neglected children.

The Bureau oversees and manages special grants including the Statewide Adoption and Permanency Network (SWAN), Pennsylvania Coalition Against Domestic Violence (PCADV), Pennsylvania Coalition Against Rape (PCAR), Family Centers and the Chafee Foster Care Independence Program (CFCIP). The Bureau also coordinates with OCYF's Bureau of Budget and Program Support in applying for and managing grants for the development of child welfare services.

The Bureau is responsible for coordinating the data collection and analysis of child welfare data for OCYF, as well as for the county and private children and youth social services agencies.

The Bureau serves as the lead for the Federal Child and Family Services Review (CFSR). The Bureau also works closely with the University of Pittsburgh, School of Social Work's Pennsylvania Child Welfare Resource Center (CWRC) in Mechanicsburg, Pennsylvania to improve child welfare services and outcomes.

The Bureau is responsible for managing and operating the ChildLine and Abuse Registry and the three Interstate Compacts for Pennsylvania, which are managed by the Division of Operations.

Bureau of Juvenile Justice Services (BJJS)

BJJS is responsible for the management, operations, program planning and oversight of all the Youth Development Center (YDC)/Youth Forestry Camp (YFC) facilities. The youth entrusted to BJJS' care are male and female adolescents who have been adjudicated delinquent by their county judicial system. From the time that a resident is referred to BJJS, they ensure that every resident receives individualized treatment services based on strengths and needs. The BJJS' State Court Liaison Specialists work closely with Pennsylvania's county juvenile court system, the YDC/YFC system and private provider agencies to ensure residents are placed in the least restrictive and most appropriate setting.

BJJS has mandated the implementation of the Master Case Planning System (MCPS). Within the framework of Balanced and Restorative Justice principles, this system is designed to accomplish four tasks:

1. To ensure maximum participation on the part of the resident, families, courts, probation officers, clinical and educational staff in the development of the competency-based continuum of services;
2. To ensure standardization in documentation and the case planning process for all facilities;
3. To provide services that are designed to return the resident to the community better equipped to be a productive member of society; and
4. To ensure that each resident be held accountable to the victim, the community, the court and family.

Vision Statement

OCYF Vision, Mission and Values

OCYF's vision is that all children and youth grow up in a safe, loving, nurturing, permanent family and community. To this end, OCYF views its mission as supporting the provision of quality services and best practices designed to ensure the safety, permanency and well-being of PA's children,

youth and families. In order to achieve this vision and mission, OCYF believes that the agency culture must be built around the following values:

- Balanced and restorative justice
- Child, youth and family centered decisions
- Child/youth's role and voice
- Family's role and voice
- Collaboration
- Commitment to action
- Continuous Quality Improvement
- Fiscal accountability
- Honest and respectful communication
- Personal responsibility

OCYF has identified five broad goals that the agency is committed to achieving. These goals are closely linked to the goals that were developed for PA's 2015-2019 CFSP. The goals include:

- Children and youth are free from incidents of abuse and/or neglect;
- Children and youth achieve timely permanency;
- Children, youth and families receive services to ensure educational, physical and emotional well-being;
- Youth are supported through their transition to adulthood; and
- Children, youth and families receive quality, appropriate and effective services to meet their needs.

PA Child Welfare Practice Model

While the OCYF vision, mission, values and goals help provide high level guiding principles for the operation of the IV-B agency, PA's Child Welfare Practice Model (Practice Model) is the tool that guides children, youth, families, child welfare representatives and other children and family service partners in working together, providing a consistent basis for decision making; clear expectations of outcomes, share values and ethics; and a principled way to evaluate their own skills and performance. The Practice Model helps PA benchmark achievement and clearly links the abstract ideals of mission, vision and strategic plans to day-to-day practice.

The Practice Model consists of the following core elements: outcomes – those areas that need to change in order to achieve improved outcomes; values and principles – the value base that provides guidance about how

those in the field of child welfare are to work together; and skills – operationalized standards that provide direction while still allowing for flexibility in how to best meet the child, youth and family’s unique needs.

The Practice Model highlights that children, youth, families, child welfare representatives and other child and family service partners need to work together as team members with shared community responsibility to achieve positive outcomes. These outcomes can be achieved by consistently modeling the values and principles at every level and across all partnerships and by demonstrating the specific and essential skills to be utilized across all aspects of the child welfare system. This approach is grounded in shared leadership and a commitment to practice that is strength-based, solution focused and engages children, youth and families in all facets of this work. PA’s approach to the 2015-2019 CFSP is grounded in the values and practice principles outlined within PA’s Practice Model. The components of the Practice Model are outlined as follows:

Outcomes: Children, youth, families, child welfare representatives and other child and family service partners participate as team members with shared community responsibility to achieve and maintain the following:

- Safety from abuse and neglect.
- Enduring and certain permanence and timely achievement of stability, supports and lifelong connections.
- Enhancement of the family’s ability to meet their child/youth’s well-being, including physical, emotional, behavioral and educational needs.
- Support families within their own homes and communities through comprehensive and accessible services that build on strengths and address individual trauma, needs and concerns.
- Strengthened families that successfully sustain positive changes that lead to safe, nurturing and healthy environments.
- Skilled and responsive child welfare professionals, who perform with a shared sense of accountability for assuring child-centered, family-focused policy, best practice and positive outcomes.

Values and Principles: Our values and principles will be consistently modeled at every level and across partnerships. We believe in...

- **Children, Youth and Families**
 - Children and youth have the right to live in a safe, nurturing and stable family.

- Families are the best place for children and youth to grow up.
 - Family connections are maintained whenever possible.
 - All families have strengths.
 - Families come in all shapes and sizes and family defines family.
 - Families are experts on themselves, are involved in decision making, and are willing to drive change.
- **Community**
 - Community is broadly defined. This includes, but is not limited to, families, neighbors, volunteers, spiritual, educational, medical, behavioral health and legal partners.
 - Natural partnerships must exist within a community to promote prevention, protection, well-being and lifelong connections.
- **Honesty**
 - Honesty serves as the basis for building trusting relationships.
 - Honesty is not only telling the truth, but also sharing information, clarifying roles and responsibilities and transparent decision making.
 - Honesty is an open and consistent exchange of communication in a way that everyone can understand.
- **Cultural awareness and responsiveness**
 - Culture is respected, valued and celebrated.
 - Culture is broadly defined. This includes but is not limited to families' beliefs, values, race, gender, socio-economic status, ethnicity, history, tribe, religion/spirituality/affiliations, sexual orientation and language.
 - Cultural identity is explored with the family. Each child, youth and family is served with sensitivity within their unique context.
- **Respect**
 - Everyone has their own unique perspective, the right to be heard and contribute to their success.
 - Every individual is treated with dignity and consideration.

- **Teaming**

- Children, youth and families are best served through a team approach with shared responsibilities. All team members have a role and voice. Involving the child, youth, family and extended support networks as active members of the team empowers the family.
- Teams are strength-based and collaborate toward common goals.
- Teams change as needed to include all formal and informal supports and resources.
- Team members are accountable for their actions, keeping commitments and following through with agreed upon responsibilities.

- **Organizational excellence:**

- Engaging children, youth and families, as an involved part of an accepting and empathetic team who can confront difficult issues, will effectively assist in the process toward positive change.
- Advocating for and empowering children, youth, families and communities strengthen the organization.
- Building, supporting and retaining a qualified, skilled and committed workforce whose own well-being and safety are valued is essential.
- Responsible allocation and management of resources demonstrates accountability.
- Quality practice is assured by consistently monitoring and improving performance through critical self-reflection and accountability.

Skills: To achieve our desired outcomes and commitment to these values and principles, demonstration of the following skills is essential across all aspects of the child welfare system.

- **Engaging:** Effectively establishing and maintaining a relationship with children, youth, families and all other team members by encouraging their active role and voice and successfully accomplishing sustainable shared goals.
- **Teaming:** Engaging and assembling the members of the team, including the family, throughout all phases of the change process and

based on current needs and goals. Teaming is defining and demonstrating a unified effort, common purpose and clear roles and responsibilities that support positive change.

Assessing and Understanding: Gathering and sharing information so the team has a common big picture of the strengths, challenges, needs and underlying issues. Assessing includes thinking critically and using information to keep the team's understanding current and comprehensive.

- **Planning:** Applying information gathered through assessment and monitoring to develop an individualized well-reasoned sequence of strategies and supports to achieve the agreed upon goals.
- **Implementing:** Actively performing roles to ensure the formal and informal resources, supports and services, identified in the plan, occur in a timely manner and with sufficient intensity, frequency and sequence to produce sustainable and beneficial results.
- **Monitoring and Adjusting:** Continuously analyzing and evaluating the impact and effectiveness of the plan implementation and modifying accordingly in response to the changing successes and needs until goals are achieved.

Collaboration with Stakeholders

Collaboration is a foundational component of PA child welfare practice that must be modeled at every level and across all partnerships in order to improve outcomes for children in families. The involvement of key stakeholders in achieving positive outcome for children, youth and families is critical in a state-supervised, county-administered system like Pennsylvania. Collaboration was a major theme which drove the objectives and strategies of the previous CFSP and a focus on collaboration will continue to drive PA's strategic plan for the next five years. While discussion of collaboration is incorporated throughout the plan, this section outlines collaboration in the development and ongoing monitoring of PA's 2015-2019 CFSP as well as examples of ongoing collaborative efforts that continue to move PA in a positive direction.

OCYF works in collaboration with several key partners including, but not limited to, the PA Department of Education (PDE), Office of Medical Assistance Programs (OMAP), Office of Mental Health and Substance Abuse

Services (OMHSAS), Administrative Office of PA Courts (AOPC), the Juvenile Court Judges' Commission (JCJC), tribes, the Educational and Juvenile Law Centers, CCYAs, county Juvenile Probation Offices (JPO), private providers, and technical assistance (TA) providers including CWRC, American Bar Association (ABA) Legal Services Initiative (LSI), Hornby Zeller Associates (HZA) and the Statewide Adoption and Permanency Network (SWAN). Child and family engagement is also encouraged through ongoing partnerships with resource family associations and the Youth Advisory Board (YAB).

A number of established and ongoing venues exist which provide the opportunity for stakeholder feedback and coordinated approaches in the efforts to improve the entire spectrum of the child and family delivery service system. Examples of these opportunities which have helped in the development of the 2015-2019 CFSP include the Pennsylvania Child and Youth Administrators (PCYA) quarterly meetings, workgroup meetings, including the monthly Sustaining Change and TA Collaborative meetings, and ongoing communication with the YAB. Potential goals and objectives were presented to these stakeholder groups in person by the CQI manager. The presentation was followed by an immediate feedback session in which information related to the appropriateness of the goals and objectives, suggestions for changes, and consideration of additional goals and objectives were discussed. The goals and objectives evolved throughout the course of these discussions based on the ongoing feedback from the different stakeholder groups. Much of the discussion in these feedback sessions revolved around ensuring incorporation of a goal pertaining to older youth.

Members of the Health Care Workgroup Steering Committee played a critical role in the development of recommendations which drove PA's CFSP goals regarding child well-being and the Health Care Oversight and Coordination Plan for the next five years. A list of the stakeholders represented in the membership of the groups consulted in the development of the 2015-2019 CFSP is provided in Attachment GG. These stakeholders divided into four sub-workgroups to apply their expertise to priority issues for children in foster care related to trauma-informed care, psychotropic medication, medical homes, and children with complex health care needs. The sub-groups identified their own co-chairs who communicated information about the group's work to the Health Care Workgroup Sponsor Team. These sub-workgroups developed charters to guide their work, conducted research to clearly identify problems and target root causes, and presented a series of recommendations based upon the results of their work. A majority of these recommendations are outlined within the Health Care Oversight and Coordination Plan submitted as part of the CFSP. The CQI

Sponsor Team will continue to work with sub-workgroup co-chairs to refine and clarify these recommendations in preparation for their presentation to OCYF and DHS leadership.

During the course of the next five years, OCYF will continue to communicate progress towards reaching the goals and objectives of the CFSP to stakeholders and solicit feedback and discussion on the development of any new goals and objectives that may be necessary for incorporation into PA's strategic plan. Through the ongoing CQI effort, PA will continue to work to improve engagement with stakeholders in the review and discussion of data to help in developing future APSR submissions as this is an identified gap area. This will include outreach to include more internal staff, such as caseworkers and supervisors from CCYAs in these discussions as well as families involved with the child welfare system. PA will also utilize participation in the upcoming CFSR as an opportunity to further engage stakeholders in the development of the state self-assessment, on-site review, and in the development of any program improvement plans that may be required as a result of review findings.

While examples of collaboration with stakeholders are found throughout the 2015-2019 CFSP, a few of these ongoing efforts highlighted within this section include collaboration with PDE, the courts, the TA Collaborative and the Sustaining Change Workgroup.

Pennsylvania Department of Education (PDE)

PA intends to continue promoting and supporting the practice of children remaining in their same school whenever possible and when it is in their best interest, and to facilitate a seamless education transition for youth who enter care. OCYF has done the following:

- Coordinated monthly meetings involving various Commonwealth agencies to allow for ongoing communication and identification of areas that may require assistance between Commonwealth agencies;
- Issued guidance from the US Department of Education related to the amendments to FERPA by the Uninterrupted Scholars Act;
- Begun efforts to address data collection including identifying what is currently collected and what additional data needs collected across agencies including OCYF, PDE and AOPC; and

- Continued a joint effort with the PDE to provide guidance to local agencies and school districts regarding children in foster care to review and resolve educational concerns.

OCYF continues to engage PDE in efforts to do the following:

- Engage PDE, Education and Juvenile Law Centers to work together to facilitate and provide training on the sharing of information among child welfare, JPO and schools;
- Recommend amendments to the public school code specifically 13-1305 to comply with Federal Fostering Connections Act to address transportation and tuition issues;
- Continue efforts to address data collection including identifying what is currently collected and what additional data needs collected across agencies including OCYF, PDE and AOPC;
- Continue the joint effort with the PDE to provide guidance to local agencies and school districts regarding children in foster care to review and resolve educational concerns;
- Undertake additional efforts to revise the Educational Stability and Continuity of Children Receiving Services from the CCYA including the use of an Education Screen Bulletin to assure consistency with education related matters;
- Undertake efforts to issue joint guidance with PDE which would clarify the role of school districts and the collaboration of both agencies needed to effectuate school stability;
- Collaborate on the creation of truancy legislation;
- Recommend revisions to the child accounting policy guideline to require the local education agency (LEA) to comply with the Federal Fostering Connections Act; and
- Propose revisions to the court orders to include educational success information as defined in the Juvenile Procedural Rules.

Collaboration with the Courts

During the next five years, the AOPC, Office of Children and Families in the Courts (OCFC), will continue to collaborate with OCYF and other systems partners to utilize strategies that have proven to be successful such as the Permanency Practice Initiative (PPI) and the Children's Roundtable Initiative. Judicial and legal professional training needs will be met through continuation of advanced legal training in relevant and needed topic areas. A coordinated training will be applied via similar training topics being presented across judicial educational sessions, hearing master training and legal representation training. This coordinated effort is expected to have a positive impact on quality court hearings by having all legal systems professionals be working from the "same page."

In addition to the ongoing practices, OCFC will host the bi-annual dependency summit in April 2015 with an overall theme of Well-Being. Motivational interviewing training for judges and legal professionals will be explored and a process of teaming, similar to Hawaii's O'Hana conference, will be explored as a possible enhancement to the PPI practices.

Court Improvement Project (CIP)

The Supreme Court of PA and the AOPC developed the OCFC to administer the CIP. One of the most critical aspects of the CIP in PA was the development of the PA Children's Roundtable Initiative. The State Roundtable identified that two key documents were needed to memorialize the commitment of the PA Courts to the children, families and community they serve along with specific social service and court related practice reforms. The documents include the Mission and Guiding Principles for PA's Child Dependency System (<http://www.ocfcpcourts.us/about-ocfc/mission-statement-and-guiding-principles>) and the PA Judicial Dependency Bench Book (<http://www.ocfcpcourts.us/judges-and-legal-professionals/benchbook-2>). Practice reforms are crystallized in the ongoing PPI.

Permanency Practice Initiative (PPI)

As of October 1, 2010, 35 PA counties have been participating in the PPI. The PPI supports the shared goals of AOPC and OCYF to do the following:

- Reduce number of children/youth adjudicated dependent and in court-ordered placement;
- Reduce time children/youth spend in the foster care system;
- Reduce number of children/youth who re-enter care;
- Reduce the dependency court caseload;
- Reduce the cost of children in care (reduction of placement costs means that funds could be redirected to other services including PPI Phase One supports, prevention, after care (AC), adoption, services, etc.);
- Reduce the level of care (i.e. – reduced number/percent of restrictive placements and increased use of kinship care when placement is needed); and
- Increase placement stability (fewer moves for children).

The underlying hypothesis of this PPI is that enhanced oversight of the judiciary combined with strength-based, family-led practice will ultimately increase the number of children safely maintained in their own homes and expedite the safe return of children to their homes. The focus will be on a saturation of front loaded services that will empower families to safely and effectively maintain the child or youth in the home, identify kin or other permanent resources, while at the same time provide the family with the necessary services to alleviate the circumstances that caused the referral for services.

The PPI seeks to implement or enhance a variety of services prior to the child/youth coming into out-of-home care or immediately following the need for such placement. These services are supported through OCYF and CIP funding with oversight and TA from a team of resources. The initiative does not supplant services already in place; but is used to enhance or create new ones.

Components of the PPI include the following:

- Three month court reviews;
- Children’s Roundtables (local leadership and oversight team);
- Common Pleas Case Management System (CPCMS) Dependency Module;
- Family Finding (FF);
- Family Group Decision Making (FGDM);
- Grief and Loss; and
- Family Development Credentialing (FDC).

PPI county staff, including the Dependency Court Judge and Child Welfare Administrator, is required to receive training in all practice areas of the initiative to better understand and in so doing, better lead local reform.

Children's Roundtable Initiative

The overarching structure for the CIP is the PA Children's Roundtable Initiative. These roundtables have created a statewide infrastructure that allows for effective administration and communication through a three-tiered system. The three levels include Local Children's Roundtables (LCR) in each of the 60 judicial districts, seven statewide Leadership Roundtables (LR) and one State Roundtable. This three-tiered system of Roundtables allows for the flow of dependency practice innovations as well as much needed administrative collaboration between the Dependency Courts, OCFC, DHS, OCYF, local child welfare agencies and other relevant stakeholders.

The State Roundtable Workgroups will continue with their efforts in addressing the charges and priorities the State Roundtable has set for them. As new issues are identified via the Leadership Roundtable process, it is expected that the State Roundtable will set a course for addressing them in a way that embraces Pennsylvania's collaborative values and recognizes the importance of family and the safety, permanency, and well-being of children.

Drug and Alcohol Workgroup

In 2013, AOPC, OCYF and the Pennsylvania Department of Drug and Alcohol Programs (DDAP) began collaboration to address the issue of substance abuse and its impact on the children, youth and families that come into contact with the child welfare system. PA will work with the National Center on Substance Abuse and Child Welfare (NCSACW) in these efforts. Under the leadership of the State Roundtable as the "oversight committee" of the in-depth technical assistance (IDTA) process, the Drug and Alcohol Workgroup will continue to provide coordination with the NCSACW experts and the counties selected to participate in the IDTA process. At the end of the process it is hoped that Pennsylvania will have a model of cross-systems collaboration that makes a positive impact on substance abuse in child welfare.

Technical Assistance (TA) Collaborative (see Attachment HH)

The purpose of the TA Collaborative is to develop a cohesive group of TA providers who are available to work in collaboration with CCYAs to enhance the quality of child welfare services and to improve outcomes for

children, youth and families. The TA Collaborative is also a means to improve communication, increase knowledge level, and enhance coordination of TA and other support services provided to CCYAs. Current members of the TA Collaborative include OCYF regional and central headquarters staff, CWRC, ABA, AOPC, HZA, SWAN, JCJC, PCCD and CCYA representatives.

The structure of the TA Collaborative is outlined as follows:

TA Collaborative Steering Committee

This group is open to all of the Child Welfare TA Partners in Pennsylvania and currently includes administrators from many of the agencies who participate. This group was originally charged with initiating intentional collaboration across all Child Welfare TA Partners. Currently, the Steering Committee holds monthly meetings with agenda items focused on what is happening statewide and in the regional groups. The intent of this group is ensuring needed supports are provided so that collaboration among the TA partners continues to survive and to thrive.

TA Collaborative Statewide Leads

This includes one statewide lead from each of the partner agencies of the TA Collaborative Steering Committee (of those who routinely participate in the regional TA Collaborative meetings). This group meets by phone monthly with the intent of ensuring the communication among and between the TA partners is clear and consistent so that all staff from these agencies have the same information and expectations regarding the Regional Teams.

TA Collaborative Regional Teams

These groups meet quarterly with the intent of ensuring that roles and expectations are clearly defined as the needs of the counties in their respective regions are addressed. The overarching purpose of the TA Collaborative Regional Teams is two-fold as follows:

1. To ensure TA Regional Team members understand the roles, responsibilities, objectives, mission, expectations, and capacity of the respective organizations which comprise the TA Regional Team; and
2. To provide collaborative, thoughtful, organized, non-duplicated support and resources as requested by counties.

The first purpose listed above is typically accomplished through meetings and follow up communication which primarily involve TA Regional Team members; while the second purpose is typically accomplished also through meetings and on-going communication that keep all team members informed when involving counties requesting assistance.

TA Collaborative Regional Leads

Each regional group is led by two or more leads from the agencies represented by TA Collaborative Regional Teams. This group is charged with planning and implementing the regional collaborative meetings and ensuring that critical communication is passed to and from the Steering Committee and Statewide Leads so that appropriate action can be initiated as needed.

Sustaining Change Workgroup (Attachment B and C)

The day-to-day planning, development, and evaluation of PA's statewide and local Continuous Quality Improvement (CQI) process has continued to be the charge of the Sustaining Change Workgroup that was originally convened in August 2009 and continues to meet to this day. The workgroup activities include continued sharing of lessons learned and celebrations of success associated with each of the Phase I, II, and III CQI counties work; Quality Service Review (QSR) Training; finalization of tools, forms and templates to be utilized to support the CQI process; recruitment of QSR reviewers; finalization and distribution of the QSR Manual; dissemination of statewide QSR data to stakeholders; implementation of PA's Child Welfare Practice Model and brainstorming regarding the capacity for continued roll out of CQI efforts across the state.

Assessment of Performance

PA continues to work towards identifying valid and reliable data to support ongoing assessment and monitoring of outcomes. As PA continues the process of developing a statewide information system, there will be greater opportunities to access statewide aggregate data for analysis. PA will continue to partner with stakeholders to build upon preliminary assessment of state performance on the federal CFSR outcomes and systemic factors presented in this report in preparation for the PA's participation in the CFSR in 2017. The data sources used in the completion of the following assessment of performance includes the PA Child and Family Service Review Data Profile, QSRs data from Rounds I, II and III (Attachment II), the Kinship Family Survey findings, the National Youth in

Transition Database (NYTD), ChildLine and the Adoption and Foster Care Analysis Reporting System (AFCARS).

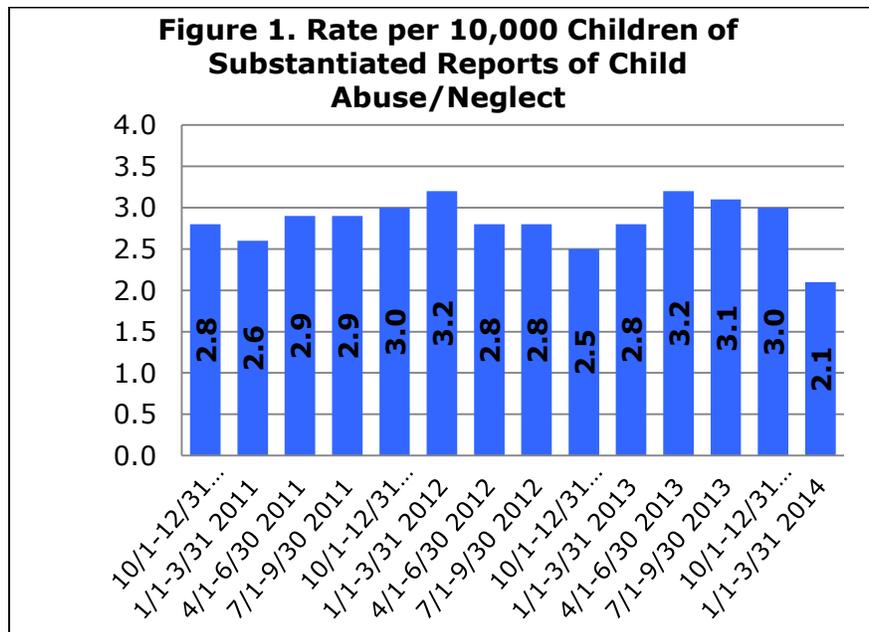
Child and Family Outcomes

Safety Outcomes

(A) Children are first and foremost, protected from abuse and neglect

Pennsylvania received more reports of suspected child and student abuse in 2013 than any other year on record. Pennsylvania substantiated 13 percent, or 3,425 reports of child abuse in 2013, the same rate as 2012. There were 38 substantiated child fatalities in 2013, five more than 2012¹.

Since 2010, the rate of substantiated reports of child abuse/neglect (see Figure 1) has fluctuated from a high of 3.2 substantiated reports per 10,000 children to a low of 2.1 substantiated reports per 10,000 children. PA recognizes that recent legislative changes that lower the threshold for substantiating reports of child abuse and neglect have the potential to increase these rates over the next few years. PA will continue to closely monitor this data as the legislation goes into full implementation.



Data Source: ChildLine

¹ The Pennsylvania Annual Child Abuse Report 2013, available online at http://www.DHS.state.pa.us/cs/groups/webcontent/documents/report/c_086251.pdf.

PA specifies required response times for investigations of both Child Protective Services (CPS) and General Protective Services (GPS) cases. While PA does not currently have a statewide data system that allows for the review of county-specific data in this area, response times are evaluated during the annual licensing inspection conducted by OCYF Regional Offices or upon receipt of a complaint. During the annual licensing process conducted by the OCYF regional offices, compliance with regulations governing these response times is reviewed.

As part of OCYF’s Round 2 CFSR Program Improvement Plan (PIP), policy was issued in April 2012 to transmit requirements related to a statewide policy establishing response times for reports made to county agencies that are designated as GPS reports. Monitoring of this policy has provided data to confirm that counties have a high rate of compliance with adhering to the timeframes identified within the policy. Annual licensure of 32 counties during the period of October 1, 2012 through May 31, 2013 included a review of 384 GPS referrals. A review of the findings noted 98% of the reports were responded to in the timeframes identified based on safety and risk identification. Only in 9 of the 384 cases were the actual responses later than the identified level of response. Further review found that these were case specific incidents and not identified as systemic.

PA’s CFSR data profile (see Figure 2) indicates that PA has maintained substantial conformity with national safety data indicators, which include absence of maltreatment recurrence and absence of child abuse and/or neglect in foster care.

Figure 2. Statewide Aggregate Data Used to Determine Substantial Conformity with National Safety Data Indicators

	FY 2011ab	FY 2012ab	FY 2013ab	National Standard
Absence of maltreatment recurrence	98.0%	97.4%	98.1%	94.6% or more
Absence of child abuse and/or neglect in foster care	99.92%	99.86%	99.89%	99.68% or more

Data Source: Pennsylvania Child and Family Services Review Data Profile: June 12, 2014.

While PA has maintained substantial conformity with standards for absence of maltreatment recurrence, protecting children from repeat abuse continues to be an area of priority identified by OCYF. As part of the annual NBPB process, counties are encouraged to review their data and are required to select benchmarks and strategies for improvement to address areas identified as significant gaps. Repeat maltreatment, defined as the rate of confirmed reports of an incident of child maltreatment that occurs within six months of a previous confirmed report for the same child, is one of the seven benchmarks counties may select from for local improvement efforts. Review of the NBPB submissions for state fiscal year (SFY) 2014-2015 shows that two counties identified repeat maltreatment as an issue and specifically selected this as a benchmark for targeted improvement efforts.

PA remains in substantial conformity with national standards regarding absence of abuse and/or neglect in foster care. PA's strength in this area is further corroborated through findings from the QSRs. Cases rated as "acceptable" during the QSR are considered an area of strength, while cases rated "unacceptable" are considered to be an area of concern. Safety is measured during the QSR in terms of the child's safety from exposure to threats of harm and also looks at if the child poses a threat to him/herself and others. QSR reviewers rate the child's safety across multiple settings, which include the child's substitute care placement, school and family home. For the purpose of the QSR, safety from exposure to threats of harm is defined as follows:

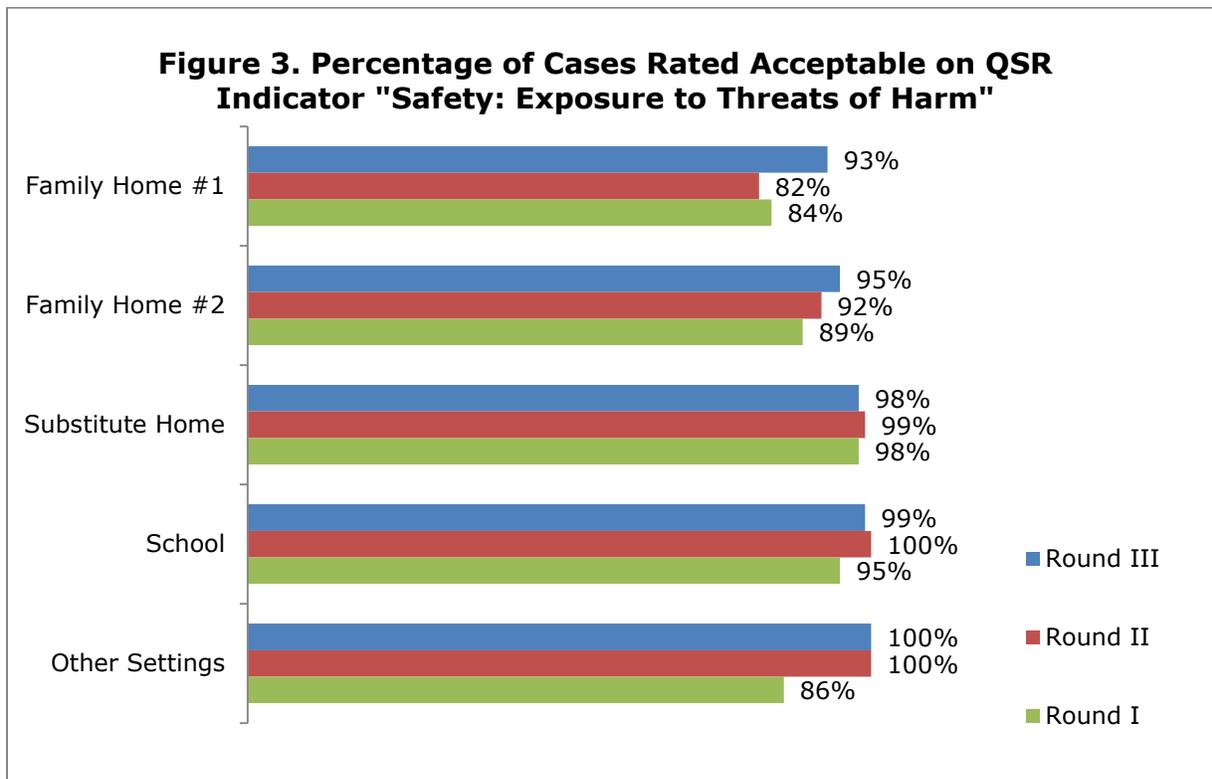
SAFETY- EXPOSURE TO THREATS OF HARM: Within the past 30 days, the degree to which:

- The child/youth is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings.
- The child/youth's parents and/or caregivers provide the attention, actions, and supports and possess the skills and knowledge necessary to protect the child/youth from known and potential threats of harm in the home, school, and other daily settings².

Ensuring children are safe from threats of harm is an area consistently identified as a strength through the QSRs. As shown in Figure 3, the findings from the QSR indicate that over the past three rounds, children's safety in substitute homes, school and others settings was considered acceptable in a high percentage of the cases reviewed. While the family

² Other settings are identified as settings where caregivers are responsible for the safety of the child/youth. Examples of other settings may include, but are not limited to, a daycare center, babysitter, work/internship, and before and after school programs.

home was more likely to be rated unacceptable than other settings, the percentage of cases rated acceptable for the family home has shown improvement from Round I to Round III.

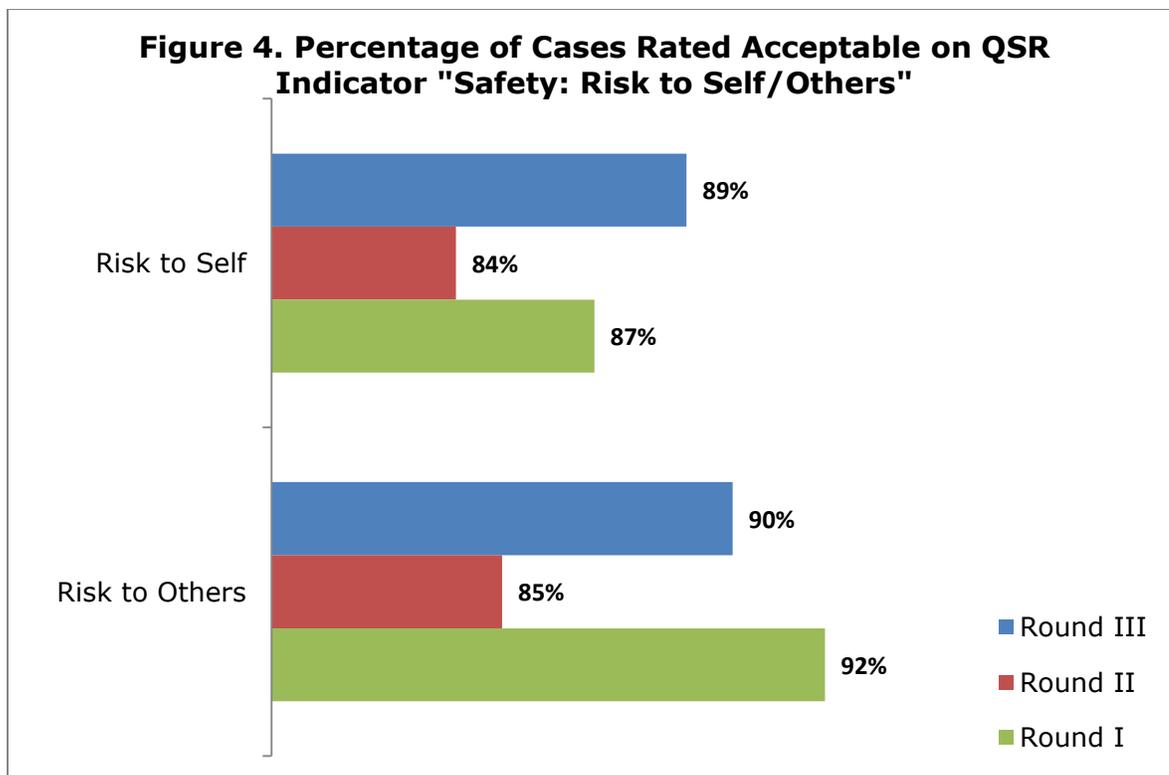


Data Source: Hornby Zeller and Associates

PA also considers the child’s risk of self and to others as important to protecting children from harm. The QSR Protocol defines safety risks to self and others as follows:

RISK TO SELF OR OTHERS: Within the past 30 days, degree to which: • The child/youth avoids self-endangerment. • Refrains from using behaviors that may put others at risk of harm.

As seen in Figure 4, QSR findings indicate that acceptable ratings for safety in terms of risks to self and others tended to be lower than ratings for safety from risk of harm. These findings warrant further analysis to better understand the nature of the safety threats that children may pose to themselves as well as others and any relationship between the findings and child age or placement setting. Particularly, it is important to understand the “others” the child may pose a risk to, especially if the child is residing in a setting with other children.



Data Source: Hornby Zeller and Associates

(B) Children are safely maintained in their own homes whenever possible and appropriate.

OCYF regulations require that services be designed to keep children in their own homes and to prevent placement as long as the child’s safety is assured. While PA has continued to see a reduction in out-of-home placements, it is critical that this reduction reflects use of practices that support safely maintaining children within their homes.

Services are provided to both parents and children, to enable the children to remain safely in their own home. Some of these services include protective supervision, counseling, parenting education and other skills training. Most in-home services are provided without regard to cost, although agencies may charge a fee based on the family’s ability to pay. A family will continue to receive services as long as the agency or the court feels that there is significant risk to the health and safety of the child.

The CCYA will work with families where there is risk of abuse to decrease risk factors by providing them with counseling, education and other supportive services. When a need for services exists, cases can be handled

in two ways depending upon the risk to the child. Cases where the risk is greater are opened by the CCYA. A family service plan (FSP) is developed that identifies goals, services and the actions to be taken for the family. Cases where the risk of abuse is low may be closed and the family may be referred to services within the community.

The CCYA is permitted to provide certain services either directly through its own staff, or by arranging or purchasing services from another agency (private agency). Any service or facility used by a CCYA to provide children and youth services must meet state and local requirements for licensure or certification. All residential care facilities must meet applicable health and safety standards. Each county is responsible for determining if any fees will be charged to the families served and the amount of the fees. These charges must be established in writing and based on the client's ability to pay. For additional information, see also CPS and GPS service descriptions on page 146.

An evaluation of the effectiveness of the services provided to maintain children safely in their home can be obtained through review of QSR findings. Further analysis of QSR safety data (Figure 5) shows a comparison of safety ratings for in-home versus out-of-home cases. As seen in the table below, between Rounds I through III, data shows an improvement in the number of in-home cases rated as acceptable regarding children's safety from exposure to threats of harm. While only 69% of in-home cases reviewed were rated acceptable for this indicator during Round I, 90% of cases were rated acceptable in Round II. By Round III, 98% of the in-home cases reviewed were rated acceptable for safety from exposure to threats of harm.

Additionally, over the course of Rounds I through III, the gap between ratings for safety for in-home versus out-home cases have appeared to decrease. While 69% of in-home cases were rated acceptable during Round I, 95% of out-of-home cases were rated acceptable for safety from exposure to threats of harm. By Round III, 98% of in-home cases were rated as acceptable, compared to 95% of out-of-home cases being rated as acceptable for the round.

Comparison of the percentage of cases rated as acceptable for the family home 1 and family home 2 indicate an area where there may be a need for further analysis. Intuitively, one might hypothesize that ratings for the family home should be rated lower on safety for out-of-home cases versus in-home cases; however this was not always the case. As the QSR

represents a point in time “snap shot” of each case, review of the written case summaries may provide further context for interpreting these results.

Figure 5. In-Home and Out-of-Home Comparison of Percentage of Cases Rated Acceptable on QSR Indicator “Safety: Exposure to Threats of Harm”

	In-Home		Out-of-Home		Combined	
	#	%	#	%	#	%
Round I	75	69%	124	95%	199	92%
Family Home #1	35	90%	17	74%	52	84%
Family Home #2	6	86%	2	100%	8	89%
Substitute Home	3	100%	56	98%	58	98%
School	26	90%	36	100%	63	95%
Other settings	5	63%	13	100%	18	86%
Round II	122	90%	192	98%	314	95%
Family Home #1	50	81%	22	85%	72	82%
Family Home #2	10	91%	2	100%	12	92%
Substitute Home	3	100%	87	99%	90	99%
School	50	100%	71	100%	121	100%
Other settings	9	100%	10	100%	19	100%
Round III	160	98%	122	95%	282	97%
Family Home #1	79	96%	14	78%	93	93%
Family Home #2	16	94%	2	100%	18	95%
Substitute Home	2	100%	54	98%	56	98%
School	57	100%	38	97%	95	99%
Other settings	6	100%	14	100%	20	100%

Data Source: Hornby Zeller and Associates

Further analysis of QSR ratings for safety risks to self or others shows a comparison for in-home versus out-of-home cases (Figure 6). While this indicator was rated acceptable for more out-of-home cases than in-home cases during Round I, by Round II, the percentage of cases rated as acceptable were nearly identical. By Round III, the percentage of acceptable ratings for in-home cases increased to 94%, while for out-of-home cases, acceptable ratings remained at 84%, which was the percentage also reported for Round II.

Figure 6. In-Home and Out-of-Home Comparison of Percentage of Cases Rated Acceptable on QSR Indicator “Safety: Risk to Self and Others”

	In-Home		Out-of-Home		Combined	
	#	%	#	%	#	%
Round I	49	82%	85	96%	134	89%
Risk to Self	24	80%	42	93%	66	87%
Risk to Others	25	83%	43	98%	68	92%
Round II	97	85%	129	84%	226	84%
Risk to Self	48	84%	64	83%	112	84%
Risk to Others	49	86%	65	84%	114	85%
Round III	131	94%	74	84%	205	90%
Risk to Self	64	91%	38	86%	102	89%
Risk to Others	67	96%	36	82%	103	90%

Data Source: Hornby Zeller and Associates

The QSR provides an opportunity to evaluate the services to families to protect child(ren) in the home and prevent removal or re-entry into foster care through the indicator “Intervention Adequacy.” This indicator measures the degree to which planned interventions, services and supports being provided to children/youth and families have sufficient power and beneficial effect to meet near-term needs and achieve the conditions necessary for safe case closure defined in the long-term view of the case. Over the course of the past three rounds of QSRs, performance on this indicator has improved from 70% of cases being rated acceptable in Round 1 to 83% of cases reviewed being rated acceptable in Round III (see also Figure 33, page 75).

PA has worked on implementation of a standardized Safety Assessment and Management Process (SAMP) for in-home cases during the past five years. For the purposes of the in-Home SAMP, the focus is on identifying safety threats, present and/or impending danger, protective capacities, and working with caregivers to supplement protective capacities through safety intervention. The process leads to making informed decisions about safety planning and implementation of safety actions that will control identified threats.

Ongoing monitoring of the use of the SAMP tool occurs during annual licensure. Annual licensure of 26 counties finalized during the period of October 1, 2013 through May 31, 2014, included a review of 987 cases in which a minimum of one safety assessment would have occurred during the period under review. It is noted that in the majority of cases, multiple

assessments and executed safety plans would have occurred more than once. Of the 987 cases reviewed, 97% of the cases were found to be in full compliance with SAMP which is an increase over prior year compliance rates of 94%. There were 31 cases in which errors were noted in the implementation of the process. These cases involved issues centered on not completing an assessment within prescribed intervals, lack of verification of supervisory oversight or having delayed supervisory review.

PA also monitors performance related to risk assessment and safety management through use of QSR indicator "Assessment and Understanding." This indicator measures the degree to which the team has gathered and shared essential information so that members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on their underlying issues, safety threats/factors, risk factors, protective capacities. Ratings for children/youth on this indicator show improvement over the past three rounds of QSRs. During Round I, 72% of cases reviewed were rated acceptable for the child on this indicator. By Round III, 79% of cases reviewed were considered to fall within the acceptable range. (See also Figure 16, page 43).

PA continues to support county agencies, private provider agencies and other child welfare partners on the SAMP for in-home cases. Implementation of SAMP for out-of-home cases was delayed pending concerns identified with the SAMP for in-home cases. PA intends to assure full understanding and compliance with SAMP for in-home cases prior to moving forward with implementation of SAMP for out-of-home cases.

Training for private providers on SAMP for out-of-home cases is currently being planned in order for them to understand and be able to provide information to CCYAs for children they serve, particularly for those CCYAs who have chosen to move forward with pieces of the SAMP for out-of-home cases. Regional offices will work with counties and the CWRC in providing technical assistance as requested. Safety support sessions that already occur with the counties will include out-of-home care cases.

Pennsylvania will further continue to evaluate the effectiveness and quality of both the in-home and out-of-home SAMP processes with the use of quality assurance tools; as well as with research through the University of Pittsburgh CWRC. Pennsylvania will continue with their work toward the development of a tool that measures the continuum of risk to safety. The Safety Evaluation Workgroup continues to work toward this end, using the research conducted in 2011-2012. Pennsylvania requested and received

technical assistance from Action for Protection of Children of the National Child Welfare Resource Center to continue work on the development of this tool.

Permanency Outcomes

(A) Children have permanency and stability in their living situations

PA has maintained substantial conformity with the national standards for three of the data indicators for permanency. As the table below indicates (Figure 7), with regards to timeliness of adoptions and establishing permanency for children who have been in foster care for long periods of time, PA has surpassed the national standard and per the last CFSR data profile, PA ranked first in the nation with regards to these two measures. PA currently meets the national standard for placement stability and is ranked ninth in the nation for this indicator.

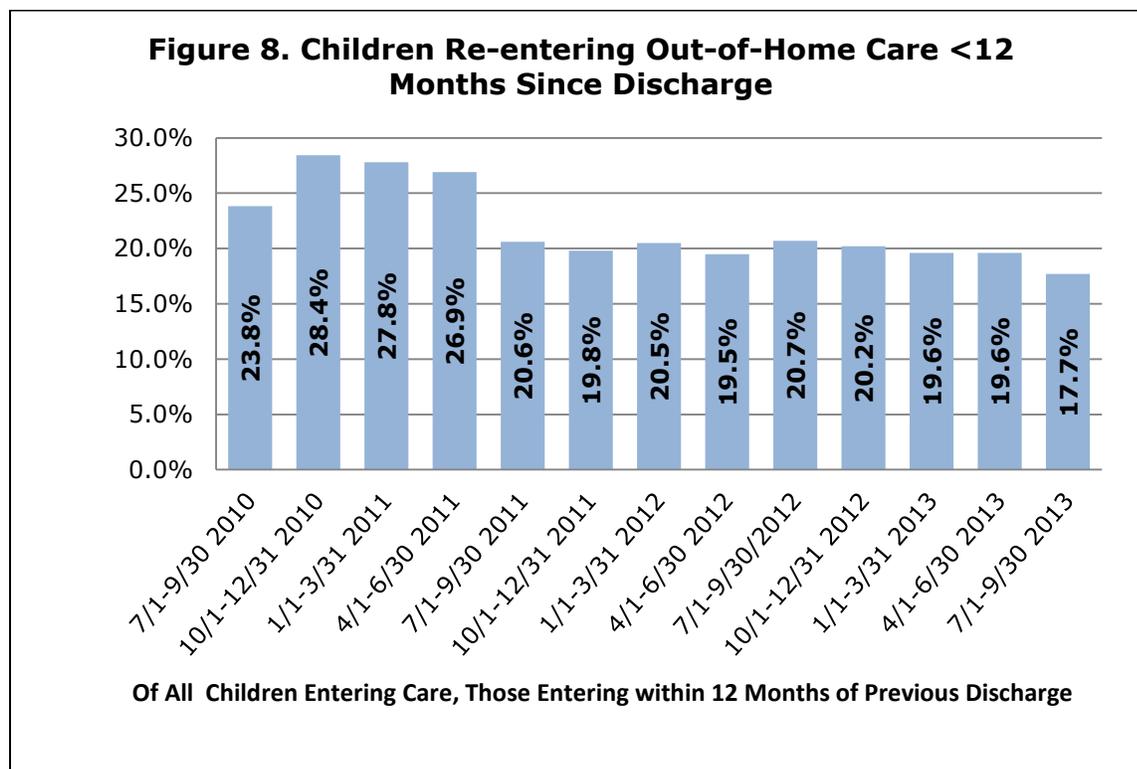
Figure 7. Statewide Aggregate Data Used to Determine Substantial Conformity with National Permanency Data Indicators

	FY 2011ab	FY 2012ab	FY 2013ab	National Standard	Most Recent National Ranking
Timeliness and Permanency of Reunification	89.5	92.6	87.2	122.6 or higher	42 of 47
Timeliness of Adoptions	132.4	137	145.4	106.4 or higher	1 of 47
Permanency for Children in Foster Care for Long Periods of Time	145.4	146.7	153	121.7 or higher	1 of 51
Placement Stability	100.3	99.6	104.5	101.5 or higher	9 of 51

Data Source: Pennsylvania Child and Family Services Review Data Profile: March 13, 2014.

While PA identifies many areas of strength with regards to permanency outcomes, PA recognizes that re-entries are a gap area and continues improvement efforts in this area. Analysis of component scores used to

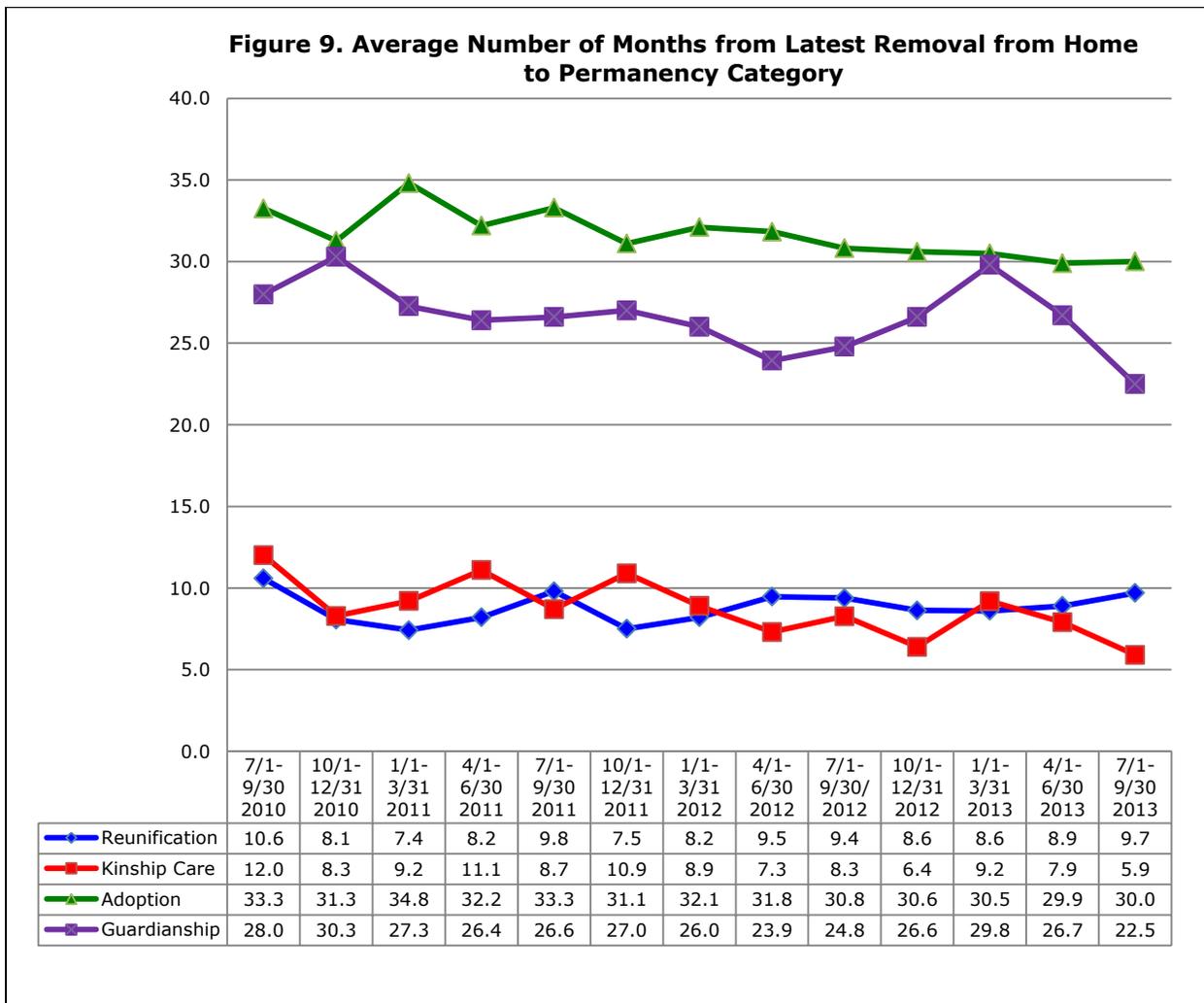
determine ratings for the timeliness and permanency of reunification composite indicates that PA performs does not perform as desired on this indicator due largely in part to issues with re-entries of children into foster care in less than 12 months from the date of reunification. With regard to the other component measures for timeliness to reunification, PA tends to fall within or above the national median. As seen in Figure 8 below, the percentage of children entering care within 12 months of discharge from care has decreased from the period from SFY 2010 to SFY 2013. The most substantial decreases in re-entries within 12 months occurred during SFY 2011, with the percentage remaining fairly steady at 19% to 20% since that time. For SFY 2014-2015, approximately 34% of PA counties selected re-entries as one of the three benchmarks that the county will work towards improving over the next few years.



Data Source: AFCARS

PA has identified that there are some concerns with regards to data quality that may impact PA re-entry performance. Although considerable efforts have been expended over the past several years to remedy this issue, PA plans to continue to explore further analysis to identify and resolve these data issues so that improvement efforts can be driven by data that is considered reliable and valid.

PA continues to work to achieve safe reunification of children with their families. From the period SFY 2010-2013, the average number of months to reunification ranged from a high of 10.6 months during 2010, to a low of 8.2 months in 2012. Children are also discharged to kinship care at similar rates seen for reunification. From the period of SFY 2010-2013, the average number of months to discharge to kinship care ranged from a high of 12.0 months in 2010, to a low of 5.9 months in 2013.



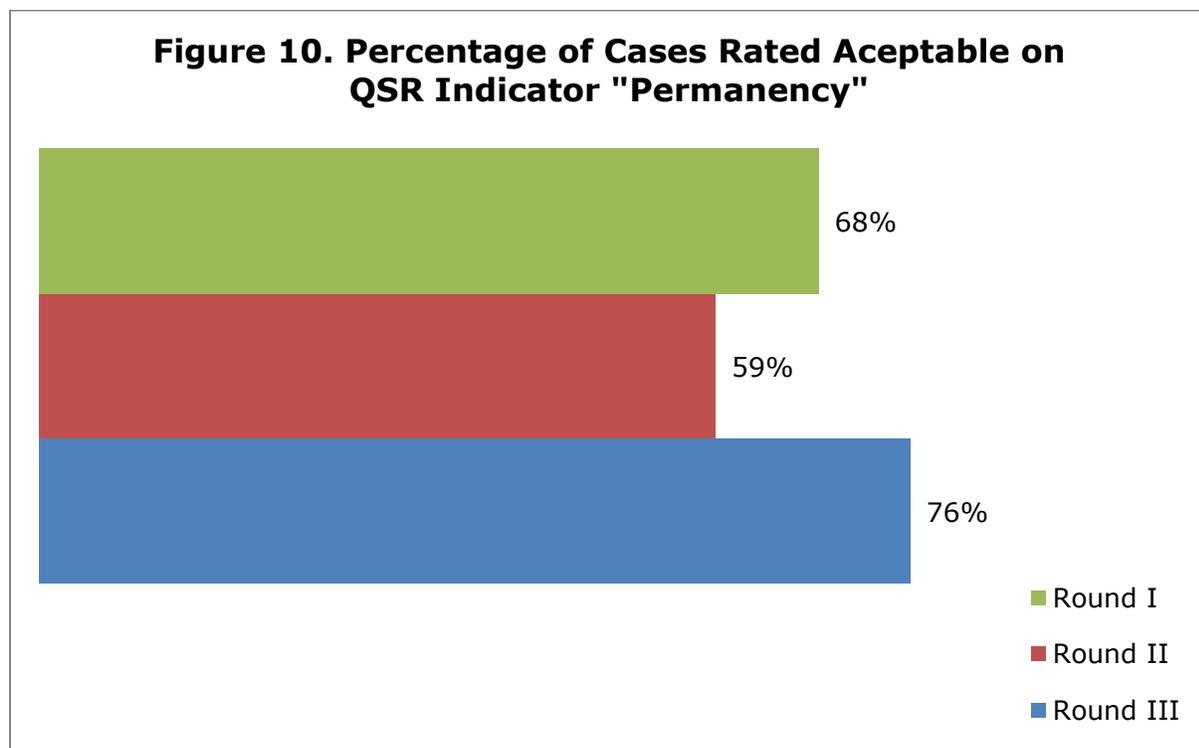
Data Source: HZA Data Package

The average number of months to adoption did not fall below 24 months during the period of SFY 2010-2013, ranging from an average high of 34.8 months in 2011 to a low of 29.9 months in 2013. Discharges to guardianship ranged from an average high of 30.3 months in 2010 to 22.5 months in 2013.

The QSRs collect data on permanency and stability through the use of multiple indicators. Permanency is defined as follows within the QSR protocol:

PERMANENCY: Within the past 30 days, degree to which:

- There is confidence by the child/youth, parents, caregivers or other team members that the child/youth is living with parents or other caregivers who will sustain in this role until the child/youth reaches adulthood and will continue onward to provide enduring family connections and supports into adulthood.
- If not, are permanency efforts presently being implemented on a timely basis that will ensure that the child/youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging?

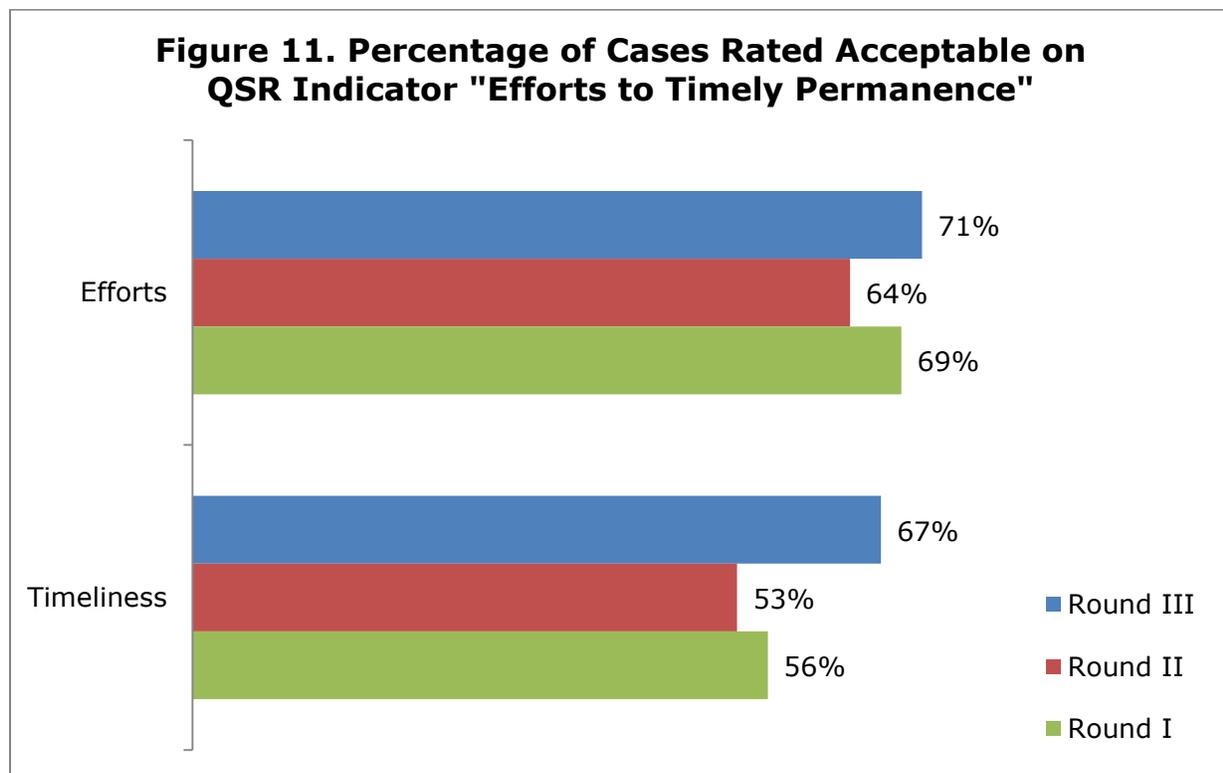


Data Source: Hornby Zeller and Associates

For the purpose of the QSR, all cases, both in-home and out-of-home, are assessed with regards to the permanency indicator. As shown in Figure 10 above, the percentage of QSR cases rated as acceptable has fluctuated throughout the course of all three rounds. The percentage of cases rated acceptable on permanency was at its lowest during Round II at 59%. During Round III, the percentage of cases rated acceptable increased to 76%.

The QSR also assesses permanency from a practice perspective by rating the efforts of the agency to achieve timely permanency for children. This indicator rates "efforts" for both in-home and out-of-home cases, but rates "timeliness" for out-of-home cases only. The indicator for efforts to timely permanency is defined in the QSR protocol as follows:

EFFORTS TO TIMELY PERMANENCE: Over the past 90 days, the degree to which current efforts by system agents for achieving safe case closure (consistent with the long-term view) show a pattern of diligence and urgency necessary for timely attainment of permanency with sustained adequate functioning of the child/youth and family following cessation of protective supervision.



Data Source: Hornby Zeller and Associates

As seen in Figure 11 above, the percentage of cases rated as acceptable on the efforts sub-indicator has remained fairly stable over the past three rounds of QSRs with the greatest percentage, 71% being found in Round III. The timeliness sub-indicator for out-of-home cases has tended to be rated lower with regards to the number of acceptable cases when compared to the efforts sub-indicator. The highest percentage of cases rated acceptable on this measure was achieved in Round III at 67%.

