



**Pennsylvania Office of Children, Youth, and Families**

**Child and Family Services Review**

**Statewide Assessment**

**May 2008**

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## Statewide Assessment Instrument

### Section I – General Information

<b>Name of State Agency</b> <b>Office of Children, Youth and Families</b>	
<b>Period Under Review</b>	
Onsite Review Sample Period: 04/01/2007 – 11/30/2007 Period of AFCARS Data: 04/01/2006 – 03/31/2007 Period of NCANDS Data (or other approved source; please specify if alternative data source is used): 04/01/2006 – 03/31/2007	
<b>State Agency Contact Person for the Statewide Assessment</b>	
<b>Name:</b>	<b>Cathy Utz</b>
<b>Title:</b>	<b>Director – Bureau of Policy and Program Development</b>
<b>Address:</b>	<b>Bertolino Building – 4<sup>th</sup> Floor</b>
	<b>1401 North 7<sup>th</sup> Street</b>
	<b>Harrisburg, PA 17105</b>
<b>Phone:</b>	<b>(717) 705 – 2912</b>
<b>Fax:</b>	<b>(717) 346 – 9663</b>
<b>E-mail:</b>	<a href="mailto:cutz@state.pa.us">cutz@state.pa.us</a>

## **SECTION I – GENERAL INFORMATION**

### **COMMONWEALTH OF PENNSYLVANIA**

Pennsylvania (PA) is a Commonwealth of 67 counties that cover 44,817 square miles with approximately 12.2 million residents. The city of Philadelphia is the largest metropolitan area. The five-county southeast region of the state, including Philadelphia, encompasses 31% of the total statewide population. Allegheny County is the second largest metropolitan area and encompasses the city of Pittsburgh and its surrounding suburbs. The diversity across PA's urban, suburban and rural areas creates the need for both flexibility and consideration of regional, county, cultural and other differences in the child welfare and juvenile justice systems.

### **STRUCTURE OF CHILD WELFARE AND JUVENILE JUSTICE SERVICES**

#### **Organizational Structure**

PA's child welfare system is state-led and supervised and county-administered. Child welfare and juvenile justice services are organized, managed, and delivered by 67 County Children and Youth Agencies (CCYA) and County Juvenile Probation Offices (JPO). Staffs in these agencies are county employees. Each county elects their county commissioners or executives who are the governing authority.

The Department of Public Welfare's (DPW) Office of Children, Youth and Families (OCYF) is the state agency, located in the state capital of Harrisburg that plans, directs, and coordinates statewide children's programs including social services provided directly by CCYA and OCYF's Bureau of Child Welfare and Juvenile Justice Services through the youth development centers (YDC) and youth forestry camps (YFC).

There are some intrinsic differences in operating a state-led and supervised and county-administered system, which impacts statewide outcomes for children and families. Within this structure, the Commonwealth provides the statutory and policy framework for delivery of child welfare services and monitors local implementation. Given the diversity that exists among the 67 counties, this structure allows for the development of county-specific solutions to address the strengths and needs of families and their communities. Each county, through planning efforts, must develop strategies to improve outcomes.

This structure also presents challenges in ensuring consistent application of policy, regulation and best practice initiatives. It has impacted PA's performance on the Federal outcome measures and requires county-specific analysis to determine the factors which influence statewide data. Because of the variance in county practice it is challenging to identify statewide solutions and initiatives that would have the most impact on improving county outcomes.

## **Funding**

Child Welfare Services funds under title IV-B Part 1 are distributed to all 67 CCYA based upon the number of children served in each county. The CCYA fund child welfare services that are within the state specified guidelines. The state guidelines direct the CCYA 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 TANF, Medicaid or title IV-E funds.

OCYF manages all funding for CCYA and for services purchased by county JPO on behalf of alleged or adjudicated youth. OCYF regulations specify the planning and budget development process, as well as, the state and county requirements for each service center. The Federal, state, and county funds are allocated through the Needs-Based Plan and Budget (NBPB) process. This process is used to integrate the analysis of service trends and outcomes with planning and budgeting in each county.

OCYF regulations specify county cost accounting requirements as well as the plan and budget development requirements. The four major service categories of funding are in-home, community-based placements (foster family care and group homes), institutional placements, and administration. Services are categorized for funding purposes by 31 separate cost centers.

CCYA and JPO are required to analyze their Adoption and Foster Care Analysis and Reporting System (AFCARS) and other data, identify program trends and relevant reasons for those trends, propose program changes, and submit a budget request that includes all revenue sources. These NBPB requests are analyzed by OCYF regional offices and reviewed by the OCYF Bureau Directors and Deputy Secretary. The final recommendations comprise the OCYF budget for each CCYA.

## **Legal and Regulatory Framework for Children and Youth Services**

**Public Welfare Code:** Governs the relationship between DPW and CCYA. It addresses state funding of CCYA and JPO services, as well as state oversight and approval of CCYA, and implements sanctions related to non-compliance. The Public Welfare Code provides the legal authority under which OCYF promulgates regulations and policy and procedural guidance that is binding to CCYA.

**County Institution District Code:** Requires each county to establish a Children and Youth services agency to deliver services to children and youth in the county. The Code also governs all other aspects of county government.

**Juvenile Act:** Governing statute for county child welfare and juvenile justice. The Act provides the definition of dependent and delinquent child, establishes jurisdiction of the juvenile court, supports the implementation of the Adoption and

Safe Families Act (ASFA) requirements, and establishes procedures for the placement of dependent and delinquent children including provisions for making required title IV-E judicial determinations. The care and supervision requirements of title IV-B and title IV-E are addressed in the Juvenile Act. Dependent children are transferred to the custody of the CCYA that petitions the court. When appropriate, delinquent youth are transferred to the shared case management of JPO and CCYA.

Child Protective Services Law (CPSL): Governs the reporting and investigation of child abuse. The CPSL establishes the statewide child abuse hotline and registry and the child abuse, state police and FBI clearance requirements for employees, foster parents, and prospective adoptive parents. Additional mandates include a state-approved risk assessment model and a statewide caseworker training and certification program. States are moving toward differential response systems for child abuse and neglect, PA has always had such a differential response system which includes child welfare and general protective services. The definition of child abuse is narrow, however; services are provided through GPS to prevent cases from escalating to a more serious nature.

Allegations of child abuse are received and registered with the statewide hotline. Investigation findings must be filed with the statewide hotline within 60 days from the date of the initial oral report. On the other hand, allegations of general protective services concerns, parent-child conflict, and other intake referrals for non-abuse cases are handled by the CCYA, subject to OCYF regulatory requirements. This difference is important for those seeking to understand the child welfare system in PA because of its impact on interpretation of statewide data and direct service delivery.

Adoption Law: Governs private adoptions and the adoption of children in the custody of CCYA. Adoptions are handled by the county Court of Common Pleas. Some juvenile courts assure continuity by having the same judge hear all aspects of the case; however this is not a statewide practice in all judicial districts.

OCYF has promulgated regulations governing the following agencies and services:

- Administration of CCYA,
- Administration of private Children and Youth agencies,
- CPS and GPS,
- Foster family care agencies,
- Adoption services,
- Residential childcare (general residential care, outdoor and wilderness programs, secure juvenile detention, secure care, transitional living, and day treatment), and
- Funding and allowable costs for CCYA.

Regulations are reviewed and updated periodically. OCYF also issues bulletins, transmittals, and policy clarifications that provide additional guidance and procedural instructions to affected agencies. All CCYA must comply with OCYF regulations but flexibility and local autonomy exists regarding how each county implement the regulations.

OCYF regulations require that intake, investigation, family assessment, case planning, and case management services be provided by CCYA employees. All other services may be provided by private providers under contract with the CCYA or JPO. OCYF regulates all private agencies that provide part-day and out-of-home care. Most CCYA purchase private agency services for some portion of their placement population. Part of the service contract may include visitation responsibility, meaning the provider agency would fulfill the mandated monthly visit requirement and is responsible for meeting the visit agenda set by the CCYA, which retains total case management and decision-making responsibilities. DPW requires county workers to see the child at least once every six months. When responsibility for children and youth is shared between CCYA and JPO, counties distinguish the role of CCYA or JPO in providing or arranging services for the children and youth and families. There is flexibility in determining the assigned roles, however; the mandated visitation and case planning responsibilities must be met.

### **Program Components**

**Prevention Services:** Counties fund a wide variety of prevention services aimed at reducing the need for entry into the child welfare and/or juvenile justice systems.

**CPS and GPS:** CPS refers to those referrals that are registered with the statewide child abuse hotline, ChildLine, as suspected child abuse. These referrals contain allegations of incidents that would meet the definition of child abuse as defined in the CPSL. All other referrals that do not allege suspected child abuse, but still present concerns for a child's safety or well-being are considered GPS. (Additional details are within the Safety Outcomes section) OCYF regulations specify the procedures to be used for investigating both types of allegations, including the application of the statewide standardized risk assessment form. OCYF's risk assessment policy identifies points during the life of a case when the risk assessment form must be completed. OCYF's safety assessment policy also identifies the content areas of safety assessments and specifies when they should be completed. The statewide-standardized report for completion of the CPS investigation (CY-48) is further required for CPS cases. OCYF regulations also specify the frequency with which children must be seen by the caseworker whether it is the county agency worker or a private agency worker. However, when the monthly visits are fulfilled by a private agency worker, the county agency worker must see the child at least once every six months.



**In-home Services:** OCYF regulations require case plans for all families accepted for services and specify the content of the Family Service Plan (FSP). Counties provide a wide variety of in-home services that include Family Preservation and other family support services. Each county is free to develop services and delivery models that best suit the needs of the families in their county, but the FSP must be reviewed a minimum of once every six months. In-home services are typically voluntary; however, there are some situations in which the CCYA allows a child to remain in their home with continuing services with court intervention.

**Placement Services:** OCYF regulations require the development of a placement plan, known as a Child Permanency Plan (CPP) as an amendment to the FSP whenever a child must be placed. OCYF requires availability of a full range of placement services for each county. Some counties provide foster family care services directly and others purchase most of their placement services from private agencies.

**Foster Family Care Services:** OCYF licenses foster family care agencies that recruit and approve foster family applicants. In addition, these agencies conduct annual evaluations of established foster homes. Many agencies serve both dependent and/or delinquent children. The content of the foster home study and the annual evaluation requirements are specified in regulation. In addition, the agency is responsible for assessing foster parent training and service needs to ensure that they are able to meet the individual needs of the children placed within their home. When these services are provided by a private agency under contract with a CCYA, the private agency must complete an Individual Service Plan (ISP) that is consistent with the county agency's FSP and CPP. Most foster family care service is provided by private agencies under contract with CCYA. When counties operate their own foster family care program, they must meet the requirements of the foster family care agency regulations. Foster homes referenced under this section also include relative foster homes, known as kinship care homes. Formal kinship care families must complete the same approval process as foster parents. Emergency shelters and group homes are considered Residential Services.

**Residential Services:** Approximately 75 percent of all residential, transitional living and day treatment services are provided by private agencies. PA has a rich tradition of private agency service delivery through hundreds of licensed residential agencies. As with foster family care, all residential providers must develop an ISP consistent with the child's FSP and CPP. Chapter 3800 regulations require that an ISP be developed for each child within 30 calendar days of the child's admission and that the plan be developed by the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent or guardian, child care staff, contracting agency representative and other appropriate professionals.

Reasonable efforts must be made to involve the child and the child's parent and/or guardian in the development of the ISP at a time and location convenient for all parties, and documentation of the efforts is maintained in the case file. Persons who participated in the development of the ISP are given the opportunity to sign and date the ISP. A review of the child's progress on the ISP, and any necessary revisions, is completed at least every six months. Some items that the ISP includes are: measurable and individualized goals and time-limited objectives for the child, evaluation of child's skill level for each goal, monthly documentation of child's progress, services and training that meet the child's needs, a component addressing family involvement, a component regarding how educational goals will be met, anticipated duration of stay, discharge or transfer plan, methods to measure progress, and name of person responsible for coordinating the implementation of the ISP.

Adoption Services: OCYF regulations require that all counties provide adoption services.

### **Approach to Completing the Statewide Assessment**

Stakeholders from across the child welfare system were asked to participate in the Child and Family Services Review (CFSR). These efforts began with the formation of the CFSR Steering Committee that began meeting monthly in April 2007. Subcommittees were formed based on the sections of the statewide assessment. Each subcommittee drafted separate sections of the report. The Quality Improvement Committee (QIC) was also consulted and is involved in the CFSR process. This committee will be driving many of the initiatives that will become a part of PA's Program Improvement Plan (PIP). A youth workgroup comprised of Youth Ambassadors representing counties from across the state has also been formed. The youth ambassadors attend the CFSR Steering Committee meetings and also meet independently each month to plan the youth engagement efforts. The youth ambassadors drafted their own responses to each of the systemic factors based upon the findings of focus groups that they led with youth across the state. The youth perspective sections included within the systemic factors of the statewide assessment were written by the youth to provide an opportunity for their voice to be heard.

Twenty-two focus groups were conducted with a variety of stakeholders across the state. Over 400 stakeholders participated from every region of the Commonwealth between July and October of 2007. Participants included the following: youth in foster care; advisory boards; birth families; county administrators; caseworkers and supervisors; county commissioners; the courts; DPW staff; JPO staff; kinship, permanent legal custodian (PLC) and foster parents; foster parent associations; other county service providers; private provider administrators, supervisors and caseworkers. The groups varied in size from seven to more than forty. Some of the groups were preexisting; such as systems of care planning groups, while others were pulled together for this purpose. Levels of staff were separated by role to help ensure they felt free to

speak openly about all issues. The groups responded to questions regarding the systemic factors and new initiatives. The groups were facilitated by staff from DPW and the Child Welfare Training Program (CWTP). The feedback from the focus groups was incorporated into sections III and IV of this report.

Eight focus groups were conducted with youth. The majority of these focus groups were held at a statewide summer youth conference where a diverse group of youth were available. Youth Ambassadors, who are youth currently in or formerly in foster care, assisted in the development of youth focus group questions and were then trained to facilitate the focus groups. Staff supported the Youth Ambassadors during the focus groups by recording the feedback. Additional focus groups with youth were conducted during state and regional Youth Advisory Board (YAB) Meetings. PA's YAB began meeting six years ago to provide ongoing feedback on the effectiveness of services, as well as advocating for systemic improvement through training, legislative and collaborative efforts.

OCYF also developed a series of surveys for stakeholders. Five surveys were administered through an online data collection tool. Surveys were distributed through various listserves in an effort to reach as many child welfare stakeholders as possible. The rate of response cannot be determined because the number of stakeholders receiving the survey cannot be determined.

The surveys were targeted to the following groups:

- advisory boards and advocates (101 responses);
- CCYA administrators (48 responses);
- CCYA caseworkers and supervisors (223 total responses: 136 from caseworkers and 87 from supervisors);
- resource parents (49 total responses: 2 from kinship caregivers, 3 from PLCs, 21 from foster parents and 23 from adoptive parents); and
- private providers (51 total responses: 6 from caseworkers, 12 from supervisors and 33 from administrators).

A sixth survey was administered to 316 respondents to look specifically at the effectiveness of practices, initiatives and policies. The individuals completing this survey were not asked to identify which group they belonged to and therefore, we are unable to determine how many of each targeted group responded to this survey. The results of the survey are woven into this report by area of content, but can mainly be located in the Systemic Factors section.

## **SECTION II – SAFETY AND PERMANENCY DATA**

CHILD SAFETY PROFILE	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
<b>I. Total CA/N Reports Disposed<sup>1</sup></b>	23,114		23,114				23,071		23,071				22,983		22,983		22,653	
<b>II. Disposition of CA/N Reports<sup>3</sup></b>																		
Substantiated & Indicated	4,353	18.8	4,353	18.8	4,174		4,177	18.1	4,177	18.1	4,016		4,099	17.8	4,099	17.8	3,918	17.3
Unsubstantiated	18,709	80.9	18,709	80.9	A		18,828	81.6	18,828	81.6	A		18,800	81.8	18,800	81.8	18,652 <sup>A</sup>	82.3
Other	52	0.2	52.0	0.2			66	0.3	66.0	0.3			84	0.4	84.0	0.4	83.0	0.4
<b>III. Child Victim Cases Opened for Post-Investigation Services<sup>4</sup></b>			B						415 <sup>B</sup>	9.9					521 <sup>B</sup>	12.7	464	11.8
<b>IV. Child Victims Entering Care Based on CA/N Report<sup>5</sup></b>									415	9.9					521	12.7	464	11.8
<b>V. Child Fatalities Resulting from Maltreatment<sup>6</sup></b>					40	1					33	0.8					34	0.9
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>7</sup> [Standard: 94.6% or more]</b>					1,980 of 2,036	97.2					1,966 of 2,010	97.8					1,953 of 2,014	97
<b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup> (12 months) [standard 99.68% or more]</b>					35,201 of 35,267	99.81					34,375 of 34,442	99.81					34,734 of 34,818	99.76

<b>Additional Safety Measures For Information Only (no standards are associated with these):</b>																				
	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007							
	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%		
VIII. Median Time to Investigation in Hours (Child File) <sup>9</sup>	C						C						C							
IX . Mean Time to Investigation in Hours (Child File) <sup>10</sup>	C						C						C							
X. Mean Time to Investigation in Hours (Agency File) <sup>11</sup>	D						D						D							
XI. Children Maltreated by Parents While in Foster Care. <sup>12</sup>					81 of 35,267	0.23							73 of 34,442	0.21					100 of 34,818	0.29
<b>CFR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)</b>																				
	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007							
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%		
XII. Recurrence of Maltreatment <sup>13</sup> [Standard: 6.1% or less]					56 of 2,036	2.8					44 of 2,010	2.2					61 of 2,014	3.0		
XIII. Incidence of Child Abuse and/or Neglect in Foster Care <sup>14</sup> (9 months) [standard 0.57% or less]					56 of 32,224	0.17					51 of 31,354	0.16					62 of 31,235	0.20		

<b>NCANDS data completeness information for the CFSR</b>			
<b>Description of Data Tests</b>	<b>Fiscal Year 2005ab</b>	<b>Fiscal Year 2006ab</b>	<b>12-Month Period Ending 03/31/2007</b>
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	3.98	3.70	4.20
<b>Percent of victims with perpetrator reported</b> [File must have at least 75% to reasonably calculate maltreatment in foster care]*	100	100	100
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 75%]*	100	100	100
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]	Not reported	Not reported	Not reported
<b>Average time to investigation in the Agency file</b> [PART measure]	Not reported	Not reported	N/A
<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ]	9.50	4.50	6

\*States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.

### **FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE**

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

<b>Disposition Category</b>	<b>Safety Profile Disposition</b>	<b>NCANDS Maltreatment Level Codes Included</b>
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

*Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for*

*FFY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)*

*Starting with FFY 2003, the data year is the fiscal year.*

***Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.***

- 1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.*
- 2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
- 3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*



4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. *The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
6. *The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.*
7. *The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).*
8. *The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.*
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

#### **Additional Footnotes**

- A. In FFY2005 and FFY 2006 submissions, PA did not provide unique IDs for unsubstantiated children, therefore, unique counts of children in “unsubstantiated” and “other” categories and a total count of unique children cannot be computed. In 06B07A submission, counts of unique children are reported in all disposition categories.
- B. In FFY2005, data on services were not collected at the state level. In FFY2006 and 06B07A, only foster care services are reported.
- C. PA does not report Investigation Start Date in the Child File.
- D. Pennsylvania's Child Protective Services Law mandates that upon receipt of a report of suspected child abuse, the investigating agency shall immediately commence an appropriate investigation and see the child immediately if emergency protective custody is required or has been taken, or if it cannot be determined from the report whether emergency protective custody is needed. Otherwise, the investigating agency shall commence an appropriate investigation and see the child within 24 hours of the receipt of the report. (23 PA C. S., Chapter 63, Section 6368) The county agency, which is responsible for the investigation, documents all contacts with the alleged victim. Data on the date and time of the initial contact with the victim are currently not collected at the state level.

<i><b>POINT-IN-TIME PERMANENCY PROFILE</b></i>	<b>Federal FY 2005ab</b>		<b>Federal FY 2006ab</b>		<b>12-Month Period Ending 03/31/2007</b>	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	21,234		20,785			
Admissions during year	14,033		13,657		20,702	
Discharges during year	13,257		13,047		14,116	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	1,051	7.9% of the discharges	976		12,981	
Children in care on last day of year	22,010		21,395	7.5% of the discharges	952	7.3% of the discharges
Net change during year	776		610		21,837	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	992	4.5	848	4.0	734	3.4
Foster Family Homes (Relative)	4,310	19.6	4,500	21.0	4,740	21.7
Foster Family Homes (Non-Relative)	10,167	46.2	9,837	46.0	10,031	45.9
Group Homes	2,395	10.9	2,266	10.6	2,399	11.0
Institutions	3,383	15.4	3,230	15.1	3,335	15.3
Supervised Independent Living	368	1.7	351	1.6	339	1.6

Runaway	79	0.4	95	0.4	93	0.4
Trial Home Visit	289	1.3	247	1.2	155	0.7
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	27	0.1	21	0.1	11	0.1
<b>III. Permanency Goals for Children in Care</b>						
Reunification	13,628	61.9	13,616	63.6	14,362	65.8
Live with Other Relatives	617	2.8	613	2.9	599	2.7
Adoption	3,800	17.3	3,625	16.9	3,342	15.3
Long Term Foster Care	1,205	5.5	1,104	5.2	1,082	5.0
Emancipation	2,136	9.7	1,900	8.9	1,857	8.5
Guardianship	537	2.4	485	2.3	511	2.3
Case Plan Goal Not Established	86	0.4	52	0.2	84	0.4
Missing Goal Information	1	0.0	0	0.0	0	0.0

<i>POINT-IN-TIME PERMANENCY PROFILE</i>	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	8,695	39.5	8,429	39.4	8,776	40.2
Two	5,762	26.2	5,629	26.3	5,717	26.2
Three	2,816	12.8	2,791	13.0	2,824	12.9
Four	1,567	7.1	1,538	7.2	1,490	6.8
Five	896	4.1	901	4.2	919	4.2
Six or more	2,272	10.3	2,107	9.8	2,111	9.7
Missing placement settings	2	0.0	0	0.0	0	0.0
<b>V. Number of Removal Episodes</b>						
One	15,221	69.2	14,916	69.7	15,278	70.0
Two	4,443	20.2	4,202	19.6	4,277	19.6
Three	1,450	6.6	1,407	6.6	1,392	6.4
Four	524	2.4	516	2.4	543	2.5
Five	198	0.9	203	0.9	196	0.9
Six or more	172	0.8	151	0.7	151	0.7
Missing removal episodes	2	0.0	0	0.0	0	0.0
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup> (percent based on cases with sufficient information for computation)</b>	6,658	45.6	6,308	45.7	6,304	44.7
<b>VII. Median Length of Stay in Foster Care (of children in care on last day of FY)</b>	15.6		15.0		14.3	
<b>VIII. Length of Time to Achieve Perm. Goal</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
<i>Reunification</i>	8,408	5.8	8,142	6.2	8,134	5.9
<i>Adoption</i>	2,026	34.7	1,920	32.7	1,939	31.7
<i>Guardianship</i>	879	28.3	898	25.0	764	25.3
<i>Other</i>	1,887	18.4	2,067	20.2	2,124	20.2
<i>Missing Discharge Reason (footnote 3, page 16)</i>	13	11.0	5	15.6	2	46.7

Total discharges (excluding those w/ problematic dates)	13,213	10.9	13,032	11.7	12,963	11.1
Dates are problematic (footnote 4, page 16)	44	N/A	15	N/A	18	N/A

<b>Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4</b>			
	<b>Federal FY 2005ab</b>	<b>Federal FY 2006ab</b>	<b>12-Month Period Ending 03/31/2007</b>
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification</b> [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 84.0	State Score = 83.2	State Score = 85.2
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	44 of 47	45 of 47	44 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]	69.8%	67.4%	69.3%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 <sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure <sup>B</sup> )]	Median = 6.7 months	Median = 7.1 months	Median = 6.9 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 <sup>th</sup> Percentile = 48.4%]	44.7%	45.0%	44.5%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 <sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)]	29.1%	28.7%	28.5%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	State Score = 96.0	State Score = 103.5	State Score = 106.1
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	24 of 47	17 of 47	14 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 <sup>th</sup> Percentile = 36.6%]	21.5%	25.1%	26.4%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 <sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)]	Median = 34.7 months	Median = 32.6 months	Median = 31.6 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 <sup>th</sup> Percentile = 22.7%]	20.2%	19.8%	20.3%
<b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 <sup>th</sup> Percentile = 10.9%]	8.6%	9.6%	10.2%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 <sup>th</sup> Percentile = 53.7%]	60.6%	60.6%	61.6%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 131.3	State Score = 133.2	State Score = 135.5
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	24 of 47	17 of 47	14 of 47
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 <sup>th</sup> Percentile = 29.1%]	29.9%	29.5%	30.1%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 <sup>th</sup> Percentile = 98.0%]	96.9%	97.7%	98.1%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 <sup>th</sup> Percentile = 37.5% (lower score is preferable)]	35.2%	33.4%	31.6%
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 <sup>th</sup> Percentile = 53.7%]	60.6%	60.6%	61.6%



	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	State Score = 102.3	State Score = 102.7	State Score = 102.4
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	11 of 51	11 of 51	11 of 51
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 <sup>th</sup> Percentile = 86.0%]	85.6%	86.1%	86.4%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 <sup>th</sup> Percentile = 65.4%]	66.3%	67.0%	66.6%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 <sup>th</sup> Percentile = 41.8%]	44.7%	43.4%	42.7%

**Special Footnotes for Composite Measures:**

- A. These National Rankings show your State’s performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, “1 of 47” would indicate this State performed higher than all the States in 2004.**
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.**

PERMANENCY PROFILE <i>FIRST-TIME ENTRY COHORT GROUP</i>	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	4,874	68.3	4,716	68.4	4,926	69.3
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	39	0.8	22	0.5	20	0.4
Foster Family Homes (Relative)	892	18.3	967	20.5	1,037	21.1
Foster Family Homes (Non-Relative)	2,133	43.8	2,155	45.7	2,270	46.1
Group Homes	767	15.7	681	14.4	717	14.6
Institutions	870	17.8	698	14.8	748	15.2
Supervised Independent Living	16	0.3	21	0.4	15	0.3
Runaway	20	0.4	25	0.5	14	0.3
Trial Home Visit	133	2.7	143	3.0	104	2.1
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	4	0.1	4	0.1	1	0.0
<b>III. Most Recent Permanency Goal</b>						
Reunification	4,372	89.7	4,289	90.9	4,484	91.0
Live with Other Relatives	144	3.0	119	2.5	140	2.8
Adoption	151	3.1	133	2.8	125	2.5
Long-Term Foster Care	30	0.6	35	0.7	30	0.6
Emancipation	65	1.3	50	1.1	55	1.1
Guardianship	40	0.8	32	0.7	50	1.0
Case Plan Goal Not Established	71	1.5	58	1.2	42	0.9
Missing Goal Information	1	0.0	0	0.0	0	0.0
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,880	59.1	2,769	58.7	2,935	59.6
Two	1,242	25.5	1,273	27.0	1,306	26.5
Three	462	9.5	446	9.5	449	9.1
Four	168	3.4	137	2.9	141	2.9
Five	75	1.5	52	1.1	49	1.0
Six or more	47	1.0	39	0.8	46	0.9
Missing placement settings	0	0.0	0	0.0	0	0.0

PERMANENCY PROFILE <i>FIRST-TIME ENTRY COHORT GROUP</i>	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	1,874	91.5	1,768	90.7	1,772	92.0
Adoption	8	0.4	4	0.2	3	0.2
Guardianship	21	1.0	31	1.6	29	1.5
Other	144	7.0	145	7.4	121	6.3
Unknown (missing discharge reason or N/A)	1	0.0	1	0.1	1	0.1
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
VI. Median Length of Stay in Foster Care	13.6		7.0		not yet determinable	

<b>AFCARS Data Completeness and Quality Information (2% or more is a warning sign):</b>						
	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	44	0.3 %	15	0.1 %	18	0.1 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	895	6.8 %	818	6.3 %	691	5.3 %
Missing discharge reasons	13	0.1 %	5	0.0 %	2	0.0 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	65	3.2 %	33	1.7 %	1	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	20	1.0% fewer in the foster care file.	2	0.1% fewer in the adoption file.	41	2.1% fewer in Unofficial Adoption file*.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	2	0.0 %	0	0.0 %	0	0.0 %

\* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) <b>[Standard: 76.2% or more]</b>	6,059	71.8	5,677	69.7	5,762	70.8
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	435	21.5	481	25.1	511	26.4
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	13,990	86.7	13,770	87.1	14,301	87.4
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	3,197	22.8 (68.1% new entry)	3,005	22.0 (68.8% new entry)	3,049	21.6 (69.3% new entry)

#### FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY 05, FY 06 , and 07 counts of children in care at the start of the year exclude 450 , 473 , and 493 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell “Dates are Problematic”.

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 13.6 in FY 05. This includes 44 children who entered and exited on the same day (who had a zero length of stay). If 44 were excluded from the calculation, the median length of stay would be slightly higher at 13.7.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 7.0 in FY 06. This includes 15 children who entered and exited on the same day (who had a zero length of stay). If 15 were excluded from the calculation, the median length of stay would be slightly higher at 7.1.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for 07. This includes 18 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

## **SECTION III – NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES**

### **Data Sources**

The information used in the following discussion is of two types. The policy/requirement for each item is listed. The information about the actions taken includes the final PIP measure for each item, followed by accounts of processes which PA has undertaken since the first round of the CFSR, some of which are a direct result of the PIP. Much of that information comes from the final progress report on the PIP, submitted by OCYF in May of 2005. Additional information comes from the Annual Progress and Services Report (APSR), as well as from OCYF Bulletins and special transmittals issued over the past four years.

The second type of information comes in the form of numbers and represents counts, scores, percentages and other ‘hard’ measurements. These data derive from different, and not always compatible, sources. Two of the sources are federal, two are generated by PA’s public child welfare system under federal guidance and submitted to federal representatives, and two are of PA origin.

The federal sources are the final report from PA’s first round of the CFSR and the data profile sent by ACF in January 2008 as one of the first steps in initiating the second round. The final report from the first round of the CFSR is used solely to compare those results to the information from subsequent periods, in particular from OCYF’s own Quality Services Reviews (QSR).

While there are no trend data available for CFSR scores, the data profile sent by ACF does permit trend analysis, at least to a limited degree. The data in the profile is the result of federal calculations on two data sets: the National Child Abuse and Neglect Data System (NCANDS) and AFCARS. There are three important factors that impact the information in PA’s profile.

The first factor is that NCANDS data comes from ChildLine, the central child abuse hotline and registry for PA. ChildLine’s system is not connected to any other data system; moreover, the information contained in the ChildLine system serves discrete purposes and was not designed to provide an overall view of the child welfare system in PA. It cannot, for example, answer how many open cases there are on victims of abuse and neglect. The estimates included in the data profile are the result of matching ChildLine records with AFCARS records. Those estimates represent only children entering care after a report of maltreatment, and exclude open cases on children who remain in their own homes. Thus, the number of abuse and neglect victims with open cases is seriously underestimated. CCYA provide services to far more victims of abuse

and neglect than the profile indicates, but there are no statewide data available to capture those efforts.

The second factor is that Pennsylvania's definition of child maltreatment differs from that currently used in most other states in that it provides for a differential response to reports of abuse and neglect; other states are moving towards such a system. While all reports to ChildLine can generate an investigation, only allegations meeting certain criteria must be investigated within 24 hours, and others do not require an immediate response. Likewise, while many allegations will require immediate response, only those cases meeting the specific criteria in the statutory definitions of child abuse and neglect will be substantiated. As the ChildLine system incorporates those definitions, only the investigations resulting in substantiated reports are registered and maintained in the system. It is for this reason that the safety data profile for PA may look very different from the data elsewhere. For example, the substantiation rate for PA is about half of the national average.

The third factor is that ChildLine generates one report for each victim child. Therefore, the NCANDS data shows a much larger number of reports in other states than the actual number of victims.

PA submitted an additional NCANDS submission for the period April 1, 2006 through March 31, 2007. The data profile shows three discrete Federal Fiscal Year (FFY) periods. This allows the state to obtain for any number of issues some idea of the longer term trends at work. Using two FFYs and then an overlapping alternative period reduces the utility of the trend data in the profile. The three points for each element are not equi-distant from one another and two of the periods overlap, while the other one does not overlap with either of the others. PA's data on some issues shows fairly clear seasonal patterns, such that comparison of March data with data from the previous September is potentially misleading.

AFCARS is the second source of the data profile. While AFCARS files are submitted semi-annually rather than annually, their structure is inherently more limited than that of NCANDS data. While there is a separate record in NCANDS for every child in every report, so one child may appear multiple times in the same submission, this is not true for each AFCARS submission. In AFCARS, each child has only one record that represents a summary of the last known status of the child as of the end of the submission period. This means that some significant information is suppressed. For instance, if a child was removed from his or her home during a single six-month submission period or if a child moved from one foster home to another and then to a group home, the basic information captured relates only to the last status. The file also contains fields for counts of the number of removals the child has experienced, as well as the number of placement settings since the last removal, but these do not provide information about the date(s) of the earlier removal(s) or of the type of placement setting

prior to the most recent one. When ACF creates the annual files underlying the data profile, the information is suppressed even further, so that only the last status during the entire year is captured.

Understanding these limitations is essential for understanding the data in the profile. During the first round of the CFSR a committee examining the data wanted to know whether children placed in relative care moved more frequently or less frequently than children placed elsewhere. The question could not be answered with basic AFCARS data, because the only information available for any period was the last placement setting. It was not possible to tell what the child's first placement setting was and what happened to the child later. It could only determine the last setting the child was in during that AFCARS period.

AFCARS represents the only statewide PA data for children in foster care. PA chose to use AFCARS data to create longitudinal files, interpolating removal dates which are known to have occurred but for which the files provide no exact date. This creates one record for each removal for each child, still summarizing information on placement settings, goals and other factors, but providing some improvement in the level of information. The longitudinal files are used twice a year to create data packages for the counties, and this is one of the sources of data which is unique to PA. Each data package shows five years of data, divided into six month periods, to provide counties with not just their current performance, but also the trends in performance over time. The specific beginning and end points for the five years vary somewhat depending on the measure but always include the most recent 10 six-month periods for which complete data are available.

The primary intent of the data packages is to give the counties consistent information to develop their NBPB, but with the onset of the CFSR the NBPB became the county PIP, so the original data packages were modeled on the data profile created by ACF. Over time, the design of the data packages was modified to provide better information for planning, as opposed to simple reporting of performance on the federal outcome measures. One of the changes made was to use ChildLine data directly, rather than NCANDS data derived from ChildLine.

The final data source is the information from the QSR that PA initiated as part of the PIP. The QSR were conducted in every county and twice in Philadelphia over the past four years. The QSR were modeled after the CFSR case review tool, but the process was modified and some sections were amended in an effort to elicit more detailed information. Since neither NCANDS nor AFCARS provide significant information on most of the items, the 23 outcome-related items in the QSR are the only source of performance information.

In each county 15 cases were selected for review. Very small counties were grouped into clusters with each cluster having 15 cases. Within the 15 cases, seven were foster care cases, seven were in-home cases and one was shared



case management representing a youth served by JPO who was placed in out-of-home care. There was no selection of cases by GPS or CPS status for the QSR samples.

Since the QSR was designed to provide counties with information they needed to improve practice, use of the data on a statewide basis is not straightforward. There are numerous small counties, but their proportion of the statewide population is relatively small. Therefore, to obtain an accurate picture of performance across PA, it was necessary to weight the data. The data does represent the rolled-up percentage of all reviews over the four-year period, but not in a simple way. The data were weighted by county class size to avoid over-representing small counties, so the results from each class contributed to the statewide scores in the same proportion as that class proportion of the foster care population as of March 31, 2007. The QSR data provided in this report differs from data used for the PIP in that the PIP data was not weighted. The PIP reporting occurred over multiple years and concluded in 2005, at which time not all counties had completed a QSR.

The QSR data cannot provide precise information on the progress on the various items. Since the reviews were conducted over a four-year period, some were conducted at the initiation of the PIP before any changes were made to policy or practice. Other reviews occurred later and had the benefit of showing the impact of change on several items. However, even for counties where the QSR occurred late, there is no baseline against which to measure progress. The best interpretation that could be made of QSR data is that it provides a mid-point measure of progress between the initial CFSR and the present.

It is also important to note that QSR data appears to indicate that reviewers were using different and more stringent standards than did CFSR reviewers. In some instances this seems to be an awareness issue when the issue under review was a major focus of the PIP; in others, QSR reviewers appeared to make their judgments based on a family's progress rather than on the work the county did. For example, in reviewing family connections to children in care, reading the individual QSR reports leaves the impression that the reviewers rated a case as a 'strength' only if the family had maintained a strong connection to the child, regardless of what the public and private agencies had done to foster that connection. Consistency was a challenge because the responsibility of the planning and oversight shifted from OCYF to CWTP during the process. Consequently, different staffs were assigned as second level reviewers.

Although OCYF and CWTP promoted consistency of ratings by reviewers, this was not the primary goal of the QSR effort. At the county level, the primary purpose was to disseminate and promote the vision of improved casework services articulated by the CFSR. OCYF intentionally involved local staff in reviewing the quality of their own work in order to get staff to think differently about their work and their cases. This engagement of staff may have affected

the accuracy of the measurement, however, it was considered to be a risk with many benefits to improve service provision. The QSR results are the only quantitative information available for most of the 23 outcome related items of the CFRS, however, the interpretation of the results requires caution.

## **A. SAFETY**

### **Safety**

**Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment**

**Item 2: Repeat Maltreatment**

### **Policy/Requirements**

**Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment**

Pennsylvania's protective service program has two components; Child Protective Services (CPS) and General Protective Services (GPS).

### **Child Protective Services**

CPS covers cases involving non-accidental injuries or conditions in the following categories;

- serious physical injury
- serious physical neglect
- sexual abuse
- serious mental injury

Cases involving imminent risk of serious physical injury or sexual abuse are included in CPS.

Persons who, in their occupation or profession, come into contact with children and have reasonable cause to suspect that a child under the care, supervision, guidance or training of them or of an agency, institution, organization or other entity with which they are affiliated is a victim of child abuse are required to report such cases to ChildLine, the Departments 24/7 hotline and registry of cases under investigation and confirmed as child abuse. All 67 county agencies are required to be available on 24/7 basis to receive reports.

In addition to receiving and referring reports of suspected abuse and neglect and reports of suspected student abuse, ChildLine maintains a statewide central registry of reports as follows:

- (1) A pending complaint file which contains reports of child abuse that are one of the following:

- (i) Under investigation.
- (ii) Pending juvenile or criminal court action.
- (2) A Statewide Central Register which contains the following:
  - (i) founded and indicated reports of child abuse; and
  - (ii) a subfile of the names of perpetrators of indicated and founded reports of child abuse if the individual's Social Security Number or date of birth is known to the Department. The subfile is retained indefinitely.
- (3) A statistical file which contains expunged reports of suspected, indicated and founded reports of child abuse after information which could directly or indirectly identify a subject of a report has been expunged.
- (4) A file of unfounded reports awaiting expunction.

If a report is received initially by the county and the county determines the report to be appropriate for a CPS investigation, the county must notify ChildLine.

The Child Protective Services Law (CPSL) mandates that the county children and youth agency is the sole civil agency to receive and investigate reports of suspected child abuse unless the suspected abuse was perpetrated by an agent of the county agency.

If a CPS report has been received and the child has been the victim of one or more prior substantiated reports of child abuse, the case must be reviewed by a multidisciplinary team to assist in the investigation and service planning.

Upon receipt of a report of suspected child abuse (CPS) the county agency is required to begin the investigation immediately, assure the child's safety, and see the child immediately if:

- emergency protective custody has been taken or is needed; or
- it cannot be determined from the report whether or not emergency protective custody is needed.

Investigations for all other CPS reports must begin within 24 hours and must be consistent with an initial assessment of risk and safety.

The child must be seen within 24 hours of the receipt of a CPS report.

Home visits must occur as often as necessary to complete the investigation and to assure the safety of the child. At least one home visit must be made during the investigation.

When conducting a CPS investigation the county agency must maintain a written record of the facts obtained from each interview it conducts. When a child has sustained a visible injury, a color photograph of the injury must be taken or obtained, if possible and appropriate.

Medical evidence and/or expert consultation is obtained when needed to support the CPS investigation.

If the investigation indicates serious physical injury, a medical examination shall be performed on the subject child by a certified medical practitioner. If there is reasonable cause to suspect there is a history of prior or current abuse, the medical practitioner has the authority to arrange for further medical tests or the county agency has the authority to request further medical tests.

If protective custody is needed, placement in the home of a relative who has a significant relationship with the child or child's family is the first preference if the child will be safe in such a home and the home is approved by the county agency.

