

FY 2017-18 NBPB

Commonwealth of
Pennsylvania

Office of Children,
Youth and Families

**NEEDS BASED PLAN AND BUDGET
NARRATIVE TEMPLATE**

Budget Narrative Template

The following pages provide a template for counties to use to complete the narrative piece of the Fiscal Year (FY) 2017-18 Needs-Based Plan and Budget (NBPB). All narrative pieces should be included in this template; no additional narrative is necessary. Detailed instructions for completing each section are in the NBPB Bulletin, Instructions & Appendices. As a reminder, this is a public document; using the names of children, families, office staff and OCYF staff within the narrative is inappropriate.

The budget narrative is limited to a MAXIMUM of 50 pages, excluding charts, Special Grants Request Forms, and IL Documentation. All text must be in either 11-point Arial or 12-point Times New Roman font, and all margins (bottom, top, left, and right) must be 1 inch. Any submissions that exceed the maximum number of pages will not be accepted.

Note: On the following page, once the county inserts its name in the gray shaded text, headers throughout the document will automatically populate with the county name. Enter the county name by clicking on the gray shaded area and typing in the name.

ARMSTRONG COUNTY

NBPB FYs 2015-16, 2016-17, and 2017-18

Version Control	
Original Submission Date:	08/15/2016
Version 2 Submission Date:	
Version 3 Submission Date:	
Version 4 Submission Date:	

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Section 2: NBPB Development

2-1: Executive Summary

- ❑ Submit an executive summary highlighting the major priorities, challenges, and successes identified by the county since its most recent NBPB submission. The summary should include any widespread trends or staffing challenges which affect the county child welfare and juvenile justice service delivery, particularly those which impact all outcome indicators. The Juvenile Justice summary should provide an overview of Juvenile Justice System Enhancement Strategy (JJES) efforts, including any general data or trends related to Youth Level of Service (YLS) domains and risk levels. Counties should highlight areas related to population changes, findings of Quality Service Reviews (QSRs) and annual licensure, impact of the budget impasse on county practice and decisions, and other critical events of the past year that will have impact in the county's planning for FY 2016-17 and in their planning for FY 2017-18.

- **REMINDER:** This is intended to be a high level description of county strengths, challenges and forward direction. Specific details regarding practice and resource needs will be captured in other sections of the budget submission
 - County may attach any County Improvement Plan (CIP) for detail and reference attachment
 - JPO Executive Summary components can be discussed under separate heading at the discretion of the county
 - Child Welfare Demonstration Project (CWDP) counties need only provide responses not captured in their Initial Design and Implementation Report Update (IDIR-U)

Child Welfare

Implementation of the amendments to Pennsylvania's child abuse law. For the past two years county agency staff has worked to implement the many changes to Pennsylvania's child abuse law. The General Assembly enacted significant child welfare legislation in 2013 and 2014 based upon the recommendations of *The Task Force Report on Child Protection*. Pennsylvania's public child welfare agencies in each county were responsible for translating many of the legislative changes into our day-to-day practice with children and families.

The most substantial practice changes were effective December 31, 2014 with the expansion of the definitions of child abuse and perpetrator. All casework staff was trained during the fall 2014. In addition, we reached out to community partners in order to familiarize those individuals with these changes. FY 2014-2015 centered on acquiring and understanding the requisite information in order to provide child protective services under changed standards. This is a monumental task that required and continues to require many resources. In 2016 we are learning that work remains to be done on educating mandated reporters of suspected child abuse on their responsibilities. Efforts are continuing to be made to reach out to these individuals and to serve as a resource.

FY 2014-2015 witnessed family referrals to the county agency increase by 39.5 percent over referrals in FY 2013-2014. A total of 745 reports were accepted for an intake assessment in FY 2014-2015. County agency staff reached out to 1,460 children, subjects of these reports.

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Although slightly less, that elevated referral level was maintained during FY 2015-2016. A total of 727 reports were screened in for assessment, affecting 1,258 children. The caseworkers that were reassigned to intake in FY 2014-2015 maintained their intake assignments during FY 2015-2016 in order to continue to address the service demand.

Other significant practice areas. Six other priorities have been identified for the county agency:

1. Becoming proficient in CWIS (Child Welfare Information Solution), the statewide case management system, is an ongoing process for the county agency staff. CYF staff members are not yet masters of CWIS. Our skill level has improved immeasurably and, hopefully, will continue to improve and CWIS will function as intended, as a helpful tool, supporting caseworkers' efforts to protect children.
2. Fully implement concurrent planning into casework practice from day one of a child's entry into care.
 - During FY 2014-2015 activities and tasks identified in the self-assessment were executed, including a training event for the legal community on June 29, 2015.
 - Concurrent planning was fully implemented on July 1, 2015, as required.
 - Additional training for all casework staff was offered on July 29, 2015 through the TA Collaborative, including the ABA's Center on Children and the Law.
 - On June 2, 2016, a workshop was held for all casework staff which focused on reporting goal progress, both primary and concurrent, to the court at permanency hearings.
3. Continue to develop and fully implement the county agency's Congregate Care Diversion Initiative (CCDI) as described in previous years' Needs-Based Plans. This initiative aims to reduce the number of children in group homes by providing a resource family setting for these youth who demonstrate more challenging behaviors and who, in the past, were referred to group homes for placement and management of their behaviors.
4. Implementation of the federal *Preventing Sex Trafficking and Strengthening Families Act* with special recognition of:
 - Identifying, reporting, and determining services to victims of sex trafficking
 - Expanding efforts to "normalize" children's experiences in foster care
 - Continuing to improve transition planning and services for young people who age-out of the child welfare placement system
 - Limiting the use of the least favorable placement goal of APPLA (Another Planned Permanent Living Arrangement) to only those youth, 16 years of age and older, with well-documented exceptional circumstances which warrant its application
5. Continue to advance the ChildFirst initiative as the county's intervention protocol for victims of child abuse in the wider context of our locally established CAC (Child Advocacy Center).
 - ChildFirst is a forensic interview protocol that uses the *Finding Words* curriculum that was designed for frontline child abuse professionals which will help address children's emotional trauma associated with their disclosure of maltreatment.
 - A well trained team, sensitive to the needs of the child victim, from the very beginning at disclosure, can have a remarkable impact on limiting the emotional trauma that the child experiences.
 - Local professionals will continue to receive advanced forensic interview training during FY 2016-2017 to hone their skills.

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- Peer review of interviews will take place frequently during FY's 2016-2017 and 2017-2018 as a quality assurance measure and test of fidelity to the ChildFirst paradigm
- In August 2016 a renovated building became the dedicated local site for forensic interviews of child victims. It now serves as the Armstrong County Children's Advocacy Center. County agency support of this CAC is proposed in this Plan.

6. The county agency staff is fully committed to the implementation of evidence-based interventions and has sought support from the Department in establishing a number of practices through the Special Grants process of Needs-Based budgeting. Examples include SafeCare, Multidimensional Family Therapy, WhyTry, and Trauma Focused Cognitive Behavior Therapy. Due to the value of these interventions, as well as several others under the Special Grants Program, we are requesting their continuation.

Substitute care trends. In FY 2015-2016, 57 dependent children received placement services, an 18.8 percent increase over the previous fiscal year when only 48 dependent children received placement services. The number of dependent children entering substitute care is beginning to increase linked, undoubtedly, to the many changes the child welfare system has experienced.

Even with this FY 2015-2016 increase, as far as children entering out-of-home placements, Armstrong County consistently has lower figures for the rates of children "served" and "in care" per 1,000 child population when compared with other class six counties, western region counties, and the state as a whole. Proportionately, it is less likely that children will be separated from their families and enter out-of-home placement in Armstrong County.

Renewed and widespread efforts are continuing to be made throughout the year to prevent placement entries. Based on the data of this most recently completed fiscal year, the projections for placement services for FY's 2016-2017 and 2017-2018 are 60 children. It is an accurate figure for projections given the large reductions that have occurred to date coupled with the recent surge attributed to the reform of the child welfare system. We, also, must acknowledge the fact that there will always be some children who will require substitute care provided by the public child welfare agency.

The use of kinship foster care continues to grow. A total of 3,699 DOC (days of care) for kinship foster care was provided in FY 2015-2016. This represents a 144.5 percent increase in days of care for kinship foster care over days provided in FY 2014-2015 (1,513 DOC). A continued reliance on reimbursed kinship care over traditional foster care is noted for planning purposes into FY 2016-2017.

In addition to Armstrong County's lower out-of-home placement rate, AFCARS statistics reveal that the county agency experienced two other strong measures. These are: "Placement Stability, 0 - 12 Months" and "Placement Stability, 12 - 24 Months." The most recent AFCARS' periods demonstrate positive growth on these two measures. The county agency score was superior to other class 6 counties, the 23 western region counties, and the state as a whole as measured over the last two AFCARS' periods.

Formerly a strong benchmark for Armstrong County, "Placement Reentry within 12 Months," is now a measure that requires attention. For 18 months spanning 2014 and 2015, however, the county agency's reentry measure percentages were 4.55 (March 31, 2014), 5.88 (September 30, 2014), and 5.56 (March 31, 2015). These percentages mark performance well superior to the 75th National percentile of 9.9 percent. In the "Placement Reentry" measure, more favorable

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performance is marked by lower percentage numbers. That exceptional performance on the reentry measure has changed, however, when reentry rose to 21.74 percent (September 30, 2015) and 23.08 percent (March 31, 2016).

Besides the placement reentry measure, challenges for the county agency staff center on two other measures: "Permanency 24 Months," and "Placement Stability 24+ Months." These two weaker measures relate to children with longer placement episodes. It is believed that the emphasis upon concurrent planning practices will, in large part, help to address these deficient measures.

Another area which remains a challenge for the county agency staff is the population of children in congregate care. Armstrong County's percentages are significantly larger than other counties. Part of the explanation can be linked to three observations: (1) the dwindling total figures for child placements which are the denominator in the percentage calculation; (2) the county's SCR child population may have more weight in Armstrong County than it does in other counties, and (3) proportionately, Armstrong County has a larger segment of youth 13 -17 years of age in its child placement population. These observations are explained in detail in subsequent pages of this Plan.

Although FY 2015-2016 demonstrated a 23.0 percent decrease from 2014-2015 in days of care provided in group homes, work remains to be done. A new initiative in Armstrong County is helping to address the population of children in congregate care. County agency staff, under the Congregate Care Diversion Initiative (CCDI), recruits, screens, and trains resource parents to accept youth with more challenging behaviors into their homes in lieu of youths' placements in group homes. These families are provided additional supports in order to maintain the youth in their homes.

The appropriate use and monitoring of psychotropic medications for children in substitute care was identified as a challenge for the county agency. CYF staff is acutely aware and concerned over the number of children prescribed these drugs as well as the polypharmacy issue (multiple psychotropic drugs prescribed per child). This is an issue that the county agency staff has addressed through the services of a contracted specialist who reviews children's medication regimens and, when necessary, consults with the prescriber. An additional, new resource in managing this concern is the DHS September 2016 release of the quarterly Psychotropic Medications Dashboard Report (PMDR) for each county's substitute care population of children. PMDR will alert counties when there is a medical indicator that can potentially have a negative impact on a child or youth's health or well-being.

SCR (Shared Case Responsibility) protocols have been adopted which insure that children and families receive services that meet their needs regardless of the service system (child welfare or juvenile justice) through which they enter. Children, youth and families are receiving necessary services and the county is receiving Title IV-E Placement Maintenance reimbursement for eligible SCR children in eligible placements. An average yearly figure of 16 youths are identified as SCR cases.

In-home family services. The emphasis on in-home family support services has been the main catalyst in helping to maintain children in their own homes, leading to the trends identified above. This orientation to provide family support services is, of course, reflected in the county agency's spending in the "In-home and Intake" service category. Our spending in this service category has increased significantly over the past years. A 15.0 percent increase in purchased in-home service expenditures is noted in FY 2015-2016 over the previous year's expenditures.

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The availability of in-home family support services including the specialized mental health services, and FGDM, Alternatives to Truancy Prevention, day treatment, and the day treatment aftercare and mentoring program, have helped county agency staff prevent out-of-home placements and, if placement is required, reduce the length of placement episodes.

A new evidence-based intervention, SafeCare, was established in March 2014. SafeCare is a parent training curriculum for parents of young children who are at-risk or who have been reported for child maltreatment. A request to continue using Special Grant dollars to offer SafeCare as a resource for county agency families is described in the Special Grants section of this Plan.

The establishment of MDFT (Multidimensional Family Therapy) under the Special Grant Program occurred in the latter half of FY 2014-2015. MDFT provided to youth with substance use disorders served by CYF and/or JPO effectively addresses substance use as well as other problem behaviors in the context of family therapy. Its continued availability under Special Grants is proposed herein.

And, as mentioned earlier in this Summary, the establishment of Trauma-Focused Cognitive Behavior Therapy (TF-CBT) occurred during FY 2015-2016 as a new evidence-based Special Grant to support child sexual abuse victims and their families.

Benchmarks for practice. Four areas that represent challenges for the county agency staff are identified in this document. Benchmarks to gauge our practice improvement around these areas have been established and are included in this Needs-Based Plan. The following list represents these challenging practice areas:

- Rate of Permanency examines the rate of children exiting the foster care system who have achieved permanency through reunification, relative placement, adoption or guardianship.
- Least Restrictive Placement Settings looks at the use of familial type placement settings in comparison to the use of congregate care placement settings.
- Engaging Fathers is aimed at increasing the involvement of fathers in the lives of children who are involved with the public child welfare system.
- Decreasing the reentry into placement of children who were reunified with their families.

Juvenile Justice

JJSES Summary. The goal of the Juvenile Justice System Enhancement Strategy (JJSES) is to reduce recidivism. The Juvenile Court Judges Commission has defined recidivism as a subsequent delinquency adjudication or conviction in criminal court for either a misdemeanor or felony offense within two years of case closure. Historically placements have been low for Armstrong County and it should be noted that the JJSES may not reduce placement levels. Ideally services will be provided to the juvenile and family which will reduce the likelihood of them committing further juvenile offenses. This in itself should lead to a reduction in placement by Juvenile Probation but one has to be cautioned that this is not the primary goal of JJSES.

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The JJSES was introduced to a team from Armstrong County during the presentation on May 15, 2012 by JCJC staff to Southwest Region Probation Departments. Included in the Armstrong County team was Judge Panchik, Chief Probation Officer David Hartman, Juvenile Probation Officer Brandi Toy, District Attorney Scott Andreassi, Children and Youth Director Dennis Demangone, Pearl Rawson, Victim Advocate and several providers of in home services to youth in Armstrong County.

In addition Susan Blackburn, a consultant with the Juvenile Court Judges Commission and Point of Contact for Evidence Based Practices, made a presentation to the Armstrong County Criminal Justice Advisory Board in June 2013. She reviewed the importance of assessment, identifying criminogenic factors and providing the right service to the right youth. Assessing risk, need and responsivity are three critical elements of providing evidence based services. These are critical to an organization trying to provide service in an evidence based practice. In addition, Ms. Blackburn continues to consult with the Armstrong County Juvenile Probation Department on an ongoing base to assist in the improvement of JJSES implementation.

Since its inception in 2012 The Armstrong County Probation Department continues to make strides in the implementation of JJSES practices. We continue to consult with Susan Blackburn to make improvements in the process. Since FY 11/12 Institutional Placements from the Armstrong County Juvenile Probation Department has decreased by 83% and Community Based Placement has increased by 16%. Overall placements have decreased by 39%.

The JJSES Implementation Plan is attached which explains our progress on our goals and plans for FY 16-17.

YLS domains and risk levels. Armstrong County was in the second group of counties trained in the Youth Level of Service (YLS) inventory. The office currently has one master trainer and will have two after an additional officer will be trained to be a Master Trainer during FY 16-17.

The cost of the YLS has increased from \$1.25 per assessment to \$2.00 per assessment beginning January 1, 2017 to June 30, 2017. It increases again to \$2.10 per assessment for FY 2017-2018. Armstrong County is projecting 85 to 95 YLS assessments will be completed in this fiscal year. Therefore, \$150 is needed to perform these assessments which is a vital tool used in the JJSES implementation.

For YLS statistics please refer to the attached JJSES Implementation Plan.

2.2a&b: Collaboration Efforts and Data Collection Details

- Counties may attach Implementation Team membership, CWDP Advisory Team, or similarly named stakeholder group list to meet a part of this section requirement. With these attachments, counties will not need to identify each stakeholder group who collaborated with the plan development, unless not specifically identified in the attachment
- **All** counties need to respond to the following questions

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- ❑ Summarize activities related to active engagement of staff, consumers, communities and stakeholders. Identify any challenges to collaboration and efforts toward improvement.

CYF and juvenile probation staffs. Direct service staff and their respective supervisors are in unique positions to offer valuable insight and observations related to service delivery. The CYF administrator and casework supervisors routinely solicit this type of feedback during the course of periodic staff meetings as well as in the context of issues surrounding the agency's child welfare interventions with families. The identification of service gaps and brainstorming activities aimed at meeting identified needs are commonplace. CYF agency staff members, i.e., clerical, fiscal, casework, and management employees, participate in finding solutions related to improving service delivery and/or improving the overall efficiency and effectiveness of the agency's operation.

The county executive officers have appointed a CYF Advisory Committee to review and make recommendations pertaining to the county's children and youth social services program. One of their important duties is to consult with agency staff in the development of the annual plan and budget estimate. During meetings in the spring 2016 input from the advisory committee members was obtained and incorporated into this Plan for FY 2017-2018.

The county's chief juvenile probation officer and her staff are actively involved in developing the service needs of children and families. SCR (Shared Case Responsibility) meetings occur on a bi-monthly basis among the county's child welfare and juvenile justice staffs. The SCR Committee also includes the county agency solicitor and the guardian ad litem. These meetings provide for frequent opportunities to problemsolve and partner around children and families that the two systems share as clients. These instant situations help to crystallize gaps, identify service needs, and plan for addressing those needs.

Consumers. A strong argument can be advanced for placing this segment of the community at the top of the list of individuals from whom the county agency should solicit input and feedback. Parents and children, service recipients, can provide insight and observations from a most meaningful perspective. Staff must be careful not to rush to dismiss clients' remarks which at times may stem from adversarial positions. County agency staff must remain open to receive clients' input and carefully evaluate clients' feedback.

Supervisors routinely assess service delivery through personal contact with clients.

In addition, biennial surveys are used to assess service delivery and obtain client input. A survey of children in placement and their parents, as well as in-home service families, and a sample of families who experienced an intake assessment were provided with the opportunity to respond to a mailed survey. Their input was reviewed for practice implications.

Youth receiving IL services meet as a group throughout the year as part of their IL programming. In the course of these meetings, IL staff routinely seeks input on program and system improvement/recommendations from the participants. This feedback has been instrumental in restructuring certain facets of the IL program, making it more responsive and meaningful to the county's youth. Moreover, as part of the county agency's official annual "IL Program Review," our Practice Improvement Specialist met with youth receiving IL services and obtained their feedback in May 2016.

Community ties. The county agency links to the community in a number of different ways, including through its MDT (Multidisciplinary Child Protection Team) membership which has

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representation from the community-at-large. The routine meetings of the county agency's MDT present a unique opportunity to gather input and plan recommendations. The agency's MDT is composed of professionals from various disciplines representing law, medicine, mental health, law enforcement, drug and alcohol treatment, child day care, education, sexual assault and domestic violence victim services, and various other social services. These individuals meet monthly at the agency to assist CYF agency staff in evaluating child abuse/neglect and assisting in treatment planning for children and their families.

The MDT members in the course of their monthly meetings become acutely aware of the diverse needs found in the families staffed before them. This type of input from professionals who work with children and families is invaluable in the preparation of a Plan such as this one.

The county agency has offered the SFW (Strengths-Based Family Worker) Credential, formerly Family Development Credentialing, to the provider community in Armstrong County. SFW is a professional development course and credentialing program for frontline family workers to learn and practice skills of strengths-based family support. Thirty-two county agency staff and service provider staff obtained this credential. The plan is to have a uniform strengths-based approach across systems in our collaborative work with families.

In September 2012 the county agency launched its ChildFirst initiative. ChildFirst is a forensic interviewing protocol for victims of child abuse which helps reduce or limit children's emotional trauma associated with the disclosure of their abuse. The six trained forensic interviewers are child welfare caseworkers, domestic violence treatment staff, and law enforcement officials. Bi-monthly ChildFirst Implementation Team meetings help hone skills and improve our practice with this population of vulnerable children.

For the last four years, in April, the county agency has partnered with the county's Salvation Army Chapter to sponsor "Pinwheels for Child Abuse Prevention" at several locations in our county. It was the membership of the Salvation Army that initially proposed this project in support of our agency's efforts with children and parents.

Stakeholders. In May 2016 the CYF agency administrator also requested plan input from the county's juvenile court judges. Information from the court's perspective has been provided to the CYF agency and, consequently, has been included in this Plan. Further documentation of participation by the juvenile court is contained in the Assurance of Compliance/Participation Form.

The Local Children's Roundtable has been reactivated and meetings are, once again, occurring. Stronger collaboration among the judiciary, CYF staff, the CYF agency solicitor, guardians ad litem, child and parent advocates, academic experts, and others in the community, is leading to more effective functioning in the county's child dependency system. A Truancy Workgroup has been established under the Roundtable structure and it continues to meet quarterly to better address school attendance issues. Its major challenge to date is to develop uniformity around attendance policies and truancy intervention across the county's school districts. The Truancy Workgroup also reviews the status and progress of the county agency's Special Grant Program under Alternatives to Truancy in which the evidence-based WhyTry curriculum is offered.

During FY 2015-2016 concentrated planning connections among the Armstrong-Indiana Behavioral and Developmental Health Program (BDHP), formerly MH/MR, D&A, juvenile probation, and child welfare partners have continued. Meetings among these principals have

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transpired during the past year relating to consumers with co-occurring disorders as well as other key topics, such as the Human Services Block Grant Initiative.

CASSP (Child and Adolescent Service System Program)-like meetings and frequent phone conversations occur between the two systems' staffs in an effort to help make meeting the mental health needs a priority for children served in the child welfare system.

The input of providers of D&A assessment and treatment services has been solicited through CYF staff members' participation in mutual client staffing meetings as well as through D&A service providers' membership on the county agency's Multidisciplinary Child Protection Team.

The CYF agency continues to experience a significant increase in parent clients who have serious D&A problems that interfere with their care and supervision of their young children to such an extent that their children must enter substitute care. This issue along with ungovernable youth with serious drug abuse problems are taxing the resources of the county agency.

During FY 2014-2015, our Single County Authority and Value Behavioral Health, upon our request, agreed to release a Request for Proposal for the establishment of the evidence-based Multidimensional Family Therapy (MDFT) program. MDFT is a family-centered treatment program for adolescent and young adult drug abuse, and related behavioral and emotional problems. Integrating several theoretical frameworks and key elements of effective adolescent treatment, MDFT focuses on key domains of the adolescent's life and provides an effective and cost-efficient therapy.

MDFT addresses the areas of adolescent and parent functioning known to create problems while enhancing the factors that solve problems, improve relationships, and restore positive development. Outside In, the provider of MDFT, began offering services in Armstrong County in November 2014. Over the past 20 months, MDFT has been a great resource for adolescents struggling with addiction issues.

There have been concerns about identifying trauma-informed service providers and trauma-specific interventions for the children and families whom we serve. Many therapists purport to provide trauma-informed services. To date, the MCO has accepted the therapists' statement independent of meeting criteria or trauma certification standards. That, however, is changing and the MCO is currently establishing set criteria which clinicians must meet in order to assert that they offer trauma-informed therapy. County agency staff has established working relationships with two different private counseling agencies located in Armstrong County which offer TF-CBT (Trauma Informed-Cognitive Behavior Therapy).

County agency staff has strong ties with the providers of early intervention services. Through various programs offered by the Family Counseling Center (the BDHP base service unit), Intermediate Unit 28 and through our county's Head Start Program, children are able to access necessary early intervention services. These resources are receptive and responsive in a timely manner with the public child welfare agency's requests for service on behalf of clients.

CYF agency staff is a member of the IU's Local Interagency Coordinating Council which meets regularly to identify unmet needs and problemsolve around early intervention issues. Many CYF agency foster parents participate in Fortified Families, a biweekly parents' group, which meets with a facilitator/trainer; often early intervention strategies are the focus.

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Act 146 of 2006 requires county agency staff to conduct developmental screenings of any child under the age of three years who is a victim in a confirmed case of child abuse. This law and practices under it serve to further bond child welfare work with the early intervention community. When concerns or delays are identified, the child welfare caseworker will refer the youngster for a comprehensive developmental evaluation. Referrals and communication between child welfare and early intervention are increasing.

Educators were also involved in providing input for consideration in the preparation of this Plan. Their input was gathered through CYF agency staff's frequent contacts with school district officials as well as during meetings related to projects in which both CYF staff members and school officials participate, e.g., the day treatment multidisciplinary team and the development of a high impact, short-term alternative placement program.

In addition, the Truancy Workgroup of the Local Children's Roundtable has served to closely link educators with the child dependency system. At regular meetings educators, child welfare staff, juvenile court officials, and other interested parties work at addressing school attendance issues in a comprehensive, coordinated fashion.

Beginning in FY 2011-2012 the county agency, through its Truancy Prevention Grant, established an evidence-based intervention. The WhyTry curriculum is currently being offered to high-risk for truancy middle school students in five of the county's eight school districts. Feedback and impressions continue to remain very positive.

The county agency staff regularly obtains input from CYF foster parents and from the private provider community.

CYF agency staff has many opportunities to obtain planning input from Armstrong County foster parents. In the course of routine foster home visits, county foster parent association meetings, and other events, foster parents are asked about suggestions for program improvements. In addition, a foster parent serves as a member of the CYF Advisory Committee.

The private provider community is also a key player in child welfare interventions in Armstrong County. Meetings between individual provider agencies and the county agency staff occur on an as needed basis dictated by an instant case as well as for longer-range planning purposes during program marketing visits by providers to the county agency.

A new evidence-based parent education program, SafeCare, was established in 2014 through the collaborative efforts of a service provider and the county agency in order to begin addressing an unmet client service need. Special Grant Funding under DHS provided the foundation for SafeCare's establishment.

- ❑ Describe the process utilized in gathering input from contracted service providers in determining service level needs, provider capacity and resource identification for inclusion in the budget.

As mentioned above meetings between individual provider agencies and the county agency staff occur for longer-range planning purposes. For a specialized program request initiated by CYF, county agency staff details its description and expectations. Projected service levels are identified. Potential providers ask questions and help develop its service delivery model. Their proposals are examined, evaluated, and a decision is ultimately made on whether to award and

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proceed. The provider's capacity to meet the projected service need must, of course, reflect the standard established in the announcement.

With provider-developed services, program service descriptions are presented which are reviewed by county agency staff. CYF staff raises questions and providers clarify service delivery issues. County agency staff may request that the service be "tweaked" to meet a client need or an agency-identified need.

- ❑ Identify data sources used in service level, needs assessment and plan development.

Resource	Data Collected	Date of Data
US Census Bureau	Population; poverty statistics	2010
AFCARS	Child Placements	2011 – 2016
HZA Armstrong County Data Package	Outcome Measures and Performance Indicators	2011 – 2016
County Agency Data Tracking Programs; CAPS	Children/Families Served	2011 – 2016

- ❑ Describe the process utilized within the county to select the data sources identified.

For many years Hornby Zeller Associates through its contract with DHS has provided out-of-home care outcome and performance measures based on the county's AFCARS reports. It is reasonable to continue tracking this data in the same way for evaluation purposes. Similarly, county agency staff routinely generated other reports on CYF agency data related to children/families receiving an intake assessment and/or in-home protective services. Due to the wealth of data gathered over many years, it is wise to use these same data resources and measures.

- ❑ Describe how the data used was analyzed, including who was involved in the process. Include any challenges identified through the process specific to data quality, availability and/or capacity toward analysis.

The county agency management team, including the quality assurance supervisor and the fiscal officer, review the data and help identify trends. The major challenge faced by the Armstrong County agency staff in evaluating the data is, at times, the small number of cases that may comprise a particular measure under scrutiny. In a comparison between years, for example, an increase or decrease of two or three children can appear to be a significant change when, in fact, it is a function of the smaller numbers found in a rural county's statistics.

2.3 Program and Resource Implications

- ⇒ **NOTE: Do not address the initiatives in Section 2.3 unless requested below; address any resource needs related to all initiatives by identifying and addressing within the ADJUSTMENT TO EXPENDITURE request**

2-3a. Fostering Connections to Success and Increasing Adoptions Act of 2008

- ❑ Provide the number of youth age 18-21 who have resumed dependency jurisdiction.

Although county agency staff experienced a number of inquiries from interested youth, only one young man followed through and actually reentered placement with the juvenile court resuming jurisdiction.

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- ❑ Of the number above, how many youth have entered placement and what types of placements are utilized?

One young man was placed in a traditional foster family home. He subsequently decided to leave the foster home and to exit “placement.”

- ❑ How are referrals for resumption of court jurisdiction received?

One case was processed in FY 2015-2016. County agency staff processes the young person’s request through intake and, if the need exists, provide shelter that day. A “Motion for the Resumption of Jurisdiction” is subsequently presented to the juvenile court. The county agency’s solicitor or the youth’s former guardian ad litem present the motion to the court. An expedited hearing is held.

- ❑ Of the five criteria required to meet the definition of a child for a youth over age 18, which ones are drivers for eligibility?

Since our pool of cases is comprised of one young person, no conclusion on “drivers for eligibility” can be drawn.

- ❑ Describe any barriers to placement in licensed or unlicensed Independent Living settings and Transitional Living Residences for youth ages 18-21.

As of this recent date, no barriers have been identified.

- ❑ Describe what considerations the CCYA makes when planning for the number of youth who are eligible and likely to resume court jurisdiction.

Five young people have aged-out of placement during the past three fiscal years and, consequently, establish the pool of those who may be eligible due to the age requirement (<21 years of age) in order to request that the court resume dependency jurisdiction. And because of the global nature of the criteria, it is likely that all these young people could meet at least one of the five criteria and, thus, establish eligibility. Since this option has existed since 2012 and the county agency only recently experienced one case, albeit unsuccessful, it is realistic to estimate that only a very limited number of young people will be willing to explore and to follow through with this option and, hence, a minor dollar figure as part of the adjustment for adding days of care to the foster family care cost center is budgeted.

2-3d. The Child and Family Services Improvement and Innovation Act of 2011

- ❑ Does your agency or any contracted provider conduct any trauma-based assessments for children being served by your agency? If so, please identify the specific trauma based assessment tool(s) that are being used, the population of children/youth to whom these assessment are being applied and at what point assessments are administered (i.e. at intake, within first 30 days of placement, etc.).

At this time, the county agency does not independently conduct any trauma-based assessments for children. Agency staff, however, is exploring the implementation of the National Child Traumatic Stress Network’s *Child Welfare Referral Tool* for trauma screening following a child’s entry into foster care and afterwards, at significant events, such as a disrupted placement. The tool is completed by a caseworker based largely on information obtained during intake. Then,

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after the child has been placed in foster care and if actively engaged with a treatment provider, this protocol recommends that the CANS (Child and Adolescent Needs and Strengths) – Trauma be completed by the mental health provider. The CANS-Trauma is a comprehensive mental health assessment tool which includes but goes beyond trauma-related issues to survey the child's overall mental health status and also provides some information about the caregiving family.

The county agency staff is attempting to identify and develop local resources in the community which will offer trauma-informed mental health treatment as well as trauma-informed substance use disorder treatment. Our behavioral health MCO is working to establish criteria for therapists who purport to offer trauma-informed care. Currently, it is the therapist's opinion that he/she provides trauma-informed treatment absent any required certification/documentation. The MCO will require that service providers meet certain standards in order to offer trauma-based therapy under the MCO's treatment authorizations.

Southwest Behavioral Health Management, Inc., the agency that manages Armstrong and other counties' contracts with Value Behavioral Health, has underwritten the training of 89 clinicians serving six southwestern Pennsylvania counties in Trauma Focused - CBT (Cognitive Behavior Therapy). These 89 therapists will not complete the training requirements for TF-CBT certification until early 2017.

Armstrong County, however, is fortunate to have several therapists who have completed Trauma Focused CBT training and certification under a separate grant that was awarded in 2014. These clinicians have been providing service to child victims of sexual abuse. Two Armstrong County mental health service providers, Family Psychological Associates and the Family Counseling Center, offer this valuable treatment resource. An assessment is conducted by the clinician, typically followed by 12 to 16 weeks of therapy.

The county agency routinely contracts with a number of service providers that currently meet the ANDRUS Sanctuary Institute Implementation Standards and are Sanctuary-Certified. It represents the commitment to providing a higher level of care, a trauma-sensitive environment for the clients served, and a better work environment for employees. These agencies are:

- Abraxas
- Adelphoi
- Bradley Center
- Glade Run Lutheran Services
- Harbor Creek Youth Services
- Holy Family Institute
- Mars Youth and Family Services
- NHS Human Services
- Perseus House
- Sarah Reed Residential

As far as the details on the trauma-based assessments for children, an example from in-home services and from child placement services is presented below.

Trauma assessment and in-home services. Holy Family Institute provides in-home family support services and IL services for youth in Armstrong County. Holy Family currently uses three assessment tools in the Armstrong office. Holy Family uses an internal trauma

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assessment that they developed for use with the families with whom they work since the implementation of Sanctuary over seven years ago. This tool is used with the primary referred parent, but may be used with select family members that the Family Counselor identifies based on the results of their larger family assessment.

Two other tools are used with Independent Living students. After reviewing the Adolescent Health RAAPS (Rapid Assessment for Adolescent Preventive Services) Health Risk Profile, it was determined based on its questions that it would be combined with Holy Family's Independent Living Risk Assessment to screen for trauma. These tools were discussed and presented to the ANDRUS Institute and subsequently accepted as an appropriate screening tool for their Sanctuary Certification.

All of the trauma screenings and assessments are completed within 30 days of first meeting with a family, but all children and families are treated as if they have experienced trauma and are treated in a manner that is consistent with those needs. In addition, Holy Family uses the approach that assessment is ongoing and that modifications to treatment/services are adjusted as identified needs occur. Although ANDRUS Sanctuary Model implementation began in 2008, Holy Family has been a Sanctuary Certified Program since February 2011.

Trauma assessment and child placement services. Adelphoi Village currently uses two assessment tools for trauma. The agency uses the Allegheny County CYF long version of the CANS (Child and Adolescent Needs and Strengths), which has an expanded module for trauma screening and assessment. Additionally, because they are Sanctuary Certified as well as having MCO requirements for assessing trauma with their MST services, they complete a Screening Tool for Trauma and Symptomatic Behavior that was recommended by the ANDRUS Institute. They have updated this tool to cover symptoms and a written history about the child's past trauma.