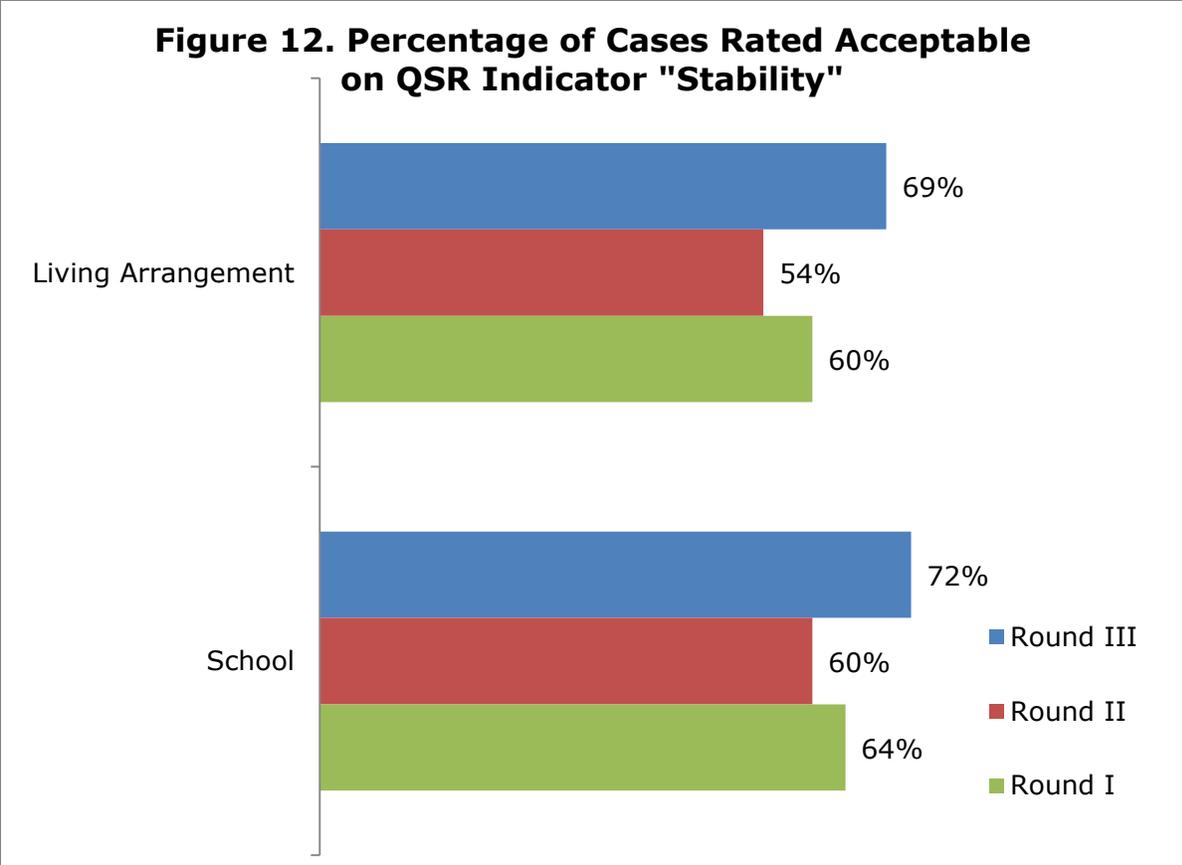
PA recognizes that establishing permanency for older youth is an area where the state needs to continue to improve and will continue to implement a number of strategies designed to recruit and retain appropriate foster and adoptive resources for this population. Per AFCARS data, approximately 1,000 youth age out of care in PA every year. Of those children exiting to emancipation, AFCARS data from 2009-2012 indicates that over 75% of the children that exit to emancipation are older than age 12 at the time they enter foster care. While AFCARS data shows a decrease since 2011 in the number of children with a goal of another planned permanent living arrangement (APPLA), which includes children with a goal of emancipation or long-term foster care, PA is committed to further reducing this number and ensuring youth leave care with permanent, life-long connections to caring individuals.

Stability is also a crucial factor when considering permanency outcomes. During the QSR, cases are rated on stability for both the child's living arrangement at the time of the review and the child's educational setting. For the purpose of the QSR, stability is measured over the course of the previous 12 months and prospectively over the next six months. Stability is defined by the QSR protocol as follows:

STABILITY: The degree to which:

- The child/youth's daily living, and learning arrangements are stable and free from risk of disruptions.
- The child/youth's daily settings, routines, and relationships are consistent over recent times.
- Known risks are being managed to achieve stability and reduce the probability of future disruption.

A review of the QSR findings from Rounds I through III indicates that the percentage of cases rated acceptable on stability for the child's educational setting was higher than the percentage of cases rated acceptable for the child's living arrangement. While there was an overall increase in the percentage of cases rated acceptable for stability from Round I to Round III, over a quarter of all cases were still considered to be unacceptable on this measure as of Round III.



Data Source: Hornby Zeller and Associates

Adherence to policies and regulations governing practice around permanency is reviewed as part of the annual licensing process for CCYAs. One item monitored through licensure to ensure adherence to the Adoption and Safe Families Act (ASFA) guidelines is timely filing of petitions. Annual licensure of 32 counties during the period of October 1, 2012, through May 31, 2013, included a review of 360 children who were placed in out-of-home care. Of these cases, 359 were found to be in compliance. In the following year, 250 were reviewed between October 1, 2013, and May 31, 2014. Of the total 610 cases, 608 cases were found to be in compliance. Only two cases were found to have a delay in the filing for termination of parental rights (TPR) in a timely manner. Over the past few years, county agencies have moved to expedited reviews with many counties having hearings every three months and at a minimum every five months. Some counties have also instituted Permanency Planning Conferences at various intervals within the first 12 months of placement to review the efforts made toward permanence. This has proven successful in adhering to the required ASFA timelines.

During the QSRs, information is gathered to determine whether CCYAs are pursuing permanency in accordance with ASFA timeframes. The case file is reviewed for whether a TPR has been filed timely, and if not, are compelling reasons noted. As shown in Figure 13 below, the percentage of TPRs filed timely has improved over the course of QSR Rounds I-III. Review of the QSR findings also indicate that TPRs are filed timely at similar rates for both mothers and fathers. For cases where the TPR was not filed timely, QSR reviewers indicate whether compelling reasons are noted in the case file. Over the past three rounds, the percentage of cases for which compelling reasons are given has decreased. PA believes that statewide implementation of concurrent planning over the next few years should further help to improve movement of cases towards timely TPR.

Figure 13. Timely and Finalized Termination of Parental Rights from QSR Roll-Up Sheets for Rounds I, II and III

Round I						
Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	7	32%	15	68%	12	80%
Father	7	32%	15	68%		
TPR Finalized						
Mother	6	37%	10	63%		
Father	5	31%	11	69%		

Round II						
Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	10	27%	27	73%	20	67%
Father	7	23%	24	77%		
TPR Finalized						
Mother	11	41%	16	59%		
Father	10	48%	11	52%		

Round III						
Timely & Finalized Termination of Parental Rights						
Out-of-Home Cases	Yes		No		Compelling Reason Given	
	#	%	#	%	#	%
TPR Filed Timely						
Mother	11	69%	6	31%	6	50%
Father	12	67%	6	33%		
TPR Finalized						
Mother	11	69%	6	31%		
Father	11	69%	6	31%		

Data Source: Hornby Zeller and Associates

(B) The continuity of family relationships is preserved for children

When placement of a child becomes necessary for the child’s safety and well-being, county children and youth agencies are expected to choose placement locations that are as proximal to a child’s family, school and community as possible, as long as doing so is not contrary to the child’s best interests. If not possible, the agency must document in the child’s case record why such a placement was not pursued, and how the chosen placement best serves the child. Currently, information showing statewide performance in this area is unavailable as PA does not have a state child welfare information system (SACWIS) in operation.

OCYF policy requires counties to provide written rationale for not placing siblings together. Annual licensure of 32 counties during the period of October 1, 2012, through May 31, 2013, included a review of 360 children who were placed in out-of-home care. All cases were found to be in compliance with this policy. It is noted that over the past four years, agencies have been improving their efforts to place siblings together and when that was not a possibility due to safety or identified treatment needs, documentation as to the rationale was noted in the case file. When siblings were unable to be placed together, agencies were assuring visitation and contact were occurring.

Ensuring the preservation of family relationships is critical to ensuring children achieve and maintain permanency. PA’s Juvenile Act allows for children to be placed with any individual, including any relative, who after study, is found to be qualified to receive the child. Formal kinship care

exists when the CCYA has legal custody of the child and out-of-home placement is made with a kinship caregiver who is an approved foster parent by a licensed foster family care agency. Informal kinship care exists when an arrangement is made by the parents for placement of their child with a kinship caregiver. Formal kinship caregivers must be offered and are eligible to receive foster care maintenance payments if they meet certain requirements. Per AFCARS during the period of 2011 through the last quarter of 2013, PA increased the percentage of children in out-of-home placement who were placed in kinship care settings.

DHS fully supports the use of kinship care, as it is designed to promote the following objectives:

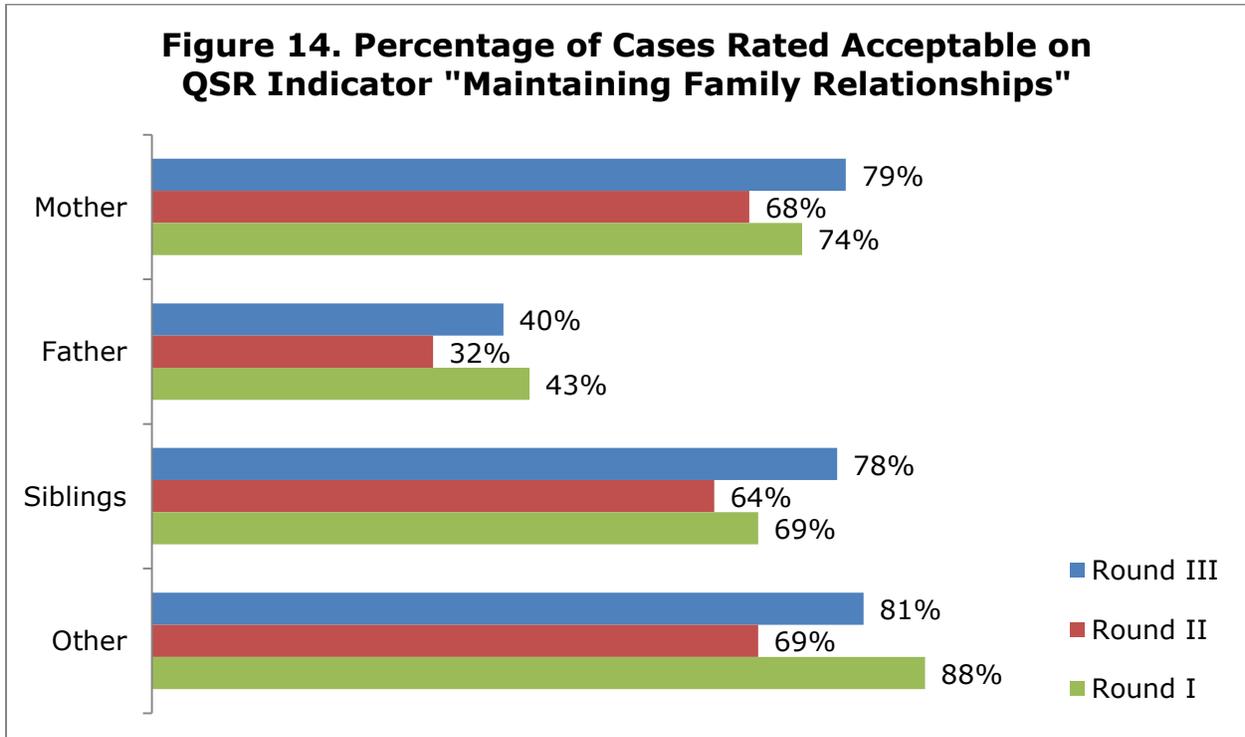
- Preserving family connections through placement with “fit and willing” relatives and other individuals with whom the parents or the child have an existing relationship who are providing care for the child who cannot remain with his/her parents.
- Assuring that kinship caregivers are able to make informed decisions regarding their commitment to the child by providing them with information about community services, public benefits, concurrent planning and the foster parent approval process.
- Supporting formal kinship caregivers with placement services, resource parent orientation and training that recognizes the caregiver’s knowledge of the child and family situation, the ability to receive foster care maintenance payments and in cases where they provide permanency to a child through adoption or permanent legal custodianship (PLC), the ability to receive adoption assistance or have the PLC subsidized if eligibility criteria are met.
- Providing post-permanency services to formal kinship caregivers as a unit of service through the SWAN prime contract.

For additional information on PA kinship caregiver services see page 158.

The QSR measures agency practice with regards to the quality of relationships between the child/youth and his/her family members and other important people in the child/youth’s life. This indicator is measured unless the child/youth is residing with the family member or parental rights have been terminated, or whereabouts are unknown and there is documentation of the agency’s concerted efforts to locate them. The QSR defines maintaining family relationships as follows:

MAINTAINING FAMILY RELATIONSHIPS: Over the past 90 days, degree to which: • Interventions are building and maintaining positive interactions and

providing emotional support between the child/youth and his/her parents, siblings, relatives and other important people³ in the child/youth’s life, when the child/youth and family members are temporarily living away from one another.



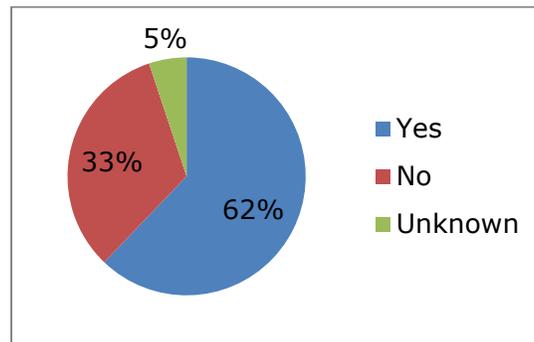
Data Source: Hornby Zeller and Associates

As seen in Figure 14, findings from the QSRs indicate that maintaining children’s relationships with their fathers continues to be an area where improvement is needed. Maintaining relationships with mothers and siblings has shown some improvement over the course of the past three rounds but continues to be an area where additional efforts may help further improve practice. Relationships with individuals identified as “other” appeared to be rated as acceptable more often than relationships with parents and/or siblings.

The SWAN Advisory Committee conducted a survey of formal kinship care providers in 2013. Nine-hundred and seventy eight responses were received from families across the Commonwealth. One question which pertains to maintaining family relationships was included in the survey.

³ Other important people may include a stepparent, domestic partner, grandparent or other extended family member involved in the family’s life.

Figure 15. Responses to Kinship Care Survey Question - Do You Have Contact With Birth Parents?



Data Source: SWAN Kinship Caregiver Survey

Regular contact between kinship caregivers and birth parents allows for an environment that may provide opportunities to support maintaining children’s relationships with their birth parents. Findings from the survey indicate that over half of the kinship caregivers surveyed reported having contact with the child’s birth parents, while 33% indicated no contact. The survey results do not provide further information about the nature of contact with the birth parents; therefore caution is warranted in drawing inferences about contact between the birth parents and child. PA will continue to explore opportunities to conduct further analysis of QSR data and gather data through focus groups and surveys that can provide more insight into maintaining relationships for children who are not only in kinship homes but other placement settings as well.

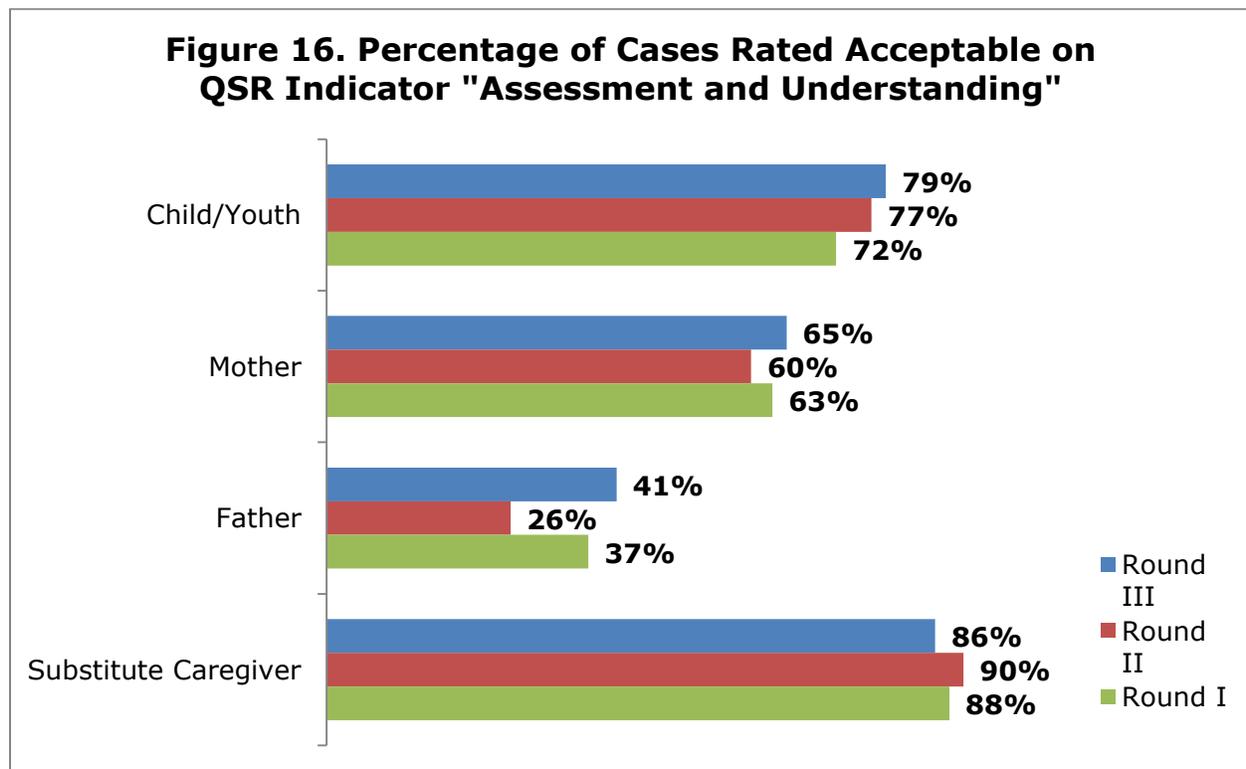
Well-Being Outcomes

(A) Families have enhanced capacity to provide for their children’s needs

In order to aid families in developing capacity to provide for their children’s needs, CCYAs must ensure that the needs of families are properly assessed and identified early in the case planning process and regularly thereafter to track progress. The QSR measures agency practice in assessment and understanding of the family’s needs through the indicator labeled “Assessment and Understanding.” This indicator is defined within the QSR protocol as follows:

ASSESSMENT AND UNDERSTANDING: Over the past 90 days, Degree to which the team: • Has gathered and shared essential information so that

members have a shared, big picture understanding of the child/youth's and family's strengths and needs based on their underlying issues, safety threats/factors, risk factors, protective capacities, culture, hopes and dreams. • Has developed an understanding of what things must change in order for the child/youth and family to live safely together, achieve timely permanence, and improve the child/family's well-being and functioning. • Is evolving its assessment and understanding of the child/youth and family situation throughout the family change process. • Is using its ongoing assessment and understanding of the child and family situation to modify planning and intervention strategies in order to achieve sustainable, safe case closure.



Data Source: Hornby Zeller and Associates

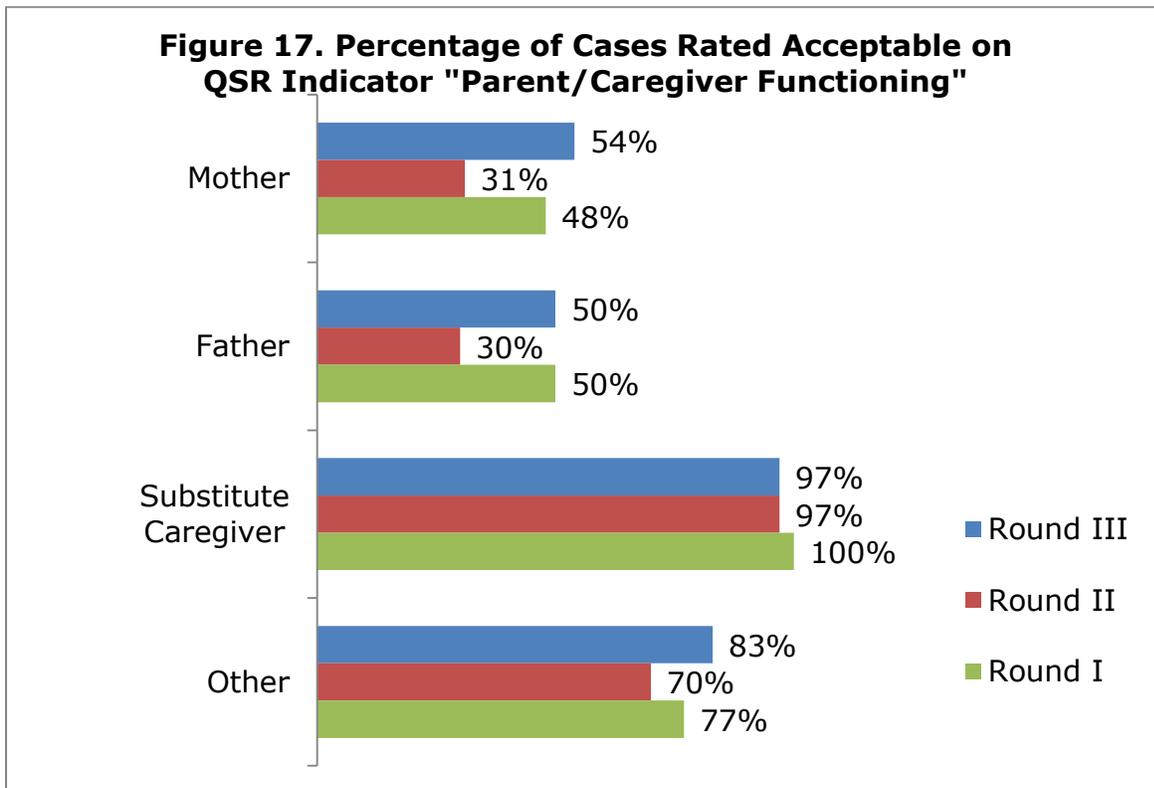
As seen in Figure 16, the percentage of cases rated acceptable for QSR Indicator "Assessment and Understanding" has improved when looking at agency practice related to the child/youth. While the percentage of cases rated acceptable on this indicator is higher for mothers versus fathers, across the course of all three rounds of QSR there has been some improvement in this area.

To understand whether services are appropriately improving the ability of families to meet the needs of their children, the QSR includes a child,

youth and family status indicator that measures parent and caregiver functioning. The QSR protocol defines this indicator as follows:

PARENT AND CAREGIVER FUNCTIONING: Over the past 30 days, degree to which:

- The parent(s), other significant adult and/or substitute caregiver(s), is/are willing and able to provide the child/youth with the assistance, protection, supervision, and support necessary for daily living.
- If added supports are required in the home to meet the needs of the child/youth and assist the parent(s) or caregiver(s), the added supports are meeting the needs.



Data Source: Hornby Zeller and Associates

Parent/caregiver functioning for mothers and fathers is an indicator that has been identified as having some of the consistently lowest percentages of acceptable ratings throughout all three rounds of the QSRs. QSR data illustrating ratings for this indicator broken down by in-home and out-of-home placement cases is found in the Figure 18.

Figure 18. In-Home and Out-of-Home Comparison of Percentage of Cases Rated Acceptable on QSR Indicator “Parent/Caregiver Functioning”

Parent/Caregiver Functioning						
	In-Home		Out-of-Home		Combined	
	#	%	#	%	#	%
Round I	56	70%	73	46%	129	65%
Mother	26	68%	13	30%	39	48%
Father	16	70%	6	27%	22	50%
Substitute Caregiver	3	100%	45	100%	48	100%
Other	11	69%	9	82%	20	77%
Round II	68	54%	93	50%	161	51%
Mother	31	51%	10	14%	41	31%
Father	14	39%	6	19%	20	30%
Substitute Caregiver	2	67%	68	99%	70	97%
Other	21	78%	9	56%	30	70%
Round III	122	69%	72	58%	194	64%
Mother	56	68%	11	26%	67	54%
Father	36	60%	6	25%	42	50%
Substitute Caregiver	8	100%	48	96%	56	97%
Other	22	84%	7	78%	29	83%

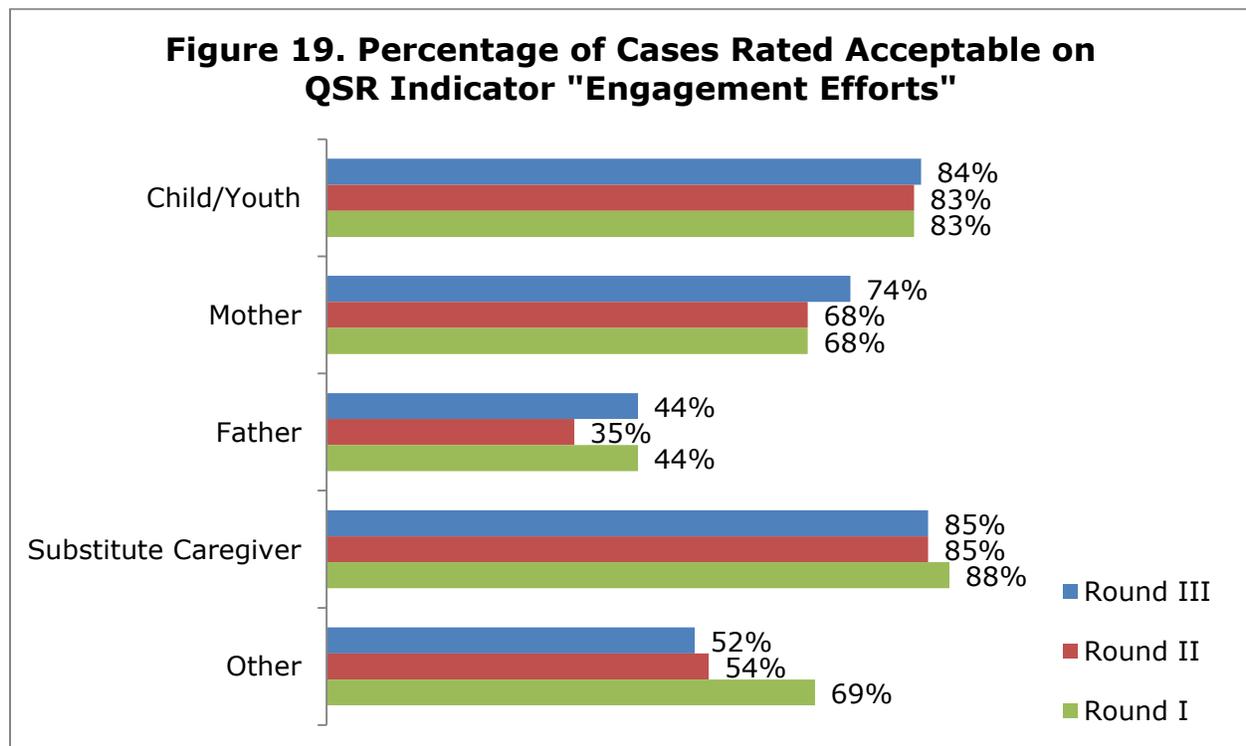
Data Source: Hornby Zeller and Associates

Closer inspection of the QSR data regarding parent/caregiver functioning indicates that the percentage of cases rated acceptable for mothers and fathers is higher for in-home cases versus out-of-home cases. Review of these findings may suggest that CCYAs are appropriately placing children when parents and other caregivers lack the functioning to safely maintain children within their own homes. PA continues to consider how further analysis of this data may provide more insight into the dynamics of parent/caregiver functioning for both in-home and out-of-home cases and will consider exploring opportunities to provide further context to these findings through the analysis of QSR written case summaries and focus groups.

Child and family involvement in the case planning process helps ensure that services identified to improve family functioning are appropriately tailored to meet the family’s need. The QSR assesses family involvement in the case planning process through the use of two indicators. The first indicator, “Engagement,” is defined in the QSR protocol as follows:

ENGAGEMENT: Over the past 90 days, degree to which those working with the child/youth and family (parents and other caregivers) are:

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



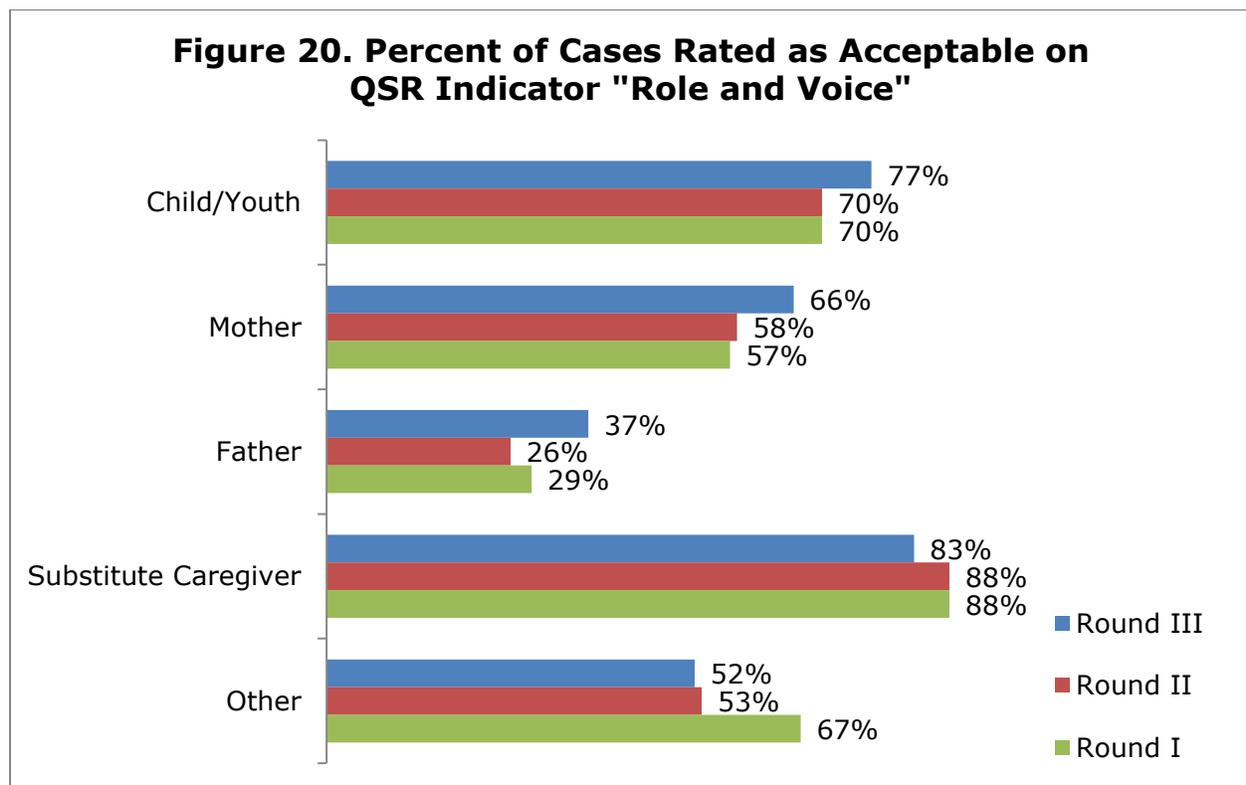
Data Source: Hornby Zeller and Associates

Findings from all three rounds of the QSR indicate that engagement efforts are rated acceptable for the child/youth or substitute care giver more often than the mother, father or other individuals considered to serve a caregiving role. Engagement of mothers was rated acceptable in a higher percentage of cases than engagement of fathers. While engagement of mothers increased from Rounds I through Round III, engagement of fathers has not shown similar improvement.

The second indicator, which looks at the role and voice of the child/youth and caregivers in the case, is defined as follows:

ROLE AND VOICE: Over the past 90 days, degree to which the child/youth, parents, family members, and caregivers are active, ongoing participants (e.g., having a significant role, voice, choice, and influence) in shaping decisions made about child/youth and family strengths and needs, goals, supports, and services.

As seen in Figure 20, of all individuals rated on the indicator "Role and Voice" the substitute caregiver was rated acceptable most often, followed by the child/youth. Mothers were rated as acceptable for role and voice in a higher percentage of cases than fathers, however, improvement was seen for both mothers and fathers on this indicator over the course of the past three rounds of QSRs.



Data Source: Hornby Zeller and Associates

Involvement of the child/youth, parents and/or other caregivers in the planning process has been promoted through increased use of Family Group Decision Making (FGDM). Since 2010, Pennsylvania has seen an increase in the number of counties using FGDM from 61 to 66. Based on counties

submitting surveys to the CWRC, Pennsylvania has seen an increase from 527 FGDM conferences held by county and private providers in 2010 to over 1,600 conferences that will have occurred by the end of the 2013-2014 fiscal year. FGDM also was selected by some Child Welfare Demonstration Counties to further enhance their family engagement strategies.

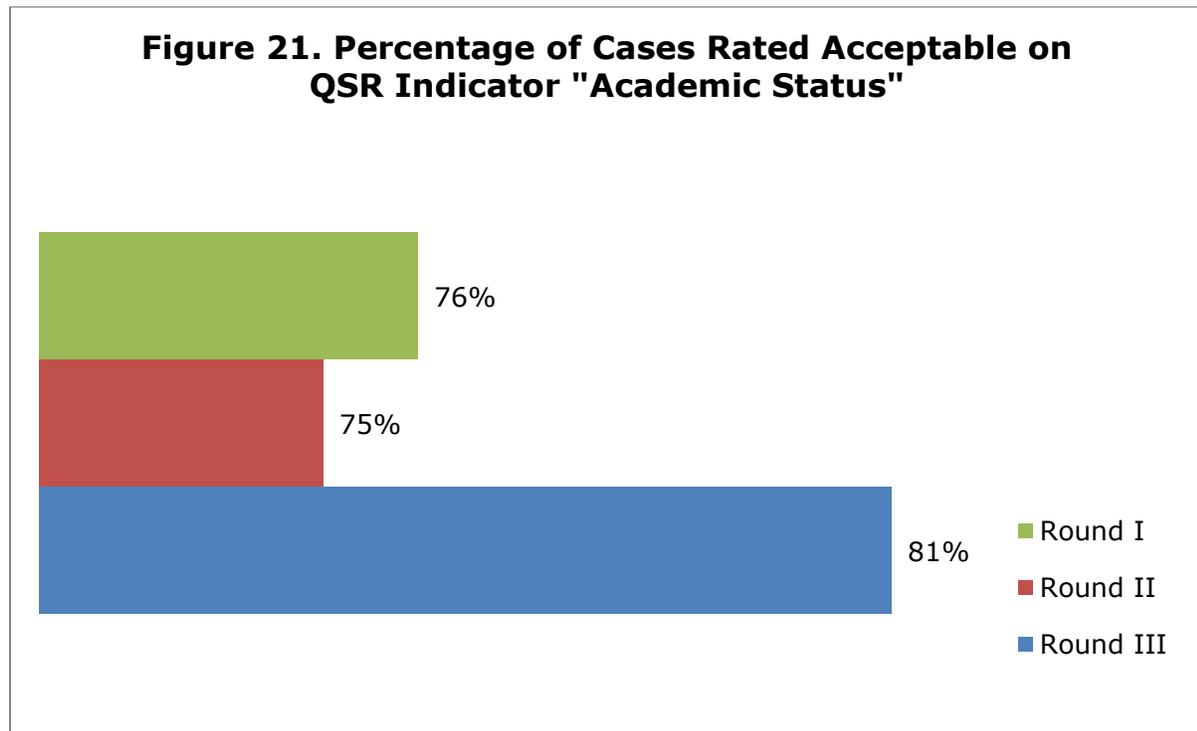
Quality visitation between caseworkers and children/youth and their families is critical to enhancing assessment and understanding as well as family engagement. PA continues to monitor caseworker visitation and submit data on the number of visits with children in federally defined foster care in accordance with the Child and Family Services Improvement and Innovation Act of 2011. Pennsylvania has been meeting or exceeding the federal measure of 90% since 2009 and since 2007 has continued to far exceed the requirement that a majority of the visits must occur within the child's primary place of residence.

OCYF has continued to support CCYAs efforts to improve the quality of caseworker visitation by disseminating caseworker visitation grant funds directly to the counties. Counties have used the grant funding to purchase mobile technology to enable caseworkers to work on plans and other service delivery while in the field with families, to improve visitation centers and visitation programs, and by engaging in various training opportunities to address trauma informed care, motivational interviewing and visitation coaching. Additional information regarding use of caseworker visitation grant funding can be found on page 220.

(B) Children receive appropriate services to meet their educational needs

State regulations require that the child's educational information be maintained in the case record. As part of the case planning process and the delivery of services to the child and family, the worker assists the family in accessing services to meet the child's educational needs. State regulations require that children in substitute care be enrolled in, or have access to, education in conformance with state law. If a child is beyond the age of compulsory school attendance, the county agency or placement provider is required to ensure that the child has the opportunity to obtain career counseling or continuing education. The QSR captures information regarding children and youth's academic status. Per the QSR protocol, the indicator "Academic Status" is defined as follows:

ACADEMIC STATUS: Over the past 30 days, degree to which: • The child/youth, consistent with age and/or ability, is regularly attending school, • placed in a grade level consistent with age or developmental level, • actively engaged in instructional activities, • reading at grade level or IEP expectation level, and • meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.



Data Source: Hornby Zeller and Associates

Findings from the QSRs indicate that the percentage of cases rated acceptable have increased over the course of QSR Rounds I through III. Further analysis of the QSR data found in Figure 22 shows that children are generally rated higher on academic status for out-of-home cases versus in-home cases.

Figure 22. In-Home and Out-of-Home Comparison of Percentage of Cases Rated Acceptable on QSR Indicator "Academic Status"

Academic Status						
	In-Home		Out-of-Home		Combined	
	#	%	#	%	#	%
Round I	18	72%	29	81%	47	76%
Round II	33	72%	50	77%	83	75%
Round III	41	77%	33	85%	74	81%

Data Source: Hornby Zeller and Associates

In 2014, HZA completed an analysis of QSR educational data at the request of a stakeholder group looking for data on educational outcomes for children involved with the child welfare system. As shown in Figure 23, cases in which the child/youth was between 13-15 years old were more likely than any other age group to be rated within the unacceptable range. As noted by HZA in their analysis, this age range is known as "mid-adolescence" which involves the child/youth developing and learning to manage varying degrees of anxiety – a major distraction in the school setting and therefore a potential threat to academic success.

Figure 23. Percentage of Cases Rated Unacceptable on QSR Indicator "Academic Status" Per Age Group

Age Group	Unacceptable Ratings for Academic Status	
	#	%
5-9	77	22%
10-12	40	15%
13-15	62	32%
16-17	63	21%
18+	22	18%

Data Source: Hornby Zeller and Associates

With regards to Individualized Education Plans (IEPs), the analysis showed that 102 of the 198 (52%) cases in which the child was known to need an IEP, a current IEP was in place. Three-fourths of those who needed

an IEP but did not have one were still rated within the acceptable range for academic status, indicating that their educational needs were still being met.

PA has identified that data from NYTD provides an opportunity to begin to identify the educational services needs and usage among older youth to gain a better understanding of the academic status of this population. As seen in Figure 24, nearly one third of older youth served received special education services. Over half of the 6,027 youth served in 2013 (63%) received academic support services. PA will explore the further utilization of NYTD data from both served and follow-up populations to monitor educational supports to older youth.

Figure 24. NYTD Served Population During FFY 2013 by Educational Service Types		
Service Type	#	%*
Total Served	6,027	
Special Education (Element #19)	1,761	29%
Academic support (Element #21)	3,793	63%
Post-secondary educational support (Element #22)	2,834	47%
Career preparation services (Element #23)	3,947	65%
Employment programs or vocational training (Element #24)	3,087	51%
*Percentages may sum to over 100% due to children receiving multiple services.		

Data Source: NYTD

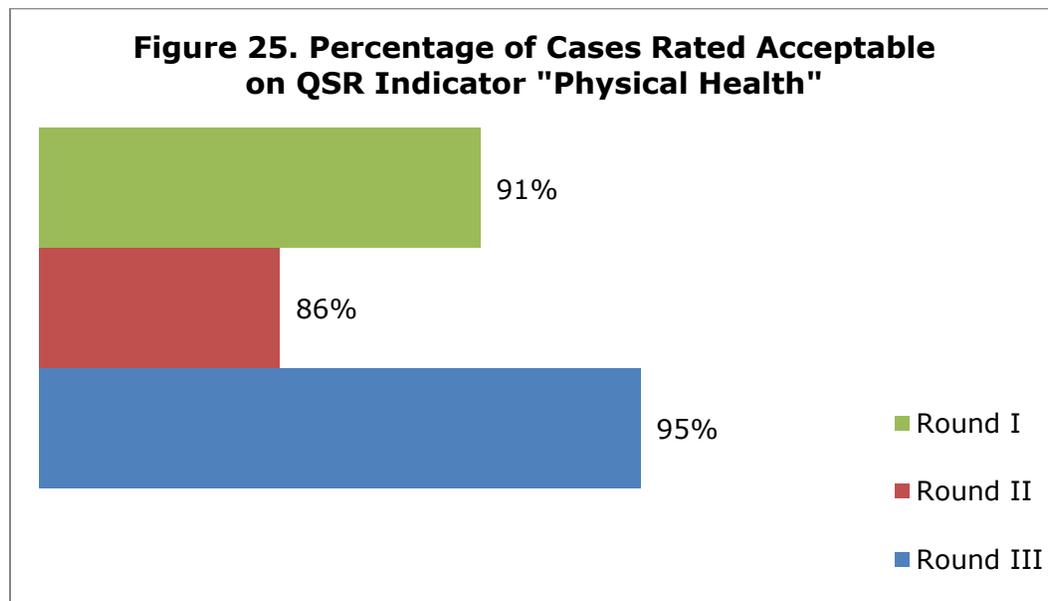
OCYF also monitors CCYA efforts to ensure that children’s educational needs are being met through the annual licensure process. Between the time period October 1, 2012, through May 31, 2013, a total of 640 active cases were reviewed, as well as 702 GPS and CPS investigations. Of all cases reviewed, only one was cited in which the case record did not reflect agency due diligence in collaborating toward the child’s educational needs being met. In general, over the past four years, annual licensing inspections have revealed that education records are obtained, diligence is being made to keep children in their home schools when possible and school placements are a consideration when identifying placement resources.

(C) Children receive adequate services to meet their physical and mental health needs

PA foster care regulations establish requirements and time frames for medical and dental care for children entering care as well as children in ongoing foster home care. A child is to receive a medical appraisal by a licensed physician within 60 days of the child's admission to foster family care, unless the child has had an appraisal within the last 90 days and the results of the appraisal are available. The appraisal includes: a review of the child's health history; physical examination of the child; and laboratory or diagnostic test as indicated by the examining physician, including those required to detect communicable disease. Further information regarding these requirements can be found in the Health Care Oversight and Coordination Plan.

During the QSR, as part of the measures used to examine child well-being, reviewers are asked to assess the child's physical and emotional well-being. Physical health is defined within the QSR protocol as follows:

PHYSICAL HEALTH: Within the past 30 days, degree to which: The child/youth is achieving and maintaining his/her optimum health status • If the child/youth has a serious or chronic physical illness, the child/youth is achieving his/her best attainable health status given the disease diagnosis and prognosis.



Data Source: Hornby Zeller and Associates

Findings from the QSR suggest that attending to the physical health needs of children involved with the child welfare system is a strength identified in the cases reviewed over the past three rounds. Further analysis found in the table below further identifies that physical health is rated acceptable more often for out-of-home cases than for in-home cases.

Figure 26. In-Home and Out-of-Home Comparison of Percentage of Cases Rated Acceptable on QSR Indicator “Physical Health”

Physical Health						
	In-Home		Out-of-Home		Combined	
	#	%	#	%	#	%
Round I	34	87%	56	93%	90	91%
Round II	49	77%	85	93%	134	86%
Round III	78	94%	58	97%	136	95%

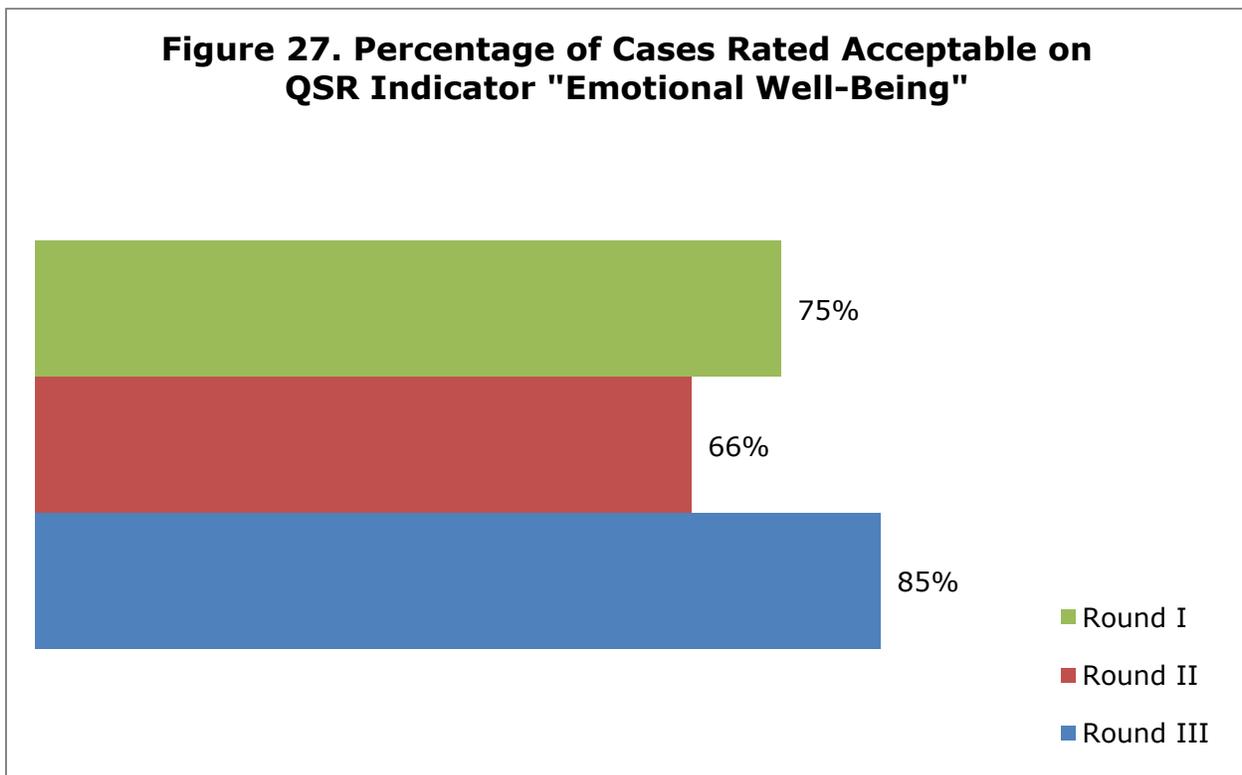
Data Source: Hornby Zeller and Associates

During annual licensure, OCYF regional office staff review case records for compliance with policies and regulations that govern assessment protocol to ensure children’s physical health needs are being met. Of the 360 children in out-of-home care whose cases were reviewed during annual licensure October 1, 2012, through May 31, 2013, 98% received their initial medical and dental examinations in a timely manner per OCYF guidelines. There were five children who did not receive an initial dental exam and one child did not receive an initial physical within the required timeframes after placement. The children had the examinations; however they were not timely as required by regulation. It was also noted that the immunization record was missing in one child’s file. In the cases in which the exams were delayed, they were case specific issues and in follow-up there were not any systemic barriers identified as to why the children’s exams were late.

There is no specific requirement for a standard mental health assessment for a child coming into placement. State requirements for mental health examination and treatment are covered by the same provisions that govern physical health care and treatment. Review of AFCARS data for FFYs 2009 through 2013 indicate that while parental substance abuse is the most often cited reason for removal of children from the home, behavioral problems of the child is the next most often cited removal reason. Therefore, it is essential to the well-being of children and families that the emotional and behavioral needs of children are met.

The QSR also looks at the emotional well-being of children involved with the child welfare system. Emotional well-being is defined within the QSR protocol as follows:

EMOTIONAL WELL-BEING: Over the past 30 days, degree to which: The child/youth, consistent with age and/or ability, is displaying a pattern of attachment and positive social relationships• Coping and adapting skills• Appropriate self-management of emotions and behaviors.



Data Source: Hornby Zeller and Associates

As seen in Figure 27 above, the percentage of cases rated as acceptable for emotional well-being tend to be lower than the percentage of cases rated as acceptable for physical health. There has been an increase over the course of QSR Rounds I through III with regards to the percentage of cases rated acceptable for emotional well-being. Further analysis (see Figure 28) shows that during Rounds I and II, out-of-home cases were found to be acceptable slightly more often than in-home cases. During Round III, however, emotional well-being was rated acceptable in 87% of in-home cases versus 83% of out-of-home cases.

Figure 28. In-Home and Out-of-Home Comparison of Percentage of Cases Rated Acceptable on QSR Indicator “Emotional Well-Being”

Emotional Well-Being						
	In-Home		Out-of-Home		Combined	
	#	%	#	%	#	%
Round I	28	72%	47	78%	75	75%
Round II	41	64%	62	68%	103	66%
Round III	72	87%	50	83%	122	85%

Data Source: Hornby Zeller and Associates

Annual licensure of 32 counties during the period of October 1, 2012, through May 31, 2013, included a review of 640 active cases. In addition to these cases, there were 702 GPS and CPS investigations reviewed. There was 100% compliance related to monitoring the behavioral health needs of children as well as any ongoing or emergent medical care and follow-up treatments.

Overall, annual licensing inspections indicate that county children and youth agencies are very successful in monitoring the behavioral health needs of the children as well as any ongoing or emergent medical care and follow up treatments that may be needed. Where there continues to be regulatory violations in the area of medical and dental needs, it is related to initial exams upon placement. Even with those citations occurring, the percentage of compliance is at about 98%. In the cases in which the exams were delayed, there were not any systemic barriers identified as to why the child’s exams were late.

PA continues to focus efforts on strengthening the provision of appropriate services to improve the emotional and behavioral well-being of children. Further information regarding these efforts is found in the 2015-2019 CFSP section on Plan for Improvement (see page 111) and in the Health Care Oversight and Coordination Plan.

Systemic Factors

Information System

Background

DHS conducted a Child Welfare Information System Feasibility Study and Alternatives Analysis from October 1, 2008 through September 30, 2009. The purpose of the study was to determine the feasibility and alternatives for the successful design, development and implementation of an information technology solution to support Pennsylvania's Child Welfare programs. OCYF had decommissioned the use of an earlier statewide system in 2002 due to major design and implementation issues and had made no major improvements to IT systems for almost ten years. A thorough analysis of the alternatives was performed to identify the approach that would best meet the needs of PA.

The study consisted of four major activities:

1. Requirements Gathering to assess the business needs of project stakeholders providing child welfare services and performing related business functions.
2. Feasibility Assessment that identified existing business processes. This information was then compared to the identified requirements, and a gap analysis was conducted. Existing OCYF and other state and local systems were included in this analysis.
3. Alternatives Analysis to determine the best solution for Pennsylvania. This involved an assessment of existing assets and other options for potential solution consideration including other state SACWIS systems, Commonwealth and County systems; custom development, and off-the shelf products. Once the options were narrowed to three, a cost benefit analysis was applied to those options as well as the status quo. Ruled out was a Statewide Automated Child Welfare System (SACWIS). Implementation of a SACWIS would require that a single child welfare application be used by all CCYAs and OCYF, which does not meet our business need.
4. Strategic Implementation Plan that incorporated the results of the study into a recommended solution and provided DHS with a roadmap for implementation of the solution.

The study resulted in a recommendation for a hybrid solution, implemented over five years, that will leverage existing Commonwealth and County assets and evolve into a state system that:

- Consolidates a centralized database and services at the state-level to meet coordination, management, reporting and analysis needs;
- Recognizes and enhances a set of sustainable county systems; and
- Creates an infrastructure to feed data between the state-level and the county systems, and enables cross-Commonwealth searching of children in the system.

Current Status

Pennsylvania is in the process of developing a statewide Child Welfare Information Solution (CWIS). Phase I of four phases will be implemented in December 2014. Phase I focuses on the intake, investigation and assessment of CPS and GPS reports that come to the attention of the state child abuse hotline, ChildLine, and CCYAs. Phase II is planned to begin in 2015 and will focus on information in the child and family's case file for cases accepted for services. At the completion of Phase II, complete data will be available at the state level that readily identifies the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Phases II-IV

The remainder of the phases for CWIS will occur after 2014 and will occur during the implementation of the 2015-2019 CFSP. Those phases are briefly outlined below:

Phase II

Phase II of CWIS focuses on children and builds the functionality to provide a complete view of a child's case management data. This phase improves the accuracy and timeliness of data to evaluate performance and outcomes in terms of child and family characteristics, service type, and outcomes. This phase will provide real-time location (address) information

of children in placement. Other case information will also be available real-time or near-time on all open cases.

In this phase, the following key features will be available:

- Child's case management data including demographics, case plans, service plans, case notes, case visitation logs, outcomes and others will be received from all counties and made available in CWIS;
- County users will have the ability to access up to date child information from CWIS;
- National Child Abuse and Neglect Data System (NCANDS) reporting;
- AFCARS reporting;
- Transactional component to support the Interstate Compact for the Placement of Children (ICPC) and Interstate Compact on Adoptions and Medical Assistance (ICAMA) functions at state level; and
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities.

Phase III

Phase III of CWIS focuses on providers and builds the functionality to provide a complete view of provider data. This phase provides statewide view of providers and resources for reporting and performance tracking. Key goals/objectives include: provider licensing information available in CWIS; provider incident information available in CWIS; improved quality assurance; analysis available on program performance and outcomes; and single access point for counties and providers.

In this phase, the following key features will be available:

- Provider data including placements, home study, services offered, contracts and other relevant information will be received from all counties and made available in CWIS;
- Transactional component to support family centers functions will be made available; and
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities.

Phase IV

The final phase of CWIS, Phase IV focuses on accounting and builds the functionality to provide county and state financial expenditures and plans. Key goals/objectives include: providing a fiscal picture to evaluate program performance and outcomes; providing a comprehensive view of county spending of state and federal funds; and providing (QSR) data integration for program quality monitoring.

In this phase, the following key features will be available:

- Accounting related data including components of NBPB will be received from all counties and made available in CWIS
- Transactional component to support IV-E QA functions
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities

Throughout the four phases, reporting functionality is incorporated to ensure that the state can use data to monitor performance and drive decision making.

Until Phase II is completed, Pennsylvania will continue to rely on AFCARS data submitted quarterly by the 67 CCYAs to identify the status, demographic characteristics, location, and goals for children in placement. The information is limited to the data elements within the AFCARS file and is point in time as of each quarter. OCYF coordinates with each CCYA to obtain any additional information needed on the location of a child or any other information needs. Each CCYA is required to know and document the location and placement status of each child in placement.

OCYF will conduct a survey following the implementation of Phase I of CWIS to obtain input from stakeholders and the courts regarding strengths and weaknesses of this systemic factor. The results of the survey will offer insight to OCYF as we move into the next CWIS phase.

Pennsylvania is undergoing a federal AFCARS Review in June 2014 and will incorporate the findings of the review into future plans to build capacity to assess this factor.

Data

OCYF continues to work on improving the completeness and accuracy of state and local data.

Unique Child Identifiers – OCYF will continue to work on consistency regarding the use of unique identifiers for children and other participants that are included in our information systems. With the implementation of the CWIS a more standardized approach to assigning and maintaining unique identifiers for individuals will be in place. OCYF will continue to make use of the department-wide Master Client Index (MCI) number and will also assign a unique CWIS ID to individuals. This will enable us to better link child IDs across multiple federal files.

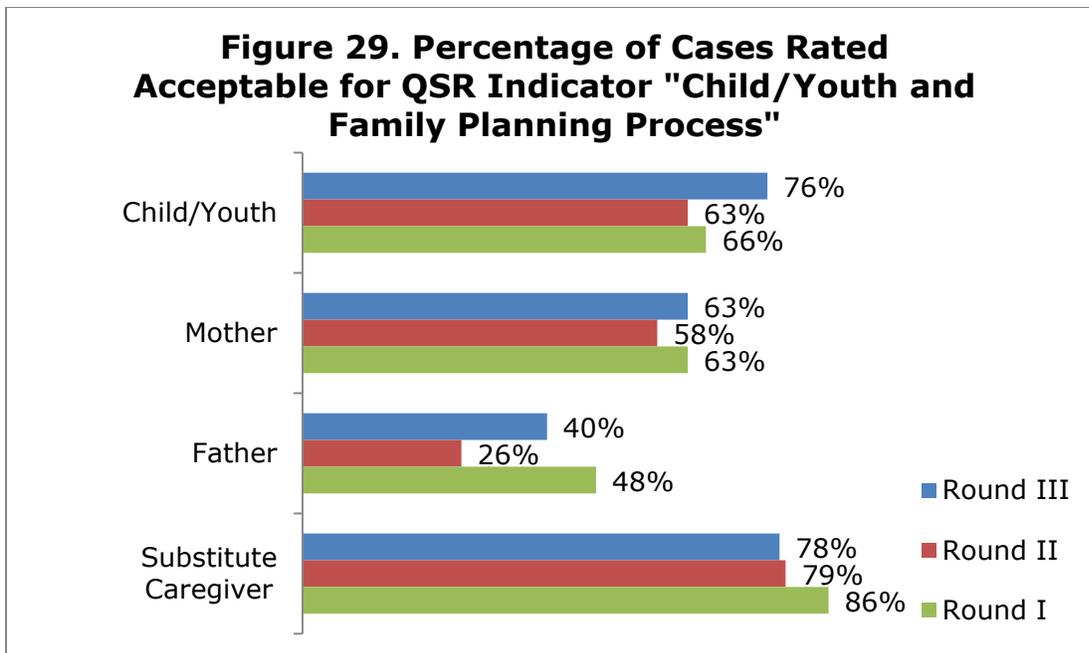
CWIS Data – Data collection at the state level will be expanded as part of the CWIS project. Most of the data collected in CWIS will be accessible through the DHS Data Warehouse. OCYF will be identifying ways to monitor the accuracy and completeness of data in CWIS and how to address any concerns.

Case Review System

PA requires that each child have a written case plan which should be developed jointly with the child's parents and other individuals as applicable. The QSR monitors the planning process through the practice performance indicator "Child/Youth and Family Planning Process." This indicator is defined in the QSR protocol as follows:

PLANNING PROCESS: Over the past 90 days, degree to which the planning process is:

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



Data Source: Hornby Zeller and Associates

Results from the QSR from Rounds I through III indicate that CCYA practice in case planning is rated acceptable more often for children/youths and substitute caregivers than mothers and fathers. The percentage of cases rated as acceptable for the case planning process are lowest for fathers among all other individuals rated. This reflects findings for fathers across other indicators such as engagement, role and voice, and assessment and understanding.

Annual licensures of county agencies include a review of the inclusion of fathers throughout the life of the case. The regulatory review looks at whether fathers are included in the development of the FSP or being provided copies of the FSP, provided placement information and visitation with their child(ren) in out of home care, and timely notification of court proceedings. The inspection reveals that when non-compliance areas exist, it is generally around the involvement in the development of the FSP. It is important to note that in general there is a 98% compliance rate for inclusion of fathers in the areas reviewed.

It is important to note that when comparing data from the QSRs regarding case planning with annual licensure findings, there appears to be a discrepancy with regards to performance in engaging fathers. A possible explanation is related to the compliance driven nature of annual licensing reviews versus the qualitative focus of the QSRs. While annual licensing seeks to ensure information is being provided and involvement with FSP

development is offered, the QSR looks more closely at the extent to which these efforts lead to the actual meaningful engagement of fathers based upon the perspective of key individuals involved in the case. In other words, while CCYAs are diligent in complying with basic requirements established to engage the father in case planning, it does not necessarily follow that these activities on their own are sufficient to achieve meaningful engagement of fathers as defined as best practice within the QSR protocol.

The Juvenile Act (42 Pa.C.S. Chapter 63) mandates that a permanency hearing be held every six months by a court for each dependent child who is in foster care to ensure that an appropriate permanency plan for each child is established. During the annual licensing inspections, OCYF regional office staff review the records to ensure that permanency hearings are held every six months, and if not, the agencies are cited for statutory non-compliance. In addition, as part of the AFCARS submission, OCYF monitors the case review data element to ensure that hearings are held in a timely manner.

The monitoring of TPR filings occurs during the annual licensing inspections by OCYF regional office staff. OCYF tracks the filings of TPRs through the CY890 database. Quarterly reports from the CY890 database are run, analyzed, and distributed to CCYA and OCYF Regional Offices. Information collected as part of the QSRs also offers an opportunity to monitor TPR filings. For additional information regarding TPR Filings during Rounds I through Round III of the QSRs, see Figure 13 on page 38.

PA follows the Federal mandate in Section 104 of ASFA to provide caregivers with notice of and the opportunity to be heard at all court proceedings involving the child placed in their home for foster care services. The mandate is incorporated into Pennsylvania's Juvenile Act in §6336.1. The Resource Family Care Act requires CCYAs to inform resource families of scheduled meetings and the opportunity to be heard: 'opportunity' was changed to 'right' by the passage of the Federal Safe and Timely Interstate Placement of Foster Children Act of 2006. The Juvenile Act, PA Rules of Juvenile Court Procedure regarding Dependency Matters and child welfare regulations require that notice and the opportunity and right to be heard be provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care. These notices are sent either by the Court, and/or CCYA or JPO.

During annual licensing inspections regional office staff members check to see if children, youth, family members and other caregivers are appropriately notified and involved in hearing and permanency reviews. Case files are reviewed to ensure that ASFA goals are met, particularly with

respect to TPR, adoption and permanency and transition planning for those youth without a goal of adoption who exit substitute care. TA and training are required if agencies are not in compliance with federal and state mandates.

Due to current lack of a SACWIS, PA does not currently have readily accessible statewide data available to evaluate components of this systemic factor to ensure they are routinely functioning on a statewide basis. Currently, qualitative data related to periodic reviews and permanency hearings is captured within the QSR indicator "Tracking and Adjustment." The QSR protocol instructs reviewers to consider the degree to which the team routinely monitors the child/youth's and family's status and progress and makes necessary adjustments. Guiding questions provided to reviewers to use in interviewing team members about this indicator include asking about whether the court is advised of permanency progress in a timely fashion and if any requests to have court orders revised are pursued in a timely manner.

PA continues to explore avenues to gather data on this systemic factor, which includes consideration of how potential data elements may be integrated into CWIS to assist with gathering this information. Potential plans to conduct further analysis on this systemic factor include the following:

- Reviewing QSR roll-up sheet to identify questions that could be added regarding when the child received their last periodic review and/or permanency hearing;
- Review information collected during annual licensing of county agencies to identify any trends in compliance with permanency hearings, TPR filing, and notification and involvement of children, youth, family members and other caregivers in hearing and permanency reviews;
- Consult with AOPC to determine if current CPCMS system collects data that would provide information regarding timeliness of periodic reviews and permanency hearings; and
- Consider how focus groups may be used to help gather qualitative perspective around the components of this systemic factor.

Quality Assurance System

PA is committed to ongoing phased-in implementation of a statewide CQI system. In order to address the requirements for the submission of the

2014 APSR, PA completed a strength/gap analysis of our current CQI system with regards to the functional components of a successful CQI system identified in ACYF-CB-IM 12-07. Since the submission of the 2014 APSR, PA has reviewed feedback from ACF and stakeholders to drive further discussion about identified strengths and gaps in the existing CQI system.

One of PA's strengths continues to be the use of QSRs to conduct standardized, statewide case record reviews. The QSRs are an important catalyst in PA's shift from a culture of compliance to quality at both the state and local level and provides a vehicle through which to introduce counties to the CQI process. Currently, county participation in the QSRs is voluntary and implementation continues to progress using a phased-in approach.