Each CPS report which is under investigation must be reviewed by a supervisor on a regular and ongoing basis to ensure that the level of services provided are consistent with the level of risk to the child; to determine the safety of the child; and to assure that progress is being made toward reaching a status determination. Supervisors must maintain a log of their reviews with entries made at 10 calendar day intervals during the investigative period.

CPS investigations must be completed within 30 days of receipt of report. An additional 30 days is permitted when the agency documents the reason the investigation went beyond 30 days. Reports not completed within 60 days are determined to be unfounded and the information is expunged.

One of three status determinations must be established as a result of CPS investigations:

- founded (criminal or juvenile court finding of abuse)
- indicated (substantial evidence of abuse)
- unfounded (substantial of abuse not established)

(Indicated and founded cases are referred to as substantiated cases.)

When the agency can not determine the status of the case as a result of an ongoing criminal or juvenile court action the report may be submitted with a pending juvenile or criminal court disposition. At the conclusion of the court proceeding, the agency must submit one of the aforementioned status determinations to ChildLine.

If a CPS report is received involving a child currently open for services with the agency, the new investigation is assigned based on the organizational structure of the county agency for handling such reports, e.g., in some counties the report may be handled by a specialized investigation unit or in other counties the report may be handled by the caseworker assigned to the case. The results of the new report are incorporated into revised service planning for the child.

For CPS reports a determination of risk must be made at the conclusion of the report consistent with the risk assessment case interval policy.

Safety must be assessed during each face-to-face contact with the child and formal safety assessments are to be conducted at specific intervals as prescribed by the Department.

#### Agent of the County Agency

An agent of the county agency is a person who provides a children and youth social service either directly or under contract or through agreement with a county agency. An agent includes: pre-adoptive parents, foster parents, staff and volunteers of public and private residential child care facilities, staff and volunteers of public and private day care centers, group day care homes and family day care homes, staff and volunteers of public and private social service agencies, staff and volunteers of county detention centers, persons residing in the home of foster or pre-adoptive parents, a school employee of a facility or agency that is an agent of a county agency. The term does not include staff of Commonwealth-operated youth development centers and youth forestry camps.

Staffs in the Regional Offices of the Department of Public Welfare's Office of Children, Youth and Families conduct investigations of reports of suspected abuse perpetrated by agents of the county agencies.

#### **General Protective Services**

GPS covers cases not rising to the level of child abuse. This includes less serious injuries or neglect, environmental concerns, lack of supervision and cases involving the behavior of children. GPS services are provided to prevent child abuse, dependency and delinquency. GPS services are provided with the consent of the parents unless ordered by the court.

GPS reports are made directly to the county agency. GPS reports are not referred to ChildLine and are not maintained in the statewide central register. If a GPS report is made to ChildLine, ChildLine does transmit the information to the county agency.

For GPS reports the county agency must see the child immediately if emergency protective custody has been taken, is needed or it can not be determined from the report if protective custody is needed.

The county agency is required to prioritize the response time to assure that children who are most at risk receive an assessment first. (There is no 24 hour requirement to see the child.)

GPS assessments must be completed within 60 calendar days of the receipt of the report.

The purpose of the assessment is to determine whether or not the child is in need of services to prevent the situation from rising to the level of child abuse or to alleviate conditions that could lead to dependency or delinquency.

Each GPS report which is under investigation must be reviewed by a supervisor on a regular and ongoing basis to ensure that the level of services provided are consistent with the level of risk to the child; to determine the safety of the child; and to assure that progress is being made toward reaching a status determination. Supervisors must maintain a log of their reviews with entries made at 10 calendar day intervals during the investigative period.

During a GPS assessment the county agency must see the child and visit the child's home. Home visits must occur as often as necessary to assure the safety of the child and complete the assessment. At least one home visit must be made.

A decision to accept a case for GPS may be appealed by the custodial parents or the primary persons responsible for the care of the child.

For GPS reports a determination of risk must be made at the conclusion of the report consistent with the risk assessment case interval policy.

Safety must be assessed during each face-to-face contact with the child and formal safety assessments are to be conducted at specific intervals as prescribed by the Department.

Health care providers who are involved in the delivery or care of an infant who is born and identified as being affected by illegal substance abuse or as having withdrawal symptoms resulting from prenatal drug exposure must make a report to the county agency. The county agency will then provide or arrange for appropriate services for the infant and family.

## **Item 2: Repeat Maltreatment**

Pennsylvania does have a regulatory, as well as a statutory requirement for alternative response systems within the local county children and youth agencies. The Child Protective Services Law outlines the requirements for the alternative response system, Child Protective Services (CPS) – General Protective Services (GPS) including expectations for response times, investigations and assessments, contacts and services.

The purpose of the alternative response systems is to prevent families and children from unnecessarily becoming involved with the county agency when there are prevention services within the community that can best serve their needs.

Local county children and youth agencies determine independently how cases served through their alternative response system can best be served including whether or not the services are provided through their own agency or another community agency.

In addition, child welfare regulations require that if a child is the victim of a substantiated incident of child abuse and the county receives a subsequent allegation of suspected child abuse, the CCYA must arrange for a review by its multi-disciplinary team (MDT). Prior to the MDT, the CCYA must review the FSP and make a recommendation to the team on the appropriateness of the plan and whether additional or different services are necessary for the protection of the child. The plan must be modified to reflect the recommendations of the team and to implement any necessary actions to fulfill the necessary recommendations.

### **Actions Taken**

While PA was not required to address this outcome or its items in the PIP, there have been some changes in policy since the first round of the CFSR. Most importantly, OCYF issued Bulletin #3490-06-01, which creates a new safety assessment and safety plan process. While the bulletin was designed to standardize decision-making about safety and to bring PA into conformity with the requirements of ASFA, the ultimate goal is to reduce the incidence of repeat maltreatment. Implementation of this bulletin revealed that additional changes needed to be made to the safety assessment process in Pennsylvania. As such, Bulletin #3490-06-01 was suspended in order for changes to be made to make practice more consistent and effective statewide. While the bulletin has not yet been reissued, changes to the Safety Assessment Process are being piloted in Philadelphia, consistent with the recommendations of the Philadelphia Child Welfare Review Panel.

Bulletin #3490-08-01 Developmental Evaluation and Early Intervention Referral Policy was issued on March 21, 2008 and requires a procedure to refer, for early intervention services, children under the age of three who live in PA, and who have been subjects of substantiated reports of child abuse/neglect that occurred in PA. DPW also recommends that all children under the age of five, who are accepted for service by the child welfare system, be evaluated for possible referral for early intervention services.

Bulletin #3490-08-02 Implementation of Act 126 of 2006 amending the Child Protective Services Law was issued March 24, 2008 and requires CCYA to maintain an annually updated photograph of children in family case records and to include these photographs when the record is transferred to another CCYA.

### **Data Trends**

Data on the timeliness of initiating investigations of child maltreatment come from the QSR, and those results are likely to understate the performance of CCYA because the reviewers did not limit themselves to the period under review. The

statewide results show that 98% of the CPS investigations were initiated on time. For GPS assessments, the percentage is 77%. The CPS percentage indicates that CCYA prioritize the investigative/assessment resources to focus on those cases considered most serious. GPS assessments represent by far the larger proportion of cases, so the overall average for timeliness of initiation is 80%, which is much closer to the GPS figure than to the CPS figure of 98%.

Currently, the QSR is the tool that compiles data on the timeliness of investigations/assessments. While PA does not have a data system that allows us to review county-specific data, response times are evaluated during the annual licensing inspection conducted by OCYF Regional Offices or upon receipt of a complaint. For CPS reports, the statute requires that a child be seen within 24 hours, however, for GPS reports the response time is prioritized based on safety and risk. We have identified the need to strengthen State policy regarding response times and will be issuing an OCYF bulletin in 2008 to address this issue.

**Table 1  
Safety Outcome 1 Strengths**

<b>Items</b>	<b>QSR Cases Rated as Strength</b>	<b>Round One CFSR Score</b>
Item 1: Timeliness of Initiating Investigations	74%	83%
Item 2: Repeat Maltreatment	88%	97%

Table 1 shows one example of how QSR reviewers were more stringent in their scoring than would appear to be appropriate for the facts of the cases. While 80% of the investigations were initiated on time, QSR reviewers rated only 74% of the cases as exhibiting “strength” on the timeliness item. Some standard beyond the regulatory requirement appears to have been applied, raising the caution noted above about comparing these results with the round one CFSR scores.

For the second item, repeat maltreatment, there are two sources of data: the data generated for the semi-annual data packages which use the federal syntax to measure performance on each of the data-driven outcome measures and the QSR. The former focus on only CPS reports, while the latter focus on both CPS and GPS reports.

For the period beginning October 1, 2001 through September 30, 2006, the latest period for which data have been calculated, the percentage of cases in which repeat maltreatment occurred within six months of a substantiated CPS report never went above 3.4%, far exceeding the national standard for both rounds of the CFSR. The lowest recorded percentage of cases with repeat maltreatment was 2.2%, in the period from October 1, 2005 through March 31, 2006.

The QSR show a higher rate of repeat maltreatment because of the difference in both method and the range of reports examined. 11% of the cases showed an



instance of a second repeat maltreatment within six months of the first substantiated report. The difference appears to be a tendency on the part of QSR reviewers to examine periods other than the period officially under review. In addition, during QSRs the total number of subsequent CPS and GPS referrals was assessed, not just additional CPS referrals. While GPS reports are not substantiated as child abuse, a decision is made on whether the allegations are valid and whether the family is in need of services to prevent future risk of maltreatment.

Excluding the two smallest classes of counties, each of which had relatively few cases, the percentages exhibited by different classes of counties stayed in a relatively narrow range, 10% (Class 1, Philadelphia) to 17% (Class 5), with two exceptions. Class 2 counties showed only 5% of the cases with a second substantiated report, while Class 4 counties showed just fewer than 8%. There was a slight discrepancy between the actual recurrence of maltreatment and the rating of the cases as strengths. While 89% of the cases avoided recurrence, just fewer than 88% were rated as strengths.

The QSR tool asks substantially more questions than the round one CFSR tool in order to gauge the quality of the subsequent investigations, instead of limiting it to whether or not repeat maltreatment had occurred. Reviewers were asked to gauge (for reports of physical or sexual abuse) whether consultation with an expert took place and whether photographic documentation was found in the case file. Reviewers were also asked to investigate whether supervisory approval was obtained for the disposition of referrals. Therefore, if reviewers answered 'no' to some of the questions related to quality, they were directed to rate the item as needing improvement, regardless if the key federal criteria were met for the period under review.

## **Safety**

**Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care**

**Item 4: Risk Assessment and Safety Management**

## **Policy/Requirements**

### **Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care**

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. To help maintain a child safely in their own home, the county agencies will provide the following services:

- Counseling services which are supportive and therapeutic activities provided to a child or a child's family and directed at preventing or alleviating conditions, including crisis conditions, which present a risk to the safety or well-being of the child by improving problem-solving and coping skills, interpersonal functioning, the stability of the family, or the capacity of the family to function independently.
- Parent education which is practical education and training for parents in child care, child development, parent-child relationships and the experience and responsibilities of parenthood.
- Homemaker/caretaker service which includes home help, home care skills instruction and/or child care and supervision provided to a child and the child's family in the child's home by a trained homemaker or caretaker.
- Part day service which is care and supervision for a child for less than 24 hours per day provided under a family service plan to enable the child to remain in their own home.

A family service plan is developed and the provision and effectiveness of services is monitored and evaluated by the county agencies. The safety of the child is monitored by maintaining contact with the child, the family and the service providers. The frequency of these contacts is determined based on the risk designated to the child. Protective services regulations require that face-to-face contacts with the parent and the child occur as often as necessary for the protection of the child, but no less than once a week if the case is designated as high risk and the child remains in, or returns to, the home in which the abuse occurred or at least once a month when the case is not designated as high risk.

#### **Item 4: Risk Assessment and Safety Management**

Safety Management and Risk Assessment are two separate approaches child welfare workers take to determine whether a child can remain in their current living situation for the present and future. Safety Management is looked at to address any immediate concerns in the environment and is a continuous process of collecting information related to child safety. The child welfare worker assess any safety threats, which are the conditions or actions within the child's current living situation that represent the likelihood of imminent serious harm to the child. At the same time, child welfare workers are assessing the protective capacities, which are specific qualities that can be observed and understood to be a part of the way a caregiver thinks, feels, and acts that makes him or her protective. The child welfare worker then makes a decision whether the child is safe, safe with a comprehensive safety plan, or unsafe.

Risk Assessment looks at the assessment of potential risk to the child. Risk Assessment is an ongoing evaluative process in which each new piece of evidence that is obtained must be analyzed in order to determine the extent to which the child is in danger of harm. Along with determining the risk, the severity of the risk is also determined. Where risk refers to the prediction of future

events, severity refers to judgments regarding the seriousness or degree of harm or injury that has been experienced. A risk assessment form is used by child welfare workers to serve as a tool to use in focusing on factors which are associated with child abuse/neglect risk and severity. Child welfare workers are continually assessing risk, but they must complete a risk assessment summary form when a status determination is made on the referral and also every 6 months in conjunction with Family Service Plans and/or Judicial Reviews.

**Actions Taken**

<b>ITEMS 3 AND 4</b>	<b>SERVICES ARE PROVIDED TO PROTECT CHILDREN AND PREVENT REMOVAL AND RISK OF HARM</b>
Measurement method:	Qualitative case review
CFSR Round One Performance:	85%
Performance Goal:	88%
Status at end of PIP:	Pennsylvania completed all the tasks associated with this item.

The policy bulletin related to safety assessments was one part of a larger strategy to improve risk assessment and safety management. An additional part of that strategy was to partner with the Child Welfare League of America (CWLA) to review the existing risk assessment tool to ensure that it is in keeping with national best practice standards. This was a proactive effort to ensure that PA maintains Safety Outcome 2 as a strength. Based on the partnership with CWLA it was determined that while the existing risk assessment tool was in keeping with best practice, child welfare professionals may need to gather further information related to the 15 risk factors to make more comprehensive decisions about risk and stronger connections to the services needed. As a result, a Compendium of Rapid Assessment Instruments was made developed to provide additional resources to CCYA. Training and technical assistance on the Compendium was provided to counties through CWTP to facilitate their use. Further, as part of the implementation of the PIP, CWTP also revised the core curricula for new workers and the supervisory training series to address the link between assessment and planning. Revisions to the curricula were followed by revision and standardization of the FSP and FSP Review forms and by implementation of training on the skills of risk and safety assessments.

**Data Trends**

The QSR conducted across the state showed that 85% of the cases were provided services to protect the child and prevent removal. While by definition all of the cases in the sample were open for services of some type (including out-of-home placement), reviewers reported a higher percentage of positive scores for in-home cases than for foster care cases.

Safety and risk assessments must be completed at the conclusion of the CPS investigation or GPS assessment to assist in determining whether the family is in need of and should be accepted for services by CCYA. Therefore, these assessments must be completed on all cases, but not all cases are accepted for service. QSR reviewers reported that in 94% of the cases CCYA conducted safety assessments and in 93% they did risk assessments. Perhaps more importantly, reviewers also reported that the actions taken on the case were consistent with the findings of the safety and risk assessments in 95% of the cases.

**Table 2  
Safety Outcome 2 Strengths**

Items	QSR Cases Rated as Strength	Round One CFRS Score
Item 3: Services to Protect and Prevent Removal	84%	85%
Item 4: Risk of Harm	79%	85%

Table 2 shows that reviewers were more stringent in their final grading of each of these items than may have been warranted by the facts of the cases. Most notably, while 93% to 94% of the cases had risk and safety assessments completed and in all but a few cases the subsequent actions of the cases were consistent with the findings of those assessments, only 79% of the cases were rated as strengths.

One of the key factors impacting the scores on Item 4 is the difference between cases where at least one child is placed out of the home and cases where all children remain in the home. Both risk assessments and safety assessments were done more frequently for in-home cases than for substitute care cases. Moreover, both the safety and risk assessments were more thorough when all the children remained in the home. This trend was especially notable in second class counties (Allegheny and the suburbs of Philadelphia), where only 59 percent of the risk assessments conducted for children in substitute care were considered to be thorough.

### **Summary of Safety Outcomes**

Examination of the four elements comprising the two safety outcomes shows Pennsylvania exhibits strengths in all the measured areas.

- Despite the wider review period and the more stringent standards used in the QSR, those reviews showed that 98 percent of the child protective investigations were initiated on time.
- For children with a substantiated CPS report between October 2001 and September 2006 the incidence of repeat maltreatment within six months has never reached even three and one-half percent.
- Quality service reviewers indicated that services to protect the child and prevent removal were provided in 85 percent of the cases.

- Virtually all cases had safety assessments (94 percent) and risk assessments (93 percent) and for 95 percent of these the actions taken after these assessments were consistent with the findings from those assessments.

While repeated measurements show a system which is functioning competently and the various policy initiatives indicate the system is seeking gradual improvement even over its current level of performance, there is another much publicized face to child welfare in Pennsylvania. This is a picture of a system in crisis, most recently exemplified in the much publicized study of 52 fatality cases over a six-year period in Philadelphia. This image, compiled from the system's worst results, suggests that only radical change will be sufficient, even to the point, as suggested by one of the recommendations of the Philadelphia Child Welfare Review Panel, of dismantling the Commonwealth's long established alternative response structure, i.e., its distinction between CPS and GPS. Thus, while other states move toward a more Pennsylvania-like system, the Commonwealth is urged to consider moving in the opposite direction.

Both views have some validity and can serve as impetus for the improvements that need to be made. They come together at the present time around the issue of safety assessment and safety planning. The report submitted by the Philadelphia Child Welfare Review Panel placed heavy emphasis on the decision-making processes related to safety, while the major changes related to maltreatment since the first round of CFSR have involved the standardization of safety assessment processes and new training designed to improve assessment skills and decision-making. The newly developed safety training emphasizes the need to gather information not just on the circumstances and nature of maltreatment, but also on the overall functioning of the caregivers and children. The training focuses on improving skills on information gathering to ensure greater accuracy in making safety decisions and developing appropriate plans. The training also emphasizes the need to assess the capacity of the caregivers to protect children and makes connections to building any diminished protective capacity through the family service planning process. This training is being offered in Philadelphia on an on-going basis. To date, 38 sessions of the newly developed safety training have occurred. 651 child welfare professionals at Philadelphia Department of Human Services attended the training. At this point, with the policy changes and training curricula still relatively new, it is to be hoped that these changes will be sufficient to address the most critical safety issues facing the PA's child welfare system.

In addition to the safety training being offered in Philadelphia, training on safety and risk assessments continues to be provided statewide as part of the caseworker certification courses, specifically Charting the Course towards Permanency for Children in Pennsylvania Module 6: Safety Assessment and Module 7: Risk and Family Assessments. Since 2003, 53 sessions of Module 6 and 7 were offered to 678 participants statewide.

During the fall of 2006, in response to issues raised about the services provided by the Philadelphia Department of Human Services (DHS) to families within their care, DHS developed the Children's Safety Net Action Plan. This plan was designed to address these immediate concerns and to ensure that DHS meets the needs of families served by DHS and its' contracted service providers.

The DHS Children's Safety Net Action Plan had four domains:

- Ensure safety and well-being of all children in the DHS system
- Conduct internal quality service reviews
- Improve provider oversight and monitoring
- Increase transparency and accountability

In addition, former Mayor John F. Street established the Philadelphia Child Welfare Review Panel (Panel) in the spring of 2007. This panel issued a comprehensive report on May 31, 2007, entitled *Protecting Philadelphia's Children, The Call to Action (Report)*. The report prioritized a series of recommendations into two phases and organized the recommendations along four key dimensions: Mission and Values; Practice; Outcomes and Accountability; and Leadership. The report can be found at: <http://dhs.phila.gov/dhsphilagovp.nsf/Content/COBP-CWRPFinalCombinedReport>

Specifically, Chapter 2 of the Report provides an overview of the:

- *"52 cases that underwent a DHS fatality review – 44 because they met the State criteria and 8 by special request. These 52 cases were the subject of this panel's review."*

A comprehensive analysis of the findings of the review of the 52 cases can be found on pp.7 – 10 of the Report. A few highlights from the findings are listed below:

- *"The cause of death was abuse in 20 cases."*
- *"Half of the children whose cases were reviewed were receiving services from DHS at the time of death."*
- *"36 children were infants; under 3 months (n=13) and 3 months to 1 year (n=23)"*

On page F-18, the SUMMARY section indicates that:

- *"Review of the case records revealed relatively few differences between cases involving a fatality and those in which no child died. The primary difference appears to be the age of the child"*

During 2007 and continuing in 2008, DHS has made progress in responding to the issues raised by the Panel. Several initiatives are underway to address safety issues generally and child fatalities that are reported to DHS because of

allegations of child abuse and/or neglect. The following list represents changes at the Department to support work in these areas:

1. Appointed a full-time project manager to manage and coordinate the wide range of work and activity related to child fatalities reported to DHS.
2. Expanded the Internal Child Fatality Review Team (ICFRT) to include two pediatricians and a child psychiatrist in addition to other professional staff
3. Drafted a protocol (currently being reviewed) that establishes a pathway for reviewing child fatalities that come to the attention of the Children and Youth Division (CYD)
4. Created a Rapid Response Team that assembles within 24-48 hours following a CPS report of alleged child abuse resulting in a child fatality on a family active with DHS.
5. Published several Safety Alerts regarding key information that is learned from child fatalities (both internally and externally)
6. Created a child fatality database designed to produce reports consistent with the needs of the Department, DPW/OCYF, various oversight groups (i.e. Community Oversight Board, the Mayor's Office and others. The database will also be used to support the analysis of systemic categories consistent with the recommendations that are made by the ICFRT
7. Currently implementing a Safety Model of Practice that begins with Hotline Structured Decision Making and continues during investigations and ongoing case management
8. Currently improving how children and families in need of in-home protective services receive focused services
9. Instituted a formal alert process for high risk cases being served by providers
10. Developed public service announcements about the concerns regarding co-sleeping with infants and included a campaign to provide cribs to families of infants
11. Collaborated with the Philadelphia Fire Department who is installing smoke detectors purchased by DHS for families in need who are receiving in-home services from DHS
12. Modified the placement referral process for infants. Provider agencies who accept referrals for infants from the DHS Central Referral Unit (CRU)

must confirm that the home has a crib or bassinet for each age-appropriate child or make immediate arrangements to acquire one

13. Instituted a new protocol for referrals to from the DHS Central Referral Unit when there is a request for a mother/baby placement and the infant (0-12 months old) is living at home with the mother

The recommendations of the Philadelphia Child Welfare Review Panel were reviewed for statewide applicability and several policy changes will be made to address systemic issues. For example, OCYF will be issuing additional policy on how quickly children who are subjects of GPS reports must be visited, and is working with the National Resource Center for Child Protective Services to implement a revised safety practice model. In addition, OCYF assessed its own internal procedures and is making changes to ensure operational consistency. This assessment showed that PA was not following its own protocol for the review of child deaths. While we are reviewing our protocol to ensure that it is consistent with national best practice, we are enforcing our existing policy and examining child deaths accordingly. Given the wave of change within PA, completion of the self assessment and the on-site review is timely and the PIP will provide us with a greater opportunity to continue necessary systems reform.

## **B. PERMANENCY**

### **Permanency**

**Outcome 1: Children have permanency and stability in their living situations.**

- Item 5: Foster Care re-entries.**
- Item 6: Stability of foster care placement.**
- Item 7: Permanency goal for child.**
- Item 8: Reunification, guardianship, or permanent placement with relatives.**
- Item 9: Adoption.**
- Item 10: Other planned permanent living arrangement.**

### **Policy/Requirements**

#### **Item 5: Foster Care re-entries**

OCYF Policy and regulations require that Family Service Plans and Child Permanency Plans address the necessity of the child's placement and require that objectives are met in order for the child to be safely returned to the home. The services provided to meet these objectives are provided to both the child and the family to alleviate the concerns that necessitated placement. The CCYA worker and the service provider workers are required to assess the child and family's progress in meeting the objectives of the plans.



**Item 6: Stability of foster care placement**

OCYF Policy and regulations require that the child's best interest be taken into account when placement is necessary. When placement is necessary, the placement must be the least restrictive, meaning the most family-like, setting that is available for the child. The placement must be consistent with the best interest and special needs of the child. The location of the placement in proximity to the child's home must also be taken into consideration to encourage visiting between the child and parents. By providing a familiar, family-like setting, which meets the child's needs, placements remain stable.

**Item 7: Permanency goal for child**

CCYA were instructed on concurrent planning by OYCF Bulletin #3130-01-01, and advised to develop policy on selecting cases on which to implement it. Most CCYA have been practicing concurrent planning in many cases.

The standardized Child Permanency Plan revised and issued to counties in 2006, contains a listing of "Concurrent Permanency Goals" in Section E, opposite to the "Primary Permanency Goals".

The Child Welfare Training Program has a training module on Concurrent Planning available to CCYA to further instruct child welfare workers.

Chapter 3130 (Administration of County Children and Youth Service Programs) is being revised as Chapter 3131, entitled Operation and Administration of a County Children and Youth Social Service Program. The revised regulations include a section on Service Planning and Case Management, with §3131.121 (relating to Service planning), subsection (h) stating: "The county agency shall begin the process of concurrent planning upon accepting the family for service in order to locate resources for the child should placement be necessary and to better implement the requirements of §3131.126 (relating to permanency planning) of this chapter."

§3131.126 (relating to Permanency planning) (i) states: "A concurrent permanency goal will be established for the child and implemented as needed concurrent with the primary permanency goal for the child."

§3131.127 (relating to Child's permanency plan) (c), listing required elements in this plan, includes (9) stating: "The concurrent permanency goal for the child should the permanency goal identified not be achieved."

**Item 8: Reunification, guardianship, or permanent placement with relatives.**

OCYF Policy and regulation require that when placement is necessary, that planning is made to return the child to their home when the conditions that necessitated placement are alleviated and the child can be safely returned to their home. There is also to be a concurrent plan developed in case the option of returning the child to the home becomes impossible. The permanency goals that

may be used for the child include: return to own home, placement in the home of another relative, adoption, placement with a legal guardian, independent living, and long-term placement. It is required that at a minimum every six months a permanency hearing which reviews the child’s placement and progress of the child and family meeting the objectives of their service plans is held.

**Item 9: Adoption**

OCYF Policy and regulation addresses adoption requirements and time frames established in relation to adoptions. Parental rights to a child can be either voluntarily or involuntarily relinquished. CCYA must use reasonable efforts to return the child to their home if the parents do not voluntarily relinquish their parental rights. Otherwise, the CCYA must file a petition for termination of parental rights when a child has been in placement for 15 of the previous 22 months. CCYA may seek immediate termination of parental rights if aggravating circumstances exist or if the child is considered a Safe Haven child.

**Item 10: Other planned permanent living arrangement**

OCYF Policy and regulation requires that a plan of other planned permanent living arrangement be implemented when the child can not be returned to their home and other permanency goals can not be attained. CCYA must consider the appropriateness of providing programs and services to help children with this permanency goal to transition to independent living in order to be able to successfully transition out of care when they are no longer eligible for services.

**Actions Taken**

<b>ITEM 5.</b>	<b>FOSTER CARE RE-ENTRIES</b>		
Measurement method:	Analysis of AFCARS data		
CFSR Round One Performance:	20.1%	Corrected Data CFSR Round One Performance	25.6%
Performance Goal:	18.75%	Corrected Round One PIP Goal	24.25%
Status at end of PIP:	21.9% Pennsylvania exceeded its performance goal based upon AFCARS data.		

<b>ITEM 6.</b>	<b>STABILITY OF PLACEMENT</b>		
Measurement method:	Analysis of AFCARS data		
CFSR Round One Performance:	85.2%		
Performance Goal:	87.1%	Renegotiated Goal to National Standard	86.7%
Status at end of PIP:	87.1% Pennsylvania exceeded its performance goal based upon AFCARS data.		

<b>ITEM 7.</b>	<b>PERMANENCY GOAL FOR CHILD</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	68%
Performance Goal:	71%
Status at end of PIP:	76% Pennsylvania exceeded its performance goal based upon 3 <sup>rd</sup> round QSR results. Renegotiated regulatory timelines and court improvement tasks. Pennsylvania met its goals for Item 7.

<b>ITEM 8.</b>	<b>REUNIFICATION, GUARDIANSHIP OR PERMANENT PLACEMENT WITH RELATIVES</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	69.7%
Performance Goal:	72.12%
Status at end of PIP:	72.3% Pennsylvania exceeded its performance goal based upon AFCARS data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 8.

<b>ITEM 9.</b>	<b>ADOPTION</b>
Measurement method:	Qualitative case review and analysis of AFCARS data
CFSR Round One Performance:	43% from qualitative case review; 19.1% from analysis of AFCARS data
Performance Goal:	46% from qualitative case review; 22% from analysis of AFCARS data Renegotiated Goal: 21.8%
Status at end of PIP:	55% from qualitative case review; 21.8% from analysis of AFCARS data Pennsylvania achieved its PIP goal based on AFCARS data. The data was within the sampling error. Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory and independent living practice standards timelines. Pennsylvania met its goals for Item 9.

<b>ITEM 10.</b>	<b>PERMANENCY GOAL OF OTHER PLANNED PERMANENT LIVING ARRANGEMENT</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	67%
Performance Goal:	70%
Status at end of PIP:	76% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory and independent living practice standards timelines. Pennsylvania met its goals for Item 10.

Many of the action steps taken as part of the PIP efforts to improve permanency outcomes affected more than one item and even more than one outcome. In fact, many of them were intended to improve both permanency and well-being outcomes. Those steps will be discussed most fully here and referenced later in the assessment only when it might be useful to highlight their impact on a specific item or outcome.

There were seven broad areas in which PA devoted efforts to improve permanency and well-being outcomes. These included:

- 1) updating of and training on the Practice Standards developed by the Child Welfare League of America (CWLA);
- 2) identification of models of successful practice and dissemination of those models to CCYA;
- 3) development and implementation of a system of technical assistance (TA) for both public and private agencies;
- 4) enhancement of the NBPB process;
- 5) development and implementation of a county quality assurance system;
- 6) enhancing the work of the Statewide Adoption and Permanency Network (SWAN) by offering services to all children in foster care, not just those with the goal of adoption; and
- 7) implementing the ABA Barriers to Permanency Project and the Legal Services Initiative (LSI) in various counties.

The work on updating the Practice Standards began with a crosswalk of the standards to the permanency outcomes of the CFSR. While the Practice Standards had been developed prior to the first CFSR, there was consensus that they represent the standards for which agencies should be striving. The crosswalk was undertaken so that it would be easier for both public and private agencies to integrate their efforts to implement the standards and to achieve the CFSR outcomes. Once the crosswalk was completed, the self-assessment tool used by agencies to measure the extent of their conformity to the Practice Standards was revised to reflect the integrated effort. In addition, training curricula were reviewed and revised, and training was provided to CCYA, private agencies and JPO.

The identification of models was a two-pronged effort. CWLA's Research to Practice work was utilized to identify evidence-based practices, which are discussed in the service array section of the self assessment, while OCYF identified models of practice in counties that demonstrated good outcomes. The results of both of these efforts were shared with CCYA for their potential utilization as they initiated their own efforts to improve their outcomes.

These first two efforts were designed to provide agencies with the knowledge and skill needed to implement specific initiatives designed to improve permanency and well-being outcomes for children and families. The second two

efforts were focused on the implementation itself. The TA effort consisted of several components: development of an organizational assessment tool, and the creation of a Center for Excellence (now the Organizational Effectiveness (OE) Department of CWTP) to provide the TA and a structured system of determining TA priorities. The organizational assessment was designed to identify which changes an organization might be capable of undertaking, recognizing that they may need to do a substantial amount of infrastructure work before implementing new practices. The prioritization of TA needs was then tied to the results of the assessment. The OE Department is located within CWTP to maximize the resources and connect TA to the themes and practices emphasized in the formal training sessions.

The other implementation effort focused on the NBPB process. New guidelines were developed to require CCYA to propose new initiatives or enhancements of existing efforts when one or more of their data-driven outcome measures failed to meet the national standards. In addition, counties were given semi-annual data packages which summarized not only their performance on the CFSR outcome measures but also provided them with county-level versions of the profile ACF provided. Training was provided on how to interpret the data and substantial assistance was given to the CCYA to assist them in improving data accuracy.

The fifth initiative completed the circle by providing a mechanism for measuring performance. A QSR instrument was developed based on the CFSR tool and reviews were conducted in every county during the course of the PIP implementation. Some counties took the process further and conducted multiple reviews of their performance so that they could measure progress over time.

The sixth initiative is discussed in greater detail under Service Array. Another change includes post permanency services being offered to families living in PA who have adopted to reduce the number of adoption disruptions. The ABA Barriers to Permanency and LSI Projects listed as the seventh action step are also further described later in this report.

OCYF took more specific steps related to individual items under the first permanency outcome. These included:

- 1) development of proposed regulations regarding permanency goal setting and concurrent planning (items 7 and 8);
- 2) expanding the Court Improvement Project (CIP) beyond Philadelphia (item 7 and 9);
- 3) developing new practice standards related to permanency for children involved with juvenile court (item 7);
- 4) issuing a new bulletin on the use of PLC as a permanency option (item 8);
- 5) issuing a new bulletin on kinship care (item 8);
- 6) revising the training curricula related to kinship care and offering the updated training to both public and private agencies (item 8);

- 7) fully implementing PLC in all Class 1, 2 and 3 counties (item 8);
- 8) providing TA to courts and CCYA to reduce or remove barriers to timely adoptions (item 9);
- 9) providing public and private agencies with a protocol for searching for absent parents (item 9); and
- 10) developing proposed regulations to establish clear program and service requirements for youth aging out of the system (item 10).

There has been an especially large emphasis on legal issues among these and related initiatives. Aside from CIP, work was also done in conjunction with the American Bar Association (ABA), and a Judicial Roundtable was established. The roundtable focused on inter-county cooperation, improving relationships between courts and CCYA and increasing family engagement in court processes. This effort is leading to a national conference that will be held in Philadelphia in 2008 to promote family engagement in the courts.

### **Data Trends**

Analysis of the AFCARS submissions shows that over the past four and one-half years, the number of children in foster care declined by 12%, from 23,843 in September of 2002 to 20,959 in March of 2007. The data profile shows a decline from 22,010 to 21,395 between FFY 2005 and FFY 2006 with a subsequent increase to 21,837 by March of 2007. The increase appears, however, to reflect a seasonal variation because between 2002 and 2007 the number of children in care in March was consistently higher than the number in care at the end of the previous September in all years but one.

Looking only at the admissions to foster care over the past four and one-half years, one would have expected the decrease in the population to be even greater, because admissions declined by 19%. However, discharges declined even more, by 23% between September of 2002 and March of 2007. Moreover, discharges consistently outpace admissions during the April to September period, while the opposite is true during the October to March period.

While the number of children receiving services in their own homes increased over the past several years, it was not at the same rate as the decline in admissions to foster care. The fact that discharges are slowing faster than admissions suggests cause for a deeper examination of the data to determine what factors are producing such an apparent disparity. For instance, discharges could be down due to changes in AFCARS reporting practices, or to more 18 year old foster children choosing to remain in care. As of March 2007, PA fell short of the national standard on both the first and second composites, i.e., those dealing with reunification and adoption, so permanency efforts should also be considered, in addition to AFCARS reporting issues. PA continues to refine its data collection capabilities and will be improving the integrity of in-home services data by issuing revised data collection policy and forms in 2008. This will allow us to do a more in-depth analysis of in-home services data.

On the reunification composite, PA does not reach the national median, and fails to meet the national standard. Much of that, however, is due to the re-entry score, which is not related to the frequency of discharges and will be discussed separately below. If one examines the other three measures included in the composite, a somewhat clearer picture emerges. PA falls only slightly below the national median on each of the first two measures, which are both retrospective in nature, i.e., they deal only with children who were actually reunified. On the third measure, however, which examines the percentage of children reunified within 12 months after their first entry into care, PA's score stands about halfway between the national median and the 75<sup>th</sup> percentile.

In PA, the number of children discharged to reunification tends to include more children who have been in care longer periods of time than is the case elsewhere, but the probability upon first entry that a child will be reunified with his or her family is greater than it is in most other places in the country. If one takes a broader view and examines all the children entering care, not just those entering for the first time, over half return home within one year and about two-thirds within two years.

Children entering care in PA are more likely than children elsewhere to be reunified with their families, whether that reunification occurs within 12 months or not. There is clearly a need for improvement in the timeliness of those reunifications, as indicated by the fact that PA does not achieve the 75<sup>th</sup> percentile<sup>1</sup> on the third measure, but that improvement should not reduce the chances of children being reunified that have been in care longer than 12 months.

The adoption composite exhibits both similarities with and differences from that of the reunification composite. The data profile indicates that PA comes very close to meeting the national standard. On the two retrospective measures, i.e., those dealing with only the children actually adopted, the results are somewhat similar to those for reunification. PA falls slightly short of the national median on the first measure (adoption within 24 months) and slightly exceeds the national median on the second measure (median time to adoption).

The other three measures provide a clearer picture of current performance. On those dealing with children in care 17 months or more, PA is just above the national median for getting children adopted within the year being reviewed and is more than halfway between the national median and the 75<sup>th</sup> percentile on getting children legally freed within the first six months of the year. Compared to other states, PA is more likely to make progress for children in care over 17 months and about equally likely to achieve adoption.

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<sup>1</sup> While the measures themselves do not have standards, the 75<sup>th</sup> percentile is used in this discussion as a kind of benchmark, on the assumption that, in general, if a state met the 75<sup>th</sup> percentile on each measure, it would also reach the national standard.

PA excels in moving children who are freed for adoption to finalization. Among those children freed for adoption during the previous year, 61.6% had their adoptions finalized within 12 months of being freed. The 75<sup>th</sup> percentile on this measure is 53.7%. Among all the measures on this composite, therefore, this is the one that drives the composite score close to the national standard.

We believe there are two important practices that have caused PA to move children whose parental rights have been terminated to adoption in a timely manner. The first is that since 2003, children no longer need to have a court ordered goal of adoption in order to receive permanency services from SWAN. This change in practice means that by the time a child's parental rights have been terminated, the child may already have a child profile completed and perhaps even an adoptive family identified through recruitment efforts.

The second notable change in practice is the overall focus of all CCYA on eliminating existing legal barriers to permanency. While all CCYA have an increased focus on removing legal barriers, two programs have demonstrated particular success in doing so: the SWAN Legal Services Initiative (LSI) and the American Bar Association (ABA) Permanency Barriers Project.

The LSI is currently active in the following counties: Allegheny, Centre, Westmoreland, Montgomery, Cambria, Lancaster, Lycoming, Snyder, Lehigh, Delaware, Lackawanna, Dauphin, Juniata, and Mifflin. The LSI provides paralegals in CCYA to manage the critical steps of diligent searches for parents and relatives and the legal paperwork. The LSI program has documented a reduction in the overall length of time from TPR to adoption finalization by 182 days compared to CCYA without the LSI where a reduction of 131 days in care from TPR to adoption finalization is documented.

The ABA Permanency Barriers Project is currently active in the following counties: Philadelphia, Lycoming, Montgomery, Warren, Armstrong, Centre, Beaver and Westmoreland. The following counties have previously completed the project: Berks, Cumberland, Huntingdon, Lancaster, Luzerne, Mifflin, Northumberland, McKean, Northampton, York, Blair, Lackawanna, and Venango. The ABA Permanency Barriers Project, which works directly with the county court and CCYA to identify and remove barriers identified in the local legal process, has decreased the overall length stay in care by 167 days compared to those counties without the Project. However, the period of TPR to adoption finalization is only one step in the process.

Both the LSI and the ABA Projects have reduced the overall length of stay for children with a goal of adoption by 260 days from the court ordered goal of adoption to the adoption finalization compared to counties who have neither program which have seen an average decrease of 140 days. While we do have data on every county, we have not done any analysis between the pilot counties.



One of the changes made by some counties is the combination of court hearings, for instance, combining the goal change hearing with the TRP hearing, which is often recommended by the ABA Project. We are not aware of any counties that have combined the TPR and finalization hearing.

In order to improve performance in relation to adoption, PA needs to find ways to move children to permanency more quickly than it currently does. PA needs to examine the feasibility of expanding programs that have been successful in pilot counties, such as ABA and LSI, statewide.

There are three additional issues related to the data-driven measures which need to be addressed: re-entry, permanency for children in care for long periods of time and stability of placements. For the former, in FFY 2004, PA had the highest percentage of re-entries among all states. It is difficult to say how much of this is a practice issue, because the data issues loom so large.

Several efforts have been made to improve the integrity of PA's AFCARS data including:

- training was conducted for all counties on AFCARS data elements to improve the accuracy of the data submitted;
- written guidance was provided to counties on specific AFCARS issues;
- a data quality management (DQM) system was developed and implemented to check the accuracy of AFCARS data in more detail than the federal review and also identifies "likely" errors even when the data meet technical requirements; and
- technical assistance was provided to counties to address county-specific issues.

