



2020-2024 Child and Family Services Plan

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

Submitted by the Office of Children, Youth and Families

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Introduction

State Agency Administering the Title IV-B Programs

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

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

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

- BCFS is primarily responsible for monitoring the delivery of services by county and private children and youth social service agencies. The four OCYF Regional Offices conduct oversight through monitoring, licensing and providing technical assistance to the public and private children and youth agencies. The Regional Offices also investigate child abuse when the alleged perpetrator is a county agency employee or one of its agents; and ensure regulatory compliance of agencies by investigating complaints, conducting annual inspections and assisting county and private agencies in the interpretation and implementation of DHS regulations.
- BBFS provides support functions for OCYF including budgeting; personnel; management of federal grants and revenue, fulfillment of Needs-Based Plan and Budget (NBPB) mandates and administrative, financial and operational support. BBFS increases fiscal accountability through cost reporting, recovery, containment, justification and redistribution.
- BPPO plans, develops and implements new and revised regulations; provides program clarifications; conducts training and orientation on new or revised procedures; provides analysis of, and recommendations for, proposed legislation; develops program reports and publications and coordinates and provides technical assistance and training materials for OCYF Regional Office staff and service providers. BPPO is also responsible for managing and

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

- BJJS is responsible for the management, operation, program planning and oversight of all five YDC/YFC facilities. The youth entrusted to BJJS' care are male and female adolescents who have been adjudicated delinquent by their county judicial system. The BJJS' State Court Liaison Specialists work closely with Pennsylvania's county juvenile court system, the YDC/YFC system, and private provider agencies to ensure residents are placed in the least restrictive and most appropriate setting.

A copy of the most current OCYF organizational chart is provided as Appendix A. Further information regarding OCYF's bureaus is available through the [DHS website](#).¹

Financial Limitations

Expenditures of FY 2004 and FY 2005 Title IV-B Subpart 1 funds during FY 2005 for child care, foster care maintenance or adoption assistance payments was \$8,870,138 (FY 2004-\$289,544; FY 2005 \$8,580,594). State expenditures of non-federal funds for foster care maintenance payments was \$2,365,328. This amount, \$8,870,138, is the baseline amount that the state may not exceed for the corresponding types of payments after FY 2007.

Beginning in FY 2008, states could not use more than the amount of non-federal funds spent on foster care maintenance payments in FY 2005 as match for the Title IV-B, Subpart 1 program. This amount, \$2,365,328, serves as a baseline for future years.

The total amount of state, local and donated funds in FFY 2017 for IV-B Subpart 2 was \$10,048,304. The State has met the FY 1992 base year comparison amount for non-supplantation requirements.

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

Pennsylvania's 2020-2024 Vision for Child Welfare Services

In 2012, OCYF, in collaboration with system partners, developed the Pennsylvania Child Welfare Practice Model (Practice Model) to serve as a tool that guides children, youth, families, child welfare representatives and other children and family service partners in working together by providing a consistent basis for decision

¹ <http://www.dhs.pa.gov/learnaboutdhs/dhsorganization/officeofchildrenyouthandfamilies/index.htm>.

making; clear expectations of outcomes, shared values and ethics; and a principled way to evaluate skills and performance. The Practice Model helps Pennsylvania benchmark achievement and clearly links the abstract ideals of the mission, vision and strategic plans to day-to-day practice. A copy of the Practice Model is provided as Appendix B.

The Practice Model is comprised of six core outcomes which together frame the vision for Pennsylvania's child welfare system. These outcomes reflect the mission and values of OCYF as well as the mission and guiding principles for Pennsylvania's child dependency system. The 2020-2024 CFSP serves as a mechanism for connecting the various children, youth and family programs, services and activities conducted under Titles IV-B and IV-E of the Social Security Act (SSA), as well as other key federal and state programs, into one comprehensive plan directed towards achieving the following outcomes:

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

Pennsylvania's vision set forth in the 2020-2024 CFSP builds upon the goals and strategies set forth in the state's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) which were established to promote the achievement of federal safety, permanency and well-being outcomes.

CFSP Collaboration

Pennsylvania built on experiences learned through the development of the 2015-2019 CFSP to establish a more comprehensive and strategic vision for the child welfare system for the 2020-2024 CFSP. Throughout all phases of CFSP development and planning, stakeholders played a critical role in helping to review and analyze data, define areas needing further improvement and prioritize system initiatives for the coming years.

Pennsylvania Child Welfare Council

The Pennsylvania Child Welfare Council (Council) served as the core stakeholder group consulted in the development of the 2020-2024 CFSP and will continue to be engaged in the ongoing monitoring and adjustment of the plan. Since the Council's first convening in 2016, OCYF has consulted with the group to identify key priority areas of focus to improve Pennsylvania's child welfare system. The Council membership is comprised of internal and external stakeholders who meet on a regular basis to support coordinated, multi-disciplinary, strategic system planning. Ongoing conversations with the Council throughout 2016 and 2017 culminated in formal, facilitated discussions in late 2018 and early 2019 to further narrow the focus of those efforts to be prioritized in the 2020-2024 CFSP. Specific areas identified by the Council which are reflected in the goals and objectives set forth in the 2020-2024 CFSP include:

- A need to focus on primary, secondary and tertiary prevention efforts;
- Evaluating opportunities for implementing a differential or alternative response system in Pennsylvania;
- Working to improve the quality of foster care homes for children and youth in out-of-home care;
- Continuing efforts to ensure children and youth are placed in the most appropriate, least restrictive settings; and
- Further exploring data and information related to adoption dissolutions to understand the scope of this issue across the state.

Pennsylvania plans that the Council will continue to serve as the key body to assist in ongoing assessment and monitoring of child welfare system priorities throughout the course of federal fiscal years 2020-2024. The Council and the four subcommittees convened through the Council will continue to assist in the implementation of several PIP strategies and ongoing PIP monitoring. The Council has also been identified as a key group in helping to provide recommendations to OCYF related to the implementation of various components of the Family First Prevention Services Act (FFPSA). A list of the agencies and organizations represented on the PA Child Welfare Council is provided as Appendix C.

Court Improvement Plan

Pennsylvania benefits from strong collaboration between the court system, OCYF, and local CCYAs which was leveraged in the development of the 2020-2024 CFSP. While entities such as the Administrative Office of Pennsylvania Courts (AOPC) and the Juvenile Court Judges Commission (JCJC) have representatives, who serve on the Council, the foundational structure that helps support court and child welfare agency collaboration is through the Children's Roundtable Initiative.

The Supreme Court of Pennsylvania and AOPC developed the Office of Children and Families in the Courts (OCFC) to administer the federal court improvement plan

(CIP). One of the most critical aspects of the CIP in Pennsylvania was the development of the Children’s Roundtable Initiative. The highest level of the initiative is the State Roundtable, tri-chaired by a Supreme Court Justice, the OCYF Deputy Secretary and the OCFC Director. These Roundtables created a statewide infrastructure that allows for effective administration and communication through a three-tiered system. The three levels include Local Children’s Roundtables (LCR) in each of the 60 judicial districts, seven statewide Leadership Roundtables (LRT) and one State Roundtable. This three-tiered system of Roundtables allows for the flow of dependency practice innovations as well as much needed administrative collaboration between the dependency courts, OCFC, OCYF, local CCYAs and other relevant stakeholders.

Statewide issues are brought to the State Roundtable and most typically result in the formation of a workgroup tasked with examining the issue and recommending possible statewide solutions. Current workgroups are addressing the following issues: substance abuse, caseworker retention, congregate care, dependency benchbook updates and hearing officer education. As new issues are identified, it is expected that the State Roundtable set a course for addressing them in a way that embraces Pennsylvania’s collaborative values and recognizes the importance of family and the safety, permanency, and well-being of children.

Areas of priority identified through the roundtable structure helped to inform the selection of goals and objectives for the 2020-2024 CFSP and were also integral in supporting the development of the state’s CFSR PIP. Specifically, work related to caseworker retention and congregate care reduction is reflected in the selected improvement efforts outlined in Pennsylvania’s 2020-2024 CFSP.

During the next five years, AOPC, through the OCFC, will continue to collaborate with OCYF and other systems partners to utilize strategies that have proven to be successful such as the Family Engagement Initiative (FEI) (which will be discussed in further detail later in this plan) and the Children’s Roundtable Initiative. Judicial and legal professional training needs will be met through the continuation of advanced legal training in relevant and needed topic areas. A coordinated training process will be applied via similar training topics being presented across judicial educational sessions, hearing master training and legal representation training. This coordinated effort is expected to have a positive impact on quality court hearings by having all legal systems professionals working from the “same page.”

Targeted Outreach

In addition to ongoing collaboration with stakeholders in CFSP planning through the Council and Children’s Roundtables, OCYF performed additional outreach activities to engage specific stakeholder groups to promote inclusion of a broad range of perspectives in the consideration of 2020-2024 CFSP priorities.

Youth Advisory Board (YAB)

The YAB is comprised of youth and alumni of the child welfare system 16 to 21 years of age who meet to educate, advocate and form partnerships to create positive change in the child welfare system. There are six regional YABs who funnel into the Statewide YAB, which meets every other month. Additional information about the YAB is available online at <http://www.payab.pitt.edu/default.htm>.

In March of 2019, OCYF representatives attended the Statewide YAB meeting to engage with youth in identifying those areas older youth believe should be prioritized for improvement in the coming years. A total of 16 youth attended the meeting and represented 11 counties from across the state. Several independent living coordinators from the CCYAs attended with the youth, as well. Youth were posed the following questions to generate discussion and feedback:

- If the child welfare system worked the way you believe it should, what would that look like?
- What do you think is the most important change we need to make to the child welfare system so that it is better for all kids and families?
- What would you like to see us work on over the next five years specifically to help older youth?

From the conversation with the YAB, several key themes emerged which were used to help inform CFSP development.

- Youth advocated for quality visitation with their caseworkers and improvement in caseworker skills regarding engagement of children and youth in developmentally appropriate conversations.
 - Many of the youth noted that they desired honest, open communication with their caseworkers to understand why certain decisions may be made regarding their case and wanted to have a relationship with their caseworkers that valued the youth's thoughts, feelings and input.
 - Youth also identified that they want to be seen by their caseworkers as people and "not just a case file."
 - Older youth expressed that they want to have meaningful conversations with their caseworkers about their hopes, dreams, fears and needs during visits and do not want to feel like their caseworker is just stopping by to see them so "they can check off a task."
- The older youth also identified the need for improved recruitment and training of foster parents and improved processes for matching youth with foster families.

- The youth in attendance shared personal experiences in which they felt they were placed in foster homes that were not prepared to meet their needs or were respectful of their individual cultural preferences.
 - Youth expressed that they desired foster homes where the foster parents serve as active mentors in helping them prepare for transitioning into adulthood.
 - Youth also identified a need for providing opportunities for youth to learn about and assess the fit of prospective foster homes when possible and having an opportunity to provide input into the decision as to the homes in which they should be placed.
- Youth continue to need financial assistance and supportive services in ensuring certain concrete needs are met.
 - Older youth shared the importance of financial support in allowing them to enroll in, and successfully complete, post-secondary education.
 - Youth also advocated for the importance of being able to obtain a driver's license and help in obtaining a vehicle as this makes educational and work opportunities more easily accessible, especially for youth living in rural areas.

The feedback from the YAB members was reviewed by OCYF and shared with the Council. Many of the key concerns voiced by the youth reflected issues that have been raised through other avenues as well, such as CFSR findings, results from the Quality Service Reviews (QSR) and information gathered through Independent Living (IL) site visits. Goals and strategies related to improving engagement practices and enhancing foster and adoptive parent training have been outlined in this CFSP to help address many of the issues raised by the older youth who provided feedback to OCYF.

Citizen Review Panels (CRP)

Pennsylvania's CRPs work to facilitate citizen participation and provide opportunities for citizens to partner with local child protection systems to ensure that these systems provide the best possible service, prevent and protect children from abuse and neglect and meet the permanency needs of children. The CRPs currently consist of three regional panels and the YAB is considered to serve as a fourth panel. Annually, the CRP provides written recommendations to DHS, which are made available to the public through the [DHS website](#).²

OCYF staff attend the bi-annual CRP all-panel meetings to provide updates and information on OCYF priorities and to discuss CRP recommendations. During the 2018 fall and 2019 spring all-panel meetings, OCYF engaged in discussions with the CRP

² <http://www.dhs.pa.gov/publications/childabuserreports/index.htm>

specifically regarding CFSP priorities. The individual CRP members were also given the opportunity to complete a survey to provide additional feedback regarding key areas for consideration for CFSP goals and strategies.

The CRP feedback identified those affected by substance use disorders, older youth aging out of the system, young children, and individuals impacted by severe trauma as particular populations to be prioritized when considering areas for improvement. Additionally, the CRP also recommended directing focus towards enhancing the array of services available to help keep families together, expedite permanency, and prevent the placement of children in congregate settings. Suggestions also included improving the overall service array to include increased utilization of evidence-based programs (EBPs) and expansion of post-permanency services. Some CRP members also called attention to the need to provide improved support to the child welfare workforce by looking at paperwork reduction and caseload sizes, especially for permanency staff. Finally, feedback suggested that work continue to ensure all children have access to a high-quality children's advocacy center.

The feedback from the CRP members was reviewed by OCYF and, similar to as seen with the YAB, many of the key concerns voiced represented issues that have been raised through other avenues. Goals and strategies related to improving the child welfare workforce, reducing utilization of congregate care for children in out-of-home placement and implementation of the FFPSA serve as examples of work outlined in the 2020-2024 CFSP intended to help address many of the areas recommended by the CRP.

Children's Justice Act (CJA) Taskforce

The CJA Taskforce is a multi-disciplinary entity which serves to identify and monitor those activities to be carried out in Pennsylvania through the federal CJA grant. The CJA Taskforce is considered an ad-hoc committee under the Council Safety Subcommittee. While the CJA Taskforce recommendations are communicated to both the Safety Subcommittee and Council at large, OCYF met with the taskforce in January 2019 to help inform safety related priorities for the CFSP. OCYF staff shared relevant data and information to help inform CJA activities and to elicit feedback from the members on safety-related CFSP goals and strategies. The taskforce primarily discussed continued focus on serving children and youth who are at risk of or have been victimized through, human trafficking and how these efforts support the vision of the child welfare system in Pennsylvania. While work towards addressing victims of human trafficking was identified as a priority in the 2015-2019 CFSP, the need for continued work in this area identified by the CJA Taskforce, as well as other stakeholders, was considered in the 2020-2024 CFSP development. Therefore, Pennsylvania's 2020-2024 CFSP will continue to include a strategy dedicated to statewide work in meeting the needs of victims of human trafficking.

Tribal Consultation

Pennsylvania does not currently have any federally or state recognized tribes within its jurisdiction. In the development of the 2020-2024 CFSP, OCYF worked with a tribal representative from another state who previously provided consultation regarding Pennsylvania's policies, procedures and practices for implementing the provisions set forth under the Indian Child Welfare Act (ICWA). OCYF will continue to contact the following tribal representative to discuss the CFSP and will share the electronic link to PA's CFSPs with her. The name of this individual is:

- Michelle Price, Director of the Chickasaw Nation

CFSR Systemic Factor Assessment – State Engagement and Consultation with Stakeholders Pursuant to CFSP

Collaboration is the cornerstone of Pennsylvania's Practice Model and is valued at every level of decision making. Pennsylvania is fortunate to have several structures in place that help promote robust stakeholder engagement of child welfare system partners in the development, implementation and monitoring of the CFSP. The convening of the Council has been instrumental in creating a forum for targeted strategic planning discussions, whereas previously, a multitude of workgroups operated in a siloed manner with no core group of stakeholders identified to help bring all efforts together to set a coordinated vision for the child welfare system. The Children's Roundtable Initiative has continued to allow for strong court and child welfare agency collaboration in identifying and addressing system challenges. Pennsylvania also benefits from long-standing groups which have provided pathways for youth and citizen advocacy to help shape the child welfare system priorities outlined in the CFSP. During the CFSR conducted in 2017, engagement and consultation of stakeholders were identified as an area of strength for the state.

Despite Pennsylvania's numerous areas of strength regarding stakeholder engagement and consultation, OCYF has recognized several opportunities for continued improvement to further strengthen collaborative efforts.

- Further work is needed to help clarify the role of the Council in terms of serving as a deliberative body versus a forum for providing recommendations to OCYF and DHS.
 - There is also a desire on the part of Council members to work to further strengthen how the work of the Council can lead to discernable system change.
 - OCYF and the Council will continue discussions to identify where changes may be needed in the Council structure and functioning to achieve the goals of the Council as outlined in the Council charter.

- Representation of parents and caregivers in child welfare system improvement efforts has been identified as an area where additional work could be focused to strengthen stakeholder engagement and consultation. While opportunities are offered to parents and caregivers involved with the child welfare system to offer specific feedback through processes such as the QSR, there are few other clearly identified pathways by which parent and caregiver feedback is elicited at the state level to guide system improvements.
 - OCYF will evaluate efforts to engage parents at the local county agency level and research models of parent engagement used in other states to identify potential avenues for increasing parent and caregiver engagement in CFSP development and monitoring.
- Tribal consultation in the development, implementation and monitoring of the CFSP remains a challenge for Pennsylvania. As previously noted, Pennsylvania does not currently have any federally or state recognized tribal entities within the state. While OCYF has been able to identify a tribal representative in another state willing to consult on policies, procedures and practices related to the state’s implementation of ICWA, the state has not been able to identify an individual available for ongoing and meaningful engagement in broader statewide strategic planning efforts. OCYF conducted a special analysis in calendar year 2018 of the various federally recognized tribes reported by CCYA for which children in their care were identified as confirmed members. This analysis was undertaken, in part, to evaluate whether there were any specific tribes commonly represented among Pennsylvania youth involved with the child welfare system who OCYF might potentially focus on engaging. Ultimately, the analysis did not find any specific tribal affiliation common across the children and youth confirmed as American Indian (AI) or Alaskan Native (AN) reported by the CCYA.
 - OCYF is open to any technical assistance or support available through the Children’s Bureau to help identify opportunities for improving tribal consultation and engagement in the CFSP.

Enacting the Vision – Child Maltreatment Prevention and Safety

Pennsylvania’s Practice Model focuses on the achievement of outcomes to ensure children and youth are safe from incidents of abuse and neglect and children and their families can be served within their own homes and communities through comprehensive and accessible services that work to keep children and youth safe and prevent unnecessary removal of them from their homes. The following section of Pennsylvania’s plan describes and assesses the current array of prevention and safety services, provides an evaluation of the state’s performance on key federal safety outcomes and provides a plan for improving the safety of children and youth over the course of the next five years.

Prevention and Safety Service Continuum and Coordination

Pennsylvania's basic prevention and safety service continuum is comprised of child abuse education and prevention programs, family preservation and family support services and child protective and general protective services.

Child Abuse Education and Prevention

Keep Kids Safe Website

The Keep Kids Safe website, www.keepkidssafe.pa.gov, is overseen by OCYF and serves as the hub for information and resources impacting child protection for both professionals and the general public. The website includes information related to mandatory child abuse reporting, training on child abuse recognition, child abuse clearances, the Safe Haven program, fatality and near fatality reports, annual child abuse reports, the Governor's Institute on Plans of Safe Care, as well as the current media being used across Pennsylvania. The Keep Kids Safe website is reviewed and updated regularly because it is an avenue to ensure that accurate information and data is being disseminated in a timely manner as it pertains to child protection.

Mandated Reporter Training

The Pennsylvania Child Protective Services Law (CPSL) requires that the state and its counties conduct ongoing training and education programs for local staff, persons required to make reports of suspected child abuse and other appropriate persons to familiarize these individuals with appropriate child abuse reporting and investigative procedures. OCYF utilizes two entities that provide in-person training for mandated reporters.

Pennsylvania Family Support Alliance (PFSA) provides mandated reporter training of suspected child abuse to all persons who are directly responsible or are affiliated with an agency, institution, organization, school, religious organization, or other entity that is directly responsible for the care, supervision, guidance or training of children. The Educating Physicians in their Community (EPIC) Suspected Child Abuse and Neglect (SCAN) program is an educational program specially targeting mandated reporters in the medical profession to include school nurses, hospital staff and emergency medical service providers. Participants of EPIC-SCAN are instructed in what to look for in suspected child abuse and neglect cases and how to make reports to the proper authorities. In addition to the training, there is a preceptorship program. This program is aimed at growing the pool of physicians, certified registered nurse practitioners and/or others deemed appropriate who are available for consultation, examination and diagnosis of cases of suspected child abuse and neglect.

The University of Pittsburgh, School of Social Work, Child Welfare Resource Center (CWRC) also offers a free online three-hour course titled *Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania*. Over 247,000 participants completed the course during state fiscal year (SFY) 2017-18. Of that number, over 116,000 trainee records were processed and sent to the Department of State for licensure renewal. Additionally, 11% (or 26,144) of trainees who completed the course indicated they had previously made a report of child abuse. Feedback continues to be overwhelmingly positive with over 89% of training participants reporting they feel more confident in their skills and that they will be able to use what they learned in the course to recognize and report child abuse.

Child Abuse Prevention and Education (CAPE) Grants

The CAPE program promotes the prevention of child abuse and neglect through effective prevention programs that emphasize positive, safe, and healthy family development as its foundation. This is accomplished by the PFSA through the management of a network of subcontractors throughout the state to ensure parent education and support groups are provided to as many families in need as possible. PFSA implements two research-supported, trauma-informed and culturally sensitive parenting curricula. *Families in Recovery: Strengthening Connections One Day At A Time*, is for caregivers living in recovery from substance use disorder. *ACT Raising Safe Kids* (American Psychological Association) provides nine-week violence prevention programming for caregivers of children ages 0 to 8. PFSA provides ongoing training for staff and volunteers who interact with parents, foster parents, extended family and children in prevention programs. Training is available on-site and via webinars or remote learning opportunities. CAPE is also responsible for supporting PFSA in the statewide “Blue Ribbon Campaign” to promote Child Abuse Prevention month in April. This includes developing and distributing press releases announcing child abuse prevention month through print, radio, and television media to promote the protection of Pennsylvania’s children during the month of April.

Safe Haven

Safe Haven, also known as Act 201 of 2002, the Pennsylvania Newborn Protection Act, stipulates that a parent of a newborn may leave their child in the care of a hospital without being criminally liable, providing that the parent expresses orally, or through his or her conduct, that they intend for the hospital to accept the child, and that the newborn is not a victim of child abuse or criminal conduct. Act 201 defines a newborn as “a child that is less than 28 days of age as reasonably determined by a physician.” Safe Haven is a primary prevention program specifically intended to prevent newborn death due to unsafe abandonment.

The law was enacted December 9, 2002, and became effective on February 7, 2003, and amended by Act 91 of 2014 and Act 68 of 2017. Act 91 of 2014 permits a police officer at a police station to accept a newborn and Act 68 of 2017 allows newborn

relinquishment with emergency services providers on the grounds of an entity employing the emergency services providers. The 2017 amendment also permits Safe Haven locations the option to install an incubator for the care of a newborn accepted under this law.

DHS maintains a statewide toll-free helpline, 1-866-921-7233 (SAFE), and the Safe Haven website, www.secretsafe.org to ensure accurate information and resources for pregnant women and new mothers is available. To increase public awareness about the Safe Haven Program, DHS created educational materials and runs a statewide online media campaign that directs audiences to the toll-free helpline number and to the secretsafe.org website.

Since the law was enacted in 2002, 36 newborns have been received as Safe Haven babies. These infants have come from 26 counties, with most relinquishments occurring in the western region of the state (17 infants). The central region had the second highest number of infants relinquished at 12, followed by five in the southeast region and two in the northeast region. OCYF bulletin, 3490-11-01, Implementation of Act 201 of 2002, outlines the requirements of the PA Safe Haven program and is available on www.secretsafe.org website under *Resources*.

Family Preservation and Family Support Services

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

FC provide services in ways that are accessible for families, including direct contact at the FC, evidenced-based home visitation, and referrals to other community organizations. The FC engage in targeted outreach and innovative, non-traditional, service delivery approaches that enable families to access services that in the past may have been inaccessible due to geographic isolation or other barriers. Once enrolled in the FC, families are supported through a Systems of Care model of least restrictive community supports. This method of service delivery empowers families to become self-sufficient through adult education, training, employment, personal development and cultivation of a network of natural supports. FC use an evidence-based home visitation model as one of their curriculums for enrolled families. In SFY 2018-19 all Family Centers selected Parents as Teachers as their evidence-based home visiting model. In SFY 2019-20 and beyond, FC will be allowed to select any evidence-based home visiting model located on the Home Visiting Evidence of Effectiveness (HomVEE). The

Department of Health and Human Services launched the Home Visiting Evidence of Effectiveness (HomVEE) review to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry (that is, up through age 5).

In SFY 2019-20 FC will provide services in 32 of Pennsylvania's 67 counties through 42 FCs. Some counties may have more than one FC. Counties in which the services are offered in are both urban and rural and communities and services offered within each FC differ depending on the county. Funding for the FC has been sole-sourced for many years but in SFY 2020-21 a fair and competitive application will be released for all FC and Promoting Responsible Fatherhood (PRF) funding. These new grants will begin on July 1, 2021, and this request for application will continue to be provided in communities where families live and ensure that services are culturally appropriate for the families within those communities.

Family Support

FC provide Family Support Services and receive IV-B funding for Family Support Services. Since the inception of FC in 1992, services were integrated and provided to help children and families become healthy, safe and self-sufficient in their communities. FC contributed to positive outcomes for children and families influence the broader child welfare outcomes of safety, permanency and well-being as well as community-level outcomes. The vision of the FC is that all Pennsylvania children and their families will be healthy, educated and self-sufficient and will be living in a safe home and community. FC grantees are directly tied to their communities. Of the 32 grantees, 12 are school districts and the remaining grantees are County Human Services Offices, County Commissioner Offices, County Intermediate Units or CCYA. FC require the development of a shared vision for families and the communities in which they live.

The Bureau of Early Intervention Services and Family Supports within the Office of Child Development and Early Learning (OCDEL) which oversees the FC and PRF initiatives holds the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Community-based Child Abuse Prevention, and other state funds to support evidence-based home visiting and family support programs. OCDEL ensures that services do not overlap when awarding funding and provides routine monitoring to all grantees to ensure all grant requirements are met. The Bureau also oversees Early Intervention Part B and Part C and ensures that these services supplement services already received by the families through the evidence-based home visiting and family support programs.

The services provided by the FC include evidence-based home visiting and positive parenting support classes. These services are provided to families referred to by the courts, CCYA, and local community members. The FC and PRF grantees do not have any specific requirements set upon them as to who they may enroll beyond those set

forth in the chosen model or model(s) they are implementing. This non-restrictive method allows FC and PRF grantees to support families in need of services to ensure the prevention of child maltreatment or the placement of a child/children in an out of home setting.

Fatherhood Initiative

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

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

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

- Parents as Teachers, with a focus on the father as the primary recipient;
- Inside/Out Dads for incarcerated dads; and
- 24/7 Dad.

PRF grantees continue to focus their efforts locally and work collaboratively with community partners to enhance services to the families they served. Statewide discussions regarding father engagement have continued because of the partnership with the AOPC and the trends identified from the local QSR. While engaging fathers continues to be a challenge for some agencies, efforts and practices to improve engagement are being implemented through evidence-based/evidence-informed programs and curriculums.

One positive trend is that staff and leadership value the role a father can provide for his children in care. This is leading to sustainable change effort implementation. This has been clearly seen not only in the FC work but also within the partner agencies. Addressing the cultural understanding and bias to the father's role will continue to be a challenge; however, more system partners are seeing it as their issue to address.

Pennsylvania intends to continue the use of evidence-based, evidence-informed practices and models and to build stronger and more productive relationships between PRF programs and CCYA.

Child Protective and General Protective Services

In the Commonwealth of Pennsylvania, the child welfare system is state supervised, and county administered. The Department is required to provide telephone and internet access to receive reports of child abuse 24 hours a day/seven days a week. The regional and county OCYF offices are the sole civil agencies responsible for receiving and investigating reports of child abuse, as well as receiving and assessing all reports alleging a need for GPS. The regional and county agencies are required to protect the safety of children regardless of whether the child is in their home or in out-of-home placement. The regional and county agencies also determine the status of suspected child abuse reports.

CPS are those services and activities provided by DHS and each county agency for child abuse cases. If a county agency determines that a child is in danger of further child abuse, the county is required to: (1) accept the case for services (2) provide direct case management, and (3) monitor the provision of services, regardless of whether the services are provided directly from the county or private agencies.

A county agency may request protective custody only if the immediate safety and well-being of the child requires removal from the setting in which the alleged child abuse occurred. When a child is moved to protective custody, it may not be maintained longer than 72 hours without an informal hearing. The outcome of the informal hearing determines if protective custody will continue and what processes need to be followed by the county agency.

The county agency is required to provide, arrange, or otherwise make available the following services for the prevention and treatment of child abuse: emergency medical services; self-help groups to encourage self-treatment of individuals who have abused or at high risk of abusing children and to establish and maintain multidisciplinary teams composed of professionals from a variety of disciplines for the purpose of preventing, educating and treating child abuse.

GPS are those services and activities provided by each county agency for cases requiring protective services, as defined by DHS. Each county agency is responsible for administering a GPS program to children that is consistent with the agency's objectives to:

- Keep children safely in their own homes, whenever possible;
- Prevent abuse, neglect, and exploitation of children;
- Overcome problems that could result in dependency;
- Provide temporary, substitute placement in the home of a relative, another individual who has a significant relationship with the child or the child's family,

- a foster family home or residential child care facility for children in need of this care;
- Reunite children safely with their families, whenever possible, when children are in temporary substitute care who cannot be returned to their own home; and
 - Provide services and care ordered by the court for children who have been adjudicated dependent.

The county agency is required to use a DHS approved risk assessment process for GPS, and to comply with OCYF policy regarding established response times for reports made to county agencies that are designated as GPS reports.

The county agency is required to develop a family service plan as well as monitor the provision of services and evaluate the effectiveness of the services provided under the plan through the agency or private entity. When a case has been accepted for services, the county agency is required to monitor the safety of the child and assure that contacts are made with the child, parents or service providers. The contact may occur either directly by a county agency worker or through the purchase of service, by phone or in person but face-to-face contacts with the parent and the child must occur as often as necessary for the protection of the child. The county agency is required to aid the child and the family in obtaining benefits and services for which they may qualify under federal, state and local programs.

Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA provides federal funding to states in support of child maltreatment prevention, assessment, investigation, prosecution, and treatment activities. On July 22, 2016, the President signed into law the Comprehensive Addiction and Recovery Act (CARA) of 2016 which amended Sections 106(b)(2)(B)(ii) and (iii) of CAPTA to remove the term “illegal”, as it refers to substance abuse, and to require states to develop plans of safe care which address the health and substance abuse treatment needs of both the infant and the affected family member or caregiver.

On June 20, 2018, Pennsylvania enacted House Bill 1232, Printer’s Number 3782, now known as Act 54 of 2018, which amended Section 6386 of the CPSL to align with the 2016 changes to CAPTA through CARA. Section 6386 now requires health care providers to immediately give notice or cause notice to be made DHS if the provider is involved in the delivery or care of a child under one year of age and the health care provider determines, based on standards of professional practice, that the child was born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder (FASD). Act 54 rescinded the changes made in Pennsylvania by Act 15 of 2016 which had exempted health care providers from filing a report when the child’s mother was under the care of a prescribing medical professional and using the drug as directed by the prescribing medical professional. Act 54 also removed the word “illegal” in reference to substance

use and added the requirement that plans of safe care include the health and substance use treatment needs of the child's family/caregiver.

This notification and any transmittal to the county children and youth agency by DHS shall not constitute a report of child abuse, per § 6386(a.1). Further, Act 54 of 2018 requires DHS, in collaboration with the Pennsylvania Department of Health (DOH) and Pennsylvania Department of Drug and Alcohol Programs (DDAP), to develop written protocols regarding Plans of Safe Care. The protocols must include, but are not limited to:

- Definitions and evidence-based screening tools to be utilized by health care providers to identify a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or FASD;
- Notification to the department that a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or FASD has been born and identified.
 - The ongoing involvement of the county agency after taking into consideration the individual needs of the child and parents may not be required;
- Collection of data to meet federal and state reporting requirements;
- Identification, informed by an assessment of the needs of the child and parents/caregivers, of the most appropriate lead agency for developing, implementing, and monitoring a Plan of Safe Care, informed by a multidisciplinary team meeting that is held prior to the child's discharge from the health care facility.
 - Team members may include: public health agencies, maternal and child health agencies, home visitation programs, substance use disorder prevention and treatment providers, mental health providers, public and private children and youth agencies, early intervention and developmental service providers, local education agencies, managed care organizations and private insurers and hospitals and medical providers.
- Engagement of the child's parents/caregivers in order to identify the need for access to treatment for any substance use disorder or other physical or behavioral health condition that may impact the safety, early childhood development and well-being of the child.

The state Departments of Health, Human Services and Drug and Alcohol Programs released the Pennsylvania Plan of Safe Care Guidance on March 1, 2019. PA has prioritized ongoing work regarding implementation of Plans of Safe Care in the 2020-2024 CFSP goals and strategies.

In addition, to support the implementation of plans of safe care, CAPTA funds are also utilized to support the following activities:

- Continued assistance with the operation of Pennsylvania’s three existing CRP, including continued support of the CRP manager position;
- Development and provision of training to mandated reporters under the CPSL;
- Travel for the CAPTA State Liaison Officer and/or designee to attend annual State Liaison Officers Meeting;
- Travel for the CAPTA State Liaison Officer, other program staff and community partner representative to travel to CPS-related conferences and training seminars; and
- Research and evaluation work related to safety assessment.

Populations at Greatest Risk of Maltreatment

DHS issues a public report each year which provides information on the operations of the state child abuse hotline, ChildLine, and the protective services provided by the CCYA. This report is utilized by OCYF and the public to better understand child maltreatment trends in Pennsylvania at both the state and local levels. Analysis of data provided in the [2018 Annual Child Protective Services Report](#)³ offers the following insights when considering populations at greatest risk for maltreatment:

- Individuals with a parental relationship to the victim child are most likely to be perpetrators of abuse and most likely to have committed physical abuse or caused bodily injury;
- Female children comprised 61.7% of the victims of substantiated reports with male children representing 38.3%;
- In calendar year 2018, 87.3% of all substantiated child abuse fatality victims and 87.6% of substantiated child abuse near-fatality victims were children under the age of five;
- The most commonly identified determined causes for substantiated child abuse fatalities involved violent acts or lack of supervision; and
- The most commonly identified determined causes for substantiated child abuse near fatalities involved violent acts, ingestion, or a delay or failure to provide medical care.

Children under the age of five comprise approximately a quarter of all reports received at ChildLine and are those children most at risk for becoming victims of the most severe forms of maltreatment. Family support services, the Safe Haven program and work regarding plans of safe care are all efforts currently aimed at working to reduce the risk of child abuse and neglect for children under five. Additionally, Pennsylvania’s work to reduce child maltreatment deaths outlined includes focusing on this vulnerable population.

³ http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_289620.pdf

Efforts to Track and Prevent Child Maltreatment Deaths

Under Title IV-B of the SSA, states are required to include a description of the steps they are taking to compile complete and accurate information of child maltreatment deaths and a description of the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities.

Compilation of Complete and Accurate Information

DHS knows that to protect every child in Pennsylvania, there must be a commitment to learning about and from child fatalities and near fatalities which resulted from abuse. As part of this commitment to prevention and promotion of improved outcomes for children, DHS is dedicated to collecting, analyzing and reporting data to inform the public and policymakers about the frequency and circumstances under which child abuse fatalities and near fatalities are occurring within the state.

Specific data sources and records essential to OCYF's fatality and near fatality process include the CPS Investigation Report, the Data Collection Form, and narrative reports that are prepared by the OCYF regional offices in the wake of each incident. The CPS Investigation Reports are generated via the state Child Welfare Information Solution (CWIS) and are the main source of demographic data elements (such as date of birth, county and gender) associated with key participants. Incidents are designated an "incident type" corresponding to whether it was a fatality or a near fatality incident. Incidents are identified as a fatality when a child dies and is the subject of the report of abuse. Near fatalities are defined pursuant to 23 Pa.C.S.A. §6303: "A child's serious or critical condition, as certified by a physician, where that child is a subject of the report of abuse." Each incident type is further classified under one of three statuses. Substantiated incidents include incidents defined as "indicated" and "founded." Unsubstantiated incidents include incidents defined as "unfounded." The third status, pending, is utilized for incidents awaiting the outcome of a criminal or juvenile justice investigation.

The Data Collection Form is completed by the CCYA and contains data pertaining to the victim child, the child's family and the alleged perpetrator. Following each fatality and near fatality where abuse is suspected, the OCYF Review Team undertakes a review of the incident and develops a report summarizing the events leading up to and immediately following the fatality or near fatality. This report includes county strengths and weaknesses, as well as recommendations for change at the county and system levels. The OCYF Review Team reports are built upon information from the county review team meeting and the strengths, weaknesses and recommendations identified in the county review team report. OCYF issues its report after the local report is prepared which provides the opportunity to include subsequent information learned, including related criminal proceedings and identification of additional strengths, weaknesses or recommendations identified by the OCYF Review Team.

OCYF has specialized staff within BPPO who are dedicated to managing the tracking of child maltreatment fatalities and near fatalities. Within the Division of Programs, an individual is assigned day-to-day responsibilities for the monitoring of processes, public reporting and cross-checking information recorded in CWIS with information reported by the investigating CCYA, OCYF Regional Office and county and state review teams in order to monitor data accuracy and quality. At ChildLine, a supervisor and two staff are assigned to fatalities and near fatalities and regularly generate reports through CWIS to support ongoing tracking and monitoring of fatalities and near fatalities called into ChildLine. The Systems Technology and Data Management Section, which oversees OCYF reporting to the National Child Abuse and Neglect Data System (NCANDS) collaborates with the other assigned staff in BPPO in the ongoing monitoring and evaluation of data quality. ChildLine staff, Division of Programs staff and the Systems and Technology and Data Management System staff regularly communicate about potential data quality issues and annually identify data collection, analysis and quality improvements to be implemented for the coming calendar year. OCYF also works closely with data contractor Public Consulting Group (PCG) for additional assistance in reviewing annual data for quality issues and in-depth data analysis.

At the local level, county agencies work closely with law enforcement agencies, medical examiner or coroners' offices, and health providers in the course of their investigation and are encouraged to include a representative from these entities in their county review team meetings. At the state level, representatives from these agencies also sit on the Child Abuse Fatality and Near Fatality Trend Analysis Team to promote multi-disciplinary sharing of data and information regarding child-related maltreatment deaths to help strengthen analysis of statewide level trends. Further information regarding the Trend Analysis Team is outlined in the following section regarding the statewide plan to prevent child maltreatment fatalities.

Statewide Plan to Prevent Child Maltreatment Fatalities

Pennsylvania utilizes a continuous quality improvement process to support the ongoing analysis of child maltreatment fatalities and near fatalities to inform improvement efforts targeted towards prevention. Beginning in 1996, CAPTA required states to publicly release findings about fatalities and near fatalities resulting from child abuse. In 2006, Pennsylvania enacted Act 146, which requires that DHS produce a quarterly report for the governor and members of the general assembly to provide a non-identifying summary of findings for each report of substantiated child abuse fatality or near fatality. Several years later, state lawmakers amended the CPSL through the enactment of Act 33 of 2008 which required fatality and near fatality reviews at both the county and state levels.

County reviews are expected to be multidisciplinary, involving a team of at least six individuals who have expertise in the prevention and treatment of child abuse, and to

reflect a broad representation of the community. The county team is required to be convened in the county where the suspected abuse occurred and, in any county or counties, where the child resided within the preceding 16 months. One coordinated county review team meeting is encouraged. Counties must convene a team no later than 31 days after the date of the report unless the county investigation has been completed prior to day 31 and resulted in a determination that child abuse did not occur. County teams are required to complete a report of their review, findings and recommendations within 90 days of convening the county review team.

DHS reviews a broader array of fatalities and near fatalities by conducting reviews of all incidents where abuse was initially suspected as a possible factor in the child's fatality or near fatality. This means that both substantiated and unsubstantiated incidents are reviewed by DHS. Researchers underscore that there is often as much to learn from the fatalities and near fatalities that are initially suspected as related to child abuse and are later unfounded as there is from those incidents that are later confirmed to have been related to child abuse. DHS' reviews also result in reports of overall findings and recommendations. The DHS review team is referred to as the OCYF Review Team.

While not statutorily required, DHS convened a multidisciplinary Child Abuse Fatality and Near Fatality Trend Analysis Team beginning in 2015 for the purpose of determining the contributing factors and symptoms of abuse and identifying responses that may prevent similar future occurrences. The mission of this team is to collaborate with multidisciplinary partners for the analysis of trends related to child abuse fatalities and near fatalities in Pennsylvania and to implement research-informed recommendations. By completing detailed reviews of child fatalities and near fatalities and conducting an analysis of related trends and county recommendations, the team is able to ascertain the strengths and challenges of public, private and community services, and identify solutions to enhance the service needs of children and families served both within and beyond the child welfare system. The Trend Analysis Team illustrates and underscores that protecting children is a shared community responsibility requiring collaboration between the systems that intersect in the lives of children and families.

In February 2019, the first report generated by the Trend Analysis Team was released. The report provided detailed data analysis regarding child fatalities and near fatalities that occurred across the state during calendar years 2015 and 2016. The report also summarized recommendations coming out of the county and state review teams regarding systemic policy, practice and legislative changes, as well for county children and youth agencies and other state and local agencies and systems that impact the safety and well-being of Pennsylvania's children and families. The conclusion of the report outlines the specific recommendations set forth by the Trend Analysis Team for ongoing work to prevent child maltreatment deaths. These recommendations were grouped into three broad areas: fatality and near fatality review

process improvements; individual, family, organization and community interventions and improvements; and legislative policy change.

Over the course of the next year, the Trend Analysis Team will be focused on the development and implementation of plans for moving the recommendations forward. The team will also continue analysis, building from information added each year and issue a subsequent report. The Trend Analysis Team recommendations are provided with this plan as Appendix D and the full report is available to the public through the [DHS website](#)⁴. It should also be noted that several of the recommendations set forth under individual, family, organization, and community interventions and improvements will help further the state's vision of focusing further effort on primary prevention.

Other State Efforts Supporting the Vision

At the state level in PA, various initiatives and programs exist that, while not directed by the state child welfare agency, support the implementation of services or practices that OCYF has identified as crucial to helping support the overall vision outlined in the 2020-2024 CFSP with regards to child maltreatment prevention and child safety.

DHS Housing Initiative

Many families who come to the attention of the child welfare system face issues related to inadequate housing. In calendar year 2018, homelessness or inadequate shelter was the third most commonly identified valid GPS allegation reported to ChildLine⁵. Housing issues also can contribute to the placement of children in out-of-home care through the child welfare system. Data from the Adoption and Foster Care Reporting and Analysis System (AFCARS) regarding children in placement during federal fiscal years (FFY) 2015, 2016, and 2017 reveals that approximately 1,700 of children removed from their homes each year have inadequate housing reported as at least one of the reasons for removal.

Making sure the services and supports to address homelessness are available in communities is an important strategy in working to safely keep families together and to prevent the out-of-home placement of children. In addition to providing funding for housing via the annual county NBPB process and through IL services, OCYF is a member of the broader DHS Housing Workgroup. The Housing Workgroup developed a five-year housing strategy designed to connect Pennsylvanians to affordable, integrated and supportive housing. The housing strategy concentrates on individuals who live in institutions but could live in the community with housing services and supports; individuals and families who experience homelessness or are at-risk of homelessness; and individuals who have extremely low incomes and are rent-

⁴ http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_286808.pdf

⁵ 2018 Pennsylvania Child Protective Services Report, PA DHS, 2019.

burdened. To help meet the needs of the identified individuals, DHS leverages internal and external resources and collaborates with all levels of government and private agencies to make housing resources and services more accessible and available to a wide range of individuals served by DHS. The Pennsylvania Housing Strategy can be found online through the [DHS website](#).⁶

Centers of Excellence

In response to the opioid addiction epidemic occurring both nationally and in Pennsylvania, Governor Tom Wolf signed a statewide disaster declaration in 2018 to help enhance the state's response to the crisis and increase access to treatment. The child welfare system has felt the impact of the surge in opioid addiction. AFCARS data indicates that parental drug abuse currently serves as the most frequently reported reason for child welfare agency removal of children from their homes. As of March 31, 2019, a little over a quarter of all children who entered care for the period were identified as removed due to drug abuse by a parent.