QSR rounds generally last 11 months, running from December through November of the following year. Counties may select to participate in a state supported QSR annually, bi-annually or at a minimum, every three years. To date, three rounds of QSRs have been completed, with the fourth round scheduled to be completed in November 2014. A total of 23 counties, or a little over a third of all PA counties, have volunteered to participate in a state supported QSR during the first four rounds. A map which provides a visual representation of the counties who have joined the CQI effort through participation in the QSRs is identified in Attachment JJ.

The QSR process involves in-depth case reviews that are conducted through interviews with key informants in conjunction with review of the child's case record. A pair of reviewers rates the case on a series of indicators related to child, youth and family status and practice performance. To date, the number of cases reviewed and interviews conducted are as follows:

- During Round One, a total of 99 cases were reviewed. 969 interviews were conducted with key stakeholders identified in each of the cases in the sample (an average of 9.8 interviews per case).
- During Round Two, a total of 155 cases were reviewed. 1,579 interviews were conducted with key stakeholders identified in each of the cases in the sample (an average of 10.2 interviews per case).
- During Round Three, a total of 143 cases were reviewed. 1,339 interviews were conducted with key stakeholders identified in each of the sampled cases (an average of 9 interviews per case).
- During Round Four, we are projected to review a total of 193 cases.

Upon completion of the on-site QSR, counties are provided with a final report which outlines the findings from the QSR. Counties use these findings

to identify areas for improvement and develop County Improvement Plans (CIPs) which are reviewed and approved by the OCYF regional office. All QSR County Final Reports and CIPs are made available to the public online at the conclusion of each round through the DHS website at:

<http://www.dhs.state.pa.us/searchforprovider/humanservicesproviderdirectory/index.htm>.

Upon the conclusion of each round, a statewide report is generated to provide a picture of the findings from the aggregate data. These final reports are made available online through the CWRC website at <http://www.pacwrc.pitt.edu/CQI.htm>.

Review of data collected for PA’s QSRs by HZA found in the table below indicates the current and projected growth of QSRs over the next two rounds based on current capacity. It is anticipated that PA will continue to add a maximum of five additional counties each round. PA is currently evaluating capacity at the state and local level to support moving forward with implementation at this pace. As more counties become familiar with the QSR on-site review process, PA will evaluate the resources needed to support counties and will consider how any modifications related to the intervals with which counties participate in state supported QSRs can help support capacity for bringing on new counties. PA is hopeful that capacity changes will ultimately allow PA the potential to exceed the projected addition of 5 new counties per year.

Figure 30. QSR Projected Metrics for Round V and Round VI

	Round I	Round II	Round III	Round IV	Projected Round V	Projected Round VI
Total Cases Reviewed	99	155	143	186	208	232.9
Out-of-Home Cases	59	92	60	75	75.5	77.1
In-Home Cases	40	63	83	111	132.5	155.8
Total Counties	6	11	11	14	16.5	18.9
New Counties		5	7	5	5.7	5.7

Data Source: Hornby Zeller and Associates

While the QSR process is viewed as one of the strengths of PA’s CQI efforts, PA has also acknowledged that messaging about the QSRs has

inadvertently caused many counties, stakeholders and even OCYF staff to often view the QSR as synonymous with CQI and not necessarily identify the QSR as simply one step within the larger CQI process. Therefore, the CQI Sponsor Team has revisited the desired future state for CQI in PA, driven by an identified need to address gaps to both the statewide CQI system, which includes infrastructure to support state and local CQI efforts, as well as the actual CQI process, which is based on use of the APHSA Define, Assess, Plan, Implement and Monitor (DAPIM™) model.

Examples of CQI system and/or CQI process gaps that have been identified through ongoing analysis include, but are not limited to:

- Improving the use of data to systematically drive decision making and making relevant connections across multiple data sources;
- On-going monitoring of CIPs at the state level;
- State capacity to manage the QSR process while growing support to counties in their work with other aspects of the CQI process;
- Although the QSR process/procedures exist, there is no legal or regulatory mandate which requires county agencies to participate;
- The current CQI system is not extended to probation offices and private agencies with case management responsibilities;
- The QSR process does not currently provide a look at the investigative aspect of the child's case;
- County capacity to maintain ongoing CQI efforts.

Additionally, PA recognizes that many counties that have not yet joined the CQI effort formally through participation in the QSR are engaged in CQI efforts locally. As part of PA's Plan for Improvement outlined in the 2015-2019 CFSP, further analysis to gain a broader picture of what CQI efforts look like across the state will be identified as a critical first step necessary to lay the ground work for moving forward with improvements to PA's CQI system and process. PA will focus efforts towards prioritizing gap areas to address and devising plans for improvement over the course of the next few years.

Staff and Provider Training (See also Training Plan)

Initial and Ongoing Staff Training

Public child welfare workers must complete the 126 hour certification training, Charting the Course (CTC), within 18 months of hire. However, the PA CWRC increased the frequency and intensity of CTC. Attendance from the point of the first module to completing the last module (10) occurs over a 2.5 month period. Over the last three years, the average number of days from hire date to completion of CTC is as follows:

SFY 2011/2012 – 124 days
SFY 2012/2013 – 119 days
SFY 2013/2014 – 101 days

The data above is based on a sample of 10 rounds of CTC in each fiscal year, which represents about 25% of the total delivered rounds. In addition, staff must receive 20 hours of ongoing training on an annual basis. Samples of training records are reviewed in each county during the annual licensure process to ensure compliance. To ensure the continuous quality improvement and the consistent and competent delivery of training sessions and workshops, the CWRC engages in multiple activities and strategies in its recruitment, selection and development of its trainers, including but not limited to:

- Conducting an extensive trainer/consultant selection process consisting of an application, reference check and panel interview;
- Prioritizing the selection of experienced child welfare professionals who have worked in Pennsylvania’s child welfare system and with training experience;
- Recruiting youth and parent consumers as co-trainers;
- Providing selected trainers/consultants with a foundational course on training, platform, and facilitation skills;
- Requiring trainer/consultants to deliver a practice training session which includes critical feedback from peers and CWRC staff;
- Supporting trainers/consultants participation in QSRs;
- Training or mentoring trainers/consultants on curriculum content prior to approving them to train the curriculum;
- Observing trainers/consultants the first time they deliver a curriculum and on a periodic basis and providing them critical feedback on their training, platform and facilitation skills;
- Providing trainers/consultants technical assistance;

- Requiring trainers/consultants to obtain a minimum of six professional development hours annually;
- Providing professional development opportunities for trainers/consultants through training sessions, quarterly newsletter, and a trainer/consultant handbook;
- Convening monthly consultant/trainer advisory group conference call meetings;
- Conducting level one evaluations of all training sessions;
- Requesting trainers/consultants to provide feedback after every time they train a curriculum; and
- Developing a trainer utilization process to ensure the equitable assignment of trainers to deliver curriculum.

Participants in the certification series complete course evaluations at the conclusion of each module. A section of the evaluation asks participants to rate their knowledge, understanding, and skill level before and after each training. Based on a sample of 1,444 evaluations completed between 9/30/13 and 6/5/14, participants averaged a “before” score of 3.07 and an “after” score of 3.96. The scale consists of a 1 to 5 rating, with 1 being poor and 5 being excellent.

The CWRC utilizes a series of strategies to ensure CTC covers the knowledge and skills needed by staff to carry out their duties.

- Content is driven by stakeholders and regularly revised based on their respective feedback. Several years ago, CTC was significantly revised, and the next set of major revisions will occur over the next two years. This revision will include expanding the online portions of CTC, which will allow counties greater flexibility in completing the series.
- The CWRC will also be moving towards participant focused curriculum, which puts learning more in the control of the participants by giving them the content.
- Participant level data is also generated by the completion of the Individual Training Needs Assessments (ITNA). This data is put into aggregate and the workforce’s most pressing needs are prioritized for curriculum development.
- All newly selected trainers participate in the Development of Trainer (DOT) sessions, which are designed to orient newly selected trainers to the CWRC and its training standards. The DOT sessions further develop trainers’ knowledge regarding adult learning theory and promote skill development in training delivery.

- Trainers are assigned to train those curricula in which they have an expertise; however, prior to training on a specific curriculum, the trainer, new or experienced, must attend a Training on Content (TOC) session. TOC sessions are designed to provide the trainer with a review of the curriculum's objectives, competencies, content, sequencing, timing, activities, facilitation issues, and training aids.
- The CWRC also conducts first time trainer, new content and biennial trainer observations. A Curriculum and Instructional Specialist provides technical assistance for trainers when necessary based on feedback from participants and observations. Technical assistance includes a one-on-one interview consisting of a review of the trainer's evaluations and, if appropriate, the development of strategies to improve the trainer's performance. Technical assistance also includes a written summary of the contact episode and recommendations, if any.
- The CWRC also promotes the professional development of its trainers and provides professional development opportunities for trainers through training sessions and web-based courses. Each trainer is required to attend six hours of professional development training annually to maintain active status. The CWRC also ensures that trainers are kept current on child welfare practice, policies, legislation, trends, and best practices. Updates are provided through a bimonthly newsletter, the Palette.

As noted above, the CWRC is working to enhance the level of training evaluation across all curricula, with particular focus on the certification series. Over the next few years, the CWRC will be implementing the following: a new level 1 participant evaluation for all courses, a knowledge test for Module 9 of CTC, an embedded evaluation for Module 2 of CTC, and an evaluation of Module 3 of the Supervisory Training Series (STS).

Additional research and evaluation efforts will include: family engagement strategies, and the further examination of the Organizational Effectiveness (OE) work.

Foster and Adoptive Parent Training

Private agencies and CCYAs develop and conduct much of the foster parent training. Many agencies exceed the six-hour minimum requirement found in PA's foster family care regulations before certifying foster families. A key training resource available to help address the skills and knowledge foster parents need to effectively carry out their responsibilities is the

Pennsylvania Parents As Tender Healers (PATH) Training developed by the PSRFA, in collaboration with Spaulding for Children. The PA PATH Training is different than most of the foster and adoptive training that child welfare has relied upon in the past. It is a training that discusses the grief and loss foster children experience and what types of behaviors and difficulties resource families can expect and how to respond to such difficulties. In addition to covering Pennsylvania specific laws, regulations and policies related to foster care and adoption, the training includes such topics as Understanding Hurt Children, Tender Healing, Crisis Intervention and the Characteristics of Successful Resource Families. The training features real families who have been foster and/or adoptive families and uses their expertise to reach out to potential foster families. PSRFA also holds an annual conference to provide training to resource families and child welfare professionals. Training received by resource families at this annual event helps to meet state requirements for annual re-certification.

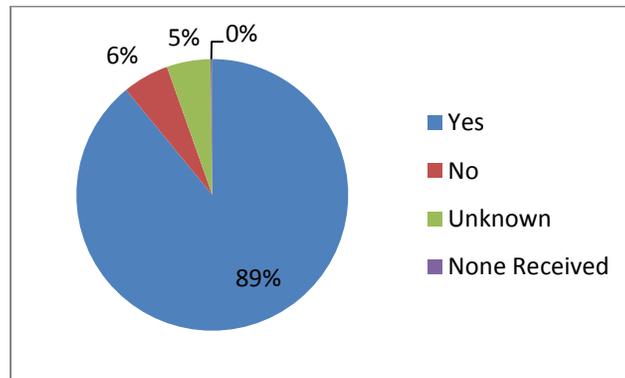
As part of the adoption process, SWAN provides family profiles of potential adoptive families. During the process of developing the family profile, adoptive parents must attend a SWAN certified preparation program that contains a minimum of the following components prior to completion of the family profile:

- How the system works;
- Who the children are;
- Child development;
- Parenting;
- Attachment;
- Grief and loss;
- Who the adoptive parents are;
- Resources; and
- Additional components as may be required by the individual affiliate/county.

The SWAN Advisory Committee conducted a survey of formal kinship care providers. Formal kinship care providers are those families in PA who agree to foster, or become a custodian or adoptive parent of a child who has been removed from the care of their original family and placed into out of home care. The survey consisted of twelve questions designed to address the training and support that kinship families received and to determine what types of training and support they felt they needed. Nine-hundred and seventy-eight responses were received from families across the

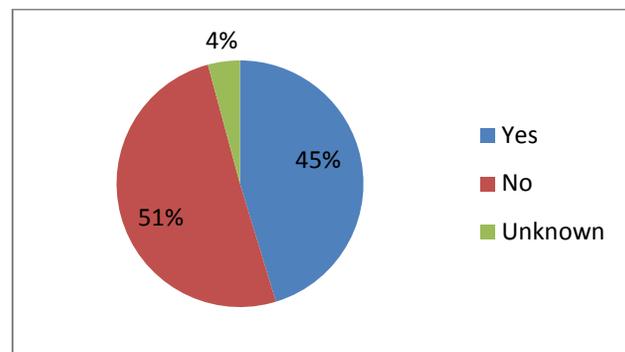
Commonwealth. Some of the questions included in the survey looked specifically at training. Relevant questions included:

Figure 31: Do You Feel the Initial Training Received Was Adequate?



Data Source: SWAN Kinship Care Survey

Figure 32: Do You Receive On-going Training?



Data Source: SWAN Kinship Care Survey

The results of the survey were surprising to the SWAN Advisory Committee as it was generally believed by some members of the committee as well as by numerous members of the PIP Permanency Subcommittee, that PA needed to provide specialized training to kinship care families. However, as can be seen above, the majority of kinship care families who responded to the survey (89%) feel that the training they received was adequate, and 45% continue to attend trainings as needed. Therefore, a training specific to kinship care providers is not needed at this time.

Data regarding the knowledge and skills of substitute caregivers, which includes both non-kin and kin foster care providers, is captured within the QSR under the "Parent and Caregiver Functioning" indicator. This indicator specifically looks at whether caregivers have and actively use

knowledge, skills and emotional capacity to take care of children/youth in their care and protect them from harm. Findings from all three rounds of the QSRs show substitute caregivers were rated as acceptable in a high percentage of the cases reviewed, with 100% of substitute caregivers rated acceptable during Round I and 97% of substitute caregivers rated acceptable in Rounds II and III.

PA will continue to explore opportunities to collect data to evaluate the effectiveness of foster and adoptive training in addressing the skills and knowledge needed to support foster and adoptive parents in carrying out their responsibilities. In working towards completion of the CFSR State Self-Assessment, PA will work with stakeholders including, but not limited to, SWAN and PSRFA, to explore how surveys may be used to provide meaningful feedback regarding the quality and effectiveness of foster and adoptive parent training.

Service Array and Resource Development (see also Child and Family Service Continuum page 146)

The philosophy of the child welfare system is based on the premise that children should be maintained safely within their own families and that if children require placement they should remain within their own community whenever possible. OCYF regulations require that a comprehensive array of services be available in each county to support these efforts. The availability of services is reviewed each year during the annual licensing inspection through the case record review. Additionally, each county must sign an assurance of compliance with this requirement as part of the annual plan submission and identify in the plan how it will arrange for any needed service that is not provided in the county. Through the NBPB process, counties assess and identify service needs specific to the families and children in their community, outline strategies to institute those services, and develop a supporting budget.

Over the past few years, OCYF has continued to expand the special grants program (SGI) to support CCYAs in identifying evidence based programs (EBPs) or promising practices that will meet the unique needs of the children, youth and families they serve in their communities. All CCYAs may apply for SGI funding through the NBPB process. Human Services Block Grant (HSBG) counties were also provided the ability to request additional EBPs for SFY 2014-15 and SFY 2015-16 as part of the SGI in addition to HSBG requests, provided they direct 100% of their child welfare

funding to services for children and families as part of the HSBG. Initially, the SGI program was limited to the EBPs identified below:

- Multi-Systemic Therapy (MST);
- Functional Family Therapy (FFT);
- Multi-Dimensional Treatment Foster Care (MTFC);
- Family Group Decision Making (FGDM),
- Family Development Credentialing (FDC); and
- High Fidelity Wrap Around (HFWA).

During SFY 2014-2015, the following new EBPs were selected by the CCYAs participating in the SGI or HSBG:

- Aggression Replacement Training;
- Equally Shared Parenting;
- Family Team Conferencing (FTC);
- Incredible Years;
- Motivational Interviewing;
- North Carolina Family Assessment Tool;
- Nurturing Parents;
- Parents As Teachers (PAT);
- Parent Child Interaction Therapy (PCIT);
- Safecare;
- Strengthening Families;
- Trauma Focused Cognitive Behavioral Therapy; and
- Triple P Parenting (PPP).

For nearly a decade, Pennsylvania's Family Centers (FCs) have integrated and provided community services to help families become healthier, better educated and self-sufficient. Family Centers help parents:

- Learn about their children's development.
- Engage in parent education and child development activities.
- Access health care information as well as assistance regarding health care services and insurance.
- Access education, training and employment information.
- Receive information and assistance on other community resources, such as well-baby care, immunizations and early intervention services.

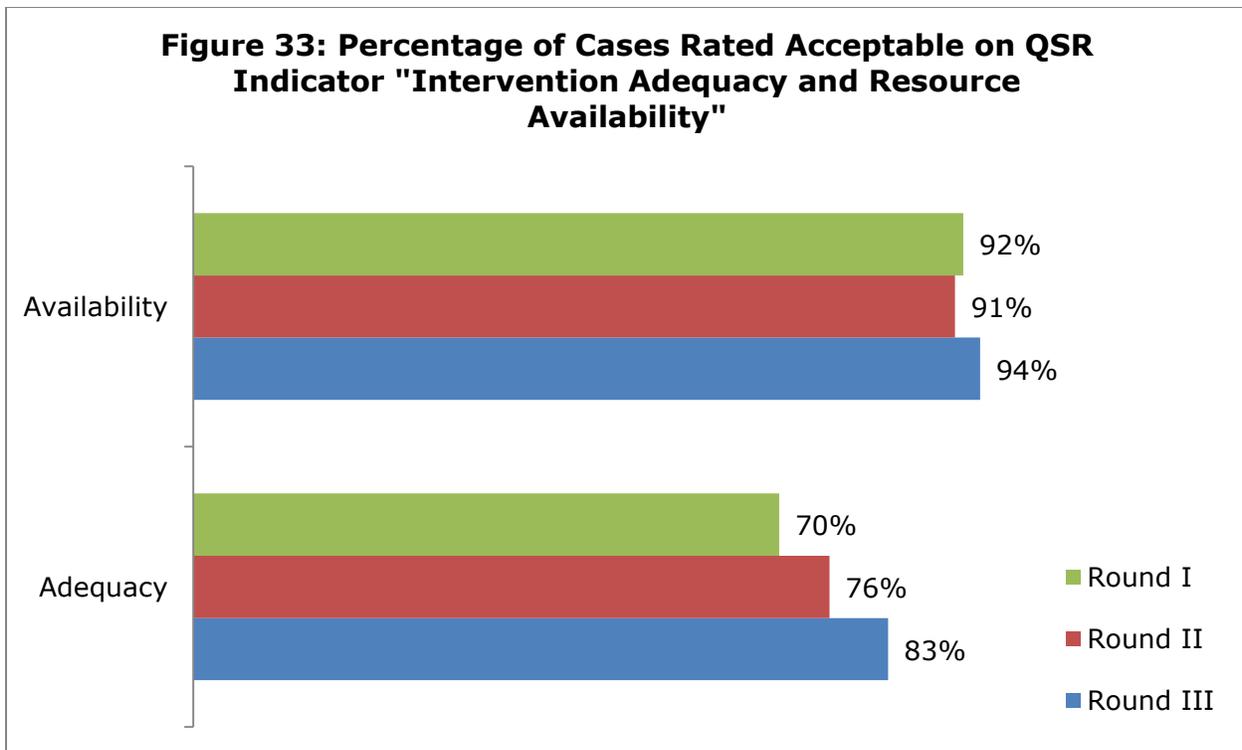
Since each Family Center takes a unique approach to meeting their community's needs, not all services are available in every center. However, Family Center services may include:

- Adult Education
- Job Training and Placement
- Language Skills
- Literacy Programs
- Parent Support Groups
- Parenting Skills Programs
- Child Health and Development Screenings
- Family Activities
- Toy and Book Lending Libraries
- Child Care Programs
- Summer and After-School Activities
- The PAT Program

There are 32 state-funded FCs in Pennsylvania. Twelve are school-based, and 20 are community-based centers. FCs are located in 28 of Pennsylvania's 67 counties and include 62 sites. Almost 60 percent of Pennsylvania's population lives in counties served by FCs.

During the QSR, one of the critical indicators which speak to agency performance related to service array measures intervention adequacy and resource availability. This indicator takes into consideration whether an adequate, locally available array of services exists in order to implement the individualized intervention and support strategies planned for the child/youth and family in a timely manner. This indicator is defined within the QSR protocol as follows:

INTERVENTION ADEQUACY AND RESOURCE AVAILABILITY: Over the past 90 days, the degree to which: • Planned interventions, services, and supports being provided to the child/youth and family have sufficient power and beneficial effect to meet near-term needs and achieve conditions necessary for safe case closure defined in Long-Term View • Resources required to implement current child/youth and family plans are available on timely, sufficient and convenient local basis.



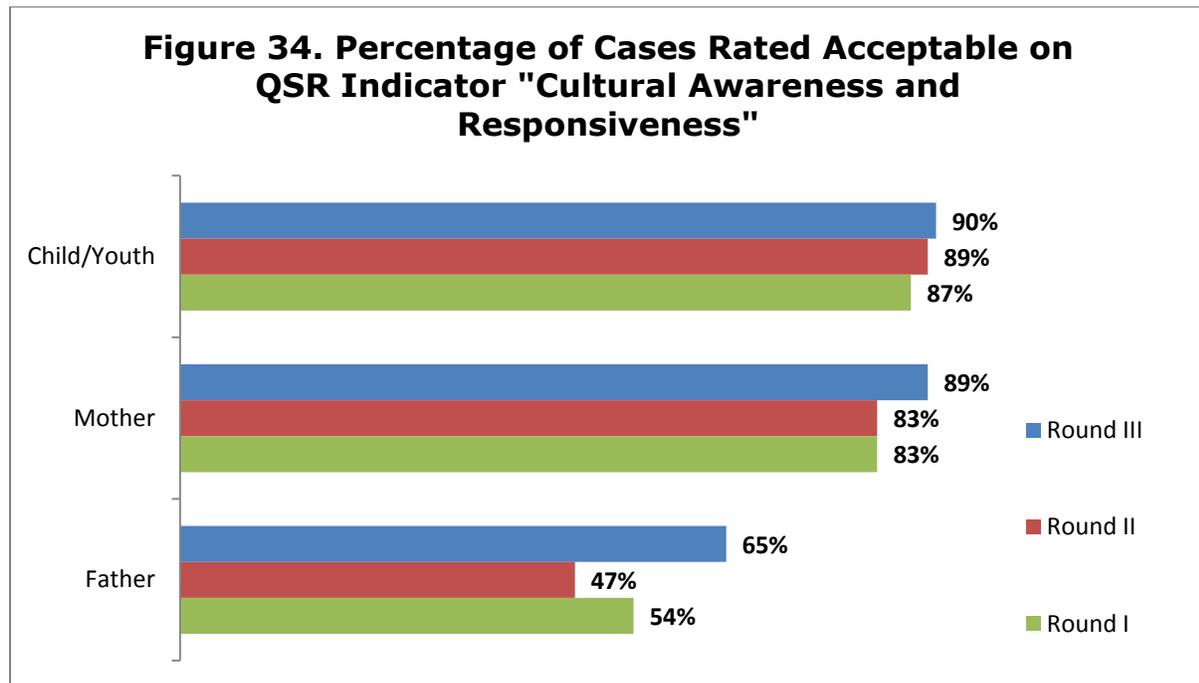
Data Source: Hornby Zeller and Associates

As shown in Figure 33, availability of resources was considered to be acceptable in a high percentage of the cases reviewed during the QSRs. Intervention adequacy, which speaks more to the match of services to the family’s needs, was rated less acceptable than intervention availability. The percentage of acceptable ratings on this indicator has continued to increase over the past three rounds of QSRs which supports that practice in this area continues to improve.

When considering performance regarding service array and resource development, it is also important to take into consideration whether services can be individualized to meet the unique needs of children and families served by the agency. One QSR indicator that helps provide insight into performance in this area measures cultural awareness and responsiveness. It should be noted that within the QSR protocol and during QSR reviewer training, an emphasis is placed on reviewer looking beyond more apparent cultural aspects of the child’s life, such as race, religion, nationality, etc. Per the QSR protocol this indicator is defined as follows:

CUTURAL AWARENESS AND RESPONSIVENESS: Over the past 90 days, degree to which • Any significant cultural issues, family beliefs, and customs of the child/youth and family have been identified and addressed in practice

(e.g. culture of poverty, urban and rural dynamics, faith and spirituality, youth culture, etc.) • The natural, cultural, or community supports, appropriate for this child/youth and family are being provided. • Necessary supports and services provided are being made culturally appropriate via special accommodations in the engagement, assessment, planning and services delivery processes being used with this child/youth and family.



Data Source: Hornby Zeller and Associates

As seen in Figure 34, performance regarding cultural awareness for children and mothers has been consistently rated over 80% acceptable over the course of all three QSR rounds. Cultural awareness for fathers, in line with other father sub-indicator ratings, is rated acceptable in a much smaller percentage of cases, however, performance in this area has shown improvement from Rounds I through Rounds III.

Another indicator utilized during the QSR which evaluates the individualization of services to children, youth and families is the "Child/Youth and Family Planning Process" indicator. This specific indicator evaluates the degree to which the planning process is individualized and matched to the child/youth's and family's present situation, preferences, near-term needs and long-term view of case closure. Findings from Rounds I through III of the QSR indicate that CCYA practice in case planning is rated acceptable more often for children/youths and substitute caregivers than mothers and fathers. Child/Youth ratings ranged from a high of 76% of

cases reviewed rated as acceptable during Round III to a low of 63% of cases rated acceptable during Round II (See also Figure 29). Mothers were rated acceptable in 68% of cases reviewed during Rounds I and III, and in 58% of cases reviewed during Round II. The percentage of cases rated as acceptable for the case planning process are lowest for fathers among all other individuals rated. Acceptable ratings for fathers ranged from a high of 48% during Round I to a low of 26% during Round II.

Agency Responsiveness to the Community

PA recognizes that children, youth, families, child welfare representatives and other child and family service partners need to work together as team members with shared community responsibility to achieve positive outcomes. To this end, PA continues to work to ensure strong collaboration with community partners in the evaluation of current practice and plans for ongoing improvement. While the development of the CFSP presents an opportunity for feedback and collaborative planning, PA has worked to develop a strong series of feedback loops and cooperative relationships to help inform this work. Entities engaged in the development of PA's CFSP and APSRs are identified in Attachment GG. As part of PA's preparation for the upcoming CFSR, the identification of key stakeholders to provide additional input in the completion of the state self-assessment, CFSR planning and participation, and PIP development, will be critical to the success of PA's improvement efforts moving forward.

To support compliance with the Child Abuse Prevention and Treatment Act in PA, House Bill 2670, Printer's Number 4849 was signed into law as Act 146 on Nov. 9, 2006 by Governor Edward G. Rendell. Act 146 amended Pennsylvania's Child Protective Services Law (Title 23 Pa.C.S., Chapter 63) to address the establishment, function, membership, meetings and reports as they relate to Citizen Review Panels (CRPs) in Pennsylvania. Act 146 required that the department establish a minimum of three Citizen Review Panels. In 2007, a Citizens Review subcommittee was formed to address the establishment and support of Citizen Review Panels in Pennsylvania in accordance with the legal mandates set forth in state and federal statutes. Three panels were established in 2010. These panels are located regionally and cover 36 of Pennsylvania's 67 counties. The Citizen Review Panels provide recommendations which are reviewed by DHS annually and published as part of the Annual Child Abuse Report. The CRPs continue to provide important feedback that helps inform OCYF effort to improve the child welfare system. For a summary of the 2013 CRP recommendations and DHS response, see Attachment W.

PA works with systems partners to ensure that services outlined in the CFSP are coordinated with other federal programs serving the same population. OCYF works with OMAP, the state Medicaid Office, and the Office of Income Maintenance (OIM) to ensure policies and procedures are in place to streamline the Medicaid eligibility process for children and youth entering and exiting foster care. At the county level, local CCYAs and the Medicaid physical health managed care organizations are encouraged to develop health service coordination agreements to ensure the coordination of care to children in foster care, which includes working cooperatively to ensure children have timely access to EPSDT screening.

PA's Office of Child Development and Early Learning (OCDEL) administers Part C and Part B, Section 619 of the federal law Individuals with Disabilities Education Improvement Act (IDEA) of 2004. OCDEL oversees the provision of PA's Early Intervention (EI) Program which consists of services and supports designed to help families with children who have developmental delays. CCYAs work closely with local Early Intervention (EI) providers to ensure that all eligible children from birth to five in the child welfare system receive appropriate developmental screening through use of the Ages and Stages (ASQ™) and Ages and Stages: Social Emotional (ASQ:SE™) tools and when eligible receive services and supports that help promote healthy early child development.

Foster and Adoptive Parent Licensing, Recruitment and Retention (See also Foster and Adoptive Parent Diligent Recruitment Plan)

Annual licensing inspections are conducted by DHS to review agency records to determine compliance with statutory, regulatory and policy requirement concerning foster and adoptive parent licensing. In 2007, OCYF adopted the licensing protocol for managing agencies where a provisional license is warranted. This protocol has strengthened the licensing process by establishing consistent procedures that are implemented statewide in a standardized fashion. Agencies are handled consistently because the standards are applied equitably across the four regions. The electronic format enhances the data management functions and enables oversight of agencies in order to further keep children safe.

On November 30, 2004, Act 160 established the Resource Family Registry (RFR) and additional requirements relating to the approval of foster and adoptive parent applicants. The RFR cross references new information with existing registry information about families; requires resubmission of

criminal and child abuse clearances every two years for all household members age 18 and older; requires applicants to submit much more detailed information about their financial and family histories, including protection from abuse orders, divorce and custody proceedings, and any substance abuse or mental health issues; and requires foster parents to report information changes or changes in household composition to the approving agency within 48 hours. The Kinship Care Program and emergency caregivers must also meet all approval requirements. The RFR is a computerized database listing of all foster, adoptive and kinship families who have been studied to provide care to foster children. The RFR is maintained by the SWAN prime contractor. All families must be registered: those that have been approved to provide care, as well as those who have been disapproved as resource families, along with the reason for their disapproval. The RFR also acts as a matching tool, helping to generate computerized matching between approved adoptive families and children waiting for adoption.

During the next two years, PA will work with stakeholders to identify methods for collecting data to provide an understanding of the operation of this systemic factor as it pertains to the equal application of standard to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds. Potential methods may include the use of focus groups and/or surveys with relevant key stakeholders such as public and provider agencies to gather feedback. It is anticipated that Phase III of CWIS, which focuses on providers and builds the functionality to provide a complete view of provider data such as licensing information, will help improve upon PA's ability to monitor statewide performance regarding this systemic factor component.

PA Act 73 of 2007 requires individuals working with children and individuals residing in resource family homes to obtain fingerprint-based federal criminal background checks bringing PA into compliance with the Federal Adam Walsh Child Protection and Safety Act of 2006. During annual licensing, OCYF reviews for compliance with these requirements and that background checks and clearances for foster parents are up to date. According to the PA Annual Child Abuse Report for 2013, of the 215,033 record requests sent to the FBI, background checks completed on foster and adoptive parents in 2013 were as follows:

- Adoption/Foster & Foster/Adoptive Household Member: 6,992
- Adoption/Adoptive Applicant Household Member: 5,967

- Foster/Foster Applicant Household Member: 10,371

It is anticipated that Phase III of CWIS, which focuses on providers and builds the functionality to provide a complete view of provider data such as licensing information, will help improve upon PA's ability to monitor statewide performance regarding this systemic factor component. PA continues to explore avenues to gather this information for completion of the CFSR State Self-Assessment. Potential plans include reviewing information collected during annual licensing of county agencies to identify any trends in compliance clearance regulations and exploring how focus groups may be used to help gather qualitative perspective around components of this systemic factor.

On June 28, 2002, legislation enabling PA to join ICAMA was enacted and became effective on August 26, 2002. On January 1, 2004, OCYF Bulletin#3140-03-02 was issued on ICAMA with an effective date of October 30, 2002. This bulletin established procedures to implement ICAMA and ensured that moving from one state to another does not serve as a barrier to parents meeting the needs of their adopted children. It prevents delays, denials and disruptions of necessary medical benefits by having a standard form and procedure to transfer medical assistance for adopted children among Compact states. PA can assure families that services and benefits outlined in adoption assistance agreement will be provided regardless of their state of residence, whether they are receiving a federal or state funded subsidy. Children who are not Title IV-E eligible are able to receive medical assistance from the residence state if both states are ICAMA members and agree to reciprocate. Communication with other states will occur through the ICPC Unit or through OIM.

In 2008, OCYF released the bulletin addressing the implementation of the Federal Safe and Timely Interstate Placement of Foster Children Act of 2006. Data showing estimates for the number of children placed into and out of PA through the ICPC is found in Figure 35.

Figure 35. Estimated Placements Into/Out of PA Through ICPC 2011-2013⁴

	<i>Placement Into PA</i>			<i>Placement Out of PA</i>		
	<i>Foster</i>	<i>Public</i>		<i>Foster</i>	<i>Public</i>	
		<i>Adopt</i>	<i>RTF</i>		<i>Adopt</i>	<i>RTF</i>
2011	79	61	393	50	26	47
2012	112	40	422	59	34	61
2013	100	53	474	57	35	91

Data Source: PA ICPC Database

PA also tracks the time it takes to facilitate adoptive or foster care placements through ICPC, which includes completion of the home study. As Figure 36 indicates, approximately 65% of all requests received by PA in 2013 were approved or denied within the first three months of receipt of the packet by the PA ICPC Office.

Figure 36. Time from Receiving Packet to Receiving Status at PA ICPC Office

Time to Status	<i>Requests Into PA</i>		
	<i>2011</i>	<i>2012</i>	<i>2013</i>
1 Month	72	82	118
	15.1%	14.6%	21.0%
2 Months	108	123	137
	22.6%	21.8%	24.3%
3 Months	73	119	111
	15.3%	21.1%	19.7%
4 Months	77	89	76
	16.1%	15.8%	13.5%
5 Months	46	44	42
	9.6%	7.8%	7.5%
6 Months	37	28	36
	7.8%	5.0%	6.4%

⁴ Note on Data Limitations: Data is based upon on actual placements recorded through submission of forms to ICPC unit for input into database. As the appropriate form is not always submitted, the numbers shown in the chart are artificially low. There is also some overlap between public foster and adoptive placements due to the fact that a change from a goal of foster care to adoption is considered a new placement within the database.

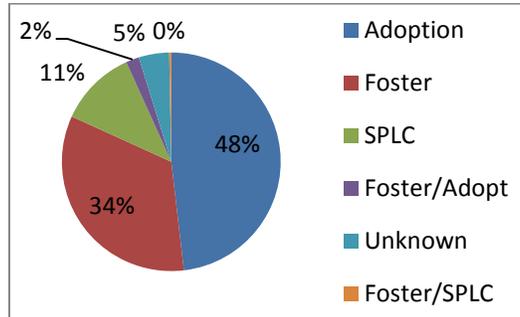
7 Months	28	36	15
	5.9%	6.4%	2.7%
8 Months	11	20	15
	2.3%	3.6%	2.7%
9 Months	8	12	11
	1.7%	2.1%	2.0%
10 Months	14	2	1
	2.9%	0.4%	0.2%
11 Months	2	8	0
	0.4%	1.4%	0.0%
12 Months	1	0	1
	0.2%	0.0%	0.2%
Total	477	563	563

More recently, concerns about effective and appropriate placement of children under the ICPC were raised by the CRP and also received attention through the AOPC Children’s Roundtables. The ICPC was a topic of discussion during LR meetings, meetings with individual counties and meetings with OCYF. OCFC partnered with OCYF to assess the state’s ICPC laws, policies and practices to determine what barriers exist in the expedition of these cases and to implement the necessary changes to improve the quality and timeliness of this process. In addition, best practices and specific information regarding ICPC are being incorporated into the Judicial Dependency Bench Book.

Kinship Care Survey

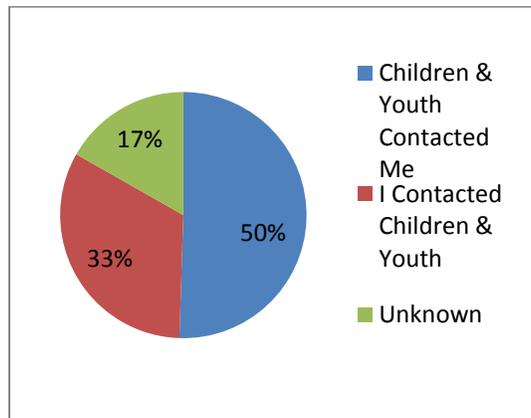
The SWAN Advisory Committee conducted a survey of formal kinship care providers. Formal kinship care providers are those families in PA who agree to foster, or become a custodian or adoptive parent of a child who has been removed from the care of their original family and placed into out of home care. Kinship care families must have an existing relationship with the child. The survey was created in Survey Monkey and an email containing the link to the survey was provided to all CCYA and to private foster and adoption agencies. Agencies were encouraged to share the survey electronically and if that was not possible, to print the survey and send it to their families and ask them to complete it. The survey consisted of questions designed to address the training and support that kinship families received and to determine what types of training and support they felt they needed. Nine-hundred and seventy eight responses were received from families across the Commonwealth. The questions and responses not covered elsewhere in this plan are as follows:

Figure 37. What Category Of Resource Family Are You Considered?



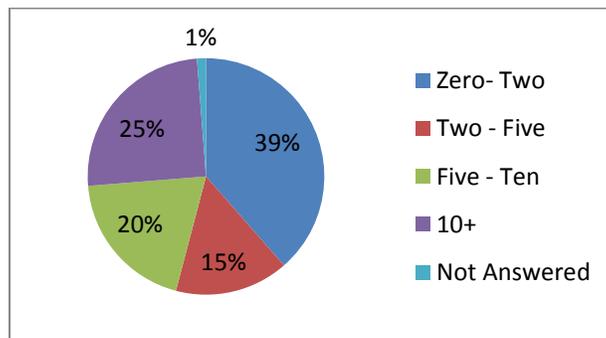
Data Source: SWAN Kinship Care Survey

Figure 38. How Did You Become a Kinship Resource Family?



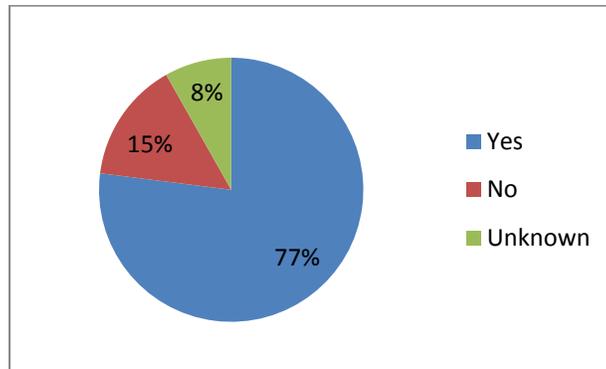
Data Source: SWAN Kinship Care Survey

Figure 39. How Many Years Have You Been A Kinship Resource Family?



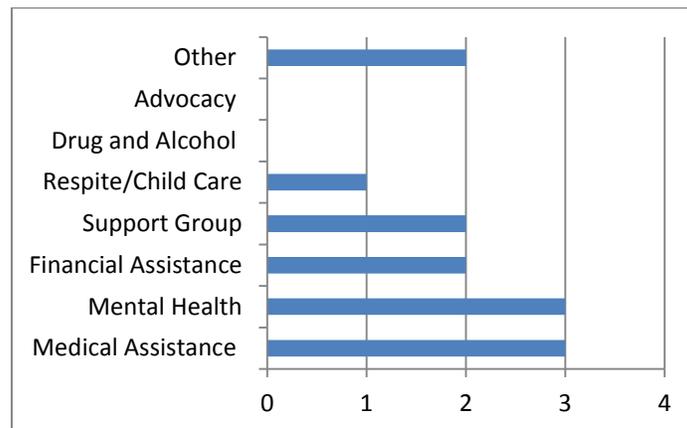
Data Source: SWAN Kinship Care Survey

Figure 40. Do You Feel You Have Adequate Support?



Data Source: SWAN Kinship Care Survey

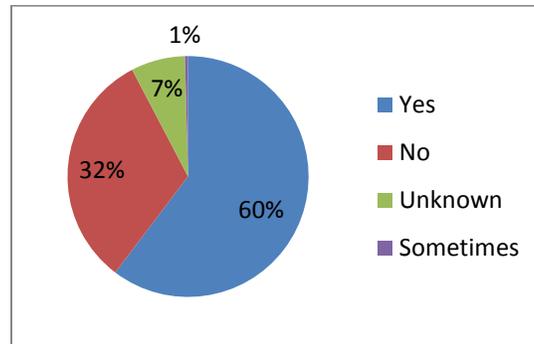
Figure 41. What Types of Additional Supports Do You Feel Are Needed?



Data Source: SWAN Kinship Care Survey

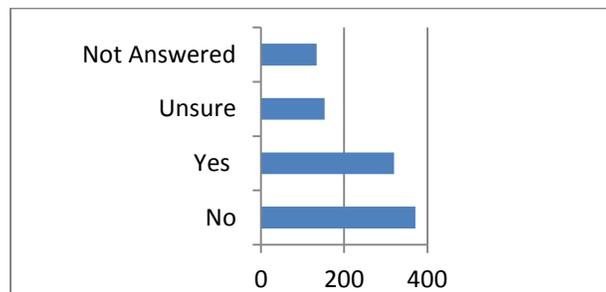
*Of the 145 Respondents who said they needed additional support, only 13 identified a support needed.

Figure 42. Are You Kept Informed of Available Community Resources For Future Issues That May Arise?



Data Source: SWAN Kinship Care Survey

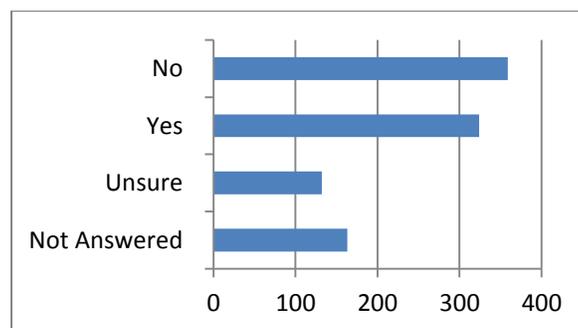
Figure 43. Does Your Area Have A Kinship Support Group?



Data Source: SWAN Kinship Care Survey

*202 of the Respondents who said there is no support group in their area said such a group would be helpful.

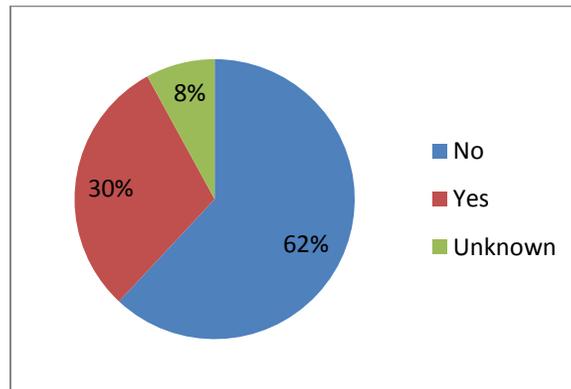
Figure 44. Does Your Area Have An Adoption Support Group?



Data Source: SWAN Kinship Care Survey

*202 of the Respondents who said there is no support group in their area said such a group would be helpful.

Figure 45. Are You Aware of SWAN Post-permanency Services?



Data Source: SWAN Kinship Care Survey

The results of the survey were surprising to the SWAN Advisory Committee as it was generally believed by some members of the committee as well as by numerous members of the PIP Permanency Subcommittee, that PA needed to provide specialized training to kinship care families. 77% of the respondents felt that the support they received is adequate. Although 144 of the 978 respondents stated that they could benefit from more support, only 13 individuals identified the type of support they felt they needed.

What is notable about the results is that 62% of the formal kinship families surveyed were not aware that SWAN offers post-permanency services including case advocacy, respite and support groups although 202 of the respondents felt that a support group would be beneficial and at least one person identified advocacy as a needed beneficial support. To address this issue, OCYF will share the results of the survey with CCYA and remind them that SWAN post-permanency services are available to formal kinship families at no cost to the CCYA and that training of all kinship providers should include information on SWAN post-permanency services and instructions on how to access the services. Brochures have been developed for the CCYA to share with their staff and resource families.

Plan for Improvement

The 2015-2019 CFSP will continue to build upon the positive change achieved through implementation of the goals and objectives outlined in the 2010-2014 CFSP and the successful completion of PA's Round 2 federal Child and Family Services Review (CFSR) Program Improvement Plan (PIP). While the focus of the goals and objectives outlined in PA's plan will continue to be rooted in CFSR outcomes related to safety, permanency, well-being and systemic factors, the development of the 2015-2019 CFSP provides an opportunity to realign PA's strategic plan for the next five years more closely with OCYF's redefined vision, mission, values and goals as well as PA's Child Welfare Practice Model. In addition, best practice from the field of implementation science will be applied to the development of the CFSP to provide a framework through which to track progress and monitor implementation of identified objectives and interventions outlined in this section of the plan.

It is important to note that the 2010-2014 CFSP was largely organized around the following six themes: child, youth and family engagement; collaboration; sustaining change/QA system; quality practices; enhancing assessments; and timely permanence. While the 2015-2019 CFSP is not designed specifically around these six themes, they will continue to be represented throughout the plan and are considered integral components of PA's practice model.

During the spring of 2014, staff from OCYF central office, OCYF regional office, and the CWRC received training on implementation science through the National Implementation Research Network (NIRN). The 2015-2019 CFSP will utilize discussion of the stages of implementation recognized by NIRN as a framework for monitoring and tracking progress achieved in implementing the identified interventions necessary to achieve PA's goals and objectives over the course of the next five years. The stages of implementation that are identified within the discussion of the individual goals and objectives are defined by NIRN as follows⁵:

⁵ See also:

<http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/resources/NIRN-Education-StagesOfImplementationAnalysisWhereAreWe.pdf>

Exploration:

“The processes of mapping consumer needs and understanding the enabling and limiting aspects of the contexts in which interventions can occur...Where service providers, community planning groups, advisory boards, consumer population members, related organizations, and purveyors meet and exchange information to:

- identify the need for an intervention considering the information available
- acquire information via interactions with one another
- assess the fit between the intervention program and community needs
- prepare the organization, staff, and resources by mobilizing information and support.”

Installation:

“Structural supports necessary to initiate the program are put in place. These include ensuring the availability of funding streams, human resource strategies, and policy development as well as creating referral mechanisms, reporting frameworks, and outcome expectations. Additional resources may be needed to realign current staff, hire new staff members to meet the qualifications required by the program or practice, secure appropriate space, purchase needed technology (e.g., cell phones, computers), fund un-reimbursed time in meetings with stakeholders, and fund time for staff while they are in training.”

Initial Implementation:

“Implementation involves complexity in every aspect. Implementation requires change. The change may be more or less dramatic for an individual or an organization. In any case, change does not occur simultaneously or evenly in all parts of a practice or an organization. Changes in skill levels, organizational capacity, organizational culture, and so on require education, practice, and time to mature.”

Full Implementation:

“Full implementation of an innovation can occur once the new learning becomes integrated into practitioner, organizational, and community practices, policies, and procedures. At this point, the implemented program becomes fully operational with full staffing complements, full client loads, and all of the realities of doing business.”

The use of implementation science theory, framework and tools will serve as an important implementation support to PA's efforts over the next five years. PA's goals and objectives outlined within the 2015-2019 CFSP represent improvement efforts at different stages of implementation. While some efforts have clearly defined plans to guide efforts over the next five years, others are in the exploration phase and with ongoing work required to solidify the specific set of interventions and activities to achieve objectives and help move PA towards its identified goals.

Goal 1: Children and youth are free from incidents of abuse and/or neglect

OCYF is committed to working with stakeholders and community partners to ensure that children across the Commonwealth are free from abuse and neglect. Although PA has remained in substantial conformity with national standards regarding repeat maltreatment and absence of child abuse and/or neglect in foster care, efforts will continue to look at areas to strengthen community and system capacity to further protect children. The two primary objectives that will support PA's work towards this goal include implementation of the changes to the Child Protective Services Law (CPSL) and improving system capacity to determine the causes and symptoms of severe abuse and neglect in order to better identify responses that may prevent similar future occurrences.

Based upon data analysis, PA has identified the following measures of progress for this goal⁶:

- By September 30, 2019, at least 99% of applicable in-home and out-of-home cases reviewed statewide, during each round of the QSR, will achieve an overall acceptable rating for the following indicator:
 - Child/Youth and Family Status Indicator #1a: Safety- Exposure to Threats of Harm
 - The baseline for progress measurement will be 97%, which is the percentage of cases rated acceptable during Round

⁶ Measures of progress in this plan are established by increasing the baseline percent strengths by the calculated upper limit sampling error. This is achieved by using the formula: $z \cdot \sqrt{p(1-p)/n}$ where $z = 1.28$, $p =$ the baseline percent, and $n =$ number of applicable cases during the baseline. Z-score = 1.28, using a confidence level of 80 percent; both statistics selected by ACF during the PIP monitoring phase (PIP Goal Calculator)

- Meet the national standard, 99.86% of all children in foster care, during the 12-month target period, were not maltreated by a foster parent or facility staff member. Records will be identified from AFCARS and NCANDS.
- The baseline for progress measurement will be performance on this measure reported for 2013 in the PA Child and Family Services Review Data Profile from June 12, 2014, which was 99.89%.

Objective 1.1: *Strengthen community and system capacity to protect children from abuse and neglect through implementation of changes to the Child Protective Services Law (CPSL).*

Background/Rationale

In response to concerns regarding the CPSL in Pennsylvania, the legislature passed SR 250 and HR 522 of 2011 to establish the Task Force on Child Protection (Task Force). The Task Force was established to conduct thorough and comprehensive reviews to ascertain any inadequacies relating to the mandatory reporting of child abuse and to strengthen the Commonwealth's efforts to protect the victims of child abuse. The Task Force issued its final report on November 27, 2012, and offered recommendations for both statutory and practice changes which focused on reducing the threshold for substantiating child abuse, expanding the list of persons mandated to report child abuse, and improving the investigation of child abuse.

This comprehensive legislative package will strengthen PA's ability to better protect children from abuse and neglect by amending the definitions of child abuse and perpetrator. Additionally, these amendments will streamline and clarify mandatory child abuse reporting processes, increase penalties for failure to report suspected child abuse and protect persons who come forward to report child abuse. The legislation also promotes the use of multi-disciplinary investigative teams to investigate child abuse related crimes and supports the use of information technology to increase efficiency and tracking of child abuse data.

In total, 20 bills were signed by the Governor between December 2013 and April 2014. A summary of the legislative changes to the CPSL signed into law are outlined in the Child Protective Services section of this plan (see page 146).

Interventions

CPSL implementation is currently moving through the exploration and installation stages of implementation. As the detailed plans for implementation are in the process of being developed, the interventions below are still fairly broad and will be further specified in the next APSR. The interventions and activities that will be necessary to accomplish implementation of the changes to the CPSL are as follows:

- An implementation workgroup will be convened at the state level;
- The implementation workgroup will develop a comprehensive implementation plan to meet timeframes for legislative effective dates;
- The implementation workgroup will develop a plan for communicating CPSL changes to stakeholders and the community;
- The implementation workgroup will assist in the development of a training plan, curricula and TA resources;
- The CWRC will revise CTC curriculum to reflect CPSL changes;
- OCYF will issue new policy documents with support from the implementation workgroup;
- OCYF will make relevant changes to existing regulations and policy documents with support from the implementation workgroup;
- The implementation workgroup will identify strategies for initial and ongoing monitoring of the implementation of the changes to the CPSL at both the state and county levels;
- OCYF will identify and address any changes needed to state data collection processes or IT systems as a result of the changes to the CPSL.

Current Progress to Date

In January 2014, OCYF convened a stakeholder workgroup to assist with the development of policy, guidance, training and information. The CPSL Implementation Workgroup currently consists of over 120 participants representing a wide range of stakeholder groups. For the purpose of developing appropriate implementation plans, the changes to the laws were identified as falling into one of four categories: reporting, investigations/disposition, appeals/expunctions, and child custody. Workgroup members assembled into teams based upon the four categories and began meeting to devise plans for implementing the legislation relevant to their category.

OCYF regional office staff and CWRC practice improvement staff began working with counties to identify best practices for implementing the

changes to the CPSL at the local level. During the spring and summer of 2014, meetings were held in each of the four regions with county implementation teams to begin the planning process.

OCYF anticipates that changes to the threshold for substantiating child abuse will impact PA's child abuse data. While the magnitude of this impact may be unknown, PA will continue to monitor our data to identify any significant changes. Through CPSL implementation planning and CWIS Phase I implementation, any relevant data that may be used to further measure and monitor this objective will be identified and reported upon in future APSRs.

Benchmarks

Implementation of the changes to the CPSL will be tracked through meeting the benchmarks outlined below. As more specific interventions are defined through planning, the benchmarks may be modified to capture these activities.

Year 1 (October 1, 2014 - September 30, 2015)

- Installation stage will be completed and initial implementation will begin.
- Implementation plans will be fully developed and in effect for all changes taking effect in calendar year 2014.
- Plans for ongoing monitoring of implementation will be identified.
- Training curriculum will be developed and delivery will begin

Year 2 (October 1, 2015 - September 30, 2016)

- Implementation will move from the initial stages to full implementation.
- Monitoring of implementation will continue.

Objective 1.2: *Improve system capacity to determine the causes and symptoms of severe abuse and neglect and responses that may prevent similar future occurrences.*

Background/Rationale

On July 3, 2008, Senate Bill 1147, Printer's Number 2159 was signed into law. This amendment to the CPSL, known as Act 33 of 2008, was effective December 30, 2008. Act 33 of 2008 requires that circumstances

surrounding cases of suspected child abuse resulting in child fatalities and near fatalities be reviewed at both the state and local levels. The reviews are intended to assist PA's child welfare system to better protect children by identifying causes and contributing factors to incidences of child fatalities and near fatalities and providing enhanced interventions to children and their families. The current process was designed to capture in-depth information regarding the circumstances of the fatalities and near fatalities, the dynamics of the family and the details regarding services provided to the family. In addition, Act 33 of 2008 increases the child welfare system's transparency and accountability related to child fatalities and near fatalities by granting public access to information related to each child fatality or near fatality when abuse is suspected.

As part of its internal Continuous Quality Improvement efforts, OCYF solicited feedback on the current review process from the Statewide Review Team. This feedback provided the basis for the development of the following interventions outlined below. Through implementation of these interventions, PA will seek to improve our ability to ascertain the strengths and challenges of our system and identify solutions to address the service needs of the children and families we serve. PA anticipates that strengthening this process will result in the identification of targeted strategies to move PA towards its goal of ensuring children are free from abuse and neglect.

Interventions

- A finalized bulletin will be released by the Department to reiterate the county and state processes of reporting, reviewing and analyzing child fatalities and near fatalities when abuse or neglect is suspected. Information will be detailed regarding:
 - Public disclosure;
 - The roles and responsibilities of the county and state;
 - The collaboration and responsibilities of the Act 33 review teams;
 - The content of the final reports;
 - How findings will be addressed;
 - And trend analysis.
- Each stage of the process will be reviewed and gaps or challenges will be addressed through technical assistance, education or training.
- Standardized ways of collecting, reporting, reviewing and disseminating information regarding child fatalities and near fatalities will be developed for consistency and quality.

- A more comprehensive trend and content analysis will be developed in order to be able to further address the systemic issues, evaluate trends and offer recommendations to the Department and other system partners to reduce the likelihood of future child fatalities and near fatalities.

Progress to Date

The following activities reflect work related to improving the quality and efficiency of the fatality and near fatality review process and trend analysis that have been completed to date:

- A process has been established with the counties and regions that has been in effect since 2009.
- Redacted child fatality and near fatality reports are posted publicly on the Department's website.
- Data analysis is completed on all reports of child fatalities and near fatalities through the use of a data collection tool. Child fatality and near fatality data is reported yearly in Pennsylvania's Child Abuse Annual Report.
- Summaries of all substantiated fatalities and near fatalities are included in the Annual Child Abuse Report.
- A final draft of the Act 33 bulletin and appendices are being reviewed prior to dissemination.
- A survey has been completed by the Statewide Review Team to identify gap areas and ways to improve the review process.
- A meeting was held with the Statewide Review Team where the gap areas were prioritized and next steps were developed.
- Quarterly meetings for trend analysis of all fatality and near fatality reports have been scheduled.

Benchmarks

OCYF will track and monitor the improvement of the fatality and near fatality review process and in-depth trend analysis through achievement of the following benchmarks. OCYF aims to implement a majority of improvement efforts over the course of Year 1. By Year 2, OCYF anticipates strengthened capacity to conduct and interpret trend analysis will lead to the development of other objectives designed to improve child safety outcomes. Benchmarks are projected and subject to change based upon decisions made by the Statewide Review Team on improvement efforts. The projected benchmarks for the objective are as follows:

Year 1 (October 1, 2014 - September 30, 2015)

- By September 1, 2014, the Act 33 Bulletin and Appendices will be distributed.
- By July 2015, an in-depth trend analysis process will be developed in order to complete a content and data analysis and to develop system-wide recommendations for prevention of child fatalities and near fatalities related to abuse or neglect.
 - A schedule of reviews will be developed taking into consideration the timelines for Act 33 and for the publishing of the Annual Child Abuse Report.
 - A process will be developed to coordinate with system partners and stakeholders for the development, review and implementation of prevention measures.
- Prioritized gap areas will be addressed regarding standardization and clarification on the roles and responsibilities of the State and County Review Teams.

Year 2 (October 1, 2015 – September 30, 2016) and ongoing

- The statewide trend analysis of all child fatalities and near fatalities as a result of abuse or neglect will occur through quarterly meetings held around the state.
- The findings of the analysis will be published in the Annual Child Abuse Report, as well as recommendations for the prevention of future abuse and neglect related fatalities and near fatalities.
- The Statewide Review Team will coordinate with system partners and stakeholders to review recommendations and implement next steps.
- Technical assistance, education and training will be provided to both State and County Review Team members regarding the investigation, reporting and analysis of child fatalities and near fatalities.

Goal 2: Children and youth achieve timely permanency

During the next five years, PA will continue to work towards improving efforts to support the achievement of timely permanency. PA has been committed toward moving to statewide implementation of concurrent planning and has laid the groundwork for these efforts over the past five years. During the 2015-2019, reaching full implementation will be a crucial objective undertaken to help children and youth achieve more timely permanency. PA will also continue to make congregate care reduction a priority and build upon the initiatives and practices that have grown to

support this work. Finally, PA will continue to focus on reducing re-entries into care and re-visit current data collection practices to ensure strategies for improvement are being driven by an understanding of valid and reliable data.

A key component of PA's work towards congregate care and re-entry reductions will be supported through the work of the Child Welfare Demonstration Project. The initial five counties participating in the Demonstration Project (Allegheny, Dauphin, Lackawanna, Philadelphia and Venango) represent approximately 45% of the total Pennsylvania foster care population and approximately 25% of the state population. Therefore, the Demonstration Project efforts have the potential to impact a significant percentage of children, youth and families with this penetration increasing with the addition of each new county to the Demonstration Project.

Based upon data analysis, PA has identified the following measures of progress for Goal 2:

- By September 30, 2019, at least 81% of cases reviewed during each round of the QSR will achieve acceptable ratings for the following indicator:
 - Child, Youth and Family Status Indicator #4: Permanency
 - The baseline for progress measurement will be 76%, which is the percentage of cases rated acceptable during Round III of the QSR. A total of 143 cases were rated on this indicator during Round III.
 - The overall (total) acceptable and unacceptable percentages for each indicator are calculated by dividing the total number of all acceptable or unacceptable ratings by the total number of all applicable cases (of all sub-indicators).
 - Records will be identified from QSR rollup sheets.
- By September 30, 2019, at least 75% of cases reviewed during each round of the QSR will achieve acceptable ratings for the following indicator:
 - Practice Performance Indicator #9: Efforts to Timely Permanency
 - The baseline for progress measurement will be 70%, which is the percentage of cases rated acceptable during Round

- Records will be identified from AFCARS. Placement setting as of the last day of the FFY. Age will be calculated as the difference between the child's date of birth and the last day of the FFY.

Objective 2.1: *Statewide implementation of concurrent planning.*

Background/Rationale

As part of PA's 2010 Program Improvement Plan (PIP), efforts were undertaken to develop a statewide policy to support case practice for concurrent planning. The goals of concurrent planning include achieving timely permanency for children and youth through early permanency decisions and reducing the number of moves in the foster care system for children. Therefore full scale implementation of concurrent planning statewide serves as a critical step towards improving permanency outcomes for children involved with the child welfare system. The eight identified core components of concurrent planning are:

1. Full disclosure to all participants in the case planning process
2. Family search and engagement
3. FGDM/Family Group Conferencing/Teaming
4. Child/family visitation
5. Establishment of clear timelines for permanency decisions
6. Transparent written agreements and documentation
7. Committed collaboration between child welfare agencies, the courts, resource families, service providers and other stakeholders, and
8. Specific recruitment, training and retention of resource families.

Implementation of the core components of concurrent planning related to engagement, teaming, full disclosure and collaboration will also serve to further support alignment of daily case practice with best practice outlined in PA's Child Welfare Practice Model.

Interventions

The specific interventions and activities that will be necessary to accomplish statewide implementation of concurrent planning are as follows:

- TA Collaborative will provide technical assistance to counties in implementation of concurrent planning. The TA Collaborative will provide support in the form of
 - training;
 - coaching;

- on-site technical assistance; and
 - development of additional resources to aid counties in implementation.
- The CWRC will continue to develop training curricula relative to concurrent planning as needed;
- OCYF will monitor phased-in and ongoing implementation of concurrent planning through the QSR process;
- Upon full implementation of concurrent planning, OCYF will monitor CCYA compliance with concurrent planning policy through the annual licensing inspection process;
- OCYF will identify and address any changes needed to state data collection processes or IT systems as a result of implementation of concurrent planning.