While these efforts are improving the consistency of data, there are multiple data related issues. Since the counties submit their data from different original systems, the issues in each system are slightly different. The one issue which is common to several counties, even across different systems, is that their data systems were initially built as billing systems. Their primary purpose was to track payments and the changes in client status were correlated to changes in payments and not programmatic decisions. AFCARS definitions of items such as discharge and placement are far more subtle than fiscal transactions. For example, when payment stops, the system counts the event as a discharge, even if by AFCARS rules it would not be counted in that way. Thus, if a child runs away or enters the hospital or is placed into over-night respite, the child is considered discharged.

This might not be as serious an issue if the measure were focusing solely on reunification discharges. However, because of the federally defined structure of the AFCARS file, discharges which occur within the same period as a subsequent entry into care are assumed to be reunifications because the file

does not reveal what the discharge destination actually was. If PA had a historical file of all events which could show what actually happened, there might be some means by which to determine how many of these assumed discharges were really something else, but as of now that is not the case.

A more substantive factor impacting the re-entry rate is the inclusion of some JPO cases among the child welfare population. Recidivism rates are both more frequent among JPO cases than among child welfare cases and they are less subject to the control of the CCYA. While the decision to include some of the JPO cases in the child welfare population is not unusual, it is clearly having a negative impact on the re-entry rate. The data packets that have been distributed since 2002 provide demographic information, as well as program assignment breakdowns on each county's re-entry rate. The data enables counties to identify program-specific solutions regarding re-entry. Therefore, JPO trends can also be identified and solutions specific to this population can be developed.

A stakeholder committee was formed to identify data issues and to develop solutions to address re-entry. The committee developed a plan to delve deeper into the issue by having DPW regional staff meet individually with counties on a regular basis to discuss outcomes, including re-entry. 20 counties are currently engaged in this process. These meetings have already yielded positive results; from resolving AFCARS data entry issues to identifying promising practices to be shared with other counties attempting to improve this permanency outcome. In 2004, CWLA completed a report for PA that identified specific strategies to improving the areas needing improvement identified in the first round of the CFSR. All of these strategies have been shared with the counties and provide a framework for strategic planning. In addition, staff from CWTP work directly with counties to improve outcomes, including re-entry. The organizational effectiveness work done by CWTP is described in a later section. Finally, since August 2007, counties have been required to address their re-entry rate in the annual Needs Based Budget.

The first composite on which PA meets the national standard is achieving permanency for children who have been in foster care for long periods of time. PA reaches the 75<sup>th</sup> percentile on all three measures comprising that composite. Children are more likely to achieve permanency in PA than elsewhere when they have been in care more than 24 months and when they have been freed for adoption. Moreover, children who are emancipated are less likely to have been in care for more than three years, meaning that few children grow up in foster care and then age out of the system. These results suggest that the suggestion made above that children entering foster care are more likely to be reunified than children entering care elsewhere, even if not in a timely way, can be broadened to say that children entering foster care are more likely to achieve permanency than are children entering elsewhere, even if it takes longer than it should.

PA meets the national standard on stability of placement and exceeds the 75<sup>th</sup> percentile on all three measures. The percentage of children experiencing more than two placements has been improving over the past two and one-half years for children in care less than one year and children in care more than two years. For children in care between one and two years, the numbers are relatively stable.

The primary data available for evaluating performance on the remaining items under the first permanency outcome derive from the QSR. Table 3 shows the percentages of cases where each item was recorded by the reviewers as a 'strength'.

**Table 3  
Permanency Outcome 1 Strengths**

<b>Items</b>	<b>QSR Cases Rated as Strength</b>	<b>Round One CFSR Score</b>
Item 5: Re-entries	88%	33%
Item 6: Stability of Placement	74%	88%
Item 7: Permanency Goal	83%	68%
Item 8: Reunification, Guardianship, Placement with Relatives	74%	67%
Item 9: Adoption	84%	43%
Item 10: OPPLA	86%	67%

All of the QSR scores fit within a relatively narrow range, from 74% to just over 88%. The item with the highest score, re-entries, is also the item where the data-driven measure shows the lowest performance. The QSR reviewers were looking at more than just the fact of whether a re-entry occurred. When they recorded actual re-entries, they showed 23% of the cases exhibiting a re-entry within 12 months, not that different than the data-driven measure, although the measurement itself was done consistent with the first round CFSR re-entry measure. What the reviewers appear to be saying, however, is that in nearly half of the cases with a re-entry, they still thought the casework met the standards they expected. Stated differently, they did not appear to believe that the CCYA could have reasonably prevented the re-entry.

One of the lowest scores the QSR reviewers gave was for placement stability, one of the two issues on which PA exceeded the national standard on the data-driven measure. Reviewers were examining the cases from the perspective of the first round's measure, i.e., they were looking only at the first 12 months of placement. PA met the standard during the first round and continues to achieve the 75<sup>th</sup> percentile.

27% of the cases selected for the QSR showed more than two placements during the first 12 months, and that is consistent with the strength ratings the reviewers gave to the cases. In this instance, one would have to conclude that the cases selected for the sample were not typical of the caseload as a whole.

## **Summary of Permanency Outcome 1**

There are two broad areas in which PA shows considerable strength in its efforts to ensure that children have permanency and stability in their living arrangements. The first is in ensuring that placements are stable while children remain in foster care. Regardless of how long children remain in care, they are less likely than children in three-quarters of the rest of the country to experience as many as three placements.

The second area is in achieving permanency for children. More children who have been in care a long time achieve permanency than is the case elsewhere, and the probability that a child entering care for the first time will return home is higher here than in most of the rest of the nation. Moreover, once a child has been freed for adoption, he or she will almost certainly be adopted and the vast majority of those will be adopted within 12 months. There are few legal orphans. We believe this is because of some of the changes to the SWAN Program and the legal initiatives that were outlined on page 56.

The areas where improvement is most needed lie with the speed with which permanency is provided for children and, perhaps, with the permanence of their discharges home. A child discharged from care in PA is less likely than elsewhere to have been in care for only a short period of time, and that holds whether the discharge is to reunification or to adoption. That tendency may even be increasing, given that the number of discharges from care has fallen even faster than the number of admissions into care over the past four and one-half years. If discharges had kept pace with admissions, the number of children in care would have fallen 19% during that period, rather than the 12% it did fall.

Re-entries are more difficult to assess. While the data show the rate of re-entry to be extraordinarily high, there are clear and well-defined data issues which are not only difficult to overcome but which also hinder any effort to identify the real scope of the issue

The largest challenge for PA related to this outcome is to find ways to expedite permanency decisions and simultaneously bring down the re-entry rate. The system is often viewed as if it were hydraulic, i.e., decreasing the time required for reunifications is believed to increase the likelihood of re-entry, and vice versa. Improving performance on the first permanency outcome will require breaking that connection.

### **Permanency**

**Outcome 2:                   The continuity of family relationships and connections is preserved for children.**

**Item 11:           Proximity of foster care placement.**

**Item 12:           Placement with siblings.**

- Item 13: Visiting with parents and siblings in foster care.**
- Item 14: Preserving connections.**
- Item 15: Relative placement.**
- Item 16: Relationship of child in care with parents.**

### **Policy/Requirements**

#### **Item 11: Proximity of foster care placement**

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.

#### **Item 12: Placement with siblings**

If more than one child must be placed from a family, agencies do everything within their power to try to place siblings together, as long as doing so is not contrary to any of the children's safety or well-being. If siblings are not able to be placed together, agencies are expected to include sibling visitation as part of their service plans for the children.

#### **Item 13: Visiting with parent and siblings in foster care**

State policy requires that the county agency provide opportunity for visits between the child in placement and his/her parents as frequently as possible. An opportunity for visits, at a minimum, must be provided once every two weeks: at a time and place convenient to the parties; and in a location that will permit natural interaction.

An opportunity for visits is not required when visiting:

- is clearly not in keeping with the placement goal, e.g., adoption;
- is freely refused in writing by the parents; or
- is not in the child's best interest and is limited or prohibited by court order.

If child abuse is suspected, the county agency may reduce visitation if it has petitioned the court for a hearing within 24 hours of the suspicion.

If visitation between parents and children is cancelled by the county agency, make-up visits must be offered.

If a change in placement of a child creates a hardship on parents in visiting their child, the county agency is required to provide transportation for the child/parents to facilitate visitation. A hardship is established if the parents are recipients of any form of public assistance or if the new placement is 150 miles or more away from the county boundaries.

State regulations pertaining to placement planning also require that consideration be given to the location of placement which is in proximity to the child's home so as to encourage visiting between the child and parents.

There is no specific state policy which requires visitation between children in foster care and their siblings who are also in foster care at different locations. Sibling visitation is encouraged and considered best practice. The practice standards identify sibling visitation under Section II Service Planning: Involve Extended Family as a Resource, and Section III Service Delivery: Plan Family Visits, and sibling visitation is taught in the Family Reunification through Visitation curriculum.

#### **Item 14: Preserving connections**

OCYF Policy and regulation requires that children are placed in close proximity to their homes and their school districts. This requirement allows the child to maintain connections with their parents or guardians and their siblings through visitation and other contact. This visitation and other contact may be less frequent if the distance between the child's placement and their home was significant, which would diminish the preservation of connections. The relationship between the child and their siblings must be maintained and Indian Child Welfare Act (ICWA) placement preferences are followed.

#### **Item 15: Relative placement**

Pennsylvania policy, pre and post ASFA, supports placement of children with "fit and willing" relatives if such placement is best suited to the interests and safety of the child.

Because most placements occur on an emergency basis, policy was issued in 1987 facilitating emergency placement with relatives. This policy was revised and reissued in 2004 and:

- provides for an abbreviated home study, including immediate child abuse background checks and Pennsylvania State Police criminal history record checks, as a basis for immediate placement;
- allows 30 days for an assessment of the caretaker;
- provides for reimbursement of caretaker costs (excluding federal reimbursement);
- encourages the approval of the caretaker home as a foster family home if continued placement is necessary.

For ongoing kinship foster care placements, state policy requires that kinship foster homes meet State approval requirements. The same board rate reimbursement is given to kinship foster parents.

Preference for placing children with relatives is provided in State policy, OCYF Bulletin #3130-01-01, page 43, as follows:

“When a child is not returning home, county agencies must determine if a fit and willing relative is available for the child. If such a relative can be found for the child, then the county agency must discuss with the relative and the child, if age appropriate, legally sanctioning the arrangement. Adoption provides the most legal security for the child and relative. If, after fully reviewing this option, adoption is not an option, then permanent legal custodianship should be explored with the family. If that option, too is ruled out, then placement with a fit and willing relative in a foster family care placement, is a permanency goal for the child that should be the exception.”

Permanency goals for children must be ordered by the court in dispositional and permanency hearings.

The Juvenile Act was amended as a result of ASFA to provide for Permanent Legal Custodianship (the same as guardianship in ASFA). Relatives are the most likely to receive permanent legal custodianship for children. Pennsylvania policy provides for a subsidy to be provided to permanent legal custodians when the custodian meets the foster family approval requirements.

State policy as outlined in OCYF Bulletin 00-03-03 entitled Kinship Care Policy and the Kinship Care Act requires local children and youth agencies to give first consideration to placement with relatives when children must be removed from the home of their parents or legal guardians.

State policy as outlined in OCYF Bulletin 3130-03-01/3140-03-07 entitled Permanent Legal Custodian Policy provides requirements and guidelines for local children and youth agencies regarding the use of permanent legal custodian as a permanency option for children in substitute care.

**Item 16: Relationship of Child in Care with Parents**

Unless contrary to a child’s best interests, it is expected that placement will be as close as geographically possible to facilitate visitation. The Child’s Permanency Plan outlines expectations for family contact frequency, location and quality. Visits with the child’s primary caregiver should be once per week, and once every two weeks for other parents involved. In all cases, if visits are contrary to the child’s best interests, visitation frequency may be amended and the reasons documented.

**Actions Taken**

<b>ITEM 11.</b>	<b>PROXIMITY OF FOSTER CARE PLACEMENT</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	80%

<b>ITEM 11.</b>	<b>PROXIMITY OF FOSTER CARE PLACEMENT</b>
Performance Goal:	83%
Status at end of PIP:	91% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 11.

<b>ITEM 13.</b>	<b>VISITING WITH PARENTS AND SIBLINGS</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	63%
Performance Goal:	66%
Status at end of PIP:	79% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 13.

<b>ITEM 14.</b>	<b>PRESERVING CONNECTIONS</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	80%
Performance Goal:	83%
Status at end of PIP:	93% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 14.

<b>ITEM 15.</b>	<b>RELATIVE PLACEMENTS</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	53%
Performance Goal:	56%
Status at end of PIP:	86% Pennsylvania has exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 15.

<b>ITEM 16.</b>	<b>RELATIONSHIP OF CHILD IN CARE WITH PARENTS</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)



ITEM 16.	RELATIONSHIP OF CHILD IN CARE WITH PARENTS
CFSR Round One Performance:	67%
Performance Goal:	70%
Status at end of PIP:	78% Pennsylvania has exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 16.

PA made several changes specifically devoted to preserving the continuity of family relationships and connections for children. For item 11, proximity of foster care placement, regulations were developed and put into the clearance process to require both public and private agencies to document their consideration of distance from the child’s residence when making a placement. In addition, the curricula for both caseworkers and supervisors were revised to place greater emphasis on children being placed close to their families. Finally, some of the evidence-based practices and models disseminated to the agencies focused specifically on targeted foster family recruitment.

To promote more frequent visitation with parents and siblings in foster care (item 13),<sup>2</sup> OCYF developed revisions to regulations governing the administration of both public and private child welfare agencies to establish clearer requirements related to visitation and to include sibling visits. Special emphasis was placed on visitation with fathers and on transportation issues. Using the Research to Practice materials, OCYF also identified evidence-based practices and models related to the issue of visitation with fathers and non-custodial parents. These efforts were also intended to improve performance in relation to item 16, relationship of child in care with parents. OCYF also revised the Pennsylvania Visitation Manual to be consistent with the proposed regulations and made that manual available on all county servers.

In addition, 20 Family Centers received Fatherhood Initiative Grants and the 2007-2008 Grant Application estimates for population served over 1000 fathers. There were numerous curricula implemented by the Family Centers through their Fatherhood programs as determined by local planning and needs assessment. Among those most frequently used evidence-based/evidence-informed programs are Foundations of Fatherhood, 24/7 Dads, Parents as Teachers, Doctor Dad and Long Distance Dads.

Other Evidence-based/evidence-informed practices and models include:

- Fatherhood workshops  
Curriculum used includes:

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<sup>2</sup> The PIP contains no initiatives in relation to item 12, because PA was not required to address the issue of placement with siblings.

- *“Inside/Out Dads”*- for incarcerated dads, and *“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 & Me”* and *“Born to Learn”*.
- Other Workshops: Self Discipline, Anger/Conflict Management, Life Skills, Budgeting, Fathers Can, Divorce Education (Children in the Middle).
- Father/child activities (family outings and special events): Annual Family Fun Festival, Dad & Me Saturdays, Dads Day Out, Fatherhood Olympics.
- Resource centers (audio/video material, training videos, written material, informational pamphlets, brochures, and various other publications useful to fathers). Centers have established a “father’s corner” that is supplied with materials for fathers and have also made their centers more father friendly by devoting space in the newsletter specifically for fathers, hanging posters depicting fathers, and having more materials and activities that are more conducive to fathers.
- Reading incentives programs: Fatherhood Reading Incentive (reward for reading 20 books together).
- Case management: Partnerships with Mid-Penn Legal Services, Domestic Relations, Juvenile and Adult Probation.
- Assistance and counseling (transportation, housing assistance, emergency food, clothing, furniture and household items). Partnership with County Assistance Offices, and local resources.
- Job search training (GED, employment assistance and referrals, resume preparation, New Choices) Workforce literacy and job readiness training Partnership with CareerLink.

For item 14, preserving connections, regulations were proposed to clarify program and service expectations regarding the preservation of children’s connections, as well as to emphasize the requirements of ICWA.

OCYF also proposed revisions to the public agency regulations to emphasize use of kin as placement resources (item 15).

### **Data Trends**

The quantitative data available for assessing performance on the items for this second permanency outcome come from the QSR. Table 4 shows the percentages of cases reviewers rated most highly.

**Table 4**  
**Permanency Outcome 2 Strengths**

Items	QSR Cases Rated as Strength	Round One CFSSR Score
Item 11: Proximity of Foster Care Placement	89%	80%
Item 12: Placement with Siblings	83%	88%
Item 13: Visitation with Parents and Siblings in Foster Care	73%	63%
Item 14: Preserving Connections	78%	80%
Item 15: Relative Placement	77%	53%
Item 16: Relationship with Child in Care with Parents	66%	67%

The QSR information suggests that PA performs less well on the second permanency outcome than on the first. While one item, proximity of placement, has a higher score than does any item on the first outcome, generally the scores are lower and the range is certainly wider.

The strongest items in this group are those related to the placement of the child. In general, the reviewers found those placements appropriate in terms of proximity and in terms of placement of siblings together. The weakest scores involved visitation between children and their parents and siblings and the relationship between children in care and their parents. One difference is that the two stronger items both involve discrete decisions made once or relatively few times, i.e., where to place the child. Moreover, those 'discrete' decisions are dependent only on the actions of the worker. The others require more sustained efforts by all parties during the entire period the child is in care. It may also be that reviewers were measuring the actual frequency of visitation rather than the efforts agencies made to promote frequent visitation.

Both the data profile and the data analysis undertaken by OCYF provide additional information about relative placement. Approximately one in five children in foster care is placed with a relative, and this figure has not changed substantially over the past four and one-half years. Fewer than 3% of the children have a goal of discharge to relatives and between 3% and 4% of discharges are to relatives. These figures have also remained relatively stable over time.

During PA's first statewide assessment, the question of the impact of relative placement stability was raised by PA and it became clear that the question cannot be answered through AFCARS data. Since the AFCARS file only has the child's most recent placement, it is not possible to determine whether children whose first placement is in a relative's home experience more or less stability than other children. That will, however, become possible if the recently proposed regulations altering the AFCARS structure are finalized, because the new structure will maintain a history of placements.

## Summary of Permanency Outcome 2

The QSR reviewers felt that the public and private child welfare agencies were more successful in setting appropriate permanency goals, achieving permanency for children and preventing re-entries into care than were in keeping children connected to their families while the children were in foster care. Factors that may have influenced this differential success rate may be that some items require family cooperation while others do not, and reviewers may have given more weight to family feedback about their perceptions of the agency's efforts to keep them connected to their children in care.

### C. CHILD AND FAMILY WELL-BEING

#### Well-being

**Outcome 1: Families have enhanced capacity to provide for their children's needs.**

**Item 17: Needs and services of child, parents, foster parents.**

**Item 18: Child and family involvement in case planning.**

**Item 19: Case worker visits with child.**

**Item 20: Worker visits with parents.**

#### Policy/Requirements

##### **Item 17: Needs and services of child, parents, foster parents**

The Family Service Plan and Child's Permanency Plan focus on child/family strengths, risks assessments, goals, identified challenges and services to address those challenges and goals. The plans are as specific as possible in detailing who or which agency is responsible for what actions and in what time frames. Concurrent goals are included. Any services needed by the resource family caring for the child to help implement elements of the plan are also included.

##### **Item 18: Child and family involvement in case planning**

Agencies are expected to actively engage families in service planning, including scheduling meetings at times and locations convenient to the family. Notification of family, children, resource family, other agencies and individuals identified by the child and/or family is expected. Participants are given the opportunity to sign the plan, and they receive copies of the plan.

##### **Item 19: Caseworker visits with child**

##### Worker Visits with a Child in Placement or Receiving In-Home Services

When a child is receiving placement or in-home services, the CCYA is responsible for monitoring the safety of the child and assuring that contacts are made with the child.

The contacts may be by telephone or in person but face-to-face contacts must occur as often as necessary for the protection of the child but no less than:

- once per week until the case is no longer designated as high risk by the county agency, if the child remains in or returns to the home in which the abuse occurred and the county agency has determined a high level of risk exists for the child;
- once a month for six months or case closure when the child is placed out of the home or setting in which the abuse occurred; or
- once a month for six months or case closure when the child is at home and is not determined to be at high risk of abuse or neglect.

State regulations require supervisory oversight to ensure that the level of services and in-person contacts provided to the child are consistent with the child's level of risk.

#### Worker Visits with a Child in Placement in a state other than PA

When a child is placed in foster care outside the state where the child's parents reside, a public agency representative shall visit the child in the home or facility where the child is residing no less frequently than once every 6 months. A report, that describes whether the placement continues to be appropriate in meeting the child's needs, must be included in the child's placement record. The visit must be made by a staff person of the state or county child welfare agency from the state where the child is residing or by a staff person of the county agency with custody of the child. The involved agencies through mutual agreement shall describe which agency will conduct the visit.

#### Contacts and Visits by other Service Providers

In fulfilling its case management responsibilities, the CCYA is responsible to see that contacts and visits occur whether the county itself or another provider is making the required contacts.

The CCYA is required to visit the child as often as necessary to carry out the service plan regardless of whether services are being purchased from another agency. At a minimum, one visit must be made every 6 months.

The case contacts required above may be made by the CCYA or by another agency with whom the CCYA has an agreement to provide services to implement a family service plan. In fulfilling its case management responsibilities, the CCYA must have clearly defined expectations regarding how other provider agencies report situations in which child safety is jeopardized and the actions to be taken by each agency in responding to such reports.

NOTE: The above requirements apply to children receiving in-home services and to children in out-of-home placements.

**Item 20: Caseworker visits with parent**

State policy regarding worker visits and contacts with parents and the person responsible for these visits is the same as discussed for contact with children under Well-Being Outcome 1, Item 19, above. Visits and contacts with children and parents must be made pursuant to this policy.

In fulfilling its case management responsibilities, the CCYA is responsible to see that contacts and visits occur whether the county itself or another provider is making the required contacts.

The CCYA worker is required to visit the child and parents as often as necessary to carry out the service plan regardless of whether services are being purchased from another agency. At a minimum, one visit must be made every 180 calendar days.

The case contacts required under Well-Being Outcome 1, Item 19, may be made by the CCYA or by another agency with whom the county has an agreement to provide services to implement a family service plan. In fulfilling its case management responsibilities, the CCYA must have clearly defined expectations regarding how other provider agencies report situations in which child safety is jeopardized and the actions to be taken by each agency in responding to such reports.

NOTE: The above requirements apply to children receiving in-home services and to children in out-of-home placements.

**Actions Taken**

<b>ITEM 17.</b>	<b>NEEDS AND SERVICES OF CHILD, PARENTS, AND FOSTER PARENTS</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	68%
Performance Goal:	71%
Status at end of PIP:	71% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 17.

<b>ITEM 18.</b>	<b>CHILD, FAMILY INVOLVEMENT IN CASE PLANNING</b>
Measurement method:	Qualitative case review (PA used data from Spring 2005 round of the QSR to show that goal was met.)

CFSR Round One Performance:	77%
Performance Goal:	80%
Status at end of PIP:	57% Pennsylvania proposed modifying the Performance Goal to 58.5% Pennsylvania proposed modifying this goal to using the baseline of the third round quality service reviews and increasing the improvement by one-half of the difference between the CFSR performance and the original performance goal it proposed.

<b>ITEM 19.</b>	<b>WORKER VISITS WITH CHILD</b>
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	84%
Performance Goal:	87%
Status at end of PIP:	87% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 19.

<b>ITEM 20.</b>	<b>WORKER VISITS WITH PARENTS</b>
Measurement method:	Qualitative case review (PA used data from Spring 2005 round of the QSR to show that goal was met.)
CFSR Round One Performance:	68%
Performance Goal:	71%
Status at end of PIP:	66% Pennsylvania proposed modifying the Performance Goal to 67.5% Pennsylvania proposed modifying this goal to using the baseline of the third round quality service reviews and increasing the improvement by one-half of the difference between the CFSR performance and the original performance goal it proposed.

Some of the most concentrated efforts to come out of the PIP emerged from initiatives undertaken to improve performance on this outcome. In particular, OCYF, CCYA and private agencies focused special attention on improving the level of child and family involvement in case planning.

For items 17 and 18, the first initiative was to propose revised regulations governing both public and private agencies to require family involvement in case planning, and define expectations regarding case management and coordination among agencies. In addition, the basic caseworker and supervisory training curricula were revised to put greater stress on family involvement in case

planning. Research to Practice materials were also used to identify models of practice for improving family involvement.

The issues of caseworker visits with children and parents (items 19 and 20) were handled largely through proposing regulatory revisions. There was also a review of the training curricula to be sure that the requirements relating to and the benefits of frequent, regular contact between workers and clients were receiving sufficient attention. The frequency and quality of caseworker visits is assessed by the Regional OCYF Offices during the annual licensing inspections.

**Data Trends**

PA’s strongest item on this outcome relates to the children. Caseworkers are more likely to visit the children, especially in out-of-home cases, than they are to maintain regular contact with the parents. Moreover, the QSR scores show basically the same level of performance as was measured during the CFSR.

**Table 5  
Well-being Outcome 1 Strengths**

	<b>Items</b>	<b>QSR Cases Rated as Strength</b>	<b>Round One CFSR Score</b>
Item 17:	Needs and Services of Child, Parents, Foster Parents	59%	68%
Item 18:	Child and Family Involvement in Case Planning	47%	77%
Item 19:	Case Worker Visits with Child	82%	84%
Item 20:	Worker Visits with Parents	58%	68%

While QSR reviewers rated all of these items lower than did the CFSR reviewers, the largest change occurred in child and family involvement in case planning. As noted earlier, the long period of time over which the QSR were conducted makes it impossible to see them as a single picture of the state at a given time, but they do provide a general picture of the state over a span of time. While there may or may not have been significant improvement in involving children and families after the first round of the CFSR, there is little reason to believe that performance actually worsened, and certainly not by 30 percentage points.

The QSR reviewers applied a different set of standards than the CFSR reviewers. Specifically, it may have been the efforts to enhance child and family involvement in case planning that raised awareness of the issue and led reviewers to look more critically at the CCYA efforts to bring families into the decision making process. With changes in regulations in the offing, revisions in the training curricula and the introduction of new models of how to make decisions with families rather than for them, reviewers could not help but be aware that the paradigms relating to how families are to be treated were changing. With that new awareness, they seem to have raised the bar on this item significantly, demanding more from the public and private agencies than even the CFSR had demanded.



## **Summary of Well-being Outcome 1**

PA focused much effort on child and family involvement in case planning. That emphasis appears to have significantly impacted QSR reviewers scoring on these items, reflecting their high expectations and increased awareness. The changes that are occurring in this area have, perhaps, not had sufficient time to 'trickle down'.

## **Well-being**

**Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item 21: Educational needs of the child.**

### **Policy/Requirements**

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.

A child's education records maintained by the county agency must be given to the child or his/her custodian upon discharge from service. If a child is 18 or older at the time of discharge, the records are given to the child.

The Pennsylvania Department of Education released a Basic Education Circular (BEC) in February 2008 entitled Education for Homeless Youth which references the McKinney-Vento Homeless Assistance Act. This BEC was expanded to provide children "awaiting foster care placement" the same educational protections under the federal law as homeless children.

A child's permanency plan must include the names and addresses of the child's educational providers, grade level performance, and any other relevant educational information.

A child's educational status must be reviewed each time the case is reviewed and updated each time a child in foster care changes his/her place of residence. Whenever educational information is updated it must be given to the child's foster care provider and foster parent(s).

## Actions Taken

ITEM 21.	EDUCATIONAL NEEDS OF CHILD
Measurement method:	Qualitative case review (PA used data from Round 3 QSR to show that goal was met.)
CFSR Round One Performance:	86%
Performance Goal:	88%
Status at end of PIP:	89% Pennsylvania exceeded its performance goal based upon QSR data. Renegotiated regulatory timelines. Pennsylvania met its goals for Item 21.

As one of the PIP initiatives, OCYF developed a protocol on the educational needs of children served in the child welfare and juvenile justice systems. The intent was to provide coordinated guidance on the issues to both CCYA and school districts. OCYF distributed the protocol to the counties, while the Department of Education (DOE) did so to local school districts.

Foster parents were also provided assistance. A special transmittal was developed and sent to every foster parent to provide guidance on how to access educational records and other resources for the children in their care.

Regulatory changes were made only with regard to children being served in their homes, since the counties and private agencies already attended to the educational needs of children in foster care. The new regulations require that service planning for children served in-home encompass the educational needs of the children. Corresponding changes were made to the basic caseworker and supervisor training.

### Data Trends

PA scored 86% on the only item related to this outcome. The PIP performance goal was set at 88% and the final report on the PIP showed a score of 89%.

The QSR showed a statewide score of 88% on this item. Given that the reviews were done over a span of four years and reflect work done both before the start of the PIP and after its completion, that is probably a fair estimate of the progress at the mid-point. It is also consistent with what was reported for the PIP.

### Summary of Well-being Outcome 2

This outcome should not be an issue in the future. CCYA and private agencies were already addressing educational issues for children in foster care. Once it was made clear that similar efforts should be made for children remaining in their own homes, the agencies began both spending more time on the issue for the in-home population and documenting their existing efforts more completely.

## **Well-being**

**Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 22: Physical health of the child.**

**Item 23: Mental/behavioral health of the child.**

### **Policy/Requirements**

#### **Item 22: Physical health of the child**

Foster care regulations establish the following requirements and time frames for medical and dental care for children entering and while in 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.

State regulations require that after the initial health appraisal, each child is required be examined by a licensed physician once every 6 weeks for children birth through 6 months, once every 3 months for children 7 months through 23 months and once a year for children 23 months and older.

A child, 3 years of age or older, is to receive a dental appraisal by a licensed dentist within 60 days of admission, unless the child has had an appraisal within the previous 6 months and the results of the appraisal are available. The appraisal includes: taking or reviewing the child's dental history; examination of the hard and soft tissue of the oral cavity; and X-rays for diagnostic purposes, if deemed necessary by the dentist.

State regulations require that after the initial appraisal, children must have a dental examination at least once every 9 months during placement.

The agency is to assure that an immunization schedule is established for each child based on his or her immunization status.

A child must receive necessary medical care when ill.

The parents are encouraged to participate in the program of regular and appropriate medical and dental care for their child.

The agency is required to maintain continuing medical records for each child. State regulation also requires the agency to keep information on the child's known medical problems, including the identification of known physical, mental or emotional disabilities.

These regulations also require that information relating to a child's health and educational status must be reviewed and updated each time a child in foster care changes his or her place of residence. The most current information shall be given to the foster parents or foster care provider with whom the child is placed.

State regulation requires CCYA to provide, arrange or otherwise make available emergency medical services which includes appropriate emergency medical care for examination, evaluation and treatment of children suspected of being abused or in need of general protective services.

The Child Protective Services Law (CPSL) gives the CCYA and law enforcement officials the authority to arrange for photographs, medical tests or x-rays of a child who is alleged to have been abused. The CCYA and law enforcement officials shall coordinate their efforts in this regard and, to the fullest extent possible, avoid the duplication of any photographs, medical tests or x-rays.

The CPSL requires the CCYA to provide or arrange services necessary to protect the child while the agency is conducting an investigation of suspected child abuse. If the investigation indicates serious physical injury, a medical examination shall be performed on the subject child by a certified medical practitioner. Where there is reasonable cause to suspect there is a history of prior or current abuse, the medical practitioner has the authority to arrange for further medical tests or the CCYA has the authority to request further medical tests.

The CPSL requires each CCYA to make available for the prevention and treatment of child abuse and neglect: protective and preventive social counseling, emergency caretaker services, emergency shelter care, emergency medical services, part-day services, out-of-home placement services, therapeutic activities for the child and family directed at alleviating conditions that present a risk to the safety and well-being of a child and any other services required by department regulations.

Chapter 3800 (relating to child residential and day treatment facilities) establishes mandates and timeframes for residential and day treatment facilities and programs to follow to assure that the physical and mental health needs of children are met.

A child is required to have a health and safety assessment within 24 hours of admission to a residential program. The assessment is completed by medical personnel or a person trained by medical personnel.

A child has a health examination within 15 days after admission and annually thereafter or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics. The health examination shall be completed, signed and dated by a licensed physician,

certified registered nurse practitioner or licensed physician's assistant. Written verification of completion of the examination including the date and results of the examination, the name and address of the examining practitioner and follow-up recommendations will be kept in the child's record. The examination includes, but is not limited to: a health and developmental history; an unclothed physical examination; an assessment of the child's health maintenance needs and medication regime; physical or mental disabilities; immunizations, screening tests and laboratory tests as recommended by American Academy of Pediatrics; special health or dietary needs of the child; and recommendations for follow-up physical and behavioral health services, examination and treatment.

A child, 3 years of age or older, is to receive a dental examination performed by a licensed dentist and teeth cleaning performed by a licensed dentist or dental technician at least semiannually. If a child has not had a dental examination and teeth cleaning within 6 months prior to admission into the facility, an examination and cleaning shall be performed within 30 days after admission. Follow-up dental work will be provided in accordance with recommendations by the licensed dentist. The facility is required to maintain a written record of completion of each examination in the child's record including: the date of the examination; the dentist's name and address; procedures completed; and follow-up treatment recommended and dates provided.

A child, 3 years of age or older, is to receive a vision and hearing screening and services to include diagnosis and treatment for defects in vision and hearing by a licensed practitioner within 30 days after admission, unless the child has had a screening within the last 30 days and the results of the screen are available. Ongoing vision and hearing screenings are to be conducted at intervals in accordance with the periodicity schedule recommended by the American Academy of Pediatrics and follow-up treatment and services will be provided as recommended by the treating practitioner. The facility is required to maintain a written record of completion of each screening in the child's record including: the date of the screening; the treating practitioner's name and address; the results of the screening; follow-up recommendations made; and the provision of follow-up services and treatment.

### **Item 23: Mental/behavioral health of the child**

There is no specific requirement for a standard mental health assessment for a child coming into placement. (The specific policy related to a child entering a facility is discussed below.) State requirements for mental health examination and treatment are covered by the same provisions that govern physical health care and treatment.

State regulation requires the agency to keep information on the child's last known medical problems, including the identification of known physical, mental or emotional disabilities. These regulations also require that information relating to a child's health and educational status must be reviewed and updated each time

a child in foster care changes his or her place of residence. The most current information shall be given to the foster parents or foster care provider with whom the child is placed.

State regulation requires CCYA to provide, arrange or otherwise make available emergency medical services which include appropriate emergency medical care for examination, evaluation and treatment of children suspected of being abused or in need of general protective services.

The CPSL requires each CCYA to make available for the prevention and treatment of child abuse and neglect: protective and preventive social counseling, emergency caretaker services, emergency shelter care, emergency medical services, part-day services, out-of-home placement services, therapeutic activities for the child and family directed at alleviating conditions that present a risk to the safety and well-being of a child and any other services required by departmental regulations.

A child shall have a written health and safety assessment within 24 hours of admission to a child residential facility. Some form of the information required by the assessment shall include: medical information and health concerns including emotional problems; known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide; known incidents of aggressive or violent behavior; substance abuse history; and sexual history or behavior patterns that may place the child or other children at a health or safety risk.

A child has a health examination within 15 days after admission and annually thereafter or more frequently as specified at specific ages in the periodicity schedule recommended by the American Academy of Pediatrics. The examination includes, but is not limited to: an assessment of the child's health maintenance needs and medication regime; physical or mental disabilities; and recommendations for follow-up physical and behavioral health services, examination and treatment.

State policy as outlined in OCYF Bulletin 3490-08-01 entitled Developmental Evaluation and Early Intervention Referral Policy requires all children under age 3 who have been victims of substantiated child abuse to receive a developmental screen for possible referral for early intervention services. Local county children and youth agencies have also been encouraged to conduct developmental screens on all children age 5 and under that they serve, both those in their own homes, as well as those in substitute care.

## Actions Taken

<b>ITEM 23.</b>	<b>MENTAL HEALTH OF CHILD</b>
Measurement method:	Qualitative case review
CFSR Round One Performance:	83%
Performance Goal:	85%
Status at end of PIP:	83% Pennsylvania proposed deleting the Performance Goal. Renegotiated that a performance for this item would not be required. Performance here is more directly linked to Systemic Factors.

OCYF took an expansive approach to addressing the mental and behavioral health needs of children (item 23). The efforts began with two types of assistance to CCYA. First, products developed by the Dependency and Delinquency Health Care Services Work Group were reviewed and made available to the counties. These included a wide range of information, tools and resources related to addressing both the physical and mental health needs of children in the child welfare and juvenile justice systems. The Dependency and Delinquent Work Group produced three publications to improve access to physical and behavioral health care services for children and youth in the child welfare and juvenile justice systems. These publications were posted on the DPW website under “Forms and Publications”:

- Access Guide for Physical and Behavioral Health Care Services for Youth Who Are Dependent or Delinquent
- Directory of Statewide Services for Youth
- Toolkit for Providers: A Guide to Children’s Services in Pennsylvania

The second type of assistance was focused on counties participating in the Systems of Care (SOC) project, which is discussed in more detail under service array. Using a federal grant awarded to PA, OCYF selected 10 counties to implement a SOC approach to child welfare and juvenile justice services. OCYF is providing TA as the counties implement this practice model.

OCYF awarded grants of \$300,000 each to four counties (Allegheny, Bucks, Chester, and Erie) to implement the MAYSI~2 screening test to all entrants of secure juvenile detention. The MAYSI~2 Pilot Project grew out of the MacArthur Foundation’s Model for Change (MFC) Initiative. The MFC Initiative is a broad scale, multi-disciplinary effort to improve the operation and functioning of the juvenile justice and related systems. PA selected three Target Areas for Improvement: aftercare; disproportionate minority contact; and mental health/juvenile justice coordination. Workgroups were formed to develop strategic plans to address these areas of critical importance.

The Mental Health/Juvenile Justice Coordination Workgroup established the following primary goals:

- facilitate the development of screening and assessment process for county JPO;
- facilitate the proliferation of Evidence-based Programs;
- build capacity for Behavioral Health services; and
- improve behavioral health transitional/aftercare services.

The intent of the Mental Health/Juvenile Justice Coordination Workgroup was to support the design of a screening (and subsequently an assessment) process that employed standardized instrument(s) that were proven to be:

- 1) statistically valid and reliable;
- 2) relatively low cost;
- 3) administered by front line/intake staff;
- 4) recognized and accepted by multiple systems (i.e. JPO, CCYA, MH, Drug and Alcohol); and
- 5) potentially linked to funding for services.

The MAYSI~2 Pilot Project conducted by the four counties was formally evaluated and the evaluators concluded that legal and other barriers prevented implementation of the process in other counties. Each county faced different obstacles and each fared differently in overcoming these obstacles. The differences resulted in the project being implemented differently in each county. Not only did the differences affect the validity of the project but it also made county-to-county comparisons unreasonable.

Legal issues significantly reduced the number of youth participating in the project since no legal precedent existed to offer a clear direction on how to proceed. One issue involved confidentiality and the violation of Fifth Amendment Rights against self-incrimination. For example, if during an assessment, a youth revealed that he/she was currently using illegal drugs, can that information be used in criminal proceedings which may result in additional charges and a more restrictive placement? The “multi-layered consent” process also caused delays and by the time all parties gave consent, too much time had elapsed.

Barriers reported by Allegheny County included communication difficulties between child-serving agencies, time constraints, staffing, and youth and family involvement issues. In Chester County the biggest barrier was the differences between the dependency and delinquency court systems. However, they were able to use lessons learned and cross-systems collaboration from this project in application to become a Comprehensive Systems Change Initiative from the John D. and Catherine T. MacArthur Foundation. Barriers to service that were reported by focus groups in Erie county included: the ways in which youth were identified through the project as needing assessment (younger children who needed screening often times were not identified while some children who were flagged did not need assessment), and poor communication between



caseworkers and probation officers. Erie County also used lessons learned to obtain a grant from the John D. and Catherine T. MacArthur foundation to expand services to youth in all levels of probation.

Another outgrowth of the Mental Health/Juvenile Justice Coordination Workgroup has been the creation of a working group on family involvement for youth in the Juvenile Justice system. A family advocate leads our efforts to promote family engagement in the delinquent system.

Regulations governing public agencies were revised and put into clearance to ensure that each child would receive a health and safety assessment, including recording of his or her mental health and substance abuse history. Training curricula for caseworkers and supervisors were revised accordingly.

Three bulletins were released related to mental health services. The first, issued by OCYF, dealt with the Integrated Children's Services Initiative (ICSI), which realigned payment for behavioral health services so that those services were reimbursed under Medicaid rather than with the state Act 148 funds. This was followed by a bulletin issued by DPW outlining the FY 2008-09 Integrated Children's Services Plan (ICSP) Guidelines. This bulletin provides guidance to the counties on identifying the goals, strategies and outcomes that the counties would establish to assure the healthy development of children and an integrated approach to meeting their needs. The FY 2008-09 Guidelines offered counties an option to include a focus area on coordination between juvenile justice and mental health. The third bulletin, Bulletin #00-04-02, entitled MH/MR Services for Children Placed Out-of-County in Pre-adoptive or Foster Homes, focused on children placed in counties other than those which had legal custody of the child. In recognition of the difficulties such children sometimes encountered in accessing behavioral health services, the bulletin established policies and procedures for delivering coordinated interagency services. The bulletin established that each county is required to have written policies and procedures related to children who are receiving MH/MR services in the custodial county and who then move to another county. The custodial CCYA is responsible for making an effort to ensure pre- and post-placement planning for mental health and mental retardation needs of children placed in other counties and that these children receive any needed MH/MR services in a timely manner. Each CCYA shall designate an individual to serve as the intercounty coordinator to facilitate communication between county agencies; arrange for services and funding; and is responsible for follow-up to assure children receive comparable services within a designated time. Each county MH/MR office shall designate an intercounty coordinator to monitor provision of services to children placed outside their custodial county.