As part of a multi-pronged strategy to combat the opioid epidemic in Pennsylvania, the array of services available to treat individuals with opioid addictions has been strengthened across the state for some of the most vulnerable populations through the development of Centers of Excellence, which help coordinate care for people covered through Medicaid who need opioid treatment. Centers of Excellence help those who seek treatment stay in their communities and involve a treatment team who focuses on serving the individual's behavioral health and primary care needs. Services provided through the centers include comprehensive care management, care coordination, transitional or follow-up care, patient and family support and referrals to community and social support services. Centers of Excellence serve as an example of coordinated, community-based services which can help parents struggling with opioid addiction access the holistic treatment they need. Additional information about the Centers of Excellence is available through the [DHS website](#).⁷

CFSR Systemic Factor Assessment – Safety Service Array

A strong network of comprehensive and coordinated services must be in place to promote child maltreatment prevention and ensure child safety. Family Centers have been identified as an example of a strength in Pennsylvania's prevention and safety service array as they serve as a model of community-based services that can be individualized to the particular needs of each family and engage in utilizing evidence-based programs. OCYF has also invested in working with system partners to better utilize data to begin to identify those factors that contribute to the most severe cases of child maltreatment so as to identify any services or practices through which to strengthen preventative measures. Through ongoing assessment of services and

⁶ http://dhs.pa.gov/cs/groups/webcontent/documents/document/c_269299.pdf

⁷ <http://www.dhs.pa.gov/citizens/substanceabuseservices/centersofexcellence/index.htm>

stakeholder feedback, OCYF has identified a need to continue efforts to strengthen the overall network of services to promote primary, secondary and tertiary child abuse prevention in Pennsylvania, with a focus on building from a cross-systems, public health approach. Therefore, work to enhance the preventative service array has been identified as a priority in the 2020-2024 CFSP goals and strategies. Stakeholders have also advocated for further assessment of PA's CPS and GPS system and exploration of opportunities available to strengthen the response to reports of child maltreatment. Based on this feedback, Pennsylvania has identified a strategy for evaluating how an alternative or differential response system may be utilized to ensure the most effective system is in place to support families in keeping their children safe.

CFSR Safety Outcomes Assessment

Pennsylvania utilizes federal CFRS safety measures as part of the ongoing assessment and monitoring of safety outcomes. Baseline performance on these outcomes was established during the onsite CFRS in 2017 through a review of 65 cases from across seven counties in the state, including Philadelphia. The CFRS included information obtained through case reviews and stakeholder interviews. A full report of the 2017 case review findings is available online through the [DHS website](#).⁸ Assessment of performance will continue to be conducted over the next five years through information gathered through ongoing CFRS case reviews, the state directed QSR and annual CCYA licensing inspections.

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Performance on CFRS Safety Outcome 1 focuses on the timeliness of initiating investigations of reports of child maltreatment. The standard is that all accepted child maltreatment reports should be initiated, and face-to-face contact with the child or children made within the timeframes established by agency policies or state statutes.

Pennsylvania was not found to be in substantial conformity with Safety Outcome 1 during the 2017 review. In 2017, 70% of the applicable cases reviewed were found to have achieved the outcome, which falls below the federal target of 95%. Analysis of the 2017 CFRS findings and county licensing reports found the following:

- Analysis of annual CCYA licensing inspection summaries (LIS) from the past five years has shown that over 98% of intake records reviewed during the inspection process each year meet requirements for timely investigations, meaning children are seen immediately or within 24 hours when CPS concerns are reported;
- Findings from annual CCYA licensing inspections have consistently shown that counties perform better in meeting CPS response time requirements compared to GPS response time requirements;

⁸ http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_268503.pdf

- A content analysis of the 2017 CFSR findings found that the large number of reports received by CCYA for investigation or assessment, coupled with high staff turnover, impacted the ability of CCYA to meet CPS and GPS response time requirements; and
- Content analysis of the 2017 CFSR findings also revealed that CCYA staff did not always make diligent efforts to locate the children who were the target of the investigation or assessment before closing out the case.

Safety Outcome 2: Children are safely maintained in their homes whenever possible

Performance on CFSR Safety Outcome 2 focuses on efforts to protect children in the home and prevent their entry or re-entry into foster care and risk and safety assessment management. The federal standards require that agencies make concerted efforts to provide safety-related services to families that will prevent children's removal from their home and that agencies make concerted efforts to assess and address any risk and safety concerns relating to children in their own homes or while in foster care.

Pennsylvania was not found to be in substantial conformity with Safety Outcome 2 during the 2017 CFSR. In 2017, 69% of the applicable cases reviewed were found to have achieved the outcome, which falls below the federal target of 95%.

With regard to services to keep children in their homes, analysis of the 2017 CFSR findings and monitoring of AFCARS data found the following:

- During the CFSR in 2017, 45% of applicable cases rated were determined to demonstrate concerted efforts to prevent children's entry or re-entry into out of home placement;
- Overall, there was no difference observed between foster care and in-home cases when looking at performance;
- Of children entering care during FFY 2018 and who were not in the shared custody of the Juvenile Probation Office (JPO), 9.6% were discharged to parents or relatives within 30 days of the removal;
- Of children entering care during FFY 2018 and who were not in the shared custody of the JPO, 5.13% entered under a voluntary placement agreement (VPA) with the most commonly reported reason for removal from the home being drug abuse of a parent, followed by neglect and parent's inability to cope; and
- During FFY 2018, the overall number of children entering out-of-home care declined to its lowest point since FFY 2014, as reflected in Table 1.

Table 1. Population Flow, FFY 2014-FFY 2018

	2014 31-Mar	2014 30-Sep	2015 31-Mar	2015 30-Sep	2016 31-Mar	2016 30-Sep	2017 31-Mar	2017 30-Sep	2018 31-Mar	2018 30-Sep
Admit During Period	6,012	6,562	6,078	6,492	6,081	5,908	5,649	6,020	5,340	5,000
Discharges During Period	5,497	6,610	5,263	5,965	6,263	5,864	5,294	5,795	5,496	5,474
In Care Last Day	14,832	14,864	15,602	16,098	16,003	16,171	16,569	16,847	16,735	16,261
Total Served	19,650	20,424	20,245	21,368	21,543	21,422	21,349	22,121	21,757	21,393
Total Child Population	3,060,763	3,060,763	3,041,332	3,041,332	3,041,332	3,041,332	3,041,332	3,041,332	3,041,332	3,041,332
Admissions per 1,000 Population	1.964	2.144	1.998	2.135	1.999	1.943	1.857	1.979	1.756	1.644
Discharges per 1,000 Population	1.796	2.160	1.730	1.961	2.059	1.928	1.741	1.905	1.807	1.800
In Care per 1,000 Population	4.846	4.856	5.130	5.293	5.262	5.317	5.448	5.539	5.503	5.347
Served per 1,000 Population	6.420	6.673	6.657	7.026	7.083	7.044	7.020	7.273	7.154	7.034

Source [PCG Data Packages, AFCARS] [February 2019]

With regards to safety and risk assessment management, analysis of the 2017 CFSR findings and monitoring of QSR and AFCARS data found the following:

- During the CFSR in 2017, 71% of applicable cases rated were determined to demonstrate concerted efforts to assess and address the risk and safety concerns relating to the child or children in their own homes or while in foster care;
- Over the past five years, approximately half of all counties have consistently been found to have violations related to safety and risk assessment during annual CCYA licensing inspections;
- The most common licensing violation noted with regards to safety assessments during annual CCYA licensing inspections involved inaccurate completion of the safety assessment tool, which often involved failure to assess all appropriate individuals or ratings that were not deemed appropriate given other case information;
- The most common licensing violation noted with regards to risk assessments during annual CCYA licensing inspections involved risk assessments not being completed at appropriate intervals outlined in regulation or when changing case circumstances would warrant the need for risk to be assessed; and

- Findings from the 2017 CFSR and QSRs conducted between 2014 and 2018 revealed strong practice in ensuring safety of children and youth in their foster care placements, as no foster care cases reviewed during the CFSR were noted to have concerns for the safety of the child or children in their foster care placement and, as seen in Table 2 below, nearly all cases reviewed for the QSR over the past five years have reflected similar performance.

Table 2. Percentage of Cases Rated Acceptable on “Safety: Exposure to Threats of Harm” for Sub-Indicator Substitute Home

	Round IV	Round V	Round VI	Round VII	Round VIII
Percentage of Cases Rated as Acceptable	97%	100%	100%	100%	98%

Source [QSR Interactive Data Dashboard, PCG] [May 2019]

Five-Year Goals and Strategies to Improve Safety

Based on the stakeholder feedback and review of Pennsylvania performance regarding the achievement of key safety outcomes, two core goals have been identified as a priority for the next several years. While the goals and strategies outlined are directed primarily towards improving safety, it should be noted that many of the efforts connect to permanency and well-being outcomes as well. Strategies developed as part of Pennsylvania’s CFSR PIP that will help achieve the identified goals are included and specifically noted as PIP strategies in this plan. For the 2020-2024 CFSP, some of the key activities included in the strategies identified as originating from the PIP have been expanded upon to include additional efforts OCYF plans to undertake to further the work and to capture efforts that may extend beyond the two-year PIP implementation time frame. As the initial goals and strategies set forth in Pennsylvania’s 2020-2024 CFSP are achieved, OCYF will continue to work with stakeholders to identify additional goals and strategies to add to the state Title IV-B plan through submission of the Annual Progress and Services Reports (APSR).

Safety Goal 1: Improve system capacity to respond to reports of child maltreatment

Rationale for Goal Selection: A core outcome established in Pennsylvania’s Practice Model focuses on ensuring children and youth are safe from abuse and neglect. Data and information utilized as a part of OCYF’s ongoing continuous quality improvement efforts identifies continued need to focus statewide improvement efforts towards strengthening the child welfare system’s response to reports of abuse and neglect. The 2018 Pennsylvania Annual Child Protective Services Report indicates that statewide substantiated reports of child abuse increased from 1.8 per thousand children in 2017 to 1.9 per thousand children in 2018. Additionally, between 2014 and 2016, fatalities and near fatalities substantiated as child abuse increased by 44% (n=88 in 2014, n=127 in 2016). Pennsylvania was not found to be in substantial conformity with the CFSR Safety Outcomes regarding timeliness to investigations of child maltreatment.

5-Year Monitoring Targets:	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
The statewide compliance rate for CPS response time requirements will be maintained at 98.00% or higher (Source: Annual CCYA Licensing Inspections)	SFY 2017-18 98.12%				
The statewide compliance rate for GPS response time requirements will be improved and maintained at 96.00% or higher by the end of FFY 2024 (Source: Annual CCYA Licensing Inspections)	SFY 2017-18 94.38%				
The percentage of child abuse fatality and near fatality incidents occurring while the family was open with the CCYA will decrease to 21% or less by the end of FFY 2024 (Source: Child	2015-16 26.00%				

Fatality and Near Fatality Data Collection Tool)					
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Safety Objective 1.1 (CFSR PIP Strategy): Strengthen and streamline PA’s safety assessment, planning, and monitoring process by researching, developing and implementing the use of a comprehensive assessment that encompasses both safety and risk elements.

Rationale for Objective Selection:

- During the CFSR conducted in calendar year 2017, 29% of cases reviewed were rated as needing improvement with regards to safety and risk assessment.
- During SFY 2016-17, 37 counties were cited during annual CCYA licensing inspection for non-compliance with safety assessment and management requirements.
 - 41% of violations identified (n=57) were related to incorrect completion of the safety assessment worksheet or safety actions not deemed appropriate given case circumstances.
- An analysis of substantiated child abuse fatalities and near fatalities that occurred in Pennsylvania during calendar years 2015-2016 found that 26% (58 families) were open with a CCYA at the time of the fatality/near fatality incident.

Key Activities/Strategies	Benchmarks for Completion
Establish a charter to guide the development of recommendations for streamlining and strengthening the risk and safety assessment process.	September 2019
Explore what other states have done with risk and safety assessments, as well as functional assessment tools through the use of Casey Family Programs consultation services.	March 2020
Develop/identify a streamlined process that encompasses both safety and risk elements, while also assessing the feasibility of incorporating functional assessment tool components to build one comprehensive assessment process to ensure safety, risk and service provision needs are linked throughout the life of a case.	December 2020
Share the revised statewide process with the Council and local child welfare agencies for feedback.	March 2021
Finalize the streamlined/revised tool(s) that encompass both safety and risk assessment elements.	June 2021

Develop a strategic plan which will guide the implementation and monitoring of the streamlined risk and safety assessment process, to include: <ul style="list-style-type: none"> • drafting guidance; • revising 3131 regulations; • developing training; and • monitoring through Quality Service Reviews, licensing inspections and the review of service provision outcomes. 	June 2021
Implement and monitor a streamlined risk and safety assessment process	Jan 2022 and ongoing

Safety Objective 1.2 (CFSR PIP Strategy): OCYF will work with ChildLine and county children and youth agencies to better inform the practice of categorizing child protective and general protective services reports, as well as guidelines for due diligence to locate and see children, documentation, supervisory reviews, and general protective services screen out protocols to assure child safety during child protective investigations and general protective assessments.

Rationale for Objective Selection:

- Pennsylvania did not achieve federal standards for timeliness to investigations during the 2017 CFSR.
- Findings from the 2017 CFSR, as well as information gathered through annual CCYA licensing inspections, indicate county staff have a greater struggle in meeting GPS response times, versus CPS response times.
- Analysis of CFSR findings from 2017 revealed that the number of reports coming into ChildLine, combined with high staff turnover at the CCYAs, contributed to delays in meeting GPS and CPS response times.
- Through in-depth review of ChildLine policies, a sampling of approximately 1700 GPS referrals and conversations with CCYA administrators and staff, it was identified that due to the current practice of ChildLine not screening out any calls concerning a child, there were some GPS referrals being sent to CCYAs that did not meet the regulatory definition of what constitutes a GPS report.

Key Activities/Strategies	Benchmarks for Completion
OCYF will assess ChildLine and county application of appropriate thresholds when categorizing child protective and general protective services reports to identify areas where further clarification and guidance may be needed.	September 2019

<ul style="list-style-type: none"> ➤ The inaccurate categorization of a referral can lead to an inappropriate response time being determined by the county children and youth agency, or the need for additional processes to re-evaluate the referral to the correct categorization. ➤ Additionally, referrals not meeting the threshold of a GPS or CPS divert limited resources from reports that require child welfare involvement. 	
<p>OCYF will collaborate with stakeholders regarding policy to clarify the notifications to counties when referral information is received that does not meet the threshold for a general protective services referral.</p> <ul style="list-style-type: none"> ➤ If information is reported to ChildLine that alleges a concern for a child but does not constitute a GPS or CPS concern, that information will be sent as an Information Only referral to counties which will be required to be reviewed in the event they already have an open case with the family but will not require an assessment or a finding be sent back to the department. ➤ Examples of an Information Only referral would be a broken zipper on a coat or a parent forgetting supplies for child care unless those actions were a well-being concern for the child. 	September 2019
<p>OCYF will collaborate with stakeholders and counties regarding gaps in practice and/or guidance related to due diligence to locate and see children, documentation, supervisory reviews, and general protective services screen out protocols. The research will also be conducted on best practice guidance in these areas to inform the development of the final guidance.</p>	September 2019
<p>OCYF will draft guidance revisions regarding operational definitions and thresholds for GPS and CPS referrals, as well as when it is appropriate to screen out referrals to ensure referrals requiring child welfare investigation or assessment are completed timely.</p> <ul style="list-style-type: none"> ➤ The guidance will also include details related to due diligence to locate and see children, documentation, supervisory reviews, and general protective services screen out protocols. ➤ Ensuring resources are appropriately directed support the workforce since the expansion of laws dramatically increased the number of reports received. ➤ This guidance will be shared with the Child Welfare Council, Safety Subcommittee and Pennsylvania Children and Youth Administrators (PCYA) for review and feedback prior to issuance. 	September 2019

<p>OCYF will finalize guidance and work with county partners and the Child Welfare Resource Center to identify curricula revisions necessitated by the revised guidance, with the implementation of the training prior to the guidance effective date.</p>	<p>December 2019</p>
<p>OCYF will monitor fidelity of the policy guidance developed through quality assurance efforts at ChildLine to ensure appropriate categorization of reports, re-evaluation requests, and screen out justification.</p> <ul style="list-style-type: none"> ➤ This will be done through the monitoring of calls, regular data reports, and sampling referrals for review. <p>Additional oversight and monitoring will occur through licensing inspections conducted by OCYF Regional Offices, which will cover the aforementioned areas, as well as due diligence, documentation, and supervisory reviews.</p>	<p>March 2020 and ongoing</p>
<p>OCYF will explore the application of a predictive risk model (PRM) to be utilized at ChildLine to support child welfare call screening decisions.</p>	<p>April 2020</p>

Safety Objective 1.3: Implement a comprehensive and multi-disciplinary approach in the prevention, identification, and treatment of child human trafficking.

Rationale for Objective Selection:

Child sex and labor trafficking is a form of modern-day slavery that affects both U.S. Citizens and foreign nationals. Traffickers thrive by targeting the vulnerabilities of children and youth with children involved with the child welfare system having higher risk factors for being trafficked. Human trafficking is a complex web of exploitation potentially affecting every community in Pennsylvania and across the nation. To combat the epidemic of human trafficking, goals and strategies need to be created and implemented for prevention, anti-human trafficking campaigns focused on decreasing the demand for human trafficking; identification, screening, and assessments for victims; and appropriate, time sensitive and trauma-based interventions.

- The Preventing Sex Trafficking and Strengthening Families Act of 2014 introduced provisions to ensure child welfare agencies identify and provide services to victims of sex trafficking and youth at risk of becoming victims.
 - OCYF has been working with stakeholders to develop and implement guidance to assist child welfare agencies in responding to human trafficking.

- In October of 2018, Act 130 established mandates for: concurrent jurisdiction repealing provisions relating to appropriate implementation of minor victims of human trafficking, special relief to restore victim’s dignity and autonomy, establishing the Safe Harbor for Sexually Exploited Children Fund, imposing penalties for those convicted of human trafficking-related crimes and in juvenile matters, providing for dependency in lieu of delinquency.
- Research suggests youth who run away from foster care are particularly vulnerable to becoming victims of sex trafficking.
 - As of September 30, 2018, 165 youth in out-of-home care were reported as having run-away status in AFCARS.

Key Activities/Strategies	Benchmarks for Completion
Development and piloting of the Child Victims of Human Trafficking (CVHT)/Commercial Sexual Exploitation of Children (CSEC) training through a multidisciplinary committee facilitated through the PA Chapters of Child Advocacy Centers (CAC) and Multi-Disciplinary Teams (MDT).	July 2019
Completion and dissemination of OCYF’s guidance regarding child victims of human trafficking.	September 2019
Launch of OCYF’s human trafficking screening and assessment training by the University of Pittsburgh, Child Welfare Resource Center.	September 2019
Establishment of the Safe Harbor for Sexually Exploited Children Fund.	December 2019
The CVHT/CSEC training finalized and provided to the Municipal Police Officers Education and Training and the Pennsylvania State Police for training appropriate law enforcement officers.	December 2019
Provide guidance and training to the county and regional OCYF offices to obtain more accurate and detailed data for Pennsylvania regarding CVHT/CSEC.	September 2020

Utilize funding from CJA through the Pennsylvania Coalition on Crime and Delinquency (PCCD) to hire a CVHT Victim Advocate/Case Coordinator and CVHT/CSEC Victim Specialist to work as a team member in the CAC/MDT Response Teams.	October 2020
Utilize funding from CJA through PCCD to expand and sustain continuous MDT/Community Response Practice Improvement CVHT/CSEC Training.	October 2020
Utilize funding from CJA through to enhance the annual CVHT/CSEC Subject Matter Expert Forum with promising practices and process strategies.	October 2021

Safety Goal 2: Collaborate with stakeholders and cross-system partners to strengthen the array of services available to promote primary, secondary and tertiary child maltreatment prevention efforts

Rationale for Goal Selection:

Working with child and family service partners to support families within their own homes and communities is another key outcome identified within Pennsylvania’s Practice Model. Public health models of prevention and a focus on social determinants of health are increasingly being utilized to help reframe efforts to identify and assist families before they come to the attention of the child welfare system. Additionally, the passage of the FFPSA has offered opportunities for states to leverage additional resources to improve the array of services available to help keep families together and prevent the placement of children and youth in out of home care. During the CFSR conducted in 2017, only 45% of applicable cases reviewed were identified as providing adequate services to the family to protect children in the home and prevent their removal or re-entry into foster care. Children ages 0-4 represent the age group with the highest rate of placement in Pennsylvania (2.648 placements per thousand children per AFCARS as of September 30, 2018). In 2018, as in previous years, the most frequently reported GPS allegation reported to ChildLine involved parental substance abuse.

5-Year Monitoring Targets	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
The rate of entry per 1,000 children into out-of-home care for children ages 0-4 will decrease to 2.25 or less by the end of FFY 2024 (AFCARS)	September 30, 2018 2.648 placements per 1,000 children				

<p>The percentage of children and youth under the age of one who are removed from their home due to parental substance abuse (drug or alcohol) will decrease to 46% or less by the end of FFY 2024 (AFCARS)</p>	<p>September 30, 2018 51% of children entering out-of-home care</p>				
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Safety Objective 2.1: Safely maintain children and youth in their own homes by delivering comprehensive and accessible prevention services through the implementation of provisions under the Family First Prevention Services Act.

Rationale for Objective Selection:

- Pennsylvania plans to opt into the prevention portion of FFPSA effective October 2020.
- FFPSA provides an opportunity to expand the use of home visiting programs, like Nurse-Family Partnership (NFP), using Title IV-E funds. There may be an opportunity to serve children and families who are not eligible for the programs and services through traditional means. DHS can leverage FFPSA to better meet unmet needs for these specific prevention services.
- DHS has incentivized evidence-based programs by offering a higher state participation rate since SFY 2009-10 to support counties in their efforts to provide services with proven outcomes.
- Six CCYAs participated in the Child Welfare Demonstration Project (CWDP) that was implemented in SFY 2012-13. The CWDP was authorized by the federal Administration for Children and Families (ACF) as a Title IV-E Waiver Demonstration Project that permitted participating counties to utilize Title IV-E dollars more flexibly to support engagement and assessment activities that led to the selection of evidence-based programs to address the needs of the children and families being served. Over the course of the CWDP, five of the six participating counties reduced the likelihood of a child’s first admission being placement in a congregate care setting. The likelihood that a child’s first admission would be placement in a kinship care setting increased for all waiver counties.⁹
- Of the children and youth entering care during FFY 2018, and who were not in the shared custody of JPO, 9.6% discharged to parents or relatives within 30 days of the removal.

⁹ Pennsylvania’s Child Welfare Demonstration Project Final Evaluation Report, University of Pittsburgh and Chapin Hall, January 2019

- Placements less than 30 days may involve issues that could have been more easily mitigated through preventative services to avoid the need for removal of the children from the home.

Key Activities/Strategies	Benchmarks for Completion
Convene a workgroup of diverse stakeholders to make key practice decisions and develop implementation strategies.	March 2019
Define “candidate for foster care”, “qualified clinician” and “trauma-informed”.	August 2019
Complete Business Requirements to change the Title IV-E Validation System (web-based application used by CCYA to submit Title IV-E claims) to capture child-specific reporting related to Title IV-E Prevention Services.	August 2019
Determine how outcomes will be monitored, how the safety of the child while services are provided is monitored, how candidacy will be documented, how payor of last resort will be monitored, and how the caseload size and type for prevention workers will be managed.	November 2019
Complete System Design Requirements for Title IV-E Validation System changes.	November 2019
Develop policy guidance regarding the Title IV-E Prevention Services Program	April 2020
Amend Act 148 Invoice reporting to collect information related to Title IV-E Prevention Services.	May 2020
Determine how the 50% well-supported criteria will be managed.	May 2020
Amend the Random Moment Time Study process to collect information regarding the time the average caseworker spends on Title IV-E Prevention activities.	May 2020
Train staff to determine and document eligibility for Title IV-E Prevention Services	July 2020
Release policy guidance and train staff on the revised Random Moment Time Study process.	August 2020
Select Title IV-E Prevention Services to be implemented in Pennsylvania	August 2020
Calculate Maintenance-of-Effort based on selected Title IV-E Prevention Services to be implemented in Pennsylvania	August 2020
Submit a Five-Year Prevention Plan	September 2020
Go live date	October 2020

Collect information regarding Prevention Workers caseload size and type	September 2021 September 2022 September 2023 September 2024
Review AFCARS data to determine whether fewer children are entering out-of-home care and the reasons associated with placements	May 2021 May 2022 May 2023 May 2024
Review the Title IV-E Prevention Services Clearinghouse to determine whether changes to the Five-Year Prevention Plan are necessary	Semi-annually

Safety Objective 2.2: Pennsylvania will explore opportunities and challenges related to the implementation of an alternative/differential response system

Rationale for Objective Selection:

- Alternative/differential response systems offer child welfare agencies multiple pathways for responding to reports of child maltreatment that are proportionate to the severity of the allegations and the family’s needs.
 - Alternative/differential response is expected to lead to greater engagement by families in the child welfare system’s efforts to promote child safety.
 - This increased family engagement with child welfare is expected to lead to increased uptake of services to which families are linked.
 - Engagement in services is then expected to lead to increased service effectiveness, and ultimately, improved safety and well-being outcomes for children, youth and families.
- A 2016 study conducted for the United State Department of Health and Human Services (HHS) by the University of Colorado found overall, higher rates of alternative response were associated with lower re-reports and re-reports with substantiation (that is, a subsequent confirmation that the child had been victimized).¹⁰
- In Pennsylvania, GPS reports are generally considered to involve non-serious injury or neglect, such as inadequate shelter, truancy, or inappropriate discipline, but the GPS system does not meet the definition of an alternative/differential response system.

¹⁰ Differential Response and the Safety of Children Reported to Child Protective Services: A Tale of Six States, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (2016).

- Understanding the effectiveness of Pennsylvania’s GPS system did not become available until 2015 when statewide data regarding GPS reports became available with the implementation of CWIS.

Key Activities/Strategies	Benchmarks for Completion
The PA Child Welfare Council will identify the appropriate subcommittee or ad-hoc group who will be tasked with providing recommendations regarding the implementation of an alternative/differential response system in PA.	September 2019
The subcommittee or ad-hoc group will develop a charter to define the scope of work and recommendations.	December 2019
The subcommittee or ad-hoc group will conduct a literature review and consult with technical assistance providers to conduct in-depth research on alternative/differential response systems.	February 2020
The subcommittee or ad-hoc group will identify data and information needed to inform recommendations, collect the needed data, and conduct an analysis of the data.	May 2020
The subcommittee or ad-hoc group will identify additional stakeholder groups to engage in discussion regarding alternative/differential response system opportunities/challenges for PA, such as front line CCYA staff, representatives from ChildLine, and county administrators.	July 2020
The subcommittee or ad-hoc group will draft recommendations.	August 2020
The draft recommendations will be reviewed by the Safety Subcommittee and subsequently finalized.	September 2020
The final recommendations developed by the Safety Subcommittee ad-hoc group will be presented to the PA Child Welfare Council	September 2020
The PA Child Welfare Council will submit final recommendations to OCYF and DHS for review and determination of next steps	October 2020

Safety Objective 2.3: The Pennsylvania Department of Human Services, Department of Health and Department of Drug and Alcohol Programs will continue collaboration to support the implementation and monitoring of plans of safe care across the Commonwealth

Rationale for Objective Selection:

- On June 28, 2018, Governor Tom Wolf signed Act 54 of 2018 updating Pennsylvania law, consistent with CAPTA, to require health care professionals, including those involved in the delivery or care of an affected infant or encountering an infant up to age one outside a hospital setting, notify DHS so that a Plan of Safe Care can be developed.
- In Pennsylvania, the rate of newborns with neonatal abstinence syndrome (NAS) was 15.0 per 1,000 newborn hospitalizations in SFY 2016-17, an increase of 1,096% from SFY 2000-01 at a rate of 1.2.¹¹
- In 2016, 2017, and 2018, parental substance abuse was the most commonly reported GPS allegation to ChildLine.
- Per AFCARS, as of September 30, 2018, 51% of children entering out of home care under the age of one were removed from their parents due to parental substance abuse.

Key Activity/Strategy	Benchmarks for Completion
Collect and report data on the statewide Opioid Data Dashboard regarding the number of notifications made to ChildLine of an infant born affected by substance use, the number of Plans of Safe Care developed, and the number of Plans of Safe Care in which referrals were made to appropriate community services.	First set June 2020; ongoing
Update Pennsylvania Plan of Safe Care Guidance to include additional chapters related to special considerations for Plans of Safe Care, as determined by feedback from the Governor’s Institute work sessions and regional listening tours/site visits.	June 2020
Provide technical assistance to county children and youth agencies surrounding policies and procedures related to Plans of Safe Care through regional listening tours and/or site visits.	December 2020
Update the Pennsylvania Plan of Safe Care webinar to reflect updated Guidance Document.	December 2020
Publish and disseminate companion document to Pennsylvania Plan of Safe Care Guidance for legislators and policymakers, to educate constituents on the history and context of CAPTA.	January 2021

¹¹ Pennsylvania Health Care Cost Containment Council, 2018

<p>Publish and disseminate one-page educational flyers tailored to the unique perspectives of various stakeholders who work with infants affected by substance use and their families, including but not limited to the following fields: child welfare, pediatric//family medicine, obstetric/gynecologic medicine, substance abuse treatment, Early Intervention and family support programming, mental and behavioral health treatment, housing support, etc.</p>	<p>January 2021-December 2024</p>
<p>Explore the possibility of creating a third category within CWIS to account for Plan of Safe Care notifications, so that all notifications are not treated as GPS reports.</p>	<p>June 2022</p>

Enacting the Vision – Achieving Timely and Enduring Permanency for Children and Youth

Pennsylvania's Practice Model focuses on the achievement of outcomes to ensure children and youth have enduring and certain permanence and timely achievement of stability, supports and lifelong connections. The Practice Model also identifies a key outcome related to achieving strengthened families that successfully sustain positive changes and lead to safe, nurturing and healthy environments. The following section of this plan describes and assesses Pennsylvania's current array of permanency services, provides an evaluation of the state's performance on key federal permanency outcomes and provides a plan for improving permanence for children and youth over the course of the next five years.

Permanency Service Continuum and Coordination

Pennsylvania's core permanency service continuum is comprised of placement services, services to focus on expediting permanency for children under the age of five, family reunification services, foster and adoptive diligent recruitment, and adoption promotion and support services.

Placement Services – Kinship Care

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

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

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

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

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

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

Act 80 of 2012 amended the Kinship Care Act by codifying the definition of kin (an individual 21 years of age or older who is a godparent of the child as recognized by an organized church; a member of the child’s tribe/nation/tribal organization; or an individual with a significant, positive relationship with the child or family); expanding the definition of relative from the third degree to the fifth degree of consanguinity or affinity to the parent or stepparent of a child; establishing that kin, in addition to relatives, are to be given first consideration as a placement resource when a child must be placed in the legal custody of a CCYA; and codifying the 2008 Fostering Connections requirements for relative notification when a dependent child is removed from the home and legal and physical custody has been transferred to the CCYA. Act 80 permitted formal kinship caregivers who provide permanency through adoption or PLC to children age 13 or older to receive subsidy payments for these children up until the child turns 21 so long as the child is meeting one of the following five elements: completing secondary education or an equivalent credential; enrolled in an institution which provides post-

secondary or vocational education; participating in a program actively designed to promote or remove barriers to employment; employed for at least 80 hours per month; or incapable of doing any of the activities described above due to a medical or BH condition. Act 80 also codified PLC subsidy eligibility requirements and provided parameters for PLC subsidy amounts.

On July 18, 2018, the Supreme Court of Pennsylvania ruled that Act 80 of 2012 violates Article III, section 4 of the Pennsylvania Constitution and Act 80 was stricken in its entirety. DHS will be working to implement any changes needed because of the Supreme Court's decision. In the meantime, DHS has received permission from the ACF to continue paying counties until a decision has been made. DHS assisted in the proposal of new legislation to reinstate provisions previously under Act 80. This legislation was introduced during the 2019 legislative session and was enacted.

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

In 2015, Pennsylvania enacted and implemented Act 92, which amended the Kinship Care and Family Finding Section of the Human Services Code (Article XIII) to include the expansion of relative notification and the definition of a sibling. The Act expanded Pennsylvania's requirements to ensure CCYA identify and notify all grandparents and other adult relatives to the fifth degree of consanguinity or affinity to the parent or stepparent of a dependent child and each parent who has legal custody of a sibling of a dependent child within 30 days of the children's removal from the child's home when temporary legal and physical custody has been transferred to the county agency, except in situations of family or domestic violence. Act 92 of 2015 defines sibling as "an individual who has at least one parent in common with another individual, whether by blood, marriage or adoption, regardless of whether or not there is a termination of parental rights and parental death. The term includes biological, adoptive, step and half-siblings." Act 92 of 2015 aligns with the previously established Kinship Care Program, which requires county agencies to give first consideration of placement with a relative whenever a child cannot safely remain in his or her own home. Policy guidance was issued by the department related to this Act.

The Family First Prevention Services Act (FFPSA), Public Law (P.L.) 115-123, enacted February 9, 2018, allows Title IV-E agencies to receive federal funding for qualified kinship navigator programs. Pennsylvania received \$479,307 in funding in the federal fiscal year 2018 to begin a statewide kinship navigator program. OCYF has selected a grantee, The Bair Foundation, to administer this newly established program, which will be known as the Kin Connector.

Placement Services – Foster Care

Foster parents, commonly referred to as resource families in Pennsylvania, are individuals who are committed to providing a safe, temporary home for children who were abused and neglected and are unable to remain living in their own homes. CCYA, private foster family care agencies, Pennsylvania State Resource Family Association (PSRFA) and SWAN recruit resource parents to provide these services for children. CCYA are responsible for finding resource families for children who were removed from their own homes by the court. Each foster family care agency, including CCYA, accepts applications from individuals interested in becoming resource parents. The minimum requirements that must be met by all applicants include the following:

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

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

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

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

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

parents can be reunified while promoting safety and well-being for the child and the family.

Act 75 of 2015, the Activities and Experiences for Children in Out-of-Home Placement Act, was designed to help children and youth who are in Pennsylvania's foster care system live more "normal" lives. The law ensures that children in foster care are afforded opportunities to engage in age and developmentally appropriate extracurricular, enrichment, cultural or social activities and experiences; empowers the resource parent(s) for the child or a designated staff person in the child's placement setting to make decisions regarding the child's participation in such activities; requires that caregivers receive training on how to use and apply the reasonable and prudent parent standard to decisions and ensures appropriate liability for caregivers, CCYA, and private children and youth agencies, when a child participates in an activity and the trained caregiver acts in accordance with the reasonable and prudent parent standard. The law also ensures that caregivers and children receive notice of their responsibilities, rights, and opportunities under Act 75.

Under the FFPSA, HHS released model licensing standards for foster family homes on February 4, 2019. The standards were categorized into eight sections to cover the essential components of licensing to ensure 1) the applicant has the capacity to care for a child in foster care, and 2) the physical home of the family is appropriate and safe for a child in foster care. States were asked to submit a Title IV-E State Plan Amendment (SPA) that: affirms that our licensing standards are in accord with the model standards, and if not, why they deviate; and describes whether any of the licensing standards can be waived, the process to do so, and a description of how caseworkers are trained in the process.

DHS submitted a partial SPA that outlines which model standards Pennsylvania currently meets and the plans to consider the remaining standards. The partial SPA also addresses current waiver practices and plans to amend those. The Pennsylvania Child Welfare Council requested the opportunity to review the model standards and develop recommendations for DHS to consider. Through the Council, the need to ensure foster and adoptive parents are provided with the training and support for the children and youth in their care has been identified as a priority area for the 2020-2024 CFSP. Pennsylvania is working to review the model licensing standards issued under the FFPSA, which includes consideration of changes to the minimum training requirements for resource parents currently outlined in state regulations.

[Foster and Adoptive Parent Diligent Recruitment Plan](#)

Pennsylvania's plan for foster and adoptive parent diligent recruitment found below details the state's effort to meet the federal plan requirements.

A description of the characteristics of children for whom foster and adoptive homes are needed.

Pennsylvania relies upon available data to help drive foster and adoptive parent recruitment efforts. Two databases are used, AFCARS and a Pennsylvania specific database, the CY 890, which tracks information on all children in out-of-home care with a goal of adoption. Per AFCARS as of June 30, 2018, Pennsylvania had 16,681 children in out-of-home care, 7,390 (44%) of whom were over the age of 10. Of the total number of children in care, 8,490 (51%) were males and 8,191 (49%) were females.

The racial/ethnicity of the 16,681 children in out of home care is as follows (children can have more than one defined race):

- White = 10,025
- Black = 7,671
- Asian = 106
- Hawaiian/Pacific Islander = 27
- Indian/Alaskan = 57
- Hispanic = 2,175

In SFY 2017-18 a total 2,452 children were adopted from Pennsylvania's foster care system. 504 children, age 10 and older, were adopted; a 25% increase from SFY 2016-17 and 1,948 children under the age of nine were adopted with 1,384 of them under the age of five. 80 percent of children adopted from the PA foster care system every year are under the age of 10. In SFY 2017-18, 1,257 (51%) males and 1,195 (49%) females were adopted from PA foster care.

Per the CY 890 as of June 30, 2018:

- 3,415 children had a primary goal of adoption.
- 2,747 (80.4%) had a primary goal of adoption and were in need of an adoptive resource. Of those:
 - 1,097 (39.9%) were 10 years and older;
 - 1,607 (58.5%) were of a minority race; and,
 - 1,465 (53.3%) were male; 1,282 (46.7%) were female.
- 1,692 children had a concurrent goal of adoption.
- 1,667 (99.99%) children who had a concurrent goal of adoption were in need of an adoptive resource. Of those:
 - 633 (37.9%) were 10 years and older;
 - 439 (26.3%) were of a minority race; and,
 - 731 (43.9%) were male; 936 (56.1%) were female.

- 551 children had both a primary and concurrent goal of adoption.
- 463 (84.0%) of the children who had both a primary and concurrent goal of adoption were in need of an adoptive resource. Of those:
 - 140 (30.2%) were 10 years and older;
 - 146 (31.5%) were of a minority race; and,
 - 268 (48.6%) were male; 283 (51.4%) were female.

Specific strategies to reach out to all parts of the community and diverse methods of disseminating both general information about being a foster/adoptive parent and child-specific information.

Resource family recruitment in Pennsylvania is provided through the SWAN Prime Contract, Pennsylvania’s Media Contracts selected through the Commonwealth’s Procurement process and by CCYA, either directly or through private providers with whom they contract for foster and adoption services. Additional recruitment and awareness events are provided by the PSRFA.

Strategies include:

- DHS/OCYF has been recruiting foster and adoptive families through a media campaign since 1999. The media campaign generally consists of television, radio, print, and online advertisements.
- The current campaign, #MeetTheKids features older youth from the Pennsylvania foster care system who are in need of permanent families. The commercials are targeted to the Philadelphia, Harrisburg and Pittsburgh media markets as this is where the majority of the children are from and are also the areas in which most of our foster and adoptive families reside.
- DHS/OCYF pays for three Waiting Child segments that air on local television in the Harrisburg, Pittsburgh and Scranton-Wilkes Barre markets.
- Philadelphia has a similar Waiting Child segment - Wednesday’s Child - that is sponsored by Wendy’s Wonderful Kids and the National Adoption Center.
- Radio, Facebook, YouTube and other online media sources are used to both highlight the statewide campaigns for foster and adoptive families and to feature specific children and youth in need of adoptive families.
- DHS has a website, www.adoptpakids.org that is used to feature all children waiting for a permanent family and as an informational resource for prospective and approved foster and adoptive families and a Facebook page as well: <https://www.facebook.com/adoptpa>
- DHS/OCYF supports local public and private foster and adoptive agencies National Adoption Awareness activities in November and National Foster Care Month Awareness activities in May.
- PSRFA supports annual events held in May during National Foster Parent Month that aid in the recruitment and retention of resource families.

- DHS/OCYF has several other recruitment strategies, including services provided through SWAN, such as the Older Child Matching Initiative (OCMI), which provides intense child-focused services to teens in need of adoptive homes by matching them with approved families who are registered with the Resource Family Registry (RFR) who indicated they will adopt older youth.
- SWAN provides training to prospective adoptive, formal kinship families and permanent legal custodianship families who are interested in providing permanency to children in the Pennsylvania child welfare system. Families interested in providing foster care to children in the system who they do not know are generally trained by their CCYA or by a private provider that is contracted with the county agency.
- All families who complete the SWAN Family Profile Process are provided with approximately 24 hours of training. The training includes information about the children in out-of-home care and the types of on-going supports and services they may need and how to access them.
- The Family Profile process is designed to train families about the reality of becoming an adoptive family; it is not simply a Home Study. SWAN affiliate agencies often provide training, informational sessions and hold matching events in the evenings and on weekends. Many of the same agencies that provide adoptive family training offer foster family training and many families are approved to both foster and adopt (which is what OCYF recommends).
- Not all foster family training is provided by private agencies. Some CCYA prefer to train their own foster families and many use the PSRFA Parents as Tender Healers Training as part of their on-going training effort. Training is often done in the evening or on weekends as that is when families are available to attend.
- The SWAN Helpline responds to questions from the public about foster care and adoption, including assisting OCYF in responding to the SWAN Facebook page and mailing informational packets to prospective foster and adoptive families.
- All foster, adoptive and kinship families must be registered with the RFR, and whether or not they were approved to foster, adopt or provide kinship care. The RFR is a computerized database listing of all foster, adoptive and kinship families who have been studied to provide care to foster children.
- Other services, such as Child-Specific Recruitment, which is a targeted effort to find a specific child a family and matching services, where computer-generated “matches” are found between children who are waiting for permanent homes and those families who are registered with the RFR.

Strategies for assuring that all prospective foster/adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that the agencies can be accessed by all members of the community.

- All prospective foster and adoptive parents have access to any licensed provider in PA. SWAN supports and enhances timely permanency services for children in Pennsylvania who are in the custody of CCYA and provides post-permanency support services to families. Since the SWAN program began in 1992, DHS has required that the SWAN prime contractor ensure that services are provided to children in foster care regardless of their geographic location, gender, culture or race, and that families not be denied the opportunity to adopt based on age, race, ethnicity, gender, religion, income, marital status, education, employment status, citizenship, or geography. To ensure equality of service delivery, DHS requires all affiliates to abide by the same contract language. There are approximately 80 SWAN affiliate agencies.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations.

- SWAN provides annual trainings which include four trainings and an annual permanency conference to train staff. These trainings provide CCYA and private agency staff, workers in adoption and IL, and resource families the opportunity to learn about the services, the importance of each and how to access them. Topics covered include workshops on foster care, adoption, IL, family engagement, secondary trauma, concurrent planning, permanency and recruitment and retention of resource families with cultural, racial and socio-economic variations.
- PSRFA holds an annual conference to provide training to resource families and child welfare professionals. Training at this event helps resource families meet the state requirements for annual re-certification. PSRFA provides regional resource parent trainings as well.
- CCYA caseworkers and supervisors, through the CWRC, have access to trainings that include topics about working with diverse communities, racial and socio-economic variations.

Strategies for dealing with linguistic barriers.

- The SWAN Helpline Information and Referral Specialists answer the Helpline Monday through Friday during the workday. An answering machine takes a call after hours. The Helpline uses Language Line to speak to callers who do not use English as their primary language and are able to answer questions regarding the foster care and adoption process and refer families to a SWAN affiliate in their area who can help them complete the Family Profile process.
- SWAN has a variety of agencies that try to meet multicultural and religious needs, including somewhere Spanish is the primary language spoken, such as Asociación Puertorriqueños en Marcha and others that meet the needs of other groups such as Jewish Family Services.

Non-discriminatory fee structures.

- SWAN Family Profiles are provided to all families who wish to adopt a child from the PA foster care system at no charge to the family. There are no requirements on what constitutes a family, as DHS/OCYF believes that a family defines themselves. Therefore, we have a variety of families including single parents, married parents, same-sex couples, even siblings and mothers/daughters who are or have been, through the SWAN Family Profile Process.
- There are no fees charged for families interested in becoming a foster or adoptive family for a CCYA.
- SWAN post-permanency services (case advocacy, support groups and respite care) are available to any Pennsylvania family who has adopted, whether or not they adopted from foster care and to formal kinship and PLC families who have provided permanency to a Pennsylvania foster child. Families self-refer for services by contacting the SWAN Helpline. There is no charge to families for the services, which are funded with a mixture of Title IV-E, Title IV-B and state funds.

Procedures for the timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

- Pennsylvania statute requires that Family Finding activities be offered to every family that is accepted for service. Therefore, Family Finding activities, including diligent searches, record digs (case mining), Accurint searches, etc., must be completed for every child in out-of-home care at least once per year, although OCYF recommends that it be done on a regular, on-going basis. To help complete the diligent search process, 66 of PA's 67 counties have SWAN Legal Services Initiative (LSI) paralegals. A copy of the Pennsylvania Diligent Search Manual can be found online at www.diakon-swan.org in the LSI section of the site.
- The Pennsylvania Adoption Exchange (PAE) provides child-specific and family specific matching services. All children with a goal of adoption are required by Pennsylvania law to be registered with PAE. All families who obtain a SWAN Family Profile are required to be registered with PAE as well. When information is received on either a child or family, the information, including the type of family a child needs and the type of child a family is looking for, is entered into a database. That information is then compared to try to find potential "matches" between a waiting child and an approved prospective adoptive family. The potential match information is then shared with the family, the family's worker and the child's worker to be pursued further. Pennsylvania's adoptpakids.org also requires that every child eligible for adoption be posted.