Current Progress to Date

The following activities reflect work related to the exploration and installation stages of implementation that have been completed to date:

- The Concurrent Planning Policy and Implementation Bulletin was released on May 11, 2012.
- Counties completed organizational self-assessments to determine which of the eight components of concurrent planning they need to work on developing in order to be compliant with full implementation of concurrent planning.
- Based upon organizational self-assessments, counties requested any needed TA and funding to support concurrent planning efforts through the Needs Based Plan and Budget (NBPB).
- Training on concurrent planning was provided at SWAN/IL Quarterly Meetings, the Annual Permanency Conference, and the annual Foster Parent Conference.
- OCYF collaborated with the CWRC, public and private child welfare workers and other stakeholders to develop a training and transfer of learning (TOL) for county caseworkers.
- Training has been incorporated into the Charting the Course curricula that all county child welfare workers must complete.
- CWRC developed a concurrent planning curriculum specific for resource families which was provided at the annual PSRFA conference.
- Training for judges, CASAs, GALs, solicitors and attorneys was provided in collaboration with ABA.

OCYF has also worked with HZA to identify data for monitoring concurrent planning implementation. During the Quality Service Reviews, primary and concurrent goal information is gathered as part of the basic demographic and case information reported for each case that is reviewed. The data from the first three rounds of QSRs shows an increase in the number of out-of-home cases reviewed with an identified concurrent goal. While nearly half (48%) of the out-of-home cases reviewed during Round 1 had no established concurrent goal, only 20% of the out-of-home cases reviewed during Round 3 were without an identified concurrent goal. OCYF will continue to utilize the QSR data to track the progress of the initial implementation of concurrent planning, as well as for ongoing monitoring.

Figure 46. Concurrent Goal Data Reported for QSR Out-of-Home Cases During Rounds I, II and III						
Concurrent Goal	Round I		Round II		Round III	
	#	%	#	%	#	%
Return home	1	2%	1	1%	3	5%
Adoption	15	25%	24	27%	28	47%
Permanent legal custodian/Subsidized legal custodian	3	5%	5	6%	7	12%
Placement with a fit and willing relative	7	12%	14	16%	6	10%
Other planned placement intended to be permanent/APPLA	5	8%	10	11%	5	8%
No concurrent goal established	29	48%	36	40%	12	20%

Data Source: Hornby Zeller Associates

Benchmarks

OCYF will track and monitor progress of the statewide implementation of concurrent planning through achievement of the following benchmarks:

Year 1 (October 1, 2014 - September 30, 2015)

- Beginning July 1, 2015, policy takes effect that all children entering foster care with a goal of reunification will have a concurrent plan for permanency established within 90 days of their placement.

Year 2 (October 1, 2015 – September 30, 2016)

- Beginning January 1, 2016, policy takes effect that all children who were already in out-of-home care will have a concurrent plan for permanency, regardless of their court-ordered permanency goal.

Year 3 (October 1, 2016 – September 30, 2017)

- Beginning in Year 3, the annual licensing inspection for CCYAs will monitor for compliance with concurrent planning policy.
- Findings from QSRs conducted during Year 3 will show that all children reviewed in out-home-care will have an identified concurrent goal.

Year 4 (October 1, 2017-September 30, 2018)

- Monitoring will continue through use of QSR data, annual licensing inspection and CWIS data analysis.

Year 5 (October 1, 2018-September 30, 2019)

- Monitoring will continue through use of QSR data, annual licensing inspection and CWIS data analysis.

Objective 2.2: *Reduce reliance on congregate care.*

Background/Rationale

A key value outlined as part of PA's Child Welfare Practice Model holds that all children and youth have the right to live in a safe, nurturing and stable family. OCYF is committed to ensuring that when circumstances prevent children from remaining safely in their own homes, children are provided the opportunity to reside in the least-restrictive and most appropriate setting to meet their needs. While congregate care placement may be beneficial for children who require short-term supervision and structure because their behavior may be dangerous or because of complex physical healthcare needs, PA continues to support efforts to further enhance usage of other placement options by reinvesting funds into family-based and prevention services and implementing policies that promote family placements.

Reducing reliance on congregate care placement has been an OCYF priority over the past five years and will continue to be the focus of improvement efforts over the course of the 2015-2019 CFSP. PA will

continue to build upon the progress made thus far through the implementation of interventions designed to successfully build supports and practices that will allow children to remain safely in family-based settings.

Interventions

During FFYs 2015-2019, PA plans to continue efforts to reduce unnecessary use of congregate care placements through use of the interventions outlined below. These interventions are rooted in best practice outlined in PA's Child Welfare Practice model and build upon the strengthening of child, youth and family engagement, assessment and understanding, and teaming.

- Strengthen supports to keep medically fragile children in their home through consideration of revisions to PA's policy on medical foster care, currently outlined in the 1994 Special Transmittal entitled "Medical Foster Care for Children Served by County Children and Youth Agencies." (See also Attachment NN)
 - Through the work of the Health Care Workgroup, recommendations were made surrounding DHS policy governing the use of Medical Foster Care. Recommended revisions to the policy incorporate evidence-supported models and best practice protocols to ensure that Children and Youth with Special Health Care Needs (CYSHCN) have access to supports and resources so they are able to be cared for in the least restrictive placement settings.
 - Suggested revisions also include improved use of assessments to identify the needs, types of resources warranted, and the intensity of care demands placed on caregivers. The assessments will be conducted at regular intervals to ensure that children are placed in the least restrictive environment, while ensuring ongoing assessment of needs and services.
 - PA will explore potentially develop and implement a standardized mechanism to gather data related to CYSHCN in foster care and make aggregate data widely available to encourage collaboration and innovation around program development for CYSHCNs.
- Child Welfare Demonstration Project (see also page 222).
 - Through the Child Welfare Demonstration Project, participating counties will utilize flexible funding to strengthen family engagement, use of comprehensive child and family

assessments, and use of targeted EBPs to help reduce the number of children in each Demonstration Project county placed in congregate care by 30% by 2018. The administration of ongoing assessments required of Demonstration Project counties is critical to the monitoring of children in congregate care and helps ensure that children in these settings receive necessary treatments for the appropriate length of time and do not remain in congregate care longer than necessary.

- Systems of Care (SOC)(see also <http://www.pasocpartnership.org/>)
 - Working at the state, county, and individual levels in Pennsylvania, the PA System of Care Partnership brings youth, families, systems and supports together to find effective and efficient strategies that improve outcomes for youth and their families. In particular, PA's SOC Partnership is focusing on the needs of 8 – 18 year-olds and their families, who have complex behavioral health challenges along with involvement in the juvenile justice and/or child welfare system(s) and who are in, or at risk of out-of-home placement.
 - This work is currently funded through a cooperative agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Commonwealth of Pennsylvania. With \$9 million in federal funds from October 2009 through September 2015, and \$9 million worth of in-kind match, PA is supporting the formation of System of Care County Leadership Teams to implement the PA System of Care Partnership standards within at least 15 counties. These county teams consist of youth leaders and family leaders in equal numbers with system leaders. Their purpose is to engage in equal partnership to transform the way individual child-serving systems integrate their efforts to help youth be successful in their homes, schools and communities.

Progress to Date

Over the course of the past several years, PA has worked to ensure children are placed in the least restrictive placements possible and reduced reliance on congregate care placements. PA AFCARS data from the period of 2009 through 2013 shows that the proportion of children placed in congregate care decreased from 25.9% in 2009 to 19.6% in 2013. While overall congregate care numbers have been trending downward statewide,

the percentage of children under the age of twelve in congregate care has continued to remain fairly steady at 7%.

Congregate care reduction continues to remain an OCYF priority and counties are provided opportunities to track congregate care placement numbers as part of the data packages provided to counties in preparation for the planning of their annual NBPB submissions. Many counties report that while they have had success in reducing congregate care placements, children entering care increasingly are presenting with complex needs that challenge counties to find appropriate services to help maintain these children safely in family settings. During the 2014-2015 NBPB submission, 24 counties selected least restrictive placement settings, defined as the use of familial type placement settings in comparison to the use of congregate care placement settings, as a benchmark for improvement efforts.

The initial five Demonstration Project counties, considered the first cohort, began implementation of family engagement strategies and utilization of the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) assessments on July 1, 2013. During the past year, the Demonstration Project counties utilized information gathered from the comprehensive assessments to help inform the selection of EBPs aimed at enhancing the service array within their local communities. PA has extended an opportunity to join the Demonstration Project to all interested counties. Crawford County, who selected to join the Demonstration Project in 2014, began implementation on July 1, 2014 and is considered a second cohort county.

In October 2009, PA received a federal SOC grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for \$9 million over six years. The grant provides funding to county child welfare agencies, juvenile justice, and mental health agencies to implement High Fidelity Wraparound (HFW) for youth ages 8-18 with complex behavioral health challenges who are involved with child welfare and/or juvenile justice, and is in, or at risk for, out-of-home placement. Funding is also available for family and youth advocacy as well as the development of community supports for youth and families. The following counties are current Partner Counties: Montgomery, York, Chester, Erie, Fayette, Lehigh, Luzerne, Philadelphia, Northumberland, Crawford, Venango, Greene and Delaware.

Local efforts are supported by training, TA, social marketing, cultural and linguistic support, support to local youth and family partners/leaders, and guidance on matters related to state and federal regulation and funding throughout the process of SOC development. HFW is the engagement and

planning process for all SOC youth and families. The Youth and Family Training Institute (YFTI) provides training, credentialing, coaching and ongoing fidelity monitoring of the HFW staff for all SOC counties.

In October 2011, PA was awarded a one-year SOC Expansion Planning Grant. In September 2012, the SOC State Leadership Team (SLT) completed a comprehensive statewide planning process and submitted a strategic plan focused on establishing SOC in all 67 PA counties. The planning effort also focused on expanding effective services and supports for youth within the population of focus (described above), in part through access to the HFW process. The Expansion Planning process built on and enhanced efforts that have been underway for several years to integrate and more effectively provide services to youth and their families. This planning initiative engaged state and county child serving system leaders, in equal partnership with youth and family leaders, to incorporate the unique strengths and challenges from all areas of the state. The planning process included six Regional Planning Groups, a Family Leadership and Support Team, a Youth Coalition Board as well as surveys, key informant interviews and public forums. Approximately 174 individuals were directly involved in the planning groups. Over 1300 stakeholders were involved in the forums, surveys and interviews.

As a result of the planning process a state plan was developed that identifies the systems changes (regulation, funding, policy, structures) that need to occur to have the child welfare, juvenile justice, behavioral health, and education systems operate as one integrated whole in collaboration with strong and knowledgeable youth and family leaders. During the first half of 2013, the Expansion Planning Grant enabled the SLT to continue to work on goals and strategies identified in the plan. That work included efforts to expand and build on existing youth and family leadership and supports across Pennsylvania.

In July 2013, Pennsylvania was awarded a SOC Expansion and Implementation Cooperative Agreement which will support additional expansion beyond the 15 counties funded by the original Cooperative Agreement. Implementation under the new Cooperative Agreement will include other engagement and planning processes beyond HFW. Implementation is based on the statewide plan completed under the Expansion Planning Grant. Currently 10 counties are participating in the SOC Expansion and Implementation Cooperative Agreement.

The PA SOC Partnership County Progress Assessment for 2014 is available online at <http://www.pasocpartnership.org/uploads/media/State%20CPA%20Report%202014.pdf>.

Benchmarks

Both the SOC Partnership and Child Welfare Demonstration Project have independently established reporting requirements which includes measures of progress and evaluation components that will provide data for ongoing monitoring of progress. OCYF will review this data and specifically track and monitor progress of this objective through use of state and county level AFCARS data related to placement settings. PA has identified the following benchmarks for this objective as follows:

Year 1 (October 1, 2014 - September 30, 2015):

- By the end of Year 1, draft revisions to PA's Medical Foster Care Policy will be completed.
- During Year 1, Cohort 1 Demonstration Project counties will begin initial implementation of county specific evidence based programs selected for the Demonstration Project.
- During Year 1, the Cohort 2 Demonstration Project county will complete the family engagement and assessment phase of the Demonstration Project.
- During Year 1, partner counties will be supported in their implementation of SOC.

Year 2 (October 1, 2015 - September 30, 2016)

- By the end of Year 2, revisions to PA's Medical Foster Care Policy will be finalized and undergoing full implementation.
- During Year 2, Cohort 1 Demonstration Project counties will achieve full implementation of county specific evidence based programs selected for the Demonstration Project.
- During Year 2, the Cohort 2 Demonstration Project county will select and begin initial implementation of county specific evidence based programs for the Demonstration Project.
- During Year 2, current and any new partner counties will be supported in their implementation of SOC components.

Year 3 (October 1, 2016- September 30, 2017)

- Utilize data collected on CYSHCN for monitoring and to inform further enhancement to service provision.
- During Year 3, Cohort 1 Demonstration Project counties will continue to monitor implementation of evidence based programs selected for the Demonstration Project and make adjustments as needed.
- During Year 3, the Cohort 2 Demonstration Project county will achieve full implementation of county specific evidence based programs selected for the Demonstration Project.
- During Year 3, current and new partner counties will be supported in their implementation of SOC components.

Year 4 (October 1, 2017-September 30, 2018) and ongoing

- Continue utilization of data collected on CYSHCN for monitoring to inform further enhancement to service provision.
- During Year 4, cohort 1 and 2 Demonstration Project counties will continue ongoing monitoring of evidenced based programs implemented as part of the Demonstration Project.
- PA will apply knowledge learned regarding effective practice from the Demonstration Project to support statewide improvement efforts related to congregate care reduction.
- Continue support to existing and new partner counties in implementation of SOC components.

Objective 2.3: *Reduce re-entries of children into care*

Background/Rationale

As discussed in the previous section on “Assessment of Performance,” re-entries represent one of the areas where PA continues to need significant improvement. Interpretation of PA re-entry data is complicated by existing concerns surrounding data quality. While the data shows the rate of re-entries into care in PA to be high, there are clear and well-defined data issues which are not only difficult to overcome but which also hinder efforts to identify the real scope of the issue.

Interventions

- Continue to improve data quality improvement and data analysis around re-entries.
 - PA OCYF Central Office and Regional Staff will continue to work with counties who have identified data quality concerns.

- OCYF will conduct further in-depth data analysis to better understand re-entry trends across the state. This work will be supported through efforts to improve state infrastructure related to data analysis (see also Objective 5.2, page 135).
- Child Welfare Demonstration Project (see also page 222).
 - Through the Child Welfare Demonstration Project, participating counties will utilize flexible funding to strengthen family engagement, use comprehensive child and family assessments, and use targeted EBPs to help reduce re-entries of children into care in Demonstration Project counties by 30% by 2018.
 - At its core, the Demonstration Project provides a model of child welfare practice that will support counties in better balancing the need to ensure children and families receive the appropriate level of services for the appropriate amount of time. As outlined in PA's theory of change for the Demonstration Project, enhanced family engagement strategies and assessment practices will lead to more timely and improved identification of children and families underlying needs. By using this information to connect children and families to more individualized services, it is anticipated that issues bringing the family into contact with the agencies will be more effectively resolved, thus preventing future re-entries into care.

Progress to Date

Preventing foster care re-entries within 12 months of reunification is an ongoing challenge. As part of PA's PIP from the Round 2 CFSR, OCYF developed a guide for CCYA to use to explore their re-entry data. This guide included CFSR measure 1.4 county specific data, a detailed description of how the measure is calculated, and a template and instructions for how the counties can do a "re-entry self-assessment." The CCYAs were required to validate this information and address county specific issues. This process helped OCYF to identify those counties where re-entry is a legitimate problem and to focus efforts on where they are most needed. OCYF's Central Office and Regional Office staff reviewed the feedback received from the CCYAs and worked together to develop plans with specific action steps to address the systemic concerns identified, prioritizing those that will result in the highest return on investment.

As part of the NBPB process, counties are allowed to select re-entries as one of the benchmark areas for improvement based upon their data

analysis and assessment of need. For SFY 2014-2015, approximately 34% of PA counties selected re-entries as one of the three benchmarks that the county will work towards identifying strategies for improvement over the next few years.

The initial five Demonstration Project counties, known as the first cohort counties, began implementation of family engagement strategies and utilization of the Child and Adolescent Needs and Strengths (CANS) and Family Advocacy and Support Tool (FAST) assessments on July 1, 2013. During the past year, the Demonstration Project counties utilized information gathered from the comprehensive assessments to help inform the selection of EBPs aimed at enhancing the service array within their local communities. Crawford County, who selected to join the Demonstration Project in 2014, began implementation on July 1, 2014 and is considered a second cohort county.

Benchmarks

The Child Welfare Demonstration Project has independently established reporting requirements which includes measures of progress and evaluation components that will provide data for ongoing monitoring of progress. OCYF will review this data and specifically track and monitor progress of this objective through use of state and county level AFCARS data related to re-entries. Work in revisiting analysis of re-entry data will drive identification of future benchmarks which will be outlined in subsequent APSR submissions.

Year 1 (October 1, 2014 - September 30, 2015):

- By the end of Year 1, additional analysis of re-entry data will be completed to inform need for any additional improvement strategies.
- During Year 1, Cohort 1 Demonstration Project counties will begin initial implementation of county specific evidence based programs selected for the Demonstration Project.
- During Year 1, the Cohort 2 Demonstration Project county will complete the family engagement and assessment phase of the Demonstration Project.

Year 2 (October 1, 2015 – September 30, 2016)

- PA will continue to review re-entry data analysis and as needed, explore the development of interventions identified to target underlying issues impacting re-entry rates.

- During Year 2, Cohort 1 Demonstration Project counties will achieve full implementation of county specific evidence based programs selected for the Demonstration Project.
- During Year 2, the Cohort 2 Demonstration Project county will select and begin initial implementation of county specific evidence based programs for the Demonstration Project.

Year 3 (October 1, 2016- September 30, 2017)

- PA will continue to review re-entry data analysis and as needed, implement any interventions identified to target underlying issues impacting re-entry rates.
- During Year 3, Cohort 1 Demonstration Project counties will continue to monitor implementation of evidence based programs selected for the Demonstration Project and make adjustments as needed.
- During Year 3, the Cohort 2 Demonstration Project county will achieve full implementation of county specific evidence based programs selected for the Demonstration Project.

Year 4 (October 1, 2017-September 30, 2018) and ongoing

- During Year 4, cohort 1 and 2 Demonstration Project counties will continue ongoing monitoring of evidenced based programs implemented as part of the Demonstration Project.
- PA will apply knowledge learned regarding effective practice from the Demonstration Project to support statewide improvement efforts related to re-entry rate reduction.

Goal 3: Families have enhanced ability to meet their child/youth’s well-being, including physical, emotional, behavioral and educational needs

During 2015-2019, OCYF will continue to implement and enhance strategies to support families in meeting their child/youth’s well-being needs. Objectives identified for the next year focus on improving the manner by which child welfare agencies, medical professionals, parents, substitute care givers and other individuals work together to ensure children’s physical, emotional and behavioral needs are met. Additionally, PA will continue its focus on safely reducing the use of psychotropic medication to treat children in foster care. Finally, PA will continue to build

upon existing work aimed at strengthening the education and training provided to juvenile offenders in order to help them move to employment.

Based upon data analysis, PA has identified the following measures of progress for this goal:

- By September 30, 2019, at least 97% of applicable in-home and out-of-home cases reviewed during each round of QSRs will achieve acceptable ratings for the following indicators:
 - Physical Health
 - The baseline for progress measurement will be 95%, which is the percentage of cases rated acceptable during Round III of the QSR. A total of 143 cases were rated on this indicator during Round III.
 - Records will be identified from QSR rollup sheets
- By September 30, 2019, at least 89% of applicable in-home and out-of-home cases reviewed during each round of QSRs will achieve acceptable ratings for the following indicator:
 - Emotional Well-Being
 - The baseline for progress measurement will be 85%, which is the percentage of cases rated acceptable during Round III of the QSR. A total of 143 cases were rated on this indicator during Round III.
 - Records will be identified from QSR rollup sheets
- By September 30, 2019, at least 86% of applicable in-home and out-of-home cases reviewed during each round of QSRs will achieve acceptable ratings for the following indicator:
 - Academic Status
 - The baseline for progress measurement will be 81%, which is the percentage of cases rated acceptable during Round III of the QSR. A total of 93 cases were rated on this indicator during Round III.
 - Records will be identified from QSR rollup sheets

Objective 3.1: *Ensure children in the foster care system are provided with comprehensive, quality health care to meet their physical, emotional and behavioral needs. (See also Health Care Oversight and Coordination Plan)*

Background/Rationale

Based upon stakeholder feedback, Quality Service Review findings and OCYF analysis of existing policies and practices, a Health Care Workgroup was convened in 2013 to explore how the different child serving systems could collaborate to implement strategies grounded in best practice for providing comprehensive quality health care for children and youth who are involved with the child welfare system.

The Vision and Mission for the Health Care Workgroup are as follows:

Vision: To improve health outcomes of children in Pennsylvania's foster care system, which includes foster homes, group homes, shelters, residential treatment facilities, formal kinship care and community rehabilitation host homes.

Mission: To ensure children in the foster care system have access to comprehensive, quality health care through the development of interagency and cross-systems policies and strategies, including the use of emerging technologies.

OCYF used the DAPIM™ (Define, Assess, Plan, Implement and Monitor) framework to help provide a systematic process for identifying strengths and gaps in current practice and the development of solutions that are based upon root cause analysis. The Health Care Workgroup was structured with a Sponsor Team to set the high level vision, mission and guidance for the group. A Steering Committee comprised of approximately fifty individuals with expertise in the field of children's physical and behavioral health was created to aid in the development of recommendations for best practice.

Interventions (see Attachments KK, LL, MM, NN)

Interventions identified to ensure children in the foster care system are provided with comprehensive, quality health care, will be centered upon the following areas that were targeted by DHS, OCYF, the Sponsor Team and Steering Committee for improvement:

1. Ensuring children in foster care have access to a medical home;
2. Meeting the complex needs of medically fragile children;
3. Addressing the needs of children who experience trauma; and
4. Appropriate use of psychotropic medication in treating children and youth in foster care. (Note: Work regarding psychotropic medication will be covered specifically under Objective 3.2).

Individual sub-workgroups were assigned to develop recommendations and proposed plans for action to address each of the intervention areas. Work is currently underway to clearly identify the specific steps that will be taken within each intervention to achieve the desired objective. Draft recommendations and proposed plans for intervention are outlined in the Health Care Oversight and Coordination Plan. As the implementation moves beyond the exploration stage into installation, more detailed plans for intervention will be finalized. These detailed plans will be included in the next APSR.

Progress to Date

At the time of this report, this objective is currently nearing the later stages of exploration. As part of the exploration process, Steering Committee members were surveyed prior to their first meeting to gather feedback on perceived strengths and gaps surrounding the current provision of physical and behavioral health care services to children in foster care. A total of 21 individuals completed the survey. The survey findings revealed that there are five main areas that respondents felt needed to be addressed to improve the overall quality of health care services provided to children and youth in the foster care system. These five areas include:

- Coordination/collaboration across entities to ensure appropriate and timely care;
- Quality improvement/quality assurance practices need to be developed and put into place;
- Access to healthcare in a timely manner;
- Standards for best practice in working with foster care population need to be used throughout the healthcare professions; and
- Improved training efforts.

The sub-workgroups were tasked with integrating strategies to address these five areas within the development of their priority areas. The majority

of activity conducted by the sub-workgroups to date has been concentrated on the research, data analysis and consultation with other professionals in the development of specific recommendations for improving the provision of physical and behavioral health care services to children in foster care. On July 25, 2014, the Steering Committee will meet to review the final recommendations of each of the sub-workgroups. The Sponsor Team met several times during 2013 and 2014 to prepare for Steering Committee meetings, to review sub-workgroup charters and to provide support to sub-workgroup co-chairs.

Benchmarks

Benchmarks beyond Year 1 are projected and subject to change based upon decisions to be made regarding the implementation of interventions that will be made based upon the Health Care Workgroup recommendations. During the installation stage, more defined benchmarks for each intervention will be outlined. The projected benchmarks for the objective are as follows:

Year 1 (October 1, 2014 - September 30, 2015)

- In the beginning of Year 1, the Sponsor Team will review the final recommendations and determine the quick wins which are within the scope of the workgroup to implement.
- By the end of Year 1, OCYF and DHS will review the final recommendations and identify those plans that will move forward for action. Implementation teams for these projects will be identified and work on the initial installation phase will begin. By the end of Year 1, the identified quick wins will be implemented.

Year 2 (October 1, 2015 – September 30, 2016)

- During Year 2, longer term projects will begin the initial stages of implementation. By the end of Year 2, long term projects will be beginning to move into full implementation.

Year 3 (October 1, 2016 – September 30, 2017)

- By the end of Year 3, full implementation of all long-term projects will be complete.

Objective 3.2: *Safely reduce the use of psychotropic medication among the foster care population.*

Background/Rationale

PA has committed to ensuring that children in foster care receive appropriate services to improve their physical and behavioral health. Part of this commitment involves ensuring appropriate use of psychotropic medication among children in out-of-home placement. Research and data shows that nationally children in foster care have a higher likelihood of being prescribed psychotropic medication than children within the general population. The PA Department of Human Services, through support of Casey Family Programs, is working with the PolicyLab at the Children's Hospital of Philadelphia (CHOP) to determine the extent of utilization of psychotropic medications for children served by PA's child welfare system. The PolicyLab performed a statewide and county level analysis of pediatric psychotropic medications for children served by PA's foster care system. Specifically, the analysis examined trends for all Medicaid-enrolled children ages 3-18 years and the subgroup of Medicaid-enrolled children in foster care aged 3-18 years from 2002-2010. The analysis included:

- County-level analysis of mental health diagnosis rates by year;
- County-level analysis of trends in psychotropic medication, antipsychotic medication, and polypharmacy prescribing; and
- Statewide analysis of trends in psychotropic medication, antipsychotic medication, and polypharmacy prescribing within and across Medicaid behavioral health managed care organizations (BH-MCOs) and fee-for-service claims.

Preliminary analysis shows that Pennsylvania's children in foster care, including formal kinship care, receive psychotropic medications at higher rates than other children receiving Medicaid, they are three times more likely to receive antipsychotic medication, and are subject to polypharmacy at one-half times the rate of other children on Medicaid. DHS continues to work with CHOP to finalize the report on the findings, which is expected to be released within the next year.

Interventions

During 2015-2019, DHS will work to integrate the CHOP analysis with other efforts originated within the dependency court system to fully establish protocols for the appropriate use and monitoring of psychotropic medications

prescribed to children in out-of-home care. The recommendations of the psychotropic medication sub-workgroup of the Health Care Workgroup will be reviewed by the DHS along with recommendations generated through the PolicyLab analysis. While the DHS will use these recommendations to identify priority interventions to undertake during the next five years to safely reduce the use of psychotropic medication usage among children in foster care, work to date has identified that this can most effectively be achieved through completion of the following:

- Implementation of informed consent procedure.
- Selection and implementation of screening and assessment tools.
- Implementation of red flags across all Medicaid physical health managed care organizations (PH-MCOs) and the fee-for-service system to monitor psychotropic medication usage.
- Implementation of uniform prior authorization criteria across all Medicaid PH-MCOs and the fee-for-service system.
- Improve data collection and dissemination to support monitoring of psychotropic medication usage at the state and county level.

Current Progress to Date

Much of the activity to date concerning psychotropic medication usage reflects the exploration state of implementation, with some elements of the installation stage beginning to take place. The PolicyLab analysis has been completed to provide the data to support policy change and will provide a baseline against which to measure progress. OCYF continues to work to encourage counties to begin addressing this issue at the local level. Psychotropic medication was identified as one of the four major OCYF priorities in the instructions to the counties for their development of their NBPBs for SFY 2015-2016.

DHS and AOPC worked to develop a number of resources to support CCYAs and dependency courts in addressing issues related to psychotropic medication usage among children in foster care through the Psychotropic Medication Workgroup. The Psychotropic Medication Discussion Guide for Local Children's Roundtables was created by this group to provide a tool for local children's roundtables to use to facilitate discussion of beliefs, practices, and needs related to psychotropic medication oversight and monitoring, including an assessment of available trauma-informed service providers and trauma-specific interventions within the county. The guide was developed to be used by either the local children's roundtable or a

subcommittee of a local children's roundtable who is tasked with making recommendations to the larger group.

The Psychotropic Medication Workgroup concluded their efforts during 2014. The policy sub-committee of the Psychotropic Medication Workgroup made a number of recommendations that extended beyond the authority of the workgroup to implement. Therefore, the work of the policy sub-committee originally convened as part of these efforts with the court was integrated into the on-going work of the Health Care Workgroup.

The psychotropic medication sub-workgroup convened through the Health Care Workgroup developed recommendations based upon research into best practice around psychotropic medication usage and monitoring (see also Health Care Services Plan). This group collaborated with the trauma-informed care sub-workgroup as well in the development of the recommendations in recognition of the link between the assessment and treatment of trauma among children in foster care and the use of psychotropic medication.

Benchmarks

Benchmarks beyond Year 1 are projected and subject to change based upon decisions to be made regarding the implementation and interventions of the recommendations of the psychotropic medication sub-workgroup. During the installation state, more defined benchmarks for each intervention will be outlined. The projected benchmarks for the objective are as follows:

Year 1 (October 1, 2014 – September 30, 2015)

- In the beginning of Year 1, the Health Care Workgroup Sponsor Team will review the final recommendations and determine the quick wins which are within the scope of the workgroup to implement.
- PolicyLab and DHS will work to finalize and issue results of the PA psychotropic medication analysis.
- PolicyLab and DHS will work to identify baseline for monitoring the reduction of psychotropic medication usage among children in foster care.
- OCYF will work with the state Medicaid office to develop methods for disseminating county specific psychotropic medication data to CCYAs.
- By the end of Year 1, OCYF and DHS will review the final recommendations and identify preliminary plans to move the work

forward. Implementation teams for these projects will be identified and work on the initial installation phase will begin.

- By the end of Year 1, identified quick wins will be implemented.

Year 2 (October 1, 2015 – September 30, 2016)

- During Year 2, longer term projects will begin the initial stages of implementation. By the end of Year 2, long term projects will be beginning to move into full implementation.
- CCYAs will receive county level psychotropic medication usage data and develop county-specific plans for monitoring use of this medication among children in foster care.

Year 3 (October 1, 2016 – September 30, 2017)

- By the end of Year 3, full implementation of all long-term projects will be complete.

Objective 3.3: *Transition Pennsylvania’s Academic and Career/Technical Training (PACTT) to the Bureau of Juvenile Justice Services (BJJS).*

Background/Rationale

In December 2012 the Department of Human Services (DHS), Pennsylvania Commission on Crime and Delinquency (PCCD), Juvenile Court Judges’ Commission, Department of Education, Pennsylvania Council of Chief Juvenile Probation Officers and Pennsylvania Council of Children, Youth & Family Services joined together to lead an interagency initiative designed to further develop job readiness, academic and employability skills for youth becoming involved with Pennsylvania’s juvenile justice system.

Major areas of focus through this initiative are to further align the academic programming of agencies serving adjudicated youth with state standards, improving coordination between programs and school districts, promoting practices aimed at accelerating remediation and credit recovery or transfer, development of career and technical training programs that lead to industry-recognized certifications, and ensuring that programs and schools progressively building upon a youth’s achievements.

Beginning in July 2013, under the guidance of an Executive Steering Committee (ESC) comprised of the aforementioned agencies, BJJS began the work of transitioning PACTT functions from a private grant funded entity

whose funding would be discontinued. During the transition year that would end on June 30, 2014, major activities included:

- Hiring Commonwealth employees to perform the related work.
- Developing and implementing a Transition Plan that involved key stakeholders.
- Continuing to conduct "Affiliation" reviews of existing program partners to ensure compliance with existing service delivery expectations.
- Program reviews and affiliation of qualifying agencies expressing interest in the project.
- Partnering with PCCD to issue a Justice Reinvestment Initiative grant to Affiliates.
- Developing an online database that would capture meaningful information and outcomes for the Affiliates, BJJS and the ESC.
- Developing a Joint Position Statement (JPS) that would ultimately be endorsed by the members of ESC.
- Working with Research for Action (RFA) to identify existing best practices and meaningful outcome measures.
- Creating the infrastructure and supports necessary to assume full responsibility for PACTT on June 30, 2014.

Through this initiative juvenile justice stakeholders will:

- Provide effective intervention programs for at-risk children.
- Strengthen Pennsylvania's juvenile justice system through targeted interventions for at risk juvenile offenders.
- Provide training programs for juvenile offenders that will help move them into employment.

Interventions

The specific interventions and activities that have currently been identified as necessary to accomplishing the implementation of PACTT are:

- Fill two Basic Education Associate (BEA) 1 and two Career and Technical Education Advisor (CTE) 1 positions.
 - One CTE and one BEA are assigned the western portion of the state
 - One CTE and one BEA are assigned to the eastern portion of the state.

- BJJS will provide technical assistance to Affiliates in implementation of career, academic and technical training programs. BJJS will provide support in the form of:
 - training;
 - coaching;
 - program assessment;
 - advocacy;
 - on-site technical assistance;
 - development of additional resources to aid Affiliates in implementation.
- Perform the re-affiliation and initial affiliation reviews.
- Conduct quarterly meetings with the ESC to provide updates and seek direction.
- Conduct quarterly regional meetings with the Affiliates.
- Complete the development and implementation of the online PACTT database.
- Conduct analysis of data obtained through the new database.
- Complete the Joint Position Statement and obtain the signatures of the ESC members
- Circulate the Joint Position Statement as directed by the ESC.
- Include PACTT in OCYF's Needs Based Budget.
- In collaboration with PCCD, issue Justice Reinvestment Initiative grants to Affiliates for Fiscal Year 2014/15.
- BJJS, County Commissioners Association of Pennsylvania (CCAP) and RFA will engage the Juvenile Court Judges' Commission and Pennsylvania Department of Education to determine the feasibility of accessing and/or sharing data that will allow RFA to conduct more in-depth analysis of the career, academic and technical training offered by Affiliates.

Current Progress to Date

The following activities reflect work related to the transition of PACTT to BJJS that has been completed to date:

- The BEA and CTE for the western portion of the state have been hired and working directly with Affiliates for several months. It is estimated that they spend 80% of their time working at or directly with Affiliates. This is a significant change in approach as the outgoing agency only visited an Affiliate annually.
- The BEA for the eastern half of the state retired shortly after taking the position so that vacancy is in the process of being filled.

- Three rounds of interviews have been conducted for the eastern CTE with each of the first two selected candidates eventually changing their minds. Following the latest rounds of interviews a candidate has been selected and a start date is being established.
- On July 1, 2014 BJJS will be prepared to assume full responsibility for performing re-affiliation and initial affiliation reviews.
- Since July 1, 2013 the number of Affiliates has grown from 26 to 43.
- Quarterly meetings with the ESC have occurred as scheduled with positive feedback to date.
- The Department of Labor and Industry has recently agreed to become a member of the ESC and has assigned a representative to attend the Joint Position Statement Workgroup meetings.
- Quarterly Affiliate meetings have occurred as scheduled. These meetings have become increasingly interactive and solicit the input from individuals rather than what appears to have been a more directed approach.
- BJJS, RFA and CCAP have the initial design of the online database completed. A webinar will be completed on June 26, 2014 with training for Affiliates to begin shortly thereafter.
- Quarterly meetings have been held of the PACTT Data Workgroup.
- Quarterly meetings have been held of the Joint Position Statement Workgroup. The following overarching areas have been identified for inclusion in the JPS:
 - Curriculum Alignment with Pennsylvania Academic and Core Standards;
 - Career and Technical Education (CTE) Training Programs Aligned to Industry Standards;
 - Job Readiness and Employability Skills;
 - Interagency Coordination and Transitional Services;
 - Data Driven Decision Making; and
 - Use of Current Technology.
- PACTT has been included in the Needs Based Budget.
- Budget pending, Justice Reinvestment Initiative grants will be issued to Affiliates for Fiscal Year 2014/15 by November 2014.

BJJS has worked with the Data Workgroup, RFA and CCAP to develop dashboard indicators for the ESC that highlights a handful of key metrics that assess the progress of PACTT facilities.

RFA has developed a set of dashboard indicators for the ESC. These dashboard indicators were designed to provide an “overview at a glance” of PACTT implementation and effectiveness to enable members of the ESC to determine whether the PACTT facilities are meeting their goals. The proposed dashboard indicators include:

- The percentage of eligible youth who enrolled in a CTE course.
- The percentage of eligible youth who earned a Core CTE Certificate.
- The percentage of youth who made gains in math and literacy between entry and exit.
- The percentage of youth who earned a high school diploma or GED.

Using the data elements that will be collected using the new online database, the dashboard and/or standardized reports will be generated on a quarterly and as-needed basis to provide an overview of PACTT implementation. The data will provide a broad overview of the overall performance of PACTT facilities in terms of key inputs, such as enrollment in CTE programs, and key youth outcomes, such as earning CTE certifications, making academic gains in math and literacy during their time in PACTT facilities, and earning a high school diploma or GED.

Importantly, the dashboard and/or standardized reports will also divide PACTT facilities and their student populations into meaningful groups that influence both the inputs and the outcomes presented. Facilities will be grouped by their security level: minimum security, residential facilities, and maximum security. Individual youth will then be grouped by the length of time they are enrolled in a facility (less than 180 days; 180-365 days; 365 days or more). Individual youth will also be grouped by their age: youth under 18 (school-aged youth) and youth over 18 (out-of-school youth). Each of these factor into the agency’s ability to implement PACTT standards and support youth in achieving different outcomes.

The development of the PACTT data tracking system is a significant step toward more robust assessments of PACTT standards implementation and youth outcomes. These data will provide key insights to both policy makers and PACTT affiliates that can inform oversight and support for

facilities and improve services for youth. In addition, these data can inform local, state and national policy efforts to better understand the most effective educational interventions for juvenile offenders.

Benchmarks

OCYF will track and monitor progress of the statewide implementation of PACTT through achievement of the following benchmarks:

Year 1 (October 1, 2014 - September 30, 2015)

- By July 1, 2015, Affiliate agencies will be utilizing the new online PACTT database OR providing comparable data from an existing agency specific database.

Year 2 (October 1, 2015 - September 30, 2016)

- By July 1, 2016, Completion of a Findings Report that includes: data quality summary, institutional barriers to data entry, youth services received and youth outcomes.

Year 3 (October 1, 2016 - September 30, 2017)

- By July 1, 2017, Completion of a Program Enhancement Plan based on the recommendations included in the Findings Report.

Year 4 (October 1, 2017-September 30, 2018)

- By July 1, 2018, Status update will be completed of the Program Enhancement Plan.

Year 5 (October 1, 2018-September 30, 2019)

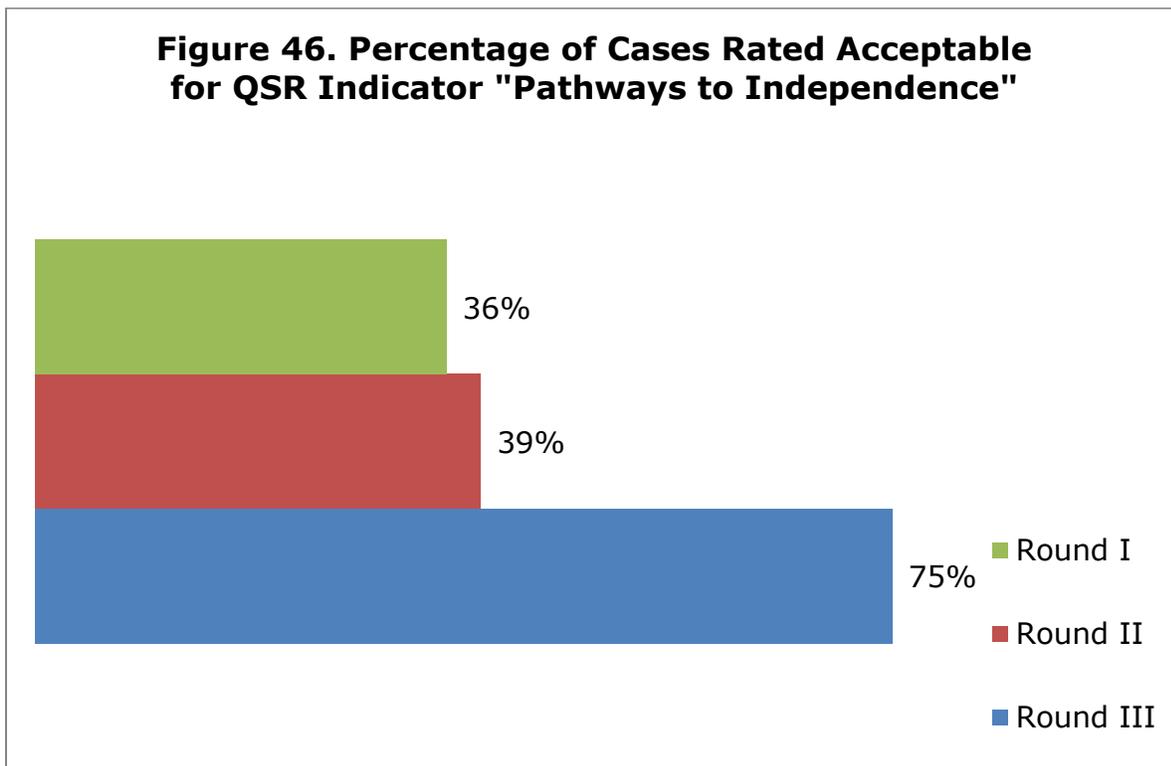
- Ongoing monitoring and program development.

Goal 4: Youth will be assisted in their transition to adulthood
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PA is committed to ensuring older youth involved with the child welfare system receive the necessary supports in their transition to adulthood. While PA has focused on building the local level supports to help these youth move towards independence, QSR data shows improvements in this area are still needed. The QSR evaluates outcomes for older youth through the

indicator "Pathways to Independence." This indicator is measured for youth over age 16, both in-home and out-of-home and is defined by the QSR protocol as follows:

PATHWAYS TO INDEPENDENCE: Over the past 30 days, degree to which the youth, consistent with age and/or ability, • Is gaining skills, education, work experience, connections, relationships, income, housing, and necessary capacities for living safely and functioning successfully independent of agency services. • Developing long-term connections and informal supports that will support him/her into adulthood.



Data Source: Hornby Zeller and Associates

Rounds I and II of the QSR showed a high number of cases were rated unacceptable on this indicator. Significant improvement was seen in Round III ratings. Round IV QSR findings will provide some insight as to whether the degree of improvement seen between Rounds II and III has continued to be sustained. It is important to note when interpreting these results that the total number of youth measured on this indicator is quite small each

round compared to the total number of youth measured across other QSR indicators.⁷

Passage of Acts 80 and 91 provides important supports for this population and over the next five years, PA will focus on ensuring successful implementation of this legislation so that older youth benefit from the opportunities afforded to them under the acts. As part of the efforts to improve the systematic use of data to drive decision making, PA will also focus on NYTD data collection, utilization and dissemination to better inform interventions used to improve outcomes for older youth. Future APSRs will integrate any improvement efforts initiated as a result of NYTD analysis as additional objectives under the goal of supporting youth in their transition to adulthood.

PA has identified the following measures of progress for this goal:

- By September 30, 2019, at least 82% of applicable in-home and out-of-home cases reviewed during each round of QSRs will achieve acceptable ratings for the following indicator:
 - Child, Youth and Family Status Indicator: Pathway to Independence
 - The baseline for progress measurement will be 75%, which is the percentage of cases rated acceptable during Round III of the QSR. A total of 20 cases were rated on this indicator during Round III.
 - Records will be identified from QSR rollup sheets
- By September 30, 2019, at least 30 counties will offer unlicensed supervised independent living (SIL) placement settings to older youth. This projection is based upon a baseline of zero counties as of June 30, 2014.
- Pennsylvania will increase the NYTD baseline participation rate for 17 year-olds to 88% in FFY 2017. This projection is based upon using the participation rate in 2011, which was 82%, as the baseline for measuring improvement.
- During the period of October 1, 2014, through September 30, 2019, Pennsylvania will meet the federal thresholds of 80% of youth in foster

⁷ The number of youth rated on this indicator for each round is as follows: Round I, 24 youth; Round II, 46 youth; Round III, 21 youth.

care and 60% of youth discharged from foster care for NYTD reporting required for the follow-up populations at ages 19 and 21.

Objective 4.1 *Provide additional supports to older youth through implementation of Acts 80 and 91*

Background/Rationale

With regard to subsidies, Act 80 amended provisions of the Public Welfare Code and extends guardianship and adoption subsidies to age 21 for eligible youth who enter those arrangements at age 13 or older. Act 80 sought to correct disincentives to permanency that existed in the law. Because adoption and guardianship subsidies ended at age 18, some families would opt to have the child remain in foster care because benefits and services could extend until age 21. Families who wanted the permanent arrangement of adoption or guardianship were afraid to choose this option for fear the benefits and support would be lost to the child.

In July 2012 Pennsylvania amended two laws to allow for extended subsidies for youth until age 21, and to permit formerly dependent children to re-enter foster care between the ages of 18 and 21. Prior to the amended legislation, youth could only stay in care past age 18 if they requested the courts and were in a program of "treatment" or "instruction." However, Act 91 of 2012 amended various provisions of the Juvenile Act by expanding the criteria to allow youth to stay in care past age 18 and by allowing youth to request the courts to resume dependency jurisdiction and re-enter care before turning 21 if they discharged within 90 days of attaining age 18, or left care any time after reaching the age of 18.

PA anticipates that through the implementation of Act 91, the service array will broaden and be strengthened to support the concrete needs of older youth in extended care. In particular, it is anticipated that counties will begin to utilize unlicensed SIL placements, which may provide a variety of placement settings tailored to meet older youth needs. These living settings will allow for greater flexibility of older youth who may not require, or want, formalized placement settings yet continue to provide IL skills with supportive services. Additionally, older youth resuming dependency jurisdiction and foster care placement may have experienced some hardships since their discharge, matured and value these services and supports.

Interventions

Over the course of the next five years, the following strategies will be utilized to support full implementation of Acts 80 and 91:

- Release of Special Transmittal and Revised IL Bulletin to provide instruction to CCYAs regarding implementation of the provisions of Acts 80 and 91 at the local level;
- Ongoing delivery of training and TA to counties to support implementation of Acts 80 and 91;
- OCYF will continue to address county specific questions and issues submitted to email resource account;
- OCYF will identify improved methods for tracking youth who select to remain in care or re-enter under Acts 80 and 91. Specifically, OCYF will work during CWIS Phase II development to identify what data elements can potentially be implemented to accurately track the number of youth entering or remaining in care under the provisions of Act 91.
- OCYF will work with the YAB to further identify outreach opportunities and strategies to educate youth about Acts 80 and 91.
- OCYF central office staff will continue to hold regular meetings with regional office representatives to monitor implementation and address any concerns that arise. The OCYF staff member who represents OCYF on the AOPC transitional youth workgroup will continue to participate in these weekly meetings.

Progress to Date

OCYF continues to work towards completion of the Special Transmittal and revised IL Bulletin. In the period immediately following passage of the legislation, OCYF coordinated with the OIM to ensure coordination of Medicaid benefits to youth in care or receiving adoption or guardianship subsidies under the provisions of Acts 80 and 91. The changes set forth in the legislation required IT changes to the existing Client Information System (CIS) used to determine and monitor Medicaid eligibility. OIM issued policy guidance to county assistance offices on Acts 80 and 91 and developed an interim solution to ensure these youth received appropriate MA coverage while necessary changes to CIS were completed. The YAB developed posters and flyers regarding Acts 80 and 91 that were distributed statewide as part of the initial outreach to older youth.

Through the NBPB process, counties report on services provided to older youth and specifically identify three program, or youth, IL outcomes the county plans to address and improve over the course of the fiscal year.

Additionally, counties are required to explain how the county plans to deliver IL services to meet the needs of youth who are transitioning from foster care as well as those who have discharged up to age 21. Through the use of this reporting, OCYF has monitored the provision of services to youth 18 through 21 and will continue to use this process to identify trends in selected outcomes and any additional request by the county for IL related resources that may occur as a result of Act 91 implementation.

As PA does not currently have a statewide management system, tracking of the number of older youth remaining in/resuming care under Act 91 is currently managed through use of AFCARS reporting data on children in care between the ages of 18 and 21. At this time, AFCARS provides only a rough estimate of the number of children in placement under Act 91. OCYF will continue to utilize AFCARS data to monitor for anticipated increases in the number of youth ages 18-21 in care until CWIS Phase II implementation is completed.

Benchmarks

OCYF will monitor progress on achieving this objective through the benchmarks identified below. These benchmarks may be subject to change based up any strengths/gaps identified through ongoing monitoring of Act 80 and 91 implementation.

Year 1 (October 1, 2014 - September 30, 2015)

- By the end of Year 1, the Special Transmittal and revised IL Bulletin will be issued.
- During Year 1, OCYF will continue to hold weekly meetings to monitor initial implementation of Acts 80 and 91.
- During Year 1, delivery of training and TA to counties will be provided as needed.

Year 2 (October 2, 2015 – September 30, 2016)

- By the end of Year 2, the provisions of Acts 80 and 91 will be fully implemented statewide.
- During Year 2, OCYF will continue to meet regularly to monitor implementation of Acts 80 and 91.
- By September 30, 2016, at least ten counties will offer unlicensed SIL placements to older youth.
- During Year 2, delivery of training and TA to counties will continue to be provided as needed.

Year 3 (October 1, 2016 – September 30, 2017) and beyond

- By September 30, 2017, an additional 20 counties will offer unlicensed SIL placements to older youth. During Year 3 and beyond, delivery of training and TA to counties will continue to be provided as needed.
- During Year 3 and beyond, OCYF will continue to monitor implementation of Acts 80 and 91.

Objective 4.2: *Improve quality of NYTD data collection and utilize NYTD data to identify areas that can be improved upon to better help support older youth in their transition to adulthood.*

Background/Rationale

OCYF implemented NYTD in phases beginning with the outcomes Baseline Population on October 1, 2010 to determine the extent to which youth are prepared to live independently and to collect data on the services youth are receiving to prepare them to do so. This survey was also prioritized because it was required for the 19 year old Follow-up Population that would follow. OCYF requires CCYAs to collect baseline population information every year believing the information collected will provide more frequent updates to the changes in IL service delivery, improve data collection and reduce training efforts and implementation errors.

OCYF began reporting Served Population data for every youth receiving an IL service starting April 1, 2012. Similar to other state experiences, the FFY 2013 Follow-up Population survey presented several challenges. The most notable was locating former foster youth and if located, obtaining a youth survey. In both collection periods, the OCYF fell short of the required 60% minimum of youth who discharged from foster care.

As the NYTD team has focused much of its efforts on managing data collection, technical assistance and training for CCYA, little attention has yet been given to in-depth analysis of the data collected. The NYTD data serves as an important resource for driving CQI efforts related to improving outcomes for older youth. The infrastructure for conducting this analysis will be further supported through the achievement of Objective 5.2 (see also page 135).

Interventions

Over the next five years, OCYF will engage in the following activities to collect high quality data through NYTD to drive data analysis:

- Strengthen training to CCYAs on the use of the Accurint Search Engine to locate youth. Each CCYA has at least one identified Accurint user.
- Continue collecting Baseline data on an annual basis to provide more frequent identification of youth outcomes at age 17 and to collect trend information.
- Revisit how Follow-up Surveys are administered in order to improve completed surveys rates. Train NYTD users and counties prior to each reportable period.
- Include NYTD discussions during site visits to ensure data collection efforts are ongoing.
- Develop a NYTD data package for CWRC and OCYF to use when doing on-site reviews.
- Consider the use of NYTD data for CCYA planning and in the analysis of findings from the QSR.
- Transferring some or all of NYTD data collection into the OCYF Child Welfare Information Solution (CWIS).
- Continued education and reporting of findings to the YAB.
- Development of a process to cross-reference NYTD and AFCARS data to improve data analysis of the older youth population.
- Review NYTD data for the served and follow-up populations to identify specific areas that can be targeted for improvement efforts.

Progress to Date

While OCYF has worked to fully implement NYTD, utilization of the data obtained is needed as part of the exploration efforts in identifying areas to strengthen regarding service delivery to older youth. OCYF is in the preliminary stages of analyzing NYTD data that has been collected through the annually administered Baseline Population and the first year of the Follow-up Population. A small NYTD team was developed by OCYF to implement NYTD. The team consists of program staff from OCYF and the CWRC, a Youth Ambassador and information management system staff from OCYF and Hornby Zeller and Associates (HZA). Currently, work is being done to support youth engagement efforts around NYTD and a Youth Quality Improvement Specialist participates in weekly calls with OCYF and HZA. Limited data findings from NYTD have been presented for specific purposes to the YAB, the courts, during relevant trainings and to workgroup stakeholders engaged in specific activities.

Benchmarks

Benchmarks beyond Year 1 are projected and subject to change as it is anticipated that data analysis will help lead to the development of additional objectives to help achieve the goal of supporting youth in their transition to adulthood. The projected benchmarks for the current objective are as follows:

Year 1 (October 1, 2014 - September 30, 2015)

- By September 30, 2015, a review of data from NYTD served and follow-up populations will be completed in order to identify potential areas for improvement efforts.
- By September 30, 2015, work will be completed to strengthen training to CCYAs on the use of the Accurant Search Engine to locate youth and survey youth.
- During Year 1, achieve a NYTD participation rate of 65% of the approved sample of the follow-up 21 year-old population.

Year 2 (October 1, 2015 – September 30, 2016)

- During Year 2, NYTD data will be used to inform the development of PA's CFSR state self-assessment.
- By September 30, 2016, implementation plans will be developed to address areas for improvement identified through review of NYTD served and follow-up populations.
- By September 30, 2016, NYTD data packages will be developed for CWRC and OCYF to use during on-site visits with counties.
- By September 30, 2016, a process will be fully developed and implemented for cross-walking NYTD data with AFCARS data.

Year 3 (October 1, 2016 – September 30, 2017) and beyond

- During Year 3, for the NYTD follow-up 19 year-old population, achieve a participation rate of 65% for youth not in foster care and 88% for youth in foster.

- By September 30, 2017, begin initial implementation of strategies identified to address areas for improvement identified through review of NYTD served and follow-up populations.
- During Year 3 through Year 5, move to full implementation of strategies identified to address areas for improvement identified through review of NYTD served and follow-up populations.
- During Year 3 through Year 5, develop and implement a plan for transfer of NYTD data into CWIS Phase II.

Goal 5: Statewide implementation of a sustainable CQI system

PA's CQI effort has been a major vehicle for change over the past five years. During 2014, PA worked with stakeholders to evaluate the CQI effort to identify successes and areas that could benefit from improvement. Over the course of the next five years, PA will continue to build upon these successes and work with our partners to focus on reaching our desired future state. These efforts will focus upon further exploration of our strength/gap areas and the prioritization and planning of improvement efforts. PA will also use the participation in the CFSR during 2017 as an opportunity to better re-align CFSP development and monitoring with the CFSR to enhance PA's utilization, dissemination and analysis of data to inform decision making, which will strengthen the overall statewide CQI system infrastructure.

PA will identify success in achieving this goal by using the follow measure:

- By September 30, 2019, PA will achieve the addition of 15 new counties to the CQI effort.
 - As of Round IV, a total of 23 counties have joined the CQI effort. An additional 15 new counties would put the total number of counties participating overall at 38 by 2019.

As further exploration of PA's CQI effort continues, it is anticipated that we will build capacity to monitor other aspects of our CQI system and CQI process which will provide opportunity to identify additional measures.

Objective 5.1: *Explore strengths and gaps in PA's CQI system and CQI process and prioritize improvement efforts.*

Background/Rationale

In an effort to model best practice, the CQI Sponsor Team and Sustaining Change workgroups have utilized feedback loops to monitor the phased-in implementation of PA's CQI efforts. While there are various opportunities to collect feedback about the QSR process, less information has been gathered and critically evaluated with regards to the other elements of PA's CQI system and process.

As part of PA's submission of the 2014 APSR, the Sustaining Change Workgroup completed a strength/gap analysis of PA's CQI system. PA recognizes that the emphasis of this analysis was mainly on the QSR and therefore more work is needed to better understand PA's CQI system as whole. On April 28, 2014, and June 6, 2014, the CQI Sponsor Team engaged in facilitated discussion to re-visit the desired future state of PA's CQI effort and to discuss strengths and gaps in the current system. As a result of these meetings PA identified a need for further exploration of what CQI currently looks like statewide, including counties who are not currently participating in the QSR.

Interventions

As PA is currently in the exploration phase of identifying improvement strategies to strengthen our CQI process, additional interventions related to other stages of implementation will be identified in subsequent APSRs. Activities that will occur as part of the exploration phase include the following:

- CQI Project managers will develop a survey to distribute to stakeholders regarding prioritization of gap areas;
- The CQI Sponsor Team will finalize a list of gaps based upon survey feedback and ACF recommendations;
- The CQI Sponsor Team and Sustaining Change Workgroup will work on messaging to place greater emphasis on CQI versus QSR.
- The CQI Project Managers in conjunction with the CQI Sponsor Team will identify methods for evaluating CQI efforts in both QSR and non-QSR counties.

Progress to Date

Activities completed to move work forward to date include the following:

- The CQI Sponsor Team participated in facilitated discussions on CQI strengths and gaps;
- The Sustaining Change Workgroup drafted CQI focused language for messaging about Phase V;
- Messaging about the CQI process was integrated into the annual NBPB instructions to counties.

Benchmarks

Year 1 (October 1, 2014 – September 30, 2015)

- During Year 1, a survey on prioritizing gaps will be distributed and analysis of results will be completed;
- During Year 1, quick wins will be identified and implementation plans for these efforts developed.
- By September 30, 2015, identified quick wins will be implemented.
- By September 30, 2015, longer term improvement efforts will be identified and implementation plans for these efforts developed.

Year 2 (October 1, 2015 – September 30, 2016)

- During Year 2, installation and initial implementation will begin for longer term improvement efforts.

Year 3 (October 1, 2016 – September 30, 2017)

- By September 30, 2017, full implementation of longer term improvement efforts will be achieved.

Objective 5.2. *Improve infrastructure to support CQI system through alignment of CFSP and CFSR processes*

Background/Rationale

PA is scheduled to participate in the federal CFSR in 2017. States will be provided the unique opportunity during the third round of CFSRs to utilize their existing case review system to conduct these reviews. The use of the

process will also enhance the ability to expand ownership of the CFSR and the development and implementation of any Program Improvement Plans (PIPs) beyond the standard three counties to a larger proportion of the state. PA is highly invested in our current case review process and recognizes it as strength of our CQI system. PA will explore opportunities to use our existing case review system to conduct the CFSR while maintaining the integrity of our current QSR process. In achieving this objective, PA will strive to strengthen our infrastructure to systematically review data in collaboration with our stakeholders, which will in turn support work activities occurring under other goals and objectives within this plan.

Interventions

PA will work with stakeholders to develop detailed plans for CFSR participation, including the statewide self-assessment and exploration of the use of PA's existing case review process to conduct the CFSR. Currently identified activities to support this work include:

- Establish infrastructure to support implementation of CFSP monitoring and CFSR Review Process
- Establish a collaborative group of individuals who represent the sources of consultation needed for ongoing monitoring of the CFSP and CFSR
- Review and integrate frameworks to support successful implementation and monitoring efforts (i.e. Implementation Science, DAPIM™, core components of CQI outlined in ACYF-CB-IM-12-07);
- Conduct thorough analysis of approaches to State Case Review vs. Traditional Review
 - Testing and analysis of CFSR Onsite Review Instrument during QSR process
 - Review of data, information and resources to guide determination of best approach
- Identify clear data sources to inform PA's State Self-Assessment

Benchmarks

As PA moves through the exploration process, more defined timelines for the accomplishments of identified activities will be established. Currently identified benchmarks for the tracking of progress are as follows:

Year 1 (October 1, 2014 – September 30, 2015)

- By September 30, 2015, the CFSR Implementation Team members will be identified and the first meeting of the group convened;
- During Year 1, piloting of the CFSR on-site review tool will be conducted with selected Phase IV and V CQI counties.

Year 2 (October 1, 2015 – September 30, 2016)

- During Year 2, if PA selects to utilize current case review process to conduct CFSR, proposal will be sent to ACF by due date.

Goal 6: Implement a statewide Child Welfare Information Solution (CWIS) that supports the administration of child welfare programs across the state and allows PA to meet all federal reporting requirements.

Measure of Progress

By September 30, 2019 the following activities will be complete:

1. All four phases of CWIS are implemented
2. PA is compliant with federal reporting of AFCARS, NCANDS and NYTD
3. Real/Near time information is available statewide on all children receiving child welfare services across 67 counties
4. PA will have an improved automated IV-E Quality Assurance process to ensure IV-E compliance and appropriate IV-E invoicing
5. PA uses CWIS data to analyze child welfare services and costs and makes data driven decisions to improve outcomes for children and youth in PA

Objective 6.1: *Develop and Implement Phase 1 of CWIS*

Background/Rationale

Phase 1 of CWIS is the first step in the development of a statewide child welfare information solution for PA. Phase 1 focuses on the intake and investigation stage of child welfare and will improve the state's efficiency and effectiveness in sharing information statewide. It will also incorporate the many policy and practice changes brought about by PA's amendments to its Child Protective Services Law (CPSL). Phase 1 will also modernize the process for mandated reporters by allowing reports of suspected child abuse

to be submitted on-line and for applicants for child abuse history clearances by allowing them to submit and pay on-line.

Interventions

Develop and implement Phase 1 to support the following:

- self-service functionality for mandated reporters to electronically submit reports of suspect child abuse to ChildLine
- self-service functionality for obtaining and paying for a child abuse history clearance on-line
- Complete reporting on child abuse and general protective services referrals and investigations or assessments
- Electronic exchange of child abuse and general protective services information statewide
- OCYF Regional Offices oversight of County Children and Youth Agencies and performance of child abuse and complaint investigations
- Implementation of the Child Protective Services Law (CPSL)
- NCANDS Reporting

Current Progress to Date

Phase I of four phases will be implemented in December 2014. Phase I focuses on the intake, investigation and assessment of CPS and GPS reports that come to the attention of the state child abuse hotline, ChildLine, and CCYAs.

Benchmarks

Year 1 – October 1, 2014 – September 30, 2015

- Completion of System Acceptance Testing – October 2014
- Completion of User Acceptance Testing – December 2014
- Completion of User Training – December 2014
- Phase 1 Implementation – December 2014
- Release of CWIS 1.1 (additional functionality to support changes in the CPSL) – May 2015

Year 2 – October 1, 2015 – September 30, 2016 and ongoing

- Ongoing Maintenance of Phase 1 functionality

Objective 6.2: *Develop and Implement Phase II of CWIS*

Background/Rationale

Phase II is planned to begin in 2015 and will focus on information in the child and family's case file for cases accepted for services. At the completion of Phase II, complete data will be available at the state level that readily identifies the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Interventions

Develop and implement Phase II to support the following:

- Provide a complete view of a child's case management data
- Accurate and timely data to evaluate performance and outcomes in terms of child and family characteristics, service type, and outcomes
- Provide real-time location (address) information of children in placement. Other case information will also be available real-time or near-time on all open cases.
- AFCARS and NYTD Reporting
- Transactional component to support the Interstate Compact for the Placement of Children (ICPC) and Interstate Compact on Adoptions and Medical Assistance (ICAMA) functions at state level
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities

Current Progress to Date

Phase II planning has occurred and PA has received federal approval through its annual APD. Finalization of high level scope is occurring and Phase II detailed business requirements will begin in 2015.