Both the CANS and the Screening Tool for Trauma and Symptomatic Behavior are done in residential and foster care programs within the first 30 days of placement. Residential programs also complete the CANS at discharge, and foster care completes the CANS every six months.

On June 15, 2015, Adelphoi began using their updated Trauma Screen for Residential, MST and Foster Care.

- Briefly describe how any findings from these trauma-based assessments may have changed or impacted your practice and the selection of services.

Certainly findings from trauma-based assessments must guide subsequent interventions. That, of course, is the interest in properly identifying the pool of therapists who can offer trauma-informed treatment and trauma-specific interventions for children and for adult clients. County agency staff is pleased that the behavioral health MCO is tightening the standards for therapists who wish to assert their commitment to a trauma-informed practice orientation.

The findings of trauma-based assessments are foundational and guide the selection of services and service providers. It will enable children and youth to receive needed services and create a common understanding of the child or youth's needs and how to best address them. Children can access trauma-specific treatment provided by qualified clinicians with fidelity.

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These findings guide discussions with family members and the development of service plans. These findings repeatedly reinforce the obligation to recognize the child's exposure to trauma and a connection between trauma reactions and behaviors among county agency staff and the courts.

- ❑ Briefly describe your activities around psychotropic medication utilization monitoring for children in out-of-home placement.

A number of years ago, the appropriate use and monitoring of psychotropic medications for children in substitute care was identified as a challenge for the county agency staff. CYF staff is acutely aware and concerned over the number of children prescribed these drugs as well as the polypharmacy issue, i.e., multiple psychotropics prescribed per child. CYF staff is not positioned to knowledgeably evaluate these medication recommendations. In July 2013 the county agency obtained the services of a contracted specialist who reviews children's medication regimens and, when necessary, consults with the prescriber. Efforts are routinely made for this independent review to be conducted by this trusted and skilled clinician.

This review of the recommendations for psychotropic medications prescribed for children in the agency's custody is routinely conducted. The caseworker contacts the consultant and arranges a mutually convenient time for a meeting between the consultant and agency staff. The consultant is provided the case record that will contain the behavioral healthcare information. It is essential that the child's physical healthcare information be provided as well. History on past treatment with psychotropics as well as the current recommendation is provided. If necessary, the consultant speaks with the prescriber. The consultant completes an agency developed form which informs the parent and/or agency's consent.

The contract provides for both initial reviews and update reviews. In the event of a medication change, an update review is conducted on a child whom the mental health specialist previously reviewed.

New to 2016, county agency staff understands that DHS has developed a quarterly Psychotropic Medications Dashboard Report (PMDR) to monitor psychotropic medication use, with a special emphasis on antipsychotic medication use for Medicaid-enrolled children and youth in substitute care. The PMDR will be released to county C&Y agencies in September 2016 after a successful pilot in seven counties. The PMDR is coordinated with the quarterly AFCARS' data submitted by county agencies and, thus, will ensure that county agencies only receive information on children for whom they are responsible. The report contains child specific clinical information and contains a "red flag" system to alert county agencies when there is a medical indicator that can potentially have a negative impact on a child's health and well-being. The PMDR is used as a tool to monitor the child's psychotropic medication use and to prompt further discussion with the child's primary care physician, the youth, and resource, kinship, and/or birth parent. The PMDR should prove to serve as a valuable tool to county agency staff in monitoring the utilization of psychotropic medications with children in substitute care.

- ❑ Briefly describe any specific consultation practices used by your agency that involve physicians or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment. Some examples of consultation practices might include policies requiring engagement of child's health care provider in case planning, contracting with psychiatrists to consult on complex cases, working with Medicaid managed care special

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needs units or having nurses on staff to conduct level of care assessments for medically necessary services to support children with special health care needs to live in foster family care.

Physicians, other medical professionals, and non-medical professionals are routinely relied upon to assess the health and well-being of children in foster care and in determining children's appropriate medical treatment.

The county agency adheres to the regulatory requirements of insuring children are seen for medical and dental assessments within the timelines specified for each age group. When foster parents take a child for medical or dental care the healthcare provider must complete a form indicating the details of the appointment which is then given to the caseworker to review and be maintained in the child's case record. Group homes routinely track children's medical and dental appointments in their monthly progress reports to the agency.

The county agency has always maintained a close working relationship with the local pediatric practice. Although the agency does not have a specific service contract with this practice their medical services have always been dependable. An experienced pediatrician is an active member of the agency's Multidisciplinary Child Protection Team and attends the monthly MDT meetings.

Children's Hospital of Pittsburgh and its clinics remain an excellent resource for children with ongoing specific medical needs who require comprehensive screening/treatment/monitoring.

In the past, the Child Advocacy Center at Children's Hospital and A Child's Place at Mercy in Pittsburgh have been dependable resources for assessing children who have been physically and sexually abused. Now, however, HAVIN, our domestic violence/sexual assault treatment program, partnering with the county agency, and with support from others is establishing an Armstrong County CAC (Children's Advocacy Center) in Kittanning. Now known as "Kay's Cottage," the CAC is currently operational. The physical healthcare and physical treatment piece of the Center is delivered through a partnership with the Butler County CAC, staffed by several pediatricians, specially trained as forensic pediatric sexual assault examiners.

For children exhibiting behavioral issues the county agency has contracted with Terry O'Hara, Ph.D. Dr. O'Hara has provided the agency with well documented individualized clinical assessments for children and has been willing to testify in court should the need arise. Dr. O'Hara has also provided clinical consultation and written reports on difficult cases. The agency frequently participates in meetings with the local Behavioral and Developmental Health Program (BDHP) when children require specialized treatment and placement services. BDHP monitors all inpatient and outpatient treatment with least restrictive standards meeting the child's needs guiding service delivery.

2-3e. Concurrent Planning

- Share any challenges in completing concurrent goal activities.

On June 29, 2015, the county agency hosted a training event on "Concurrent Planning" for the legal community. The president judge and attorneys representing children, parents, and the agency participated as well as county agency staff. Trainers from the ABA's Center on Children and the Law and from SWAN presented a four hours' workshop. CLE's were awarded to attorney participants.

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On June 2, 2016, a workshop was held for all casework staff which focused on reporting goal progress, both primary and concurrent, to the court at permanency hearings. County agency staff has been successful in implementing concurrent planning. No significant challenges are identified.

2-3o. Successor Permanent Legal Custodians

- Share what steps the agency has taken regarding implementation of Act 92 of 2015. For example:
 - Has the agency notified Subsidized Permanent Legal Custodians (SPLCs) of the option to name a Successor Permanent Legal Custodian?

During the spring 2016 the county agency administrator notified all currently open SPLC guardian figures of their ability to identify a successor PLC. A written notice was provided to them with instructions in the event they wished to proceed. No SPLC guardian, to date, has taken advantage of this opportunity. The successor PLC issue will be routinely explored for any new SPLC placements.

- Has the agency amended their SPLC agreement template to include the option to name a Successor Permanent Legal Custodian?
 - If so, please provide a copy.

Since no PLC parent figure has requested that a successor custodian be put into place for their child, county agency staff has not had the need to develop the necessary successor PLC legal language.

On July 13, 2016, the county agency administrator received a communication through PCYA which included the document, "Amendment to SPLC Agreement for Successor Permanent Legal Custodian(s)." This document has been approved by OCYF. This Agreement will be used in the event an amendment is required to an existing PLC case. For new Agreements, the language from this approved document will be incorporated into a new section, "Successor PLC," of the larger Agreement.

- Provide the number of cases in which a SPLC subsidy was transferred to a Successor in FY 2015-16.

No successor PLC's were identified for children in FY 2015-2016.

- Is the agency aware of any SPLC cases in which the Permanent Legal Custodian became incapacitated or deceased and did not name a Successor?

County agency staff is not aware of any recent cases, i.e., within the last several years.

2-3p. Preventing Sex Trafficking:

- Describe the impact the amendments from the federal and state sex trafficking statutes will have on the agency, including the potential impact on staffing, service array, etc.

Fortunately, at this time in our rural county, the sex trafficking of children and young people does not appear to be an issue. This, however, does give us an opportunity to prepare for those circumstances because it is not realistic to think that our county's children would be immune from these predators. Consequently, the training of staff is essential in understanding

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this serious crime, identifying and assessing victim children and youth, and providing protection and intervention.

- ❑ What technical assistance needs does the agency have related to the sex trafficking provisions?

Training of staff is essential. As an early effort, three county agency casework supervisors attended the Human Trafficking TA Collaborative Meeting on May 12, 2016, in Grove City. And at two staff meetings in the spring 2016, the sex trafficking topic was presented and discussed. Information on the National Center for Missing and Exploited Children was distributed and a screening tool that was, in large measure, adapted from the work of the Human Rights of Children, Loyola University Chicago & International Organization for Adolescents' Center, was presented and also distributed for use.

During FY 2016-2017, it is planned for casework staff to complete the online CWRC Course Number 1987, "Commercial Sexual Exploitation of Children (CSEC)." This course addresses federal and state laws related to sex trafficking as well as identifying and accessing treatment for children. This course has two modules. The goal for training in Module 1 is for child welfare professionals to identify federal and state laws and policies related to the definition and prevention of sex trafficking, and to recognize evidence-based approaches to assist children and youth who are, or are at risk of becoming, victims of CSEC. Module 2 is designed to assist participants in understanding and describing effective identification, documentation, reporting, determination, and coordinating delivery of appropriate services for children and youth who are, or are at risk of becoming, victims of CSEC.

- ❑ How is the agency planning to identify, assess and provide comprehensive services to children and youth who are sex trafficking victims?

An early stage in the county agency's effort has included the development of a Rapid Screening Tool to identify children who may be a sex trafficking victim or who are risk of becoming a sex trafficking victim. Our agency policy requires that this screen be completed for all children who have had a "runaway episode," regardless of age, who are: (a) receiving in-home services as an open case, (b) a child under the county agency's protective supervision as a dependent child, or (c) a child in the custody of the county agency as a dependent child. Positive screens would dictate a more thorough assessment and the assessment results would inform treatment. TF-CBT as a treatment intervention is an option that would be available for these children and youth.

The county agency also recently contracted with CSI Corporate Security and Investigations, a professional investigation firm headquartered in southwestern Pennsylvania. This firm can help recover children who have left their placement location and who may be at risk for predatory exploitation.

If a caseworker suspects that a parent/parent figure/family member is trafficking the child, no screening is conducted. A full CPS investigation under "causing sexual abuse or sexual exploitation of a child through any act or failure to act" is opened. All the elements of a CPS report with its MDIT components and child protection actions are followed. The investigation, of course, will examine the extent of the exploitation through a comprehensive assessment which, in turn, will inform treatment.

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2-3r. Promoting the Well-Being of Children and Youth in Out-of-Home Placement through Age and Developmentally Appropriate Activities

- ❑ Describe any changes in practices as a result of Act 75 & 94.

Act 75 of 2015 recognizes the importance of normalizing the lives of children in out-of-home placements and Section 6302 of Act 94 of 2015 defines “age-appropriate or developmentally appropriate activities” as well as the “reasonable and prudent parent standard.”

Armstrong County Children, Youth and Family Services has demonstrated a long standing commitment over many years of “normalizing” children’s lives who were in substitute care. Efforts have been made for children in agency custody to have the same types of age-appropriate and developmentally appropriate experiences as other children in the community. County agency caseworkers, the guardian ad litem, and the court were oftentimes at the center of the decisionmaking. And the principle of normalizing the child’s substitute care experience guided those decisions.

What is now different, however, for many of those decisions, Act 75 empowers the caregiver of a child in substitute care to approve or disapprove of the child participating in certain activities and experiences without prior approval of the court, the county agency, or child’s caseworker. Resource parents make decisions such as whether to allow a child to engage in extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities, lasting one or more days. They sign permission slips and arrange transportation for the child to and from these activities. Concerns of the biological parents are taken into consideration but those concerns, in and of themselves, do not necessarily determine whether the child participates. Resource parents, however, cannot make a decision in violation of the case plan or court order. Resource families now are making many decisions that, heretofore, were brought to others’ attention for approval. Resource parents are expected to operate under the reasonable and prudent parent standard in their decisionmaking. This shift in decision makers represents a significant change in practice.

And for youth in congregate care, a parallel practice is now in place. The service provider is required to designate an individual with decisionmaking authority under the reasonable and prudent parent standard for children residing in their care in accordance with staffing and supervision requirements applicable to the setting. The designated individual is required to consult with the county agency and private agency caseworkers or staff members who are most familiar with the child in applying and using the reasonable and prudent parent standard. This expectation is now reflected in contract language with service providers.

- ❑ Describe what types of decision-making is being referred to the court by resource parents, CCYA or Guardian Ad-Litem.

The types of the decisions that are being referred to the courts by resource parents, the county agency, or the guardian ad litem center on four areas: (a) non-routine physical healthcare, (b) mental health treatment (including the administration of psychotropic medications), (c) religious training, and (d) educational placement. For children who have a legal parent, i.e., parental rights have not been terminated, and that parent is accessible, the parent’s permission will be sought for the four areas identified above before court intervention is requested. If the parent refuses to consent and that refusal is clearly not in the best interests of the child, relief will be sought through the court. For children without a legal and accessible parent, the court will be petitioned for resolution.

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For children placed in pre-adoptive homes, the prospective adoptive parent is typically appointed by the court as the educational decision maker.

- ❑ To support practice changes, have CCYA staff been trained in the Reasonable and Prudent Parent Standards?

All casework staff completed the "Overview of Reasonable and Prudent Parenting and Public Law 113-183" through the CWRC. In addition, this topic has received attention among casework staff in discussions at agencywide staff meetings and in their respective unit meetings.

The county agency's resource parents were formally trained during early 2016 in the "Reasonable and Prudent Parenting Standard." Newly recruited families now acquire the information related to this key topic through a module which has become part of the CYF agency's orientation and training package for resource families.

- ❑ Briefly describe any planned use of funds in FY 2016-17 related to implementation of the Reasonable and Prudent Parent Standards.

Resource parents, acting under the reasonable and prudent parent standard, are making decisions related to children's participation in extracurricular, enrichment, cultural, and social activities, including sports, field trips, and overnight activities. Many of these activities have a significant cost tied to them. For example, the cost of one foster youth's participation in his high school track and field sporting events this year was in excess of \$600. Although the county agency has an Advisory Committee which has access to financial resources, those resources are limited and cannot subsidize large requests or a volume of requests. And resource parents cannot be expected to cover these costs for children placed in their homes.

An Adjustment appears in this Plan in order to provide funding for these activity costs which cannot be absorbed by the county agency's Advisory Committee, children's birth parents, or children's resource parents.

- ❑ Provide the number of children in out-of-home care for at least six months, 16 years of age or older, who have a driver's license or learner's permit.

Four teenagers.

- ❑ Describe any collaborative efforts that support young drivers.

The public schools offer Driver's Education (no cost) and field training on roads (fees). Resource parents have assisted with transportation and with field training. Staff from the county agency's IL service provider, Holy Family Institute, has also supported youth by helping youth acquire information and process their applications for learner's permits.

- ❑ Describe any barriers to obtaining driver's licenses and learner's permits.

There are no major barriers to obtaining a learner's permit. Although it's not uniform in Driver's License Centers, foster parents may sign for their foster child's permit. If not, the birth parent's notarized signature is obtained. The youth's on-the-road instruction of driver's education can be subsidized by the county agency. The major obstacle develops once the teen is a licensed driver and that is the auto insurance premium. Some foster parents are willing and able to

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absorb those costs for the benefit it brings to the teen and the convenience to the family to have another licensed driver in the household. For other families, the insurance is cost prohibitive. And, for those youth, it is anticipated that the county agency will help subsidize those expenses as part of the mandate to provide “age and developmentally appropriate activities” for children in substitute care.

- Provide the number of licensed youth in out-of-home care, for at least six months, with ready access to an automobile.

One youth.

- Provide the number of licensed youth in out-of-home care who own their own automobile.

One youth.

- Describe any collaborative efforts that support automobile ownership for youth in CCYA care and responsibility.

Kinship caregivers have been a strong support for automobile ownership. The youth’s access to his/her IL stipend award has been a significant factor.

- Please describe any barriers to automobile ownership for the same population.

The high cost of auto insurance is the principal barrier. And in our rural county, few employment opportunities exist for youth and, thus, make it difficult for youth to maintain a vehicle in the event they can afford to purchase it.

- Provide the number of youth in out-of-home care for at least six months, 16 years of age or older, who are employed.

Eight teenagers.

- Describe any barriers to youth in out-of-home care seeking employment.

As mentioned above, few employment opportunities for teenagers exist in our rural county. And if jobs can be located, travel distance may be an obstacle since public transportation is so limited. And, lastly, the motivation of a youth to accept a job with its entry-level pay rate and work hours may be absent. The youth, in fact, may need a work ethic attitude adjustment with some encouragement and persuasion from the IL support staff and CYF caseworker.

2-3t. Use of Another Planned Permanent Living Arrangement (APPLA)

- As of June 30, 2016, provide the number of children with a primary goal of APPLA.

Two Armstrong County children in substitute care have the primary placement goal of APPLA.

- As of June 30, 2016, provide the number of children with a concurrent goal of APPLA.

These same two youth have APPLA as their concurrent goal. No other youth have APPLA as their concurrent goal.

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- ❑ Provide any demographics and characteristics of children under age 16 with a primary or concurrent goal of APPLA.

Armstrong County has no children in substitute care under age 16 years with a primary or concurrent goal of APPLA.

- ❑ Provide any demographics and characteristics of children over age 16 with a primary or concurrent goal of APPLA.
 - serious mental health disorder with limited language/communication
 - combative behaviors
 - SWAN services, including Child Preparation discontinued due to youth's inability to engage despite multiple attempts
 - reactive attachment disorder
 - RTF placement history and multiple failed CRR (therapeutic foster home) placements
- ❑ Describe what efforts are being made to identify and review case goals for youth age 16 and older.

Case goals for youth age 16 years and older are identified and reviewed in the context of developing and reviewing the CPP (Child's Permanency Plan). The CPP is developed within 30 days of the child's entry into substitute care. And the concurrent goal is identified within 90 days of the child's entry into care. These goals, as part of the CPP, are reviewed prior to each permanency hearing which, in Armstrong County, occurs on a three months' cycle. And then, at the permanency hearing, the court and hearing participants revisit the CPP, including the placement goals. Among many determinations that the court will enter is a finding on the "appropriateness and feasibility" of the placement goals contained in the CPP.

As mentioned, prior to each three months' permanency hearing, a meeting is held among all principals, i.e., youth, any advocate(s) of the youth's choosing, birth parents, resource parents, service providers, and county agency staff. The youth's CPP is reviewed and accomplishments are recognized and the challenges that remain are examined. Plans to address the challenges are reviewed and adjusted as may be required.

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2-3x. Unallowable Costs – Legal Representation Costs for Juveniles in Delinquent Proceedings and Parents in Dependency Proceedings

- Submit any amount expended by the county government in FY 2015-16 for Legal Representation Costs for Juveniles in Delinquent Proceedings.
- Submit any amounts expended by the county government in FY 2015-16 for Legal Representation Costs for Parents in Dependency Proceedings.

Legal fees for youth in delinquency proceedings appear in Column 1 of the table. The source of all funding for the court appointed legal representation of alleged/adjudicated delinquent youth in delinquency proceedings was county dollars.

Column 2 details the expenditures for the legal representation of parents in dependency proceedings. The source of all funding for the court appointed legal representation of parents in dependency proceedings was county dollars.

Fiscal Year	Column 1 Legal Fees for Youth in Delinquency Proceedings	Column 2 Legal Fees for Parents in Dependency Proceedings
2015-2016	\$4,501	\$37,482
2014-2015	\$1,875	\$30,305
2013-2014	\$2,233	\$40,140
2012-2013	\$3,045*	\$43,200*

*estimates

2-3y. Guardian ad-Litem (GAL)

- How many GALs are under contract in your county?
- ⇒ If there is one legal entity under contract with the agency with multiple attorneys, please count each attorney.

The county agency currently contracts with one attorney to serve as GAL. On rare occasions, however, due to a conflict, this attorney may be unable to serve and, therefore, another attorney serves in this capacity. During FY 2015-2016, there was one conflict case in which a different attorney served as GAL for one child.

- What is the average caseload size for each individual attorney?

During FY 2015-2016, the one contracted GAL served 92 dependent children, including children in substitute care and children under the protective supervision of the county agency. Approximately 25 percent of these children’s dependency cases are now closed and, therefore, an active caseload is represented by 69 children. Children in substitute care experience a permanency hearing once every three months. Cases of adjudicated dependent children

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residing in their own homes under protective supervision receive permanency reviews on a five to six months' cycle.

- ❑ How is caseload size calculated?

The GAL's caseload has, to date, been inclusive of all dependent children currently under the jurisdiction of the juvenile court. The contracted GAL's responsibilities and the operation of a private law practice, to date, have not been compromised or challenged by the volume of the child dependency work in Armstrong County. In the event this would become an issue, either from the GAL's self-report or from the county agency staff's observations, an effort would be made to acquire the services of another attorney also to serve as GAL.

- ❑ Provide the number of children represented by a GAL & legal counsel appointed on their behalf in FY 2015-16?

Status offender dependent youth, in addition to a GAL, are appointed counsel. Thirty-one children (33.7 percent of dependent children) had counsel appointed, too, in FY 2015-2016. Six attorneys served in this capacity during FY 2015-2016, with a caseload range of child clients between 1 child and 13 children.

2-3z. Child Advocacy Centers (CACs)

- ❑ Provide a listing of CACs the agency utilizes in investigations and the total amount expended towards those services provided by each CAC in FY 2015-16.

During FY 2015-2016, forensic interviews of child victims occurred at the county agency office site in a specially equipped suite which included the digital recording of all interviews. Six in-county forensic interviewers rotate through a schedule to conduct these interviews. Three of the forensic interviewers are C&Y agency staff members; consequently, salary and benefit costs would arise from that portion of their work devoted to conducting forensic interviews. It is estimated that five percent of the salary and benefits' costs of these three C&Y employees are directly related to the performance of their forensic interviewing duties.

On occasion, the county agency used the Child Advocacy Center at Children's Hospital of Pittsburgh and "A Child's Place at Mercy," UPMC Mercy, Pittsburgh, principally for the physical exams. No costs were required to be absorbed through the C&Y system for the services provided at these two Pittsburgh-based advocacy centers in FY 2015-2016.

- ❑ Explain how CAC services are funded in your county.

New to FY 2016-2017, the county has established its own Children's Advocacy Center, located in Kittanning. Our county's domestic violence/sexual assault treatment center, HAVIN (Helping Abuse Victims in Need), has taken a lead role in hosting the location of the CAC. As recommended by CAC standards, the Center is established in a non-governmental building, a property in the community, which is home-like and child friendly. An Adjustment appears in the Plan in order for the county agency to help support the operation of our newly established local Children's Advocacy Center.

The Armstrong County CAC is partnering with the Butler County CAC for the forensic medical exams of child victims. Butler County has several pediatricians who obtained specialized training and certifications and who are now well positioned to conduct these exams for the children of Butler and Armstrong counties. Oftentimes, it has been a hardship for Armstrong

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County families to travel to Pittsburgh for these exams. A trip to Butler is more in the comfort zone for many Armstrong County families. It represents less of an inconvenience than traveling to an urban area for families who already are experiencing the stress associated with the disclosure and investigation of suspected child abuse.

2-3aa. Medical Foster Care

If the CCYA is an MA-enrolled medical foster care provider and/or contracts with an MA-enrolled medical foster care provider, please provide the following information:

Not applicable. To date, we have not had the occasion to contract with an MA-enrolled medical foster care provider for the care of medically fragile children.

- Describe how the level of medical foster care services required by a child is determined and explain how often the levels of care are reassessed to ensure appropriate payment of services.
- Please check all that apply:
 - The CCYA is an MA-enrolled medical foster care service provider.
 - The CCYA contracts with one or more MA-enrolled medical foster care service provider(s).
- Provide a list of the MA-enrolled medical foster care service provider(s) the CCYA currently contracts with:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
- List or describe the county's contract requirements with your medical foster care provider(s).
- Does the CCYA require medical foster care providers to account for the use of MA dollars received for providing medical foster care services? If so, what information is the medical foster care provider(s) required to report, and how frequently?
- Explain how medical foster care provider(s) (both CCYAs and those under contract with the CCYA) determine the percentage of the MA medical foster care payment rate that is directly paid to each medical foster parent?
- Explain whether the county or contracted medical foster care provider(s) place an administrative capitation on the amount of MA funds retained for training and other costs related to training of medical foster parents and administration of the medical foster care program? If so, how much?

2-3bb. Department of Labor's New Overtime Rule

Requests for resources should be included as an Expenditure Adjustment. Please respond to the following questions regarding the county's general plan to address the new rule:

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- ❑ If impacted by the new rule, briefly describe the CCYA's planned response; including any plans to evaluate and potentially realign workloads, compensate additional overtime, raise workers' salaries, and limit overtime by hiring additional staff.

Currently four FLSA-exempt CYF employees are impacted by the new overtime rule with salaries well below the \$47,476 threshold. The county plans to control the expense related to these employees' salaries by reclassifying them as non-exempt and compensate them with overtime. There are no plans to hire additional staff.

The two classifications of casework supervisor and fiscal officer will be changed to non-exempt employee status. Consequently, a total of five positions (four staff currently well below the threshold plus one additional casework supervisor above the threshold) will qualify for overtime pay as non-exempt employees beginning on December 1, 2016.

- ❑ Describe the county's efforts to obtain and evaluate estimates from private providers regarding the impact from the new rule on their program costs.

Private providers have been contacted by the county agency administrator and asked to submit information on the new overtime rule's impact within their organization.

Some providers, like George Junior Republic, have analyzed the financial impact of this rule and provided the following detail:

- For FY 16-17, the calculation is as follows:
60 staff members (mostly master's level therapists) with an average salary of \$40,000 based on a 40 hour work week. The overtime rate will be \$28.84. Each employee averages five extra hours per week. In FY 16-17, the law will be in effect for 28 weeks. Total financial impact will be \$242,356.
- For FY 17-18, the calculation is as follows:
60 staff members (mostly master's level therapists) with an average salary of \$40,000 based on a 40 hour work week. The overtime rate will be \$28.84. Each employee averages five extra hours per week. In FY 17-18, the law will be in effect for 52 weeks. Total financial impact will be \$450,000.
- George Junior Republic in Pennsylvania will consider raising the therapist salary to meet the salary threshold of \$47,476. However, preliminary calculations are virtually the same as paying the overtime. Please be advised that the overtime hours are needed to meet the demands of the position including case conferences, court hearings, staffings required by placing agencies, and family therapy during visitation. None of these overtime hours are a result of staff vacancies.
- George Junior Republic in Pennsylvania will be requesting a three (3) percent increase on the services we provide in FY 17-18. Each year our expenses increase approximately \$1 million due to food, utilities, transportation, insurance, salaries, and benefits. Nine justifications are identified including one related to the DOL overtime rules, i.e., "...anticipate a \$350,000 expense for 12 months due to the Department of Labor overtime rules."

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Adelphoi, too, has done some analysis. Their compensation and benefits supervisor writes:

The expenditure for the FLSA rule is \$375,000 for FY'17 and because these costs are largely base pay related, they will carry forward year to year.

Please know that Adelphoi evaluated each position based on several factors, one being the fiscal impact to our customers. A total of 85 employees have been affected by this DOL change, out of those 85, 61 remain exempt and 24 become non-exempt. Approximately \$269,700 related to straight base adjustments and another \$105,300 in projected overtime. It is important to mention that these numbers are for 7 months only and will nearly double beginning July 1, 2017, with a cost to the organization of \$650,000 going forward.

Also, Adelphoi has decided to provide all employees with a 2% increase in December 2016 and this is in addition to the DOL impact. An outside organization evaluates Adelphoi's compensation every three years and we continue to be below the median for like positions in our region.

At this point in time, other providers are unable to quantify exactly how the overtime rule changes will impact employees and programs. JusticeWorks and Holy Family Institute are still analyzing the impact. Cornell Abraxas Group, Inc. issued a written statement:

Abraxas continues to feel the burden of regular cost increases in direct care expenses (food clothing, medical, etc.) as well as the unfunded mandates...we estimate that, **ignoring the changes of FLSA**, these expenses will drive our maximum allowable per diem rates up an average of 4.5% across our Pennsylvania residential programs.

- ❑ As of the date of this writing, provide the names of private providers who will be receiving an increase in their contracted rate of service for FY 2016-17 as a result of the new rule.

Unlike George Junior Republic, most service providers could not, as of this date, provide a solid estimate of the impact of the DOL's new overtime rule on their service fees. Consequently, no increases are planned for FY 2016-2017 due to the application of the rule.

FY 2017-2018, however, contains a global adjustment for the DOL rule, albeit conservative, in order to reserve funding for the inevitable service providers' fee adjustments that will be imposed in eleven months. As mentioned, a conservative analysis has been applied, in an effort to increase the likelihood of DHS' approval of the adjustment absent the detail requested. The county agency staff believes that this analysis and conclusion are reasonable, given the fact that this kind of detail does not exist in August 2016, at the time of the submission of this Plan. If this global adjustment is authorized by DHS, before any increase is granted, however, the service provider must present acceptable detail related to their organization's application of the DOL new overtime rule.

- To assist in development of a resource request tied to the new rule, please use the italicized questions as a guide when developing an **ADJUSTMENT TO EXPENDITURE** related to CCYA employees. For an **ADJUSTMENT TO EXPENDITURE** related to private providers, please provide any supporting documentation from the provider that addresses the same or similar questions:
 - How many CCYA employees will be affected by this change in regulation?

ARMSTRONG COUNTY

- Approximately how many hours per week will need to be compensated that were not previously? At what rate(s)?
- Is there a way to reduce or eliminate the need for overtime hours without affecting current operations?
- Are the overtime hours worked now due to vacancies? If so, could additional staffing reduce or eliminate the need?
- What analysis was completed to determine the direction of the agency's response to the new rule?

The details above are provided for CYF employees in the FY's 2016-2017 and 2017-2018 Adjustments for DOL's New Overtime Rule.

Section 3: General Indicators

3-1: County Fiscal Background

- ❑ Counties should identify any staffing, practice and programmatic changes that were necessary in FY 2015-16 due to the budget impasse

No practice or programmatic changes were required due to the state's budget impasse in FY 2015-2016.

Seventeen major Armstrong County service providers were not paid for four months. They continued to provide service to Armstrong County's children and families who were active with them. They continued to accept new referrals of children and families during those four months. It was a hardship for many service providers that required adjustments to be made. Their understanding and cooperation was phenomenal. Our service providers were the ones who carried the weight of this deadlock between Governor Wolf and the General Assembly.

During the budget deadlock, however, appointments were not made to several vacant staff positions at the county agency

- ❑ Counties who exceeded their Act 148 allocation, resulting in an overmatch situation, in FY 2015-16 should describe the practice and fiscal drivers that impacted the county's level of resource need. Address the impact the FY 2015-16 program and spending history had on the projected utilization of the allocation and additional resource needs for FY 2016-17.

The county agency did not exceed its Act 148 allocation in FY 2015-2016.

- ❑ Counties who did not spend all of their Act 148 allocation in FY 2015-16 should describe the practice(s) that impacted the county's level of resource need and address any projections as to continued under-spending in FY 2016-17. NOTE: If underspending was related solely to the budget impasse and not to changes in practice and/or service level trends, please note that here and no further information is necessary.

The county agency did not spend a portion (\$333,334/14.8 percent) of its Act 148 allocation in FY 2015-2016 which is unlikely to be the case in FY 2016-2017. Foremost, our Act 148 allocation for FY 2016-2017 is \$243,567 (10.8 percent) less than FY 2015-2016's allocation. Additionally, the last four months of FY 2015-2016 have seen a significant increase in the number of children entering care whose placement episodes will continue well into FY 2016-

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2017. Additional expenses related to rent and to salaries and benefits will also be incurred in FY 2016-2017 due to appointments to vacancies, a new labor agreement for caseworkers, as well as reinstating a caseworker who had been on an extended military leave of absence.

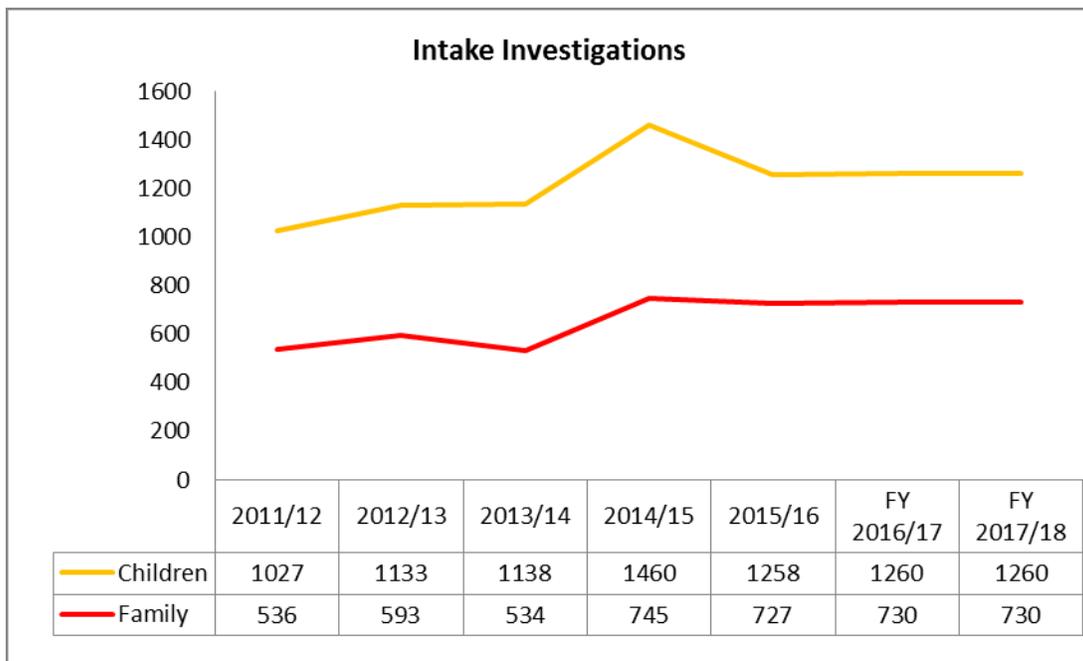
- ❑ Address any other changes or important trends that will be highlighted as a resource need through an ADJUSTMENT TO EXPENDITURE submission.

⇒ **PLEASE NOTE: Capture any highlights here that are not addressed in the Program Improvement Strategies narrative (Section 3-4)**

All staffing, practice, or programmatic changes or trends which have produced resource needs have been identified and described as they related to content which was presented in other sections of this document.