Consultation and Coordination with Tribes in Child Placement

On June 8, 2016, the Department of the Interior, Bureau of Indian Affairs (BIA) released the Final Rule for the ICWA (25 U.S.C. § 1901 et seq.). The Final Rule, effective December 12, 2016, provides the first legally binding federal guidance on how to implement ICWA. The Final Rule addresses requirements for State courts in ensuring implementation of ICWA in Indian child welfare proceedings and requirements for States to maintain records under ICWA. Pennsylvania revised and reissued Bulletin #3130-18-06 entitled “Revised and Reissued Indian Child Welfare Act” to CCYAs regarding these provisions. This bulletin updates the OCYF Implementation of the Indian Child Welfare Act of 1978 Bulletin #3130-09-01 that was issued on March 9, 2009, by incorporating the requirements issued through the Indian Child Welfare Act (ICWA) Proceedings Final Rule. PA collaborated with a tribe member from Oklahoma to review and consult on policy regarding the ICWA Bulletin.

CCYA continue to make diligent efforts to assure implementation and compliance with the provisions outlined in ICWA including at the most basic foundation of asking families and children they serve whether they identify AI or AN. If a child is identified at intake as AI or AN, county agencies are encouraged to gather as much information as possible from the child/parent(s) regarding the child’s tribal affiliation, such as the child’s participation in activities of the tribe, the child’s fluency in the language of the tribe and whether or not there has been previous adjudication of the child by a tribal court. In order to ensure that the parents and tribes are informed of court proceedings and their right to intervene should the agency plan to petition the court for custody, the agency utilizes the BIA list of “Designated Tribal Agents for Service of Notice” to obtain appropriate contact information for tribal representatives. While CCYA are required to provide notification in all child custody proceedings that may result in placement or loss of parental rights, OCYF supports the practice of providing notification at the earliest possible date, regardless as to whether or not a custody proceeding is being considered, in order to help secure any resources or assistance available from the tribe that may help in avoiding possible placement of the child. The Department continues to monitor adherence to ICWA related requirements through the annual CCYA licensing inspection process and QSR and provide ongoing technical assistance as necessary.

As part of required reporting for the CFSP and each APSR, states are required to describe how the state monitors compliance with ICWA. Citing available data and the sources of that data, including input obtained through tribal consultation, states must assess the level of compliance with ICWA. If data are not available, states must provide other information to support the assessment of the state’s level of compliance with ICWA and describe how the state intends to obtain any relevant data that may be needed to assess compliance. Components of ICWA that states must address in consultation with tribes include, but are not limited to:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;

- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

HHS is statutorily required to have a regulated national data collection system that provides comprehensive demographic and case-specific information on all children who are in foster care and adopted with Title IV-E agency involvement. (Section 479 of the Social Security Act). Because the current regulations no longer fully support HHS’s current data needs to understand a child’s entire experience in foster care, these regulations were being updated to incorporate requirements from the Fostering Connections to Success and Increasing Adoptions Act of 2008, the Preventing Sex Trafficking and Strengthening Families Act, and ICWA.

Diakon/Family Design Resources (FDR) has two trainings regarding ICWA requirements, one for SWAN Paralegal staff and the other for CCYA staff. SWAN Legal Services Training Specialists conduct these trainings to provide an overview of key provisions of the ICWA and the new federal regulations. The training covers the purpose underlying the statute, when it applies and how the law affects casework practice. The training also highlights the ICWA Search Guide, a new tool developed by FDR to help with ICWA compliance.

Services to Children Under the Age of Five to Support Permanency

Under Title IV-B of the SSA, states are required to identify activities to reduce the length of time young children under the age of five are in foster care without a permanent family. Per AFCARS, as of September 30, 2018, 1,451 children age five or younger were waiting for adoption, which represented approximately 42% of all children awaiting adoption. As seen in Table 3, over half of all adoptions in Pennsylvania occur among children ages 0 to 5.

Table 3. Age of Children Adopted During the Reporting Period

	2014 31-Mar	2014 30-Sep	2015 31-Mar	2015 30-Sep	2016 31-Mar	2016 30-Sep	2017 31-Mar	2017 30-Sep	2018 31-Mar	2018 30-Sep
0 to 1	13.45%	14.24%	12.19%	10.20%	11.76%	11.52%	12.82%	10.97%	10.74%	11.29%
2 to 5	46.53%	43.14%	44.19%	47.80%	45.19%	44.34%	45.28%	46.29%	45.61%	43.30%
6 to 9	22.27%	24.58%	21.98%	25.56%	25.66%	25.72%	23.20%	24.06%	23.75%	23.99%
10 to 12	9.37%	9.49%	10.93%	8.38%	10.12%	10.17%	10.76%	11.16%	10.89%	12.23%
13 to 15	5.73%	5.49%	6.95%	5.37%	4.70%	5.85%	5.33%	4.62%	6.50%	6.70%
16 to 17	2.09%	2.43%	3.30%	1.93%	2.35%	1.73%	2.43%	2.21%	2.27%	2.02%
18 to 20	0.55%	0.63%	0.46%	0.75%	0.20%	0.67%	0.19%	0.67%	0.24%	0.47%

Unknown	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source [PCG Data Packages, AFCARS] [February 2019]

In order to conduct a comprehensive assessment of statewide services and practices being utilized at the local level to support expediting permanency for children under the age of five, OCYF requested counties provide additional information as part of their 2019-20 NBPB submission (provided to OCYF in August 2018). Counties were asked to reflect over the past fiscal year in developing their responses. The counties were asked to provide responses to the following questions:

1. Has the county experienced any challenges over the course of the past fiscal year related to timely permanency for children under the age of five? If so, please briefly describe these challenges and, if available, provide any supporting data.
2. If the county has experienced challenges, please briefly discuss any strategies the county has put in place to help improve time to permanency for children under the age of five.

The findings, outlined below, represent the information provided by 66 counties; one county did not respond to the questions around this population posed in the NBPB.

Achieving Timely Permanency for Children Under the Age of Five

- Forty-one counties cited issues with achieving timely permanency for this population. Twenty-three counties identified timely permanency for young children as an area of strength. Two counties did not have any children under the age of five in their care during the reporting period.
- Overall, the most commonly cited barrier to achieving timely permanency was related to parents with substance use disorders. Counties were consistent in identifying that the time it takes for parents to recover does not align with current timeframes outlined in the Adoption and Safe Families Act (ASFA). Parents were noted as often experiencing relapses as part of their recovery, which further lengthens the time their children remain in care.
- Court-related issues were the second most commonly cited issue impacting timeliness to permanency for children under the age of five. Some counties noted struggles with court scheduling, court continuances, parent appeals, and turnover/lack of parents' attorneys and Guardian Ad Litem (GAL).
- Other factors that were cited as contributing to delays in permanency included issues with lack of available supports and resources such as resource families, housing, transportation, trauma services, and parents struggling with obtaining employment.

Strategies to Improve Timely Permanency for Children Under the Age of 5

- Several of the strategy's counties identified were related to work around court proceedings and processes. For example, some counties are moving towards holding more frequent court reviews for children under the age of five. Another

example includes efforts aimed at alleviating unnecessary court time such as combining the change of goal and termination of parental rights (TPR) court hearings. Court-related strategies also involved work to hire and retain more parents' attorneys, judges, and GALs.

- A second commonly cited category of strategies related to family engagement practices. Some agencies noted improving efforts to utilize Family Group Decision Making (FGDM), family team meetings or other teaming and conferencing models. Some counties also noted further work around Family Finding to locate appropriate kinship resources.
- Increasing visitation between parents and their children in care was a commonly cited strategy identified by counties.
- Several counties also noted efforts to increase utilization of SWAN units of services or request for additional paralegals through the SWAN LSI program.
- Other strategies noted included use of intensive in-home reunification services, housing-related programs or initiatives, improved use of functional assessments such as the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths (CANS) assessment.

Through the implementation of Pennsylvania's CFSR PIP strategies, counties will be required to conduct an in-depth review of data and complete root cause analysis to identify where efforts may be needed to improve permanency outcomes. Counties who identify challenges related to permanency specifically for children under age five will be responsible for developing, implementing and monitoring comprehensive plans for addressing needs to improve permanency outcomes for this population.

Family Reunification Services

As a result of Family First legislation that took effect on October 1, 2018, Time Limited Family Reunification (TLFR) became Family Reunification (FR) Services, ending the time limited post-reunification requirement. Pennsylvania has 13 CCYA FR grantees and 14 programs across the state in various geographic areas. Each of the programs focus on target populations based on county demographics and need. Programs are working closely with other county service agencies to strengthen and support families by providing reunification services to parents and their children while in foster care, and ongoing services upon reunification to assist families in maintaining progress made and prevent re-entry.

FR programs provide services based on family need and create partnerships with community providers in the geographic area. For example, public transportation is an issue in several regions across the state. Tioga County provides gas cards and offers rides to families in need of programming. Bucks and Franklin Counties contract with Lyft and Rabbit Transportation. Team meetings are held with the CCYA and FR providers at referral to discuss the needs of the family, identify and coordinate services and determine collaborations needed to support reunification.

The FR programs are connected to their communities. This helps when serving populations involved in varying services, both state and federally assisted, to prevent duplication of services and preserve resources. Each program exhibits a strong partnership with the local CCYA as well as other cross-system partners. Services are centrally located in each of the 13 counties offering FR to make them easily accessible. Often FR programs are located within CCYA offices or are connected to other community resources in the same building. Programs offer translation services as needed for families where English is a second language. Programs work to address issues being faced by their families as specifically as possible. For example, Allegheny has expanded connections for LGBTQ youth, as older youth is a focus area for that program.

FR programs use a variety of assessment and diagnostic tools to better understand family dynamics and get to underlying causes. For example, Erie County uses the North Carolina Family Assessment Scale, which is done over a three to four-week period. A major advantage of the FR program is the longer window with which it can work with a family which allows time to develop relationships, better understand the challenges and forge partnerships with community partners. This is even more important to have in place for post-reunification and prevention of re-entry.

Each program identifies a minimum of three outcomes, based on their specific population and feasibility in various geographic regions. FR programs are turning to evidence-based and evidence-informed resources to help them in reunification efforts. For example, Allegheny County uses CANS assessment data to help them set goals for youth and families. These resources offer structured data to support the outcomes each program is working to achieve. Once goals have been identified programs provide services and linkages to community resources to achieve those goals. Referral processes vary in each location, but most have been streamlined so that there is little wait time.

Yearly onsite reviews established in FFY 2017-18 by OCYF and CWRC continue to provide programs with the opportunity to highlight successes and monitor progress. FR programs continue to provide data on a quarterly basis to OCYF, targeting families involved in FR programs, services being offered to families, and progress or barriers to progress being made. FFYs 2018-19 is the first year that FR is expanding into post-reunification services, and programs are evaluating the best strategies to support this. Programs reported during site visits this year that having the continuity of services post-reunification is helping families maintain the progress they have achieved. Programs have developed evaluative processes to determine the length of time a family will receive post-reunification services. Several are holding family meetings at 90 days and again at six months to determine the need for ongoing services. This is an area that will need to be monitored as programs have more families involved in post-reunification services.

As programs move into providing services for families and their children post-reunification, they are looking to expand their services and strengthen their abilities over the course of FFY 2020-2024. Programs have grown their capacity to track and measure services and outcomes. Quarterly reporting efforts to capture and better analyze the data will continue. Collaboration with other programs will continue. All programs will continue to receive annual onsite visits from the CWRC. Additional training and technical assistance will be provided as requested or required. The Statewide FR Annual Event started in 2018 will continue to provide opportunities for FR staff to come together to network and learn from each other. FFSA legislation information, including information on EBPs, will be shared with programs and implementation strategies employed to strengthen services and promote better outcomes for children, youth and families.

Adoption Promotion and Support Services

SWAN supports and enhances timely permanency services for children in Pennsylvania who are in the custody of CCYA and provides post-permanency support services to adoptive, custodianship and formal kinship families. SWAN is a collaborative of the public and private sectors and includes the 67 CCYA and more than 80 private agencies, referred to as SWAN affiliate agencies. Services are delivered through a prime contract between DHS and the legal entity. SWAN direct services include child profiles, family profiles, child-specific recruitment (CSR), child preparation, placement, finalization and post-permanency services. Post-permanency services are available to any Pennsylvania family who has adopted, whether or not they adopted from foster care and to formal kinship and PLC families who have provided permanency to a PA foster child. Post-permanency services offered include case advocacy, support groups and respite care. (Refer to SWAN's online Permanency Toolkit at www.swantoolkit.org and the SWAN prime contractor website at www.diakon-swan.org for information related to the SWAN program.)

SWAN offers a variety of support services designed to enhance and expedite permanency services for children and families. These support services are listed below:

- PAE – consists of four major components:
 1. The Child and Resource Family Registries- The Child and Family Registries unit responsibilities include registering waiting children and approved adoptive families into the database for computer matching services and making referrals for those potential matches to the child's and the family's agencies. PAE accepts the registration of waiting children from CCYA and affiliate agencies.

The Child and Family Registries serve the following children:

- Those legally free for 90 days with no report of intent to adopt filed;
- Those for whom TPR is being pursued; and

- Those for whom a termination decree is under appeal.

RFR registers all foster, adoptive and formal kinship care families. The RFR cross-references new information with existing registry information about families; requires resubmission of criminal and child abuse clearances every five 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 SWAN prime contractor maintains the RFR. 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.

2. www.adoptpakids.org - DHS owns and operates **www.adoptpakids.org**, which features waiting children as well as information on adoption and foster care. The site is updated daily.
3. Technical Assistance (TA) - PAE Data Analysts, answer questions, provide guidance and train CCYA and private agencies submitting information for inclusion into the registries provide TA. Additional TA is provided by the PAE Coordinators who answer questions and provide training on PAE to public and private children and youth agencies. TA is also provided by the SWAN Helpline who assist families who call with questions about the waiting children featured on the website. PAE Coordinators also work directly with CCYA and private workers to search the databases for potential matches, adjust the search criteria contained in the databases, and answer questions posed by families and the public.
4. PA Adoption Information Registry (PAIR)- The Pennsylvania Adoption Act requires DHS to maintain a social and medical history registry that collects information on all adoptions finalized or registered in Pennsylvania so that the information can be shared with birth family and adoptees upon their request. The registry is known as PAIR. All information is stored electronically, allowing searches of the database and matching requests for information on file to be accomplished.

- SWAN TA is provided to SWAN affiliate agencies and CCYAs upon request in-person during onsite visits, electronically and/or by telephone. SWAN has a team of TAs each of whom is assigned to specific counties and affiliates across PA. SWAN TAs meet with each of their assigned agencies during on-site visits at least once per quarter.
- The SWAN Helpline Information and Referral Specialists assist families who are interested in adoption or foster care by answering their questions, sending SWAN family packets and PSRFA materials, recording pertinent information in the database, generating reports, providing information and referral services and providing follow-up services to families at regular intervals. The SWAN Helpline is also the designated point of intake for SWAN post-permanency services.
- SWAN LSI is designed to expedite permanency for Pennsylvania's waiting children. The SWAN LSI identifies and remedies gaps and barriers between the legal system and the CCYA. By acting as a liaison between the caseworker, the attorney and the court, the paralegal is able to reduce the delay in processing paperwork, legal filings, diligent searches and other necessary legal steps in achieving permanency. Another major component of the SWAN LSI is the LSI Warm Line. The LSI Warm Line fields all legal inquiries submitted from the network as well as any search and reunion inquiries received from the public.
- Combined SWAN and IL annual quarterly trainings and permanency conference. These trainings provide CCYA and private agency staff, workers in adoption and IL, and resource families the opportunity to learn about the services, the importance of each and how to access them.
- Matching Events, such as Adoption Parties and Matching Receptions across the state several times a year. Such events offer prospective adoptive families the opportunity to meet with county and private providers who work directly with the children in need of permanency as well as with the youth themselves. SWAN collaborates with the National Adoption Center for matching events that bring together older youth in need of an adoptive family with families who are approved to adopt.
- OCMI is designed to provide intensive child-focused services to teens in need of adoptive homes by matching them with approved families who are registered with PAE who indicated they would adopt older youth. Teens are invited to actively engage in recruitment activities and encouraged to participate in selecting a family for themselves. Teens attend numerous matching activities and read family profiles of approved families who have said they are interested in adopting older youth.
- Permanency Roundtables (PRT) offered through the SWAN program. A PRT consists of an oral case presentation, a rating of the child's current status and

brainstorming by members of the team, both internal and external experts and stakeholders, to identify current barriers to the youth achieving permanency. Once the barriers are identified, the team creates a specific action plan to eliminate the identified barriers to help the youth move closer to permanency whether it be through a return home, adoption, legal custodianship or placement with a fit and willing relative.

- The American Bar Association Center on Children and the Law (ABA) Barriers to Permanency Project's goal is to reduce the time children spend in foster care. To achieve this goal, the ABA's staff works diligently with county children and youth agencies, county courts and key stakeholders to develop individualized plans that focus on a county's specific barriers to achieving permanency in the child welfare system. ABA provides targeted training and TA to CCYA on various permanency issues. This training and TA focus on resolving specific issues related to permanency and may include helping counties explore options such as including youth in court, conducting local trainings, performing legal research, court observation and developing county specific materials such as protocols, sample petitions, handouts for trainings, desk aids and checklists. The ABA participates on several statewide committees, which focus on issues such as statewide TA, concurrent planning, education, and legal representation.
- PSRFA is a non-profit organization overseen by a board of directors comprised of volunteers from across Pennsylvania, the majority of which must be resource family members. PSRFA members include foster, adoptive, and kinship parents, CCYA and private child welfare agencies, local foster parent associations, and interested citizens. PSRFA holds an annual conference to provide training to resource families and child welfare professionals. Training received by resource families at this annual event helps to meet state requirements for annual re-certification.

Over the next five years, to support Pennsylvania's Foster and Adoptive Parent Diligent Recruitment Plan and Adoption Promotion and Support Services, OCYF will:

- Issue a request for proposal for the next SWAN prime contract. All services and supports as outlined in both sections will continue over the course of the next five years. OCYF, the SWAN prime contractor and CWRC will encourage the use of SWAN services for all older youth in care who are in need of permanency. The SWAN prime contractor will continue to provide TA to CCYA and affiliates to ensure the effective use of SWAN services. OCYF and the prime contractor will monitor SWAN services for timely completion and will work together to identify, analyze and remedy any barriers affecting the timely completion of referrals made by CCYA to the SWAN prime contractor.
- Continue the #MeetTheKids and #MeetTheFamilies campaigns.

- Monitor the AFCARS and CY 890 data to help drive the decisions on the type of children to feature in statewide recruitment efforts and where such campaigns should air.
- Continue to update the adoptpakids.org website by refreshing it to be consistent with the media campaign and to ensure it provides helpful information to prospective and approved foster and adoptive families.
- The SWAN prime contract will also do the following:
 - Enhance recruitment and retention of adoptive, PLC and formal kinship families by examining current recruitment methods of CCYA's and affiliates, identifying supports needed in recruitment and retention efforts and make recommendations to DHS on how to improve recruitment and retention efforts statewide and at the local level.
 - Evaluate post-permanency services offered both in Pennsylvania and nationally and make recommendations to the Department on what services, if any, may need to be improved, modified, or added to post-permanency services offered through SWAN. The evaluation must include input from adoptive, PLC and formal kinship families in Pennsylvania.
 - Evaluate the family profile process for ways to enhance and streamline the service to better prepare, support and retain families until adoption or a permanent placement is achieved.
 - Evaluate the family profile process to see if the process can be enhanced to better meet the needs of formal kinship and permanent legal custodianship families and county children and youth agencies.

Adoption and Legal Guardian Incentive Payments

Pennsylvania has never experienced an issue with the timely expenditure of the funds within the 36-month expenditure period. OCYF requests approval to spend and allocate funds based on an approved plan completed through the DHS Executive Review Process. Should Pennsylvania receive any Adoption and Legal Guardianship Incentive Funds they will be used to further enhance recruitment and post-permanency services. Examples of efforts that will potentially be supported by these funds include:

- Hosting Matching Parties for Older Teens in need of adoptive families. The Department has collaborated with the National Adoption Center for the past five years to host such events for hard to place youth in need of an adoptive family. To date, we have sponsored nine matching parties.
- Supporting the PSRFA National Foster Care Month activities in May and to provide scholarships for resource families to attend the annual PSRFA conference so that they can receive training.
- Purchasing additional air and web time to run the SWAN foster and adoptive parent recruitment advertisements.
- Supporting support local foster and adoptive agencies National Adoption Awareness activities in November.

- Creating additional commercials to add to the existing #MeetTheKids foster and adoptive parent recruitment campaign.
- Supporting Safe Haven Program media campaign to increase awareness.

Adoption Savings

Pennsylvania will use any identified Adoption Savings funds to support SWAN Post-permanency services. These services include case advocacy, support groups and respite care and are available to any Pennsylvania family who has adopted, whether or not they adopted from foster care, and to formal kinship and PLC families who have provided permanency to a Pennsylvania foster child. Families self-refer for services by contacting the SWAN Helpline. There is no charge to families for the services.

Services to Children Adopted from Other Countries

Pennsylvania will continue to use the CY28 database to gather intercountry adoption information from CCYA regarding the number of children adopted from other countries entering the custody of a local CCYA because of the disruption of a placement for adoption or the dissolution of an adoption. As CWIS development continues, OCYF will identify opportunities to build capacity within the system to collect this information at the state level. OCYF will continue to record foreign adoptions approved by the Pennsylvania's Interstate Compact for the Placement of Children (ICPC). Any family who has adopted a child, whether or not they adopted from the foster care system, as well as PLC and formal kinship care families, are eligible to receive SWAN post-permanency services.

Permanent Legal Custodian (PLC)/Subsidized Permanent Legal Custodian (SPLC)

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

as of October 1, 2009. OCYF revised and reissued the PLC Bulletin #3130-10-02/3140-10-03 on July 30, 2010.

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

Act 80 of 2012 codified many pre-existing elements of Pennsylvania's PLC and SPLC policies. Act 80 provided that eligible children must have a court-ordered disposition of placement with a PLC; have lived with an eligible PLC for at least six months, which need not be consecutive; and be a citizen or alien lawfully residing in Pennsylvania. Eligible PLCs must be a relative or kin who are an approved foster home with whom an eligible child has resided for at least six months. Act 80 established the SPLC program within the Department and provided parameters for SPLC subsidy amounts. Lastly, Act 80 permitted PLCs who provide permanency through PLC to children age 13 or older to receive subsidy payments for these children up until the child turns 21 so long as the child is meeting one of the following five elements: completing secondary education or an equivalent credential; enrolled in an institution which provides post-secondary or vocational education; participating in a program actively designed to promote or remove barriers to employment; employed for at least 80 hours per month; or incapable of doing any of the activities described above due to a medical or behavioral health condition.

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

On July 18, 2018, the Supreme Court of Pennsylvania ruled that Act 80 of 2012 violates Article III, section 4 of the Pennsylvania Constitution and was stricken in its entirety. The DHS will be working to implement any changes needed because of the Supreme Court's decision. In the meantime, DHS received permission from ACF to continue paying counties until a decision has been made. DHS assisted in the proposal

of new legislation to reinstate provisions previously under Act 80. This legislation was introduced during the 2019 legislative session and subsequently enacted. The DHS plans to revise and reissue Bulletin # 3130-10-02/3140-10-03 “PLC Policy”, release additional policy guidance specific to subsidized permanent legal custodians and their named successor guardians and update Pennsylvania’s model agreement, following enactment of new legislation.

Another Planned Permanent Living Arrangement (APPLA)

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

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

Pennsylvania continues to seek a statutory change to limit the use of APPLA to children 16 years of age and older, while also adding language that CCYAs must document intensive, ongoing unsuccessful efforts to return the child home or to secure a placement for the child for adoption, or with a legal custodian or a fit and willing relative. Eliminating the use of APPLA as a permanency goal for all children and youth in foster care has been identified as a legislative priority by DHS. DHS asked CCYA to continue their work to reduce the use of APPLA as a permanency goal and prepare for the potential elimination of APPLA.

CFSR Permanency Related Systemic Factor Assessment

As part of ongoing assessment and monitoring of statewide practice and performance in the area of permanency, Pennsylvania reviews data and information regarding CFRS systemic factors connected the permanency.

Permanency Service Array

Pennsylvania has invested in a strong array of adoption promotion and support services that create a coordinated network of services across the state to prepare children and families for permanency, from the point of entry into placement through post-adoption. These services continue to be critical in moving children and youth towards timely adoptions. As seen in Table 4, the percentage of children and youth in

care for 17 months or more who were adopted by the end of the year has increased over the course of the past five years.

Table 4. Adoptions, Children and Youth in Care 17+ Months

	2013	2014	2014	2015	2015	2016	2016	2017	2017	2018
	30-Sep	31-Mar	30-Sep	31-Mar	30-Sep	31-Mar	30-Sep	31-Mar	30-Sep	31-Mar
Total in Care 17+ Months	3,689	3,682	3,720	3,620	3,562	3,454	3,737	3,756	3,854	3,911
Adopted by End of Year	842	865	904	929	892	898	1,052	1,018	1,076	1,199
Percent	22.82%	23.49%	24.30%	25.66%	25.04%	26.00%	28.15%	27.10%	27.92%	30.66%

Source [PCG Data Packages, AFCARS] [February 2019]

OCYF continues to support CCYA efforts to increase the proportion of children in out-of-home care placed with relatives and kin. Per AFCARS data for the reporting period ending in March of 2014, a little over a quarter of children (28.17%) entering out-of-home care were placed with relatives. Over the past few years, the percentage has increased and since March of 2017, that number has remained at around 37%.

Through ongoing assessment of services and stakeholder feedback, Pennsylvania has identified opportunities to strengthen the services array to better support the placement of children in the least restrictive placement possible and to improve foster and adoptive parent recruitment and retention. Pennsylvania will continue its efforts to reduce the number of children and youth placed in congregate care settings over the course of the next five years.

CFSR Systemic Factor Assessment – Case Review System

Timely achievement of permanency is best supported through regular, periodic administrative or court review of cases to evaluate the appropriateness of case plan goals and monitor and support efforts to achieve such goals. The CFSR systemic factor related to the state’s case review system looks at how well the state and courts are functioning to ensure a child’s case is reviewed before a court or administrative body at least every six months and that each child has a permanency hearing within 12 months from the date of entry into out of home care and no less frequently than every 12 months thereafter. Pennsylvania meets and exceeds these requirements through the implementation of regulations that require that placement review hearings be held at least every six months. Several counties have also adopted expedited review hearing processes in which cases are reviewed every three months

During the CFSR in 2017, Pennsylvania’s case review system was identified as an area of strength with regards to periodic case review and permanency hearings. Stakeholders interviewed as part of the CFSR spoke about efforts to promote the frequency of these reviews and the role of the SWAN LSI program in also supporting the agency in the planning and preparations of these reviews. Evaluation of the state’s case review system also includes evaluating efforts by the agency to ensure foster

parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child. Ensuring notice to caregivers was identified as an area of strength for Pennsylvania during the 2017 CFSR.

While stakeholder feedback has been strongly positive related to this systemic factor, OCYF also has recognized that there is a lack of reliable, quality administrative data available through OCYF, the CCYA, and the courts to effectively monitor this factor. OCYF will work during the next year with the research and evaluation staff at the CWRC and other relevant stakeholders in identifying possible avenues for data collection and reporting related to review hearings and notice of hearings to caregivers to support ongoing assessment and monitoring of performance on this CFSR systemic factor.

CFSR Systemic Factor Assessment – Foster and Adoptive Parent Training

Having a system in place to ensure foster and adoptive parents and staff of state licensed and approved facilities have the skills and knowledge needed to carry out their duties with regard to foster and adoptive children and youth is critical to the achievement of positive permanency outcomes. Pennsylvania has identified a continued need for improvement to the foster and adoptive parent and facility staff training system. Pennsylvania received an overall rating of needing improvement related to this systemic factor during the CFSR in 2017. Through information provided in the statewide assessment and feedback from stakeholder interviews at the time, it was noted that Pennsylvania requires only six hours of pre-service training for foster parents and there is no statewide mandate to ensure that resource parents receive training in the specific skills and knowledge needed to meet their responsibility. Regulations outlining training requirements for the staff of state licensed and approved facilities have very minimal requirements. While many foster care and adoption agencies, as well as state licensed facilities, report that they have their own standards for training which far exceed those outlined in state regulation, Pennsylvania does not currently have a system in place which captures the extent of the training hours and training topics across all providers at the state level.

At the statewide level, the CWRC develops and provides training opportunities for resource parents. Every year, the CWRC is responsible for delivering up to ten courses at the annual PSRFA conference. Those courses and others are then available to be delivered upon county request throughout the state and by request of other entities such as SWAN. During SFY 2017-18, the CWRC delivered 13 foster and adoptive parent workshops which were attended by 201 participants. The curriculum topics are selected to correspond with prominent legislative, policy, and/or best practices curriculum topics that were identified as training needs. In 2017-18, the CWRC developed, revised and/or launched the courses, “Taking Care of Yourself: Managing Your Exposure to Traumatic Stress” and “Preventing Youth from Experiencing Opioid Use and Addiction.”

Looking ahead to the next five years, DHS and stakeholders will work to make improvements to the training of foster and adoptive parents and staff at state-licensed facilities. Part of this work will be supported through efforts already in progress to assess the model licensing standards set forth under FFPSA. Pennsylvania's 2020-2024 CFSP goals and strategies include efforts directed at improvements to the training of foster and adoptive parents. OCYF will also work with the CWRC research and evaluation team in exploring methods for gather and tracking training information to inform ongoing assessment and monitoring of performance related to this CFSR systemic factor.

CFSR Systemic Factor Assessment: Foster and Adoptive Parent Licensing, Recruitment and Retention

The CFSR systemic factor regarding foster and adoptive parent licensing, recruitment and retention considers the following critical components as necessary to support the achievement of permanency:

- Ensuring state standards are applied to all licensed or approved foster family homes or child care institutions;
- Ensuring that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care placements and a case planning process exists that includes provisions for addressing the safety of foster and adoptive placements for children;
- Ensuring the statewide diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed; and
- Ensuring that cross-jurisdictional resources are used effectively to facilitate timely adoptive or permanent placements for waiting children.

Equal application of state standards to all licensed or approved foster family homes was an area rated as a strength for Pennsylvania during the 2017 CFSR. Performance at that time was based upon stakeholder interviews which confirmed Pennsylvania's use of standardized licensing checklists and supervisory reviews to ensure consistency. OCYF will be working over the next few years to revise existing Survey and Evaluation Manuals, which are used to provide further guidance to licensing entities and licensees regarding regulatory interpretation. Monitoring the equal application of state standards is another area where OCYF will work the CWRC research and evaluation staff to identify potential methods for data collection or information gathering to effectively assess practice in this area effectively.

During the 2017 CFSR, the systemic factor component related to compliance with federal requirements for criminal background clearances and a case planning process for addressing the safety of foster and adoptive placements was also rated as an area of strength. Ensuring children are safe in their placement settings is of paramount importance and ensures children can remain in the setting without disruption

to ensure placement instability. Pennsylvania's CPSL outlines criminal background check requirements and the RFR requires submission of criminal and child abuse clearances every five years for all householder members 18 years of age or older. OCYF tracks all child abuse clearance requests to ChildLine for employees and volunteers and the Federal Bureau of Investigation (FBI) record requests. DHS reports of the number of types of these requests each year in the Annual Child Protective Services Report. During annual CCYA licensing inspections, agency foster home and adoption records are reviewed to monitor compliance with background check requirements. Private provider agency foster homes are also monitored for compliance through the licensing inspection process. OCYF has identified that additional efforts are necessary to collect data and information on an ongoing basis to monitor this systemic factor component. OCYF will work with the CWRC research and evaluation staff in this effort over the coming year.

During the 2017 CFSP, Pennsylvania received an overall rating of strength with regards to the diligent recruitment of potential foster and adoptive parents who reflect the diversity of the children in need of placement across the state. Information regarding the assessment of this systemic factor is outlined in the "Foster and Adoptive Parent Diligent Recruitment Plan" section of the 2020-2024 CFSP.

Utilization of cross-jurisdictional resources was an area identified as needing improvement during the CFSP conducted in 2017. Data reviewed regarding timeframes for processing interstate requests through the OCYF ICPC Office and interviews with stakeholders identified that Pennsylvania was not able to process requests in a timely or efficient manner for approximately two-thirds of all requests. Due to the implementation of the National Electronic Interstate Compact Enterprise (NEICE) system in Pennsylvania in November of 2018, OCYF anticipates an increase in the timeliness of placement decisions. NEICE is a national database supported by the American Public Human Services Association (APHSA) and the Association of Administrators Interstate Compact on the Placement of Children designed as a case management system for ICPC requests

CFSP Permanency Data Indicator and Outcomes Assessment

Permanency Data Indicators:

Pennsylvania reviews several measures related to permanency as part of its ongoing monitoring and improvement efforts. OCYF works with data contractor PCG to regularly generate state level and county level data packets which utilize AFCARS data to report on key permanency indicators. The information provided in the data packets is reviewed to identify and prioritize any areas of concern related to permanency and to provide a starting place for further requests for more in-depth analysis of AFCARS data related to measures of interest. The CFSP Round 3 National Data Indicators are one source of information utilized by OCYF in its work with counties and other stakeholders in monitoring permanency outcomes.

The CFSR Round 3 National Data Indicators consist of five permanency measures generated through the use of AFCARS data, three of which are related to timeliness of the achievement of permanency. The other two indicators focus on re-entries of children and youth into out of home care within 12 months of discharge from foster care and the stability of foster care placements. Pennsylvania received its last CFSR Round 3 data profile from ACF in January of 2019. The full profile has been included with the 2020-2024 CFSP as Appendix E. Overall, the state was determined to meet the national standard for two of the five permanency measures, which are permanency within 12 months for children and youth in out of home care 24 months or longer and placement stability. Pennsylvania identified key strategies to help improve permanency outcomes for children and families in the state's CFSR PIP. Those strategies are integrated into Pennsylvania's 2020-2024 CFSP goals and strategies to help achieve the system vision for permanency.

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

CFSR Permanency Outcome 1 focuses on ensuring children have timely and enduring permanency and stability during their out-of-home placement episode. While this federal outcome is focused on stability for children in foster care, it is important to note that Pennsylvania also evaluates the stability of situations for children and youth receiving in-home services through the state-supported QSR. CFSR Permanency Outcome 1 is evaluated by assessing agency and court practices related to placement stability, the timely establishment of appropriate permanency goals for children and youth and concerted efforts to achieve case plan goals related to reunification, adoption, guardianship and other planned permanent living arrangement (OPPLA) within timeframes established through the federal Adoption and Safe Families Act of 1997.

Pennsylvania was not found to be in substantial conformity with Permanency Outcome 1 during the 2017 review. In 2017, only 23% of the applicable cases reviewed were found to have achieved the outcome, which falls below the federal target of 95%. Analysis of the 2017 CFSR findings, AFCARS data, and QSR results related to Permanency Outcome 1 found the following:

- Pennsylvania exceeds the national standard for the Round 3 CFSR Data Indicator for stability, however, the CFSR case review findings and QSR results from the past five years identify that there are still opportunities for improvement in this area;
- During the CFSR in 2017, it was identified that 50% of applicable cases reviewed were rated as a strength with regards to the timely establishment of appropriate permanency goals;
- As seen in Table 5, the identified permanency goals for children tend to follow the appropriate hierarchy, with the majority of children and youth having a goal of reunification, followed by adoption;

Table 5. Permanency Goals for Children in Care on the Last Day of the Reporting Period

	2014 31-Mar	2014 30-Sep	2015 31-Mar	2015 30-Sep	2016 31-Mar	2016 30-Sep	2017 31-Mar	2017 30-Sep	2018 31-Mar	2018 30-Sep
Reunification	76.91%	77.95%	78.35%	76.94%	75.21%	72.88%	70.39%	69.38%	69.18%	69.81%
Live with Relatives	1.28%	1.37%	1.27%	1.22%	1.18%	0.93%	0.92%	0.76%	0.72%	0.70%
Adoption	11.75%	12.16%	12.40%	14.39%	16.18%	17.52%	18.93%	20.40%	21.28%	20.79%
Long-Term Foster Care	2.15%	1.79%	1.38%	1.25%	1.22%	1.03%	0.86%	0.72%	0.53%	0.46%
Emancipation	4.48%	4.08%	3.88%	3.43%	2.99%	3.61%	4.44%	4.43%	3.75%	3.75%
Guardianship	2.66%	1.88%	1.87%	2.23%	2.73%	3.49%	3.88%	3.77%	3.67%	3.76%
Not Yet Established	0.76%	0.77%	0.85%	0.55%	0.48%	0.54%	0.59%	0.54%	0.87%	0.73%
Missing Goal Info	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Source [PCG Data Packages, AFCARS] [February 2019]

- Further analysis of 2017 CFSR findings related to the appropriateness of permanency goals identified a trend where the primary goal continued to be reunification despite not being appropriate given case circumstances;
- During the CFSR in 2017, only 38% of applicable cases were rated as a strength with regards to concerted efforts to achieve the child’s permanency goal;
- PA does not meet the national standard for the CFSR Round 3 Data Indicator regarding the achievement of permanency for children within 12 months; and
- Table 6 provides data from AFCARS identifying timeframes for which children in Pennsylvania are achieving reunification.

Table 6. Reunification Survival Analysis

	2012 31-Mar	2012 30-Sep	2013 31-Mar	2013 30-Sep	2014 31-Mar	2014 30-Sep	2015 31-Mar	2015 30-Sep	2016 31-Mar	2016 30-Sep
Total First-Time Entries	3,732	3,640	3,289	3,749	3,818	4,146	4,003	4,345	4,172	4,236
Percent Reunified within 30 Days	12.62%	12.06%	11.86%	10.96%	12.23%	9.86%	9.59%	9.46%	9.83%	8.88%
Percent Reunified within 60 Days	17.66%	17.55%	16.45%	15.02%	17.34%	14.28%	14.64%	14.61%	14.26%	14.02%
Percent Reunified within 6 Months	32.21%	30.19%	28.73%	27.05%	30.41%	25.42%	24.33%	24.12%	25.89%	25.99%
Percent Reunified within 12 Months	45.63%	43.27%	41.41%	39.90%	41.96%	37.65%	36.52%	38.11%	40.20%	39.57%
Percent Reunified within 24 Months	57.05%	55.27%	53.51%	52.01%	53.95%	51.74%	48.39%	49.71%	50.81%	50.76%

Source [PCG Data Packages, AFCARS] [February 2019]

Permanency Outcome 2: The continuity of family relationship and connections is preserved for children.

CFSR Permanency Outcome 2 focuses on the preservation and continuity of family relationships for children in out-of-home placement. CFSR Permanency Outcome 2 is evaluated by assessing the following practice areas:

- Placement with siblings;
- Visiting with parents and siblings in foster care;
- Preserving connections;
- Relative placement; and
- Relationship of the child in care with his or her parents.

Pennsylvania was not found to be in substantial conformity with Permanency Outcome 2 during the 2017 review. In 2017, 70% of the applicable cases reviewed were found to have achieved the outcome, which falls below the federal target of 95%. Analysis of the 2017 CFSR findings, AFCARS data, and QSR results related to Permanency Outcome 2 found the following:

- During the 2017 CFSR, 91% of applicable cases reviewed were found to be a strength with regards to sibling placement;
- Findings from the QSR show improvement in the area of sibling placement over the past five years, with 82% of cases involving siblings in out-of-home care keeping siblings together;
- Despite strong practice in placing siblings together, the 2017 CFSR found only 50% of applicable cases were rated as a strength related to efforts to ensure visits for siblings who are not placed together;
- Both CFSR and QSR findings suggest further improvement is warranted regarding the frequency and quality of visitation between children in out-of-home placement and their parents;
- During the 2017 CFSR, 68% of cases reviewed were found to be a strength regarding concerted efforts on the part of the agency to preserve children's connections to their neighborhood, community, faith, extended family, tribe, school and friends;
- AFCARS data confirms Pennsylvania has made important strides in increasing the proportion of children in out-of-home care who are placed with relatives;
- Findings from the 2017 CFSR identified that agencies were more likely to make efforts to appropriately identify and locate relatives than fully evaluating relatives as potential placement options; and
- CFSR findings also noted efforts were more likely to be made to locate maternal relatives compared to paternal relatives.

Five-Year Goals and Strategies to Improve Permanency

Based on the stakeholder feedback and review of PA performance regarding the achievement of key permanency outcomes, two core goals have been identified to improve permanency for children and youth over the course of the next five years. While the goals and strategies outlined in this section are primarily directed towards improving permanency, it should be noted that these efforts may also have connections to child safety and well-being. Strategies developed as part of Pennsylvania's CFSR PIP that will help achieve the identified goals are included and specifically noted as PIP strategies in this plan. For the 2020-2024 CFSP, some of the key activities included in the strategies identified as originating from the PIP have been expanded upon to include additional efforts OCYF plans to undertake to further the work and to capture efforts that may extend beyond the two-year PIP implementation time frame. As the initial goals and strategies set forth in Pennsylvania's 2020-2024 CFSP are achieved, OCYF will continue to work with stakeholders to identify additional goals and strategies to add to the state Title IV-B plan through submission of the APSR.

Permanency Goal 1: Children and youth will achieve timely, enduring and certain permanence that promotes stability and lifelong connections.

Rationale for Goal Selection: Pennsylvania’s Child Welfare Practice Model prioritizes timely, sustainable achievement of permanency for children and youth. During the CFPSR conducted in 2017, Pennsylvania did not achieve substantial conformity with CFPSR Permanency Outcomes 1 and 2. Additionally, only 38% of applicable cases reviewed during the CFPSR were found to be a strength regarding concerted efforts made to achieve timely reunification, guardianship, adoption, or other planned permanent living arrangement. Pennsylvania did not achieve the national standard for three of the five CFPSR Round 3 Permanency Indicators related to timeliness to permanency and re-entries into out of home placement.

5-Year Monitoring Targets:	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
The percentage of children and youth who are reunified within 12 months of entering out of home placement will increase to 43% or higher by the end of FFY 2024 (AFCARS).	September 30, 2018 39.37%				
The percentage of children and youth who re-enter out of home care within 12 months of discharge to reunification, living with relatives, or guardianship will decrease to 18% or lower by the end of FFY 2024 (AFCARS).	September 30, 2018 21.59%				

Permanency Objective 1.1 (PIP Strategy): Improve county child welfare agency and court practices related to the engagement of children, youth and families through the implementation of the Family Engagement Initiative (FEI) across 13 innovation zone counties.

Rationale for Objective Selection:

- Research has provided evidence linking family engagement to improved permanency outcomes.¹²
- Review of data and root cause analysis conducted as part of the development of Pennsylvania’s CFSR PIP identified child, youth and family engagement as an underlying factor impacting the permanency outcomes observed during the review.
- During the CFSR conducted in 2017, family involvement in case planning was rated a strength in only 43% of applicable cases reviewed.
- Findings from QSR conducted in Pennsylvania between 2011 and 2018 consistently found counties experience many challenges with the engagement of biological parents, particularly fathers, and forming teams to support the family that function effectively.
- FEI represents a joint effort between OCYF and the courts to strengthen the engagement of families at the local level to improve safety, permanency and well-being outcomes for children and families.
- The theory of change developed regarding FEI proposes that enhanced, early family engagement (Crisis/Rapid Response Family meetings) combined with Enhanced Legal Representation and focused Family Finding will increase permanency and child well-being. The need for non-family foster care will decrease and healthy child/adult connections will be increased.

Key Activity/Strategy	Benchmarks for Completion
Implement the three components of FEI in each innovation zone (Phase 1 and Phase 2 FEI counties) <ul style="list-style-type: none"> ➤ Each FEI County will establish a FEI Oversight Team responsible for local implementation, evaluation and monitoring of the FEI ➤ Each FEI County Oversight Team will complete a County FEI Practice Assessment (this is a collective, written county self-assessment on each element of the FEI) 	September 2019

¹²Identifying effective interventions for promoting parent engagement and family reunification for children in out of home care: A series of meta-analyses <https://www.sciencedirect.com/science/article/abs/pii/S0145213418304538>

<ul style="list-style-type: none"> ➤ From the self-assessment, each FEI County Oversight Team will create a County Implementation Plan which is the guide for ongoing FEI implementation, evaluation and monitoring ➤ Each county will participate in mandatory supervisor/management FEI training as well as mandatory legal advocate/judicial FEI training ➤ The initial focus will be on FEI model implementation and fidelity. Court observation, Court record review, Oversight Team involvement, and case-specific consultation will be used to ensure fidelity to the FEI model 	
Evaluate FEI implementation in Phase 1 and Phase 2 counties through the use of court observations, Common Pleas Court Management System (CPCMS) and use of Crisis and Rapid Response Team Meetings data collection tool	September 2019 and ongoing
Monitor implementation of FEI through court observation, meetings with FEI County Oversight Teams, providing case consultation, reviewing outcome data and reporting progress to the State Roundtable	September 2019 and ongoing
Present initial outcome findings and system/culture reform strategies at Pennsylvania Children's Summit	September 2019 and ongoing
Solicit and select FEI Phase 3 counties	September 2020
Implement the three components of FEI in Phase 3 counties	March 2021

Permanency Objective 1.2 (PIP Strategy): Enhance continuous quality improvement efforts to utilize data to inform analysis when evaluating county practice related to permanency to support the development and implementation of technical assistance strategies.