Benchmarks

Year 1 – October 1, 2014 – September 30, 2015

- Complete Phase II business requirements
- Complete Phase II system requirements

Year 2 –October 1, 2015 –September 30, 2016 and ongoing

- Complete Phase II design and development

Objective 6.3: *Develop and Implement Phase III of CWIS*

Background/Rationale:

Phase III of CWIS focuses on providers and builds the functionality to provide a complete view of provider data. This phase provides statewide view of providers and resources for reporting and performance tracking. Key goals/objectives include: provider licensing information available in CWIS; provider incident information available in CWIS; improved quality assurance; analysis available on program performance and outcomes; and single access point for counties and providers.

Interventions

Develop and implement Phase III to support the following:

- Provider data including placements, home study, services offered, contracts and other relevant information will be received from all counties and made available in CWIS
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities

Current Progress to Date

Phase III has been part of the overall planning process for a statewide child welfare solution. Initial high level scope has been outlined; however, this will need to be re-validated as we get closer to Phase III.

Benchmarks

Benchmarks for phase III will be established at a later time and reported in subsequent APSRs.

Objective 6.4: Develop and Implement Phase IV of CWIS

Background/Rationale

The final phase of CWIS, Phase IV focuses on accounting and builds the functionality to provide county and state financial expenditures and plans. Key goals/objectives include: providing a fiscal picture to evaluate program performance and outcomes; providing a comprehensive view of county spending of state and federal funds; and providing (QSR) data integration for program quality monitoring.

Interventions

Develop and implement Phase IV to support the following:

- Accounting related data including components of NBPB will be received from all counties and made available in CWIS
- Transactional component to support IV-E QA functions
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities

Current Progress to Date

Phase IV has been part of the overall planning process for a statewide child welfare solution. Initial high level scope has been outlined; however, this will need to be re-validated as we get closer to Phase IV.

Benchmarks

Benchmarks for phase IV will be established at a later time and reported in subsequent APSRs.

Additional Improvement Efforts

While the goals and objectives outlined in this section will be primary drivers of improvement over the next five-years, other notable efforts will provide opportunities to improve the delivery of services to promote child safety, permanency and well-being. These efforts, not otherwise identified in other sections of the CFSP, are outlined briefly in the following sections.

Rate Methodology Task Force

To ensure the availability and sustainability of PA's child welfare services, pursuant to Act 55 of 2013, the DHS was required to convene a Task Force to develop recommendations for a methodology to determine reimbursement for actual and projected costs of purchased child welfare and juvenile justice services, which are reasonable and allowable. The Task Force was required to submit written recommendations to the General Assembly by April 30, 2014 related to the cost of out-of-home placement services and for other purchased services by December 31, 2014.

The Rate Methodology Task Force developed the following problem statement:

The provision of services to children under the care and jurisdiction of child welfare and juvenile justice is complex. There are funding challenges, evolving statutory and regulatory requirements, the need for increased accountability, shifts in priorities and, most importantly, increasing diversity, complexity and immediacy of the needs of children, youth and their families. The Department's rate methodology, and related regulations, bulletins and transmittals must have a comprehensive review. The Rate Methodology Task Force is an opportunity to make changes to improve the system's strengths and coordination and decrease its deficiencies due to incremental changes over the past twenty years.

The goals of the Rate Methodology Task Force are as follows:

- To develop a fair and equitable process to set and reimburse provider rates;
- To increase awareness of the Task Force members as to operational and budgetary realities and constraints at all levels – providers, counties, state and federal;
- To address budget and contracting concerns in an open and transparent process that validates the partnership and relationship among providers, counties and the Department in responding to the public mandates addressing child safety and community protection;
- To consider funding implications related to the implementation of juvenile justice initiatives;

- To develop a defensible methodology addressing the purchase of service process between counties and providers, including identification of all costs based on actual and projected costs that are reasonable and/or allowable;
- To clearly identify the protocols to be followed to ensure that documentation requested from service providers and counties is sufficient to support claiming for federal and/or state dollars;
- To develop a fiscal reporting format that captures necessary data in a consistent and well-defined process;
- To develop recommendations as necessary for statutory and regulatory changes to support the process and protocols developed by the Task Force;
- To consider funding implications related to the implementation of current and future federal and state statutes and regulations;
- To model a productive and respectful process supporting broad systemic change that is to the benefit of the populations served and is reflective of the differences in the entities involved;
- To consider the implications of the federal child welfare demonstration project initiatives evolving in select counties;
- To consider funding implications related to implementation of the Human Services Development Block Grants, as they specifically relate to child welfare and juvenile justice;
- To consider funding implications and options related to emerging practice precepts such as performance-based contracting and outcomes-based payment contracts as they relate to equity in access to services as well as consistency in access to funds.

The Task Force's written recommendations related to the cost of out-of-home placement services are publically available online at <http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c082064.pdf>.

Permanency Roundtables

Permanency Roundtables are structured, professional case consultations designed to expedite permanency for youth in care through innovative thinking, application of best practices, and breaking down systemic barriers. As defined by Casey Family Programs, a permanency roundtable is a structured meeting intended to establish legal permanency for youth by involving internal and external experts (the PRT team). A roundtable includes an oral case presentation, a rating of the child's current status, brainstorming about current barriers to permanency and development of a specific action plan. OCYF and SWAN will collaborate with Casey Family Programs to provide technical assistance and training to counties who are interested in implementing PRTs as a strategy to increase legal permanency for older youth.

On April 25, 2014, OCYF sent a letter to county administrators inquiring about their efforts to help their longest waiting foster children achieve permanency and asked them to consider using the PRT process to help move those identified youth to permanency. A presentation was provided to children and youth administrators at a PCYA Quarterly Meeting where an overview of the PRT process was introduced and a panel discussion was held to highlight the experiences of some of the counties (Allegheny and Washington) who have participated in the process.

Following release of the letter to counties, OCYF, Casey Family Programs and SWAN prime contract staff met to discuss expanding the PRT process across the state. Project goals and objectives and analysis of the program to date were discussed. A second meeting is scheduled for July 2014. It is intended that the SWAN prime contractor will be the facilitator of the initiative as we try to engage more counties in the process.

Identifying Optimal Levels for Caseload Size for Supervisors and Caseworkers

The Chapter 3130 regulations, which apply to CCYAs and govern the administration and provision of public children and youth services, were implemented on October 1, 1982, and are seriously outdated. This regulatory chapter needs to be updated to come into line with current practice and CFSR findings, as well as state and federal laws. For example, there are inadequacies in the regulations in regards to case load size, sibling placement and visitation, child rights and grievances, incident reporting, family case records, and consent to treatment and information sharing. DHS

plans to replace the current Chapter 3130 regulation with a new Chapter 3131 regulation.

The 3131 Workgroup will be convening a smaller workgroup to identify optimal levels for caseload size for supervisors and caseworkers. In drafting the proposed Chapter 3131 regulations to replace the current Chapter 3130 regulations, one challenge identified by the 3131 Workgroup has been caseload size. The current Chapter 3130 regulations mandate that a caseworker-to-family caseload ratio be no greater than one caseworker to 30 families. Research shows that high caseloads specifically affect staff turnover and lead to increased costs and decreases in quality service delivery. Child welfare work is labor intensive and requires that caseworkers have quality time to engage children and families, assess child safety, ensure that services and supports are provided, monitor case progress, and so forth. In 2006, the Government Accounting Office (GAO) reported that child welfare agencies were plagued by high workloads and caseloads, which negatively affected staff turnover and performance. High workloads and caseloads impede the ability of child welfare agencies to fulfill their legal mandate and achieve the quality of service needed to protect the safety, permanency and well-being of at-risk children.

The 3131 Workgroup agrees that the maximum caseload size should be decreased in the proposed 3131 regulation. There is no universally accepted method of computing caseload size. Research will be done on the standards and methodologies for the development of caseload standards and requirements, including information from Child Welfare League of America, the American Humane Association, other organizations and other states. Chapter 3131 Workgroup members will be reviewing the research and developing the caseload requirement for the proposed Chapter 3131 regulations.

Another strategy to address service quality will be exploring the expansion of case weighting system tools, which are currently being used by CCYAs. Case weighting is another workload management tool that more accurately reflects workloads and allows managers to distribute work and set expectations more effectively. The complexity of cases requiring intensive intervention, as well as administrative requirements, further adds to a caseworker's workload. Manageable caseloads and workloads can positively impact a caseworker's ability to spend adequate quality time with children and families and positively impact child and family outcomes. Research will be done on the standards and methodologies for the development of case weighting system tools, including those currently used by CCYA, other states

and other organizations. Chapter 3131 Workgroup members will be reviewing the research and developing recommendations.

The workgroup will continue to meet until the drafting of the proposed Chapter 3131 regulation is completed, which is slated for January 2015. The projected publication date of the proposed regulation is in July 2015. The 3131 Workgroup will then reconvene after the proposed regulations are published in the Pennsylvania Bulletin, to review comments from the public and make needed edits to develop the final Chapter 3131 regulations.

Services

Child and Family Services Continuum

Child Protective Services (CPS) and General Protective Services (GPS)

This section outlines existing PA law related to CPS and GPS and also identifies changes to these areas based on recently enacted legislation, all of which is effective December 31, 2014.

PA law currently defines child abuse as any of the following when committed upon a child under 18 years of age by a perpetrator:

- Any recent act or failure to act which causes non-accidental serious physical injury.
- An act or failure to act which causes non-accidental serious mental injury or sexual abuse or sexual exploitation.
- Any recent act, failure to act or series of such acts or failures to act which creates an imminent risk of serious physical injury, sexual abuse or sexual exploitation.
- Serious physical neglect which endangers a child's life or development or impairs a child's functioning.

As of December 31, 2014, the definition of child abuse shall mean intentionally, knowingly or recklessly doing any of the following:

- (1) Causing bodily injury to a child through any recent act or failure to act.
- (2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.

- (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (4) Causing sexual abuse or exploitation of a child through any act or failure to act.
- (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (7) Causing serious physical neglect of a child.
- (8) Engaging in any of the following recent acts:
 - (i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
 - (ii) Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
 - (iii) Forcefully shaking a child under one year of age.
 - (iv) Forcefully slapping or otherwise striking a child under one year of age.
 - (v) Interfering with the breathing of a child.
 - (vi) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
 - (vii) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - (B) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
 - (C) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
- (9) Causing the death of the child through any act or failure to act.

A perpetrator is defined under the law as a parent, paramour of a parent, individual (age 14 or older) residing in the same home as a child, or a person responsible for the welfare of a child, including a person who provides MH diagnosis or treatment. A recent act under the law is defined as occurring within two years of the date of the report.

As of December 31, 2014, a perpetrator will be defined as:

- (i) A parent of the child.

- (ii) A spouse or former spouse of the child's parent.
 - (iii) A paramour or former paramour of the child's parent.
 - (iv) A person 14 years of age or older and responsible for the child's welfare.
 - (v) An individual 14 years of age or older who resides in the same home as the child.
 - (vi) An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption to the child.
- (2) Only the following may be considered a perpetrator for failing to act, as provided in this section:

- (i) A parent of the child.
- (ii) A spouse or former spouse of the child's parent.
- (iii) A paramour or former paramour of the child's parent.
- (iv) A person 18 years of age or older and responsible for the child's welfare.
- (v) A person 18 years of age or older who resides in the same home as the child.

DHS's ChildLine and Abuse Registry is the central clearinghouse for all investigated reports. Staff of the CCYA investigate the reports of suspected abuse. The investigation must determine within 30 days whether the report is:

- Founded – there is a judicial adjudication that the child was abused;
- Indicated – CCYA or regional staff find abuse has occurred based on medical evidence, the CPS investigation or an admission by the perpetrator; or
- Unfounded – there is lack of evidence that the child was abused.

CCYA have a maximum of 60 days from the date a report is registered with ChildLine to submit their findings.

Under current law, mandated reporters are individuals whose occupation or profession brings them into contact with children. Mandated reporters are required by law to report suspected child abuse to ChildLine when they have reason to suspect that a child under the care, supervision, guidance or training of that person or of an agency, institution, organization or other entity with which that person is affiliated is a victim of child abuse, including child abuse by an individual who is not a perpetrator. Suspected abuse of students by school employees is reported to ChildLine by the CCYA

after they receive the report from law enforcement officials. As of December 31, 2014, student abuse will no longer exist and school employees will be held to the same standard as any other perpetrator of child abuse.

As of December 31, 2014, individuals enumerated as mandated reporters will explicitly include:

- A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State;
- An attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children;
- A medical examiner, coroner or funeral director;
- An employee of a health care facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals;
- A school employee;
- An employee of a child care service, who has direct contact with children in the course of employment;
- Clergyman, priest, rabbi, minister, Christian science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization;
- An individual paid or unpaid; who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child;
- An employee of a social services agency, who has direct contact with children in the course of employment;
- A peace officer or law enforcement official defined as Attorney General, District Attorney, PA State Police and municipal police officer.
- An emergency medical services provider certified by the Department of Health;
- An employee of a public library, who has direct contact with children in the course of employment;
- An individual supervised or managed by a person listed under paragraphs (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), and (11), who has direct contact with children in the course of employment; and
- An independent contractor.

The recent amendments to the CPSL (effective December 31, 2014) have also clarified the situations under which a mandated reporter is required to make a report of suspected child abuse if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service;
- The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization or other entity that is directly responsible for the care, supervision, guidance or training of the child;
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse;
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

The child does not have to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.

- Staff members of institutions, etc. – are now to report immediately in accordance with Section 6313 and shall immediately thereafter notify the person in charge of the facility or the designated agent. Upon notification the person in charge or the designated agent shall facilitate the cooperation of the institution, school, facility or agency with the investigation of the report.

DHS's ChildLine and Abuse Registry also assists with conducting child abuse clearances for prospective child care service and school employees as required by the PA CPSL. The clearances ensure that the prospective employees are not known perpetrators of child abuse or student abuse. Child care agencies are prohibited from employing any person who will have direct contact with children if the individual was convicted of certain criminal offenses or was named as a perpetrator of a founded report of child abuse within five years preceding the request for a clearance. Child care employees are also required to obtain clearances from the PA State Police as

well as the Federal Bureau of Investigation (FBI) to determine whether they have been convicted of certain crimes that forbid their employment at a child care agency. As of December 31, 2014 volunteers wanting to participate in a program, activity, or service involving children will also be required to obtain clearances as a condition of volunteering.

CCYA are the sole civil entity charged with investigating reports of suspected child abuse and student abuse under the CPSL. The CCYA must have the cooperation of the community for other essential programs, such as encouraging more complete reporting of child abuse and student abuse, adequately responding to meet the needs of the family and child who may be at risk, and encouraging innovative and effective prevention programs.

In cases involving suspected child abuse, the CCYA is required to assure the immediate safety of the child. If safety is immediately assured, the CCYA has 24 hours to begin the investigation. Cases come to the attention of the agency in two ways:

1. Through direct reports from hospitals, teachers, neighbors, relatives and others; and
2. Through reports made to the statewide ChildLine and Abuse Registry.

The CCYA is responsible for developing and providing services designed to treat and prevent child abuse, neglect, and exploitation including services to help overcome problems that result in dependency and delinquency. Services provided by the CCYA include the following:

- Services to parents and children to enable children to remain safely in their own homes and communities;
- Temporary placement service for children who cannot live safely with their own families;
- Services designed to reunite children and their families when children are in temporary placement;
- Permanency services designed to provide a permanent family for any child who cannot be returned to his/her birth family; and
- Any service or care ordered by the court for children who have been adjudicated dependent or delinquent.

The majority of the cases that come to the attention of the CCYA are those involving non-serious injury or neglect. These cases are treated by the agency as GPS. GPS assessments are conducted for those incidents that do not rise to the level of child abuse as defined above. The majority of the

cases that come to the attention of the CCYA are those involving non-serious injury or neglect. These cases can include inadequate shelter, truancy, inappropriate discipline, hygiene issues, abandonment or other problems that threaten a child's opportunity for healthy growth and development. GPS are defined as services to prevent the potential for harm to a child who:

- Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental, or emotional health, or morals;
- Has been placed for care or adoption in violation of law;
- Has been abandoned by his parents, guardian, or other custodian;
- Is without a parent, guardian, or legal custodian;
- While subject to compulsory school attendance is habitually and without justification truant from school;
- Has committed a specific act or acts of habitual disobedience of the reasonable and lawful commands of his parent, guardian or other custodian and who is ungovernable and found to be in need of care, treatment or supervision;
- Is under the age of 10 years and has committed a delinquent act;
- Has been formerly adjudicated dependent under section 6341 of the juvenile act (relating to adjudication), and is under the jurisdiction of the court, subject to its conditions or placements and who commits an act which is defined as ungovernable in paragraph (6); or
- Has been referred pursuant to section 6323 of the juvenile act (relating to informal adjustment), and who commits an act which is defined as ungovernable in paragraph (6).

When a report alleging the need for GPS is received, the CCYA conducts an assessment to determine if the child or children are safe and whether or not the family is in need of services. If the safety of the children in the home cannot be determined, the CCYA sees the child immediately. Otherwise, the agency prioritizes the response time based on the risk of the children. PA issued OCYF Bulletin # 3490-12-01 entitled Statewide General Protective Services (GPS) Response Times on April 1, 2012 with an effective date of July 1, 2012 to allow for training of staff on the response times.

It is important that county agencies utilize the six domains related to information gathering to assess the safety of a child and determine the most appropriate response time. A valid assignment of GPS response time is predicated upon comprehensive information gathering. It often entails going beyond the circumstances of the maltreatment and the underlying motivations of an individual making a report. In the spirit of completing

more thorough assessments and truly better understanding children and families, the response times should be based on the In-Home Safety Assessment and Management Process Safety Threats and the Risk Factors from the Pennsylvania Risk Assessment Model. Additionally, by taking this approach, county agencies are assigning response times based upon an assessment methodology that is uniform in nature with consistent statewide application.

The following are response times related to reports assigned as GPS reports. As previously discussed, these response times are based on information gathered related to the In-Home Safety Assessment and Management Process and the Risk Assessment Model:

- 1. Immediate:** The information reported indicates that a Present Danger exists which by definition meets the Safety Threshold. In order to reach the safety threshold, a condition must meet all of the following criteria: have potential to cause serious harm to a child; be specific and observable; be out-of control; affect a vulnerable child; and be imminent. Present Danger is defined as an immediate, significant, and clearly observable threat to a child actively occurring in the present.
- 2. Priority (Within 24 hours):** The information reported indicates that an Impending Danger exists which meets the Safety Threshold and/or the information reported indicates that overall Risk Factors rated as high exist which place the child in danger of future harm. An Impending Danger refers to threatening conditions that are not immediately obvious or currently active or occurring now but are out-of-control and likely to cause serious harm to a child in the near future. The information reported does not indicate the existence of Present Danger.
- 3. Expedited (Within 3-7 calendar days):** The information reported indicates that overall Risk Factors rated as moderate exist which place the child in danger of future harm. The information reported does not indicate that Present or Impending Danger exists and does not meet the safety threshold.
- 4. General/Other (Within 7-10 calendar days):** The information reported indicates that overall Risk Factors rated as low exist which may place the child in danger of future harm. The information reported does not indicate that Present or Impending Danger exists and does not meet the safety threshold.

Regardless of the type of report, within 60 calendar days, the caseworker completes an assessment to determine if the family will be accepted for services, referred to a community agency for services or to close the case. These assessments are conducted by the CCYA in the county where the incidents occurred. During the assessment period, the caseworker visits the family's home as often as necessary to complete the assessment and to assure the safety of the children. The caseworker may make unannounced home visits. Services will be provided or arranged to assure the safety of the children during the assessment period.

In addition, for both CPS and GPS, the child's safety is assessed and assured. Safety is the condition of being free from immediate physical or emotional harm and is assessed at every contact. The caseworker systematically evaluates the conditions in which a child resides in order to determine whether or not it is safe for the child to remain in those current conditions. A written safety plan is developed with the family that identifies the immediate steps that must be undertaken in order for a child to remain safe in the current living situation (in home or out of home) and includes a method for monitoring compliance with the plan.

Services are provided to children and families accepted for service by the CCYA. Services are also provided to those persons for whom the court orders services. In most cases, the CCYA determines who will be accepted for service based on its evaluation of the family's situation. Some families are self-referred, but most are referred by neighbors, relatives and other agencies.

Services are provided to both parents and children, to enable the children to remain safely in their own home. Some of these services include protective supervision, counseling, parenting education and other skills training. Most in-home services are provided without regard to cost, although agencies may charge a fee based on the family's ability to pay. A family will continue to receive services as long as the agency or the court feels that there is significant risk to the health and safety of the child.

The CCYA is permitted to provide certain services either directly through its own staff, or by arranging or purchasing services from another agency (private agency). Any service or facility used by a CCYA to provide children and youth services must meet state and local requirements for licensure or certification. All residential care facilities must meet applicable health and safety standards. Each county is responsible for determining if

any fees will be charged to the families served and the amount of the fees. These charges must be established in writing and based on the client's ability to pay.

OCYF is responsible for monitoring and licensing all of the CCYA and private children and youth agencies and facilities in PA. In addition to these duties, DHS does the following:

- Provides TA to CCYA and private children and youth agencies and facilities;
- Investigates child abuse when the alleged perpetrator is a county employee or one of its agents;
- Monitors the CCYA's implementation of the CPSL;
- Assures regulatory compliance of agencies and facilities by investigating complaints and conducting annual inspections;
- Assists CCYA in the interpretation and implementation of the Protective Services regulations; and
- Reviews and recommends approval of county NBPB estimates.

PA is committed to preserving families, keeping children safe and reducing the re-entry rates for children in foster care. There are several efforts underway to support the move toward best practices including the following components:

- Safety is assessed at every contact with the child, regardless of whether the child is in his own home or in placement.
- The CCYA also conducts a risk assessment to determine if the child is at future risk of maltreatment. The PA Risk Assessment Model assesses 15 core factors associated with risk of future harm, including the following:
 - Child vulnerability;
 - Severity of abuse or neglect;
 - Family cooperation;
 - Prior abuse/neglect;
 - Family violence;
 - Substance abuse; and
 - Other situational stressors.
- The CCYA will work with families where there is risk of abuse to decrease risk factors by providing them with counseling, education and other supportive services. When a need for services exists, cases can be handled in two ways depending upon the risk to the child. Cases where the risk is greater are opened by the CCYA. A FSP is developed

that identifies goals, services and the actions to be taken for the family. Cases where the risk of abuse is low may be closed and the family may be referred to services within the community.

- Risk is assessed at intervals throughout the life of the case.
 - 30-calendar days before and after the child is returned to the family home unless one of the following applies:
 - The risk to the child remains low or no risk.
 - The child's return home was not anticipated by the CCYA.
 - A risk assessment for these cases shall be completed within two weeks of the child's return to the home.
- Risk is also assessed at other times during the life of the case including, every six months at the FSP review. Risk and safety are also assessed when circumstances change within the child's environment regardless of the required time frame.
- The CCYA is required to conduct a risk assessment as often as necessary to assure the child's safety.
- The CCYA also assesses the safety and risk of the child when the circumstances change within the child's environment at times other than required under this section.

Over the course of the next five years, PA will continue to focus on implementation of the CPSL amendments, as well as determine monitoring and evaluation requirements. PA will continue to provide TA to CCYAs related to these amendments. OCYF will be developing a training curriculum related to child abuse recognition and reporting that will be available for public use. OCYF must ensure training of certain mandated reporters based on the legislation.

Foster Care

Foster family care is temporary substitute care for children who are unable to remain in their own homes and are placed in the custody of the CCYA by the courts.

Foster parents, referred to as resource families, are individuals who are committed to providing a safe, temporary home for children who were abused and neglected and are unable to remain living in their own homes. CCYA, private foster family care agencies, PSRFA and SWAN recruit resource parents to provide these services for children. CCYA are responsible for finding resource families for children who were removed from their own homes by the court. Each foster family care agency, including CCYA, accepts applications from individuals interested in becoming resource

parents. The minimum requirements that must be met by all applicants include the following:

- Must be at least 21 years of age.
- Must pass a medical examination that states the individual is physically able to care for children and is free from communicable disease.
- Must pass screening requirements related to child abuse and criminal history clearances.

The foster family care agency must then make an assessment of each individual's capability to be a resource parent. The agency will consider the following when assessing each applicant:

- The ability to provide care, and to nurture and supervise the child.
- A demonstrated stable and emotional adjustment.
- Ties with family, friends and community.

The agency will also consider other matters during the assessment such as parent/child relationships; how the applicant can meet the special needs of children placed in the home; and number and characteristics of children best suited for the resource family. The resource family residence must meet certain minimal requirements as detailed in the regulations at Title 55 Pa. Code Chapter 3700 (Foster Family Care Agency). Resource parents must receive orientation by the foster family care agency as well as annual resource parent training some of which they can receive from the CWRC. Resource parents cannot use physical discipline with children placed in their homes; children must be directed with praise and encouragement. Individuals age 14 and over in the home of a prospective applicant must also comply with screening requirements related to child abuse and criminal history clearances. This requirement will be required, based on recently enacted legislation that is effective December 31, 2014, for individuals age 18 and over in the home of a prospective applicant rather than the current age of 14.

Resource parents are encouraged to participate as members of the treatment team for the children in their care. Resource parents work with the agency and the birth parents to meet the child's needs and work toward permanency for the child. Resource parents may take children for medical care and to school events, and they may facilitate visitation between the child and the birth parents in the resource home or other approved locations. They may also mentor the child's parents so that the child and the parents can be reunified while promoting safety and well-being for the child and the family.

Act 160 of 2004 amended the CPSL, also established the RFR to include all resource parent applicants. Act 160 of 2004 also established additional requirements relating to the approval of foster and adoptive parent applicants. Resource parents and individuals 18 and older residing in the home must submit criminal history and child abuse history clearances for initial approval and every 24 months thereafter to the agency. The agency must obtain very extensive additional information from applicants or other sources when available to use for consideration for approval including financial history and history of domestic violence.

Kinship Care

Kinship care is the full-time nurturing and protection of a child who is separated from his/her parents and placed in the home of a caregiver who has an existing relationship with the child and/or the child's family. The existing relationship involves one of the following characteristics:

- Relative of the child through blood or marriage;
- Godparent of the child as recognized by an organized church;
- Member of the child's tribe or clan; or
- Significant positive relationship with the child or the child's family.

PA's Juvenile Act allows for children to be placed with any individual, including any relative, who after study, is found to be qualified to receive the child. Formal kinship care exists when the county children and youth agency (CCYA) has legal custody of the child and out-of-home placement is made with a kinship caregiver who is an approved foster parent by a licensed foster family care agency. Informal kinship care exists when an arrangement is made by the parents for placement of their child with a kinship caregiver. Formal kinship caregivers must be offered and are eligible to receive foster care maintenance payments if they meet certain requirements.

DHS fully supports the use of kinship care, as it is designed to promote the following objectives:

- Preserving family connections through placement with "fit and willing" relatives and other individuals with whom the parents or the child have an existing relationship who are providing care for the child who cannot remain with his/her parents.
- Assuring that kinship caregivers are able to make informed decisions regarding their commitment to the child by providing them with

information about community services, public benefits, concurrent planning and the foster parent approval process.

- Supporting formal kinship caregivers with placement services, resource parent orientation and training that recognizes the caregiver's knowledge of the child and family situation, the ability to receive foster care maintenance payments and in cases where they provide permanency to a child through adoption or permanent legal custodianship (PLC), the ability to receive adoption assistance or have the PLC subsidized if eligibility criteria are met.
- Providing post-permanency services to formal kinship caregivers as a unit of service through the SWAN prime contract (see page 121).

Act 25 of 2003 (known as the Kinship Care Act) established the Kinship Care Program and OCYF issued a bulletin entitled Kinship Care Policy in 2003. Act 25 provided parameters for who is included in the definition of relative, established a statutory requirement giving relatives first consideration as a placement resource when a child cannot safely remain with his/her legal family and is placed in the legal custody of an agency, required CCYA to document attempts to place children with a relative and, where appropriate, reasons why such a placement was not possible. Act 25 also required the promulgation of regulatory requirements establishing that relatives receive the same foster care maintenance payment rate as other non-relative foster parents when they meet all regulatory foster parent approval requirements and that foster care maintenance payments are excluded when calculating eligibility for public welfare assistance.

Effective July 1, 2012, Act 80 amended the Kinship Care Act by codifying the definition of kin (an individual 21 years of age or older who is a godparent of the child as recognized by an organized church; a member of the child's tribe/nation/tribal organization; or an individual with a significant, positive relationship with the child or family); expanding the definition of relative from the third degree to the fifth degree of consanguinity or affinity to the parent or stepparent of a child; establishing that kin, in addition to relatives, are to be given first consideration as a placement resource when a child must be placed in the legal custody of an CCYA; and codifying the 2008 Fostering Connections requirements for relative notification when a dependent child is removed from the home and legal and physical custody has been transferred to the CCYA.

Act 80 permits formal kinship caregivers who provide permanency through adoption or PLC to children age 13 or older to receive subsidy payments for these children up until the child turns 21 so long as the child is meeting one of the following five elements: completing secondary education

or an equivalent credential; enrolled in an institution, which provides post-secondary or vocational education; participating in a program actively designed to promote or remove barriers to employment; employed for at least eighty hours per month; or incapable of doing any of the activities described above due to a medical or behavioral health condition. Act 80 also codified PLC subsidy eligibility requirements and provided parameters for PLC subsidy amounts. Additional details related to PLC can be located in the PLC section of this document.

Effective July 5, 2012, Act 91 amended the definition of child under PA's Juvenile Act to permit youth to remain under dependency jurisdiction up until the age of 21 as long as the youth is meeting at least one of the five elements described in the paragraph above. For such youth, formal kinship caregivers continue to receive foster care maintenance payments and supports through the CCYA.

Permanent Legal Custodian (PLC)

In 1998 Act 126 amended PA's Juvenile Act to incorporate the provisions of ASFA. One of the Act 126 amendments was the introduction of a new permanency option for PA's children, placement with a Permanent Legal Custodian (PLC).

State policy on the PLC permanency option (to include subsidization) was originally issued in June 2001. As part of being compliant with the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, PA issued a Special Transmittal on February 24, 2009, regarding implementation of the federal law and submitted its Title IV-E GAP plan amendment necessary for implementation. OCYF submitted a revised IV-E State plan to ACF by March 31, 2009 which was accepted and allowed PA to add a federally supported tier to its own SPLC effective April 1, 2009. OCYF revised and reissued the PLC Bulletin #3130-09-02/3140-09-01 on March 31, 2009. Original ACF guidance was that the federal funds would apply to new SPLC situations only. OCYF was alerted on January 12, 2010, that ACF revised this position to include certain existing SPLC agreements. On January 4, 2010, OCYF was invited by ACF to revise and resubmit PA's IV-E plan to include an expanded definition of 'relative' that would encompass categories of caregivers currently defined in PA policy as 'kin'. PA resubmitted the IV-E plan and included in the resubmission revisions allowed by ACF's reinterpretation that federal funds would apply to both new and certain existing SPLC agreements. PA's resubmitted IV-E plan was accepted as of October 1, 2009. OCYF revised and reissued the PLC Bulletin #3130-10-02/3140-10-03 on July 30, 2010.

Increased usage of this permanency option for children continues to be one of the many components of PA's PIP process. It remains unchanged that children in the state's child welfare system who have been in the custody of a CCYA for more than six months are eligible for placement with a PLC, provided that the court determines that the goals of return home and adoption are not viable options for the child. A PLC must be someone with whom the child has a strong bond who intends for the custodianship arrangement to be permanent as once custody is transferred from the CCYA to the custodian, the PLC is afforded all rights and responsibilities for the child under state law and the child is no longer part of the state's child welfare system. Federal and State funding remains available for those PLC who desire a monthly subsidy in order to help offset the cost of caring for the child. Children under the PLC program are also eligible to receive medical coverage under the state's Medicaid program.

Effective July 1, 2012, Act 80 amended the Kinship Care Act of 2003 and codified many pre-existing elements of PA's PLC and SPLC policies. Act 80 codified the definition of kin (an individual 21 years of age or older who is a godparent of the child as recognized by an organized church; a member of the child's tribe/nation/tribal organization; or an individual with a significant, positive relationship with the child or family); expanded the definition of relative from the third degree to the fifth degree of consanguinity or affinity to the parent or stepparent of a child; established that kin, in addition to relatives, are to be given first consideration as a placement resource when a child must be placed in the legal custody of a CCYA; and the 2008 Fostering Connections requirements for relative notification when a dependent child is removed from the home and legal and physical custody has been transferred to the CCYA.

Act 80 codified PLC eligibility requirements for both the child and the permanent legal custodian. Eligible children must have a court ordered disposition of placement with a PLC; lived with an eligible PLC for at least 6 months which need not be consecutive; and be a citizen or alien lawfully residing in PA. Eligible permanent legal custodians must be a relative or kin who are an approved foster home with whom an eligible child has resided for at least 6 months which need not be consecutive. Act 80 established the Subsidized Permanent Legal Custodianship program within the Department and provided parameters for SPLC subsidy amounts. Lastly, Act 80 permits permanent legal custodians who provide permanency through PLC to children age 13 or older to receive subsidy payments for these children up until the child turns 21 so long as the child is meeting one of the following

five elements: completing secondary education or an equivalent credential; enrolled in an institution, which provides post-secondary or vocational education; participating in a program actively designed to promote or remove barriers to employment; employed for at least eighty hours per month; or incapable of doing any of the activities described above due to a medical or behavioral health condition.

SPLC cases involving children under the age of 18 undergo an annual re-determination to evaluate the continued need for the subsidy or the need for an increase in the subsidy payment due to changed circumstances with regard to the child/SPLC family. Subsidy cases involving children age 18 or older undergo a re-determination minimally every 6 months to evaluate whether the child continues to meet, or newly meets, the expanded definition of child required for the PLC to receive subsidy payments as well as to evaluate any adjustments to the subsidy amount received within the parameters set forth by Act 80.

OCYF is in the process of issuing a Special Transmittal to provide guidance to CCYA regarding Act 80 and its impact on both PLC and SPLC in Pennsylvania. The Special Transmittal will be followed by issuance of a revised and updated PLC Bulletin.

Another Planned Permanent Living Arrangement (APPLA)

APPLA is a living arrangement that is intended to provide CCYA with the ability to address the special needs for permanency for a child for whom return home, adoption, PLC or placement with a fit and willing relative are not an option. The case record must be documented why the permanency options were ruled out. These later permanency options must be fully explored and a compelling reason determined why they would not serve the child's physical, mental or emotional health, safety or morals to be referred for TPR. Examples of this category could be the following:

- An older child who refuses adoption, has bonded with a foster family who will not adopt or agree to become the PLC of the child and the child wants to remain with the family who commits to provide a home for the child; or
- A child 16 years of age or older who refuses adoption and will transition to an IL program.

Title IV-B Service Coordination and Description

PA expends the following percentages of Title IV-B, subpart 2 funds on service delivery as follows: 20% on Family Preservation, 20% Family Support, 20% TLFR, or 20% Adoption Promotion Services. PA does not exceed 10% in Support expenditures or 10% in Administration expenditures.

Family Preservation

Family Centers (FCs) play a significant role in service delivery in communities, preventing children and families from entering into the formal child welfare system, and achieving outcome goals that have a broad influence in their communities. FC sites are the essence of community based services in PA and are designed to promote the well-being of children and families. FCs are based on the philosophy that the most effective way to ensure the healthy growth and development of children is to support their families and the communities in which they live. Two major components of this philosophy are that parents/families are the child's first and most important teacher and that the integrity of the family must be supported and respected.

FCs provide services in ways that are accessible for families, including direct contact at the FC, home visitation and referrals to other community organizations. The centers engage in targeted outreach and innovative, non-traditional, service delivery approaches that enable families to access services that in the past may have been inaccessible due to geographic isolation or other barriers. Once enrolled in the center, families are supported through a Systems of Care model of least restrictive community supports. This method of service delivery empowers families to become self-sufficient through adult education, training, employment, personal development, and cultivation of a network of natural supports.

FCs are not the only source of services provided to families within their communities, but may be considered sites for more centralized and accessible provisional services offered by other agencies. In addition to the core Parents as Teachers (PAT) programs, examples of other optional services and programs offered through FC's are listed below:

- Child Support (e.g., developmental screenings; toy and book lending libraries; transition to kindergarten; summer/after school programs; and parent/child interaction groups)

- Parent/Family Support (e.g., child development/parent education; family literacy; peer and parent support groups; fatherhood involvement; respite care; educational opportunities to develop skills and acquire knowledge to form and sustain healthy families and family relationships; family activities; and visitation programs for non-custodial parents)
- Health Services (e.g., adult and child health classes; Well Baby clinics; Women Infant and Children (WIC) services; and child and family safety services)
- Mental Health (MH) Services (e.g., counseling; support groups; anger management; drug/alcohol programs; and life skills)
- Adult Self-Sufficiency Services (e.g., Adult Basic Education/General Education Diploma (GED); English-as-a-Second-Language; money management counseling; transportation services; job preparation courses; job training and placement services)
- Emergency Services (e.g., food; fuel; housing; clothing; domestic violence; crisis intervention services; and child abuse services)

FCs use the nationally recognized PAT home visitation model as the curriculum for enrolled families. To achieve optimum results for parents and children with the PAT model, it must be implemented as prescribed by the PAT National Center, Inc. which includes the following components:

1. Parent Educator Educational Background and Experience – Educators possess a four-year degree in early childhood or a related field. Supervised experience working with young children and/or parents is also recommended.
2. Duration of Services - For greatest impact, most PAT affiliates provide three plus years of service. It is essential that PAT affiliates provide at least two years of services to families between prenatal and kindergarten entry. Duration of services refers to the program’s overall design. Thus, as long as your program is designed to provide at least two years of service, families can enroll when their child is any age within the program’s overall age range- although optimal impact is likely when enrolled prenatally or shortly after birth. Parent educators should strive to enroll the maximum number of families prenatally, or shortly after birth.

It is essential that programs operate all 12 months of the year. It is understood that PAT affiliates based in school districts may be limited to 10 months of full operation. In order to maintain needed services, PAT affiliates based in school districts should provide

personal visits to a portion of families year round, prioritizing visits to pregnant women and their partners, new parents of infants, and vulnerable families. In addition, it is incumbent upon the school district-based PAT affiliate to ensure that its families are well connected to needed community services that operate year round.

3. Assessment and Goal Setting - It is essential that parent educators complete and document a family-centered assessment and family-centered goals with each family they serve. Parent educators use the assessment and family goals to plan and deliver services as well as to assess progress.
4. Personal Visits – Personal visits (monthly, bi-weekly or weekly) are the primary service delivery component. During these visits, parent educators share age-appropriate child development information with parents, help parents learn to observe their child’s development, address parenting concerns, and engage the family in activities that provide meaningful parent/child interaction and support the child’s development.
5. Group Meetings – Parent group meetings provide opportunities to discuss information about parenting issues and child development. Parents learn from and support each other, observe their children with other children, and practice parenting skills.
6. Screening - It is essential that formal screening (hearing, vision, developmental, and the health record) be completed at least annually for all age eligible children. The initial screening must take place within 90 days of enrollment for each child. If an element of the screening has recently been completed and it is counter-indicated to repeat it, the results must be obtained and used to have a complete picture of the child.
7. Resource Network - It is essential that at each personal visit, parent educators connect families to resources as needed and then help them to overcome barriers to access. Parent educators’ active collaboration with community resources complement and extend PAT services.
8. Supervision - It is essential that each month, parent educators participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings.

9. Professional Development - It is essential that parent educators access competency-based professional development and training and recertify with the national office annually. For parent educators:
 - Year 1: 20 clock hours of professional development
 - Year 2: 15 clock hours of professional development
 - Year 3 and beyond: 10 clock hours of professional development
10. Advisory Committee - It is essential that the PAT affiliate have an advisory committee which typically includes program personnel, community service providers, community leaders, families, and other stakeholders. The advisory committee must meet at least every 6 months, although the preferred frequency is quarterly or more frequently.
11. Evaluation - Affiliates must plan for evaluation of program implementation and outcomes. It is essential that your affiliate collect and annually report data on service delivery, program implementation, and compliance with the model replication requirements through the Affiliate Performance Report. Use of a Management Information System (MIS) is the preferred method for data collection. It is essential that affiliates gather and summarize annual parent satisfaction surveys and solicit regular feedback from parents about all model components.
12. Training Requirements - Parent educators certified prior to January 1, 2011, who are with an existing program must attend Foundational Training and a model implementation retraining by July 2014. Supervisors with an existing program must attend a model implementation retraining by July 2014. New parent educators hired by an existing program (affiliated prior to January 1, 2011) must attend the Foundational and Model Implementation Trainings before delivering PAT, while new supervisors must attend Model Implementation Training.

FCs also use parenting models such as PA Family Support Alliance (PFSA), Systematic Training for Effective Parenting, Becoming a Love and Logic Parent, Guiding Good Choices, and Active Parenting Now, all of which emphasize the importance of parental relationships, such as focusing on spending quality time together, discussing discipline practices and having open communication between adults in the home.

FC staff will begin hosting Community Meetings in coordination with local CCYA and other local community partners to develop sustainable options to keep their work progressing forward and provide strength-based services. The connections they make through this meeting will help them reach the goals of their Logic Model and help address the needs of CCYA and the local community. FCs will have an opportunity to share their impact and identify those who could help them solve their identified barriers.

Each FC provides a description of outreach activities that they will undertake to maximize the participation of parents, racial and ethnic minorities, children and adults with disabilities and members of other underserved or underrepresented groups. Many of the FCs provide targeted outreach to families and children with disabilities. The local FC operations are guided by an agency-based board, including CCYA, County Assistance Office (CAO), Women, Infants & Children (WIC) nutrition program, Victims Intervention, Healthy Beginnings, Early Head Start and many local volunteers. The most common outreach activities include the following:

- Acceptance of referrals from other agencies in order to offer a variety of services and programs for families;
- Site location in communities where there is an identified need for family support services;
- Offering to play and reading group activities at various locations outside of the FC site in order to reach those families who may not otherwise receive services;
- Use of bilingual staff and resources;
- Building relationships with immigrant families; and
- Coordinating activities with other community agencies.

The five outcomes for FCs are as follows:

1. Economic self-sufficiency for families through adult education, training and employment;
2. Healthy development and health care services for children;
3. Positive child development through effective parenting, early intervention, and outreach activities;
4. Preservation of the family unit as the foundation for success for children; and
5. Seamless, comprehensive, and easily accessed network of services for children and families.

Family Support

FCs provide Family Support Services and receive IV-B funding in this category. Since the inception of FC in 1992, services were integrated and provided to help children and families become healthy, safe and self-sufficient in their communities. FC contributed to positive outcomes for children and families, impact the broader child welfare outcomes of safety, permanency, and well-being as well as community-level outcomes. The vision of the FC is "All PA children and their families will be healthy, educated, and self-sufficient and will be living in a safe home and community."

DHS and OCYF strongly support strength-based, family focused programs including programs using the Strengthening Families approach created by the Center for the Study of Social Policy (CSSP). The website is www.strengtheningfamilies.net.

Strengthening Families focuses on the following Five Protective Factors, which closely mirror the FC outcomes, as a means to lower the risk of child abuse and neglect:

- Parental resilience: The ability to cope and bounce back from all types of challenges;
- Social connections: Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents;
- Knowledge of parenting and child development: Accurate information about raising young children and appropriate expectations for their behavior;
- Concrete support in times of need: Financial security to cover day to day expenses and unexpected costs that come up from time to time, access to formal supports like Temporary Assistance for Needy Families (TANF) and Medicaid, and informal support from social networks; and
- Children's social and emotional development: A child's ability to interact positively with others and communicate his or her emotions effectively.

In connection with the CFSP goals for safety, permanency, and well-being, FCs provided a wide array of services that support these goals.

Safety and Permanency

FCs provide the following:

- Adult education, job training, language skills, flexible hours and services for working parents, respite care for biological and foster parents, supervised visits, parent support groups, home visitation, family literacy activities and child development activities/classes.

Benefits:

- Higher employment rates, lower rates of families living in poverty, promotes families living in safe and stable housing;
- Lowers risk factors such as parental stress and poverty/unemployment;
- Increases protective factors such as parental employment and adequate housing;
- Families' needs are met, increases family involvement in the community, time spent with children by custodial and non-custodial parents, improved stability and integrity of the family;
- Lowers risk factors such as the social isolation of families, parents' lack of understanding of children's needs and child development, lack of family cohesion, parental stress, family disorganization, or physical or developmental disabilities in children that may increase caregiver burden;
- Age appropriate developmental screening and corresponding services; and
- Increases protective factors such as a supportive family environment, nurturing parenting skills and stable family relationships.

Well-being

FCs provide the following:

- On-site health education activities, services and information: services may include the WIC nutrition program, immunization clinics, and free lead-poisoning testing for children;
- Ages and Stages developmental screenings;
- Collaboration with and referrals to health and education services for children and families; and

- A “one-stop shop” where families can obtain services or learn where services can be found in their community and satellite sites to reach families in often underserved areas of their community.

Benefits:

- Children and families receive medical, dental and MH care; children and families apply for health insurance coverage; children have higher rates of the following:
 - Receiving immunizations;
 - Prenatal care;
 - Healthy birth process; and
 - Access to and use of primary health care providers.
- Lowers risk factors such as disabilities or MR in children that may increase caregiver burden, parental stress and distress, including depression or other MH conditions;
- Increases protective factors such as stable family relationships and access to health care and social services;
- Families receive supports and services as needed, co-location of services and staff, and effective use of community services and resources;
- Lowers risk factors such as social isolation of families, parental stress; and
- Increases protective factors such as the access to health care and social services, caring adults outside the family who can serve as role models or mentors and communities that support parents.

Communities that receive FC funding are encouraged to develop community-based planning efforts that represent the community’s needs and priorities in one or more of the five broad outcome areas. Family involvement is critical to this process and families are actively engaged as equal participants in the planning process. This joint planning begins with the development of the community’s application for funding. Within this process a planning group is identified that is representative of the community including parents, public and private agencies, schools, local government leaders and businesses.

FC boards share in the responsibility for achieving improved outcomes for children and their families within the community. The boards identify key issues and service needs in their communities, respond to such concerns, coordinate and collaborate with other child serving programs, and

address the FC sustainability and growth. Parents comprise at least 25% of the FC board's composition.

FC grantees are directly tied to their communities. Of the 31 grantees, 10 are school districts and the remaining grantees are either County Human Services Offices or CCYA. FCs require the development of shared vision for families and the communities in which they live.

Fatherhood Initiative

The Promoting Responsible Fatherhood Initiative (PRF) grant is funded with Community-Based Child Abuse Prevention (CBCAP) federal funds. Twenty grants are currently operating in PA. Research demonstrated the importance in engaging fathers in the healthy development of their children. Fathers are often overlooked and PA is proud to offer PRF services to fathers. PRF grants vary and include a range of the following services:

- Fatherhood Reading Incentive Programs give incentives for reading 20 or more books with their children.
- Case management includes the partnerships established with Mid-Penn Legal Services, domestic relations, and juvenile and adult probation to advocate for fathers and their children.
- Assistance and counseling services include transportation, housing assistance, emergency food, clothing, furniture and household items. Partnerships were established with the county assistance offices and local community resources.
- Job search training includes GED, employment assistance and referrals, resume preparation, workforce literacy, job readiness training and the partnership with CareerLink for job searching.

PRF uses evidenced-based, evidenced-informed practices and models including the following:

- Inside/Out Dads for incarcerated dads;
- 24/7 Dad;
- Foundations of Fatherhood;
- Doctor Dad;
- Fatherhood 101 for teen dads;
- Fatherhood Development;
- Partners for Fragile Communities;
- Incredible Infants;
- 1,2,3,4 Parents!;

- Active Parenting Now;
- Active Parenting for Teens;
- The Nurturing Program;
- Dad and Me; Born to Learn;
- Step; and
- 1,2,3 Magic.

PA intends to continue the use of evidence-based, evidence-informed practices and models and to build stronger and more productive relationships between FC and CCYA. Some FCs requested TA from the CWRC to help bridge the communication gap between FC and CCYA. PA anticipates continuing to engage fathers through PRF and FC services specifically targeted to fathers.

Time-Limited Family Reunification (TLFR)

The TLFR grant program will continue in PA. Currently there are 15 CCYA grantees, many of whom subcontract services to the FC. CCYAs also work closely with other county service agencies, including domestic violence programs, MH and Drug and Alcohol, to integrate the existing services and activities intended to strengthen and support families by providing immediate and appropriate reunification services to parents and their children in foster care.

TLFR services include the following services: individual, group, and family counseling; inpatient, residential, or outpatient substance abuse treatment; MH services; assistance with domestic violence; respite child care/therapeutic services; FGDM and transportation to these previously mentioned services.

All TLFR programs select a minimum of three outcomes which may include any combination of the following:

- Reduce the length of time that children spend in foster care;
- Reduce the re-entry rates for children returning to county custody;
- Reduce the number of placement moves for children in foster care;
- Increase the stabilization of families who have a child in foster care in order to facilitate reunification with the family within 15 months;
- Increase the rates and timeliness of reunification of children with their families;
- Increase the success in locating absent parents as permanent resources for their children;

- Enhance the working relationships between the CCYA and other agencies and service providers at the county and community levels to support families; and
- Enhance the CCYA's use of SWAN units of service for child profiles and child preparation for children in placement with a goal of reunification.

CWRC will continue to offer strengthened approaches to coordinating child welfare and family support services at the local level.

Adoption Promotion and Support Services

Safe Haven Initiative

Safe Haven, also known as Act 201 of 2002, The PA Newborn Protection Act, provides that a parent of a newborn may leave their child in the care of a hospital without being criminally liable, providing that the parent expresses orally, or through his/her conduct, that they intend for the hospital to accept the child, and that the newborn is not a victim of child abuse or criminal conduct. The Act defines a newborn as a child that is less than 28 days of age as reasonably determined by a physician. The Act became effective on February 7, 2003.

DHS maintains a statewide toll free helpline, 1-866-921-7233 (SAFE), and the Safe Haven website, www.secretssafe.org as resources for pregnant women and new mothers. The helpline was established for women in crisis and individuals seeking information to be able to speak with a person regarding the program and to find out the location of the nearest hospital.

The Safe Haven website is tailored to expectant mothers as well as to agencies, hospitals and others who can download educational materials related to the program. The website averages nine visits each weekday and 21 visits on the weekend.

To increase public awareness about the Safe Haven Program, various outreach efforts are made on behalf of the Department. Educational materials (brochures, crisis cards, and posters) are provided to all hospitals and county children and youth agencies in Pennsylvania and radio and online advertisements run throughout the year. Public Service Announcements run in three of Pennsylvania's media markets, Philadelphia, Pittsburgh and Harrisburg, which covers 70% of Pennsylvania's population. Statewide campaigns run online (Google, Facebook, Pandora Radio) and on digital

billboards all of which direct audiences to the toll free helpline number and to the secretsafe.org website.

Educational materials will continue to be available online and media advertisements will be purchased to promote awareness about the program. DHS will continue to monitor and reinforce reporting requirements specific to hospitals and CCYA as outlined in the program and policy bulletin.

Statewide Adoption and Permanency Network (SWAN)

SWAN supports and enhances timely permanency services for children in PA who are in the custody of CCYA and provides post-permanency support services to families. Also eligible for services are those families who provide permanency to children in out of home care including adoptive, kinship and PLC families.

SWAN is a collaborative of the public and private sectors and includes the 67 CCYA and more than 80 private agencies, referred to as SWAN affiliate agencies. Services are delivered through a prime contract between DHS and the legal entity. The current prime contractor is Diakon Lutheran Social Ministries, in partnership with Family Design Resources. Diakon was selected as the current prime contractor through DHS's procurement process which was managed via a Request For Proposals (RFP). The current contract began on October 1, 2010 and expires on June 30, 2015.

SWAN direct services include child profiles, family profiles, Child Specific Recruitment (CSR), child preparation, placement, finalization and post-permanency services. Post-permanency services are available to any family who has adopted, whether or not they adopted through SWAN and to kinship and PLC families. Post-permanency services offered include case advocacy, support groups and respite care.

Although there are currently fewer children in out of home care in PA with a court ordered goal of adoption, the children that remain in care have significant issues. Every child registered with the PA Adoption Exchange (PAE) has at least one special need. Recruiting families for this older population of special needs youth requires more intensive recruitment efforts. To help to increase the use of CSR for this population, OCYF offered a \$1,000 bonus to agencies who found a permanent family for a child through the CSR unit of service.

In addition to direct services, SWAN offers a variety of support services designed to enhance and expedite permanency services for children and families listed elsewhere within this document. Over the next five years, the SWAN prime contractor, Diakon Lutheran Social Ministries, will continue to provide TA to CCYA and affiliates to ensure the effective use of SWAN services. OCYF and the prime contractor will monitor SWAN services for timely completion and will work together to identify and analyze barriers impacting the timely completion of referrals made by CCYA to the SWAN prime contractor. The prime contractor will develop and implement county-specific and/or affiliate-specific action plans, as needed, to remedy the identified barriers.

Pennsylvania Adoption Exchange (PAE)

There are four major components of PAE:

- The Child and Resource Family Registries;
- www.adoptpakids.org;
- TA; and
- PA Adoption Information Registry (PAIR).

The Child and Family Registries unit responsibilities include registering waiting children and approved adoptive families into the database for computer matching services and making referrals for those potential matches to the child's and family's agency. PAE accepts registration of waiting children from CCYA and affiliate agencies.

The Child and Family Registries serve the following children:

- Those legally free for 90 days with no report of intent to adopt filed;
- Those for whom TPR is being pursued; and
- Those for whom a termination decree is under appeal.

In addition to registering waiting children, the Resource Family Registry (RFR) also registers all foster and formal kinship care families. Nearly 21,000 foster, adoptive and kinship families are registered with PAE, 617 of which are new registrations of approved adoptive families.

DHS owns and operates **www.adoptpakids.org** which features waiting children as well as information on adoption and foster care. The site is updated daily.

TA is provided by PAE Technical Assistants who assist county and private provider agencies with registering children and families and by the SWAN Helpline who assist waiting families who call with questions about the waiting children featured on the web site.

Act 101 of 2010 amended the PA Adoption Act to require DHS to create a social and medical history registry that collects information on all adoptions finalized or registered in PA so that the information can be shared with birth family and adoptees upon their request. OCYF and the SWAN prime contractor designed and developed a registry, known as PAIR. OCYF developed a method by which all medical and social history information can be provided electronically to PAIR. The registry is not an automated system, however, all information is stored electronically, allowing searching the database and matching requests for information on file to be accomplished.

In an effort to raise awareness about PAIR, OCYF collaborated with the Youth Advisory Board and developed a PAIR brochure which was distributed at all SWAN Matching Events and sent electronically to all public and private child welfare agencies. The brochure, Act 101 Information Brochure, is housed on the www.adoptpakids.org website so that it is accessible to everyone. DHS is investing in new software that may meet the needs for establishing the permanent PAIR registry.

Until it is determined if the new software will meet the needs for establishing the permanent PAIR registry, the SWAN prime contract staff will accept all social and medical history records and requests for information and will process them manually.

Statewide Adoption and Permanency Network's Advisory Committee

OCYF will continue to maintain and manage the SWAN Advisory Committee. This committee, comprised of child welfare and permanency professionals as well as youth, adoptees and adoptive families, provides guidance and input on the SWAN Program to DHS. The committee meets three times per year and makes recommendations to DHS on how to improve the delivery of services to the children and families we serve.

To help guide the work of the committee and each subcommittee, charters were created. These charters will help members connect their work to desired outcomes.

The goals and objectives of the committee are to provide recommendations to OCYF to improve SWAN services. The SWAN Advisory Committee will continue to meet during the next five years and provide recommendations to OCYF.

SWAN Helpline 1-800-585-7926

The SWAN Helpline Information and Referral Specialists answer the Helpline Monday through Friday during the workday. An answering machine takes call after hours. The specialists assist families who are interested in adoption or foster care by answering their questions, sending SWAN family packets and PSRFA materials, recording pertinent information in the database, generating reports, providing information and referral services and providing follow up services to families at regular intervals.

The SWAN Helpline is also the designated point of intake for SWAN post-permanency services. Families in need of post-permanency services make their requests to the Helpline where trained staff take their information and make the necessary referral for services. Helpline staff respond to calls from the general public regarding any dissatisfaction they may be experiencing with the SWAN Program for resolution by DHS. Helpline also uses the Language Line to effectively communicate with non-English speaking consumers.

In addition to managing the SWAN Helpline and SWAN post-permanency services referrals, the SWAN Helpline staff also responded to several questions and inquiries posted to the SWAN Facebook page. SWAN Helpline staff are not administrators on the SWAN Facebook page but do help OCYF monitor it on a daily basis by responding when they can or notifying OCYF of issues that need to be addressed by the Commonwealth as needed.

SWAN Legal Services Initiative (LSI)

The goal of the SWAN Legal Services Initiative (LSI) is to expedite permanency for PA's waiting children. The SWAN LSI identifies and remedies gaps and barriers between the legal system and the CCYA. By acting as a liaison between the caseworker, the attorney and the court, the paralegal is able to reduce the delay in processing paperwork, legal filings, diligent searches and other necessary legal steps in achieving permanency.

Another major component of the SWAN LSI is the LSI Warm Line. The LSI Warm Line fields all legal inquiries submitted from the network as well as any search and reunion inquiries received from the general public. The SWAN LSI developed the Diligent Search Packet which contains information on how CCYA can actively search for kin and other permanency resources, including the Accurant search engine, to locate family members and significant others. The Diligent Search Packet is available online at www.diakon-swan.org.

New SWAN LSI staff will be trained to provide training on testifying in court in their county agencies.

American Bar Association's Barriers to Permanency Project

The Barriers to Permanency Project works with county judges, hearing masters, solicitors, county administrators and county staff to improve legal outcomes specific to their county. The project assists CCYA in identifying barriers to timely and successful placement and achievement of court ordered permanency goals. Each participating county agrees to participate in the project for two years and also has the option of requesting an extension of services for up to one year.

In addition to the Barriers to Permanency Project, the ABA provides targeted training and TA to CCYA on various permanency issues. This training and TA focuses on resolving specific issues related to permanency and may include helping counties explore options such as including youth in court, conducting local trainings, performing legal research, court observation and developing county specific materials such as protocols, sample petitions, handouts for trainings, desk aids and checklists. The targeted TA lasts from two to 12 months, depending upon the needs of the county. In 2014 the ABA Barriers to Permanency project provided TA in nine counties.

The ABA participates on several statewide committees which focus on issues such as statewide TA, concurrent planning, education and legal representation.

The goal of the ABA's Barriers to Permanency Project is to improve outcomes for counties in order to enhance timely permanency for children in foster care by working closely with county administrators and judges to eliminate barriers to the legal process. Additional services include providing

TA to past counties encouraging collaborative work with the SWAN LSI program, the CWRC and other legal entities in PA, specifically the AOPC.

The ABA Project will continue their services, including TA, in their current counties or new counties interested in their services.

SWAN/IL Collaboration

All youth in the custody of the CCYA who are in out of home care are eligible to receive SWAN services. Likewise, older youth who are receiving IL services are in need of a permanent resource. In an effort to bridge the work of the permanency and IL programs that previously existed as two separate and distinct service areas, SWAN and IL established a collaborative effort intended to improve outcomes for older youth in care by helping them to achieve permanency.

OCYF encourages referrals for child profiles, child preparation and CSR for older youth in care who may not have a goal of adoption and may be in danger of aging out of the system without a permanency resource. All three of these services can help to identify potential permanency resources for youth in care, regardless of their court-ordered permanency goal. If PA is unable to locate an adoptive, custodianship or kinship resource, it is the goal to, at a minimum, locate a responsible adult who will serve as a mentor or permanent connection to youth aging out of the system.

Likewise, OCYF encourages IL services for all older youth, particularly those with a goal of adoption. While adoption workers believe that all children are adoptable, the hard truth is that the older a child is, the more difficult it is to find an adoptive family. Therefore, adoption workers who are working with older youth to help find them a permanent family must also know about and understand IL services that will help that youth function as a successful adult. OCYF combined the training and service delivery to include both adoption and IL workers.

TA to CCYAs on which youth should be referred to SWAN for services was provided by the SWAN and CWRC IL Technical Assistants. SWAN and CWRC IL Technical Assistants participate in the TA Collaborative. Trainings were jointly planned by both SWAN and IL staff. Highlights of trainings provided include the following:

- Helping Children Heal: From Surviving to Thriving
- Improving Outcomes for Youth Placed Out of County

- Preparation of Birth Children in Foster or Adoptive Homes
- Conquering the Courtroom
- How to Maximize Post-Permanency Services
- Permanency Practice
- Successful Transition Planning from the Child Welfare System for Youth with Disabilities
- Critical Thinking: Strategies for Understanding Older Youth in Care
- Revisiting Act 160 & the Resource Family Registry
- Multigenerational Differences in the Workplace
- Creating a Positive Environment for Strategic Sharing
- Growing Your Post-Permanency Program
- Understanding the Three Components of the Family Profile
- Helping Families Support Children's Development

SWAN will continue to provide training on the importance of permanency for older youth to county and private providers and continue to provide TA to counties and private providers on how SWAN services can help older youth in care achieve permanency.

All services will continue over the course of the next five years. OCYF, the SWAN prime contractor and CWRC will encourage the use of SWAN services for all older youth in care who are in need of permanency.

Resource Family Recruitment

Resource family recruitment is provided through the SWAN Prime Contract and PA's Media Contracts with Top Fight Media and Harmelin Media. Additional recruitment and awareness events are provided by the PSRFA.

SWAN Prime Contract Recruitment

Three recruitment efforts are provided through the SWAN prime contract: matching brunches, matching parties and the Older Child Matching Initiative (OCMI).

Matching Brunches/Desserts

SWAN sponsors two Matching Events per year, typically in January and July during the statewide meetings. These events offer prospective and approved adoptive families the opportunity to meet directly with CCYA and affiliate workers to discuss the children who are available for

adoption. Numerous matches were made at these annual events and they have been so successful that affiliates now hold similar events on their own.

Older Child Matching Initiative (OCMI)

This initiative is designed to provide intensive child focused services to teens in need of adoptive homes by matching them with approved families who are registered with PAE who indicated they will adopt older youth. Teens are invited to actively engage in recruitment activities and encouraged to participate in selecting a family for themselves. Teens attend numerous matching activities and read family profiles of approved families who have said they are interested in adopting older youth.