Bulletin #3800-02-01 Admissions Physical Examinations for Children in Substitute Care Who Are Enrolled in Medicaid was issued to establish policies

and procedures for payment and coverage responsibility for the physical exams conducted upon the child's admission to care in a residential facility.

**Data Trends**

Data related to actual performance on these items come from the QSR, and, for reasons discussed sufficiently above, those do not provide any real information with which to judge the level of progress achieved. The data shows the physical health needs of children being less often attended to than the mental health needs, which seems highly unlikely.

**Table 6**  
**Well-being Outcome 3 Strengths**

<b>Items</b>	<b>QSR Cases Rated as Strength</b>	<b>Round One CFSR Score</b>
Item 22: Physical Health of Child	77%	92%
Item 23: Mental/Behavioral Health of Child	80%	83%

**Summary of Well-being Outcome 3**

The projects that focused on screening for mental health issues among the juvenile justice population appeared to have limited value for the child welfare system as a whole, and were not expanded to other counties. As a result, PA's focus has shifted away from the screening focus to issues of comprehensive service delivery designed to meet mental and behavioral health needs through SOC. How well those counties currently using SOC are able to effectively meet these needs in their child welfare populations will determine PA's future success in this PIP effort.

## SECTION IV – SYSTEMIC FACTORS

### A. Statewide Information System

**Item 24: Statewide Information System.** *Is the State operating a statewide information system that, at a minimum, can readily identify 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?*

PA was found to be in substantial conformity with Item 24 during the last CFSR. The OCYF information technology (IT) needs are supported at the program level within the Bureau of Policy and Program Development, Information and Data Management Unit (IDMU) in conjunction with DPW's Bureau of Information Systems (BIS). IDMU is responsible for the collection and submission of data as it relates to the goals of OCYF and supports the IT needs of the program office. Its mission is to promote positive outcomes for children and families and impact service design and delivery by supporting OCYF policy and program staff in their collection, analysis, and management of information.

#### **CURRENT OCYF INFORMATION SYSTEMS**

At the state level, OCYF supports the child welfare program using multiple stand alone systems that were put in place over the years to comply with data reporting needs or program monitoring. Many of these systems were viewed as temporary solutions that would be replaced with a more comprehensive system. The systems described below are the most frequently used and are critical to the operation of the child welfare program. This list is not meant to be comprehensive of all OCYF systems or databases, since Excel and ACCESS are often used to track less frequently required information.

In addition to the systems supported by BIS, there are several systems being supported through contracts with other business partners. SWAN is supported through a contract with Diakon Lutheran Social Ministries and the Pennsylvania Independent Living Outcome Tracking System (PILOTS) is supported through the CWTP.

#### **AFCARS**

Each county, in compliance with P.L. 96-272 is required to maintain the capacity to determine the status, location, demographics, and goals of all children in foster care. Regulations at section 3130.46, Chapter 3130, Administration of County Children and Youth Social Service Programs, require CCYA to establish and maintain a child placement registration index from which up-to-date information about every child in placement can be readily obtained. This information includes demographic characteristics of the child, his/her legal status and location; goals for each child; and case review information. CCYA carry out these requirements through a variety of processes. Approximately 52 CCYA use the AFCARS Interim Solution (IS) to report to OCYF, the remainder use a county-specific information system.

Federal law requires States to collect and submit data to ACF on children in foster care and those who have been adopted under the auspices of the State child welfare agency. The federal information system that collects and processes this data is AFCARS. To meet this federal reporting requirement PA has a two step approach. IDMU must first receive and process 67 county AFCARS text files which are submitted to OCYF within 15 days of the end of the report period. These individual county files are submitted from multiple systems, including the Lotus Approach 97 System referred to as the Interim Solution (IS). CCYA enter the AFCARS elements into the IS, which must reside on a stand alone workstation within each county and cannot be networked. The county files are then merged into a state file using a Progress application that was written in 1996, which is no longer supported by the manufacturer and is not a Commonwealth supported language.

This two step process is highly resource intensive since it requires manual intervention at various steps to ensure that a state file is submitted timely. Data quality can only be addressed with counties at the time of their file submission rather than at the time of data entry into a system. OCYF uses two methods to evaluate the quality of a county file: 1) the federal AFCARS utilities checks are run via an ACCESS database designed to mirror the utilities and provide a user friendly report, and 2) additional data fields are compared and validated using a different ACCESS database to identify anomalies that may need to be corrected. Issues that require correction are communicated back to each county, which then resubmits a corrected file.

OCYF is currently working in coordination with ACF and the National Resource Center for Child Welfare Data and Technology (NRC-CWDT) on an action plan in regards to the recent TA provided for PA's AFCARS data collection system. A report was issued by the NRC-CWDT on May 29, 2007 following a site visit in late February 2007 that included the OCYF central office, Delaware and Philadelphia counties. A conference call followed and a plan of action was developed to address the six major issues impacting the quality of PA's data. OCYF identified short and intermediate term strategies. The long term strategies will be dependent upon the outcome of a feasibility study and alternatives analysis for a statewide system.

### **ChildLine Millennium System**

The ChildLine system is the Central Registry for all pending and investigated reports of child abuse. It is the only state level source of information on perpetrators of child abuse and is a vital link in ensuring the safety of children. ChildLine also conducts clearances on prospective child care service employees and school employees. The data from the ChildLine system is used to report NCANDS data on an annual basis; however, less than half of the NCANDS data elements can be reported at this time. The system does not capture timeliness of investigations or services information for maltreatment victims.

The ChildLine system is limited in scope to reports of child abuse as defined by the CPSL. The majority of investigations conducted; however, are GPS investigations and therefore fall outside the scope of the statewide central register. GPS cases are reported to the state at the aggregate level only, thus limiting the amount of information accessible at the state level for planning and oversight purposes.

### **Interstate Compact on the Placement of Children (ICPC)**

The ICPC processes mirror those in other states and are supported by an ACCESS database adopted from Illinois in 2007. This ACCESS database replaced a MAPPER system developed in 1986 and was needed to support the requirements of the Safe and Timely Interstate Placement of Foster Children Act of 2006 (HR 5403). This system allows PA to process information on the interstate placement of children for the purposes of adoption, foster care, relative or residential placement. Although this ACCESS system is functional, its use occurred as a reaction to an immediate need to meet 'Safe and Timely' rather than a planned strategy to support the business needs of the users. Since the system was not implemented prior to the effective date of HR 5403, users were required to track information on an Excel spreadsheet until a solution was found.

### **CY-28**

The CY-28 is a semi-automated system that collects aggregate data on children and families involved with CCYA. The information collected on the CY28 is submitted to the PA General Assembly and used for county budget planning. The CY28 was developed to collect data for children and families receiving child welfare services. It includes placement, adoption and in-home information, as well as county workforce data. The data is submitted by each of the 67 counties on an excel spreadsheet, which is then re-entered into a state system that uses an outdated PROGRESS application. The CY28 only provides point-in-time data on a quarterly basis and; therefore, its uses for measuring outcomes and providing insight for program improvement are limited.

The CY28 has recently been revised to eliminate duplication of data on children in foster care and those adopted. As part of this project, data definitions and reporting instructions were reviewed and revised as needed for the remaining fields. Additional aggregate data such as inter-country adoption disruptions/dissolutions and subsidized PLC were added. Since July 2007, five counties have been participating in an implementation pilot for the revised CY28 and training for the remainder of the counties began in November 2007. Statewide implementation is planned for 2008.

### **Pennsylvania Independent Living Outcomes Tracking System**

The PILOTS system supports the Independent Living (IL) Program under Chafee. CCYA workers are able to enter data on children participating in an IL program into a web based database. This system is limited to information on

services and outcomes on youth in an IL program and does not provide information on those youth eligible but not participating in an IL program. PILOTS does not interface with the AFCARS reporting system used by the state. The system would need major modifications to be used to track and report the proposed requirements of the Chafee National Youth in Transition Database (45 CFR Part 1356). This system is currently maintained through a contract with the CWTP.

### **Statewide Adoption and Permanency Network (SWAN)**

The SWAN program provides timely permanency services for children in foster care placement and in the custody of CCYA. SWAN also provides post-permanency services to all PA families who have adopted and those families who have provided permanency to a child through kinship care or PLC. Services provided include child profiles, child preparation, child specific recruitment, family profile, placement, finalization, and post-permanency services. The SWAN program's IT needs are supported via a contract with Diakon Lutheran Social Ministries. Diakon maintains the Pennsylvania Adoption Exchange (PAE), Resource Family Registry (RFR), and the Adoption Medical History Registry for OCYF.

### **Coordination of State and Federal Reporting**

Child welfare services are organized, managed, and delivered by 67 CCYA. Although DPW administers the funds (state and federal) and regulates the services, CCYA are responsible for providing services either directly or through contract agencies. CCYA are mandated to provide information to OCYF on the populations it serves. Counties vary significantly in regards to the use of IT to collect this information and as a tool to manage their agencies. Some counties have their own case management systems that are integrated with other county agencies; others use several smaller databases for reporting purposes; and still others mostly use paper.

### **CHANGES WITHIN PA'S IT POLICIES AND PRACTICE**

The importance and necessity for management information systems in meeting the business needs of program offices has been recognized at all levels within PA. A better understanding of the usage of data to track and measure performance and program outcomes has resulted in this significant culture change. This change includes a focus on interagency coordination and planning, comprehensive project management documentation and controls, quality management and fiscal responsibility.

### **Coordination and Reorganization of IT Staff**

All IT positions and staffing have been moved out of the individual program offices, including OCYF, and are now housed within a specific IT bureau within DPW. OCYF currently maintains program specialists within IDMU who perform project management, and program and business analyst functions in support of the county and state data collection, application maintenance and IT

development. Ongoing maintenance is planned at the Department level and is prioritized in regards to child safety, ensuring mandatory reporting, and where possible, making use of existing applications or parts thereof.

### **Creation of Project Management Offices (PMO)**

These efforts are supported through a close relationship with the IT professionals and management at the DPW level. All IT resources and planning are collaborated through DPW's PMO, which is the contact for all project planning and reporting.

### **Communities of Practice**

Project planning for new application and large development is completed through a Communities of Practice approach, where similar agencies work together to collaborate and build their business case for approval and fiscal support of their projects. This process is coordinated through the PMO. OCYF is a member of the Health and Human Services Community, which includes DPW and the Department of Health (DOH).

### **Resulting Outcomes**

Centralized IT provides an increased and more professional level of support, as well as a sharing of multi-disciplinary resources that allow for more coordinated back up, security and disaster recovery. IT staff are afforded additional and varied training opportunities, as are OCYF staff in the areas of project management, requirements gathering, and general application development processes. This training has resulted in a better understanding of the complexities of application development and maintenance. Regular status reporting and usage of proven project management processes have resulted in maintenance processes that focus on regularly planned releases for defect correction, accompanied by tight quality standards, detailed requirements identification and review and comprehensive user testing.

Coordinated interagency planning and management of IT has improved the ability to maintain OCYF's outdated legacy applications. Application assessments were completed at the decommission of the Pennsylvania Automated Child Welfare Information System (PACWIS). These assessments indicated that most of these applications were on outdated and sometimes non-supported platforms. Reviews of these reports, along with demonstrations and presentations of the AFCARS Interim Application and associated processing tasks, have ensured a better understanding of the current challenges OCYF faces and has resulted in the support for the request for TA from the NRC-CWDT.

Communities of Practice planning and the associated supports through the PMO at DPW have provided a solid planning foundation and project team for a renewed effort towards Statewide Information System Planning. These efforts have resulted in the recent submission of the Planning Advance Planning

Document (PAPD), which highlights plans for a Feasibility Study and Alternatives Analysis. The OCYF Steering Team for Information Technology is comprised of representatives from Allegheny, Montgomery and Lackawanna CCYA, Juvenile Justice, the Secretary of DPW's Office, the DPW Chief Information Officer, the DPW Children and Families Portfolio Manager, the OCYF Deputy Secretary, OCYF Bureau Directors, the OCYF Director of the Information and Data Management Unit and the OCYF SACWIS Project Manager. This team has worked together to submit the PAPD in efforts to move forward and identify a possible solution for a child welfare system in the PA. Currently, ACF and the Department are working on an agreement for the approach to cost allocation for the project. The Department, in conjunction with this team is in the process of choosing a vendor for the Feasibility Study and Alternative Analysis, which is expected to begin in August 2008. The vendor will be challenged with determining if a Statewide Automated Child Welfare Information System (SACWIS) is possible, and if not, determining what is best to support the business needs of the Commonwealth's child welfare program.

## **MEASURES OF EFFECTIVENESS**

### **TA Projects**

Operation Clean Submission (OCS) is the vehicle that OCYF uses to provide TA to counties for their data and reporting responsibilities. The main focus at this time is on AFCARS reporting, but expansion of assistance to other information systems and data collection tools is planned. OCS includes trainings, data quality processes and reports to CCYA. It has continually improved the quality of PA's data, since it was introduced during the last PIP.

### **Data Quality**

OCYF performs extensive validation of CCYA files as they are submitted. Each county file is run through the federal utilities and a state application, the Data Quality Management (DQM) tool, to identify any data quality issues. Acceptance of a county's file is dependent upon the outcome of this state validation and counties are required to resubmit their file if it does not meet an established threshold of compliance.

Checks are made in several areas which are directly related to outcomes; such as child placement moves, documentation of TPR and eligibility for Title IV-E. Information is sent to each county to verify their IV-E population and ensure accuracy. Phone contact is often made to clarify possible inconsistencies. This increases the contact between not only OCYF and each county agency, but also within each county, specifically the administrators and the AFCARS contacts. Counties have demonstrated an increased awareness of their own AFCARS and associated data issues and are much more involved in these processes since these data quality procedures have been put in place.

Counties now receive Summary Submissions, which provide a basic overview of each report period. This overview includes the report timeliness, number of



submissions to OCYF and any outstanding or specific issues that need to be addressed. Since it is sent to both the AFCARS contact and the County administrator, it encourages further discussion and has usually resulted in improvements at the county level. Additional data quality steps specifically focused on current AFCARS limitations include:

- Production of county specific data packages twice yearly and dissemination to both the county and OCYF regional offices, with the goal of continuous data quality improvement.
- Development of an ACCESS application, AFCARS Data Analysis System (ADAS), which automates part of the county file review process. ADAS utilizes the federal utility reports (generated using the federal utilities) by extracting the error records and listing all associated data elements involved in the consistency check groups. This system has decreased the labor intensive research of county data inconsistencies at the state level.
- Identification of dropped records in each county file for each AFCARS submission using the DQM tool. Dropped records due to record number changes are required to be footnoted. Counties are required to correct true dropped records and resubmit their AFCARS file.
- Requiring counties to report in their footnotes when a child's record number has gone from a temporary number to an actual Social Security Number. The footnotes are provided to the data analysis contractor so that the child's record remains intact.
- Reiteration, in county AFCARS training, of the requirement for the caseworker to question the child and parents regarding self identifying data elements and the federal guidance on the use of "unable to determine."

### **Data Usage**

The usage of child welfare data is increasing across all areas of the program, as well as at different reporting levels. Counties use data in many ways, yet are now expanding its usage in their NBPB Process. OCYF uses data at the statewide level, not only for federal reporting but at the department level in the internal DPW PeopleStat Process. A third focus on the usage of program data concerns the fiscal management and is reported on the Commonwealth level.

OCYF continues to enhance the NBPB process. Over the last several years the process has required that county budget requests and those associated narrative descriptions be backed up by data with the source identified. Additional requirements have also been added in regards to county outcome measures. Each county must select three outcome measures where improvement is needed from any of the goals of permanency, safety, and well-being. An additional goal in respect to the JPO population is also requested. They are not required to be AFCARS supported measures, but must be data that the county collects regularly and utilizes as a means to improve program performance. These measures are listed with the associated program, whose purpose is to improve the outcome and must be accompanied by an explanation of how the outcomes

will be monitored. Counties are supported in these efforts through their regional office and both are supported through county data packages and trainings focused on county specific data.

OCYF participates in the DPW PeopleStat process quarterly. PeopleStat is a forum, which is directly hosted by the Secretary of DPW and focuses on each program office and their outcomes by using a collaborative approach with all program office deputies within DPW actively participating. OCYF has worked with PeopleStat staff to develop program measures and complete trend analyses based on several years' data to illustrate how the child welfare system is performing from an outcome perspective. OCYF has used various measures, yet in usage of the Federal standards, OCYF has been directed to revise the targets to be even more aggressive. The objective is to improve county performance and overall program administration. Quarterly data must be accompanied by an explanation for the numbers. OCYF must identify the high and low achieving counties and through this collaborative approach, collectively work to identify stakeholders, methods and options to improve county performance. If cooperation or assistance needs are identified within DPW, the connections are made at that time and follow up is reported at the next meeting. The collaborative nature of the process has resulted in achieving more coordinated approaches to identifying service needs and the provision of that service delivery. Making connections with the state level partners, as well as a coordinated approach to creative thinking, leadership and problem solving has brought about a tangible way that change can be made through the use of data.

OCYF provides budget measures to DPW and the Governor's Budget Office. These measures are used in basic planning, trend analyses and on the Governor's performance report. These measures supply information on the number of children served, the types of services provided and the possible trends for the next four years. Actual figures are updated regularly and unexpected differences must be analyzed and trends re-evaluated. It is this constant review of the data that informs program staff of new and possibly evolving issues in regards to the population served and the provision and access to those services.

## **BARRIERS**

One of PA's challenges has been to find a balance between ensuring child welfare programs are administered effectively and efficiently throughout the Commonwealth, while also supporting county differences. OCYF continues to work to ensure both compliance and quality of child welfare data at the county level. This is in part due to a lack of real time information that is accessible at the state level. PA does not have a statewide information system from which it can pull child specific information, fiscal information or aggregate program information. This has hindered the ability to some degree to use data to track outcomes, monitor county performance and compliance, and make business decisions based on accurate and timely information.

At the county level there is a need to have a reliable and accessible case management system that allows the county to serve its clients and share case information. Counties have chosen to develop or transfer systems to meet their own business and reporting needs. There are currently more than five independent county systems in operation throughout the state. There is a wide variety of automation of business processes, ranging from comprehensive systems to use of multiple systems for different programs. Some counties only use the state's AFCARS system and all other processes are paper based.

CCYA submit their information technology plans to OCYF for a process of central review by the Department's Bureau of Information Systems and IDMU. The reviews of those plans are based on the Needs-Based Planning and Budget Guidelines and include current state standards and reasonable costs, allowable costs as per federal and commonwealth regulations and OCYF guidelines. CCYA are provided with information and technical assistance as to how they may purchase information technology equipment and services from the state contract, but each county has their own procurement processes and contracting strategies in place and may or may not participate.

Counties are basically provided with support for maintaining their current information systems; new development of child welfare applications is not supported by OCYF. Enhancements to current systems are possible if they are in regards to the development of management reports for existing county child welfare applications. This request was initiated by CCYA and supported by OCYF; in that, these types of reports would provide information critical to enhancing service delivery and better outcomes for children and families. OCYF is not supporting the usage of any one county application over another. In past efforts, OCYF had worked in collaboration with the National Resource Center for Information Technology on a project to identify options for county usage. That project resulted in a report that highlighted the functionality of the existing applications at that time, yet did not identify one application as better than any other. Any development effort will be focused on the outcome of the current statewide information system project.

As stated above, OCYF is working in coordination with its Commonwealth and federal partners to move forward with a federal PAPD for a Feasibility Study and Alternative Analysis. Through this opportunity, child welfare stakeholders plan to identify among alternatives the solution that is most feasible and will best meet the business needs of the state and CCYA. Although the solution is currently undefined, maintaining the status quo is not an option. The current systems at the state level do not adequately support OCYF business needs and there is little value in trying to maintain them in the old technology.

Additional barriers identified by the joint county/state committee included:

- CWTP trainings lack of inclusion of the AFCARS data elements and processes and its importance as a part of case recording;

- the lack of a strong link to the universal practice of day-to-day child welfare;
- the challenges of data and statistics as tools for program management; and
- the lack of proper resources for IT at the county and state levels.

## **STRENGTHS**

The major areas of strength are the data quality efforts described above, collaboration between stakeholders and the focus on the provision of training. The constant reiteration of the information in regards to the data and the ability to attend numerous trainings on these subjects builds the capacity for a better understanding and has increased the number of data conscious individuals, using the data in routine ways.

### **Collaboration**

OCYF collaborates with the counties and other stakeholders during monthly Evaluation and Data Coordination Committee meetings. The meetings are joint county/state meetings with a CCYA administrator as one co-chair, and the Director of IDMU as the other co-chair. These meetings have resulted in continuous identification and clarification of county and state needs in regards to data, its collections and challenges. It is this committee that has oversight for OCS planning.

This committee has recently collaborated on the development of an updated in-home tool for data collection. They are currently planning an intranet Website to improve county/OCYF communication that will include tools for collaborative planning, announcements, data, reference materials and much more. This committee has also participated in collection of information for the self assessment and participates in statewide system planning.

### **Training**

OCYF provides several types of training in regards to data. Through its OCS program it conducts training on the AFCARS IS, the AFCARS data elements, methods of data collection and data recording in a continuous effort to improve data quality and consistency across counties. Since 2003, 29 trainings were conducted with approximately 300 people. Regular quarterly AFCARS trainings are planned and usually held to capacity. CCYA have been asked to have trained back-up personnel and additional trainings are always being requested.

Additional trainings are provided in collaboration with the data analysis contractor. These yearly trainings address the use of the county data packages for the NBPB preparation. These trainings have been instrumental in assisting counties to use their data to tell a more comprehensive story of county needs and outcomes. These forums are provided on a regional basis and include OCYF regional staff so that a more proactive, supportive relationship is maintained through this demanding planning process.

Data trainings on the new CFSR measures were held in several forums and included monthly mini-trainings via conference calls. OCYF also provided training to CFSR and QIC Committees through the data analysis contractor and internal state data staff. More formal CFSR data trainings were held in regional settings and in coordination with OCYF regional offices. This wealth of training experiences in regards to the CFSR data has resulted in a much better understanding of outcomes being measured and the differences between this and the last CFSR data profiles.

### **Promising Approaches**

There are numerous promising approaches within the realm of child welfare data collection and usage. Many of those approaches include:

- increased importance of data to counties through the usage of data and outcomes for NBPB;
- better understanding of the need for data collection tools through a higher value on data and its usage at the DPW level through PeopleStat;
- collaborative planning processes for IT through the Communities of Practice process, which allows individual program offices to make and state their case for approval and funding;
- centralization of IT staff and offices, resulting in better qualified and trained staff and managers; and
- collaboration on a renewed statewide system planning process with ACF.

Promising approaches for data usage are being seen at all levels of child welfare. One project that is planned to begin in early 2008 is to expand the usage of data to better identify issues and inform management decisions at the OCYF central office and regional offices. Managers have requested a one page quarterly report that includes those data elements that best describe performance in their areas. The initial data reports are expected to increase not only awareness, but also discussion about changes on an ongoing basis within programmatic areas and help to guide managers in making better decisions.

Another promising practice is the plan to distribute the AFCARS frequency tool to counties. OCYF produced and sent these reports to counties after the last AFCARS submission. CCYA provided feedback in regard to its usefulness, as did OCYF regional office staff. It is hoped that the use of this tool within each county will heighten awareness about AFCARS submissions and help to increase data accuracy.

### **Key Collaborators**

Coordination with key collaborators is integral to the success of identifying 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. The structure of PA's child welfare program makes the inclusion of non-state agency stakeholder involvement even more critical. OCYF is dependant on the counties to submit good AFCARS data on a quarterly basis

and therefore they must maintain this critical information as required. Within each individual county, the CCYA must collaborate with the JPO, therefore, requiring OCYF to ensure that a coordinated and comprehensive message is received by both agencies. Provider agencies must also provide information to the CCYA on a regular basis and are therefore responsible for timely, comprehensive and correct information. All three groups are invited to be a part of the Evaluation and Data Coordination Committee. Leadership from the following groups is critical to move forward with solutions, strategies for improvements and statewide system planning: CCYA; JPO; Pennsylvania Council of Children, Youth and Family Services (PCCYFS); Pennsylvania Children and Youth Administrators (PCYA); private providers; other DPW partners; BIS; ICSP partners; Governor’s Office of Information Technology; JCJC; Family Court Judges; and the data analysis contractor.

**B. Case Review System**

**Item 25: Written Case Plan.** *Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child’s parent(s), that includes the required provisions?*

<b>ITEM 25.</b>	<b>PROVIDES A PROCESS THAT ENSURES THAT EACH CHILD HAS A WRITTEN CASE PLAN TO BE DEVELOPED JOINTLY WITH THE CHILD’S PARENTS</b>
Measurement method:	Qualitative case review
CFSR Performance:	77%
Performance Goal:	80%
Current Status:	Pennsylvania proposed deleting the Performance Goal. Renegotiated that a performance for this item would not be required. Performance here is more directly linked to Systemic Factors.

During the last CFSR, PA did not achieve the desired performance standards for Item 25. In the PIP, DPW and its cross-systems partners identified items, goals and actions to address the deficiencies identified relative to Item 25 with respect to legislation language. Concurrently, there have been continued efforts to engage children, youth, biological families and caregivers involved with the child welfare system, especially with respect to case planning. DPW, the courts and other partners continue to work to ensure that children, youth and families are engaged in the case planning process, in compliance with ASFA.

PA efforts to improve the involvement of families and youth in case plan development include expansion of the Court Improvement Project and Family Group Decision Making. We continue to support the growth of these programs and recognize that this will continue to be an area needing improvement. We remain committed to expanding these programs through technical assistance and provision of resources. More information regarding these programs can be

found under service array. Transfer of learning through CWTP has also enhanced these efforts. Twenty-one counties have participated or requested to participate in the transfer of learning package: Engaging Clients from a Strength Based Solution Focused Perspective or some variation of this curriculum. Two counties are either participating in or planning the TOL Package: Family Group Decision Making and one county participated in Engaging Absent Fathers.

### **Legislative and Regulatory Requirements/Changes**

As a result of the last CSFR, the PIP included a plan to develop a standardized FSP and CPP to insure that all required elements were consistently included. This task was accomplished, and the tool was distributed to CCYA in 2005. By standardizing these plans, DPW intended to promote strength-based child- and family-centered practice, facilitate case transfers among agencies, cut down on confusion and support collaborative service integration. Training was offered to assist in implementation of the new forms, especially in terms of TA to help counties load the forms into their data systems. Although these plans were intended as best practice examples, counties were allowed to continue to use their existing plan formats if the documents contained required elements; as a result, not all counties have adopted the standardized forms. As long as their case plans contain required elements, they may continue to use their own format. There are no plans at this time to require the use of these standardized forms.

Another part of the PIP was the plan to revise State regulations. A work group was convened to revise the State regulations governing the administration of both county and private social service agencies. Several reasons, including changes in key leadership positions, have generated shifting priorities and project re-evaluations, delaying the publishing of these regulations. However, the results of the original work group have been revised again, and updated to reflect statutory and policy changes of the past two years and the final set of changes is ready for administrative review.

Some of the key points added to the revised draft regulations include:

- Emphasis on active engagement of families in assessing their own strengths, challenges and needed services;
- Inclusion of fathers and non-custodial parents as part of visitation plans;
- Increasing minimum visitation frequency with primary caretakers to a minimum of one time per week;
- Inclusion of visitation expectations with siblings and extended family to a minimum of one time each month;
- Enjoining agencies to provide for communication in a family's own language;
- Enjoining agencies to insure opportunities for placed children to maintain cultural connections;
- Mandating meeting with family to develop plan;
- Concurrent planning/goals to be included in FSP and CPP;
- Placement resources to be identified as part of concurrent plan in FSP (promotes kinship care);

- Methods by which families are notified, invited, and encouraged to participate must be documented;
- As part of CPP, permanency plan and goal language was updated to be ASFA-compliant;
- CPP must include statement that child's placement allowed same school attendance or why this was not possible;
- Agencies enjoined to engage child in transition planning and document efforts; and
- Agencies must insure that each child is aware of the option to remain in care beyond the age of 18.

Regional OCYF staff continues to conduct licensing inspections of all CCYA. As casework files are being examined, the regional office staff members check to see if children, youth, family members and other caregivers are appropriately notified and involved in hearings and permanency reviews. Files are also reviewed to ensure that ASFA goals are met, particularly with respect to case planning, delivery of services and transition planning. The CCYA is required to submit a plan of correction to address all areas of non-compliance. TA and training are available if agencies are not in compliance with federal and state mandates.

### **Initiatives**

Additional efforts have also been undertaken at the statewide and county levels to promote children, youth and family engagement in the case planning process.

1. In 2004, DPW entered into a partnership with the ABA Center on Children and the Law to develop the Pennsylvania Barriers to Permanency Project. The ABA Project works directly with CCYA and their county courts to identify barriers within their legal system and develop plans to eliminate those barriers. In addition, the ABA offers trainings specifically designed for judges, attorneys and guardians ad litem, from across the state, regardless of whether or not they participate in the project. The overall length of stay for children in foster care has decreased an average of 9 months in the counties participating in this project.

#### **Outcomes:**

- The Project helped establish a family treatment drug court in Blair County that coordinates services, tracks progress and encourages accountability for substance abusing families.
- The collaboration with the ABA led the Northampton CCYA and the county court to develop an Interim Court Directive/Permanency Plan which is prepared at the conclusion of every permanency hearing and distributed to families before they leave court. The Interim Directive outlines expectations of both the family and the agency, helping to eliminate delays in service referrals.
- Lackawanna CCYA and the Lackawanna Juvenile Court created an informal Dependency Compliance Conference to track both success and failure of all parties in the planning process, and encourage an immediate response



when a family starts to struggle by allowing for more frequent and meaningful reviews of family progress, thereby promoting concurrent planning.

- In a 2007 survey of key stakeholders throughout the state, 66% of respondents rated the PA Permanency Barriers Project to be 'very' or 'usually effective'; another 30% of respondents found it to be 'sometimes effective.'

2. OCYF and Office for Children and Families in the Court (OCFC) collaborated to provide judicial and legal training opportunities for both the judiciary and for multi-disciplinary stakeholders, especially child welfare professionals and attorneys who are involved in dependency court work. This partnership was created through the CIP and the first coordinated statewide training was held in October of 2007.

3. In addition, CIP mandated the creation of the Statewide Interdisciplinary Advisory Committee (The State Roundtable). This Committee is comprised of PA's leaders who each play a unique and vital role in making the system responsive to the issues facing the children and families. The group meets annually to develop policy with regard to effectuating best practices and programming as vetted through the Roundtable process. The Advisory Committee reached consensus that a paradigm shift must occur in regard to the way work is done with children and families in PA. The committee agreed to adopt a philosophical framework seeking to respect and empower families to make their own decisions regarding the future of their family and children. Practice will be strength-based and family-centered, to engage families in developing their own collaborative solutions. The committee identified three practices to support these goals: Family Group Decision Making (FGDM), Family Finding, and Family Development Training and Credentialing.

4. The IL Project and SWAN combined efforts to focus on permanency and well-being for children and youth, especially with respect to concurrent planning and youth/family engagement in the court process. In addition to individual county TA, several workshop series are offered at statewide and regional meetings which address the need for engagement skills (listening, effective interviewing and strengths-based youth and family interaction), permanency planning on the first day of placement, working with absent fathers and building permanency for adolescents.

5. Integrated case planning. County child serving agencies and those working with families have been encouraged to develop integrated methods for case planning which span different systems. Many counties have developed a Multi-Disciplinary Team (MDT) process to develop case plans and to coordinate service delivery. York CCYA, for example, organizes a multidisciplinary case conference process which is used for every case 90 days after a child or youth is removed from the home to evaluate progress, review service referrals and prepare for the first permanency hearing. This 90 day case conference seeks to promote permanency, engage families, implement services immediately and encourage cross-system

collaboration aimed at reducing the time children spend in foster care, including holding the TPR hearing with the goal change hearing, increasing youth involvement in permanency planning, holding more frequent permanency hearings, scheduling additional court dates for hearings, and using concurrent planning more efficiently.

6. Involving children, youth and families in planning and cross-systems service delivery is underway in many counties. Philadelphia, for example, has developed several promising practices to involve youth in transition planning and service delivery:

- To meet the special needs of older youth, Philadelphia Department of Human Services (DHS) partnered with the Philadelphia Workforce Development Corporation and the Philadelphia Youth Network to develop the Achieving Independence Center (AIC). This one-stop center is a gateway to services that will meet the individual needs of youth in the program. The Center builds on the strengths of the existing DHS Adolescent Initiative Unit. The Center offers non-traditional hours, flexible scheduling, and individualized plans for each youth. Allegheny County has also developed a one-stop center for youth in transition, The Bridge of Pittsburgh is modeled after the AIC and other counties have similar plans.
- The Achieving Reunification Center (ARC) provides planning and services to assist parents. Services focus on helping parents/caregivers address conflicting mandates, especially those guided by child welfare, public benefits and workforce policies. ARC brings systems together to help parents/caregivers achieve positive outcomes.

Private provider agencies, kinship caregivers, PLC, adoptive and foster parents were asked to comment on Item 25 in a 2007 survey. The results showed there are noticeable differences in perceptions of the state's effectiveness in ensuring that children have a written case plan. While every kinship parent rated the state as "very" or "usually effective," only 66% of the foster parents and 61% of the adoptive parents felt the same way. Similarly, among private providers the ratings of the state's effectiveness as "very" or "usually effective" was 84% for caseworkers, 67% for supervisors and 60% for administrators. Several private providers indicated that case planning was not a collaborative process but was instead treated as "just another piece of paperwork" by CCYA staff. Private providers noted that while there is a range of involvement and collaboration in case planning across the counties, there is still a need to improve taking individual family needs into account. PA will continue to identify and implement strategies to support family involvement in the case planning process. Strategies to improve the involvement and collaboration during the case planning process will be addressed in the PIP, including the updating and revisions of the Practice Standards.

### **Youth Perspective**

The majority of youth recommend that when the youth's case plan is being written the youth need to be there to help write it, to say what is true, what is false and what the youth need to work on. Case plans need more accuracy.

With the youth's involvement, the case plan is more likely to be accurate. Caseworkers are scheduled to visit their youth once a month but youth report some of them do not maintain regular visits. Caseworkers need to follow that visitation once a month as scheduled. This helps youth and caseworkers learn to trust each other and will help the caseworker get to know the youth and help with case reviews.

**Item 26: Periodic Reviews.** *Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?*

**Item 27: Permanency Hearings.** *Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?*

**Item 28: TPR.** *Does the State provide a process for TPR proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?*

**Item 29: Notice of Hearings and Reviews to Caregivers.** *Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?*

During the last CFSR, PA exceeded outcome/performance standards for Items 26, 27 and 29, but did not achieve the desired performance standards for Item 28. The PIP led to a number of changes and improved outcomes in the child welfare system.

The CFSR data profile documents the effectiveness of changes made since the implementation of the PIP:

- The median number of months to reunification continues to decrease. As of March 31, 2007, that figure now stands at 5.9 months.
- The median number of months to adoption has also decreased to 31.7 months as compared to 34.7 months in the prior year.
- The exits to permanency for children with TPR increased from 96.9% in Federal FY 2005 to 98.1% for the 12 period ending 31 March 2007.
- Of all children who exited care to a finalized adoption, the percentage who exited care in less than 24 months from the time of latest removal from the home, grew from 21.5% in Federal FY 2005 to 26.4% by 12 month period ending March 31, 2007.

CCYA were surveyed concerning Items 26 and 27 and kinship, PLC, adoptive and foster parents were asked to comment on Item 29. The results of the survey include the following:

- Item 26 (six month review): 95% of supervisors and caseworkers responded that the state is 'very effective' or 'usually effective'.
- Item 27: 98% of supervisors and caseworkers responded that the state is 'very effective' or 'usually effective.' Caseworkers and supervisors largely felt that agencies do everything in their power to assure timely permanency hearings, and noted that in cases where hearings are not conducted in a timely fashion, it is often due to factors beyond the control of the agencies.
- Item 29 (notice of hearings and reviews): 100% of kinship and PLC providers responded that the state is 'very effective' or 'usually effective.' 80% of adoptive and foster parents responded that the state is 'very effective' or 'usually effective; another 12% found the state to be 'somewhat effective.'

PA identified ways to address the deficiencies with Item 28 in the PIP with respect to legislation language. Language issues have been corrected and the state should now be in conformity. DPW, the courts and other partners continue to work to ensure that children and youth achieve permanency through adoption, other permanent placement options or reunification in compliance with ASFA. The Barriers to Permanency Project and CIP, discussed in Item 25, focus on training and policy and are a direct result of the PIP. The action steps identified for Item 28 included the following:

1. Propose language to the existing grounds for TPR in PA's Adoption Act to be consistent with the provisions of the ASFA, and
2. The PIP Committee, with input from the SWAN Advisory Committee and the Juvenile Court Judges Commission (JCJC) will develop a strategy for effective adoption planning and education, including training of judges.

### **Legislative and Regulatory Requirements/Changes**

The Juvenile Act (42 Pa.C.S. Chapter 63) mandated 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. This frequency exceeds the federal ASFA requirement for conducting a permanency hearing every 12 months. During the annual licensing inspections, OCYF regional office staff review the records to ensure that permanency hearings are held every six months, 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.

To comply with the Federal Child Abuse Prevention and Treatment Act (CAPTA), an amendment to PA's Adoption Act was enacted through the passage of Act 146. Act 146 amended §2511 (a) (relating to grounds for involuntary termination) by adding additional grounds for involuntary TPR to include convictions in cases where the victim was a child of the parent and the parent has been convicted of: criminal homicide, aggravated assault or attempt/conspiracy/solicitation to

commit same. The monitoring of TPR filings occurs during the annual licensing inspections by OCYF regional office staff. OCYF tracks the filings of TPR's through the CY890 database. Quarterly reports from the CY890 database are run, analyzed, and distributed to CCYA and OCYF Regional Offices.

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 was also signed into law. New requirements for CCYA to inform resource families include notification 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.

Revised regulations governing the operation and administration of CCYA are in the final stages. A new section on Permanency Review of Children in Placement contains a subsection on Notification Requirements that includes the responsibility to provide written notice to caretakers at least 15 days prior to any hearing related to the child. In addition, changes to the 3130 regulations have been proposed which would require that CCYA begin the process of concurrent planning upon acceptance of the family for service, including the location of potential placement resources. Moreover, permanency goals must be established for each child whether in placement or not. As part of concurrent planning incorporated in the proposed 3131 regulations, a permanency goal is required for each child as an element of the Family Service Plan. For children still in their own homes, that goal would be to maintain the child in the home. However, to distinguish this element from court-ordained permanency goals and plans, this element could be termed an 'outcome' goal. It is agreed that concurrent planning with families must be handled in a sensitive, collaborative manner. Goal-setting objectives for each child are intended to promote safety as well as to insure that children in placement do not remain in foster or substitute care for excessive periods of time.

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.

## Initiatives

Additional efforts have also been undertaken at the statewide and county levels to safeguard the rights of children, youth and families and to expedite the permanency process, including timelier TPR.

1. SWAN offers the Legal Services Initiative (LSI) which is currently funded in 14 counties through the SWAN prime contract, while several other counties have joined the project by allocating funding through their NBPB. The primary objective of the LSI is to shorten the length of stay for children in foster care with a goal of adoption by utilizing paralegals hired through the SWAN prime contractor, and placed in the CCYA. The paralegals act as liaisons between the attorneys, case workers, and courts to bridge the gap between child welfare and legal practice. LSI also runs the Warm Line which is designed to answer telephone and email inquiries of a legal nature from the general public as well as from county and private providers. LSI developed the Diligent Search Package to help locate relatives who may be a potential placement resource and to help locate missing parents in order to proceed with TPR. The package was provided to all CCYA and is available online. Training is provided to counties at statewide, regional and county-specific events. In a 2007 survey of key stakeholders throughout the state, 66% of respondents rated LSI to be 'very' or 'usually effective'; another 30% of respondents found it to be 'sometimes effective.'

### Outcomes:

LSI has resulted in a decrease in the length of stay for children in foster care with a goal of adoption by an average of 339 days. The decrease has been demonstrated in two different areas of the court process:

- The average number of days from goal change to TPR (a decrease of an average 157 days); and
  - The average number of days from TPR to adoption finalization (a decrease of an average 182 days).<sup>3</sup>
2. The ABA Barriers to Permanency Project works with CCYA, county courts and key stakeholders to develop individualized plans that focus on a county's specific barriers to achieving permanency. The project not only identifies barriers to the adoption process, but also focuses on the identification of permanency barriers to all children regardless of their court ordered goal.