3-2a. Intake Investigations

Insert the Intake Investigations Chart (Chart 1).

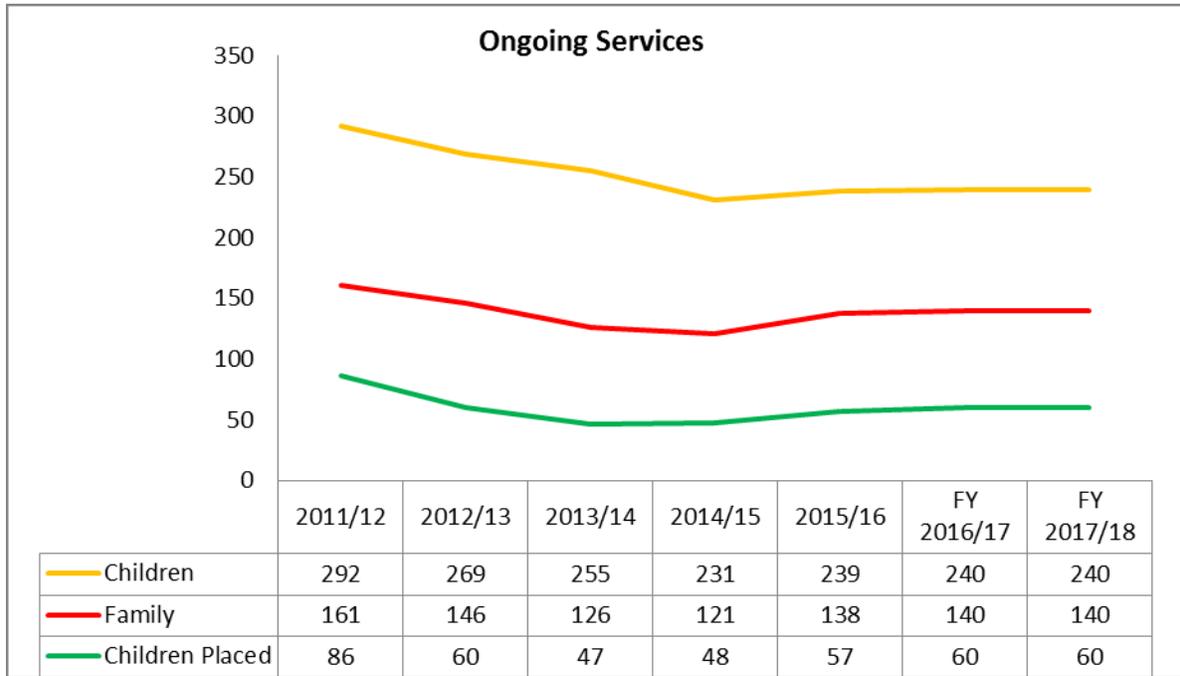


Click to Paste Chart

ARMSTRONG COUNTY

3-2a. Ongoing Services

Insert the Ongoing Services Chart (Chart 2).

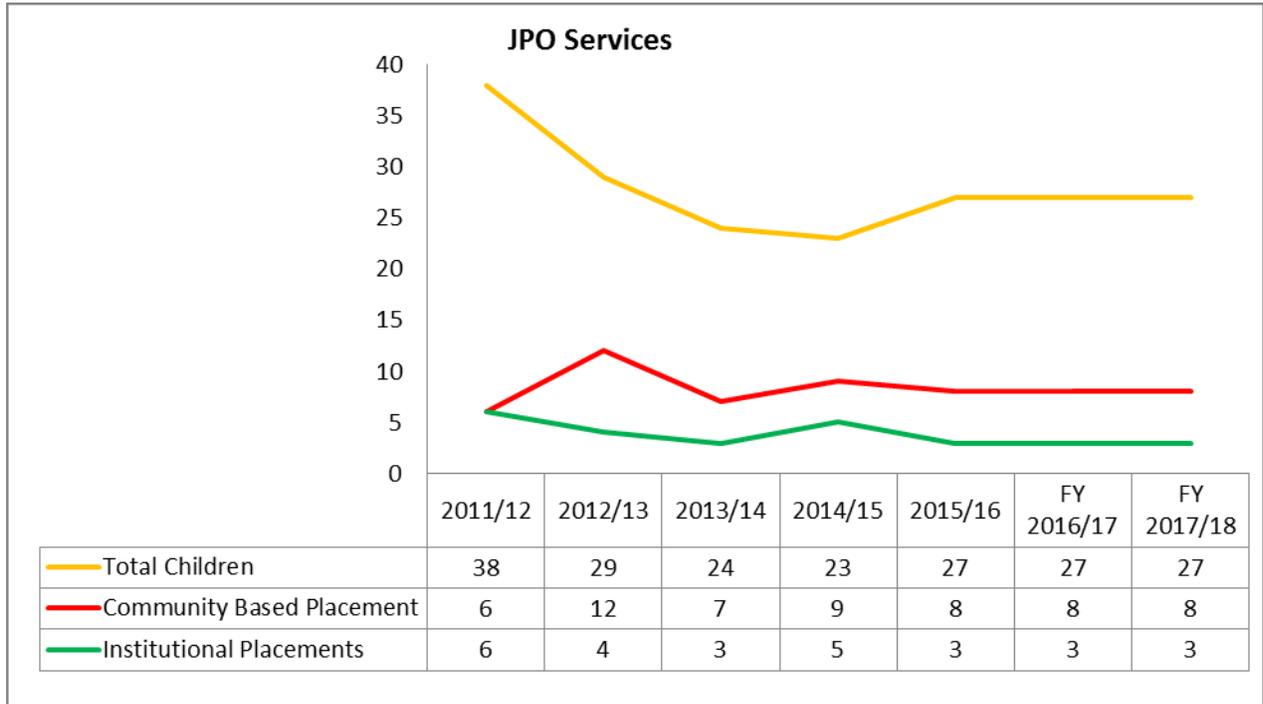


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ARMSTRONG COUNTY

3-2a. JPO Services

Insert the JPO Services Chart (Chart 3).

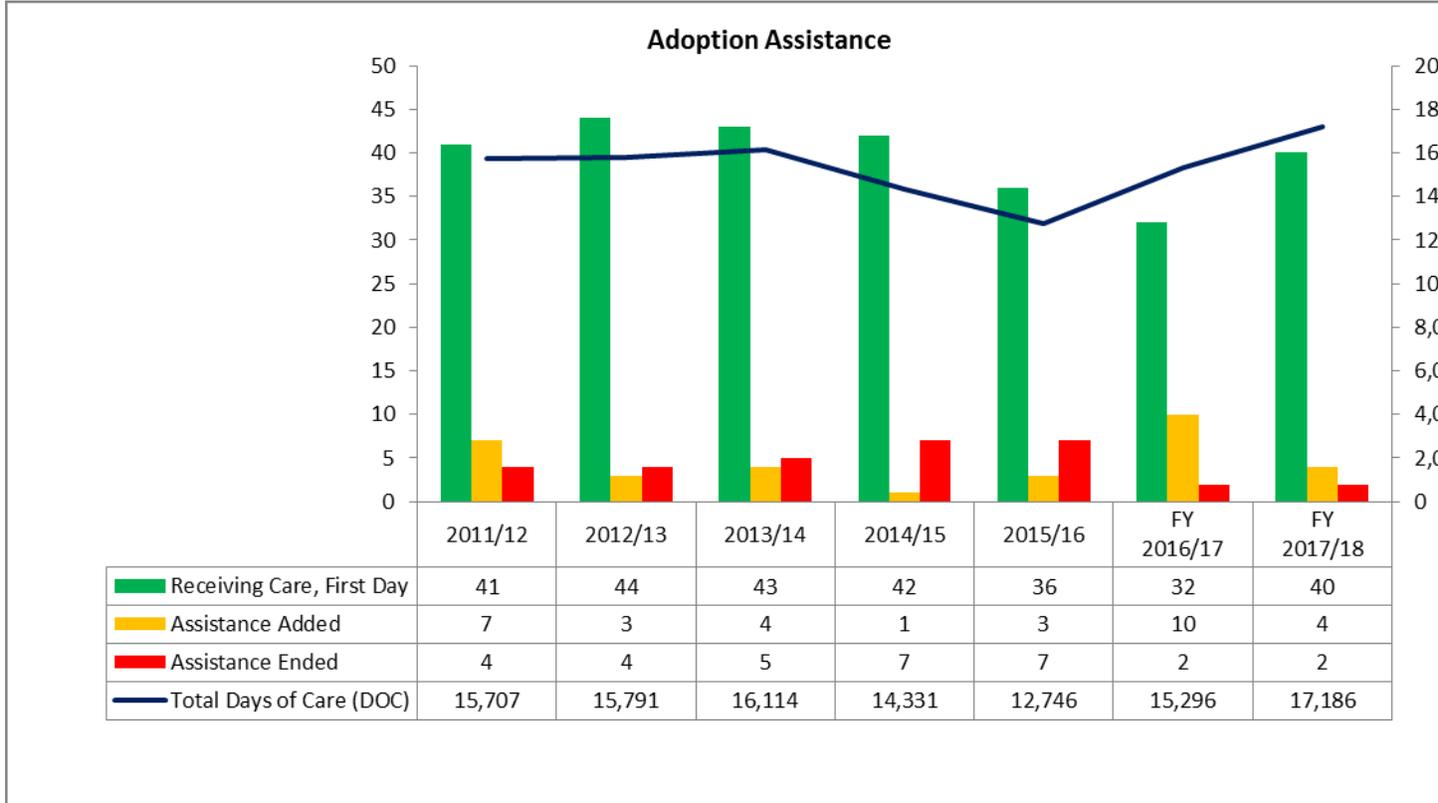


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ARMSTRONG COUNTY

3-2b. Adoption Assistance

Insert the Adoption Assistance Chart (Chart 4).

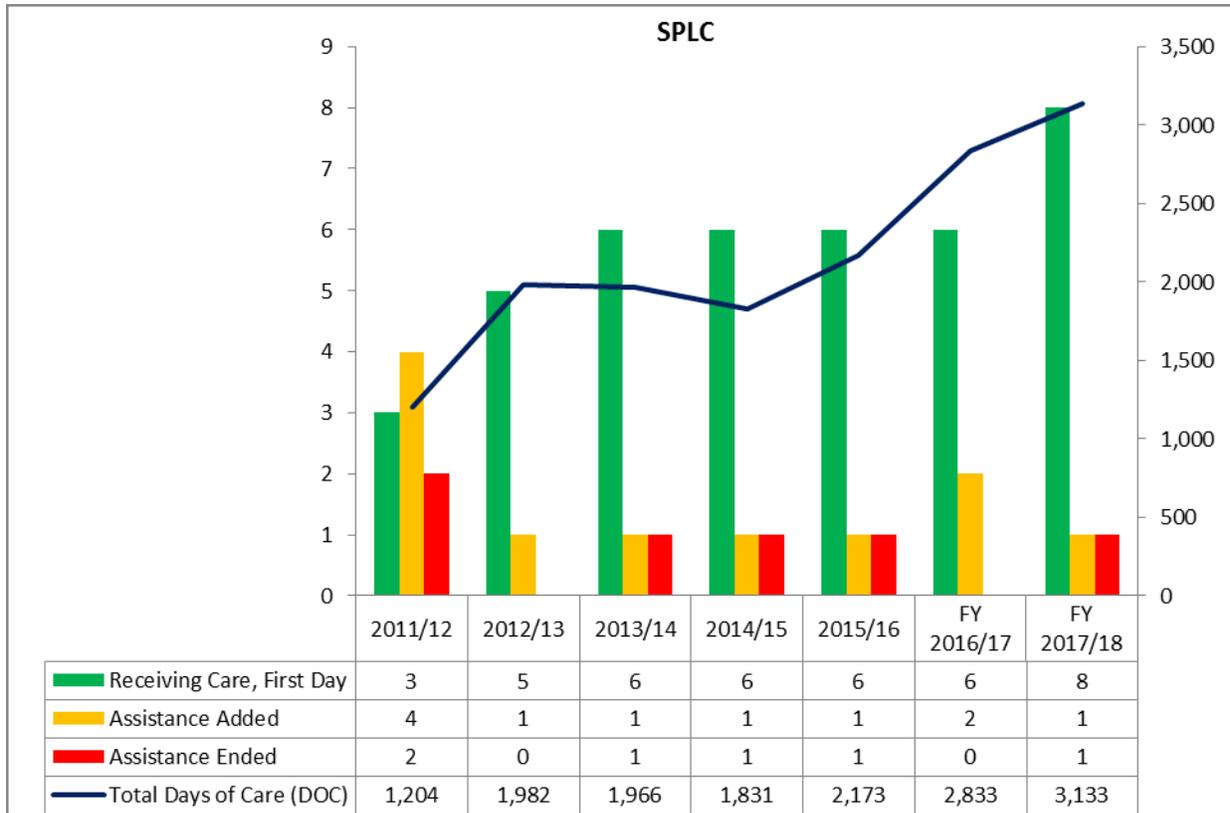


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ARMSTRONG COUNTY

3-2c. Subsidized Permanent Legal Custody (SPLC)

Insert the SPLC Chart (Chart 5).

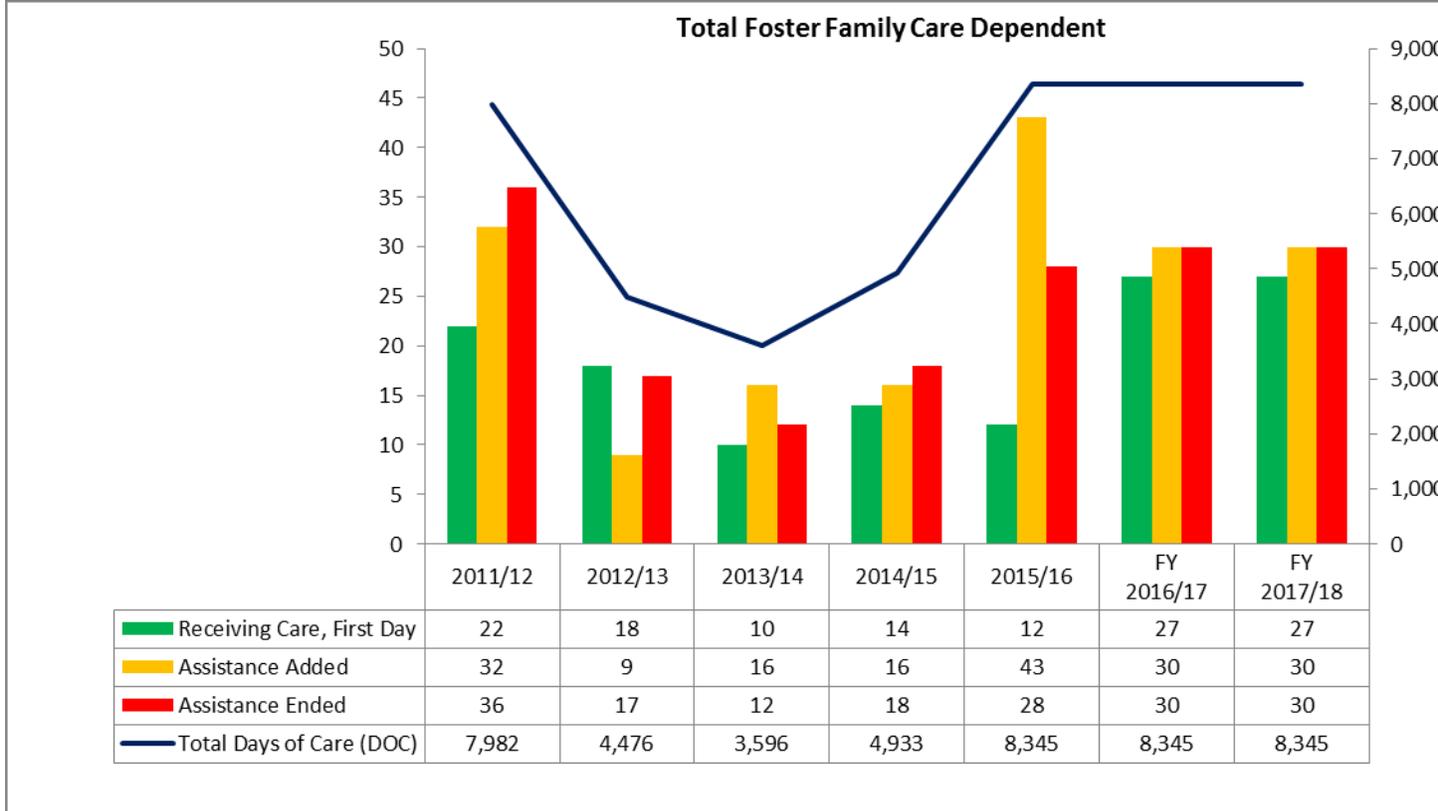


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ARMSTRONG COUNTY

3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

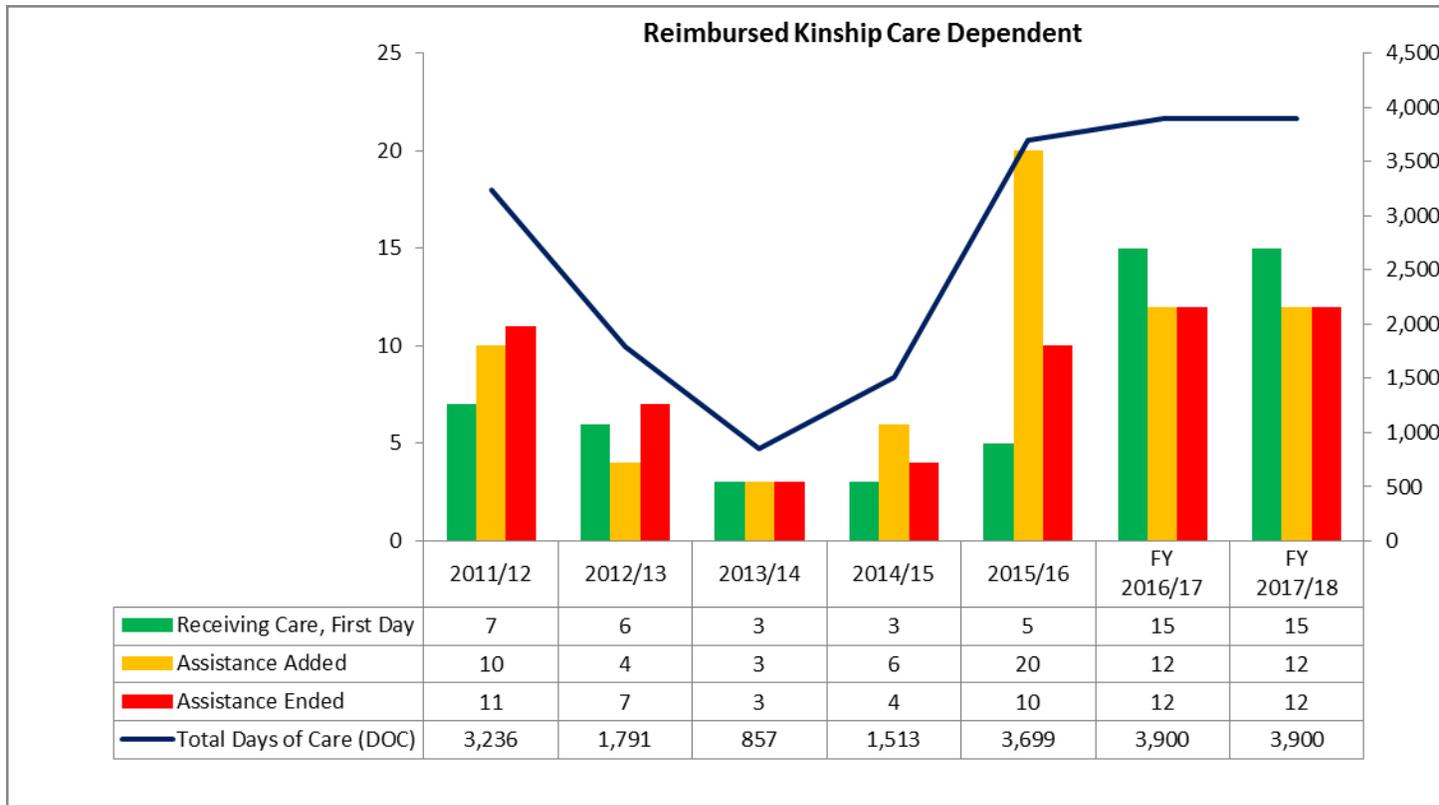


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ARMSTRONG COUNTY

3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

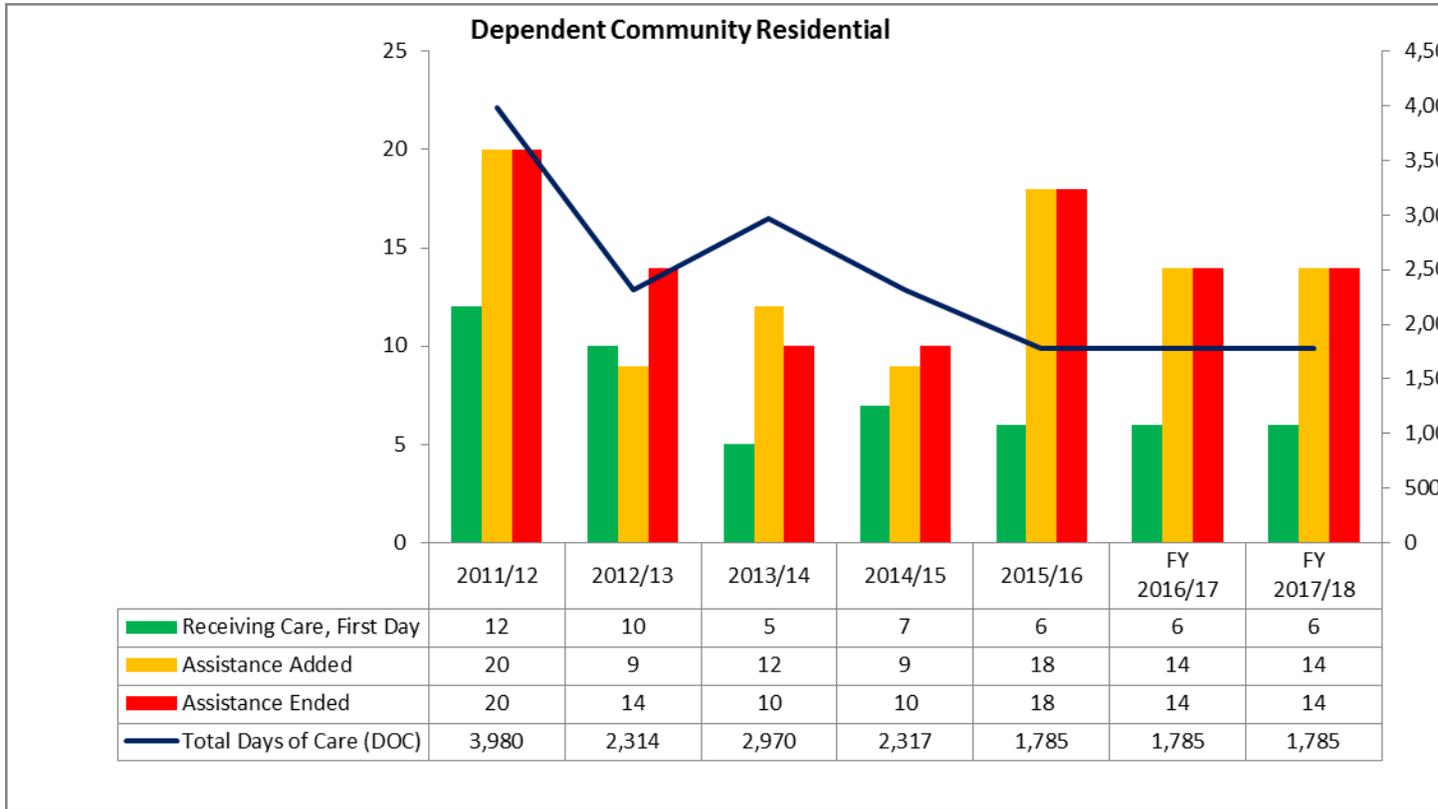


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ARMSTRONG COUNTY

3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

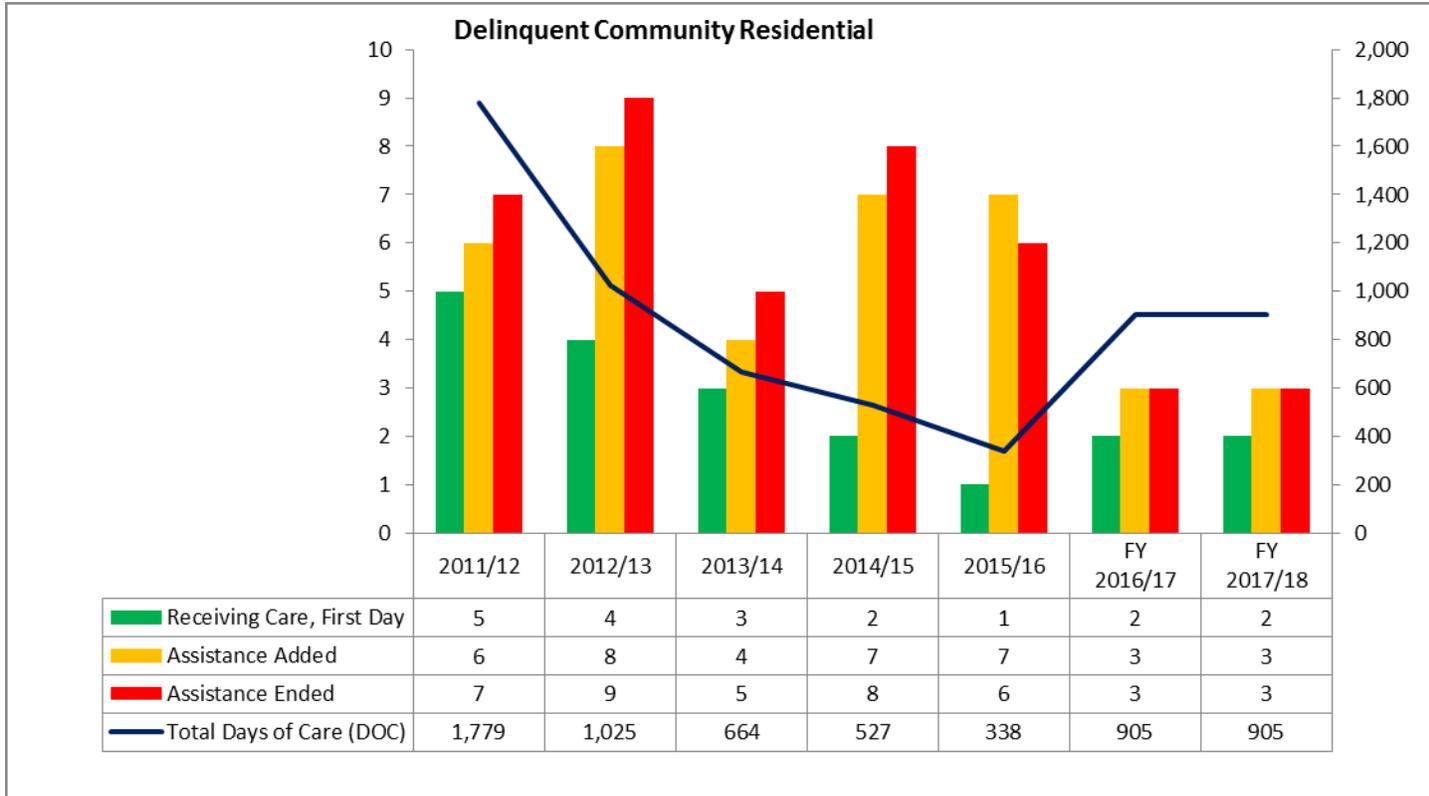


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ARMSTRONG COUNTY

3-2d. Out-of-Home Placements: County Selected Indicator

Insert charts related to out-of-home placements where trends are highlighted (Charts 6-22).

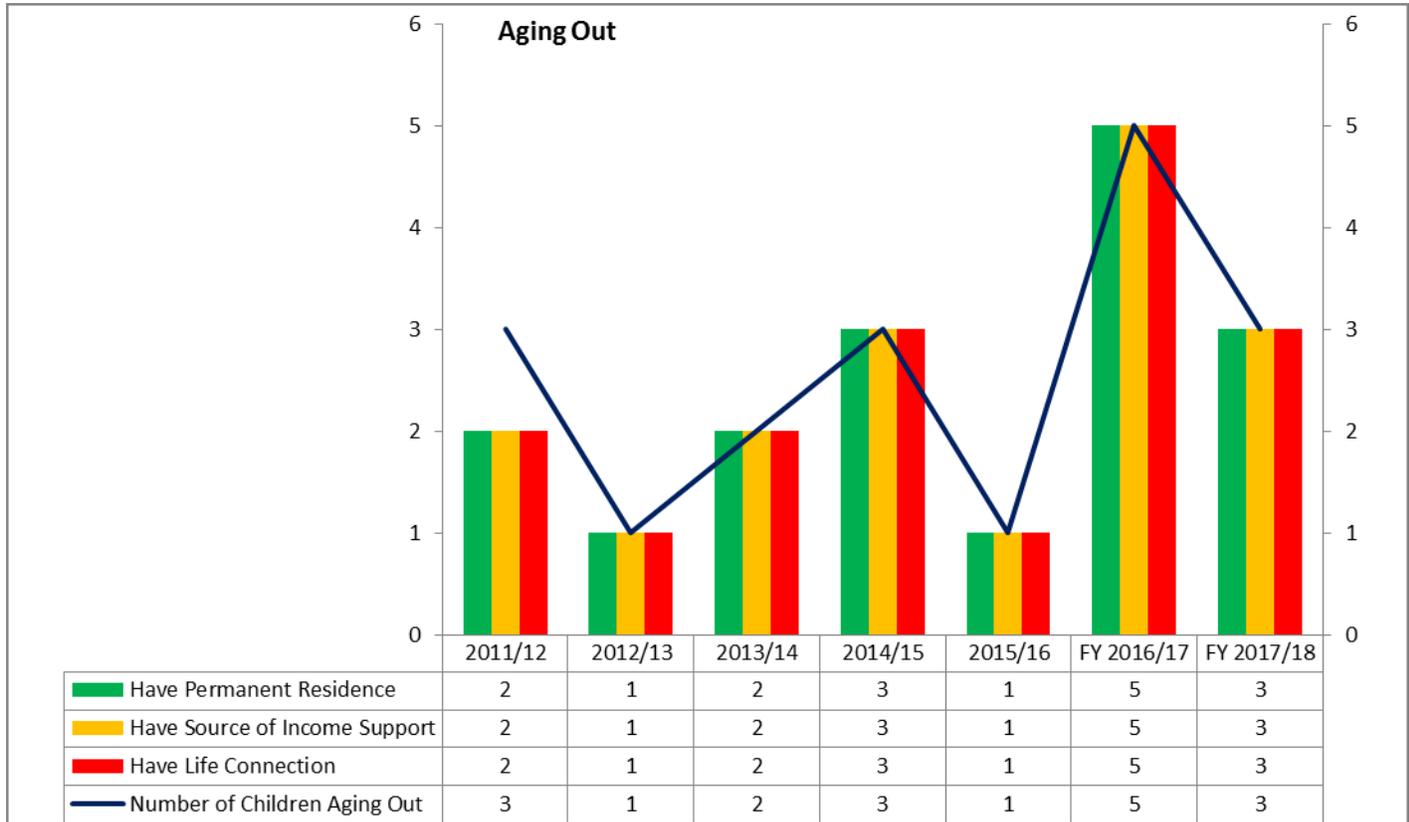


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ARMSTRONG COUNTY

3-2e. Aging Out

Insert the Aging Out Chart (Chart 23).