Rationale for Objective Selection:

- Review and content analysis of findings from Pennsylvania's 2017 CFSR found that, while Permanency Outcome 1 was noted as an area needing improvement across PA and within each CFSR county, the root causes impacting performance appeared to differ across counties.
- Pennsylvania does not currently meet the national standard for the following CFSR Round 3 Data Indicators:
 - Permanency in 12 months
 - Permanency in 12 months for children in care 12-23 months

- Re-entry into foster care in 12 months
- Pennsylvania determined that given the difference in root causes impacting permanency outcomes across counties, a “one size fits all” system-wide intervention would not improve outcomes.
- An individualized county approach to addressing permanency outcomes will include further strengthening the systematic use of continuous quality improvement (CQI) practices and TA across the state to better help counties identify individual strengths and challenges related to key CFSR permanency outcomes, create individualized plans to help address the county-specific root causes identified through data-driven analysis, and implement county-driven solutions that are tailored to allow the county to best improve outcomes for the specific populations of children and families they serve.
 - Beyond the conclusion of the two-year CFSR PIP implementation timeframe, Pennsylvania will evaluate the success of the approach and determine whether to identify additional safety, permanency and well-being outcomes to which to expand the application of the enhanced TA model.

Key Activity/Strategy	Benchmarks for Completion
<p>Identify key data elements through county case management systems and other available data sources that can be utilized by counties and their technical assistance providers in beginning their root cause analysis related to the identified performance measures.</p> <ul style="list-style-type: none"> ➤ Through this analysis, identify other data elements and data sources (e.g., AFCARS, CPCMS, CWIS, statewide licensure reviews, case reviews) that will provide counties and technical assistance providers with the information needed to ascertain identified challenges with core practice areas that impact permanency measures to include, but not limited to: <ul style="list-style-type: none"> •Safety and risk assessment/planning/monitoring; •Engagement; •Timely achievement of permanency goals; •Concurrent planning; •Quality assessments to identify individualized needs; •Effective service provision and coordination; •Quality caseworker visits with children and families; •Quality visits between children in care and their parents/siblings; 	September 2019

<ul style="list-style-type: none"> •Supervision; and •Staff recruitment and retention. 	
<p>Work with PCG to revise the data packages that are provided to the counties on a semi-annual basis to additionally include the five permanency outcomes of the CFPSR national data indicators, utilization of congregate care, and children and youth reunified within 30 days of placement.</p> <ul style="list-style-type: none"> ➤ In addition to the updated data package content, engage PCG to assist in data training and technical assistance. 	September 2019
<p>Review the strategies toward practice improvement that counties submitted in their SFY 2019-20 Needs-Based Plan and Budget.</p> <ul style="list-style-type: none"> ➤ Work with counties to assess their current level of performance utilizing the updated data packages. ➤ Identify any enhancements or modifications to the previously identified strategies and areas of technical assistance needed to assist in implementation during SFY 2019-20. 	September 2019
<p>Utilize the SFY 2020-21 Needs-Based Plan and Budget process as the mechanism through which to focus the enhancement of continuous quality improvement efforts.</p> <ul style="list-style-type: none"> ➤ Counties will be required to assess their performance in meeting the national standards of the CFPSR Indicator measures related to timeliness to permanence, re-entry and stability. ➤ Counties that do not meet or exceed a standard must complete an analysis related to their practices and the impact on meeting the performance measure and develop improvement strategies toward achieving the desired outcome. 	September 2019
<p>Work collaboratively with counties to identify technical assistance resources based on the identified needs through the root cause analysis.</p> <ul style="list-style-type: none"> ➤ TA can be available, at a minimum, through the existing TA Collaborative partners (Regional Offices, CWRC, SWAN, ABA Barriers to Permanence, AOPC) and other resources, including PCG and Casey Family Programs. 	December 2019

<p>➤ The identified technical assistance resources will support the county in the development and implementation of the county data-driven plan toward improved outcomes.</p>	
<p>Develop and implement a monitoring process that supports the change efforts at the county level and identifies themes for further review and analysis on a statewide level.</p>	<p>March 2020 and ongoing</p>
<p>Monitor the implementation of the technical assistance process built upon the SFY 2020-21 Needs-Based Plan and Budget to determine modification necessary to improve upon the process in the upcoming fiscal years, including extending beyond the targeted permanency outcomes.</p>	<p>October 2020 and ongoing</p>

Permanency Objective 1.3: Identify data and information that can be utilized to understand the prevalence of adoption dissolutions statewide and evaluate the effectiveness of the current array of post-permanency services

Rationale for Objective Selection:

- CCYA are anecdotally reporting that they are seeing an increase in the number of children and youth coming back into agency care as a result of adoption dissolution, however, there is limited data currently available in Pennsylvania that can be utilized to better understand the true scope and nature of this issue being reported.
- Nationally, there is still limited understanding regarding the prevalence of public and private adoption dissolutions and factors contributing to dissolutions.
- The data packages regularly provided to CCYA through OCYF’s data contractor will be updated to begin to include AFCARS data regarding the number of children entering foster care for the first time who were in previous public adoptions.
- Through SWAN, Pennsylvania currently offers post-permanency services to help ensure that families are provided the support they need for the long term to encourage a positive life-long experience for both adoption and foster care programs.
 - The services available include case assessment, case advocacy, support groups and respite.
 - SWAN will be undertaking efforts to evaluate post-permanency services offered both in Pennsylvania and nationally and will make recommendations to DHS concerning what services, if any, may need to be improved, modified, or added to post-permanency services offered through SWAN.

Key Activity/Strategy	Benchmarks for Completion
Data contractor PCG will begin to provide information on adoption dissolutions to CCYAs as part of their regular data package release.	July 2019
The Permanency Subcommittee of the PA Child Welfare Council will be assigned to take the initial lead in this work and will draft a charter outlining the scope of the subcommittee's work.	May 2020
The Permanency Subcommittee will work with TA providers to conduct a literature review of information on adoption dissolutions nationally and review any relevant Pennsylvania data currently available regarding adoption dissolutions.	December 2020
The Permanency Subcommittee will report to the PA Child Welfare Council any gaps in data and information needs and develop strategies for the collection of any additional Pennsylvania data and information needed.	February 2020
<p>OCYF will work with counties, data contractor PCG, SWAN and the CWRC in the collection of any additional Pennsylvania specific data and information needed as identified by the Permanency Subcommittee</p> <ul style="list-style-type: none"> ➤ The Permanency Subcommittee will consult with SWAN regarding any findings from the workgroup related to post-permanency services in its work 	September 2020
The Permanency Subcommittee will review the data and information gathered to identify whether the data reveals any issues and conduct root causes analysis to further understand contributing factors.	January 2021
The Permanency Subcommittee will draft a report regarding their findings related to adoption dissolutions and recommendations for next steps at the state and county level to address any issues identified by the subcommittee.	March 2021
The Permanency Subcommittee will present recommendations to the PA Child Welfare Council and OCYF for discussion and decisions regarding next steps.	June 2021

Permanency Goal 2: Strengthen the array of resources available to support the placement of children and youth in settings that are most appropriate to meet their needs and are maintained for the most appropriate length of time

Rationale for Goal Selection:

Pennsylvania’s Child Welfare Practice Model identifies supporting children and youth in their own homes and communities through the provision of comprehensive and accessible services that address individual trauma, needs and concerns as a key outcome. Additionally, the Practice Model places a focus on supporting stability for children and youth. To achieve these outcomes, it is critical that when children or youth are removed from their homes, they are placed in the settings that are most appropriate to meet their needs. As of September 30, 2018, 14.04% of children and youth in out-of-home care were placed in a group home or institutional setting. Per AFCARS, the median length of stay for children and youth in institutions has increased over the course of the past five years. The median length of stay for children and youth placed in group homes has varied over the last five years, with a low of 4.4 months in 2014, to a high of 6.5 in 2017. Stakeholder feedback has identified a need for a comprehensive, cross-systems collaborative approach to serving children and youth in their own communities that must involve the child welfare agency, courts, physical and mental health providers, facilities, state agencies and private provider agencies who provide foster and adoptive homes working together to coordinate a holistic array of quality, trauma-informed, community-based placement services.

5-Year Monitoring Targets:	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
The percentage of children placed in relative foster care settings will increase to 39.75% or higher by the end of FFY 2024	September 30, 2018 37.32%				
The number of children and youth placed in congregate care settings will decrease to 1,500 or less by the end of FFY 2024.	September 30, 2018 1,979 children and youth				

The median length of stay for children and youth placed in group homes will decrease to 5.3 months or lower by the end of FFY 2024.	September 30, 2018 5.8 months				
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Permanency Objective 2.1: Reduce utilization of congregate care settings for children and youth served through the child welfare system while improving the quality of care for those children and youth for whom congregate placement remains most appropriate.

Rationale for Objective Selection:

- OCYF and child welfare system partners have placed a priority on congregate care reduction over the past several years and continue to identify a need for further efforts to ensure children are placed in the least restrictive placement setting to meet their needs for the appropriate length of time.
- Through the passage of the FFPSA, states are encouraged to reduce placement of children in congregate facilities for long periods of time, with opportunities to explore the use of Qualified Residential Treatment Programs (QRTP) as models for quality service delivery in a congregate setting.
- The Congregate Care Workgroup, convened through the court State Roundtable, brought stakeholders together to develop recommendations for reducing congregate care utilization and improving quality of services provided in these settings.
 - To support its work, the Congregate Care Workgroup met with behavioral health managed care organizations (BH-MCOs), community-based providers, congregate care providers, residential treatment facilities, representatives from county CCYA, the OCFC, OCYF, the state Office of Mental Health and Substance Abuse Services (OMHSAS) and the Pennsylvania Department of Education (PDE).
- DHS has convened a workgroup to bring the DHS offices together to coordinate in working to serve children with the most complex of medical needs in their communities.
 - AFCARS data from FFYs 2014-2018 revealed that children entering out-of-home placement, with the child’s disability identified as one of the removal reasons, generally have the highest median length of stay in care when compared to children entering out-of-home placement due to other removal reasons.

Key Activity/Strategy	Benchmarks for Completion
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<p>OCYF, through the State Roundtable, will collaborate with stakeholders in the selection and implementation of efforts to be implemented based on recommendations set forth by the Congregate Care Workgroup.</p> <ul style="list-style-type: none"> ➤ Recommendations include: <ul style="list-style-type: none"> ○ Identifying community-based, in-home and placement alternatives to congregate care; ○ Identifying an evidence-based level-of-care assessment tool; ○ Creating an oversight process for any initial or ongoing congregate care placement request (agency and court); ○ Creating of a “Report to the Court,” prepared by the child welfare agency, for any initial or ongoing congregate care placement request; and ○ Identifying a common set of contract expectations for any future use of congregate care. ➤ The full 2019 report of the Congregate Care Workgroup’s activities and recommendations is available through the OCFC website 	<p>December 2019 and ongoing</p>
<p>OCYF/DHS will work with an independent contractor to review and evaluate all services provided by congregate care and residential providers licensed under Chapter 3800 regulations.</p> <ul style="list-style-type: none"> ➤ The contractor will evaluate current practice, identify areas of improvement and provide recommendations for establishing a standard trauma assessment tool and trauma-informed practice. 	<p>April 2020</p>
<p>OCYF/DHS will implement licensing best practices to strengthen accountability for congregate providers in meeting standards for care.</p>	<p>December 2020</p>
<p>OCYF will continue to collaborate with other DHS offices to ensure children with complex medical needs are placed in the least restrictive environment through the Children with Medical Complexities (CMC) Workgroup. Priority areas for the workgroup related to congregate care reduction that will serve to promote the use of community-based services include, but are not limited to:</p> <ul style="list-style-type: none"> • Developing a plan for transitioning children and youth from residential facilities into a family-like setting; 	<p>January 2021</p>

<ul style="list-style-type: none"> • Establishing a DHS and/or DOH wide policy for service to children with a focus on permanency and an anticipatory life course approach; and • Identifying and implementing federal waiver services if/as needed. 	
OCYF/DHS will revise the regulations governing child residential and day treatment facilities under Chapter 3800 to promote higher standards for care.	December 2023

Permanency Objective 2.2: Enhance practice regarding foster and adoptive parent training to ensure those who have children placed in their care have the skills and knowledge necessary to ensure children’s safety and well-being.

Rationale for Objective Selection:

- Feedback from stakeholders during interviews conducted as part of the onsite CF SR in 2017, discussions across multiple PA Child Welfare Council meetings, and feedback from YAB have identified that finding foster and adoptive homes with the skills, knowledge and capacity to meet children and youth’s individual needs is a challenge across the state.
 - Through analysis of the 2017 CF SR onsite review findings, changes in placement that were not planned by the agency were often traced to a lack of skill, knowledge and supportive services to the foster parents to assist them in meeting the needs of the child or youth in their care.
- During the CF SR in 2017, foster and adoptive parent training was identified as an area needing improvement.
- To support PA’s efforts to reduce the length of time children and youth spend in congregate care and to increase utilization of family-based placement settings, there must be a strong network of quality foster and adoptive homes available.
 - These homes must be equipped with the capacity to meet the needs of children and youth with complex behavioral and mental health problems.
- Stakeholders have identified a gap in the availability of programs that effectively train and equip foster and adoptive parents in dealing with the impact of trauma on children and youth placed in out of home care.

Key Activity/Strategy	Benchmarks for Completion
OCYF will assess the federal model licensing standards related to foster parent training under FFPSA and consult with the Child Welfare Council in consideration adaptation of training standards for Pennsylvania.	October 2019

OCYF will research and assess current trainings offered across the state through the PA PSRFA, Spaulding (via a federal contract) and SWAN.	November 2019
OCYF will work with the CWRC Research and Evaluation Team to identify and implement methods for ongoing monitoring of the effectiveness of foster and adoptive parent training practices across the state.	April 2020
OCYF will evaluate options for contracting for a statewide training that will be accessible to all foster and adoptive parents and agencies.	July 2020
Through the CWRC, trainings offered will be expanded upon to include all private children and youth agencies.	July 2021
OCYF/DHS will revise regulations governing foster family care agencies to strengthen expectations for the frequency, content and quality of foster care parent trainings.	December 2023

Permanency Objective 2.3: Implementation of a kinship navigator program in Pennsylvania to support relative caregivers of children across the state.

Rationale for Objective Selection:

- Kinship caregivers are used both formally and informally in PA to help ensure child safety, placement prevention, and placement of children and youth in family settings.
 - Data from AFCARS shows that use of formal kinship care as a placement option for children and youth has increased over the course of the past five years.
 - Kinship caregivers may informally help assist in the monitoring of safety plans or provide alternative living arrangements for children, however, data on their utilization is county-based and limited in nature.
- Pennsylvania received \$479,307 in funding in federal fiscal year 2018 to begin a statewide program to support kinship caregivers across the state. OCYF has selected a grantee, The Bair Foundation, to administer this newly-established program, which will be known as the Kin Connector.

Key Activity/Strategy	Benchmarks for Completion
The Kin Connector will establish a Kinship Navigator Program Advisory Committee which will consist of kinship caregivers and the organizations representing them; youth raised by kinship caregivers; relevant government agencies; and relevant community-based or faith-based organizations.	September 2019

The Kin Connector will manage monthly Advisory Committee meetings.	September 2019
The Kin Connector will establish a toll-free helpline that will serve as an information and referral system for kinship caregivers, support group facilitators and kinship service providers.	September 2019
The Kin Connector will hire and train Kinship Navigators who will monitor the toll-free helpline.	September 2019
The Kin Connector will partner with DHS to develop and implement a Facebook page and a website that will provide information for kinship caregivers such as: how to access benefits and services; printable materials that provide information; a map that shows state and local resources and an online discussion group.	September 2020
The Kin Connector will partner with DHS to develop and conduct an outreach campaign to let the public know about the program through the website, social media and distribution of informational materials.	September 2020
The Pennsylvania Kinship Navigator Program will be fully implemented.	September 2020

Well-Being Vision

Pennsylvania's Practice Model focuses on the achievement of outcomes to enhance families' ability to meet their children's well-being, including physical, emotional, behavioral and educational needs and provide comprehensive and accessible services that build on strengths and address individual trauma, needs and concerns. The following section of Pennsylvania's plan describes and assesses the current array of well-being services, provides an evaluation of the state's performance on key federal well-being outcomes and provides a plan for improving the well-being of children and youth over the course of the next five years.

Well-Being Service Continuum and Coordination

Pennsylvania's core continuum of services to support well-being include services to support family engagement, promote educational stability, ensure physical and mental/behavioral health needs of children are met, and a variety of EBPs available to counties to improve child and family well-being.

Family Engagement Models

OCYF promotes county utilization of family engagement models by making funding available to CCYA through the NBPB process. Examples of models implemented by counties include Family Team Conferencing (FTC) and FGDM. Currently, 64 out of Pennsylvania's 67 counties are implementing FGDM with populations identified by the CCYA based on an assessment of local needs. The FGDM process is a strengths-based empowerment model designed to join the wider family group, including relatives, friends, community members, and others, to collectively make decisions to resolve an identified concern. For example, some counties select to utilize FGDM to facilitate transition planning for older youth, while others may elect to require all families with children in out-of-home placement be offered the opportunity to have a FGDM conference. Due to the prevalence of the use of FGDM in Pennsylvania, the FGDM Leadership Team was convened to support and guide efforts in implementing and sustaining quality FGDM practice across the state. This is primarily accomplished statewide through the use of educational resources, evaluating practice, and providing opportunities for counties to learn from one another as well as state stakeholders. The FGDM Leadership Team utilizes committees to further carry out their mission and vision in providing FGDM practice to families throughout Pennsylvania.

The CWRC manages the FGDM Evaluation which measures fidelity to the FGDM model by asking each conference participant to complete a survey that contains various questions measuring cultural safety, community partnerships, and family leadership. The conference surveys consistently show that families and professionals alike view the conferences positively and find them to be beneficial. During calendar years 2017 and 2018, the CWRC introduced the FGDM Evaluation Portal which allows users to submit

information using online forms and access evaluation data via interactive dashboards. Counties participating in the FGDM Evaluation can complete and submit Baseline and Outcome forms online and participants can complete the survey online, simplifying the data collection process and improving the quality of data. The FGDM Evaluation Dashboards present data for conferences held after July 1, 2015, in charts, graphs and tables to allow for easier interpretation of evaluation results. Users may also view and filter statewide and county data specific to their interests and needs. In addition to information about participants' conference experiences, the dashboards report data that have not been previously shared, including information about the status of the child/youth at the time of the conference and the plan developed during the conference. Throughout the next five years, the CWRC will continue to add data to the dashboards, including information about the impact that the conference/plan had on the child/youth. The CWRC will also support the DHS and county stakeholders to monitor and evaluate family engagement more broadly by expanding existing strategies to include additional family engagement models. In addition, the CWRC will explore opportunities to conduct an evaluation study of outcomes associated with family engagement models. Evaluation data and resources, including the Dashboards and online forms, can be found at the [CWRC FGDM webpage](#).¹³

FGDM statewide events continue to be offered biannually, with semi-annual statewide meetings and biennial conferences. Themes of the events are chosen based on identified statewide needs for further enhancement and skill building. Identified statewide needs are determined utilizing information from surveys completed at the prior statewide event, family engagement regional network meetings, and through information gathered from stakeholders represented on the FGDM Leadership Team. Workshops are delivered through a variety of strategies, including lecture, facilitated discussion, participant activities, and panel presentations. Participants in the semi-annual statewide meetings are primarily county staff and private provider staff who provide direct FGDM practice, as well as those supervising these efforts. FGDM training continues to be offered through four courses: *Introduction to FGDM Part 1*; *Introduction to FGDM Part 2*; *Solutions to Engaging Families in the FGDM Process*; and *FGDM: Strategies to Empower Families Experiencing Domestic Violence*. Family Finding focuses on kin being identified, notified and engaged, as well as teaming with kin support in service delivery throughout the child welfare case process. Statewide implementation and training provide greater focus on teaming with kin to meet the needs of children and families.

State and county stakeholders have partnered together to support and guide efforts in implementing family finding across the state. This is primarily accomplished through statewide educational resources and providing opportunities for counties to learn from one another as well as state stakeholders. Additionally, a statewide meeting of technical assistance providers and counties focused on the area of family finding

¹³ <http://www.pacwrc.pitt.edu/FGDM.htm>

come together to familiarize themselves with the guiding law and principles, hear the services provided by each provider, and develop clear messaging to counties. Family Finding statewide events continue to be offered semi-annually. The focus of statewide events is comprised of cultural change, leadership, implementation and continuous quality improvement. Themes of these events are determined based on statewide needs to further enhance skill building. Statewide needs are identified utilizing information from surveys completed at the prior statewide event, family engagement regional network meetings, and through state and county stakeholders. Workshops are delivered through a variety of strategies, including lecture, facilitated discussion, participant activities, and panel presentation. Participants in the semi-annual statewide events are primarily county and private provider administrators, managers, supervisors, court professionals, and technical assistance providers, as well as child welfare professional staff that directly provide Family Finding practice.

Family Finding training continues to be offered through three courses: *Family Finding: Overview*, *Enhanced Family Finding Model: Building and Sustaining Lifetime Networks*, and *Family Finding: Application*. To support the engagement of children, youth, and their caregivers, the CWRC significantly revised its Family Finding series which now consists of two online modules, *Family Finding Practice: Overview and Enhanced Family Finding Model: Building and Sustaining Lifetime Networks*. The second online module is based on Kevin Campbell's revised Family Finding model and its implementation in Pennsylvania and serves as a prerequisite for the in-person module, *Family Finding: Application*, where participants develop skills in engaging, locating and actively involving family/kin/community to surround the child with a lifelong network of supports. The revised family finding model combines a holistic approach that emphasizes well-being with a focus on healing the whole child. It incorporates requirements of Pennsylvania's family finding legislation (Act 55 of 2013), calendaring, Adverse Childhood Experiences, and Harvard University's Center on the Developing Child resilience work. During SFY 2017-18, 109 participants completed the online modules and 13 attended the one delivery of the in-person application module. In SFY 2018-19, seven in-person application modules were held, and four more sessions have been scheduled.

In addition to FGDM and Family Finding trainings, other family engagement trainings continue to be offered, including *Engaging Clients from a Strength-Based Solution-Focused Perspective*; *Building and Sustaining Father Engagement*; *Engaging Incarcerated Parents*; and *Engaging Latino Families*. The CWRC offers family engagement technical assistance and transfer of learning sessions to counties upon request. The technical assistance and transfer of learning provided are specific to the area of need within family engagement identified by the county.

Central, Eastern, and Western Regional Network Meetings occur each year on a quarterly basis across the state. The regions will continue to be provided support by the statewide family engagement project manager. Requests typically come from the regional network leads and originate from needs identified by the participating counties.

Support provided by the project manager includes participating in the regional meetings, assistance in meeting planning, and providing resources relevant to the needs and topics being discussed. Communication between the regional networks and the FGDM Leadership Team continues to increase, which allows greater transparency in identifying the strengths and needs statewide related to FGDM and family engagement practice.

Caseworker Visitation

Monthly visits to children in placement have been a regulatory requirement in Pennsylvania since 1985. A Policy Clarification was issued in 2001 reiterating that face-to-face contact is to occur as often as necessary, but no less than once per month and that timely submission of documentation tracking the visits, no less than once per month, must be completed. The OCYF policy issued in 2008 established the following: who qualifies as the “qualifying caseworker” responsible for monthly face-to-face visits, further defining “caseworker visitation responsibilities,” defining what constitutes a quality contact, further defining what qualifies as a placement, working with children under shared case responsibility, encouraging counties to differentiate between reporting requirements and best practice guidelines, and assistance in gathering and inputting data into AFCARS. OCYF currently monitors visitation three times per year, including the required submission at the end of each calendar year. OCYF believes that continued awareness at the local level related to the strong correlation between frequent caseworker visits with children and positive outcomes has helped to exceed the federal standard that requires the total number of monthly caseworker visits is not less than 95% of the total visits that would be made if each child were visited once per month.

Every Student Succeeds Act

On December 10, 2015, President Obama signed the ESSA (P.L. 114-95), the first federal education law to require state and local education agencies (LEA) to support school stability for students in foster care. ESSA outlines specific provision for children and youth involved with the child welfare system and the juvenile justice system. ESSA aims to enhance collaboration and align education, child welfare and juvenile justice systems to improve services and outcomes for children and youth involved in these systems. This law, paired with Fostering Connections, envisions dual-agency responsibility for supporting educational success for students in foster care. Some of the key provisions related to youth in foster care include:

- Allowing youth in foster care to remain in the same school even when their foster care placements are changed;
- Requiring schools to immediately enroll children and youth in foster care after a school move;

- Requiring points of contact in every state education agency as well as many school districts;
- Requiring plans for school transportation for youth in care;
- Tracking achievement data for youth in care; and
- Removing the term “awaiting foster care placement” from the McKinney-Vento Homeless Assistance Act’s definition of homeless.

Since the enactment of the ESSA, DHS and PDE issued joint guidance to clarify the role of school districts and the collaboration needed between local education agencies (LEA) and county children and youth agencies (CCYAs) to effectuate school stability, in regards to ESSA. This guidance provides that best interest determinations (BID) for school placement and school transportation arrangements are now coordinated by the LEA’s Foster Care Liaison in conjunction with the CCYA staff, and other relevant team members who support the child, taking into consideration the child’s attachment and engagement in their current school, placement of siblings, school environment, quality of services, history of school transfers, and the impact of commuting on the child.

Transportation costs are not to be considered when making BID, which should also reflect, where applicable, a child’s need for, and entitlement to, special services, including special education and/or English learner supports. LEA must also collaborate with CCYA to develop and implement clear written procedures for how transportation will be provided, arranged, and funded for the duration of a child’s time in foster care. To support LEAs in meeting this requirement, PDE and DHS developed a Transportation Plan Guide, Transportation Agreement MOU and Transportation Plan Template. An LEA’ plan must also address how transportation costs will be covered if additional costs are incurred. DHS and PDE also developed new resources for the field by creating infographics equipping professionals with a “cheat sheet” for best practices on BIDs and participants to consider for BID meetings. Pennsylvania’s website pafostercare.org was established for professionals, parents, and youth. Contents of the website include but are not limited to, joint guidance released by DHS and PDE, tools and resources, and directories for CCYA and LEA points of contact. The directory contains contact information for each individual designated as the LEA foster care point of contact and the county children and youth agency education liaison.

Additionally, ESSA requires that states report on the graduation rates and academic achievement of students in foster care. Collaborative discussions continue between DHS, AOPC, and PDE regarding data collection points with this initiative. A Memoranda of Understanding has been signed by all parties. Phase 1 of this initiative allowed for the transfer and match of the data elements to occur. In Phase 1, DHS identified the chosen data elements from the March 2017 AFCARS data and shared this information with PDE. DHS continues to collaborate with PDE on the most recent

AFCARS data elements for ongoing matching and retrieval of outcomes for students in foster care.

Collaboratively, DHS and PDE provided child welfare and education professionals a venue to obtain information related to ESSA and education-related issues. Held yearly, the regional “Educational Stability for Youth in Foster Care: Because You Were There” trainings give professionals the opportunity to engage with key partners and to hear from state, regional, local education and child welfare agency points of contact and special guest presenters. DHS and PDE conduct ongoing ESSA related webinars regarding ESSA basics and best practices.

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

Health Care Oversight and Coordination Plan

The core components of Pennsylvania’s Health Care Oversight and Coordination Plan was developed by OCYF in conjunction with other DHS offices, a wide variety of stakeholders, including, but not limited to, pediatric physicians; child psychiatrists; representatives from both physical and behavioral health managed care organizations; foster and adoptive parents; and former foster youth; all who contributed their expertise in either child welfare or health care services or both. Information detailing Pennsylvania’s policies, practices and programs to meet the federal Health Care Oversight and Coordination plan requirements is provided below.

Schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

Current DHS regulations require the health care needs of children in foster care to be addressed as follows:

- Pa. Code Title 55, Chapter 3700 (Foster Family Care Agency) regulates health care requirements and states that a child must receive a medical appraisal by a licensed physician within 60 days of the child’s admission to foster family care. The appraisal includes a review of the child’s health history, physical examination and laboratory or diagnostic tests as indicated by the examining physician, including those required to detect communicable disease. The physician considers all the information and determines the most appropriate medical treatment, if needed; and
- Pa. Code Title 55, Chapter 3800 (Child Residential and Day Treatment Facilities) requires that a child shall have a written health and safety assessment within 24 hours of admission; have a health examination within 15 days of admission and annually thereafter, or more frequently as specified in the periodicity schedule recommended by the American Academy of Pediatrics (AAP).

Additionally, on April 1, 1994, DHS issued OCYF Bulletin 99-94-03 “EPSDT Protocol for Children in Placement” to outline the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements for MA-eligible children and youth and encourage the county agency to assure that children in foster care receive a comprehensive health exam and/or screening at the intervals established under the EPSDT periodicity schedule.

DHS continues to recognize EPSDT as a unique opportunity to perform a comprehensive evaluation of a child’s health and provide appropriate and timely follow-up diagnostic and treatment services. The Department continues to emphasize the importance of the EPSDT screening program and covers screening services at intervals that are based on the recommendations of the AAP, American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD).

On February 7, 2017, the AAP issued its updated schedule for well-child screening and health assessments. These recommendations are explained in detail in the fourth edition of the [*Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*](#).¹⁴

On August 7, 2017, the DHS released MA Bulletin 99-17-10 *Revisions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule* to ensure MA-eligible children and youth received comprehensive health evaluations and appropriate and timely follow-up treatment as recommended by the AAP. DHS received significant feedback from providers, which resulted in additional updates to Pennsylvania’s EPSDT periodicity schedule.

On January 3, 2018, DHS released MA Bulletin 99-18-02 *Updates to the 2017 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule*. The Department received additional feedback from providers, which resulted in additional updates to the periodicity schedule. On August 1, 2018, DHS issued the MA Bulletin 99-18-03 *Updates to Pennsylvania’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule* which can be found on the [DHS website](#).¹⁵

MA Bulletin 99-18-03 also informed providers that, starting in 2019, DHS will release an annual EPSDT Periodicity Schedule in mid to late summer to reflect current practice and trends in pediatric care and provide clear guidance to MA providers rendering EPSDT services. The new EPSDT bulletin is being drafted and expected to be released in August 2019. DHS continues its efforts to ensure Pennsylvania’s children and youth receive the health evaluations, screenings, and services necessary to meet their needs.

¹⁴ https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf

¹⁵ http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_277692.pdf

In addition, on July 3, 2018, DHS released its updated Dental Periodicity Schedule under MA Bulletin 27-18-09 *Updates to the Pediatric Dental Periodicity Schedule*. The Pediatric Dental Periodicity Schedule was also updated to align with recommendations from the AAPD. This bulletin recommends that a child have the first examination by a dental provider at the eruption of the first tooth and no later than 12 months of age with follow up visits every six months, or as indicated by the child's risk status/susceptibility to disease. It also recommends that a dental home be established for a child no later than 12 months of age. A copy of the bulletin and pediatric dental periodicity can be on the [DHS website](#).¹⁶

Given the complex needs of children in foster care, it is important that every child in foster care receive a comprehensive health assessment to assist in the early identification and treatment of their medical needs. CCYA are required to ensure children in foster care receive health exams within the timeframes outlined in DHS regulations and bulletins and based on intervals outlined in Pennsylvania's periodicity schedule.

DHS will continue its efforts to assure MA-eligible children and youth receive a comprehensive examination and necessary follow-up treatment and services necessary to ensure their health and well-being. Starting in 2019, DHS will start issuing an annual EPSDT Periodicity Schedule to ensure MA providers are providing comprehensive health examinations and making appropriate referrals for follow-up care.

Over the next five years, DHS will review and update OCYF Bulletin 99-94-03 entitled *EPSDT Protocol for Children in Placement* to remind CCYA about the important benefits and services available under the EPSDT Program and encourage the agencies to assure children in foster care receive health and dental examinations based on intervals outlines in Pennsylvania's recommended periodicity schedules. DHS will also review and update OCYF Bulletin 99-94-04 entitled *Consent to EPSDT Screening* to outline procedures for obtaining consent for EPSDT services and collaborating with providers and Managed Care Organizations (MCO) to monitor initial and follow-up health and dental exams and remind agencies about the requirements under Maher v. White Civil Action No. 90-4674 related to educating children and their families about EPSDT benefits.

How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from the home

It is well known that children and youth in foster care have experienced some form of maltreatment and may also be exposed to other forms of trauma, such as poverty, interpersonal or community violence and loss. These adverse experiences are

¹⁶ http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/c_276792.pdf

stressful and may cause children and youth to respond in different ways. Some develop significant trauma-related symptoms, while others develop more limited adjustment reactions, while others can manage with ongoing support. At the same time, children and youth in foster care are also at risk for other mental health disorders, which vary in severity and level of impairment. Thus, it is essential that children and youth in foster care receive comprehensive health exams which include trauma screening and a comprehensive mental health assessment.

Pennsylvania's EPSDT Periodicity includes a variety of behavioral and developmental screenings and assessments based on recommendations from the AAP. DHS encourages MA providers to provide the appropriate behavioral and developmental screenings and assessments at the intervals recommended in the periodicity schedule. Pennsylvania's EPSDT Periodicity Schedule recommends that a provider perform developmental surveillance and psychosocial/behavioral assessment at each examination starting at birth and continuing until age 21. The psychosocial/behavioral assessment is family-centered and may include an assessment of the child's social-emotional health, caregiver depression and social determinants of health including both risk factors and strengths/protective factors. The periodicity schedule also provides a recommended schedule for depression, and tobacco, alcohol or drug use screenings.

The health needs of children and youth in foster care is monitored at the local level by CCYA. County and private child welfare agencies are required to follow DHS's health and well-being standards for children in foster care. Oversight and support of those efforts are done at the state level. Over the past five years, DHS has taken several steps to improve healthcare services and outcomes for children in foster care. In 2019, DHS convened the CMC Workgroup to develop a healthcare system which addresses the overall health and well-being of Pennsylvania children and youth. Initially, this group was focused on improving health and permanency outcomes for children with medically complex needs in residential settings. The workgroup met several times to discuss current policies, procedure and processes. After further review and evaluation, the workgroup recommended that DHS expand the scope of work to include all Pennsylvania MA eligible children and youth. DHS agreed with the workgroup's recommendation and has instructed the workgroup to evaluate the state's current healthcare systems and services for children and youth, identify areas of improvement, develop recommendations for improvement and submit a timeline for implementation.

Currently, all children under the age of three who have had a substantiated abuse report must have an Ages and Stages assessment. Additionally, CCYA are encouraged to provide Ages and Stages Assessments on all children under age five. The CCYA conduct the Ages & Stages Questionnaires® (ASQ™) and Ages & Stages Questionnaires®: Social-Emotional (ASQ-SE™) screenings themselves or they contract with private providers to do the assessments. Additionally, although ASQ and ASQ-SE are required for all children under the age of three, some counties use it to assess the needs of children up to five years of age. Follow-up ASQ™ and ASQ-SE™ screenings

are conducted based on the schedule listed in OCYF Bulletin 3490-10-01 until the child's case is closed, the child starts receiving early intervention (EI) Services, or until the child no longer meets the age requirements for screening.

OCYF continues to encourage CCYA to screen children under age five for developmental delays. Over the next five years, DHS plans to revise OCYF Bulletin 3490-10-01 *Developmental Evaluation and Early Intervention Referral Policy*. The revised bulletin will require CCYA to use the updated versions of ASQ™ and ASQ: SE™ to screen children under age three, who are involved in a substantiated case of child abuse or neglect, for developmental delays. The new bulletin will require CCYA to use the updated ASQ 3™ and ASQ: SE 2™ tools which require developmental screening to begin at one month of age for both ASQ 3™ and ASQ: SE 2™ and extends the screening requirement until 66 months for ASQ3™ and 72 months for ASQ:SE2™. The new tools should allow for earlier identification of developmental delays and may result in earlier referrals for treatment.

Finally, DHS continues its efforts to promulgate its Chapter 3131 regulations, which will replace the current Chapter 3130 regulations related to Administration of County Children and Youth Social Service Programs. The new regulations will establish requirements for screening tools and assessments which include a trauma component. The revised regulations will be published as a proposed rulemaking in the Pennsylvania Bulletin in December 2019.

How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record

Currently, DHS has two bulletins related to sharing medical information for children in foster care. On June 1, 2002, DHS issued Bulletin 00-02-03, entitled *Protocol for Sharing Drug and Alcohol Information*, which establishes the procedures and protocols that CCYA, Single County Authorities (SCA), licensed drug and alcohol treatment providers, and JPO must follow when sharing drug and alcohol information. In addition, on May 23, 2014, DHS issued the OCYF Bulletin 00-14-01, entitled *Information Sharing Policies and Procedures for Communication Between Agencies and Individuals Who Supervise and Care for Children and Youth in Out-of-Home Placement and the Physical Health and Behavioral Health Managed Care Organizations*. This bulletin established procedures and protocols that individuals who supervise and care for children in foster care and the Physical Health (PH) MCO must follow to share private health information.

In July 2016, Governor Wolf signed Act 78 to provide policies for interagency sharing of information. OCYF is currently reviewing the impact Act 78 may have on the information sharing bulletins listed above. OCYF will evaluate the identified impacts and develop a plan to implement an updated information sharing bulletin to ensure CCYA receive the medical information necessary to ensure the health and well-being of

children in their care and ensure compliance with all federal and state information sharing requirements.

DHS continues to require MA providers to follow the continuity of care requirements established under MA Bulletin 99-96-01 entitled *Continuity of Prior Authorized Services Between Fee-for-Service and Managed Care Plans and Between Managed Care Plans for Individuals Under Age 21*. This bulletin outlines procedures to ensure continuity of prior-authorized services whenever a MA eligible individual under age 21 transfers between managed care plans, from a managed care plan to the fee-for-service program, or from the fee-for-service program to managed care. This bulletin was established to ensure all MA eligible children under age 21 receive an uninterrupted continuation of services and treatment.

CCYA are also required to follow requirements under OCYF Bulletin 3130-11-01, entitled *Basic Health Information Form (CY980)*, issued on April 21, 2011. This bulletin requires that CCYA complete a Basic Health Information form on the first day of placement to gather important medical information needed by foster parents or providers. This form is to be maintained in the child's case record. It also allows PH-MCO Special Needs Units and EPSDT Units to exchange information. Both the bulletin and the information document are precursors to DHS's efforts to develop an electronic health record.

Finally, OCYF recently announced its plans to develop a statewide child welfare reporting system which is planned to be implemented in 2022. The new system will have the capacity to collect demographic and medical information for each child and allow the CCYA to retrieve that information in real-time. More information regarding this initiative will be provided in future updates to the 2020-2024 CFSP through the annual submission of the APSR.

Oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications

Children in foster care may display aggressive behavior that can compromise their school and foster care placement and may prompt consideration of psychotropic medication. If an assessment determines that the child or youth needs mental or behavioral health treatment, a comprehensive biopsychosocial treatment plan will be developed. Psychosocial, psychotherapeutic, and behavioral treatments will be considered whenever possible and when indicated, pharmacotherapy. Some children and youth may benefit from psychotropic medications as one component of a comprehensive treatment plan. Best practices and clinical practice guidelines should inform the sequencing of interventions.

To address federal and state concerns surrounding the safety and efficacy of psychotropic medications prescribed to Medicaid-enrolled foster children, the Department asked Children's Hospital of Philadelphia's (CHOP) Policy Lab to conduct

an in-depth data analysis to identify trends and areas needing improvement in Pennsylvania. With emerging themes identified from PolicyLab's research and analysis, AOPC convened workgroups, including a Psychotropic Medication Subcommittee. The committee reviewed research findings, current policies, and procedures and developed recommendations regarding the appropriate use and monitoring of psychotropic medications for children in foster care.

In Pennsylvania, PH-MCOs serve nearly 98% of the children in the foster care system. In 2016, the DHS implemented a psychotropic medication prior authorization process for the HealthChoices (HC) PH-MCOs. The new prior authorization policies mirror the requirements under the MA fee-for-service (FFS) Program which were instrumental in reducing the use of psychotropic drugs in the MA FFS Program by 93.2% over seven years. DHS continues to monitor prescribing patterns of psychotropic medications by PH-MCOs every six months and continues to work with all the HC MCOs to ensure consistent policies related to the authorization and reauthorization of antipsychotic medications.

DHS also developed and issued best practice guidelines for primary care physicians and psychiatrists. Working in partnership with the Pennsylvania Chapter of the AAP and the Pennsylvania Psychiatric Society, DHS created best practice guidelines regarding comprehensive assessments of behavior and treatment interventions. The guidelines are as follows:

- Guidance for Informed Consent for Children and Youth in CCYA Related to Psychotropic Medication Treatment
- Guidelines for Psychotropic Medication Prescribing in Primary Care for Children and Adolescents in Foster Care
- Psychotropic Medication Categories
- Psychotropic Medication Resources

DHS continues to monitor and send the Psychotropic Medication Dashboard Report (PMDR) to CCYA on a quarterly basis. The CCYA are encouraged to review the "red flag" alerts to drive their discussion and care coordination efforts with the child's prescribing physician and/or PH and BH MCOs. CCYA may also use the report as a tool to educate themselves and the child or youth and birth and/or resource parents about the psychotropic medications prescribed to the child. DHS plans to host a conference call with the CCYA and MCOs near the end of 2019 to learn more about the report and how it can be used to improve the health outcomes of children in foster care. In addition, the Office of Medical Assistance Programs (OMAP) talked with their MCOs, at their Special Needs Unit Training Day on June 12, 2019, about their successes, challenges and recommendations with the PMDR.

DHS will also continue its efforts to support and promote providers through the HC Telephonic-Psychiatric Consultation Service (TiPS) to improve psychotropic medication prescribing practices. TiPS is a statewide child psychiatry consultation

service which consists of child psychiatric consultation teams who provide peer-to-peer consultation services to primary care providers (PCPs), and other providers who are able to prescribe psychotropic medications to Pennsylvania Medicaid-eligible children and youth, up to age 21, with BH concerns. TiPS consultative teams consist of child psychiatrists, licensed therapists, care coordinators, and administrative support staff who are required to respond to provider requests for consultation within 30 minutes and, in some instances immediately. DHS plans to utilize TiPS encounter data to improve its services, policies and practices.

Steps to ensure that the components of the transition plan development process required under section 475(5) (H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

On December 8, 2014, DHS issued OCYF Bulletin 3130-14-01, entitled *Youth Independent Living Services Guidelines* to establish policies for ensuring transition age youth are aware of their right to a health care proxy, power of attorney, and extended MA benefits.

To comply with requirements under the Affordable Care Act (ACA) related to extended MA benefits for former foster youth, the Department implemented an online shortened application form and automatic renewal process in August 2017. The shortened online application makes it easier for former foster youth to apply for and receive MA benefits. DHS also implemented an automatic renewal process to eliminate the annual renewal process for former foster youth, who do not have a disability or dependents, until age 26. OCYF continues to monitor a monthly report from the Office of Income Maintenance (OIM) to identify all former foster youth who have lost, or at risk of losing, their MA coverage. OCYF then works with OIM to reopen benefits for those former foster youth whose benefits were terminated in error. In some cases, OIM is unable to reopen the former foster youth's MA benefits. When this occurs, OCYF will send the youth a letter and shortened application form and encourage them to apply for benefits.

In addition, DHS applied to the Centers for Medicare and Medicaid Services (CMS) for a Section 1115 Demonstration Waiver to continue to provide MA coverage to former foster youth who moved to Pennsylvania from a different state. On September 29, 2017, CMS approved the waiver to allow Pennsylvania to provide MA benefits to out of state former foster youth. It is important to note that Pennsylvania continues to provide MA benefits to ACA eligible out of state former foster youth who provide proof of their foster care status.

Steps the Department takes to actively consult with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for children.

Collaboration, engagement and teaming are key components of PA's child welfare practice model and in involving stakeholders, children, youth and families to achieve positive outcomes in a state-supervised, county-administered system and must be modeled at every level. In November 2016, OCYF convened the Pennsylvania Child Welfare Council to increase collaboration, engagement and teaming efforts aimed at improving outcomes for children, youth and families involved in the child welfare system.