### Outcomes:

- 21 of PA's 67 counties have committed to working with this project. 13 of the 21 counties completed the project and reported extraordinary success by reducing the overall length of stay of children in foster care by 9.3 months. It is expected that the nine counties currently

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<sup>3</sup> CY 890 database

participating in the project, as well as counties who commit to the project at a future date, will experience similar success.

- York County's 90-day conference program described in Item 25.
  - Philadelphia instituted its O-Court to work directly with older youth preparing to transition from the child welfare system. Judges familiar with older youth issues and problems work directly with DHS and youth to review dependency goals and issues related to transition success.
3. Another promising approach was the creation in 2006 of the federally funded OCFC, as part of CIP. The Children's Roundtables are the first level of the new infrastructure. The roundtables are multidisciplinary teams developed in each judicial district that are convened and led by a judge. Members include supervisory and dependency judges, children and youth authority personnel, county solicitors, child and parent advocates and various other child welfare professionals. All Children's Roundtables met during this State Fiscal Year (SFY). These meetings will be an ongoing collaborative effort to assist counties in identifying strengths, needs and promising practices. OCFC also participates in monthly meetings with OCYF and JCJC which provide an opportunity for an open dialogue between the agencies. In the 2007 statewide survey of key stakeholders, 90% of respondents rated CIP to be from 'very' to 'sometimes' effective.
  4. The Administrative Office of Pennsylvania Courts (AOPC) Judicial Automation department, in conjunction with OCFC, is currently developing PA's Juvenile Dependency Data System. PA is the largest state in the country to install a statewide computer case management system in all criminal trial courts called the Common Pleas Case Management System (CPCMS). AOPC is developing modules within the existing system framework to track dependency cases which is expected to be operational in 2008.
  5. Many youth now have access to a Court Appointed Special Advocate (CASA). CASAs are trained volunteers with whom youth can discuss their rights concerning hearings, reviews, transition and permanency issues. CASA represents and supports 14 county programs by working closely with the Juvenile Law Center (JLC), Educational Law Center and Kids Voice to advocate for children and youth.

### **Youth Perspective**

Currently, several things are working well. Every six months the case plan is reviewed. Also, having a reliable lawyer who is willing to take time to talk to youth before and after court hearings gives the youth a chance to speak out. The court is willing to be flexible with the youth's education schedule so that the youth may attend reviews. One practice youth have identified as working is FGDM. In FGDM everyone has their say including youth, caregivers, resources, and family.

However, a few things that have not been working have been identified. Youth that attend their court hearings do not always have the option to speak to the judge. A lot of youth are not given the option to speak openly to the judge because their lawyer does it for the youth, even though, time and time again youth do not get to speak to their lawyer until minutes before court. Therefore, that does not give the youth time to prepare what they would like for their lawyer to mention during the court session. Mentors and other counselors, that are good resources for youth, may not be allowed to attend youth court hearings.

### **C. Quality Assurance System**

**Item 30: Standards Ensuring Quality Services.** *Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?*

**Item 31: Quality Assurance System.** *Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?*

#### **Developing and Implementing Standards**

PA was in substantial conformity regarding this factor during the first CFSR. Several of the changes over the past five years were designed to assist CCYA in bridging the gap between achieving minimum standards and achieving the highest level of quality. The Pennsylvania Standards for Child Welfare Practice (Practice Standards) represent the level of quality all agencies should be striving to meet. PA statute, regulation and policy represent the minimum standard of quality all agencies must achieve.

Over the last five years the Practice Standards were incorporated into training curricula, CCYA-specific quality assurance processes and the NBPB process. In several modules of Charting the Course (CTC) the practice standards are incorporated into activities. Participants are asked to refer to the appropriate standards based on the content being covered to make the connection between what is being learned in the classroom and its' application in the field. The benchmarks and strategies are utilized in the Supervisory Series to develop plans for supervision of staff.

Although PA has made strides to improve the level of quality as opposed to maintaining minimum standards, there is no single oversight body that routinely evaluates the data and the quality assurance efforts to monitor progress. The QIC has begun to do some of this work, but more effort is needed to connect the pieces and evaluate results. A positive step in this direction has been taken with the creation of the permanency ad-hoc subcommittee of the CFSR steering



committee, which is evaluating the re-entry data to determine what is impacting the data so that the most effective recommendations for improvements can be included in the PIP. The QIC plans to undertake the revision of the Practice Standards in 2008. One of the goals of the revision process will be to incorporate the draft IL Standards into the Practice Standards to provide a single tool for overall, continuous quality improvement.

### **Licensing**

PA instituted a statewide licensing system that evaluates all 67 CCYA, private service providers, and childcare facilities for compliance with the law, regulations and policy. When county and private agencies do not comply, regional staffs conduct case reviews and interviews with stakeholders to identify strengths and needs for improvement. This process occurs through the annual licensing process, handling of complaints and child death investigations.

### **Citizen Review Panels**

Citizen review panels required by CAPTA will recommend changes to the child welfare system to DPW. DPW will respond to these recommendations and an evaluation mechanism will be implemented. The CAPTA workgroup began meeting in 2008 to begin implementation of the panels. The first meeting was held on April 7 – 8, 2008. The Work Group, with technical assistance from the National Resource Center, will define the process that will yield statewide implementation of the citizen review process, and establish a minimum of three panels by June 2008. The Work Group will also define a process for establishing a Children's Justice Act (CJA) Task Force dedicated to initiating application for CJA grant funds. PA plans to implement between 6-8 citizen review panels across the 4 regions of the state. The plan is to have 3 panels operating by December 2008, while the remaining panels will be operating by the beginning of 2009. Recommendations from the Citizen Review Panels will be reported to the CAPTA workgroup but ultimately implemented statewide through the QIC.

The workgroup will also begin an assessment of judicial handling of child abuse and neglect cases. Particular attention will be paid to child sexual abuse and exploitation, suspected child maltreatment-related fatalities and cases involving potential combination of jurisdictions. The assessment will identify which processes PA should focus on to enhance the response to cases of suspected child abuse and neglect.

### **County Data Packages**

PA uses outcomes and standards as part of the funding process. CCYA funds are allocated through the NBPB process. This process is used to integrate the analysis of service trends and outcomes with planning and budgeting in each county. CCYA are provided data packets twice a year to analyze their progress in improving outcomes. CCYA can measure their progress toward substantial conformity on safety and permanency outcomes. Each CCYA determines three measures in which they are deficient to focus on improving within their plan.

CCYA can use this information to drill down further into underlying issues and use the benchmarks for the standard to improve outcomes.

The data packets were created after round one of the CFSR to enhance the quality and quantity of meaningful data available to CCYA. The packets provide information relating to five safety and 12 permanency indicators, most of which are associated with CFSR outcome measures. In addition, In-Home and JPO indicators were developed to provide information specific to each population. The data is generated from numerous sources including AFCARS, ChildLine, CY-28 and CY-890. PA provides each CCYA with this comprehensive information about their outcomes. The data shows current performance and trends. Certain outcomes are presented in cohort format, which allows for the impact of policy and practice to be measured. Further specificity is provided by extracting demographic information from individual indicators such as age and race. This enables PA to identify strengths and needs with greater acuity. Since November 2007, the packets also include the four composite measures currently being utilized in the CFSR process. The data provides each CCYA with a comparison of same class-size counties and to the state as a whole. The data packets are provided to the regional OCYF staff for use with consultation with individual CCYA.

### **Quality Services Review**

PA's QSR was patterned after the CFSR and provides a means to assess the quality of casework practice. The reviews were designed to help improve outcomes for children, youth and families by identifying the strengths and needs within county programs and areas where TA is needed. Other purposes of the reviews include:

- Assisting CCYA with implementation of internal quality assurance;
- Informing practice at the county and state level;
- Informing resource allocation within the county and state;
- Assembling data that will inform county and OCYF policy;
- Using information for federal reporting; and
- Providing timely and specific feedback to OCYF and the counties on program performance and outcomes.

From October 2003 to May 2007 every county participated in a QSR. The QSR instrument collected data on safety, permanency and well-being for children and youth receiving in-home, substitute care and shared case management services. The instrument gathered quantifiable data from the case record. Reviewers were asked to respond to a series of questions about the case for each of the 23 CFSR items. Interviews were conducted with key stakeholders for every sampled case. The process yielded a review of 632 randomly selected cases from among the 67 CCYA. The selected cases were comprised of 298 substitute care, 47 shared case management and 287 in-home cases.

The QSR experience was very positive and many CCYA implemented practice improvement initiatives based on the results of their review. Some examples of

practice improvement work include OE, permanency planning, systems integration, and family and youth engagement work. Many CCYA have implemented innovative, continuous quality assurance processes, including the use of the QSR tool to review cases on a regular basis, creation of a quality assurance staff position or unit, and implementation of best practice standards. PA has also developed training and transfer of learning (TOL) services to address some identified statewide outcomes, including family and youth engagement, safety assessment, and permanency/concurrent planning.

In August 2007, web-enabled surveys were administered to various stakeholders. 51 responses were received to a survey designed for CCYA administrators. Although 45% of administrators surveyed rated the state quality assurance system as sometimes effective, they believed that the QSR process is an effective means to assure quality. Comments regarding barriers to an effective statewide quality assurance system included:

- I believe there are pieces of this in place that would make it “usually effective”, but without a data system, there cannot be “relevant” reports or evaluation of program measures.
- Further, although there are standards, counties vary greatly on how they measure the quality of the standard.
- Although it appears that most CCYA have or are developing Quality Assurance provisions internally, there is no consistency on state suggested model.
- Annual licensing inspection does not select a valid sample of cases and does not identify “systemic” issues for a county. No standards have been implemented regarding percent needed to be in substantial compliance.

During September 2007 a web-enabled survey was administered to CCYA administrators to further quantify quality assurance efforts since 2002. 30 survey responses were received. 82% of respondents did not have a quality assurance process or staff prior to 2002. 73.9% of respondents based their quality assurance processes on the federal outcomes. Over 66% of respondents have implemented or changed practice initiatives and standards of services as a result of the CCYA QSR. Over 80% have changed or implemented policies as a result. Only 50% said that responses from consumers have resulted in change.

Comments from the survey included:

- A dedicated QA staff is in place for a number of years and their roles and responsibilities fluctuate and adjust according to agency priorities. An internal QSR process that replicates the state and federal model was implemented but it is not a consistent, ongoing work effort.
- Program specialist is responsible for QA, among other duties. A modified state QSR tool for internal use is used. Practice changes occur on an ongoing basis.
- Consumers were surveyed on several levels of service including Family Preservation, FGDM, and an outreach program. As a result of the outcomes from the surveys and the different practices, the agency was

reorganized to increase FGDM and Outreach and Family Preservation services.

- The agency uses a weekly interagency and providers meeting to review services and discuss initiatives. Tracking of outcomes for programs and initiatives was done to the best of our ability. A county-wide needs assessment was used.
- We have just begun a QA unit; currently staffed with one person who is focusing efforts on the CFSR instrument. So far, no impact on practice or policy, etc. Plans are to request positions at the county salary board, but right now this is very limited QA process in the agency. Supervisors have been reviewing each others closed cases for a couple years but that has limited effect.
- There is a QA staff but it is only one person for all of County C&Y/JPO contracts. Additional staff for future years was requested. The QA process led to a hold on placements with one provider and discontinuance of contracts with others. As for the survey on recently closed cases, the results are presented at Advisory board meetings.
- A contract exists with a local advocacy group to hold consumer forums for adults and youth. As a result of these initiatives respite services were implemented as well as additional IL services and a youth support group. The policy around respite services was revised and a self directed work group to revise all agency policy was formed.

### **Incident Management**

In order to improve quality of services to children receiving placement services, OCYF moved from a paper-based process for reportable incidents to a web-based system that directly transmits the required notification to all parties. With the support of private providers and county offices in the Northeast Region, the OCYF Incident Management system was piloted in May 2007. In August 2007, the incident management module for OCYF went live for all Foster Family Care Agencies and Child Residential Facilities.

Currently there are an estimated 3,000 users including over 400 private provider agencies and 134 county offices using the Incident Management System. The system filters reportable incidents to assist county agencies and DPW to prioritize and track responses. Reportable incidents are defined by regulations and policy what must be reported including, but not limited to, any child death, any serious injury, violation of child's rights, hospitalizations, children who runaway and suicide attempts. Data entry is standardized allowing for trend analysis and identification of training and TA needs to support continuous quality improvement on both a local and state level. More work is needed to ensure the consistency of the types of incidents being entered.

### **Youth Advisory Board**

Feedback from consumers is a critical component of the evaluation process of quality assurance. Since 2002, DPW has supported the development of the

Youth Advisory Board (YAB). This board is comprised of current and former substitute care youth ages 16 – 24. Youth are represented throughout the state and meet with stakeholders from DPW to advise on policy issues and advocate for positive change in the substitute care system. A policy statement was developed by the YAB in 2003 and outlines recommendations for improvements in the child welfare system.

The Statewide YAB is comprised of representatives from six regional boards and numerous local boards. Youth and professionals meet on a regular basis to discuss county specific and regional needs. In addition, youth make presentations to caseworkers, judges, guardians ad litem, administrators, foster parents, and other child welfare professionals about their experiences and provide recommendations for improvements.

In 2006, YAB members presented to over 4,000 individuals. Philadelphia County DHS also made it mandatory for all of their caseworkers to attend trainings facilitated by YAB Members. Several other counties have facilitated similar trainings for entire groups of agency staff including specific departments and during mandatory all-staff trainings.

### **Youth Perspective**

Youth are being involved in making the child welfare system better through the YAB. Youth exercise their voice in state, regional, and county meetings. The YAB is a committee that advocates for positive change in the child welfare system. Through numerous presentations to lawyers, judges, caseworkers, and other youth, YAB youth build a network of support that engages all stakeholders. This process creates opportunity for youth to foster the necessary connections with other youth and their ideas.

While all CCYA have grievance policies and procedures to ensure quality, many youth do not know how to access these procedures. There are some instances reported by youth that have used their agency's grievance procedure and had success. However, far more youth either report not knowing whether or not their agency has a policy or report not having success when trying to handle issues with their caseworker or other provider staff.

The following aspects of a good grievance policy and procedure system were described by youth participating in Town Hall meetings with the DHS Commissioner:

- Have the capacity to respond quickly, recognizing a child's sense of time.
- Be independent and be perceived by youth as independent of the county or provider agency.
- Be accessible to youth, in terms of hours of operation, modes of reporting concerns, and confidentiality protections.
- Have youth and child advocates as part of the decision-making and resolution process.

- Have the authority to take action and make decisions that can resolve the grievance.
- Be well-known to youth.

Youth recommendations regarding a positive grievance process came out of a series of town hall meetings coordinated by Philadelphia DHS. These meetings provided a forum for youth and DHS to dialogue about concerns in the child welfare system. The Commissioner of DHS plans to set up committees to work on the issues surfaced by youth. Each committee will include DHS stakeholders and youth representatives. The purpose of the committee structure is to further engage youth to create the best possible changes or additions to the child welfare system as well as involving youth in a meaningful role for ongoing quality assurance.

#### **D. Staff and Provider Training**

**Item 32: Initial Staff Training.** *Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?*

**Item 33: Ongoing Staff Training.** *Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?*

**Item 34: Foster and Adoptive Parent Training.** *Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?*

This factor was rated a strength during round one of the CFSR. OCYF administers the competency-based training and certification program that focuses on building staff capacity to assure quality service to children and families. The CWTP is a collaborative effort between DPW, the University of Pittsburgh School of Social Work (University) and PCYA. CWTP, formerly the PA Child Welfare Competency-Based Training and Certification Program, trains direct service workers, supervisors, administrators and foster parents in providing social services to abused and neglected children and their families. CWTP has grown and is able to provide training, TOL, and TA to CCYA and their staffs.

DPW policies outlining training requirements for child welfare agency staff are included in the Title IV-B Plan, Act 151, CPSL, Juvenile Act, and regulations articulated in Chapter 3680 (Administration and Operation of a Children and Youth Social Service Agencies); Chapter 3700 (Foster Family Care Agency); and

Chapter 3800 (Child Residential and Day Treatment Facilities). The overall goal of the training initiatives is consistent with the safety, permanency, and well-being goals mandated under ASFA.

In SFY 2006/2007, CWTP delivered 2,261 days of training - a total of 1,455 workshops for 24,264 participants. 224 caseworkers completed the CORE curriculum and were certified. 48 supervisors completed the Supervisory Series and were certified. 111 caseworkers completed the CORE curriculum through Philadelphia DHS where more than 1800 participants attended the training during the year. In SFY 2005/2006, CWTP delivered 1,059 workshops consisting of 1,581 days of training. A total of 22,445 participants attended training with 7,717 child welfare professionals receiving at least one day of training. In SFY 2004/2005, CWTP delivered 1,648 workshops consisting of 2,327 days of training. A total of 33,186 participants attended training (an increase of 34% from 2003/2004) with 11,133 child welfare professionals receiving at least one day of training.

### **Child Welfare Training Program Developments**

CWTP has significantly evolved as a result of the needs identified in the first round of the CFSR. The core 120 hour curriculum for caseworkers has become Charting the Course (CTC); a cohort-based, sequential skill-based series. The curriculum design and its connection to outcomes was a collaborative effort with national consultant, Judith Reich, Ph.D. CTC is offered throughout the state and typically completed eight months after attending the first training and within 18 months of hire. In July 2007, CTC was implemented statewide. CWTP tracks all participants who attend training through an automated database. Once a new worker completes the 120 hour curriculum CWTP provides a certification certificate to the CCYA Administrator. Documentation of each staff's completion of CTC must be provided to the Regional OCYF office. If a direct service worker fails to complete the 120 hours of curriculum within 18 months of hire then CWTP informs the director/administrator of the specified CCYA. Upon this notification, the Regional OCYF office and CCYA determine the appropriate course of action. Direct service workers who are in the process of achieving initial certification may be assigned a caseload, up to the caseworker-to-family ratio of the county agency, based on the worker's ability to handle job duties as determined by the written policy of the county agency. Counties have responded positively to CTC and support the process. There are three embedded evaluations throughout the series in the areas of engagement, assessment, and case documentation. Survey results indicated 76% of CCYA administrators felt the initial training was usually or very effective, and 64% of caseworkers agreed. An increase in the offerings of advanced training to meet the ongoing needs of staff was identified. A supplementary second layer core curriculum is in development to provide these skills and knowledge.

Management training was another area of need identified in the last review. The Leadership Academy was created in a collaborative venture undertaken by

PCYA, OCYF, and CWTP. The Leadership Academy works to improve outcomes for children and families by offering high quality management and leadership training. The Academy provides a forum for the exchange of ideas and experiences and includes quarterly training, an annual administrator conference, and an Administrator's Resource Handbook. The Academy serves new and experienced administrators and their management teams. Participants receive a certification after completing the twenty-seven hours of required curriculum. One hundred eighty management team members have already attended at least one training.

CWTP utilizes the Individual Training Needs Assessments (ITNA) tool to assess staff training needs. In consultation with their supervisor, each staff (caseworker and supervisor) must complete an ITNA every three years, which is used to develop an Individual Training Plan (ITP). CWTP enters the ITNA and ITP data into a database, Encompass. Encompass data is utilized to develop training workshops and recruit trainers with appropriate training experience and background. PA has collected ITNA data for fifteen years. A review of this data indicates that the highest training needs for the casework staff is in areas of sexual abuse, working with adolescents, drug and alcohol abuse, childhood emotional disorders, adult mental health issues, domestic violence and legal issues. A similar review of the ITNA data for supervisors indicates the highest training needs in areas of managing conflict, performance evaluation, working with unions and coaching skills.

CWTP also developed an Organizational Needs Assessment (ONA) to align individual training needs with agency outcomes and develop training, TOL and TA plans that support specific agency outcomes. ONAs are developed with consideration to outcomes addressed in each county's NBPB. This process has enabled the expansion of the TOL and Practice Improvement services and providers.

CWTP uses the evaluation process to make organizational practices stronger. CWTP assists CCYA in completing evaluations of CWTP training and technical assistance efforts. After each training participants complete a workshop evaluation which provides feedback about the training itself, the learning environment, and the trainers ability to train. Trainer observations are used to evaluate the trainer's knowledge and skill of a particular curriculum and their ability to teach a group on the subject matter. These evaluation processes provide feedback to the CWTP and CCYA. They are used to develop new curriculum or fine tune the ones already developed as well as provide technical assistance to help child welfare professionals and families improve their safety, permanency and well being outcomes.

CWTP expanded to include an OE Department, formerly described in the PIP as the Center for Excellence. This department was structured after a national model developed by the American Public Human Services Association. It provides TA



in the areas of family engagement, youth engagement, IL, SOC, FGDM, case weight system, OE, integrated children service planning and risk/safety assessment. CWLA assisted in identifying these initiatives and developing implementation plans. The OE Department was designed to meet the needs of the counties by providing intensive, onsite TA regarding promising approaches and best practice standards. OE work is evaluated by after-action reviews driven by the recipient of the service. Over 2,500 hours of OE support have been provided to counties since 2005. 65 of the 67 counties received TA from CWTP. The top five areas of TA provided in descending order are: Organizational Effectiveness, Quality Services Review, Independent Living, Family Engagement and Systems of Care.

PA did not achieve substantial conformity on either permanency outcome in the first CFSR. As a result, CWTP developed TOL services to provide workers with opportunities to participate in certain activities before, during and after trainings to help them better apply new knowledge and skills to their work. These services were established with Dale Jim, Ph.D. and Judith Reich, Ph.D. and based on evidence-based research. Kinship care, visitation, and engaging fathers were three specific practice areas identified in the CFSR Final Report as needing improvement. In response to these needs, CWTP created 10 Step, TOL Packages. The packages involve a six-month process of training and TA. Practice Improvement Specialists also make agency visits and meet with caseworkers and supervisors to discuss the progress and/or barriers to the application of new knowledge and skills. Supervisors are expected to support their caseworkers as they apply the knowledge and skills to practice. Support is provided throughout the package to the supervisors through TA in the area of coaching, mentoring, modeling and supervision. Self assessments that measure the level of transfer are completed intermittently by participants during this process. Supervisors also complete intermittent assessments on their caseworkers. Assessments are used as a coaching tool as well as for program evaluation purposes.

Variations of the 10 Step TOL Package were also developed. These county-specific packages are delivered on topics such as Risk Assessment, Concurrent Planning, Solution-Focused Interviewing, Mentored Visitation, Case Planning with Adolescents, Writing Skills, Strength-Based Supervision and Effective Interviewing. 20 counties have participated in TOL services with eight additional counties scheduled.

In October 2005, CWTP's budget was decreased significantly causing the need to develop a more centralized training delivery process. Although this change affected CWTP's internal processes, it did not affect the ability to deliver regional and on-site trainings. At the time of the budget cuts, CWTP had several Regional Training Centers across the state that were locally staffed to schedule trainings in their region, schedule trainers, make handouts, and perform other assorted tasks required to deliver regional training. Since the cuts, the Regional

Training Center staffs are no longer with CWTP and a smaller, more efficient and centrally located training delivery team was formed to manage these tasks out of CWTP's central office. Training calendars, the hiring of trainers, preparation of handouts, and other assorted tasks needed to deliver regional training are all performed at the central office and materials are mailed to trainers prior to the scheduled training dates. Training is still delivered locally all across Pennsylvania.

As an additional strategy developed to assess and meet specific county and regional needs, the CWTP developed Regional Teams from the existing internal staff. The Regional Teams (Southeast, Northeast, Central, and Western) consist of representatives of each internal agency department who work together to assess and meet the needs in their region and provide feedback to the central office. Although the Regional Training Centers no longer exist, local and on-site communication with CCYA still occurs. The teams meet on a quarterly basis with CCYA and OCYF in their home region to ensure that training and TA needs are assessed and met in each region.

This reorganization has allowed CWTP to deliver the same approximate number of training days delivered prior to 2005. However, many survey respondents confirmed the loss of the RTC as significant. CWTP will continue to evaluate ways to increase the frequency and location of training.

### **Program Development**

CWTP created a Program Development Department. There is one specialist in each of these areas: CAPTA, CFSR, and Juvenile Justice. PA received a MacArthur grant to fund Juvenile Justice training for staff in YDC/YFC. Curricula are being developed by the Juvenile Justice Specialist for implementation in 2008 and YDC staff will be extended an opportunity to attend child welfare training as appropriate.

Since July 2007, CWTP has faculty researchers evaluating the data from the CTC embedded evaluations, connecting FGDM to outcomes, IL, and ONA. The Child Welfare Education for Baccalaureates (CWEB) and the Child Welfare Education for Leadership (CWEL) programs also have faculty researchers who are researching components of retention of employees who utilized the CWEB and CWEL programs. This continual self-evaluation is built into all aspects of CWTP.

### **Diversity**

CWTP has always valued diversity and inclusion. CWTP ensures all curricula are culturally competent and maintains a Diversity Task Force to support this vision. One of the ways in which CWTP is practicing this philosophy is by employing two youth who are or have been in foster care as Youth Ambassadors. They provide the youth perspective and provide input on programming. Currently there are approximately 10 Youth Ambassadors, whose

role have been to assist in PA's CFSR including conducting focus groups, writing portions of the Statewide Self Assessment and facilitating a youth summit which was held to gather youth input for PA's PIP. The Youth Ambassadors include youth from Philadelphia, Pittsburgh and central Pennsylvania. CWTP also hired a Family Coordinator to work with parent liaisons and supervise the Youth Ambassadors.

### **Family Center Training and Support**

Training and support for the 43 state-funded Family Centers (FC) was transferred to CWTP in SFY 2006-07. CWTP formed an internal planning committee to identify and design staff support to the FC programs. CWTP provides regionally-based, quarterly training to the FC, as well as program evaluation and supervision of the peer review process. CWTP facilitates the collaboration and coordination between FC and their local CCYA.

### **CWEL/CWEB**

OCYF collaborates with the University to provide child welfare-focused educational opportunities for prospective and current staff in CCYA. The CWEB and CWEL programs are designed to assist in addressing the vacancy and turnover rates among employees in CCYA, and the recruitment and retention issues. Both programs contribute to the development of an educational and professional career ladder for child welfare workers. Federal and state resources primarily fund the CWEB and CWEL programs.

The CWEB program focuses on the recruitment of new workers among students attending one of 14 state universities. Students in their senior year enroll and complete child welfare coursework and field work in a public child welfare agency. Students complete civil service applications and enroll in competency-based training to prepare for immediate entry into a CCYA upon graduation. Students have a legally binding agreement to work a minimum of one year in public child welfare. 455 CWEB graduates have already entered into the CCYA in 97% of PA's counties. 90 students are currently enrolled for the 2007-2008 academic year.

The CWEL program provides an opportunity for public child welfare employees who are providing, supervising or administering services to Title IV-E eligible clients to advance their skills through professional education. School enrollment at one of 10 accredited graduate schools of social work in PA may be either full-time or part-time. Students commit to return or remain at their CCYA for a period of time equal to the period for which they received financial support. 615 students graduated and 126 CWEL students continue their studies. Of these 615 graduates, only six were unable to complete their work commitment. 115 students will graduate in May 2008. The CWEL program has a remarkable record of retention with a loss rate of less than 3% per year for the life of the program. 10 CWEL graduates now lead CCYA and many others have moved into senior level positions.

In 2005, CWTP received the Quality Award from the National Staff Development and Training Association.

### **Public and Private Agency Staff**

Public and private agencies set standards that meet or exceed regulatory requirements for staff qualifications, in-service training and continuing education requirements to effectively perform title IV-E program functions. These agencies are licensed by OCYF and comply with the State and program-specific regulations and practice standards. Each private agency assures effective management of program by meeting staffing and training standards.

Private agencies may also be accredited by a state or national accreditation body, which mandates practice standards, ongoing training and staff qualifications for various professional positions. Private agencies require a minimum of Bachelor's Degree, preferably in social work or human services for professional positions. They also provide pre-service orientation, ongoing training, supervisory tutelage, as well as staff development opportunities targeted to meet individual and collective agency staff needs. Staff is given the opportunity to attend community-based continuing education training. Several private organizations offer tuition reimbursement and/or other incentives to encourage post-graduate education or to attend other staff development programs. The number of training hours required yearly for ongoing trainings and timeframes vary, depending on applicable regulations, organizational affiliation, service array requirements, staff qualifications and duties.

CWTP briefly opened trainings to all private providers, but had to return to a "space available" basis due to funding issues. CWTP is as inclusive as possible to private providers and other child welfare community members. Discussions are occurring about how training can be more accessible to private providers. PA recognizes the value of having public child welfare staff and provider staff share joint training experiences. County-specific training is available to private providers at the request of the county and all standardized curricula are available online at no expense. Private providers have equal access to the Supervisor Training Series.

### **Statewide Adoption and Permanency Network**

In 2003, SWAN expanded to offer permanency services to any dependent child placed in out of home care, regardless of their court ordered placement goal. CCYA prioritize the children referred for services because funding for the SWAN prime contract is limited. Since 2005, SWAN partnered with CWTP's IL Services to provide joint training and conferences to public and private child welfare workers. SWAN/IL trainings focus on best practices for youth in foster care to help them move more quickly into permanent families or permanent connections with adults. SWAN/IL meetings are held four times a year.

SWAN partnered with CWTP's IL Department to coordinate services and trainings which resulted in an increase in cooperation and understanding between CCYA, IL programs and SWAN affiliates. The Units of Service in the SWAN prime contract have been better utilized as a result.

SWAN continues to train both public and private agencies about permanency practices. Agencies can incorporate these best practices into training for resource parents. SWAN curricula include child preparation, child profile, child specific recruitment, family profile (which includes family preparation), finalization and post permanency units of service. Legal training for public and private agencies is also provided. SWAN/IL trainings are inclusive of all resource families and promote kinship, foster, PLC and adoption. All trainings are evaluated by the participants with feedback surveys. The SWAN Helpline often follows up with a sample of participants by telephone calls after the training for additional feedback. Since 2003 SWAN has provided Continuing Education Credits for most of the trainings and conference sessions meeting Title IV-E standards. SWAN/IL training is provided through:

- Quarterly meetings in the spring and fall are held in six locations across the state and are attended by approximately 400 – 500 child welfare professionals;
- Statewide meetings are held in the winter and summer in one location and are attended by approximately 350-500;
- Annual Permanency/IL Conference is attended by more than 700 child welfare professionals, foster and adoptive families and their children;
- Approximately 15 regional meetings hosted by the SWAN prime contract staff are held around the state;
- Additional training is provided by the SWAN prime contractor upon request (e.g., legal issues related to TPR, family and child preparation, child disruption and dissolution, sibling placement);
- A computer-based training, *Developing the Child Profile*, is an interactive and supervisor-friendly training. This training was placed on a compact disc and distributed to ensure best practices on the process and writing of child profiles;
- Private and county agency-based foster and adoptive parent training; and
- Approximately 70 adoption program resources are available for families in public libraries.

Private agencies and CCYA develop and conduct much of the foster parent training. CWTP supplements this training by providing 10 days of Foster Parent training per region each year and an additional ten days of training for Philadelphia. Many agencies exceed the six-hour minimum requirement before certifying foster families. SWAN set a guideline in 2003 of at least 24 hours of training for all resource families requesting a family profile. The training identified to meet this expectation was developed and provided via the Institute for Human

Services in Ohio. SWAN chose to train the private agencies on this model because it addressed all types of resource families and is easily replicated. This model promotes team training. Some affiliates use other formal curricula that were reviewed and accepted by SWAN so that agencies do not have to use only one format of training. SWAN also collaborates and shares resources with the Pennsylvania State Resource Family Association (PSRFA), formerly known as the Pennsylvania State Foster Parent Association. Survey results confirmed the majority of foster parents exceed the minimum training requirements. However, youth have reported inconsistency in the training levels between public and private provider staff and resource families. PA will work to ensure increased consistency in training levels among all resource parents.

PSRFA is currently working with Spaulding for Children to develop a computer-based training program for resource families. This training will be a modified Parents as Tender Healers (PATH) training that will be specific to PA laws and regulations. The PATH training will be approximately 24 hours. The content of the training will be approved by DPW to ensure compliance with existing laws and regulations. PSRFA will provide copies of the training to all public and private foster care agencies at no cost so that they can use the training to meet part of the minimum annual training requirements and ensure that all foster families have access to the same training and are trained in the same manner. This project is expected to be completed by June 2008.

PA has two contracts that train mandated reporters of child abuse regarding their legal obligation per the CPSL. The Pennsylvania Family Support Alliance, formerly Parents Anonymous, provided approximately 225 training sessions in SFY 2006-07 to more than 6,000 school personnel, clergy, social service workers and early childhood education practitioners. The Pennsylvania Chapter of the American Academy of Pediatrics also provides mandated reporter training, which focuses primarily on medical personnel.

### **Youth Perspective**

In most cases, IL workers display satisfactory knowledge of youth needs and goals. Youth report that caseworkers who are achievement oriented in placement and support systems work best. An adoptive parent, foster parent, group home staff, caregiver, or caseworker who assists youth in goal planning and execution produces the desired outcomes of goals. Providers who guide youth in the necessary direction for youth to receive proper services and supports, greatly contributes to the compliance of the youth.

Additional training for caseworkers who are not actively engaged in continuous planning and achievement of goals and ongoing communication with youth and providers is needed. Another training gap can be related to consistency among providers and foster parents in different communities. What stems forth from this is inconsistency with rules and regulations that governs youth behavior and

decision making. Youth sometimes find very different rules in different placements and if they are moved a lot this becomes difficult.

Particular trainings that can be most beneficial are communication dynamics between youth and professionals in youth case planning and appropriately explaining the court process and engaging youth in court. This might help youth and professionals communicate better and result in better outcomes.

## **E. Service Array and Resource Development**

**Item 35: Array of Services.** *Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

**Item 36: Service Accessibility.** *Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?*

**Item 37: Individualizing Services.** *Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?*

### **Review of the past five years**

This systemic factor was rated a strength during the previous CFSP. Over the past five years, PA's array of services offered to families has expanded. 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. 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. The IV-B Plan provides the overall framework for counties to respond to service needs and the NBPB accomplishes the tasks.

PA's PIP identified several action steps, the completion of which, have had a positive impact on the array of services available. The completed steps were: the identification of evidence-based practice and program models by the CWLA to increase family involvement in case planning and visitation with fathers and non-custodial parents; addressing the need for mental health services with the implementation of the SOC initiative; and the implementation of a screening

process for children and youth placed in detention to determine the need for mental health and substance abuse treatment. Several bulletins were issued by OCYF to implement the changes in the PIP.

## **CHANGES IN POLICY**

### **OCYF Kinship Care, Emergency Caretaker, and PLC Bulletins**

These bulletins address goals in the previous PIP by promoting the implementation of consistent best practice in accordance with the principles set forth in the Practice Standards.

Child Placement with Emergency Caretakers Bulletin #3140-04-05/3490-04-01, issued in July 2004, is used in conjunction with Kinship Care Policy Bulletin #00-03-03, issued September 2003. Both bulletins promote the safe placement of children with persons who have an established positive relationship with the child, and both define circumstances in which DPW policy must be utilized. An additional memo regarding kinship care was issued to OCYF regional offices on January 13, 2006 to describe the necessary steps for regional representatives to monitor compliance. The Practice Standards on kinship care were included in the NBPB Guidelines. Since the issuance of the kinship bulletin there was a marked increase in the number of kinship care homes from 1,467 in November 2006 to 2,854 in November of 2007.

The PLC Policy Bulletin #3130-03-01/3140-03-07, issued August 2003, provided requirements and guidelines for the use of PLC as a permanency option for children who are in need of placement. Subsidized PLC has been fully implemented in all first, second and third class counties since 2005.

The CWTP includes kinship and PLC families in their certification training, Charting the Course Towards Permanency for Children in Pennsylvania (specifically Module 2 Introduction to Pennsylvania's Child Welfare Practice, Module 11 Family Service Planning Process/ Case Transfer and Closure, Module 13 Out of Home Placement and Visitation and Module 14 When Reunification is not in the Best Interest of the Child). Since 2003, Charting the Course was offered 53 times to a total of 678 participants. Kinship care and PLC is also taught in "Achieving Permanency for Children in Kinship Foster Care" which has been held 18 times for a total of 297 participants. "SPLC in the Context of Permanency Planning for Children" was held 5 times for a total of 346 participants.

Additionally, the ABA provides training on PLC when requested by the county and court in which they are working and also provides a 'Judicial Checklist' to the courts to assist them in decision-making. Since 2003, six PLC trainings were offered at the SWAN/IL quarterly meetings and the annual permanency conference. Each course was facilitated either by staff from OCYF, ABA or the SWAN prime contract. Each year approximately 300-400 participants attend each round of quarterly meetings. Conference attendance exceeds 600.



Attendees include public and private child welfare workers, supervisors, administrators, attorneys, families, advocates and anyone else interested in learning about permanency. While SWAN/IL quarterly meetings are free to those who attend, there is a registration fee to attend the annual permanency conference. In order to provide as much support as possible to the families who wish to attend the annual conference, DPW waives the conference registration fees for families who express a need for financial support,

### **OCYF Developmental Evaluation and Early Intervention Referral Policy Bulletin #3490-08-01**

The 2002 CFSR identified the need for PA to adequately assess the needs of children and match those needs with appropriate services. DPW issued a bulletin on March 21, 2008 to establish policy and procedures to insure that children under age three, who have been the victims of a substantiated case of abuse or neglect, will be evaluated and referred for Early Intervention (EI) Services. DPW purchased and disseminated screening tools. The tools, Ages and Stages and Ages and Stages-Social and Emotional were thoroughly researched and chosen for ease and efficiency of use. Use of this specific and reliable tool can identify up to 70-80% of developmental delays, most of which are not identified prior to the start of school. Four train the trainer sessions have been scheduled in each of the four regions for the Ages and States tools in May, June and July, 2008. Each county will have two CCYA staff and two licensed FC agency staff attend, and some counties are contracting with another provider to do the assessments and those providers are also able to attend the trainings. Full implementation is to begin September 1, 2008.

DPW is strongly recommending that CCYA expand the target population to be screened to include all children involved with the agency who are under age five. After initial screenings, follow-up screenings are to occur at prescribed intervals. If any screening reveals a 25% or more delay in any area, a referral for EI services must be made.

### **CHANGES IN PROGRAMS AND INITIATIVES**

OCYF continues to support programs that are designed to meet the service needs of children and families within the community. The following is a compilation of changes that reflect the strengths-based approach to services.

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

In 2002, 13 pilot counties implemented FGDM. Fifty-four of PA's 67 counties are actively exploring ways to engage families in planning and service delivery. Twenty-three CCYA are conducting FGDM conferences, seven are in the early stages of implementation and 24 others recognize the importance of engaging families but have not chosen a specific model for implementation.

Family member satisfaction surveys from 2006 showed that 96% of families participating in FGDM consistently 'agreed' or 'strongly agreed' that their family

made decisions during the conference, and approximately 97% 'agreed' or 'strongly agreed' that they agreed on a plan during their conference. Lastly, 97% of family members 'agreed' or 'strongly agreed' that they would recommend FGDM conferences to other families. The Statewide FGDM Evaluation process includes the distribution of satisfaction surveys to all family and non-family participants. Approximately 22 counties participated in this voluntary process in 2006, an increase of at least 10 counties since the inception of the process in 2004. While the current evaluation process does not ask the counties for an exact response rate, counties report that approximately 75-80% of both family and non-family participants at the FGDM meetings complete the surveys. During July 2008, the Statewide FGDM Satisfaction Evaluation will be updated to include gathering response rates.

A Statewide Implementation Team was established to assist counties in implementing this practice, strategizing barriers, networking, and developing data practices to measure the effectiveness of the practice. The team networks with national organizations such as American Humane Association to research the most effective ways to engage children and families through FGDM. On average, 22 counties and 25-30 systems partners attend these meetings. The Training Subcommittee and the Evaluation Subcommittee provide resources to CCYA involved with FGDM. A four-day training on FGDM was developed and piloted. The training will be available statewide in 2008.

FGDM is the most significant change since 2002 as reported by the statewide focus groups. The PSRFA believes that FGDM made a major impact on returning youth to their homes, was an effective case planning tool, and provided an avenue for quality assurance in the child welfare agencies. Many groups saw FGDM as a positive change but noted that the practice was not appropriate for all families.

### **Systems of Care**

In 2003, DPW received a SOC Grant. Two primary counties (Northumberland and Dauphin) were selected to integrate their systems and engage their communities. The result has been a dramatic shift from reactive to preventative services and the engagement of community supports. The partnership with other agencies has resulted in an increase in the variety of resource options and a more fiscally responsive way to support families. Many additional counties have begun changing their infrastructure because they see that SOC compliments their FGDM practice.

The University of Pittsburgh Office of Child Development, Division of Applied Research and Evaluation (DARE) is the local evaluation team for the PA SOC project. Most of 2005 and 2006 were spent developing the evaluation plan. An Evaluation Committee was formed which developed a logic model, and created instruments for data collection. The focus of the evaluation was primarily to assess the extent to which CCYA and partner agencies engaged in SOC

practices and clients' and workers' satisfaction with the case planning process and interactions.