Commonwealth Media Contract

In FFY 2014, OCYF in an effort to ensure timely permanency for all youth in care, launched a new media campaign, #MeetTheKids, to increase awareness about the need for foster and adoptive families. The campaign focused on the need for foster and adoptive homes for older youth and included three television commercials, one radio advertisement and new print advertisements. These campaign spots directed the public to the SWAN website, where a 13 minute documentary provided a compelling behind-the-scenes look at the creation of the campaign and offered viewers more information about the 12 youth in the commercials and their need for a permanent family. The spokesperson for the campaign was Mrs. Suzanne Cawley, wife of Lieutenant Governor Jim Cawley. Mr. and Mrs. Cawley are foster and adoptive parents themselves and have been supportive of the SWAN program and OCYF's efforts to enhance services to the children and families we serve.

A targeted media campaign aired on network television and cable in Pennsylvania's three largest media markets, Philadelphia, Harrisburg and Pittsburgh, throughout the months of July, August and September 2013 as well as January, February and March 2014. Media efforts were targeted in these specific zip code areas as most of our youth come from these markets. Targeting these markets will develop placement resources to keep children within their own schools and communities as well as recruit resource families to meet the cultural, ethnic and special needs of youth in the community.

Statewide campaigns also ran online (Google, Facebook, Pandora Radio, Yahoo! and MSN) throughout the year. SWAN also has a YouTube

channel that features the #MeetTheKids campaign television and radio commercials and documentary.

In addition to television advertisements and the online radio campaign, to celebrate National Foster Care Month, print advertisements ran to promote foster care and adoption awareness. Print advertisements targeting African American and Gay communities ran in three newspapers, *Philadelphia Gay News*, *Philadelphia Tribune* and *New Pittsburgh Courier* and in two magazines, *Out In Pittsburgh* and *G-Philly*.

In November 2013, in recognition of National Adoption Month, DHS issued 26 mini-grants to private and public agencies across Pennsylvania to support local foster care and adoption awareness events. Various adoption awareness events and celebrations were held across the Commonwealth including adoption finalization ceremonies, matching events, skating events, movie nights, recognition ceremonies, festivals and sporting events. Some events targeted faith-based, ethnic/cultural organizations and communities. To qualify, agencies had to submit a proposal for review and approval.

The campaign received national attention in November 2013, when one of the youth from #MeetTheKids was interviewed on NBC's Today Show in a live segment as part of a week-long celebration of National Adoption Month.

In addition to the media campaign, OCYF's media contracts include subcontracts with three television stations, WHTM in Harrisburg, KDKA in Pittsburgh and WBRE in Wilkes-Barre. All three stations run waiting child segments and their reporters participate in unique child interviews that feature the interests of the child. More than 40% of the children featured on these shows have achieved permanency through adoption.

The Freddie Mac Foundation also has a partnership, renewed in 2013, which was developed in Philadelphia to do a similar weekly segment as part of their national adoption initiative. SWAN and PAE help to identify waiting children to be featured on that segment.

OCYF will continue media efforts as well as seek additional ways to expand and broaden work to find permanent families for older youth.

All recruitment services and contracts will continue without change to their goals or objectives.

OCYF will pursue the recruitment and training of resource families and report the progress going forward.

- Building off of the success of the foster/adoptive recruitment campaign, #MeetTheKids, a new campaign will launch in July 2014 featuring 12 new youth from across PA.
- OCYF will continue to work with the media contractor to recruit resource families from the areas where most of our youth enter care.
- OCYF will continue recruitment efforts for resource families willing to accept older youth and sibling groups.
- SWAN will encourage the interaction of resource families on the SWAN Facebook page.

Pennsylvania State Resource Family Association

PSRFA is a non-profit organization overseen by a board of directors comprised of volunteers from across PA, the majority of which must be resource family members. PSRFA has 425 members consisting of foster, adoptive, and kinship parents, CCYA and private child welfare agencies, local foster parent associations and interested citizens. PSRFA holds an annual conference to provide training to resource families and child welfare professionals. Training received by resource families at this annual event helps to meet state requirements for annual re-certification.

PSRFA has re-drafted the Foster Parent Manual which is currently going through final edits and lay-out. Once that has been completed, it will be sent to OCYF for review and approval and released in October at the Annual Foster Family Conference. PSRFA will provide training on concurrent planning and how resource families can work with and act as mentors to birth families at their annual conference.

Service Decision Making Process for Family Support Services

Family Centers are funded through a comprehensive application process for a three-year grant. SFY 2012-2013 was the second year of the three-year grant cycle. Grantees are required to adhere to grant requirements and submit annual renewals. Each application is screened by an evaluation committee using a standardized review instrument in order to ensure that the procurement process and programmatic integrity are maintained.

Populations at Greatest Risk of Maltreatment

In accordance with Section 432 (a) (10) of the Child and Family Services Improvement and Innovation Act, PA continues to undertake efforts to identify and describe which populations are at the greatest risk of maltreatment, including how PA has identified these populations and how services are targeted to those populations. PA reviewed the 2011-2012 Program Reach and Risk Assessment conducted by the Office of Child Development and Early Learning (OCDEL) to determine if their findings and populations identified are consistent with those that would be identified through OCYF. The Program Reach and Risk Assessment focused on populations at risk of school failure with a focus on early childhood. OCYF agree with this population being one at greatest risk of maltreatment as seen in the 2013 Annual Child Abuse Report where this age group was identified as the second highest to be maltreated after children ages 10-14. The targeting of services for the population of 0-5 is highlighted in the section of the plan devoted to Services for Children Under the Age of Five (see page 127).

PA has identified the following strategies to target services to children ages 10-14 including our Safety Assessment and Management Process (SAMP). The purpose of the safety assessment and management process is to assure that each child in a family is protected. The primary purpose of this process is to enable caregivers to provide protection to the children for whom they are responsible. Safety is the primary and essential focus that informs and guides all decisions made from intake through case closure, including removal and reunification decisions. The process leads to making informed decisions about safety planning and implementation of safety interventions that will control identified threats. Safety assessment and management is not incident based and is not defined by determining the presence or absence of injuries or incidents. A safety assessment and management system is reliant on good social work practice and is congruent with family-centered and strength-based practice. PA continues to strengthen multidisciplinary investigative teams (MDITs) and explore efforts to expand the use of Children's Advocacy Centers (CACs) to encourage joint investigations and reducing trauma to victims of abuse. PA has also been focusing on the use of trauma informed care for all children involved in the child welfare system.

PA will continue to allow for the expanded availability of Evidence Based Programs (EBP) to all CCYA. Instructions in the Needs Based Plan and Budget Bulletin encourage counties to implement any EBP that will help

them to improve their outcomes and meet an identified need. Counties are encouraged to consider what EBP they may need to implement to improve service delivery to children and families within their respective county.

Services for Children Under the Age of Five

SWAN services, including child profile, child preparation, CSR, family profile, placement and finalization are available to all children in out of home care in need of a permanent family. Services may begin prior to the court ordered goal of adoption. PA recently released its statewide policy on Concurrent Planning and is hopeful that once it is fully implemented (beginning July 1, 2015), that all children will move more quickly to permanency.

PA utilizes a child specific database, the CY 890, which contains demographic information on all children in out of home care with a goal of adoption. The type of information collected includes the child's name, date of birth, gender, race, mother's name, father's name, date a goal of adoption was established, date of TPR on each parent, date of the appeal of TPR, if any, date the intent to adopt was filed and the date of the finalization. The data is used to drive service provision and resource family recruitment. OCYF uses the data to identify problem areas, such as children with a goal of adoption who are living with a pre-adoptive family, but for whom no intent to adopt has yet been filed. The CCYA, SWAN affiliate and/or Regional Office is asked about the circumstances of the case and TA is provided as needed.

The data is also used to help drive the PA resource family recruitment media campaign. The data collected directs the type of advertisement needed, i.e. recruiting for older boys or sibling groups, and helps to determine in which markets the advertising should run in order to recruit resource families similar to the demographic make-up of the children served.

PA has a good success rate in finding children under age 5 an adoptive family. Annually, approximately 1,000 children who are adopted from foster care in PA are under age 5.

The SWAN program offers 3 child specific services to children under the age of 5 to help them find permanency. They include: Child Profile, Child Preparation and Child Specific Recruitment. While all three services are available to all children in out of home care in need of a permanent family, the services are modified to meet the needs of the individual child. For instance, for children under the age of 5, Child Preparation Services

would include not only working with the individual child, but more intensive work with the resource family as well. The resource family may participate in the sessions with the child and the worker. Older youth who receive Child Preparation Services may meet individually with the worker and/or receive the services through group work with other older youth present. But for children under the age of 5, Child Preparation Groups are not appropriate. Likewise, older youth participate in the development of their Child Specific Recruitment plan, while children under age 5 are too young to actively participate in such planning so their resource family may be included in the planning process.

The PA DHS Office of Child Development and Early Learning (OCDEL), strives to build a strong foundation for children, starting at birth. The Pennsylvania Early Intervention Program, offered through OCDEL, provides support and services to families with children, from birth to age five, with developmental delays and disabilities. Early Intervention builds upon the natural learning opportunities that occur within the daily routines of a child and their family.

The OCDEL Early Intervention Program

- Supports services and resources for children that enhance daily opportunities for learning provided in settings where a child would be if he/she did not have a developmental delay and disability.
- Provides families' independence and competencies.
- Respects families' strengths, values and diversity.

Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family related to enhancing the child's development in one or more of the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

The services provided to children and their families differ based upon the individual needs and strengths of each child and the child's family. Services such as parent education, support services, developmental therapies and other family-centered services that assist in child development may be included in a family's Early Intervention program.

Early Intervention promotes collaboration among parents, service providers and other important people in the child's life to enhance the child's development and support the needs of the family. Services may be provided in the child's home, child care center, nursery school, play group, Head Start program, early childhood special education classroom or other settings familiar to the family. Early Intervention supports and services are embedded in typical routines and activities, within the family, community and/or early care and education settings. This approach provides frequent, meaningful practice and skill building opportunities.

Early Intervention Services, which are provided at no cost to the family, are used by the CCYA to improve parental education and provide the support needed to help the family maintain the young child in their home or provide support to the family once the child has returned to the home from foster care. A variety of services are available, depending upon the need of the child and the family. Numerous services are available that address a variety of physical, educational and behavioral needs.

Parent Child Home Program (PCHP)

OCYF provides Title IV-B funding to OCDEL to implement the PCHP, a nationally-replicated, research-based early literacy and home visitation program for families with children two and three years old. Home visitor staff model for parents how to read and play with their children to promote positive parent-child interaction, literacy development, and a language-rich home environment. PCHP reinforces the parent's role as their child's first and most important teacher and provides them with the guidance and supports to promote quality early learning opportunities for their children. Home visitors provide half-hour home visits twice a week for two years. The program targets families challenged by low levels of education, poverty, literacy and language barriers, and/or those who are isolated and not accessing community services. Almost four decades of research demonstrates the effectiveness of this program. PCHP participants score higher on school readiness and standardized tests and graduate from high school at rates higher than most low-income students.

PCHP sites coordinate with other programs at the local level by establishing referral systems, which include Nurse Family Partnership (NFP), Early Head Start, Head Start, FC, PAT, Early Literacy and Early Intervention (EI). In some areas and where available, PCHP is integrated into the existing services for preschool children such as FCs, PAT, Early Literacy and Early Head Start because these programs complement each other and are

not duplicative, and allow for a comprehensive continuum of support services to be available to children birth to school-age.

Race to the Top

In 2013, PA became the recipient of the Race to the Top Early Learning Challenge Grant made available through the US Department of Education. The four-year grant will support initiatives that help close the achievement gap and increase the number of children entering kindergarten ready to succeed in school and in life.

Initiatives include:

- Establishing 50 local Early Childhood Education Community Innovation Zones to serve the lowest-performing elementary schools in the state.
- Improving access for children with high needs to high-quality early learning and development programs.
- Increasing access and delivery of high-quality professional development for early learning educators.
- Developing a no-cost universal Kindergarten Entry Inventory for voluntary use by schools to better understand the needs of students entering kindergarten.
- Operating four Governor's Institutes for nearly 3,000 pre-kindergarten to third-grade educators and practitioners to experience and share strategies and best practices.

Evidence Based Programs

In addition to the OCDEL programs currently available, PA has expanded the availability of Evidence Based Programs (EBP) to all CCYA. Instructions in the Needs Based Plan and Budget Bulletin encourage counties to implement any EBP that will help them to improve their outcomes and meet an identified need. Counties are encouraged to consider what EBP they may need to implement to comply with the requirements of concurrent planning and to improve service delivery to children ages 0 – 5.

Parent-Child Interaction Therapy (PCIT)

In 2012, the University of Pittsburgh received a five-year grant for \$3.3 million from the National Institute of Mental Health called "A Statewide Trial to Compare Three Training Models for Implementing an Evidence-Based Treatment (EBT)." The EBT that will be used in the statewide trial is PCIT,

comparing three training models for that treatment modality. The grant project is known as “PCIT Across PA: Healthier Kids Happier Families.”

The grant will help PA understand what training methods are most effective for implementing an evidence-based treatment like PCIT. Most importantly, it will also help to build workforce capacity and significantly expand access to PCIT services in Pennsylvania for children ages 2½-7. Seventy-two additional licensed outpatient mental health providers will be chosen to participate in the grant project. The grant will cover the cost of training four clinicians from each agency and some site preparation costs. In addition to expanding PCIT across Pennsylvania, the grant provides an opportunity for the state to help inform PCIT International about the efficacy of various training models since currently the answer is not known to the question of which training method is most effective.

Ages and Stages

All children under the age of 3 who have had a substantiated abuse report must have an Ages and Stages assessment. Additionally, CCYA are encouraged to provide Ages and Stages Assessments on all children under age 5.

The CCYA either provides the Ages and Stages assessments themselves or they contract with private providers to do the assessments. Additionally, although Ages and Stages is required for all children under the age of 3, some counties use it in assessing the needs of children up to 5 years of age.

Training and Supervision of Caseworkers

In addition to the Ages and Stages training that counties may provide, additional training targeted to this age group is provided by CWRC in their training titled “Enhancing Critical Thinking, A Supervisor’s Guide”. In addition to the training, an actual hard copy of the guide is provided to the supervisors that includes questions for them to ask their staff during supervisory reviews. The questions are framed by the QSR indicators, one of which is Early Learning and Development, and include such questions as:

1. Describe how the child/youth is developing in regard to age appropriate milestones?
 - a. How do you know? What have you observed from the child/youth’s behaviors relative to their (social, cognitive, physical, language) development?

- b. What does the family feel contributes to the status? What do you/the team feel contributes to the status?
2. Can you describe the family's level of awareness and willingness to participate in developmental assessments?
 3. Describe how the parent/caregiver engages the child/youth in a way that encourages developmental growth.
 4. What type of services do you feel would meet the developmental needs of the child/youth? How would interventions meet the child/youth's needs?
 5. What are your next steps for providing needed interventions? Are any barriers present to the provision of these interventions and how will you/the team overcome them?
 6. How will the child/youth's progress be monitored?

Pennsylvania's Promise for Children

Sponsored by the PA Build Initiative, Pennsylvania Early Learning Keys to Quality, The Grable Foundation, The Heinz Endowments, and William Penn Foundation, in partnership with DHS's Office of Child Development and Early Learning (OCDEL), Pennsylvania's Promise for Children is a campaign to raise awareness about the importance of providing Pennsylvania's young children with access to quality early learning opportunities.

Developed in 2013, a very useful component of the PA Promise for Children Initiative is the Guiding Parents Smoothly (GPS) online training for parents of children age 0 – 5. The GPS helps families to understand their child's developmental stages and their learning needs. The information was created in cooperation with OCDEL and is based on PA's Early Learning Standards and nationally-recognized brain research. It's great for anyone who has a young child in their life – parents, resource parents, relatives and kin who have primary caretaking responsibilities of young children. Users can use the online training at their own pace and find valuable tips and tools to help them in caring for young children in each section. The multiple-choice questions included in the Early Learning GPS are designed to address the main things that parents/caretakers need to know and be able to do to help their child grow. They also address common myths (e.g. "you can spoil a baby by picking it up") and provide resources for parents that are over-stressed and may be at risk of harming their child.

The Early Learning GPS can be used by a parent individually, but can also open the door for conversation for professionals working with families of young children. The GPS can be used one-on-one with a family member, or in resource parent trainings and group settings. It can be used with

biological parents of young children who are currently receiving in-home child welfare services or for young children about to be reunified with their family. It can be incorporated into resource family trainings and/or used with foster/adoptive and kinship families on an as needed basis to help them understand the child's development and potential needs.

To educate agencies about this online resource and tool to help them better train their resource families, the Communications and Public Policy Director of the program attended the SWAN/IL Winter Statewide Meeting in January to demonstrate how to use the program when working with biological or resource families. Another workshop on the GPS will be provided at the Annual Permanency Conference in July, which is attended by both child welfare professionals and resource families. Information on the GPS was also provided at the Annual Family Center Statewide Meeting in April. To learn more about this resource, visit:

<http://papromiseforchildren.com/help-your-child-grow/early-learning-gps/#orgs>

Services for Children Adopted from Other Countries

PA will continue use the CY28 database to gather intercountry adoption information from CCYAs regarding the number of children adopted from other countries entering custody of a local CCYA as a result of the disruption of a placement for adoption or the dissolution of an adoption. As CWIS development continues, PA will identify opportunities to build capacity within the system to collect this information at the state level. PA will continue to record foreign adoptions approved by PA's Interstate Compact on Placement of Children (ICPC).

Any family who has adopted a child, whether or not they adopted from the foster care system, as well as permanent legal custodianship and formal kinship care families, are eligible to receive SWAN post-permanency services.

Consultation and Coordination with Tribes

PA currently has no federally or state recognized tribes within its jurisdiction. OCYF will continue to contact the following Tribal representative via phone to discuss the CFSP/APSRs and will share the electronic link to PA's CFSPs /APSRs with him:

- Russell Simms, Council of Three Rivers American Indian Center, Pittsburgh.

PA will work to ensure that any stakeholder groups that are established to specifically look at the CFSR state self-assessment or CFSP/APSR development invite the identified tribal representative as a member of the group. PA will also explore whether any other tribal representatives or groups should be engaged in the process as well.

Since the implementation of OCYF Bulletin #3130-09-01, entitled "Implementation of the Indian Child Welfare Act of 1978," which was published in March 2009 along with the checklists OCYF Regional Offices revised to include the ICWA law, CCYAs have made diligent efforts to assure implementation and compliance with the provisions outlined in ICWA including at the most basic foundation of asking families and children they serve whether they identify as American Indian or Alaskan Native. If a child is identified at intake as American Indian or Alaskan Native, county agencies are encouraged to gather as much information as possible from the child/parent(s) regarding the child's tribal affiliation, such as the child's participation in activities of the tribe, the child's fluency in the language of the tribe and whether or not there has been previous adjudication of the child by a tribal court.

In order to ensure that the parents and tribes are informed of court proceedings and their right to intervene should the agency plan to petition the court for custody, the agency utilizes the Department of the Interior, Bureau of Indian Affairs list of "Designated Tribal Agents for Service of Notice" to obtain appropriate contact information for tribal representatives. While CCYAs are required to provide notification in all child custody proceedings that may result in placement or loss of parental rights, OCYF supports the practice of providing notification at the earliest possible date, regardless as to whether or not a custody proceeding is being considered, in order to help secure any resources or assistance available from the tribe that may help in avoiding possible placement of the child.

PA's formal Kinship Policy and emphasis on family engagement strategies supports the provisions outlined in ICWA regarding placement preferences of Indian children and efforts to prevent the break-up of the Indian family when parties seek to place a child in foster care or for adoption. For Indian children, as for all children, CCYAs seek to utilize practices such as, but not limited to, FGDM and Family Finding to help

ensure all family members are identified and located and engaged in planning to the address the child and family's needs.

In compliance with ICWA, PA requires that if the tribe accepts jurisdiction, the court *must* transfer the case, unless the parent or Indian guardian objects to the transfer or the court can show good cause not to do so. As good cause is not defined in ICWA, OCYF offers the following criteria to CCYAs to consider when making recommendations to the court for transfer determination:

1. the proceeding was at an advanced state when the petition to transfer was received, and the petitioner did not file the petition promptly after receiving the petition;
2. the Indian child is over twelve years of age and objects to the transfer; and
3. the evidence necessary to decide the case could not be adequately presented in the tribal court without undue hardship to the parties or to the witness.

Training for the child welfare workforce around ICWA is integrated into the curriculum for CTC, which all caseworkers are required to complete. ICWA is discussed throughout the various modules which comprise the training, which includes discussion of case planning with families and out-of-home placement and permanency planning. Elements pertaining to ICWA have also been integrated into curriculum offered by the CWRC around concurrent planning and family finding. The STS and CTC for Administrators also review ICWA provisions. These trainings are outlined in greater detail in Attachment X. At this point in time, PA does not plan to update information regarding ICWA in these trainings over the next five years.

Along with annual licensing, OCYF is also able to monitor compliance with ICWA through the use of the QSRs, which specifically reviews any cultural considerations which should be taken into account in rating practice performance indicator "Cultural Awareness and Responsiveness." OCYF's monitoring of CCYAs have not found any challenges or concerns related to compliance with ICWA or the overall provision of service to families and children who identify as American Indian or Alaskan Native, therefore there have not been any changes to laws, policies, or procedures regarding ICWA over the past five years. PA does not anticipate any changes to laws, polices, or procedures regarding ICWA within the next five years but will continue to monitor compliance with ICWA during their annual licensing

inspections and QSRs and provide ongoing technical assistance as necessary.

PA does not currently have data outside of the QSR and annual licensing inspection specifically regarding notification of proceedings and right to intervene, placement preferences, efforts to prevent breakup of Indian family and tribal rights to intervene in proceedings or transfer of jurisdiction. PA will plan to potentially explore how CWIS development may provide an opportunity to integrate data elements into the statewide system that will capture this information. PA will also explore how focus groups and/or surveys with stakeholders such as caseworkers, any identified Indian children and their families and the courts may help provide further data regarding these ICWA components.

Chafee Foster Care Independence Program

Agency Administering the CFCIP

The Department of Human Services (DHS), Office of Children, Youth and Families (OCYF) is the identified state agency designated to administer and supervise the CFCIP in PA. CFCIP services are provided either directly by the County Children and Youth Agencies (CCYAs) or their identified service provider(s). PA's Independent Living (IL) Program is funded with Title IV-E, state and local funds. CCYAs apply to OCYF to receive state and Chafee funds based on their assessment of local needs and an acceptable application. The four OCYF Regional Offices and CWRC staff conduct onsite reviews to assess services and provide technical assistance to the CCYAs.

Description of Program Design and Delivery

PA is committed to providing youth making the transition from placement to self-sufficiency with the skills and resources necessary to make them independent and productive members of society. The primary purpose of the IL program is to make every effort possible to reduce or eliminate the instances of homelessness, poverty, delinquent or criminal behavior, non-marital childbirth and to increase employability, high school graduation rates, enrollment in post-secondary or vocational institutions, permanent connections to caring adults and successful transition to adulthood.

PA's IL Program is operated statewide and all CCYAs are required by regulation to provide IL services to youth in their custody. This state-

supervised, county-administered program prepares youth in foster care, ages 16-21, for their transition from foster care to independence.

In general, to be eligible for IL services in PA, a youth must meet the following criteria:

- Be at least 16 years old but less than 21 years old at the beginning of the state fiscal year (SFY);
- Be in, or have been in, out-of-home placement on or after age 16 (non-Title IV-E eligible youth may receive services through this funding source); and
- Be adjudicated dependent; or
- Be dually adjudicated dependent and delinquent; or
- Be a pre-adoptive or adopted youth; or
- Be a qualified alien youth; or
- Be adjudicated delinquent with shared case management responsibility between the CCYA and the juvenile probation office (JPO).

The CFCIP makes it possible to serve youth younger than age 16 through the provision of age appropriate services such as pregnancy prevention or other preventative services. CCYAs that plan to serve youth under age 16 with Title IV-E IL funds must describe their intent by submitting additional information in their application for funding. In addition, CCYAs may provide age-appropriate IL services or programming, such as prevention, group sessions, and/or life skills to non-IL eligible children with other preventive state and local funding.

In July 2012 Pennsylvania amended two laws to allow for extended subsidies for youth until age 21, and to permit formerly dependent children to re-enter foster care between the ages of 18 and 21. Prior to the amended legislation, youth could only stay in care past age 18 if they requested the courts and were in a program of "treatment" or "instruction." However, Act 91 of 2012 amended various provisions of the Juvenile Act by expanding the criteria to allow youth to stay in care past age 18 and by allowing youth to request the courts to resume dependency jurisdiction and re-enter care before turning 21 if they aged out at 18 or older.

Under this new legislation, a youth can remain in care if they are doing any of the following four activities:

1. Completing secondary education or an equivalent credential,
2. Being enrolled in an institution which provides post-secondary or vocational education,

3. Participating in a program actively designed to promote or remove barriers to employment, and
4. Being employed for at least 80 hours per month.

If a youth is incapable of doing any of the four activities described due to a medical or behavioral health condition, the youth is eligible for re-entry, provided that the condition is supported by information contained within the child's record and permanency plan.

Additionally, a youth can re-enter care any time before they turn 21 if they aged out of care within 90 days of turning age 18 or any time after turning age 18. The juvenile court can resume jurisdiction of a youth who was previously adjudicated dependent before turning age 18. A new adjudication of dependency is not required.

PA's IL Program includes both regular independent living and after care services, which are defined as follows:

Regular Independent Living (RIL) - Any youth participating in any component of the IL program while still in subsidized care (out of home placement) is considered to be in RIL. Any youth who is in placement, on or after age 16, is eligible for RIL. CCYA have the option to serve youth under age 16 with an approved plan.

After Care (AC) - Any youth who was discharged from substitute care after age 16 until age 21 may participate in the same services provided to youth receiving RIL, but these services are considered to be AC.

CCYAs and/or their providers offer a number of services to support youth in their transition to adulthood through the IL program. These services include:

Life Skills

Each CCYA provides life skills education using a variety of curricula to provide soft and hard skills to youth. Life skills may be taught in a group setting, on an individual basis or by using a combination of the two. The vast majority of CCYAs partner with local community agencies to help youth make connections to resources where they live. Many community partners assist in teaching life skills classes such as banks, hospitals, businesses, etc. The curriculum is designed or purchased by the CCYA based on the needs of

the youth they serve. Youth may be provided with stipends for completing classes and effectively demonstrating skills. Life skills are an integral part in the delivery of IL services because they provide the basis from which all other transition services are built.

PA's IL programs partner with the Statewide Adoption and Permanency Network (SWAN) to assist youth in transition planning, soft skills development and developing permanent connections through the child preparation, child profile, and Child Specific Recruitment (CSR) units of service. Many IL programs have used SWAN units of service in group settings and individually to help youth as they transition.

Prevention Services

Prevention activities and skills development are provided to youth receiving IL services in order to reduce the instances of drug, alcohol and tobacco abuse, teenage pregnancy and sexually transmitted diseases. Prevention services are designed to increase routine preventive physical health, mental health and dental care.

IL programs in PA partner extensively with local community resources to ensure prevention needs of youth are addressed. Collaborating with local and statewide established resources such as Nurse Family Partnership, HIV/AIDS community groups, county Health Departments, county Drug and Alcohol agencies, PA State Attorney General's Office Drug Demand Reduction Unit, community and faith-based abstinence programs, and other groups, allows CCYAs to rely on the expertise of these entities, helps their youth connect to local resources and avoid duplication of services. A few counties continue to use the 'Baby Think It Over' simulators and many have implemented pregnancy prevention programming. CCYAs have contracts for prevention services within the community, coordinate services as needed for specific youth, and make referrals for youth in need of prevention services. Youth may receive a stipend for completion of prevention services.

Support Services

Providing support services to youth who are currently in foster care and for those who have achieved independence is critical. These services may include living on their own, enlisting in the military or enrolling in higher education in order to maintain their independence. The following supportive services may be available to youth:

- Individual and/or group counseling;
- Activities that promote and assist teen parents and their children in making the transition from substitute care to independence;
- Mentoring or other relationships/permanent connections that are intended to continue beyond age 21;
- Stipends;
- Networking within their communities to obtain available services necessary to meet their own needs;
- Education on physical and mental health (MH) issues, how to maintain good health through treatment and medication, and how to access services specific to health related issues; and
- Other services that increase a youth's ability to transition successfully.

Many IL programs in PA operate or plan to develop a formal mentoring program. Others partner with a local community agency such as Big Brothers/Big Sisters in order to offer mentoring services to youth. IL programs in PA also partner with their local county MH or intellectual/developmental disability (IDD) programs and behavioral health departments. These partnerships assist those youth who are in need of counseling and other types of MH services and/or treatment.

Important support services continue to strengthen permanent connections for youth and young adults through the use of Family Finding and related search tools (Accurant, diligent searches, etc.); youth led Family Group Decision Making (FGDM) and SWAN services to connect youth to family and kin. These efforts are critical strategies to improve outcomes for youth and families.

Housing

Research indicates that there is a high rate of homelessness and transience among youth who were formerly in foster care. Housing IL services are intended to educate and assist youth in understanding practical housing issues, and to aid in locating and securing safe and adequate housing prior to discharge. There are several ways that youth may be assisted in locating permanent housing that include, but are not limited to, any combination of the following:

- Referral to public housing agency or other subsidized housing programs;
- Interview preparation;
- Application assistance;

- Accompaniment of youth on inspection; and
- Use of local realtors as a housing resource.

Additionally, foster care placement settings and post-discharge living arrangements are designed to be realistic to meet the individual needs of the youth and may include the following:

- Supervised independent living (SIL);
- Transitional living programs (TLP);
- Supportive housing programs (SHP);
- Room and board services;
- Permanent housing; and
- Referrals to the local housing authority or publicly subsidized housing.

CCYAs offer the above mentioned placement settings and services through a wide variety of creative funding partnerships. Local county funds, state funds, and federal funds through the Department of Housing and Urban Development are utilized by CCYAs in order to meet the housing needs of youth aging out of foster care. While most CCYAs provide some sort of housing assistance for their youth, the services provided vary greatly across the state. Some CCYAs are further along the continuum of meeting youth's needs through SIL, TLP and SHP, while others only offer limited Chafee Room and Board assistance to youth in need of housing during semester breaks from school or during housing emergencies. The cost of housing in the entire Commonwealth is rising and, in line with national research, youth making minimum wage are unable to afford one or two bedroom apartments without some level of financial support or finding suitable roommates.

Several CCYAs developed partnerships with their local Housing Authority agencies. These partnerships continue to result in the Housing Authority agencies listing youth formerly in foster care as a prioritized population for entrance into public housing programs. IL programs seek out partnerships with local housing resources and work with local housing coalitions as well as other cross-system taskforces developed to examine and solve the issue of homelessness among youth formerly in foster care.

Staff members from OCYF and the University of Pittsburgh, School of Social Work Child Welfare Resource Center (CWRC) participate in the DHS Housing Workgroup to improve services and agency coordination to reduce the instances of homelessness. The DHS Housing Workgroup is also a key representative at the PA Continuum of Care for rural communities. Staff

members from OCYF and CWRC also participate with other efforts to coordinate statewide and local efforts to support stable housing for youth and young adults.

Room and Board

OCYF remains committed to increasing the state's percentage of Chafee funds directed to room and board services. As a part of the DHS Housing Workgroup, OCYF continues to be represented on the steering committee for statewide McKinney-Vento Continuum of Care to reduce the number of youth formerly in foster care from becoming homeless. This effort has been very valuable to explore funding options, identification of needs, and related programming to improve all areas of housing needs for youth exiting the foster care system.

Education and Employment Training

CCYAs also provide IL services to help youth likely to remain in foster care until age 18 receive the education, training, and services necessary to obtain employment. Through the annual evaluation of IL programs, IL coordinators reported using various methods to help prepare youth for employment. Resources through national organizations (i.e. Daniel Memorial) are utilized, as well as state-level services including CareerLink, Workforce Investment Act (WIA) and the Office of Vocational Rehabilitation (OVR) to assist youth in finding and maintaining employment. IL programs report using career interest and personality inventories, which help youth to gauge their interests and discover their strengths. A frequently used online tool is PA's Higher Education Assistance Agency (PHEAA) website, Education Planner, <http://pheaa.org/college-planning/education-planner/index.shtml>. IL coordinators encourage youth to enroll in WIA programs and to register with CareerLink and OVR services as appropriate. In addition, IL coordinators take advantage of WIA and Local Transition Coordinating Councils (LTCC) that sponsor career fairs and provide youth with job shadowing or mentoring options to learn more about specific career areas.

On a practical level, counties are engaging in mock interviews with youth to teach interview skills, providing assistance in writing resumes, providing youth access to computers for job searches and inviting local businesses into Life Skills groups to share information with youth. Counties have enlisted the help of volunteers and corporate partners to perform interviews with youth in various formats including by phone, individually,

and in groups. They have also taught youth how to dress appropriately for interviews and employment.

IL coordinators will continue to participate in statewide and local committees designed to support youth employment opportunities. These groups include Workforce Investment Boards, CareerLink, Job Corps, local transition boards, and OVR. Counties will continue to utilize agency volunteers and corporate community partners to assist in employment related events.

All youth in PA have the right to a free, appropriate public education up to age 21 years of age or until they have earned a high school diploma or GED, even if the youth has withdrawn from high school in the past. In addition to traditional educational programs available to youth, non-traditional options which lead to a high school diploma such as homebound instruction, evening classes or cyber-schools may also be available. Services related to education and training include the following:

- High school support and retention;
- Tutoring or other supplemental education;
- Support and advocacy for vocational training and post-secondary education;
- Assistance in obtaining all available financial aid for vocational training and post-secondary education;
- Financial assistance for private high school tuition on a case by case basis when it is justified and determined that not doing so would cause a significant disruption in a child's ongoing education; and
- Preparation for/assistance in obtaining a GED or higher education.

All youth may receive assistance in preparing for entry into post-secondary education and training, such as applying to institutions, school visits, completion of applications as well as research of and applying for financial aid. DHS and PHEAA will continue to administer the employment and training grant (ETG) to youth planning to attend post-secondary education and training programs.

During the next five years, efforts will continue to connect staff working with older youth to PHEAA resources such as www.educationplanner.org and other information at www.pheaa.org. Local IL staff can contact PHEAA regional offices to access tutoring programs and career planning as well as post-secondary financial aid. PHEAA's regional

offices provide regional trainings and technical assistance (TA) on their services.

CCYAs will be encouraged to expand their partnerships with local trade schools, colleges and universities to attend college planning and financial aid workshops, resource fairs and training. Training and TA efforts will also continue to educate IL staff and youth regarding the Higher Education Equal Opportunity Program (Act 101). The Act 101 Program provides support services for undergraduate students whose cultural, economic and educational disadvantages might impede their ability to pursue higher education opportunities successfully. Through a program of tutoring, counseling, curricular innovation, and cultural enrichment activities, students develop as campus leaders and graduate with marketable skills.

Act 101 programs exist at more than 75 colleges and universities in PA. These programs are a critical support service for foster youth who are attempting to complete a post-secondary education program. More emphasis will be placed on how IL Programs can partner with these on-campus programs. The promotion of secondary and post-secondary education completion is a paramount concern of IL Programs and the Act 101 Program is a means of encouraging both. The combination of increased partnering with PHEAA and local educational institutions, as well as the Act 101 Program, not only ensure that more youth are able to attend post-secondary education and training, but that they are more likely to complete post-secondary education and training and earn those skills that will make them competitive in the job market.

PA will continue to offer the annual Older Youth Retreat on a college campus to afford youth the opportunity to participate in a week long program on a college campus. PA will also continue to issue SAT test and College Waivers as these services continue to be available through the College Board. OCYF, CWRC, SWAN, and CCYAs will continue to develop mentorship programs that support youth attendance and graduation from post-secondary education.

Pennsylvania currently engages youth in care, or formerly in care, in planning, educating, advocating, and forming partnerships to create positive change within the child welfare system. The PA Youth Advisory Board (YAB) is an example of a strong collaboration between youth, service providers, CCYAs, OCYF, CWRC, Juvenile Law Center, Kids Voice, PA Partnerships for Children and communities. YAB members are standing members of the DHS's advisory council.

OCYF has encouraged the formation and ongoing development of the YAB, which is managed by the CWRC. OCYF management participates in YAB meetings and events to share updates and new information and to solicit valuable youth feedback which can influence policy and programmatic decisions. The YAB continues to operate on Statewide, Regional, and local levels, and is comprised of current and former foster care youth ages 16-24. Local and Regional YAB members complete community service projects in their communities and address issues pertinent to their needs. Representatives from the six regional YAB boards meet quarterly during statewide meetings and discuss ongoing activities, legislation, and YAB website and policy recommendations. During YAB meetings, youth members lead discussions, formulate agenda topics and provide feedback on relevant initiatives.

There are several statewide youth engagement efforts ongoing in PA. These efforts include the following:

- YAB both regionally and statewide;
- Youth Professional Development Summit;
- Older Youth Retreat and the planning committee process;
- Youth Ambassador Student Internship Program;
- Youth Quality Improvement Specialist Positions;
- Participation of youth in a variety of state level workgroups;
- Youth engagement at the local level.

Youth engagement occurs regularly at the local level through IL programs. Youth are engaged through participation in CCYA taskforces, community groups, and other cross-system committees. Efforts continue to support youth participation as members of Quality Service Review (QSR) review teams, and YAB members are trained on how to review child welfare files and provide feedback through this process. Having the youth voice represented in discussions of quality is an important step forward for this work.

OCYF is in the preliminary stages of analyzing National Youth in Transition Database (NYTD) data that has been collected through the annually administered Baseline Population and the first year of the Follow-up Population. A small NYTD team was developed by OCYF to implement NYTD. The team consists of program staff from OCYF and the CWRC, a Youth Ambassador and information management system staff from OCYF and Hornby Zeller and Associates (HZA). The NYTD team has focused much of

its efforts on managing data collection, technical assistance and training for CCYA. Currently, work is being done to support youth engagement efforts around NYTD and a Youth Quality Improvement Specialist participates in weekly calls with OCYF and HZA.

Limited data findings from NYTD have been presented for specific purposes to the YAB, the courts, during relevant trainings and to workgroup stakeholders engaged in specific activities. The use and distribution of NYTD data and results has been identified as an important objective in the 2015-2019 Child and Family Services Plan (CFSP).

Over the next five years, OCYF will undertake the following to collect high quality data through NYTD:

- Strengthen training to CCYAs on the use of the Accurant Search Engine to locate youth. Each CCYA has at least one identified Accurant user.
- Continue collecting Baseline data on an annual basis to provide more frequent identification of youth outcomes at age 17 and to collect trend information.
- Revisit how Follow-up Surveys are administered in order to improve completed surveys rates. Train NYTD users and counties prior to each reportable period.
- Include NYTD discussions during site visits to ensure data collection efforts are ongoing.
- Develop a NYTD data package for CWRC and OCYF to use when doing on-site reviews.
- Consider the use of NYTD data for CCYA planning and in the analysis of findings from the QSR.
- Transferring some or all of NYTD data collection into the OCYF Child Welfare Information Solution (CWIS).

Serving Youth Across the State

Each of the 67 CCYAs receive CFCIP funds to provide required IL services to youth in foster care or who have discharged from foster care. CCYAs provide descriptions of their IL Programs as part of their annual NBPB submission and may also use the Needs Based Plan and Budget process to request state funds to meet any increased need or expand services. CCYAs and their service providers may tailor services to meet a youth's assessed needs and may provide services individually, in a group setting or combination of both.

OCYF and CWRC monitor IL programming through on-site visits and annual licensing. CCYAs must complete a pre-site visit assessment prior to the visit which includes some Adoption and Foster Care Analysis and Reporting System (AFCARS) and Pennsylvania Independent Living Outcomes Tracking System (PILOTS) data. Counties participating in the Quality Services Review (QSR) collect information through case record reviews and key informant interviews which provides insight into the quality of IL services being provided within that county. Specific Indicators measuring outcomes for older youth include safety, stability, living arrangement, well-being, academic status, and pathways to independence. Status Indicators also measure local practice related to youth engagement, role and voice of the youth, teaming, assessment and understanding, long term view, planning for transitions and life adjustments. Findings from the first three rounds of QSRs indicate that continued efforts are needed to strengthen outcomes for older youth involved in PA's child welfare system. PA continues to explore further analysis of this QSR data pertaining to older youth. Some counties have focused on improving services to older youth in their county improvement plans developed through participation in the QSR process.

Serving Youth of Various Ages and States of Achieving Independence

State policy and regulations requires that for every youth in foster care age 16 and older, an assessment of needs is administered and services are provided to meet those identified needs. CCYAs are also able to use state funds to provide IL services to delinquent youth, youth under age 16 or non-foster youth who may benefit from IL Services.

Service delivery approaches vary by county to allow for the best possible approach based on the size, provider network, staff resources, distance, and caregiver support. CCYAs provide services in both group and individual settings to best meet the needs of the youth. It is common for agencies to use a combination of individual and group service delivery to youth.

As per the OCYF Special Transmittal dated February 24, 2009, titled Fostering Connections to Success and Increasing Adoptions Act of 2008, CCYAs are required to create a transition plan with youth to be presented to the court within the 90 days before the youth is discharged from the child welfare system and to provide copies of identification, educational and medical records to youth who are discharged at age 18 to 21. The plan

should be personalized at the direction of the child and include specific information on current IL services, efforts to develop permanent connections, educational progress, employment/career goals, any medical/behavioral health needs, anticipated housing arrangements, source of income, development of a budget and continuance of health insurance. Many programs begin the process of transition planning at 16 years of age and use the plan as a working tool to prepare the youth for independence. CWRC offers specific training on this topic in the Planning with Youth in Transition curriculum.

Per the OCYF Bulletin 3130-11-04, transition planning with youth should include the following elements or activities:

- A coordinated set of activities oriented toward producing results;
- Engagement, assistance and support to youth to create and nurture their full participation and ownership, from the planning process through the plan implementation;
- An ongoing, thoughtful and coordinated process which involves collaboration between the youth, service providers, family or non-family members, and other key resource providers;
- A youth-driven or directed planning process that serves the youth's best interest and promotes safety, permanence, and well-being; and
- Results in a Transition Plan that is personalized at the direction of the youth through staff/agency support and assistance and includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, work force supports and employment services.

CCYAs are also utilizing methods such as FGDM, Family Finding, teaming, and transition conferences to ensure that plans are thorough and that supports are in place to help achieve the plan.

AC services are defined as IL services available to any youth who exited substitute care on or after his or her 16th birthday and prior to his or her 21st birthday. AC services may be provided by the former resource family, group home or residential child care provider, CCYA or a contracted provider. AC services may include the full range of services available to IL participants, including any service areas addressed in the assessment,

counseling and/or stipends. The availability of AC services is mandatory and the AC services provided to an individual youth must be described in the youth's plan. Youth electing to discontinue participation with voluntary services are eligible to re-request services up to age 21. Room and board services may be provided to those youth who are discharged on or after age 18 up to age 21.

PA IL programs will continue to receive increased local, regional and statewide training and TA in the area of preparing youth for their transition or discharge from foster care and AC services. Some of the strategies that are being employed to support youth upon discharge include the use of child profiles, which are prepared sections of the youth's CCYA case record that are given to the youth upon discharge and provide personal and family background information. Having access to necessary medical, educational and other personal information is a critical AC and transition support.

Several resources exist including Foster Club's Transition Toolkit, Transition Planning for Youth with Disabilities developed by Juvenile Law Center, and sample documents provided in the IL bulletin appendix including a transition assessment and 90 day transition plan. Transition planning also continues to be a focus during annual IL program reviews where youth currently receiving services can talk about how their plan was developed. Resources and discussion about transition also occur at regional IL networking sessions as well as at SWAN/IL events across the state.

OCYF does not prescribe the use of a tool or assessment to determine which youth are likely to remain in foster care because all youth must have their needs assessed within 45 days of attaining age 16. The vast majority of CCYA and their private providers use either the Ansell-Casey or Daniel Memorial, Inc. life skills assessment tools. Many CCYAs develop supplemental assessment tools for foster parents and other caregivers to complete with youth in their care. Multiple assessment tools contribute to more effectively identifying the needs of youth and helping to measure their progress towards self-sufficiency. County programs implement a myriad of programs and services as a result of the needs identified through the assessment processes.

Pennsylvania does not have any statutory or administrative barriers to serving a broad range of youth which is evidenced by the policies in place to serve youth not meeting CFCIP eligibility through the use of state and local funds.

PA redefines CFCIP funded IL Room and Board services as financial aid and casework support to include payment or reimbursements for shelter, food, rent, security deposits, utilities, furniture, household items and other start-up expenses that may be incurred for youth who have exited substitute care on or after age 18. CFCIP Room and Board funds may also be used to meet one-time or startup expenses for youth ages 18-21 who opt to remain in, or re-enter, foster care and for whom the court resumes dependency jurisdiction. These funds may not be used to supplement costs of a SILP setting or current foster family care per diem rate, extend substitute care beyond age 18, or resume dependency jurisdiction, up to age 21. IL Room and Board services are fundable through the IL Services Grant CFCIP funds and the OCYF Special Grant Housing Initiative with state and local funds only. The CCYA may use allocated and available Housing Initiative funds for CFCIP eligible youth after CFCIP funds have been exhausted.

Pennsylvania certifies that it will not expend more than 30 percent of CFCIP funds for room and board services for youth who left foster care on or age 18. OCYF relaxed the 30% criteria for CCYAs in order for the state to maximize the statewide use of the room and board component. This maximum is monitored by OCYF through annual review of county budgets and expenditures. The room and board policy is being slightly changed because of the extended Title IV-E foster care assistance and new state law. More information will be presented in the state's Title IV-E plan in the near future.

OCYF does not have a statewide information management system to accurately report data on the population of youth ages 18-21 at this time. For the 2013B AFCARS period, there were 2,036 youth in foster care age 18 or older. Of this total, it is estimated that 120 resumed foster care placement. For the 2014A AFCARS period, there were 2,037 youth over age 18 in foster care; of these youth, approximately 63 youth over age 18 were new removal episodes for the period. OCYF attempts to collect additional information during county AFCARS submissions through footnotes in the file, however, significant gaps prevent any further analysis at this time.

Collaboration with Other Private and Public Agencies

Collaboration sets the foundation for best practice as defined within PA's Child Welfare Practice Model. As discussed in the description of CFCIP program design and delivery, collaboration with public and private sectors that occurs at both the state and local level is of critical importance in efforts to achieve positive outcomes for older youth.

Technical assistance representatives from SWAN, CWRC, Administrative Office of Pennsylvania Courts (AOPC), American Bar Association (ABA), and OCYF Regional Offices continue to form strong collaborative relationships to better assist CCYAs as they plan for increased SWAN utilization, NYTD, and IL services. All IL site visits for FY 2015 will continue to include invitations to SWAN Technical assistants, OCYF Regional office staff, and youth to attend in partnership with CWRC, in an effort to coordinate services and ensure positive youth outcomes. The goal is that increased knowledge and skills among CCYA and SWAN affiliate agencies will result in more services being provided to older youth.

The success of IL services is dependent upon collaboration, involvement and support of statewide and community agencies, programs and schools as well as birth families, resource families and other placement provider staff where IL youth reside. Education and training, substance abuse and other prevention services, job readiness and the ability to access employment and housing are critical to the successful transition of youth from placement to independence. The development of cooperative and collaborative relationships between the CCYAs and other service providing systems and agencies is vital to the success of these services. Examples of efforts that are underway to enhance collaboration are as follows:

- The Individuals with Disabilities Education Act (IDEA) MOU was established by the Governor's Executive Order in 1998 titled Interagency Committee to Coordinate Services Provided to Individuals with Disabilities. The IDEA MOU provides the foundation for the work of the PA Community on Transition (PACT) State Leadership Team (SLT). The SLT is comprised of key agency representatives and implements the MOU to improve coordination of services to children across PA. The PA IL Coordinator is a member of this team.
- The mission of the PACT SLT is to build and support sustainable community partnerships to create opportunities for youth and young adults with disabilities to transition smoothly from secondary education to the post-secondary outcomes of competitive employment; education, training and lifelong learning; community participation and healthy lifestyles. The foundation of this work depends on steadfast leadership, cross-system policy development and fidelity to evidence-based, quality-driven practices.

- PACT SLT plans the annual PA Transition Conference. The primary purpose of this conference is to expand the capacity of community partners to promote the successful transition of youth/young adults with disabilities to post-school outcomes of employment, post-secondary education and training, community participation and healthy lifestyles. Participants learn about successful practices to assist youth/young adults with disabilities in achieving successful post-school outcomes. The conference is generally held during June/July each year and includes sessions specifically for youth, their caregivers, CCYA, school personnel, MH and IDD workers and many other statewide partners.
- The Local Transition Coordinating Council (LTCC) is a statutory mandate of the Pennsylvania Department of Education (PDE). LTCCs are collaborative efforts at the local level where services are delivered. Local public and private IL staffs are encouraged to participate. There are currently over 60 LTCCs and teams that are either school- or county-based. Each council is managed by its members. Some councils meet to share information while others plan events for youth and young adults with disabilities. LTCC members include representatives from the following areas:

Parents/Families	Youth & Young Adults
Special Education	Transportation
Career and Technical Education	Vocational Rehabilitation
Social Security Administration	Workforce Investment
Local Service Providers	Public and Private Child Welfare
Local Government Officials	MR
Juvenile Justice	MH & Substance Abuse Services
Business/Employers	Family Health
Higher Education	Drug and Alcohol Programs
Secondary Education	MA Programs
Psychologists	Guidance Counselors
Advocates Caregivers	

- The Juvenile Law Center, Kids Voice, CWRC, and OCYF partner on multiple projects impacting youth, including the Know Your Rights Manual, YAB and the Youth Retreat.
- CCYAs partner at the local level with multiple community agencies to provide services to youth. These include local transition councils, WIA,

colleges and universities, CareerLink, PHEAA, juvenile courts, MH/IDD offices, unemployment offices, juvenile probation offices (JPOs), family planning programs, vocational trainings, schools and universities.

The PA Partnerships work group addresses issues related to youth in transition across different systems. This effort brings together cross-systems partners from a number of disciplines including the CWRC and Casey Family Programs to make recommendations and advocate for systemic change. This group, which includes representatives from the CWRC and YAB, has identified the following issues are high priority areas for public policy activity:

- Provide continued supports to youth until age 21;
- Make permanency a priority and a reality for every youth;
- Provide adequate comprehensive supports for IL;
- Assure that the voice of youth is heard and utilized in every decision that impacts their lives;
- Provide appropriate direct supports to every youth to make this a reality; and
- Make prevention and family strengthening a priority in service delivery and funding.

The PA YAB is an example of a strong collaboration between youth, service providers, CCYA, OCYF, CWRC, Juvenile Law Center, Kids Voice, PA Partnerships for Children and communities. These boards are located in the Northeast, North Central, Northwest, Southeast, South Central and Southwest areas of PA. Each region is chaired by a youth and staff person who is responsible for the coordination of that region's board. Regions are assigned tasks related to the YAB position statement and strategic plan and report out on their progress and share resources at the statewide meetings. All information provided by the regions is compiled and reviewed by the YAB chairperson, CWRC and DHS and posted on the YAB website at <http://www.independentlivingpa.org/>.

The CWRC will continue to recruit and employ Youth Ambassadors as student interns. The Youth Ambassadors are youth who are currently or were formerly in foster care and are enrolled in college, and who are willing to contribute to the work of the CWRC through an internship. The purpose of this initiative is to incorporate the youth perspective into the work of CWRC and to enhance statewide permanency efforts for children and youth in substitute care. Through the Student Internship Program, CWRC and DHS provided enhanced training and TA to CCYAs and private provider agencies

to improve outcomes for youth and families involved in the child welfare system and/or IL programs.

Youth Ambassadors are integral in evaluating the effectiveness of IL programs, educating other youth in foster care, and participating in leadership positions for child welfare initiatives. Many trainings and TA activities are led or co-led by youth leaders across PA. In addition to these extended internship opportunities, CWRC continued to coordinate and financially support youth involvement in statewide and local trainings, committee participation and leadership, cross systems focus groups, conferences, and short-term activities or events.

The Ambassadors are mentored in various aspects of IL programs including:

- Program evaluation through assisting with annual site visits/reviews of IL programs in CCYA;
- Serving on the YAB and attending other state-level meetings to represent the needs of older youth;
- Assisting in youth engagement efforts across PA;
- Surveying IL youth about their attitudes and feelings regarding foster care and preparation for independence;
- Participating in activities related to the Child and Family Services Review (CFSR), including focus groups, Quality Improvement Committee (QIC), QSR, and program improvement plan (PIP) committees;
- Continuing to collaborate and participate on committees with Juvenile Law Center, AOPC, Kids Peace and PA Partnerships for Children representing and addressing the concerns of foster care youth;
- Standing members of the CWRC staff interviewing and selection process as well as the CWRC Steering Committee;
- Serving as leaders to YAB efforts;
- Serving as leaders for Youth Retreat planning and implementation;
- Presenting to CCYAs, colleges and youth on PA IL services and positive outcomes for youth and young adults;
- Assisting in the review and development of curricula; and
- Peer to peer mentorship.

Several CCYAs developed partnerships with their local Housing Authority agencies. These partnerships continue to result in the Housing Authority agencies listing youth formerly in foster care as a prioritized population for entrance into public housing programs. IL programs seek out

partnerships with local housing resources and work with local housing coalitions as well as other cross-system taskforces developed to examine and solve the issue of homelessness among youth formerly in foster care.

The Affordable Care Act makes Medicaid available to former foster youth, ages 18-26, who were in foster care on or after their 18th birthday. With the passing of the Affordable Care Act, counties have been encouraged to provide youth with a copy of a court order or documentation showing they were in foster care on or after their 18th birthday and receiving Medicaid when they discharge from care. In an effort to reach youth who qualify for coverage but who already left care, OCYF in collaboration with the PA YAB created a youth friendly letter and a poster highlighting the application process. This information has also been shared through the YAB Facebook page, a webinar conducted by OCYF, and other forums such as the statewide meeting of the YAB. The State IL Coordinator participated with other OCYF representatives, individuals from the state Medicaid Office and the state Office of Income Maintenance to implement these provisions of the Patient Protection and Affordable Care Act. Youth discharged from foster care at age 18 or older must no longer reapply for Medicaid benefits to determine eligibility, but are now automatically enrolled into Medicaid as former foster care youth through cooperation of the CCYA with the local County Assistance Office (CAO).

With regards to human trafficking, Pennsylvania has experienced changes in state law over the past five years aimed at raising public awareness, as well as strengthening the legal protections and services for victims of this crime. In 2010, the General Assembly of Pennsylvania passed Senate Resolution 253 which directed the Joint State Government Commission to establish an advisory committee to study the problem of human trafficking and to make a report to the Senate which included a proposed state plan for the prevention of human trafficking. Representatives from OCYF and the CWRC served as members on the advisory committee. The committee released their recommendations and proposed legislation in June 2012.

In October 2012, Act 197, known as the "National Human Trafficking Resource Center Hotline Notification Act" was enacted to require certain establishments such as airports, train stations, bus stations, drinking establishments and adult entertainment enterprises to post signs developed by the PA Department of Labor and Industry providing the National Human Trafficking Resource Center (NHTRC) phone number and information that victims of human trafficking are protected under United States and

Pennsylvania law. Act 197 of 2012 also provided that, to the extent Federal or State funds are available, the Pennsylvania Commission on Crime and Delinquency (PCCD) shall develop a plan for a coordinated response system with other appropriate government agencies and victim advocacy groups to provide victims of trafficking with services such as appropriate housing, psychological counseling, medical assistance, substance abuse counseling, access to employment/educational/training opportunities, child care, legal assistance and case management, and social case management.

Act 105 of 2014 revised laws on human trafficking, more clearly defining sex and labor trafficking, increasing fines and penalties for trafficking, and expanding resources. Under this act, trafficking in minors is considered a felony of the first degree and the provision of services to minor victims of human trafficking by the Commonwealth or any institution or person established or licensed by the Commonwealth shall be carried out in a manner that is in the best interest of the minor and appropriate to the particular situation. Act 105 also provides grants, based upon the availability of funding, to local government and nongovernmental organizations to develop, expand or strengthen programs for victims of human trafficking.

According to Pennsylvania State Report issued by the NHTRC⁸, 668 calls were made to the NHTRC from Pennsylvania in calendar year 2013. According the NHTRC, this is the 9th highest call volume received of all 50 states and the District of Columbia. Of the cases referencing trafficking in which victim demographics were reported, 30 were identified as minors.

Currently in PA, there are ten county based and five regionally based coalitions and task forces around human trafficking. These groups primarily aim to provide community outreach and education and advocacy and services to victims of human trafficking. The Pennsylvania Coalition Against Rape (PCAR) has created a guide to support rape crisis advocates in their collaborative responses to sex trafficking. The Pennsylvania Coalition Against Domestic Violence (PCADV) also provides resources to assist immigrants who are victims of human trafficking.

Pennsylvania has not yet issued formal guidance to county child welfare agencies specific to the topic of human trafficking. In recent years, a session on human trafficking was presented at the annual IL retreat to

⁸ The NHTRC Pennsylvania State Report for 2013 is available online via the Polaris Project Pennsylvania website at <http://www.polarisproject.org/state-map/pennsylvania>.

help educate older youth on this topic. At a minimum, OCYF plans to distribute the “Fact Sheet: Child Victims of Human Trafficking” released by the US Department of Health and Human Services to all CCYAs and public and private IL coordinators by September 2015.

Determining Eligibility for Benefits and Services

OCYF instruction to CCYAs is very comprehensive regarding eligibility criteria for services and benefits. Every youth, including youth known to the agency but not in foster care, with an assessed need should be afforded IL services and supports. This broad eligibility criterion is made possible by approving county requested state funds that require a local match. CCYAs are also instructed to serve former foster youth who may now reside in a different county or state. Finally, as per federal requirements, services are available for youth moving into Pennsylvania.

Cooperation in National Evaluations

Pennsylvania will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Education and Training Vouchers (ETV) Program (Attachment BB)

PA’s education and training grant (ETG) program provides eligible youth financial support through the use of ETV funding so that they may attend post-secondary education and training classes. Approximately 1,000 foster youth reach the age of majority (18) while in foster care, and an additional 50 children ages 16 years of age or older are adopted from the state’s foster care system. Many of these youth are not able to pursue post-secondary education opportunities because they lack the necessary financial resources and supports. The goals of the ETG program are to increase student retention rates through supports at the county and educational program level; explore award amount limitations for students and increase the number of awards for returning students through an automatic renewal process.

The funds are awarded on a “first-come, first-served” basis. Any eligible youth must complete the Free Application for Federal Student Aid (FAFSA) form as well as an ETG Program Application form. OCYF has partnered with PHEAA to implement the program and distribute the funds to the educational institutions that youth will be attending. In recent years, the balance of limited funding and an expanding usage of the program required

OCYF and PHEAA to reduce the maximum award amount to as low as \$2,500 per year. However, through careful, multi-year analysis, it was determined that the maximum award for FY 2014 could be increased to \$4,500 per year towards attendance at a post-secondary education institution as defined by the Higher Education Act. These institutions must meet the following criteria:

- Admit only students with a high school diploma or equivalent;
- Award a bachelor's degree or not less than a two-year program that provides credit toward a degree;
- Are public or non-profit;
- Are accredited or pre-accredited;
- Provide not less than one year of training towards gainful employment; and
- Admit only students beyond the age of compulsory school attendance.

Awards for out-of-state institutions are contingent upon the cooperation between said institutions and PHEAA.

ETG funds may be used to cover expenses including, but not limited to tuition, books and supplies, computers (if required by the course) and living expenses. ETG grant money may not be used for costs associated with school preparation, such as completion of the SAT. However, funding is available for these activities through the existing county CFCIP allocation for IL services.

PA will continue to enhance the ETG program through the partnership with PHEAA and increasing outreach and awareness about the program. PA expects to serve approximately 600 youth through the ETG program in FY 2014. OCYF is committed to ensuring that all youth are provided the opportunity to obtain a high school diploma or equivalent and to attend and afford post-secondary education and training. PHEAA's enhanced and simplified application process eliminates the challenges realized by youth who forgot or did not know they needed to reapply annually.

OCYF joined the University of Pennsylvania, Children's Policy, Practice and Research Fostering the Future: Helping Youth Aging Out of Foster Care Engage and Succeed in Post-Secondary Education workgroup in 2014. One of the key purposes of the workgroup is to implement systems to better recognize, refer and serve foster youth on campuses.

PHEAA and their regional offices will continue training to agencies related to post-secondary education information, scholarships and financial aid, including ETG. OCYF has enlisted PHEAA representatives to speak about these topics at conferences, trainings and workshops. These presentations can be provided as needed upon request of any agency statewide.

Coordination with Tribes

Pennsylvania does not have any federally recognized tribes at this time. Any IL Services provided to American Indians are provided by CCYA.

CFCIP Program Improvement Efforts

PA has identified a number of improvement efforts that will be undertaken over the next five years. As PA continues to improve its capacity to collect and review data on older youth, additional improvement efforts will be identified in future Annual Progress and Services Reviews (APSRs). Some CFCIP improvement efforts identified for 2015-2019 include the following:

- The SWAN/IL Quarterly Meetings planned for FY 2015 will continue to incorporate permanency efforts on behalf of older youth through fostering permanent connections, mentoring opportunities and interaction with dedicated adults. Mentor programming is a critical area for improvement because mentoring relationships may facilitate permanent connections for youth with caring adults, and are proven to facilitate healthy aspirations like the desire for higher education. SWAN and CWRC staff will work together to develop strategic plans related to expansion of mentoring opportunities for youth with special emphasis on concrete planning, partnership/collaboration development, and using research-based program models whenever possible.
- Youth Ambassadors and Youth Quality Improvement Specialists will continue to be employed by the CWRC to guide and support youth engagement in educating and advocating for positive changes to PA's child welfare and juvenile justice systems.
- The CWRC, in partnership with OCYF, CCYAs and other statewide organizations, will continue to oversee the PA YAB. YAB mentoring and alumni activities will continue to be expanded to encourage peer to peer connections. CWRC will continue to develop and share resources to support emotional well-being for the mentor and the mentee.

- Training and TA will continue to provide resources to CCYAs to support mentoring and interactions with dedicated adults for youth involved in IL or AC services. Discussion around mentoring programs will continue in regional IL networking sessions. CCYAs can also be directed to national resources/models on mentoring offered through the Office of Juvenile Justice and Delinquency Prevention.
- The Fostering College Success Workgroup, initially sponsored by The Field Center for Children’s Policy, Practice and Research of University of Pennsylvania is expected to continue with the addition of new members to further explore ways to support and serve youth on college campuses and recommend strategies to support the investment made in higher education for former and current foster youth.