Click to Paste Chart

ARMSTRONG COUNTY

3-2f. General Indicators

Insert the complete table from the *General Indicators* tab. **No narrative** is required in this

3-2: General Indicators								
"Type in BLUE boxes only"								
County Number: <input type="text"/>			Class			#N/A		
#N/A								
Copy Part 1 for Narrative insertion			Copy Part 2 for Narrative insertion			Copy Part 3 for Narrative insertion		
Print								
3-2a. Service Trends								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Intake Investigations								
Children	1027	1133	1138	1460	1258	1260	1260	22.5%
Family	536	593	534	745	727	730	730	35.6%
Ongoing Services								
Children	292	269	255	231	239	240	240	-18.2%
Family	161	146	126	121	138	140	140	-14.3%
Children Placed	86	60	47	48	57	60	60	-33.7%
JPO Services								
Total Children	38	29	24	23	27	27	27	-28.9%
Community Based Placement	6	12	7	9	8	8	8	33.3%
Institutional Placements	6	4	3	5	3	3	3	-50.0%
3-2b. Adoption Assistance								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Adoption Assistance								
Receiving Care, First Day	41	44	43	42	36	32	40	-12.2%
Assistance Added	7	3	4	1	3	10	4	-57.1%
Assistance Ended	4	4	5	7	7	2	2	75.0%
Total Days of Care (DOC)	15,707	15,791	16,114	14,331	12,746	15,296	17,186	-18.9%
3-2c. SPLC								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Subsidized Permanent Legal Custodianship								
Receiving Care, First Day	3	5	6	6	6	6	8	100.0%
Assistance Added	4	1	1	1	1	2	1	-75.0%
Assistance Ended	2	0	1	1	1	0	1	-50.0%
Total Days of Care (DOC)	1,204	1,982	1,966	1,831	2,173	2,833	3,133	80.5%

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3-2d. Placement Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Traditional Foster Care (non-kinship) - Dependent								
Receiving Care, First Day	15	12	7	11	7	12	12	-53.3%
Assistance Added	22	5	13	10	23	18	18	4.5%
Assistance Ended	25	10	9	14	18	18	18	-28.0%
Total DOC	4,746	2,685	2,739	3,420	4,646	4,445	4,445	-2.1%
Traditional Foster Care (non-kinship) - Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total DOC	0	0	0	0	0	0	0	0.0%
Reimbursed Kinship Care - Dependent								
Receiving Care, First Day	7	6	3	3	5	15	15	-28.6%
Assistance Added	10	4	3	6	20	12	12	100.0%
Assistance Ended	11	7	3	4	10	12	12	-9.1%
Total Days of Care (DOC)	3,236	1,791	857	1,513	3,699	3,900	3,900	14.3%
Reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Foster Family Care - Dependent								
Receiving Care, First Day	22	18	10	14	12	27	27	-45.5%
Assistance Added	32	9	16	16	43	30	30	34.4%
Assistance Ended	36	17	12	18	28	30	30	-22.2%
Total Days of Care (DOC)	7,982	4,476	3,596	4,933	8,345	8,345	8,345	4.5%
Foster Family Care - Delinquent (Total of 2 above)								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Non-reimbursed Kinship Care - Dependent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	7	7	7	0.0%
Assistance Ended	0	0	0	0	7	7	7	0.0%
Total Days of Care (DOC)	0	0	0	0	90	90	90	0.0%
Non-reimbursed Kinship Care - Delinquent								
Receiving Care, First Day	0	0	0	1	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	1	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	26	0	0	0	0.0%
Alternative Treatment Dependent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Alternative Treatment Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%

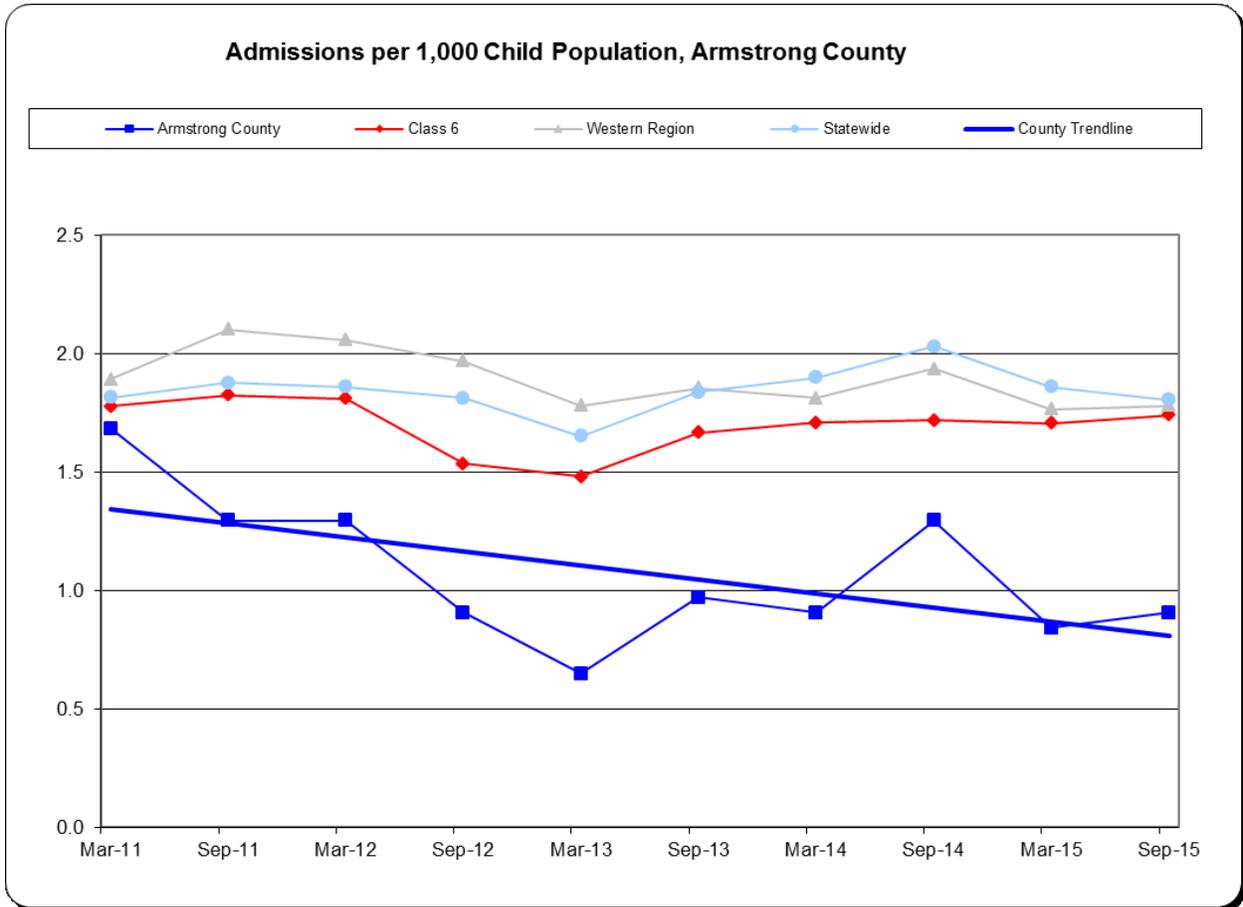
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Dependent Community Residential								
Receiving Care, First Day	12	10	5	7	6	6	6	-50.0%
Assistance Added	20	9	12	9	18	14	14	-10.0%
Assistance Ended	20	14	10	10	18	14	14	-10.0%
Total Days of Care (DOC)	3,980	2,314	2,970	2,317	1,785	1,785	1,785	-55.2%
Delinquent Community Residential								
Receiving Care, First Day	5	4	3	2	1	2	2	-80.0%
Assistance Added	6	8	4	7	7	3	3	16.7%
Assistance Ended	7	9	5	8	6	3	3	-14.3%
Total Days of Care (DOC)	1,779	1,025	664	527	338	905	905	-81.0%
Supervised Independent Living Dependent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Supervised Independent Living Delinquent								
Receiving Care, First Day	0	0	0	0	0	0	0	0.0%
Assistance Added	0	0	0	0	0	0	0	0.0%
Assistance Ended	0	0	0	0	0	0	0	0.0%
Total Days of Care (DOC)	0	0	0	0	0	0	0	0.0%
Juvenile Detention								
Receiving Care, First Day	1	0	0	0	0	0	0	-100.0%
Assistance Added	5	3	2	1	1	2	2	-80.0%
Assistance Ended	6	3	2	1	1	2	2	-83.3%
Total Days of Care (DOC)	54	55	10	1	44	44	44	-18.5%
Dependent Residential Services								
Receiving Care, First Day	0	0	0	0	1	0	0	0.0%
Assistance Added	1	1	0	2	1	2	2	0.0%
Assistance Ended	1	1	0	1	2	2	2	100.0%
Total Days of Care (DOC)	94	170	0	95	475	475	475	405.3%
Delinquent Residential Services								
Receiving Care, First Day	0	0	1	1	2	1	1	0.0%
Assistance Added	0	1	1	3	1	2	2	0.0%
Assistance Ended	0	0	1	2	2	2	2	0.0%
Total Days of Care (DOC)	0	139	215	318	476	476	476	0.0%
3-2e. Aging Out Data								
Indicator	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	Projected		2011-16
						FY 2016/17	FY 2017/18	% Change
Aging Out								
Number of Children Aging Out	3	1	2	3	1	5	3	-66.7%
Have Permanent Residence	2	1	2	3	1	5	3	-50.0%
Have Source of Income Support	2	1	2	3	1	5	3	-50.0%
Have Life Connection	2	1	2	3	1	5	3	-50.0%

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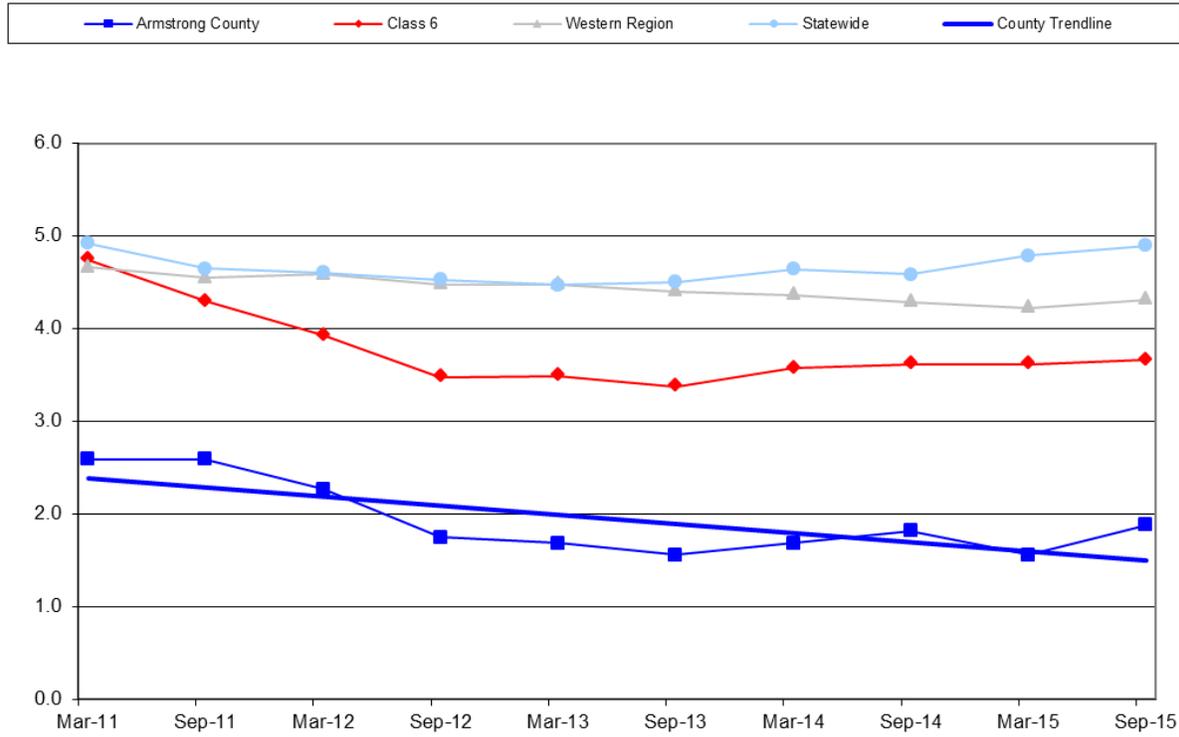
3-2g. through 3-2i. Charts

Insert up to three additional charts that capture the usage and impact of prevention, diversion and/or differential response activities. Each chart should be pasted on a separate page.



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In Care Last Day per 1,000 Child Population, Armstrong County



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Chart Analysis for 3-2a. through 3-2i.

➔ **NOTE:** These questions apply to both the child welfare and the juvenile justice agencies

- Discuss any highlighted child welfare and juvenile justice service trends and describe factors contributing to the trends in the previous charts.
- Discuss any important trends that may not be highlighted.

Intake referrals and investigations. FY 2014-2015 demonstrated a substantial increase in intake referrals. A total of 745 family referrals (1,460 children) were screened in for assessment. This represents a 39.5 percent increase over 2013-2014's figure (534 family referrals/1,138 children). County agency staff underestimated the impact of the changes to Pennsylvania's child abuse law within its Needs-Based Budget projections. Although increases were anticipated due to changes in the child abuse law which principally affected the last six months of the 2014-2015 fiscal year, a modest rise in child abuse and child neglect referrals was projected, not nearly the 40 percent increase which occurred in FY 2014-2015.

Although slightly less, the surge in referrals screened in for assessment was sustained in FY 2015-2016. A total of 727 reports (1,258 children) were evaluated by intake caseworkers. FY's 2016-2017 and 2017-2018's projections are maintained at this FY 2015-2016 experience. Projections for each year are 730 families (1,260 children).

During FY 2014-2015, caseworkers were reassigned to intake duties to help assess the increased intake workload and are remaining in that assignment.

Ongoing services. A 14.0 percent increase in family cases opened for continuing service is noted in FY 2015-2016 when compared to the previous fiscal year. A total of 138 family cases were open for ongoing services during FY 2015-2016, compared to 121 families in FY 2014-2015.

It is projected that the county agency's ongoing services caseload will remain at this increased level as a consequence of the CPSL amendments. The last several months, in fact, have registered an influx of referrals opening as agency cases. Serious family situations with complex issues continue to be referred which necessitate opening families as cases at the agency. A total of 140 families (240 children) is projected to be served as open cases during the Implementation Plan Year and during the Needs-Based Plan Year as well.

Placement services. The availability of in-home family support services including the specialized mental health services in the community and evidence-based practices and other Special Grants (SafeCare, FGDM, Multidimensional Family Therapy, Alternatives to Truancy), as well as day treatment, and the day treatment aftercare and mentoring program, have helped county agency staff prevent out-of-home placements and, if placement is required, reduce the length of placement episodes.

As far as children entering out-of-home placements, the charts on pages 43 and 44 depict "Admissions per 1,000 Child Population" and "In Care Last Day per 1,000 Child Population." This data establishes that Armstrong County consistently has lower figures for the rates of children "admitted" and "in care" per 1,000 child population when compared with other class six counties, western region counties, and the state as a whole. Proportionately, it is less likely that

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children will be separated from their families and enter out-of-home placement in Armstrong County.

Kinship care has been identified as a priority area for Armstrong County child welfare practice. Complying with DHS kinship care policy standards and the 2008 federal legislation, *Fostering Connections to Success and Increasing Adoptions Act*, resulted in a shift in the county agency's foster care population. Routine practices of the county agency help to support this orientation, e.g., family finding, diligent searches by the county agency's LSI paralegal, use of the Accurant for Government search engine, FGDM, and the ongoing staff development and training activities.

It was hypothesized that FY 2013-2014 appeared to be an anomaly year when examining DOC (Days of Care) for kinship foster care when only 857 DOC were provided, a 52 percent decrease from the previous fiscal year. That observation was, in fact, accurate. DOC for kinship foster care increased 76.5 percent during FY 2014-2015 when 1,513 DOC were recorded. And in FY 2015-2016, 3,699 DOC for kinship foster care were provided, a 144.5 percent increase over FY 2014-2015's experience. When foster care is required, county agency staff is, indeed, reaching out to families' relatives to provide these services.

Dependent Children Receiving Placement Services

2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
86	60	47	48	57	60 est.	60 est.

The county agency staff's orientation and emphasis on placement prevention and in-home family support services can help explain the above table's figures. FY's 2012-2013, 2013-2014, and 2014-2015 document extraordinarily reduced figures for child placements. Forty-eight dependent children received placement services in FY 2014-2015, compared to 47 children and 60 children in the two previous fiscal years. However, an 18.7 percent increase in the number of children requiring placement services is noted for FY 2015-2016 when 57 children were in substitute care. This increase over FY 2014-2015's figure of 48 children is a function of the increase in the number of referrals of serious family situations, often with complex issues.

Despite this recent 18.7 percent increase, in years previous to the last four, however, it was common that approximately 90 dependent children received placement services throughout each year. The number of dependent children entering substitute care has drastically decreased during each of the last four fiscal years. A figure of 60 children is projected as dependent children receiving placement services in both FY's 2016-2017 and in 2017-2018. This figure recognizes the impact of the far-reaching changes experienced during the past 18 months and still reflects the reduced trend for child placement services established by the past four years' history.

Fortunately, the increases are found in foster family care and not in congregate care placements, the reduction of which is the subject of one of our benchmarks. It also appears that, as a group, children in FY 2015-2016 experienced longer placement episodes. This may be reflective of the more serious child and family issues that necessitated the original placement. Our assessments are stronger in identifying children who can be safely maintained in their own homes with supports as opposed to children who must enter substitute care.

Juvenile justice service trends. The number of children and youth served through the juvenile probation department who are supported through the C&Y funding stream has remained relatively stable for the past four years. Consequently, projections for FY's 2016-2017

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and 2017-2018 are “averages” based on the service figures established during the last four fiscal years. These numbers are, indeed, smaller than the service levels funded through C&Y in FY’s 2010-2011, 2011-2012, and 2012-2013. JPO staff, of course, evaluates and follows many other juveniles for whom no support is obtained through C&Y funding sources and, thus, do not appear in the C&Y Needs-Based Plan statistics.

The JJSES Implementation Plan for FY 2016-2017 is attached and it describes the service needs projected for youth in the juvenile justice system.

- Identify the impact of established Shared Case Responsibility (SCR) practices within the county.

The SCR Bulletin was effective on October 1, 2010. Armstrong County established an SCR Committee which met to develop county policies and review children’s cases for SCR case management and compliance. The SCR Committee continues to meet on a bimonthly basis and SCR children’s cases are staffed by CYF and JPO staff members, the CYF agency solicitor, and the children’s guardian ad litem.

Fiscal Year	SCR Youth Served in Previous Year Carried Over into New Fiscal Year	New SCR Clients	Total SCR Youth Served	In-Home	Placement
2010-2011			13	2	11
2011-2012	9	3	12	2	10
2012-2013	4	5	9	2	7
2013-2014	5	6	11	5	6
2014-2015	8	11	19	12	7
2015-2016	5	12	17	11	6

Our total service population of SCR youth has remained fairly static for the first four fiscal years listed on the above table, ranging between 9 and 13 youth served per year. FY’s 2014-2015 and 2015-2016, however, respectively reflect an increase to totals of 19 and 17 SCR youth who received services.

Both CYF and Juvenile Probation staffs perform case management responsibilities, one agency/department serves as the primary agent and the other’s role is more limited. In the event of a placement case, whichever door (CYF or Juvenile Probation) through which the youth initially enters an out-of-home placement, assumes the primary responsibility for case management duties, e.g., petitioning the court to conduct the periodic permanency hearings.

In respect to dependent and SCR children entering out-of-home placements, both tables below establish that Armstrong County consistently has significantly lower figures for the rates of children “served” and “in care” per 1,000 child population when compared with other class six counties, western region counties, and the state as a whole. The data on the tables reflects figures from the eight most recent AFCARS 6-months’ periods (four years). Proportionately, it is less likely that children will be separated from their families and enter out-of-home placement in Armstrong County.

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Population Flow (Served) Rate per 1,000 Child Population

	2012B	2013A	2013B	2014A	2014B	2015A	2015B	2016A
Armstrong County	3.174	2.397	2.656	2.462	2.721	2.656	2.462	3.109
Class 6	5.324	4.844	5.054	5.018	5.202	5.198	5.289	5.459
Western Region	6.332	6.169	6.158	6.063	6.167	5.962	6.064	5.904
Statewide	6.122	5.962	6.104	6.179	6.410	6.325	6.643	6.539

Population Flow (In Care) Rate per 1,000 Child Population

	2012B	2013A	2013B	2014A	2014B	2015A	2015B	2016A
Armstrong County	1.749	1.684	1.555	1.684	1.814	1.555	1.879	2.526
Class 6	3.476	3.489	3.380	3.579	3.621	3.624	3.650	3.953
Western Region	4.469	4.471	4.405	4.369	4.295	4.253	4.344	4.416
Statewide	4.517	4.461	4.511	4.652	4.626	4.847	4.961	5.068

Armstrong County's figures on the two tables are relatively stable at these lower rates over the four years. Although there has been an increase in the most recently reported statistic (2016A/ October 1, 2015 – March 31, 2016) for "Children Served" and "In Care," these figures continue to demonstrate the county agency staff's continued, successful efforts at preventing placement. These rates are consistently superior to the class 6 counties, western region counties, and statewide rates. No demographic factors are identified to have contributed to this change.

- ❑ Describe what changes in agency priorities or programs, if any, have contributed to changes in the number of children and youth served or in care and/or the rate at which children are discharged from care.

The emphasis on in-home family support services has been the main catalyst in helping to maintain children in their own homes. This orientation to provide family support services is, of course, reflected in the county agency's spending in the "In-home and Intake" service category and in Special Grant spending.

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- ❑ Are there any demographic shifts which impact the proportions of children and youth in care (for example, are younger children making up a larger proportion of admissions than in years past)?

No demographic shifts are noted. The increases which have occurred are equal across demographic lines.

- ❑ Describe the county’s use of congregate care – provide an overview description of children/youth placed in congregate care settings and describe the county’s process related to placement decisions.

A weak area for the county agency is the frequent use of congregate care for teens who require placement. It, in fact, has been identified as a practice area that continues to require attention. Targets for improvement are established and are addressed in the following section of this Plan.

The table below presents data on dependent and delinquent youths’ placements in group homes. Although it clearly documents a decrease in the number of youth served and DOC, Armstrong County’s recent fiscal years’ performance, nevertheless, remains significantly greater than other class 6 counties, the 23 western region counties, and the statewide experience in respect to community residential placements.

Community Residential - Dependent and Delinquent Youth

	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Youth Served	41	38	27	21	25	32
DOC	5,310	5,759	3,339	3,634	2,844	2,123

As far as the data in the “Community Residential” table, large number decreases in the number of dependent and delinquent youth who enter group homes and, concomitantly, decreases in days of care are documented over the past five fiscal years. This is principally a function of our dwindling total child placement population and, in some measure, our evolving CCDI (Congregate Care Diversion Initiative) which only began in FY 2013-2014. FY 2015-2016’s experience includes a significant number of children with brief group home placement episodes who are subsequently stepped down to foster care, often kinship, or discharged to their parents with in-home youth and family support services, such as MDFT. A 25.4 percent decrease in DOC is noted for FY 2015-2016 over the previous fiscal year’s DOC experience.

- ❑ How has the county adjusted staff ratios and/or resource allocations (both financial and staffing, including vacancies, hiring, turnover, etc.) in response to a change in the population of children and youth needing out-of-home care? Is the county’s current resource allocation appropriate to address projected needs?

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The county agency has made the necessary adjustments over the past five years. Staffing and financial resources have been stable and adequate to meet service needs. The availability of the Special Grant Programs has been of significant value.

3-4 Program Improvement Strategies

Counties may opt out of completing all or parts of this section if one or more of the following apply:

- Participating CWDP counties if the information is captured in their IDIR-U and the plan is submitted as an attachment
- Phase I – IV Continuous Quality Improvement (CQI) counties whose County Improvement Plan (CIP) captures the required information and the plan is submitted as an attachment
 - Counties have a formalized strategic plan (child welfare and/or juvenile justice) that captures the required information and the plan is submitted as an attachment

Counties must identify the areas for improvement that are the focus of CIPs, IDIR-U or other strategic plans that are in planning stages or under implementation in FY 2016-17 and FY 2017-18 that address both child welfare and juvenile justice populations.

Counties must select a minimum of three Outcome Indicator charts that are relevant to their identified Program Improvement Strategies. County juvenile justice agencies should also include charts relevant to their program improvement strategies.

Counties who are below the national standard for re-entry must select this as an area of improvement.

- CWDP counties and prospective CWDP counties must select Outcome Indicators that are reflective of targeted outcomes of their Demonstration Project design.

Counties do not need to provide a separate response for each area of Program Improvement Strategy but rather discuss the county's identification, planning and implementation efforts as a whole.

- ❑ If you have not submitted a formalized plan as an attachment, please describe the priority areas of program improvement that are underway within your county. Discuss the connection of your priority areas to the OCYF priority areas that have been identified.
- ❑ Describe the process undertaken to identify the areas of improvement for prioritization, including identifying data analysis utilized in defining the program need. Describe any analysis related to the county's outcome performance in comparison to comparable counties' and/or statewide performance and how these findings may have contributed to the identification of practices contributing to strong or weak performance.
- ❑ For each strategy identified, please address the following questions. It is recognized that the same responses may apply for multiple strategies. In those circumstances, please note as such, otherwise provide separate responses for distinct strategies as warranted.
 - Describe how the selected strategies were selected as the approach that will successfully meet the challenge the agency is addressing.

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- Describe how the selected strategies fit within your county's current organizational structure, existing service provider community and align with agency mission and values.
- Describe resources needed by the county agency and service providers to be able to successfully implement the strategy (including staffing, training needs, concrete needs etc.)
- How will the county and service provider determine program efficacy or effectiveness? If the strategy is an Evidence Based Program, how will fidelity to the model be assessed? Identify a measurable target for improvement and timeframes for evidence.
- If the program improvement strategy is expansion of an existing service, describe the county and provider's readiness to expand or duplicate the program.
- What efforts are underway by the county and/or provider to determine capacity to implement and sustain program enhancements?
- Briefly describe the current activities for each strategy. Structural and functional changes made to accommodate the enhanced or new strategy
- Status of engagement of staff who will be identifying children/youth/families for the practice
- Engagement of stakeholders who will be impacted by the enhanced programming
- Status of program set up including hiring and training of staff delivering the service
- Projected date of first referrals for new services/programs
- Identification of data elements to be utilized for program delivery and outcome monitoring

County agency staff identified areas for program improvement in the Needs-Based Plan document submitted to OCYF in August 2014. Three weak practice areas were identified and benchmarks were established to gauge progress. These practice areas continue to remain relevant for planning purposes into FY 2017-2018. The following list represents these challenging practice areas:

- Rate of Permanency examines the rate of children exiting the foster care system who have achieved permanency through reunification, relative placement, adoption or guardianship.
- Least Restrictive Placement Settings looks at the use of familial type placement settings in comparison to the use of congregate care placement settings.
- Engaging Fathers is aimed at increasing the involvement of fathers in the lives of children who are involved with the public child welfare system.

In addition to these three practice areas, as required, the county agency must add to this Needs-Based Plan, a fourth area identified for program improvement due to our more recently documented trend of weak performance for this measure:

- Minimizing the reentry of children into substitute care.

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Reentry has skyrocketed within the last twelve month with 21.74 percent and 23.08 percent as the two most recent AFCARS six months' figures. The 2014 into 2015 AFCARS' figures for the county, however, marked superior performance well above the national 75th percentile. An argument is advanced in a subsequent section devoted to this reentry issue that it is a better indicator to examine performance of this measure over several years' data because of the limited size of the numbers in a rural county. One or two discrete AFCARS' scores obtained on the six months' cycle can be misleading.

Each of the four areas identified for program improvement is discussed separately below. The data in the tables has been updated from last year's submission.

Practice Area # 1: Rate of Permanency - The rate of children exiting the foster care system who have achieved permanency through reunification, relative placement, adoption or guardianship

Issue. There is a problem with obtaining permanency for children who have been in the child welfare placement system for an extended period of time. Five years of Armstrong County data prepared by HZA appears in the chart and table on pages 67 and 68 for this permanency indicator related to longer placement episodes. With the exception of the March 31, 2012 AFCARS report period, Armstrong County's deficient performance is the focus of identifying this measure as one of the county's benchmark areas. The table examines "Permanency for Children in Care \geq 24 Months." It presents prospective permanency data, i.e., of all children who were in foster care for 24 months or longer on the first day of the target year, what percent were discharged to reunification, relative care, guardianship, or adoption, prior to their 18th birthday, by the end of the target year. Armstrong County lags behind the performance of other class 6 counties, western region counties, and the statewide cumulative percentage in this prospective permanency measure.

The prospective adoption data presented on pages 69 and 70 also underscores the need for county agency staff to focus on this benchmark. This measure examines children in care 17+ months and the number of those children who are adopted by the end of the year. In all but three of the ten AFCARS report periods during the five years, Armstrong County's performance trailed below other class 6 counties, the 23 western region counties, and the state as a whole. The statewide average figure for the most recent three years is 24.4 percent for this prospective adoption measure. The county's three year average figure is 8.1 percent.

There are a number of Armstrong County children that, unfortunately, are counted and recounted in each of the six months' AFCARS' periods. These same youngsters, AFCARS' period after AFCARS' period, fail to reach permanency through reunification, relative care, guardianship, or adoption. Despite permanency efforts, including SWAN services and referring to the Older Child Matching Initiative (OCMI), the children remain in impermanent substitute care. Two of these youngsters have APPLA as their primary placement goal.

Target for improvement. Although the number of children who fall into this group of children who have been in foster care for 24 months or longer has substantially decreased from a high of 15 children on March 31, 2012 to 4 children on September 30, 2015, additional efforts must be made. The number of children who fall into this group has, in fact, steadily decreased over the past four years. The agency has demonstrated successful permanency planning for many children who do not experience placement episodes that stretch into 24 months. The four children who comprise the September 30, 2015 statistic, however, merit continued efforts by revisiting what has been done and by continuing to explore permanency options.

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Target goals have been established for this measure for the end of the next two federal fiscal years and they are:

- 25 percent (September 30, 2017) and
- 28 percent (September 30, 2018)

As far as the “Prospective Adoption” measure, the county’s performance is projected to increase to:

- 20 percent by the end of federal fiscal year 2016-2017 (September 30, 2017) and
- 25 percent by the end of federal fiscal year 2017-2018 (September 30, 2018)

Analysis. Three areas, in particular, are noted which have contributed to weak performance and require attention: Family Engagement Efforts, Process for Placement Decisions, and Concurrent Planning.

Family Engagement Efforts. FGDM has been in place in Armstrong County for twelve years. The county agency has two strong providers, capable of meeting an increased volume of referrals

Another key area in which engagement efforts will be strengthened is through the use of “Visit Coaching” for parents with children in substitute care. In 2012, the county began its implementation of “Visit Coaching,” an intervention centering on visitation advanced by Marty Beyer, Ph.D. The coach is actively involved in supporting parents to demonstrate their best parenting skills and make each visit enjoyable for their children.

Coaches support parents to put their reactions aside in order to concentrate on meeting their child’s needs during the visit. Visit coaching is an alternative to parenting classes and makes sense because learning any new skill requires repetition and encouragement not to give up. Attachments are built and rebuilt through visit coaching.

Although coaching makes each visit more time-consuming, cases will close more quickly. Parents will visit regularly, be less discouraged, and more motivated to make necessary changes in order to have their children returned to their care.

A new evidence-based intervention, SafeCare, was established during the second half of FY 2013-2014 and it, too, represents a nationally-tested strategy to successfully engage parents and prevent child maltreatment. In those instances where young children have entered placement, SafeCare will serve as a reunification strategy, hopefully reducing the length of children’s placement episodes. SafeCare can have a significant impact on returning children safely to their parents’ custody more expeditiously. It is reasonable to believe that the availability of SafeCare can favorably impact the length of Armstrong County’s placement episode figure for young children which averages seven months.

Process for placement decisions. The identification of kin and the least restrictive placement of children with their extended family members continue to be key strategies in our child welfare interventions. The percent of children in foster care who are in a kinship foster care arrangement increased greatly in FY 2015-2016 when 25 children were placed in kinship care. Only nine children were placed in kinship care arrangements during the previous fiscal year. It is anticipated that kinship placements will continue at this augmented level during FYs 2016-2017 and 2017-2018.

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Improved efforts at recruiting resources for children using the Family Finding model were necessary. County agency staff members, including our SWAN LSI paralegal, and provider staff were trained in the six phases of Family Finding during a series of training sessions in the spring 2014. This model consists of search and engagement techniques to identify family and other close adults for children in substitute care and to involve them in developing and carrying out a plan for the emotional and legal permanency of a child. All components of the Family Finding model were not utilized in the past. Armstrong County received funding of a Family Finding Initiative as a Pennsylvania Promising Practice for FY 2013-2014 and those resources have begun to help move us forward. Continued funding for Family Finding activities was subsequently rolled into the county agency's FY 2015-2016 Act 148 request and, hence, represents standard practice.

The identification of kinship caregivers in emergency, unplanned placements is a weak practice area. Too often the child experiences a placement in a traditional foster family home, before the child is moved to the relative's home. County agency staff will study the process that is used to identify the kinship caregivers and develop strategies to eliminate the child's experience of sequential placements.

Concurrent planning. Concurrent planning must be fully implemented into casework practice from day one of the child's entry into care. The county agency submitted its "Concurrent Planning Assessment and Implementation Plan" to WROCYF on June 6, 2013. It detailed action steps, timeframes, and resources. Concurrent Planning training, as described earlier, has been provided to the county agency staff and legal community. The major pieces are in place and the full implementation of concurrent planning occurred as required during FY 2015-2016.

More frequent permanency reviews of children in placement functions as a strategy to support concurrent planning efforts. Armstrong County is participating in Pennsylvania's Permanency Practice Initiative and, in the past, the juvenile court conducted three months' permanency reviews only for children who met our target population (≤ 5 years of age and their older siblings). Effective July 1, 2013, however, this frequent review standard was expanded to include all dependent children and all SCR youth in substitute care. The three months' court reviews allow the court the opportunity to more closely monitor progress towards achievement of permanency for children. These frequent reviews are the best way to hold all stakeholders accountable for concurrent planning and progress.

Plan to address deficient practice area. Activities for each fiscal year are addressed separately below.

FY 2016-2017. Six areas are identified below for Implementation Year activity:

- In 2009 Armstrong County was admitted to Pennsylvania's PPI (Permanency Practice Initiative) sponsored by AOPC's Office of Children and Families in the Court. One of the requirements of PPI participation is for the juvenile court to conduct three months' permanency reviews for children. These frequent reviews, however, were limited to our target population of children (≤ 5 years of age and their older siblings). It was the plan to expand this frequent review standard to all children in substitute care by July 1, 2013. County agency staff, collaborating with the juvenile court, developed a plan during FY 2012-2013 to phase in all children in substitute care into the three months' review cycle. During FY 2013-2014, dependent children and SCR youth in substitute care, regardless

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of age, have experienced three months' court reviews of their placements. The application of this frequent review standard has gone without a glitch and the practice continues into FY 2016-2017.

- A close reexamination of the children's cases that fall into this criterion of longer-term placement episodes is planned for FY 2016-2017. Technical assistance will be sought from WROCYF staff and our Practice Improvement Specialist through the Child Welfare Resource Center who will be asked to join a team of county agency staff in evaluating these children's cases. Findings will lead to recommendations for those specific cases as well as impacting practice and service delivery for other children's cases.
- A number of county agency and contracted service provider staff members received Family Finding training in the spring 2014 in order to fully implement our Pennsylvania Promising Practice, "Family Finding Activities Initiative," which was funded in FY 2013-2014. All components of the Family Finding model will be utilized in FY 2016-2017.
- Continue to expand the availability of SafeCare as the new evidence-based intervention for the county agency's families who have young children. "Home Visitors" were trained in FY 2013-2014. "Coaches," an advanced level of SafeCare Training, have been credentialed in FY 2014-2015. A full description is found in the Special Grants portion of this Plan.
- Offer Trauma-Focused Cognitive Behavior Therapy (TF-CBT) to child sexual abuse victims. Helping children to process their traumatic experiences and providing healthy coping skills can ease children's adjustment to substitute care when foster care is necessary. Reducing a child's behavioral and emotional difficulties can lead to a successful permanency outcome for a placement episode.
- A concurrent planning organizational self-assessment was completed in June 2013. Its purpose was to review the county agency's planning policies and practices to determine: (a) strengths serving to facilitate implementation and (b) challenges serving as barriers to the full implementation of concurrent planning agencywide. Several of the action steps in the Concurrent Planning Assessment and Implementation Plan require some additional refinement and development during FY 2016-2017:
 1. Follow-up training of all casework staff in conducting full disclosure conversations with parents, children/youth, and resource parents
 2. Transfer of learning activities will be held with casework staff in order to assist them in applying skills learned to their practice
 3. All families will be offered a FGDM conference in order to fulfill the above team approach requirement
 4. For families choosing not to have a FGDM conference, a "step-down" team meeting will be conducted to develop the concurrent goal
 5. Continue to train all resource families on Concurrent Planning
 6. Printing and distribution of a "Parent Handbook" for parents of children in substitute care and a "Youth Handbook" will occur during FY 2016-2017. (Drafts have been completed on both handbooks.)