The Council provides shared leadership and guidance to support the achievement of the vision outlined through Pennsylvania's Child Welfare Practice Model. The Council will assist OCYF in developing a framework improving and streamlining processes and achieving goals related to ensuring the safety, permanency and well-being of children and families. The Council uses quantitative and qualitative data to guide the establishment of priorities related to Federal, State and locally-driven improvement efforts. The Well-Being Subcommittee convened through the Council has been tasked with assisting in the monitoring of the Health Care Oversight and Coordination Plan, which is outlined in the subcommittee's charter.

Aside from the Council, OCYF also participates in a variety of stakeholder groups related to improving the health and well-being of Pennsylvania children and youth which includes, but is not limited to, Medical Assistance Advisory Committee (MAAC), Systems of Care (SOC) State Leadership Team, Mental Health Planning Council, FASD Task Force and State Interagency and Community on Transition Workgroup. Child and family engagement in identifying improvement efforts are also encouraged through ongoing partnerships with the state resource family association, the YAB, the SWAN Advisory Board and SOC State Leadership Team.

OCYF also participates in, and plays a major role in, the Multi-Disciplinary Workgroup on Infants with Substance Exposure (MDWISE) which was convened in 2016, following the passage of CARA. MDWISE was convened to develop an action plan to support improved outcomes for infants, children and families identified as being affected by substance use. Further information about these efforts is outlined in the CAPTA section of the 2020-2024 CFSP.

On February 9, 2018, FFPSA was signed into law as part of the Bipartisan Budget Act. This act reforms the federal child welfare financing landscape; specifically, Titles IV-E and IV-B of the Social Security Act. Under the FFPSA, states may choose to utilize Title IV-E dollars to provide specific prevention services to families whose children are at risk of entering the child welfare system. The allowable services include 12 months of trauma-informed and evidence-based mental health services, substance use treatment, and in-home parenting skill training. The law also seeks to improve the well-being of

children already in foster by incentivizing states to reduce the placement of children in congregate care. The FFPSA further supports the appropriate placement of children in congregate care, by requiring states to outline in its Title IV-B Child Welfare State plan, the protocols and procedures it has in place to prevent an inappropriate diagnosis of mental illness or other disorders that lead to placement in congregate care.

In March 2018, OCYF began meeting with other DHS program offices to discuss the possible impacts of FFPSA. In April 2018, DHS convened a few larger stakeholder groups to identify current policies and procedures related to prevention services and reducing congregate care. Based on recommendations from the group, DHS has decided to opt in to use Title IV-E funding for prevention services. The Department continues to work with stakeholders to develop the plan for implementing prevention services.

Procedures and protocols the Department has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnosis.

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

During the past five years, Pennsylvania continued its efforts to reduce the use of congregate care settings and to build upon and implement initiatives and practices that have been shown to reduce placement in these settings. OCYF continues to support CCYA in reducing congregate care placements by encouraging and supporting the implementation of the core concurrent planning components related to engagement, teaming, full disclosure and collaboration. Reducing reliance on congregate care placement has been an OCYF priority over the past five years and will continue to be the focus of improvement efforts over the course of the 2020-2024 CFSP. Pennsylvania will continue to build upon the progress made thus far through the implementation of interventions designed to successfully build supports and practices that will allow children to remain safely in family-based settings.

Under the FFPSA, states are now required to outline in their Health Care Oversight and Coordination Plan the procedures and protocols the state has

established to ensure that children in foster care are not inappropriately diagnosed with mental illness, or other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnosis.

OCYF met with internal agency partners, such as OMAP, OMHSAS, the Office of Developmental Programs (ODP) and OCDEL, as well as licensed physicians and psychologists working for the DHS, to evaluate existing Pennsylvania procedures and protocols to determine whether legislation will be necessary in order to achieve full compliance with this FFPSA requirement. Based on the information gathered, it was determined that a legislative delay will not be necessary for ensuring the appropriate placement of children in foster care.

On July 24, 2018, OCYF convened internal agency partners to discuss requirements related to inappropriate diagnosis and placement of foster children and to review the current Health Care Oversight and Coordination Plan and provide recommendations for improvement. The group met two times and identified that DHS has several policies, procedures, and practices in place to ensure appropriate diagnosis and placement of children in Psychiatric Residential Treatment Facilities (PRTF), Residential Treatment Facilities (RTF) and pediatric specialty care settings. The array of preventive and community-based services, which allow children to remain in a family-like setting, were also acknowledged in these discussions. Over the next year, the group agreed to review existing policies to ensure their alignment with best practice and to review data to identify gaps in service and areas of improvement.

The group identified that DHS has the following policies and procedures to ensure the appropriate diagnosis of children:

- Existing physical examination requirements for children placed in foster care and policies that require private and public CCYA to ensure children in substitute care receive health examinations based on the EPSDT periodicity schedule.
- A policy which requires child welfare agencies to perform ASQ™ and ASQ: SE™ questionnaires to assess developmental delays in children under five and referrals for EI Services when necessary.
- Additionally, the HC Agreement¹, Exhibit J, related to EPSDT Guidelines outlines the process providers must follow if they suspect a child has a developmental delay and it does not appear the child is connected to services.
- Language in Exhibit H of the HC Physical Health Agreement and Appendix T, Part B (1) of the Behavioral HC Agreement which outlines protocols for prior and re-authorization and placement of a child in an RTF or PRTF.
- Process for monitoring antipsychotic medications for children in foster care and other important clinical indicators that could impact the health and well-being of the child.
- Reimbursement for Telepsychiatry services to provide or support clinical psychiatric and psychological care at a distance and enable individuals to receive

services in their community, as well as other community-based services and supports which include, but are not limited to: Behavioral Health Rehabilitative Services (BHRS), Multi-Systemic Therapy (MST), and Peer Support Services (PSS).

- A Telephonic Psychiatric Consultation Service Program (TiPS) to provide consultative services to PCP, medical specialists, and other prescribers of psychotropic medications who need assistance determining the appropriate course of treatment for MA-eligible children and youth, up to age 21, with behavioral health concerns. The TiPS teams are comprised of child psychiatrists, licensed therapists, care coordinators and administrative supports who work together to provide telephonic or face-to-face consultation, care coordination, and training to providers.

DHS plans to build upon and improve these processes after reviewing data related to existing services to identify gaps in service and/or service delivery and areas of improvement. DHS will also review prior authorization requirements for MA recipients under the HC Agreement and Fee-for-Service model to ensure placement in a congregate care setting is most appropriate to meet the physical and behavioral health needs of the child. One of the strategies in PA's CFSR PIP and integrated into the 2020-2024 CFSP is to review the Complex Case Bulletin and process and develop recommendations for improvement. This activity will inform any changes to the procedures and protocols in existence. Finally, DHS will also assess the responsibilities of the Resource Facilitation Team to determine whether their role could be expanded to include a review of children with medically complex needs and not just youth transitioning to adult services.

Services to Children Under the Age of Five to Address Developmental Needs

As children under the age of five represent one of the populations at greatest risk for maltreatment, OCYF is committed to ensuring the developmental needs of young children coming in contact with the child welfare system are appropriately assessed and addressed. Pennsylvania benefits from the rich investment of public funding to support an array of programs designed to ensure the developmental needs of children are met. Since its inception in 2007, OCDEL, which is overseen by both DHS and PDE, has focused on creating opportunities for Pennsylvania's youngest children to develop and learn to their fullest potential. This goal is accomplished through a framework of supports and systems that help ensure that children and their families have access to high-quality services. Many of the services and supports coordinated by OCDEL are utilized by CCYA in meeting the developmental needs of children under the age of five.

Ensuring the developmental needs of young children are addressed begins with a comprehensive assessment. As referenced in Pennsylvania's Health Care Oversight and Coordination Plan, OCYF requires CCYA to utilize the ASQ™ and ASQ-SE™ to screen the following populations:

- All children under the age of three who are subjects of a substantiated report of maltreatment until they turn five;
- All children under the age of three who are placed by the county children and youth agency in a residential treatment facility which specialized in children with developmental delays, disabilities, or other serious health conditions; and
- All children under the age of three who are homeless and whose family is receiving county child welfare services.

Follow-up ASQ™ and ASQ-SE™ screenings are conducted based on the schedule listed in OCYF Bulletin 3490-10-01 until the child's case is closed, the child starts receiving EI Services, or until the child no longer meets the age requirements for screening.

The Pennsylvania EI Program, offered through OCDEL, provides support and services to families with children, from prenatally to age five, with developmental delays and disabilities. The EI Program:

- Supports services and resources for children that enhance daily opportunities for learning provided in settings where a child would be if he/she did not have a developmental delay or disability;
- Provides families' independence and competencies; and
- Respects families' strengths, values, and diversity.

EI supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family, building upon the natural learning opportunities that occur within the daily routines of a child and their family. EI enhances the child's development in one or more of the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

The services provided to children and their families differ based upon the individual needs and strengths of each child and the child's family. Services such as parent education, support services, developmental therapies and other family-centered services that assist in child development may be included in a family's EI program.

EI promotes collaboration among parents, service providers and other important people in the child's life to enhance the child's development and support the needs of the family. Services may be provided in the child's home, childcare center, nursery school, playgroup, Head Start program, early childhood special education classroom or other settings familiar to the family. EI supports and services are embedded in typical routines and activities, within the family, community and/or early care and education

settings. This approach provides frequent, meaningful practice and skill building opportunities.

EI services, which are provided at no cost to the family, are used by the CCYA to improve parental education and provide the support needed to help the family maintain the young child in their home or provide support to the family once the child has returned to the home from foster care. Varieties of services are available, depending upon the need of the child and the family. Numerous services are available that address a variety of physical, educational and behavioral needs.

Home visiting programs represent a key component in the array of services utilized to meet the developmental needs of vulnerable young children. In 2009, OCDEL was awarded MIECHV funding for Pennsylvania. OCDEL used these funds to expand the evidence-based home visiting (EBHV) program using a competitive request for application process in local communities. The application process allowed for Local Implementing Agencies (LIAs) to implement the following EBHV programs: Early Head Start, Healthy Families America, Nurse-Family Partnerships and PAT. LIAs implement and provide services to children and families from inception through age five. A community-based local needs assessment is used to determine which counties were at risk to receive funding. Over time, families and home visitors build partnerships and work together to:

- Improve a child's health and development;
- Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits;
- Improve school readiness and achievement;
- Reduce crime, including domestic violence;
- Improve family economic self-sufficiency; and
- Improve the coordination and referrals for other community resources and supports.

In SFY 2017-18, funding was appropriated in the state budget to expand evidence-based home visiting to an additional 800 families. Many local models are coordinating with the CCYA for referral and resources to support families. An additional evidence-based home visiting model was added through this funding: Family Check-Up for Children (FCU). In SFY 2018-19, funding was appropriated in the state budget to expand evidence-based home visiting to an additional 600 families experiencing substance use disorders and an additional 700 families through positive parenting support services such as evidence-informed parenting classes. An additional evidence-based home visiting model was added through this funding: SafeCare Augmented.

To assess the array of services most commonly being utilized by CCYA in meeting the developmental needs of children under the age of five, OCYF requested counties provide information about their local activities through their SFY 2019-20 NBPB submission (provided to OCYF in September 2018). The counties were asked to

provide responses to identify and provide a brief description of any specific services/programs the county is utilizing (or plans to utilize) to help address the developmental needs of children under the age of five who receive in-home or out-of-home child welfare services. The findings outlined below represent the information provided by 66 counties; one county did not respond to the questions around this population posed in the NBPB. Counties were asked to reflect over the past fiscal year in developing their responses.

Nearly every county identified the following services/programs as utilized to serve children under the age of five receiving in-home or out-of-home services:

- Use of the ASQ™ and ASQ-SE™
- EI Services
- Early Head Start
- Head Start

Counties also often cited the use of Family Preservation Services, Family Reunification Programs, and Family Centers. Commonly cited EBPs utilized by the counties included:

- PAT – 15 counties
- Nurturing Parents – 10 counties
- NFP – 10 counties
- Parent-Child Interaction Therapy (PCIT) – 8 counties
- Incredible Years – 7 counties
- Healthy Families – 4 counties

Additional, less frequently cited programs/services included:

- Triple P
- Safe Care
- STOPP
- Maternal Assistance Program
- Recovery Coaching
- Visitation Coaching
- Strengthening Families
- Family Support Daycare
- In-house county developed parenting programs

Over the next five years, OCYF will continue to monitor and adjust requirements for developmental screening practices as needed. To aid in this work, OCYF has requested CCYA provide additional information about their developmental screening practices through their SFY 2020-21 NBPB. The information requested will help OCYF identify the number of counties who extended developmental screening using the

ASQ™ and ASQ-SE™ to all children under the age of five and to assess how counties who have not expanded the use of the screening tools are otherwise appropriately assessing the developmental needs of young children.

Chafee Foster Care Program (Independent Living Services)

DHS/OCYF is the identified state agency designated to administer and supervise the Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program) in Pennsylvania. Chafee services are provided either directly by the CCYA or by their identified service provider. Pennsylvania's IL Program is funded with Title IV-E, state and local funds. CCYA apply to OCYF to receive state and Chafee funds based on their assessment of local needs and an acceptable application. Approximately 90% of the overall budget for IL services in Pennsylvania is funded by state and local dollars. A local match of 15% is required for the state funds awarded. CCYA are not required to meet the state's federal funds match requirement. The four OCYF Regional Offices and CWRC staff conduct onsite reviews to assess IL services and provide TA to the CCYA.

Pennsylvania's IL program is supported through the CWRC IL Project. The IL Project has the responsibility to monitor the implementation of the IL program and provide technical assistance to IL programs as needed. CWRC employs Practice Improvement Specialists (PI) who conduct IL site visits with CCYA, OCYF Regional Offices and other stakeholders to identify strengths and challenges in county practice. CWRC supports research and evaluation activities related to IL services to improve outcomes for older youth in Pennsylvania's child welfare system. This responsibility includes onsite visits to review IL programs and reporting. Site visits include a review of program records and interviews with the CCYA director, fiscal staff, IL coordinator, private providers, and program participants.

A report containing the findings and recommendations from the visit is prepared by the PI and submitted to the state IL coordinator (OCYF) for approval. Upon approval, the report is released to the CCYA, SWAN technical assistance staff, the OCYF Regional Office, and others who attended the site visit. CCYA that participate in the IL grant program are required, as a condition of the grant, to cooperate with the CWRC PI in the IL site visits. CCYA are encouraged to contact their PI to answer any questions about completing the grant application, to discuss program ideas, and/or to arrange for a technical assistance visit. Further information regarding IL sit visits in outlined in the "Quality Assurance/CQI System" section of the 2020-2024 CFSP.

Description of Program Design or Delivery

Pennsylvania is committed to providing youth making the transition from placement to self-sufficiency with the skills and resources necessary to make them independent and productive members of society. This state-supervised, county-administered program prepares youth in foster care, ages 14-21, for their transition from

foster care to independence. IL services are provided to youth to support successful transitions to adulthood and to reduce or eliminate the instances of homelessness, poverty, and delinquent or criminal behavior through increased employability, high school graduation rates and enrollment in post-secondary or vocational institutions. The design and delivery of services to this population must be responsive to the individualized needs and goals of youth in transition.

Pennsylvania's IL program is operated statewide and all CCYA are required to identify youth who are likely to remain in foster care until age 18 and to:

- Help them make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);
- Help them receive the education, training and services necessary to obtain employment;
- Help them prepare for and enter post-secondary training and education institutions;
- Provide personal and emotional support to youth aging out of foster care, through mentors and the promotion of interactions with dedicated adults;
- Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
- Inform youth about the Chafee Education and Training Grant program which offers financial assistance for post-secondary education;
- Provide services to youth who, after attaining 16 years of age, have left foster care for kinship care, guardianship or adoption; and
- Ensure children who are likely to remain in foster care until 18 years of age are afforded opportunities to engage in age and developmentally appropriate extracurricular, enrichment, cultural or social activities and experiences.

In addition to the above, PA over the next five years plans to:

- Use National Youth in Transition Database (NYTD) data to identify areas where service(s) need strengthened assisting youth to become successful adults; and
- Incorporate the recommendations from the YAB, now a recognized CRP, into the state's Chafee program.

CCYA may provide IL services to subgroups of youth who are under age 21, including youth who are returned home, youth placed with relatives and to delinquent youth. State and local funds may be used to pay for IL services for youth excluded from Chafee eligibility. OCYF Bulletin, 3130-14-01, *Youth Independent Living Services Guidelines* details the guidelines and requirements associated with PA IL services and can be accessed online through the [DHS website](#).¹⁷

Pennsylvania currently engages youth in care, or formerly in care, in planning, educating, advocating, and forming partnerships to create positive change within the child welfare system. The YAB, a recognized CRP, is an example of a strong collaboration between youth, service providers, CCYAs, OCYF, CWRC, Juvenile Law Center (JLC), Kids Voice, PA Partnerships for Children and communities where youth are provided a platform to have their voice heard.

OCYF has encouraged the formation and ongoing development of the YAB, which is managed by the CWRC. OCYF management participates in YAB meetings and events to share updates and new information and to solicit valuable youth feedback, which can influence policy and programmatic decisions. The YAB continues to operate on Statewide, Regional, and local levels and is comprised of current and former foster care youth ages 14-21. Local and Regional YAB members address pertinent issues related to their communities, complete community service projects, and participate in peer focus groups. Representatives from the six regional YAB boards meet quarterly during statewide meetings and discuss ongoing activities, legislation, and YAB website and policy recommendations. During YAB meetings, youth members lead discussions, formulate agenda topics and provide feedback on relevant initiatives. There are several statewide youth engagement efforts ongoing in Pennsylvania. These efforts include the following:

- YAB, both regionally and statewide;
- YAB Leadership Summit;
- Older Youth Retreat and the planning committee process;
- Youth Ambassador Program;
- Youth Quality Improvement Specialist (YQIS) Positions;
- Participation of youth in a variety of state-level workgroups; and
- Youth engagement at the local level.

Youth engagement occurs regularly at the local level through IL programs. Youth are engaged through participation in CRP meetings, IL Site Visits, community groups, and other cross-system committees. Having the youth voice represented in discussions of quality is an important step forward for this work.

¹⁷ <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=3130-14-01&o=N&po=OCYF&id=12/08/2014>

NYTD will continue to be a topic addressed at regional IL networking sessions, as well as annual IL program visits where CCYAs can discuss what has worked well and what challenges they continue to face with regard to their NYTD survey completion rates. As part of the IL Review, all CCYAs are asked to identify their established process for connecting with older youth as part of the NYTD follow-up population.

NYTD data collected and analyzed from survey information from each cohort of former foster youth indicated that in FFY 2018, 5,780 youth statewide received at least one IL service. The three IL service areas that youth participated in most frequently besides assessment were career preparation, budgeting/financial and health education. Survey information is used to inform and enhance department policy to better support youth 16 and older in out-of-home care. Statewide data is shared with YAB members, CRPs, PA Child Welfare Council, CWRC and CCYAs.

OCYF developed a NYTD team to implement NYTD. The team consists of program staff from OCYF and the CWRC and information management system staff from OCYF, SWAN and PCG. The NYTD team has focused much of its efforts on assisting CCYAs with surveying youth, managing data collection, technical assistance and training for CCYAs on. Currently, work is being done to support youth engagement efforts around NYTD. As needed, YQIS from CWRC can provide youth perspective, based on focus group discussions held across the state, to the group as well as filter relevant information to the YAB and from the YAB to the workgroup.

Over the next five years, OCYF will undertake the following to collect high-quality data through NYTD:

- Strengthen training to CCYAs on the use of the Accurint Search Engine to locate youth. Each CCYA has at least one identified Accurint user.
- Continue collecting baseline data on an annual basis to provide more frequent identification of youth outcomes at age 17.
- Train NYTD users and CCYA prior to each reportable period.
- Develop a NYTD data package for CWRC and OCYF to use when doing on-site reviews.
- Develop a NYTD Statewide Report on information gathered during the 19 and 21-year-old survey cohorts to be shared with YAB, CCYAs and CWRC.

Serving Youth Across the State

Each of the 67 CCYA receive Chafee Program funds to provide required IL services to youth in foster care or who have discharged from foster care. CCYA provide descriptions of their IL Programs as part of their annual NBPB submission and may use the NBPB process to request state funds to meet any increased need or expand services. CCYA and their service providers may tailor services to meet a youth's assessed needs and may provide services individually, in a group setting or a combination of both.

OCYF and CWRC monitor IL programming through on-site visits and annual licensing. CCYAs must complete a pre-site visit assessment prior to the visit, which includes some AFCARS data. CCYAs participating in the QSR collect information through case record reviews and key informant interviews, which provides insight into the quality of IL services being provided within that county. Specific Indicators measuring outcomes for older youth include safety, stability, living arrangement, well-being, academic status, and pathways to independence. QSR status indicators also measure local practice related to youth engagement, role and voice of the youth, teaming, assessment and understanding, long-term view, planning for transitions and life adjustments. Pennsylvania continues to explore further analysis of this QSR data pertaining to older youth.

Pennsylvania does not currently have a statewide data system that tracks Chafee services. PA relies upon NYTD served data which is provided with this report at Appendix F. According to NYTD, in 2018, Pennsylvania had 5,780 youth between the ages of 14-21 who received at least one IL service. The top three service areas broken down by region are as follows:

- Southeast: Career Prep, Budgeting and Health Education
- Northeast: Career Prep, Budgeting and Health Education
- Central: Academic Support, Budgeting and Health Education
- Western: Career Prep, Budgeting and Health Education

Serving Youth of Various Ages and Stages of Achieving Independence

Pennsylvania does not have any statutory or administrative barriers to serving a broad range of youth, which is evidenced by the policies in place to serve youth not meeting Chafee Program eligibility using state and local funds. Pennsylvania does not have a statewide data system to track Chafee services. CCYA report on the number of youths being served during their annual NBPB process. Many CCYA report during the NBPB process and their annual IL review that they are serving youth younger than 14, delinquent-only youth, and youth receiving in-home services.

Act 91 of 2012 amended various provisions of the Juvenile Act by expanding the criteria to allow youth to stay in care past age 18 and by allowing youth to request the courts to resume dependency jurisdiction and re-enter care before turning 21 if they discharged within 90 days of attaining age 18 or left care any time after reaching the age of 18. State policy requires that for every youth in foster care age 14 and older, an assessment of needs is administered, and services are provided to meet those identified needs. CCYA are also able to use state funds to provide IL services to delinquent youth, youth under age 14 or non-foster youth who may benefit from IL Services.

Service delivery approaches vary by county to allow for the best possible approach based on the size, provider network, staff resources, distance, and caregiver support. CCYA provide services in both group and individual settings to best meet the needs of the youth. It is common for agencies to use a combination of individual and group service delivery to youth. CCYA are required to create a transition plan during the 90-day period immediately prior to the date the youth will be discharged from substitute care between the ages 18 and 21, CCYA must “provide the child with assistance and support in developing a Transition Plan that is personalized at the direction of the youth, includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, and workforce supports and employment services, and is as detailed as the child may elect” (P.L. 110-351, Section 475 (5)(H)).

Per OCYF Bulletin 3130-14-01, *Youth Independent Living Services Guidelines*, transition planning with youth should include the following elements or activities:

- A coordinated set of activities oriented toward producing results;
- Engagement, assistance and support to youth to create and nurture their full participation and ownership, from the planning process through the plan implementation;
- An ongoing, thoughtful and coordinated process which involves collaboration between the youth, service providers, family or non-family members, and other key resource providers;
- A youth-driven or directed planning process that serves the youth’s best interest and promotes safety, permanence, and well-being; and
- Results in a Transition Plan that is personalized at the direction of the youth through staff/agency support and assistance and includes specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, workforce supports and employment services.

CCYA are also utilizing methods such as FGDM, Family Finding, teaming, and transition conferences to ensure that plans are thorough and that supports are in place to help achieve the plan. These practices are also beneficial in identifying permanent connections for youth.

Aftercare (AC) services are defined as IL services available to any youth who exited substitute care on or after his or her 14th birthday and prior to his or her 21st birthday. The former resource family, group home or residential childcare provider, CCYA or a contracted provider may provide AC services. AC services may include the full range of services available to IL participants, including any service areas addressed in the assessment, counseling and/or stipends. The provision of AC services is mandatory, and the AC services provided to an individual youth must be described in the youth’s plan. Youth electing to discontinue participation with voluntary services are eligible to re-request services up to age 21. Room and board services may be provided to those youth who are discharged on or after age 18 up to age 21.

OCYF does not prescribe the use of a tool or assessment to determine which youth are likely to remain in foster care because all youth must have their needs assessed within 45 days of attaining age 14. The majority of CCYA and their private providers use either the Ansell-Casey or Daniel Memorial life skills assessment tools. Many CCYA develop supplemental assessment tools for foster parents and other caregivers to complete with youth in their care. Multiple assessment tools contribute to more effectively identifying the needs of youth and helping to measure their progress towards self-sufficiency. County programs implement a myriad of programs and services because of the needs identified through the assessment processes.

Pennsylvania redefines Chafee funded IL Room and Board services as financial aid and casework support to include payment or reimbursements for shelter, food, rent, security deposits, utilities, furniture, household items and other start-up expenses that may be incurred for youth who have exited substitute care on or after age 18. Chafee Room and Board funds may also be used to meet one-time or startup expenses for youth ages 18-21 who opt to remain in, or re-enter, foster care and for whom the court resumes dependency jurisdiction. These funds may not be used to supplement costs of a supervised IL setting or current foster family care per diem rate, extend substitute care beyond age 18, or resume dependency jurisdiction, up to age 21. IL Room and Board services are fundable through the IL Services Grant Chafee funds and the OCYF Special Grant Housing Initiative with state and local funds only. The CCYA may use allocated and available Housing Initiative funds for Chafee Program eligible youth after Chafee funds have been exhausted.

Collaboration with Other Private and Public Agencies

Collaboration sets the foundation for best practice as defined within the Pennsylvania Practice Model. Collaboration with public and private sectors that occurs at both the state and local level is of critical importance in efforts to achieve positive outcomes for older youth. TA representatives from SWAN, CWRC, AOPC, ABA, and OCYF Regional Offices continue to form strong collaborative relationships to better assist CCYA as they plan for increased SWAN utilization, NYTD, and IL services. All IL site visits continue to include invitations to SWAN TAs, OCYF Regional office staff, and youth to attend in partnership with CWRC, to coordinate services and ensure positive youth outcomes. The goal is that increased knowledge and skills among CCYA and SWAN affiliate agencies will result in more services being provided to older youth. The success of IL services is dependent upon collaboration, involvement and support of statewide and community agencies, programs and schools as well as birth families, resource families and other placement provider staff where IL youth reside. Education and training, substance abuse and other prevention services, job readiness and the ability to access employment and housing are critical to the successful transition of youth from placement to independence. The development of cooperative and collaborative relationships between the CCYAs and other service providing systems and agencies is vital to the success of these services. Examples of collaborative efforts:

- The Individuals with Disabilities Education Act (IDEA) MOU was established by the Governor's Executive Order in 1998 titled Interagency Committee to Coordinate Services Provided to Individuals with Disabilities.
- The Pennsylvania Community on Transition (PACT) is a partnership with youth, young adults, family members, higher education, employers and other stakeholders to build and support sustainable community partnerships to create opportunities for youth and young adults with disabilities to transition smoothly from secondary education to the post-secondary outcomes of competitive employment; education, training and lifelong learning; community participation and healthy lifestyles.
- PACT State Leadership Team (SLT) plans the annual Pennsylvania Transition Conference. The primary purpose of this conference is to expand the capacity of community partners to promote the successful transition of youth/young adults with disabilities to post-school outcomes of employment, post-secondary education and training, community participation and healthy lifestyles.
- Local Transition Coordinating Councils (LTCC) are a collaborative effort at the local level where services are delivered. There are currently over 70 LTCCs operating across Pennsylvania with teams that are either school or county based.
- The JLC, CWRC, and OCYF collaborate on multiple projects affecting youth, including the Know Your Rights Manual, YAB and the Youth Retreat.
- AOPC workgroups which are comprised of representatives from OCYF, JLC, Pennsylvania Partnerships for Children, CWRC, and county staff (including administrators, solicitors, IL staff, and judges/masters).
- CCYA collaborate at the local level with multiple community agencies to provide services to youth. These include local transition councils, WIA, colleges and universities, Career Link, Pennsylvania Higher Education Assistance Agency (PHEAA), juvenile courts, mental health/IDD offices, unemployment offices, JPO, family planning programs, vocational trainings, schools and universities.
- The YAB is an example of a strong collaboration between youth, service providers, CCYA, OCYF, CWRC, JLC, and communities. (See also previous section on Description of Program Design and Delivery).
- Youth Ambassadors and YQIS are integral in evaluating the effectiveness of IL programs, educating other youth in foster care, and participating in leadership positions for child welfare initiatives. Many trainings and TA activities are led or co-led by youth leaders across Pennsylvania. In addition to these extended employment opportunities, CWRC continued to coordinate and financially support youth involvement in statewide and local trainings, committee participation and leadership, cross-systems focus groups, conferences, and short-term activities or events.

Determining Eligibility for Benefits and Services

OCYF instruction to CCYA is very comprehensive regarding eligibility criteria for services and benefits. Every youth, including youth known to the agency but not in

foster care, with an assessed need should be afforded IL services and supports. This broad eligibility criterion is made possible by approving county requested state funds that require a local match. CCYA are also instructed to serve former foster youth who may now reside in a different county or state. Finally, as per federal requirements, services are available for youth moving into Pennsylvania

Cooperation in National Evaluations

PA will cooperate in any national evaluations of the effects of the programs in achieving the purposes of the Chafee Program.

Chafee Training

CWRC maintains trainings specific to Chafee on its main website, which include:

- Engaging Older Youth (Caseworker)
- Engaging Older Youth (Supervisor)
- Foundations of Independent Living: An Overview
- Engaging Older Youth: Caseworker Preparation
- Engaging Older Youth: Supervisor Preparation
- Independent Living Services, An Overview: Module 1 Purpose and Policy
- Independent Living Services, An Overview: Module 2 Adolescent Issues-Risk and Resiliency

The CWRC provides trainings specific to CCYA's upon request. Chafee trainings are provided during the four SWAN/IL quarterly trainings, and an annual permanency conference. These trainings provide CCYA and private agency staff, workers in adoption and IL, and resource families the opportunity to learn about the services, the importance of each and how to access them.

Education and Training Vouchers (ETV) Program

In Pennsylvania, ETV is known as the Chafee Education and Training Grant (ETG) program. DHS maintains an Interagency Agreement with PHEAA to implement the program and distribute the federal funds to the educational institutions that youth attend. PHEAA maintains all grant and scholarship information on all eligible students and provides OCYF with an annual list of all award recipients and amounts given per student. PHEAA works in collaboration with other federal educational assistance programs and higher educational institutions to avoid duplication and to ensure that there is no duplication of benefits and the amount the youth receives does not exceed the total cost of attendance.

Eligible current and former foster youth may receive up to \$5,000 per year to help with college or post-secondary education costs. To apply, an individual must complete

the Free Application for Federal Student Aid (FAFSA) form and the ETG Program Application form. Funds are awarded on a first-come, first served basis as determined by the receipt date of the completed application for Pennsylvania undergraduate students who are attending a post-secondary institution approved for the federal Title IV student financial assistance programs. ETG awards are based on the youth's actual cost of attendance and the amount of funds awarded to the state. ETG in Pennsylvania is considered after all other gift aid and scholarships are applied to a student's balance as to meet the requirement that ETG funds do not exceed the cost of attendance. ETG differs from a scholarship that is awarded based on the funder's criteria and shorter application period, determined in advance of an academic period, and awarded early. If a student does not attend the school, the award amount is not redistributed to other students.

Approved institutions include those that: admit only students with a high school diploma or equivalent; award a bachelor's degree or offer not less than a two-year program that provides credit toward a degree; are public or non-profit; are accredited or pre-accredited; provide not less than one year of training toward gainful employment; and admit only students beyond the age of compulsory school attendance. Awards for out-of-state institutions are contingent upon the cooperation between the institution and PHEAA. ETG funds are used to pay tuition costs and other school-related expenses such as textbooks, supplies, computers, and living expenses. Information about the ETG program can be found on the PHEAA website at www.pheaa.org/funding-opportunities/other-educational-aid/chafee-program.shtml.

Pennsylvania does not currently have a state tuition waiver program. ETG funds may be used to cover expenses including, but not limited to, tuition, books and supplies, computers (if required by the course) and living expenses. ETG grant money may not be used for costs associated with school preparation, such as completion of the Scholastic Aptitude Test (SAT). However, funding is available for these activities through the existing county Chafee allocation for IL services and SAT waivers through the College Board. SAT waivers are managed by CWRC with letters sent out annually to all CCYA and IL providers with information on how to obtain one for eligible students.

PHEAA and their regional offices provide financial aid assistance to county caseworkers and IL providers for youth desiring to attend college or a trade school. DHS/OCYF and CWRC partner with PHEAA on an annual basis to provide training and resources to CCYA's. PHEAA has 13 Regional Managers that are assigned specific counties to manage throughout the state. Regional Managers not only provide educational material and assistance during local high school college fairs but hold 40 counselor workshops annually. Additionally, Regional Managers are available to answer questions on an individual basis if an IL Coordinator/Worker would require assistance with the financial aid process for a youth they support.

Table 6. ETV Grant Awards, School Years 2017-2018 and 2018-2019

	Total ETVs Awarded	Number of New ETVs
Final Number: 2017-2018 School Year (July 1, 2016, to June 30, 2017)	388 - \$1,645,682	186 - \$781,423
2018-2019 School Year* (July 1, 2018, to June 30, 2019)	369 - \$1,572,657	173 - \$717,823

Source [PHEAA] [April 2019]

Child Welfare Waiver Demonstration Project

Beginning July 1, 2013, five Pennsylvania counties (Allegheny, Dauphin, Lackawanna, Philadelphia, and Venango) agreed to replace fee-for-service federal revenue for Title IV-E foster care board, maintenance, and administration for eligible children in exchange for a capped allocation amount that could be used for purchasing child welfare services focused on prevention, aftercare, and therapeutic intervention. A sixth county, Crawford, joined the CWDP on July 1, 2014. These counties also agreed to respond to this change in federal funding policy in specific ways: (1) develop a new case practice model using family engagement and structured assessment, and (2) the introduction or expanded use of EBP. Additionally, counties could identify unique county system changes such as performance-based contracting to adopt as part of the project.

Under the Terms and Conditions, Pennsylvania was thus authorized to implement a demonstration project that involved the flexible use of Title IV-E funds to develop a new case practice model focused on family engagement, assessment, and the introduction or expanded use of evidence-based programs. Pennsylvania's CWDP sought to accomplish the following statutory goals:

- Increase permanency for all infants, children, and youth by reducing the time in foster placements when possible and promoting a successful transition to adulthood for older youth;
- Increase positive outcomes for infants, children, youth and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth; and,
- Prevent child abuse and neglect and the re-entry of infants, children, and youth into foster care.

The target population for the project was Title IV-E eligible and non-eligible children aged 0-18 who were: (1) in placement, discharged from placement, or who were receiving in-home services at the beginning of the demonstration period; or (2) who were at risk of or entered placement during the term of the waiver demonstration.

Some notable findings from Pennsylvania's CWDP evaluation include:

- For families that participated in Triple P, and for whom there was child-level data, statistically significant improvements in both child and parent behaviors were noted, suggesting that this is a useful EBP for child welfare populations. While not all counties felt that Triple P was an appropriate fit for their specific needs, two counties did find some success with it.
- All counties, with the exception of one, were successful in reducing the use of congregate care over the course of the waiver. Correspondingly, the use of kinship care increased during the waiver as well, although the level of usage still varied by county. This trend was also consistent with conversations the evaluation team had with the counties. The degree to which kinship care use can be linked to family conferencing for every family cannot be determined due to the non-experimental design. However, the evidence for cause and effect is promising, and it is reasonable to hypothesize that family conferencing is a likely mechanism for the observed increase in kinship care.
 - For example, one county confirmed that family conferencing played a large role in reducing congregate care and in increasing the use of kinship. This county put policies in place so that any referral to congregate care required approval from the county Director of Human Services. In addition, the county implemented a range of family conferences, so that families could participate early and with a smaller circle of support and then, if the family was in agreement, have a FGDM meeting. Most importantly, there was a cultural change which originated with the leadership and prioritized starting with families first and working through all other options before examining removal and other out-of-home care.

The evaluation findings were shared with the Pennsylvania Child Welfare Council in March of 2019 and next steps for sharing findings with relevant stakeholders discussed. The CWDP evaluation identified important lessons for consideration in the successful implementation of EBP which OCYF believes will be important in informing efforts to expand the use of EBP through Pennsylvania's implementation of the FFPSA prevention program. The CWDP evaluation also provided an opportunity to identify successful practices and challenges regarding utilization of family engagement models. Pennsylvania drew from the experience of the waiver counties' work related to engagement in the development of the state CFSR PIP, which is reflected in some of the strategies integrated from the PIP into the 2020-2024 CFSP.

Programs to Support Well-Being through the Special Grants Initiative (SGI)

Through the SGI, CCYA can request funding through the annual NBPB process to support programs in their community designed to best meet the needs of the children and families they serve. SGI funds are available to cover EBPs, promising practices, truancy prevention, and housing and serve as a key mechanism for building a strong service array at the county level to address the well-being needs of children and youth. The SGI is funded through a combination of state and matching county funds. The

required county match percentage varies depending on the SGI and ranges from five percent to 15 percent.

The CCYA may select as many EBP as needed if each EBP meets a designated need of the population being served. OCYF sets the expectation that monitoring of the EBP by CCYA should occur to ensure fidelity and integrity to the EBP model is being met and to assess the effectiveness or lack of effectiveness of the EBP. Results of the monitoring plan should provide CCYA with data to assist in making informed decisions regarding continuation, expansion, or elimination of EBP. CCYA who wish to implement EBP must identify the website registry used to select the program when making their funding requests.

One of the most commonly requested and implemented EBPs in Pennsylvania is MST and can be found operating in 57 of Pennsylvania's 67 counties. According to the California Evidence-Based Clearinghouse for Child Welfare (CEBC), MST is an intensive family and community-based treatment for serious juvenile offenders with possible substance abuse issues and their families. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an example of another EBP that promotes child well-being that is being utilized by CCYA. The CEBC describes TF-CBT as a joint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic events. TF-CBT is currently being utilized in 16 counties. Examples of other EBPs requested by CCYA that impact child well-being include Functional Family Therapy (FFT), Aggression Replacement Training (ART) and Healthy Families America.

CFSR Well-Being Related Systemic Factor Assessment

Well-Being Service Array

The array of services to support the achievement of positive well-being outcomes for children who are involved with the child welfare system in Pennsylvania has continued to expand over the past several years. Strengths in the service array include well-established practice for identifying developmental needs of children and connecting them with EI services to address any concerns. Flexible funding streams also allow OCYF to support counties in implementing an array of EBPs that can be individualized to the specific needs of the local community through the SGI. In nearly every Pennsylvania county, FGDM or other models of family engagement are being leveraged to help families take a greater role in advocating for and identifying the resources, supports and services they need to ensure child safety and well-being. Pennsylvania also has made significant strides over the past five years in ensuring children's well-being through targeted monitoring of psychotropic medication usage among children in out-of-home placement.

During the CFSR in 2017, Pennsylvania was not found to be in substantial conformity with the CFSR service array systemic factor. Through stakeholder interviews that were conducted at the time, services to address child and parent trauma were noted as lacking, as well as substance abuse treatment options in some areas of the state. As part of the efforts to reduce congregate care utilization, Pennsylvania will work to build the appropriate area of trauma-based services and treatment needed to support children and youth with severe mental and behavioral health issues. Root cause analysis of the 2017 CFSR findings with regards to service array found that challenges in ensuring the appropriate array of services are available can be traced back to lack of appropriate assessment practices, especially with regards to mental and behavioral health. Without proper identification of needs, services cannot be put in place to effectively help children and their families. When needs are not appropriately identified, it becomes difficult at both the state and county level to understand what services are truly needed and where gaps may exist. Pennsylvania's CFSR PIP contains strategies that have been integrated into the 2020-2024 CFSP targeted at improving assessment practices and how counties use needs to drive the selection of services.

Written Case Planning

One CFSR systemic factor that has been identified as critical to the achievement of positive safety, permanency and well-being outcomes focuses on ensuring all children have a written case plan that is developed in collaboration with the child (when developmentally appropriate) and his or her parents. A review of violations issued to counties as a result of annual CCYA licensing inspections confirms that agencies do consistently ensure children and youth have written case plans. During the CFSR in 2017, written case planning was identified as an area needing improvement for Pennsylvania due specifically to challenges in parental involvement. Further evaluation of parental engagement in case planning is outlined below in the assessment of Pennsylvania's performance related to CFSR Well-Being Outcome 1.

CFSR Well-Being Outcomes Assessment

OCYF utilizes the CFSR Well-Being Outcomes in the ongoing assessment and monitoring of performance related to ensuring the well-being of children and youth. Pennsylvania's performance on the three CFSR Well-Being Outcomes is discussed in detail below.

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

CFSR Well-Being Outcome 1 focuses on efforts made by the agency to work with families in identifying and addressing needs. Pennsylvania was not found to be in substantial conformity with Well-Being Outcome 1 during the 2017 CFSR as only 37% of the 65 cases reviewed were found to meet federal practice standards, which is well below the 95% federal target for the outcome. Well-Being Outcome 1 performance is

determined through evaluation of agency practice related to the assessment of needs and services to children, parents and foster parents; engagement of the child and parents in case planning; and the quality of caseworker visits with children and parents.

With regards to Well-Being Outcome 1, CFSR results, as well as QSR findings and annual CCYA LIS, revealed the following:

- During the 2017 CFSR, agency practice in assessing needs and providing services was found to be a strength more often for children and foster parents than for mothers and fathers;
- The CFSR also found that agency practice in assessing needs and providing services was more often a strength in regard to mothers than in regard to fathers;
- QSR data also found that the percentage of cases rated as acceptable regarding agency practices for assessment and understanding reflected similar patterns when comparing assessment of mothers to assessment of fathers;
- During the CFSR in 2017, engagement of non-custodial parents, fathers, incarcerated parents and parents residing out of state in case planning was a particular challenge for agencies;
- Nearly half of all counties were found to have violations related to written case planning during annual CCYA licensing inspections, with over half of all violations involving concerns with lack of parental involvement in the development of the family service plan and/or child permanency plan;
- The 2017 CFSR identified that the frequency of caseworker visits with children is generally sufficient, however, the quality of visits was not always such as to promote continued monitoring and support to children and families in achieving case plan goals; and
- The CFSR also found that agency practice regarding the frequency and quality of caseworker visits was often stronger when looking at practice with mothers than compared to fathers.

To address identified gaps areas revealed through this analysis, Pennsylvania incorporated strategies in the state's CFSR PIP to improve engagement practices with parents and strengthen the assessment of needs for children and parents. These strategies have been integrated into the strategies contained in the 2020-2024 CFSP.

[Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.](#)

Well-Being Outcome 2 focuses on agency efforts to assess the educational needs of children and youth, both initially and ongoing, and provide services that match the needs are effective in helping children and youth attain positive educational outcomes. Pennsylvania was not found to be in substantial conformity with Well-Being Outcome 2 as 91% of applicable cases reviewed were rated as a strength, which falls

below the federal performance target of 95%. A review of the 2017 CFSR findings found that educational needs were appropriately assessed in 91% of applicable cases and efforts made to provide appropriate educational services in 89% of applicable cases. Services provided were often related to ensuring children had individualized education plans (IEP), truancy prevention plans, or tutoring. Findings from the QSRs conducted across the state over the past five years suggests practice is more successful in meeting the educational needs of young children when compared to older youth.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health

CFSR Well Being Outcome 3 focuses on agency efforts to appropriately assess the physical and mental/behavioral health needs of children and ensure services are provided to effectively address identified needs. Pennsylvania was not found to be in substantial conformity with Well-Being Outcome 3 during the 2017 CFSR as 65% of applicable cases were found to meet federal performance standards, which does not meet the federal target of 95%. Analysis of findings from the CFSR, QSR and annual CCYA licensing inspections revealed the following:

- During the 2017 CFSR, 71% of applicable cases reviewed were rated as a strength with regards to physical health;
- The CFSR findings identified that agencies were generally more successful in assessing and providing services related to physical health needs when compared to dental health needs;
- Violations issued during annual CCYA licensing inspections were more likely to involve failure to ensure children received periodic dental screenings and treatment than failure to ensure children receive periodic health screenings and treatment;
- During the 2017 CFSR, 74% of applicable cases were rated as a strength with regards to agency efforts to provide services to mental/behavioral health needs; and
- The CFSR revealed that, in all applicable cases reviewed, the agency provided appropriate oversight of prescription medications used to treat children's mental or behavioral health issues.

Pennsylvania has prioritized efforts the state will take over the next five years to improve services to meet the complex physical and mental health needs of children and youth, which is reflected in the goals and objectives for the 2020-2024 CFSP and in the state's Health Care Oversight and Coordination Plan.

Five-Year Goals and Strategies to Improve Well-Being

Based on the stakeholder feedback and review of Pennsylvania performance regarding the achievement of key well-being outcomes, goals and strategies have been prioritized to strengthen efforts to ensure the well-being of children and youth.