CFCIP Training

Specific training activities that have been planned for FFY 2014-2015 are as follows:

Training Activities Planned in FFY 2014-2015

Training	Training Date	Location	Event Specific
Transferring Youth Engagement Techniques to the Resource Home	2 sessions July 2014	Lancaster	SWAN Summer Statewide Meeting
Transition Planning for Youth with Disabilities (JLC)	1 session July 2014	Lancaster	SWAN Summer Statewide Meeting
Introduction to Family Group Decision Making	1 session July 2014	Lancaster	SWAN Summer Statewide Meeting
Advocating for LGBTQ Youth	2 sessions July 2014 August 2014	Lancaster Johnstown	Annual Permanency Conf. Older Youth Retreat
Developmentally Appropriate Freedoms	1 session July 2014	Lancaster	Annual Permanency Conference

The Adult 411 – What Every Youth Should Know Before Leaving Care	1 session July 2014	Lancaster	Annual Permanency Conference
Critical Thinking: Strategies for Understanding Older Youth in Care	1 session October 2014	Temple Univ.	
The Independent Living Services Continuum: Engaging Youth in Their Transition Process	6 sessions July 2014 October 2014	Altoona Temple Univ. CWRC	
Planning with Youth in Transition: Tips, Tools, and Techniques	1 session October 2014	Temple Univ.	
Foundations of Independent Living: An Overview	2 sessions July 2014 October 2014	Altoona CWRC	

The CWRC will continue to provide training and TA to CCYAs in order to enhance their housing options for transitional youth including resource sharing through regional IL networking sessions, TA with agency leadership teams and instruction on how to apply for housing. This TA, coupled with local collaboration efforts, results in a variety of housing options including expansion of CFCIP Room and Board, SIL, and SHP.

The CWRC will continue to collaborate with SWAN to offer training, staff development, and cross training on issues related to youth in substitute care and promoting permanency for older youth. The SWAN/IL collaboration will continue to encourage IL staff, private providers, supervisors, and SWAN affiliates to attend the regional and statewide events. An IL track will be offered at the Permanency Conference in July 2014. CWRC staff will continue to sit on the SWAN Quarterly, Statewide, and Permanency planning committees.

Ongoing training and TA efforts inform CCYAs and providers regarding available resources and services. Efforts to support successful transition planning include all youth exiting care. Ongoing youth engagement and advocacy efforts through regional and the state YAB will aid in the development of recommendations around discharge from foster care and services for older youth. DHS and CWRC will continue to promote the benefits of mentoring services to IL staff at various trainings, IL site reviews and TA visits to CCYAs. Resources and training are available to assist CCYAs in the following ways:

- Determine the best mentoring model (one-to-one, group, school-based, etc.) to use based on the county demographics, resources, etc.;
- Understand and implement comprehensive formal and informal mentoring options taking into account youth safety; and
- Share resources and tools to recruit, screen, train, match and provide follow-up support to adult volunteers.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Quality visits between a caseworker and the families and children/youth they work with are essential to resolving the concerns that brought the family to the attention of the agency and also expedites permanency when children/youth have to be removed from their home.

PA continued to submit data on the number of visits with children in federally defined foster care in accordance with the Child and Family Services Improvement and Innovation Act of 2011. These federal submissions occur in December of every year with 2016 being the final year for submission. Pennsylvania recognizes the value of quality visitation with children in out-of-home care and conducted our own tracking of these visits every six months as outlined previously in Pennsylvania's CFSR Program Improvement Plan (PIP) in addition to the federal reporting requirement. Beginning with the initial federal submission in 2007, PA was approved to conduct a random sampling methodology; however, not all of the 67 counties are represented in the federal sample. Counties who were not part of the federal submission are required to submit their visitation data in March of the next year following the federal submission. PA then requires all 67 counties to submit their visitation data in June of the next year following the federal submission in order to obtain a statewide sample. Pennsylvania has been meeting or exceeding the federal measure of 90% since 2009 and since 2007 has continued to far exceed the requirement that a majority of the visits must occur within the child's primary place of residence (Attachments T and U).

PA has used a majority of the Monthly Caseworker Visit Grant to purchase mobile technology tools for CCYAs across the Commonwealth. PA has also developed a realistic job preview video through the use of this grant to assist with caseworker recruitment and retention. This video allows those interested in a career in child welfare to obtain a more realistic preview of

the job responsibilities in order to assure a basic understanding and appreciation for the uniqueness of child welfare and the commitment it takes to make it in this field. The video is available online through the DHS website at <http://www.dhs.state.pa.us/forchildren/childwelfareservices/realisticjobpreview/index.htm>.

PA continues to support CCYAs in improving caseworker recruitment and retention, as well as improving caseworker decision making related to safety, permanency and well-being of children in foster care by disseminating the grants directly to CCYAs to identify and address county specific needs in these prescribed areas. CCYAs have used the grant funding to purchase mobile technology to assist with caseworker retention by making their jobs more mobile and enabling them to work on plans and other service delivery while in the field with families, by improving visitation centers and visitation programs to ensure timely reunification of children with their families, and by engaging in various training opportunities to address trauma informed care, motivational interviewing and visitation coaching. PA will continue to disseminate this grant directly to CCYAs in order to more effectively address county specific needs.

Adoption Incentive Payments

In SFY 2013-14, PA received adoption bonus incentive funds in the amount of \$951,396.00. These funds were added to OCYF's budget and will be spent by October 1, 2014. Should PA receive any Adoption Bonus Incentive Funds that can be used in the next SFY, they will be used to further enhance recruitment and post-permanency services. Examples of efforts that will potentially be supported by Adoption Bonus Incentive Funds includes:

- Matching Party for Older Teens in need of adoptive families. The Department has collaborated with the National Adoption Center for the past five years to host such events for hard to place youth in need of an adoptive family. To date, we have sponsored nine matching parties.
- To support the PSRFA National Foster Care Month activities in May and to provide scholarships for resource families to attend the annual PSRFA conference so that they can receive training.
- To purchase additional air and web time to run the SWAN foster and adoptive parent recruitment advertisements.

- To support local foster and adoptive agencies National Adoption Awareness activities in November.
- To create additional commercials to add to the existing #MeetTheKids foster and adoptive parent recruitment campaign.

Child Welfare Waiver Demonstration Activities

Under the Child Welfare Waiver Demonstration Project (Demonstration Project), PA will utilize the flexibility in Title IV-E funding to test new approaches to service delivery and financing structures in an effort to improve outcomes for children and families involved in the child welfare system. Between FY 2013-2018, PA will implement systems change that promotes the efficient and effective use of services and interventions in order to improve child and family functioning and placement decisions. In order to achieve these outcomes, PA will develop a model of case practice that seeks to ensure appropriate family engagement, assessment and use of evidence-based programs (EBPs).

Through the Demonstration Project, Pennsylvania aims to address two key issues: child and family functioning, and placement decisions. These areas for improvement were identified through both quantitative and qualitative data analysis. By ensuring that every placement decision leads to the most appropriate placement for a child, we will not only reduce entries, re-entries and the use of congregate care, but also improve outcomes for children and youth, reduce caseloads, free up placement resources, and better align resources to meet program goals through reinvestment of funds. In focusing on these challenges, Pennsylvania will address the following statutory goals:

- Increase permanency for all infants, children, and youth by reducing the time in foster care placements when possible and promoting a successful transition to adulthood for older youth.
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.
- Increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.

Specifically, these outcomes will be met through improvement on the following indicators:

- improved parent behavioral health and functioning;

- increased parenting skills;
- decreased placement disruptions due to child and youth behaviors;
- improved child and youth functioning at home, school and in the community;
- reduction in the number of children and youth entering care (with a particular focus on reducing placement in congregate care);
- reduction in the number of children and youth re-entering care;
- reduced lengths of stay in placement; and
- increase in youth being placed in the most appropriate, least restrictive placements.

PA's Demonstration Project is driven by a theory of change which proposes:

If families are engaged as part of a team and receive comprehensive screening and assessment to identify underlying causes and needs and assessment information is used to develop a service plan, and if that plan identifies roles for extended family members and various supports, including appropriate placement decisions and connects them to evidence-based services to address their specific needs, then children, youth and families are more likely to remain engaged in and benefit from treatment, so that they can remain safely in their homes, experience fewer placement changes, experience less trauma, and experience improved functioning.

In line with this reasoning, PA hypothesizes the Demonstration Project will serve to produce the following outcomes: reduction in congregate care, re-entry rates, and the number of days children spend in care, as well as increase the number of cases in which the Quality Service Review indicators of physical health, emotional well-being, early learning and academic skills are rated as strength.

The University of Pittsburgh Child Welfare Resource Center is responsible for conducting the evaluation portion of PA's Demonstration Project, which will consist of a process evaluation, an outcome evaluation and a cost analysis.

The first phase of PA's Demonstration Project focused upon implementing or enhancing family engagement strategies and child and family assessment practices. The participating counties elected to implement the Family Advocacy and Support Tool (FAST) to assess all families accepted for services by the CCYA and the Child Adolescence Needs and Strengths (CANS) to assess all children over the age of five in out-of-

home placement. These assessment tools measure a set of core elements mutually selected by the five counties that better identifies the service needs of each county's child welfare population in order to match children and families to the appropriate services. All counties participating in the Demonstration Project also utilize the Ages and Stages Questionnaires (ASQ™ and ASQ: SE™) for all children under the age of five to screen for developmental delays in young children who come into the child welfare system. To support the implementation of these assessments, the five counties made modifications to their information systems to collect and track assessment data and are worked extensively to building capacity for initial and ongoing training of staff and providers in use of the assessment tools.

Data collected from family engagement and assessments during the first phase of the Demonstration Project drove the selection of EBPs that are being implemented as part of the second phase of the project. In order to help counties make informed decisions regarding EBP implementation, OCYF, through the assistance of Casey Family Programs, received training from the National Implementation Research Network (NIRN) in best practice for EBP implementation.

Counties identified the following EBPs that will be implemented under the Demonstration Project:

Allegheny:

Homebuilders
Parent Child Interaction Therapy (PCIT)
Trauma Focused Cognitive Behavior Therapy (CBT)
Multisystemic Therapy (MST)

Dauphin:

PCIT
Triple P Positive Parenting Program (PPP)
Dialectical Behavior Therapy (DBT)

Lackawanna:

PCIT
SafeCare

Philadelphia:

PCIT
Functional Family Therapy (FFT)
PPP

Venango

PCIT

Nurse Home Partnership

PPP

The Demonstration Project began in 2013 with the initial five counties, Allegheny, Dauphin, Lackawanna, Philadelphia and Venango. Counties were provided an opportunity to express interest in joining the Demonstration Project through submission of the FY 2014-2015 NBPB. In FY 2014, OCYF and CWRC staff met with counties who expressed interest in joining the Demonstration Project. OCYF utilized the "Stages of Implementation Analysis: Where are We?" tool to assess the readiness of these counties to begin implementation. Based on the completion of the tool and discussions with the individual counties, it was determined that Crawford County will join the Demonstration Project July 1, 2014. OCYF will continue to allow counties an opportunity to express interest in joining the Demonstration Project through the NBPB process.

Communication regarding the Demonstration Project will continue through use of the PA Demonstration Project Newsletter. These newsletters are intended to serve as a vital communication tool for both internal and external stakeholders of the Child Welfare Demonstration Project. Recipients are encouraged to forward newsletters to a broader audience to inform all interested parties of all county and Commonwealth efforts related to the project. The intent of the monthly newsletter is to detail accomplishments, communicate important information related to the project, and highlight upcoming tasks/due dates. The University of Pittsburgh Child Welfare Resource Center also maintains information regarding the Demonstration Project on their website at <http://www.pacwrc.pitt.edu/ChildWelfareDemoProject.htm>.

Financial Limitations

Payment Limitations

Expenditures of FY 2004 and FY 2005 Title IV-B Subpart 1 funds during FY 2005 for child care, foster care maintenance or adoption assistance payments is \$8,870,138 (FY 2004 - \$289,544; FY 2005 \$8,580,594). State expenditures of non-federal funds for foster care maintenance payments is \$2,365,328. We understand that this amount,

\$8,870,138, is the baseline amount that the State may not exceed for the corresponding types of payments after FY 2007.

Beginning in FY 2008, we understand that PA cannot use more than the amount of non-federal funds spent on foster care maintenance payments in FY 2005 as match for the Title IV-B, Subpart 1 program. This amount, \$2,365,328, will serve as a baseline for future years.

The total amount of State, local and donated funds in FFY 2008-09 for IV-B Subpart 2 is \$1,388,603,081 according to Attachment L in the 2009 APSR. The State assures that it has met the FY 1992 base year comparison amount for non-supplantation requirements.

Foster and Adoptive Parent Diligent Recruitment Plan

PA relies upon available data to help drive foster and adoptive parent recruitment efforts. Two databases are used, AFCARS and a PA specific database, the CY 890, which tracks information on all children in out of home care with a goal of adoption. Per the PA AFCARS data base as of March 31, 2014, PA has 14,680 children in out of home care, 7,583 of whom are over the age of 10. 7,685 are males and 6,995 are females.

The racial/ethnicity of the 14,680 children in out of home care are as follows (children can have more than one defined race):

- White = 7,997
- Black = 7,043
- Asian = 83
- Hawaiian/Pacific Islander = 28
- Indian/Alaskan = 75
- Hispanic = 1,909

The CY 890 is a child specific database and contains much information on the children in out of home care in need of adoption including their names, gender, race, birthdates, parent's names and birthdates, date of termination of parental rights, if the parental rights are under appeal, date the goal of adoption was established by the courts, date of most recent placement, type of placement and finalization date.

Per our annual AFCARS data, 331 children, age 10 and older, were adopted and 1,517 children under the age of nine were adopted with 1,129 of them under the age of five. More than 50% of children adopted from the PA foster care system every year are under the age of 10. However, the CY 890 data indicates that children with a goal of adoption who are over the age of 10 wait longer for a family than younger children, sometimes years longer. In addition to the child specific data mentioned above, the CY 890 data allows us to look at aggregate demographic such as which parts of the state have the most children available for adoption, how many children with a goal of adoption are of a minority race or how many are a member of a sibling group. That information is used to both help develop recruitment campaigns and to help target the areas of the state in which the campaigns will run.

Per the CY 890:

- 1,893 Children with a goal of adoption.
- 234 (12%) children in out of home care with a goal of adoption have an identified adoptive resource.
- 1,659 (88%) are in need of an adoptive resource. Of those:
 - 572 (34%) are 10 years and older;
 - 806 (49%) are of a minority race; and,
 - 871 (53%) are male; 740 (45%) are female.

PA has significantly lowered the number of children in foster care over the past five years. Despite the overall number of children in foster care declining, the number of children adopted from foster care has remained steady or increased from year to year and based on the above data, older youth still remain in care without an identified permanent resource. 38.6% of children in out of home care, age 10 and older, reside in congregate care settings. PA is committed to reducing the number of youth who have to reside in congregate care by recruiting and training foster and adoptive families who are willing to provide loving, caring homes for teenagers.

PA has a long standing history of recruiting foster and adoptive families. PA media campaign generally consists of television, radio, print, and online advertisements. The current campaign, #MeetTheKids, was debuted in July, 2013 and features twelve real teenagers in the PA foster care system who are in need of permanent families. The goal of this campaign is to recruit resource families who are willing to accept placement of older foster youth into their homes to reduce institutional placements. The commercials have been targeted to the Philadelphia, Harrisburg and Pittsburgh media markets because that is where the majority of the children are from and are also from the areas in which most of our foster and adoptive families reside. In addition, the commercials and a 13 minute documentary are available online on the SWAN Facebook page and SWAN YouTube channel. In addition to the paid spots that run in the Philadelphia, Harrisburg and Pittsburgh markets, SWAN pays for 3 Waiting Child segments in Harrisburg, Pittsburgh and Scranton-Wilkes Barre. Each television segment also runs the SWAN television commercials. #MeetTheKids is in the process of being updated. 12 new youth were recently filmed for the next set of commercials and a new documentary that will debut July, 2014.

SWAN regularly runs radio and print advertisements on a statewide basis and has a large online presence as well. Radio, Facebook and YouTube

are used to both highlight the statewide campaigns for foster and adoptive families and to feature specific children and youth in need of adoptive families. In addition, DHS has a website, www.adoptpakids.org that is used to feature all children waiting for a permanent family and as an informational resource for prospective and approved foster and adoptive families. Print advertisements targeting African American and Gay communities are also run in three newspapers in Philadelphia and Pittsburgh.

The Pennsylvania Adoption Exchange (PAE) also provides child specific and family specific matching services. All children with a goal of adoption are required by PA law to be registered with PAE. All families who obtain a SWAN Family Profile are required to be registered with PAE as well. When information is received on either a child or family, the information, including the type of family a child needs and the type of child a family is looking for, is entered into a database. That information is then compared to try to find potential "matches" between a waiting child and an approved prospective adoptive family. The potential match information is then shared with the family, the family's worker and the child's worker to be pursued further. PA also requires that every child eligible for adoption be posted to adoptuskids.org as well as the website adoption.com.

The SWAN Helpline responds to questions from the general public about foster care and adoption. The Helpline uses Language Line to speak to callers who do not use English as their primary language and are able to answer questions regarding the foster care and adoption process and refer families to a SWAN affiliate in their area who can help them complete the Family Profile process. Family Profiles are provided to all families who wish to adopt a child from the PA foster care system at no charge to the family. There are no requirements on what constitutes a family as OCYF believes that family defines themselves. Therefore, we have a variety of families including single parents, married parents, same sex couples, even siblings and mothers/daughters who are, or have been, through the SWAN Family Profile Process.

The Family Profile process includes on-going training throughout the process about who the children are in out of home care and the types of on-going supports and services they may need and how to access them. The Family Profile process is designed to train families about the reality of becoming an adoptive family; it is not simply a Home Study. SWAN affiliate agencies often provide training, informational sessions and hold matching events in the evenings and on weekends. Foster family training is offered by many of the same agencies that provide adoptive family training and many

families are approved to both foster and adopt (which is what OCYF recommends). SWAN has a variety of agencies that try to meet multicultural and religious needs, including some where Spanish is the primary language spoken, such as Asociación Puertorriqueños en Marcha and others that meet the needs of other groups such as Jewish Family Services.

Not all foster family training is provided by private agencies. Some county children and youth agencies prefer to train their own foster families and many use the PA State Resource Family Association Parents as Tender Healers (PATH) Training as part of their on-going training effort. Training is often done in the evening or on weekends as that is when families are available to attend. There are no fee charges for families interested in becoming a foster or adoptive family for a CYA.

PA statute requires that family finding activities be offered to every family that is accepted for service. Therefore, family finding activities, including diligent searches, record digs (case mining), Accurint searches, etc., must now be completed for every child in out of home care at least once per year, although OCYF recommends that it be done on a regular, on-going basis. To help complete the diligent search process, 66 of PA's 67 counties have SWAN LSI paralegals. A copy of the PA Diligent Search Manual can be found online at www.diakon-swan.org in the LSI section of the site.

To address the needs of older youth in care with a goal of adoption achieving permanency, OCYF developed the Older Child Matching Initiative (OCMI). The OCMI, managed by the SWAN prime contractor, provides intense child focused services to teens in need of adoptive homes by matching them with approved families who are registered with PAE who indicated they will adopt older youth. Teens actively engage in all recruitment activities and participate in the family selection process. They are asked about the important people in their lives, family finding activities, such as diligent searches are conducted for every teen in the program. The teens also attend numerous matching activities and are featured in various venues including SWAN/IL Quarterly and Statewide Meetings, Matching Desserts and Brunches and are the featured "stars" of the #MeetTheKids campaign. Teens from 49 counties are participating in the OCMI. To date, 362 youth have participated. Of those, 317 youth were matched with families, 189 youth were placed with families with 57 intents to adopt filed and 58 youth had their adoptions finalized and 15 youth received legal permanence through permanent legal custodianship.

Over the next 5 years, PA will:

- Issue a Request For Proposals (RFP) for the next SWAN prime contract that will include language requiring the selected contractor to continue the OCMI or a similar initiative to help find waiting teens permanent families, as well as continue the on-going recruitment services noted above (Family Profiles, PAE services, SWAN Helpline, SWAN LSI, etc.)
- Continue the #MeetTheKids campaign and expand it to include a #MeetTheFamilies component that focuses on families who have successfully adopted older youth.
- Continue to provide waiting child segments on a variety of local news stations across the state.
- Monitor the AFCARS and CY 890 data to help drive the decisions on the type of children to feature in statewide recruitment efforts and where such campaigns should air.
- Continue to update the adoptpakids website by re-freshing it to be consistent with the media campaign and to ensure it provides helpful information to prospective and approved foster and adoptive families.
- Continue to promote the use of SWAN LSI paralegals to perform diligent searches for all children in out of home care to help identify potential relatives/kin who may be a permanency resource.
- Offer family finding activities for all children/families served by the CYA.
- Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Health Care Oversight and Coordination Plan

Pennsylvania's Health Care Services Plan was developed by the Office of Children, Youth and Families (OCYF) in conjunction with the Health Care Workgroup Steering Committee and its' Subcommittees. The Health Care Workgroup Steering Committee is comprised of a wide variety of stakeholders, including, but not limited to, pediatric physicians; child psychiatrists; representatives from both physical and behavioral health managed care organizations; PA's Medicaid Office medical director; foster and adoptive parents; and former foster youth, all who contributed their expertise in either child welfare or health care services or both.

OCYF along with the Health Care Workgroup Sponsor Team co-chairs plan to present the recommendations outlined in the Health Care Services Plan to the Secretary of Public Welfare for approval in order to move forward with implementation. As the Secretary's approval is still pending, it is important to note that many elements of the Health Care Oversight and Coordination Plan presented below are proposed and may be subject to change. Any changes will be addressed in subsequent Annual Progress and Services Reports (APSRs). The next meeting of the Steering Committee is scheduled for July 25, 2014.

Schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

DHS will continue to recognize the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) as a unique opportunity to perform a comprehensive evaluation of a child's health and provide appropriate and timely follow-up diagnostic and treatment services. DHS emphasizes the importance of the EPSDT screening program and covers screening services at intervals that are based on the recommendations of the American Academy of Pediatrics (AAP), American Dental Association and the American Academy of Pediatric Dentistry.

DHS regulations require the health care needs of children in foster care placement to be addressed as follows:

- Pa. Code Title 55, Chapter 3700 (Foster Family Care Agency) regulates health care requirements and states that a child must receive a medical appraisal by a licensed physician within 60 days of the child's admission to foster family care. The appraisal includes a review of the child's health history, physical examination and laboratory or

diagnostic tests as indicated by the examining physician, including those required to detect communicable disease. The physician considers all the information and determines the most appropriate medical treatment if needed; and

- Pa. Code Title 55, Chapter 3800 (Child Residential and Day Treatment Facilities) requires that a child shall have a written health and safety assessment within 24 hours of admission; have a health examination within 15 days of admission and annually thereafter, or more frequently as specified in the periodicity schedule recommended by the AAP.

Given the complex needs of children in foster care, it is important that a comprehensive assessment is done prior to the initiation of mental or behavioral health treatment, except in cases of emergencies. Children in foster care often have risk factors (biological, psychological, and social) that predispose them to emotional and behavioral problems. These risk factors include but are not limited to in utero exposure to drugs, genetic predisposition, medical illnesses, cognitive deficits, a traumatic history of abuse and neglect, broken attachments, and multiple placements.⁹ Research has revealed an association between adverse childhood experiences (ACEs) such as abuse, household dysfunction and increased likelihood of having future health risk factors such as smoking, alcohol and drug use, obesity as well as future chronic illnesses partly related to these risk factors.¹⁰ Ongoing research utilizing ACEs have proven to be extremely fruitful in identifying additional associations as well as providing opportunities for early assessment and intervention.

Health Care Workgroup Steering Committee Recommendation

The assessment of children in foster care will be required to include a comprehensive health history, a psychosocial assessment, and a physical exam. A comprehensive assessment of children will include questions about exposure to toxic stress and potential associated symptoms.¹¹

⁹ American Academy of Child and Adolescent Psychiatry, AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline, 2011.

¹⁰ Felitti VJ, Anda RF, Nordenberg D, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine* 1998; 14:245-258.

¹¹ A report by the American Academy of Pediatrics (AAP) called "Helping Foster and Adoptive Families Cope with Trauma" takes the position that pediatricians should assume that "all children who have been adopted or fostered have experienced trauma."

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home

Health Care Workgroup Steering Committee Recommendations

The Health Care Workgroup presents its recommendations based upon the premise that all children and youth in foster care have experienced maltreatment with varying nature and severity. Additionally, children and youth may be exposed to other forms of trauma, such as poverty, community violence, and loss. These adverse experiences are stressful and children and youth respond in different ways. Some develop significant trauma-related symptoms, while others develop more limited adjustment reactions and some manage with ongoing support. At the same time, children and youth in foster care are also at risk for other mental health disorders, which vary in severity and level of impairment. Thus, it is essential that children and youth in foster care receive both a trauma screen and a comprehensive mental health assessment.

The Health Care Workgroup Steering Committee and its' Subcommittees are recommending that Pennsylvania use the National Child Traumatic Stress Network's *Child Welfare Referral Tool* (for trauma screening) at the earliest point, following a child's entry into foster care and then afterwards following significant events, such as disrupted placement/replacement and at other times of concern. The tool will be completed by the caseworker, based largely on already obtained intake information. Then, after the child has been placed in foster care and actively engaged with the treatment provider, recommend that the CANS-Trauma (a mental health assessment tool) be completed, as part of a 30-day collaborative, information-gathering and service planning process.

The CANS-Trauma is a comprehensive mental health assessment tool, which includes but goes beyond trauma-related issues to survey the child's overall mental health status and also provides some information about the caregiving family. The CANS-Trauma will be completed by the mental health provider (from the foster care agency), not the caseworker. It is the belief of the Steering Committee that the combination of the above two tools will best meet the needs of the target population, starting with screening and moving into more complete assessment, building on the findings of the additional information obtained.

The Steering Committee suggests that Pennsylvania develop or adopt a standardized assessment protocol to identify needs, types of resources warranted, and the intensity of care demands placed on caregivers for children with special physical and or behavioral health care needs. This assessment will be conducted at regular intervals to ensure that children are placed in the least restrictive environment, while ensuring an ongoing assessment of needs and services.

The results of screening and assessment can enable children and youth to receive needed services and to help create a common understanding of the child's or youth's needs and how to best address them. Children and youth identified through use of the Child Welfare Trauma Referral Tool and subsequent use of the CANS-Trauma may need access to trauma-specific treatment, provided by a qualified clinician with fidelity. The Steering Committee has identified five trauma-specific evidence-based treatment programs of particular relevance to youth in foster care in Pennsylvania. They are: (1) Parent Child Interaction Therapy (PCIT) (2) Trauma-Focused Cognitive Behavior Therapy (TF-CBT) (3) Alternatives for Families Cognitive Behavior Therapy (AF-CBT) (4) Child-Parent Psychotherapy (5) Child and Family Traumatic Stress Intervention (CFTSI).

The Steering Committee recommends that agencies and individual practitioners serving the foster care population expand and maintain their capacity to provide clinical treatments and that the state, counties, and behavioral health managed care organizations (BH-MCOs) promote the availability and appropriate funding of these treatments. Counties and BH-MCOs are encouraged to maintain a roster of network providers qualified to provide trauma-specific treatments.

Training and supervision of professionals who work directly with or interface with children in foster care are limited throughout Pennsylvania. Initial training requirements for foster families in Pennsylvania identify certain topics but do not prioritize them. Annually, a limited 6 hours per year of additional training is all that is required. While medical safety is covered, there are currently no training topics to inform families of the impact of trauma on children or interventions to use for those in foster care. Child welfare professionals are required to complete 40 hours of training annually. Training in trauma informed principles and practices are offered but not currently required. Additionally, there is no supervisory requirement for child welfare workers. The Pennsylvania Department of Education does not require that educators receive trauma informed care trainings specifically related to children and youth in foster care as part of the Act 48 training

requirements. Various licensing boards, including those for social workers, psychologists, and physicians, do not currently require continuing education on childhood trauma, trauma informed principles, and trauma informed practices for children and youth in foster care.

Therefore, the Steering committee recommends that public and private child welfare professionals receive the National Center for Traumatic Stress Network (NCTSN), CAST II training series by the Child Welfare Resource Center (CWRC) or other recommended trainings. Additionally, recommendation for public and private child welfare professionals to receive regular supervision that includes trauma informed principles and vicarious trauma. Further recommendations are for foster families to receive training on the impact of childhood trauma, trauma informed principles and practices and effective interventions for children and youth in foster care, at initial certification and on-going. The Department of Education, as well as other licensing boards, will be encouraged to include trauma informed principles and practices in their professional development or continuing education requirements for licensing.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record

Under HC, the PH-MCO manages care, including updating information. Children in substitute care are often a mobile population and move in and out of Zones or within different counties of a Zone. PH-MCO identified confidentiality and Health Insurance Portability and Accountability Act as barriers to information sharing. OCYF worked with representatives from the Office of Medical Assistance Programs (OMAP) and the Office of Mental Health and Substance Abuse Services (OMHSAS) as well as outside stakeholders to issue Bulletin 00-14-01, entitled "Information Sharing Policies and Procedures for Communication Between Agencies and Individuals Who Supervise and Care for Children and Youth in Out-of-Home Placement and the Physical Health and Behavioral Health Managed Care Organizations". This bulletin, signed by the Deputy Secretaries for OCYF, OMAP and OMHSAS, was issued on May 23, 2014.

OCYF created a Basic Health Information document to be used to gather important medical information needed by foster parents or providers on the first day of placement in foster care. This document is maintained in the CCYA's case record. It also allows PH-MCO Special Needs Units and

EPSDT Units to exchange information. Both the bulletin and the information document are pre-cursors to the electronic health record.

DHS began a Health Information Technology (HIT) Initiative in spring 2010. The goal of this initiative is to improve quality through adoption, implementation, upgrade, and meaningful use of certified electronic health records. OCYF is among the collaborative entities which developed a draft plan that was submitted to Center for Medicaid and Medicare Services in May 2010. The draft plan includes a description of how PA intends to address the needs of underserved and vulnerable populations, such as children; individuals with chronic conditions; and children in Title IV-E foster care. Part of this plan includes piloting the Quality Improvement and Care for KidS Through Electronic ProgramS (QUICKSTEPS). The QUICKSTEPS pilot began April 1, 2010. The goals of QUICKSTEPS include the following:

- The introduction of HIT into pediatric practices and health systems;
- To offer providers the opportunity to increase access to necessary health information at the point of care;
- The effective use of (HIT);
- Make the electronic transfer of clinical information possible; and
- Have a positive impact on the quality coordination of care.

The pilot participants include PA Medicaid; Children's Health Insurance Program (CHIP); Department of Health; seven health systems across PA and over 250 primary care practices. The objective of the pilot is to leverage HIT to maximize the early identification of children with developmental delays, behavioral health issues, and those with complex medical conditions so their care can be closely coordinated with the Primary Care Provider (PCP), medical home, appropriate medical specialists and child serving social agencies.

A process for effectively communicating among PCPs, behavioral health care providers, child welfare workers and families is being developed and will include child welfare workers' access to an electronic health record to support the children's continuity of care.

Developing a Web or cloud-based storage of health information for children in foster care is a long term goal. The vision for this health information exchange includes a system to manage health of children in foster care which inter-connects to other health information systems and allows tiered access by individuals and agencies who need the information to ensure or provide health care services.

Health Care Workgroup Steering Committee Recommendation

The Steering Committee recommends that this system contain health care summaries in understandable language for non-medical professionals, birth and foster parents, judges, caseworkers, educators, and youth who are exiting foster care. It would also contain full medical visit notes for other health care professionals. The information needs to be easy to upload and kept accurate/current. The information would include family medical history and child specific medical history. The system would need to specifically address sharing of information related to reproductive health and mental health.

Recommended fields to include are: basic demographic information; health insurance information; list of current and past health care providers and contact information; list of current and past schools, child care centers and contact information; contact information for caseworkers, judge, GAL, CASA, foster parents; full medical record with allergies, current medication list, current problem list, immunization records, growth records, detailed past medical history, detailed birth family medical history, basic social history, detailed trauma/adverse events history, physical examination to include detailed descriptions of signs of abuse, current sleeping, eating, bowel/bladder habits, information on what frightens or agitates the child, what soothes the child, checklists to monitor physical, mental, dental, developmental health care. It will be important to keep the information updated in real time. Additional information that would be nice to have include a shared calendar on the child's chart to allow sharing of information about upcoming appointments.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

Effective August 1, 2009, children in foster care remain the payment responsibility of the BH-MCO for outpatient behavioral health services, regardless of the Zone in which they are placed. Policies promote continuity of care management during residential stay and allow the BH-MCO care managers to participate in discharge planning and coordination of care for children in foster care.

Medical Assistance Bulletins outline procedures to ensure continuity of prior-authorized services whenever a recipient transfers between managed care plans, from a managed care plan to the fee-for-service program, or

from the fee-for-service program to managed care. Continuity of Care Bulletins ensure uninterrupted continuation in the course of treatment for children under the age of 21.

Health Care Workgroup Steering Committee Recommendations

The concept of establishing a medical home for every child in care was discussed by members of the Steering Committee who suggested steps for implementation. Establishing a medical home is another long term goal and will require changes in policy, protocols, and payment and involve representatives from several of the Department's Program Office, to include but not limited to the Office of Medical Assistance Program, the Office of Income Maintenance, the Office of Children, Youth and Families, as well as the managed care organizations.

Ideas for consideration in establishing a medical home include creating a Medicaid foster care benefit package that requires children and youth to be seen by any foster care participating medical provider. These providers would receive additional training in child abuse, childhood trauma and the foster care system. Medical care provided at any trained foster care expert practice would be covered by any of the Medicaid managed care organizations at an agreed-upon enhanced rate. These trained foster care expert practice/preferred providers could serve as the long-term medical home for a child in the foster care system. The subcommittee recommended ideas for an application process as well as recruiting and training of medical practices who would serve as these preferred providers for children and youth involved in the child welfare system.

Pediatric Extended Care Centers (PECCs)

PECCs are licensed facilities that provide on-site services to medically or technologically dependent children, meaning a child who requires continuous therapeutic intervention or skilled nursing supervision as prescribed by a licensed physician and administered by or under the direct supervision of a licensed registered nurse. Act 111 signed into law July 5, 2012, extends the definition of a medically dependent or technologically dependent child from eight years of age or younger to include individuals under age 21. PECCs provide non-residential therapeutic interventions and skilled nursing supervision to medically and technologically dependent children for up to 12 hours within a 24 hour period. They offer a broad array of services which may include speech therapy, occupational therapy, physical therapy, and pharmaceutical services. PECCs also work with the

child's local early intervention program and school district to coordinate meeting the child's needs.

PECCs can help reduce stress on families of medically or technologically dependent children. By providing a source of non-residential care to children whose families are unable to utilize traditional child daycare providers due to the child's medical or technological dependency, PECC services allow parents to remain in work or school or to attend to other family responsibilities as needed. They offer additional support to families by addressing caregiver training needs of the parents and providing educational resources related to caring for children with complex medical needs allowing parents to increase their skill and confidence in managing their child's complex medical needs. Services can help families further develop many of the protective factors that have been recognized as crucial to the prevention of child abuse and neglect. PECCs are a potential resource in supporting birth, resource, and adoptive families of medically or technologically dependent children in achieving and sustaining safety, permanency, and well-being.

Currently, Pennsylvania has ten PECCs in operation.

Oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications

The single statewide pharmacy program eases the burden of tracking multiple formularies and prior authorization requirements for prescribers and pharmacies. The Drug Utilization Review (DUR) includes Prospective DUR and Retrospective DUR. Prospective DUR identifies a potential health and safety problem at the point of sale before the drug is dispensed, and sends an electronic alert to the pharmacist. Retrospective DUR identifies prescribing problems or errors through claims review and includes remedial strategies to improve quality of care. The DUR Board is comprised of physicians, pharmacists and at least one consumer or family member and specialists as needed. The Board reviews and evaluates pharmacy claims data and prescribing practices for efficacy, safety and quality and recommends appropriate utilization controls and protocols in addition to other responsibilities.

The Pharmacy Prior Authorization Program has guidelines in place for the dispensing of certain classes of drugs which include a review for medical necessity. Used as part of the prior authorization process is the Preferred Drug List (PDL). The drugs on the PDL were determined to be the best in a

particular class based on clinical effectiveness, safety and outcomes and exclude drugs that do not have a significant, clinically meaningful therapeutic advantage. The PDL ensures the appropriate utilization of preferred and non-preferred drugs through the Pharmacy Prior Authorization Program. The Specialty Pharmacy Drug Program continues to provide a clinical support system designed to optimize therapy management, care coordination, and patient compliance. Specialty drugs are oral and injectable medications that are used to treat chronic and life-threatening diseases; require clinical monitoring; are expensive and/or require temperature control or other specialized handling.

The Specialty Pharmacy Drug Program continues to provide oversight of specialty drugs and their delivery by selectively contracting with two preferred providers of specialty pharmacy drugs by operating a toll-free Clinical Call Center that can answer questions about drug information, product storage and handling, side effect management, injection assistance/adherence and compliance with drug regimens; and by providing therapy management programs that include pharmacists and nurses who are trained in specific disease states to provide individualized patient education and monitoring for side effects, safety, adherence and efficacy.

Children in foster care may display aggressive behavior that can compromise their school and foster care placement and may prompt a consideration of psychotropic medication. If an assessment determines that the child or youth needs mental or behavioral health treatment, a comprehensive biopsychosocial treatment plan will be developed. Psychosocial, psychotherapeutic, and behavioral treatments will be considered whenever possible and when indicated, pharmacotherapy. Some children and youth may benefit from psychotropic medications as one component of a comprehensive treatment plan. Best practices and clinical practice guidelines should inform the sequencing of interventions.

PA DHS has already adopted guidelines indicating the criteria for further review of a child's clinical status on the basis of medication monitoring for children in the Medicaid Fee for Service Program. DHS supports the use of these guidelines for the physical health managed care organizations (MCO's) as well. DHS will work with the MCOs over the next year to discuss the use of these guidelines in the Medicaid MCO context. Importantly, the guidelines are not intended to supplant clinical judgment with a finding that treatment is not needed, and instead identify cases in which further review is warranted. The guidelines include:

- Absence of a thorough assessment for the DSM-5 diagnosis(es) in the child's medical record;
- Three or more psychotropic medications prescribed concomitantly for children ages 3 or younger, and four or more for children 4 and older;
- Prescribing of:
 - Two (2) or more concomitant stimulants
 - Two (2) or more concomitant alpha agonists
 - Two (2) or more concomitant antidepressants
 - Two (2) or more concomitant antipsychotics
 - Three (3) or more concomitant mood stabilizers
- The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
- Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
- The psychotropic medication dose exceeds usual recommended doses (FDA and/or literature based maximum dosages).
- Psychotropic medications are prescribed for children of a very young age, including children receiving the following medications with an age of:
 - *Stimulants*: Less than three (3) years of age
 - *Alpha Agonists*: Less than four (4) years of age
 - *Antidepressants*: Less than four (4) years of age
 - *Antipsychotics*: Less than four (4) years of age
 - *Mood Stabilizers*: Less than four (4) years of age
- Prescribing by a primary care provider who has not documented previously specialty training for diagnosis other than the following (unless recommended by a psychiatrist consultant):
 - Attention Deficit Disorder (ADHD)
 - Uncomplicated Anxiety Disorders
 - Uncomplicated Depression
- Atypical Antipsychotic medication(s) prescribed without appropriate monitoring of BMI, blood pressure, glucose and lipids consistent with ADA/APA Consensus guidelines (2004).
- Antipsychotics prescribed without monitoring for extrapyramidal symptoms (EPS) using the AIMS or other tool at baseline, at three months and then annually.

At the client level, these guidelines will be reviewed by the child's caseworker in consultation with the child's primary care provider and with the prescribing clinician. Meeting the trigger thresholds outlined above may

prompt a request for consultation by the caseworker. At the agency level, County Children and Youth Agencies (CCYAs) will determine for each child who is responsible for monitoring and follow up and clearly identify if it is the prescriber of the medication, or the primary care provider. Mechanisms will be developed that will ensure tracking and monitoring of laboratory tests and other key health indicators. Implementation of the guidelines will be overseen by the Office of Medical Assistance Programs (OMAP), the state Medicaid office in conjunction with the physical health MCO's.

At the agency level, DHS will continue to track psychotropic use statewide and by MCO, monitoring utilization on overall psychotropic use including polypharmacy, antipsychotic use, and use by young children through tracking its state Medicaid pharmacy claims. At minimum semiannually, the data will be reviewed with DHS child welfare, behavioral health, and child welfare leadership along with key cross-system stakeholders to guide ongoing policy development and implementation.

DHS is considering a recommendation from the subcommittee related to consultation. The subcommittee studied mental health consultation program models in Illinois, Massachusetts, Minnesota, and Washington. In these states, mental health consultation is available statewide through contracts with managed care or academic entities (e.g., a university department of psychiatry or university medical center). These programs have demonstrated success in increasing access to child and adolescent psychiatric expertise at the agency and case level, improving provider satisfaction, reducing health care costs, and strengthening prescribing practices within the state's recommended medication parameters.

Health Care Workgroup Steering Committee Recommendations

The subcommittee is recommending that the mental health consultation program begin as a pilot within one of the state's five physical health MCO regions. The program would target primary care practitioners and other health care professionals (i.e., family physicians, nurse practitioners) who prescribe medications for children, increasing their access to child and adolescent psychiatry expertise. This expansion of psychiatry expertise is particularly critical in rural areas of the state where current access is limited.

The program would have three main components. First, it would provide mandatory psychiatric consultations to prescribing clinicians when a child's medication treatment is in excess of the state's prescribing thresholds for very young children in foster care and children in foster care prescribed

polypharmacy (as listed above). These consultations may be in-person or by phone or video conference. Second, the program would provide primary care clinicians access to voluntary mental health consultations similar to Washington's *Partnership Access Line* and Minnesota's *Collaborative Psychiatric Consultation Service* via a staffed toll free statewide number. Triage professionals (licensed social workers) will answer calls, providing referrals to mental health services and/or rapid access to direct psychiatric services including phone consults with the program's psychiatrist within the hour.¹² Third, the program would support the dissemination of best practice guidance to prescribing clinicians through CME programs, trainings, and guideline distribution.

Beginning this model as a pilot would allow PA DHS to determine how consultation services are used for scale up of the model.

How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children

Within each of the health care delivery systems provided by the DHS are services that assist in the coordination and delivery of health care services to children in substitute care. Under the HC delivery system, PH-MCO's special needs units advocate for services for children in foster care.

Some of our larger county children and youth agencies have established Health Care/Health Management Units within their agency. They may employ nurses who determine appropriate medical treatment and coordinate care for children in the foster care system.

The Health Care Workgroup is comprised of medical and non-medical professionals who are working together to improve health outcomes for children in foster care. Each member brings expertise in child welfare or health care services. A copy of the membership listing is provided at the end of this document. The Steering Committee has met three times as a large group with subcommittees meeting between times. There is a Steering Committee meeting scheduled for July 25.

¹² This model is based on work by [The Minnesota Collaborative Psychiatric Consultation Service](#).

Steps to ensure that the components of the transition plan development process required under section 475(5) (H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

As a result of the March 2010 signing of the Patient Protection and Affordable Care Act, PA will ensure that children receiving IL services and/or ETV and those who are aging out of foster care have information and education about the importance of having a health care power of attorney or health care proxy. PA will provide youth with the option to execute such a document.

A provision of the Affordable Care Act (ACA) requires all states to provide Medicaid to all former foster care youth regardless of income after they leave the foster care system. As of January 1, 2014, individuals who were in foster care on or after their 18th birthday and receiving Medicaid may be eligible for continued Medicaid coverage until age 26 under the Former Foster Care Category. Representatives from the Office of Children, Youth and Families worked closely with our Office of Income Maintenance and DHS Policy Office to develop trainings and materials. OCYF staff provided trainings to private and public child welfare agency caseworkers and foster families on the provisions of the ACA as well as Pennsylvania's procedure. Representatives of the Youth Advisory Board, former foster youth, worked with OCYF staff to create materials to provide education and awareness to current and former foster youth.

Disaster Plan

A Disaster Recovery (DR) Plan or Continuity of Operations Plan (COOP) identifies how an agency plans to continue business operations during a potential disaster. A DR or COOP includes the precautions taken so that the effects of a disaster will be minimized, and the agency will be able to maintain service delivery or quickly resume mission-critical functions. Typically, DR planning involves an analysis of associated business processes and continuity needs.

All Commonwealth agencies are required to have a COOP, which is annually reviewed and updated. The Department of Human Services (DHS) COOP is annually reviewed and updated by its program offices, and one of its elements includes the orders of succession to key positions critical to the implementation of the COOP. The lines of succession for the Office of Children, Youth and Families (OCYF) include Acting Deputy Secretary Ms. Cathy A. Utz as the key executive; Chief of Staff Ms. Amy Grippi as first successor; Acting Bureau Director for Policy, Programs and Operations Ms. Cindi Horshaw as second successor; and Bureau Director for Juvenile Justice Services, Mr. Michael Pennington as third successor. OCYF meets with the DHS Office of Administration staff to discuss further refinement of OCYF's COOP, regarding critical functions, key contacts, delegation of authority, alternate work sites, vital systems and essential records.

The Commonwealth of Pennsylvania Continuity of Operations Planning System

The Commonwealth of Pennsylvania initiated a state-wide comprehensive project for the purpose of developing Continuity of Operations Plans (COOP) for each of its state government agencies to ensure Continuity of Government (COG). For this project, the Commonwealth of Pennsylvania selected EMplans.com, a web-based Continuity of Operations Planning system designed to assist government organizations in the COOP development process. The EMplans.com system guides users through each step of the COOP planning process and helps develop a continuity planning strategy. This strategy outlines an organization's roles and responsibilities required to ensure their ability to transition and continue essential operations during times of disruption. The EMplans.com system has been customized to meet the specific COOP planning needs of the Commonwealth of Pennsylvania.

The COOP database allows each agency, including DHS, to enter its COOP details including the following critical areas:

- Locations (PRIMARY and ALTERNATE FACILITIES);
- People (CONTACTS DATABASE);
- TEAMS that you will need to call on in case you ever need to utilize your COOP plan;
- Information (VITAL RECORDS/RESOURCES);
- Activities (MISSION ESSENTIAL FUNCTIONS); and
- Responsibilities (ORDERS of SUCCESSION, DELEGATIONS of AUTHORITY) that your organization depends on to perform its mission.

The following are the two main categories of available reports:

1. Main Plan: The narrative portion of the plan. The main plan lists the authorities and references and describes, in narrative form, the concept of operations, procedures and the different phases of an event (activation, alternate operations and reconstitution).
2. Annexes (appendices): This is the data for the COOP plan in list and table form. The Annexes have most of the specific data related to each organization.

The Report Annexes are:

- Annex A - Teams and Responsibilities
- Annex B - Alternate Facilities
- Annex C - Mission Essential Functions
- Annex D - Orders of Succession
- Annex E - Delegations of Authority
- Annex F - Alert Notification Procedures
- Annex G - Vital Records / Resources
- Annex H - Go Kits
- Annex I - Communications
- Annex J - Security Access Control
- Annex K - Family Disaster Plan
- Annex L - Devolution
- Annex M - Test, Training, and Exercise
- Annex N - Facility Evacuation
- Annex O - Contacts Roster
- Annex P - Pandemic Planning

OCYF enters its COOP plan into this database and will continue to update and refine the database with each new version of the plan and/or lessons learned from DR tests.

State

Pennsylvania's Emergency Management Services (PEMA) Act of 1978 (35 Pa. C. S. Sections 7101-7707) replaced the State Council of Civil Defense Act of 1951, consolidated existing state laws and updated the role of emergency management within the Commonwealth. Amendments to this Act in 1988 and 1989 further focused the role of emergency management personnel, organizations and responsibilities. Through the Pennsylvania Code (Title 4, 6.51) and Executive Order 2006-1, all agencies under the Governor's jurisdiction are required to have in place continuity of essential operations plans. These agency plans are to ensure continuity of essential government operations in the event of a short or long term emergency, sometimes with little to no warning.

The Emergency Management Services Act of 1978 authorizes the Governor to manage all Departments under his or her jurisdiction for emergency-related purposes. The Pennsylvania Emergency Management Agency writes and updates the State's Emergency Operations Plan (SEOP), which is approved by the Governor. The SEOP establishes the policies, plans, guidelines and procedures that will allow Pennsylvania's emergency resources to function effectively as a team when disaster strikes. The SEOP provides for performing Emergency Support Functions (ESF's) across the full spectrum of hazards. ESF's are the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents. The Governor assigns ESF responsibilities.

According to PEMA, the 10 potential emergencies Pennsylvania residents should be informed about include:

- Floods,
- Fires,
- Terrorism,
- Winter Storms,
- Dam Failures,
- Influenza Pandemic,

- Hazardous Materials Incidents,
- Earthquake and Landslides,
- Nuclear Facility Accidents, and
- Tropical Storms, Tornadoes and Thunderstorms.

DHS is the assigned coordinating agency for ESF #6 of Pennsylvania's State Emergency Operations Plan: Mass Care, Emergency Assistance, Housing and Human Services; and as a Support Agency for ESF #5: Emergency Management Information and Planning, ESF #7: Logistical and Facilities Support, ESF #8: Public Health and Medical Services Support, ESF #12: Energy Assistance, and ESF #14: Long Term Community Recovery and Mitigation. Mass care shelters are temporary public living quarters that provide physical shelter, feeding, and first aid, but not specialized medical care.

Organization

OCYF collaborates with the DHS Bureau of Information Systems (BIS), Division of Infrastructure Management and Operations, and the DHS Division of Emergency Planning and Safety Operations to identify methods of state and local information sharing and collaboration regarding disaster planning and recovery. OCYF currently does not have a statewide Information Technology (IT) system, and therefore, lacks statewide information to track the location of children placed in out-of-home care as required by the federal Child and Family Services Improvement Act (Public Law 109-288). OCYF also lacks the statewide information needed to report on children who were located or those still missing in the event of a disaster. Currently, in order to gather this information it would involve a manual process of the regional offices contacting each county.

This group has recently been expanded to include our Child Welfare Information Solution (CWIS) technical vendor Deloitte, and our CWIS planning vendor KPMG, to assist us in exploring how we will update our Disaster Recovery and Communications planning for our implementation of Phase 1 of CWIS, Referrals, and then in regards to our plan for Phase 2, which focuses on the child and all of the information around the child in a child welfare case. CWIS will connect with all of the systems being used by our county agencies and will therefore receive and exchange information in regard to all of our children receiving services and in care. During Phase 2 CWIS the plan is to include an interface with the Administrative Office of the Pennsylvania Courts (AOPC) Common Pleas Case Management System (CPCMS), which provides case management, accounting and reporting

functions to the common pleas courts and has a dependency module to provide case management and reporting information on outcomes. All dependency cases are entered into CPCMS, which stores statewide data for all dependent children, both in out-of-home care and in-home, and does not include voluntary placement agreements, behavioral health placements or delinquency placements.

OCYF also explored utilization of the National Resource Center for Child Welfare Data and Technology's Reconnect Families Database. Reconnect Families allows a child welfare agency to track the whereabouts and well-being of children, and identify children who have not yet been reunited. Through an initial analysis, it was determined that without a current statewide child welfare information system, use of this database will not be possible. System documentation and associated Reconnect Families processes will be useful in planning for our future statewide system. As we move forward with CWIS, the team will continue to analyze whether the Reconnect Database will be useful to us in addition to our system or whether our system can include the same type of functionality.

Coordination and collaboration with agency stakeholders will be essential to this process, with the goal of producing strategically valid and serviceable plans that represent PA's ability to sustain its mission in times of crisis, whether local or statewide. Additionally, coordination with services such as the Federal Emergency Management Agency's National Emergency Family Registry and Locator System and the American Red Cross "Safe and Well" System located at <https://safeandwell.communityos.org/cms> may be utilized to maximize available information. The group also has a subcommittee tasked with ensuring that yearly testing of COOP and bi-annual testing of program specific COOP/DR plans are carried out and lessons learned are used to inform and update plans in a timely manner. An additional duty of this subcommittee will be to review current options for off-site COOP/DR operations and make recommendations.

Strategic Initiatives

The National Commission on Children and Disasters was created by Congress pursuant to the Kids in Disasters Well-Being, Safety and Health Act of 2007 as provided in Division G, Title VI of the Consolidated Appropriations Act of 2008 (Public Law 110-161) to conduct a comprehensive study of children's needs related to preparation for, response to and recovery from all hazards, including major disasters and emergencies, and to submit a report to the President and Congress on the specific findings, conclusions and

recommendations. In response to the National Commission on Children and Disasters report, PA spearheaded a statewide initiative, the PA Children and Disasters Work Group, to develop and implement a statewide strategy that effectively delivers disaster management and recovery assistance that supports and rebuilds the lives of children and families in the event of a disaster. The strategic roadmap currently being developed in PA will assure that children affected by disasters will have access to disaster management and recovery services, physical health, disability services, trauma and behavioral health services; emergency medical services and pediatric transport; child care; disaster preparedness programs for elementary and secondary education; child welfare and juvenile justice services; safe and secure shelter, services and supplies; stable housing; and an evacuation tracking and family reunification system. All available statewide resources were reviewed in an effort to meet short and long term goals and priorities, and unmet needs. For child welfare and juvenile justice services, the first objective is to provide guidance, TA and model plans to assist state and local child welfare agencies in meeting current disaster planning requirements and to require collaboration with state and local emergency management, courts and other key stakeholders. The second goal is to conduct an assessment of disaster planning and preparedness among state and local juvenile justice systems to inform the development of comprehensive disaster plans. This workgroup was placed on hold during the transition in administration.

OCYF, the DHS Office of Administration, the DHS Office of Mental Health and Substance Abuse Services, the PA Department of Education, PEMA, the Red Cross, as well as representatives of the District of Columbia, Delaware, Maryland and Virginia, are members of the Region III Regional Children and Disasters Work Group, led by the ACF Region III Regional Office and the Federal Emergency Management Agency. The initial focus of this workgroup was to discuss methods to insure the evacuation and sheltering of youth from juvenile detention facilities across state lines during disasters. This workgroup now brings together federal and state partners to discuss ways to address children's issues in disasters from a preparedness, response and recovery perspective. These calls often include presenters such as Save the Children, the National Center for Missing and Exploited Children, the United State Marshall Service, and the National Center for Disaster Medicine and Public Health.

OCYF and other DHS program offices are also represented on DHS's Emergency Planning Advisory Council (EPAC), which was convened to advise DHS on the planning and implementation for its ESF responsibilities. The goals of the EPAC include improving coordination among DHS program

offices and partners, educating staff on the Incident Command Structure, reducing duplication of services, distributing the load of individual program offices, improving documentation needed for reimbursement, and increasing training and planning. In May 2014, EPAC representatives and other DHS staff participated in a mass shelter exercise, Operation Vigilant Guard, at a local college. After a situational briefing, each assigned group met to discuss their draft response to the disaster situation, and then met as a single group to present their draft response to the group, and to receive feedback from the entire group. FEMA, the Red Cross, PEMA, law enforcement and other local and state agencies participated in the exercise. Plans for future exercises will be updated based on evaluator feedback and lessons learned.

In accordance with ESF #6, OCYF and the Office of Child Development and Early Learning (OCDEL) were tasked to establish best practice recommendations relating to care for unaccompanied minors and the reunification of family members at mass care shelters, and the receipt and dissemination of information about individuals affected within the disaster area. Some of the OCYF-OCDEL team's recommendations include having a separate, secure, segregated area for unaccompanied minors at the mass shelter or nearby, and requiring that Commonwealth staff and volunteers working with children and families have current child abuse and criminal history clearances. All of the team's recommendations will be reviewed by an executive team in the development of the Department's implementation plan for ESF #6.

The PA Department of Health also convened the Pennsylvania Workgroup for Children's Health in Disasters. OCYF is represented on this work group. The objectives of the work group are to improve government agency coordination, to share information and to promote collaboration to improve government and stakeholder preparedness and response for children with special healthcare needs. The workgroup will also review child health needs in disasters and identify relevant agency programs and activities in state agencies and health care partner organizations.

Policy and Procedures

On October 9, 2009, OCYF issued guidance to CCYA and private children and youth agencies, and child residential and day treatment facilities, regarding the federal requirements for disaster response plans under the Child and Family Services Improvement Act of 2006 (Public Law 109-288), and also mandated the submission of updated disaster response

plans to the appropriate OCYF regional office. The Child and Family Services Improvement Act mandated agencies and programs funded by Titles IV-B and IV-E to have a disaster response plan. OCYF reiterated the requirements for disaster response plans in OCYF Bulletin #3140-11-01, Fiscal Year 2012-13 Children, Youth and Families Needs-Based Plan and Fiscal Year 2011-12 Implementation Plan Instructions, effective July 1, 2011. OCYF Bulletin #3140-12-03, Revised Fiscal Year 2013-14 Children, Youth and Families Needs-Based Plan and Fiscal Year 2012-13 Implementation Plan Instructions, effective July 1, 2012, reiterated that CCYA can request monies to support the costs associated with upgrading or maintaining their disaster recovery plan, and that requested costs will be reviewed against the CCYA Disaster Recovery Plan submitted to their OCYF regional office.

Agencies and programs funded by Titles IV-B and IV-E are required to have a disaster plan under the Child and Family Services Improvement Act of 2006 (P.L. 109-288). Agencies and programs having contracts for services with other agencies whose programs are funded by Titles IV-B and IV-E must also be certain that these contracted agencies also have a disaster response plan. When revising existing emergency or disaster response plans or developing emergency or disaster response plans, these plans must be coordinated with the CEMA or other appropriate local planning authorities, and updated to address the five federal requirements listed below:

- Identify, locate and assure the continuity of services for children receiving services in their own home, under State care or supervision in child residential and day treatment facilities and resource family homes - who are displaced or adversely affected by a disaster or outbreak of disease;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster or other emergency situations, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are temporarily displaced or debilitated because of a disaster or other emergency situation;
- Preserve essential program records; and
- Coordinate services and share information with other agencies, programs, and/or States.

OCYF and PEMA began to co-facilitate a stakeholder work group in October 2010 to develop disaster/emergency planning templates, to assist

providers and counties in developing comprehensive emergency plans that address shelter-in-place, evacuation, relocation, staff training, continuity of operations, and accommodation of children with disabilities and chronic health needs. These templates will include the basics of what should be included in disaster/emergency plans, to assist counties and providers in refining their plans as needed. We also seek to identify any gaps/service and resource needs and barriers that need to be resolved. The DHS Office of Administration's Bureau of Human Services Licensing now licenses child residential and day treatment programs and is a member of this work group. To date, the work group developed a draft template for child residential and day treatment facilities, is near completion on the draft template for foster care agencies, and will next begin to develop a draft template for CCYA. These templates will yield an emergency plan that enhances the safety of both the children and youth being served, as well as the staff of the facility or agency. Following the development of all of the disaster/emergency planning templates, policy guidance will be issued to require that the disaster/emergency plans of child residential and day treatment programs, foster care agencies and county children and youth agencies are shared with both the local CEMA and the OCYF Regional Offices. CCYA and service provider agencies will be responsible for ensuring that procedures are in place to support the identification, location and continuity of child welfare services to children in their care or supervision who are displaced or adversely affected in the event of a disaster. Counties will submit lists of children in their care or supervision to OCYF as required in the bulletin.

COOP/DR Key Planning Elements

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify a command structure to include roles and responsibilities for response and recovery of business operations at all levels of child welfare;
- Identify Lines of Succession by position (at least three deep);
- Include executive and management signatures and dates;
- Include a process for review, testing and updates to the plan on a regular basis;
- Include methods used to advise employees and service providers, including foster parents, of such plans and provide training, as applicable;
- Include a glossary of terms;

- Establish off-site backup for information systems and/or coordination of case and client records;
- Identify methods to protect paper records, data and equipment from environmental factors (for example, use of fire proof- file cabinets, covering/bagging computers and office equipment, installing surge protectors);
- Include detailed requirements for DR, COOP and specific child identification processes within the scope of the future statewide child welfare information system;
- Identify the role of the Interstate Compact on the Placement of Children (ICPC) and any applicable waivers;
- Be applicable to the variety of natural or man-made disasters possible;
- Address possible issues that may affect employees (e.g. collective bargaining agreements, own family responsibilities at times of crisis);
- Address coordination of applicable Tribes and Tribal Authorities; and
- Include processes for recovery to normal business activities.

Ongoing Service Delivery Management

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify and prioritize the essential functions and procedures that the agency will accomplish during a crisis;
- Identify mechanisms for accomplishing mission essential functions if staff is displaced from the primary operating facility;
- Address issues of emergency child care and supervision;
- Include details in regard to additional assistance/supports for foster families, children in care and those children recently returned home and those on trial home visits ;
- Include additional details in regard to assistance/supports for children and families receiving in-home services;
- Identify mechanisms for delivery of staff assignments for those who may also be affected by the disaster;
- Identify how case recording will be captured and maintained during the emergency;
- Address issues of custody and/or safety and protection of older children and those in IL supervision;
- Address issues of custody and/or safety and protection of orphaned, unaccompanied and dependent children in shelters;
- Outline process for safety and risk assessments of displaced/lost children and reunification with parents or guardians; and

- Identify basic guidelines for continuation of visits with children and families.

Coordination

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify coordination with local emergency management plans and first responders such as police and fire departments;
- Identify agreements with courts for provision of ongoing services;
- Identify staff and or volunteers with additional skills and experience who can be used during an emergency;
- Address procedures for service delivery by providers during emergencies;
- Plan with service providers for provision of possible additional services for children, youth and families affected by a disaster;
- Identify agreements with other states for information and service coordination;
- Require and assist CCYA own foster families to develop and update their own plan, update it on a regular basis, and store it in a safe and easily accessible location;
- Request that families receiving in-home services, including families of children in out-of-home placement develop and update family specific disaster plans;
- Coordinate with medical/MH providers for emergency services; and
- Identify how clients/employees with special needs/disabilities will be addressed.