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FY 2017-2018. Needs-Based Year's activities center on two areas:

- Continue to provide transfer of learning activities around the practice of concurrent planning to enhance caseworkers and supervisors' skills
- All phases of the Family Finding Model will continue to be implemented and operated through the county agency's casework staff and LSI paralegal staff. A contracted service provider (Holy Family Institute) will also support the county agency's Family Finding activities.

It will be necessary to provide resources to relatives to support the relatives' involvement with the child which can include travel and in-home family support services in the event of a placement. In certain instances those resources are funding relatives' travel or the children and caseworkers' travel to distant and not so distant sites. Family Finding literature describes the crucial role of providing intensive in-home services to help the child integrate in a new location which could be in a distant state.

Practice Area # 2: Least Restrictive Placement Settings – The use of familial type placement settings in comparison to the use of congregate care placement setting

Issue. Pennsylvania and national-level attention is focused on the concern over the large number of children placed in congregate care settings. Armstrong County's figures, unfortunately, confirm and reflect this trend to place youth in congregate care settings. Moreover, Armstrong County's rate of placing youth in congregate care settings is at a level well in excess of other class six counties, the western region, and the state as a whole. See tables below.

It must be noted, however, that Armstrong County's "Population Flow (Served) Rate per 1,000 Child Population" and "Population Flow (in Care) Rate per 1,000 Child Population" are significantly lower rates than other class six counties, the region, and statewide figures. The county agency experiences children entering care at a much lower rate than other counties demonstrate. When the agency does take children into substitute care, it is after less intrusive, in-home family support services have failed.

The percentage for the congregate care population of a county is the number of children in group homes and institutions divided by the total number of children in out-of-home placement. A total substitute care population (the denominator in this calculation) that is becoming smaller generates larger percentages. Armstrong County's higher congregate care percentage figures are, in part, a consequence of this overall reduction in out-of-home placements.

HZA data on Permanency Indicator 3 provides information on children in placement by "Type of Placement." The two tables which follow summarize Armstrong County's performance over the past five years in comparison to other class six counties, the western region, and the state.

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Percent of Substitute Care Population in Congregate Care Settings

	09/30/2011	03/31/2012	09/30/2012	03/31/2013	09/30/2013
Armstrong	35.0%	45.7%	37.0%	46.2%	54.2%
Class 6	22.8%	22.7%	22.3%	24.2%	22.0%
Region	20.2%	21.0%	20.8%	22.8%	20.4%
Statewide	22.4%	22.4%	21.8%	22.1%	20.6%

	03/31/2014	09/30/2014	03/31/2015	09/30/2015	03/31/2016
Armstrong	50.0%	39.3%	52.0%	41.4%	30.8%
Class 6	22.8%	22.6%	24.4%	21.5%	23.4%
Region	21.0%	20.9%	22.0%	17.9%	18.6%
Statewide	21.2%	19.2%	20.3%	18.4%	18.6%

These percentage figures were obtained for each of the AFCARS six-months' periods by obtaining the number of children in group home and institutional settings and dividing that number by the total number of children in out-of-home placement.

These statistics reflect both dependent children and delinquent youth for whom the county agency performs shared case responsibility activity. Although Armstrong County has fewer children in substitute care than five years ago, the rate at which county agency staff and juvenile probation department staff identify congregate care settings as appropriate resources for Armstrong County youth is significantly higher than other sixth class counties, western region counties, and statewide. The good news, however, is that the Armstrong County percentage, although high, dropped 21.2 percent between March 31, 2015 and March 31, 2016. The county, in fact, with its 30.8 percent congregate care population on March 31, 2016 surpassed the ≤ 40 percent goal set for September 30, 2016 and the ≤35 percent goal set for September 30, 2017 which was forecasted in last year's Plan submission.

It is hypothesized that the SCR population of youth in Armstrong County also weighs in on this trend and may not have such a large impact in other class six counties, the western region counties, and statewide. Although comparison data from other counties is not available, county agency staff postulates that other counties, for whatever reason(s), do not experience the penetration rate of SCR delinquent youth in their placement populations as Armstrong does. Over the most recent six AFCARS 6 months' periods (three years), 23.6 percent of all children in congregate care settings are SCR youth. Consequently, other counties' delinquent youth in congregate care who are not SCR cases are not entered into AFCARS. Thus, their data is not reflected in the class six, region, and statewide figures noted in the above tables. It is believed that this phenomenon disproportionately affects Armstrong County's statistics.

An additional age-related issue that factors into Armstrong County's disproportionate numbers in respect to the congregate care population is the percent of children in placement, age 13 years through 17 years of age. Armstrong County consistently in the last five years demonstrates a significantly larger percentage of its child placement population in the age range 13 – 17 years of age, in comparison to other class six counties, the western region, and the state as a whole. And that age 13 – 17 years segment of the child placement population has remained relatively high in the more recent Armstrong County AFCARS data while class six counties, the western region, and statewide figures are decreasing for children in that age range. See tables below.

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Percent of Child Placement Population Represented by Adolescents (13 – 17 Years of Age)

	09/30/11	03/31/12	09/30/12	03/31/2013	09/30/2013
Armstrong	50.0%	43.3%	51.0%	51.3%	65.8%
Class 6	41.4%	41.6%	42.1%	43.8%	42.3%
Region	40.9%	37.4%	37.0%	36.9%	34.9%
Statewide	40.6%	39.5%	39.2%	38.9%	38.0%

	03/31/14	09/30/2014	03/31/2015	09/30/2015	03/31/2016
Armstrong	65.8%	71.4%	51.2%	60.5%	52.0%
Class 6	38.7%	37.9%	37.9%	37.2%	37.3%
Region	34.2%	32.8%	33.1%	31.2%	31.2%
Statewide	37.2%	36.7%	34.8%	33.8%	32.8%

Armstrong County, for the last ten AFCARS 6 months' periods, has experienced adolescents as a larger segment of its population of children who enter out-of-home care. Given adolescents' presenting issues, congregate care placement options are more likely to be explored.

These are youngsters who may demonstrate one or more of the following characteristics:

- were unable to succeed in less structured placements
- have serious behavioral issues (ungovernability)
- school truancy
- behavioral issues due to underlying mental health and/or substance use
- sexual offending conduct
- uncontrolled aggressive behaviors
- committed a criminal offense
- have serious mental health issues with an RTF or CRR prescription and the MCO will not authorize treatment despite appeals of those denials
- have experienced long mental health placements and the MCO and BDHP have determined that treatment through the MH system is counterproductive and the parent refuses to provide a home

Target for improvement. In the previous pages of this section on Practice Area #2, a table, "Percent of Substitute Care Population in Congregate Care Settings," is found. The most recent two AFCARS 6-months' intervals on this table, although decreasing, still present high percentages which when averaged over 12 months reflect a figure of 35.3 percent of Armstrong County's substitute care child population who were placed in congregate care settings. It is hypothesized that certain issues which have been raised and discussed have a significant impact upon this disproportionate figure. Class 6, western region counties, and statewide figures, however, average approximately 19.0 percent over this same interval.

Target goals of reduced percentages are established for the end date of the next two federal fiscal years.

- FFY 2016-2017 (September 30, 2017): The 35.3 percent Armstrong County figure will be reduced to ≤ 28 percent. No more than 28 percent of the substitute care population will be placed in congregate care settings.

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- FFY 2017-2018 (September 30, 2018): A goal of ≤25 percent is projected. Similarly, no more than 25 percent of the substitute care population will be placed in congregate care settings.

Analysis. Two areas, in particular, are identified which have contributed to weak performance and require attention. The two are: “Process for Placement Decisions” and “Quality Assessments.”

Process for placement decisions. The least restrictive placement option must guide placement decisionmaking. Although county agency staff and juvenile probation department staff maintain that this standard is honored, it appears from the revealing statistics cited above that other counties are able to choose congregate care as the appropriate placement match much less frequently.

Currently, caseworkers and juvenile probation officers and their supervisors examine the youth’s presenting issues, needs, and level of functioning. In a number of these instances, foster family care is ruled out as a safe and appropriate setting. Group home placement is identified as the appropriate resource. A recommendation is made to the court for a specific congregate care resource that can best meet the youth’s needs. The youth’s adjustment and progress in placement are continually evaluated by county agency staff and the service provider. Moreover, the continuing necessity and appropriateness of the youth’s placement is reviewed by the juvenile court judge at least once every three months under the PPI frequent court review standard.

Quality assessments. Every effort is made to fully assess the appropriate level of care for all children, including teens, who enter placement. Many of these youngsters have demonstrated serious behavioral, aggressive, mental health disorder, substance use disorder, and/or sexual offending conduct which present serious risks to family home living. It appears that their behavior can safely and best be managed and treated in a group home or institutional setting.

Improved efforts at evaluating children and youth’s exposure to trauma are required as explained in previous pages of this Plan. Once evaluated, children must be directed to treatment that properly addresses the trauma issues in their lives. Trauma-Focused CBT is one such intervention that can help make a difference in children’s adjustments.

Treatment records from service providers involved with the youth are routinely assembled and evaluated. Updated evaluations are obtained in order to confirm or refute information on the youth’s adjustment. CASSP meetings or Interagency Team meetings are conducted to plan placement and treatment for those youth involved with BDHP (MH/MR) or D&A.

Plan to address deficient practice area. Activities for each fiscal year are addressed separately below.

Seven areas are identified below for Implementation Year activity:

- Three months’ permanency review hearings are being provided for all dependent children and all SCR youth in substitute care.
- Continue to examine the experiences of other counties. It is apparent that other counties have had success in limiting the use of congregate care among their child placement populations. Counties’ input will be obtained and their strategies examined,

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with an emphasis upon those strategies/interventions used to maintain adolescents in their own homes.

- Although it appears as though caseworkers and supervisors have for the most part explored all possible options, an additional layer of a more formal review can be implemented by establishing a type of Permanency Action Review Team to periodically review these cases. These teams should include cross system members from other social service agencies in the community. Potential solutions that might have been overlooked by the child welfare system might be discovered by including a variety of practitioners in such a permanency-oriented review team.
- Continue to develop the agency's CCDI (Congregate Care Diversion Initiative), a program to recruit and train specialized foster parents to accept older and/or behaviorally challenging youth in their homes. These homes could be identified as shelter, foster care, or IL transition homes. A comprehensive program for these specialized foster homes considers some of the following components: what age population would be accepted, whether youth with identified mental health diagnoses or who are exhibiting certain behaviors such as aggression should be excluded from this setting, training in all areas of behavior management for the foster parents, whether there are time limitations for remaining in placement, family visitation arrangements, assistance navigating the school systems, and therapeutic support throughout the placement. A compensation rate has been established to reflect the foster family's added responsibilities.
- Multidimensional Family Therapy (MDFT) for adolescents with substance use disorders will, hopefully, keep some children out of the placement system and be able to remain in their own homes. And, if placement is necessary, the use of MDFT in foster family care, may be an option. Both kinship foster parents and traditional foster parents may be resources for these teens in lieu of congregate care placement.
- Offer Trauma-Focused Cognitive Behavior Therapy (TF-CBT) to children and youth impacted by trauma in their lives.
- Consider the private child welfare agencies' resource families as placement options for these youth when the county agency does not have an appropriate resource family home as a match.

FY 2017-2018. Two major actions are planned for the Needs-Based Year:

- The Permanency Action Review Team meets monthly and reviews youth's cases for whom congregate care placement is a likely possibility or who have entered congregate care on an emergency basis during the month.
- Continue to develop and refine the county agency's CCDI foster care program as described under the FY 2016-2017 activities.

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Practice Area # 3: Engaging fathers in the lives of their children for children who are involved with the public child welfare system

Issue. We have not done an adequate job advocating for and engaging fathers whose children are involved with the public child welfare system. A commitment was made in 2012 to focus on this “father involvement” issue. We established baseline data by conducting a one day count on open referrals and open cases. For example, on July 1, 2012, county agency staff reported that 34 percent of the agency’s intake, ongoing service families, and placement cases had fathers “connected” to their children and included in the child welfare casework activity.

The following table reflects progress on this goal:

**Percent of Fathers Involved/Connected with Their Children
on CYF Agency Active Caseload**

July 1, 2012	34.0%
July 1, 2013	37.0%
July 1, 2014	61.6%
July 1, 2015	58.9%
July 1, 2016	59.5%

County agency staff was pleased to report that the July 1, 2014 statistic demonstrated marked improvement over the two previous years. A figure of 61.6 percent of all children open on the agency’s intake caseload, in-home ongoing services caseload, and child placement caseload had fathers “connected” to their children and included in the child welfare casework activity. This finding, in fact, greatly exceeded our projected goal to reach a 45 percent participation rate on July 1, 2014. Family Finding activities and Family Group Decision Making as engagement efforts have helped make huge differences.

The most recent statistics of 2015 and 2016, however, present negligible decreases from the 2014 elevated figure. A figure of 59.5 percent is calculated as the father involvement factor for July 1, 2016. It can be advanced that the huge gain represented by the 2014 statistic was, in large measure, maintained into 2015 and 2016. Nevertheless, county agency staff failed to meet its 65 percent father involvement target for July 2016 as projected in last year’s Needs-Based Plan document. That target goal will be reestablished for 2017.

Outside of the surveys noted above, the information on the engagement of fathers is not accessible in a manner that can be obtained with reasonable search activity. It is a valid impression, however, based on many years’ observations and experiences that Armstrong County, like many of our counterparts, unfortunately, heretofore, has not make special efforts to engage fathers who appear to be disconnected and uninvolved in the lives of their children. These agency surveys are not aberrations and should be accepted as valid measures of past and current practice.

Target for improvement. Children can never have too many key adults in their lives who care about them, nurture them, and love them. Consequently, we are not satisfied with what appears to be significant improvements in children’s connections with their fathers demonstrated in our one-day counts conducted on July 1 over the past three years.

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- On July 1, 2017, 65 percent of the agency's intake, ongoing service families, and placement cases will have fathers "connected" to their children and included in the child welfare casework activity.
- On July 1, 2018, 70 percent of the agency's intake, ongoing service families, and placement cases will have fathers "connected" to their children and included in the child welfare casework activity.

Analysis. County practices related to two areas are discussed below: "Family Engagement Efforts" and "Process of Placement Decisions."

Family engagement efforts. The bulk of the intervention will be reaching out to fathers and their families through:

- conducting search activities
- caseworker contact (written, telephone, and in-person)
- use of the FGDM practice
- evidence-based SafeCare service delivery
- visit coaching

Process of placement decisions. One strength of Armstrong County's current practice is found in looking at fathers and fathers' relatives as resources when children's current living situation is unacceptable and other arrangements must be made. Efforts are made to identify the total array of family resources available to a child who must enter placement.

All fathers are routinely provided the AOPC produced pamphlet, *Kids Need Dads*, when they receive legal service of court dependency documents for initial hearings and for permanency hearings. It is an excellent pamphlet that explains fathers' rights, responsibilities, and how to be involved.

Additionally, through a new county initiative aimed at incarcerated parents, more fathers will be reached and be able to develop/maintain connections with their sons and daughters while incarcerated.

Plan to address deficient practice area. Activities for each fiscal year are addressed separately below.

Eight areas are identified below for Implementation Year activity. Although the language below specifies "fathers," many times some of these same strategies are fully applicable to our work with children's mothers, hence, the use of the word parent in parentheses where applicable.

- Provide additional training to county agency staff in areas of engaging fathers and maintaining their involvement throughout the life of the case
- Supervisors continue to use the Child Welfare Resource Center's publication, *Enhancing Critical Thinking: A Supervisor's Guide* as a tool to further develop the father-inclusion orientation
- Develop a caseworkers' checklist of search activities and methods that can be used to locate fathers

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- Special efforts will allow more fathers (parents) to experience SafeCare and Visit Coaching as alternatives to traditional parenting classes
- Coordinate arrangements for fathers (parents) who are eligible for work release from the county jail because of the nature of their offense to obtain release to visit their children in substitute care at the Visit House as opposed to the jail site visit.
- For those fathers (parents) not eligible for work release, improve the ambiance of the county jail visit room for visits between children in substitute care and their fathers (parents).
- Offer “Foundations of Fatherhood” curriculum to incarcerated fathers at the county jail.
- Based on the practice recommendations related to incarcerated fathers (parents), implement the changes which could include such activities as virtual visits through teleconferencing or videotape when in-person contact is not possible.

FY 2017-2018. Needs-Based Year’s activities center on maintaining and developing the many activities that will be implemented in FY 2016-2017.

Practice Area # 4: Reducing the reentry into placement of children who were discharged from care to reunification

Issue. Reentry levels are important markers of success of exits from substitute care and, as such, provide a useful outcome measure to consider in evaluating reunification. While we tend to think that family reunification is a positive outcome, reentry statistics help evaluate the degree to which our reunification practices are successful. When high reunification levels are accompanied by high reentry levels, an assumption can be made that the reunifications were arranged hastily or unwisely.

Some reentry is probably better than none. If no children reenter care, it could imply that decisions to reunify are made too conservatively. Consequently, a large number of potentially successful reunifications are avoided for fear of possible failure. The statistics below, however, report reentry figures that are generally above levels that could be considered acceptable.

The following table presents placement reentry statistics for five years (10 six months’ AFCARS’ periods). This measure examines the percent of children who reentered care within 12 months of discharge to reunification. The national 75th percentile is established at 9.9 percent. (The lower the percentage on this reentry measure, the better the rate of success.)

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Placement Reentry within 12 Months of Discharge to Reunification

	09/30/2011	03/31/2012	09/30/2012	03/31/2013	09/30/2013
Armstrong	10.81%	19.51%	30.56%	23.53%	15.15%
Class 6	17.99%	20.11%	20.25%	20.08%	19.72%
Region	20.78%	21.54%	22.18%	23.19%	23.24%
Statewide	27.79%	28.98%	27.78%	27.54%	28.02%

	03/31/2014	09/30/2014	03/31/2015	09/30/2015	03/31/2016
Armstrong	4.55%	5.88%	5.56%	21.74%	23.08%
Class 6	17.34%	20.38%	18.11%	17.18%	20.82%
Region	20.81%	19.03%	19.46%	20.72%	21.11%
Statewide	27.94%	28.17%	27.49%	24.86%	27.34%

In three of the more recent five AFCARS' periods, Armstrong County had superior scores, well below the 9.9 percent national standard. In the two most recently reported AFCARS' periods, however, the county scored at 21.74 percent and 23.08 percent. Although superior to the aggregate statewide performance scores, this area merits attention.

A six months' snapshot as represented by one AFCARS' score oftentimes is not indicative of a trend or suggestive of performance because of the limited size of the numbers in a rural county. A more accurate analysis can be obtained by looking at performance over several years. In the last three years, for example, Armstrong County CYF discharged 139 children to reunification and 19 children (13.67 percent) reentered care within 12 months of their discharge. This aggregate reentry figure, 13.67 percent, is more useful in evaluating performance in this rural county and will serve as the baseline for establishing improvement in this measure.

The national median (50th percentile) for this measure is 15.0 percent. At 13.67 percent the county agency is performing between the 50th percentile and the 75th percentile which marks the national standard of 9.9 percent. Although 13.67 percent is not a superior score, it is above the 50th percentile and, thus, represents a standing in the preferred half of this measure.

Target for improvement. Target goals of reduced percentages are established for the end date of the next two federal fiscal years.

- FFY 2016-2017 (September 30, 2017): The aggregate reentry percentage for the six most recently completed AFCARS' periods (three years) will decrease by 1 percent. The 13.67 percent Armstrong County figure will be reduced to 12.67 percent or less.
- FFY 2017-2018 (September 30, 2018): A goal of an additional 2 percent reduction from the FFY 2016-2017 goal figure is projected. By September 30, 2018, this aggregate reentry percentage for the most recently completed three years is projected at ≤10.67 percent.

Analysis. Reentering foster care after reunification suggests that improvements in family problems were not sustained after reunification. Children experience disruptions in consistent caregiving with the trauma of a second removal which, of course, is harmful to children's well-being.

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- Identify the characteristics of children and families reentering the child welfare placement system

As mentioned above, 19 children reentered care from a pool of 139 children discharged to reunification over a three years' period. Examining these cases, the following commonalities describe the reentry population of children and their families:

- Young children (≤ 6 years of age)
 - Teens
 - Youth exhibiting serious behavior difficulties/mental health disorder
 - Parents with a history of substance abuse
 - Parental mental illness
 - Domestic violence in the home
 - Social isolation; lack of social supports for family
 - Short initial placement episodes
 - Placement in traditional foster care as opposed to kinship
 - Placement in congregate care
 - Prior child welfare involvement
 - Failed "wake-up" calls for ungovernable youth, i.e., brief ≤ 30 days' placement episodes which are intended to provide the experience of an out-of-placement as a stimulus for changing behaviors
- Assess the available services and determine what additional prevention or aftercare services are needed

One of the greatest predictors of family reunification is ensuring quality visits between parents and children. Research finds that consistent weekly visits increase the likelihood of reunification, reduces the length of the placement episode, and maintains/promotes secure attachments. However, research indicates that visits *per se* do not appear to reduce the rates of reentry. That conclusion appears to be reflected in the Armstrong County statistics because a number of the parents whose children reentered care experienced Visit Coaching, a premier visitation model which has been the county agency's standard practice for a number of years.

It would appear that assessment and decisionmaking when the child first enters care and at the decision to reunify require more attention. Team decisionmaking and FGDM are strategies that are currently available but have not been widely used in the past. The more recent developments related to concurrent planning, however, have included teaming principles which will, hopefully, impact the quality of assessments and decisionmaking. In addition, specific policies which will provide guidance on the wider application of team decisionmaking and FGDM will be put into place for "routine" application in order to help improve assessment and decisionmaking.

Kinship foster care produces better outcomes in a number of different realms, including the finding that foster children in relative placements are less likely to experience reentries into substitute care. Although already a requirement to search for, identify, and engage relatives as potential placement resources, county agency staff needs to demonstrate additional efforts to identify relatives who could serve as placement resources.

Youth reunified from congregate care are reentering placement. They often succeed in placement and return home to an "unchanged" home environment. Within weeks or months, the youth's behaviors are, once again, troublesome. In looking at a solution, it appears that a

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number of issues along the continuum must be addressed from the initial child and family assessment upon the child's entry into care to the aftercare piece. Is the initial assessment on the child and family accurate and complete? Are the necessary services being provided to all principals? Are extra supports and follow-up services available for children with physical, emotional, or behavioral health needs? How does the distance to the group home impact the maintenance of the relationship between the child and parents? Does the aftercare plan provide the necessary supports and are they offered in a timely manner?

Returning to a "changed" family has served as a protective factor across multiple studies. The comprehensive assessment of the child and family which identifies the strengths and challenges of the family and collaboratively builds a service plan to address those challenges is key. The parents and, perhaps, siblings at home receive concomitant treatment for issues that are linked to the reason(s) the family has a child in substitute care. Assessment is foundational in this paradigm to minimize the likelihood of placement reentry.

- Determine what resource needs exist to support the identified services planned

Many of the resources already exist. We need to do a better job of mobilizing those resources in order to improve outcomes in this reentry measure. Teaming and FGDM, as mentioned, are available but not widely used. We, however, are addressing "teaming practices" with the changes brought about with concurrent planning. These strategies can improve assessment and planning. Activities identified under Practice Area #1 (Permanency) and Practice Area #2 (Congregate Care Placements) are all applicable to improving the county agency's standing on this reentry measure as well.

- Monitor outcomes of the programs implemented

Targets for improvements have been identified above for the current fiscal year and for FY 2017-2018.

Outcome Indicator Charts

The four outcome indicator charts that are relevant to the four Armstrong County practice areas which were identified above for program improvement follow.

These outcome indicator charts relate to three of the four identified practice areas. The first two charts on "Permanency for Children in Care \geq 24 Months" and "Adoption" are related to the county agency's performance relative to what has been identified as Practice Area #1, Rate of Permanency, which examines the rate of children exiting the foster care system who have achieved permanency through reunification, relative placement, adoption, or guardianship.

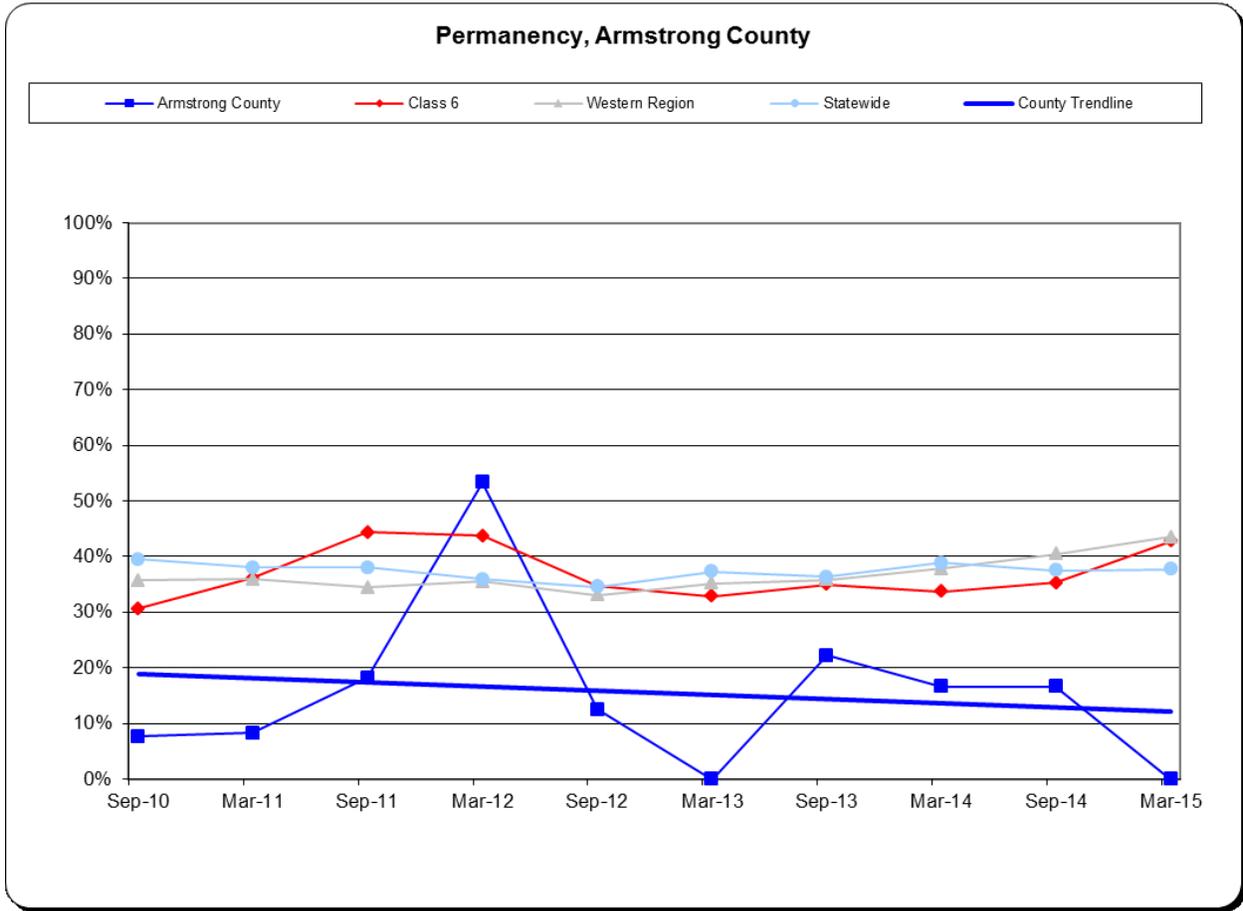
The third chart, "Children in Foster Care at End of Period by Placement Type," illustrates Armstrong County's data over 10 AFCARS' periods for Practice Area #2, Least Restrictive Placement Setting, which looks at the use of familial type placement settings in comparison to the use of congregate care placement settings.

And the fourth chart, "Reunification Measure 1.4: Prospective Reentry," of course, addresses Practice Area #4 and relates to failed reunifications, i.e., placement reentries.

No Hornby Zeller data is used for illustration purposes for Practice Area #3 on the Engagement of Fathers. Other data has been obtained to document this practice area and is featured in that discussion.

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Permanency for Children in Care ≥ 24 Months



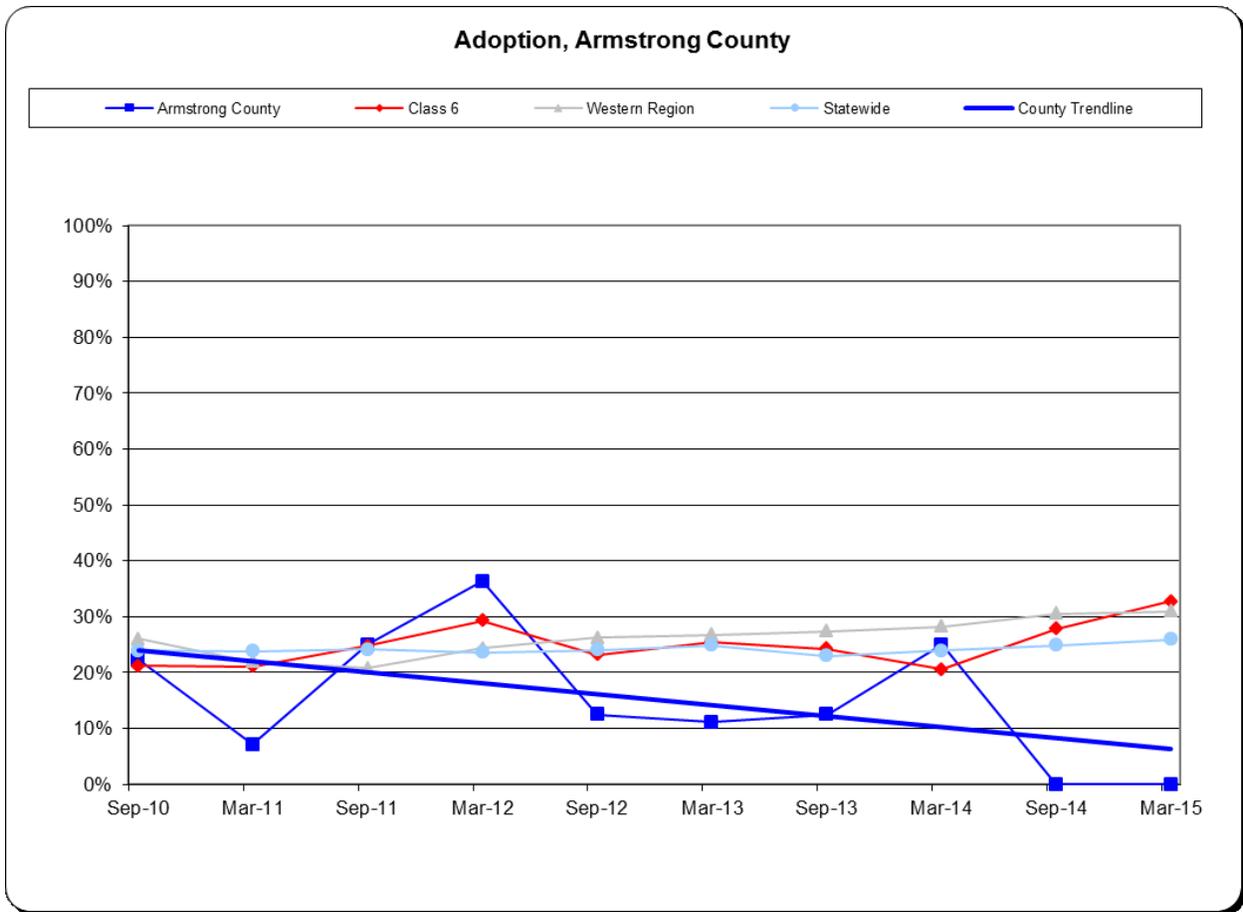
The data for the figure above is presented below for 10 AFCARS' periods.

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Permanency for Children in Care for Long Intervals
Prospective Permanency Data

	Sep-30 2010	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014	Mar-31 2015
<i>Armstrong County</i>										
Total in Care 24+ Months	13	12	11	15	8	7	9	6	6	5
Discharges to Permanent Home	1	1	2	8	1	0	2	1	1	0
Percent	7.69%	8.33%	18.18%	53.33%	12.50%	0.00%	22.22%	16.67%	16.67%	0.00%
<i>Class 6</i>										
Total in Care 24+ Months	490	476	464	405	343	298	266	237	241	243
Discharges to Permanent Home	150	172	206	177	119	98	93	80	85	104
Percent	30.61%	36.13%	44.40%	43.70%	34.69%	32.89%	34.96%	33.76%	35.27%	42.80%
<i>Western Region</i>										
Total in Care 24+ Months	1,376	1,276	1,165	1,097	992	933	838	803	783	745
Discharges to Permanent Home	492	458	402	389	328	328	300	304	317	324
Percent	35.76%	35.89%	34.51%	35.46%	33.06%	35.16%	35.80%	37.86%	40.49%	43.49%
<i>Statewide</i>										
Total in Care 24+ Months	5,907	5,181	4,750	4,256	3,945	3,894	3,776	3,717	3,737	3,618
Discharges to Permanent Home	2,333	1,970	1,807	1,530	1,363	1,451	1,374	1,447	1,401	1,363
Percent	39.50%	38.02%	38.04%	35.95%	34.55%	37.26%	36.39%	38.93%	37.49%	37.67%

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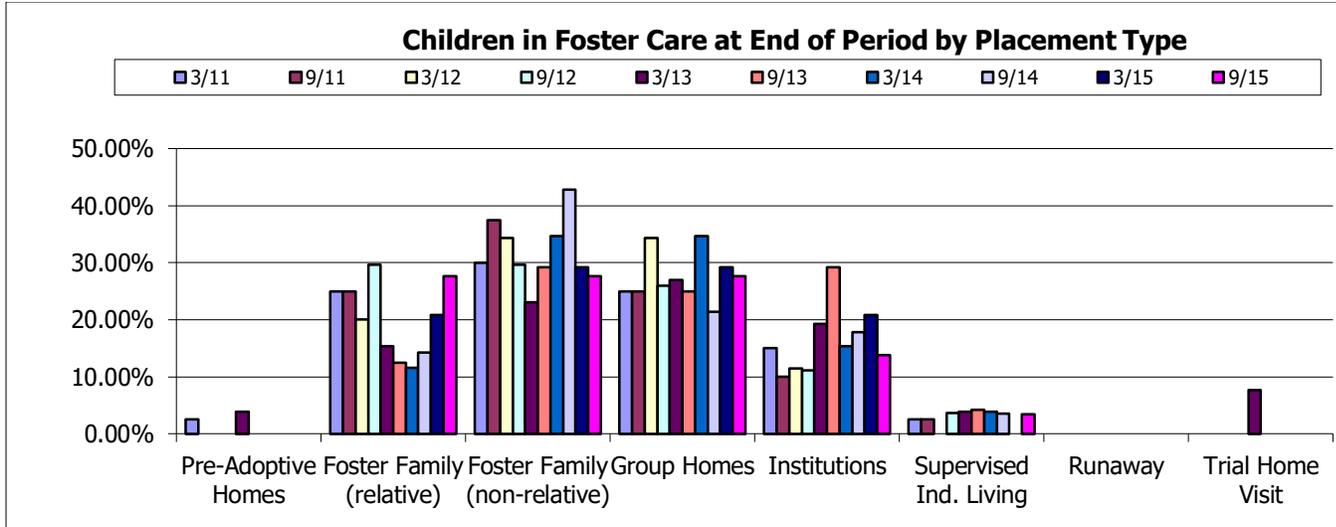
The data for the figure above is presented below for 10 AFCARS' periods.