Strategies developed as part of PA's CFSR PIP that will help achieve the identified goals are included and specifically noted as PIP strategies in this plan. For the 2020-2024 CFSP, some of the key activities included in the strategies identified as originating from the PIP may be expanded upon to include additional efforts OCYF plans to undertake to further the work and to capture efforts that may extend beyond the two-year PIP implementation time frame. As the initial goals and strategies set forth in Pennsylvania's 2020-2024 CFSP are achieved, OCYF will continue to work with stakeholders to identify additional goals and strategies to add to the state Title IV-B plan through submission of the APSR.

It should be noted that a number of strategies outlined under the safety and permanency sections of the 2020-2024 CFSP are anticipated to also play a critical role in improving well-being outcomes. For example, work to identify a functional assessment tool that includes components of risk and safety outlined earlier in this plan to support Pennsylvania's vision for child safety will also impact child well-being by ensuring comprehensive assessment practices are being utilized to identify all child safety and well-being needs. FEI, discussed earlier in this plan with regards to permanency, also has a focus on implementing practices that will strengthen child well-being. Finally, work to reduce congregate care placements in Pennsylvania and improve the quality of care provided at congregate facilities includes efforts to provide more trauma-focused services and ensure the appropriate supports and services to meet children's complex physical and mental health needs are in place to promote serving children in their own homes and communities. Additional efforts that impact child well-being are also outlined in the Health Care Oversight and Coordination Plan.

Well-Being Goal 1: Support families in achieving the ability to meet their child/youth’s well-being needs, including physical, emotional, behavioral and educational needs through improved agency efforts to engage families and service array enhancement.

Rationale for Goal Selection: Pennsylvania’s practice model prioritizes supporting families through comprehensive and accessible services that build on strengths and address individual trauma, needs and concerns. During the CFSR in 2017, Pennsylvania was not found to meet federal standards related to needs assessment and services to children and parents set forth under Well-Being Outcome 1. With regards specifically to children, Pennsylvania also did not achieve substantial conformity with Well-Being Outcome 2, appropriate services to meet educational needs or Well-Being Outcome 3, adequate services to meet physical and mental health needs. QSR data has also consistently shown room for improvement across the state in ensuring children and youth involved with the child welfare system have all physical and mental health needs fully assessed and met.

5-Year Monitoring Targets:	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to the physical health of the child will increase to 76% or higher by the conclusion of the PIP monitoring period.	2017 CFSR 71%				
The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to the mental/behavioral health of the child will increase to 79% or higher by the conclusion of the PIP monitoring period.	2017 CFSR 74%				

<p>The percentage of cases rated as a strength during CFSR PIP monitoring case reviews related to assessment of needs and services to children (other than related to education, physical health or mental/behavioral health) will increase to 88% or higher by the conclusion of the PIP monitoring period.</p>	<p>2017 CFSR 83%</p>				
<p>The percentage of cases rated as a strength during CFSR PIP monitoring case reviewed related to engagement of children and parents in case planning will increase to 54% or higher by the conclusion of the PIP monitoring period.</p>	<p>2017 CFSR 46%</p>				

Well-Being Objective 1.1 (CFSR PIP Strategy): OCYF will work with system partners to more clearly define what is meant by meaningful engagement, set consistent expectations for how engagement should be demonstrated in day to day case practice, develop effective supports to improve engagement practices and communicate this information to child welfare practitioners.

Rationale for Objective Selection:

- During the CFSR in 2017, agencies were found to make concerted efforts to engage mothers in case planning in 67% of the applicable cases reviewed.
- During the CFSR in 2017, agencies were found to make concerted efforts to engage fathers in case planning in 48% of applicable cases reviewed.

- Through data analysis, the specific populations least likely to be engaged by child welfare professionals included fathers, incarcerated parents, non-custodial parents, and parents residing out of county or out of state.
- Data analysis also revealed that initial efforts to engage parents were often made, but efforts were not always consistently continued to maintain engagement throughout the entire life of the case.
- Root causes analysis of engagement findings from the CFPSR and QSRs identified a need for additional work at the state level to establish expectations for how meaningful engagement should be defined so that CCYA can assess gaps between expectations and actual agency practice.

Key Activities/Strategies	Benchmarks for Completion
<p>The Permanency Subcommittee, in collaboration with technical assistance providers, will develop a toolkit of training and technical assistance resources focused on addressing the root cause areas associated with enhancing the practice of meaningful engagement and tools/resources to be used to successfully monitor engagement efforts throughout the entire life of a case.</p> <ul style="list-style-type: none"> ➤ Examples of existing resources that will be utilized include, but are not limited to: <ul style="list-style-type: none"> • Handbook for Families and Friends of PA Department of Correction Prison Inmates • SWAN LSI Incarcerated Resource Manual • Judicial Bench Card • SWAN Units of Service 	June 2020
<p>The Permanency Subcommittee will develop content that summarizes statewide findings from the CFPSR and other data sources as well as outline the root cause analysis that led to identifying the need to improve engagement, what is meant by meaningful engagement, what successful engagement looks like in day-to-day case practice and technical assistance resources that support meaningful engagement.</p>	June 2020
<p>Through the TA Collaborative Structure, technical assistance providers will be onboarded to integrating the toolkit into their use of a structured continuous quality improvement process</p>	September 2020

to support implementation and monitoring of county-specific plans for improving engagement.	
The Permanency Subcommittee will assist OCYF in identifying forums for sharing summarized content from previous key activities above and introducing the toolkit. Forums include, but are not limited to: <ul style="list-style-type: none"> ➤ A panel discussion held for county child welfare agency administrators involving Child Welfare Demonstration Project counties and their experiences related to working to improve engagement ➤ PCYA Quarterly Meetings ➤ Annual SWAN Conference ➤ Family Group Decision Making Conference 	September 2020
The summarized content from previous key activities above and information about the toolkit will be presented across the identified forums by OCYF and/or designated system partners.	December 2020 and ongoing
TA providers will implement a structured continuous quality improvement process to assist those counties who identify specific gap areas associated with improving engagement.	December 2020 and ongoing
The TA Collaborative Steering Committee will develop and implement a structure for monitoring impact of TA delivery related to engagement and the utilization of the developed toolkit.	December 2020
OCYF will revise the Chapter 3131 regulations that govern the administration of county children and youth agencies to ensure regulatory requirements help reinforce expectations for family engagement at the case practice level.	December 2020

Well-Being Objective 1.2 (CFSR PIP Strategy): Enhance the utilization of service mapping at the county level to improve service coordination.

Rationale for Objective Selection:

- Pennsylvania was found to not be in substantial conformity with the CFSR systemic factor regarding service array during the 2017 CFSR.
- Analysis of CFSR findings from 2017 identified that that lack of quality assessments negatively impacted the ability of agencies to accurately identify the service needs of children, youth and families.
 - Lack of appropriate identification of service needs, in turn, impacts what services are ultimately developed within the local and state level service array.
- Pennsylvania has limited data that is readily accessible at the statewide level to understand the full array of services available at the local level.
- Through stakeholder interviews during the CFSR and feedback from technical assistance partners working with CCYAs, it was identified that staff in many counties sometimes lack full awareness of all services available to support families and appropriate steps for referring or linking family to these services.
 - Stakeholders acknowledged that staff turnover likely plays a role in service awareness.
- Counties request numerous services, including EBPs, through the NBPB process, however, OCYF has observed inconsistent assessment by counties in their level of analysis completed in order to identify gaps in their service continuum and evaluation of the ongoing fit of existing programs in meeting the needs of children and families served by the CCYAs.

Key Activities/Strategies	Benchmarks for Completion
<p>OCYF will market PA 2-1-1 to child welfare audience and probation offices through the annual NBPB bulletin.</p> <ul style="list-style-type: none"> ➤ PA 2-1-1 is a free, accessible, 3-digit telephone number available to everyone in the Commonwealth. All residents have easy access to customized health, housing and human services information in one place. Trained information specialists are available 24 hours a day to answer questions and connect residents to thousands of health and human service programs. http://www.pa211.org/ 	<p>September 2019</p>

<ul style="list-style-type: none"> ➤ The Pennsylvania Child Welfare Resource Center will send quarterly reminders via social media platforms (Facebook, Twitter). 	
The PA Child Welfare Council Resources Subcommittee will obtain and analyze service mapping/matrices used by county children and youth agencies, juvenile probation offices and other child-serving systems.	September 2019
The Resources Subcommittee will develop a service mapping/matrix template to assist counties who select to utilize it in mapping services to child and family needs. The initial focus would be on county-provided/contracted services.	December 2019
The Resources Subcommittee will share a draft template with all county child welfare agencies and providers for feedback.	March 2020
The Resources Subcommittee will finalize the matrix based on the feedback received.	June 2020
The Resources Subcommittee will deliver presentations on the matrix to county child welfare agency administrators at PCYA quarterly meetings and providers at the Pennsylvania Council of Children, Youth and Family Services (PCCYFS) conferences.	September 2020 and ongoing
<p>The PA Child Welfare Council will identify innovation zone counties to implement the matrix. Criteria for selection will include:</p> <ul style="list-style-type: none"> ➤ Commitment from agency leadership ➤ Representation of counties of different class sizes and regions <p>With the support of the TA Collaborative county team, implement and monitor the use of the service mapping template.</p>	September 2020
<p>The Technical Assistance Collaborative Steering Committee will develop and implement a strategic plan to support all the innovation zone counties.</p> <ul style="list-style-type: none"> ➤ With the support of the TA Collaborative county level team, implement and monitor the use of the service mapping template in each innovation zone county according to the individualized plan developed by the county and TA providers. 	September 2020
County child welfare agencies and providers will provide county-level education/learning opportunities to support implementation made available to non-participating county child welfare agencies and providers.	December 2020

<p>The Resources Subcommittee will monitor the implementation/effectiveness of the service matrix, which includes identification of gaps.</p> <ul style="list-style-type: none"> ➤ Monitoring will occur from the TA Collaborative, through feedback directly received from the participating counties. If participating counties are involved in the CF SR or QSR, data from those reviews will be analyzed. Feedback will be shared by TA Collaborative partners with the TA Collaborative Steering Committee who will forward any needed feedback to the Resources Subcommittee. ➤ The service mapping template will provide a forum to reveal service gaps. The annual NBPB process will provide an opportunity for counties to request additional funding to address these service gaps. As statewide gaps are identified by the Resources subcommittee through analysis of NBPB requests, action plans will be developed to address them. ➤ The statewide expansion will be dependent upon findings from the monitoring. The expansion will only be considered if the matrix is found to be an effective tool for caseworkers to connect families with available services 	<p>December 2020 and ongoing</p>
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Well-Being Objective 1.3 (CF SR PIP Strategy): Revise the DHS Complex Case Review Process

Rationale for Objective Selection:

- DHS established a process in 2010 to implement the convening of a Complex Case Team comprised of representatives from various DHS program offices to address any case of an individual being served through DHS where:
 - a clinically appropriate solution requires support from multiple program offices/agencies or stakeholders at the county level who together cannot agree on a solution;
 - the funding solution comes from multiple sources, which may include external entities; or
 - the case involves complexities that render it un-resolvable through the established county or OCYF Regional Office process.
- Stakeholder feedback, including county CCYAs and service providers, gathered in 2017 suggested the Complex Case Planning process as it currently exists has not been fully effective in achieving its intended purpose.

Key Activities/Strategies	Benchmarks for Completion
Work with system partners to review complex cases to identify process strengths/challenges and make necessary changes.	December 2019
Pilot and implement changes to the complex case review process.	June 2020
Analyze information gathered during reviews to determine available gaps in services.	December 2020

Implementation Supports for Achieving the Vision

In order to achieve the vision set forth in Pennsylvania's 2020-2024 CFSP, a number of support structures must be in place and function effectively to achieve improvement in safety, permanency and well-being outcomes. These key structures include a skilled and knowledgeable child welfare workforce, a robust data infrastructure, an effective quality assurance system and comprehensive disaster planning.

Workforce

Pennsylvania's practice model prioritizes ensuring the child welfare system is comprised of skilled and responsive child welfare professionals who perform with a shared sense of accountability for assuring child-centered, family-focused policy, best practice and positive outcomes. Part of the overall vision for Pennsylvania's child welfare system over the next five years will involve a variety of efforts to strengthen both the public and private child welfare workforce, which in turn will help to strengthen capacity of child welfare agencies to effectively address the safety, permanency and well-being needs of children, youth and families.

Training Plan (See Appendix G)

Training staff in the CCYA is completed through several methods since Pennsylvania is a county-administered and state-supervised child welfare system. The CWRC functions as the coordinator of training courses that are offered through their program. Additionally, OCYF, ABA, SWAN, PSRFA, CCYA and other entities provide specific training courses approved by ACF.

In some counties, CCYA and JPO provide their own training to foster parents and staff using either the curriculum developed by the CWRC and approved by the ACF or curriculum either the CWRC or another provider created/developed. If they use the CWRC curriculum, the content of the training cannot be changed because it was approved by the ACF as Title IV-E reimbursable. If training other than the CWRC training is provided, CCYA and JPO must submit the curriculum to OCYF to be approved by ACF. In addition, DHS provides training to CCYA and JPO using the CWRC curricula as well as other specific training approved by the ACF. Many agency partners provide training, transfer of learning, and technical assistance including the CWRC, OCYF, SWAN, and the CCYAs for caseworkers, supervisors, managers, public agency childcare staff, support staff, and other child welfare-related staff working in Pennsylvania's child welfare agencies.

The CWRC, in partnership with the OCYF and PCYA, provides competency-based training, technical assistance and transfer of learning activities designed to facilitate and sustain positive change in the child welfare system and to support a

qualified, skilled and committed child welfare workforce. The CWRC's continuum of products and services, including curriculum, are developed and revised to align with the CFSP goals, CFSR findings and PIP goals, QSR and licensing findings and subsequent county improvement plan and/or corrective action plans, the Practice Model and Competencies, as well as new laws, regulations and bulletins. In SFY 2017-2018, a cross-systems workgroup significantly revised the Pennsylvania Child Welfare Competencies by better aligning them with the Practice Model and components of the National Association of Social Workers (NASW) Code of Ethics leading to the final version of the PA Child Welfare Competencies which can be accessed through the [CWRC website](#).¹⁸ Curriculum and related training materials over the next five years and beyond will be continuously reviewed and updated as needed, as laws and regulations are enacted, workforce training needs arise, and as best practices evolve.

All new child welfare professionals must complete a 126-hour training series, Charting the Course (CTC), which leads to the certification of direct service workers, within 18 months of hire in addition to a requirement of receiving 20 hours of ongoing training annually thereafter. In 2018-2019, the Resource Center dedicated a substantial amount of time and resources in its planned revision and redesign of CTC. The new series, *Foundations of Pennsylvania Child Welfare Practice: Building Competence, Confidence, and Compassion* (Foundations), was developed and piloted during 2018-2019 and will launch in July of 2019. The new Foundations series, like CTC, will take approximately two to three months for a participant to complete.

The Foundations series consists of 124 hours, including 72 hours of in-person training sessions, 40 hours of online modules and 12 hours of field work. The core content related to safety, permanency and well-being outcomes and services remains, with additional topics such as personal safety, workforce retention and self-care. The delivery of content in an online format supports the learners in gaining factual knowledge at their own pace, with the ability to reference the materials throughout their career. As a result of the online required prerequisites and curriculum enhancements, there will be fewer in-person sessions, but those in-person sessions will now be dedicated to application and skill practice using Team-Based Learning™ (TBL™) and simulation training sessions. The development and practice of engagement skills is emphasized in the simulation sessions. This is done through the use of Standardized Clients (SC) who are recruited and trained to deliver realistic portrayals of clients, providing the participants the opportunity to practice and reflect on their use of engagement skills. In addition, attorneys have been recruited to conduct realistic direct and cross-examination of the participants in a mock court hearing. A video depicting the use of team-based learning and simulation sessions can be viewed online through the [CWRC website](#).¹⁹ Field experiences are built into the new series and are designed to meaningfully involve county supervisors in supporting county staff in applying transfer of the new knowledge and skills into everyday practice. The requirement to receive 20

¹⁸ <http://www.pacwrc.pitt.edu/pcwc/Competencies.htm>

¹⁹ <http://www.pacwrc.pitt.edu/Videos/TBLSimVideo2018.mp4>

hours of training annually following certification will continue for all public child welfare workers.

The CWRC is committed to evaluating the effectiveness of training, using data to improve training program products, and contributing to the field of child welfare. Data collected throughout the five-year period will inform ongoing revisions of Foundations and form the basis for answering more comprehensive research and evaluation questions.

Foundations includes assessments of learning objectives related to the Pennsylvania Child Welfare Competencies, including engagement, assessment, planning and monitoring. Participants' knowledge, comprehension and application of skills are assessed through online knowledge checks, the Readiness Assurance Tests, application activities, field work, and simulation ratings. In addition, the CWRC captures participants' reflections on their intent and ability to transfer their learning to the field. Throughout the five-year period, the CWRC will continue to develop, test and refine Foundations assessments. Assessment data will be used to assess and monitor the effectiveness of the training/curriculum as part of continuous quality improvement efforts. In addition, assessment data may help to identify opportunities to support county children and youth agencies to improve engagement, assessment, and planning and monitoring practices through technical assistance.

The CWRC has embarked on a similar revision and redesign of its *Supervisor Training Series* (STS). Currently, this series offers a 60-hour certification series for new supervisors, followed by 20 hours of training annually. This extensive revision and redesign of the supervisor training series will align with the caseworker certification series, Foundations, described above. The new STS series will also align with CFSP goals, the CFSR findings and PIP goals, the Practice Model and Child Welfare Competencies, as well as any relevant laws, regulations and bulletins. The new STS will also employ a blended delivery model including online, in-person skills practice, field work and assessments and is expected to pilot early 2020. The CWRC's support of child welfare supervisors will expand and evolve over the next five years, to include:

- A comprehensive and coordinated continuum of supervisor preparation and support services;
- The development and implementation of in-depth topic-specific training courses for new and experienced supervisors that will align with and build upon the revised STS while also providing opportunities for specialized certifications to support the professional development of all of Pennsylvania's child welfare supervisors;
- The development and implementation of individualized and organizational technical assistance (TA) specific to child welfare supervisors; and

- The development and implementation of a supervisor support networking plan designed to promote peer support for supervisors regionally and across the state.

Throughout this five-year project, research and evaluation will inform the development of each of these components and their corresponding success criteria and evaluation will be incorporated into the implementation and monitoring of each component.

The CWRC offers a variety of courses for administrators to include foundational training as well as Leadership Academy courses and a Leadership Academy certificate. Courses range from a few hours to up to four days in length. The Leadership Academy includes a two-day course, *Foundations of Leadership*, for county administrators, their management, and supervisors which will be marketed and offered to private provider managers and directors in 2019-2020 and beyond. All courses are continuously reviewed and updated, as needed.

In addition to these series, the Resource Center offers many other courses. With a few exceptions, due to copyright restrictions, all Resource Center curricula are located at the [Resource Center's Curriculum Page](#).²⁰

Child welfare professionals from 391 agencies across Pennsylvania attended over 1,400 workshops delivered by the Resource Center in SFY 2017-18. The primary audience continues to be public child welfare workers with private providers and resource parents attending, as space is available.

Training sessions continue to be offered at over ten different CWRC regional locations across Pennsylvania. Locations are being converted for multipurpose use to support simulation training and training delivery enhancements. During SFY 2017-18, the CWRC, in partnership with SAM, Inc. provided 26 counties with 72 personal safety simulation training sessions. These interactive trainings are held in hotel suites and provided realistic learning experiences for child welfare professionals to practice their engagement and assessment skills. Over 800 participants, including caseworkers and supervisors, participated in these sessions. In addition, the CWRC has expanded its online library of courses providing opportunities for distance/remote learning.

Over the course SFY 2018-2019, the CWRC also completed the development of 22 new curricula and revisions to 23 existing curricula and offered over 60 online courses. As part of the development and revision of tools, materials and curricula that will achieve the professional development needs of the child welfare professionals, assigned staff from the CWRC engage in multiple activities and strategies, including, but not limited to:

²⁰ <http://www.pacwrc.pitt.edu/Curriculum/default.htm>

- Partnering with CWRC's key stakeholders, DHS and PCYA collaborated in the identification of tools, materials, and curricula to be developed or revised.
- Collaborating with the AOPC to support both the improved functioning of the child welfare system and dependency courts.
- Convening meetings and quality assurance committees consisting of subject matter experts and multidisciplinary professionals who have expertise in topics related to the development of the tools, materials, and curricula for the purpose of conducting curriculum needs assessment.
- Consulting with subject matter experts and established advisory committees such as the Diversity Task Force.
- Incorporating empirically-based literature and best practices.
- Incorporating the role and voice of youth and parent consumers.
- Analyzing training assessment data and CFSR and QSR data to identify knowledge and skill gaps to strengthen those concepts in tools, materials, and curricula.
- Participating in QSRs and CFSR case reviews to facilitate understanding of practice improvement initiatives and the front-line experience.
- Intentionally incorporating and reinforcing values and themes from the Practice Model in the curricula.
- Developing transfer-of-learning components and activities to support the curricula and strategies to assess learning transfer.
- Employing decision guides to support the determination of the format of the tools, materials and curricula to be developed, such as in-classroom, online or blended.
- Using stories to engage e-Learners by enhancing skills in scenario development.

In addition to training and transfer of learning activities, technical assistance will continue to be offered to CCYAs to support organizational change and the implementation of best practice across Pennsylvania. As outlined in the CFSR PIP, Pennsylvania has a renewed commitment to refining its technical assistance processes and collaborative efforts. Technical assistance partners, including the Child Welfare Council, OCYF, CWRC, AOPC, SWAN, ABA, and others will be working together over the next five years to address the four key areas identified in the PIP; workforce, engagement, assessment, and planning and monitoring. Specific activities will include facilitating county paperwork and documentation reduction efforts; supporting family engagement practices; development, implementing and monitoring a toolkit to address meaningful engagement; supporting the implementation and monitoring of a streamlined risk and safety assessment process; identifying and utilizing of data; strengthening collaboration to provide quality service to complex families; developing and implementing of service mapping to improve service coordination; and assessing and addressing barriers to transportation and housing.

Organizational Effectiveness services continue to be one of the main technical assistance interventions provided by the CWRC. These services include organizational assessments, the formation of sponsor teams and continuous improvement teams, development of processes and procedures, and continuous improvement plan implementation and monitoring. Support is also provided to strengthen leadership teams, including meetings with supervisors, managers and administrators. The CWRC is working to further define and assess services provided to better support county improvement efforts.

The CWRC is also making some significant technology advancements to aid in the development, delivery, tracking and monitoring of products and services. Most recently, the CWRC upgraded its online course Learning Management System to a newer, more robust platform, which allows third-party integration of software such as Intedashboard. Intedashboard is a TBL™ software, which will be used in a variety of workshops to allow participants to complete TBL™ assessments both individually, and as a team. Training attendance and evaluation forms have been converted from paper to electronic which results in cleaner data and less staff time for data entry. A revised Individual Training Needs Assessment (ITNA), to align with the Practice Model and Child Welfare Competencies, will be developed and launched electronically. In the Fall of 2019, the CWRC will release “Bridge”, a new training management system to replace the old legacy system, “Encompass”. Bridge will allow much more flexibility and reporting, in that supervisors and trainees will have information readily available to them related to their training record, training needs, and available courses to address their identified needs.

The use of electronic data collection throughout the curriculum promotes efficiency, improves data quality and allows for greater and timelier access to data for evaluation and continuous quality improvement purposes. Throughout the five-year period, the CWRC will support the use of workforce data to inform county and statewide planning and workforce development efforts. This work will include reviewing workforce data submitted through the NBPB process to identify opportunities to strengthen the submission process and quality of data. In addition, the CWRC will develop processes to share workforce data with state and county stakeholders in a usable format that will allow for ongoing monitoring.

Planned activities to support the 2020-2024 CFSP:

- Activities to support the implementation of PIP strategies covered under Goal 1: Workforce.
 - Designed to recruit and prepare students for a career in the public child welfare field, the Child Welfare Education for Baccalaureates (CWEB) Program is offered at 15 schools of social work throughout Pennsylvania. Undergraduate students who are official social work majors in any of the 15 approved, participating undergraduate schools are eligible to apply for the CWEB program. Qualified students receive substantial financial support during their senior year in return for a legal

- commitment to work in one of Pennsylvania’s county public child welfare agencies following graduation. Students must satisfactorily complete child welfare course work and an internship at a public child welfare agency. During the course of the internship, most students are able to complete some or the entire competency-based training required for public child welfare caseworkers. Upon graduation, students also receive assistance with their employment search.
- The Child Welfare Education for Leadership (CWEL) Program provides substantial financial support for graduate-level social work education for current employees of public child welfare agencies. Caseworkers, supervisors, managers, and administrators of any Pennsylvania county children and youth agency are eligible to apply to participate in the CWEL program. All persons enrolled meet participation criteria as determined by their CWEL applications, résumés, personal statements, agency approvals, notifications of admission from one of the approved schools, and signed agreements. The CWEL program has funded students from 66 counties, OCYF, and 12 Pennsylvania Schools of Social Work on both a full and part-time basis. The CWEL program reimburses salary and benefits for full-time CWEL students and covers tuition, fees, and other expenses for both full and part-time students in return for a legal work commitment to the employing county child welfare agency upon graduation.
 - Over the course of the next five years, opportunities to grow both of these programs will be pursued.
- Activities to support the implementation of PIP strategies covered under Goal 2: Engagement:
 - TA Collaborative Steering Committee structure will have regular agenda items to support the development of a toolkit and add to it as appropriate. The Statewide and Regional TA groups will onboard the local TA providers to integrating the toolkit into their use of a structured continuous quality improvement process to support implementation and monitoring of county-specific plans for improving engagement
 - Activities to support the implementation of PIP strategies covered under Goal 4: Planning and Monitoring
 - Through the Resources/Cross-Categorical Subcommittee, another strategy was developed to support the identification of service needs and gaps as well as improve the utilization of existing services. Through the use of service mapping at the county level, counties will be able to better evaluate how current services match to the current needs of the populations being served so as to more critically evaluate the service array available within their local systems. Service mapping will also be implemented to serve as a resource for child welfare professionals by helping them understand the full breadth of services available to match to the identified needs of

the children, youth, and families they are serving. Service mapping will also serve the purpose of identifying gaps in services at the local and statewide level. In addition, due to turnover levels, the tool will help raise awareness about available services to a new workforce.

Data Infrastructure

Statewide Information System

In December 2014, Pennsylvania implemented Phase I of a four-phase project to develop a statewide CWIS. Phase I focused on the intake, investigation and assessment of CPS and GPS reports that come to the attention of the state child abuse hotline, ChildLine, and CCYAs. The state-level system went live on December 31, 2014, and began exchanging information with seven county case management systems. In addition, a public facing child welfare portal went live on December 31, 2014, allowing child abuse clearance applications to be submitted and paid for online; and allowing mandated reporters to submit child abuse referrals online.

Phase II of CWIS focuses on children and builds the functionality to provide a complete view of a child's case management data. This phase will improve the accuracy and timeliness of data to evaluate performance and outcomes in terms of child and family characteristics, service type, and outcomes. The key goals and objectives include AFCARS compliance, NYTD, and caseworker visitation reporting; visibility to child assessment and outcomes; ICPC and Interstate Compact on Adoptions and Medical Assistance (ICAMA) function screens for OCYF users; and a single access point for counties.

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

- Child's case management data including demographics, case plans, service plans, case notes, case visitation logs, outcomes and others will be received from all counties and made available in CWIS;
- AFCARS reporting;
- Transactional component to support the ICPC and ICAMA functions at state level; and
- Enhanced reporting and visibility to child welfare data including canned reports, dashboard, and ad-hoc reporting capabilities.

This phase will provide real-time location (address) information of children in placement. Other case information will also be available real-time or near-time on all open cases. At the completion of Phase II, complete data will be available at the state level that readily identifies the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

Phase II was to initially be completed during this period. Needed enhancements to Phase I and the operational impacts as a result of the massive changes to the CPSL delayed these efforts. Business and system requirements were completed in 2017-2018; however, DHS decided to issue a Request for Information (RFI) in 2018 to identify technology solutions in the market place that could meet our needs for a case management system. Multiple vendors responded to the RFI and provided demonstrations of potential technology platforms. DHS is now in the process of determining next steps for Phase II.

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

Data Quality Plan

ACF requires Title IV-E agencies to implement and maintain automated functions in the state's Comprehensive Child Welfare Information System (CCWIS) to regularly monitor data quality, develop and implement a CCWIS data quality plan, conduct biennial data quality reviews and report the status of compliance with Section 1355.52(d)(1).

The CCWIS Data Quality Plan will support the improvement of data for on-going federal and state reports, including those listed below:

- AFCARS
- NYTD
- NCANDS
- Annual Child Protective Services Report
- Caseworker Visit Tracking
- CFSR
- CFSP

CCWIS regulations require the development and implementation of a comprehensive data quality plan that:

- Ensures that complete, timely, accurate, and consistent data is maintained and exchanged in accordance with confidentiality laws and requirements; validated to ensure that it supports child welfare policies, goals and practices; and not created by default.

- Supports data quality with CCWIS automation that monitors data quality; provides data quality alerts; prompts child welfare contributing agencies for needed data; does not require duplicate data entry; and reports data quality problems.
- Provides for the annual review of data quality to confirm required data are collected; data meets quality standards; CCWIS supports data quality and data exchanges work as required and are standardized.

Pennsylvania's CWIS is a network of integrated systems that follows a federated model allowing county functions to be supported by their own case management systems and enables data exchange with CWIS. CWIS uses a service-oriented architecture that interoperates with county case management systems and other data systems that collect child welfare information.

OCYF has existing data quality measures in place to ensure data within CWIS and data exchanged with the counties are complete, accurate and timely. Many of our current quality processes are targeted at data fields required for state and federal reporting. As OCYF completes the activities outlined in the CCWIS Data Quality Plan, we will re-visit our existing data quality standards and protocols to identify tools and processes that should continue or be enhanced, as well as identify new tools and processes for implementation. Establishing a robust set of tools and processes for assessing and addressing data quality issues is vital to OCYF's effort to increase county system participation in the collection and reporting of data that will translate into actionable information. The data quality plan is an opportunity for OCYF to expand its existing data integrity practices and implement strategies to satisfy CCWIS data requirements by:

- ✓ Provide a 360° view of a child and their family
- ✓ Address safety, permanency, and well-being
- ✓ Assess service needs and effectiveness for individuals, families, and communities
- ✓ Accurately forecast financial and resource needs
- ✓ Manage by data and adjust as needed
- ✓ Efficiently, effectively and economically manage operations amongst individuals, teams, and agencies

Data Governance is a key component of any data quality plan in that it provides a structure for data creation, data exchange and reporting. Child welfare data may be created by the child welfare system; however, it may originate in another health or human services system. The data governance structure must account for and, at times, adapt to data requirements that fall outside the control of the child welfare agency. Data Governance provides the mechanism for oversight of other contributing data and reporting units to ensure adherence to quality protocols and accountability. Data Governance is integral to any data quality plan since it defines relationships of who must be responsible, accountable, consulted and/or informed about data activities.

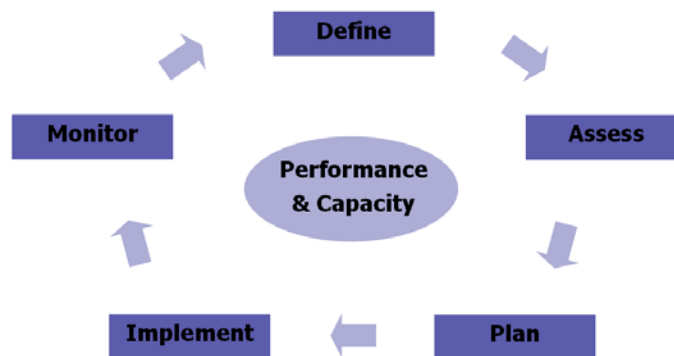
OCYF will establish a Data Governance Committee and develop a Data Governance Plan to support a process that uses a hierarchy based on federal, state, or other requirements to define data and its handling. For example, AFCARS data is for the most part defined by ACF, Children’s Bureau, and necessitates a state to adhere to AFCARS requirements. While variation may occur from state to state based on their own laws or policies, the data reported must be consistent with how ACF defines it. In contrast, data that is not defined in federal or state regulations may be governed by an agreement between two parties. The Data Governance Committee will work with key stakeholders to develop guidelines to manage data within IT systems, data exchanges, documents, processes and operations. Data policies, standards and processes shall be defined and implemented from this level.

Quality Assurance/Continuous Quality Improvement System

The core components of Pennsylvania’s current quality assurance/CQI system include the QSR, annual CCYA licensing inspections, the NBPB process, the child fatality and near fatality review process and IL site visits. Further description of these components is outlined below.

Over the past ten years, Pennsylvania’s CQI effort has been used to reshape the system at the local and state level to support the achievement of positive outcomes. Through the CQI process, staff are supported in improving their practice, which will ultimately lead to improved outcomes for children, youth and families. Pennsylvania’s CQI process utilizes the APHSA DAPIM™ model of quality improvement. APHSA’s DAPIM™ model outlines five main steps: Define; Assess; Plan; Implement and Monitor to facilitate and sustain change.

The *DAPIM*™ Model: A “Flywheel”



QSR

As each county joins the statewide CQI effort, they participate in a state-supported QSR. The QSR is an in-depth case review and practice appraisal process utilized to find out how children, youth, and families are benefiting from services received. The QSR uses a combination of record reviews, interviews, observations, and deductions made from fact patterns gathered and interpreted by trained reviewers regarding children, youth, and families receiving services. The QSR Protocol contains qualitative indicators that measure the status of the focus child/youth's safety, permanency and well-being as well as the child/youth's parents' and/or caregivers' functioning. In a sense, the measures indicate the status of what is working and not working. The QSR Protocol also provides a set of qualitative indicators for measuring the quality and consistency of the implementation of core practice functions outlined in the Practice Model. QSR findings are used for providing safe, positive feedback to frontline staff, supervisors, and program managers while also identifying systemic strengths and barriers. The QSR is not a tool used for compliance enforcement. Rather, QSR feedback is used to stimulate and support practice development and capacity-building efforts leading to better practice and results for the children, youth and families receiving services.

The QSR results provide a rich array of learning for affirming good practice already in place and for identifying next step actions for practice development and capacity-building efforts. QSR results reveal:

- Detailed stories of practice performance and the impact of that performance on outcomes to greater understand strengths and challenges affecting daily frontline practice in the agencies being reviewed;
- A deeper understanding of contextual factors that are affecting daily frontline practice in the agencies being reviewed;
- Qualitative information that informs potential patterns of themes that impact child/youth and family status and performance results based on key measures;
- Noteworthy accomplishments and success stories that affirm good practice and results found during the review;
- Emerging problems, issues and challenges identified at the local level;
- A way to monitor whether practice improvement efforts are having an impact on outcomes; and
- Opportunities to think critically and learn how to better address CQI efforts for improving program design, practice models, and working conditions for frontline practitioners and for the statewide child welfare system as a whole.

Upon completion of the on-site QSR, counties are provided with a final report, which outlines the findings from the QSR as well as other additional analysis requested by the county. Counties use these findings, in conjunction with other data sources, to identify areas for improvement and then work collaboratively to develop County Improvement Plans (CIPs) which are reviewed and approved by the OCYF Regional

Office. All QSR County Final Reports and CIPs are made available to the public online through the [DHS website](#).²¹ A statewide report is generated after each round to provide a picture of the findings from the aggregate data. These final reports are made available online through the CQI webpage on the [CWRC website](#).²²

QSR rounds generally last 12 months, running from January through December. Counties may elect to participate in a state-supported QSR annually, bi-annually or at a minimum, every three years. To date, eight rounds of QSRs have been completed, with the ninth round beginning in January 2019 and concluding in December 2019. Thirty counties, or a little over a third of all PA counties, are participating in a state-supported QSR.

The day-to-day planning, development, and evaluation of PA's statewide and local CQI process has continued to be the charge of the Sustaining Change Workgroup that was originally convened in August 2009 and continues to meet to this day. The workgroup activities include continued sharing of lessons learned and celebrations of success associated with each of the CQI counties' work; QSR training; finalization of tools, forms and templates to be utilized to support the CQI process; recruitment/retention of certified QSR reviewers; enhancements and distribution of the QSR Manual; dissemination of statewide QSR data to stakeholders; implementation, monitoring and evaluation of the Practice Model and brainstorming regarding the capacity for continued rollout of CQI efforts across the state. The Sustaining Change Workgroup also provides support to PA's development and ongoing implementation of the CFSP and Pennsylvania's CFSP process.

Over the next five years, OCYF will work with system partners regarding the following priorities to improve statewide CQI implementation and the QSR process:

- Ensure a sustainable structure is in place to support the ongoing implementation of the QSR, with a focus on building capacity at the county level to move from fully state-supported QSR to greater utilization of county-led internal QSR;
- Revise the existing QSR Protocol 4.0.;
- Continue to look for opportunities to improve of the QSR process and QSR protocol application in rating cases;
- Revising the current QSR reviewer curriculum to include practice for reviewers in working in the web-based QSR system used during the onsite reviews; and
- Looking to improve the QSR focus group process and explore opportunities to integrate the use of surveys to further engage staff, parents and youth in providing feedback regarding system level improvements.

²¹ <http://www.dhs.pa.gov/publications/OCYFreports/>

²² <http://www.pacwrc.pitt.edu/CQI.htm>

Annual CCYA Licensing Inspections

Pennsylvania has 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 are not in substantial compliance, OCYF regional staff representatives 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. For QSR counties, the cases reviewed as part of the QSR are also included in the in-home and placement cases reviewed during the annual licensing inspection to promote the integration of the QSR and annual licensing processes.

The OCYF Regional Office staff conduct the annual licensing inspection by means of a random sample record review, interviews with administrative, supervisory, and casework staff, internal policy/procedures review, personnel record review and agency fiscal documentation review. A case sample is drawn from cases assigned to all program units and casework functions within the agency which includes:

- Child Protective Services Intake records
- General Protective Services Intake records
- Screen-Outs
- Ongoing/In-Home Services Records
- Placement Records
- Adoption Records
- Agency Resource Home Records
- Personnel Records

For each case record reviewed, the OCYF Regional Office staff refers to a variety of documents contained in the record, including but not limited to:

- Case notes and correspondence
- Family Service Plans (FSP)
- Safety Assessment Worksheets (SAW)
- Safety Plans
- Risk Assessments
- Child Permanency Plans (CPP)
- Court orders
- Educational Records
- Medical Records

In addition, the following administrative items are reviewed:

- Current organizational chart with caseload count for each person carrying cases

- A completed copy of the agency’s policy and procedure manual
- The current list of Advisory Committee members and addresses
- Copy of the Advisory Committee By-Laws and minutes of meetings the past year
- 10-day supervisory logs
- Multidisciplinary Team (MDT) meeting minutes
- Training records for all staff

The Period Under Review is defined as the day after the completion of the previous year’s review until the day prior to the current year’s review. Findings from the licensing inspection conducted in each county is document and is available through the [DHS website](#).²³

Over the next five years, OCYF will prioritize the following efforts to improve licensing practices:

- Work with stakeholders in reviewing the federal model licensing standards established through FFPSA and monitor the implementation of any regulatory changes that result from the adaptation of federal standards;
- Update the annual Survey and Evaluation manuals, which serve to provide regulatory interpretation guidelines, for both private and public children and youth agencies, adoption services and foster care services; and
- Collaborate with other DHS program offices in establishing licensing best practices to strengthen accountability for congregate providers in meeting standards for care.

Needs-Based Plan and Budget Process

CCYA funds are allocated through the annual NBPB process. Through the NBPB process, counties are asked to identify strategies toward program improvement after identifying root causes based on the analysis of their data. The NBPB process builds upon identification of historical and current service levels and outcome measures, directs the need for data analysis toward program improvement, identify strategies and practice changes needed and request the resources necessary for implementation. The NBPB is a road map toward improving outcomes for children, youth and families within Counties. Counties engage a wide range of stakeholders in their planning through the development of a team that will assist in data identification, root cause analysis, identification of and selection of strategies based on data analysis, and continuous monitoring of the implementation activities and outcomes. The team participants represent key external stakeholders as well as County Commissioners and Courts.

While each county currently has its own case management system that allows the county to review and analyze data regularly, CCYAs are also provided data packets

²³ <http://www.dhs.pa.gov/citizens/searchforprovider/humanservicesproviderdirectory/index.htm>

twice a year by PCG to support their county efforts in analyzing their progress in improving outcomes. Each CCYA determines measures to focus on improving within their plan. The data packets are provided to the regional OCYF staff for use during consultation with individual CCYAs. The data will assist in planning and monitoring efforts. The data packets include data that looks at the following areas:

- Population Flow
- Reunification Survival Analysis
- Adoption Rate, 17 Months
- Permanency, 24 Months
- Placement Stability, Less than 12 months
- Placement Stability, 12 to 24 months
- Placement Stability, Longer than 24 months
- Reentry

CQI counties may use their CIP to outline improvement efforts in order to satisfy the requirements of NBPB development. Through the NBPB process, counties also draw upon county-managed data and results from the annual licensing process to identify areas of need.

In requesting special grant funds to support evidence-based or evidence-informed programs in the NBPB, counties are also asked to describe the assessment or data used to indicate the need for the program and explain how the selected EBP will improve their outcomes and key milestones that will be met one year after implementation.

Child Fatality/Near Fatality Review Process

Act 33 of 2008 requires that child fatalities and near fatalities where abuse is suspected be reviewed at both the state and county levels. By completing detailed reviews of child fatalities and near fatalities and conducting an analysis of related trends, Pennsylvania is better able to ascertain the strengths and challenges of child-serving systems and to identify solutions to address the service needs of the children and families served within, but also beyond, the child welfare system. These reviews and subsequent analyses become the foundation for determining the contributing factors and symptoms of abuse and responses that may prevent similar future occurrences. These reviews seek to identify areas that require systemic change in

order to improve the delivery of services to children and families, which will ultimately enhance Pennsylvania's ability to protect children.

For additional information regarding Pennsylvania's child fatality and near fatality review process, please refer to the section of this plan regarding "Efforts to Track Child Maltreatment Deaths."

IL Site Visits

IL site visits are conducted annually with all 67 CCYA operating Independent Living Programs (ILP) in Pennsylvania. These visits include a facilitated discussion with CCYA, private provider agencies, stakeholders, older youth who are currently receiving services and system partners providing services to older youth. Prior to the onsite visit, the CCYA complete a pre-site visit questionnaire that aligns with the State's NBPB. In addition to the pre-site visit questionnaire, the practice improvement specialist (PIS) conducting the visit utilizes the previous year's IL report, pre-site visit questionnaire, the county's NBPB, AFCARS data, IL funds allocation, and youth feedback to prepare for the visit and evaluate the quality of IL services.

The CWRC staff, along with OCYF staff, have worked over the last year to align the pre-site visit questionnaire with the information requested through CCYA's NBPB. The goal is to reduce the collection of redundant information and to improve the quality of the data CCYA are reporting as it relates to services for older youth. The CWRC will continue to work closely with OCYF to monitor the information collected through the site visit process and review and update the pre-site visit form and onsite meeting tool as necessary each year.

The IL site visit process encourages the continuous evaluation and improvement of services offered to older youth through county and provider IL programs. The review allows CCYA to self-report data, engage in discussion related to strengths and challenges with partner agencies at the onsite review as well as hear from youth regarding their experience with the program and what they see as strengths and challenges related to the services they have received. The visit also allows CCYA the opportunity to participate in technical assistance discussions with collaborative partners, to better coordinate services and ensure positive youth outcomes.

CCYA's strengths and challenges related to the provision of IL services are identified through the review of data collected in the pre-site visit questionnaire, information gathered during the onsite visit discussion, and through youth feedback. Identifying and addressing strengths and gaps are a large part of the IL site visit discussion. The onsite review looks specifically at strengths and challenges related to overall program administration, needs assessment and planning, life skills, transition/permanency planning, education, supportive services (SWAN, stipends, mentoring, etc.), employment, housing, prevention/wellness, youth engagement, and aftercare services.

The expectation is that each IL report covers the strengths and challenges of each practice area identified in the report template and that recommendations are provided for all areas identified for improvement. Recommendations addressing the CCYA's challenges and gaps in services are addressed during the visit and documented in the IL report. Technical Assistance (TA) support is offered during the site visit as well as discussion around next steps to address noted challenges. Additionally, follow-up visits are conducted with the CCYA to present the approved IL report and to formally share findings, provide recommendations and offer TA to address those areas of need identified during the IL site visit.

The information gathered through the pre-site visit questionnaire and the onsite meeting are collected by PISs and put into a written report. This report is shared with the Older Youth (OY) Project Manager at the CWRC who reviews the report and identifies statewide themes and promising practices. The reports are then sent to the State IL Coordinator for final approval. The approved report is then shared with all of those invited to the visit. All IL site visits include invitations to SWAN Regional TAs, OCYF Regional office staff, provider staff, systems partners and youth to attend in partnership with the CWRC, to coordinate services and ensure positive youth outcomes. The goal is to identify gaps in services and develop and provide resources, tools and technical assistance, as needed. Providing these tools will increase knowledge and skills among CCYAs and SWAN affiliate agencies and result in improved services provided to older youth.