### Partner Agency Surveys

The Evaluation Committee adapted the Child Welfare Agency Survey used in the National Evaluation to create the Partner Agency Survey. Both surveys ask direct service workers to rate:

- Their agency's support for SOC,
- The extent to which they believe in and engage in SOC practices,
- Challenges that prevent them from engaging in SOC practices, and
- Factors that support them in conducting work that aligns with the SOC principles.

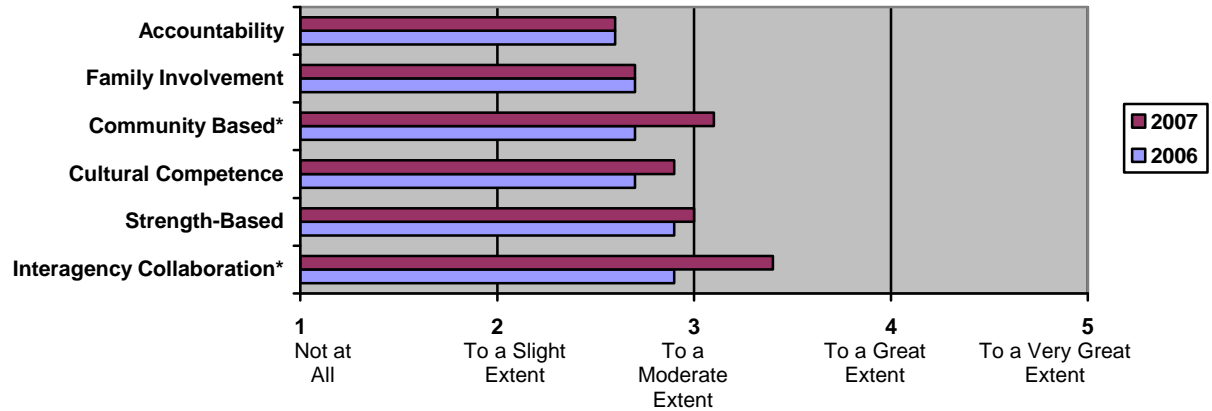
In 2006, the National Evaluation Team administered the Child Welfare Survey to direct care workers at the CCYA. In 2007, the local evaluation team administered the Partner Agency Survey to direct care workers at the CCYA as well as staff at juvenile probation offices, mental health/mental retardation agencies, and drug and alcohol services.

A comparison of child welfare workers' ratings from 2006 and 2007 in Dauphin County shows that workers felt slightly more supported by their agencies to engage in practices that are reflective of SOC principles. Child welfare workers' ratings indicated that Dauphin County CYA improved somewhat from 2006 to 2007 and did more to help workers collaborate with other child and family serving agencies, engaged in strength-based, culturally competent practices with families, and were aware of and relied on community-based services (see Figure 1).

Dauphin County CYA made significant improvements in their ability to encourage staff to work with other child and family-serving organizations and to provide the resources and infrastructure for staff to work with those organizations. In 2006, workers' felt the agency provided them with *slight to moderate* support in this area (2.9). In comparison, in 2007, workers' felt *moderate* support from the agency for inter-agency collaboration (3.4).

Workers did not report improvements in two areas: documentation and use of data, and engaging families as partners. The lack of a rating change for family involvement is surprising, given the well-organized and active Parent Subcommittee in Dauphin County, but this may be because the focus of the Parent Subcommittee has not been directed at CCYA workers and their practices but they are instead working to improve the community by empowering families in the community. The subcommittee's work may ultimately impact CCYA practice, but for now, it is not the purpose of their activities. However, Dauphin County SOC leaders may wish to talk with the Parent Subcommittee about ways that the committee members and CCYA caseworkers could work together more directly.

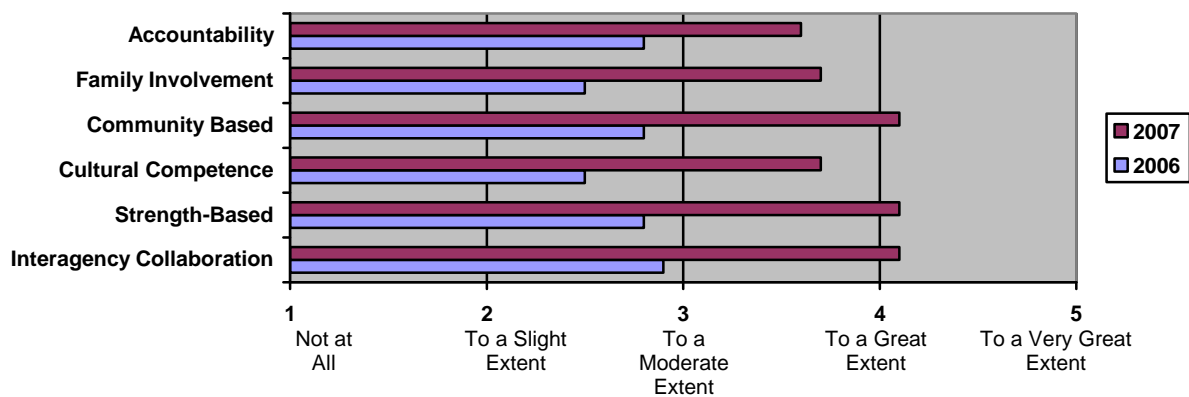
Figure 1. Dauphin County Survey Ratings, 2006 and 2007



Note: \*indicates ratings among the agencies were significantly different

In Northumberland County, child welfare workers' ratings in all areas measured improved significantly from 2006 to 2007, indicating that they felt the agency provided them with more support to engage in practices that are reflective of SOC principles (see Figure 2). In 2006, workers felt *slightly to moderately* supported, while in 2007, workers felt *moderately to greatly* supported to engage in SOC work. These responses indicate that Northumberland County CYA is doing more to help workers collaborate with other child and family serving agencies, engage in strength-based, culturally competent practices with families, be aware of and rely on community-based services, treat families like partners, and keep records up to date. This level of improvement is especially impressive because Northumberland County has only been involved in the SOC project since the summer of 2006.

Figure 2. Northumberland County Survey Ratings, 2006 and 2007



Note: \*indicates ratings among the agencies were significantly different

The data show that child welfare workers in both counties felt more supported in 2007 by their respective CCYA agencies to engage in work that is reflective of

SOC principles. It is especially important that the child welfare agency staff feel supported by their agencies because, as the SOC grant recipients, they are the leaders in their respective counties and should set a positive example for partner agencies.

#### *Comparison of Partner Agency Survey Responses, 2007*

As noted above, in 2007, the local evaluation expanded data collection to include staff from agencies that often serve families at the same time as CCYA. In addition to CCYA workers, staff at juvenile probation offices, mental health/mental retardation agencies, and drug and alcohol services in both counties completed the Partner Agency Survey in 2007.

#### Results for Dauphin County Agencies

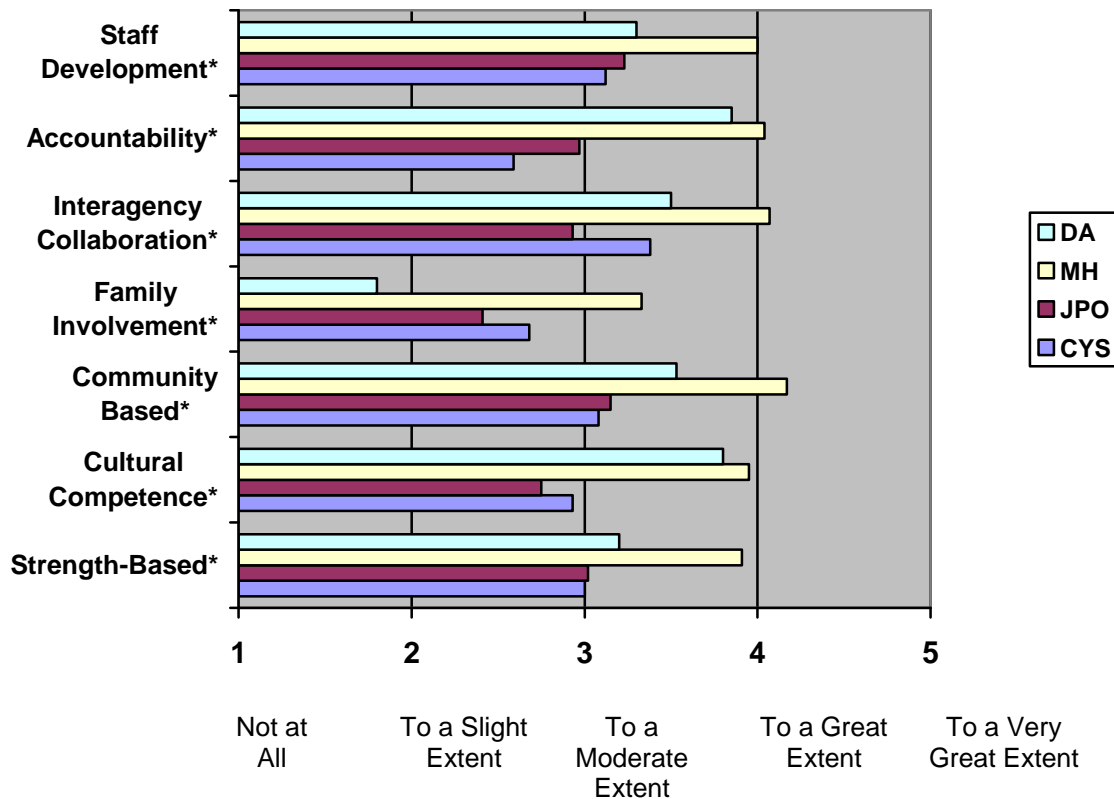
On a scale of 1 to 5 where 1 means that staff feel not at all supported and 5 means that staff feel supported to a very great extent, on average, agency staff in Dauphin County felt that their respective agencies supported them *to a moderate extent* (3.5) to engage in work that is reflective of the SOC principles. Agency staff felt the most supported to engage in activities related to staff development (3.29) but least supported to involve families (2.61). In particular, across agencies, staff felt supported *to a slight extent* only (1.94) to include family members as co-facilitators in trainings or meetings.

Agency staff differed in the degree to which they felt supported by their agency to incorporate each principle into their work. As shown in Figure 5, staff at the mental health agency in Dauphin County provided the highest ratings for all of the principles, indicating they felt the most supported by their agency to engage in SOC practices. This may be because mental health staff are familiar with a similar set of principles, the Child and Adolescent Service System Program (CASSP) principles, and have incorporated them in their work for years. It may also simply be a reflection of the positive culture of the mental health agency in Dauphin County. Regardless, mental health staff provided significantly higher ratings than staff at CCYA and juvenile probation for almost all of the principles, indicating that they felt more supported than their counterparts to:

- update their skills through staff development,
- update records and use data for accountability purposes,
- collaborate with other child and family-serving organizations,
- work with formal and informal services in families' communities,
- respond to the cultural needs of families, and
- identify and build upon families' strengths.

In addition, staff at the mental health agency reported feeling significantly more supported than staff at juvenile probation and drug and alcohol services to engage families as partners.

Figure 5. Dauphin County Partner Agency Ratings of SOC Principles



Note: \*indicates ratings among the agencies were significantly different ( $p < .05$ )

#### Results for Northumberland County Agencies

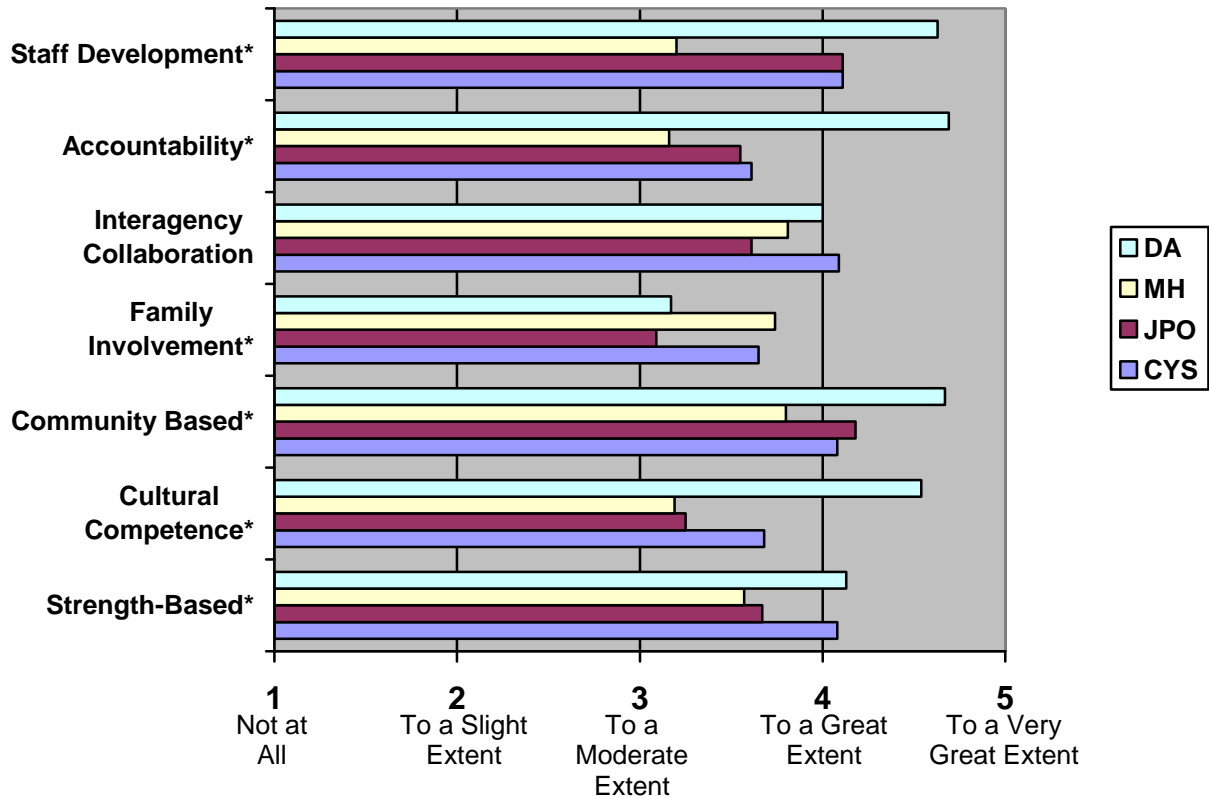
On a scale of 1 to 5 where 1 means that staff feel not at all supported and 5 means that staff feel supported to a very great extent, on average, agency staff in Northumberland County felt that their respective agencies support them *to a great extent* (4.03) to engage in work that is reflective of the SOC principles. Agency staff felt the most supported to engage community-based supports (4.04) but least supported to engage in culturally competent services (3.47).

Agency staff differed in the degree to which they feel supported by their agency to incorporate each principle into their work. As shown in Figure 6, staff at the drug and alcohol services agency in Northumberland County provided the highest ratings for most of the principles indicating they felt the most supported by their agency to engage in SOC practices. However, these ratings should be interpreted with caution because there was a relatively small number of respondents from this agency ( $n=4$ ).

Unlike in Dauphin County where the mental health agency staff consistently reported feeling the greatest support from the agency, there was greater variation among the agencies in Northumberland County and among the principles. For example, CCYA workers indicated feeling significantly greater levels of support to engage in strength-based and culturally competent practices than mental health workers. In addition, drug and alcohol service workers reported feeling

significantly greater levels of support to use data and keep files up-to-date compared to all other agency staff. SOC leaders in Northumberland could examine these ratings to learn where certain agencies excel in terms of the principles and create opportunities to learn from each other.

Figure 6. Northumberland County Partner Agency Ratings of SOC Principles



Note: \*indicates ratings among the agencies were significantly different ( $p < .05$ )<sup>4</sup>

SOC is a successful initiative as reported by the statewide focus groups. Each group discussed the benefits of SOC in building parent and youth advocacy programs, increasing training opportunities, changing the employee orientation and evaluation process, increasing the scope of FGDM, developing richer relationships with schools, creating problem solving strategies, bringing more partners to the table and becoming more locally driven with more options for sustainability.

### Family Centers

FC provide a variety of locally determined programs and services to families and children. FC offer community residents' access to a range of services identified as a need within their community. Participation in all services and programs provided directly through the 65 sites is voluntary. Services are provided in ways that are accessible for families, including direct contacts at the centers and home

<sup>4</sup> D.A.R.E. Pennsylvania Systems of Care Annual Report October 2007

visitation. The main focus is providing early childhood education services and support to parents and young children. The use of the Parents as Teachers (PAT) model to provide child development and parenting education to parents has been an effective strategy. Examples of other optional services and programs offered are: child support; parent/family support; health services; mental health services; adult self-sufficiency service; and emergency services.

20 FC provide target services for fathers through Fatherhood Initiative contracts. These services include: outreach services; individual/group support services and activities for fathers; education and skills training opportunities; and adult education, pre-employment and job skills training.

In SFY 2005-2006, FC receiving state grant funds were invited to apply for the Time-Limited Family Reunification (TLFR) Services Pilot Program. TLFR strengthens and supports families by providing immediate and appropriate reunification services to parents with children in foster care less than 15 months. 10 FC were selected and awarded funds in SFY 2005-06 and 2006-07. In SFY 2007-08, TLFR grants increased to 16 with a competitive application process. In 2008, the TLFR initiative application was opened by DPW for competitive bid among all CCYA. The recommendation is to fund 13 proposals in 2008-09 which will include Allegheny and Philadelphia Counties.

For the reporting period July 1, 2007 to December 31, 2007, 223 children and 131 families were referred to the TLFR program. Of those, 163 families were served and 74 children were reunified with their families within 15 months of placement. The services provided included:

- 249 participants received individual, group and family counseling;
- 56 participants received inpatient, residential or outpatient substance abuse treatment services;
- 134 received mental health services;
- 45 received assistance to address domestic violence;
- 40 participants received services designed to provide temporary child care and therapeutic services for families, including crisis nurseries; and
- 187 received transportation to or from any of the services and activities described above.

Since January 2006, the use of specialized, therapist/case manager teams to provide highly-coordinated and intensive services for families has increased. Techniques designed to motivate families by expediting the reunification process in a safe and realistic manner also improved. Increased coordination among local agencies has provided a wide array of services for families and children. The identification of transportation as a need by families led to increased participation in services and enhanced visitation to support reunification. Barriers identified by FC include slow referrals from CCYA, hiring of staff and turnover.



Over 1,700 parents responded in SFY 2005-2006 to an annual anonymous Parent Satisfaction Survey used by FC to assess how well the needs of the participants are being met. The vast majority of parents indicated that FC staffs help parents better understand how their children learn and grow and that the knowledge gained is useful to both them and their family. Also, the majority of parents indicated that FC staffs were knowledgeable about various public benefits available to assist families. Over 90% of parents reported that FC staffs provided information to help them plan for the future. The majority of parents reported that participating in the program helped them learn more about how their friends and family members can all help one another. The one area that was cited as needing improvement involved helping families take on leadership roles within their own communities since only 67% of parents surveyed agreed that FC helped them accomplish this goal. FC increase parent leadership within their program and other community collaborations by actively recruiting parents to their board. Since FC board members also include staff and directors from other community organizations, parent members are exposed to many different community missions with whom they can become involved. OCYF requires that 25% of the FC Board be parent/consumer members. Many FC offer incentives to parents to attend the meetings and/or provide free day care during the meeting. FC schedule their meetings at times that will be most convenient to the parent members. OCYF will continue to promote parent leaders within the FC as a way of increasing community awareness and involvement.

An annual Administrator's Survey was also completed. Administrators reported examples of how FC contributed to comprehensive and accessible services to families. Following are examples reported at the end of the 2006-2007 program year:

- A kinship foster family referred by Bucks CCYA was not only in need of the PAT program but Case Management services. After speaking with the caretaker, the Family Development Specialist (FDS) determined that she was in need of a variety of community supports. One issue was the lack of furniture for the child. The FDS referred the family to Interfaith Housing Corporation to supply her child with furniture.
- Greene County collaborated with the Physical Health Community Team for expectant and new mothers at the Washington Clinic. Staff contacts providers while the clients are present to set up appointments.
- A FDS in Lancaster County received training on services to children with special needs. The team works very closely with Lancaster County Mental Health/Mental Retardation (MH/MR) EI and makes referrals to support families through the intake and assessment process. Staff works with EI to implement and support the plan for children. Joint home visits are often conducted to enhance communication between all parties.
- The Mercer County FC serves as a Medical Assistance outreach site to ensure that all enrolled children have access to health insurance

coverage. FC staff monitors immunization schedules and updates family health surveys as needed.

### **SWAN/IL Merger**

In 2003, two new services, Child Preparation for Permanency and Post-Permanency services were added to SWAN. Child Preparation for Permanency involves both CCYA and the SWAN affiliate agency collaborating on the development of the child preparation plan and delivery of the services. Eligible children are those children in custody of their CCYA whether or not they have a goal of adoption. Post-Permanency Services provide advocacy for post-permanency services, support groups and respite. Eligible families include any family who has adopted, whether or not they adopted a child from the PA foster care system, PLC and kinship families.

The partnership between SWAN and IL Services has led to an increase in services for older youth in care which correlates to an increase in the number of older youth adopted from the PA foster care system. In FFY 2003, 546 children over the age of nine were adopted. The number of adoptions of children over age nine increased to 684 in FFY 2004. In FFY 2005, 705 children over the age of nine were adopted which represents an 18.5% increase in the number of adoptions of children over age nine in the first 18 months of this partnership.<sup>5</sup> These outcomes leveled in FFY 2006 when the total number of adoptions for youth over the age of nine decreased to 595 and decreased in FFY 2007 to 513.

However, there is a significant decrease in the number of children over the age of nine who continue to wait for permanency. For instance, in FFY 2003, 1,735 (51%) of children were over the age of nine. In FFY 2007, 1,214 (35%) children were over the age of 9.<sup>6</sup> While there is a decrease in the number of children over the age of nine, there is an increase in the number of children discharged from care to other permanency goals.

In FFY 2005, there were 280 youth over the age of 16 with a goal of adoption. However, SWAN provided services to 423 youth over the age of 16<sup>7</sup> as services were expanded to youth receiving IL services in 2003. Consequently, an increase in the number of youth discharged from foster care to other types of permanent families, such as PLC families, occurred.

For instance, in FFY 2003, 74 children over the age of 16 were discharged to PLC. In FFY 2005, the number of children over the age of 16 discharged to PLC increased to 136, representing an 84% increase. In FFY 2006, the number of youth over the age of 16 discharged to PLC remained steady at 132, and in FFY 2007, 106 children over the age of 16 were discharged to PLC.<sup>8</sup>

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<sup>5</sup> AFCARS Database

<sup>6</sup> AFCARS Database

<sup>7</sup> SWAN Referral and Invoicing Data System

<sup>8</sup> AFCARS Database

PA placed emphasis on the availability and provision of IL services for youth who discharged from care up to age 21. The JLC issued the Know Your Rights: A Guide for Dependent Youth in Pennsylvania in cooperation with KidsVoice and the YAB in 2006. JLC distributed 1,800 copies to youth and child welfare professionals through mailings at the time of printing. Manuals have since been distributed at annual youth retreats, youth trainings, Independent Living coordinators at statewide meetings and most recently at the CFSR Youth Summit in March 2008. This guide provides youth with information about their legal rights in the substitute care system and about how they can advocate for themselves.

The JLC also issued the Pennsylvania Judicial Deskbook: A Guide to Statutes, Judicial Decisions and Recommended Practices for Cases Involving Dependent Children in Pennsylvania and the Dependent Youth Aging Out of Foster Care in 2003. JLC distributed 600 copies through mailings to Juvenile Court Judges at the time of printing. Manuals have since been distributed at various trainings. Both publications are available on the JLC website where they can be downloaded and printed for distribution by agencies.

OCYF and its partners developed the Pennsylvania Independent Living Standards for Child Welfare Practice as an addendum to existing practice standards which will be incorporated into the revisions of the Practice Standards.

### **Domestic Violence Protocol**

In June of 2002, ACF held a Northeast Regional Leadership Forum on Improving Outcomes for Children and Families Affected by Domestic Violence and Child Maltreatment in Philadelphia. The Forum was sponsored by the National Association of Public Child Welfare Administrators in partnership with other national groups addressing child maltreatment and domestic violence. PA representatives included OCYF, the Pennsylvania Coalition against Domestic Violence (PCADV), the Office of Social Programs and AOPC. The goal of the PA team was to work at the state level on collaboration and problem solving related to the overlap of domestic violence and child maltreatment. The group has continued to meet since 2002 and has expanded its representation to include representatives from an array of social service agencies.

On July 19, 2007 OCYF issued a "Protocol to Address Domestic Violence in Families with Child Welfare Involvement" to all CCYA as well as to private social service agencies. PCADV also released the protocol to their 62 centers. The goal is to promote an understanding of the child welfare and domestic violence systems, as well as collaboration of these services for children and families who are the victims of maltreatment and domestic violence in an effort to create more responsive and complete services for victims. The protocol was issued as a suggested guide to utilize when working with families; however it is not mandated by OCYF or PCADV.

### **New Autism Office**

The number of individuals diagnosed with Autism Spectrum Disorder (ASD) has risen. DPW Secretary Estelle B. Richman created the Autism Task Force in 2003. This Task Force, comprised of over 250 family members of people living with autism, service providers, educators, administrators and researchers was charged with developing a plan for a new system for individuals living with autism and their families to make PA a national model of excellence in autism service delivery. The Office of Autism Affairs became the Bureau of Autism Services in February 2007 within the Office of Developmental Programs and helped DPW make great strides in autism services.

### **Safe Haven**

DPW established a statewide helpline through the CONTACT Helpline on March 1, 2004 for women in crisis and individuals seeking information about the Newborn Protection Act, also known as Safe Haven. During SFY 2006-2007, 253 people called the Safe Haven helpline that averages 20 calls per month. The majority of the callers are female (70%). The statistics on caller satisfaction show 70% are very satisfied. In an ongoing effort to raise awareness about PA's Safe Haven Program, DPW launched a new marketing campaign in 2007 targeting young women 15 to 24 years old. Since 2003, nine newborns have been relinquished at hospitals under the Safe Haven program.

### **Aftercare Services**

Successful re-entry into the community after a juvenile justice placement is one priority for the Models for Change Initiative through the Systems Reform in Juvenile Justice. Each youth in placement will have a high-quality aftercare plan that is collaborative and completed in a timely fashion and properly implemented. The treatment and aftercare plan will be integrated to help offenders overcome issues and transition with necessary supports to assure a more successful reintegration into the community and to reduce recidivism.

County JPO Report Cards, which assess the effectiveness of work with juvenile offenders, have been collected since 2004. Since 2004, the number of juveniles who successfully completed their supervision without a new offense has remained the same, but the length of supervision decreased slightly. There was an increase in the number of community service obligations issued and served (from 63.6% to 68.4%). There was an increase in the victim's awareness programming occurring across the state (from 28.8% to 32.3%). There was a decrease in the number of juveniles engaged in education or vocational activities at case closing (from 81.1% to 80.6%), but an increase in the engagement of some type of competency programming (from 74.7% to 75.7%). Lastly, decreases were noted in the number of juveniles engaged in out of home placements over 28 days (from 19.3% to 18.5%), and in the length of stay (from 7.1 months to 7.0 months).

### **Evidence-Based Programs**

There are several evidence-based programs used as a way to provide better services to families, and to collect comprehensive data for the county and state to use to monitor the effectiveness of the support. CCYA are using these initiatives to improve the success rate of reunifications and are working in conjunction with the Office of Mental Health and Substance Abuse (OMHSAS).

### **Functional Family Therapy (FFT)**

FFT is an outcome-driven prevention/intervention program targeted for youth ages 11-18 who have demonstrated maladaptive, acting out behavior and related syndromes, and their families. There are currently 10 FFT sites operating 11 teams in PA. Seven of these providers were enrolled with MA and three were funded by grants from the PA Commission on Crime and Delinquency. FFT data showed that 51% of participants reported moderate to satisfactory change with significant improvements in family functioning and adolescent behavior.

### **Multi-systemic Therapy (MST)**

MST is an intensive family- and community-based treatment program that addresses serious antisocial behavior in adolescents, many of whom have been involved with Juvenile Probation due to delinquent activities. Currently, there are 10 providers of MST operating a total of 34 county teams. All of these programs are enrolled with Medical Assistance. Enrollments occurred between September 2005 and July 2007. During the first half of 2007, 620 youth were served. Among youth discharged during the same time period, nearly 80% completed treatment. Approximately 9% were placed out of the home due to an incident occurring during treatment. Each of the measured outcomes were achieved by at least 80% of the youth at discharge, as judged by the therapist and supervisor. These positive outcomes include improvements in family relationships, parenting, support network, educational success, and involvement in pro-social activities. Over 85% of youth were able to remain in the home, were still in school or working, and/or had avoided any new arrests at the time of discharge.

### **Promoting Alternative Thinking Strategies (PATHS)**

PATHS is a comprehensive program used to promote emotional and social competencies and reduce aggression and behavior problems in school-aged children while enhancing the educational process in the classroom. This program is designed to be used by educators and counselors and can be used with parents as well.

### **Multi-dimensional Treatment Foster Care (MTFC)**

MTFC has a goal of decreasing problem behavior and increasing developmentally appropriate and pro-social behavior in children and adolescents who are in need of out-of-home placement. Youth are referred to MTFC by juvenile justice, foster care and mental health systems. MTFC treatment goals are accomplished by providing close supervision, fair and consistent limits,

predictable consequences for rule breaking, a supportive relationship with at least one mentoring adult and reduced exposure to peers with similar problems.

### **Nurse-Family Partnership (NFP)**

NFP is designed to help women improve their prenatal health and pregnancy outcomes; improve the care provided to infants and toddlers in an effort to improve the children's health and development; and improve women's own personal development. Services are provided through registered nurses who meet with mothers until their child is two years old. Since 2006, 39 counties and 3,947 mothers and families were served. High quality in-home parent coaching services that begin when the mother is pregnant can reduce cases of child abuse and neglect nearly in half and reduce the rate of arrests by age 15 by more than half.<sup>9</sup>

### **Parent-Child Home Program (PCHP)**

PCHP provides techniques and materials for parents to be their child's first teacher. A home visitor provides services to help parents learn how to read to and play with their children to strengthen verbal interaction and language development, build a positive parent-child bond and provide a quality learning experience. Over this past year, there were 1,505 children served in 28 sites located in 23 counties.

### **Barriers**

Providing the necessary array of services for PA's families and children is not without its challenges. The lack of meaningful data continues to make it difficult to measure changes made in integration that have directly affected outcomes. All partners must communicate and collaborate in case-planning. Issues of confidentiality and incompatibility of the current data systems continue to affect this area. Cross training for systems can also be a barrier due to a lack of understanding of the complexities of each system. Training is necessary but may be cost prohibitive for agencies due to financial silos and limitations and regulatory concerns. Employee turn-over is another significant barrier to ensuring effective services. The lack of resources and low wages contributes to turn-over and job dissatisfaction.

Transportation is a challenge for agencies and families because of the rural areas in the state and the accessibility of services. It is sometimes difficult for families in rural areas to access service providers. The need for more mental health services was reported by a wide variety of groups during the statewide focus groups. A shortage of child psychiatrists and counseling/therapeutic care for sex offenders/victims, couples and domestic violence was also reported.

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<sup>9</sup> "Protect Kids: Reduce Crime: Save Money: Prevent Child Abuse and Neglect in Pennsylvania," Fight Crime Invest in Kids, December 2006

## **Strengths**

PA's strength is in the partnerships built between the state, county and private providers. Stakeholders participating in the Statewide Assessment focus groups reported strong relationships with service providers including: development of good working relationships; increased collaboration; implementation of in-house meetings with private providers to discuss MH/MR and drug and alcohol issues with cases; receipt of progress and evaluation reports in a timely manner from providers; and an increase in the quality of services provided.

Several strengths were also identified during the focus groups in relation to in-home services including: increased number of available in-home services; taking a closer look at the most appropriate set of supports and services instead of the least restrictive; holding weekly in-home service provider meetings to discuss alternatives to placement; looking at diversionary programs and community resources that can be utilized before they enter the system; and providing aftercare services.

Opportunities for on-going collaboration have emerged through SOC, FGDM, and ICSP initiatives. Interagency cooperation has become an expectation as the state, counties and private providers work to develop consistent integrated services for families. Evidence-based practices have also become an expectation through the NBPB. MST and FFT provide data on the effectiveness of these practices. The requirement for data outcome measures is significant for both the effectiveness of the service, but also for accountability. The Center for Evidence-Based Practice will assist counties in developing evidenced-based practices and comparative data across the state. The Center will be established and funded through the MacArthur Models for Change Grant.

A significant number of resources must be devoted to train caseworkers on engaging youth and families using a strengths-based approach. OCYF, in partnership with CWTP, designed curricula and TA activities that focus on a strengths-based approach to engagement. Lawrence Shulman's Interactional Skills for Helping Professionals provides the foundation for caseworkers to enhance their skills and to build a strengths-based perspective of working with families.

## **Youth Perspective**

Supervised IL is a very helpful service for youth that have it in their communities. IL workers have engaged many youth in activities that are beneficial to their goals. To support youth as they age out of care, IL workshops and programs have supported youth with their college preparatory tests, post secondary education choices, and financial aid. The room and board extension for youth is also helpful because it promotes higher education within the foster home, setting a higher sense of responsibility by requiring the youth to retain a job and save money. It rewards the youth through rent payments and further guidance through monthly reviews.

Although some youth receive comprehensive health services, the majority do not receive adequate access. Many youth are even forced into therapy and take medications when they misbehave. In some cases, local health facilities take none or only pieces of the insurance provided for youth, which may require the youth to seek specific medical attention up to two hours away. Some youth have reported having to seek help without the aid of their caseworkers. While some youth are ignorant of their opportunities having not being informed of their options properly, other adamant youth are being discouraged by case workers and their agency. For instance, one youth had to set up her own appointments and did not receive sufficient help with her disability, while another youth was diagnosed with heart problems yet no one was aiding in the regular attendance to his check-ups.

To fill in the gaps, more services like IL are needed, but IL also needs to be offered more consistently to youth. Specific IL services such as financial management were rated as needing improvement by youth as well. While financial aid and higher educational planning ends at age 21, many youth are not yet finished with college and need the continued assistance to help them succeed and avoid dropping out. Also youth need help in proper transitioning. More housing is needed over transition periods in college or upon discharge from care. During care, youth lost items and clothes when transitioning between homes; when entering the system, some youth did not have clothing and had to wait up to year to receive a clothing allowance. Transition from care is often not planned well and youth feel cut off when moved out of the system to aftercare. Other major items of interest include youth not being able to get their driver's license in care, getting background clearances for short overnight visits for friend's houses, and being informed of their opportunities and options fully and their option to find out about more services.

### **Youth Perspective Follow-up**

The Youth Ambassadors assisted in synthesizing the feedback from the youth focus groups, and then drafted responses for the Statewide Self Assessment. Some of the examples that were shared were personal to the Youth Ambassadors' experience. For instance, the youth with the heart problems is now 21 years of age, is a junior in college and has no health coverage. Her remarks regarding regular check ups came from her personal observations several years ago when she was in a kinship foster placement and felt as though there was a lack of follow through with regard to scheduling medical appointments.

Youth have been active participants in the review process, and their recommendations will be incorporated into the PIP. A Youth Summit was held in March 2008 to engage youth from across PA to have the opportunity to voice their concerns and suggestions for the PIP. The Youth Summit brought youth together for a two-day event that included workshops, presentations and



feedback sessions. On the second day youth partnered with key state stakeholders (policy, program and legislative) in roundtable discussions concerning the safety, permanency and well-being needs of youth. The purpose of this event was to develop a systemic and strategic plan for improvement that is driven by the needs of youth. These recommendations will not only be incorporated into the PIP but will become the ongoing advocacy agenda for the State and Regional Pennsylvania YAB.

## **F. Agency Responsiveness to the Community**

**Item 38: State Engagement in Consultation with Stakeholders.** *In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?*

**Item 39: Agency Annual Reports Pursuant to the CFSP.** *Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?*

**Item 40: Coordination of CFSP Services with Other Federal Programs.** *Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?*

This factor was an area of strength in the 2002 CFSR. PA continues to make progress in its positive involvement of the community and cross systems partners in planning and service delivery, while encouraging the use of evidence-based practices. This section highlights engagement efforts with various stakeholders and some of the coordinated, collaborative efforts that inform the CFSP.

### **Integrated Children's Services Plan**

DPW's commitment to an integrated children's services system through ICSP is a promising approach to services that meets CFSP goals and incorporates coordination and collaboration with stakeholders and other federally assisted programs. ICSP is a comprehensive approach to serving children, birth to 21 years of age, through programs that focus on long-term prevention, early intervention, services that support family stability, child safety, and healthy child development. Integrated planning requires all child-serving systems within the county to plan together for a one-system approach in which appropriate services can be accessed regardless of through what system a child or family may initially enter. ICSP is unique in that it builds on the Federal SOC approach, but recognizes that children have multi-system needs irregardless of child welfare involvement. The long term goal of Integrated Children's Services is to see community level indicators related to children and families improve. Specific indicators that are being monitoring include the following:

- Babies born healthy;
- Healthy children and families;
- Child development and early learning;
- Healthy youth behaviors;
- School success; and
- Safe and stable families and communities.

The ICSP process is an integral first step toward building a holistic approach to serving the individual and family. The ICSP guidelines are strength-based and child-and family-centered, targeting mental health, child welfare, mental retardation, EI, juvenile justice, drug and alcohol programs, education, and other child and family serving systems. Families and youth are strongly encouraged to be part of the planning process, implementation and ongoing evaluation of the plans.

Counties continue to send a plan each year that describes where they are in terms of integration and an update of their activities over the year. Cross systems integrated teams review county plans and send feedback based on their review. Counties then continue to implement their plans and, if need be, receive technical assistance through regional offices or through the ICSP consultant. In 2006/07, DPW awarded \$933,000 to 19 counties to support their local infrastructure and movement towards a fully integrated system.

Recognizing that counties were at different levels of integration, for the 2007/08 planning cycle DPW developed a tiered model of integration. Counties who self designated as a tier one (accelerated county) could submit a budget request to support development of a single service plan, centralized intake, integrated data systems, integrated case management, common screening or assessments, or integrated prevention programs. Counties who are still working toward improved integration remain a tier two category. DPW continues to work with all counties to facilitate their forward movement on the integration continuum. DPW awarded \$2.4 million to 25 counties to support the tiered model.

For the 2007/08 planning year, counties were asked to identify two or more outcome measures as a condition of receiving funds. DPW distributed suggested measures for tracking progress on implementing a common intake, integrated case management or single service plan process. Counties submitted baseline data and their final outcomes are due in August 2008.

#### 1. Common Intake:

- Percent/number of children who upon initial contact with one county system are appropriately referred to another county system.
- List point of entries within county service systems that are prepared to handle a common intake process (i.e. regardless of the point of entry of a child/family, that county agency staff is able to assist the individual

without forcing the child/family to make another appointment or arrangement to begin service needs).

- Percent/number of county human service intake staff who are trained to complete a common intake process for children/families.

## 2. Common Assessments

- Percent of children/families who come into contact with the county (or receive at least one service) who are appropriately assessed for other services.
- Percent of children assessed in need of another service and receive that service within 30 days.
- Percent of children entering the child welfare system who are assessed for behavioral health needs.
- Percent of children entering the juvenile justice system who are assessed for behavioral health needs.
- Percent/number of staff trained to complete common assessments.

## 3. Single Case Management

- Percent of children/families who receive services from more than one service area who have a single case manager.
- Percent of children/families who receive services from more than one service area and have a single case plan.
- Percent of service plans that include all the child/families needs and includes input from all system professionals involved with the child/family.
- Number/percent of county case managers trained (or available) to manage children/families involved with more than one county system.

DPW is currently analyzing the 2008/09 integrated plans and developing feedback to counties. Funding awards will be made in the summer of 2008.

The major results of the ICSP at the county level are an increase in the number of clients served, substantially less confusion for clients needing to access the system and a major expansion in the range (number) of services available to residents. The most unexpected and perhaps most welcomed result of the ICSP was the high level of service integration that has been achieved without a single change in state law or regulation or the addition of new state dollars.

The first two years of ICSP were spent working with counties to develop their local infrastructure to integrate their systems. The last two years of the project were geared towards moving from infrastructure building to showing a direct impact on the lives of children and families. As a direct result of ICSP, counties have begun to implement evidence-based programs that are proven to show positive impacts for children, including the following.

- 37 counties implemented or are in the process of implementing Multi-Systemic Family Therapy;

- 11 counties have or are in process of implementing Functional Family Therapy;
- 43 counties are implementing Family Group Decision Making; and
- 16 counties are developing or have developed common assessments for serving children with multi-systems needs.

***Children and families with complex needs are getting better, more integrated care.***

All 67 counties have made progress in integrating their child serving systems. Some counties have merged two systems and others are close to integrating all service systems. On average, 60% of children need multi-system services to meet their treatment needs. Without an integrated system these children would go through lengthy referral processes, with multiple case managers and jump through numerous hoops to get the appropriate treatment they need.