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Prospective Adoption Data

	Sep-30 2010	Mar-31 2011	Sep-30 2011	Mar-31 2012	Sep-30 2012	Mar-31 2013	Sep-30 2013	Mar-31 2014	Sep-30 2014	Mar-31 2015
Armstrong County										
Total in Care 17+ Months	18	14	12	11	8	9	8	8	5	7
Adopted by End of Year	4	1	3	4	1	1	1	2	0	0
Percent	22.22%	7.14%	25.00%	36.36%	12.50%	11.11%	12.50%	25.00%	0.00%	0.00%
Class 6										
Total in Care 17+ Months	509	450	407	386	337	294	280	263	266	284
Adopted by End of Year	108	95	101	113	78	75	68	54	74	93
Percent	21.22%	21.11%	24.82%	29.27%	23.15%	25.51%	24.29%	20.53%	27.82%	32.75%
Western Region										
Total in Care 17+ Months	1,163	980	954	887	851	781	759	727	682	652
Adopted by End of Year	303	215	198	216	223	209	208	205	208	202
Percent	26.05%	21.94%	20.75%	24.35%	26.20%	26.76%	27.40%	28.20%	30.50%	30.98%
Statewide										
Total in Care 17+ Months	5,189	4,529	4,303	3,935	3,860	3,702	3,647	3,591	3,599	3,480
Adopted by End of Year	1,240	1,077	1,037	928	926	920	840	859	896	903
Percent	23.90%	23.78%	24.10%	23.58%	23.99%	24.85%	23.03%	23.92%	24.90%	25.95%

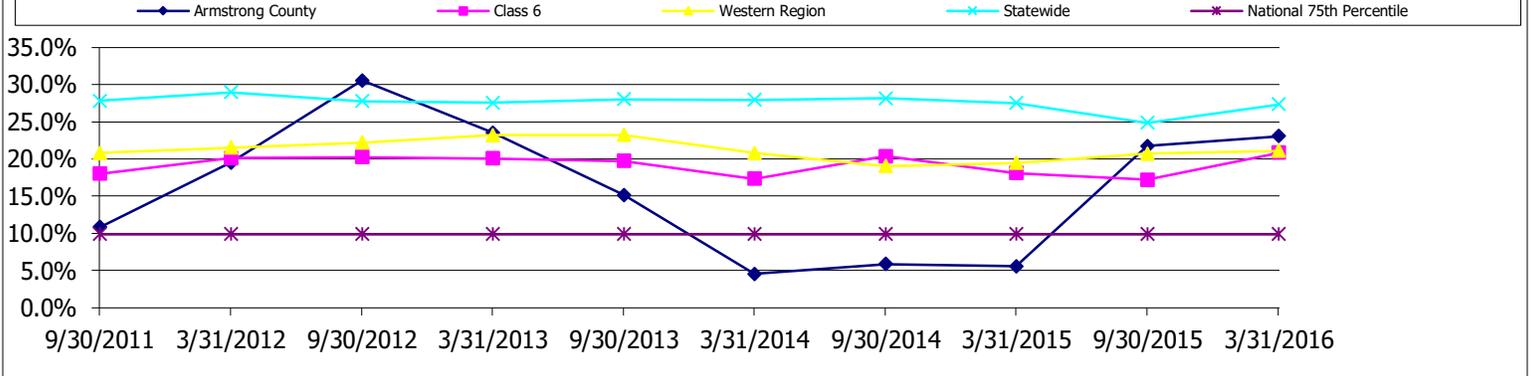
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Placement Types	3/11	9/11	3/12	9/12	3/13	9/13	3/14	9/14	3/15	9/15
Pre-Adoptive Homes	2.50%	0.00%	0.00%	0.00%	3.85%	0.00%	0.00%	0.00%	0.00%	0.00%
Foster Family (relative)	25.00%	25.00%	20.00%	29.63%	15.38%	12.50%	11.54%	14.29%	20.83%	27.59%
Foster Family (non-relative)	30.00%	37.50%	34.29%	29.63%	23.08%	29.17%	34.62%	42.86%	29.17%	27.59%
Group Homes	25.00%	25.00%	34.29%	25.93%	26.92%	25.00%	34.62%	21.43%	29.17%	27.59%
Institutions	15.00%	10.00%	11.43%	11.11%	19.23%	29.17%	15.38%	17.86%	20.83%	13.79%
Supervised Ind. Living	2.50%	2.50%	0.00%	3.70%	3.85%	4.17%	3.85%	3.57%	0.00%	3.45%
Runaway	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Trial Home Visit	0.00%	0.00%	0.00%	0.00%	7.69%	0.00%	0.00%	0.00%	0.00%	0.00%

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Reunification Measure 1.4: Prospective Re-Entry



	9/30/11	3/31/12	9/30/12	3/31/13	9/30/13	3/31/14	9/30/14	3/31/15	9/30/15	3/31/16
Armstrong County	10.8%	19.5%	30.6%	23.5%	15.2%	4.5%	5.9%	5.6%	21.7%	23.1%
Class 6	18.0%	20.1%	20.3%	20.1%	19.7%	17.3%	20.4%	18.1%	17.2%	20.8%
Western Region	20.8%	21.5%	22.2%	23.2%	23.2%	20.8%	19.0%	19.5%	20.7%	21.1%
Statewide	27.8%	29.0%	27.8%	27.5%	28.0%	27.9%	28.2%	27.5%	24.9%	27.3%
National 75th Percentile	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%	9.9%

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Section 4: Administration

4-1a. Employee Benefit Detail

- Submit a detailed description of the county’s employee benefit package for FY 2015-16. Include a description of each benefit included in the package and the methodology for calculating benefit costs.

A detailed description of the county’s employee benefit package for FY 2015-2016 is presented. It includes a description of each benefit included in the package and the methodology used for its calculation. Information is provided on six benefits: social security, retirement, healthcare insurance, life insurance, workman’s compensation and PA state unemployment tax.

- Social security is calculated on 7.65 percent of an employee’s taxable pay.
- Retirement is calculated as follows. For each calendar year, a percentage is arrived by taking the total salaries of CYFS’ employees and dividing that figure by the total of all county employees’ salaries. This percentage is multiplied by the County contribution which is determined by the Municipal Finance Partners, Inc. (actuarial company), arriving at the CYFS billable portion. Each employee’s share of the total CYFS’ salaries is then multiplied by the CYFS billable portion to arrive at the individual employee’s share.
- Healthcare insurance is provided as follows:

NON-UNION EMPLOYEES

	Monthly Rate	Employee Contribution
Family	\$2,105.10	\$230.52
Employee & Spouse	\$1,833.03	\$203.30
Parent & Child	\$1,636.55	\$183.66
Single	\$ 680.21	\$ 78.02

UNION EMPLOYEES (CASEWORKERS)

	Monthly Rate	Employee Contribution
Family	\$1,459.02	\$145.90
Employee & Spouse	\$1,399.40	\$139.94
Parent & Child	\$1,052.17	\$105.22
Single	\$ 522.95	\$ 52.30

- Life insurance is the actual billed rate. Both union and nonunion employees’ rate is \$3.80 per month. All employees have a \$20,000 life insurance benefit.
- Workman’s compensation, with the county as a self-insured employer, a different amount is paid each quarter depending upon various factors, e.g., usage.
- PA state unemployment tax is 1.57% of first \$9,500 of earnings.

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4-1b. Organizational Changes

- Note any changes to the county's organizational chart.

No organizational changes are proposed for FY 2017-2018

4-1c. Complement

- Provide the state approved complement for FY 2016-17 and that approved by the county for the same time period.

The state approved county agency complement is 17 caseworkers, 4 casework supervisors, 1 social services aide, 1 fiscal officer, 1 C&Y program specialist, 5 support staff (3 clerical and 2 fiscal), and 1 C&Y administrator. The county approved complement matches the above.

- Of the staff reported above in each complement, how many are case-carrying?

Only caseworkers carry cases of children and families.

- For any discrepancies in the state approved vs. county approved personnel complement, please identify the specific positions and responsibilities that are not supported by both complements.

No discrepancies are noted.

- Describe what steps the agency is taking to reconcile any differences in the state approved vs. county approved personnel complement.

Not applicable.

- Describe what steps the agency is taking to promote the hiring of staff, regardless of whether those staff are hired to fill vacancies or for newly created positions.

When a vacancy occurs, the county agency administrator processes a personnel request for approval to hire through the county's HR Department and Salary Board concurrently obtaining an employment certification of eligibles through the State Civil Service Merit System. We have been fortunate in that the civil service list routinely produces a pool of candidates from which an employment recommendation can be made following the civil service rules of appointment.

- Provide any history of hiring freezes over the last three fiscal years.

No hiring freezes have impacted the county agency.

- Describe any increases in county complement (filled positions) over the last three fiscal years.

No increases are noted.

- Briefly describe how the amendments to the Child Protective Services Law (CPSL) have impacted staff responsibilities.

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We have reassigned an ongoing service caseworker to intake responsibilities. The caseworker's ongoing service cases were able to be closed or redistributed to other ongoing service caseworkers. The additional worker assigned to intake enabled the agency to manage the increased volume of family referrals as a result of the CPSL changes.

- If applicable, provide the number of positions created in response to a documented increase in referrals resulting from statutory changes in the CPSL.

Not applicable.

- Describe the agency's efforts to address recruitment and retention concerns.

As mentioned above, recruitment of caseworkers has not been an issue. The civil service list of county residents produces a pool of candidates. In addition, we have been able to absorb some of our student interns into the workforce. Staff turnover in our county has not been a major issue. The management team makes efforts to engage staff in offering their recommendations into decisions that will affect their jobs and the morale of the workplace.

4-1d. Caseload Sizes

- Provide the average caseload size for intake workers by family and by child.

Eight to 10 new referrals of family cases (15 – 22 children) are assigned to an intake worker each month.

- Provide the average caseload size for ongoing workers by family and by child.

Ten to 12 family cases (15 – 25 children) per ongoing worker; caseload is comprised of both in-home family service cases and placement cases

- Provide the average caseload size for generic workers by family and by child.

Our ongoing service workers are generic workers; see above.

- Describe any specialty units or positions who are case-carrying and provide the average caseload size by family and by child.

No specialty units or positions are case carrying.

4-1e. Staff Provided Service Evaluations

- Describe the method for measuring and evaluating the **effectiveness** of staff provided services. DO NOT describe the standard individual performance evaluations.

Supervisory oversight of caseworkers' assigned families. A foundation strategy to look at a caseworker's effectiveness in providing services to families occurs in the context of frequent, routine supervisor-caseworker meetings. In these weekly sessions, the child welfare supervisor provides oversight of the casework activity in order to support the achievement of the goals outlined in the family service plan. Child welfare supervisors assist caseworkers in using the information gathered to assess safety and service needs, identify types and suitability of services, determine the effectiveness of services in achieving positive outcomes, and make needed changes in planned services.

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- Open intake referrals receive supervisory attention and review at least once every 10 days with child safety as the hallmark standard.
- Ongoing service cases, at a minimum, are reviewed by an agency supervisor monthly. And, again, child safety is paramount.
- All in-home ongoing service cases, at a minimum of once every 6 months, receive a comprehensive review by an agency supervisor in preparation for the review of the FSP with the family members.
- For child placement cases, however, this comprehensive review is conducted at cycles of three months when the CPP is reviewed in advance of the scheduled permanency hearing. The foundation issue of child safety continues to be evaluated as well as the connection between assessment and service planning, and progress toward the objectives and goals outlined on the child's permanency plan. The review may generate recommendations to help ensure child safety and movement toward achieving the service/permanency plan's objectives and goals. This comprehensive review is a group decision-making process and involves the youth, family members, the assigned caseworker, supervisor, and other service providers.

Client (consumer) feedback. Clients provide solicited and often unsolicited feedback regarding CYF staff members' service delivery. The agency administrator has surveyed children in placement and their parents, in-home service parents, and parents for whom we have conducted intake assessments. Their feedback has been useful in identifying challenging issues and resolving problems. Client-initiated complaints are closely examined and efforts are made to understand the issues and effectively address them.

Juvenile court review. Juvenile court judges also exercise oversight of the work performed by county agency staff. Activities on children's cases for those children adjudicated dependent are periodically reviewed by the juvenile court. For children in substitute care, reviews are conducted at three months' intervals.

Juvenile court review rules adopted by the Pennsylvania Supreme Court also apply to children adjudicated dependent and under the protective supervision of the agency as they remain in their own homes. Effective July 1, 2010 the juvenile court in Armstrong County began reviewing these protective supervision cases. These cases are currently reviewed at least every six months; however, it is common that the judge sets a shorter review interval.

Management team meetings. The county agency's management team meets weekly to discuss program issues and outcomes. Frequently, various types of data are reviewed and efforts are made to understand trends, problemsolve obstacles, and improve program outcomes.

MDIT and the ChildFirst Implementation Team. The county's Multidisciplinary Investigative Team (MDIT) is led by the district attorney. In September 2012 the county's DA and seven other team members participated in the five days' ChildFirst training. Since then two other individuals have become ChildFirst-certified. Protocols have been developed and put into place to limit the trauma that an interview may inadvertently produce for a child. Forensic interviews of children are conducted using the ChildFirst paradigm, built on the "Finding Words" curriculum. The team of forensic interviewers meets periodically to conduct peer reviews of child victims' interviews, evaluating their skillfulness and fidelity to the ChildFirst interview principles.

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Multidisciplinary Child Protection Team. The MDT, at its monthly meetings, examines reports of suspected child abuse (CPS) and frequently makes case recommendations. On occasion, complex GPS family cases are also referred to the MDT for additional guidance. Follow-up reviews by the MDT occur so that the membership is aware of outcomes and thus has an opportunity to evaluate interventions.

Truancy Workgroup of the Local Children's Roundtable. The Truancy Workgroup is committed to enhancing services for children and youth who are experiencing school attendance issues. The workgroup continues to examine policies and practices that are obstacles to effectively intervening with this population of youngsters and their families. The membership is focused on developing recommendations that are aimed at enhancing school truancy service delivery and improving outcomes.

The evidence-based WhyTry curriculum is offered in five school districts' middle schools under the county agency's Alternative to Truancy Special Grant Program. WhyTry student outcomes are tracked and reviewed by the Truancy Workgroup on a quarterly basis.

4-1f. Contract Monitoring & Evaluation

- Note the employee/unit which oversees county contracts.

The county agency administrator and the fiscal officer oversee and monitor various aspects of provider contracts. In addition, another management-level person performs a number of quality assurance activities. Key responsibilities of this casework supervisor include developing, reviewing, analyzing, and evaluating the effectiveness of the contracted agency programs for dependent and delinquent children and their families in meeting the agreed upon performance outcomes.

- Describe the evaluation process to determine the effectiveness of provider services. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding.

Frequent communication between county agency staff and the contracted service providers helps insure that families are receiving the services and the level of intervention which the county agency authorized. Individual cases are routinely staffed between the service provider and the county agency staff. In the event an issue is identified, it is promptly resolved.

Visits to child placement facilities are routinely conducted by the casework supervisor monitor. This provides an opportunity to closely examine programming against the service provider's program description. During FY 2015-2016 issues related to the county agency staff's expectations with respect to IL programming have had to be addressed with several congregate care facilities.

The county agency is committed to utilizing effective practice models. Examples of this orientation among child welfare and juvenile probation staffs are the use of SafeCare, FGDM, and referrals to empirically-based community programming. The county agency is tracking outcomes and requiring its contracted service providers to track outcomes in order to document the effectiveness of interventions.

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Various methodologies are used to measure the effectiveness of prevention and treatment services. Programs track identified outcomes. Some programs use a pre-test and post-test strategy to demonstrate their success. Since FY 2008-2009, all contracted child placement service providers, as part of their contracts, were required to track discrete goals and maintain centrally located documentation on a number of key measures.

- Describe the process by which the CCYA monitors its sub recipients or contractors throughout the fiscal year. Descriptions should include efforts the CCYA makes to conduct risk assessments and monitor the sub recipients or contractors' use of federal and state dollars through reporting, site visits, regular contact or any other means to provide reasonable assurance that federal and state dollars are used in compliance with laws, regulations and the provisions of the contracts/agreements and that performance goals are achieved. DO NOT describe the process by which provider submissions are reviewed in relation to state and federal funding. CCYAs may find it helpful to address this section by following these questions:
 - Is the CCYA receiving and reviewing all required sub-recipient audits as part of the contracting process to determine whether there are any reportable conditions, material weaknesses or instances of material noncompliance?

Contract language requires service providers to submit audit reports. Those reports, with special attention to any findings, are reviewed by the agency administrator and fiscal officer. Audit documents are subsequently maintained on file.

- How does the CCYA assess the risk of a sub recipient or contractor as a result of the findings in the audit report or history of non-performance?

County agency staff does assess the risk level as a result of an audit report finding. Fortunately, to date, no significant findings have been identified among our contractors. If a non-performance issue under the contract which is related to a child's case is identified, appropriate measures are taken by the county agency administrator to resolve the problem.

- Does the CCYA ensure that invoices reflect actual, allowable, and allocable costs?

All invoices are tested to meet the standards of actual, allowable, allocable, and reasonable costs. An expense that fails to meet one of the standards is identified as such and questioned. If the expense is not satisfactorily explained, it is not charged through to state and federal funding sources.

- What are the steps included in the invoice review and invoice processing which ensure terms and conditions in the contract/agreement are being met?

The county fiscal officer ensures that the invoices prepared by contractors have the required content. The invoices are reviewed by the fiscal officer. For discrete client services, caseworkers confirm that the service was provided to their respective clients. Type of service/service level, days of care/service hours, and per diems/service fees are all reviewed for accuracy. With the exception of the state budget impasse during FY 2015-2016, timely payment of invoices is routinely made.

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- In circumstances where the sub recipient/contractor utilizes a subcontractor; (i.e. holds a contract or agreement with another party for services), how does the CCYA ensure that costs billed to them for subcontractor services are supported with auditable documentation by the sub recipient/contractor?

Not applicable to the contracts currently held by the county agency.

- Does the CCYA maintain regular contact with the sub recipient or contractor to ensure that all deliverables are being completed and provided?

County agency staff maintains regular contact with contractors to ensure that contractors meet the standards of their deliverables. This is accomplished through face-to-face meetings, phone conversations, and written communication.

- How often is the monitoring process executed?

For a number of contractors, monthly or more frequent contact is common. A number of the county agency contractors are members of agency workgroups, e.g., the Multidisciplinary Child Protection Team, the Children's Roundtable, the Truancy Workgroup, the Day Treatment MDT, the ChildFirst Implementation Team, etc. Consequently, there are frequent opportunities to interact with these service providers. For others providers that may be used on a less frequent basis, monitoring contact, as one would expect, is less intense. Contact may be quarterly. But if a case need, however, prompts clarification on deliverables, contact will be made immediately to identify, understand and resolve the issue.

- Describe what impact the Uniform Guidance has had on the CCYAs sub-recipient monitoring efforts.

In FY 2015-2016 county agency staff did not identify any sub-recipients. All providers are contractors.

- Describe the risk assessment process utilized by the CCYA to determine monitoring efforts.

New to FY 2015-2016, the auditors who conducted the Single County Audit recommended the use of a checklist which they provided to document the decisionmaking related to the identification of a provider of service as a sub-recipient versus a contractor. Characteristics of each are listed which, ultimately, upon that determination, guides compliance requirements.

- If the CCYA doesn't have a risk assessment and/or monitoring plan in place, provide a timeline in which changes will be made to bring the CCYA in compliance with the guidance.

Not applicable.

- Describe how reasonableness of costs is determined when negotiating contracted rates with providers.

Service descriptions are reviewed. County agency staff checks the OCYF-approved rates for "final adjusted Title IV-E allowable." The information in the service provider packets that are

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submitted to OCYF, staff roster and projected wages and projected facility expenditures, are reviewed. A cost comparison to providers who offer a similar service and are of similar size is done. A provider's previous year's data is examined as well.

4-2 Human Services Block Grant (HSBG)

- Participating counties should describe what services and activities will be funded through the block grant and how this may change from the previous year. If services or activities will decrease, explain why this decision was made and how it will affect child welfare and juvenile justice services in your county and the NBPB. Describe any plans for increased coordination with other human service agencies and how flexibility from the block grant is being used to enhance services in the community.

Armstrong County is not a participant Block Grant County.

4-3a through 4-3d. Special Grants Initiatives (SGIs)

Requests to Transfer/Shift Funds

The following subsections permit the transfer or shifting of funds within the SGI categories of Evidence-Based Programs (EBP), EBP-Other, Pennsylvania Promising Practices (PaPPs), Housing and Alternatives to Truancy Prevention (ATP) for FY 2016-17 within the maximum allocation amount. Counties may not request additional funds above the certified allocation and must have sufficient local matching funds when requesting a transfer to those programs with a higher match requirement. After submission of this application and during FY 2016-17, the CCYA may transfer within EBP funds and EBP-Other without OCYF approval. However, approval is required if transferring to/from EBP and other SGI programs.

The requests must include detailed justification for the proposed changes. The PaPPs must relate to a specific outcome for a selected benchmark in the NBPB or the county's CQI plan.

Counties that request to shift funds as outlined above must enter the revised amounts in the Budget Excel File in order for the revised amount to be considered final. ***All transfer requests made should be considered approved unless the county is notified otherwise by the Department.***

Block Grant County SGI Requests

Complete a program specific narrative only when requesting existing, additional or new SGI funds. SGI funds can only be requested if the county has budgeted and is spending 100% of their child welfare funds to the child welfare program in the Human Services Block Grant. To complete the tables, insert ONLY SGI fund requests; DO NOT include block grant amounts in the tables.

Nurse Family Partnership

If requesting NFP as an EBP-Other, please document the anticipated/actual use of all NFP grant funds available through the Office of Child Development and Early Learning (OCDEL) and the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. To complete the tables, insert ONLY SGI fund requests; DO NOT include other NFP grant fund amounts in the tables.

- From the list below, please indicate those EBPs, PaPPs, Housing and ATP programs that the county will provide in FY 2016-17 and/or request funding for in FY 2017-18.

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Please only identify those programs/practices that are being funded through the NBPB or Special Grant funding. Do NOT note any program area that is utilized but funded outside your child welfare allocations for NBPB and Special Grants.

FY2016-17	FY 2017-18	Program Area
X	X	a-1. Evidence Based Practices (Other) Name: SafeCare
X	X	a-2. Evidence Based Practices (Other) Name: Multidimensional Family Therapy (MDFT)
X	X	a-3. Evidence Based Practices (Other) Name: Trauma Focused Cognitive Behavior Therapy (TF-CBT)
X	X	b. Multi-Systemic Therapy (MST)
		c. Functional Family Therapy (FFT)
		d. Treatment Foster Care Oregon (TFCO)
X	X	e. Family Group Decision Making (FGDM)
		f. Family Development Credentialing (FDC)
		g. High-Fidelity Wrap Around (HFWA)
		h. Pennsylvania Promising Practices Dependent (PaPP Dpnt) Name: Name (if different for FY 2017/18):
		i. Pennsylvania Promising Practices Delinquent (PaPP Dlnqt) Name: Name (if different for FY 2017/18):
X	X	j. Housing Initiative
X	X	k. Alternatives to Truancy Prevention (ATP)

FOR EACH OF THE SELECTED PROGRAMS, ANSWER THE FOLLOWING QUESTIONS (COPY AND PASTE AS NECESSARY TO ACCOMMODATE RESPONSES FOR ALL SELECTED PROGRAMS):

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Program Name:	SafeCare
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Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16	Y			
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2015-16 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)	Y	New	Continuing	Expanding
				Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17	\$165,000	\$0	\$165,000
FY 2017-18			\$165,000

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

No change is requested.

If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Website registries. Please see the following websites:

- Child Welfare Information Gateway:
https://www.childwelfare.gov/preventing/programs/types/safe_care.cfm
- California Evidence-Based Clearinghouse for Child Welfare:
<http://www.cebc4cw.org/program/safecare/detailed>
- National SafeCare Training and Research Center
<http://publichealth.gsu.edu/968.html>

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The California Evidence-Based Clearinghouse for Child Welfare rates SafeCare as "2-Supported by Research Evidence," a relatively high rating indicating that SafeCare has been shown to be effective in at least one rigorous randomized controlled trial with a sustained effect of at least six months.

In fact, SafeCare continues to be the subject of considerable study; at least five papers have been published about it since 2008. This includes a 10-year Oklahoma-based study which found SafeCare reduced child abuse and neglect recidivism in very challenging families (Chaffin, et al., 2012). The 2,175 families in this study averaged five prior encounters with CPS. Over 90 percent of the referrals included neglect, and 70 percent were exclusively neglect. Of the families included in the study, 82 percent lived below the poverty line.

This study found that families who received standard home visiting services plus SafeCare were 26 percent less likely to experience CPS reports than families who received home visiting services alone.

Description of SafeCare. SafeCare is an evidence-based, parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Through SafeCare, trained professionals work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues. SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family.

The SafeCare model also allows for the home visitor to engage in problem solving activity with the client. This may be required in order to stabilize the home environment so that the client can obtain the maximum benefit from exposure to the SafeCare curriculum under optimal learning conditions. If some basic needs or obstacles exist, these must be resolved in order to begin SafeCare delivery or continue SafeCare delivery when a crisis develops during the course of service delivery.

Need for the program and population to be served. As was mentioned county agency staff currently has access to several in-home family support programs which help advance the mission of safety, permanency, and child well-being among our families. The outcome data presented in the 10 years, 2,200 families' Oklahoma study found that adding SafeCare to an existing in-home service program reduced child welfare reports for neglect and abuse by about 26 percent compared to the same in-home services without SafeCare for parents of children, birth to age five years. The study is the largest and longest randomized trial within a child welfare system to date that demonstrates such a positive impact on child maltreatment recidivism.

- SafeCare complements existing in-home services in Armstrong County.
- SafeCare supplements the county agency's Visit Coaching Initiative which is principally used for parents with children in substitute care.
- SafeCare complements our Infant Safe Sleep Initiative, "Cribs for Kids," which we partner with SIDS of PA.

Referrals of serious child neglect, often poor supervision or intermittent supervision of young children, are, unfortunately, becoming all too common. In one referral, for example, a toddler accessed the parent's prescription drugs stored carelessly in the family home. In another

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referral, a young child started a fire in the home. Many of these parents are very young adults, some struggling with addiction. Some are just “clueless,” not recognizing the many hazards that abound in the home environment and failing to take “childproofing” measures.

During FY 2015-2016, 138 families received ongoing service and 72 of those families (52.2 percent) had children 5 years of age or younger as household members. Of those 72 families, 63 families (87.5 percent) experience one, often more than one, of the following issues: inadequate supervision, physical neglect, and inadequate healthcare of the children and parent substance use. By way of summary, more than one-half of the ongoing service cases at the county agency during the past fiscal year are families with young children, five years of age and younger. And nearly 90 percent of those families with young children could benefit from a Family Service Plan that included SafeCare. A large service pool of families for SafeCare exists at the county agency.

Additionally, in those instances where young children have entered placement, SafeCare is serving as a reunification strategy, hopefully reducing the length of children’s placement episodes. SafeCare can have a significant impact on returning children safely to their parents’ custody more expeditiously. It is reasonable to believe that the availability of SafeCare can favorably impact the length of Armstrong County’s placement episode figure for young children which averages seven months.

Outcomes. SafeCare is pervasive and can impact outcomes across all three child welfare goals: safety, permanency, and child well-being.

- The **Health module** includes teaching parents how to use health reference materials, how to take preventive steps and identify symptoms of childhood illnesses or injuries.
- The **Home Safety module** involves improving parents’ skills in identifying and eliminating safety accessible hazards.
- The **Parent-Child Interactions module** teaches parents how to provide engaging activities, increase positive interactions, and prevent troublesome child behavior.

More than 60 publications have documented the development and validation of SafeCare:

- Research examining family outcomes indicates that families who participate in SafeCare as compared to family preservation services as usual show significant improvements in risk factors associated with child neglect and physical abuse and are about two-thirds less likely to be the subjects of a child maltreatment report.
- Findings also suggest that parents who participate in SafeCare rate the program as satisfying and rate their providers as more culturally competent than standard services.
- Research examining home visitors who deliver the SafeCare program indicates that SafeCare providers, as compared to those who deliver services as usual, report experiencing less burn out and are significantly less likely to quit their jobs over a 3-year period.

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Key milestone. FY 2013-2014 represented a SafeCare training and credentialing year. Training through NSTRC occurred in February 2014. Three HFI staff members and one CYF staff member received “Home Visitors” training. SafeCare service delivery to families began in March 2014.

FY 2014-2015 included the final two stages of SafeCare training, i.e., “Coach” level training and the “Training of Trainers.” Two Home Visitors were trained as Coaches. Subsequently, one Coach-level staff member was certified as a trainer and that individual is now prepared to train additional SafeCare “Home Visitors.” Two additional service provider’s staff members were trained as SafeCare “Home Visitors” during FY 2015-2016.

- For FY 2016-2017, two milestones are noted:
 1. provide SafeCare curriculum to 60 families/45 families complete and
 2. have at least one additional service provider’s staff members certified as SafeCare “Home Visitor”

- For FY 2017-2018, the key milestones are to:
 1. provide SafeCare curriculum to 60 families/45 families complete and
 2. have at least one additional service provider’s staff member trained as a SafeCare “Home Visitor”

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617	1718
Target Population		50	50	70	70	70
# of Referrals		8	18	33	65	65
# Accepting Services		8	16	29	60	60
# Successfully completing program		Footnote 1	8	23 Note 3	45	45
Cost per year		\$26,073	\$147,314	\$64,750	\$165,000	\$165,000
Program Funded Amount						
Per Diem Cost		Footnote 1	Footnote 2	\$95.50 per hour	\$95.50 per hour Note 4	\$95.50 per hour Note 4
# of MA referrals		0	0	0	0	0
# of Non MA referrals		8	18	33	65	65
Name of provider		HFI/CYF	HFI	HFI	HFI	HFI

Footnote 1:

SafeCare training of families started in March 2014 and the 20 weeks’ curriculum was not completed for those 8 families until FY 2014-2015; majority of fiscal year 2013-2014 expense was NSTRC training/support

Footnote 2:

Significant expenditures occurred with: (a) the final two stages of staff training through Georgia State University School of Public Health’s NSTRC, (b) monthly fidelity support, and (c) in stabilizing families for service delivery. The training and monthly fidelity support expenses are no longer required since the criterion has been met. FY 2015-2016 and subsequent years’ expenses will be based on SafeCare service delivery and the purchase of minor home safety supplies.

Footnote 3:

Thirteen families are graduates/completed all three modules; 10 families are nearing completion and will graduate in FY 2016-2017.

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Footnote 4:

SafeCare service delivery to 45 families, completing 20 weeks' curriculum \$133,700

SafeCare service delivery to 15 families, completing one-half of the curriculum \$28,650

Home safety supplies for 60 families \$2,650

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

Underspending of funds occurred in FY 2015-2016 which was significantly different than the experience during the previous fiscal year. FY 2015-2016's spending is believed to be an anomaly given the current demand for SafeCare. More families with young children are being opened as cases due to child neglect issues for which GPS casework and SafeCare are the most appropriate interventions.

- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

1. Improvement in risk factors associated with child abuse and child neglect will be demonstrated with families completing SafeCare. The PA Model Risk Assessment Form Matrix that is routinely and periodically completed will be examined before SafeCare exposure and after the curriculum has been completed by the parent(s). Seventy-five percent of parents completing SafeCare will demonstrate a reduction in risk level of one or more risk factors.
2. Parents who complete the SafeCare Program are less likely to be subjects of future referrals of child maltreatment. Reports to the county agency will be tracked at 1, 2, and 3 year intervals for SafeCare families. Seventy-five percent of these families will demonstrate no referrals or referrals with no substantiated child dependency allegations.
3. Families who completed SafeCare are less likely to experience placement of their children into substitute care. Family history related to SafeCare completion will be collected for all young children entering county agency custody. Parents completing SafeCare will be two-thirds less likely to experience their child's removal and placement when compared to parents of young children who have not completed SafeCare.

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Program Name:	MDFT (Multidimensional Family Therapy)
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Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16	Y			
New implementation for 2016-17 (did not receive funds in 2014-15)				
Funded and delivered services in 2014-15 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)	Y	New	Continuing	Expanding
				Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17	\$45,000	\$0	\$45,000
FY 2017-18			\$45,000

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

No change is requested.

If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Website registries. Please see the following websites:

- SAMHSA’s National Registry of Evidence-based Programs and Practices
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=16>
- National Resource Center for Permanency and Family Connections
[http://www.nrcpfc.org/ebp/downloads/CommonlyUsedEPBs/Multidimensional%20Family%20Therapy%20\(MDFT\)_8.22.13.pdf](http://www.nrcpfc.org/ebp/downloads/CommonlyUsedEPBs/Multidimensional%20Family%20Therapy%20(MDFT)_8.22.13.pdf)

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- The California Evidence-Based Clearinghouse for Child Welfare: Multidimensional Family Therapy
<http://www.cebc4cw.org/program/multidimensional-family-therapy/>

Description of MDFT. Multidimensional Family Therapy (MDFT) is a family-based treatment system for adolescent substance use, delinquency, and related behavioral and emotional problems. Therapists work simultaneously in four interdependent domains: the adolescent, parent, family, and extra-familial. Once a therapeutic alliance is established and youth and parent motivation is enhanced, the MDFT therapist focuses on facilitating behavioral and interactional change. The final stage of MDFT works to solidify behavioral and relational changes and launch the family successfully so that treatment gains are maintained.

MDFT is a comprehensive and multisystemic family-based outpatient program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency. Working with the individual youth and his or her family, MDFT helps the youth develop more effective coping and problem-solving skills for better decisionmaking and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems.

Delivered across a flexible series of 12 to 16 weekly or twice weekly 60 to 90 minute sessions, MDFT is a manual-driven intervention with specific assessment and treatment modules that target four areas of social interaction: (1) the youth's interpersonal functioning with parents and peers, (2) the parents' parenting practices and level of adult functioning independent of their parenting role, (3) parent-adolescent interactions in therapy sessions, and (4) communication between family members and key social systems (e.g., school, child welfare, mental health, juvenile justice).