Data collected through the IL site visits is used in a variety of ways. Data helps identify training needs locally, regionally and statewide through the CWRC trainings as well as other training venues including SWAN/IL quarterly and statewide events. Site visit data also provides qualitative and quantitative information that is used for state and federal reporting purposes. Site visit data has also informed statewide older youth needs assessment work, as well as the work of the Older Youth Continuous Improvement Team. As a result of the feedback received during visits, Older Youth Collaborative webinars have been developed and offered to highlight promising practice for staff. Counties can utilize this information to identify trends within their own program each fiscal year or look at their program over an extended amount of time to identify gaps and strengths as well as overall increases or decreases in quantitative data related to the program.

IL site visit data has also been shared with statewide workgroups including the Chaffee Ad Hoc workgroup, a subcommittee of the PA Child Welfare Council, when evaluating extending Chafee aftercare services until age 23. It is used to support decisions at the state level, such as decisions regarding the implementation of federal legislation. Data from IL site visits was also shared with the APPLA workgroup convened by OCYF to evaluate the elimination of the APPLA goal.

The IL site visit process encourages the continuous evaluation and improvement of IL services offered to older youth through the county and private provider IL programs. Each year, the Older Youth Continuous Improvement Team, along with OCYF, continues to monitor the IL site visit process to ensure that relevant information related to practice is captured and that support is being provided to counties in their TA needs related to serving older youth. This includes a review of the site visit forms, an After-Action Review of the most recent site visit cycle and evaluating the best way to collect, analyze, utilize and share the data. Any identified needs or gaps are addressed at the end of each cycle, with necessary changes to the process being implemented prior to the start of the next cycle of visits.

Following the 2017-2018 IL site visit cycle, the site visit process was revised based on feedback from PISs, the Older Youth Continuous Improvement Team and OCYF. The first step was to align the pre-site visit questionnaire form with the information necessary for NBPB reporting. This reduced the duplication of information counties had to collect and report. This also provided OCYF with a narrative to support the counties' request for older youth funds.

Another component of the revised process included an enhanced Training on Content (TOC) for PISs, along with the development of an IL Site Visit Guideline document for new staff. This document focused on ensuring that all the appropriate stakeholders were invited to the onsite reviews and that information gathered through visits is shared appropriately through reports. The final component of the revision involved implementing a follow-up visit with counties after the IL report is approved. The goal for next year is to conduct these follow-up visits within 90 days of the initial onsite visit with the county.

Along with OCYF, the CWRC will continue to monitor the changes implemented to ensure appropriate staff are being invited and attending visits, follow-up visits are being conducted, TA sessions are being offered and that any licensing issues to be addressed by the Regional Offices are reported to the Statewide IL Coordinator immediately.

Over the next five years, the plan is to continue to focus on the IL site visit data, both how it is collected as well as how the data is utilized. The first step will be to transfer the pre-site visit questionnaire into an online format. From there, data can be collected in a dashboard format that will allow reports to be run by the county, region and statewide. This will allow for more accurate, real-time, data collection as well as the ability to share data in a variety of formats. Over the next five years, this information will be used to identify statewide strengths, gaps and themes as it relates to providing services to older youth, help prioritize older youth work/projects and inform training needs across the state. Ultimately, the data will help the state evaluate overall practice and permanency efforts for older youth.

Disaster Plan

A Disaster Recovery (DR) Plan or Continuity of Operations Plan (COOP) identifies how an agency plans to continue business operations during a potential disaster. A DR or COOP includes the precautions taken so that the effects of a disaster will be minimized, and the agency will be able to maintain service delivery or quickly resume mission-critical functions. Typically, DR planning involves an analysis of associated business processes and continuity needs.

All Commonwealth agencies are required to have a COOP, which is annually reviewed and updated. The DHS COOP is annually reviewed and updated by its program offices, and one of its elements includes the orders of succession to key positions critical to the implementation of the COOP. OCYF meets with the DHS Office of Administration (OA) staff to discuss further refinement of OCYF's COOP, regarding critical functions, key contacts, and delegation of authority, alternate work sites, vital systems and essential records.

The Commonwealth of PA COOP System

The Commonwealth initiated a statewide comprehensive project for developing COOP for each of its state government agencies to ensure Continuity of Government. For this project, the Commonwealth of Pennsylvania selected BOLD Database, a web-based Continuity of Operations Planning system designed to assist government organizations in the COOP development process. The BOLD Database system guides users through each step of the COOP planning process and helps develop a continuity planning strategy. This strategy outlines an organization's roles and responsibilities required to ensure their ability to transition and continue essential operations during times of disruption. The BOLD Database system has been customized to meet the specific COOP planning needs of Pennsylvania.

The COOP database allows each agency, including DHS, to enter its COOP details including the following critical areas:

- Locations (PRIMARY and ALTERNATE FACILITIES);
- People (CONTACTS DATABASE);
- TEAMS that you will need to be called on in case the agency ever needs to utilize its COOP plan;
- Information (VITAL RECORDS/RESOURCES);
- Activities (MISSION ESSENTIAL FUNCTIONS); and
- Responsibilities (ORDERS of SUCCESSION, DELEGATIONS of AUTHORITY) that the organization depends on to perform its mission.

State Emergency Response System

The Pennsylvania Emergency Management Agency (PEMA) Act of 1978 (35 Pa. C. S. Sections 7101-7707) replaced the State Council of Civil Defense Act of 1951, consolidated existing state laws and updated the role of emergency management within the Commonwealth. Amendments to this Act in 1988 and 1989 further focused on the role of emergency management personnel, organizations and responsibilities. Per Executive Order 2006-1, all agencies under the Governor's jurisdiction are required to have in place continuity of essential operations plans. These agency plans are to ensure continuity of essential government operations in the event of a short or long-term emergency, sometimes with little to no warning.

The Emergency Management Services Act of 1978 authorizes the Governor to manage all Departments under his or her jurisdiction for emergency-related purposes. PEMA writes and updates the State's Emergency Operations Plan (SEOP), which is approved by the Governor. The SEOP establishes the policies, plans, guidelines and procedures that will allow PA's emergency resources to function effectively as a team when disaster strikes. The SEOP provides for performing Emergency Support Functions (ESF) across the full spectrum of hazards. ESF's are the grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents. The Governor assigns ESF responsibilities.

According to PEMA, the 10 potential emergencies Pennsylvania residents should be informed about include:

- Floods,
- Fires,
- Terrorism,
- Winter Storms,
- Dam Failures,
- Influenza Pandemic,
- Hazardous Materials Incidents,
- Earthquake and Landslides,
- Nuclear Facility Accidents, and
- Tropical Storms, Tornadoes and Thunderstorms.

DHS is the assigned coordinating agency for ESF #6 of Pennsylvania's SEOP: *Mass Care, Emergency Assistance, Housing and Human Services*; and as a Support Agency for ESF #5: *Emergency Management Information and Planning*, ESF #7: *Logistical and Facilities Support*, ESF #8: *Public Health and Medical Services Support*, ESF #12: *Energy Assistance*, and ESF #14: *Long Term Community Recovery and Mitigation*.

Mass care shelters are temporary public living quarters that provide physical shelter, feeding, and first aid, but not specialized medical care. ESF #6 includes the reunification of children with their parent(s)/legal guardians and adults with their families. Reunification services may be needed during any circumstance associated with a disaster or planned event that results in the temporary separation of a person dependent upon care from their usual caregiver(s). This includes the safe and timely reunification of children with their parent(s)/legal guardians and adults with their families/caregivers. This Pennsylvania Family Reunification Plan was drafted in consultation with OCYF and OCDEL staff, to set forth the process that will be used when DHS is asked to stand up a Family Reunification Center, whether standalone or as part of a shelter.

Reunification services may be needed during any circumstance associated with a disaster or planned event that results in the temporary separation of a person dependent upon care from their usual caregiver(s). This includes the temporary separation of children from a parent, guardian, or relative.

If requested by the local Emergency Management Agency, or by order of the Governor and, as available, DHS may activate this plan, which includes a Family Reunification Task Force (Task Force) for the purpose of collecting information on unaccompanied minors and missing children and working to reunify parents/guardians with their children. The Task Force is comprised of DHS staff and volunteers in the following roles:

- PA DHS Family Reunification Lead: Responsible for all oversight of the reunification process and staff including communicating with DHS Headquarters for any situation reports.
- Match Lead: Provides direct supervision to Intake Workers and actively searches databases for potential parent/child matches.
- Intake Worker: Responsible to assist parents in completing DHS Missing Child Form.
- Data Entry: Responsible to enter missing child and unaccompanied minor forms into Excel database.
- Child Care Coordinator: Responsible for temporary supervision of unaccompanied minors. A Child Care Coordinator will monitor children under the temporary supervision of DHS. The Brethren Churches' Children's Disaster Services will provide the direct care of children under the temporary supervision of DHS.
- Security/local law enforcement: Responsible to provide security at the moment of reunification.
- Greeter/Runner: Responsible to greet parents and carry forms to data entry.

If assistance in family reunification efforts is needed, DHS may also request support from the NCMEC, the Unaccompanied Minors Registry, Team Adam, Project ALERT and the National Emergency Child Locator Center.

Organization

OCYF collaborates with the DHS Division of Emergency Planning and Safety Operations and the Health and Human Services Information Technology Delivery Center to identify methods of state and local information sharing and collaboration regarding disaster planning and recovery. OCYF currently does not have a statewide IT system, and therefore, lacks statewide information to track the location of children placed in out-of-home care as required by the federal Child and Family Services Improvement Act (Public Law 109-288). OCYF also lacks the statewide information needed to report on children who were located or those still missing in the event of a disaster. Currently, in order to gather this information, it would involve a manual process of the regional offices contacting each county.

Strategic Initiatives

OCYF, DHS OA, OMHSAS, the PDE, PEMA, the Red Cross, as well as representatives of the District of Columbia, Delaware, Maryland and Virginia, are members of the Region III Regional Children and Disasters Work Group, led by the ACF Region III Regional Office and the Federal Emergency Management Agency. The initial focus of this workgroup was to discuss methods to ensure the evacuation and sheltering of youth from juvenile detention facilities across state lines during disasters. This workgroup now brings together federal and state partners to discuss ways to address children's issues in disasters from a preparedness, response and recovery perspective. These calls often include presenters such as Save the Children, the NCMEC, the United State Marshals Service, and the National Center for Disaster Medicine and Public Health.

OCYF and other DHS program offices are also represented on DHS Emergency Planning Advisory Council (EPAC), which was convened to advise DHS on the planning and implementation for its ESF responsibilities. The goals of the EPAC include improving coordination among DHS program offices and partners, educating staff on the Incident Command Structure, reducing duplication of services, distributing the load of individual program offices, improving documentation needed for reimbursement, and increasing training and planning.

As part of the DHS EPAC, OCYF and OCDEL were charged to develop best practice recommendations relating to caring for unaccompanied minors and helping to reunify family members separated by a disaster. These recommendations are being used to inform DHS policies and procedures for setting up mass care shelter(s) and/or a statewide family reunification hotline upon the request of a local jurisdiction undergoing a disaster.

When DHS is requested to stand up a mass care shelter, DHS staff will have oversight of the childcare area, care for unaccompanied minors, and help to reunify

families. When DHS operates a family reunification hotline, DHS staff will work in partnership with the Red Cross. Reunification services are offered by local, state, federal, or non-governmental agencies to locate, provide communication, transport, or provide temporary care in order to reconnect family members separated by a disaster incident or event. Reunification services may be needed during any disaster or planned event that results in the temporary separation of a person dependent upon care from their usual caregiver(s). This includes:

- temporary separation of children from a parent, guardian, or relative;
- adults 65 years or older dependent on assistance to carry out major life functions; and,
- persons with access or functional needs temporarily separated from assistants that routinely provide such care.

For example, the missing family member can be a minor who evacuated from the disaster and is believed to be in the care of a trusted friend or relative, a medically vulnerable adult who was evacuated from an assisted living center, someone transported within the emergency medical system, or a runaway from a child residential program.

The DHS Family Reunification Plan provides that DHS will utilize all systems under its control which collect data on citizens and may assist in identifying a child or their parent/guardian, or vulnerable adult. Those systems include, but are not limited:

- MCI
- CIS
- CWIS
- PA Automated Child Support Enforcement System
- Unified Case Management System – OCYF's BJJS
- PA's Enterprise to Link Information for Children Across Networks

While DHS staff could be cross-trained to conduct searches in each of these systems, the searches would be time and labor-intensive, depending on the number of searches that need to be conducted. DHS is exploring the possibility of establishing a simultaneous data search of everyone's information against these databases, all at one time, such as through a Data Warehouse query or some other technical method that meets the same objectives. Setting up this simultaneous search function would streamline and expedite the DHS data search process, eliminate the need to have points of contact in each of these systems conducting searches for the same individuals during a disaster event or incident, and streamline the work of DHS staff at the DHS mass care shelter or family reunification hotline who are already multi-tasking.

Policy and Procedures

On October 9, 2009, OCYF issued guidance to CCYA and private children and youth agencies, and child residential and day treatment facilities, regarding the federal requirements for disaster response plans under the Child and Family Services Improvement Act of 2006 (Public Law 109-288) and mandated the submission of updated disaster response plans to the appropriate OCYF regional office. The Child and Family Services Improvement Act mandated agencies and programs funded by Titles IV-B and IV-E to have a disaster response plan. OCYF reiterated the requirements for disaster response plans in OCYF Bulletin #3140-11-01, Fiscal Year 2012-13 Children, Youth and Families' Needs-Based Plan and Fiscal Year 2011-12 Implementation Plan Instructions, effective July 1, 2011. Since the issuance of OCYF Bulletin #3140-12-03, Revised Fiscal Year 2013-14 Children, Youth and Families' Needs-Based Plan and Fiscal Year 2012-13 Implementation Plan Instructions, effective July 1, 2012, and subsequent annual bulletins on this topic, OCYF reiterated that CCYA can request monies to support the costs associated with upgrading or maintaining their DR plan, and that requested costs will be reviewed against the CCYA DR Plan submitted to their OCYF regional office.

Agencies and programs funded by Titles IV-B and IV-E are required to have a disaster plan under the Child and Family Services Improvement Act of 2006 (P.L. 109-288). Agencies and programs having contracts for services with other agencies whose programs are funded by Titles IV-B and IV-E must be certain that these contracted agencies also have a disaster response plan. When revising existing emergency or disaster response plans or developing emergency or disaster response plans, these plans must be coordinated with the County Emergency Management Agency (CEMA) or other appropriate local planning authorities, and updated to address the five federal requirements listed below:

- Identify, locate, and assure the continuity of services for children receiving services in their own home, under State care or supervision in child residential and day treatment facilities and resource family homes - who are displaced or adversely affected by a disaster or outbreak of disease;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster or other emergency situations, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are temporarily displaced or debilitated because of a disaster or other emergency;
- Preserve essential program records; and
- Coordinate services and share information with other agencies, programs, and/or States.

OCYF and PEMA began to co-facilitate a stakeholder workgroup to develop disaster/emergency planning templates, to assist providers and counties in developing

comprehensive emergency plans that address shelter-in-place, evacuation, relocation, staff training, continuity of operations, and accommodation of children with disabilities and chronic health needs. These templates will include the basics of what should be included in disaster/emergency plans to assist counties and providers in refining their plans, as needed. To date, the workgroup developed a draft template for child residential and day treatment facilities, is near completion on the draft template for foster care agencies and will next begin to develop a draft template for CCYA. These templates will yield an emergency plan that enhances the safety of both the children and youth being served, as well as the staff of the facility or agency. OCYF also developed a draft bulletin entitled *Disaster Plans for Title IV-B and IV-E Programs* regarding the disaster planning requirements under the Child and Family Services Improvement Act. The bulletin will require that the disaster/emergency plan of child residential and day treatment programs, foster care agencies and CCYA are shared with both the local CEMA and the OCYF Regional Offices. CCYA and service provider agencies will be responsible for ensuring that procedures are in place to support the identification, location and continuity of child welfare services to children in their care or supervision who are displaced or adversely affected in the event of a disaster. Counties will submit lists of children in their care or supervision to OCYF as required in the bulletin. The draft bulletin requires agencies having contracts for services with other agencies whose programs are funded by Titles IV-B and IV-E to ensure that these contracted agencies also have a disaster response plan, with medical emergency plans, as applicable, in place that address the federal Child and Family Services Improvement Act requirements.

OCYF also developed a Family Reunification Plan to be used when DHS is requested to stand up a temporary shelter and/or family reunification hotline in the event of a disaster. OCYF partnered with PEMA, PSP, the American Red Cross, and local emergency management agencies. The responsibility to reunify families as safely and timely as possible during a disaster lies with multiple agencies including state and local jurisdictions and the American Red Cross. During typical day-to-day operations, unaccompanied minors are placed under the care and control of local law enforcement, which may be the PSP. However, during a disaster, with or without an active threat, law enforcement and emergency management agencies may be overwhelmed and unable to provide timely reunification services if faced with a large surge of unaccompanied minors. Under Pennsylvania's Emergency Support Function 6 (ESF-6), one of the four primary functions, DHS is responsible for "Mass Care: Congregate sheltering, feeding, distribution of emergency supplies, and reunification of unaccompanied minors with their parent(s)/legal guardians."

DHS is the state lead for ESF-6 and is, therefore, the coordinating agency to assist local reunification efforts should they be overwhelmed. Reunification services may be needed during any circumstance associated with a disaster or planned event that results in the temporary separation of a person dependent upon care from their usual caregiver(s), including the temporary separation of children from a parent or legal guardian. Additionally, OCYF is updating its regulations for the administration of county

children and youth agencies to include requirements related to emergency preparedness.

COOP/DR Key Planning Elements

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify a command structure to include roles and responsibilities for response and recovery of business operations at all levels of child welfare;
- Identify Lines of Succession by position (at least three deep);
- Include executive and management signatures and dates;
- Include a process for review, testing and updates to the plan on a regular basis;
- Include methods used to advise employees and service providers, including foster parents, of such plans and provide training, as applicable;
- Include a glossary of terms;
- Establish off-site backup for information systems and/or coordination of case and client records;
- Identify methods to protect paper records, data and equipment from environmental factors (for example, use of fireproof file cabinets, covering/bagging computers and office equipment, and installing surge protectors);
- Include detailed requirements for DR, COOP and specific child identification processes within the scope of the future statewide CWIS;
- Identify the role of the ICPC and any applicable waivers;
- Be applicable to the variety of natural or man-made disasters possible;
- Address possible issues that may affect employees (e.g. collective bargaining agreements, own family responsibilities at times of crisis);
- Address coordination of applicable Tribes and Tribal Authorities; and
- Include processes for recovery to normal business activities.

Ongoing Service Delivery Management

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify and prioritize the essential functions and procedures that the agency will accomplish during a crisis;
- Identify mechanisms for accomplishing mission-essential functions if staff is displaced from the primary operating facility;
- Address issues of emergency child care and supervision;

- Include details in regard to additional assistance/supports for foster families, children in care and those children recently returned home and those on trial home visits;
- Include additional details regarding assistance/supports for children and families receiving in-home services;
- Identify mechanisms for delivery of staff assignments for those who may also be affected by the disaster;
- Identify how case recording will be captured and maintained during the emergency;
- Address issues of custody and/or safety and protection of older children and those in IL supervision;
- Address issues of custody and/or safety and protection of orphaned, unaccompanied and dependent children in shelters;
- Outline process for safety and risk assessments of displaced/lost children and reunification with parents or guardians; and
- Identify basic guidelines for the continuation of visits with children and families.

Coordination

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify coordination with local emergency management plans and first responders such as police and fire departments;
- Identify agreements with courts for the provision of ongoing services;
- Identify staff and or volunteers with additional skills and experience who can be used during an emergency;
- Address procedures for service delivery by providers during emergencies;
- Plan with service providers for the provision of possible additional services for children, youth and families affected by a disaster;
- Identify agreements with other states for information and service coordination;
- Require and assist CCYA's own foster families to develop and update their own plan, update it on a regular basis, and store it in a safe and easily accessible location;
- Request that families receiving in-home services, including families of children in out-of-home placement, develop and update family specific disaster plans;
- Coordinate with medical/mental health providers for emergency services; and
- Identify how clients/employees with special needs/disabilities will be addressed.

Communication Flow

In addition to the state and federal requirements, the overall OCYF state level and individual CCYA COOP/DR Plans will do the following:

- Identify methods and locations to activate and post toll-free telephone numbers;
- Identify the process to post information for staff, families, providers and youth on a designated website, and update it regularly;
- Provide processes to ensure that hard copies of the plans are kept in accessible locations and updated on a regular basis, in the event that web services are down;
- Include procedures for contacting and maintaining links with OCYF staff, CCYA staff, local and/or PEMA officials;
- Identify the use of text message communications as backup for phone service during an emergency event;
- Include procedures for contacting and maintaining links between children in placement and their siblings/family members and parents/caretakers, especially if the child is moved/displaced;
- Include a process for maintenance and easy access to client personal phone numbers and emergency contact information for individuals who may know where they currently are (for example, relatives or friends living out of the immediate area);
- Include details of how the agency will prepare for and maintain communication with children and youth in out-of-home care (for example, foster care, group home, alternative placement); and
- Identify mechanisms for the safeguarding of personal information and protocols for the release and protection of sensitive personal information.

State Level Essential Operations Plans

ChildLine Disaster Plan

The ChildLine and Abuse Registry has a detailed emergency plan to not only preserve essential program records but also to coordinate services, remain in communication with counties and share critical information with counties and other states. The ChildLine Disaster Plan was developed in coordination with the Health and Human Services Information Technology Delivery Center. In the event of on-site emergencies that require relocation to a secondary site, operations will resume within approximately two to three hours.

The plan is to be used as an operations guide to the disaster contingency plans for emergencies that have the potential to halt or otherwise impact operations. The use of an alternative site is designed to restore ChildLine operations quickly and seamlessly

to the public. Operations at the alternative sites can be functional at a limited capacity for a limited time. The Emergency Disaster Coordinator ensures that the plan has the most up-to-date contact information. An evacuation and bomb safety plan and accompanying communication plan is included and kept in a central location.

Pennsylvania continues to explore the transportation needs of critical and essential staff who have no way of getting to the site during a disaster, but who must be relied upon in continuing our ChildLine operations. DHS's Division of Emergency Planning and Safety Operations has identified options available within Pennsylvania's emergency planning system that could assist in providing transportation to essential staff, especially in situations of weather-related disasters.

Pennsylvania continues to explore expanding the disaster plan for ChildLine to include additional functions. ChildLine includes not only the state's child abuse hotline but also quality assurance data entry staff persons who enter the results of CCYA child abuse investigations into the state's central child abuse register. ChildLine is also responsible for processing the state's child abuse and FBI clearances, as well as processing the state's child abuse appeals. In a disaster, these functions will not operate at full capacity but can be supported in this plan for a limited time so that an essential level of service is provided in each of the areas.

In addition, Pennsylvania will include emergency planning and DR of our Interstate Compact functions. Interstate staff persons have begun to participate in planning meetings and have visited the offsite emergency center.

This site has the capability to house not only ChildLine but also additional OCYF operations and central office staff in response to an emergency, short or long term. It is housed in a secured facility with staff support 24/7. In this location, we have the following facilities:

- A room with over 20 personal computers and telephones for our hotline operations,
- A large room equipped with tables and space for over 50 staff,
- Cabinets which will hold our continually networked and updated three dozen laptops,
- A conference room for management meetings,
- A large area for Clearance operations to receive and sort mail, and
- An onsite location for overnight sleeping and kitchen facilities.

The OCYF planning group has explored various options for mobile technology usage in our current and future plans. CWIS Phase 1 Referrals will not include specific functionality for mobile devices, but OCYF hopes to have this ability in Phase 2. In 2016, OCYF Regional Office staff persons were equipped with new laptops and smartphones to allow for ongoing mobility. This has the added benefit of allowing those staff to continue working during a COOP situation. In 2018, ChildLine hotline

caseworkers and supervisors were issued laptops as part of a computer refresh. This allows hotline workers to take their computer with them should the need arise to relocate to the offsite alternate site. Adequate data ports will be available at the alternate site to allow the workers to access the Commonwealth network. Should the network not be available, the laptops have Wi-Fi ability to access a hotspot set up at the site. A new phone system is also being installed at the site and is currently in the procurement stage.

Department of Human Services

The CPSL (Title 23 Pa. C.S.A. Chapter 63) mandates the ChildLine and Abuse Registry as part of the Commonwealth's plan to protect children from abuse. The mission of ChildLine is to accept calls from the public and professional sources 24 hours per day, seven days per week. ChildLine provides information and referral services for families and children to ensure the safety and well-being of the children of PA. Professionals who encounter children are required to report to ChildLine when they have reasonable cause to suspect that a child is an abused child. Therefore, the ChildLine call center and data system must be available at all times.

The ChildLine and Abuse Registry has an overall Disaster Plan comprised of a detailed emergency plan which covers evacuation of the building due to a variety of issues and a more all-encompassing disaster plan to not only preserve essential program records, but also to coordinate services, remain in communication with counties and share critical information with counties and other states. The ChildLine Disaster Plan has been developed in coordination with the Health and Human Services Information Technology Delivery Center and the Department of General Services (DGS).

There are various levels of disaster planning arranged for the ChildLine operation, which are designed to restore ChildLine operations quickly and seamlessly to the public. If moved to the closest alternate site, the return to operations is approximately two hours. The disaster plan is updated, and the relocation drill and equipment functionality are tested annually. Relocation to a second alternate site located outside of the immediate Harrisburg area is currently halted until a new phone system can be installed. There are ongoing planning meetings and we are receiving bids for a new phone system. After this phone system is replaced, operations at both alternative sites can be up and functioning in a limited capacity for a limited time.

The plan is to be used as an operations guide to the disaster contingency plans for catastrophes or troubles that have the potential to halt or otherwise impact functionality. The Emergency Disaster Coordinator ensures that the plan has the most up-to-date contact information. Telephone and computer support are available at each of the emergency sites. A bomb safety plan and accompanying communication plan is included and kept in a central location. The alternate emergency relocation plan is part of the overall Disaster Plan; it includes the move to a location outside of the immediate

Harrisburg area and all pertinent details. OCYF staff persons meet on a regular basis with system vendors, ChildLine management staff, Health and Human Services Information Technology Delivery Center DR and desktop support staff to discuss upcoming tests, lessons learned and to discuss any necessary changes to the documentation.

Bureau of Juvenile Justice Services

OCYF's BJJS has Emergency Operations Plans (EOP) in place for the five YDC/YFC under its jurisdiction. These facilities have a total capacity of approximately 337 youth. All five facilities are operated by DHS. The EOPs include preparedness efforts, response and recovery efforts including natural, technological and human-related events such as bomb threats, tornados, severe winter weather, hurricanes, mass casualty, hostage situations and utility failure. All facilities have emergency generators to provide backup power in the event of failure. These generators are connected to emergency lighting, emergency power supply, and fire alarm and telephone systems and are powered by alternate fuel sources other than electricity.

All facilities have MOUs with other state facilities to temporarily accommodate the youth in the YDC/YFC should the need arise to evacuate an entire facility. DHS and the contracted provider would utilize whatever means available to transport affected youth and facility staff. A Unified Command Structure, in which all involved agencies contribute to the command process by sharing management responsibilities, will control any incident occurring at a YDC/YFC. However, even with a Unified Command Structure, one person will oversee the event. This person will be the Incident Commander. If the incident is a police matter, the Incident Commander will be the highest-ranking Pennsylvania State Police Official at the scene. If the incident is not a police matter, the Director/Designee of the YDC/YFC will be the Incident Commander.

All facilities have several different means of communication should one system or another fail. Every facility is equipped with landline telephones, computers with external e-mail capabilities, cellular telephones and two-way radios. All facilities have plans for alternate water supply should their present water supply be interrupted or contaminated. Each facility will utilize an alternate water source, whether it is an on-grounds water source, a contracted water source, or through their local CEMA or PEMA.

OCYF Regional Offices

OCYF's regional offices are located in four areas of the commonwealth: Central Region (Harrisburg), Northeast Region (Scranton), Southeast Region (Philadelphia) and Western Region (Pittsburgh). The Governor's OA, in coordination with DGS, is charged with notifying the regional offices regarding emergency evacuation and disaster response with regard to DHS operations at the four regional offices. OCYF has expanded its COOP plan to include all of its regional offices.

Should a disaster affect the operations of DHS's regional offices, several essential functions must continue. ChildLine will communicate referrals and reports relative to these essential functions to the regional offices. Essential functions conducted by the regional offices for a one to two-day disaster include the following:

- Assuring Child Safety. Investigations of reports of suspected child abuse when the suspected abuse has been committed by the county agency or any of its agents or employees. An agent of the county agency is anyone who provides children and youth social service for, or on behalf of, the county agency, such as foster parents, residential child care staff, staff and volunteers of other agencies providing service for children and families, staff and volunteers at child care centers, staff of social service agencies, and pre-adoptive parents;
- Assuring the Location of Children in Placement. Regional offices provide TA to county and private agencies as needed.
- Other essential functions of DHS regional offices, which may sustain a short-term disruption of service (48 hours or more) but should be available as soon as possible, include the following:
 - Assuring Child Safety. In addition to conducting child abuse investigations and assuring the location of children in placement, regional offices will also be doing the following:
 - Conducting child fatality and near fatality reviews;
 - Investigating complaints about the quality or actual delivery of services within the region;
 - Monitoring the provision of services by county and private child welfare agencies; and
 - Enforcing appropriate standards with these agencies.

Being available, accessible, and providing technical assistance to both public and private child welfare agencies in Pennsylvania is the role of DHS's regional offices when a disaster or emergency affects these agencies. Bureau staff is also assigned to assist regional staff, as needed.

COOP Workgroup

OCYF has an internal COOP workgroup to review and update the COOP annually based on lessons learned and gaps identified in debriefing meetings following each test of the COOP. This workgroup is also charged with planning future tests of the COOP, planning for alternate relocation sites and the expansion of COOP testing to include all OCYF regional offices.

The COOP workgroup is charged with coordinating alternate workspace for its four regional offices (located in Harrisburg/Hollidaysburg, Philadelphia, Scranton and Pittsburgh) to ensure continuity of operations during a disaster emergency, as well as to train staff and test disaster plans and procedures at least annually. The alternate

workspace would be used whenever a disaster has the potential to halt or otherwise affect our regional operations. The use of alternative sites will assist OCYF in restoring regional operations quickly and seamlessly to the public. Working remotely from home is the first option for our regional offices. In addition, several state facilities have indicated that they have available space. Meetings between the regional offices, state facilities and COOP workgroup representatives are in the process of being scheduled for further discussion. While our regional staff are a mobile workforce, they may need an alternate work site in the event of an extended emergency.

The COOP workgroup also worked with the regional offices, to identify what assistance they might need from other OCYF staff in the event of a disaster. The regional offices identified that their primary need would be for support in making calls or other communication to CCYA and private providers to locate children. A list of possible questions was developed, which can be tailored to the individual emergent needs and given to support staff making phone calls.

DHS Division of Emergency Planning and Safety Operations continues to work with external partners to provide ongoing access to training for OCYF staff and other DHS staff on disaster-related topics such as incident command, shelter fundamentals, psychological first aid and simulation exercises on various scenarios.

CCYA and Private Agencies

Due to the county-administered, state-supervised structure of Pennsylvania's child welfare system, CCYA are responsible for working with county partners and the CEMA to develop COOP and DR plans. Plans must be operational and should include coordination with the local JPOs. Most service provider agencies must have plans in place, particularly those that are responsible for the care and supervision of children. Agencies that do have an existing emergency or disaster response plan must be certain that these plans address the five federal requirements of the Child and Family Services Improvement Act, at a minimum, and will be provided with ongoing guidance and access to information on best practices, linkages to the CFSP strategies and direction on how they can ensure connections to overall child welfare goals and outcomes.

PA's child welfare regulations at Title 55 Pa Code §3130.21 require county executive officers to immediately notify the regional offices of DHS (OCYF) of an event which will significantly affect the ability of the county agency to carry out its duties and responsibilities, such as a natural disaster. In addition, DHS regulations (Title 55 Pa Code §3130.68 and §3680.44) require agencies changing the physical location of a child in placement in a foster family home or adoptive home, to inform the child's parents within 15 days of the change. Agencies must provide to the parents the address of the physical location and the name of the person or agency responsible for the care of the child. For children and youth receiving care in DHS licensed child residential and day treatment facilities, DHS regulations (Title 55 Pa Code §3800.16) require these facilities to notify DHS and any contracting agency within 24 hours when

any condition results in the closure of a facility. Facilities are required to notify the DHS and any contracting agency within 12 hours if a fire occurs requiring the relocation of children. Please note that the DHS OA's Bureau of Human Services Licensing now licenses child residential and day treatment programs. OCYF is drafting a new Chapter 3131 regulation to replace the current Chapter 3130 regulations. The draft regulations, which will be published for public comment later this year, have a section on emergency preparedness.

Each of Pennsylvania's 67 counties is required, in accordance with PEMA, to prepare, maintain and keep current an emergency operation plan for the prevention and minimization of injury and damage caused by a disaster, prompt and effective response to disaster and disaster emergency relief and recovery in consonance with the Commonwealth Emergency Operations Plan.

The county's EOP defines the organization, concept of operations and responsibilities of the departments and agencies of county governments and their municipalities in mitigation of, preparedness for, response to, and recovery from disasters. PEMA provides direction and assistance for plan format and content via the Generic County EOP. New information or changes to current plans are distributed as amendments to the generic plan. The generic plan represents the minimum required policies and procedures. Counties are encouraged to tailor the information in the generic plan to meet their own unique requirements, e.g., additional appendices and county-specific data and procedures. PEMA Regions review the county plans to ensure two-year currency.

The Governor, based upon the recommendation of the county, appoints an emergency management coordinator. The emergency management coordinator or municipal elected officials administer each county and municipal program. The coordinator is an employee of the county or municipality and is responsible for implementing the program.

Agencies and programs funded by Titles IV-B and IV-E are required to have a disaster plan under the Child and Family Services Improvement Act of 2006 (P.L. 109-288). Agencies and programs having contracts for services with other agencies whose programs are funded by Titles IV-B and IV-E must also be certain that contracted agencies also have a disaster response plan. Agencies revising existing emergency or disaster response plans or developing emergency or disaster response plans must ensure that these plans are coordinated with the CEMA or other appropriate local planning authorities and are updated to address the requirements of the Child and Family Services Improvement Act of 2006 (see Policy and Procedures on page 6 for more information).

In October 2010, OCYF and the PEMA began to co-facilitate a stakeholder workgroup to develop disaster/emergency planning templates, to assist providers and counties in developing comprehensive emergency plans that address shelter-in-place,

evacuation, relocation, staff training, continuity of operations, and accommodation of children with disabilities and chronic health needs. These templates will include the basics of what should be included in disaster/emergency plans to assist counties and providers in refining their plans as needed. We also seek to identify any gaps, service and resource needs and barriers that need to be resolved. To date, the workgroup has developed emergency planning toolkits for child residential and day treatment programs, foster care agencies and resource family homes. Each toolkit includes a Planning Guide and three components – a Basic Plan, a series of Checklists, and a set of suggested Supporting Documents. Used together, these will yield an emergency plan that enhances the safety of the children and youth being served, as well as the staff of the facility or agency. Following the development of the last emergency planning toolkit, for CCYA, OCYF will be issuing additional policy guidance to require that disaster/emergency plans be shared with both the local CEMA and the OCYF Regional Office.

DHS, county and private child welfare agencies developing disaster plans, and agencies that have existing disaster response plans in place must address the following five federal requirements.

(1) Identify, locate and continue the availability of services for children under State care or supervision who are displaced or adversely affected by a disaster:

- Pennsylvania’s child welfare regulations at Title 55 Pa Code §3130.21 require county executive officers to immediately notify the regional offices of DHS (OCYF) of an event which will significantly affect the ability of the county agency to carry out its duties and responsibilities, such as a natural disaster.
- OCYF may also be notified directly by PEMA.
- CCYA will call upon the DHS and its regional offices when a disaster strikes their county and renders the CCYA unable to perform its duties of protecting children from abuse and neglect and providing services to those children already in out-of-home care. CCYA maintain the most up-to-date information on each child and family that they serve for both in-home services and out-of-home services. DHS also maintains up-to-date child abuse information and information on children in out-of-home care. Should the CCYA request assistance identifying, locating or continuing child welfare services for children under state care or supervision during a disaster, the CCYA would specify in their request which children require DHS assistance. DHS will utilize both sources of information relayed by the CCYA and information maintained by DHS to complete this task.
- DHS will designate OCYF’s Deputy Secretary to authorize the Bureau Director for Children and Family Services to oversee an emergency response involving any or all the four OCYF Regional Offices.
- During a disaster, the directors of any of the four OCYF Regional Offices will assist and support the affected counties through the appropriate CCYA and JPO, as necessary and directed by the Bureau Director for Children and

Family Services. Other OCYF management staff may also be deployed to assist, as necessary.

- Each CCYA and JPO will support its CEMA Coordinator, if necessary.
- The need to quickly and effectively identify and locate children under State supervision during a disaster is one of the most critical business drivers for a statewide information system for PA. In the interim, OCYF has planned to identify children under state care and supervision for child welfare and juvenile justice in the following ways:
 - Receive the county-specific lists of children currently receiving in-home services from county child welfare and juvenile justice agencies as well as those children and youth in county custody (child welfare and juvenile justice) from the county data system at the time of disaster.
 - The lists of children receiving in-home services as well as those in county custody (child welfare and juvenile justice) may be manual or electronic.
 - The electronic and/or manual lists that counties will generate will be emailed or faxed to the County EMA Coordinator, the local chapter of the American Red Cross, as necessary, as well as the affected OCYF Regional Director to initiate the emergency location process to identify the location of the children affected by the disaster.
 - The OCYF Regional Director, upon receiving the list(s), shall forward this information onto OCYF regional staff in the field, the Bureau Director for Children and Family Services and the Bureau Director for Policy, Programs and Operations who oversees and shall forward the information to ChildLine.
 - OCYF will load the lists of affected children onto an OCYF shared folder for OCYF Headquarters staff and other OCYF regional offices to access the information.
 - The OCYF Regional Directors will continue to forward updates to these lists as they are received.
- OCYF will locate children receiving in-home services as well as those in county custody in the following ways:
 - The Bureau Director for Children and Family Services and the Director of the OCYF Regional Office will receive the lists of affected children and youth from the CCYA and JPO and contact the Director of the CCYA and the Chief JPO in the specific affected county.
 - These two individuals at the county level will advise management staff within their respective organizations to:

- (1) make telephone contact with the directors of the agencies where the children in county custody are placed to verify their location, immediate condition and safety of the children; and (2) advise county agency staff to make efforts to contact parents or caretakers of those children and youth receiving in-home services from the county agency. Telephone contact efforts shall begin with those families and agencies that are believed to be most affected by the disaster per the information received from the CEMA.
- OCYF will also work closely with the local chapters of the American Red Cross to locate children receiving in-home services and those in county custody.
 - Children residing in out-of-home care who are affected by a disaster must be accounted for by the public or private agency responsible for their care within 24 hours of the disaster's occurrence.
 - Verification of the whereabouts of every child affected by a disaster must be maintained by the CCYA and JPO with assistance from the OCYF Regional Office when requested by the CCYA or JPO.
 - Within 24 hours of the CCYA and JPO receiving updated information on the child's verified location, this information shall be forwarded to the OCYF Regional Director and the CEMA Coordinator. The OCYF Regional Director must also forward this information to the OCYF regional office staff in the field, the Bureau Director for Children and Family Services, and the Bureau Director for Policy, Programs and Operations for forwarding on to ChildLine.
 - Resource families who report to the CCYA or a private agency, and directors of child residential facilities must notify the Director of the CCYA and Chief of JPO whose children are placed in his/her care of the whereabouts of the children who have been affected by the disaster. Should the children's placement location need to be changed due to the disaster, this relocation information must also be relayed to the CCYA and JPO within 24 hours of the disaster as well as the anticipated length of stay at this new location.
 - The OCYF regional office will assist the CCYA, JPO and private agencies licensed by the DHS in locating alternative placement sites for those children in county custody who are affected by the disaster and require relocation to a safe place. OCYF will coordinate the relocation of youth who are adjudicated delinquent with the JPO and local juvenile courts.
 - OCYF regional offices, OCYF Headquarters, and ChildLine/ICPC operations will utilize the up-to-date information received from the CCYA and JPO regarding those children affected by the disaster to field calls and answer questions from concerned parents/families regarding the whereabouts and status of their children.

- OCYF will assure continuity of services for children receiving in-home services and those in county custody:
 - The Director of the CCYA, Chief of JPO and the Director of the OCYF Regional Office will collaborate with other Commonwealth child-serving Agencies such as the Departments of Health and Education, as well as PEMA's CEMA Coordinators to assess the most effective method of providing referrals and connections to services for those children who are displaced by a disaster. DHS shall also initiate emergency access to DHS-related benefits such as MA, general assistance, food stamps and mental health services.
 - Each county has an EOP that details the provision of services for county agencies.
 - The Director of the OCYF Regional Offices will monitor the CCYA and private agencies regarding the implementation of their disaster plans. As mentioned, OCYF Regional Office staff will respond to the CCYA as needed, as well as provide technical assistance as requested.
 - The Director of the OCYF Regional Offices will ensure that county agencies and providers continue to provide child welfare and juvenile justice services at the secondary location, should relocation have occurred.
- If a CCYA or JPO needs assistance in continuing to provide services for the children affected by a disaster, the CCYA, JPO and OCYF have the option to contact another CCYA, JPO or the OCYF regional offices for assistance.
- It is reasonable to expect that the CCYA and JPO may need assistance with caseworker visits, transportation to/from appointments, family visits, or court hearings, during a time of disaster and returning the children to their original placement setting after the disaster has passed. In these situations, the CCYA and JPO may request support from OCYF, which has the authority to request assistance from other OCYF regional offices, CCYA, JPO and the local juvenile courts. Counties should adhere to providing timely notification to the juvenile court for those children under the court's supervision regarding changes in the child's placement location due to a disaster.
- During the disaster, children affected will need to maintain contact with their parents, siblings, and family members. Parents, siblings and family members will likely contact several different offices in an effort to learn more regarding the status and location of children – these offices will most likely include the CCYA or JPO, the CEMA, the OCYF Regional Office, the OCYF Headquarters Office, and ChildLine/ICPC. Since each of these offices will have up-to-date information on the status of children affected by the disaster, each office should be able to offer certain information as permitted by law and regulation.

- For those callers requesting information on children affected by the disaster who are not under state supervision, these callers should be referred to the CEMA.
- Should the CCYA and JPO not be able to maintain telephone service during the disaster, the County EOP will provide the agency with guidance in addressing this issue. As a potential resource, the CCYA may elect to forward their calls to another CCYA or JPO through an existing agreement or to the OCYF regional office until the CCYA or JPO can achieve relocation and again begin its operations.

(2) OCYF will respond to new child welfare cases in areas adversely affected by a disaster:

- During a disaster, reports of new child welfare cases will need to be investigated by the CCYA. Certain reports involving alleged abuse of children by agents of the county must be investigated by DHS regional offices per Departmental regulation. Should the CCYA not be able to perform its duties of responding to new reports, the CCYA will notify the OCYF regional office and ask for assistance.
- CCYA, JPO, and OCYF Regional Offices will utilize established departmental policy and regulation regarding prioritization of services and response to new child welfare cases.
- Responses will utilize a combination of resources from the county and state levels, roles will be updated and assigned if needed, and resources will be mobilized.
- New reports may consist of GPS investigations and/or CPS investigations. Departmental regulations and policies detail how quickly a response must occur when a new report is received. When responding to new cases, CCYA staff may utilize county agency municipal vehicles or personal vehicles, and OCYF staff may use state government issued vehicles or personal vehicles. In extreme circumstances, the CCYA and/or OCYF may need to seek the assistance of local or PA State Police in order to respond to new child welfare cases.
- CCYA and OCYF regional offices will have included in their detailed disaster plans prioritized listings of mandatory services to children and families and will be ready to triage new referrals and cases as they are reported.
- ChildLine's Disaster Plan provides for the forwarding of reports of SCAN calls to the CCYA and/or OCYF regional office for investigation.
- The Director of the OCYF Regional Office will collaborate with the Director of the CCYA and the CEMA Coordinators to receive any reports of abuse or neglect that may not have been made directly to ChildLine and will reinforce the ChildLine contact number for all child abuse and neglect reports.
- The communication plan will be established to identify lines of communication between private providers and volunteer organizations.