Communication Flow

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify methods and locations to activate and post toll-free telephone numbers;
- Identify the process to post information for staff, families, providers and youth on a designated website, and update it regularly;
- Provide processes to ensure that hard copies of the plans are kept in accessible locations and updated on a regular basis, in the event that web services are down;

- Include procedures for contacting and maintaining links with OCYF staff, CCYA staff, local and/or PEMA officials;
- Identify use of text message communications as back up for phone service during an emergency event;
- Include procedures for contacting and maintaining links between children in placement and their siblings/family members and parents/caretakers, especially if the child is moved/displaced;
- Include a process for maintenance and easy access to client personal phone numbers and emergency contact information for individuals who may know where they currently are (for example, relatives or friends living out of the immediate area);
- Include details of how the agency will prepare for and maintain communication with children and youth in out-of-home care (for example, foster care, group home, alternative placement); and
- Identify mechanisms for the safeguarding of personal information and protocols for the release and protection of sensitive personal information.

State Level Essential Operations Plans

ChildLine Disaster Plan (See Attachments I and I.1)

The ChildLine and Abuse Registry has a detailed emergency plan to not only preserve essential program records, but also to coordinate services, remain in communication with counties and share critical information with counties and other states. The ChildLine Disaster Plan was developed in coordination with the DHS's BIS.

This comprehensive plan allows for a variety of levels of disaster scenarios each specifically arranged for the ChildLine operation. In the event of on-site emergencies that require relocation to a secondary site, operations will resume within approximately one to two hours. Two local sites are prepared with both computer and communication equipment and are in walking distance or within a 10 minute drive of the current operation. If the emergency or disaster necessitates a move out of the Harrisburg area to the alternate distant site, the return to operations is approximately three hours for both information system and communication lines. At least two tests and one actual relocation drill are executed each year and plans are updated from evaluator outcomes and lessons learned.

The plan is to be used as an operations guide to the disaster contingency plans for emergency situations that have the potential to halt or

otherwise impact operations. The use of alternative sites is designed to restore ChildLine operations quickly and seamlessly to the public. Operations at the alternative sites can be functional at a limited capacity for a limited time. The Emergency Disaster Coordinator ensures that the plan has the most up-to-date contact information. An evacuation and bomb safety plan and accompanying communication plan is included and kept in a central location.

PA continues to explore the transportation needs of critical and essential staff, who have no way of getting to the site during a disaster but who must be relied upon in continuing our ChildLine operations. DHS's Division of Emergency Planning and Safety Operations has identified options available within PA's emergency planning system that could assist in providing transportation to essential staff, especially in situations of weather related disasters.

PA continues to explore expanding the disaster plan for ChildLine to include additional functions. ChildLine includes not only the state's child abuse hotline but also quality assurance data entry staff, who enter the results of CCYA child abuse investigations into the state's central child abuse register. ChildLine is also responsible for processing the state's child abuse and FBI clearances, as well as processing the state's child abuse appeals. In a disaster, these functions will not operate at full capacity but can be supported in this plan for a limited time so that an essential level of service is provided in each of the areas.

In addition, PA will include emergency planning and DR of our Interstate Compact functions. OCYF is responsible for three Compacts: Interstate Compact on Adoption and Medical Assistance, Interstate Compact for Juveniles, and Interstate Compact on the ICPC. Interstate staff have begun to participate in planning meetings and have visited the offsite emergency center. The Interstate Director has participated as an evaluator in a functional drill and his insight is helpful in planning sessions.

The expansion of the operations at the long distance remote site is almost complete. This site has the capability to house, not only ChildLine, but additional OCYF operations and central office staff in response to an emergency, short or long term. It is housed in a secured facility with staff support 24/7. In this location we have the following facilities:

- A room with over 20 personal computers and telephones for our hotline operations,
- A large room equipped with tables and space for over 50 staff,

- Cabinets which will hold our continually networked and updated 3 dozen laptops,
- A conference room for management meetings,
- A large area for Clearance operations to receive and sort mail, and
- An onsite location for overnight sleeping and kitchen facilities.

The OCYF planning group has explored various options for mobile technology usage in our current and future plans. CWIS Phase 1 Referrals will not include specific functionality for mobile devices, but we hope to have this ability in Phase 2. As explained in the paragraph above, our remote location is currently set up with desktop computers and our laptops should be in place within the next few months. Our goal is to identify the tools for our staff to be as mobile as possible and look for options that could allow workers to remain in the field or at home and still complete their job duties. Most of our operational processes must be accessed through a networked personal computer, but CWIS will be web-based and will afford us additional capabilities. In the interim, we are reviewing options to provide iPads to our four Regional Directors and hope to have texting and alternate methods of communications identified and put into our plan, so that our regional staff can be as mobile as possible.

The DHS DR Planning Team includes ChildLine and the OCYF/BIS DR team in its yearly planning for department-wide mainframe recovery and batch testing process. OCYF works with this team, as well as the Department of General Services to fully test the ChildLine server and batch processes from the DHS remote site. This is a critical test to ensure that not only the ChildLine hotline, but other critical OCYF functions can continue to operate fully even if DHS's mainframe applications must operate from a remote site. This collaborative mainframe testing was cancelled this year and is to be rescheduled for fall of 2015; therefore, OCYF held several different types of tests over the last year. Those included actual functionality tests of the new local site in July and August of 2013 and an additional tabletop test in Spring of 2014. OCYF will plan for full testing of the updated long distance site during the summer of 2014 and will update all necessary plans as the CWIS project moves forward.

DHS

ChildLine (See Attachment I)

The Child Protective Services Law (CPSL) (Title 23 Pa. C.S.A. Chapter 63) mandates the ChildLine and Abuse Registry as part of the

Commonwealth's plan to protect children from abuse. The mission of ChildLine is to accept calls from the public and professional sources 24 hours per day, seven days per week. ChildLine provides information and referral services for families and children to ensure the safety and well-being of the children of Pennsylvania. Professionals who come into contact with children are required to report to ChildLine when they have reasonable cause to suspect that a child is an abused child. Therefore, the ChildLine call center and data system must be available at all times.

The ChildLine and Abuse Registry has an overall Disaster Plan comprised of a detailed emergency plan which covers evacuation of the building due to a variety of issues and a more all-encompassing disaster plan to not only preserve essential program records, but also to coordinate services, remain in communication with counties and share critical information with counties and other states. The ChildLine Disaster Plan has been developed in coordination with the Department's Bureau of Information Systems (BIS) and the Department of General Services (DGS).

There are various levels of disaster planning arranged for the ChildLine operation, which are designed to restore ChildLine operations quickly and seamlessly to the public. On-site disasters that require relocation place a return to operations within 30 minutes if the program is moved to one of the nearby local sites. If moved to the alternate remote site, the return to operations is approximately 2 hours. The disaster plan is updated and the relocation drill and equipment functionality is tested at least twice per year. The plan is to be used as an operations guide to the disaster contingency plans for catastrophes or troubles that have the potential to halt or otherwise impact functionality. Operations at the alternative sites can be up and functioning in a limited capacity for a limited time. The Emergency Disaster Coordinator ensures that the plan has the most up-to-date contact information. Telephone and computer support are available at each of the emergency sites. A bomb safety plan and accompanying communication plan is included and kept in a central location. The alternate emergency relocation plan is part of the overall Disaster Plan; it includes the move to a location outside of the immediate Harrisburg area and all pertinent details. OCYF staff meet on a regular basis with system vendors, ChildLine management staff, BIS disaster recovery and desktop support staff to discuss upcoming tests, lessons learned and to discuss any necessary changes to the documentation.

OCYF has collaborated with system partners for several years to upgrade the current alternative remote site. In the past, the plan has

included seats for five staff to accept hotline calls and an additional seat for staff to make calls out to county agencies. This location was in a small workspace, yet was open and available for our use. As of April 2013, operations for the five hotline positions have been moved to a much larger site on the same grounds. This site has the opportunity for much needed expansion and will seat approximately 26 hotline staff and supervisors. An adjoining room within the same building has the ability to house numerous staff for our other critical operations such as Child Abuse Clearances and Interstate Compacts. OCYF is working with our Bureau of Information system desktop support staff to install laptops in a cabinet, where they will be plugged into the DHS network and ready to go at any time. The room has approximately eight tables that each seat six. Lines for the laptops will be run under each of the tables so that as the need arises, OCYF can include additional operations as identified. The site also includes additional meeting rooms, kitchen, and housing if several staff need to stay on-site through the night as well as access to large spaces for accepting and processing the huge amount of mail that the ChildLine currently receives. OCYF will continue to upgrade the available facilities and will make the necessary changes to the appropriate plans as each new area and function is upgraded for our needs.

Bureau of Juvenile Justice Services

OCYF's Bureau of Juvenile Justice Services has Emergency Operations Plans in place for the six Youth Development Centers (YDC)/Youth Forestry Camps (YFC) under its jurisdiction. These facilities have a total capacity of approximately 422 youth. Five facilities are operated by the DHS and one facility is operated through a contract with a private provider. The Emergency Operations Plans include preparedness efforts, response and recovery efforts including natural, technological and human related events such as bomb threats, tornados, severe winter weather, hurricanes, mass casualty, hostage situations and utility failure. All facilities have emergency generators to provide backup power in the event of failure. These generators are connected to emergency lighting, emergency power supply, fire alarm and telephone systems and are powered by alternate fuel sources other than electricity.

All facilities have Memorandums of Understanding with other state facilities to temporarily accommodate the youth in the YDC/YFC should the need arise to evacuate an entire facility. DHS and the contracted provider would utilize whatever means available to transport affected youth and facility staff. Any incident occurring at a YDC/YFC will be controlled by a Unified Command Structure in which all involved agencies contribute to the

command process by sharing management responsibilities. However, even with a Unified Command Structure, one person will be in charge of the event. This person will be the Incident Commander. If the incident is a police matter, the Incident Commander will be the highest ranking Pennsylvania State Police Official at the scene. If the incident is not a police matter, the Director/Designee of the YDC/YFC will be the Incident Commander.

All facilities have several different means of communication should one system or another fail. Every facility is equipped with land-line telephones, computers with external e-mail capabilities, cellular telephones and two-way radios. All facilities have plans for an alternate water supply should their present water supply be interrupted or contaminated. Each facility will utilize an alternate water source, whether it is an on-grounds water source, a contracted water source, or through their local CEMA or PEMA.

OCYF Regional Offices

OCYF's regional offices are located in four areas of the Commonwealth: Central Region (Harrisburg), Northeast Region (Scranton), Southeast Region (Philadelphia) and Western Region (Pittsburgh). The Governor's Office of Administration in coordination with the Department of General Services is charged with notifying the regional offices regarding emergency evacuation and disaster response with regard to DHS operations at the four regional offices. OCYF has expanded its COOP plan to include all of its regional offices.

Should a disaster affect the operations of DHS's regional offices, there are several essential functions that must continue. Referrals and reports relative to these essential functions will be communicated to the regional offices by ChildLine (see below). Essential functions conducted by the regional offices for a one to two day disaster include the following:

- Assuring Child Safety. Investigations of reports of suspected child abuse when the suspected abuse has been committed by the county agency or any of its agents or employees. An agent of the county agency is anyone who provides a children and youth social service for, or on behalf of, the county agency, such as foster parents, residential child care staff, staff and volunteers of other agencies providing service for children and families, staff and volunteers at child care centers, staff of social service agencies, and pre-adoptive parents; and
- Assuring the Location of Children in Placement. Regional offices provide technical assistance to county and private agencies as needed.

Other essential functions of DHS regional offices, which may sustain a short term disruption of service (48 hours or more) but should be available as soon as possible, include the following:

- Assuring Child Safety. In addition to conducting child abuse investigations and assuring the location of children in placement, regional offices will also be doing the following:
- Conducting child fatality and near fatality reviews;
- Investigating complaints about the quality or actual delivery of services within the region;
- Monitoring the provision of services by county and private child welfare agencies; and
- Enforcing appropriate standards with these agencies.

Being available and accessible and providing technical assistance to both public and private child welfare agencies in Pennsylvania is the role of DHS's regional offices when a disaster or emergency affects these agencies. Bureau staff are also assigned to assist regional staff as needed.

DHS's regional offices continue to develop disaster response plans detailing the regional office's essential functions and personnel, identification of alternate facilities/work space, methods and sustainability of communication during disaster, preservation of vital records and equipment during disaster, staff training and testing of the disaster plans and procedures. Tabletop exercises are being planned with the Regional Offices for use in the continued development and updates to their plans.

COOP Workgroup

OCYF has an internal COOP workgroup, to review and update the COOP annually, based on lessons learned and gaps identified in debriefing meetings following each test of the COOP. This workgroup is also charged with planning future tests of the COOP, planning for alternate relocation sites and the expansion of COOP testing to include all OCYF regional offices.

The COOP work group is actively coordinating alternate work space for its four regional offices (located in Harrisburg/Hollidaysburg, Philadelphia, Scranton and Pittsburgh) to ensure continuity of operations during a disaster emergency, as well as to train staff and test disaster plans and procedures at least annually. The alternate work space would be used whenever a disaster has the potential to halt or otherwise impact our regional operations. The use of alternative sites will assist OCYF in restoring regional operations quickly and seamlessly to the public. Several state facilities have

indicated that they have available space. Meetings between the regional offices, state facilities and COOP work group representatives are in the process of being scheduled for further discussion.

The COOP work group also worked with the regional offices, to identify what assistance they might need from other OCYF staff in the event of a disaster. The regional offices identified that their primary need would be for support in making calls or other communication to CCYA and private providers, to locate children. A list of possible questions was developed, which can be tailored to the individual emergent needs, and given to support staff making phone calls.

The COOP work group is also arranging Point of Dispensing (POD) training for OCYF staff. OCYF and other DHS staff participated in a POD test exercise arranged by the PA Department of Health in November 2013. After the exercise COOP members and other OCYF staff provided feedback that staff need more information about POD, to be better prepared in a real POD event. COOP work group members developed a draft PowerPoint training, which was reviewed and approved by the Department of Health. This approved PowerPoint presentation will be used by COOP workgroup members to train OCYF staff. Questions relating to the POD training that cannot be answered by the COOP work group will be routed to the Department of Health, through the DHS COOP coordinator.

County Children and Youth Agencies (CCYA) and Private Agencies

Due to the county-administered, state-supervised structure of PA's child welfare system, county children and youth agencies (CCYA) are responsible for working with county partners and the County Emergency Management Agency (CEMA) to develop COOP and DR plans. Plans must be operational and should include coordination with the local juvenile probation office (JPO). Most service provider agencies must have plans in place, particularly those that are responsible for the care and supervision of children. Agencies that do have an existing emergency or disaster response plan must be certain that these plans address the five federal requirements of the Child and Family Services Improvement Act at a minimum and will be provided with ongoing guidance and access to information on best practices, linkages to the Child and Family Services Plan (CFSP) strategies and direction on how they can ensure connections to overall child welfare goals and outcomes.

Pennsylvania's child welfare regulations at Title 55 Pa Code §3130.21 require county executive officers to immediately notify the regional offices of

DHS (OCYF) of an event which will significantly affect the ability of the county agency to carry out its duties and responsibilities, such as a natural disaster. In addition, DHS regulations (Title 55 Pa Code §3130.68 and §3680.44) require agencies changing the physical location of a child in placement in a foster family home or adoptive home, to inform the child's parents within 15 days of the change. Agencies must provide to the parents the address of the physical location and the name of the person or agency responsible for care of the child. For children and youth receiving care in DHS licensed child residential and day treatment facilities, DHS regulations (Title 55 Pa Code §3800.16) require these facilities to notify DHS and any contracting agency within 24 hours when any condition results in the closure of a facility. Facilities are required to notify the DHS and any contracting agency within 12 hours if a fire occurs requiring the relocation of children. Please note that child residential and day treatment programs are now licensed by the DHS Office of Administration's Bureau of Human Services Licensing.

Each of Pennsylvania's 67 counties is required, in accordance with PEMA, to prepare, maintain and keep current an emergency operations plan for the prevention and minimization of injury and damage caused by disaster, prompt and effective response to disaster and disaster emergency relief and recovery in consonance with the Commonwealth Emergency Operations Plan (CEOP).

The county's Emergency Operations Plan (EOP) defines the organization, concept of operations and responsibilities of the departments and agencies of county governments and their municipalities in mitigation of, preparedness for, response to and recovery from disasters. PEMA provides direction and assistance for plan format and content via the Generic County EOP. New information or changes to current plans are distributed as amendments to the generic plan. The generic plan represents the minimum required policies and procedures. Counties are encouraged to tailor the information in the generic plan to meet their own unique requirements, e.g., additional appendices and county-specific data and procedures. PEMA Regions review the county plans to ensure two-year currency.

An emergency management coordinator is appointed by the Governor based upon the recommendation of the county or municipal elected officials administers each county and municipal program. The coordinator is an employee of the county or municipality and is responsible for implementing the program.

OCYF staff met with state PEMA and ACF representatives in March of 2009 to identify and clarify roles and responsibilities for Disaster Planning. ACF representatives explained that they could provide assistance in planning and review and comments on plans, as well as providing subject matter experts to areas affected by disasters when a Presidential declaration is made. They also provided a list of available federal waivers / grants which are available should a disaster happen. PEMA and ACF expressed challenges in localized county-based planning and emphasized the need for a strong statewide collaborative approach.

On October 9, 2009, OCYF issued guidance to CCYA and private children and youth agencies, and child residential and day treatment facilities, regarding the federal requirements for disaster response plans under the Child and Family Services Improvement Act of 2006 (Public Law 109-288), and also mandated the submission of updated disaster response plans to the appropriate OCYF regional office. The Child and Family Services Improvement Act mandated agencies and programs funded by Titles IV-B and IV-E to have a disaster response plan. OCYF reiterated the requirements for disaster response plans in bulletin #3140-11-01, Fiscal Year 2012-13 Children, Youth and Families Needs-Based Plan and Fiscal Year 2011-12 Implementation Plan Instructions, effective July 1, 2011. OCYF Bulletin #3140-12-03, Revised Fiscal Year 2013-14 Children, Youth and Families Needs-Based Plan and Fiscal Year 2012-13 Implementation Plan Instructions, effective July 1, 2012, reiterated that CCYA can request monies to support the costs associated with upgrading or maintaining their disaster recovery plan, and that requested costs will be reviewed against the CCYA Disaster Recovery Plan submitted to their OCYF regional office.

Agencies and programs funded by Titles IV-B and IV-E are required to have a disaster plan under the Child and Family Services Improvement Act of 2006 (P.L. 109-288). Agencies and programs having contracts for services with other agencies whose programs are funded by Titles IV-B and IV-E must also be certain that contracted agencies also have a disaster response plan. Agencies revising existing emergency or disaster response plans or developing emergency or disaster response plans must insure that these plans are coordinated with the CEMA or other appropriate local planning authorities, and are updated to address the requirements of the Child and Family Services Improvement Act of 2006 (see Policy and Procedures on page 6 for more information).

In October 2010, OCYF and the PEMA began to co-facilitate a stakeholder work group to develop disaster/emergency planning templates, to assist providers and counties in developing comprehensive emergency plans that address shelter-in-place, evacuation, relocation, staff training, continuity of operations, and accommodation of children with disabilities and chronic health needs. These templates will include the basics of what should be included in disaster/emergency plans, to assist counties and providers in refining their plans as needed. We also seek to identify any gaps/service and resource needs and barriers that need to be resolved. To date, the work group has developed emergency planning toolkits for child residential and day treatment programs, and foster care agencies and resource family homes. Each toolkit includes a Planning Guide and three components – a Basic Plan, a series of Checklists, and a set of suggested Supporting Documents. Used together, these will yield an emergency plan that enhances the safety of the children and youth being served, as well as the staff of the facility or agency. Following the development of the last emergency planning toolkit, for county children and youth agencies, OCYF will be issuing additional policy guidance to require that disaster/emergency plans be shared with both the local CEMA and the OCYF Regional Office.

DHS, county and private child welfare agencies developing disaster plans, and agencies that have existing disaster response plans in place, must address the following five federal requirements.

(1) Identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster:

- Pennsylvania’s child welfare regulations at Title 55 Pa Code §3130.21 require county executive officers to immediately notify the regional offices of DHS (OCYF) of an event which will significantly affect the ability of the county agency to carry out its duties and responsibilities, such as a natural disaster.
- OCYF may also be notified directly by PEMA.
- CCYA will call upon the DHS and its regional offices when a disaster strikes their county and renders the CCYA unable to perform its duties of protecting children from abuse and neglect and providing services to those children already in out-of-home care. CCYA maintain the most up-to-date information on each child and family that they serve for both in-home services and out-of-home services. DHS also maintains up-to-date child abuse information, and information on children in out-of-home care. Should the CCYA

request assistance identifying, locating or continuing child welfare services for children under state care or supervision during a disaster, the CCYA would specify in their request which children require DHS's assistance. DHS will utilize both sources of information relayed by the CCYA and information maintained by DHS to complete this task.

- DHS will designate OCYF's Deputy Secretary to authorize the Bureau Director for Children and Family Services to oversee an emergency response involving any or all of the four OCYF Regional Offices.
- During a disaster, the directors of any of the four OCYF Regional Offices will assist and support the affected counties through the appropriate CCYA and JPO as necessary and directed by the Bureau Director for Children and Family Services. Other OCYF management staff may also be deployed to assist as necessary.
- Each CCYA and JPO will support its CEMA Coordinator if necessary.
- The need to quickly and effectively identify and locate children under State supervision during a disaster is one of the most critical business drivers for a statewide information system for Pennsylvania. In the interim, OCYF has planned to **identify** children under state care and supervision for child welfare and juvenile justice in the following ways:
 - Receive the county-specific lists of children currently receiving in-home services from county child welfare and juvenile justice agencies as well as those children and youth in county custody (child welfare and juvenile justice) from the county data system at the time of disaster.
 - The lists of children receiving in-home services as well as those in county custody (child welfare and juvenile justice) may be manual or electronic.
 - The electronic and/or manual lists that counties will generate will be emailed or faxed to the County EMA Coordinator, the local chapter of the American Red Cross as necessary, as well as the affected OCYF Regional Director to initiate the emergency location process to identify the location of the children affected by the disaster.
 - The OCYF Regional Director upon receiving the list(s) shall forward this information onto OCYF regional staff in the field, the Bureau Director for Children and Family Services and the Bureau Director for

- Policy, Programs and Operations who oversees and shall forward the information to ChildLine.
- OCYF will load the lists of affected children onto an OCYF shared folder for OCYF Headquarters staff and other OCYF regional offices to access the information.
 - The OCYF Regional Directors will continue to forward updates to these lists as they are received.
- Members of the OCYF Emergency Planning Workgroup have reached out to the AOPC to make connections necessary for the possible future exchange of data in times of emergency. AOPC is making updates to its database to allow for the real-time documentation of each child's placement information. This data could provide additional access to a child's placement location and provide a redundancy of information that we do not currently have in place. Collaboration on this court information project is currently taking place with our largest county Philadelphia.
 - OCYF will **locate** children receiving in-home services as well as those in county custody in the following ways:
 - The Bureau Director for Children and Family Services and the Director of the OCYF Regional Office will receive the lists of affected children and youth from the CCYA and JPO and make contact with the Director of the CCYA and the Chief JPO in the specific affected county.
 - These two individuals at the county level will advise management staff within their respective organizations to (1) make telephone contact with the directors of the agencies where the children in county custody are placed to verify their location, immediate condition and safety of the children; and (2) advise county agency staff to make efforts to contact parents or caretakers of those children and youth receiving in-home services from the county agency. Telephone contact efforts shall begin with those families and agencies that are believed to be most affected by the disaster per the information received from the County EMA.
 - OCYF will also work closely with the local chapters of the American Red Cross to locate children receiving in-home services and those in county custody.
 - Children residing in out-of-home care who are affected by a disaster must be accounted for by the public or private

- agency responsible for their care within 24 hours of the disasters occurrence.
- Verification of the whereabouts of every child affected by a disaster must be maintained by the CCYA and JPO with assistance from the OCYF Regional Office when requested by the CCYA or JPO.
 - Within 24 hours of the CCYA and JPO receiving updated information on the child's verified location, this information shall be forwarded to the OCYF Regional Director and the County EMA Coordinator. The OCYF Regional Director must also forward this information to the OCYF regional office staff in the field, the Bureau Director for Children and Family Services, and the Bureau Director for Policy, Programs and Operations for forwarding onto ChildLine.
 - Resource families who report to the CCYA or a private agency, and directors of child residential facilities must notify the Director of the CCYA and Chief of JPO whose children are placed in his/her care of the whereabouts of the children who have been affected by the disaster. Should the children's placement location need to be changed due to the disaster, this relocation information must also be relayed to the CCYA and JPO within 24 hours of the disaster as well as the anticipated length of stay at this new location.
 - The OCYF regional office will assist the CCYA, JPO and private agencies licensed by the DHS in locating alternative placement sites for those children in county custody who are affected by the disaster and require relocation to a safe place. OCYF will coordinate the relocation of youth who are adjudicated delinquent with the JPO and local juvenile courts.
 - OCYF regional offices, OCYF Headquarters, and ChildLine/ICPC operations will utilize the up-to-date information received from the CCYA and JPO regarding those children affected by the disaster to field calls and to answer questions from concerned parents/families regarding the whereabouts and status of their children.
- OCYF will assure continuity of **services** for children receiving in-home services and those in county custody:
 - The Director of the CCYA, Chief of JPO and the Director of the OCYF Regional Office will collaborate with other

Commonwealth child-serving Agencies such as the Departments of Health and Education, as well as PEMA's County EMA Coordinators to assess the most effective method of providing referrals and connections to services for those children who are displaced by a disaster. DHS shall also initiate emergency access to DHS-related benefits such as medical assistance, general assistance, food stamps and mental health services.

- Each county has an EOP that details the provision of services for county agencies.
- The Director of the OCYF Regional Offices will monitor the CCYA and private agencies regarding the implementation of their disaster plans. As mentioned, OCYF Regional Office staff will respond to the CCYA as needed, as well as provide technical assistance as requested.
- The Director of the OCYF Regional Offices will ensure that county agencies and providers continue to provide child welfare and juvenile justice services at the secondary location, should relocation have occurred.
- If a CCYA or JPO needs assistance in continuing to provide services for the children affected by a disaster, the CCYA, JPO and OCYF have the option to contact another CCYA, JPO or the OCYF regional offices for assistance.
- It is reasonable to expect that the CCYA and JPO may need assistance with caseworker visits, transportation to/from appointments, family visits, or court hearings, during a time of disaster and returning the children to their original placement setting after the disaster has passed. In these situations, the CCYA and JPO may request support from OCYF which has the authority to request assistance from other OCYF regional offices, CCYA, JPO and the local juvenile courts. Counties should adhere to providing timely notification to the juvenile court for those children under the court's supervision regarding changes in the child's placement location due to a disaster.
- During the disaster, children affected will need to maintain contact with their parents, siblings, and family members. Parents, siblings and family members will likely contact several different offices in an effort to learn more regarding the status and location of children – these offices will most likely include the CCYA or JPO, the County EMA, the OCYF Regional Office, the OCYF Headquarters Office, and ChildLine/ICPC. Since each of these offices will have up-to-date information on the status of children affected by the disaster, each

office should be able to offer certain information as permitted by law and regulation.

- For those callers requesting information on children affected by the disaster **who are not** under state supervision, these callers should be referred to the CEMA.
- Should the CCYA and JPO not be able to maintain telephone service during the disaster, the County EOP will provide the agency with guidance in addressing this issue. As a potential resource, the CCYA may elect to forward their calls to another CCYA or JPO through an existing agreement or to the OCYF regional office until the CCYA or JPO can achieve relocation and again begin its operations.

(2) OCYF will respond to new child welfare cases in areas adversely affected by a disaster:

- During a disaster, reports of new child welfare cases will need to be investigated by the CCYA. Certain reports involving alleged abuse of children by agents of the county must be investigated by DHS regional offices per Departmental regulation. Should the CCYA not be able to perform its duties of responding to new reports, the CCYA will notify the OCYF regional office and ask for assistance.
- CCYA, JPO and OCYF Regional Offices will utilize established Departmental policy and regulation regarding prioritization of services and response to new child welfare cases.
- Responses will utilize a combination of resources from the county and state levels, roles will be updated and assigned if needed, and resources will be mobilized.
- New reports may consist of general protective services investigations and/or child protective services investigations. Departmental regulations and policies detail how quickly a response must occur when a new report is received. When responding to new cases, CCYA staff may utilize county agency municipal vehicles or personal vehicles, and OCYF staff may use state government issued vehicles or personal vehicles. In extreme circumstances, the CCYA and/or OCYF may need to seek the assistance of local or Pennsylvania State Police in order to respond to new child welfare cases.
- CCYA and OCYF regional offices will have included in their detailed disaster plans prioritized listings of mandatory services to children and families and will be ready to triage new referrals and cases as they are reported.

- ChildLine’s Disaster Plan (Attachment I) provides for the forwarding of reports of suspected child abuse and neglect calls to the CCYA and/or OCYF regional office for investigation.
- The Director of the OCYF Regional Office will collaborate with the Director of the CCYA and the CEMA Coordinators to receive any reports of abuse or neglect that may not have been made directly to ChildLine and will reinforce the ChildLine contact number for all child abuse and neglect reports.
- The communication plan will be established to identify lines of communication between the private providers and volunteer organizations.

(3) Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster:

- A comprehensive communication plan will be an integral part of each disaster plan. Communication plans will be tested and updated with each testing of the overall disaster plan.
- OCYF Headquarters and Regional Offices will maintain up-to-date lists of all Directors of CCYA and Chiefs of JPO.
- OCYF, county and private agencies will maintain current lists of all of their staff so that they can be located and called upon to assist during a disaster.
- CCYA and JPO will maintain updated lists of families receiving in-home services, and all foster parents and private agencies contracted with the agency. These lists may be manual or electronic and will be maintained by the CCYA and JPO.
- CCYA, JPO and OCYF regional offices will use this information to maintain communication with emergency contacts and caregivers.
- OCYF Headquarters staff has access to the Government Emergency Telephone System (GETS) which allows telephone access in extreme disaster situations.
- CCYA, JPO and OCYF regional offices must maintain contact with their essential child welfare staff via telephone or electronic mail during a disaster.
- CCYA, JPO and private agencies must maintain up-to-date emergency evacuation plans for out-of-home placement locations so that agencies can anticipate where resource families or agency staff will be relocating the children during a disaster, thereby attempting to make contact at the new location as soon as possible. In addition, CCYA and JPOs are recommended to maintain

secondary contact information for those families receiving in-home services so that contact can be attempted via the secondary contact during a disaster.

- As agency communication tools and methods are updated, associated updates and changes will be made to the plans and posted at regularly scheduled meetings.

(4) Preserve essential program records:

OCYF works in coordination with the Office of Administration, Bureau of Information Systems (BIS) to ensure continuity of business operations for the ChildLine and Abuse Registry, and other data and information systems pertinent to OCYF operations. This requirement will be included in CWIS planning and as our business tools and databases are updated, our plans will concurrently be expanded and updated and will include the various levels of activities and testing necessary to ensure that we follow Department and Commonwealth standards and processes to ensure the safety of our data. Data residing on OCYF servers is backed up on a regular basis and stored on and off-site through coordinated efforts within DHS. Data pertinent to OCYF operations includes the Adoption and Foster Care Analysis and Reporting System (AFCARS), the Interstate Compact agreements, Family Center Initiative data and limited data regarding the provision of services to children in their own homes. An explanation of our planning and access testing for critical OCYF data was addressed earlier in this document. The testing of the off-site data storage and information system access will be continued on a yearly basis. It is important to note that most essential program records for children being served by the child welfare system are kept and stored locally within the 67 CCYA.

- DHS's disaster recovery plan includes specific backups of data on a regular basis, as well as the offsite storage of that data to a location outside of the area.
- County AFCARS files are backed up by the state to the server and are stored in a variety of locations. Due to the lack of a Statewide Child Welfare System, the legacy application supplies only point in time data, but the server files will contain a record of the last AFCARS submission.
- The Data Warehouse stores and has available off-site the historical point in time AFCARS submission files.
- CCYA have been directed to back up their AFCARS and all agency child records if automated and keep copies in a secure location. They have also been directed to periodically verify that the records

- are being backed up properly and to include testing to ensure that the data is actually viable.
- Representatives from the Disaster Planning Section of the BIS have provided guidance and continue to offer support through regular testing of the ChildLine Disaster Recovery (DR) plan and associated follow up.
 - The Department of Human Services Disaster Recovery Planning Team includes ChildLine and the OCYF/BIS DR team in its yearly planning for department wide mainframe recovery and batch testing process. OCYF is working with this team, as well as the Department of General Services to fully test the ChildLine server and batch processes from the DHS remote site to ensure that not only the ChildLine hotline, but other critical OCYF functions can continue to operate fully and uninterrupted access to critical documentation will be available even if the department's mainframe applications must operate from a remote site.
 - The County Commissioners Association of Pennsylvania (CCAP) has been working with all of the 67 counties on security and disaster planning and will continue to offer guidance and support.
 - OCYF regional offices and DHS maintain duplicative information (paper and electronic) regarding licensed foster care agencies. DHS and the Bureau of Human Services Licensing maintain duplicative information (paper and electronic) regarding licensed child residential and day treatment programs. Information can easily be forwarded to a CCYA or private agency when appropriate following a disaster.

(5) Coordinate services and share information with other States:

- Requests for information regarding children affected by a disaster may come from out of state agencies or concerned parents or families of children placed in Pennsylvania through the ICPC.
- These requests for information may be made directly to the CCYA, the JPO, the DHS Regional Office or the ICPC office which is overseen by the Division Director of the Division of Operations. Since all of these agencies will have up-to-date information on the children affected by the disaster, any one of these agencies will be able to provide the requested information to the out of state agency or concerned parent or family member.
- Per ICPC requirements, children who were placed in Pennsylvania through the ICPC who must be moved to a different placement

location during a time of disaster to protect the child's health and safety must be documented and shared with the ICPC office. The ChildLine/ICPC office shall receive and maintain up-to-date information on these children and will share this information with other states as requested.

- Concerned callers from outside of Pennsylvania may contact the CCYA, JPO, OCYF regional office, and/or ChildLine during a time of disaster.
- Callers requesting information on a child **who was not** under state supervision at the time that the disaster occurred will be referred to the County EMA applicable to the child's most recent recorded home address and local chapter of the American Red Cross.
- Pertinent data will be shared via email and fax transmission, as well as direct telephone contact.
- ICPC data is backed up and stored offsite by BIS. Data files are available within several hours of a disaster and/or application failure.
- OCYF plans to include ICPC services in the DR plan when OCYF moves into CWIS Phase 2, where the focus is on the child case file.
- OCYF Regional Offices have their data backed up on the server.
- OCYF continues to explore the provision of a dedicated telephone line (800 number) to be activated during times of disaster to manage incoming calls from concerned parents or families.

OCYF will also pursue the appropriate use of volunteers to make optimum use of all resources during a disaster. OCYF shall make certain that all volunteer organizations involved in the disaster recovery efforts have adequate and up-to-date information regarding where to refer concerned persons, parents or family members of children who have been or may have been affected by the disaster.

Training Plan (see Attachments E, F, G, M & M.1)

The Child Welfare Resource Center (CWRC) was established in 1992 and is operated under the leadership of DHS in collaboration with the University of Pittsburgh, School of Social Work. The CWRC performs the day-to-day activities for training, training coordination, Transfer of Learning (TOL), TA, program planning and development, and monitoring.

The CWRC strives to be a national leader in advocating for an enhanced quality of life for PA's children, youth and families. In partnership with families, communities, CCYA and private agencies, the mission is to prepare and support exceptional child welfare professionals and systems through education, research, and a commitment to best practice. The vision is that every child, youth, and family experiences a life rich with positive opportunities, nurturing relationships, and supportive communities.

In the development and revision of tools, materials and curricula that will achieve the professional development needs of the child welfare professionals, the CWRC engages in multiple activities and strategies including but not limited to:

- Partnering with Resource Center's partners, the Department of Human Services and the Pennsylvania Children and Youth Administrators in the identification of tools, materials, and curricula to be developed or revised;
- Collaborating with the Administrative Office of Pennsylvania's Court to support both the improved functioning of the child welfare system and dependency courts;
- Convening and conducting quality assurance committees consisting of multidisciplinary professionals who have expertise in topics related to the development of the tools, materials, and curricula;
- Consulting with content experts and established advisory committees such as the Diversity Task Force and Supervisor Advisory Workgroup;
- Incorporating empirically based literature and best practices;
- Incorporating the role and voice of youth and parent consumers;
- Analyzing Child Family Service Review and Quality Service Review data to identify knowledge and skill gaps and strengthening those concepts in the development of tools, materials, and curricula;
- Participating in Quality Service Reviews to facilitate understanding of practice improvement initiatives and the front-line experience;
- Intentionally incorporating and reinforcing values and themes from the practice model in the curricula;

- Developing transfer of learning components and activities to support the curricula;
- Using the Assessment Design Development Implementation Evaluation Model to clearly determine the learning objectives, the audience and the scope of the tools, materials, and curricula to be developed; and
- Employing decision guides to support the determination of the format of the tools, materials and curricula to be developed, such as in-classroom, online, or blended.

Synopsis of Training Activity

Training staff in the CCYA is completed through several methods since PA is a county-administered and state-supervised child welfare system. In some counties CCYA and JPO provide their own training to foster parents and staff using either the curriculum developed by the CWRC and approved by the ACF or curriculum either the CWRC or another provider created/developed. If they use the CWRC curriculum, the content of the training cannot be changed because it was approved by the ACF as Title IV-E reimbursable. If training other than the CWRC training is provided, CCYA and JPO must submit the curriculum to OCYF to be approved by ACF. In addition, DHS provides training to CCYA and JPO using the CWRC curricula as well as other specific training approved by the ACF.

Many agency partners provide training, transfer of learning, and technical assistance including the CWRC, OCYF, SWAN, and the CCYAs for caseworkers, supervisors, managers, public agency child care staff, support staff, and other child welfare related staff working in PA's child welfare agencies.

CWRC developed and delivers a 126-hour core training series entitled Charting the Course towards Permanency for Children in PA for newly hired child welfare workers; a 60-hour core training series for newly hired child welfare supervisors, 12-hour core training for newly hired administrators and specialized and related workshops for child welfare workers, supervisors, and foster parents. The Charting the Course training series provides foundation or fundamental level competencies (knowledge, values, and skills) and includes six-hours of online TOL pre and post activities. CWRC utilizes a needs assessment process in order to identify training and TA needs and prioritize the development and delivery of workshops. CWRC also ensures workshops include TOL strategies that support application of knowledge and skill learned in the training room to the worksite. All workshop content is guided by the PA Child Welfare Practice Model and supports child welfare

professionals in developing skills needed to promote safety, permanence and well-being for children and families.

TOL support include activities designed to enhance integration and skill development, transfer of knowledge and skills from training to the job; promote knowledge and skill development of child welfare professionals and support effective learning. TOL supports are available regionally throughout PA, and implemented through a partnership between CWRC staff and representatives from CCYA.

Training, Technical Assistance and Evaluation (Implementation) Plan

The State's training, technical assistance and evaluation priorities will be driven by the CFSP goals and objectives. A continuum of services will provide support to the child welfare field to ensure children are safe from abuse and neglect. These services include safety assessment and new legislation training, support sessions, and project management. A broad array of stakeholders are developing the overarching implementation plan for the new child welfare legislation. The state remains committed to supporting and improving the safety assessment process. As such, work will continue to focus on supporting the field in regional and local sessions, but also by evaluating and implemented improvements to the model. The goal of children and youth achieving timely permanence will continue to be prioritized in the training plan. Activities will include: training, technical assistance, and project management. Training will include content on the following: concurrent planning, family engagement, family finding, among others. Technical assistance continues to be a collaborative effort across multiple organizations. The main group of technical assistance providers has formed a collaborative to increase communication, coordination, and collaboration of TA services across the Commonwealth. Project management includes leadership of a statewide Youth Advisory Board (YAB) and several workgroups focused on addressing older youth needs.

Addressing the well-being needs of children, youth, and families will continue to be a priority of the training plan. This goal will be addressed in multiple ways as well, including workgroups developing strategies to address the healthcare concerns of children in the child welfare system and addressing trauma needs, to training options grounded in trauma-informed care. Evaluation continues to examine the assessment and provision of services for children with developmental needs. The Child Welfare Demonstration Project evaluation will also examine assessment, engagement, and provision of evidence-based practices.

The plan will also focus on building and sustaining a Continuous Quality Improvement process at the local and statewide level. Activities will include training, technical assistance, and project management. The sponsor team is examining ways to strengthen the non-case record review portions of the CQI process and system. This will include efforts to strengthen the use of data-driven decision-making, and additional implementation and monitoring supports.

The Diversity Task Force

The Diversity Task Force continues its commitment to issues of human diversity in child welfare. Membership includes individuals from county children and youth agencies, DHS, and the Child Welfare Resource Center; as well as trainers, youth, community members and resource parents. In the committee's efforts for Continuous Quality Improvement (CQI), the Diversity Task Force (DTF) has been re-evaluating and exploring ways in which to have a greater impact on how services are being delivered to children, youth, and families. Historically the Diversity Task Force's primary focus has been on curriculum and training, the committee felt the need to expand the scope of their work and increase the use of data when targeting projects. This evaluative process is being done using the DAPIM model. As part of the DTF assessment, it was determined that more efforts needed to be placed on member recruitment.

DTF committee members will be presenting at the Pennsylvania Children and Youth Administrators' (PCYA) conference to educate Administrators about the work of the DTF. It is anticipated that the increased knowledge about the DTF will help generate support from Administrators, thus allowing more Children and Youth Services front line staff participation on the committee.

Moving forward, The Diversity Task Force will partner with stakeholders to host events and trainings. With the pending changes to the Child Protective Services Law in Pennsylvania, DTF members will play a role in training development and implementation. The Diversity Task Force will also continue to identify gaps related to human diversity and make recommendations for practice, in addition to developing and providing training curricula related to diversity for individuals and organizations throughout the state

Venues for Training Activity

Over the last five years, the CWRC has significantly expanded its development and delivery of curriculum and transfer of learning activities into an online format. The expansion of online training opportunities has been the result of a planned effort including CWRC's partners and stakeholders. This year, a workgroup, consisting of county representatives, trainers and CWRC personnel, are meeting to plan for the conversion of Charting the Course, which leads to the certification of direct service workers, into a hybrid or blended format. The CTC Hybrid workgroup will develop an implementation plan that supports a hybrid delivery of CTC and that anticipates and incorporates the technological and organizational needs and challenges of stakeholders and training participants. The CWRC operates a Learning Management System, which allows participants to register and attend online courses at their convenience. In addition, WebEx sessions, conference calls, and facilitated discussions conducted on-site with child welfare agencies are also offered to minimize travel and cost and facilitate team participation in trainings. The CWRC's online library now consists of 23 courses.

A particular online curriculum innovation includes the development of a three course certification series entitled Child Advocacy Studies Training (CAST). The first course consisting of 15 three hour modules was launched in July 2012. The focus of this curriculum is on developing child welfare practitioners and related professionals from a multidisciplinary and culturally competent perspective on the history and various factors that lead to child maltreatment. The overarching goal is to prepare practitioners to carry out the work of various agencies and child-serving systems as they advocate on behalf of children who have experienced maltreatment. Critical thinking concepts are incorporated throughout the curriculum which will include activities, assignments, and a monitored discussion board. CAST II is currently in development. This 15 three hour module curriculum will focus on risk factors associated with child maltreatment including, poverty, domestic violence, mental health, substance abuse, and others. The theme of a trauma informed approach will be included along with the ongoing themes of multidisciplinary and cultural competence. The roll-out of CAST II is anticipated to begin in fall 2014.

CWRC continues to maintain classrooms across PA to support regional based trainings in addition to the main campus in Mechanicsburg which houses approximately ten classrooms and can be divided to support large and small groups.

Duration of Training Activity

All training is considered in-service training. Training sessions range from 1.5 hours to 24 hours in length. Many of the training sessions also build upon each other to create a sequence of trainings. The trainings are on-going and are scheduled according to the needs of county child welfare professionals.

Provider of Training Activity

The CWRC functions as the coordinator of training courses that are offered through their program. The CWRC contracts with practitioners to help maintain a connection to current practice. In addition, the CWRC employs several youth with current or past child welfare experience to model and support youth engagement, including co-training Module 9 of CTC. CWRC plans, develops, implements, and monitors all training activity offered on six month training calendars that are disseminated to CCYA and private child welfare agencies. Additionally, OCYF, ABA, SWAN, PSRFA, CCYA and other staff provide specific training courses approved by ACF.

Approximate Number of Days/Hours of Training Activity

See Attachment E for the list of training courses developed through SFY 2013-2014 for use by the CWRC. Attachment M includes a list of other training courses that may be provided by OCYF, ABA, SWAN, PSRFA, CCYA and other staff. Attachment M is submitted by OCYF to ACF on a quarterly basis for approval.

Audience of Training Activity

Training is provided to the casework, supervisory and administrator staff in the CCYA as well as foster parents. Private providers are able to attend CWRC trainings on a space available basis, but are also supported by membership associations, as well as intra-agency training departments.

Estimated Total Cost

Total funding anticipated in the training plan is detailed in Attachments E, F and G. These attachments also show the allocation methodology and source of funds by Title IV-E, State, and the University share to fund the Resource Center. The required non-federal match is provided by state-only

funds and shown in Attachment G of the model under "Allocation Method," in the column labeled "State." This amount is not claimed for federal reimbursement, nor will it be used to satisfy a matching or cost sharing requirement for Title IV-E or any other federal grants.

OCYF contracts with CWRC to develop the core and competency-based training curricula, conduct training designed for county staff, and provide TA to state and county staff on training issues. In SFY 2014-2015 it is projected that 61% of all training offered will be core, which is inclusive of the Charting the Course series, the Supervisor Training Series (STS) and the Foundations of Leadership for Administrators workshop.

Child welfare training costs allocated by the following methods do not include the CCYA staff time spent in child welfare training. Those costs are identified and allocated through the quarterly Random Moment Time Study (RMTS) (Department's Cost Allocation Plan (DCAP) #33, CHAPTER I, Section 7 - Appendix). The OCYF Headquarters' staff time training costs are also not included but are allocated to benefiting programs based on the percentage of funding (DCAP #33, CHAPTER I, Section 3).

The University's costs associated with curriculum development and the provision of training sessions are allocated based on a determination of the courses benefit to child welfare programs. The Title IV-E portion is identified by the training cost allocation plan (Attachments F and G) using the following criteria for assigning training costs to Title IV-E (see 45 CFR 1356.60 (1) and (2)):

- Training on eligibility determination and IV-E rate setting is eligible at 75% without application of the Foster Care Eligibility Ratio.
- Training for IL is eligible at 75%, with the statewide Foster Care Eligibility Ratio applied.
- Child Welfare Related Training is eligible at 75%, with the statewide Foster Care Eligibility Ratio applied.
- Child Welfare Administrative Training IV-E (50%), IV-E penetration rate.
- Foster Parent and Adoptive IV-E Related Training use a combined Adoption and Foster Care Eligibility Ratio.
- Non-Title IV-E Training.

Title IV-E Eligibility determination (75%), no penetration rate applied. This training would include the following topics:

- Determination and redetermination of Title IV-E eligibility (45 CFR § 1356.60(1)).
- The child meets the requirements of Social Security Act § 406 (a) or 407 as in effect 7-16-96.
- The child was removed as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child and that reasonable efforts have been made to prevent or eliminate the need for removal or a voluntary placement agreement (Social Security Act § 472 as in effect 7/16/96).
- The child is in the IL Program.

Child Welfare Related and Independent Living Training, (75%), Title IV-E penetration rate applied. Topics may include the following:

- Charting the Course Series courses;
- Administration of foster care/adoption assistance;
- Federal and state substantive and/or procedural law relating to placement children's rights, parental rights, Termination of Parental Rights (TPR), adoption and other foster care/adoption-related subjects;
- Development of foster care case plans, including the assessment of the family's problems and the family's needs in relation to the DHS's services;
- Foster care case reviews, including issues such as visitation plans, hearings, case records, permanency goal setting, and progress evaluation;
- Case management and supervision related to foster care/adoption, case management requirements for specialized populations of clients;
- Adoption issues, such as Termination of Parental Rights and licensing;
- Foster care issues, such as visitation and the role of the birth parent, the state agency, and the courts;
- Compliance with federal requirements related to foster care/adoption assistance;
- IL;
- Crisis intervention services for foster care/adoption assistance;
- Effects of child abuse and neglect on a child in foster care;
- Ways to prevent/eliminate the need for removal and make it possible for the child to return home; and
- Activities designed to preserve and strengthen the family and activities directed to determining whether a situation requires removal.

Child Welfare Administrative Training IV-E (50%), IV-E penetration rate applied. The training costs chargeable to the Title IV-E program must be based on the specific subject matter listed as follows:

- Determination and re-determination of eligibility;
- Fair hearings and appeals;
- Rate setting;
- Referral to services furthering goals of Section 471(a)(15) of the Act;
- Preparation and participation in judicial determinations;
- Placement of child;
- Development of the case plan;
- Case reviews;
- Case management and supervision; and
- Recruitment and licensing of foster homes and institutions.

Example: Courses that are not specific to 45 CFR 1356.60 (1) and (2) activities but develop staff competencies in working with cases. The criterion for courses that benefit Title IV-E as an administrative cost is subject matter not related specifically to case management, including continuing training in order to do the following:

- Enable employees to reinforce their basic knowledge and develop the required skills for the performance of specific functions, and
- Acquire additional knowledge and skill to meet changes such as enactment of new legislation, development of new policies, or shift in program emphasis (See 45 CFR 235.61(b)).

Foster Parent and Adoptive Training IV-E Related (combined Adoption and Foster Care Eligibility Ratio).

Example: Courses for foster parents and/or adoptive parents pertaining to the administration of the foster care and adoption program.

Non-Title IV-E Eligible Training: IV-B, Title XIX – Medical Assistance, or other.

Example: Courses that do not pertain to the development of competencies that support the IV-E program. These costs are spread to IV-B, Title XIX-Medical Assistance, state or other.

On a quarterly basis, the CWRC provides a listing of courses taught and the number of participants for each training session. The costs for developing the core and competency-based training curriculum, conducting

training designed for county staff, and providing TA to state and county staff on training issues will be allocated as identified above. The cost for courses that were planned, developed, scheduled but not fully attended or not provided due to circumstances beyond the control of the CWRC will also be included here. These circumstances include training courses cancelled due to inclement weather conditions/natural disasters or when the number of registrants is too low to make the training cost efficient or when a particular curriculum development is placed on hold due to other unanticipated training priorities or legislative/policy changes.

Course content is reviewed on a regular basis to determine the eligibility of the course for Title IV-E training reimbursement at the enhanced rate as well as applicable charges to all benefiting programs.

Certification Training Numbers

CWRC offers three types of core training, one for caseworkers, one for supervisors and one for managers and administrators. The caseworker's core level training, *Charting the Course*, provides foundation or fundamental level competencies (knowledge, values and skills) to workers within their first 18 months of hire. In SFY 2013-2014, 327 direct service workers received Direct Service Worker Certificates. In addition, 66 supervisors received certification after completing the STS and 1 administrator was certified upon completion of *Leadership Academy: Foundations of Leadership Series*. CWRC also issued 34 training certificates for completion of the *Sexual Abuse Series*. In addition, certificates of workshop attendance were issued to all participants who completed any training sessions.

The CWRC has delivered 29 rounds of *Charting the Course* during SFY 2013-2014, training 766 new child welfare caseworkers. After being postponed pending finalization of policy changes, the revised version of the two-day module, *Assessing Safety in Out of Home Care, Module 8* was launched in January 2013. However, those staff who did not attend this module during their participation in the *Charting the Course* series attended a 12-hour standalone version with their counties and therefore completed their certification requirements. The CWRC also continues to offer, *In Home Safety Assessment and Management Process, Module 4*, as a standalone upon approved request to support the CCYA and private provider agency staff's paramount goal of ensuring the safety of children.

Over the past five years, 189 rounds of *Charting the Course* were delivered, during which time a total of 2639 new child welfare caseworkers

completed the series, as well as 43 rounds of the Supervisor Training Series, in which 319 supervisors completed the series.

The modules of the Charting the Course series include the following:

- Module 1: Introduction to PA's Child Welfare System (6 hours);
- Module 2: Identifying Child Abuse and Neglect (12 hours);
- Module 3: Using Interactional Skills to Achieve Lasting Change (18 hours);
- Module 4: In-Home Safety Assessment and Management (18 hours);
- Module 5: Risk Assessment (12 hours);
- Module 6: Case Planning with Families (12 hours);
- Module 7: The Court Process (6 hours);
- Module 8: Assessing Safety in Out-of-Home Care (12 hours);
- Module 9: Out-of-Home Placement and Permanency Planning (12 hours);
- Module 10: Making Permanent Connections: Outcomes for Professional Development (6 hours); and
- Charting the Course: Transfer of Learning Work (6 hours).

CWRC continues to identify and incorporate revisions and updates to the Charting the Course series due to legislative or policy changes or as new best practices are identified throughout the year.

In SFY 2012-2013 CWRC continued its delivery of the recently revised Supervisor Training Series (STS). To ensure the highest quality curriculum, Module 3 of the Supervisor Training Series, The Middle Work Phase of Supervision has undergone extensive scrutiny. An instructional design team consisting of curriculum writers, supervisors and researchers have met on regular schedule to systematically review the curriculum to identify areas for improvement and to create an embedded evaluation component. It is anticipated that substantial revisions and the incorporation of an evaluation design will be launched during SFY 2013-2014.

Throughout PA, 5 rounds of STS were held training 138 new child welfare supervisors from both CCYA and private provider agencies.

The modules of the Supervisor Training Series include the following:

- Supervisor Training Series: Module 1: The Preparatory and Beginning Phases of Child Welfare Supervision (12 hours);

- Supervisor Training Series: Module 2: Living the Mission of Child Welfare (12 hours);
- Supervisor Training Series: Module 3: The Middle Work Phase of Supervision (24 hours);
- Supervisor Training Series: Module 4: Managing Diversity Through the Employment Process (6 hours): and
- Supervisor Training Series: Module 5: Endings and Transitions: Managing Staff Retention, Satisfaction, and Separation.

In SFY 2012/2013, the Resource Center completed the development of thirty-four new curricula and revisions to sixteen existing curricula. The Resource Center also develops up to ten training courses for a statewide resource parent conference.

Many of the specialized and related curriculum, as well as foundational curricula, was developed with the assistance of state, public, and private child welfare professionals, content experts and/or QUAC, such as the Leadership Academy QUAC, serve to guide and monitor the development of curriculum. In addition, several of the curricula were reviewed by the Diversity Task Force and/or a youth ambassador.

Child Welfare Education for Baccalaureates (CWEB)

PA's training plan includes two child welfare education programs designed to address recruitment and retention through professional social work education. These programs are administered by the University Of Pittsburgh School Of Social Work. The CWEB program is offered to students in BSW programs at 14 accredited schools throughout PA in order to prepare individuals for CCYA employment. The University, in consultation with the Department, will explore expanding the CWEB program to other accredited undergraduate social work programs within Pennsylvania. Individuals must be in good academic standing, receive a social work faculty recommendation from the school of enrollment, and submit a written statement regarding their interest in child welfare in order to be eligible for consideration. In SFY 2012-2013 it is projected that 90 students will achieve a BSW and become employed in a CCYA. As part of the educational preparation, CWEB students complete all or a substantial portion of Charting the Course during their child welfare internship which adds to their preparation for CCYA employment. The combination of CCYA experience gained as interns, participation in competency-based training and the educational preparation equips CWEB graduates to address the critical needs of children and families immediately upon their employment.

Child Welfare Education for Leadership (CWEL)

The CWEL program provides graduate social work education to current CCYA employees to achieve a MSW. The CWEL program includes 12 graduate schools of social work in PA and is offered to caseworkers, supervisors, managers and administrators of any CCYA. Additional graduate social work programs will be included in the CWEL school consortium as they become fully accredited by the Council on Social Work Education. Individuals must have a minimum of two years of CCYA employment, satisfactory work performance evaluations, and the approval of their county administration in order to be considered for CWEL admission. In SFY 2012-2013 it is projected that 198 current CCYA employees will be enrolled. Approximately 75 students graduate each academic year and return to full-time CCYA employment. The CWEL program will explore expanding participation to persons preparing for CCYA employment. In addition, we will explore expansion of the social work education program to include at least one doctoral-level participant who is a current CCYA employee.

As of SFY 2012-2013, 835 CWEL students entered into the CCYA through internships and employment. The CWEL program provided 1045 graduates to CCYA with a remarkably successful record of retention, at rates of greater than 92% over the life of the program. Approximately 97% of counties in PA participate in CWEL and CWEL.

New Trainee Groups

There were no new training groups this year. Over the last five years, we have expanded the intended audience to include the legal community, general community partners, and family centers.

State Licensed Child Welfare Agencies

PA continues to collaborate with other providers to offer training to licensed private provider agencies. Private providers may attend trainings as space is available. Additional trainings are requested through CYAs for private providers (resource families, family centers, IL services, etc.). During 2013-2014, 703 private providers attended 296 different workshops offered by CWRC. Private providers receive notification of trainings and events. Some of the course topics attended by private providers include:

- Charting the Course (including TOL)
- Supervisory Training Series
- FGDM
- FF
- Engaging Absent Fathers
- Engaging Incarcerated Parents
- Sexual Abuse
- Safety Assessment and Management Process
- Youth Engagement Curricula (The IL Services Continuum: Foundations and Engaging Youth in their Transition Process, Planning with Youth in Transition, NYTD, etc...)
- Liability and Risk Management
- Prescription Drug Abuse
- Domestic Violence Issues
- Drug and Alcohol Issues
- Leadership and the Parallel Process

Curriculum Revisions

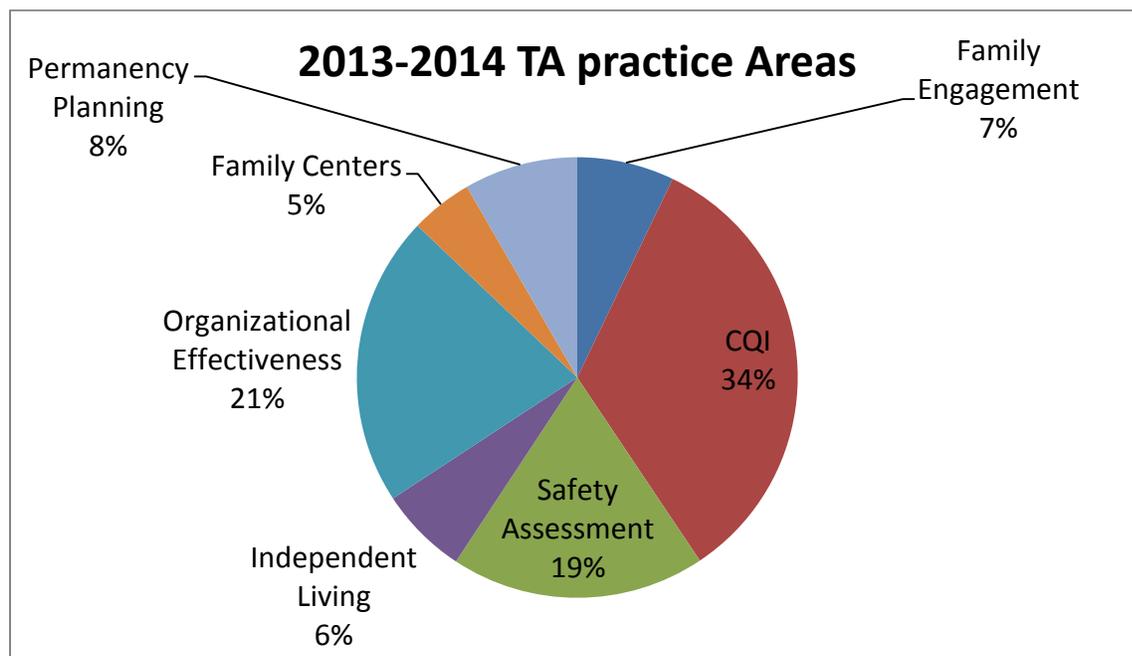
Existing curriculum was selected for revision based upon several factors including but not limited to enactment of new laws, policy updates communicated through bulletins, identification of best or empirically based practice, and placement in the revision cycle. Similar to the development of new curriculum, revisions of existing curricula are often guided by feedback obtained from state, public, and private child welfare professionals and content experts as well as Quality Assurance Committees (QUAC).

Technical Assistance

The CWRC provides consultation and support services across Pennsylvania with the goal of facilitating positive, strategic, organizational change and the implementation of best practice to improve family serving systems. The American Public Human Services Association's (APHSA) enhanced Organizational Effectiveness (OE) Framework DAPIM™ model is the primary vehicle to effect continuous quality improvement at the local and state level. Technical assistance is provided through facilitating work sessions, cultivating organizational leadership, encouraging meaningful staff and consumer involvement, identifying root cause needs, embedding application of new knowledge and skills through transfer of learning, and supporting the monitoring and resourcing of continuous improvement efforts.

Successful implementation of change requires the active support of key internal and external stakeholders and the coordinated efforts of all external entities providing technical assistance. In all we do, much like children and youth agencies serve families individually, we meet our customers where they are and use our models, tools and skills to help move forward together for positive outcomes for children, youth and families and the child welfare system.

The chart below shows the percentage of time spent in some of the core practice areas provided by Organizational Effectiveness staff.



Over the past five years, the CWRC provided significant support and consultation for the planning, implementation, monitoring and revisions of the In-Home and Out of Home Safety Assessment and Management Process (SAMP). Regional Practice Improvement Specialists provided consultation and technical assistance to County and statewide workgroups in collaboration with the OCYF. Support was provided to counties related to changes in policies, use of resources, and procedures; in order for counties to successfully implement SAMP. Transfer of Learning activities, development of documentation templates and case reviews were several specific ways in which support was provided to counties.

Assistance also supported the development of County Safety Leads for each of the 67 counties, and the four Regional Offices to support local and

statewide expertise. These leads attended OOH SAMP training and Training on Content sessions through the CWRC to allow them to train staff in their respective agencies. The CWRC also provided project management support, co-leading many of the statewide workgroups and revisions on an ongoing basis. Additional outreach and education was offered to private provider agencies that provided contracted out-of-home services to counties.

During the past five years, the CWRC, along with our technical assistance partners, have provided support to counties and statewide efforts to improve the permanency outcomes for our children, youth and families. This support has included onsite assistance related to quality visitation, permanency planning and concurrent planning. Some specific examples of CWRC support included co-facilitating (with OCYF) critical case reviews (also called NGA meetings in some counties); participating on the Administrative Office of Pennsylvania Courts’ workgroups; facilitating county self-assessments and plans related to the number of children in placement, prevention services, placement decision criteria; and concurrent planning practices; and assisting with resource parent handbook development and procedures to strengthen birth family and resource parent relationships.

The following pie chart identifies the 5 year average percentage of technical assistance by practice area.