Need for the program and population to be served. Substance use among adolescents is a widespread, serious problem. Many of the dependent and delinquent youth who receive services could benefit from MDFT. And this therapy is based on engaging the parents, too, in addressing their son or daughter's drug use. This parent engagement feature is what is particularly meaningful to clients served through the child welfare and juvenile justice systems. The availability of MDFT may also serve as a strategy to help reduce congregate care placements of ungovernable youth with substance use issues. When a youth cannot, for whatever reason, remain safely in his/her own home, and must enter substitute care, kinship foster care or traditional foster care may be options with support from the MDFT program therapist.

Open caseloads at both CYF and juvenile probation were examined and it is estimated that currently 22 Armstrong County dependent and delinquent youth are benefitting/could benefit from MDFT. A large number of these youths' treatment is/will be funded through the behavioral health MCO but there are occasions, as occurred with offering MST, in which there was no insurance payer or there was a lapse in the coverage period and the Special Grant funds were tapped to fill the void pending the instatement/reinstatement of insurance coverage.

Outcomes. The outcomes addressed by research include:

1. Substance use
2. Substance use-related problem severity

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3. Abstinence from substance use
4. Treatment retention
5. Recovery from substance use
6. Risk factors for continued substance use and other problem behaviors
7. School performance
8. Delinquency

The Program Goals are split into four domains:

1. In the adolescent domain, the goals are for the adolescent to:

- Develop coping skills
- Develop emotion regulation skills
- Develop problem solving skills
- Improve social competence
- Establish alternatives to substance use and delinquency

2. In the parent domain, the goals are for parents to:

- Enhance parental teamwork
- Improve parenting practices

3. In the family domain, the goals are for the family to:

- Decrease family conflict
- Deepen emotional attachments
- Improve family communication skills
- Improve problem solving skills

4. In the extrafamilial domain, the goal is to:

- Foster family competency in interactions with social systems (e.g., justice, educational, social welfare)

Key milestones. Outside In was identified as the MDFT provider during FY 2014-2015 and established a practice. Outside In staff began offering MDFT services in November 2014. Referrals of youth are made by juvenile probation staff, CYF staff, and behavioral health service providers in the community.

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Complete the following chart for each applicable year.

	12 13	13 14	1415	1516	1617	1718
Target Population			50	50	60	60
# of Referrals			14	32	45	45
# Accepting Services			10	28	40	40
# Successfully completing program			3 (4 clients remain in service)	7	20	20
Cost per year			\$16,486	\$16,797	\$45,000	\$45,000
Program Funded Amount						
Per Diem Cost			\$116/hour 4-6 hour/week/client	\$116/hour 4-6 hour/week/client	\$116/hour 4-6 hour/week/client	\$116/hour 4-6 hour/week/client
# of MA referrals			7	10	20	20
# of Non MA referrals			7	22	25	25
Name of provider			Outside In	Outside In	Outside In	Outside In

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

There was underspending of MDFT grant funds in FY 2015-2016, the second year of program operation. The particular pool of clients, many MA eligible, which reduced the use of grant dollars, and the lack of widespread awareness of MDFT and the referral process are all contributing factors to the underspending. Moreover, referrals have been suspended due to a staffing vacancy which will soon be remedied with the appointment of a therapist. FY 2016-2017 will feature an MDFT program which is well-established, soon fully staffed, and seen as a valuable resource, addressing substance abuse in youth in the family context with the youth remaining in the community. These projections for FY's 2016-2017 and 2017-2018 are realistic given the numbers of youth that the staffs of the child welfare agency and the juvenile probation department are seeing with substance use issues as part of their ungovernable behavior or delinquent conduct.

- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specific to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.

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- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

Multidimensional Family Therapy (MDFT) enhances the developmental competencies of each family member and the family as a whole. The program effectively targets a range of teen problem behaviors – substance abuse, antisocial and aggressive behaviors, school and family problems, and mental health symptoms. The competency building focus not only ameliorates or significantly reduces serious problems but in a complementary way, MDFT also succeeds in increasing promotive factors in individuals, relationships, and in the ways family members live in their community. The program is effective when implemented in substance abuse and mental health treatment, child welfare, and juvenile justice systems and has high satisfaction ratings from teens, parents, therapists, and community collaborators.

MDFT promotes effective change:

- Within the hearts and minds of the adolescent
- In how *parents* influence their children
- In how the *family* solves problems and loves one another
- And in the family's interactions with *school, juvenile justice, and the community*

The service outcomes will be measured as the effectiveness and efficiency of treatment are examined:

- Exit interview to gauge client and parent satisfaction with services
- Percent of treatment goals attained
- Percent of clients who report of being substance free
- Percent of clients who report frequency/number of substances abused has decreased
- Percent of clients who are participating in work or structured recreational activity
- Use of the SOCRATES (a stages of change readiness assessment tool) to determine pre, during, and post treatment scores and changes
- Rate of rereferral to MDFT
- Rate of unsuccessful dropout of treatment

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Program Name:	Trauma-Focused CBT (Cognitive Behavior Therapy)
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Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16	Y			
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2014-15 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)		New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17	\$30,000	\$0	\$30,000
FY 2017-18			\$30,000

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

No change is requested.

If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Website registries. Please see the following websites:

- **Child Welfare Information Gateway**
<https://www.childwelfare.gov/pubs/trauma/>
- SAMHSA National Registry
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=135>

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- The National Child Traumatic Stress Network
http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TF-CBT_fact_sheet_3-20-07.pdf

Description of TF-CBT. Trauma-focused cognitive behavioral therapy (TF-CBT) was developed by Judith Cohen, Anthony Mannarino, and Esther Deblinger. TF-CBT is designed for youth who have experienced a significantly traumatic event. Trauma-focused cognitive behavioral therapy is used to help people experiencing clinical posttraumatic stress return to a healthy state of functioning after a traumatic event. This therapy is used for the parents or caregivers, children, and adolescents in a way that decreases the negative behavior patterns and emotional responses that occur as a result of sexual abuse, physical abuse, or other trauma.

This form of therapy integrates interventions that are specifically tailored to meet the needs of people experiencing emotional and psychological difficulties as a result of a trauma and combines them with humanistic, cognitive behavioral and familial strategies. Through TF-CBT, both parents and children learn how to process their emotions and thoughts that relate to the traumatic experience. They are given the necessary tools to alleviate overwhelming thoughts that can cause stress, anxiety and depression and are taught how to manage their emotions in a healthier way. The goal of TF-CBT is to allow both the child and the parent to continue to develop their skills and communication techniques in a healthy manner.

Children, specifically adolescents, who are suffering severe emotional repercussions due to trauma respond extremely well to this technique. The therapy helps children who have experienced repeated episodes of trauma, as in abuse or neglect, or those who have suffered one occurrence of sudden trauma in their lives. Children who are learning to cope with the death of a loved one can also benefit greatly from TF-CBT.

A secure and stable environment is provided that enables the child to disclose the details of the trauma and it is at this time that the cognitive and learning theories of treatment are applied. The child is shown his distorted perceptions and is given the tools to redesign those attributes relating to the trauma. Parents, who are not the abusers, are also given the resources and skills necessary to help their children cope with the psychological ramifications of the abuse.

Need for the program and population to be served. Armstrong County has limited resources for psychological treatment of child sexual abuse victims. Under this Special Grant request, TF-CBT will be used principally with victims of child sexual abuse and help fill this trauma informed care treatment void. Child victims of physical abuse as well as children witnessing the trauma of domestic violence in their homes are other candidates for TF-CBT given its wider availability under the special grants program.

County agency staff, over the past three years, has documented 64 confirmed victims of child sexual abuse (indicated and founded status determinations). TF-CBT will be used with this population of children to help address their abuse and promote healing and adjustment. As a county resource, TF-CBT will also be offered to other child victims of sexual abuse in the

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community (law enforcement only reports). A total of 52 child sexual abuse victim reports fell into this LEO category during the past three years.

Two TF-CBT certified clinicians currently provide services in the county. One clinician offers services through the mental health base service unit. The other therapist practices through a private mental health service agency, Family Psychological Associates, Inc. Due to the volume of referrals, however, children often have to wait to access therapy which, typically, is delivered over 12 to 16 weeks. Children in emotional distress should not experience a delay in beginning their treatment. Family Psychological Associates, Inc., with one TF-CBT certified clinician, is willing to expand their capabilities and have additional staff trained to provide this valuable service. The county agency, under this grant program, proposes to partner with them in order to meet the service need.

The county agency will help absorb training costs for two more clinicians in addition to staging a second TF-CBT playroom with the necessary equipment. Children will be linked to therapy immediately. Grant dollars will subsidize early sessions of treatment pending authorizations through Medicaid or other insurances, if applicable, parallel to the MDFT and MST Special Grants model which backfills early treatment prior to authorizations.

Outcomes. TF-CBT goals include:

- Helping children cope with trauma related distress through use of healthy coping skills
- Helping children to process their traumatic experiences
- Assisting non-offending caregivers in responding supportively to children's distress and helping them cope with their own feelings related to the trauma
- Improving communication between caregivers and children
- Reducing children's behavioral and emotional difficulties
- Enhancing future safety in order to reduce risk of re-victimization

These are key areas which can compromise children's adjustment following the experience of an episode of sexual abuse and the subsequent child protective service investigation as well as any criminal prosecution of the offender. Trauma-Focused CBT can help lead to positive outcomes. The child's mental health and social adjustment, as well as family relationships, are improved as a result of this intervention.

A series of randomized controlled trials have demonstrated the superiority of TF-CBT over nondirective play therapy and supportive therapies in children (ages 3 to 14) who have experienced multiple traumas, and those positive results were maintained over time. TF-CBT has proven to be effective in improving PTSD, depression, anxiety, externalizing behaviors, sexualized behaviors, feelings of shame, and mistrust. The parental component of TF-CBT increases the positive effects of TF-CBT for children by improving the parents' own levels of depression, emotional distress about their children's abuse, support of the child, and parenting practices.

Key milestone. The full program operation is expected to get underway during the fall 2016. A key milestone will be for 16 children to be engaged in Trauma-Focused CBT during FY 2016-2017. Sixteen children will be well on their way to improved mental health and social

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adjustments. Parents, too, will have improved insight into their children’s traumatic experiences and be better prepared emotionally to support their children. At least 23 children will benefit during FY 2017-2018.

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617	1718
Target Population					50	50
# of Referrals					20	28
# Accepting Services					16	23
# Successfully completing program					14	19
Cost per year					\$30,000	\$30,000
Program Funded Amount						
Per Diem Cost					Footnote below	Footnote below
# of MA referrals					8	12
# of Non MA referrals					12	16
Name of provider					FSA	FPA

Although fewer child clients will be served in FY 2016-2017, the Implementation Plan Year will absorb training costs and supplies/equipment for the therapy playroom. FY 2016-2017’s budget is based on 40 weeks’ TF-CBT service at \$600 per week (\$24,000) plus \$2,400 to equip the therapy center with necessary supplies and \$3,600 for therapists’ training/travel/supervision. FY 2017-2018’s budget is based on 50 weeks’ TF-CBT service at \$600 per week (\$30,000).

- ❑ If there were instances of under spending or under-utilization of prior years’ grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

Although a Special Grant for the establishment of TF-CBT was awarded last year, the county agency plan was not able to be realized. We have a strong commitment from a provider agency for FY 2016-2017 with a well documented service need that can make this happen.

- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.

- ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

1. Child victims will receive a timely mental health intervention in their home community. The interval between disclosure and initiation of TF-CBT will be 30 days or less in 90 percent of children’s cases.

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2. The change between pre-test and post-test measures on screening and assessment tools will meet or exceed the model criterion in 75 percent of children’s cases upon the completion of TF-CBT.
3. A follow-up measure of children’s emotional and behavioral adjustment will be conducted at the one year mark. A parent will be asked to complete a questionnaire 12 months after their child’s TF-CBT has concluded. Seventy-five percent of children will maintain the gains demonstrated at the conclusion of their TF-CBT intervention.

Program Name:	Multi-Systemic Therapy (MST)
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Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16	Y			
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2015-16 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)	Y	New	Continuing	Expanding
			Y	

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17	\$50,000	\$0	\$50,000
FY 2017-18			\$50,000

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

No change is requested.

If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Not applicable.

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Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617	1718
Target Population	40	40	40	40	40	40
# of Referrals	17	0	0	0	25	25
# Accepting Services	17	0	0	0	15	15
# Successfully completing program	13	0	0	0	13	13
Cost per year	\$33,670	0	0	0	\$50,000	\$50,000
Program Funded Amount						
Per Diem Cost	\$65/day	\$67.63/day	\$67.63/day	\$67.63/day	\$69/day	\$69/day
# of MA referrals	10	0	0	0	15	15
# of Non MA referrals	7	0	0	0	10	10
Name of provider	Adelphoi	No Service Provider	No Service Provider	No Service Provider	Adelphoi	Adelphoi

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

The county has not had an MST provider available for service delivery since early 2013. Referrals had declined and the provider agency was not able to support a therapist for the county. Consequently, only \$33,670 was expended for MST and those costs were incurred during the first half of FY 2012-2013. We were unable to restore MST services during FY's 2013-2014 through 2015-2016. Efforts are currently underway with Adelphoi to reestablish MST as a service for our county's youth. CYF and Juvenile Probation staffs have been able to document the need with referrals. This new therapist will be supervised out of Adelphoi's Westmoreland MST Office and service an Armstrong County caseload of approximately 15 children annually. It is projected that a therapist will be able to serve the county by early fall 2016.

- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specify to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

MST outcomes are reported in two ways: discharge reports and one year out of MST done by follow-up telephone contacts with the caregivers and youth.

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For discharge reports, information regarding certain objectives is measured: living at home at the time of discharge, attendance at school or work, crime free and quality of the relationship between caregiver and youth. This same information is followed up throughout the time period after MST up to one year. Reports of these outcomes are given to each referral source at least one time per year.

At discharge it is expected that MST teams will achieve 85% or higher “goals met” as measured in 6 and 12 month cycles. At one year out of MST treatment it is expected that 70% or higher of the youth discharged with “goals met” will be in the community not needing further intensive out of home treatment and, in fact, should be without other types of community based services for the original referred behaviors.

In addition, details regarding therapist adherence to the MST model are reported along with length of treatment. The staff responsible for these Program Implementation Reviews is the system supervisors who provide the MST clinical consultation with the treatment team.

Program Name:	FGDM
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Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16	Y			
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2015-16 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)	Y	New	Continuing	Expanding
				Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17	\$65,000	\$0	\$65,000
FY 2017-18			\$65,000

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

No change is requested.

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- ❑ If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Not applicable.

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617	1718
Target Population	125 families	125 families	125 families	175 families	175 families	175 families
# of Referrals	62	60	88	136	150	150
# Accepting Services	22	33 Orientation Meetings; 15 Team Meetings/ Conferences	18 Orientation Meetings; 12 Team Meetings/ Conferences	35 Orientation Meetings; 13 Team Meetings/ Conferences	65	65
# Successfully completing program	17	15	12	13	25	25
Cost per year	\$60,250	\$39,296	\$22,500	\$38,099	\$65,000	\$65,000
Program Funded Amount						
Per Diem Cost	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour	\$3,000/ \$1,000/\$250 & \$65/hour
# of MA referrals	NA	NA	NA	NA	NA	NA
# of Non MA referrals	62	60	88	136	150	150
Name of provider	HFI	HFI	HFI and JusticeWorks YouthCare	HFI and JusticeWorks YouthCare	HFI and JusticeWorks YouthCare	HFI and JusticeWorks YouthCare

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

Although the most recently completed year's expenditures for FGDM were only \$38,099, the \$65,000 figure for FY 2016-2017 represents a more accurate projection for expenditures, given the forecasted additional applications of the practice as described in the underspending/under-utilization discussion which follows.

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The county agency's new policies which guide/require FGDM's use in transition planning practice with older youth as well as our protective services work with in-home service families will continue to expand its use among more families during FY's 2016-2017 and 2017-2018.

One major series of policy changes impacting the FGDM Special Grant Program is the implementation of concurrent planning. The use of FGDM in concurrent planning is underscored. Our Concurrent Planning Organizational Self-Assessment and Implementation Plan provides for the wide use of FGDM as a key strategy.

The Local Children's Roundtable Truancy Workgroup is exploring the combination of the FGDM practice with the development of school truant youths' TEP (Truancy Elimination Plans). This has the potential to add a significant number of meetings and, consequently, will be monitored closely.

The increased use of FGDM will also be a consequence of its application under Act 101 of 2010. FGDM will be used to help develop the enforceable voluntary agreements between adoptive parents and birth relatives for ongoing communication or contact with the adopted child.

- ⇒ NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specific to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

There are three key outcomes for the FGDM practice:

- a. Children will be cared for in a family setting
- b. Families are empowered to make their own decisions regarding the care and safety of their own children, and
- c. Families' connections to extended family members and community resources are enhanced

HFI (Holy Family Institute), the principal provider of FGDM to date, collects data on each of the FGDM outcomes. Specific indicators are used, tied to data sources and data intervals. Compliance goals are stated in an outcome percentage, e.g., 90 percent of children will remain in a family setting. A quarterly status report is generated, e.g., there were 8 families in which meetings occurred. The children remained with their families (100 percent).

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Program Name:	Housing Initiative
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Please indicate which type of request this is:

Request Type	Enter Y or N		
Renewal from 2015-16	Y		
New implementation for 2016-17 (did not receive funds in 2015-16)			
Funded and delivered services in 2015-16 but not renewing in 2016-17			
Requesting funds for 2017-18 (new, continuing or expanding)		New	Continuing
			Expanding
			Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016/17	\$28,000	\$0	\$28,000
FY 2017/18			\$28,000

Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

Not applicable.

If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Not applicable.

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Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617	1718
Target Population		10 families & young adults				
# of Referrals		1 family	1 youth	1 family/3 children	6 families & young adults	6 families & young adults
# Accepting Services		1 family	1 youth	1 family/3 children	6 families & young adults	6 families & young adults
# Successfully completing program		1 family	1 youth	1 family/3 children	6 families & young adults	6 families & young adults
Cost per year		\$1,812	\$2,769	\$1,725	\$28,000	\$28,000
Program Funded Amount						
Per Diem Cost					see footnote below	see footnote below
# of MA referrals		NA	NA	NA	NA	NA
# of Non MA referrals		1 family	1 youth	1 family/3 children	6 families & young adults	6 families & young adults
Name of provider		CYF	CYF	CYF	CYF	

Footnote: Six families and/or transitioning young people receive Housing Initiative assistance over an 8 months' or less period in establishing their own housing units. The assistance for the 6 families and/or transitioning youth is calculated at \$800 per month for four months, reduced to \$400 per month for four additional months. This translates to a total Housing Initiative stipend of \$4,800 which is potentially available to a transitioning youth or family.

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

Significant underspending occurred in FY 2015-2016. The county agency and the local Housing Authority operate a Family Unification Program (FUP). Fifteen FUP Section 8 housing vouchers were available to qualifying child welfare families. Over the past three fiscal years, all 15 vouchers have been distributed. It will be a gradual process whereby an assigned FUP Section 8 voucher family transfers into the traditional Section 8 voucher program. Consequently, it is projected that FY's 2016-2017 and 2017-2018 will see a demonstrated need to rely on funds through this Housing Initiative Special Grant Program since FUP, in many instances, will not be a viable option due to the unavailability of an open FUP voucher slot.

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☞ NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specific to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.

Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

- Prevent children from being separated from their parents and entering placement
- Facilitate the reunification of children with their families
- Facilitate the successful transition of youth aging out, or who have aged out of placement.

Families in which housing issues were obstacles will obtain and maintain an adequate home, preventing children from entering or reentering placement. Young people transitioning to adulthood will have a safe and appropriate living arrangement. Casework with families or young people receiving service under this housing initiative will document the stability of the living arrangement.

Program Name:	Alternatives to Truancy Prevention: WhyTry Curriculum
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Please indicate which type of request this is:

Request Type	Enter Y or N			
Renewal from 2015-16	Y			
New implementation for 2016-17 (did not receive funds in 2015-16)				
Funded and delivered services in 2015-16 but not renewing in 2016-17				
Requesting funds for 2017-18 (new, continuing or expanding)		New	Continuing	Expanding
				Y

Complete the following table if providing this service or requesting a **transfer, shift, or revision** only of funds for FY 2016-17; and/or requesting funds for FY 2017-18. Enter the total amount of state and matching local funds. Do not include any funds except those allocated, or to be allocated, as Special Grants through child welfare funding. Do NOT include HSBG amounts in these charts.

Total Budget Amount	FY 2016/17 Special Grant Allocation	Revision Request • Additional funds requested for FY 2016/17 or reduction of spending planned for FY 2016/17	Requested Amount • Total of the two preceding columns • Enter this amount in fiscal worksheets
FY 2016-17	\$225,000	\$0	\$225,000
FY 2017-18			\$225,000

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- ❑ Explain why the change is requested. What are the deciding factors to move from the originally requested program(s) to another(s)? Was this change discussed with the regional office?

No change is proposed.

- ❑ If a New EBP-Other is selected identify the website registry or program website used to select the model, describe the EBP, what assessment or data was used to indicate the need for the program, describe the populations to be served by the program, explain how the selected EBP will improve their outcomes and identify a key milestone that will be met after one year of implementation of the EBP.

Complete the following chart for each applicable year.

	1213	1314	1415	1516	1617	1718
Target Population	75	100	135	250	250	250
# of Referrals	61	98	127	175	175	175
# Accepting Services	50	53	80	69	90	90
# Successfully completing program	44	53	56	48	65	65
Cost per year	\$115,872	\$150,000	\$227,374	\$193,132	\$225,000	\$225,000
Program Funded Amount						
Per Diem Cost	\$54.06/hour r \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour	\$54.06/hour \$75/hour
# of MA referrals	NA	NA	NA	NA	NA	NA
# of Non MA referrals	61	98	127	175	175	175
Name of provider	Justice Works Glen Mills Schools	JusticeWorks Glen Mills Schools				

- ❑ If there were instances of under spending or under-utilization of prior years' grant funds, describe what changes have occurred or will occur to ensure that grant funds for this program/service are maximized and effectively managed. Also, identify the measures the county will utilize in both FY 2016-17 and FY 2017-18.

Underspending of 14 percent of the allocated truancy grant funds occurred in FY 2015-2016. Efforts are underway to offer the WhyTry curriculum in another school district serving Armstrong County children which will increase the service population during FY 2016-2017 and 2017-2018.

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- NOTE: For the following question, if the outcomes were addressed in Section 3-4 Program Improvement Strategies specific to this Special Grant program/practice, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - ❑ Identify three service outcomes the county expects to achieve as a result of providing these services with a primary focus on FY 2017-18. Explain how service outcomes will be measured and the frequency of measurement.

Projected outcomes include:

- decrease in truancy
- decrease in dropout rates
- increase in accrual of credits
- increase in school completion, and
- impact on literacy

Currently, under Armstrong's ATP Grant, the evidence-based WhyTry Curriculum is used in the middle school for youth identified as truant or at risk of becoming truant. WhyTry is a strengths-based approach to helping youth overcome their challenges and improve outcomes in the areas of truancy, behavior, and academics. It is based on sound, empirical principles, including Solution Focused Brief Therapy, Social and Emotion Intelligence Learning, and multi-sensory learning.

Social and emotional principles are taught to youth in a way that they can understand and remember. This is accomplished using a series of ten pictures (visual analogies). Each visual teaches a discrete principle, such as resisting peer pressure, obeying laws and rules, and that decisions have consequences. The visual components are then reinforced by music and physical activities. The major learning styles – visual, auditory, and body-kinesthetic – are all addressed.

In addition, another component to WhyTry and to support students in day treatment programming is the use of mentoring. Mentoring visits to support the parent and child take place in the family home. The mentor reinforces with the parent the key role parent(s) play in the school attendance of their son or daughter.

Not enough time has elapsed and data obtained to establish feedback on some of the longer range projected outcomes, such as high school graduation. One important outcome, however, is available and demonstrates the effectiveness of the intervention. The total number of days of school absence of each student is tracked and comparison percentages are obtained for absences before the intervention as well as during and after the intervention. Statistics for the 2015-2016 school year show a reduction of 38.7 percent in days absent (illegal as well as legal) following exposure to the WhyTry curriculum. The overall average number of days absent prior to WhyTry was 15 days which was reduced to 9 days after WhyTry.

School officials and county agency staff are very pleased with these findings and believe that this intervention holds significant promise for the reduction in serious truancy referrals to the county agency, magisterial district courts, and the juvenile court.

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- NOTE: For the following questions, if these were addressed in Section 3-4 Program Improvement Strategies, the information does not have to be repeated here but rather insert a statement referring back to the relevant sections of 3-4 or any attachments submitted.
 - ❑ Please provide a concise summary of how the special grant programs selected under the SGI (including EBP, PaPP, Housing and ATP) will impact service delivery and child and family outcomes.

The availability of the in-home family support services, including the specialized services under the FGDM, MST, Trauma Focused CBT, Housing, ATP, SafeCare, and Multidimensional Family Therapy Special Grants have helped or will help the county agency staff prevent out-of-home placements and, if placement is required, reduce the length of placement episodes.

It is believed that the work under the Alternatives to Truancy Prevention Grant will demonstrate a longer-range impact. In several years we anticipate that the county's truancy rate and the county agency's truancy referrals will be reduced due to the behavioral and attitudinal changes of these middle school students exposed to the WhyTry curriculum under ATP. And, indeed, the data reflected in the work of four years is very promising. Students who have had exposure to the WhyTry curriculum during the year significantly reduce their absenteeism rate when compared with their previous school year's attendance records. And soon we will be able to look at high school graduation as a successful measure in that pool of students exposed to WhyTry during their middle school years.

And, SafeCare, a new evidence-based program, established in FY 2013-2014, will continue to move our practice toward interventions that demonstrate proven outcomes. Young children will be maintained safely in their own homes. And young children who must enter placement are able to safely return home because their parents have successfully completed the SafeCare curriculum. Shorter placement episodes for young children equals less emotional distress (trauma) and better adjustments for children and parents.

MDFT (Multidimensional Family Therapy), one of our newest evidence-based initiatives, can have a significant impact on the child welfare and juvenile justice population of youth, addressing substance use, delinquency, and related behavioral and emotional problems in the context of family therapy.

Trauma Focused Cognitive Behavior Therapy (TF-CBT), implemented in the community during FY 2015-2016, offers support to child sexual abuse victims and their parents. Children are prepared to cope with trauma related distress through the use of healthy coping skills. Non-offending caregivers are assisted to respond supportively to children's distress and also be helped with their own feelings related to their child's trauma. It is our plan to make TF-CBT more widely available in FY 2016-2017, including reaching out to child victims of physical abuse and child witnesses of domestic violence.

The impact of these grants is demonstrated in the rate of children entering out-of-home placements. The data establishes that Armstrong County consistently has lower figures for the class six counties, western region counties, and the state as a whole. Proportionately, it is less likely that children will be separated from their families and enter out-of-home placement in Armstrong County.

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- ❑ Please explain how the availability of the services under the special grants will assist in the county’s ability to achieve a specific outcome or a selected benchmark in the NBPB or the county’s Continuous Quality Improvement plan. Specifically identify how the service outcomes will be measured and the frequency of the measurement.

Again, the Needs-Based Plan is replete with detail on the value of these Special Grants to the achievement of program goals.

Please see Section 3-4, Program Improvement Strategies. Four practice areas were identified for attention during FY’s 2016-2017 and 2017-2018. Each of these practice areas has “Targets for Improvement” identified with detail provided on measurement.

4-3e. Independent Living Service (ILS) Grant

- ❑ In the table below, place an “X” for the services that will be provided by CCYA during FY 2017-18 (regardless of funding source.) Check as many boxes as apply. Enter the projected total amount of youth that will receive these services (regardless of age, placement status, or disposition.)

Mark “X” in this column	Total Youth	IL Services
X	50	A. Needs Assessment/Case Planning
X	45	B. Life Skills Training
X	50	Credit History Review
		C. Prevention Services
X	45	Dental/Health
X	45	Drug Abuse Prevention
X	45	Alcohol/Tobacco/Substance
X	45	Safe Sex/Pregnancy
		D. Education
X	15	Vocational Training
X	20	High School Support and Retention
X	15	Preparation for GED
X	10	Assistance in Obtaining Higher Education
		E. Support
X	45	Individual and Group Counseling
X	30	Stipends
X	10	Services for Teen Parents
X	0	Mentoring
		F. Employment
X	10	Job Placement
X	0	Subsidized Employment
X	16	G. Location of Housing
X	2	H. Room and Board
X	3	I. Retreats/Camps
		J. Indirect Services
		K. Program Administration

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- ❑ Enter the county’s total approved budget for FY 2016-17 and budget request for FY 2017-18 IL Services below. Include federal, state and local funds in the total amount. Note: Fiscal information entered in the Narrative Template serves only as an estimate of projected program cost for FY 2017-18. If information entered into the Narrative Template and the Budget Excel File do not match, the Budget Excel File will be deferred to and considered as a final budget.

☞ NOTE: The transfer of IL federal, state or local funds to other Special Grant programs or services is not permitted.

	FY 2016-17 Actual	FY 2017-18 Request
Total Budget Amount	\$158,500	\$205,000

- ❑ Describe the county’s expenditures history for IL Services for FY 2011-12, 2012-13, 2013-14, 2014-15 and 2015-16. What factors contributed to the successful or unsuccessful spending of grant funds for each year?

FY 2011-2012	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
\$92,656	\$137,864	\$144,436	\$123,425	\$203,778

- ❑ If there were instances of under spending of prior year’s grant funds, describe what changes have occurred to ensure that grant funds for this program/service are maximized and effectively managed.

In past years some occurrences of underspending have been attributed to staffing issues with the IL provider agency. The individual who was employed to operate as the IL coordinator at the provider agency has been fully trained and has assumed a full workload.

Recent changes in federal law directing agencies to provide IL services to 14 and 15 year olds will significantly increase the IL service provider workload. An additional part time employee has been hired to assist with the responsibilities.

The above description of IL expenditures along with a proposed stipend hike will lead to increased projected expenditures in FY 2017-2018.

- ❑ Provide a brief explanation if the county elects to submit an implementation budget for FY 2016-17 that is less than the certified allocation.

Not applicable.

IL Outcomes

- ❑ Identify and describe three program, or youth, IL outcomes the county plans to address and improve for FY 2017-18 (or earlier, if applicable). Also provide an overall summary of how the delivery of IL Services will ultimately impact these outcomes for youth.

The IL outcomes description must include:

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- How and why the outcome was selected and whether it is new or identified in a prior year;
- Baseline information or how baseline information will be established and when available;
- The source of the data and the collection process or method;
- An explanation of the plan for services delivery to achieve the outcome and what agency(ies) will provide services if not the CCYA; and
- Any other information to support the outcome.

Outcome 1: Increase the identification of employment opportunities for youth and help place youth in positions

Employment was selected because of the continued lack of opportunities available to youth in the local area. Many of our youth cannot obtain employment without assistance. At baseline we had 4 youth working and 10 searching for employment. HFI's IL coordinator maintains specific employment data.

HFI's IL staff provides education on locating potential employment leads, applying and interviewing for jobs, and maintaining employment. Youth are supported and assisted in every step of the process. Job skills training and career exploration careers are offered.

The HFI IL coordinator holds biweekly group meetings with youth at the provider agency. A wide selection of topics are touched upon that include interviewing skills, resume preparation, and job search organization.

HFI will reach out to identify potential employment services in the community and educate youth on how to access these services.

Outcome 2: Increase high school graduation rate

Education was selected as a second outcome since a high percentage of youth in the county agency's IL program continue to drop out of high school prior to graduation. At baseline 27 youth were in school. Five (5) have already graduated and four (4) are expected to graduate at the end of the school year. While this is a slight improvement over last year the high dropout rate continues to be a concern. This information was obtained during the course of assessment. During the initial assessment phase youth are asked about their highest grade level achieved and if they are considering future education.

HFI's IL coordinator will assist youth to achieve successful educational goals. For youth who have not completed high school the primary targeted outcome will be on GED completion. For youth who have a high school or GED diploma the focus will be vocational education. Youth will be given information on local community job training resources such as Career Link which operates a variety of vocational education/employment programs. Educational focus will be on improving post high school skill marketability.

HFI is the contracted service provider for all IL services. HFI uses a variety of educational tools to help youth achieve academic success. Token systems, stipend incentives, gift cards and emotional support are offered. Youth are taught effective study skills and are encouraged to seek higher education. HFI's IL coordinator maintains education data.

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Outcome 3: Secure appropriate, affordable housing for youth who choose to exit placement

Housing continues to be a problem for older youth exiting placement. The county agency and HFI will explore the fiscal feasibility of looking for multiple unit apartments that can be used as ongoing or short term support for youth exiting placement. HFI will research real estate agency listings, financial, and legal issues. The county agency and HFI will visit similar programs already in place in nearby counties. Agency staff will continue to negotiate using slots in the local FUP (Family Unification Program) for IL youth. Youth can sign up for FUP slots at 17 and enroll in the program once they turn 18. Once a youth is enrolled in FUP sponsored housing HFI will provide case management services for a period of 18 months.

Over the past year the county agency and the IL provider agency have visited surrounding counties to assess and review their IL housing programs. Advantages and disadvantages of the different kinds of purchasing and leasing programs have been reviewed. On site supervision is an ongoing concern at these living arrangement sites. Continued exploration and reviews are planned for the future.

Stipends can be used to assist with setting up an initial housing arrangement.

IL Services Narrative (please read the following bullets before responding)

- If the agency is requesting an increase of funds for FY 2017-18, clearly explain and justify the increased costs.

Yes – increase in IL budget is being requested. The county agency is requesting the following:

- Increased funds to provide services to 14 and 15 year old population per changes in federal law.
- Larger overall number of youth enrolled in the program.
- Larger number of youth from JPO participating in the program.
- Additional visits with IL youth by staff to include teaming and transition planning meetings.
- Increased IL staff.

- Explain how the county is meeting the annual Credit Reporting requirements for all youth in foster care age 14 and older. (Note this requirement is reduced to age 14 effective September 29, 2015.)

Credit reports are completed for all youth, ages 14 years and above, upon entering placement. Reports are updated annually on the youth's birthday. Copies are made for the agency file. Holy Family Institute's IL worker is given a copy to present and review with the youth. No concerning credit reports have been identified to date. If an issue arises, it will be addressed through the combined efforts of the county agency staff, HFI staff, and the youth.