(3) Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster:

- A comprehensive communication plan will be an integral part of each disaster plan. Communication plans will be tested and updated with each testing of the overall disaster plan.
- OCYF Headquarters and Regional Offices will maintain up-to-date lists of all Directors of CCYA and Chiefs of JPO.
- OCYF, county and private agencies will maintain current lists of all of their staff so that they can be located and called upon to assist during a disaster.
- CCYA and JPO will maintain updated lists of families receiving in-home services, and all foster parents and private agencies contracted with the agency. These lists may be manual or electronic and will be maintained by the CCYA and JPO.
- CCYA, JPO and OCYF regional offices will use this information to maintain communication with emergency contacts and caregivers.
- OCYF Headquarters staff has access to the Government Emergency Telephone System, which allows telephone access in extreme disaster situations.
- CCYA, JPO and OCYF regional offices must maintain contact with their essential child welfare staff via telephone or electronic mail during a disaster.
- CCYA, JPO and private agencies must maintain up-to-date emergency evacuation plans for out-of-home placement locations so that agencies can anticipate where resource families or agency staff will be relocating the children during a disaster, thereby attempting to make contact at the new location as soon as possible. In addition, CCYA and JPOs are recommended to maintain secondary contact information for those families receiving in-home services so that contact can be attempted via the secondary contact during a disaster.
- As agency communication, tools and methods are updated, associated updates and changes will be made to the plans and posted at regularly scheduled meetings.

(4) Preserve essential program records:

OCYF works in coordination with the Health and Human Services Information Technology Delivery Center to ensure continuity of business operations for the ChildLine and Abuse Registry, and other data and information systems pertinent to OCYF operations. This requirement will be included in CWIS planning and as our business tools and databases are updated, our plans will concurrently be expanded and updated and will include the various levels of activities and testing necessary to ensure that we follow DHS and Commonwealth standards and processes to ensure the safety of our data. Data residing on OCYF servers is backed up on a regular basis and stored on and off-site through coordinated efforts within DHS. Data pertinent to OCYF

operations includes the AFCARS, the Interstate Compact agreements, FC Initiative data and limited data regarding the provision of services to children in their own homes. An explanation of our planning and access testing for critical OCYF data was addressed earlier in this document. The testing of the off-site data storage and information system access will be continued on a yearly basis. It is important to note that most essential program records for children being served by the child welfare system are kept and stored locally within the 67 CCYA:

- DHS DR Plan includes specific backups of data on a regular basis, as well as the offsite storage of that data to a location outside of the area.
- County AFCARS files are backed up by the state to the server and are stored in a variety of locations. Due to the lack of a Statewide Child Welfare System, the legacy application supplies only point-in-time data, but the server files will contain a record of the last AFCARS submission.
- The Data Warehouse stores and has available off-site the historical point-in-time AFCARS submission files.
- CCYA have been directed to back up their AFCARS and all agency child records, if automated, and keep copies in a secure location. They have also been directed to periodically verify that the records are being backed up properly and to include testing to ensure that the data is viable.
- Representatives from the Disaster Planning Section of the Health and Human Services Information Technology Delivery Center have provided guidance and continue to offer support through regular testing of the ChildLine DR plan and associated follow up.
- The DHS DR Planning Team includes ChildLine and the OCYF/Health and Human Services Information Technology Delivery Center DR team in its yearly planning for department-wide mainframe recovery and batch testing process. OCYF is working with this team, as well as the DGS to fully test the ChildLine server and batch processes from the DHS remote site to ensure that not only the ChildLine hotline, but other critical OCYF functions can continue to operate fully and uninterrupted access to critical documentation will be available even if the DHS mainframe applications must operate from a remote site.
- CCAP has been working with all the 67 counties on security and disaster planning and will continue to offer guidance and support.
- OCYF regional offices and DHS maintain duplicative information (paper and electronic) regarding licensed foster care agencies. DHS and the Bureau of Human Services Licensing maintain duplicative information (paper and electronic) regarding licensed child residential and day treatment programs. Information can easily be forwarded to a CCYA or private agency when appropriate following a disaster.

(5) Coordinate services and share information with other States:

- Requests for information regarding children affected by a disaster may come from out-of-state agencies or concerned parents or families of children placed in PA through the ICPC.
- These requests for information may be made directly to the CCYA, the JPO, the DHS Regional Office or the ICPC office, which is overseen by the Division Director of the Division of Operations. Since all these agencies will have up-to-date information on the children affected by the disaster, any one of these agencies will be able to provide the requested information to the out-of-state agency or concerned parent or family member.
- Per ICPC requirements, children who were placed in PA through the ICPC who must be moved to a different placement location during a time of disaster to protect the child's health and safety must be documented and shared with the ICPC office. The ChildLine/ICPC office shall receive and maintain up-to-date information on these children and will share this information with other states, as requested.
- Concerned callers from outside of PA may contact the CCYA, JPO, OCYF regional office, and/or ChildLine during a time of disaster.
- Callers requesting information on a child who was not under state supervision at the time that the disaster occurred will be referred to the CEMA applicable to the child's most recent recorded home address and the local chapter of the American Red Cross.
- Pertinent data will be shared via email and fax transmission, as well as direct telephone contact.
- ICPC data is backed up and stored offsite by the Health and Human Services Information Technology Delivery Center. Data files are available within several hours of a disaster and/or application failure.
- OCYF plans to include ICPC services in the DR plan when OCYF moves into CWIS Phase 2, where the focus is on the child case file.
- OCYF Regional Offices have their data backed up on the server.
- OCYF continues to explore the provision of a dedicated telephone line (800 number) to be activated during times of disaster to manage incoming calls from concerned parents or families.

OCYF will also pursue the appropriate use of volunteers to make optimum use of all resources during a disaster. OCYF shall make certain that all volunteer organizations involved in the DR efforts have adequate and up-to-date information regarding where to refer concerned persons, parents or family members of children who have been or may have been affected by the disaster.

Over the next five years, OCYF will continue to collaborate with the DHS Division of Emergency Planning and Safety Operations and the Health and Human Services Information Technology Delivery Center to identify methods of state and local

information sharing and collaboration regarding disaster planning and recovery. OCYF will also update its regulations for the administration of county children and youth agencies to include requirements related to emergency preparedness.

CFSR Systemic Factor Assessment

OCYF utilizes the federal systemic factors regarding staff and training and the statewide information system as part of its ongoing assessment and monitoring of key CFSP implementation supports. Assessment of performance on these two systemic factors is outlined below.

Initial and Ongoing Staff Training

The CFRS systemic factor regarding staff and provider training considers whether the state has in place a training system to ensure that initial and ongoing training is provided to all staff that addresses the skills and knowledge needed to carry out their duties with regards to services included in the CFSP. During the CFRS in 2017, Pennsylvania's initial and ongoing training system for staff and providers was identified as a strength for the state.

Under DHS regulations, all new caseworkers are required to complete 120 hours of initial training within 18 months of hire. Data collected by the CWRC shows that the average new caseworker completes their new hire training within 107 days of their effective hire date. Caseworkers are also required to complete 20 hours of additional training on an annual basis. Supervisors must also have completed the 120 hours of certification training as well as 60 hours of training designed to prepare them for their supervisory role. The use of an individual training needs assessment is required by CCYA to monitor the ongoing training needs of caseworkers and to ensure the individual training needs of staff are met. Monitoring of agency compliance with staff training requirements outlined in DHS regulation occurs through annual CCYA licensing inspections. Over the past several years, results of licensing inspections show very few counties are found to be in violation of the requirements. The most common violations of the few that are identified include missing individual training needs assessments and documentation missing in the personnel file to confirm completion of training. The CWRC works with OCYF in utilizing a continuous quality improvement process to monitor and adjust training for the child welfare workforce. CWRC utilizes a comprehensive training evaluation process which collects information to inform adjustments to the curriculum.

Statewide Information System

The CFRS systemic factor regarding the statewide information system sets the standard requirement that states must have an information system in place that 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. Pennsylvania was found to not be in substantial conformity with this systemic factor during the 2017 CFSR as the current statewide information system only collected child maltreatment investigation and assessment information. OCYF will work to bring Pennsylvania in compliance with these systemic factor standards over the next five years through the implementation of the next phase of CWIS.

Five-Year Goals and Strategies for Implementation Supports

Based on the stakeholder feedback and review of Pennsylvania performance regarding staff and provider training, multiple strategies were identified to support improving Pennsylvania's child welfare workforce in the CFSP PIP and have been incorporated into the 2020-2024 CFSP. As Pennsylvania does not currently have a statewide information system that fully meets the federal CFSP requirements, OCYF's strategies for development and implementation of this system are included as a priority in the 2020-2024 CFSP. For the 2020-2024 CFSP, some of the key activities included in the strategies identified as originating from the PIP may be expanded upon to include additional efforts OCYF plans to undertake to further the work and to capture efforts that may extend beyond the two-year PIP implementation time frame. As the initial goals and strategies set forth in Pennsylvania's 2020-2024 CFSP are achieved, OCYF will continue to work with stakeholders to identify additional goals and strategies to add to the state Title IV-B plan through submission of the APSR.

Implementation Supports Goal 1: Pennsylvania will recruit, retain and support a qualified, skills and committed child welfare workforce.

Rationale for Goal Selection:

Analysis of the findings from PA’s CFSR pointed to workforce issues as a key underlying root cause impacting PA’s performance across the CFSR safety, permanency, and well-being outcomes. Through additional analysis of the cases reviewed during the CFSR and the written comments completed by the reviewers, PA was able to identify cases where staff turnover was one of the contributing factors when performance issues were found. A “stay” survey was conducted through the State Roundtable Caseworker Retention Workgroup. Over 1,000 child welfare professionals responded and identified similar factors as previously mentioned, as well as positive factors such as; the ability to make a difference with children and families, the importance of a supportive supervisor, and job flexibility. There is a solid research base which supports a mix of personal (within the individual) and organizational (within the system) factors that negatively or positively impact recruitment and retention. Pennsylvania believes that no single strategy is, in and of itself, sufficient to fully address workforce challenges; rather, there is a need to set forth a more holistic approach with a well-designed, research-informed package of strategies targeted at both personal and organizational factors.

5-Year Monitoring Targets:

	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
The revised Chapter 3131 regulations which reduce caseload size requirements will be fully implemented by the end of FFY 2024.	June 2019 Regulation language revisions are in the process of being finalized for public comment				

OCYF will establish a reliable method for collecting CCYA workforce data and utilize the information to conduct regular analysis of workforce trends.					
	June 2019 The NBPB Bulletin for SFY 2020-21 was released and includes detailed request for CCYA workforce data				

Implementation Supports Objective 1.1 (CFSR PIP Strategy): Revise existing recruitment and hiring processes to improve efforts to attract skilled and qualified individuals to the child welfare workforce.

Rationale for Objective Selection:

- The complexity of the work carried out by child welfare professionals has increased, however, recruitment and hiring practices, especially those governed by the state Civil Service system, have not been modified in response.
- The current education and experience requirements for county children and youth caseworkers and supervisors set forth by the Civil Service system do not reflect the level of knowledge and skill necessary to succeed in the child welfare profession;
- The child welfare workforce is often not perceived by the public as having the same level of professionalism as other related fields among the public, with a lack of understanding regarding the value of the work.

Key Activities/Strategies	Benchmarks for Completion
OCYF will collaborate with the Governor’s Office of Administration to develop and implement a child welfare job specification for both caseworkers and supervisors for counties that use the Commonwealth’s merit hiring system	March 2020

<p>OCYF will collaborate with the Governor's Office of Administration to utilize a revised Civil Service test for the newly developed child welfare caseworker and supervisor positions for counties using the Commonwealth's merit hiring system.</p> <ul style="list-style-type: none"> ➤ Job specifications and selection criteria will be revised and implemented statewide for counties that remain within the Commonwealth's civil service hiring framework. ➤ For counties that have been approved to implement their own merit-based hiring system, the information will be available to support the development of job specifications and selection. 	<p>March 2020</p>
<p>OCYF will work with counties and the Governor's Office of Administration to evaluate the increase in qualified staff recruited and retained as a result of the creation of children and youth job specifications and revised testing.</p>	<p>March 2020</p>
<p>OCYF will collaborate with the Governor's Office of Administration to evaluate salaries for caseworkers and supervisors based on experience, educational attainment, and equivalent human service positions.</p>	<p>March 2020</p>
<p>The Governor's Office of Administration will adjust existing policy involving the "rule of 3" which will allow counties to select the number of candidates they wish to interview.</p>	<p>September 2019</p>
<p>The University of Pittsburgh, School of Social Work, Child Welfare Research and Education Programs will implement efforts to increase CWEB and CWEL admissions.</p> <ul style="list-style-type: none"> ➤ A new School of Social Work will be added to the existing 14 participating schools. ➤ Information about both educational programs will be shared at quarterly PCYA conferences to ensure new administrators are aware of the programs. 	<p>September 2019 and ongoing</p>
<p>The PA NASW Child Welfare Task Force will educate the public and system stakeholders on the mission and purpose of child welfare and efforts to improve outcomes of safety, permanency, and well-being.</p> <ul style="list-style-type: none"> ➤ Media releases focusing on the positive impact that child welfare professionals have on children and families will be developed and disseminated. ➤ The recently revised PA child welfare practices competencies and the existing practice model will be publicized. 	<p>September 2019 and ongoing</p>

Implementation Supports Objective 1.2 (CFSR PIP Strategy): Improve county children and youth agency caseworker and supervisor retention through regulatory and practice changes that will reduce staff burnout.

Rationale for Objective Selection:

- Positive factors such as; the ability to make a difference with children and families, the importance of a supportive supervisor and job flexibility were identified as reasons caseworkers stay in their job per a survey conducted by the AOPC State Roundtable Caseworker Retention Workgroup.
- High caseloads caused by lack of adequate staffing create burnout and negatively impact the quality of the work caseworkers do with families and children, which leads to decreased job satisfaction.
- Excessive documentation and paperwork requirements significantly impact the time caseworkers can spend working with families, which also leads to decreased job satisfaction.
- PA does not currently collect consistent data across the state regarding staff turnover within county children and youth agencies, therefore making it challenging for the state and counties to have a full understanding of the scope of turnover, which presents difficulties in ongoing monitoring.

Key Activities/Strategies	Benchmarks for Completion
<p>OCYF will initiate regulatory changes to reduce caseworker caseload sizes by drafting revised OCYF regulatory language regarding caseworker-to-family and supervisor-to-caseworker ratio requirements.</p> <ul style="list-style-type: none"> ➤ The ratio requirement revisions will be drafted as part of a larger effort to significantly revise OCYF regulations for the administration of county children and youth agencies. ➤ Revised regulations will be drafted and submitted through the required approval processes, which include, but are not limited to, DHS Secretary’s Office, the Governor’s Office, Attorney General, Legislative Committees and the Independent Regulatory Review Committee. ➤ Revised regulations will be published as proposed rulemaking in the Pennsylvania Bulletin with a comment period provided. ➤ Submitted comments will be reviewed and a draft of the regulations prepared for submission through the final approval processes. 	<p>December 2020</p>

<ul style="list-style-type: none"> ➤ Implementation policies, procedures, interpretive guidelines and licensing inspection instruments will be developed for submission to statewide external stakeholder group for review and comment. 	
<p>OCYF will develop and disseminate a facilitated discussion template to support the local work of county children and youth agencies that select to examine and improve county driven paperwork and documentation practices.</p> <ul style="list-style-type: none"> ➤ The facilitated discussion template will be utilized by the county children and youth agencies, OCYF Regional Office staff and CWRC Practice Improvement Specialists to help individualize support to counties in their paperwork reduction efforts. ➤ The discussion template will be developed based on experiences during site visits with counties to discuss county specific paperwork reduction. ➤ County-specific discussions will be scheduled with caseworkers, supervisors, managers and administrators to determine further strategies to support state and county required documentation. ➤ OCYF, CWRC and PCYA will meet on a quarterly basis to continue to discuss the impact of documentation reduction and to identify future documentation concerns and strategies to address these concerns. 	December 2020
<p>OCYF will revise existing guidance provided to counties regarding standards for documentation needed to meet regulatory requirements, as well as issue new guidance where it did not previously exist.</p> <ul style="list-style-type: none"> ➤ OCYF will develop a survey and evaluation manual that establishes the documentation required to meet 55 Pa. Code, Chapter 3490 (relating to protective services) regulations. ➤ OCYF will revise the Survey and Evaluation Manual that establishes the documentation required to meet 55 Pa. Code, Chapter 3130 (relating to administration of county children and youth social service agency) regulations. ➤ The draft survey and evaluation manuals will be issued to county children and youth agencies for review and comment prior to issuance and appropriate changes will be made based upon comments received. 	December 2020

<p>Develop a data collection method to support ongoing analysis of information regarding Pennsylvania's child welfare workforce.</p> <ul style="list-style-type: none"> ➤ OCYF will request and collect position level data (start/end dates, salary, reasons for separation) from counties every year as part of the annual NBPB, which began in August of 2018. ➤ The annual data request will be completed by counties and returned. ➤ The annual data will be analyzed, and a summary report issued to OCYF and the counties. ➤ Counties will be expected to use the data to inform the development of strategies to address retention issues, if applicable. OCYF will request counties to report on their analysis and identification of strategies in the subsequent NBPB. ➤ Technical assistance will be provided to counties, as requested, and prioritized by level of need and organizational readiness. 	<p>June 2021</p>
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Implementation Supports Objective 1.3 (CFSR PIP Strategy): Expand leadership and professional development opportunities for public and private child welfare professional supervisors.

Rationale for Objective Selection:

- The Pennsylvania State Auditor General's *State of the Child Report*, which included assessment of the child welfare workforce in the state recommended changes to caseworker training to involve a simulation-based approach so to better prepare staff for work in the field.
- CWRC is in the process of carefully and thoroughly integrating the revised child welfare competencies in its training, technical assistance, and transfer-of-learning initiatives.
 - The aim of competency-based education is to ensure that child welfare professionals acquire and apply the knowledge and skills necessary to ensure positive outcomes for Pennsylvania's children and families involved in the child welfare system.
- Supervisors are key supports to caseworkers; however, further professional development is needed to equip supervisors with the skills and knowledge necessary to fulfill this critical role.

Key Activities/Strategies	Benchmarks for Completion
<p>The PA CWRC will implement the redesigned certification series for caseworkers, which will include guidance and support for county supervisors and other assigned staff to promote the transfer of learning in the field, which includes coaching and mentoring.</p> <ul style="list-style-type: none"> ➤ The redesigned series will consist of three delivery styles; online, in-person (skill practice, including simulation), and field work (with a specific role for supervisors, including the ability for the supervisors to receive training credits). ➤ The evaluation design for the caseworker certification series will be tested during the pilot. The design builds from participant reaction, knowledge, and skill, to behaviors that transfer to the field. 	September 2019
<p>The PA CWRC will provide an opportunity for private provider managers and directors to participate in the Foundations of Leadership course through expanding the target audience for the marketing of the course and increasing the number of sessions offered, if needed, to meet demand.</p> <ul style="list-style-type: none"> ➤ Foundations of Leadership is a two-day session which provides leaders in Child Welfare, including county administrators and their management teams and private providers, with information on leadership and organizational effectiveness. <ul style="list-style-type: none"> ○ Day one of the session introduces the teams to the characteristics of leadership, strength-based leadership, and the leaders as a role model of social work values and practice. ○ Day two introduces the teams to the Organizational Effectiveness (OE) framework. Using the information from day one, the teams work through the OE process and develop a preliminary CQI plan. The CQI plan includes goals, strategies and action steps identified by the team to address the needs identified from day one. In addition, the plan includes how staff and stakeholders will be engaged in the plan implementation. ➤ The PA CWRC will contact several private provider associations to request the marketing of Foundations of Leadership to their respective constituencies. 	December 2019

<p>The PA CWRC will redesign the certification series for supervisors to align with the recently revised child welfare competencies, the redesigned caseworker certification series, and the PA Child Welfare Practice Model.</p> <ul style="list-style-type: none"> ➤ The evaluation design will be tested during the pilot. The design builds from participant reaction, knowledge, skill, to behaviors that transfer to the field. 	<p>December 2020</p>
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Implementation Supports Goal 2: Pennsylvania will ensure collection of quality statewide data to inform quality assurance processes to support the achievement of safety, permanency and well-being outcomes.

Rationale for Goal Selection:
 Pennsylvania was found not to be in substantial conformity with the CFSR systemic factor regarding statewide information system requirements during the 2017 CFSR.

5-Year Monitoring Targets:	Baseline	2021 APSR	2022 APSR	2023 APSR	2024 APSR
<p>CWIS Phase II will be fully operational by the end of FFY 2024.</p>	<p>May 2019</p> <p>DHS announced OCYF will be moving to a statewide child welfare case management system that will replace the intake/investigation functionality in our current CWIS system and will include full case management functionality to</p>				

	support county children and youth agencies				
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Implementation Supports Objective 2.1 (CFSR PIP Strategy): Implement a statewide information system to readily report on the status, demographics, locations, and goal of every child in foster care.

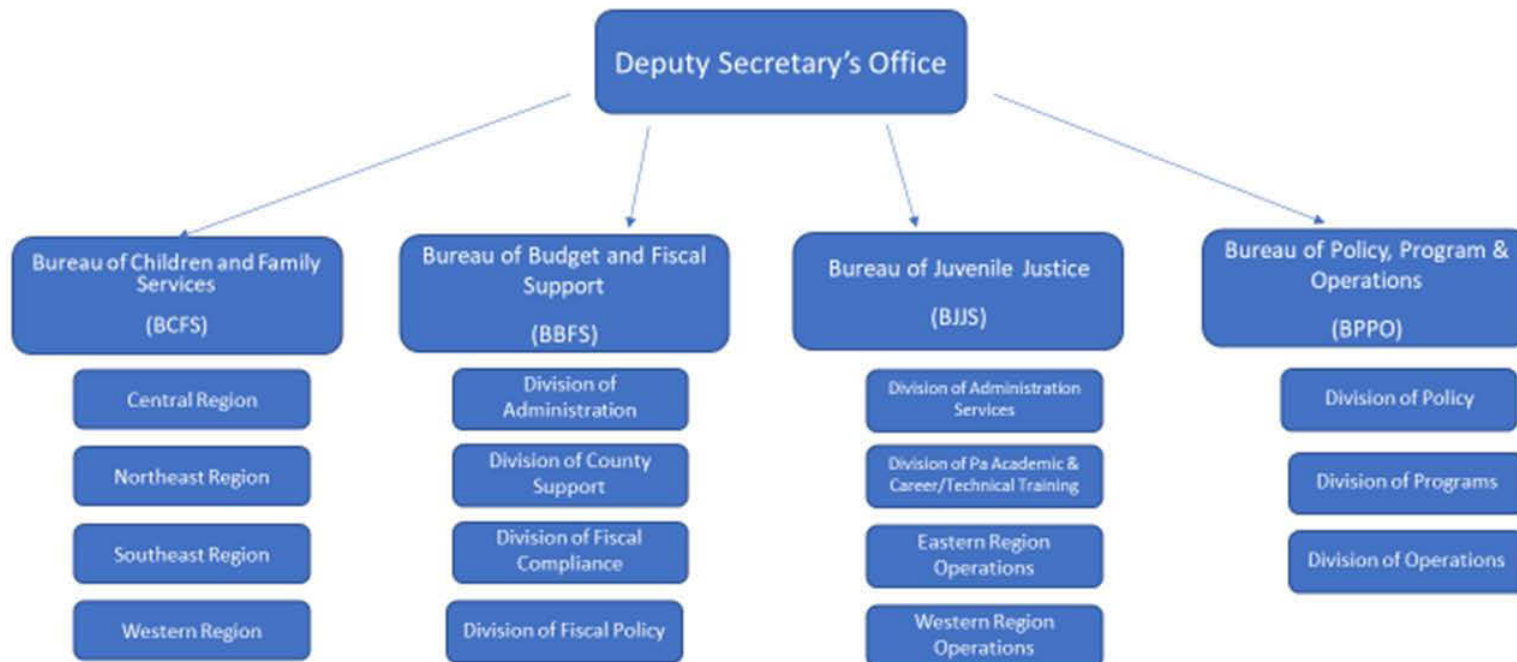
- Rationale for Objective Selection:**
- Pennsylvania will be moving to a statewide child welfare case management system that will replace the intake/investigation functionality in our current CWIS system and will include full case management functionality to support county children and youth agencies.
 - The current federated approach to developing and maintaining a state level application and six county case management systems has become costly and inefficient and new technology platforms are being considered as an alternative.
 - In late 2018, DHS issued a RFI to explore available options. Additional analysis of costs and benefits determine that the best approach would be to move to one statewide child welfare system.

Key Activities/Strategies	Benchmarks for Completion
Finalize Child Welfare System Capabilities for statewide case management system platform	September 2019
Implement a Governance Structure for development and implementation of a statewide case management system.	September 2019
Procurement of a platform to support a statewide case management system	December 2019
Standardize Business Processes & Complete Business Requirements	March 2020
Procurement of IT services for statewide case management system	March 2021
Design and develop a statewide case management system	June 2021

Go live with a statewide case management system	January 2023
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Appendix A: OCYF Organizational Chart

OCYF Organizational Structure



Appendix B: PA Child Welfare Practice Model

PENNSYLVANIA'S CHILD WELFARE PRACTICE MODEL February 2013

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

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

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

- **Children, Youth and Families**
 - Children and youth have the right to live in a safe, nurturing and stable family.
 - Families are the best place for children and youth to grow up.
 - Family connections are maintained whenever possible.
 - All families have strengths.
 - Families come in all shapes and sizes and family defines family.
 - Families are experts on themselves, are involved in decision making, and are willing to drive change.
- **Community**
 - Community is broadly defined. This includes, but is not limited to, families, neighbors, volunteers, spiritual, educational, medical, behavioral health and legal partners.
 - Natural partnerships must exist within a community to promote prevention, protection, well-being and lifelong connections.
- **Honesty**
 - Honesty serves as the basis for building trusting relationships.
 - Honesty is not only telling the truth, but also sharing information, clarifying roles and responsibilities and transparent decision making.
 - Honesty is an open and consistent exchange of communication in a way that everyone can understand.

- **Cultural awareness and responsiveness**
 - Culture is respected, valued and celebrated.
 - Culture is broadly defined. This includes, but is not limited to, families' beliefs, values, race, gender, socio-economic status, ethnicity, history, tribe, religion/spirituality/affiliations, sexual orientation and language.
 - Cultural identity is explored with the family. Each child, youth and family is served with sensitivity within their unique context.
- **Respect**
 - Everyone has their own unique perspective, the right to be heard and contribute to their success.
 - Every individual is treated with dignity and consideration.
- **Teaming**
 - Children, youth and families are best served through a team approach with shared responsibilities. All team members have a role and voice. Involving the child, youth, family and extended support networks as active members of the team empowers the family.
 - Teams are strength-based and collaborate toward common goals.
 - Teams change, as needed, to include all formal and informal supports and resources.
 - Team members are accountable for their actions, keeping commitments and following through with agreed upon responsibilities.
- **Organizational excellence:**
 - Engaging children, youth and families, as an involved part of an accepting and empathetic team who can confront difficult issues, will effectively assist in the process toward positive change.
 - Advocating for and empowering children, youth, families and communities strengthens the organization.
 - Building, supporting and retaining a qualified, skilled and committed workforce whose own well-being and safety are valued is essential.
 - Responsible allocation and management of resources demonstrates accountability.
 - Quality practice is assured by consistently monitoring and improving performance through critical self-reflection and accountability.

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

- **Engaging:** Effectively establishing and maintaining a relationship with children, youth, families and all other team members by encouraging their active role and voice and successfully accomplishing sustainable shared goals.
- **Teaming:** Engaging and assembling the members of the team, including the family, throughout all phases of the change process and based on current needs and goals. Teaming is defining and demonstrating a unified effort, common purpose and clear roles and responsibilities that support positive change.
- **Assessing and Understanding:** Gathering and sharing information so the team has a common big picture of the strengths, challenges, needs and underlying issues.

Assessing includes thinking critically and using the information to keep the team's understanding current and comprehensive.

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

Appendix C: PA Child Welfare Council and Subcommittee Membership

PA Child Welfare Council

Adelphoi	Department of Human Services- Office of Children, Youth and Families - Bureau of Policy and Quality Management
Administrative Office of Pennsylvania Courts	Department of Human Services- Office of Children, Youth and Families – Bureau of Policy, Programs and Operations
Allegheny County Department of Human Services	Department of Human Services - Office of Child Development and Early Learning
Allegheny County Courts	Department of Human Services - Office of Mental Health and Substance Abuse Services
Bucks County Children and Youth Social Services Agency	Disability Rights Network
Carbon County Children and Youth Services	Educational Law Center
Casey Family Programs	Equality Pennsylvania
Center for Children's Justice	Family Design Resources
Child Advocacy Center at Children's Hospital of Pittsburgh	Field Center for Children's Policy, Practice, and Research- University of Penn State
Children's Home of Easton	George Junior Republic
Children's Hospital of Philadelphia	Hoffman Homes for Youth
Community Legal Services of Philadelphia	Hornby Zeller Associates
Dauphin County Children and Youth	Juvenile Court Judges' Commission
Department of Drug and Alcohol Programs	Juvenile Law Center
Department of Health	Lancaster County Children and Youth Services
Department of Health, Bureau of Family and Health	Lycoming County Children and Youth Services
Department of Human Services - Office of Children, Youth and Families - Bureau of Children and Family Services	McKean County Children and Youth Services Agency
Department of Human Services - Office of Children, Youth and Families - Deputy Secretary's Office	McKean County Juvenile Probation Office
Department of Human Services - Office of Children, Youth and Families - Bureau of Budget and Fiscal Support	Montgomery County Office of Children and Youth
Department of Human Services - Office of Children, Youth and Families - Bureau of Juvenile Justice	National Alliance of Model State Drug Laws (NAMSDL)

Pennsylvania Child Welfare Resource Center
Pennsylvania Council of Children, Youth and Families
Pennsylvania Department of Education - Secretary's Office
Pennsylvania District Attorneys Association
Pennsylvania Partnerships for Children
Pennsylvania Commission on Crime and Delinquency
Penn State University, Network on Child Protection and Well-Being
Pennsylvania Children and Youth Administrators
Pennsylvania Community Providers
Philadelphia Department of Human Services
Support Center for Child Advocates
The Impact Project
Tioga County Department of Family Services
University of Pittsburgh, School of Social Work
York County Children and Youth Services
York County Juvenile Probation

PA Child Welfare Council – Safety Subcommittee

Allegheny Children and Youth
Administrative Office of Pennsylvania Courts
Bucks County Children and Youth
Cambria County Children and Youth
Casey Family Programs
Central Region Office of Children, Youth and Families
Centre County Youth Service Bureau
Child Advocacy Center of the Central Susquehanna Valley/Geisinger Medical Center- Pediatrics
Community Legal Services
Child Welfare Resource Center
Dauphin County Children and Youth
Department of Human Services - Office of Children, Youth and Families - Bureau of Juvenile Justice
Department of Human Services - Office of Child Development and Early Learning
Department of Human Services- Office of Children, Youth and Families – Bureau of Policy, Programs and Operations
Devereux Advanced Behavioral Health
Erie County Department of Human Services
Family Intervention Crisis Services
First Choice
Hoffman Homes

Maternity Care Coalition
Mission Kids Child Advocacy Center
Montgomery County Children and Youth
Northeast Region Office of Children, Youth and Families
Norristown Family Center
Pennsylvania Commission on Crime and Delinquency
Pennsylvania Children and Youth Administrators
Penn State University, Network on Child Protection and Well-Being
Pennsylvania Community Providers
Pennsylvania Council of Children, Youth, and Family Services
Pennsylvania Family Support Alliance
Pennsylvania Partnerships for Children
Southeast Region Office of Children, Youth and Families
Susquehanna Police Department
Statewide Adoption and Permanency Network (Diakon/Family Design Resources)
Tabor
The Impact Project
University of Pennsylvania
Western Region Office of Children, Youth and Families
York County Children and Youth

PA Child Welfare Council – Permanency Subcommittee

Allegheny Children and Youth
Allegheny Department of Human Services
Administrative Office of Pennsylvania Courts
Bucks County Children and Youth
Central Region Office of Children, Youth and Families
Centre County Youth Service Bureau
Children's Home of Easton
Christs Home
Community Legal Services
Child Welfare Resource Center
Dauphin Children and Youth
Delta Community Supports
Department of Drug and Alcohol Programs
Department of Human Services- Office of Children, Youth and Families – Bureau of Policy, Programs and Operations
Department of Human Services - Office of Mental Health and Substance Abuse Services
Family Intervention Crisis Services
First Choice
Haven Foster Care
Juvenile Law Center

Lancaster Children and Youth
Lancaster County Court Appointed Special Advocates
Montgomery County Children and Youth
Montgomery Child Advocacy Project - (MCAP)
Northeast Region Office of Children, Youth and Families
Norristown Family Center
Pennsylvania Children and Youth Administrators
Pennsylvania Court Appointed Special Advocates Association
Pennsylvania Council of Children, Youth, and Family Services
Pennsylvania Partnerships for Children
Southeast Region Office of Children, Youth and Families
Statewide Adoption and Permanency Network - (Diakon/Family Design Resources)
Tabor Children's Services
University of Pennsylvania Field Center for Children's Policy, Practice & Research
Western Region Office of Children, Youth and Families
York County Children and Youth

PA Child Welfare Council – Well-Being Subcommittee

Allegheny Children and Youth
Allegheny Department of Human Services
Administrative Office of Pennsylvania Courts
Bucks County Children and Youth
Central Region Office of Children, Youth and Families
Center for Schools and Communities
Child and Family Focus
Children's Hospital of Philadelphia Policy Lab
Christ Home
CONCERN Professional Services
Child Welfare Resource Center
Dauphin County Drug and Alcohol Services
Department of Human Services - Office of Child Development and Early Learning
Department of Human Services- Office of Children, Youth and Families – Bureau of Policy, Programs and Operations
Department of Human Services- Office of Developmental Programs
Department of Human Services - Office of Mental Health and Substance Abuse Services
Families United Network
First Choice
Lakeside Educational Network
Lancaster Children and Youth

Montgomery County Behavioral Health
Montgomery County Children and Youth
Montgomery County Family Center
Northeast Region Office of Children, Youth and Families
Pennsylvania Commission on Crime and Delinquency
Pennsylvania Children and Youth Administrators
Pennsylvania Academic Career and Technical Training
Pennsylvania Court Appointed Special Advocates Association
Pennsylvania Council of Children, Youth, and Family Services
Pennsylvania Partnerships for Children
Southeast Region Office of Children, Youth and Families
Second Haven
Silver Springs-Martin Luther School
Support Center for Child Advocates
Statewide Adoption and Permanency Network (Diakon/Family Design Resources)
The Bradley Center
The Impact Project, Inc.
Western Region Office of Children, Youth and Families
York County Children and Youth

PA Child Welfare Council – Resources/Cross-Categorical Subcommittee

Adelphoi
Administrative Office of Pennsylvania Courts
Bucks Children and Youth
Central Region Office of Children, Youth and Families
Child Welfare Resource Center
Delta Community Supports
Department of Human Services - Office of Children, Youth and Families - Bureau of Budget and Fiscal Support
Department of Human Services- Office of Children, Youth and Families – Bureau of Policy, Programs and Operations
Department of Human Services - Office of Mental Health and Substance Abuse Services
Department of Human Services – Office of Medical Assistance Programs
George Junior Republic
Info Matrix
Juvenile Court Judges' Commission
Lancaster Court Appointed Special Advocates
Lancaster Children and Youth
Lycoming Children and Youth
Montgomery County Children and Youth
Northeastern Office of Children, Youth, and Families
Norristown Area School District
Pennsylvania Commission on Crime and Delinquency
Pennsylvania Children and Youth Administrators

Penn State University
Pennsylvania Community Providers
Pennsylvania Council for Children, Youth, and Family Services
Southeast Region Office of Children, Youth and Families
Statewide Adoption and Permanency Network (Diakon/Family Design Resources)
Western Region Office of Children, Youth and Families
York County Probation Services

Appendix D: Child Fatality Near Fatality Trend Analysis Team Recommendations

Trend Analysis Team Recommendations

By completing detailed reviews of child abuse fatalities and near fatalities, and conducting an analysis of related trends and recommendations, the Trend Analysis Team developed recommendations related to three areas: fatality and near fatality review process improvements; individual, family, organization and community interventions and improvements; and legislative and policy change. A collaborative community approach is necessary to effectively reduce child abuse and neglect, and therefore, these recommendations will be presented to DHS, the Pennsylvania Child Welfare Council, and other system partners in order to prioritize, collaborate, and plan for implementation. All recommendations to be implemented will be monitored for effectiveness in reducing future child fatalities and near fatalities.

Fatality and Near Fatality Review Process Improvement Recommendations

1. Create regionalized child abuse fatality and near fatality review teams for those counties who have infrequent reviews to enhance the team's expertise on review team processes and requirements, as well as support the ability to have expert representation of all disciplines suggested in the CPSL, specifically, 23 Pa.C.S. §6365 (d).
2. Provide expert technical assistance, mentoring, and support to all county review teams through OCYF regional offices, the Child Welfare Resource Center, and county review team members.
3. Continue the evaluation and enhancement of online training for county review team chairs and members, to include additional information on the county and OCYF Review Team processes.
4. Create best practice guidelines and tools for county review teams to enhance review quality and consistency by:
 - a. Reviewing multi-system involvement and shared responsibility for recommendations across relevant systems;
 - b. Providing current and historical information for the review;
 - c. Creating a chronological timeline of critical information and events for the review, as well as incident summaries and genograms;
 - d. Identifying critical information to be gathered, as well as interviews;
 - e. Identifying resources to help maintain and sustain review team activities;
 - f. Developing protocols for how to share and use confidential information;
 - g. Identifying best practice processes, such as reconvening a county review team if/when additional information becomes available; and

h. Creating a process to make recommendations actionable, and developing a feedback loop from the county agency, county review team, and OCYF on the implementation and monitoring of prioritized recommendations.

5. Provide education on child abuse fatality and near fatality reviews to all disciplines recommended for inclusion in the review pursuant to the CPSL, specifically, 23 Pa.C.S. §6365 (d). Outreach would include, but not be limited to, health care, the education system, law enforcement, and mental/behavioral health and substance use treatment providers.

Individual, Family, Organization, and Community Interventions and Improvements Recommendations

1. Provide educational materials and training on child maltreatment risk factors to physical health providers, schools, and community agencies that have early or frequent contact with parents, those who are expecting a child, and those who care for children. The educational materials and training will include information regarding early identification of risks, and the benefits of timely and appropriate referrals to evidence-based community services, family planning, mental/behavioral health and substance use treatment services, intimate partner violence educators, and/or home visitation programs.

2. Provide universal education and resources to parents for healthy parenting. Resources should encompass a range of educational material regarding early developmental milestones through early adulthood. This universal information should include topics of safe sleep, including risks of co-sleeping; maternal depression; appropriate supervision of children based on developmental needs; parental coping skills; and choosing appropriate caregivers for younger children. In addition, caregivers of older children should receive educational materials on reproductive health, mental/behavioral health, and substance use.

3. Conduct research on the implementation, operationalization, and effectiveness of existing supports, such as crisis hotlines, text-lines, and social media for families in crisis. If deemed effective, technological supports can be expanded to reach broader geographic communities, particularly in the Commonwealth's rural counties.

4. Determine the feasibility of devising an alert system by which physical health care providers and managed care organizations monitor the frequency of missed pediatric appointments to enhance parent engagement and increase the frequency of pediatric visits while establishing a recommended threshold for child welfare referrals when child protection services may be necessary.

5. Collaborate with the Pennsylvania Child Welfare Council and adhere to the strategies identified in the Pennsylvania Practice Improvement Plan to identify

state-approved functional assessment tools that ensure quality assessments that lead to linkages with appropriate services that meet the individual child and family needs.

Legislative and Policy Change Recommendations

1. Coordinate with the Pennsylvania Child Welfare Council to review and refine child abuse and neglect investigation and assessment policies and practices for incidents involving a child age four or younger.
2. Coordinate with the Pennsylvania Child Welfare Council to enhance statewide policy and guidance regarding GPS screen-out guidelines and protocols for county children and youth agencies.
3. Develop policy guidance on when it is critical to consult with medical professionals for the evaluation of suspected child abuse or neglect.

Appendix E: PA Round 3 CFSP Data Profile

Pennsylvania

January 2019

Child and Family Services Review (CFSP) Data Profile

Calculations based on revised syntax (pending verification)

Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS)

Risk Standardized Performance (RSP)

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

- State's performance (using RSP interval) is statistically better than national performance
- State's performance (using RSP interval) is statistically no different than national performance
- State's performance (using RSP interval) is statistically worse than national performance

DQ = Performance was not calculated due to failing one or more data quality (DQ) checks for this indicator. See the data quality table for details.

		National Performance	13B14A	14A14B	14B15A	15A15B	15B16A	16A16B	16B17A	17A17B	17B18A	18A18B
Permanency in 12 months (entries)	42.7%▲	RSP	38.9%	37.9%	35.1%	34.6%	35.9%	37.7%				
		RSP interval	37.9%-39.9% ³	36.9%-38.9% ³	34.1%-36.0% ³	33.7%-35.6% ³	34.9%-36.8% ³	36.7%-38.6% ³				
		Data used	13B-16A	14A-16B	14B-17A	15A-17B	15B-18A	16A-18B				
Permanency in 12 months (12 - 23 mos)	45.9%▲	RSP					39.7%	37.7%	39.6%	38.5%	37.7%	38.7%
		RSP interval					38.1%-41.2% ³	36.3%-39.2% ³	38.1%-41.0% ³	37.1%-39.9% ³	36.3%-39.1% ³	37.3%-40.1% ³
		Data used					15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B
Permanency in 12 months (24+ mos)	31.8%▲	RSP					31.5%	32.2%	34.2%	32.7%	34.0%	36.2%
		RSP interval					30.2%-32.8% ²	30.9%-33.4% ²	32.9%-35.4% ¹	31.5%-33.9% ²	32.8%-35.2% ¹	35.1%-37.3% ¹
		Data used					15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B
Re-entry to foster care	8.1%▼	RSP	15.0%	14.4%	14.8%	13.4%	12.0%	12.9%				
		RSP interval	13.8%-16.4% ³	13.2%-15.7% ³	13.5%-16.1% ³	12.2%-14.7% ³	10.9%-13.2% ³	11.8%-14.1% ³				
		Data used	13B-16A	14A-16B	14B-17A	15A-17B	15B-18A	16A-18B				
Placement stability (moves/1,000 days in care)	4.44▼	RSP					3.84	3.88	3.77	3.77	3.49	3.62
		RSP interval					3.75-3.94 ¹	3.78-3.98 ¹	3.67-3.87 ¹	3.67-3.86 ¹	3.4-3.59 ¹	3.52-3.71 ¹
		Data used					15B-16A	16A-16B	16B-17A	17A-17B	17B-18A	18A-18B
Maltreatment in care (victimizations/100,000 days in care)	9.67▼	RSP										
		RSP interval										
		Data used	14AB,FY14	15AB,FY15	16AB,FY16	FY14-15	FY15-16	FY16-17				
Recurrence of maltreatment	9.5%▼	RSP										
		RSP interval										
		Data used										

▲ For this indicator, a higher RSP value is desirable. ▼ For this indicator, a lower RSP value is desirable.

Appendix F: 2018 NYTD

Region	Total Receiving Services	Independent Living		Academic Support		Post-Secondary		Career Preparation		Employment Programs		Budgeting / Financial		Housing Education	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Statewide Total	5,780	3,925	67.91%	2,764	47.82%	1,981	34.27%	3,216	55.64%	1,763	30.50%	3,178	54.98%	2,883	49.88%
Southeast	814	605	74.32%	376	46.19%	336	41.28%	552	67.81%	404	49.63%	511	62.78%	475	58.35%
Northeast	832	575	69.11%	431	51.80%	270	32.45%	517	62.14%	217	26.08%	510	61.30%	386	46.39%
Central	1,693	1,293	76.37%	872	51.51%	480	28.35%	854	50.44%	514	30.36%	874	51.62%	837	49.44%
Western	2,441	1,452	59.48%	1,085	44.45%	895	36.67%	1,293	52.97%	628	25.73%	1,283	52.56%	1,185	48.55%

Region	Total Receiving Services	Health Education		Family Support		Mentoring		Supervised IL		Room & Board		Financial Education		Other Financial	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%
Statewide Total	5,780	3,427	59.29%	2,509	43.41%	924	15.99%	567	9.81%	480	8.30%	701	12.13%	2,123	36.73%
Southeast	814	559	68.67%	385	47.30%	206	25.31%	165	20.27%	127	15.60%	192	23.59%	254	31.20%
Northeast	832	526	63.22%	320	38.46%	147	17.67%	65	7.81%	40	4.81%	75	9.01%	327	39.30%
Central	1,693	952	56.23%	644	38.04%	426	25.16%	115	6.79%	126	7.44%	203	11.99%	585	34.55%
Western	2,441	1,390	56.94%	1,160	47.52%	145	5.94%	222	9.09%	187	7.66%	231	9.46%	957	39.21%

Appendix G. Training Cost Allocation Plan

See supplemental Excel Workbook