*Clarion County*

As a direct result of ICSP, Clarion County developed a common referral form streamlining the intake procedure when consumers request additional services. Prevention programs have been initiated through the cross systems collaborative by using a private non-profit as the lead agency to reduce the cultural stigma individuals from Appalachia face when using government programs. Systems change in Clarion County has had a direct impact on the number of referrals to the CCYA and alternative programs were created for families so they do not become part of the county service system. In one case, a pregnant 24 year old mother who had previously lost custody of her four children has now become a very attentive mother with a healthy, thriving two month old baby boy. She reports that she intends to stay off alcohol and drugs to be a better mother. The county has also implemented FGDM as an alternative service for families in the child welfare and juvenile justice system. As a result of implementing this model, the county has seen several successful family preservation meetings.

*Tioga County*

Tioga County in North Central Pennsylvania with a population of about 41,000 has one of the lowest median incomes in the state but covers the second largest geographic area in the Commonwealth. Tioga County suffers from a host of social problems ranging from child abuse to domestic violence and has one of the highest rates of verified child abuse/neglect in Pennsylvania. In an effort to deal more effectively with these problems as well as manage its resources more effectively, the Tioga County Human Services System fully integrated its management and services to provide comprehensive, family-based services through an integrated administrative structure with de-categorized as opposed to categorical service divisions. Single case-management was developed in an effort to reduce the duplication of administrative and case-management services when the categorically funded human services are delivered to clients by numerous providers who respond to a variety of funding authorities. The

hallmarks of this service system are a centralized administration, a fully integrated financial management system, common data base, centralized intake, and a single case-manager system that brokers all the categorical services through cross-trained case-managers. The de-categorized model has created, in essence, a one-stop-shop for accessing services. The end result is that the consumer, as well as his or her family, is treated holistically with one case-manager assessing the entire family's needs.

### ***Breaking down the silos between different systems at both the state and county***

#### *Columbia County*

Columbia County is part of a four county mental health and mental retardation joinder where the counties decided from the outset to establish a core working team with individuals representing the child serving systems of each county. Through quarterly meetings the four counties improved collaboration, communication and processes to better integrate services.

#### *Lehigh County*

In 2006 Lehigh County combined all human services fiscal offices into one agency so one Fiscal Manager could provide a single perspective of all offices needs to the Director of Human Services (DHS). The DHS Fiscal Manager is involved in the budgeting process with each agency and is responsible for ensuring a budget structure to support integration.

#### *Berks County*

As a direct result of the ICSP, Berks County has implemented integrated drug and alcohol and mental health assessments at their Youth Detention Center, ensured that all department's service plans include space to record services that are being provided by other county and community agencies, and has begun work on an integrated data management system. Children and families, along with other stakeholders, are part of the decision making process.

#### *Fayette County*

Fayette County achieved a number of positive outcomes through their Collaborative for Families. In 2006-07, the county implemented certification classes for a Family Development credential. To date, the county has trained and certified 18 staff from all systems that encounter children and families. In 2007, the county hosted a series of five community meetings to solicit feedback from parents, teachers, clergy and other community stakeholders on the needs of children and families in their communities.

#### *Crawford County*

Crawford County lies in the Appalachian Plateau with an estimated population of 89,890. The County vision includes one comprehensive assessment for all potential strengths and needs of each family, timely access to every categorical

service, increased parental involvement and treatment, increased early identification of child/family risk factors coupled with more preventative programs, and pooled funding so that every child has access to any service regardless of categorical involvement. The county vision for integration holds that regardless of the presenting issue, children and families should undergo only one assessment which screens for any potential system needs including mental health, mental retardation, early intervention, drug and alcohol, child welfare, housing and/or public assistance needs. The county is developing the concept of integrated case management for children/families with multi-system involvement. Lastly, the belief that parental involvement and treatment is paramount to each family's success drives the specific programming.

The Secretary of DPW personally leads the ICSP initiative. The ICSP has a management team and a 75 member advisory committee. The purpose of the committee is to provide input and recommendations from stakeholders to assist in the development, implementation and maintenance of service integration. The Committee also assists counties with integration of their children's services at the local level. Family and youth representatives, county staff from all child serving systems, private provider representatives, staff from DOE and DOH, PCYA, PCPA and PCCYFS representatives, juvenile and family court judges, JPO and other stakeholders provide ongoing feedback on policy development and implementation. A subcommittee of family and youth is involved in assessing progress and planning for the future. The committee's work is shared by its members with their respective constituencies.

County level ICSP outcome measures have been identified for SFY 2008-2009 and baseline data will be submitted to DPW by October 2008 from the Tier One counties that receive funding. CCYA were provided with a list of suggested outcomes by DPW should they require guidance in this area. The bulletin for SFY 2009-2010 will include specific requirements for baseline data and ongoing data collection for identified outcomes areas in order to measure the impact of this initiative.

The SOC initiative includes many of the principles and values of the ICSP, including broad stakeholder input, from policy development into case planning. SOC sustainability will come through continued ICSP implementation.

Statewide Assessment focus group data suggests mixed perceptions about the ICSP initiative. The increased collaboration led to the creation of several new services for youth and families. Other systemic changes include the integration of county human services offices, lead case management, common intake forms, a no wrong door policy, and System Coordination Meetings that staff individual cases. Northumberland CCYA restructured their agency through an extremely successful staff-led process. Philadelphia CCYA created an integrated database and implemented a best practice known as DSS CARES (Cross-Agency Response for Effective Services). DSS CARES is a web-based application that

assists care coordinators, case managers and social workers in the coordination of services from various city departments including Behavioral Health, DHS, JPO, homeless system, prison system, mental health and addiction services. Focus groups also felt that the lack of a statewide information system remains a barrier to efficient sharing of information, thereby impacting PA's ability to move toward full integration. Another theme identified was that integration must be supported at the state level by regulations that allow for the pooling of funding streams.

Although the ICSP initiative is new and promising, ICSP implementation remains a challenge for many counties. Meaningful family involvement in planning and implementation of services is one area that can be improved. Mentoring by counties that were successful in this effort is used to help improve family participation rates in other counties. Ideas include changing meeting schedules and locations to better accommodate families. Other solutions may include provision of TA.

### **Confidentiality**

One area that continues to be problematic for counties is how to balance confidentiality and information sharing while maintaining an integrated system. DPW, in partnership with Child Welfare League of America and the Juvenile Law Center, will hold information sharing forums across the state to give counties mapping tools for entering into information sharing agreements and to give them the resources to understand all the federal and state rules pertaining to confidentiality.

Bulletin #00-02-03: Protocol for Sharing Drug and Alcohol Information provides direction and operational protocol for easier sharing of drug and alcohol information between agencies, consistent with Act 126. State confidentiality regulations limit the ability of drug and alcohol treatment providers to share information to protect the client-counselor therapeutic relationship. The reciprocal sharing of information among the child welfare, juvenile justice, drug and alcohol and judicial systems is critical to promote the best outcome for the client. Act 126 balances the competing interests by removing state law restrictions and requiring compliance with only federal confidentiality provisions. Although Bulletin #00-02-03 was intended to help facilitate communication between CCYA and drug and alcohol providers, sharing of information is still difficult at times. A remaining barrier reported by stakeholders is the perception by some agencies that state regulation still restricts drug and alcohol treatment providers from sharing information. DOH is working on a bulletin to further address confidentiality.

### **Family Involvement**

PA's integration efforts are based on family involvement in all aspects of planning, management and evaluation. Pennsylvania Families Incorporated (PFI) is one statewide family organization of diverse groups that is partnering

with DPW to ensure that direct and meaningful family involvement is developed, organized and actively supported at all times. The group's purpose is to be the voice for diverse families whose children have emotional, behavioral or mental health needs and are involved in any child serving system. PFI tracks family support groups in each county and is uniquely positioned to help ensure meaningful family involvement.

### **Cross Systems Collaboration**

Another important component is OCYF's relationship with state associations representing private providers and public CCYA. PCCYFS, PCPA, and the Juvenile Detention Center Association of Pennsylvania (JDCAP) represent several hundred private provider agencies delivering child welfare, juvenile justice, behavioral health and community support services. PCYA represents the 67 CCYA and is affiliated with the Pennsylvania County Commissioners' Association. These associations are routinely engaged with DPW in the planning and development of regulation, policy and practice standards, as well as implementation of the CFSP. Input for the CFSP is also regularly obtained through reports to DPW from the ABA, CWTP, LSI and SWAN. These entities work in partnership with DPW, CCYA and private providers in efforts to improve practice. To engage youth in the CFSP, Youth Ambassadors conducted their own focus groups with their peers and provided their perspective for the Statewide Assessment and will also be involved with PIP planning.

### **Indian Child Welfare Act**

Stakeholder input has contributed to improving tribal engagement and enhanced compliance with ICWA. Although PA has citizens who are Native American, there are no federally or state recognized tribes in PA. OCYF used AFCARS data to identify over 100 children in foster care who are Native American. Since 2002, PA convened a task force to do outreach to Native American individuals, tribes and community groups. The task force intends to reach out to youth over age 11 who are Native American for their input on the tribal heritage, cultural relationships, and dependency issues. The task force continues to network with the Eastern Delaware Nations, Inc., The Council of Three Rivers American Indian Center, The Pennsylvania Indian Cultural Society and various local community groups that provide services to the diverse Native American community residing within PA. For Native Americans living in the north section of the State, and because most of this population is Iroquois, their questions are usually directed to the New York State Office of Children and Family Services.

There are currently 250 Federally Recognized Tribes as reported at an American Bar Association Training in February 2007, but this number can change throughout the year based on federal and tribal specifications. Each tribe has a committee that works with public agencies and a subcommittee of those groups that deals with the identification of individuals as tribe members. If appropriate, jurisdiction of dependent children and youth is transferred to the tribe, although this may mean transfer out of state. In the case of children placed in residential



treatment facilities, or children in need of services that the tribe cannot provide, regular updates are provided by CCYA that include plans and court information. Currently no tribes have been interested in or have had the child's needs transferred to tribal court/committee. In 2008 there were two Indian children whose caseworker cross referenced the children with the tribe identified, but neither child received tribal services because there was no documentation of them or family members being registered with the tribe.

CCYA and private child welfare agencies requested information on ICWA implementation. OCYF responded in several ways. Each CCYA received notification about the ICWA law. CWTP and the OCYF collaborated on the ICWA Handbook to assist child welfare agencies and private providers in their work with Native American children, youth and families. The ICWA handbook provides a basic overview of the Indian Child Welfare Act, tribal contact information, hearing checklists, resource material and a PowerPoint presentation that can be used for training staff. The ICWA Handbook was distributed to all CCYA, court personnel and private providers in 2006 and 2007 via the Commonwealth's list serve, and the information was posted on the CWTP website for easy access by child welfare professions. Over the past five years, CWTP has developed and/or revised curricula to address ICWA. Three curricula providing in-depth ICWA training reached approximately 1,300 staff. Four other curricula were developed or revised to increase child welfare professionals' expertise in ICWA compliance.

The Supreme Court of Pennsylvania revised its dependency court rules, effective February 1, 2007, to include a provision requiring dependency petitions to identify if the child is Native American, the child's Native American history, or affiliation with a tribe. Despite these attempts to bring PA in compliance with ICWA, stakeholders would like to see other improvements. They suggest that the Supreme Court dependency rules may need to better address active efforts in ICWA cases to prevent removal and reunify a child with his/her parent or custodian of Native American descent. Additionally, they expressed a need for an ICWA bulletin that would provide guidelines to CCYA in becoming ICWA compliant. Based on the feedback, OCYF is going to consider developing such a bulletin as part of the PIP.

### **Promising Approaches**

Communities That Care, a program administered by the Pennsylvania Commission on Crime and Delinquency (PCCD) is a promising approach that involves consultation and collaboration among various stakeholder groups. Community members and various agency and court representatives in 58 counties have been trained in the Communities That Care model. In the approximately 77 active coalitions, which encompass about 230 school districts, the Communities That Care process provides a framework to local communities to mobilize their community, identify risk and preventative strategies, and develop a comprehensive plan for violence and delinquency prevention. The training, TA

and funding allows community leaders to direct prevention resources to areas where they are likely to have the greatest impact. The common feature of intervention programs chosen by communities is the use of evidence-based practices that are intended to support positive outcomes on identified risk factors.

Since 2002, PA has developed its capacity for further Communities That Care training and TA to local communities and agency staff. PA has also improved two important features through the implementation of the PA Youth Survey (PAYS) which is administered statewide every two years to public school youth in the sixth, eighth, tenth, and twelfth grades. PAYS surveys school students on their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs, and violence. Prevention programs include those that target pregnant adolescents, youth and families. Research<sup>10</sup> shows that youth in Communities That Care communities stand a 1.23% lower chance of risk of substance abuse than youth in non- Communities That Care communities. Ongoing research on the immediate effects of Communities That Care programs and their sustainability is currently taking place.

The NBPB is intended to fund only services and practices identified as promising and/or evidenced-based. Stakeholder opinions are sought throughout the process and a public hearing is held in each county to elicit additional comments. In 2007, 65.5% of the counties responding to a survey reported using information gathered at public hearings and from other public settings to set priorities and 24.1% of the counties have instituted post service surveys for families. One county administrator stated: "We survey consumers of several levels of service including Family Preservation, FGDM, Outreach program. As a result of the outcomes from the surveys and the different practices, the agency was reorganized to increase FGDM and Outreach and Family Preservation services." The NBPB is developed in conjunction with the ICSP. This enables the county to maximize resources by utilizing the assessment capacities of the ICSP to make a strong case to fund unmet needs. All of the CCYA feedback is provided to OCYF in the NBPB and the information is used to inform the DPW budget and policy development processes.

Citizen Review Panels (CRP) mandated by the CPSL will provide new opportunities for citizens to play an integral role in ensuring that the State is meeting its goals of protecting children from abuse and neglect. The implementation of citizen review panels will target established ownership, commitment and accountability from all partners involved in the initiative.

In PA's previous Self Assessment (2002), HealthChoices was identified as a promising practice in the area of assisting children in receiving quality services, pertinent to well being goals. HealthChoices, managed by DPW's Office of

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<sup>10</sup> Feinberg, Mark E, Greenberg, Mark T, Osgood, D Wayne, Sartorius, Jennifer and Bontempo, Daniel. Effects of Communities That Care Model in Pennsylvania on Youth Risk and Problem Behaviors. 2007. Society for Prevention Research.

Medical Assistance Programs, requires recipients to enroll in managed care plans for physical health care services. The Medical Assistance Advisory Committee, comprised of consumers from across the state and county and provider representatives, gives ongoing input into services, HealthChoices policy and implementation.

Twenty-five of the 67 counties are mandated to participate in HealthChoices. The other 42 counties are enrolled in ACCESS Plus for physical health care services. Under HealthChoices, each contracted Managed Care Organization (MCO) is required to have a special needs unit to coordinate medical care services and advocate for services for children in foster care. DPW also has a special needs unit. DPW currently lacks comparative outcome data for access to healthcare for participants of HealthChoices vs. ACCESS Plus. In 2006, children between one and two years of age enrolled in HealthChoices had the best access to their Primary Care Practitioners. Access to dental care under HealthChoices continues to be a concern, despite coordinated efforts by DPW to make improvements. In 2006, only 44% of HealthChoices children ages four-21 had an annual dental visit.<sup>11</sup> The DPW Office of Medical Assistance Programs (OMAP) held a dental summit to hear from both Medicaid enrolled and non-enrolled dental providers to help determine what the Department could do to increase the number of Medicaid enrolled dental providers. In response to dental provider concerns related to reimbursement rates there has been an increase in Medicaid reimbursement rates for certain dental procedures. In an effort to increase provider enrollment the OMAP hired a dental consultant whose responsibilities include provider outreach and education.

Collaboration among federally assisted programs is seen again in implementation of Pa. Code Title 55, Chapter 3800 (Child Residential and Day Treatment Facilities) which 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 American Academy of Pediatrics. In 2004, OCYF issued Bulletin #3800-04-01 which identifies policies and procedures for payment and coverage related to these health care requirements for children in residential substitute care who are enrolled in Health Choices or an MCO.

On July 1, 2006, four counties were added to the HealthChoices Program for behavioral health care services. Prior to implementation, training sessions were conducted by DPW and the selected Behavioral Health MCO for CCYA, JPO and the county assistance offices. Behavioral health care services providers forward all pertinent information and assessments for review by clinical staff to determine medical necessity and level of care needed. Through this self assessment process, DPW has become aware of an increased need for drug and alcohol

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<sup>11</sup> Hedis, 2007

services. As of July 1, 2007 all of PA is HealthChoices for behavioral health care services.

In 2004, PA began the ICSI. The purpose of ICSI was to have all child-serving systems plan together to meet the behavioral and physical health needs of children, enhance access to services funded by DPW, increase accountability of child protecting systems and maximize the use of federal funding for eligible services. DPW worked with counties and providers to identify behavioral health treatment services eligible for Medical Assistance funding. Although some of the behavioral health services reimbursed through child welfare and juvenile justice were transitioned to the Medical Assistance Program, the same funding mechanisms remain in place to provide for necessary services in those systems. The goal is to develop a comprehensive array of services from varied funding sources to build a comprehensive array of services to meet each child's unique needs. The challenge with this initiative is to meet physical and behavioral needs of children using the medical model, without impacting the system's ability to engage children, youth and families to provide services that meet individual needs.

To support ICSI, Bulletin #00-05-05 established the procedure for transitioning the payment of certain behavioral health treatment services for eligible children to the Medical Assistance program. Expansion of the network to include qualified providers, with whom counties already contracted, ensured that providers were familiar with the complex needs of the population. The initiative assisted the court in entering dispositions under juvenile court jurisdiction.

Many previously uninsured children now receive basic medical care due to the expansion of the Children's Health Insurance Program. Enrollment numbers increased from 125,983 in January, 2003 to 164,385 in 2007.

DPW and CCYA collaborate in many ways with PSRFA. In 2005, this ongoing collaboration resulted in the passage and implementation of the Resource Family Care Act (Act 73) and the Foster Parent Consideration. These laws attempt to address resource family rights, as well as retention and recruitment.

The MacArthur Foundation MFC Initiative is a collaboration to improve aftercare services and supervision so that every young offender has a smooth and successful re-entry to the community after being in a juvenile justice placement. FY 08-09 NBPB Guidelines include language recommending a focus on aftercare, mental health and juvenile justice system coordination. There are currently 35 counties with formally declared plans to work towards implementation of the Joint Aftercare Position Statement through a strategic planning process.

Since 1996, OMHSAS has engaged in a joint coordination effort for youth in contact with the juvenile justice system who have significant mental health and

co-occurring substance abuse treatment needs. The Mental Health/Juvenile Justice Work Group is committed to implementing policies that promote the early identification of these youth, appropriate diversion out of the juvenile justice system, and referral to effective evidence-based treatment that involves the family in both the planning for and delivery of services.

CWTP also supports the Diversity Task Force, a stakeholder group comprised of youth, DPW, CCYA and private provider representatives and CWTP staff. The task force has an annual conference. Its members also provide quality assurance through review and critique of caseworker and supervisor curricula to better assure that diversity and cultural competency issues are addressed.

### **Youth Perspective**

Youth report that increased collaboration between Children and Youth, service providers and youth is needed. For instance, one youth reports that he received “too much counseling.” He said the counseling was “never explained to me, I shut down, they kept sending me to counseling - I had no choice in the matter.”

Regarding health care, youth in foster care report needing more doctors and dentists closer to their homes. They also want “better health insurance. Youth also report that over the past few years, doctors are quick to give diagnoses of attention deficit disorder and attention deficit hyperactivity disorder and prescribe medications to help control children’s behavior.

Some positives that come from agency responsiveness to the community are when the youth’s family and other resources are present during planning meetings that impact the youth, and when youth are able to have open communication with their IL worker and other important relationships. These things are important to the youth because for most youth their connections with their IL worker and other support relationships established while in care are the only means of positive communication they may have. As youth, we need to see that we have supports in order to be successful.

One area that needs improvement is communication among all parties that are not always in the best interest of the youth. For example, youth being served by the child welfare system sometimes have difficult times during the transition out of care because proper communication between the child and adult systems are not being made. While in some instances permanent connections are maintained, for the majority of youth this is not the case. This happens because youth are relocated so often before they have the chance to form permanent connections.

### **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

PA passed Items 41-45 in the CFSR in 2002.

**Item 41: Standards for Foster Homes and Institutions.** *Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?*

Since 2002, PA amended the CPSL to ensure that standards for approving resource families were strengthened and standardized. Both Act 160 and Act 179 enhanced the safety and well-being of children who must be placed temporarily in a resource family home.

On November 30, 2004, Act 160 established the 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.

As of September 2007, PA's RFR contains the following:

- 13,220 active foster families;
- 3,055 active kinship families; and
- 1,265 active adoptive families.

The CFSR survey results showed that approximately 80% of respondents felt that the state was "very" or "usually effective" in implementing these standards. Respondents included staff, supervisors and administrators in the public and private sectors as well as kinship, PLC, foster and adoptive families. The focus group responses were consistent in their beliefs that the increased clearance requirements for foster and adoptive families are intrusive and may have a negative impact on attracting potential parents. Another consistent theme was that regulations need to be updated because the licensing process needs to examine practice improvements, not just a paperwork checklist.

In September 2005, OCYF issued Bulletin #3490-05-01 Implementation of Act 160 of 2004, amending the CPSL to provide requirements and policies relating to Act 160. This bulletin also requires DPW to review agency records to determine compliance with statutory, regulatory and policy requirements, including the documentation in case records.

On November 29, 2006, Act 179 was passed into law to further promote the safety and stability of resource family placements for children. This amendment went into effect on May 28, 2006 and extended the age group in prospective resource homes of those individuals for whom criminal and child abuse clearances are required. All household members age 14 and older are now required to obtain clearances for initial approval of a home. PA's legislation is being modeled for the national legislation. In 2008, OCYF anticipates the approval of the draft bulletin "Expanded Clearance Requirement for Initial Resource Home Approval" to implement Act 179.

In 2008, PSRFA continues their legislative advocacy for positive change at both the state and national levels by working on proposed legislation including the following:

- Fostering Independence through Education Act (state proposed legislation) to help youth who have aged out of foster care or who have been adopted from the child welfare system pursue post-secondary education or training. The Act provides a tuition and fee waiver to attend any college, community college or trade school that is state-owned or -related.
- Resource Family Retention and Recruitment Act (federal proposed legislation that is modeled after Act 73) will recognize the critical role played by the resource families, and will provide strategies for recruiting and supporting families. This legislation will provide consistent standards for policy and best practices because resource families will be included in the planning process for the children in their care.
- PA's Act 76 of 2007 is modeled after the new federal legislation passed in August 2007 to "...ensure that foster parents of a child and any pre-adoptive parent or relative providing care for the child are provided with a notice of, and a right to be heard in any proceeding to be held with respect to the child."

In 2007, OCYF conducted a survey of public and private provider agencies to comply with federal requirements to assess the average length of time it takes to license foster homes. ACF reviewed Federal Financial Participation of state's Title IV-E funds used to cover allowable administrative costs for children who are Title IV-E eligible and placed in unlicensed foster care settings. The results from 92 respondents indicated that the average length of approval time across all categories of homes was 88.10 days. The shortest average approval time was for emergency and kinship homes (68.22 and 69 days respectively) while the longest time frame was for traditional homes at 93.71 days. The most significant factor in achieving full approval within 60 days was the timely completion of all paperwork and training by applicants. Conversely, the most significant barrier to

full approval within 60 days was applicants not completing the paperwork and training requirements.

In January 2003, OCYF issued SWAN bulletin #3350-03-01 to expand the population of families served by the program. As a result, all families who are interested in providing permanency to children in the child welfare system, whether through adoption, formal kinship care or PLC are now eligible to receive SWAN Family Profiles and SWAN Post-permanency Services. Many of the kinship and PLC families served are referred to the SWAN program by CCYA.

SWAN supports the media recruitment campaign by providing family profiles to those families who respond to the media campaign and wish to adopt an older child. The number of SWAN-paid family profiles increased 65% from 2002 (564) to 2006 (930) indicating a growing number of approved adoptive families.

The revised SWAN Bulletin also included Post-permanency Services to families. 980 unique families have received Post-permanency Services including Case Advocacy, Support Groups and Respite services.

### **Juvenile Justice Performance-based Standards (PbS)**

In 2007, the YDC/YFC systems implemented PbS a set of national juvenile facility standards which was initiated by the U.S. Office of Juvenile Justice and Delinquency Prevention to improve the conditions of confinement and the quality of life for youth and work environment for staff in secure facilities. PbS sets national performance standards for safety, order, security, programming, health and mental health services, justice and reintegration. PbS provides agencies with the tools to collect and analyze data to design improvements, implement change and measure effectiveness to improve the conditions of confinement in youth facilities. The seven critical areas include:

**Security Goal:** to protect public safety and to promote a safe environment for youth and staff, an essential condition for learning and treatment to be effective.

- incidents involving contraband (weapons, drugs, other); lost keys and tools

**Safety Goal:** to engage in management practices that promote the safety and well being of staff and youth.

- Number of injuries to youth, number of injuries to youth by other youth; incidents of suicidal behavior with and without injury by youth; percent of youth and staff reporting that they fear for their safety.

**Health/Mental Health Goal:** to identify and effectively respond to youth health, mental health and related behavior problems through out the course of confinement through the use of professionally-appropriate diagnostic, treatment and prevention protocols.



- Percent of youth who had various intake screenings, assessments and treatment completed within a time frame considered critical by national experts;

**Programming Goal:** to provide meaningful opportunities and services for youth to improve their education and vocational competence, to effectively address underlying behavioral problems and to prepare them for responsible lives in the community.

- Percent of youth confined for over six months whose reading and math scores improved between admission and discharge; percent of non-English speaking youth who have treatment plans written in the appropriate language; percent of youth who have had in person contact with a parent or guardian and; percent of youth who reported policies governing telephone calls are implemented consistently.

**Justice Goal:** To operate the facility in a manner consistent with principles of fairness and that provide the means of ensuring and protecting each youth and family's legal rights.

- Percent of interviewed youth who report understanding of the facility rules and their legal rights; percent of youth who say they understand their facility's level system and; percents of youth and staff that reported filing a grievance and indicate that their grievance was addressed.

**Reintegration (Long-term commitment facilities only) Goal:** To prepare youth for successful reintegration into the community while they reside at the facility through:

- Individualized planning from the perspective of family and community;
- Programming and activities that prepare them for transition and continue, when appropriate, after the youth leaves the facility; and
- Linkages and activities between facility and aftercare case manager with outside service providers or key community agencies.
  - Percent of youth confined for more than 60 days who have finalized and concrete written aftercare treatment plans within 30 days of release from the facility; percent of youth who have had contact with the person responsible for their supervision upon release while they were incarcerated and; percent of youth whose home has been assessed to determine suitability for future placement.

DPW through it efforts with PbS is continuously improving the quality of services provided in YDC and YFC system. Twice a year (October and April) each YDC facility participates in an intense data collection process that includes 30 resident file reviews, 30 staff surveys, 30 resident surveys, individual incident report reviews and administrative records. These reviews are based on seven critical areas listed above, 105 measurable outcomes for correctional facilities that indicate performance towards meeting 30 national best practice standards. The

data is then input into a web portal which is reported back to each individual facility that enables quick analysis of performance over time and in comparison to field averages of correction facilities on a national basis. The outcomes reflect critical indicators in the areas of injuries, suicidal behavior, assaults, isolation time, confinement, changes in academic improvement, life skill and behavior management. Any areas that are identified to be below the national average may be addressed as a facility improvement plan (FIP). Each facility is required to identify four FIP's and develop action steps and measurable goals to improve in the identified area.

For the past two years the YDCs have been working on several FIP's to address safety, security and the provision of health and mental health services. Some examples of these FIP's include addressing the resident's fear for their own safety, contraband, room confinement, and instituting nationally recognized screening processes in the areas of medical, mental health and suicide screening.

Other impressive improvements in SFY 2006-2007 include:

- 254 youth received a high school diploma or GED; and
- 75% of the youth referred to the state reintegration program were not re-adjudicated within six months of discharge.

### **Youth Perspective**

Youth responding to focus group questions noted that training for foster parents and resource families is not always adequate especially with regard to understanding the needs of older youth and mental health treatment issues. These situations require additional training that is not always available for foster parents.

**Item 42: Standards Applied Equally.** *Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?*

Annual licensing inspections are conducted by DPW to review agency records to determine compliance with statutory, regulatory and policy requirement. 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.

The focus group responders were consistent in their feeling that licensing standards were applied differently among the counties in the past. Some examples of where standards differ include the inconsistent approval of same

gender couples as foster and adoptive parents, and limiting the use of foster families to the agency that approved them and not sharing them with other jurisdictions. The new licensing protocol will address applying consistent standards statewide.

### **Youth Perspective**

Based on youth focus group responses, youth often receive different treatment depending on the home in which they reside. Youth report very high satisfaction with those placements where they are treated as part of the family, enjoy the same privileges, and are held to the same expectations as other children in the home. However, youth also report more negative experiences in foster and adoptive homes where they were treated differently than the parents' biological children, including punishment, expectations, clothing, allowance, family vacations, etc. These experiences lend credibility to the claim that standards are not always applied equally among foster and adoptive homes.

**Item 43: Requirements for Criminal Background Checks.** *Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

Act 160 requires more extensive criminal and child abuse checks on adult individuals in a resource family applicant's home and for more detailed information about applicants during the approval process. The statutory requirement for agencies to report information to the RFR only intensifies DPW's focus on safely achieving and maintaining permanency for children placed in foster care. PA also became compliant with the Federal Adam Walsh Child Protection and Safety Act of 2006 which requires FBI finger-print based clearances for prospective foster and adoptive parents. The protocol developed for new clearances is working well among the public and private sectors.

### **Youth Perspective**

Based on youth focus group data, youth consistently identified the critical role played by child welfare staff during the case planning process related to their safety in the foster and adoptive homes. Youth were concerned about being asked how things are going in the home when they were directly in front of the caregiver. In cases where the caregiver is abusive to the youth or threatens retribution if the youth says anything negative, the youth are often unwilling to openly discuss safety issues. Youth who are able to speak with their caseworkers privately and discuss issues in meetings separate from their caregivers report a much higher satisfaction in their safety and well-being needs being met.

This section was culled from confidential focus groups coordinated by youth and staff. The comments related to staff interviewing youth about safety issues and

retribution from caregivers were not based on current instances of abuse discussed by youth during the focus groups. The focus groups identified ways to improve the child welfare system and a separate interview for youth and caregiver was mentioned as one strategy to help improve safety for youth. All youth discussing claims of abuse during focus groups had already reported these episodes to their county agency and the incidences were investigated. The youth collectively recommended the separate interview strategy as a way to help uncover the abuse faster in the future.

**Item 44: Diligent Recruitment of Foster and Adoptive Homes.** *Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflects the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?*

### **Media Campaign**

The PIP included an Action Step to identify evidence-based practice and program models regarding targeted foster family recruitment.

In 2002, African American children were disproportionately over-represented as children in foster care who are waiting for adoption. Of the 5,575 children available for adoption in 2002, 3,427 were African American.<sup>12</sup>

In 2003, SWAN partnered with PSRFA to begin a statewide foster parent recruitment campaign. This campaign was a television commercial, radio commercial and print advertisement that featured African American and Hispanic children. The media campaign included printed information in both English and Spanish. This new material was added to the SWAN Family packets for distribution to potential foster and adoptive families who respond to the campaign by contacting the toll-free telephone number for the SWAN Helpline.

The adoptive and foster family recruitment campaigns continued through 2005 and generated a 124% increase in approved adoptive African American families. For the first time, PA had more waiting families than waiting children, a trend that continues to this day. Currently, PA has more than 1,200 approved adoptive families and less than 900 children with a goal of adoption who do not yet have an identified adoptive family.<sup>13</sup>

In 2006, SWAN designed and launched a new media campaign designed to recruit Resource Families. This campaign, designed to be reflective of the children in care in need of foster and adoptive homes, consists of three new television commercials: one featuring an African American sibling group, the oldest sibling being a 16-year-old boy and the youngest a nine-year-old girl (which in 2007 won a Mid-Atlantic Emmy Award in the Public Service Announcement Category); one featuring a 13-year-old Caucasian girl; and one

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<sup>12</sup> AFCARS database.

<sup>13</sup> Pennsylvania's RFR database.

featuring a nine-year-old African American boy. Each commercial provides the SWAN Helpline telephone number and PAE website address.

Since 2002, PA had a 40% decrease in the total number of children in foster care with a goal of adoption, with the biggest success being seen in the overall reduction of the number of children of color with a goal of adoption. At the end of 2002, there were 3,427 African American children available for adoption and by the end of 2006, there were 1,585, representing a 54% decrease in the number of African American children in need of adoptive families.<sup>14</sup>

### **www.adoptpakids.org**

In 2007, the number of children placed onto the [www.adoptpakids.org](http://www.adoptpakids.org) website increased. Video clips from the three television waiting child segments were also added to the website for the first time. DPW tracks the number of visits to the SWAN website. The visits to this website increased 1,140% from 2002 (22,032) to 2006 (273,192). The number of unique visitors (first time visitors to this website) increased 1,161% from 2002 (20,500) to 2006 (258,486). The most visited page is the photo album of the children who are waiting for families. The number of visits to the photo album increased 1,121% from 2002 (15,494) to 2006 (189,152).<sup>15</sup>

### **Pennsylvania Adoption Exchange**

The number of PAE-registered children who were placed in a pre-adoptive home increased by 106% from 2002 (514) to 2006 (1,060). The number of adoption finalizations of PAE-registered children increased by 410% from 2002 (148) to 2006 (755).<sup>16</sup>

### **SWAN Helpline 1-800-585-SWAN**

The annual total number of calls to the SWAN Helpline increased 53% from 2002 (6,475) to 2006 (9,894). The staffs serve as the first responders to prospective foster and adoptive families. Callers respond to the messages about the need for families from a variety of sources, including the media campaign, the website [www.adoptpakids.org](http://www.adoptpakids.org) and other publicity about the children in the foster care system. The number of new callers to contact the SWAN Helpline during the media campaigns increased from 27% in 2002 to 77% in 2007. The SWAN media campaigns ran for four months in 2002 and for nine months in 2007.<sup>17</sup>

### **Older Child Recruitment Initiative**

In 2006, SWAN partnered with Three Rivers Adoption Council (TRAC) to manage the SWAN Older Child Recruitment Initiative. The initiative is funded with a \$150,000 grant from the SWAN prime contractor with a goal to increase the number of adoption finalizations for children between the ages of 10 and 18.

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<sup>14</sup> AFCARS database.

<sup>15</sup> DPW web trends yearly report.

<sup>16</sup> PAE Annual Report, 2002 and 2006.

<sup>17</sup> PAE Annual Report, 2002 and 2006.

TRAC exceeded their deliverables in the first year by recruiting 400 families, 178 (45%) of whom were of a minority race, and by completing 33 family profiles on the families recruited, 10 (30%) of whom are of a minority race. TRAC matched 17 older youth with permanent families, 13 (76%) of whom were of a minority race.<sup>18</sup>

### **PA Heart Gallery**

In May 2006, the PA Heart Gallery was launched as an awareness art exhibit that features professional portraits and personal stories of children in foster care who are waiting for a permanent family. The exhibit travels across the Commonwealth visiting some of the largest populated areas. 52 children were featured with 32 (62%) children representing a minority race or ethnic background. Within one year, 23 of the 52 children featured were placed with a permanent family. Of these 23 children, 14 (61%) are of a minority race or ethnic background. The Heart Gallery began its second year in May of 2007 and featured 50 children, most of whom are older and of minority race. As of September 25, 2007, 30 of the 77 (39%) total children featured in the Heart Gallery over the past two years have found adoptive families.<sup>19</sup>

### **Awards Received for Adoption and Foster Care**

Over the past five years, SWAN, IL and PSRFA were recognized at the state and national levels with the following awards:

- In November 2003, two Adoption Excellence Awards, one in the category of Increased Adoptions, for increasing the number of children, particularly minority children, adopted from foster care and another in the category of Public Awareness for the SWAN Media Campaign.
- In November 2004, Cleveland Brothers received an Adoption Excellence Award in the category of Philanthropy for sponsoring and funding the SWAN Night at the Races, the annual sprint car event.
- In 2004, Judy Damiano, and in 2005, Brenda Lawrence, with the SWAN Prime Contract, received the Adoption Advocate Award from North American Council on Adoptable Children.
- In November 2005, the Continuing Services to Adoptive Families Award from Voice For Adoption (VFA) in recognition of SWAN Post-permanency Services.
- In November 2005, an Adoption Excellence Award in the category of Decrease in the Length of Time That Children in Foster Care Wait for Adoption in recognition of the LSI which has helped to decrease the overall length of stay for children in foster care with a goal of adoption.
- In 2005, PA received \$346,000 in Adoption Bonus Incentive Funds for a record 2,065 finalized adoptions of children from foster care.
- In November 2006, SWAN received two Adoption Excellence Awards from the U.S. Department of Health and Human Services in the categories of

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<sup>18</sup> SWAN Prime Contractor data on the Older Child Recruitment Initiative.

<sup>19</sup> OCYF yearly data on the Pennsylvania Heart Gallery.

Increased Adoptions of Older Children for the joint efforts of the SWAN and IL Programs in recognition of adoption and permanency-related services to older youth in care in danger of aging out without a permanent resource, and also in the category of Support for Adoptive Families for SWAN Post-permanency Services.

- In 2007, PSRFA was recognized by the National Foster Parent Association as Foster Parent Association of the Year; received the Permanency Advocate Award at the SWAN/IL annual conference; and received an Adoption Excellence Award from the U.S. Department of Health and Human Services in the category of “Support to Adoptive Families.”

The consensus of the focus groups is that recruitment is struggling because there is no statewide initiative for family recruitment. SWAN is doing a good job but is under funded. Money for training and per diem is limited. Inadequate training finds many families unprepared for the nature of the work. Consequently, a high turnover rate of foster parents exists, down by half in the past two years according to participants from western PA. A lack of cultural and ethnic diversity exists and out-of-county placements are necessary to achieve diversity. A lack of resources for children with a high degree of special needs also exists.

### **Youth Perspective**

Based on the responses from the youth focus groups, the matching of culturally diverse youth with foster and adoptive homes that meet their needs or reflect similar cultures and values is inconsistent. Some youth report being matched with foster and adoptive parents of similar cultures while others do not. For those youth placed with foster parents from different ethnic backgrounds or cultures, many youth struggle with having simple needs met such as clothing, hair products, etc. because the foster family is unaware of the cultural implications. Other youth report excellent relationships with foster parents of different cultural/ethnic backgrounds and discuss learning new things about both cultures. One area discussed repeatedly is the need to ask youth’s kin first about foster and adoptive placement. Youth feel as though their kin are overlooked or not seriously considered.

**Item 45: State use of Cross-Jurisdictional Resources for Permanent Placements.** *Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements waiting for children?*

### **Interstate Compact on Adoption and Medical Assistance (ICAMA)**

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 the Office of Income Maintenance. In 2007 there were 1,646 children receiving Medical Assistance as a result of moving into PA from another state with their adoptive parents.

### **Interstate Compact on the Placement of Children (ICPC)**

In 2008, OCYF anticipates the release of the bulletin addressing the implementation of the Federal Safe and Timely Interstate Placement of Foster Children Act of 2006. There were more than 6,000 active cases of children who were placed into and outside of PA through the ICPC in 2007

### **Key Collaborators**

The Association of Public Human Services Administrators (APHSA) is an important collaborator in the inter-jurisdictional placement of children. APHSA was the first to distribute highlights of the Safe and Timely Interstate Placement of Foster Children Act of 2006. APHSA compiled questions submitted by states, submitted the questions to the Department of Health and Human Services and shared the responses with the states. PA used this guidance to implement the new federal legislation.

OCYF's director of ICPC served as the president of the Association of Administrators of Interstate Compact on the Placement of Children for the past two years, thereby giving PA a voice in the forward movement of ICPC.

### **Barriers**

There is a need for a national standardized home study process, a standard for the number of training hours, and consistent training on content for both foster and adoptive families. There are many delays in placing foster children through ICPC because foster families have to repeat the process for adoption. Standardization of the approval process for all families would facilitate a more timely approval process for placements between states across the country.

The SWAN Bulletin was revised in October 2004 to change the point in the adoption process when an approved family must reimburse the affiliate agency for the price of the family profile. The policy clarification states, "The expectation is that when the Pennsylvania family is selected by the other state, the cost of the family profile (\$2,500) will be reimbursed to the SWAN affiliate agency who then will reimburse the SWAN prime contractor. Pennsylvania developed a repayment plan for families who request that their SWAN-paid approved family



profiles be forwarded to another state for the purpose of adopting a child from that state's foster care system. "The family's repayment plan may be postponed until after the adoption assistance agreement is arranged with the state that has custody of the child. Families may negotiate with other states to receive the maximum of \$2,000 in the nonrecurring costs portion of the federally reimbursable adoption assistance agreement. These funds may then be used to repay the SWAN affiliate agency for the SWAN-paid family profile. Families may also arrange for the other state to pay directly the SWAN affiliate agency on their behalf."