- Has the county established contracts with all of the following Credit Reporting Agencies (CRAs)? (Yes or No)
 - TransUnion: Yes
 - Equifax: Yes
 - Experian: Yes

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- For counties reporting “No” for any CRA above, what assistance, if any, is necessary to establish a contract with that CRA?

Not applicable.

- Identify the county’s progress in meeting the following credit reporting requirements for foster youth:

Requirement	Yes	In Planning	No
• Results of the credit review (none found or discrepancies found) are shared with the youth in a youth friendly manner.	X		
• Results of the credit review and efforts to resolve inaccuracies are placed in the child’s record.	X		
• Youth are provided assistance to resolve any inaccuracies found during the review.	X		

- Describe the county’s efforts to engage youth for successful completion of NYTD Follow-up Survey (ages 19 & 21) For counties who report positive results, please include what strategies help with successful survey completion. For counties that have difficulties, indicate what barriers exist. Identify what assistance, if any, is needed.

To date no significant barriers are identified. Armstrong County has a small population of youth eligible for NYTD survey. Last year the agency had only one youth in the survey; this year the agency does not have any youth in the survey population.

The agency has access to the ACCURINT system which is able to provide current information on IL youth including real time cell phone numbers.

On a positive note the IL service providers keep up to date information on youth including addresses and follow up data. The service providers generally establish and maintain good rapport with the youth throughout their placement episode and post placement as well.

- Explain how the county plans to deliver IL services to meet the needs of youth who are transitioning from foster care, while in the agency’s care, as well as those who have discharged up to age 21. Identify other provider agencies and their role.

Armstrong County Children, Youth and Family Services’ staff remains committed in their quest to provide all youth within their jurisdiction the opportunity to learn, improve, and practice the skills necessary to experience a positive transition into adulthood. Particular attention is given to the needs of youth who have experienced a removal from their home and are either currently in placement or transitioning back into the community. Aftercare services are offered to youth up to age 21 years.

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Apart from the federally defined population, CYF has expanded the IL program to include services to any youth with an open case at the agency with an identified need. HFI workers use a similar curriculum and offer a reduced stipend when providing services to these youth.

Due to recent changes in federal law 14 and 15 year olds are now offered IL services. Curriculum and stipend offers have been adjusted to meet the needs of this age group.

CYF continues to work more closely with JPO to insure that delinquent youth receive IL services. Monthly meetings are held that include representatives from the county agency, HFI, and JPO.

Youth in placement who are age 14 or older receive an initial IL (Independent Living) assessment completed by the assigned HFI worker. HFI, the agency's contracted provider for Independent Living services, administers life skills assessments to youth at the placement location. The final written assessment is generated based on the youth's response to these instruments and is used as a starting point to design an individual Independent Living plan and curriculum. HFI IL staff continues to visit the youth, regardless of placement site, to build relationships and trust. This helps the youth develop connections before leaving placement which can be crucial to building enduring connections in the community.

Due to the increasing number of youth served, HFI will provide additional staff with training on conducting IL assessments and delivering IL services. CYF and HFI staff will work together to review, clarify, revise and consolidate IL program delivery and policy to insure that each youth is serviced effectively.

All transition plans become a part of the youth's Permanency Plan and are subject to court review at least 90 days prior to any planned discharge from placement. In March 2012, the county agency revised the transition plan to be more of a youth focused tool. Youth are always encouraged to create their own transition plans and are given frequent opportunities to review their progress. Progress reviews are facilitated by casework and Independent Living staff at a variety of formal and informal venues. Transition plans include sections addressing education, employment, health, housing, maintaining supportive relationships, and daily living skills. The transition process will be revised to include the core components of concurrent planning, most notably teaming/conferencing. Agency staff is making efforts to work on transition plans earlier in the youth's placement.

Staff can schedule FGDM (Family Group Decision Making) meetings for transitioning youth. These are a variation of the traditional FGDM model and are being held for all youth in placement approaching their 17th birthday. The intent is to engage the youth's family and other support connections while they are still in substitute care.

At age 17 all IL youth are given a transition 3-ring-binder. These binders include county and state specific community resource information to help guide the youth in a variety of independent living situations.

All youth receive information about Act 91 of 2012 which amends the Juvenile Act, expanding the criteria for youth to remain in care beyond age 18 years and also allowing for youth to reenter care before turning 21 years of age if they aged out at 18 years or older.

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IL youth are educated about provisions of the Affordable Care Act (ACA) which provides free health insurance for young adults who were formerly in foster care placement. They remain eligible for Medicaid until age 26 regardless of their income, as long as they were in foster care at age 18 or older and enrolled in Medicaid at that time.

Aftercare services for youth who have been in placement are accessible until the age of 21. Youth can contact either the county agency or HFI directly to request services and assistance will be provided to the youth based on their individual needs.

During the past year, agency staff has been provided with current education regarding IL aftercare services. Armstrong County CYF Services' staff reviews caseloads to insure that all youth discharged from placement with eligibility to receive IL aftercare services are identified and assessed. Staff will concentrate educational efforts on youth who have been discharged within the previous six months. Efforts to develop and maintain an updated data base for discharged youth is in progress.

HFI's IL worker has increased the number of visits with IL youth during the last few months prior to discharge to give the worker and IL youth a chance to enhance their relationship. During final visits between the HFI worker and the youth additional opportunities are provided to discuss aftercare program availability and eligibility. Currently HFI's IL workers are invited to attend youth's court hearings. They will also be invited to participate in Concurrent Planning team/conference meetings.

- Describe how the agency will meet the educational needs of current and former foster youth to include post-secondary education. Identify agency and other agency supports available to assist youth meet their post-secondary education goals and improve retention rates and program completion.

County agency staff recognizes the importance of education and encourages all youth to complete their high school educations. Staffs from HFI and CYF encourage youth to achieve their desired post high school career related education.

Even though not all youth complete their high school education or obtain their GED, some improvement in the area of educational goal achievement has been noted over the past year. As part of the agency's Concurrent Planning implementation protocol, a "Youth Handbook" is being developed to assist young adults aging out of foster care to prepare for a successful transition into adulthood.

At this time, the county agency, partnering with Holy Family Institute, is working with youth who demonstrate interest in post high school education. These youth are taken to colleges, technical schools, or other related sites such as Job Corps to help them decide which educational institution would best suit their needs. They are then given information and assistance in completing the applications for grant and/or loan funding which are available through the Chafee Grants and state programs. Assistance with SAT and college application fee waivers and FAFSA are routinely provided. Coordination with other C&Y agencies has been successful in arranging supportive case management for youth placed in locations at a distance from the county.

- Describe how IL Support services will be delivered and who will deliver the activities (provider or agency). Include the use of stipends and the total amount planned. Estimate the number of youth who will be referred to the Statewide Adoption and

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Permanency Network (SWAN) prime contractor for Child Profile, Child Preparation and Child Specific Recruitment services.

HFI is the contracted IL provider for the county agency. The child's caseworker and the county agency's IL coordinator monitor the progress of the youth who are active in the program. HFI has developed a spreadsheet tracking individual goal progress in targeted areas of concentration such as employment, education and significant life events.

On average, HFI provides 2 - 4 hours per month of individual education services for each youth in the IL program. HFI also offers biweekly IL groups on various IL topics. These groups are a minimum of two hours long and youth can be given gift card rewards as an incentive to attend. Youth may also be offered portions of their stipend for successful completion of certain objectives on their IL plan.

Armstrong County CYF offers each youth an individual stipend which has been to support a wide variety of objectives.

The agency is requesting that the stipend be increased to \$4,500.00 for 2017-2018.

Plans are to use \$500.00 of this money primarily as employment incentives.

An increase to \$1,500.00 is being requested for non-Chafee IL youth.

An increase has been noted in the use of SWAN services. All dependent IL youth in placement are referred to SWAN for Child Profile and Child Preparation services. Eligible youth will be referred for Child Specific Recruitment (CSR) and the Older Child Matching Initiative (OCMI) services to help establish a life connection.

Family Finding has been established in the county and will continue to be used to explore and build connections for IL youth.

- What housing related services, supports (including financial), and planning will be provided to prepare youth for living after foster care discharge and to reduce instances of homelessness.

Transition planning for youth being discharged from foster care includes education on locating appropriate housing. Depending on the youth's situation, this can span a wide array of topics that includes financial literacy, finding and maintaining steady employment, maintaining supportive relationships, and the nuts and bolts of basic housing related services.

Some of the information covered by the assigned HFI worker are: education and assistance regarding safe and affordable housing options for youth; negotiating a lease; tenants' rights and responsibilities; understanding the connection between credit, loans and planning to buy or rent a home and safety issues encountered in the home. If a youth is in a situation where they need to locate housing on their own, the HFI worker will accompany the youth and help them navigate through the process. Information on how and where to locate furnishings, appliances and other basic housing supplies is covered. The IL stipends can be used to supply some of these needs.

CYF, in partnership with the County Housing Authority, was the recipient of a HUD Grant award several years ago. The HUD grant awarded 15 FUP (Family Unification Program) vouchers which are available for use by families and also transitioning youth. Transitioning youth FUP vouchers are time limited to a period of 18 months. If a youth is granted one of

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these vouchers, they must participate with services through HFI for the entire 18 month period. It has been difficult connecting youth with housing needs to an open FUP voucher as they are generally filled by child welfare families needing housing assistance. FUP voucher slots cannot be kept open for any length of time in anticipation of providing assistance to homeless youth. The opportunity is there, however, and the county agency continues to negotiate for adjustments when barriers are encountered attempting to connect homeless youth with FUP vouchers.

Additional housing help, beyond FUP, is available to our IL youth. Housing assistance is accessible through the Chafee Room and Board Funds or through the Special Grant Housing Initiative that the county agency received for FY 2016-2017 and is requesting continuation in FY 2017-2018.

As part of a long range plan the agency is looking to explore the feasibility of establishing apartments that can be used as ongoing or short term support for youth exiting placement.

- Describe the agencies projected use of Chafee Room and Board funds for youth who exit foster care after age 18.

One youth is estimated to receive Chafee Room and Board funds' service for FY 2017-2018.

Definition. Room and board is financial support for those youth who have aged out or are emancipated from substitute care on or after age 18 years up to 21 years. This support includes payment or reimbursements for shelter, food, rent, security deposits, utilities, furniture, household items and other start-up expenses that may be incurred in the youth's living situation.

In addition, youth who have exited substitute care before age 18 years are also eligible for room and board services, using state and local funds.

The county agency has implemented an emergency shelter room and board policy. This policy will assist youth who are either homeless, or who are enrolled in a secondary education program and lack summer/holiday housing. In these situations, the county agency will either provide supplemental income to agency foster parents in order to allow aged-out youth to temporarily reside in their home or, if necessary, the agency will provide housing funding for independent housing.

Foster family home. In the case of temporary housing with agency foster homes, the county agency will provide payment for a maximum of six months at a rate negotiated among the youth, foster parents, and county agency staff. The youth will be required to participate in IL services with Holy Family Institution a twice weekly basis. The focus of these services will be on housing, employment and financial management skills. Services will be stepped down as the youth demonstrates the ability to locate employment and begin saving money for independent housing.

Youth's apartment/house. In the case of independent housing, the county agency will contract with HFI to assist the youth in locating affordable housing. The youth will be required to participate in IL education services with HFI on a minimum of two visits per week. The services will focus intensely on housing skills, employment skills and financial management skills. Services will continue at this intense level until the youth has obtained employment, demonstrated the ability to manage finances, and become capable of financially maintaining housing without county agency funding. During this time, the youth must be actively applying for

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employment, community housing resources, and cooperating with HFI. Funding will then either be terminated or begin a step-down process, where the funding is reduced over the course of the next three months. Actual monthly allotment is to be determined by individual need and available housing. Services through HFI will also be on a step-down approach as the youth accomplishes the outcomes designated in the youth's IL plan.

- Identify and justify all planned purchases for equipment or assets for use by the agency during FY 2016-17 and FY 2017-18. Prepare this information separately for each year. Include a statement whether the purchase costs are included in the appropriate budget
- ➔ NOTE: All agency or staff computer purchases and IT needs must be requested to be reimbursed through the county's IT grant application and funds. Computers purchased, in full or part, for youth, is not considered an asset and is reimbursable with IL grant funds.

The county agency through its contracted service provider, HFI, plans to continue to assemble and distribute youth "Transition Kits." A Transition Kit consists of many of the items an individual would need to establish a household, e.g., bed linens, pillows, towels, toiletries, laundry basket, silverware, plates, smoke detector, fire extinguisher, etc. The cost of each Transition Kit is approximately \$1,000.00. In previous years these kits had been prepackaged to have on hand for distribution. Plans have been revised so that funding can be used to individually prepare each Transition Kit based on the youth's needs. It is estimated that 10 kits (\$10,000.00) will be distributed in FY 2017-2018.

For FY 2017-2018, a supply of IL educational materials for distribution to youth will be purchased. A supply of IL training books will also be purchased with an estimated total expenditure of \$1,500.00. The increase is anticipated due to the larger number of youth expected to be served at that time.

- Identify the county's primary contact or coordinator for each of the following initiatives (do not include the county administrator unless no other staff is available).

	IL Services	NYTD	Credit Reporting
Name:	Carol Pontious	Carol Pontious	Carol Pontious
Email:	capontious@ co.armstrong.pa.us	capontious@ co.armstrong.pa.us	capontious@ co.armstrong.pa.us
Telephone:	724-548-3466	724-548-3466	724-548-3466

ARMSTRONG COUNTY

4-3f. Information Technology

- Identify the Case Management System your county is using: CAPS

- Provide the county's approved staffing complement:
 - Certified Staff: 30
 - Other staff not included in certified who receive IT equipment and services – please identify the positions and the number in the position:
Position: SWAN LSI Paralegal Number: 1
Position: _____ Number: ____
Position: _____ Number: ____
Position: _____ Number: ____
Position: _____ Number: ____

- If requesting additional Mobile Computing Devices (Laptops or Tablets), provide a business justification for the number of devices exceeding the number of staff. The justification should include how the CCYA plans on using the devices and how the use of mobile devices is efficient, economical and effective in carrying out workers' responsibilities.

The county agency is not requesting mobile computing devices that exceed the number of staff.

- Answer the following questions related to participation in the Child Welfare Demonstration Project:
 - Indicate if your county participates in the Child Welfare Demonstration Project (CWDP) in FY 2016-17: **Yes** __ **No** X

 - Indicate if your county is submitting a revised FY 2016-17 IT budget along with your FY 2017-18 IT grant request: **Yes** __ **No** X

 - Indicate if your county has the necessary contract language in all IT contracts to ensure compliance with federal and state regulations. (See appendix 4: Information Technology, section IV): **Yes** X **No** __ **Do not have any contracts** __

 - Indicate if your county is requesting funding for ongoing or new development in FY 2017-18 that is not related to the statewide Child Welfare Information Solution (CWIS):
Yes __ **No** X
 - If **Yes**, provide the following details:
 - Business Need - describe the business need for the ongoing or new development.
 - High Level Requirements – provide a description of the high level business and technical requirements.

ARMSTRONG COUNTY

- Project Cost Proposal – provide the total costs for the development, as well as, the total estimated project costs if the development is part of a larger project.
- Identify contracts associated with the development project.

- Indicate if your county is entering into or planning for an IT procurement in FY 2016-17 or FY 2017-18:

Yes _____ No X

If Yes, provide the following details:

- Estimated dollar amount of the procurement
- Type of procurement (RFP, RFQ, sole source, etc)
- If the county obtained the necessary state and federal approvals prior to initiating the procurement

- Provide any additional information that will assist in the review of changes to your FY 2016-17 IT budget or 2017-18 IT request.

Not applicable

Obtain required signatures for the CWIS Data Sharing Agreement and submit along with your NBPB.

4-3g. SWAN

- Please explain any over or under utilization of SWAN services in the prior year; i.e. explain any differences when comparing the SWAN allocation to actual spending.

Nominal underspending (\$500 or 0.3 percent) of the \$166,000 SWAN Grant occurred in FY 2015-2016.

- Please explain any projected change in focus of utilization of SWAN services in FY 2017-18 compared to previous years as justification for the county's FY 2017-18 allocation request.

No projected changes in focus or utilization are planned. Widespread use of SWAN services will continue as past history demonstrates.

- If requesting new or additional paralegal support, please explain why and what services/activities the requested paralegal(s) will perform as all requests for additional paralegals will be thoroughly examined.

Not applicable

ARMSTRONG COUNTY

4-4. Accurint

- Please identify the name and email addresses of the Accurint Administrator in your county and each Accurint user.

Annamarie Simpson, Casework Supervisor
Accurint Administrator
amsimpson@co.armstrong.pa.us

Nicole Bowser, SWAN LSI Paralegal
Accurint User
nbbowser@co.armstrong.pa.us

- Please explain any underutilization of Accurint services in the prior year; i.e. explain why it was not used in: locating kin, tracking NYTD youth or other search efforts.

No underutilization is noted.

- Will Accurint be used in any program improvement strategies during this fiscal year? If yes, explain how.

Since all four Practice Areas that have been identified for concentrated focus relate to substitute care placement activities, Accurint is a key strategy. It is central in identifying placement resources which effect the identification of the least restrictive placement setting (Practice Area #2) and the rate of permanency (Practice Area #1). If kinship caregivers are identified, our reentry measure (Practice Area #4) may improve since it has been demonstrated that reentry into care occurs less frequently when kinship caregivers served as resources. And as far as the remaining Practice Area (#3), Accurint is one tool that is used to help locate absent fathers and paternal relatives.

Accurint is an important strategy that has a place across all four Practice Areas identified by the CYF staff for attention in FY's 2016-2017 and 2017-2018.

Section 5: Required & Additional Language

5-1a. Assurances

The following pages include assurance forms to be completed by counties. These forms are included:

- Assurance of Compliance/Participation
- Documentation of Participation by the Judiciary
- Assurance of Financial Commitment and Participation

The following forms must be signed and submitted in hard copy to:

Division of County Support
Office of Children, Youth and Families
Health and Welfare Building Annex
625 Forster Street
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

And

Mr. Richard Steele
Juvenile Court Judges' Commission
Pennsylvania Judicial Center
601 Commonwealth Avenue | Suite 9100
Harrisburg, Pennsylvania 17102-0018

**ASSURANCE OF COMPLIANCE/PARTICIPATION FORM
DOCUMENTATION OF PARTICIPATION BY THE JUVENILE COURT**

The Assurance of Compliance/Participation Form

The Assurance of Compliance/Review Form provided in this bulletin must be signed by the County Executive or a majority of the County Commissioners, the Juvenile Court Judge(s) or his/her designee, the County Human Services Director, the County Children and Youth Administrator, and the County Chief Juvenile Probation Officer and submitted with the FY 2017-18 Needs Based Plan and Budget submission.

The Assurance of Compliance/Review Form has two signatory pages. The first page is for the County Human Services Director, the County Children and Youth Administrator, the County Chief Juvenile Probation Officer and the Juvenile Court Judge(s) or his/her designee. This page must be submitted at the time of the county's implementation plan and needs based plan submissions. The second page is for the signatures of the County Executive or a majority of the County Commissioners. This page must be submitted at the time of the county's financial budget submission and must contain the financial commitment of the county.

COUNTY: ARMSTRONG

Assurances are applicable as indicated below.

- X Fiscal Year 2017-18 Children and Youth Needs Based Plan and Budget Estimate and/or the
- X Fiscal Year 2016-17 Children and Youth Implementation Plan

Note: A separate, signed Assurance of Compliance/Participation form must accompany the Children and Youth Implementation Plan and the Needs Based Plan and Budget when they are submitted separately. This Assurance of Compliance/Participation form cannot be modified or altered in any manner or the Children and Youth Implementation Plan and the Needs Based Plan and Budget will not be accepted.

COMMON ASSURANCES

I/We hereby expressly, and as a condition precedent to the receipt of state and federal funds, assure that in compliance with Title VI of the Civil Rights Act of 1964; Section 504 of the Federal Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Americans with Disabilities Act of 1990; the Pennsylvania Human Relations Act of 1955, as amended, and 16 PA Code, Chapter 49 (Contract Compliance Regulations):

1. I/We do not and will not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, sexual orientation or disability:
 - a. in providing services or employment, or in our relationship with other providers;
 - b. in providing access to services and employment for handicapped individuals.
2. I/We will comply with all regulations promulgated to enforce the statutory provisions against discrimination.

I/We assure that these documents shall constitute the agreement required by Title IV-E of the Social Security Act 42 U.S.C. § 672 (a)(2) for foster care maintenance, adoption assistance and subsidized permanent legal custodianship payments.

I/We assure:

- the County Children and Youth Agency and Juvenile Probation Office has the responsibility for placement and care of the children for whom Title IV-E foster care maintenance, adoption assistance and subsidized permanent legal custodianship payments are claimed;
- the County Children and Youth Agency/Juvenile Probation Office will provide each child all of the statutory and regulatory protections required under the Title IV-E agency, including permanency hearings, case plans etc.;
- the agreement between the Office of Children, Youth and Families and the County Children and Youth Agency/Juvenile Probation Office shall be binding on both parties; and
- the State Title IV-E agency shall have access to case records, reports or other informational materials that may be needed to monitor Title IV-E compliance.

I/We understand that any Administration for Children and Families (ACF) disallowance incurred as a result of county noncompliance with Title IV-E foster care maintenance, adoption assistance, subsidized permanent legal custodianship or Title IV-E administrative claim requirements will be the responsibility of the county.

I/We assure that all information herein is true to the best of my/our knowledge and belief, based on my/our thorough review of the information submitted.

EXECUTIVE ASSURANCES

In addition to the Common Assurances,

I/We assure that I/we have participated in the development of the Plan, are in agreement with the Plan as submitted and that all mandated services if funded by the Plan will be delivered.

I/We assure that these Plans comply with the "Planning and Financial Reimbursement Requirements for County Children and Youth Social Services Programs" as found in 55 PA Code Chapter 3140.

I/We assure that, when approved by the Department of Human Services, the attached Children and Youth Implementation Plan and Needs Based Plan and Budget, including any new initiatives, additional staff and/or increased services and special grants that are approved, shall be the basis for administration of public child welfare services for all children in need under Article VII of the Public Welfare Code, 62 P.S. § 701 et seq., as amended.

I/We assure that, where possible, the county will cooperate with state efforts to maximize the use of federal funds for the services in this Plan.

I/We assure that all contracts for the provision of services addressed herein will require the providers to comply with the Chapter 49 provisions (contract compliance regulations).

I/We assure that expenditure of funds shall be in accordance with these Plans and estimates and Department of Public Welfare regulations.

I/We assure that services required by 55 PA code 3130.34 through 3130.38 will be made available as required by 55 PA code 3140.17 (b)(2);

I/We assure that the capacity of both the county and the providers has been assessed and it is my/our judgment that it will be adequate to implement the Plan as presented;

I/We assure all Title IV-E foster care maintenance, adoption assistance and subsidized permanent legal custodianship payment eligibility requirements are met for the specified children, not merely addressed by the agreement;

I/We assure that the County Children and Youth Advisory Committee has participated in the development of this Plan and has reviewed the Plan as submitted; and

I/We assure that representatives of the community, providers and consumers have been given the opportunity to participate in the development of this Plan; and

I/We assure that the county programs that affect children (e.g., Mental Health, Intellectual Disabilities, and Drug and Alcohol) have participated in the development and review of this Plan.

I/We understand that the accompanying budget projections are based on estimates and that the amounts may change when the state budget is adopted and final allocations are made.

I/We understand that substantial changes to the Plans subsequent to Departmental approval must be submitted to the Regional Office of Children, Youth and Families for approval.

I/We assure that all new Guardians Ad Litem (GAL) have/will complete the pre-service training prior to being appointed to represent a child. If the GAL has not completed the pre-service training, costs incurred for representation of children by this GAL will not be claimed.

I/We assure that the County Children and Youth Agency is in compliance with all credit reporting agency requirements regarding the secure transmission and use of confidential credit information of children in foster care through electronic access for operation by counties where no agreement exists between the county and credit history agency. This also includes limiting online access to users approved by OCYF for the explicit use of obtaining credit history reports for children in agency foster care.

COUNTY ASSURANCE OF FINACIAL COMMITMENT AND PARTICIPATION

THE SIGNATURES OF THESE COUNTY OFFICIALS REPRESENTS AN ACKNOWLEDGEMENT OF COUNTY COMMITMENT TO ADHERE TO THE COMMON AND EXECUTIVE ASSURANCES CONTAINED IN THE PRECEEDING PARAGRAPHS AS WELL AS COUNTY COMMITMENT TO PROVIDE THE LOCAL FUNDS SPECIFIED IN THE PLAN AS NECESSARY TO OBTAIN THE MATCHING STATE AND FEDERAL FUNDS BASED ON THE COUNTY'S PROPOSAL. THE LOCAL FUND COMMITMENT AS PROVIDED IN THE COUNTY'S PROPOSAL TOTAL \$_____.

Signature(s)

County Executive/Mayor

_____	_____	_____
Name	Signature	Date

County Commissioners

<u>Pat Fabian, Chairman</u>	_____	_____
Name	Signature	Date

<u>Jason Renshaw, Vice-Chairman</u>	_____	_____
Name	Signature	Date

<u>George Skamai, Secretary</u>	_____	_____
Name	Signature	Date

April 26, 2016

Armstrong CWIS Data Sharing Agreement

1.0 CWIS Overview

The Pennsylvania Department of Human Services (DHS) Child Welfare Information Solution (CWIS) is an electronic data exchange with sixty-seven County Children and Youth Agencies using seven diverse county systems. DHS uses data collected from the county systems for state level data sharing and program coordination for child welfare services.

CWIS Phase 1, Referrals, was implemented in December 2014, while the remaining three Phases, Children, Providers and Fiscal, will be deployed over the next four years. Phase 1 functionality is divided into seven modules listed below.

- The Referral Intake module supports the recording of referrals that come in to the 24x7 ChildLine Hotline and need disseminated to the counties for follow-up.
- The Investigation and Assessment module supports the receipt of outcomes for Child Protective Services and General Protective Services referrals from counties and regions.
- The Investigation Review module provides system validations and worker review of the investigation summaries received from the counties or regions. It supports a mandated expungement process.
- The Appeals module supports the management of perpetrator appeals of the status determination of an investigation.
- The Clearance module supports the Child Abuse History Certification process for the general public who are required to acquire a clearance in order to work with children.
- The Self-Service module supports the electronic transmission of reports of suspected child abuse by mandated reporters and the submission of child abuse history clearance application.
- The Reports and Dashboards module provides operational reports for DHS and county users to monitor the status of referrals.

2.0 Statutory Basis

This Agreement establishes the terms and conditions in which CWIS will disclose and exchange certain information to the County Children and Youth Agencies (CCYA) via one (1) of the seven (7) approved case management systems utilized by the sixty-seven CCYA's in accordance with the Child Welfare Act of 1980, the Child Abuse Prevention and Treatment Act (CAPTA -Public Law 93-247) and the Child Protective Services Law (23 Pa. C.S., Chapter 63).

These requirements were expanded with the passage of Act 29 of 2014 which amended the Child Protective Services Law at 23 Pa. C.S. § 6336 (relating to information in the statewide database). Act 29 of 2014 allows the Department of Human Services to establish a Statewide Database of Protective Services and to collect reports of child abuse and children in need of general protective services from the CCYAs via an electronic database. The reports shall include information relating to the subject of the report, the nature of the occurrence, information on the family, services provided, legal actions initiated, and other details required by the department to track the safety and welfare of Pennsylvania's children. Act 29 of 2014 also provides for the establishment of a pending complaint file and dispositions of complaints received. Access to information in the CWIS is limited to persons authorized as defined under 23 Pa. C. S. § 6335 (related to access to information in the Statewide database).

This Data Sharing Agreement ensures that all users and systems connected to the CWIS application are accessed and maintained in accordance with all Commonwealth of Pennsylvania Information Technology policies and procedures as set forth in [Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy](#).

Both the CCYAs and County IT System Owners will use the data in order to fulfil their roles and responsibilities in delivering services required by the Child Protection Services Law, the Juvenile Act, CAPTA program requirements, and, in later CWIS phases, for making eligibility determinations for the federal Title IV-E programs and supporting case planning and other requirements of Title IV-B programs

3.0 CWIS Data Sharing Agreement

This CWIS Data Sharing Agreement is entered into by and between the Commonwealth of Pennsylvania (Commonwealth) and the respective CCYA as noted by the signature lines on page six of this Agreement and is effective as of the first date mentioned next to the signature. This Agreement includes a listing of the CWIS Modules and Secured Applications, the CWIS User Terms and Conditions, and any attachments hereto and supplements all Federal, Commonwealth, Agency or local security policies, laws, directives, regulations and/or orders.

As a user of the CWIS data, County Child and Youth Agencies must meet the following terms and conditions:

3.1 CWIS Use Policy & Related OA Policies

1. Understand that CWIS resources are intended for business use and should be used only for that purpose.
2. Ensure that use of CWIS data is compliant with the provisions of Management Directive 205.34 – Commonwealth of Pennsylvania Information Technology Acceptable Use Policy.
3. Retain a signed copy of this agreement which may be stored in an electronic format consistent with Management Directive 210.12, Electronic Commerce Initiatives and Security.
4. Understand and comply with the provisions of DHS's Incident Reporting and Response Policy, Pol SEC-004.
5. Understand the permissible and non-permissible uses of CWIS data as defined by the Child Protective Service Law, as amended in 2014, and other state and federal laws that provide for the confidentiality of information including health related and other personal identifying information.
6. Only access information in the Statewide Database for purposes authorized under the CPSL.
7. Complete any CWIS specific training as required by DHS's Office Children, Youth, and Families.

3.2 Security Requirements

1. Comply with the Commonwealth and DHS policies and procedures on IT security which govern the use of and access to electronic data systems.
2. Establish and maintain a strong password and logon consistent with DHS policy.
3. Approve data access for employees based on level of access required to complete job responsibilities.
4. Do not disclose password to access any system that maintains or stores CWIS data.
5. Maintain required browser settings and virus protection at all times.
6. Report unauthorized access or use of CWIS data.

7. Secure all electronic CWIS communications (e.g. encrypted email or similar security measures) when exchanging system-derived data.
8. Ensure that system connectivity to CWIS and all end users sessions is secure and can be electronically audited at all times.
9. Do not use "backdoor" methods to access CWIS.
10. Submit a list of authorized county users who have access to any system that maintains or stores CWIS data and the contact information for County IT Security Officer to DPWHS's Data Management Section in the Office of Children, Youth, and Family.
11. Ensure that County system owner(s) must notify DHS CISO (ra-itsecurity@pa.gov) within one hour of detecting a security/privacy incident related to their county case management systems.
12. Submit a follow up investigative report when a security incident is reported whether at the county or state level.
13. Ensure that county users participate in annual security awareness training and sign a data privacy, confidentiality, and usage agreement which shall be maintained onsite for review and inspection by DPW officials upon request.
14. Make certain that Commonwealth and DHS security policies and procedures are being followed and keep records in a format that is conducive to periodic audits.
15. Maintain required firewall settings as well as virus and intrusion protection at all times as defined in the Commonwealth and DHS Security Policies.
16. Make notifications as laid out in their information contingency plans in the event of disaster or other contingency that disrupts normal operation of the networks.

3.3 Records Access/Data Sharing

1. Comply with CWIS records access and data sharing policies, procedures, and standards as defined in Commonwealth Management Directive 205.34.
2. Understand that there is no expectation of CWIS user privacy when using any system that maintains or stores CWIS data.
3. Subject CWIS data to monitoring or other access by authorized Commonwealth personnel.
4. Safeguard all CWIS data including CWIS data which could be cached, stored, and/or printed.
5. Limit data usage to "official purposes" and not for personal use under any circumstances. Personal use is defined as querying or viewing records that are not relevant to official duties.
6. For any system that maintains or stores CWIS data, users shall not have unauthorized data and should take measures to protect the security of their data.
7. Require users, employees, and contractors who have access to CWIS data to annually sign an appropriate Rules of Behavior and non-disclosure agreement.
8. Ensure that contractors do not to disclose, duplicate, disseminate, or otherwise release CWIS data without obtaining prior written approval from CWIS officials.

9. Ensure that CWIS data is maintained and provided consistent to the requirements of 23 Pa. C.S. 63 (related to the Child Protective Services Law).
10. Be mindful of penalties associated with the inappropriate release of data, including those set forth under 23 Pa. C.S. § 6349.
11. Disseminate information on a “Need to Know” or “Right to Know” basis for legitimate and official purposes consistent with all federal, state, and local laws.
12. Do not distribute CWIS derived data to the public or to unauthorized recipients, unless otherwise specified in CWIS policy and procedures.
13. Maintain documentation as required by agency or CWIS (e.g. dissemination logs) to track who has had access to any system that maintains or stores CWIS data over the prior three year period. Documentation must be available upon request.
14. Coordinate any planned system disconnection sixty (60) working days prior to the actual disconnection with the CWIS Director, the County Children and Youth Agency, and the County Information System Owner.

4.0 Signatory Approvals

This Agreement constitutes the entire CWIS Data Sharing Agreement and supersedes all other data exchange agreements between the DHS Office of Children, Youth, and Families Parties that pertains to the disclosure of data between CWIS, County Children and Youth Agencies, and the County IT System Owners for the purposes described in this Agreement. Neither Party has made representations, warranties, or promises outside of this Agreement. This Agreement takes precedence over any other documents that may be in conflict with it. The terms and conditions of this CWIS Data Sharing Agreement will be carried out by authorized officers, employees, and contractors of CWIS, County Children and Youth Agencies, and County IT System Owners. For each agency signatory to this agreement, CWIS and the relevant entities are each considered to be a “Party” and collectively they are known as “the Parties.” By entering into this Agreement, the Parties agree to comply with the terms and conditions set forth herein and any other unstated applicable laws.

Access to CWIS Data may be suspended or revoked for:

- 1. Violating this agreement.**
- 2. Violating Agency, Commonwealth, or Federal laws, regulations, policies, and/or procedures.**
- 3. Failing to cooperate with investigators during a misuse investigation.**

PA Department of Human Services

The undersigned hereby represent that they are authorized to execute this agreement and bind the parties, their representatives, and their agents here below:

Signatories

Cathy A. Utz
DHS Deputy Secretary _____ Date

Andrew J. Sacco, County Solicitor
County Executive/Solicitor _____ Date

County Commissioner (if applicable) _____ Date

Dennis Demangone
County Children and Youth Agency Director _____ Date

5.0 Applicable Dates

- A. *Effective Date.* The effective date of this agreement is October 1, 2016.
- B. *Term.* The term of this agreement shall be for a period of twelve (12) consecutive months.
- C. *Renewal.* This agreement shall be renewed annually.
- D. *Modification.* The Parties may not modify this Agreement at any time either by verbal or by written modification.
- E. *Termination.* The confidential and privacy requirements shall survive any decision to terminate this agreement.