### **MH/MR Bulletin**

In 2004, OCYF issued Bulletin #00-04-02 "MH/MR Services for Children Placed Out-of-County in Pre-Adoptive or Foster Homes" to establish policies and procedures for delivering coordinated interagency services for children eligible for MH/MR services who are placed with pre-adoptive or foster care parents who reside outside of the county that maintains legal custody.

The CFSR survey results showed that county caseworkers and supervisors, and private provider supervisors felt the state's effectiveness was "very effective" or "usually effective" about two thirds of the time in arranging MH/MR services. The focus group results showed a difference in how widely CCYA look for permanent placements. Judges and caseworkers felt that interstate permanent placements are a difficult, frustrating and lengthy process.

### **Youth Perspective**

While this was not addressed directly through youth focus group responses, youth who have relocated from other states identified the difficulty in visiting siblings or family members. This lack of contact impacts their permanency options and is especially difficult for older youth preparing to transition out of the substitute care system. These youth often lose those close ties with siblings and family members because consistent visitation is not always made possible.

## SECTION V – STATE ASSESSMENT OF STRENGTHS AND NEEDS

### A & B. State Assessment of Strengths and Areas Needing Improvement

#### Safety

**Outcome 1:** Children are, first and foremost, protected from abuse and neglect.

*Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment.*

*Item 2: Repeat Maltreatment.*

Protecting children from abuse and neglect is an area of **strength** for PA. Data on timeliness of initiating investigations comes from QSR results which showed that 98% of CPS, and 77% of GPS (for an average of the combined reports of 80%) were initiated on time. The data profile shows that PA is above the national standard of 94.6% for absence of repeat maltreatment with a score of 97%. The QSR scores also reflected PA exceeding the national standard from the round one CFSR. The data profile also shows PA score of 99.76% exceeding the national standard of 99.68% for absence of child abuse and/or neglect in foster care.

#### Safety

**Outcome 2:** Children are safely maintained in their homes whenever possible and appropriate.

*Item 3: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care.*

*Item 4: Risk Assessment and Safety Management.*

Safety Outcome 2 is an area of **strength** for PA. Providing services to the family to protect children in the home and prevent removal was an area of strength in 84% of the cases reviewed during the QSR. The QSR also showed that in 94% of the cases a safety assessment was done, and in 93% of the cases a risk assessment was done, and the actions taken were consistent with the findings in 95% of the cases.

#### **Safety Strengths:**

- Repeat maltreatment does not often occur following a substantiated CPS report. This indicates that the State practices appropriate interventions to ensure children's safety.
- Determining response time by evaluating safety indicators as opposed to risk factors is a strength.
- The new requirements for rapid response time for children under the age of three, and better identification of children with developmental needs through Ages and Stages will improve safety outcomes for children.

- The Safety Assessment was developed even though it was not required to be addressed in the PIP.
- Even though QSR reviewers reported that actions taken were most often consistent with risk and safety assessment findings, stronger links are being created between risk assessment and FSP planning. This is evidenced by training curricula updates and the standardization of FSP and FSP Review forms. The focus on engagement through training, transfer of learning and practice improvement enables caseworkers to gather better information that will help them more accurately assess safety.
- Movement toward evidence-based practice in service delivery enhances workers' ability to assure safety by utilizing proven practices. This helps to utilize services that will build families' protective factors.
- Family Group Process helps to assure safety by empowering families to fulfill their role in maintaining safety and improvements are being made to decrease the length of time to schedule a Family Group Meeting.

### **Safety Needs:**

While safety is an overall area of strength, there are some areas that, if addressed, may continue to improve this outcome measure including:

- more consistency (quality assurance) in the application and evaluation of safety assessments across the state;
- education and collaboration of law enforcement partners regarding need to assure safety in spite of criminal investigation;
- changes to the QSR tool to ensure that the data mirrors the CFSR data in order to better chart progress;
- updating of the risk assessment process; and
- evaluation of the barriers to timely responses to reports alleging a need for general protective services.

### **Permanency**

**Outcome 1:** Children have permanency and stability in their living situations.

*Item 5: Foster Care re-entries.*

*Item 6: Stability of foster care placement.*

*Item 7: Permanency goal for child.*

*Item 8: Reunification, guardianship, or permanent placement with relatives.*

*Item 9: Adoption.*

*Item 10: Other planned permanent living arrangement.*

The areas in which PA shows considerable **strength** regarding permanency and stability in children's living situations are: ensuring that placements are stable while children remain in foster care, and achieving permanency for children. The **areas needing improvement** are: the speed with which permanency is provided for children, and the permanence of their discharges home.

An area needing improvement relates to *Permanency Composite 1: Timeliness and permanency of reunification*. PA's score of 85.2 falls well below the national standard of 122.6. The factor most affecting this composite score is the re-entries to foster care in less than twelve months. It is critical that PA examine what the true issues are here that affect this measure so that the appropriate steps can be taken to make improvements, since some counties fiscally-driven systems may have an unintentional negative impact on this score. The accuracy of the permanency data needs to be improved. The onsite review should be utilized to further understand how each of the counties systems record re-entries. PA should also consider statewide implementation of the ABA and LSI initiatives as a strategy for improving permanency outcomes moving forward.

While there is a need for improvement in the timeliness of reunifications since 44.5% of children entering foster care for the first time were discharged to reunification in less than 12 months after their first entry into care compared to the 75<sup>th</sup> percentile of 48.4%, it is important to consider the strengths within the permanency composites. One such strength is that children entering care in PA are more likely than children elsewhere to be reunified with their families, whether that reunification occurs within 12 months or not. The data profile shows that PA exceeds the national standard of 121.7 for *Permanency Composite 3: Permanency for children and youth in foster care for long periods of time*, with a score of 135.5.

While PA does not meet the national standard for *Permanency Composite 2: Timeliness of Adoptions*, it comes very close to doing so. PA does not meet the standard for adoption because children in care for longer than 17 months and have a goal of reunification are being counted along with the children that have a goal of adoption. Many of these children do get reunified, even if not within the 12 month time frame, so they do achieve permanency, but the results show up in the adoption composite because of the way it is constructed. PA excels in moving children who are freed for adoption to finalization but in order to improve performance in relation to adoption, PA needs to find ways to terminate parental rights more quickly than it currently does. Although the ABA Barriers to Permanency Project and LSI Program have been implemented to shorten the time required to TPR, the onsite review should further examine the impact of the court's decisions regarding the TPR process.

*Permanency Composite 4: Placement stability* is also a strength as PA's score of 102.4 exceeds the national standard of 101.5. PA is in the top quarter of the country for all three measures within this composite. Philadelphia County does very well with this composite, at least in part because they place their children with relatives immediately, rather than waiting until other settings have been tried.

## **Permanency**

**Outcome 2:** The continuity of family relationships and connections is preserved for children.

*Item 11: Proximity of foster care placement.*

*Item 12: Placement with siblings.*

*Item 13: Visiting with parents and siblings in foster care.*

*Item 14: Preserving connections.*

*Item 15: Relative placement.*

*Item 16: Relationship of child in care with parents.*

Areas of **strength** in this outcome relate to the placement of the child including proximity of the foster care placement and placement with siblings. Areas that **need improvement** involve visitation with parents and siblings in foster care, and the relationship between the child in care and his/her parents. The QSR results indicated that child welfare agencies did better with permanency outcome one than they did with permanency outcome two, which seems unlikely since loss of family connections would decrease the chances of successful reunification. It would be beneficial to examine this further during the onsite review.

## **Well-being**

**Outcome 1:** Families have enhanced capacity to provide for their children's needs.

*Item 17: Needs and services of child, parents, foster parents.*

*Item 18: Child and family involvement in case planning.*

*Item 19: Case worker visits with child.*

*Item 20: Worker visits with parents.*

As reflected in the QSR results, areas of **strength** within this outcome include caseworker visits with the child. Also, practice standards were developed and distributed and agencies appear to have an increasing awareness of the need for family engagement since the last CFSR review. In addition, many agencies have raised expectations for family engagement. In spite of considerable efforts made to improve performance since the 2002 CFSR, **areas needing improvement** include: meeting the needs and services of the child, parents and foster parents; caseworker visits with parents; and child and family involvement in case planning. A full service array of family engagement strategies that will encourage worker visits with the family and involvement in case planning that goes beyond the scheduling of a family group conference is a need. One need is the reengagement of case workers to help them understand that meeting with parents is the primary agent of change for the child. It would be beneficial to examine barriers and successful strategies to child and family involvement in case planning during the onsite review.

## **Well-being**

**Outcome 2:** Children receive appropriate services to meet their educational needs.

*Item 21: Educational needs of the child.*

Meeting the educational needs of the child is an area of **strength** for PA as indicated by the QSR results. Educational needs are met for most children served by the child welfare system in Pennsylvania. Review of current involvement of the education system in county ICSP work shows that encouragement of further collaboration between CCYA and education would be beneficial.

## **Well-being**

**Outcome 3:** Children receive adequate services to meet their physical and mental health needs.

*Item 22: Physical health of the child.*

*Item 23: Mental/behavioral health of the child.*

This outcome is an area that has **strengths** and also possible **need for improvement**. While several advances over the past five years were made to better meet these needs for children, the QSR results showing that 77% of the cases were rated as strengths for meeting the physical health needs of the child, while 80% of the cases were rated as strengths for meeting the behavioral health needs of the child, which seems unlikely. A need for additional mental health and dental service providers was reported by a variety of focus group participants. The current movement towards integration and solution focused work with families will hopefully lead to further collaboration between the CYS and mental health, more efficient services to children and families, and better communication between the agencies. The onsite case reviews will help identify if the QSR results are an accurate portrayal of how PA is meeting the physical and mental/behavioral health needs of children.

## **Statewide Information System**

*Item 24: Statewide Information System.*

This systemic factor is an **area needing improvement** for PA in that many of the barriers surrounding the evaluation of PA's progress toward achieving goals involve the lack of a unified system with which data may be shared. While the development of the county data packages, and the QSR process were steps in the right direction in regards to using available data to examine outcomes, a disconnect between practice and the data remains.

**Statewide Information System Strengths:**

- The CY28 System has been revised and is being piloted. Statewide rollout is planned for 2008.
- The Department's focus on interagency coordination and planning has resulted in the centralizing of IT staff. IT staff are no longer assigned to specific programs, but are now housed in their own IT bureau. This change has resulted in more professional IT support and sharing of resources. This restructuring has also allowed OCYF's outdated system to function marginally.
- Statewide Information System Planning is getting underway again. Pennsylvania recognizes that continuing the status quo is not an option.
- Immediately after the decommission of the PACWIS application, through planning with the National Resource Center, state funds were spent to provide a basic level of automated support through several tools that were available at that time. Twenty counties worked on two separate collaborative efforts to achieve support for fundamental business operations. Since that time, counties have used a variety of innovative approaches in working together to collaborate on tools to collect data and manage their information systems without a statewide information system.
- Disaster Recovery planning efforts at the state level for PA's Statewide ChildLine and Abuse Registry are a definite strength. This plan has been developed to keep the Registry up and running during a variety of emergency scenarios. Two offsite locations are available and ready should the plan need to be put into action. The plan is tested and updated every 6 months.

**Statewide Information System Needs:**

- AFCARS data is reported differently throughout PA because there is no state information system.
- PA has difficulty reporting all NCANDS data through the ChildLine Millennium System.
- Timeliness of CPS investigations, as well as information on GPS investigations is not reported. The CY28 reporting system is outdated.
- PILOTS does not interface with AFCARS and does not report all of Chafee's proposed requirements.
- Case management systems vary a great deal across the state. They range from sophisticated county integrated systems to pencil and paper.
- The lack of a Statewide Information system impacts our Needs-Based Planning and Budgeting process, in that even though the focus is on outcomes it is truly driven by process without the integral in-home data components.
- A great need expressed by many of our counties is the lack of a clear process for making sense of small data sets in small counties. The universe (N) in our smaller rural counties is statistically insignificant. We need to devise a process to assist those counties in understanding the limitations of planning with such information or, develop statistical

methodologies that permit those counties to use the information to plot trends and engage in future planning.

- One of the greatest challenges that faces child welfare in PA is the necessity to collaborate between major programs, the courts, state and county agencies and their associated information systems. OCYF has done a great job of building relationships with these partnering agencies, yet must find a successful method to bridge and integrate established silos of service delivery and accompanying information systems.

### **Case Review System**

*Item 25: Written Case Plan.*

*Item 26: Periodic Reviews.*

*Item 27: Permanency Hearings.*

*Item 28: TPR.*

*Item 29: Notice of Hearings and Reviews to Caregivers.*

Despite efforts undertaken since the previous CFSR, this systemic factor remains an **area needing improvement** for PA in regards to the impact that these items have on achieving timely permanency for children. While initiatives were implemented to improve child and family involvement in case planning, the results of the QSR and focus groups indicate that this is still an area requiring more effort.

### **Case Review System Strengths:**

- Counties are required to use standardized components within their FSPs
- Counties participating in the ABA Barriers to Permanency Project have decreased the length of foster care per episode an average of nine months.
- The Adoption Act's proposed language for grounds for TPR are now consistent with ASFA due to Act 146.
- Once a goal change to adoption has been made, LSI has been incredibly helpful to counties in expediting TPR, as well as adoption finalization.
- FGDM is identified by youth as being a successful practice and is being used as a tool for transition planning for youth who are aging out.
- The expansion of the SWAN funding will allow for more youth to receive enhanced permanency services to address their needs as they prepare for adult life.

### **Case Review System Needs:**

- Standardized FSP/CPPs simply ask for the identification of the concurrent plan. It does not require the identification of CCP objectives, tasks/activities etc.
- One barrier to successful concurrent planning may be a disconnect between county casework practice and the specialized adoption services provided only through SWAN affiliates.



- If CCP becomes Pennsylvania's practice model, more training on effective permanency and adoption planning for all caseworkers, attorneys and judges is needed.
- Regulations need to be approved.
- Multi-system involved youth have multiple plans with a lack of concerted effort for coordination and communication.
- Youth permanency goals are not always changed or reflective of the youth's wishes and needs.
- Discharge planning and transition planning needs to be improved for youth who are aging out of the system.
- Practice standards need to be updated to include the courts role, and IL standards and need more strength-based language.
- Presence and the right to be heard in court by Foster Parents and youth should continue to be a focus for improvement.

### **Quality Assurance System**

*Item 30: Standards Ensuring Quality Services.*

*Item 31: Quality Assurance System.*

This systemic factor is an area of **strength** for PA. PA is operating an identifiable quality assurance system, and conducted a QSR in each of the 67 counties since the first CFSR. The QSR mirrored the CFSR process and evaluated the quality of services, identified strengths and needs of the agencies, and provided evaluative information for program improvement measures.

#### **Quality Assurance System Strengths:**

- Data packets provide CCYA with a quantity of meaningful and high quality data to better help them plan.
- The Youth Advisory Board offers the opportunity for youth to be heard in state, regional, and county meetings.
- QSR experiences were positive for many counties. Many practice improvement initiatives were implemented as a result of QSR results.
- Automated incident management system was developed.
- YDC/YFC Performance-based standards are already automated for easier shared case management reports.
- Practice standards were incorporated into training curricula, CCYA-specific quality assurance processes, and NBPB process.
- Significant strength of county's to be able to evaluate themselves with the creation of their own QA units, or personnel since the first CFSR.

#### **Quality Assurance System Needs:**

- Need ability to compile reports from different agencies into one document for more efficient examination of the data.
- Need to provide youth better access to CCYA policy/procedures and grievance process.

- Need to develop checks and balances for Incident management system.

### **Staff and Provider Training**

*Item 32: Initial Staff Training.*

*Item 33: Ongoing Staff Training.*

*Item 34: Foster and Adoptive Parent Training.*

This systemic factor is an area of **strength** for PA. The initial and ongoing training for staff, and foster and adoptive parents is comprehensive and constantly updated to reflect changing laws, and practices within PA.

#### ***Staff and Provider Training Strengths:***

- Trainings are offered regionally throughout the state
- County-specific trainings are developed and held on location to meet the individualized needs of the county
- Inclusion of practice standards into all curriculum
- The initial training for direct service workers is now sequential and cohort-based with a focus on skill development
- The SWAN/Independent Living partnership to provide permanency services for all children, regardless of permanency goal
- CWTP and SWAN continue to offer a full array of trainings throughout the state geared towards improving permanency for children, youth, and families
- CWTP now provides a broader scope of services, including organizational effectiveness, transfer of learning, & independent living. This county-specific technical assistance provides solutions to improving child welfare practice and outcomes.
- The use of an Organizational Needs Assessment to align county outcomes with training, technical assistance, and transfer of learning needs
- Second Layer Core developed for advanced training in Children's Mental Health, Adolescent Issues, Domestic Violence, Adult Mental Health, Drug and Alcohol, and Sexual Abuse
- CWEL has a good retention rate for its graduates
- Leadership Academy Training for Administrators and Management teams

#### ***Staff and Provider Training Needs:***

- Continue efforts to provide consistent, coordinated training among providers, foster parents, and staff
- Expand web-based training opportunities
- Standardize initial foster parent training
- Development and integration of joint trainings for youth, service providers, and staff
- Continue to be responsive to counties' determination of training needs

## **Service Array and Resource Development**

*Item 35: Array of Services.*

*Item 36: Service Accessibility.*

*Item 37: Individualizing Services.*

This systemic factor is an area of **strength** for PA. Providing a wide array of services that are accessible and able to be individualized has become easier with increased collaboration among all child welfare systems.

### ***Service Array and Resource Development Strengths:***

- The kinship bulletin, Emergency Caretakers Bulletin and the PLC bulletin seem to work together to provide counties with the guidance to seek out kin and place children in kinship homes. The number of kinship homes nearly doubled in one year.
- Overall, families rate FGDM as a favorable approach to case planning.
- SOC was identified as a successful initiative by focus groups.
- SWAN/IL partnerships have successfully resulted large increases in adoption finalizations and PLC discharges of older youth.
- The Safe Haven Program is becoming more widely known and nine newborns have been relinquished at hospitals under the program.
- Nurse-Family Partnership has been shown to be successful at preventing child abuse and neglect.
- In order for services to be funded through Needs Based Budgets, they must be evidenced based.

### ***Service Array and Resource Development Needs:***

- PLC is not available to all children in care.
- Developmental assessments and EI referrals are not required for children over three who have been victims of abuse or neglect.
- There is a lack of meaningful data that measures the effectiveness of many services.
- Transportation and scarcity of resources effect rural communities especially in the areas of child psychiatrists, sex offender treatment, sexual abuse treatment, couples therapy, drug and alcohol and domestic violence services.

## **Agency Responsiveness to the Community**

*Item 38: State Engagement in Consultation with Stakeholders.*

*Item 39: Agency Annual Reports Pursuant to the CFSP.*

*Item 40: Coordination of CFSP Services with Other Federal Programs.*

This systemic factor is an area of **strength** for PA.

### ***Agency Responsiveness to Community Strengths:***

- ICSP is the sustainability plan for SOC.

- ICSP has improved the coordination and collaboration of systems partners.
- Awareness of ICWA and the court revised dependency rules has increased. ICSI has improved the planning between child serving systems for physical and behavioral needs of children.

***Agency Responsiveness to Community Needs:***

- Even after steps taken by DPW to address confidentiality, agencies still report confidentiality to be one of the major barriers to integration.
- PA is still behind in becoming CAPTA compliant. Citizen review panels have not been implemented yet but will be by June 2008.
- Even under HealthChoice's promising approach to medical care, access to dental services for children is of major concern. Less than half of children enrolled in HealthChoices age 4-21 received an annual dental exam in 2006.
- An ICWA bulletin is needed.

**Foster and Adoptive Home Licensing, Approval, and Recruitment**

*Item 41: Standards for Foster Homes and Institutions.*

*Item 42: Standards Applied Equally.*

*Item 43: Requirements for Criminal Background Checks.*

*Item 44: Diligent Recruitment of Foster and Adoptive Homes.*

*Item 45: State use of Cross-Jurisdictional Resources for Permanent Placements.*

This systemic factor is an area of **strength** for PA.

***Foster and Adoptive Home Licensing, Approval, and Recruitment Strengths:***

- PSRFA and SWAN's resource family recruitment campaign was highly successful in getting minority families approved to adopt.
- Pennsylvania professionals and organizations were the recipients of numerous foster care and adoption awards over the past five years.
- The number of children waiting for adoption in PA has significantly decreased over the last five years. (This may also be due to the PLC bulletin which offers some children another permanency option.)
- 65% increase in SWAN-paid family profiles indicates a growing number of approved adoptive families.
- Amendments to the CPSL and OCYF bulletins strengthen the standards for approving resource families to enhance the safety and well-being of children who must be placed temporarily in a resource family home.
- The Resource Family Registry cross references new and existing information about families, including kinship and emergency caregivers, requires more frequent clearances for all household members and requires much more detailed information.
- 980 unique families have received Post-permanency Services including Case Advocacy, Support Groups and Respite services.

- 254 youth served by the YDC/YFC received a high school diploma or GED. 75% of the youth referred to the state reintegration program were not re-adjudicated within six months of discharge.
- The new PbS sets national performance standards for safety, order, security, programming, provision of health and mental health services, preparation of youth to return to the community and overall fairness of the environment.
- The new licensing protocol is applied to all agencies for standardization of the licensing process.
- The recruitment campaign results in a 124% increase in approved adoptive African American families. PA now has more waiting families than waiting children. PA has more than 1,200 approved adoptive families and less than 900 children with a goal of adoption who do not yet have an identified adoptive family.
- PA had a 40% decrease in the total number of children in foster care with a goal of adoption. PA had a 54% decrease in the number of African American children in need of adoptive families. There was a 410% increase of adoption finalizations of PAE-registered children.
- The Heart Gallery and the Older Child Recruitment initiatives began.
- PA joined ICAMA, and 3 bulletins on ICPC and ICAMA were issued.
- PA was proactive in developing a protocol to implement Act 73 requirements for FBI fingerprinting and handling out of state clearances.
- The Federal "Resource Family Recruitment and Retention Act" was drafted based on PA's bill, and PSRFA was asked to advocate for the PA bill at the Federal level.
- PA's Foster Parent Bill of Rights became the PA Resource Family Care Act and broadened the view of resource families.

***Foster and Adoptive Home Licensing, Approval, and Recruitment Needs:***

- The most often reported barriers to timely licensure of foster homes were the completion of paperwork and completion of training requirements.
- Youth feel that kin are often overlooked, or not seriously considered, as placement options.
- A national standardization for a dual certification (foster/adopt) is needed. This would expedite ICPC requests and support concurrent planning efforts.
- Youth identified a need for additional foster parent training.
- PA's high turnover rate of foster parents exists, down by half in the past two years according to participants from western PA. A lack of cultural and ethnic diversity exists and out-of-county placements are necessary to achieve diversity. A lack of resources for children with a high degree of special needs also exists.
  - The decrease in the number of foster parents may be due in part to the increased requirements and costs associated with obtaining the necessary clearances.

- Another factor affecting the decrease in foster parents may be the increase in PLC placements.
- There is a need for a national standardized home study process, a standard for the number of training hours, and consistent training on content for both foster and adoptive families. There are many delays in placing foster children through ICPC because foster families have to repeat the process for adoption. Standardization of the approval process for both foster and adoptive home study/licensing /approvals for all families would facilitate a more timely approval process for placements between states across the country.
- Improved training for CCYA staff on subsidized PLC and formal Kinship Care to ensure enhanced consistency in the use of these two placement settings for children.
- Additional training to reduce inconsistency within the PA courts handling of placement cases.

### **C. Additional Sites for the Onsite Review**

The CFSR Steering Committee created the following criteria that were used to determine the additional counties being recommended for participation in the on-site review. The criteria included:

- Sufficient case sample size. Since PA is a State-led and supervised - County administered system, the clustering of counties to have sufficient case sample size would create many issues that are avoided by removing these counties from consideration for the onsite review.
- The County's performance is representative of the State's performance as whole.
- Consideration of downward and/or upward trends.
- The County's involvement with new and innovative initiatives (Any blue print programs, evidence-based programs, MacArthur initiatives, SOC, positive outcomes for older youth, family/youth engagement, and any other initiatives and promising approaches).
- Judicial Involvement (CIP, LSI, ABA, judicial support and involvement, relationship with JPO).
- County Specific Criteria (Quality Service Review data, mix of population sizes and different geographic areas that represent areas with populations representative of State demographics, recent licensing, stability of the agency, does the county have any outcomes data, information from their ONA).
- Issues identified during the completion of the Statewide Self Assessment

The list of criteria was prioritized and the process began with an analysis of the first three criteria. A spreadsheet of the criteria was completed for each of the remaining counties that were eligible for consideration following the exclusion of counties that did not have sufficient case sample size.

After applying these criteria, it was recommended that the following counties, listed in order of preference, be considered as possible sites for the on-site review: Allegheny County, Northumberland County, Lackawanna County and Venango County.

These counties together represent the state's child welfare system in a number of ways. The overall performance on federal national standards/measures for Allegheny and Venango Counties closely parallels the state's performance. The permanency scores for Northumberland and Lackawanna counties exceed the state score and since the timeliness and permanency of reunification is an area of concern for PA, it would benefit the state to further examine these counties during the on-site review to identify approaches which may benefit the state as a whole. The counties have implemented a variety of practices and programs that when assessed through the case review and stakeholder interview processes will provide the state with considerable evaluative information to support future quality improvement efforts.

Following an interim conference call with ACF, Allegheny County and Northumberland County were chosen as the two additional sites for the onsite review.

#### **D. Experience with the Statewide Assessment Instrument and Process**

The statewide assessment process allowed PA to identify many positive changes and improvements that were made to practice and policy since the last CFSR. This process allowed for an examination of what occurred over the past five years as well as the improvements and shortcomings of where PA is today. What became clear in the self assessment is the progress that was consciously made over the past five years through the passage of new legislation and the issuance of policy and procedure bulletins to ensure best practice to further support safety, permanence and well-being of PA's children and families.

The revised instrument and the suggested topics for each section helped to focus the discussions on changes over the past five years. It also helped us realize the need to identify additional ways to evaluate the programs and be able to measure outcomes. One of the challenges experienced by the CFSR Steering Committee was the evaluation of data. This highlighted the need for us to identify and use quantitative data in an ongoing manner as a systematic way of assessing outcomes.

The expectation of a 75-85 page report is unrealistic based on the nature of the information that was requested for each item.

## E. Names and Affiliations of Individuals Participating in the Statewide Assessment Process

The following lists the stakeholders that are members of each of the CFSR Steering, Quality Improvement and Youth work group committees that are working collaboratively on the CFSR.

CFSR Steering Committee	
Name	Affiliation/Title
<b>Keith Snyder*</b>	Juvenile Court Judges Commission - Deputy Director
Crystal Doyle	Office of Mental Health and Substance Abuse - Children's MH Program Rep.
Carrie Collins	Office of Child Development and Early Learning - Program Specialist
<b>Steve Custer*</b>	Chief Juvenile Probation Officer - Montgomery County
Micheal Schneider	Chief Juvenile Probation Officer - Northampton County
<b>(Andrea Jelin* until November 2007)</b>	Administrative Office of Pennsylvania Courts - Court Improvement Project, Administrator for the Office of Children and Families in the Courts
Angelo Santore*	Administrative Office of Pennsylvania Courts - Court Improvement Project, Judicial Program Analyst
<b>Chuck Songer*</b>	Pennsylvania Children and Youth Administrators Association- Executive Director
<b>Barbara Robbins*</b>	Pennsylvania Children and Youth Administrators Association- Assistant Director
<b>Bernadette Bianchi*</b>	Pennsylvania Council of Children, Youth and Family Services - Executive Director
<b>Bruce Grim*</b>	Pennsylvania Council of Children, Youth and Family Services - Associate Director
<b>Connell O'Brien*</b>	Pennsylvania Community Providers Association
<b>Richard Gold*</b>	Office of Children, Youth and Families - Deputy Secretary
<b>Anne Marie Ambrose*</b>	Office of Children, Youth and Families - Director of Bureau of Child Welfare and Juvenile Justice Services
<b>Cathy Utz*</b>	Office of Children, Youth and Families - Director of Bureau of Policy and Program Development
<b>Terry Clark*</b>	Office of Children, Youth and Families - Director of Division of Operations and Quality Management
<b>Stephanie Maldonado*</b>	Office of Children, Youth and Families - CFSR Project Manager
<b>Lynette Hassinger*</b>	Office of Children, Youth and Families - Director of Data Management Unit
<b>Sue Stockwell*</b>	Office of Children, Youth and Families - Data Management Unit Supervisor
Sandy Gallagher*	Office of Children, Youth and Families - Director of Division of Program Development
Cindi Horshaw	Office of Children, Youth and Families - Director of Program Policy Unit
Grace Gross	Office of Children, Youth and Families - Policy Specialist
Desiree Weisser	Office of Children, Youth and Families - Program Specialist
Carrie Keiser	Office of Children, Youth and Families - Program Specialist
Lorrie Deck	Office of Children, Youth and Families - SWAN Unit Supervisor
Larry Yarberough	Office of Children, Youth and Families - Interstate Unit Supervisor
<b>Len Pocius*</b>	Office of Children, Youth and Families - Annuitant
<b>Sylvia Wright</b>	Office of Children, Youth and Families - Annuitant
<b>Ed Coleman*</b>	Office of Children, Youth and Families - Director Northeast Region



<b>Ellen Whitesell*</b>	Office of Children, Youth and Families - Acting Director Southeast Region/Director of Division of Licensing
Mark Davis	Office of Children, Youth and Families - Southeast Region Program Rep.
Sherry Irvis-Hill	Office of Children, Youth and Families - Southeast Region Program Rep.
<b>Roseann Perry *</b>	Office of Children, Youth and Families - Director Western Region
<b>Kathy Bard*</b>	Office of Children, Youth and Families - Director Central Region
Marie James	Office of Children, Youth and Families - Central Region Supervisor
Andrea Richardson*	Office of Children, Youth and Families - System of Care Project Manager
Ethan Davis	Office of Children, Youth and Families - Bureau of Child Welfare and Juvenile Justice Services Supervisor
Randa Bieber	Office of Children, Youth and Families - Bureau of Child Welfare and Juvenile Justice Services, Aftercare System Coordinator
Angela Logan*	Department of Public Welfare - Secretary's Policy Office Rep.
Nakiba Givens*	Child Welfare Training Program Youth Intern/Youth Workgroup
Alyshea Santos*	Child Welfare Training Program Youth Intern/Youth Workgroup
Don Hockenberry*	Tribal representative/York County Children and Youth Supervisor
<b>Thomas J. Mudrick*</b>	Philadelphia Department of Human Services
<b>Carole Ann Cornelius*</b>	Philadelphia Department of Human Services
<b>Karen Whitlock*</b>	Philadelphia Department of Human Services
<b>Jim Sharpe</b>	Philadelphia County Chief Juvenile Probation Officer
<b>Marcia Sturdivant</b>	Allegheny County Children and Youth Services Administrator
<b>Terry Balrak</b>	Allegheny County CYS - CFSR logistics lead
<b>Jim Rieland</b>	Allegheny County Chief Juvenile Probation Officer
<b>Maryrose McCarthy</b>	Northumberland Cty. Children and Youth - Administrator
<b>Lisa Schaeffer</b>	Northumberland Cty. Children and Youth - CFSR logistics lead
<b>Bill Rosnack</b>	Northumberland County Chief Juvenile Probation Officer
David Schuille	Venango Cty. Children and Youth - Administrator
Bill Browning	Lackawanna Cy. Children and Youth - Administrator
Kay Rupert*	Clarion Cty. Children and Youth - Administrator
George Kovarie*	Berks Cty. Children and Youth - Administrator
Wendy Hoverter*	Cumberland Cty. Children and Youth - Administrator
<b>Mary Germond*</b>	Delaware Cty. Children and Youth - Administrator
Deirdre Jacques	Delaware Cty. Children and Youth
Amy Campbell*	Lancaster Cty. Children and Youth
Jennifer Moubray*	York Cty. Children and Youth
CarrieAnn Frolio*	York Cty. Children and Youth
Kathy Ramper*	Pennsylvania State Foster Parent Association - Executive Director
Garry Krentz*	Pennsylvania State Foster Parent Association - President
Dianna Brocius*	PA Families Inc. - Project Director/youth/family/parent advocate
Jen Rockey	Pennsylvania Department of Education
Sheldon Winnick	Pennsylvania Department of Education
Larry Breitenstein*	Adelphoi Village
Bill Shutt	Family Care for Children and Youth, Inc.
Teresa Storer	Family Care for Children and Youth, Inc.
Denise Cutrone	Intercultural Family Services, Inc.
Jason Vargo	Auberle
Gary Shuey*	Dickinson School of Law
Robert Angeloni*	Friendship House

Andrea H. Boyles	Director of Operations, Centre County Youth Service Bureau
Angie Liddle*	Pennsylvania Family Support Alliance
Brenda Lawrence	SWAN Prime Contract Diakon/FDR
Jenna Mehnert	Pennsylvania Chapter of the National Association of Social Workers - Executive Director
Tenetia Kendall	Family Member
<b>Helaine Hornby</b>	Hornby-Zeller Associates
<b>Dennis Zeller</b>	Hornby-Zeller Associates
<b>Kevin Zacks</b>	Hornby-Zeller Associates
<b>Jon Rubin*</b>	Child Welfare Training Program - Acting Executive Director
<b>Tina Weber*</b>	Child Welfare Training Program - Quality Assurance Unit Lead
<b>Mike Byers*</b>	Child Welfare Training Program - CFSR Program Development Specialist
Jerry Sopko	Child Welfare Training Program - Practice Improvement Specialist
Todd Lloyd*	Child Welfare Training Program - Independent Living Unit Lead
Rhonda Gladfelter	Child Welfare Training Program - Training Delivery Department Lead
Cal Kulik	Child Welfare Training Program - Transfer of Learning Specialist
Katie Davis	Child Welfare Training Program - Curriculum Development Unit Lead
Christina Fatzinger	Child Welfare Training Program - Practice Improvement Specialist
Lynn Keltz	Child Welfare Training Program - Practice Improvement Unit Lead
Jennifer Caruso	Child Welfare Training Program - Practice Improvement Specialist
Justin Lee	Child Welfare Training Program - Independent Living Specialist
Maryann Marchi	Child Welfare Training Program - Transfer of Learning Unit Lead
Mike Danner	Child Welfare Training Program - Training Delivery Unit Lead
Steve Eidson	Child Welfare Training Program - Independent Living Specialist
Dr. Helen Cahalane	Child Welfare Training Program - Principal Investigator
	* - indicates membership on both CFSR Steering and Quality Improvement Committee
	<b>Bold - indicates members of the Executive CFSR Committee</b>
<b>Youth Ambassadors</b>	
<b>Name</b>	<b>County</b>
Nakiba Givens*	York County
Alyshea Santos*	Adams County
Bethany-Ann Bingham	Bedford County
Rahfeese Carter	York County
Emma Fox	Dauphin County
Jamele Greenwood	Philadelphia County
Stacy Johnson	Allegheny County
Aadam Muhammad	Philadelphia County
Michelle Nauman	Bedford County
Ericka Small	Dauphin County
Sam Waite	Dauphin County
Jon Gilbert	Philadelphia County
Shaheed Days	Philadelphia County
<b>Quality Improvement Committee</b>	
<b>Name</b>	<b>Affiliation/Title</b>
Stan Mrozowski	Office of Mental Health and Substance Abuse - Director of Children's Services Bureau
Abby Sherwood	Office of Legislative Affairs

Brian Byers	Office of Medical Assistance Programs
Nicolas Barralet	Office of Children, Youth and Families - Bureau of Child Welfare and Juvenile Justice Services
Kristin Woellmer	PA Association of County Human Services Administrators (CCAP) - Executive Director
Laurie O'Connor	Montgomery Cty. Children and Youth - Administrator
Sandie Beren	Montgomery Cty. Children and Youth
Jack Steiner	Allegheny Cty. Children and Youth
Peter Vriens	Adams Cty Children and Youth
Sue Adamec	Susquehanna Cty Children and Youth
Linda Vonson	Wayne Cty Children and Youth
Linda Ciampi	Diakon
Karen Oldham	Diakon-swan
John Petulla	Harbor Creek
Sharon McDaniels-Lowe	A Second Chance Kinship
Kelly Bolton	Catholic Charities, Diocese of Harrisburg
Jeff Parsons	Dauphin County Parent
Carol Stahl	Montgomery Cty Parent
Vicki Smith	Adams County Foster Parent
Chuck Crimone	Pennsylvania Children and Youth Administrators
Elita Dare	Tribal representative and Adoptive Parent Representative

### Pennsylvania Statewide Assessment Acronyms

ABA	American Bar Association
ACF	The Administration of Children and Families
ADAS	AFCARS Data Analysis System
AFCARS	Adoption and Foster Care Analysis and Reporting System
AIC	Achieving Independence Center
AIC	Achieving Independence Center
AOPC	The Administrative Offices of Pennsylvania Courts
APHSA	Association of Public Human Service Administrators
APSR	Annual Progress and Services Report
ARC	Achieving Reunification Center
ARC	Achieving Reunification Center
ASD	Autism Spectrum Disorder
ASFA	Adoption and Safe Families Act
BIS	The Bureau of Information Systems
BIS	The Bureau of Information Systems
CAPTA	The Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocates
CCYA	County Children and Youth Agencies
CFSR	The Child and Family Services Review
CFSR	Child and Family Services Review
CIP	The Court Improvement Project
CPMS	Common Pleas Case Management System
CPP	Child Permanency Plan
CPS	Child Protective Services

CPSL	Child Protective Services Law
CRP	Citizen Review Panels
CTC	Charting the Course
CWEB	Child Welfare Education for Baccalaureates
CWEL	Child Welfare Education for Leadership
CWLA	The Child Welfare League of America
CWTP	The Child Welfare Training Program
CWTP	The Child Welfare Training Program
DHS	The Department of Human Services
DOE	The Department of Education
DOH	The Department of Health
DPW	The Department of Public Welfare
DQM	Data Quality Management
DSS CARES	DSS Cross Agency Response for Effective Services
EI	Early Intervention
FC	Family Centers
FDS	Family Development Specialist
FFT	Functional Family Therapy
FFY	Federal Fiscal Year
FGDM	Family group decision making
FSP	Family Service Plan
GPS	General Protective Services
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact on Placement of Children
ICSI	Integrated Children's Services Initiative
ICSP	Integrated Children's Services Plan
ICWA	Indian Child Welfare Act
IDMU	Information and Data Management Unit
IL	Independent Living
IS	Interim Solution
ISP	Individual Service Plan
IT	Information Technology
ITNA	Individual Training Needs Assessment
ITP	Individual Training Plan
JCJC	Juvenile Court Judges Commission
JDCAP	Juvenile Detention Center Association of Pennsylvania
JLC	Juvenile Law Center
JPO	Juvenile Probation Office
LSI	Legal Services Initiative
MCO	Managed Care Organization
MDT	Multi-Disciplinary Team
MFC	Models for Change Initiative
MH/MR	Mental Health/Mental Retardation
MST	Multisystemic Therapy
MTFC	Multi-Dimensional Treatment Foster Care
NBPB	Needs Based Plan and Budget

NCANDS	National Child Abuse and Neglect Data System
NFP	Nurse-Family Partnership
NRC-CWDT	National Resource Center on Child Welfare Data and Technology
OCFC	Office for Children and Families in the Court
OCS	Operation Clean Submission
OCYF	The Office of Children, Youth and Families
OE	Organizational Effectiveness
OMHSAS	The Office of Mental Health and Substance Abuse Services
ONA	Organizational Needs Assessment
PA	Pennsylvania
PACWIS	Pennsylvania Child Welfare Information System
PAE	Pennsylvania Adoption Exchange
PAT	Parents as Teachers
PATH	Parents as Tender Healers
PATHS	Promoting Alternative Thinking Strategies
PAYS	Pennsylvania Youth Survey
PbS	Performance-based Standards
PCADV	The Pennsylvania Coalition Against Domestic Violence
PCCD	Pennsylvania Commission on Crime and Delinquency
PCCYFS	Pennsylvania Council of Children, Youth and Family Services
PCHP	Parent Child Home Program
PCPA	Pennsylvania Community Providers Association
PCYA	Pennsylvania Children and Youth Administrators Association
PFI	Pennsylvania Families, Incorporated
PILOTS	Pennsylvania Independent Living Outcomes Tracking System
PIP	Program Improvement Plan
PLC	Permanent Legal Custodians
PMO	Project Management Office
Practice Standards	The Pennsylvania Standards for Child Welfare Practice
PSRFA	The Pennsylvania State Resource Family Association
QIC	Quality Improvement Committee
QSR	Quality Service Reviews
RFR	Resource Family Registry
RTC	Regional Training Centers
SFY	State Fiscal Year
SOC	System of Care
SWAN	Statewide Adoption and Permanency Network
TA	Technical Assistance
TLFR	Time Limited Family Reunification
TOL	Transfer of Learning
TPR	Termination of Parental Rights
YAB	Youth Advisory Board
YDC	Youth Development Centers
YFC	Youth Forestry Camps